National Safety and Quality Health Service Standards

Standard 1 Governance for Safety and Quality in Health Service Organisations - MEASUREMENT PLAN

There are 4 measurement plans in this document as it encompasses not only the alignment to the Governance criteria, but also the specific questions that relate to attachments 1 to 6 i.e. the clinical record documentation audit tools.

Measurement plan for Standard 1 Governance

Measurement plan for Clinical Record Patient Data audit tools in the ACUTE setting (Attachments)

Measurement plan for Clinical Record Client Data audit tools in the COMMUNITY setting (Attachments)

Measurement plan for Clinical Record Client Data audit tools in the ORAL HEALTH setting (Attachments)

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as the audit tools are a constant **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Health Service and Clinical Innovation Division, Patient Safety Unit, 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 Unit on mrat@health.qld.gov.au for feedback or comments.

Queensland Government

National Safety and Quality Health Service Standards

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Note: Standards 2 to 10 also collect evidence at a governance level, specifically assessing certain areas e.g. Clinical Deterioration. However, evidence collected within Standards 2 to 10 may be used in addition (or as part) of the suggested evidence in Standard 1 Governance below.

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Governance and quality improvement systems	There are integrated systems of governance to actively manage patient safety and quality risks.	1.1 Implementing a governance system that sets out the policies, procedures and/or protocols for: • establishing and maintaining a clinical governance framework • identifying safety and quality risks • collecting and reviewing performance data • implementing prevention strategies based on data analysis • analysing reported incidents • implementing performance management procedures • ensuring compliance with legislative requirements and relevant industry standards • communicating with and informing the clinical and non-clinical workforce • undertaking regular clinical audits	1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols	Facility	Identify if the facility has policies, procedures and protocols in place as part of the governance system	Evidence that the facility has policies, procedures and protocols in place as part of the governance system	1.0 Is there evidence that the facility (or at service level) has policies, procedures and protocols in place as part of the governance system? 1.1 If yes: Is there evidence that they include: • the reporting lines and relationships for clinical governance (including an organisational chart)? • identifying safety and quality risks? • the assessment of risks associated with the introduction of new services, including changes to clinicians scope of practice? • the implementation and monitoring of a risk management system? • the processes and accountability for monitoring the quality management system? • the use of clinical guidelines and pathways that reflect best practice? • collecting and reviewing key performance indicator (KPI) data? • undertaking regular clinical audits? • implementing prevention strategies based on data analysis? • reporting, investigating and analysing incidents and near misses? • compliance with Clinical Services Capability Framework (CSCF) and capability to support a new clinical service? • ensuring compliance with legislative requirements and relevant industry standards? • communicating with and informing the clinical and non-clinical workforce? • implementing workforce performance management procedures? • scope of practice for clinicians? • performance review process for clinicians? • training requirements for the workforce? • an open disclosure program that is consistent with the national open disclosure standard? • the delegated safety and quality roles and responsibilities of the workforce (including locum or agency staff)? • processes for recording and managing patients' and carers' complaints? • the implementation and use of a charter of patients' rights? • advanced care and end of life care that is consistent with current guidelines and directives? • availability of patient clinical records at the point of care, including when a patient is transferred? • the storage of patient clinical records? • the privacy and confidentiality of patient information, including the sharing of information? 1.2 If yes to 1.0: Is there evidence that: • they define the audit process to be undertaken to assess against them? • they reference the consultation processes or collaborative groups involved in their development? • they detail the date they became effective? • they reference the source documents (if applic) particularly where they are represented as best practice? • the workforce know the documents exist, can access them and know and use the contents? 1.3 If yes to 1.0: Outline details of the documents, where kept, review date/s and the owner.	Yes; No Yes; No Yes; No Yes; No Yes; No; Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Facility	Identify if the facility has a register that details the completed policy, procedure and protocol reviews and a prioritised schedule for future reviews	Evidence that the facility has a register that details the completed policy, procedure and protocol reviews and a prioritised schedule for future reviews	2.0 Is there evidence that the facility (or at service level) has a register that details the completed policy, procedure and protocol reviews and a prioritised schedule for future reviews?	Yes; No			
				Facility	Identify if the facility has a committee/s that oversee the development and review of policies, procedures and protocols	Evidence that the facility has a committee/s that oversee the development and review of policies, procedures and protocols	3.0 Is there evidence that the facility (or at service level) has a committee/s that oversee the development and review of policies, procedures and protocols? 3.1 If yes: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for development and review of policies, procedures and protocols? • are there meeting minutes that show evidence that the policies, procedures and protocols are tabled at the meetings? 3.2 If yes to 3.1: Provide details.	Yes; No text box Yes; No Yes; No text box			
			1.1.2 The impact on patient safety and quality of care is considered in business decision making	Facility	Identify if the facility has strategic and business plans that outline the potential impact on patient safety and quality of care	Evidence that the facility has strategic and business plans that outline the potential impact on patient safety and quality of care	4.0 Is there evidence that the facility (or at service level) has strategic and business plans that outline the potential impact on patient safety and quality of care?	Yes; No			
