

NSQHS Standard 1 Governance – attachment 3

Client Clinical Record Audit Tool – COMMUNITY (Collection of Patient data)



Hospital and Health Service:	Facility:	Audit Date/Period:
Community Team:	Client Medical Record Number (MRN):	

Client audit tool: collects client level data from the community clinical record, use one audit tool for each client audited. Choose which documentation domains of the clinical record you wish to audit.

- 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 (e.g. at a 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
 - This audit can be used prospectively or retrospectively. When used for retrospective chart audit, all questions relate to the last community admission

Medico-legal Clinical Record Audit

Response

This section will audit the admission (including Client registration) and progress note documentation for the Client's last admission.

1.0	<p>Is there documented evidence on admission to community in the client clinical record (i.e. Client registration form) of:</p> <ul style="list-style-type: none"> • Medical record number? • Name? • DOB? • Gender? • Residential/postal address? • Home phone number? • Marital status? • Medicare number? • Entitlement cards e.g. health care card, DVA (including card colour), Pension card, safety net card? • Details of a main contact person? • Details of next of kin? • Details of the Client's general practitioner? • Details of the Client's referring doctor? • Cultural requirements? • Indigenous status? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
-----	--	--

Medico-legal Clinical Record Audit		Response
<i>This section will audit the admission (including Client registration) and progress note documentation for the Client's last admission.</i>		
2.0	Is there documented evidence for the last community admission of the client consenting to relevant information regarding treatment / admission being provided to other health professionals involved there care? (e.g. GP, referring doctor, community service providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.0	Is there documented evidence for the last community admission that the client received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.0	Is there documented evidence for the last community admission that the client received a pamphlet or spoke to a staff member about how to convey their comments and concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.0	Is there documented evidence for the last community admission of a medical history/assessment taken on admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.0	Does EACH page of ALL forms for the last community admission have the correct client identification label firmly affixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.0	Does the client identification label used in the last community admission contain 3 unique Client identifiers? i.e. Client full name, date of birth, medical record number	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.0	Do ALL entries for the last community admission in the client progress notes contain: <ul style="list-style-type: none"> • Date? • Time using the 24 hour clock? • Signature of the clinician making the entry? • Printed name of the clinician making the entry? • Designation of the clinician making the entry? • Specialty Unit of the clinician providing care? (e.g. Mental Health) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9.0	Are ALL entries for the last community admission in the client progress notes: <ul style="list-style-type: none"> • Written in black pen or according to local policy (e.g. purple pen for pharmacy)? • Have ALL errors been crossed out and initialled with "written in error"? • Only use approved abbreviations? (according to facility policy) • Use whiteout? • Have gaps or lines between entries crossed through? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10.0	Is there evidence for the last community admission that the (best possible) medication history was documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.0	Is there documented evidence for the last community admission of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the client record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.1	Where a client has a documented medication allergy or ADR in the client record, do ALL charts containing medication orders have a visual alert (e.g. ADR alert sticker)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pressure Injury Clinical Record Audit		Response
<p><i>This section applies to clinical documentation in relation to Pressure Injury prevention and management. Audit questions for Pressure Injuries are also covered in Standard 8 – Pressure Injury Client Audit Tool.</i></p>		
17.0	Is there documented evidence for the last community admission that a pressure injury risk assessment was undertaken on admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.1	If yes: What is the client's documented category of risk?	<input type="checkbox"/> No risk <input type="checkbox"/> Low risk <input type="checkbox"/> At risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk
18.0	Is there documented evidence for the last community admission that a comprehensive skin inspection was undertaken on admission? (Note: Comprehensive skin inspection involves checking for signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.0	Is there documented evidence for the last community admission of a Pressure Injury Prevention and Management Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.0	Is there documented evidence for the last community admission of referral to a wound management service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (no pressure injury)

Falls Clinical Record Audit

Response

This section applies to clinical documentation in relation to Falls prevention and management. Audit questions for Falls are also covered in Standard 10 – Falls Client Audit Tool.

21.0	Is there documented evidence for the last community admission that the client was screened for history of falling on admission? (note: screening identifies if the Client is at increased risk of falling and then should be assessed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete
22.0	Is there documented evidence for the last community admission that the client was assessed for risk of falling on admission? (note: an assessment of risk identifies modifiable risk factors)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete
23.0	If assessment of risk is completed, what is the client's documented risk of falling?	<input type="checkbox"/> At risk <input type="checkbox"/> Not at risk
24.0	If the client is at risk of falling, have they been reviewed by the Physio / OT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.1	If yes, which one?	<input type="checkbox"/> Physio <input type="checkbox"/> OT
25.0	Is there documented evidence for the last community admission that there is a multifactorial falls prevention plan (FPP)? (i.e. documented actions corresponding to identified risk factors).	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.0	Is there documented evidence for the last community admission of the level of supervision/assistance required for mobilisation in the Client's care plan? (N/A for clients who can mobilise independently)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27.0	Does the client have documentation (i.e. in the care plan) that an assessment has been undertaken for continence and continence aid requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Malnutrition Clinical Record Audit		Response
<i>This section applies to clinical documentation in relation to Malnutrition prevention and management</i>		
28.0	Is there documented evidence for the last community admission of the client's weight on admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29.0	For the last community admission was the client screened for nutrition risk on admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29.1	If yes: Is the client at risk of malnutrition?	<input type="checkbox"/> At risk <input type="checkbox"/> Not at risk
30.0	Is there evidence for the last community admission of a documented nutrition care plan? (tip: plan may include diet +/- supplements, monitoring of weight and food intake)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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.

© State of Queensland (Department of Health) 2014



This work is licensed under a Creative Commons Attribution Non-Commercial ShareAlike 3.0 Australia licence. In essence, you are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the Health Service and Clinical Innovation Division, Department of Health, you distribute any derivative work only under this licence and you abide by the licence terms. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/au/deed.en>

For further information contact Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health, PO Box 2368, Fortitude Valley, BC, Qld 4006, email PSQIS_Comms@health.qld.gov.au, phone (07) 3328 9430. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Department of Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au.