

# NSQHS Standard 10 Preventing Falls

## Ward/Unit audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:		

**Ward/Unit audit tool:** collects ward/unit level data and collates the patient level responses

- 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

Ward/Unit Questions		Response
1.0	Is there evidence that the ward/unit has an evaluation and quality improvement plan/s in place to reduce falls incidents? (N/A for facility or service level responses and report at facility level)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources?	
1.2	If yes to 1.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.2: List the actions as per plan.	
1.4	If yes to 1.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	If yes to 1.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6	If yes to 1.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	If yes to 1.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	If yes to 1.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	If yes to 1.8: Which committee/group?	

Ward/Unit Questions		Response
1.10	If yes to 1.0: Who assisted in the development of the plan/s?	
1.11	If yes to 1.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.12	If yes to 1.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	
2.0	Is there evidence that the ward/unit undertakes training in preventing falls and harm from falls (as per the policy, procedure or protocol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes to 2.0: Is there evidence that attendance at the training sessions is recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	If yes to 2.0: Is there evidence that the training is matched to staff training needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	If yes to 2.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	If yes to 2.0: Outline when the training was undertaken, how many staff participated, etc.	
3.0	Is there evidence that the ward/unit has undertaken Quality Improvement activities to prevent falls and minimise patient harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: Give details of the quality improvement activities.	

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)
4.0	What is the number of patients who have a specified bed rail? Give a breakdown of each bed rail type. (Falls_Patient_Q1.0) (Exclude N/A's from the count)			
4.1	What is the number of patients who have a bed rail that can be fixed into a mid position? (Falls_Patient_Q1.1) (Exclude N/A's from the count)			
5.0	What is the number of patients who had the nurse call system within their reach? (Falls_Patient_Q2.0) (Exclude N/A's from the count)			
6.0	What is the number of patients whose bed control was			

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	within their reach? (Falls_Patient_Q3.0) (Exclude N/A's from the count)			
7.0	What is the number of patients whose bed was at the appropriate height? (Falls_Patient_Q4.0) (Exclude N/A's from the count)			
8.0	What is the number of patients whose bed brakes were locked on? (Falls_Patient_Q5.0) (Exclude N/A's from the count)			
9.0	What is the number of patients whose chair was at the appropriate height? (Falls_Patient_Q6.0) (Exclude N/A's from the count)			
10.0	What is the number of patients whose room was free of clutter / other hazards? (Falls_Patient_Q7.0)			
11.0	What is the number of patients whose tray table was within reach? (Falls_Patient_Q8.0) (Exclude N/A's from the count)			
12.0	What is the number of patients whose sensory aids (e.g. glasses, hearing aid) was within reach? (Falls_Patient_Q9.0) (Exclude N/A's from the count)			
13.0	What is the number of patients with appropriate footwear? (Falls_Patient_Q10.0) (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)			

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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 (Falls_Patient_Q16.0 & Falls_Patient_19.0)			
25.0	What is the number of patients who have documentation at the bedside that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan) (Falls_Patient_Q20.0)			
26.0	What is the number of patients, where the discharge process has commenced, who have been referred to the appropriate primary health providers/community services? (Falls_Patient_Q21.0 & Falls_Patient_Q21.1)  Provide breakdown of the numbers where referred to. (Falls_Patient_Q21.2)			
27.0	What is the number of patients who had an education session with a staff member on how to prevent falls. (Falls_Patient_Q23.0)  Outline the forms of education patients most often receive.			

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	(Falls_Patient_Q23.1)			
28.0	What is the number of patients who were involved in the development of plans to prevent them falling while in hospital? (Falls_Patient_Q24.0)			

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](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.**

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