

**Clinical Excellence Commission:**

**Workbook - National Safety and Quality Health Service Standards: *Standard 10 Preventing Falls and Harm from falls***

**Objective: To assess the following aspects of the NSW Falls Program at three levels of the organisation (Local Health District (LHD), Facility and Clinical Unit) against the following criteria from the Australian Commission on Safety and Quality ( ACSQHC) National Safety and Quality Standards: Standard 10: *Preventing Falls and Harm from Falls.***

- The purpose of the Standard is to reduce the incidence of patient falls and minimise harm from falls.
- There is good evidence that identifying and responding to patients at risk of falling can reduce falls and subsequent harm.
- Health services need to demonstrate that they systematically identify and respond to falls risk, and have standard falls prevention strategies in place as well as individualised care plans
- Developing patient/family/carer awareness of falls risk, and developing care plans in partnership with them, can improve adherence to care plans and improve health outcomes.

**Responsibilities**

**LHD Level**

- **LHD executive led falls committee to monitor progress for the implementation of the NSW Health falls plan**
- **Peak governance (quality and safety committees ) at ward/facility/network level identified and provide falls reports to the LHD Falls committee**
- **LHD falls committee/peak governance group identify and action any LHD wide implementation issues.**

**Facility Level**

- **Peak governance committees identified and meet regularly and monitors progress through action items**
- **Verify facility falls incident data collection, collation and reporting processes**
- **Identify any facility specific implementation issues**
- **Provide feedback to ward level on falls data, and improvement activities**
- **Facilitate staff forum and provide an opportunity for staff to provide general feedback.**

**Unit Level**

- **Falls audits are conducted and reported to ward/facility and LHD committees**
- **Nursing Unit Manager / Department Head engaged in falls prevention initiatives**

- Ward unit staff (nursing/medical and allied health) are provided with education on falls prevention initiatives.

#### Standard 10: Criteria

##### 1. Governance and systems

- Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.

##### 2. 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.

##### 3. Preventing falls and harm from falling

- Prevention strategies are in place for patients at risk of falling.

