**MALE REHABILITATION WARD**

**AUDIT RESULTS MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **WEEK** | **Informed Consent** | **Drug Sheets** | **Continuous Assessment** | **Admission** | **Patient Identification** | **File Tracking** | **File Indexing** | **Hand Hygiene** | **Restraining** | **IPMS** | **Non-Conformity** | **Aseptic Technique** | **Linen & Laundry** | **Waste Management** | **Customer Care** | **Fire** | **OHS** | **Infection Control** | **PPE** |
|  | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |