

National Safety and Quality Health Service Standards
Standard 10 Preventing Falls and Harm from Falls - MEASUREMENT PLAN

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

| Criteria | Rationale | This criterion will be achieved by: | Actions required | Audit Tool | Goal | Indicator | Question on Audit Tool | Response options | Numerator | Denominator | Exclusions |
|---|-----------|---|--|------------|--|---|--|--|-----------|-------------|------------|
| Governance and systems for the prevention of falls | | 10.1 Developing, implementing and reviewing policies, procedures and/or protocols, including the associated tools, that are based on the current national guidelines for preventing falls and harm from falls | 10.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools | Facility | Identify if the facility has a policy, procedure and/or protocol on preventing falls and harm from falls.. | Evidence that the facility has a policy, procedure and/or protocol on preventing falls and harm from falls. | 1.0 Is there evidence that the facility (or at service level) has a policy, procedure and/or protocol that is evidence based and consistent with national guidelines on preventing falls and harm from falls? 1.1 If yes: Do they incorporate screening and assessment? 1.2 If yes to 1.0: Do they describe designated roles, responsibilities and accountabilities of the workforce for falls management? 1.3 If yes to 1.0: Do they define the audit process to be undertaken to assess against them? 1.4 If yes to 1.0: Do they describe equipment procurement and provision? 1.5 If yes to 1.0: Do they describe best practice multifactorial falls prevention plans and resources available? 1.6 If yes to 1.0: Are they tabled at a governance committee/s or group meeting/s? 1.7 If yes: Specify the committee/group. 1.8 If yes to 1.0: Do they reference the consultation processes or collaborative group/s involved in their development? 1.9 If yes to 1.0: Do they detail the date they became effective? 1.10 If yes to 1.0: Do they detail the date of the next revision? 1.11 If yes to 1.0: Do they reference the source documents (if applicable) particularly where they are represented as best practice? 1.12 If yes to 1.0: Does the workforce know the documents exist, can access them and know and use the contents? 1.13 If yes to 1.0: Outline details of the documents, where kept, review date/s and the 'owner'. | Yes; No Yes; No Yes; No Yes; No Yes; No Text Box Yes; No Yes; No Yes; No; N/A Yes; No text box | | | |
| | | | | Facility | Identify if the facility provides staff education on the facility policy, procedure and/or protocol on preventing falls and harm from falls. | Evidence of staff education on the facility policy, procedure and/or protocol on preventing falls and harm from falls | 2.0 Is there evidence that the facility (or at service level) provides staff education on preventing falls and harm from falls? (in line with the policy, procedure and/or protocol) 2.1 If yes: Does it include falls risk screening and/or assessment? 2.2 If yes to 2.0: Is there evidence that attendance at the education sessions is recorded? 2.3 If yes to 2.0: Is there evidence that the education is matched to staff training needs? 2.4 If yes to 2.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision? 2.5 If yes to 2.0: Provide comments on the education sessions and resources that are provided and when. | Yes ; No Yes ; No Yes ; No Yes ; No text box | | | |
| | | | 10.1.2 The use of policies, procedures and/or protocols is regularly monitored | Facility | Identify if the facility has an evaluation and quality improvement plan in place to reduce incidents | Evidence of an evaluation and quality improvement plan in place to reduce incidents | 3.0 Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce falls incidents? 3.1 If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources? 3.2 If yes to 3.0: Is there evidence that the plan/s record quality improvement action/s to be implemented? 3.3 If yes to 3.2: List the actions as per plan. 3.4 If yes to 3.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions? 3.5 If yes to 3.4: Does the risk register include a scale to rate risks? 3.6 If yes to 3.4: Are the risks reviewed on a regular basis? 3.7 If yes to 3.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions? 3.8 If yes to 3.0: Is there evidence that the plan/s are tabled at a committee/group? 3.9 If yes to 3.8: Which committee/group? 3.10 If yes to 3.0: Who assisted in the development of the plan/s? 3.11 If yes to 3.0: Is there evidence the workforce know the plan/s exist? 3.12 If yes to 3.0: Outline who the 'owner' is, the clinical lead, where | Yes; No text box Yes; No text box Yes; No Yes; No Yes; No Yes; No Yes; No text box text box Yes; No text box | | | |



