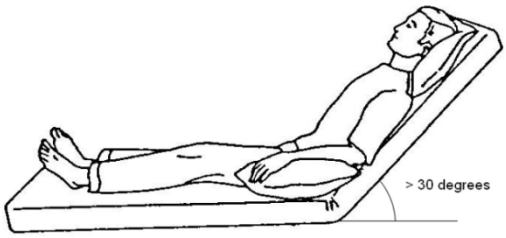
Audit Tool Code Descriptions

Code	Description
Patient Status	
0 = On Ward	• *The patient is in his/her room* • *The patient is not in his/her room, but being mobilized (e.g. lying down, sitting, standing, walking, etc.) somewhere on the unit (e.g. in the hall)* • *The room is an isolation room and you do not directly observe the patient. (The assumption is that if the door is closed, the patient is in his/her room.)* • *The curtains are closed. (The assumption is that if the curtains are drawn, the patient is in his/her room.)* *If you use this code, you should then code the type of mobility directly observed.*
1 = Test (off ward)	*The patient is at a test off ward. Common examples of tests include ECHO, x-ray, blood work, ultrasound, etc.*
2 = Procedure (off ward)	*The patient is at a procedure off ward. Common examples of procedures include bone scans, dialysis, etc.*
3 = Physiotherapy/Rehab (off ward)	*The patient is receiving physiotherapy/rehab services off ward.*
4 = Deceased	*The patient has passed away.*

5 = Other	*Use this code only if none of the other codes apply or you are still unable to locate the patient, even after returning to the patient's room again at the end of the audit, checking the Patient Log book, and checking with a staff member on the unit. (The patient may have gone off the unit for a coffee and this might not have been documented, etc.)*
6 = Discharged or Transferred	*The patient has been discharged or transferred (i.e. to another unit)*
7 = Patient Off Ward (Use only if other codes do not apply.)	*It is known that the patient has left the ward and none of the other codes apply. Note that this code is not mutually exclusive with some of the other codes provided in this section. For example, if a patient has left the ward to go to physiotherapy, you should record them as a 3 rather than a 7. This code may also be used if it is known that a patient has left the ward to go for a walk outside, to go get a coffee, etc. Depending on the hospital, cases where the patient leaves the ward may or may not be documented.*
8 = Palliative Patient	*The patient is a palliative patient.*
99 = Not documented	*At the end of the day, even after double checking to make sure that you have not skipped any parts of the audit tool, you realize that you have forgotten to record the patient's status.*
Type of mobility directly observed	
0 = Laying in bed (HOB ≤ 30°)	*HOB refers to the head of the bed. Use this code if a patient was lying in bed and the head of the bed was equal to or less than 30°.* 
1 = Laying in bed (HOB > 30°)	*HOB refers to the head of the bed. Use this code if a patient was lying in bed with the head of the bed at an angle greater than 30°. For example, if a patient is sitting up in bed (e.g. during lunch, to read the newspaper, etc.), but his/her legs are not dangling off the side of the bed, they would be marked as 1.*

	
2 = Sitting in bed, legs off side/dangling	*The patient is sitting in bed with his/her legs dangling off the side of the bed.*
3 = Sitting in chair	*The patient is sitting in a chair (whether inside or outside the room), in a wheelchair, etc. Use this code if the patient is sitting in a bedside commode.*
4 = Standing/walking with assistance	*The patient is standing/walking:* • *With the assistance of an individual (e.g., staff, volunteer, family member, caregiver, etc.). The individual must be physically assisting/holding/touching the patient in order for the patient to be documented as a 4.*
5 = Standing/walking supervised	*The patient is standing/walking and there is an individual (e.g., staff, volunteer, family member, caregiver, etc.) observing/looking over/watching the patient. The supervising individual should **not** be physically touching the patient in order for the patient to be documented as a 5.*
6 = Standing/walking independently with or without a walking aid (e.g. cane, walker, etc.)	*The patient is standing/walking independently with or without the use of a walking aid (e.g. cane, walker). Use this code only if an individual (e.g., staff, volunteer, family member, caregiver, etc.) is **not** supervising/looking/watching over the patient and **not** physically assisting/touching the patient.*
7 = Not in room and not observed doing any of the above	*The patient:* • *Is away at a test/procedure* • *Is away at physiotherapy/rehab and you do not see the patient while you are on the unit conducting audits* • *Has passed away* • *Has been discharged or transferred* • *Has gone off the unit (e.g. for a coffee, to go for a walk, etc.)* • *Cannot be located easily on the unit (patient not readily visible)*
8 = In washroom – status not known	*The patient is in the washroom with the door closed.*

9 = Curtain/door closed – status not known	*The patient is:* • *Is in an isolation room and the curtains are drawn and/or you cannot observe the patient's mobility.* • *In a room that has Contact Precaution signs. Do not enter the room if you have not received safety training or been fitted for a mask. If you have received safety training and still feel uncomfortable with entering the room, use this code.* *Please note, however:* • *If the door is closed and there are no safety reasons for why you should **not** enter the room, it may be a good idea to knock on the door to see if you can enter the room.* • *If the room is not an isolation room and the curtains are not completely drawn, take a quick look (without touching the curtains) to see if you can observe the patient's mobility.*
10 = Bed rest (use only for surgery, orthopedic, or trauma units)	*If you are on a surgery, orthopedic, or trauma unit, use this code if the patient has been prescribed bed rest (for example, a patient may be prescribed bed rest pre-surgery). This information should be available in a Patient Log book at the Nursing Station. To facilitate the audit process, check the Patient Log book prior to beginning your audit, record all patients prescribed bed rest, and then proceed with your audit.* ***Do not*** *use this code if you are not on a surgery, orthopedic, or trauma unit.*
99 = Not documented	*At the end of the day, even after double checking to make sure that you have not skipped any parts of the audit tool, you realize that you have forgotten to record the patient's mobility.*
Chair available?	
0 = No	• *There is no chair present in the room.* • *There is a chair present in the room that is **not** readily accessible to the patient (i.e. near the patient you are auditing). For example, if there are multiple beds in the room you are auditing and the only chair available to the patient you are auditing is located on the opposite side of the room, use this code. This might happen, for instance, if the patient you are auditing is sharing a room with several other patients and one or more of these other patients (i.e. patients you are not auditing) has/have visitors in the room. These visitors may decide to move the chairs to one side of the room. If all the chairs in the room are being used by visitors of patients that you are not auditing and there are no empty chairs available, use this code.* • *The only chair available in the room is a wheelchair.*
1 = Yes	• *There is a chair present in the patient's room that is readily accessible to the patient.* • *There is a chair present in the patient's room that is readily accessible to the patient, but that is currently being used by a visitor of the patient you are auditing.*

99 = Not documented	• *At the end of the day, even after double checking to make sure that you have not skipped any parts of the audit tool, you realize that you have forgotten to record whether or not there is a chair in the room.* • *The patient is in isolation and you are unable to enter or see whether or not a chair is present in the room.*
Patient on isolation?	
0 = No	*Use this code if the patient is **not** in an isolation room.*
1 = Yes	*Use this code if the patient is in an isolation room. Isolation rooms are defined as those rooms that have airborne and/or contact precautions. There are usually Airborne Precaution Signs (***Error! Reference source not found.***) or Contact Precaution Signs (***Error! Reference source not found.***) posted on the doors of these rooms. Note, however, that every hospital deals with isolation procedures differently; even shared rooms can have contact or isolation precautions. To determine whether or not it is safe for you to enter an isolation room, discuss your hospital procedures with the Education Coordinator for your site and your MOVE Coach.*
99 = Not Documented	*Use this code if at the end of the day, even after double checking to make sure that you have not skipped any parts of the audit tool, you realize that you have forgotten to record whether or not the patient is in isolation.*

Comments

- *If there are any other unusual cases or circumstances where you are unsure of whether or not you have used the correct codes, you may choose to write a note in this section and discuss the situation with your MOVE implementation team.*