

NSQHS Standard 1 Governance – attachment 6

Unit Clinical Record Audit Tool – ORAL HEALTH (collation of Client Data)



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

Unit or Specialty audit tool: Collates the Client 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 (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

Collation of audited clients (This section is only needed to be used if the data was collected at the client level. Enables ward/unit 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? (ORAL_Client_Q1.0_all)			
2.0	What is the number of Clients who have documented evidence of consenting to the provision of information? (ORAL_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? (ORAL_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? (ORAL_Client_Q4.0)			
5.0	What is the number of Clients who had each page of ALL forms complete with an identification label? (ORAL_Client_Q5.0)			
6.0	What is the number of Clients who have the 3 unique Client identifiers on the Client identification label? (ORAL_Client_Q6.0)			
7.0	What is the number of Clients who had complete documentation of each entry in the progress notes? (ORAL_Client_Q7.0_all)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
8.0	What is the number of Clients who had progress note entries meeting minimum documentation standards? (ORAL_Client_Q8.0_all)			
9.0	What is the number of Clients who have documented evidence of the ADA treatment codes in the chart for EACH occasion of service? (ORAL_Client_Q9.0)			
9.1	What is the number of Clients where the ADA code corresponds to the treatment documented? (ORAL_Client_Q9.1)			
10.0	What is the number of Clients who have evidence that the client/parental/carer concerns were documented? (ORAL_Client_Q10.0)			
11.0	What is the number of Clients who have documented evidence that consent for treatment was received? (ORAL_Client_Q11.0)			
12.0	What is the number of Clients who have documented evidence that the medications impacting on dental treatment were noted? (ORAL_Client_Q12.0)			
13.0	What is the number of Clients who have documented evidence of client's medication allergies and adverse drug reaction (ADR) status (including nil known & unknown)? (ORAL_Client_Q13.0)			
14.0	What is the number of Clients who have documented evidence that the clinical examination sheet was completed? (ORAL_Client_Q14.0)			
14.1	What is the number of Clients where the clinical examination sheet was completed who had documented evidence of full charting of every tooth and condition of periodontal and oral tissues as presented? (ORAL_Client_Q14.1)			
14.2	What is the number of Clients where the clinical examination sheet was completed who had documented evidence that the clinician has signed, printed/stamped their name and position and dated (in black ink)? (ORAL_Client_Q14.2)			
15.0	What is the number of Clients who have documented evidence that the tooth charting complies with the Notes for Completion of Client Records? (ORAL_Client_Q15.0)			
16.0	What is the number of Clients who have documented evidence that x rays were taken? (ORAL_Client_Q16.0)			
16.1	What is the number of Clients where x rays were taken who had documented evidence of the type of x rays, including specific area if relevant? (ORAL_Client_Q16.1)			

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16.2	What is the number of Clients where x rays were taken who had documented evidence that the x rays were sufficient for diagnosis? (ORAL_Client_Q16.2)			
16.3	What is the number of Clients where x rays were taken who had documented evidence that the x rays were anatomically correctly mounted? (ORAL_Client_Q16.3)			
16.4	What is the number of Clients where x rays were taken who had documented evidence that the x-rays were mounted with client's name, DOB, gender and dated? (ORAL_Client_Q16.4)			
16.5	What is the number of Clients where x rays were taken who had documented evidence that the x rays were reported and outcome noted? (ORAL_Client_Q16.5)			
17.0	What is the number of Clients who have documented evidence that a treatment plan/sheet for the client exists? (ORAL_Client_Q17.0)			
17.1	What is the number of Clients who have a treatment plan/sheet where the treatment plan/sheet reflects the examination charting? (ORAL_Client_Q17.1)			
17.2	What is the number of Clients who have a treatment plan/sheet where there is evidence of the 3Cs verification checklist sticker affixed to the treatment plan/sheet for EACH occasion of service? (ORAL_Client_Q17.2)			
17.3	What is the number of Clients who have a treatment plan/sheet where EACH 3Cs verification checklist sticker has the clinician's signature, name printed and dated? (ORAL_Client_Q17.3)			
17.4	What is the number of Clients who have a treatment plan/sheet where EACH 3Cs verification checklist has Step 1 Identify Patient completed? (ORAL_Client_Q17.4)			
17.5	What is the number of Clients who have a treatment plan/sheet where EACH 3Cs verification checklist has Step 2 Informed Consent Patient completed? (ORAL_Client_Q17.5)			
17.6	What is the number of Clients who have a treatment plan/sheet where EACH 3Cs verification checklist has Step 3 Identify site and Side completed? (ORAL_Client_Q17.6)			
17.7	What is the number of Clients who have a treatment plan/sheet where EACH 3Cs verification checklist has Step 4 Final Team Check completed? (ORAL_Client_Q17.7)			

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18.0	What is the number of Clients where documented changes to the treatment plan/sheet were evidenced where the parent /parent/carer was notified of/consented to changes to the treatment plan/sheet? (ORAL_Client_Q18.0)			
19.0	What is the number of Clients who have documented evidence of sterilising batch labels (piggy back labels) directly under the dated clinical notes of treatment of EACH occasion of service where tracked instruments/equipment were used? (ORAL_Client_Q19.0)			
20.0	What is the number of Clients who have documented evidence that a local anaesthetic was used? (ORAL_Client_Q20.0)			
20.1	What is the number of Clients where a local anaesthetic was used who had documented evidence of the amount and type? (ORAL_Client_Q20.1)			
20.2	What is the number of Clients where NO local anaesthetic was used who had documented evidence of no anaesthetic? (ORAL_Client_Q20.2)			
21.0	What is the number of Clients who have documented evidence that post procedure instructions have been provided? (ORAL_Client_Q21.0)			
22.0	What is the number of Clients who have documented evidence on completion of course of care, that a separation letter has been completed? (ORAL_Client_Q22.0)			
23.0	What is the number of Clients who have documented evidence that referrals to appropriate specialist health providers e.g. oral surgery, orthodontics has been organised? (ORAL_Client_Q23.0)			
24.0	What is the number of Clients where referrals have been made who had documented evidence of a discussion with the client/parent/guardian regarding the referrals made? (ORAL_Client_Q24.0)			
25.0	What is the number of Clients who on separation had documented evidence that the client/parent/guardian received instructions for future care? (ORAL_Client_Q25.0)			

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.

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