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|----------|-----------|-------------------------------------|--|------------|------|--|---|---|--|-------------------------------------|------------|
| | | | | Facility | | % of wards/units who have an evaluation and quality improvement plan/s in place to reduce falls incidents | 6.0 What is the number of wards/units that have an evaluation and quality improvement plan/s in place to reduce falls incidents? (Falls_Ward_Q1.0) 6.1 List the sources of data/information that led to the development of the plan/s. (Falls_Ward_Q1.1) 6.2 What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (Falls_Ward_Q1.2) 6.3 List the actions as per plan. (Falls_Ward_Q1.3) 6.4 What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (Falls_Ward_Q1.4) 6.5 What is the number of wards/units that have a risk register that includes a scale to rate risks? (Falls_Ward_Q1.5) | | Number of wards/units who have an evaluation and quality improvement plan/s in place to reduce falls incidents | Total number of wards/units audited | |
| | | | | Ward | | | 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) 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? 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? 1.5 If yes to 1.4: Does the risk register include a scale to rate risks? 1.6 If yes to 1.4: Are the risks reviewed on a regular basis? 1.7 If yes to 1.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions? 1.8 If yes to 1.0: Is there evidence that the plan/s are tabled at a committee/group? 1.9 If yes to 1.8: Which committee/group? 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? 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. | Yes; No text box Yes; No text box Yes; No Yes; No Yes; No Yes; No text box text box Yes; No text box | | | |
| | | | Identify if wards/units undertake training in preventing falls and harm from falls | Facility | | % of wards/units that have undertaken training in preventing falls and harm from falls (as per the policy, procedure or protocol) | 7.0 What is the number of wards/units that have undertaken training in preventing falls and harm from falls (as per the policy, procedure or protocol)? (Falls_Ward_Q2.0) 7.1 What is the number of wards/units where attendance at the training sessions is recorded? (Falls_Ward_Q2.1) 7.2 What is the number of wards/units where the training is matched to staff training needs? (Falls_Ward_Q2.2) 7.3 What is the number of wards/units where staff feedback reports of the sessions is evaluated and incorporated into the next revision? (Falls_Ward_Q2.3) 7.4 Collate information on when training was undertaken, how many staff participated etc. (Falls_Ward_Q2.4) | | Number of wards/units that have undertaken training in preventing falls and harm from falls | Total number of wards/units audited | |
| | | | | Ward | | Evidence that the ward/unit has undertaken training in preventing falls and harm from falls (as per the policy, procedure or protocol) | 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)? 2.1 If yes to 2.0: Is there evidence that attendance at the training sessions is recorded? 2.2 If yes to 2.0: Is there evidence that the training is matched to staff training needs? 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? 2.4 If yes to 2.0: Outline when the training was undertaken, how many staff participated, etc. | Yes; No Yes; No Yes; No Yes; No text box | | | |

