

FALLS PREVENTION PROCESS MEASURES AUDIT TOOL

This tool was created to assess compliance with falls prevention practices most commonly included as part of hospital falls prevention plans.* Individual facility falls prevention teams must decide which elements are required as part of the falls prevention plan. Hourly rounds, special equipment, alarms, and sitters are examples of interventions that may not be required as part of your facility's falls prevention protocol. This audit tool should not be interpreted as a prescription of falls prevention practices that must be implemented. Rather, it is a tool to monitor which falls prevention practices are being implemented at your facility. Over time, changes in levels of implementation of these practices may be shown to correlate with changes in your falls or falls-with-injury rates. Customization of this tool to capture falls prevention practices as outlined in your hospital falls prevention plan is encouraged.

This audit is to be completed for *all* patients on the unit(s) being audited. All elements are to be assessed for patients identified as being at risk to fall and for those not at risk to fall. Identifying interventions in place for all patients compared with those in place for falls-risk patients may offer valuable information about the efficacy of your current falls prevention program.

Directions for Completing the Falls Prevention Process Measures Audit Tool

1. Choose one day to complete the audit for the unit or units where you will be piloting your rapid-cycle testing of improvements to your falls prevention program.
2. Print enough copies of the audit tool to audit every patient on the unit(s).
3. Enter the name of the facility, the unit where the audit was completed, the date and census on the unit when the audit was completed, and the name of the falls risk assessment tool utilized.
4. *All* patients on the unit should be assessed. Exceptions for patients for which you are unable to complete an audit (e.g., patients who are off the unit for most of the day, patients actively dying) should be rare.
5. Room number is included as a suggested way to keep track of which patients have been audited. Your facility may choose to use the patient medical record number or other identifier.

Documentation

These measures are to be assessed through documentation review.

6. Was risk assessment completed?—answer yes if there is documentation of any risk assessment.
7. Time since last risk assessment—place a check mark in the column that corresponds to the time that has elapsed since the most recent falls risk assessment was documented.
8. Enter score—document the most recent risk score.
9. Was patient identified as being at risk to fall?—answer yes if there is documentation of patient risk to fall in the clinical documentation system used by your facility as required by your facility's falls prevention policy.
10. Was falls prevention plan documented?—answer yes if there is documentation of a falls prevention plan.
11. Was patient and family education documented?—answer yes if there is documentation of falls risk and falls prevention plan education in the clinical documentation system used by your facility as required by your facility's falls prevention policy.
12. Is there documentation of hourly rounds?—answer yes if there is documentation of hourly rounds by nursing as required by your hospital's policy on hourly rounding. The Pennsylvania Patient Safety Authority recognizes that not all facilities have implemented hourly rounding; if your facility does not have a policy for hourly rounding by nursing, answer no.

* The development of this tool was in part funded and performed under contract number HHSM-500-2012-00022C, entitled "Hospital Engagement Contractor for Partnership for Patients Initiative."

Visual Observation

These measures are to be assessed through direct visual observation of the patient and the care area.

13. Is call bell within reach?—answer yes if the call bell is within reach of the patient when you enter the room.
14. Does patient have risk identifiers?—indicate the risk identifiers in use, if applicable.
15. Does patient have appropriate footwear?—indicate the type of footwear in use, if applicable.
16. Is special equipment in use?—indicate any special equipment that may be in use.
17. Are alarms in use?—indicate any alarms that are in use.
18. Is sitter in place?—answer yes if the patient is under continuous observation by a staff member assigned to stay with the patient.

Tallying Results

19. Tally each element in place for *all patients* audited (e.g., out of 36 patients audited, 33 had the call bell within reach and 13 had colored socks).
20. Tally each element in place for *falls-risk patients* (e.g., out of 13 patients identified as being at risk to fall, 10 had the call bell within reach and 10 had colored socks).

Information gained from use of this audit tool may be analyzed by falls prevention team members for a variety of purposes, including but not limited to assessment of compliance with hospital falls prevention policies and protocols and identification of staff educational needs.

For more information, visit <http://www.patientsafetyauthority.org>.

This tool accompanies

Feil M. Falls prevention: Pennsylvania hospitals implementing best practices.

Pa Patient Saf Advis [online] 2013 Dec [cited 2013 Dec 16]. [http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2013/Dec;10\(4\)/Pages/home.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2013/Dec;10(4)/Pages/home.aspx)

Facility:	Date:	Census:
Unit:	Fall risk tool:	

ROOM #	DOCUMENTATION									VISUAL OBSERVATION					
	Was risk assessment completed?	Time since last risk assessment (select one)			Enter risk score	Was patient identified as being at risk to fall?	Was falls prevention plan documented?	Was patient and family education about falls prevention documented?	Is there documentation of hourly rounds?	Is call bell within reach?	Does patient have risk identifiers?	Does patient have appropriate footwear?	Is special equipment in use?	Are alarms in use?	Is a sitter in place?
	Yes	0 to 12 hours	Greater than 12 hours, less than or equal to 24 hours	Greater than 24 hours		Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No
	Yes					Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No
	Yes					Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No

ROOM #	DOCUMENTATION										VISUAL OBSERVATION				
	Was risk assessment completed?	Time since last risk assessment (select one)			Enter risk score	Was patient identified as being at risk to fall?	Was falls prevention plan documented?	Was patient and family education about falls prevention documented?	Is there documentation of hourly rounds?	Is call bell within reach?	Does patient have risk identifiers?	Does patient have appropriate footwear?	Is special equipment in use?	Are alarms in use?	Is a sitter in place?
	Yes	0 to 12 hours	Greater than 12 hours, less than or equal to 24 hours	Greater than 24 hours		Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No
	Yes					Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No
	Yes					Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No
	Yes					Yes	Yes	Yes	Yes	Yes	Sign outside room Sign inside room Wristband Colored blanket Colored socks Other:	Nonskid socks or slippers Rubber-soled shoes Other:	Low bed 2 siderails up Floor mat Hip protectors Other:	Bed alarm Chair alarm Other:	Yes
	No					No	No	No	No	No					No