# NSQHS Standard 10 Preventing Falls

How to use the audit tools

## Preventing Falls and Harm from Falls Audit Tools Instructions

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, have developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting the National Safety and Quality Health Service (NSQHS) standards.

### Purpose of the audit tools

The tools provide facilities and health services additional supporting resources to use in conjunction with the existing NSQHS standards workbooks and guides to be able to:

- Demonstrate detailed evidence for an action by providing specific verification rather than noting the action has been met and listing the source i.e. self-assessment
- Collect information and evidence to a further level of detail at a patient, ward and facility level, delving down into specific requirements that further support meeting the action
    - Collect patient level data using a number of methods i.e. chart documentation, observational and asking the patient/carer questions to demonstrate that the evidence has been met, and to what extent
    - Observe ward/unit staff undertaking a process eg clinical handover and recording individual results
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all patients in a ward for a ward result, auditing all wards for a facility result
- Clearly identify those detailed gaps/areas that need attention, in order to target improvements and build a robust action plan at the ward and facility level
- Track and monitor audit results at the three levels over time

The tools can be used in conjunction with other resources and directly align to the criteria in the existing NSQHS standards workbooks and guides. Depending on the size of the facility a number of audit questions may not be applicable, it is up to each facility / health service to determine the audit questions for review. Questions and responses can be adapted to suit the requirements of each facility / health service.

## The suite of documents include the following:

1. A 'how to' guide on using the tools (this document)
2. A definitions guide to assist in completing the tools
3. Three specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
    - *Patient audit tool*: collects patient level data (at a ward/unit level), use one audit tool for each patient audited
    - *Ward/Unit audit tool*: collects ward/unit level data and collates the patient level responses
    - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
4. A measurement plan summary for each standard that defines the goals, questions and responses in the audit tools. The plan details each audit question and its alignment to the action/criteria in the standard and can be adapted for local use. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

## Scope of the Preventing Falls and Harm from Falls Audit tools

The audit tools at this stage include audit questions on Bed Rails, Falls Screen and Risk Assessment, Falls Prevention Plan (FPP), Supervision/Assistance, Continence and Continence Aid requirements, Discharge Process Referrals, Patient Education and Interaction, as well as a number of observational audit questions on patients' beds room areas.

The indicators and questions in the audit tools directly align to the Queensland Bedside audit (QBA) and other statewide audits wherever possible.

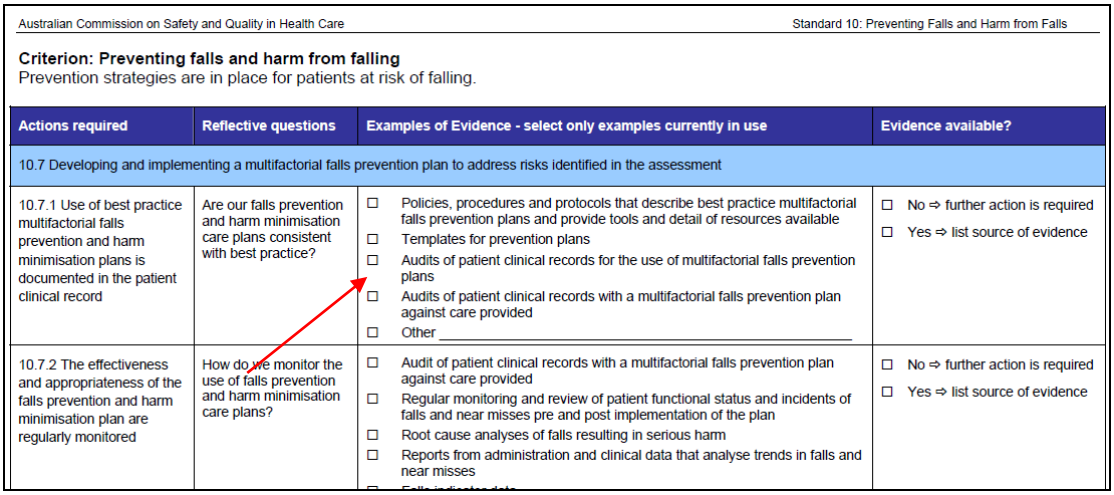
Acknowledgement and thanks to Townsville Health Service, Darling Downs Health Service and West Moreton Health Service for supplying existing falls assessment and prevalence audit tools to assist in the development of these audit tools.

