



FALLS PREVENTION AUDIT – INPATIENTS

Audit Requirements:

- Regional Centre Inpatient Units: 10 current inpatients
- Acute Community Hospitals: 5 current inpatients

Facility: _____ Unit: _____

ENVIRONMENT ASSESSMENT	YES	No	COMMENTS
All weight scales are labelled with barricade tape to prevent slip/trip falls from with scale			
Flooring is in good repair and does not identify a trip/fall hazard			

Medical Record Chart #																					TOTAL		
	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. Initial falls risk assessment completed within 24h of admission.																							
2. Falls risk score identified.																							
3. Falls risk reassessment conducted weekly after admission.																							
4. Falls Precautions – Acute Care (Kardex Insert) updated to include patient specific precautions																							
5. If patient at high risk for falls,																							

a) Yellow armband applied.																						
b) High Risk Precautions are identified and implemented.																						
c) Risk for falls identified on Communication Whiteboard.																						
6. SCHIPP Patient Transfer and Handling Requirements identified on Communication Whiteboard																						
7. Patient/Family/ Designate educated on Falls Prevention and documented.																						
Total																						
<p>Formula: $\frac{\text{Total \# of Yes/ NA responses}}{\text{Total \# of charts audited X 9 total possible responses}} = \quad \times 100 = \quad \% \text{ rate of meeting the indicator}$</p>																						
<p>Comments:</p> <p><input type="checkbox"/> Quality Improvement Plan is completed</p> <p><input type="checkbox"/> Quality Improvement Plan is submitted along with Audit Results</p>																						

Date: _____ Audit completed by: _____