

Let's Collaborate: Development of the fall prevention audit tool

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Fall Prevention Audit Tool

- Evidence based
- Measure processes
- Measure outcomes
- Impact point of care

Falls-Acute - Reducing Falls and Injury from Falls in Acute Care

Organization: 100 ABC Demo Hospital
In/Out: In Patient
Adult/Peds: Adult
Program: Surgery
Service: Cardiac Surgery
Procedure/Diagnosis Group: 3222
Unit/Room: 3 East
Patient Sample:

Contact Name, E-Mail and Phone Number (include area code):

FAX in FINE Resolution NO COVER PAGE
1-877-344-1698

Printed On: 2016-11-20

YEAR: 2016 MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC DAY: 01 02 03 04 05 06 07 08 09 10 11 12

Enter Day as double digit (e.g. 01, with 0 on top row and 1 on bottom row)

PC #	A. Type of Fall Risk Assessment Performed on Admission Select the Most Detailed	B. Was Patient Designated "At Risk" for Fall and was risk status communicated?	C. Medication Review Completed	D. Patient has Documented Falls Prevention / Injury Reduction Plan	E. Completed Falls Risk Assessment Following a Significant Change in Medical Status	F. Patient is Restrained at any time in the Reporting Period	G. How Many Times did Patient Fall in Reporting Period (if 0 End Audit Here)	H. Was Patient Assessed for Harm on Discovery of Fall?	I. Harm from Fall? (if 0 End Audit Here)	J. Completed Fall Risk Assessment Following Fall?	K. Monitored for 24-48 hours after Fall?	L. Falls Prevention Plan Revised after Fall?
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Access your data and reports at www.patientsafetymetrics.com or for info contact 416-946-3103 or metrics@safethealthcarenow.ca. Login 1 hour after faxing your forms to verify the data was received successfully

718755802563 1041-667137

Collaborate

Collegial

Focus on greater good



Impact of this work

- Useful for all sectors
- Support to meet Accreditation Canada ROP requirements



- Benchmark
- Dashboard

Personal Insights

- Put a face to the organization
- Approachable
- Teamwork 
- Inter-reliant 

