Standard 10: Preventing Falls and Harm from Falls

Clinical leaders and senior managers of a health service organisation implement systems to prevent patient falls and minimise harm from falls. Clinicians and other members of the workforce use the falls prevention and harm minimisation systems.

The intention of this Standard is to:

Reduce the incidence of patient falls and minimise harm from falls.

Context

It is expected that this Standard will be applied in conjunction with Standard 1, ‘Governance for Safety and Quality in Health Service Organisations’ and Standard 2, ‘Partnering with Consumers’.

Criteria to achieve the Preventing Falls and Harm from Falls Standard:

Governance and systems for preventing falls
Screening and assessing risks of falls and harm from falling
Preventing falls and harm from falling
Communicating with patients and carers
## Criterion: Governance and systems for preventing falls

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

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<tr>
<th>C/D</th>
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<th>Self assessment</th>
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</table>
| C   | 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 | 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 | • Policies, procedures and/or protocols are evidence based and consistent with current national Preventing Falls and Harm from Falls Best Practice Guidelines, where available, and incorporate screening and assessment tools  
• Policies, procedures and/or protocols describe delegated roles, responsibilities and accountabilities of the workforce for falls management  
• Agenda papers, meeting minutes and/or reports of relevant committees relating to falls and harm form falls  
• The Preventing Falls and Harm from Falls Best Practice Guidelines are available and accessible to the workforce | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 10.1.2 The use of policies, procedures and/or protocols is regularly monitored |  | • Policies, procedures and/or protocols are accessible to the clinical workforce  
• Observational audit of compliance with policies, procedures and/or protocols use  
• Patient clinical records are reviewed against policies, procedures and/or protocols  
• Education resources and records of attendance at training by the workforce on the use of policies, procedures and/or protocols  
• Agenda papers, meeting minutes and/or reports of relevant committees, such as patient safety committee, include an evaluation of the effectiveness of strategies for preventing falls and harm from falls  
• Data that reports trends of falls incidents, causes and outcomes are recorded, such as in meeting minutes or annual reports  
• Root cause analysis reports relating to falls incidents resulting in harm | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 10.2 Using a robust, organisation-wide system of reporting, investigation and change management to respond to falls incidents | 10.2.1 Regular reporting, investigating and monitoring of falls incidents is in place | • Agenda papers, meetings minutes and/or reports of key committees or groups responsible for falls management  
• Reports on causes of falls incidents across the organisation, including trends in falls incidents and causes, adverse events and near misses  
• Benchmarking of falls incidents  
• Minimum data set for reporting and recording falls | □ MM  
□ SM  
□ NM → add to action plan |
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| C   |                                  | 10.2.2 Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation | • Trend analysis reports on falls incidence and near misses  
• Audit reports on patient clinical records of the frequency and severity of falls  
• Incidents and accidents register including data on types of injuries sustained  
• Falls dataset checklists  
• Agenda papers, meeting minutes and/or reports of relevant committee such as an injury prevention or occupational health and safety committee  
• Reports to coroners, departments or other authorities  
• Root cause analysis of falls incidents resulting in harm | ☐ MM  
☐ SM  
☐ NM → add to action plan |
| C   |                                  | 10.2.3 Information on falls is reported to the highest level of governance in the health service organisation. | • Agenda papers, meeting minutes and/or reports of executive committees relating to falls and harm from falls  
• Annual reports containing falls incidents information  
• Clinical indicator reports to jurisdictional bodies, where applicable | ☐ MM  
☐ SM  
☐ NM → add to action plan |
| C   |                                  | 10.2.4 Action is taken to reduce the frequency and severity of falls in the health service organisation | • Audit of patient clinical records for falls risk assessments of patients screened and identified as high risk  
• Information provided to the workforce on falls risks  
• Medication reviews for patients at risk of falls  
• Referrals of at risk patients to services, such as physiotherapist and/or occupational therapists, where available  
• Education resources and records of attendance at training by the workforce on falls prevention and management  
• Audit of environmental falls risks  
• Register of environmental and equipment falls hazards and actions taken  
• Audit patient clinical records shows that patients at high risk of falls have a falls plan  
• Material provided to patients and/or their carers on preventing falls and harm from falls | ☐ MM  
☐ SM  
☐ NM → add to action plan |
| C   | 10.3 Undertaking quality improvement activities to address safety risks and ensure the effectiveness of the falls prevention system | 10.3.1 Quality improvement activities are taken to prevent falls and minimise patient harm | • Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken  
• Quality improvement plan includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | ☐ MM  
☐ SM  
☐ NM → add to action plan |
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| C   | 10.4 Implementing falls prevention plans and effective management of falls | 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 | - Agenda papers, meeting minutes and/or reports of relevant committee responsible for evaluating the efficacy of products, equipment and devices  
- Inventories of equipment and audit of clinical use  
- Maintenance log of equipment and devices  
- Policies, procedures and/or protocols include a description of equipment and devices that are accessible to the clinical workforce |
|     |                                   |                 | Self assessment: □ MM □ SM □ NM → add to action plan |
Criterion: 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.