				Facility	Identify if the facility has a business proposal template	Evidence that the facility has a business proposal template	5.0 Is there evidence that the facility (or at service level) has a business proposal template? 5.1 If yes: Is there evidence that the: • workforce knows the document exists? • business proposals submitted actually use the template set by the facility?	Yes; No Yes; No Yes; No			
				Facility	Identify if the facility has meetings that demonstrate safety and quality of care is considered in business decision making	Evidence that the facility has meetings that demonstrate safety and quality of care is considered in business decision making	6.0 Is there evidence that the facility (or at service level) has meetings that demonstrate safety and quality of care is considered in business decision making e.g. finance and audit committee meetings, strategic planning committee meetings?	Yes; No			
				Facility	Identify if the facility provides the results of audits for patients clinical records and clinical practice to a governance committee/s	Evidence that the facility provides the results of audits for patients clinical records and clinical practice to a governance committee/s	7.0 Is there evidence that the facility (or at service level) provides the results of audits for patients clinical records and clinical practice to a governance committee/s? 7.1 If yes: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for results of audits? • are there meeting minutes that show evidence that the results of audits are tabled at the meetings? 7.2 If yes to 7.1: Provide details.	Yes; No text box Yes; No Yes; No text box			
		1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care	1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance	Facility	Identify if the facility has a performance and reporting framework	Evidence that the facility has a performance and reporting framework	8.0 Is there evidence that the facility (or at service level) has a performance and reporting framework? 8.1 If yes: Does the framework include: • the safety and quality indicators that are collected? • when the safety and quality indicators are collected and reported? • incidents, adverse events and near misses? • who the safety and quality indicator data/incident data analysis are reported to e.g. executive, governance committee, workforce? 8.2 If yes to 8.1 - the indicators that are collected: Provide details on the indicators that are collected. 8.3 If yes to 8.1 - who reported to: Provide details of who receives the reports, the communication channels for distribution and when. 8.4 If the data reports are presented to a governance committee: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for reports on safety and quality / incident data? • are there meeting minutes that show evidence that the reports on safety and quality / incident data are discussed? 8.5 If yes to 8.4: Provide details.	Yes; No Yes; No Yes; No Yes; No Yes; No text box text box text box Yes; No Yes; No text box			
				Facility	Identify if the facility produces an annual report which includes safety and quality performance data	Evidence that the facility produces an annual report which includes safety and quality performance data	9.0 Is there evidence that the facility (or at service level) produces an annual report which includes safety and quality performance data? 9.1 If yes: Is there evidence that the data includes benchmarking with other facilities, health services and to targets?	Yes; No Yes; No			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			1.2.2 Action is taken to improve the safety and quality of patient care	Ward	Identify if the ward/unit evaluates safety and quality data and implements improvement activities	% of wards/units that evaluate safety and quality data to identify areas/gaps for improvement % of wards/units that have a quality improvement plan that details the improvement actions taken, based on the gaps identified	1.0 Is there evidence that the ward/unit evaluates safety and quality data (including data from the risk management system) in order to identify the areas/gaps that need improvement? 1.1 Is there documented evidence that the ward/unit has a quality improvement plan that details the improvement actions taken, based on the gaps identified? 1.2 If Yes: Provide details of the examples of improvement activities that have been implemented and when. 1.3 If examples of improvement activities: Is there evidence that they have been evaluated post implementation to identify an improvement? 1.4 If yes to 1.1: Is there evidence that the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated?	Yes; No Yes; No text box Yes; No Yes; No			
				Facility		% of wards/units that have evaluated the improvement activities post implementation to identify an improvement % of wards/units where the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated	38.0 What is the number of wards/units that evaluate safety and quality data (including data from the risk management system) in order to identify the areas/gaps that need improvement? (Gov_Ward_Q1.0) 38.1 What is the number of wards/units that have a quality improvement plan that details the improvement actions taken, based on the gaps identified? (Gov_Ward_Q1.1) 38.2 Provide details of the examples of improvement activities that have been implemented and when from wards/units. (Gov_Ward_Q1.2) 38.3 What is the number of wards/units that have evaluated the improvement activities post implementation to identify an improvement? (Gov_Ward_Q1.3) 38.4 What is the number of wards/units where the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated? (Gov_Ward_Q1.4)		Number of wards/units that evaluate safety and quality data and implement improvement activities	Total number of wards/units audited	
				Facility	Identify if the facility evaluates safety and quality data and implements improvement activities	Evidence that the facility evaluates safety and quality data and implements improvement activities	10.0 Is there evidence that the facility (or at service level) evaluates safety and quality data (including data from the risk management system) in order to identify the areas/gaps that need improvement? 10.1 Is there documented evidence that the facility (or at service level) has a quality improvement plan that details the improvement actions taken, based on the gaps identified? 10.2 If yes: Provide details of the examples of improvement activities that have been implemented and when. 10.3 If examples of improvement activities: Is there evidence that they have been evaluated post implementation to identify an improvement? 10.4 If yes to 10.2: Is there evidence that the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated?	Yes; No Yes; No text box Yes; No Yes; No			
