

# Mock Falls- Audit Form

Unit: \_\_\_\_\_ Room#: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Manager on Duty: \_\_\_\_\_

Staff Responding to Fall:

Name	Title	Employee #

Team members leading event:

\_\_\_\_\_

\_\_\_\_\_



OBSERVATION	RESPONSE	POINTS
How much time did it take for the first staff member to respond to fall alarm?(<1 min= 2 pt, 2-4min=1 pt >4 min=0pt)		
Was the patient assessed for injury by the RN? (YES=1pt, NO=0pt)		
Was lift equipment used to recover the patient? (Lift used =2 pt, No lift= 0 pt)		
Was the environment assessed for safety and hazards removed? (YES=1pt, NO=0pt)		
Was staff able to verbalize all necessary steps in documentation for post fall? (All Steps=3 pt, missing 1 step =2 pt, missing >1 step=0pt)		
If not, what was missed?		
Was fall alarm or other intervention replaced prior to leaving room/patient checked for safety/educated? (Fall alarm+ pt education=2pt, Fall alarm or education only =1 pt, None=0pt)		
Was BMAT score posted/correct (Compared to EMR)? (Posted and Correct=2 pt, Posted/incorrect=0pt)		