NSQHS Standard 1 Governance – attachment 2
Ward/Unit Clinical Record Audit Tool – ACUTE (Collation of Patient Data)

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

Ward/Unit or Specialty audit tool: Collates the patient level responses by ward/unit or by specialty.

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

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)
Medico-Legal				
1.0	What is the number of patient clinical records who have a complete set of information documented on admission? (ACUTE_Patient_Q1.0_all)			
2.0	What is the number of patients who have documented evidence of consenting to the provision of information? (ACUTE_Patient_Q2.0)			
3.0	What is the number of patients who have documented evidence of an Advance Health Directive in place? (ACUTE_Patient_Q3.0 and Q3.1)			
3.1	What is the number of patients who have an Advance Health Directive that is contained within the patient's medical record? (ACUTE_Patient_Q3.0, Q3.1 and Q 3.2)			
4.0	What is the number of patients who have documented evidence that the patient received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights? (ACUTE_Patient_Q4.0)			
5.0	What is the number of patients who have documented evidence that the patient received a pamphlet or spoke to a staff member about how to convey comments and concerns? (ACUTE_Patient_Q5.0)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
6.0	What is the number of patients that have documented evidence of a completed nursing history within 24hr of admission? (ACUTE_Patient_Q6.0 and Q6.1_all)			
7.0	What is the number of patients who have documented evidence of a completed medical officer history/assessment within 24hr of admission? (ACUTE_Patient_Q7.0 and Q7.1)			
8.0	What is the number of patients who had each page of ALL forms with an identification label? (ACUTE_Patient_Q8.0)			
9.0	What is the number of patients who have the 3 unique patient identifiers on the patient identification label? (ACUTE_Patient_Q9.0)			
10.0	What is the number of patients who had complete documentation of each entry in the progress notes? (ACUTE_Patient_Q10.0_all)			
11.0	What is the number of patients who had progress note entries meeting minimum documentation standards? (ACUTE_Patient_Q11.0_all)			
Medication Safety				
12.0	What is the number of patients who have evidence that the (best possible) medication history was documented? (ACUTE_Patient_Q12.0)			
12.1	Provide a breakdown of where documented. (ACUTE_Patient_Q12.1)			
13.0	What is the number of patients aged 12 years or under, who have evidence of a Paediatric National Inpatient Medication Chart (PNIMC)? (ACUTE_Patient_Q13.0)			
14.0	What is the number of patients who have documented evidence at the bedside of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the medication chart? (ACUTE_Patient_Q14.0)			
14.1	What is the number of patients who have a documented medication allergy or ADR in the medication chart, with ALL charts that contain medication orders have a visual alert (e.g. ADR alert sticker)? (ACUTE_Patient_Q14.0)			
15.0	What is the number of patients who have documented evidence of medication reconciliation either on the Medication Action Plan (MAP) or on the Discharge Medication Record or Interim Medication Administration Record? (ACUTE_Patient_Q15.0)			
16.0	What is the number of patients who have a VTE risk assessment in the medication chart or site specific chart? (ACUTE_Patient_Q16.0)			

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16.1	Provide a breakdown of where documented. (ACUTE_Patient_Q16.1)			
17.0	What is the number of patients concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred? (ACUTE_Patient_Q17.0)			
18.0	What is the number of patients who have documented evidence of a medication management plan in the patients clinical notes? (ACUTE_Patient_Q18.0)			
19.0	What is the number of patients who had the patient identification complete on all pages of the medication chart? (ACUTE_Patient_Q19.0)			
20.0	What is the number of patients who had a complete medication order? (ACUTE_Patient_Q20.0 and Q20.1)			
21.0	What is the number of patients who had documented evidence that the nurse initiated medication(s) have been prescribed / administered according to facility policy? (ACUTE_Patient_Q21.0 and Q21.1)			
22.0	What is the number of patients who had any verbal medication orders have been countersigned by the prescriber within 24 hours of the order being received? (ACUTE_Patient_Q22.0 and Q22.1)			
23.0	What is the number of patients who had any telephone medication orders have been countersigned by the prescriber within 24 hours of the order being received? (ACUTE_Patient_Q23.0 and Q23.1)			
Blood & Blood Products				
24.0	What is the number of patients who received a blood or blood product transfusion in the current admission who had a Crossmatch Report? (ACUTE_Patient_Q24.0 & Q24.2)			
24.1	Provide a breakdown of the documented indications for the transfusion. (ACUTE_Patient_Q24.1)			
24.2	What is the number of patients who had a Crossmatch Report where the information was complete in ALL the areas being reviewed? (ACUTE_Patient_Q24.3)			
24.3	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q24.3)			
25.0	What is the number of patients who had documented evidence of previous adverse reaction to a blood or blood product transfusion ? (ACUTE_Patient_Q25.0)			