# How the tools were developed

**An example is provided below using action 10.7.1 in Standard 10**

1. The NSQHS standards workbooks and guides were used i.e.:
    a. Hospital Accreditation Workbook - In particular the 'Examples of Evidence' for each action required. (October 2012)
    http://www.safetyandquality.gov.au/publications/hospital-accreditation-workbook/

*Example:*
*Hospital Accreditation Workbook – Standard 10 Action 10.7.1(October 2012)*



Australian Commission on Safety and Quality in Health Care — Standard 10: Preventing Falls and Harm from Falls

**Criterion: Preventing falls and harm from falling**
Prevention strategies are in place for patients at risk of falling.

| Actions required | Reflective questions | Examples of Evidence - select only examples currently in use | Evidence available? |
|---|---|---|---|
| 10.7 Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment | | | |
| 10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record | Are our falls prevention and harm minimisation care plans consistent with best practice? | ☐ Policies, procedures and protocols that describe best practice multifactorial falls prevention plans and provide tools and detail of resources available<br>☐ Templates for prevention plans<br>☐ Audits of patient clinical records for the use of multifactorial falls prevention plans<br>☐ Audits of patient clinical records with a multifactorial falls prevention plan against care provided<br>☐ Other _____ | ☐ No ⇨ further action is required<br>☐ Yes ⇨ list source of evidence |
| 10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored | How do we monitor the use of falls prevention and harm minimisation care plans? | ☐ Audit of patient clinical records with a multifactorial falls prevention plan against care provided<br>☐ Regular monitoring and review of patient functional status and incidents of falls and near misses pre and post implementation of the plan<br>☐ Root cause analyses of falls resulting in serious harm<br>☐ Reports from administration and clinical data that analyse trends in falls and near misses<br>☐ Falls indicator data | ☐ No ⇨ further action is required<br>☐ Yes ⇨ list source of evidence |

*Example of Evidence for 10.7.1 'Audit of patient clinical records for the use of multifactorial falls prevention plans'*

b. Safety and Quality Improvement Guides (one per standard) – in particular under each action and key task there are 'Outputs' suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved.
(October 2012)
http://www.safetyandquality.gov.au/our-work/accreditation/accreditation-newsroom/draft-safety-and-quality-improvement-guides/

*Example:*
*Safety and Quality Improvement Guide - Standard 10 Action 10.7.1 (October 2012)*

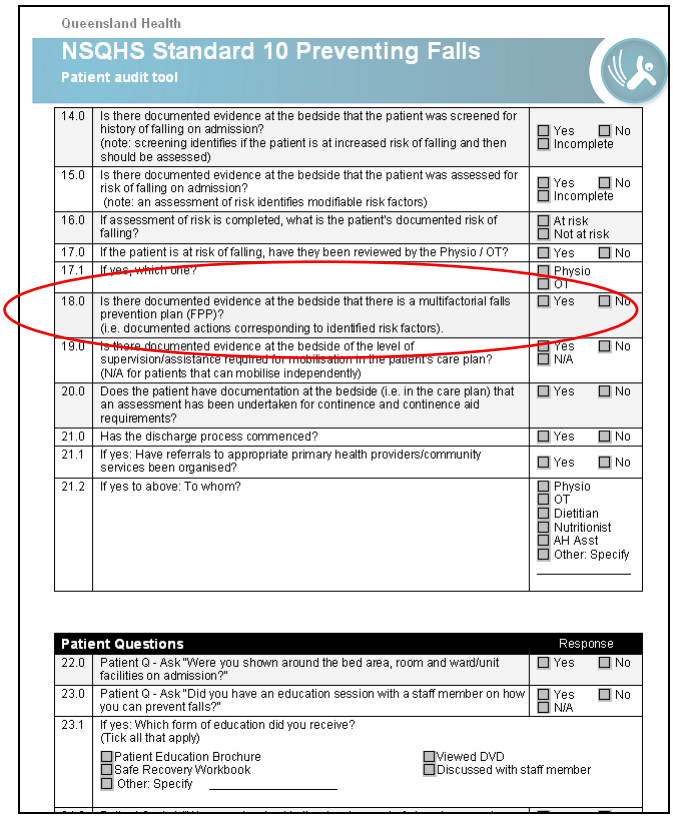
| Actions required | Implementation strategies |
|---|---|
| **10.7 Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment** | |
| **10.7.1** Use of best practice multifactorial falls prevention and harm minimisation plan is documented in the patient clinical record | **Key task:**<br>• **Identify all areas of risk for falls in the organisation and develop a risk management approach to implementing improvement strategies**<br>**Suggested strategies:**<br>You should ensure that all interventions are documented consistent with local policy and address the risk factors identified.<br>Falls prevention and harm minimisation plans that are based on best practice can improve patient outcomes. You should have in place effective falls prevention and harm minimisation plans that rely on comprehensive screen and assessment (where appropriate), the identification of all potential risks, and the development of tailored prevention plans for patients at risk of falling.<br>**Outputs of improvement processes may include:**<br>• register or log of falls risk<br>• provision of orientation or training to the workforce on best practice falls interventions<br>• policies, procedures and protocols that describe best practice multifactorial falls prevention plans, provide tools and detail resources available<br>• audit of patient clinical records and case notes for the use of multifactorial falls prevention plans<br>• audit of patient clinical records with a multifactorial falls prevention plan against care provided<br>• review of incidents, adverse events and near misses to determine when interventions were not applied or failed. |