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|----------|-----------|---|--|--------------------------|---|--|---|---|--|-------------------------------------|------------|
| | | 10.2 Using a robust organisation wide system of reporting, investigation and change management to respond to falls incidents | 10.2.1 Regular reporting, investigating and monitoring of falls incidents is in place | AS PER 10.1.2 | | | | | | | |
| | | | 10.2.2 Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation | Facility | Identify if the facility has an incident management system for reporting, investigating and analysing falls incidents | Evidence the facility has an incident management system for reporting, investigating and analysing falls incidents | 4.0 Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing falls incidents? 4.1 If yes to 4.0: Outline the system eg. PRIME 4.2 If yes to 4.0: Is this regularly monitored? 4.3 If yes to 4.2: When and by whom? 4.4 If yes to 4.0: Are reports developed using data in the system? 4.5 If yes to 4.4: Are the reports used to identify frequency, severity and gaps? 4.6 If yes to 4.4: Are the reports tabled at a governance committee/group for review? 4.7 If yes to 4.6: Which governance committee/group? | Yes; No text box Yes; No text box Yes; No Yes; No Yes; No text box | | | |
| | | | 10.2.3 Information on falls is reported to the highest level of governance in the health service organisation | AS PER 10.2.2 | | | | | | | |
| | | | 10.2.4 Action is taken to reduce the frequency and severity of falls in the health service organisation | AS PER 10.2.1 and 10.2.2 | | | | | | | |
| | | 10.3 Undertaking quality improvement activities to address safety risks and ensure the effectiveness of the falls prevention system | 10.3.1 Quality improvement activities are undertaken to prevent falls and minimise patient harm | Facility | Identify if the facility has undertaken Quality Improvement activities to prevent falls and minimise patient harm | Evidence the facility has undertaken Quality Improvement activities to prevent falls and minimise patient harm | 5.0 Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities to prevent falls and minimise patient harm? 5.1 If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s. | Yes; No text box | | | |
| | | | | Facility | Identify if the ward/unit has undertaken Quality Improvement activities to prevent falls and minimise patient harm | % of wards/units that have undertaken Quality Improvement activities to prevent falls and minimise patient harm | 8.0 What is the number of wards/units that have undertaken Quality Improvement activities to prevent falls and minimise patient harm? (Falls_Ward_Q3.0) 8.1 Collate information on details of the improvement activities. (Falls_Ward_Q3.1) | | Number of wards/units that have undertaken Quality Improvement activities to prevent falls and minimise patient harm | Total number of wards/units audited | |
| | | | | Ward | | Evidence that the ward/unit has undertaken Quality Improvement activities to prevent falls and minimise patient harm | 3.0 Is there evidence that the ward/unit has undertaken Quality Improvement activities to prevent falls and minimise patient harm? 3.1 If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s. | Yes; No text box | | | |

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| | | 10.4 Implementing falls prevention plans and effective management of falls | 10.4.1 Equipment and devices are available to implement prevention strategies for patients at risk of falling and management plans to reduce the harm from falls | Patient | Identify patients in the ward/unit that have a bed rail that can be fixed into a mid position | % of patients that have a bed rail that can be fixed into a mid position | 1.0 Which type of bed rail is present on the bed? (Note: only check where a patient is present) 1.1 Can the bed rail be fixed into a mid position? (Observation) | N/A No bed rail Horizontal Horizontal Joyce 900 with corrective action Horizontal Joyce 900 without corrective action Split - Solid Split - Open Vertical - Rigid with extension Vertical - Rigid without extension Vertical - Flexible with extension Vertical - Flexible without extension Yes ; No; N/A | Number of patients that have a bed rail that can be fixed into a mid position | Total number of patients audited | |
| | | | | Ward | | | 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/As from the count) 4.1 What is the number of patients who have a bed rail that can be fixed into a mid position? (Exclude N/As from the count) | | Number of patients that have a bed rail that can be fixed into a mid position | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the nurse call system within their reach | % of patients who had the nurse call system within their reach | 2.0 Is the nurse call system within reach of the patient? (Observation) | Yes; No; N/A | Number of patients who had the nurse call system within their reach | Total number of patients audited | |
| | | | | Ward | | | 5.0 What is the number of patients who had the nurse call system within their reach? (Falls_Patient_Q2.0) (Exclude N/As from the count) | | Number of patients who had the nurse call system within their reach | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the bed control within their reach | % of patients who had the bed control within their reach | 3.0 Is the bed control (if bed has a control) within reach of the patient? (Observation) | Yes; No; N/A | Number of patients who had the bed control within their reach | Total number of patients audited | |
| | | | | Ward | | | 6.0 What is the number of patients whose bed control was within their reach? (Falls_Patient_Q3.0) (Exclude N/As from the count) | | Number of patients who had the bed control within their reach | Total number of patients audited | |