##### 4. 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.

##### 1. Governance and systems

#### 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

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
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	Local Health District/Facility Falls Policy /procedure/protocol is based on ACSQHC National falls best practice guidelines and are: <ul style="list-style-type: none"> <li>• approved by LHD/Facility executive committee</li> <li>• current (dated) and have a</li> </ul>		<a href="#">Hospital falls policy which is based in the ACSQHC 2009 Guidelines - preventing falls in hospital. LHDs have reviewed or in the process of reviewing hospital falls policy.</a>  <a href="#">Community Care: Some LHDs have a</a>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<p>review date noted.</p> <p>Falls policy /procedure/protocol describes requirements for:</p> <ul style="list-style-type: none"> <li>• designated roles, responsibilities and accountabilities of the workforce</li> <li>• Falls risk screening tool</li> <li>• Falls risk assessment process</li> <li>• Falls risk interventions</li> <li>• Care planning</li> <li>• Recording information in the patients clinical record</li> <li>• Falls equipment and resources</li> </ul>		<p><a href="#">policy/guideline which is based in the ACSQHC 2009 Guidelines - preventing falls in community care</a></p> <p><a href="#">Residential Aged Care (for NSW Health Residential Aged Care Services eg Multi Purpose Services) Some LHDs have adapted a residential aged care falls policy/guideline which is based in the ACSQHC 2009 Guidelines - Preventing falls in residential aged care</a></p> <p><a href="#">CEC one page summary of ACSQHC 2009 best-practice guidelines for hospital</a></p> <p><a href="#">NSW Health Falls Policy: PD2011_029 - Prevention of Falls and Harm from Falls among Older People: 2011-2015</a></p> <p><a href="#">CEC Falls in Hospital Guide 2013</a></p> <p><a href="#">Falls Risk Screen -Ontario Modified Stratify (Sydney Scoring)</a></p> <p><a href="#">Falls Risk Assessment and Management Plan (FRAMP)</a></p> <p><b>Other related documents:</b></p>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
			<a href="#">Aged Care Assessment Teams Protocols &amp; Procedures for ACATs in NSW, PD2007_080</a>  <a href="#">Physical Health Care of Mental Health Consumers, GL2009_007</a>  <a href="#">Children and Infants - Acute Management of Head Injury, PD2011_024</a>  <a href="#">Rehabilitation for Chronic Disease - Implementing Volume 2, GL2006_022</a> <a href="#">Prevention of Venous Thromboembolism, PD2010_077</a>  <a href="#">Closed Head Injury in Adults - Initial Management, PD2012_013</a>  <a href="#">Nursing &amp; Midwifery Clinical Guidelines - Identifying &amp; Responding to Drug &amp; Alcohol Issues, GL2008_001</a>  <a href="#">Dementia Services Framework 2010-2015, GL2011_004</a>	
10.1.2 The use of policies, procedures and / or protocols	<ul style="list-style-type: none"> <li>Policies, procedures and protocols are available to the</li> </ul>		<ul style="list-style-type: none"> <li>LHD intranet site, hard copies on</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
is regularly monitored	<p>workforce - via intranet site, hard copy</p> <ul style="list-style-type: none"> <li>• Policies, procedures and protocols is current (dated) and have a review date noted.</li> <li>• Education resources have policies, procedures and protocols included</li> <li>• Records of attendance at training by the workforce on policies, procedures and protocols in place Ward based analysis of fall events and reporting</li> <li>• Review of serious falls incidences which includes ward level reporting to Patient Safety /Clinical Risk management meetings and includes any recommendations and changes in clinical practice</li> <li>• Root cause analysis reports to LHD/facility/quality meeting relating to falls incidents resulting in harm.</li> <li>• Ward level reporting at ward meetings on any recommendations and changes in clinical practice</li> </ul>		<p>ward/available</p> <ul style="list-style-type: none"> <li>• LHD/facility Pathlore /education records</li> <li>• Clinical Risk Management meeting minutes</li> <li>• <a href="#">SAC2 Fall Incident Investigation Form</a> and <a href="#">appendices</a>.</li> <li>• Ward meeting minutes</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<ul style="list-style-type: none"> <li>Audit of patient clinical records reported to facility/LHD committee</li> </ul>		<ul style="list-style-type: none"> <li>CEC audit tools               <ul style="list-style-type: none"> <li><a href="#">Facility audit tool</a></li> <li><a href="#">Ward audit tool</a></li> <li><a href="#">Patient audit Tool</a></li> </ul> </li> </ul>	
<b>10.2: Using a robust organisation-wide system of reporting, investigation and change management to respond to falls incidents</b>				
10.2.1 Regular reporting, investigating and monitoring of falls incidents is in place	<ul style="list-style-type: none"> <li>Falls incidents or near misses are reported in Incident Information Management System (IIMS).</li> <li>Reports generated of falls incidents across the organisation, including trends in falls incidents, adverse events.</li> <li>Reports provided to facility level and LHD level committees.</li> <li>Education resources relating to incident reporting and investigating and records of attendance at training by the workforce on falls reduction and reporting systems.</li> <li>Relevant documentation from committees and meetings responsible for falls management.</li> <li>Benchmarking of falls incidents across LHD.</li> </ul>		<ul style="list-style-type: none"> <li>IIMS System – falls reports by ward/facility</li> <li>Patient Safety/Clinical Risk Review committees minutes</li> <li>IIMS training information/resource available on LHD intranet</li> <li>Ward/facility /LHD falls committee minutes</li> </ul>	Audit required
10.2.2 Administrative and	<ul style="list-style-type: none"> <li>Falls dataset reporting template</li> </ul>		<ul style="list-style-type: none"> <li>IIMS Falls incident reports</li> </ul>	Audit required