*An output for 10.7.1 "Audit of patient clinical records and case notes for the use of multifactorial falls prevention plans'*

2. The questions in the audit tools (patient, ward, facility) assess and ask for verification of the examples of evidence and outputs to collect the detailed information necessary to meet that evidence. In addition, other examples of evidence may be used. The questions may directly ask if there is evidence to support, or may be broken down into a series of questions to delve deeper into whether the evidence has been met. In addition, questions may require the auditing of patients in order to demonstrate that the evidence has been met, and to what extent.

   Questions and responses have been developed in consultation with content area experts.

*Example: Audit tool questions for Standard 10 Action 10.7.1*



Queensland Health

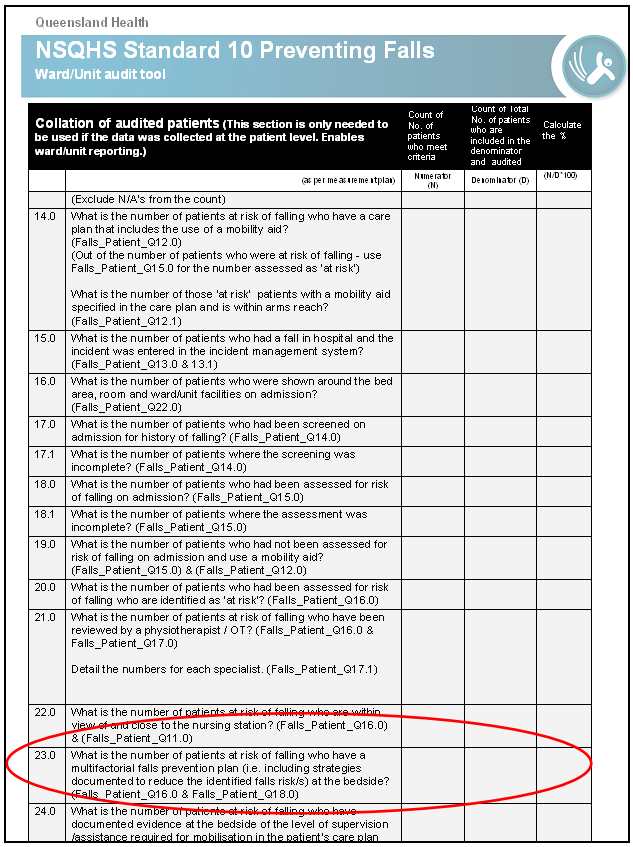
**NSQHS Standard 10 Preventing Falls**

**Patient audit tool**

| | | |
|---|---|---|
| 14.0 | Is there documented evidence at the bedside that the patient was screened for history of falling on admission? (note: screening identifies if the patient is at increased risk of falling and then should be assessed) | ☐ Yes ☐ No ☐ Incomplete |
| 15.0 | Is there documented evidence at the bedside that the patient was assessed for risk of falling on admission? (note: an assessment of risk identifies modifiable risk factors) | ☐ Yes ☐ No ☐ Incomplete |
| 16.0 | If assessment of risk is completed, what is the patient's documented risk of falling? | ☐ At risk ☐ Not at risk |
| 17.0 | If the patient is at risk of falling, have they been reviewed by the Physio / OT? | ☐ Yes ☐ No |
| 17.1 | If yes, which one? | ☐ Physio ☐ OT |
| 18.0 | Is there documented evidence at the bedside that there is a multifactorial falls prevention plan (FPP)? (i.e. documented actions corresponding to identified risk factors). | ☐ Yes ☐ No |
| 19.0 | Is there documented evidence at the bedside of the level of supervision/assistance required for mobilisation in the patient's care plan? (N/A for patients that can mobilise independently) | ☐ Yes ☐ No ☐ N/A |
| 20.0 | Does the patient have documentation at the bedside (i.e. in the care plan) that an assessment has been undertaken for continence and continence aid requirements? | ☐ Yes ☐ No |
| 21.0 | Has the discharge process commenced? | ☐ Yes ☐ No |
| 21.1 | If yes: Have referrals to appropriate primary health providers/community services been organised? | ☐ Yes ☐ No |
| 21.2 | If yes to above: To whom? | ☐ Physio ☐ OT ☐ Dietitian ☐ Nutritionist ☐ AH Asst ☐ Other: Specify _____ |

| Patient Questions | | Response |
|---|---|---|
| 22.0 | Patient Q - Ask "Were you shown around the bed area, room and ward/unit facilities on admission?" | ☐ Yes ☐ No |
| 23.0 | Patient Q - Ask "Did you have an education session with a staff member on how you can prevent falls?" | ☐ Yes ☐ No ☐ N/A |
