

NSQHS Standard 9 Clinical Deterioration

Patient audit tool



| | | |
|------------------------------|--------------------------------------|--------------------|
| Hospital and Health Service: | Facility: | Audit Date/Period: |
| Ward/Unit: | Patient Medical Record Number (MRN): | |

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

| Documentation audit - Patient | | Response |
|-------------------------------|---|--|
| 1.0 | Is the patient clearly identified on all pages of the general observation chart? (includes MRN, Name and DOB) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.0 | If a CEWT tool: Was the correct age group chart used? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3.0 | If a Q-ADDS or CEWT tool: Have there been modifications to the tool? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.1 | If yes: Indicate where modifications have been made. (select all that apply) | <input type="checkbox"/> Respiratory rate <input type="checkbox"/> O ₂ saturation <input type="checkbox"/> O ₂ flow rate <input type="checkbox"/> Blood pressure <input type="checkbox"/> Heart rate <input type="checkbox"/> Temperature |
| 4.0 | Is there a monitoring plan documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.1 | If yes: Were the observations recorded at the recommended minimum frequency for the past 24 hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.0 | If the patient has an observation chart: Which core observations have been recorded in the latest set of observations within the last 8 hrs? Select <u>all</u> parameters that have been recorded. | <input type="checkbox"/> Respiratory rate <input type="checkbox"/> O ₂ saturation <input type="checkbox"/> Blood pressure <input type="checkbox"/> Heart rate <input type="checkbox"/> Temperature <input type="checkbox"/> Consciousness <input type="checkbox"/> None recorded <input type="checkbox"/> Other (specify) _____ |

| Documentation audit - Patient | | Response |
|-------------------------------|--|---|
| 6.0 | If the observation chart has a scoring system: Were <u>all</u> the last recorded set of observation scores summed up? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.0 | If yes to 6.0: Was the last set of observation scores summed up correctly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.1 | If no to 7.0: What was the numerical difference between the recorded and actual scores? | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >=3 |
| 8.0 | If Q-ADDS, CEWT or Other trigger chart: Was an escalation of care identified (if appropriate)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.1 | If yes: Was the escalation acted upon? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.2 | If yes to 8.1: Was it within the allocated time period (depending on the trigger/score)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.3 | If yes to 8.1: Was it escalated to the appropriate medical personnel (depending on the trigger/score)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.0 | If Q-ADDS or CEWT tool: Did observations yield a score of 8 or higher, OR fall in the purple coloured band? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.1 | If yes: Was an emergency call placed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10.0 | If other observation chart (not Q-ADDS or CEWT) that has a trigger OR scoring system: Did the patient meet the criteria for an emergency call? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10.1 | If yes: Was an emergency call placed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11.0 | Is there an Advance Health Directive in existence for this patient (if appropriate)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 11.1 | If yes: Is it contained within the patient's medical record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Bedside Patient Questions | | Response |
|---------------------------|--|---|
| 12.0 | Patient/Carer Question Ask: 'Did you receive information on how to inform staff if you are concerned about yourself, or the patient's physical condition?' | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 12.1 | If yes: How did you receive the information? (select all the apply) | <input type="checkbox"/> Pamphlet <input type="checkbox"/> Staff member <input type="checkbox"/> Other (specify) <hr/> |

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on [PSQIS Comms@health.qld.gov.au](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.

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