NSQHS Standard 10 Preventing Falls
Patient audit tool

Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:	Patient Medical Record Number (MRN):	

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

Notes:
- *Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review*
- *Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements*
- *The measurement plan details each audit question and the action/criteria it aligns to in the standard*

Observational audit - Patient		Response
1.0	Which type of bed rail is present on the bed? (Note: only check where a patient is present)	
	☐ N/A ☐ Horizontal ☐ Horizontal Joyce 900 with corrective action ☐ Horizontal Joyce 900 without corrective action ☐ Vertical – Rigid with extension ☐ No bed rail	☐ Vertical – Rigid without extension ☐ Vertical – Flexible with extension ☐ Vertical – Flexible without extension ☐ Split - Solid ☐ Split - Open ☐ Bed not present
1.1	Can the bed rail be fixed into a mid position?	☐ Yes ☐ No ☐ N/A
2.0	Is the nurse call system within reach of the patient?	☐ Yes ☐ No ☐ N/A
3.0	Is the bed control (if bed has a control) within reach of the patient?	☐ Yes ☐ No ☐ N/A
4.0	Is the patient's bed at the appropriate height? Note: Appropriate height is the level that the patient can sit and touch the floor with their feet, with their legs at 90 degrees.	☐ Yes ☐ No ☐ N/A
5.0	Are the patient's bed brakes locked on?	☐ Yes ☐ No ☐ N/A
6.0	Is the patient's chair at the appropriate height?	☐ Yes ☐ No ☐ N/A
7.0	Is the patient's room free of clutter / other hazards?	☐ Yes ☐ No
8.0	Is the patient's tray table within reach?	☐ Yes ☐ No ☐ N/A
9.0	If the patient has sensory aids (e.g. glasses, hearing aid) are they within reach?	☐ Yes ☐ No ☐ N/A
10.0	Does the patient have appropriate footwear? (e.g. non-slip / well fitting / low heel)	☐ Yes ☐ No ☐ N/A
11.0	If patient is at risk of falling, are they within view of and close to the nursing station? (Risk is determined below at Q15.0)	☐ Yes ☐ No ☐ N/A

Documentation audit - Patient		Response
12.0	Is there documented evidence at the bedside that the patient's care plan includes the use of a mobility aid? (N/A for patients who can mobilise independently)	☐ Yes ☐No ☐ N/A
12.1	If yes: Is the mobility aid within arms reach of the patient?	☐ Yes ☐ No ☐ Patient refuses to use aid
13.0	Is there evidence the patient has experienced a fall while in hospital?	☐ Yes ☐ No
13.1	If yes: Is there evidence the incident has been entered in the incident management system eg. PRIME?	☐ Yes ☐ No
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 ☐ N/A
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 who 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 ☐ N/A
21.2	If yes to above: To whom?	☐ Physio ☐ OT ☐ Dietitian ☐ Nutritionist ☐ AH Asst ☐ Nursing Home Placement ☐ HACC ☐ 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
24.0	Patient Q - Ask "Were you involved in the development of plans to prevent you falling while in hospital?"	☐ Yes ☐ No ☐ N/A

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.