| 23.1 | If yes: Which form of education did you receive? (Tick all that apply) ☐ Patient Education Brochure ☐ Safe Recovery Workbook ☐ Other: Specify _____ ☐ Viewed DVD ☐ Discussed with staff member | |

*The patient audit tool allows you to collect the specific question/s that can be used for 10.7.1 in auditing patient charts.*



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**NSQHS Standard 10 Preventing Falls**

**Ward/Unit audit tool**

| **Collation of audited patients** (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.) | | Count of No. of patients who meet criteria | Count of Total No. of patients who are included in the denominator and audited | Calculate the % |
|---|---|---|---|---|
| | (as per measurement plan) | Numerator (N) | Denominator (D) | (N/D*100) |
| | (Exclude N/A's from the count) | | | |
| 14.0 | What is the number of patients at risk of falling who have a care plan that includes the use of a mobility aid? (Falls_Patient_Q12.0) (Out of the number of patients who were at risk of falling - use Falls_Patient_Q15.0 for the number assessed as 'at risk') What is the number of those 'at risk' patients with a mobility aid specified in the care plan and is within arms reach? (Falls_Patient_Q12.1) | | | |
| 15.0 | What is the number of patients who had a fall in hospital and the incident was entered in the incident management system? (Falls_Patient_Q13.0 & 13.1) | | | |
| 16.0 | What is the number of patients who were shown around the bed area, room and ward/unit facilities on admission? (Falls_Patient_Q22.0) | | | |
| 17.0 | What is the number of patients who had been screened on admission for history of falling? (Falls_Patient_Q14.0) | | | |
| 17.1 | What is the number of patients where the screening was incomplete? (Falls_Patient_Q14.0) | | | |
| 18.0 | What is the number of patients who had been assessed for risk of falling on admission? (Falls_Patient_Q15.0) | | | |
| 18.1 | What is the number of patients where the assessment was incomplete? (Falls_Patient_Q15.0) | | | |
| 19.0 | What is the number of patients who had not been assessed for risk of falling on admission and use a mobility aid? (Falls_Patient_Q15.0) & (Falls_Patient_Q12.0) | | | |
| 20.0 | What is the number of patients who had been assessed for risk of falling who are identified as 'at risk'? (Falls_Patient_Q16.0) | | | |
| 21.0 | What is the number of patients at risk of falling who have been reviewed by a physiotherapist / OT? (Falls_Patient_Q16.0 & Falls_Patient_Q17.0) Detail the numbers for each specialist. (Falls_Patient_Q17.1) | | | |
| 22.0 | What is the number of patients at risk of falling who are within view of and close to the nursing station? (Falls_Patient_Q16.0) & (Falls_Patient_Q11.0) | | | |
| 23.0 | What is the number of patients at risk of falling who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside? (Falls_Patient_Q16.0 & Falls_Patient_Q18.0) | | | |
| 24.0 | What is the number of patients at risk of falling who have documented evidence at the bedside of the level of supervision /assistance required for mobilisation in the patient's care plan | | | |