		1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for: • patient safety and quality in their delivery of health care • the management of safety and quality specified in each of these Standards	1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities	Facility	Identify if the facility ensures the workforce is aware of their delegated safety and quality roles and responsibilities	Evidence that the facility ensures the workforce is aware of their delegated safety and quality roles and responsibilities	11.0 Is there evidence that the facility (or at service level) ensures the workforce is aware of their delegated safety and quality roles and responsibilities? 11.1 If yes: Is there evidence there are: • position descriptions, duty statements and employment contracts that describe safety and quality roles, responsibilities and accountabilities? • results of workforce surveys or feedback regarding their safety and quality roles and responsibilities? 11.2 If yes: Provide details on the evidence above.	Yes; No Yes; No Yes; No text box			
			1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards	Facility	Identify if the facility undertakes performance appraisals that include the roles and responsibilities for safety and quality	Evidence that the facility undertakes performance appraisals that include the roles and responsibilities for safety and quality	12.0 Is there evidence that the facility (or at service level) undertakes performance appraisals (i.e. between manager and staff member) that include the roles and responsibilities for safety and quality?	Yes; No			
			1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities	Facility	Identify if the facility ensures agency or locum staff are aware of their designated roles and responsibilities for safety and quality	Evidence that the facility ensures agency or locum staff are aware of their designated roles and responsibilities for safety and quality	13.0 Is there evidence that the facility (or at service level) ensures agency or locum staff are aware of their designated roles and responsibilities for safety and quality? 13.1 If yes: Is there evidence there are: • employment contracts, position descriptions or duty statements for locum and agency workforce that specify designated roles and responsibilities for safety and quality? • induction checklists for locum and agency workforce that ensure designated roles and responsibilities for safety and quality have been addressed? 13.2 If yes: Provide details on the evidence above.	Yes; No Yes; No Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		1.4 Implementing training in the assigned safety and quality roles and responsibilities	1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	Facility	Identify if the facility provides training/education resources, including in orientation, to the workforce on their safety and quality roles and responsibilities	Evidence that the facility provides training/education resources, including in orientation, to the workforce on their safety and quality roles and responsibilities	14.0 Is there evidence that the facility (or at service level) provides training/education resources, including in orientation, to the workforce on their safety and quality roles and responsibilities? 14.1 If yes: Is there evidence that they include: • recognising, reporting, investigating and analysing incidents, adverse events and near misses? • how to recognise, report and deal with complaints? • a component that includes educating staff on the risk management system? 14.2 If yes to 14.0: Is there evidence that: • staff attendance at the education/training sessions is recorded? • there is a schedule of the training that is provided? • the competency-based training needs of staff are evaluated? • staff feedback reports of the sessions are evaluated and incorporated into the next revision? • the resources and materials are readily accessible to the workforce? • there is an evaluation survey or report on training programs on workforce safety and quality roles and responsibilities? 14.3 If yes to 14.0: What communication channels are used to advise staff of the training/education? 14.4 If yes to 14.0: Provide details on the training / resources provided and when.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box text box			
			1.4.2 Annual mandatory training programs to meet the requirements of these Standards	Facility	Identify if the facility has annual mandatory training programs to meet the requirements of the NSQHS standards	Evidence that the facility has annual mandatory training programs to meet the requirements of the NSQHS standards	15.0 Is there evidence that the facility (or at service level) has annual mandatory training programs to meet the requirements of the NSQHS standards? 15.1 If yes, Is there evidence the training program has: • a schedule of the training that is provided? • education resources that are accessible by the workforce? • a record of attendance at the training by the workforce? • an annual review of mandatory training needs and resources provided to support training requirements? • a communication plan advising the workforce of the annual mandatory training requirements? 15.2 If yes to 15.0: What communication channels are used to advise staff of the annual mandatory training? 15.3 If yes to 15.0: Provide details on the training / resources provided and when.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box text box			
			1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	Facility	Identify if the facility provides training/education resources, including in orientation, to locum and agency workforce on their safety and quality roles and responsibilities	Evidence that the facility provides training/education resources, including in orientation, to locum and agency workforce on their safety and quality roles and responsibilities	16.0 Is there evidence that the facility (or at service level) provides training/education resources, including in orientation, to locum and agency workforce on their safety and quality roles and responsibilities? 16.1 If yes: Is there evidence that they include: • recognising, reporting, investigating and analysing incidents, adverse events and near misses? • how to recognise, report and deal with complaints? • a component that includes educating staff on the risk management system? 16.2 If yes to 16.0: Is there evidence that: • staff attendance at the education/training sessions is recorded? • there is a schedule of the training that is provided? • the competency-based training needs of staff are evaluated? • staff feedback reports of the sessions are evaluated and incorporated into the next revision? • there is an evaluation survey or report on training programs on workforce safety and quality roles and responsibilities? 16.3 If yes to 16.0: What communication channels are used to advise locums and agency staff of the training/education? 16.4 If yes to 16.0: Provide details on the training / resources provided and when.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box text box			
			1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality	SEE 1.4.1 & 1.4.2							