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
<p>clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation</p>	<p>for clinical data sets: total fall number incidences, total number of falls by SAC coding, trends.</p> <ul style="list-style-type: none"> <li>• Falls IIMS reports by ward reported to facility/network level and LHD committees</li> <li>• Facility audit reports on patient clinical records of frequency and severity of falls.</li> <li>• Review of serious falls incidences by facility /LHD committee and any recommendations and changes in clinical practice are reported to ward level for implementation.</li> <li>• Agenda papers, meeting minutes and/or reports of relevant committee such as patient safety committee</li> <li>• Reports to coroners, departments or other authorities</li> <li>• Root cause analysis conducted for all falls incidents classified as SAC 1</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">SAC2 Fall Incident Investigation Form</a> and <a href="#">appendices</a></li> <li>• Ward/facility /LHD committee minutes</li> <li>• Record of RCA reports</li> </ul>	
<p>10.2.3 Information on falls is reported to the highest level of</p>	<ul style="list-style-type: none"> <li>• Reports on falls incidences are provided to Facility and LHD</li> </ul>		<ul style="list-style-type: none"> <li>• Ward/facility /LHD committee</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
governance in the health service	<ul style="list-style-type: none"> <li>executive committees</li> <li>Annual reports containing trends falls incidents information.</li> <li>Trend reports detailing changes and actions taken and information provided to ward staff</li> <li>Agenda papers, meeting minutes and/or reports of executive committees relating to falls and harm from falls</li> </ul>		<ul style="list-style-type: none"> <li>minutes</li> <li>LHD annual reports</li> <li>RCA reports and <a href="#">SAC2 Fall Incident Investigation Form, - and appendices</a>. Recommendations reported at relevant ward/facility/network committee</li> <li>Ward/facility /LHD committee minutes</li> </ul>	
10.2.4 Action is taken to reduce the frequency and severity of falls in the health service organisation.	<ul style="list-style-type: none"> <li>Information provided to the workforce on falls risks and prevention strategies.</li> <li>Education resources and records of attendance at training by the workforce on falls prevention and management.</li> <li>Information provided to patients and their carers on preventing falls and harm from falls.</li> <li>Improvement activities that have been adapted and adopted locally to reduce the</li> </ul>		<p>Education resources can be found at:</p> <ul style="list-style-type: none"> <li><a href="#">NSW Falls Prevention Network website and forums</a></li> <li><a href="#">CEC Falls Prevention website</a></li> <li>CEC NSW Falls Prevention Program page: Presentations for Hospitals: <ul style="list-style-type: none"> <li><a href="#">General falls prevention</a></li> <li><a href="#">Standard 10</a> and</li> <li><a href="#">CEC falls in hospital education DVD (2008)</a></li> </ul> </li> <li>LHD/facility falls forums</li> <li>LHD intranet - e.g. falls webpage</li> <li>LHD Pathlore/education records</li> <li><a href="#">CEC Falls Prevention flyers</a>: Falls</li> </ul>	



Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<p>frequency and severity of falls are reported to staff, ward/facility/LHD committees</p>		<p>Prevention information for those at risk of a fall. Some are also translated into other languages.</p> <ul style="list-style-type: none"> <li>LHD Intranet – falls webpage</li> </ul>	
<p><b>10.3: Undertaking quality improvement activities to address safety risks and ensure the effectiveness of the falls prevention system</b></p>				
<p>10.3.1 Quality improvement activities are undertaken to prevent falls and minimise patient harm.</p>	<ul style="list-style-type: none"> <li>Risk register that includes actions to address identified risks.</li> <li>Relevant documentation from committees and meetings that detail improvement actions taken.</li> <li>LHD /network/ facility/quality improvement plan includes actions to address issues identified</li> <li>Examples of improvement activities that have been implemented and evaluated.</li> <li>Evidence of patient environment review (such as ward safety assessment including general hazard removal).</li> </ul>		<ul style="list-style-type: none"> <li>Ward/Facility /Network /LHD risk register documentation</li> <li>Quality improvement activities undertaken e.g. Essentials of Care</li> <li>Facility/LHD forums</li> <li>Presentations to quality forum</li> <li>Quality improvement activities to LHD/State Quality awards</li> <li><a href="#">CEC Environmental checklist</a></li> </ul>	
<p><b>10.4: Implementing falls prevention plans and effective management of falls</b></p>				