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| | | | | Patient | Identify patients in the ward/unit who had the bed at the appropriate height | % of patients who had the bed at the appropriate height | 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. (Observation) | Yes; No; N/A | Number of patients who had the bed at the appropriate height | Total number of patients audited | |
| | | | | Ward | | | 7.0 What is the number of patients whose bed was at the appropriate height? (Falls_Patient_Q4.0) (Exclude N/As from the count) | | Number of patients who had the bed at the appropriate height | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the bed brakes locked on | % of patients who had the bed brakes locked on | 5.0 Are the patient's bed brakes locked on? (Observation) | Yes; No; N/A | Number of patients who had the bed brakes locked on | Total number of patients audited | |
| | | | | Ward | | | 8.0 What is the number of patients whose bed brakes were locked on? (Falls_Patient_Q5.0) (Exclude N/As from the count) | | Number of patients who had the bed brakes locked on | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the chair at the appropriate height | % of patients who had the chair at the appropriate height | 6.0 Is the patient's chair at the appropriate height? (Observation) | Yes; No; N/A | Number of patients who had the chair at the appropriate height | Total number of patients audited | |
| | | | | Ward | | | 9.0 What is the number of patients whose chair was at the appropriate height? (Falls_Patient_Q6.0) (Exclude N/As from the count) | | Number of patients who had the chair at the appropriate height | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had their room free of clutter / other hazards | % of patients who had the room free of clutter / other hazards | 7.0 Is the patient's room free of clutter / other hazards? (Observation) | Yes; No | Number of patients who had the room free of clutter / other hazards | Total number of patients audited | |
| | | | | Ward | | | 10.0 What is the number of patients whose room was free of clutter / other hazards? (Falls_Patient_Q7.0) | | Number of patients who had the room free of clutter / other hazards | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the tray table within reach | % of patients who had the tray table within reach | 8.0 Is the patient's tray table within reach? (Observation) | Yes; No; N/A | Number of patients who had the tray table within reach | Total number of patients audited | |
| | | | | Ward | | | 11.0 What is the number of patients whose tray table was within reach? (Falls_Patient_Q8.0) (Exclude N/As from the count) | | Number of patients who had the tray table within reach | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had the sensory aids i.e.: glasses, hearing aid, within reach | % of patients who had the sensory aids i.e.: glasses, hearing aid, within reach | 9.0 If the patient has sensory aids (e.g. glasses, hearing aid) are they within reach? (Observation) | Yes; No; N/A | Number of patients who had the sensory aids i.e.: glasses, hearing aid, within reach | Total number of patients audited | |
| | | | | Ward | | | 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/As from the count) | | Number of patients who had the sensory aids i.e.: glasses, hearing aid, within reach | Total number of patients audited | |

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|----------|-----------|-------------------------------------|------------------|------------|---|--|--|---|---|---|------------|
| | | | | Patient | Identify patients in the ward/unit who had appropriate footwear | % of patients who had appropriate footwear | 10.0 Does the patient have appropriate footwear? (e.g. non-slip / well fitting / low heel) (Observation) | Yes; No; N/A | Number of patients who had appropriate footwear | Total number of patients audited | |
| | | | | Ward | | | 13.0 What is the number of patients with appropriate footwear? (Falls_Patient_Q10.0) (Exclude N/As from the count) | | Number of patients who had appropriate footwear | Total number of patients audited | |
| | | | | Patient | Identify 'at risk' patients in the ward/unit who had a mobility aid in the care plan and within arms reach | % of patients at risk of falling who had a mobility aid in the care plan and within arms reach | 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) 12.1 If YES: Is the mobility aid within arms reach of the patient? | Yes; No; N/A Yes; No; Patient refuses to use aid | Number of patients who had a mobility aid within arms reach | Total number of patients at risk of falling where the plan of care includes the use of a mobility aid | |
| | | | | Ward | | | 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) | | Number of patients who had a mobility aid within arms reach | Total number of patients at risk of falling where the plan of care includes the use of a mobility aid | |
| | | | | Patient | Identify patients in the ward/unit that were shown around the bed area, room and ward/unit facilities on admission. | % of patients that were shown around the bed area, room and ward/unit facilities on admission. | 22.0 Patient Q - Ask "Were you shown around the bed area, room and ward/unit facilities on admission?" | Yes; No | Number of patients that were shown around the bed area, room and ward/unit facilities on admission. | Total number of patients audited | |
| | | | | Ward | | | 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) | | Number of patients that were shown around the bed area, room and ward/unit facilities on admission. | Total number of patients audited | |
| | | | | Patient | Identify patients in the ward/unit who had their incident entered in the incident management system | % of patients who had their incident entered in the incident management system | 13.0 Is there evidence the patient has experienced a fall while in hospital? 13.1 If yes: Is there evidence the incident been entered in the incident management system eg. PRIME? | Yes; No Yes; No | Number of patients who had their incident entered in the incident management system | Total number of patients audited | |
| | | | | Ward | | | 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) | | Number of patients who had their incident entered in the incident management system | Total number of patients audited | |