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26.0	What is the number of patients who received a blood or blood product transfusion in the current admission who had a Blood and Blood Products Transfusion Consent? (ACUTE_Patient_Q24.0 & Q26.0)			
26.1	What is the number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete in ALL the areas being reviewed? (ACUTE_Patient_Q26.1)			
27.0	What is the number of patients who have evidence of a blood prescription order? (ACUTE_Patient_Q27.0)			
27.1	What is the number of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed? (ACUTE_Patient_Q27.1)			
27.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q27.1)			
28.0	What is the number of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band? (ACUTE_Patient_Q46.0)			
29.0	What is the number of patients who have the product type checked against the fluid order, transfusion department report and compatibility label? (ACUTE_BBP_Patient_Q29.0)			
30.0	What is the number of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration? (ACUTE_Patient_Q30.0)			
31.0	What is the number of patients who have confirmation that the blood product will not expire before transfusion is complete? (ACUTE_Patient_Q31.0)			
32.0	What is the number of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented? (ACUTE_Patient_Q32.0)			
33.0	What is the number of patients who have baseline observations completed prior to transfusion? (i.e. within 60 mins of commencement of transfusion) (ACUTE_Patient_Q33.0)			
33.1	What is the number of patients who had ALL vitals complete? (ACUTE_Patient_Q33.1)			
33.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q33.1)			

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34.0	What is the number of patients who have commencement observations completed? (i.e. within 15 mins of commencement of transfusion) (ACUTE_Patient_Q34.0)			
34.1	What is the number of patients who had ALL vitals complete? (ACUTE_Patient_Q34.1)			
34.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q34.1)			
35.0	What is the number of patients who have hourly observations during transfusion completed? (ACUTE_Patient_Q35.0)			
35.1	What is the number of patients who had ALL vitals complete? (ACUTE_Patient_Q35.1)			
35.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q35.1)			
36.0	What is the number of patients who have observations completed post transfusion? (i.e. within 2hrs of completion of transfusion) (ACUTE_Patient_Q36.0)			
36.1	What is the number of patients who had ALL vitals complete? (ACUTE_Patient_Q36.1)			
36.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q36.1)			
37.0	What is the number of patients where blood was infused within four (4) hours? (ACUTE_Patient_Q37.0)			
37.1	For those patients where blood was NOT infused within four (4) hours provide a summary of why not. (ACUTE_Patient_Q37.0 &Q37.1)			
38.0	What is the number of patients who have an adverse reaction to the blood transfusion? (ACUTE_Patient_Q38.0)			
38.1	For those patients who had an adverse reaction to the blood transfusion, what is the number of patients where the medical officer was notified? (ACUTE_Patient_Q38.1)			
38.2	For those patients who had an adverse reaction to the blood transfusion, what is the number of patients where the adverse reaction was recorded in the facility incident management system? (ACUTE_Patient_Q38.2)			

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39.0	What is the number of patients who have the transfusion outcome in the chart? (ACUTE_Patient_Q39.0)			
40.0	What is the number of patients who had an informed consent form for the surgical procedure where the information was complete in ALL the areas being reviewed? (ACUTE_Patient_40.0)			
41.0	What is the number of patient declined blood or blood product transfusion OR declined a specified blood or blood products to be transfused in the current admission who had a refusal form? (ACUTE_Patient_Q38.0 &Q38.1)			
41.1	What is the number of patients who had a refusal form where the information was complete in ALL the areas being reviewed? (ACUTE_Patient_Q38.2)			
41.2	Provide a summary of the areas that were not complete. (ACUTE_Patient_Q38.2)			
Maternity				
42.0	What is the number of maternity patients who had all perinatal documentation complete? (ACUTE_Patietn_Q42.0_all)			
43.0	What is the number of maternity patients that had a completed copy of the perinatal morbidity/statistical form filed in the record? (ACUTE_Patient_Q43.0 and Q43.1)			
44.0	What is the number of maternity patients with an assisted birth that have a completed assisted birth record? (ACUTE_Patient_Q44.0 and Q44.1)			
45.0	What is the number of newborns who had identification documented in the neonatal pathway as checked and correct within 24hr of birth? (ACUTE_Patient_Q45.0 and Q45.1)			
Surgical Safety Checklist				
46.0	What is the number of patients who had correct labelling (ie: patient label) on the surgical safety checklist? (ACUTE_Patient_Q46.0, Q46.1 and Q46.2)			
46.1	What is the number of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having been confirmed? ie: had all four boxes completed. (ACUTE_Patient_Q46.0, Q46.1 and Q46.3)			
46.2	What is the number of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having the site marked? (ACUTE_Patient_Q46.0, Q46.1 and Q46.4)			