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
<p>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.</p>	<ul style="list-style-type: none"> <li>• Inventories of equipment and audit of clinical use</li> <li>• Maintenance log of equipment and devices</li> <li>• Systems in place for review and future procurement of equipment and devices</li> <li>• Evidence of reviewing and adjusting the patient environment to match patient needs occurs at each clinical review e.g. equipment to optimise the safety of transfers and mobility, for example bed right height, call bell and walking aid within reach.</li> </ul>		<ul style="list-style-type: none"> <li>• Clinical Products Committees records</li> <li>• Evidence that equipment in use eg lo-lo beds, bed/chair alarms</li> <li>• <a href="#">CEC Environmental checklist</a></li> <li>• <a href="#">Design Guidelines for Aged Care Facilities</a></li> </ul>	
<p><b>2. Screening and assessing risks of falls and harm from falling</b>  <b>10.5: Using a best practice-based tool to screen patients on presentation, during admission and when clinically indicated for the risk of falls</b></p>				
<p>10.5.1 A best practice screening tool is used by the clinical workforce to identify the risk of falls.</p>	<ul style="list-style-type: none"> <li>• Policies, procedures and protocols on screening for falls risk accessible to the clinical workforce.</li> <li>• Pre-admission form includes falls risk screening tool.</li> <li>• Admission form includes a falls risk screening tool.</li> <li>• Education resources and records of attendance at</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">Falls Risk Screen - Ontario Modified Stratify (Sydney Scoring)</a></li> <li>• <a href="#">FROP- COM Screen tool for community settings</a></li> <li>• <a href="#">QuickScreen® Falls Risk Assessment tool for community settings (being implemented in some LHDS)</a></li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<ul style="list-style-type: none"> <li>training by the relevant clinical workforce on falls risk screening.</li> <li>Schedule of training for the relevant clinical workforce.</li> <li>Audit of patient clinical records for compliance with screening requirements on admission and when clinically indicated</li> </ul>		<ul style="list-style-type: none"> <li>Pathlore records</li> <li>Orientation program records</li> </ul> <p>Other related documents for Aged Care services</p> <ul style="list-style-type: none"> <li>Aged Care Assessment Teams Protocols &amp; Procedures for ACATs in NSW, PD2007_080</li> </ul>	
<p>10.5.2 Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls</p>	<ul style="list-style-type: none"> <li>Audit of patient clinical records for compliance with screening requirement.</li> <li><i>Observational audit of use of screening tool.</i></li> <li><i>Observations of clinical practice</i></li> <li></li> </ul>		<ul style="list-style-type: none"> <li>CEC audit tools <ul style="list-style-type: none"> <li><a href="#">Facility audit tool</a></li> <li><a href="#">Ward audit tool</a></li> <li><a href="#">Patient audit Tool</a></li> </ul> </li> </ul>	<p>Audit required</p>
<p>10.5.3 Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission</p>	<ul style="list-style-type: none"> <li>Evidence-based falls screening tools are included in patient admission documentation.</li> <li>Communication/education with the clinical workforce about the requirements for screening and documentation of screening.</li> <li>Feedback is provided to the clinical workforce on performance by their area or individually if appropriate,</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Falls Risk Screen - Ontario Modified Stratify (Sydney Scoring)</a></li> <li>HETI – eLearning Falls Prevention Modules (in development)</li> <li>IIMS Falls reports</li> </ul> <p>Other supporting documents:</p>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<ul style="list-style-type: none"> <li>including the use of <i>benchmarked data with other like units.</i></li> <li>Quality improvement plan includes actions to address issues identified.</li> <li>Risk register that includes actions to address identified risks.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Rural Adult Emergency Clinical Guidelines 3rd Edition Version 3.1 2012, GL2012_003</a></li> </ul>	<p><i>Benchmarking with other like units is problematic due to differences in reporting cultures/staffing levels/expertise available</i></p>
<p><b>10.6: Conducting a comprehensive risk assessment for patients identified at risk of falling in initial screening processes</b></p>				
<p>10.6.1 A best practice assessment* tool is used by the clinical workforce to assess patients at risk of falling.</p>	<ul style="list-style-type: none"> <li>The results of falls risk assessment are recorded and used to formulate the patient care plan. (*Assessment can involve the exercise of clinical judgment and / or the use of an assessment tool).</li> <li>Policies, procedures and protocols that describe the assessment to be used is consistent with national ACSQHC falls best practice guidelines.</li> <li>Education resources and records of attendance at training by the relevant clinical workforce on falls risk factors and assessment.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">CEC Falls Risk Assessment and Management Plan (FRAMP)</a></li> <li>Patient clinical record</li> <li>HETI – eLearning Falls Prevention Modules (in development)</li> <li>CEC PowerPoint Presentation <a href="#">Standard 10</a> and use of Falls Risk Screen Ontario Modified Stratify (Sydney Scoring) and FRAMP tools</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
<p>10.6.2 The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment.</p>	<ul style="list-style-type: none"> <li>• Falls assessment is recorded.</li> <li>• Audit reports of falls risk screen, assessment and implementation of interventions provided to ward/facility/LHD committees.</li> <li>• Audit of patient clinical records that show patients identified at risk of falling who have a subsequent falls risk factor assessment.</li> <li>• <i>Observational audit of the use of the assessment tool.</i></li> <li>• Audit of patient clinical records that show patients who have had a change in health status, a fall, significant change in medication or environment, and prior to discharge, are re-assessed for falls risk factors.</li> </ul>		<ul style="list-style-type: none"> <li>• CEC audit tools               <ul style="list-style-type: none"> <li>○ <a href="#">Facility audit tool</a></li> <li>○ <a href="#">Ward audit tool</a></li> <li>○ <a href="#">Patient audit Tool</a></li> </ul> </li> </ul>	Audit required
<p>10.6.3 Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment.</p>	<ul style="list-style-type: none"> <li>• Falls assessment tools/process is available to the clinical workforce at the point of patient presentation and during admission</li> <li>• Relevant documentation from committees and meetings that detail improvement actions taken.</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">Falls Risk Assessment and Management Plan (FRAMP)</a></li> <li>• CEC PowerPoint Presentation <a href="#">Standard 10</a> and use of Falls Risk Screen Ontario Modified Stratify (Sydney Scoring) and FRAMP tools</li> <li>• CEC audit tools</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<ul style="list-style-type: none"> <li>Risk register that includes actions to address identified risks.</li> <li>Quality improvement plan includes actions to address issues identified</li> <li><i>Feedback is provided for the workforce and/ or patients and carers.</i></li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Facility audit tool</a></li> <li><a href="#">Ward audit tool</a></li> <li><a href="#">Patient audit Tool</a></li> <li>LHD Pathlore/education records</li> <li><a href="#">SAC2 Falls Incident Investigation form</a> and <a href="#">appendices</a>.</li> <li>Ward/facility/network committees</li> <li>LHD/facility risk register</li> <li>LHD/facility quality improvement plan</li> <li>CEC Patient Survey (in development)</li> </ul>	
<b>3. Preventing falls and harm from falling</b> <b>10.7 Developing and implementing a multi-factorial falls prevention plan to address risks identified in the assessment</b>				
10.7.1 Use of best practice multi-factorial falls prevention and harm minimisation plan is documented in the patient clinical record.	<ul style="list-style-type: none"> <li>Policies, procedures and protocols that describe best practice multi-factorial falls prevention plans and provide tools and detail of resources available</li> <li>Provision of training to staff on best practice falls interventions</li> <li>Audit of patient clinical records</li> </ul>		<ul style="list-style-type: none"> <li>Hospital falls policy which is based in the ACSQHC 2009 Guidelines - preventing falls in hospital. LHDs have reviewed or in the process of reviewing hospital falls policy</li> <li><a href="#">CEC Post Fall Guide</a> and <a href="#">Post Falls assessment and management guide</a>.</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<p>for the use of multi-factorial falls prevention plans</p> <ul style="list-style-type: none"> <li>• Audit of patient clinical records with a multi-factorial falls prevention plan against care provided</li> <li>• Review of falls serious incidents to determine where interventions were not applied or failed</li> </ul>		<ul style="list-style-type: none"> <li>• CEC audit tools               <ul style="list-style-type: none"> <li>○ <a href="#">Facility audit tool</a></li> <li>○ <a href="#">Ward audit tool</a></li> <li>○ <a href="#">Patient audit Tool</a></li> </ul> </li> <li>• <a href="#">CEC Summary of Hospital Falls Prevention Strategies based on ACSQHC falls best practice.</a></li> <li>• CEC Preventing falls in hospital <a href="#">Education and training videos</a></li> <li>• <a href="#">SAC 2 Fall Incident Investigation form</a> and <a href="#">appendices</a></li> <li>• NUM /Patient Safety report to ward staff re clinical review outcomes of audits and serious incident reviews.</li> </ul>	
<p>10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored.</p>	<ul style="list-style-type: none"> <li>• Root Cause Analysis (RCA) conducted of falls resulting in serious harm.</li> <li>• Reports from administration and clinical data that analyse trends in falls and near misses.</li> <li>• Audit of patient clinical records with a multi-factorial falls prevention plan against care</li> </ul>		<ul style="list-style-type: none"> <li>• Local IIMS data reports               <ul style="list-style-type: none"> <li>• <a href="#">SAC 2 Fall Incident Investigation form</a> and <a href="#">appendices</a></li> </ul> </li> <li>• CEC audit tools               <ul style="list-style-type: none"> <li>○ <a href="#">Facility audit tool</a></li> <li>○ <a href="#">Ward audit tool</a></li> </ul> </li> </ul>	<p>Audit required</p>