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality	1.5.1 An organisation-wide risk register is used and regularly monitored	Facility	Identify if the facility has a risk management system for patient safety and quality	Evidence that the facility has a risk management system for patient safety and quality	17.0 Is there evidence that the facility (or at service level) has a risk management system for patient safety and quality? 17.1 If yes: Is there evidence: • the system is regularly monitored? • of a risk register that includes actions to address identified risks? • the actions are evaluated post implementation? • that staff feedback is provided on the system? 17.2 If yes to a risk register: Does the risk register include a scale to rate risks? 17.3 If yes to a risk register: Are the risks reviewed on a regular basis? 17.4 If yes to 17.0: Is there evidence that the facility (or at service level) has a governance committee that oversees the risk management system? 17.5 If yes to 17.4: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for the risk management system? • are there meeting minutes that show evidence that the risk management system is discussed? 17.6 If yes to 17.4: Provide details.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box			
			1.5.2 Actions are taken to minimise risks to patient safety and quality of care	SEE 1.2.2							
		1.6 Establishing an organisation wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice	1.6.1 An organisation-wide quality management system is used and regularly monitored	Facility	Identify if the facility has a quality management system	Evidence that the facility has a quality management system	18.0 Is there evidence that the facility (or at service level) has a quality management system? 18.1 If yes: Is there evidence: • the system is regularly monitored? • of a quality framework or plan? • that an analysis of records of comments, complaints and incidents from patients and carers is included? • that an analysis of patient experience surveys is included? • the system is fedback to the workforce regarding safety and quality of patient care? 18.2 If yes to 18.0: Outline details of the documents, where kept, review date/s and the owner.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
			1.6.2 Actions are taken to maximise patient quality of care	SEE 1.2.2							
Clinical practice	Care provided by the clinical workforce is guided by current best practice.	1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	Facility	Identify if the facility uses clinical guidelines and pathways that reflect best practice	Evidence that the facility uses clinical guidelines and pathways that reflect best practice	19.0 Is there evidence that the facility (or at service level) uses clinical guidelines and pathways that reflect best practice? 19.1 If yes: Is there evidence: • that the workforce can access electronic or pre-printed copies of them? • they are appropriately referenced? • they are discussed or tabled at a governance committee? • they are regularly reviewed? 19.2 If yes to being tabled at a governance committee: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for guidelines/pathways? • are there meeting minutes that show evidence that the guidelines/pathways are discussed? 19.3 If yes to 19.2: Provide details. 19.4 If yes to 19.0: Outline details of the documents, where kept, review date/s and the owner.	Yes; No Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box text box			
				Ward	Identify if the wards/units use clinical guidelines and pathways that reflect best practice	% of wards/units that use clinical guidelines and pathways that reflect best practice % of wards/units that audit patient clinical records related to the use of clinical guidelines and/or pathways i.e. to demonstrate the	2.0 Is there evidence that the ward/unit uses clinical guidelines and pathways that reflect best practice? 2.1 If yes: Is there evidence: • that audits of patient clinical records related to the use of clinical guidelines and/or pathways are undertaken i.e. to demonstrate the guideline/pathway is followed in patient care? • that audits of compliance with available clinical guidelines and/or pathways are undertaken i.e. to demonstrate the ward/unit uses the suggested guideline/pathway? 2.2 If yes to 2.0: Provide details of the guidelines / pathways that the ward/unit uses and the audits undertaken to demonstrate compliance / adherence to them.	Yes; No Yes; No Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Facility		guideline/pathway is followed in patient care % of wards/units that audit compliance with available clinical guidelines and/or pathways i.e. to demonstrate the ward/unit uses the suggested guideline/pathway	39.0 What is the number of wards/units that use clinical guidelines and pathways that reflect best practice? (Gov_Ward_Q2.0) 39.1 What is the number of wards/units that audit patient clinical records related to the use of clinical guidelines and/or pathways i.e. to demonstrate the guideline/pathway is followed in patient care? (Gov_Ward_Q2.1) 39.2 What is the number of wards/units that audit compliance with available clinical guidelines and/or pathways i.e. to demonstrate the ward/unit uses the suggested guideline/pathway? (Gov_Ward_Q2.1) 39.3 Provide a summary of the guidelines / pathways that the wards/units use and the audits undertaken to demonstrate compliance / adherence to them. (Gov_Ward_Q2.2)		Number of wards/units that use clinical guidelines and pathways that reflect best practice	Total number of wards/units audited for evidence of guideline-based patient care	
			1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored	SEE 1.7.1							
		1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm	1.8.1 Mechanisms are in place to identify patients at increased risk of harm	Ward	Identify if the wards/units have mechanisms in place to identify patients at increased risk of harm	% of wards/units that have mechanisms in place to identify patients at increased risk of harm % of wards/units where patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care % of wards/units that have a management plan that includes an evaluation of risks and methods of eliminating or reducing identifiable risks % of wards/units that have action plans implemented for patients identified at increased risk of harm	3.0 Is there evidence that the ward/unit has mechanisms in place to identify patients at increased risk of harm? 3.1 If yes: Is there evidence: • that patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care? • of a management plan that includes an evaluation of risks and methods of eliminating or reducing identifiable risks? • that action plans are implemented for patients identified at increased risk of harm? 3.2 If yes to 3.1: Provide details on the risk assessments, action plans and management plan that has been implemented and when.	Yes; No Yes; No Yes; No Yes; No text box			
				Facility			40.0 What is the number of wards/units that have mechanisms in place to identify patients at increased risk of harm? (Gov_Ward_Q3.0) 40.1 What is the number of wards/units where patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care? (Gov_Ward_Q3.1) 40.2 What is the number of wards/units that have a management plan that includes an evaluation of risks and methods of eliminating or reducing identifiable risks? (Gov_Ward_Q3.1) 40.3 What is the number of wards/units that have action plans implemented for patients identified at increased risk of harm? (Gov_Ward_Q3.1) 40.4 Provide a summary on the risk assessments, action plans and management plan that wards/units have implemented and when. (Gov_Ward_Q3.2)		Number of wards/units that have mechanisms in place to identify patients at increased risk of harm	Total number of wards/units audited	
			1.8.2 Early action is taken to reduce the risks for at-risk patients	SEE 1.8.1							
			1.8.3 Systems exist to escalate the level of care when there is an unexpected deterioration in health status	SEE STANDARD 9 CLINICAL DETERIORATION AUDIT TOOLS							