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|--|---|--|---|--|--|---|---|--|---|---|---|----------------------------------|--|
| Screening and assessing risks of falls and harm from falling | Patients on presentation, during admission, and when clinically indicated, are screened for risk of a fall and the potential to be harmed from falls. | 10.5 Using a best practice-based tool to screen patients on presentation, during admission and when clinically indicated for the risk of falls | 10.5.1 A best practice screening tool is used by the clinical workforce to identify the risk of falls | Patient | Identify patients in the ward/unit who had been screened on admission for history of falling | % of patients who had been screened on admission for history of falling | 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 | Number of patients who had been screened on admission for history of falling | Total number of patients audited | | | |
| | | | | Ward | | | 17.0 What is the number of patients who had been screened on admission for history of falling? (Falls_Patient_Q14.0) | | Number of patients who had been screened on admission for history of falling | Total number of patients audited | | | |
| | | | | | | | 17.1 What is the number of patients where the screening was incomplete? (Falls_Patient_Q14.0) | | | | | | |
| | | | 10.5.2 Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls | AS PER 10.5.1 | | | | | | | | | |
| | | | 10.5.3 Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission | AS PER 10.5.1 | | | | | | | | | |
| | | | 10.6 Conducting a comprehensive risk assessment for patients identified at risk of falling in initial screening processes | 10.6.1 A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling | 10.6.1 A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling | Patient | Identify patients in the ward/unit who had been assessed for risk of falling on admission | % of patients who had been assessed for risk of falling on admission | 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 | Number of patients who had been assessed for risk of falling on admission | Total number of patients audited | |
| Ward | 18.0 What is the number of patients who had been assessed for risk of falling on admission? (Falls_Patient_Q15.0) | | Number of patients who had been assessed for risk of falling on admission | | | Total number of patients audited | | | | | | | |
| | 18.1 What is the number of patients where the assessment was incomplete? (Falls_Patient_Q15.0) | | | | | | | | | | | | |
| | | | | Ward | Identify patients in the ward/unit who had not been assessed on admission for risk of falling and use a mobility aid | % of patients who had not been assessed on admission for risk of falling and use a mobility aid | 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) | | Number of patients who use a mobility aid | Total number of patients who had not been assessed on admission for risk of falling | | | |

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|----------|-----------|-------------------------------------|---|--|---|---|--|-----------------------------|--|--|---|---------|--|---|--|
| | | | 10.6.2 The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment | Patient | Identify patients in the ward/unit who had been assessed for risk of falling who are identified as 'at risk' | % of patients who had been assessed for risk of falling who are identified as 'at risk' | 16.0 If assessment of risk is completed: What is the patient's documented risk of falling? | At risk ; Not at risk | Number of patients who are identified as 'at risk' | Total number of patients audited who had been assessed for risk of falling | | | | | |
| | | | | Ward | | | 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) | | Number of patients who are identified as 'at risk' | Total number of patients audited who had been assessed for risk of falling | | | | | |
| | | | | Patient | Identify patients in the ward/unit who are 'at risk' of falling, who have been reviewed by the physiotherapist/OT | % of patients who are 'at risk' of falling, who have been reviewed by the physiotherapist/OT | 17.0 If the patient is at risk of falling, have they been reviewed by the Physio / OT? 17.1 If yes: Which one? | Yes; No; N/A Physio / OT | Number of patients who have been reviewed by the physiotherapist/OT | Total number of patients audited who are at risk of falling | | | | | |
| | | | | Ward | | | 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) | | Number of patients who have been reviewed by the physiotherapist/OT | Total number of patients audited who are at risk of falling | | | | | |
| | | | | Patient | Identify patients in the ward/unit who are 'at risk' of falling, who are within view of and close to, the nursing station | % of patients who are 'at risk' of falling, who are within view of and close to, the nursing station | 11.0 If patient is at risk of falling, are they within view of and close to the nursing station? (Risk is determined below) | Yes; No; N/A | Number of patients who are within view of and close to, the nursing station | Total number of patients audited who are at risk of falling | | | | | |
| | | | | Ward | | | 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) | | Number of patients who are within view of and close to, the nursing station | Total number of patients audited who are at risk of falling | | | | | |
| | | | | 10.6.3 Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment | | | | AS PER 10.6.1 and 10.6.2 | | | | | | | |
| | | | | Preventing falls and harm from falling | Prevention strategies are in place for patients at risk of falling. | 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 | 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 | 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 | |
| | | | | | | | | 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 | |