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<p>provided.</p> <ul style="list-style-type: none"> <li>Evidence that multi-factorial action plan is communicated to all staff concerned with the care of the patient.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Patient audit Tool</a></li> </ul>	
<p>10.7.3 Action is taken to reduce falls and minimise harm from at-risk patients</p>	<ul style="list-style-type: none"> <li>Falls risk is communicated at clinical handover and strategies to minimise risk are discussed and implemented.</li> <li>Patient falls are communicated at clinical handover.</li> <li>Immediately following a fall staff can undertake a post falls 'huddle', to review the incident and facilitate appropriate falls prevention strategies.</li> <li>Audit of patient clinical records identifying completion rates, areas poorly completed are reported to ward/facility/LHD committee can be used to inform strategies for improvement.</li> <li>A process in place to inform the clinical workforce of changes in policies, protocols or processes.</li> <li>Communication material developed for workforce patients and carers.</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">CEC Post Fall Guide</a> and <a href="#">Post Falls assessment and management guide</a></li> <li>Falls risk sticker is available through Fuji Xerox for the patient clinical record/care plan</li> <li>Audits completed and results reported at local level (ward/facility/network/LHD), falls/quality committees</li> <li>Ward staff meeting minutes</li> <li>Inservice education sessions conducted</li> </ul>	



Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
			<ul style="list-style-type: none"> <li>• <a href="#">CEC Discharge information following a fall, flyer for patients &amp; families.</a></li> </ul>	
<b>10.8: Patients at risk of falling are referred to appropriate services, where available, as part of the discharge process</b>				
10.8.1 Discharge planning includes referral to appropriate services, where available	<ul style="list-style-type: none"> <li>• Audit of patient clinical records shows that falls risk is identified in the discharge plan and includes referrals to for follow-up on discharge: (community health services, specialist medical practitioners such as geriatrician, ophthalmologist, continence consultant, allied health professionals such as physiotherapist, occupational therapist, podiatrist, dietician, optometrist, general practitioners )</li> </ul>		<ul style="list-style-type: none"> <li>• CEC audit tools               <ul style="list-style-type: none"> <li>○ <a href="#">Facility audit tool</a></li> <li>○ <a href="#">Ward audit tool</a></li> <li>○ <a href="#">Patient audit Tool</a></li> </ul> </li> </ul>	
<b>4. Communicating with patients and carers</b> <b>10.9: Informing patients and carers about the risk of falls, and falls prevention strategies</b>				
10.9.1 Patient information on falls and prevention strategies is provided to patients and their carers in a format that is understood and meaningful.	<ul style="list-style-type: none"> <li>• Audit of patient clinical record and care plan undertaken to ensure patient and carer input into falls prevention plans</li> <li>• Information is provided to support patients and families to recognise and escalate concern and is provided in a number of formats e.g.</li> </ul>		<ul style="list-style-type: none"> <li>• CEC audit tools               <ul style="list-style-type: none"> <li>○ <a href="#">Facility audit tool</a></li> <li>○ <a href="#">Ward audit tool</a></li> <li>○ <a href="#">Patient audit Tool</a></li> </ul> </li> <li>• <a href="#">CEC Falls Prevention one page flyers</a> Falls Prevention Information for those at risk of a fall. Some are also translated</li> </ul>	

Actions Required /Exemplars	Evidence	Meet requirements Yes /No	Key documents and resources	Comments
	<ul style="list-style-type: none"> <li>➤ Pamphlets</li> <li>➤ Posters</li> <li>➤ Orientation to the ward environment</li> </ul>		<p>into Arabic, Vietnamese, Italian, Simple Chinese, Traditional Chinese and Greek</p> <ul style="list-style-type: none"> <li>• Patient questionnaire/feedback</li> </ul> <p><a href="#">Staying Active and on your feet booklet</a></p>	
<b>10.10: Developing falls prevention plans in partnership with patients and carers</b>				
10.10.1 Falls prevention plans are developed in partnership with patients and carers.	<ul style="list-style-type: none"> <li>• Staff are provided with education to support them to communicate with and engage patients and their families to recognise falls risk to escalate concern</li> <li>• Survey of patients /families/carers to audit if they have been engaged in care plan and their levels of satisfaction with the process.</li> </ul>		<ul style="list-style-type: none"> <li>• CEC is promoting the <a href="#">Patient Based Care model</a></li> <li>• CEC patient survey (in development)</li> </ul>	