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care	1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	SEE ATTACHMENTS FOR TOOLS FOR THE AUDITING OF PATIENT CLINICAL DOCUMENTATION: AUDIT TOOLS Attachment 1: Collection of clinical record patient data in the ACUTE setting Attachment 2: Collation of clinical record patient data in the ACUTE setting Attachment 3: Collection of clinical record patient data in the COMMUNITY setting Attachment 4: Collation of clinical record patient data in the COMMUNITY setting Attachment 5: Collection of clinical record patient data in the ORAL HEALTH setting Attachment 6: Collation of clinical record patient data in the ORAL HEALTH setting Measurement plans are included at the end of this main plan.							
			1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards	SEE 1.9.1							
Performance and skills management	Managers and the clinical workforce has the right qualifications, skills and approach to provide safe, high quality health care.	1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce	1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce	Facility	Identify if the facility has a system is in place to define and regularly review the scope of practice for the clinical workforce	Evidence that the facility has a system is in place to define and regularly review the scope of practice for the clinical workforce	20.0 Is there evidence that the facility (or at service level) has a system in place to define and regularly review the scope of practice for the clinical workforce? 20.1 If yes: Is there evidence of: • the flow of documentation to and from committees and meetings e.g. credentialing committees and meetings that include information on the roles, responsibilities, accountabilities and scope of practice for the clinical workforce? • an audit of position descriptions, duty statements and employment contracts against the requirements and recommendations of clinical practice and professional guidelines? • workforce performance appraisal and feedback records that show a review of the scope of practice for clinical workforce? 20.2 If yes to documentation to and from committees: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for the scope of practice for the clinical workforce? • are there meeting minutes that show evidence that the scope of practice for the clinical workforce is discussed? 20.3 If yes to 20.2: Provide details.	Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box			
			1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	Facility	Identify if the facility has mechanisms in place to monitor that the clinical workforce are working within their agreed scope of practice	Evidence that the facility has mechanisms in place to monitor that the clinical workforce are working within their agreed scope of practice	21.0 Is there evidence that the facility (or at service level) has mechanisms in place to monitor that the clinical workforce are working within their agreed scope of practice? 21.1 If yes: Is there evidence of: • a register of workforce qualifications and areas of credentialled practice? • an audit of the clinical workforce who have a documented performance appraisal? • observations of clinical practice? • reports of key performance indicators for clinicians, which include benchmarking? 21.2 If yes: Provide details on the mechanisms above.	Yes; No Yes; No Yes; No Yes; No Yes; No text box			
			1.10.3 Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation	Facility	Identify if the facility has clinical service capability, planning and scope of practice which is directly linked to the clinical service roles	Evidence that the facility has clinical service capability, planning and scope of practice which is directly linked to the clinical service roles	22.0 Is there evidence that the facility (or at service level) has clinical service capability, planning and scope of practice which is directly linked to the clinical service roles? 22.1 If yes: Is there evidence of: • a strategic plan that outlines the facility's overall objectives and services provided? • a register of workforce qualifications suitable for clinical service roles of the organisation? • reports of inspections from regulators? • evaluations of the organisation's clinical services targets? • evaluation of the safety and quality of clinical services and programs? • an annual report that details the clinical service capability and clinical services provided? • an audit of Diagnostic Related Groups (DRGs) cared for by clinicians compared to their granted scope of clinical practice and the Clinical Services Capability Framework (CSCF) of the facility?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No			
			1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced	Facility	Identify if the facility has a system for defining the scope of practice whenever a new clinical service, procedure or other technology is introduced	Evidence that the facility has a system for defining the scope of practice whenever a new clinical service, procedure or other technology is introduced	23.0 Is there evidence that the facility (or at service level) has a system for defining the scope of practice whenever a new clinical service, procedure or other technology is introduced? 23.1 If yes: Is there evidence of: • planning documents to introduce new services (including workforce, equipment, procedures, scope of practice applications and approval for licensing)? • defined competency standards for new services, procedures and technology? • communication to the workforce that defines the scope of practice for new clinical services, procedures or other technology, including providing any education? 23.2 If yes to 23.0: Provide any details.	Yes; No Yes; No Yes; No Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role	Facility	Identify if the facility supervises and supports clinicians to practice within agreed professional and system boundaries when providing patient care	Evidence that the facility supervises and supports clinicians to practice within agreed professional and system boundaries when providing patient care	24.0 Is there evidence that the facility (or at service level) supervises and supports clinicians to practice within agreed professional and system boundaries when providing patient care? 24.1 If yes: Is there evidence of: • descriptions of roles and responsibilities for designated clinical leaders included in position descriptions, duty statements and employment contracts? • a register of staff qualifications and areas of credentialed practice? • a documented review of qualifications and competencies for clinical staff?	 Yes; No Yes; No Yes; No Yes; No			