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| C   | 10.5 Using a best practice-based tool to screen patients on presentation, during admission and when clinically indicated for the risk of falls | 10.5.1 A best practice screening tool is used by the clinical workforce to identify the risk of falls | • Pre admission assessment tool  
• Orientation and ongoing education resources on the use of pressure injury screening for the relevant clinical workforce.  
• Schedule of training and records of attendance at training by the relevant clinical workforce  
• Audit of patient clinical records for use of screening assessment on admission and when clinically indicated | ☐ MM  
☐ SM  
☐ NM → add to action plan |
|     |                                   | (i) Some organisations will bypass risk screening and go straight to risk assessment for identified high risk groups. Risk screening will only be used for less high-risk groups to ascertain their need to be assessed for risk of falls such as mental health, paediatrics and day cases | | |
| C   |                                   | 10.5.2 Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls | • Audit of patient clinical records for compliance with screening requirement  
• Observational audit of the use of screening tool | ☐ MM  
☐ SM  
☐ NM → add to action plan |
| C   |                                   | 10.5.3 Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission | • Falls screening tools are readily available to the clinical workforce at the point of patient presentation and during admission  
• Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken  
• Quality improvement plan that includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | ☐ MM  
☐ SM  
☐ NM → add to action plan |
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<td>C</td>
<td>10.6 Conducting a comprehensive risk assessment for patients identified at risk of falling in initial screening processes</td>
<td>- Policies, procedures and/or protocols that describe the assessment to be used, that is evidence based and consistent with national guidelines</td>
</tr>
<tr>
<td>C</td>
<td>10.6.1 A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling</td>
<td></td>
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<tr>
<td>C</td>
<td>10.6.2 The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment</td>
<td>- Register or log of at risk patients identified by screening, includes the date of assessment &lt;br&gt; - Reports provided to relevant committees detailing the number of patients screened and subsequent number of falls assessments &lt;br&gt; - Audit of patient clinical records that show at risk patients &lt;br&gt; - Reports on the number of patients screened and the incidence of falls &lt;br&gt; - Observational audit of the use of the assessment tool</td>
</tr>
<tr>
<td>C</td>
<td>10.6.3 Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment</td>
<td>- Same evidence options as 10.5.3</td>
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**Criterion: Preventing falls and harm from falling**
Prevention strategies are in place for patients at risk of falling.

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| C   | 10.7 Developing and implementing a multifactorial falls prevention plan to address risks identified in the assessment | 10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record | - Policies, procedures and/or protocols that describe best practice multifactorial falls prevention plans and provide tools and detail of resources available  
- Audit of patient clinical records for the use of multifactorial falls prevention plans  
- Audit of patient clinical records with a multifactorial falls prevention plan against care provided | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored |  | - Root cause analysis of falls resulting in serious harm  
- Evaluation of patient functional status and incidents of falls and near misses pre and post implementation of the plan  
- Reports from administration and clinical data that analyse trends in falls and near misses  
- Agenda papers, meeting minutes and/or reports of key committees or groups responsible for falls management related to falls and harm from falls  
- Falls indicator data  
- Audit of patient clinical records with a multifactorial falls prevention plan against care provided  
- Agenda papers, meeting minutes and reports of relevant committees that describe the effectiveness of falls and harm minimisation plans | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 10.7.3 Action is taken to reduce falls and minimise harm for at-risk patients |  | - Same evidence options as 10.5.3 | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 10.8 Patients at risk of falling are referred to appropriate services, where available, as part of the discharge process | 10.8.1 Discharge planning includes referral to appropriate services, where available | - Audit of patient clinical records referrals to:  
  - community health services  
  - specialist medical practitioners such as geriatrician, ophthalmologist  
  - continence consultant or nurse  
  - allied health professionals such as physiotherapist, occupational therapist, podiatrist, dietician, optometrist | □ MM  
□ SM  
□ NM → add to action plan |
## Criterion: 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.

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| D   | 10.9 Informing patients and carers about the risk of falls, and falls prevention strategies | 10.9.1 Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful | • Materials used in patient and carer education such as brochures, fact sheets, posters and trusted websites  
• Patient information that is available for distribution by the clinical workforce in a range of formats and language.  
• Audit of patient clinical records for patients provided with information on falls risks and prevention strategies  
• Report on available patient feedback on information provided  
• Analysis of consumer feedback relating to patient information on falls risks and prevention strategies |
| D   | 10.10 Developing falls prevention plans in partnership with patients and carers | 10.10.1 Falls prevention plans are developed in partnership with patients and carers | (I) Discharge information provided to patients and/or carer may include education material on measures to reduce falls in the home and an external contact for further advice and follow up |

### Self-assessment

- MM
- SM
- NM → add to action plan

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### Additional information and resources

*Australian Commission on Safety and Quality in Healthcare (2009). Preventing Falls and Harm from Falls in Older People. Best Practice Guidelines for Australian Hospitals:*  