**Monthly SAFE Audit (5 new patients per month)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE: Ward: | | Please tick, cross or NA in each box. Identify 5 new patients admitted in the past 7 days since previous audit who have stayed longer than 4hrs on the ward. | | | | | | |
| Patient | 1 | 2 | 3 | 4 | 5 | Total Correct (Ticks) | Total No. of Pts | % Total |
| Bed number |  |  |  |  |  |  |  |  |
| ***Example – Indicator Score*** | ***✓*** | ***✓*** | ***✓*** | ***X*** | ***n/a*** | ***3*** | ***4*** | ***75%***  ***(3÷4)*** |
| Was SAFE page 1 fully completed within 4 hours of admission to your ward if not completed on LAMU/SAU?  On admission to the ward was the reassessment section 1 also completed within 4 hours? (If no time documented please put X in the box) If care plan NA is this documented on page 1? |  |  |  |  |  |  |  |  |
| If positive trigger for SAFE care plan page 2; is this fully completed up to the level of risk, with no blank boxes? |  |  |  |  |  |  |  |  |
| Is the SAFE care plan on Crescendo with the date of assessment documented? (NA to community wards) |  |  |  |  |  |  |  |  |
| If at risk is their **name** written on safety briefing & falls risk documented on handover sheet as ‘at risk of falls’? |  |  |  |  |  |  |  |  |
| Is patient on appropriate frequency of intentional rounding (IR) and has this been fully completed today up to the time of audit? |  |  |  |  |  |  |  |  |
| If a fall has occurred since admission has the care plan been reviewed post fall on page 3? |  |  |  |  |  |  |  |  |
| **Overall total percentage compliance:**  add all the 6 separate percentage figures together and  divide by 600 then times by 100) | | |  | | | | | |

**Compliance should aim for above 95% for minimum of 5 months consecutively to demonstrate sustained improvement.**

**Comments / actions for improvement**

**Good practice notes**

**Completed by**:…………………………… Please add to safety briefing and put copy in falls resource Folder