		1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice	1.11.1 A valid and reliable performance review process is in place for the clinical workforce	Facility	Identify if the facility has a valid and reliable performance review process in place for the clinical workforce	Evidence that the facility has a valid and reliable performance review process in place for the clinical workforce	25.0 Is there evidence that the facility (or at service level) has a valid and reliable performance review process in place for the clinical workforce? 25.1 If yes: Is there evidence of: • a documented performance development system that meets professional development guidelines and credentialing requirements? • individual professional development plans and system wide tracking of participation in reviews? • an audit of the clinical workforce with completed performance reviews? • relevant documentation to and from committees and meetings regarding performance review and credentialing of clinicians? • mentoring or peer review reports? 25.2 If yes to documentation to and from committees: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for the performance review and credentialing of clinicians? • are there meeting minutes that show evidence that performance review and credentialing of clinicians is discussed? 25.3 If yes to 25.2: Provide details.	 Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box			
			1.11.2 The clinical workforce participates in regular performance reviews that support individual development and improvement	Facility	Identify if the facility participates in regular performance reviews that support individual development and improvement	Evidence that the facility participates in regular performance reviews that support individual development and improvement	26.0 Is there evidence that the clinical workforce in the facility (or at service level) participates in regular performance reviews that support individual development and improvement? 26.1 If yes: Is there evidence of: • individual performance reviews which are documented for the clinical workforce? • individual development plans that document training needs identified through individual performance reviews?	 Yes; No Yes; No Yes; No			
		1.12 Ensuring that systems are in place for ongoing safety and quality education and training	1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	SEE 1.4.1							
		1.13 Seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation	1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems	Facility	Identify if the facility analyses feedback from the workforce on their understanding and use of safety and quality systems	Evidence that the facility analyses feedback from the workforce on their understanding and use of safety and quality systems	27.0 Is there evidence that the facility (or at service level) analyses feedback from the workforce on their understanding and use of safety and quality systems? 27.1 If yes: Is there evidence of: • records of workforce feedback regarding the use of safety and quality systems? • analysis of workforce survey results regarding the use of safety and quality systems? • relevant documentation to and from committees and meetings regarding feedback from the workforce on safety and quality systems? 27.2 If yes to documentation to and from committees: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for feedback from the workforce on safety and quality systems? • are there meeting minutes that show evidence of feedback from the workforce on safety and quality systems? 27.3 If yes to 27.2: Provide details.	Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box			
			1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems	SEE 1.5.1 & 1.2.2							
Incident and complaints management	Patient safety and quality incidents are recognised, reported and analysed, and this infromation is used to improve safety systems.	1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents (including near misses), which all result in corrective actions	1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses	Facility	Identify if the facility has an incident management system for reporting, investigating and analysing incidents	Evidence that the facility has an incident management system for reporting, investigating and analysing incidents	28.0 Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing incidents? 28.1 If yes: Outline the system e.g. PRIME 28.2 If yes to 28.0: Is this regularly monitored? 28.3 If yes to 28.2: When and by whom? 28.4 If yes to 28.0: Are reports developed using data in the system? 28.5 If yes to 28.4: Are the reports used to identify frequency, severity and gaps? 28.6 If yes to 28.4: Are the reports tabled at a governance committee/group for review? 28.7 If yes to 28.6: Which governance committee/group and when do they meet?	Yes; No text box Yes; No text box Yes; No Yes; No Yes; No text box			
			1.14.2 Systems are in place to analyse and report on incidents	SEE 1.2.1							

