

# NSQHS Standard 1 Governance – attachment 4

## Team/Unit Clinical Record Audit Tool – COMMUNITY (Collation of Client Data)



Hospital and Health Service:	Facility:	Audit Date/Period:
Specialty or Team/Unit:		

*Team/Unit or Specialty audit tool: Collates the client level responses by team/unit or by specialty.*

- Notes:
- Only collate those questions that have been collected at the client level i.e. collected on the client tool
  - Collation can occur at the team/unit or specialty level or at a level decided by the facility
  - The measurement plan details each collated 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 collated questions relate to the last admission

### Medico-legal Clinical Record Audit

Collation of audited clients (This section is only needed to be used if the data was collected at the client level. Enables team/unit or specialty reporting.)		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
1.0	What is the number of Client clinical records that have a complete set of information documented on admission? (COMMUNITY_Client_Q1.0 all yes)			
2.0	What is the number of Clients who have documented evidence of consenting to the provision of information (COMMUNITY_Client_Q2.0)			
3.0	What is the number of Clients who have documented evidence that the Client received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights? (COMMUNITY_Client_Q3.0)			
4.0	What is the number of Clients who have documented evidence that the Client received a pamphlet or spoke to a staff member about how to convey comments and concerns (COMMUNITY_Client_Q4.0)			
5.0	What is the number of Clients who have documented evidence of a completed medical history/assessment on admission? (COMMUNITY_Client_Q5.0)			

<b>Collation of audited clients (This section is only needed to be used if the data was collected at the client level. Enables team/unit or specialty reporting.)</b>		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
6.0	What is the number of Clients who had each page of ALL forms with an identification label? (COMMUNITY_Client_Q6.0)			
7.0	What is the number of Clients who have the 3 unique Client identifiers on the Client identification label? (COMMUNITY_Client_Q7.0)			
8.0	What is the number of Clients who had complete documentation of each entry in the progress notes? (COMMUNITY_Client_Q8.0 all yes)			
9.0	What is the number of Clients who had progress note entries meeting minimum documentation standards? (COMMUNITY_Client_Q9.0 all yes)			
10.0	What is the number of Clients who have evidence at the bedside that the (best possible) medication history was (COMMUNITY_Client_Q10.0)			
11.0	What is the number of clients who have documented evidence of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the medication chart? (COMMUNITY_Client_Q11.0)			
11.1	What is the number of clients with a documented medication allergy or ADR in the medication chart, whose charts containing medication orders ALL have a visual alert (e.g. ADR alert sticker)? (COMMUNITY_Client_Q11.1)			

## Discharge Summary / Letter Clinical Record Audit

<b>Collation of audited Clients (This section is only needed to be used if the data was collected at the Client level. Enables ward/unit or specialty reporting.)</b>		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
12.0	What is the number of Clients who have documented evidence that discharge planning commenced on admission? (COMMUNITY_Client_Q12.0)			
13.0	What is the number of Clients who had a completed discharge information recorded in the progress notes (COMMUNITY_Client_Q13.0)			
14.0	What is the number of Clients who had a completed discharge summary/letter? (COMMUNITY_Client_Q14.0)			
15.0	What is the number of Clients who had a completed discharge summary/letter that was filed and sent? (COMMUNITY_Client_Q15.0)			
16.0	What is the number of Clients who have been referred to the appropriate primary health providers/community services/specialists? (COMMUNITY_Client_Q16.0)			

## Pressure Injury Clinical Record Audit

<b>Collation of audited Clients (This section is only needed to be used if the data was collected at the Client level. Enables ward/unit or specialty reporting.)</b>		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
<b>Documentation</b>				
17.0	What is the number of Clients who have evidence of a pressure injury risk assessment? (COMMUNITY_Client_Q17.0)			
17.1	What is the number of Clients with a pressure injury risk assessment, who are 'at risk' or higher? (COMMUNITY_Client_Q17.1)			
18.0	What is the number of Clients who have documented evidence that a comprehensive skin inspection was undertaken on admission? (COMMUNITY_Client_Q18.0)			
19.0	What is the number of Clients who have documented evidence of a Pressure Injury Prevention and Management Plan? (COMMUNITY_Client_Q19.0)			
20.0	What is the number of Clients with a pressure injury who have documented evidence of referral to wound management service? (COMMUNITY_Client_Q20.0)			

## Falls Clinical Record Audit

<b>Collation of audited Clients (This section is only needed to be used if the data was collected at the Client level. Enables ward/unit or specialty reporting.)</b>		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
21.0	What is the number of Clients who had been screened on admission for history of falling? (COMMUNITY_Client_Q21.0)			
21.1	What is the number of Clients where the screening was incomplete? (COMMUNITY_Client_Q21.1)			
22.0	What is the number of Clients who had been assessed for risk of falling on admission? (COMMUNITY_Client_Q22.0)			
22.1	What is the number of Clients where the assessment was incomplete? (COMMUNITY_Client_Q22.1)			
23.0	What is the number of Clients who had been assessed for risk of falling who are identified as 'at risk'? (COMMUNITY_Client_Q23.0)			
24.0	What is the number of Clients at risk of falling who have been reviewed by a physiotherapist / OT? (COMMUNITY_Client_Q23.0 & COMMUNITY_Client_Q24.0)  Detail the numbers for each specialist. (COMMUNITY_Client_Q24.1)			
25.0	What is the number of Clients at risk of falling who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s)? (COMMUNITY_Client_Q23.0 & COMMUNITY_Client_Q25.0)			
26.0	What is the number of Clients at risk of falling who have documented evidence of the level of supervision /assistance required for mobilisation in the Client's care plan (COMMUNITY_Client_Q23.0 & COMMUNITY_Client_Q26.0)			
27.0	What is the number of Clients who have documentation that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan) (COMMUNITY_Client_Q27.0)			

## Malnutrition Clinical Record Audit

<b>Collation of audited Clients (This section is only needed to be used if the data was collected at the Client level. Enables ward/unit or specialty reporting.)</b>		Count of No. of Clients who meet criteria	Count of Total No. of Clients who are included in the denominator and audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
28.0	What is the number of Clients who have documentation admission weight? (COMMUNITY_Client_Q28.0)			
29.0	What is the number of Clients who were screened for nutrition risk? (COMMUNITY_Client_Q29.0)			
29.1	What is the number of Clients who were screened for nutrition risk who are identified as 'at risk'? (COMMUNITY_Client_Q29.0 and Q29.1)			
30.0	What is the number of Clients who had a documented nutrition plan? (COMMUNITY_Client_Q30.0)			

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](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.**

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