



FALLS PREVENTION AUDIT

- | | |
|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Same Day Surgery |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> CancerCare |

Audit Requirements:

- Regional Centre: 10 charts per unit
- Acute Community Hospitals: 5 charts

Facility: _____

Medical Record Chart #																					TOTAL		
Desired response: Yes (Y) or Not Applicable (N/A)	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	Yes or N/A	No	
1. Falls Risk Assessment conducted and total score identified																							
2. Universal Precautions implemented.																							
3. Score greater than 3, High Risk Precautions implemented.																							
4. If admitted, risk for falls is communicated to receiving unit.																							
5. If discharged, education on Falls Prevention provided to patient, family and/or designate.																							
Total:																							

Formula: $\frac{\text{Total \# of Yes/ NA responses}}{\text{Total \# of charts audited X 5 total possible responses}} = \text{_____} \times 100 = \text{_____} \% \text{ rate of meeting the indicator}$

Comments:

- Quality Improvement Plan is completed
- Quality Improvement Plan is submitted along with Audit Results

Date: _____ Audit completed by: _____