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			1.14.3 Feedback on the analysis of reported incidents is provided to the workforce	SEE 1.2.1							
			1.14.4 Action is taken to reduce risks to patients identified through the incident management system	SEE 1.2.2 & 1.5.1							
			1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation	SEE 1.2.1							
		1.15 Implementing a complaints management system that includes partnership with patients and carers	1.15.1 Processes are in place to support the workforce to recognise and report complaints	Facility	Identify if the facility has processes in place to support the workforce to recognise and report complaints	Evidence that the facility has processes in place to support the workforce to recognise and report complaints	29.0 Is there evidence that the facility (or at service level) has processes in place to support the workforce to recognise and report complaints? 29.1 If yes: Is there evidence of: • comments and complaints forms that are available for patients to complete? • secure patient comments and complaints box in publicly accessible places? • a current complaints register which includes responses and actions to address identified issues? • patient information that outlines the internal and external complaints mechanisms? • relevant documentation to and from committees and meetings related to complaints management, including reports on the analysis of complaints? • the analysis of patient complaints being fedback to the workforce? 29.2 If yes to documentation to and from committees: • which committee/s and when do they meet? • are there Terms of Reference that show evidence of responsibility for complaints management, including reports on the analysis of complaints? • are there meeting minutes that show evidence of complaints management, including reports on the analysis of complaints? 29.3 If yes to 29.2: Provide details. 29.4 If yes to patient complaints fedback to the workforce (in 29.1): Provide details on how patient complaints are fedback to the workforce.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box Yes; No Yes; No text box text box			
				Patient	Identify patients who reported receiving information on how to feedback comments and concerns to staff	% of patients who reported receiving information on how to feedback comments and concerns to staff	2.0 Patient/Carer Question - Ask "Did you receive a pamphlet or did a staff member explain how to convey your comments and concerns to staff?"	Yes No Don't know N/A			
				Ward			5.0 What is the number of patients/carers who reported receiving information on how to feedback comments and concerns to staff? (Gov_Patient_2.0)		Number of patients who reported receiving information on how to feedback comments and concerns to staff	Total number of eligible patients who were audited	
			1.15.2 Systems are in place to analyse and implement improvements in response to complaints	SEE 1.15.1 & 1.2.1							
			1.15.3 Feedback is provided to the workforce on the analysis of reported complaints	SEE 1.15.1							
			1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation	SEE 1.15.1							