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46.3	What is the number of patients who, in the 'time out' section of the surgical safety checklist, were documented as having been confirmed? ie: had all three boxes completed. (ACUTE_Patient_Q46.0, Q46.1 and Q46.5)			
47.0	What is the number of patients who had correct labelling on the Perioperative Patient Record? (ACUTE_Patient_Q47.0-Q47.2)			
47.1	What is the number of patients who had 1. full name, DOB and ID band matching box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.3)			
47.2	What is the number of patients who had 1. full name, DOB and ID band matching box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.4)			
47.3	What is the number of patients who had 2. procedure consent box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.5)			
47.4	What is the number of patients who had 1. full name, DOB and ID band matching box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.6)			
47.5	What is the number of patients who had 3. procedure stated box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.7)			
47.6	What is the number of patients who had 1. full name, DOB and ID band matching box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.8)			
47.7	What is the number of patients who had 4. surgical site marked box completed for ALL checks 1, 2 and 3 on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.9)			
47.8	What is the number of patients who had 1. full name, DOB and ID band matching box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.10)			
48.0	What is the number of patients who had correct labelling on the procedure consent form? (ACUTE_Patient_Q48.0 - Q48.3)			
48.1	What is the number of patients who had correct patient and staff consent on the procedure consent form? (ACUTE_Patient_Q48.0 - Q48.5)			

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Theatre - Surgical Procedure			
49.0 What is the number of patients who had a completed intraoperative record? (ACUTE_Patient_Q49.0 and Q49.1_all)			
50.0 What is the number of patients who had a completed operation record? (ACUTE_Patient_Q50.0 and Q50.1_all)			
51.0 What is the number of patients who had a completed tracking chart?(ACUTE_Patient_Q51.0 and Q51.1_all)			
52.0 What is the number of patients who had a completed count sheet? (ACUTE_Patient_Q52.0 and Q52.1_all)			
53.0 What is the number of patients who had a count discrepancy and the discrepancy was recorded in the facility incident management system? (ACUTE_Patient_Q53.0)			
54.0 What is the number of patients who had a completed anaesthetic record? (ACUTE_Patient_Q54.0 and Q54.1_all)			
Diagnostic Procedure - Informed Consent			
55.0 What is the number of patients who had correct labelling on the procedure consent form? (ACUTE_Patient_Q55.0-Q55.5_all)			
56.0 What is the number of patients who had a complete diagnostic report? (ACUTE_Patient_Q56.0 and Q56.1)			
Clinical Handover - Discharge			
57.0 What is the number of patients that have documented evidence that discharge planning commenced on admission? (ACUTE_Patient_Q57.0)			
58.0 What is the number of patients who had a completed discharge information recorded in the progress notes? (ACUTE_Patient_Q58.0)			
59.0 What is the number of patients who had a completed discharge summary/letter? (ACUTE_Patient_Q59.0 and Q59.1)			
60.0 What is the number of patients who had a completed discharge summary/letter that was filed and sent within 48hrs of discharge? (ACUTE_Patient_Q60.0 and Q60.1)			
61.0 What is the number of patients who have been referred to the appropriate primary health providers/community services? (ACUTE_Patient_Q61.0)			
Pressure Injury			
62.0 What is the number of patients who have evidence of a pressure injury risk assessment? (ACUTE_Patient_Q62.0)			
62.1 What is the number of patients with a pressure injury risk assessment, who are 'at risk' or higher? (ACUTE_Patient_Q62.1)			