*The ward/unit audit tool allows you to collate all the patient results for a ward/unit level view.*

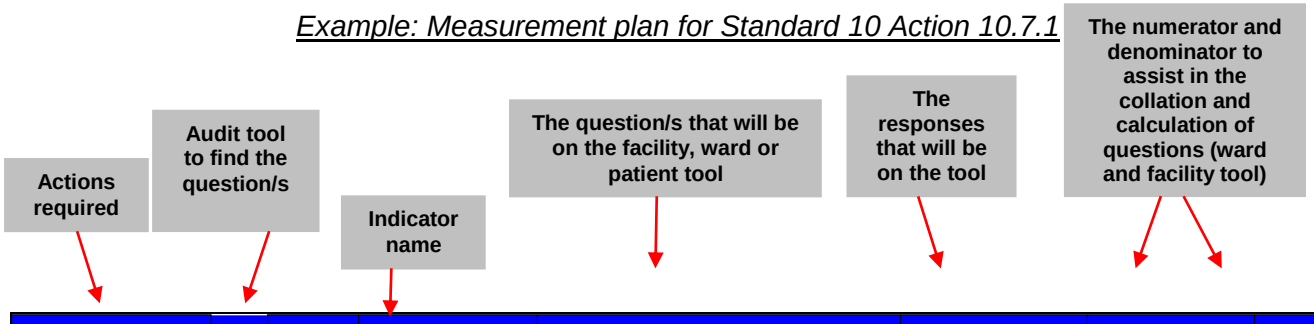
In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data i.e.: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. Falls_Patient_Q8.0 refers to Q8.0 in the Patient audit tool where the responses to collate the data will be found.

The last three columns in the collation sections i.e.: Num/Den/% allows for the calculation of the % result at a ward/unit and facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.

3. The measurement plan details the criteria / action and those question/s / responses that correspond to the action.

   Note : Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

*Example: Measurement plan for Standard 10 Action 10.7.1*




| Actions required | Audit Tool | Goal | Indicator | Question on Audit Tool | Response options | Numerator | Denominator |
|---|---|---|---|---|---|---|---|
| 10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record | Patient | Identify 'at risk' patients in the ward/unit who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside | % of patients at risk of falling who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside | 18.0 Is there documented evidence at the bedside that there is a multifactorial falls prevention plan (FPP) ? (i.e. documented actions corresponding to identified risk factors). | Yes; No | | |
| | Ward | | | 23.0 What is the number of patients at risk of falling who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside? (Falls_Patient_Q16.0 & Falls_Patient_Q18.0) | | Number of patients who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside | Total number of patients audited who are at risk of falling |
| | Patient | Identify 'at risk' patients in the ward/unit who have documented evidence at the bedside that supervision /assistance is required for mobilisation | % of patients at risk of falling that have documented evidence at the bedside that supervision /assistance is required for mobilisation (i.e. in care plan) | 19.0 Is there documented evidence at the bedside of the level of supervision/assistance required for mobilisation in the patient's care plan? (N/A for patients that can mobilise independently) | Yes; No; N/A | | |
| | Ward | | | 24.0 What is the number of patients at risk of falling who have documented evidence at the bedside of the level of supervision/assistance required for mobilisation in the patient's care plan? (Falls_Patient_Q16.0 & Falls_Patient_19.0) | | Number of patients who have documented evidence at the bedside that supervision /assistance is required for | Total number of patients audited who are at risk of falling |

In addition, we recognise that each facility will define when the audit will take place, how often, how many patients to audit and who will perform the audit.

Queensland Health facilities have the ability to enter their audit data on-line using an existing secure electronic web-based system, Measurement Analysis & Reporting System (MARS), available via the Queensland Health intranet. Please email mars@health.qld.gov.au for further information.

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

**The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.**

**Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.**