

NSQHS Standard 9 Clinical Deterioration

Ward/Unit audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:		

Ward/Unit audit tool: collects ward/unit level data and collates the patient level responses

- 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

Ward/Unit Questions		Response
1.0	Is there evidence that the ward/unit has evaluation, audit and feedback processes for recognition and response systems? (N/A for facility or service level responses and report at facility level)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes to 1.0: Outline the processes, where the plans are filed and where/who/how often they are reported to.	
1.2	Is there evidence that the ward/unit reviews and reports recognition and response data and undertakes quality improvement activities as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.2: Outline in detail any activities undertaken and when.	
1.4	If no to 1.2: Outline methods that could be undertaken to address this.	
2.0	Is there evidence that the ward/unit uses a general observation chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Is this chart the Adult Deterioration Detection System (Q-ADDS) chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	If yes to 2.0: Is this chart the Children's Early Warning Tool (CEWT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/Unit Questions		Response
2.3	If yes to 2.0: Select the system (Select one).	<input type="checkbox"/> Single parameter tool (track and trigger) <input type="checkbox"/> Aggregate scoring system <input type="checkbox"/> Combination system <input type="checkbox"/> Non track and trigger
3.0	If yes to 2.0: Is the chart one that is known to be designed according to human factors principles?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
4.0	What is the number of patients who have identification marked on all pages of the observation chart? (CD_Patient_Q1.0)			
5.0	What is the number of patients with a CEWT tool, who have the correct age group chart used? (CD_Patient_Q2.0)			
6.0	What is the number of patients with a Q-ADDS or CEWT tool, who have had modifications to the tool? (CD_Patient_Q3.0) Outline the modifications (CD_Patient_Q3.1).			
7.0	What is the number of patients with a monitoring plan documented? (CD_Patient_Q4.0)			
7.1	What is the number of patients with a monitoring plan where the observations were recorded at the recommended minimum frequency for the past 24 hours? (CD_Patient_Q4.0 & Q4.1)			
8.0	What is the number of patients with an observation chart, where a complete set of core observations have been recorded in the latest set of observations within the last 8 hrs? (CD_Patient_Q5.0; Select patients that have all core obs present)			
9.0	What is the number of patients who have an observation chart with a scoring system, where all the last recorded set of observation scores were summed up?(CD_Patient_Q6.0)			
10.0	What is the number of patients who have an observation chart with a scoring system, where the last set of observation scores were not summed up correctly?(CD_Patient_Q7.1) Provide details of the breakdown of numerical differences.			

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)		Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
11.0	What is the number of patients with a Q-ADDS, CEWT or Other trigger chart where escalation of care was identified (If appropriate) and acted upon?(CD_Patient_Q8.0 and Q8.1)			
11.1	What is the number of patients with a Q-ADDS, CEWT or Other trigger chart where escalation of care was acted upon within the allocated time period?(CD_Patient_Q8.2)			
11.2	What is the number of patients with a Q-ADDS, CEWT or Other trigger chart where escalation of care was acted upon and escalated to the appropriate medical personnel? (CD_Patient_Q8.3)			
12.0	What is the number of patients with an Q-ADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band, and had an emergency call placed?(CD_Patient_Q9.0 & Q9.1)			
13.0	What is the number of patients who have an observation chart (not Q-ADDS or CEWT), with a trigger OR scoring system, where the criteria was met for an emergency call and a call placed?(CD_Patient_Q10.0 & Q10.1)			
14.0	What is the number of patients who have an Advance Health Directive that is contained within the patient's medical record? (CD_Patient_Q11.0 & Q11.1)			
15.0	What is the number of patients who received information on how to escalate care? (CD_Patient_Q12.0)			
15.1	Provide a breakdown of the numbers who received information by the various means. (CD_Patient_Q12.1)			

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 for feedback or comments.

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