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62.2	What is the number of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission? (ACUTE_Patient_Q62.2)			
63.0	What is the number of patients who have evidence that a comprehensive skin inspection was undertaken on admission to the facility? (ACUTE_Patient_Q63.0)			
63.1	What is the number of patients with a comprehensive skin inspection, who had the inspection undertaken within 24hrs or admission? (ACUTE_Patient_Q63.1)			
64.0	What is the number of patients who have documented evidence of a Pressure Injury Prevention and Management Plan? (ACUTE_Patient_Q64.0)			
65.0	What is the number of patients with a pressure injury who have documented evidence of referral to wound management service? (ACUTE_Patient_Q65.0)			
66.0	What is the number of patients with a pressure injury who have evidence in the chart that the pressure injury was reported in the facility incident management system? (ACUTE_Patient_Q66.0)			
Clinical Deterioration				
67.0	What is the number of patients who had a general observation chart in the chart? (ACUTE_Patient_Q67.0)			
67.1	What is the distribution of general observation chart types? (ACUTE_Patient_Q67.1-Q67.3)			
68.0	What is the number of patients who have identification marked on <u>all</u> pages of the observation chart? (ACUTE_Patient_Q68.0)			
69.0	What is the number of patients with a CEWTS tool, who have the correct age group chart used? (ACUTE_Patient_Q69.0)			
70.0	What is the number of patients with a Q-ADDS or CEWT tool, who have had modifications to the tool? (ACUTE_Patient_Q70.0)			
70.1	Outline the modifications. (ACUTE_Patient_Q70.1)			
71.0	What is the number of patients with a monitoring plan documented? (ACUTE_Patient_Q71.0)			
71.1	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? (ACUTE_Patient_Q71.1)			

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72.0	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? Select patients that have all core obs present (ACUTE_Patient_Q72.0_all)			
73.0	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? (ACUTE_Patient_Q73.0)			
74.0	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? (ACUTE_Patient_Q74.0)			
74.1	Provide details of the breakdown of numerical differences. (ACUTE_Patient_Q74.1)			
75.0	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? (ACUTE_Patient_Q75.0 and Q75.1)			
75.1	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?(ACUTE_Patient_Q75.0 and Q75.2)			
75.2	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? (ACUTE_Patient_Q75.0 and Q75.3)			
76.0	What is the number of patients with a 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? (ACUTE_Patient_Q76.0 and 76.1)			
77.0	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?(ACUTE_Patient_Q77.0 and 77.1)			
Falls				
78.0	What is the number of patients at risk of falling who have a care plan that includes the use of a mobility aid? (Out of the number of patients who were at risk of falling - use ACUTE_Patient_Q820.0 for the number assessed as 'at risk')			

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79.0	What is the number of patients who had a fall in hospital and the incident was entered in the incident management system? (ACUTE_Patient_Q79.0 and Q79.1)			
80.0	What is the number of patients who had been screened on admission for history of falling? (ACUTE_Patient_Q80.0)			
81.0	What is the number of patients who had been assessed for risk of falling on admission? (ACUTE_Patient_Q81.0)			
82.0	What is the number of patients who had been assessed for risk of falling who are identified as 'at risk'? (ACUTE_Patient_Q82.0)			
83.0	What is the number of patients at risk of falling who have been reviewed by a physiotherapist / OT? Detail the numbers for each specialist. (ACUTE_Patient_Q83.0)			
84.0	What is the number of patients at risk of falling who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s)? (ACUTE_Patient_Q84.0)			
85.0	What is the number of patients at risk of falling who have documented evidence of the level of supervision/assistance required for mobilisation in the patient's care plan? (ACUTE_Patient_Q85.0)			
86.0	What is the number of patients who have documentation that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan) (ACUTE_Patient_Q86.0)			
87.0	What is the number of discharged patients, who have been referred to the appropriate primary health providers/community services? (ACUTE_Patient_Q87.0)			
87.1	Provide breakdown of the numbers where referred to. (ACUTE_Patient_Q87.1)			
Malnutrition				
88.0	What is the number of patients who have documentation admission weight? (ACUTE_Patient_Q88.0)			
89.0	What is the number of patients with LOS >7 days who have documented follow-up weight? (ACUTE_Patient_Q89.0)			
90.0	What is the number of patients who were screened for nutrition risk? (ACUTE_Patient_Q90.0)			
91.0	What is the number of patients who had a documented nutrition plan? (ACUTE_Patient_Q91.0)			

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.