| Criteria | Rationale | This criterion will be achieved by: | Actions required | Audit Tool | Goal | Indicator | Question on Audit Tool | Response options | Numerator | Denominator | Exclusions | | | | |
|----------|-----------|-------------------------------------|------------------|------------|--|---|---|------------------|--|---|---|--|---|--|--|
| | | | | 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 who can mobilise independently) | Yes; No; N/A | Number of patients who have documented evidence at the bedside that supervision /assistance is required for mobilisation (i.e. in care plan) | Total number of patients audited who are at risk of falling | | | | | |
| | | | | 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 mobilisation (i.e. in care plan) | Total number of patients audited who are at risk of falling | | | | | |
| | | | | Patient | Identify patients in the ward/unit who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements | % of patients who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan) | 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 | Number of patients who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements | Total number of patients audited | | | | | |
| | | | | Ward | | | 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) | | Number of patients who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements | Total number of patients audited | | | | | |
| | | | | | | | 10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored | AS PER 10.7.1 | | | | | | | |
| | | | | | | | 10.7.3 Action is taken to reduce falls and minimise harm for at risk patients | AS PER 10.7.1 | | | | | | | |
| | | | | | | 10.8 Patients at risk of falling are referred to appropriate services, where available, as part of the discharge process | 10.8.1 Discharge planning includes referral to appropriate services, where available | Patient | Identify patients in the ward/unit where the discharge process has commenced, who have been referred to appropriate primary health providers/community services been organised | % of patients where the discharge process has commenced, who have been referred to appropriate primary health providers/community services been organised | 21.0 Has the discharge process commenced? 21.1 If yes: Have referrals to appropriate primary health providers/community services been organised? 21.2 If yes to above: To whom? | Yes; No Yes; No; N/A Physiotherapist Occupational Therapist Dietitian Nutritionist Allied Health Assistant Nursing Home Placement HACC Other: specify | Number of patients who have been referred to appropriate primary health providers/community services been organised | Total number of patients audited where the discharge process has commenced | |
| | | | | | | Ward | 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) | | | | Number of patients who have been referred to appropriate primary health providers/community services been organised | Total number of patients audited where disci proc com | | | |


| Criteria | Rationale | This criterion will be achieved by: | Actions required | Audit Tool | Goal | Indicator | Question on Audit Tool | Response options | Numerator | Denominator | Exclusions |
|--|--|---|---|------------|---|--|--|--|---|----------------------------------|------------|
| Communicating with patients and carers | Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan. | 10.9 Informing patients and carers about the risk of falls, and falls prevention strategies | 10.9.1 Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful <i>(Developmental Action)</i> | Patient | Identify patients in the ward/unit who reported they had received an education session with a staff member on falls prevention strategies | % of patients who reported they had received an education session with a staff member on falls prevention strategies | 23.0 Patient Q - Ask "Did you have an education session with a staff member on how you can prevent falls?" 23.1 If yes: Which form of education did you receive? (Tick all that apply) | Yes: No; N/A Patient education brochure Viewed DVD Safe recovery workbook Discussed with staff member Other - Specify | Number of patients who reported they had received an education session with a staff member on falls prevention strategies | Total number of patients audited | |
| | | | | Ward | | | 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. (Falls_Patient_Q23.1) | Number of patients who reported they had received an education session with a staff member on falls prevention strategies | Total number of patients audited | | |
| | | 10.10 Developing falls prevention plans in partnership with patients and carers | 10.10.1 Falls prevention plans are developed in partnership with patients and carers <i>(Developmental Action)</i> | Patient | Identify patients in the ward/unit who had been involved in the development of their falls prevention plan | % of patients who had been involved in the development of their falls prevention plan | 24.0 Patient Q - Ask "Were you involved in the development of plans to prevent you falling while in hospital?" | Yes: No; N/A | Number of patients who had been involved in the development of their falls prevention plan | Total number of patients audited | |
| | | | | Ward | | | 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) | Number of patients who had been involved in the development of their falls prevention plan | Total number of patients audited | | |

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.

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