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		1.16 Implementing an open disclosure process based on the national open disclosure standard	1.16.1 An open disclosure program is in place and is consistent with the national open disclosure standard	Facility	Identify if the facility has an open disclosure program in place	Evidence that the facility has an open disclosure program in place	30.0 Is there evidence that the facility (or at service level) has an open disclosure program in place? 30.1 If yes: Is there evidence that: • reports on open disclosure are produced in the organisation? • information and data on open disclosure is presented to the executive, relevant committees and the workforce? 30.2 If yes to 30.0: Provide details on the program. 30.3 If yes to presented to executive or committee (in 30.1): • which committee/s or executive and when do they meet? • are there Terms of Reference that show evidence of responsibility for information and data on open disclosure? • are there meeting minutes that show information and data on open disclosure is presented and discussed? 30.4 If yes to 30.3: Provide details. 30.5 If yes to presented to the workforce (in 30.1): How is this communicated and when?	Yes; No Yes; No Yes; No text box text box Yes; No Yes; No text box text box			
			1.16.2 The clinical workforce are trained in open disclosure processes	Facility	Identify if the facility trains the clinical workforce in open disclosure processes	Evidence that the facility trains the clinical workforce in open disclosure processes	31.0 Is there evidence that the facility (or at service level) trains the clinical workforce in open disclosure processes e.g. iLearn? 31.1 If yes: Is there evidence of: • education resources and records of attendance at training by the relevant workforce on the open disclosure processes? • reports on the evaluation of the open disclosure training program at the local level? 31.2 If yes to 31.0: What communication channels are used to advise staff of the training/education? 31.3 If yes to evaluation reports (in 31.1): Are these presented at a committee for discussion? 31.4 If yes to 31.1 & 31.3: Provide details on both the education resources and evaluation reports and where the evaluation reports are presented.	Yes; No Yes; No Yes; No text box Yes; No text box			
Patient engagement and rights	Patients' rights are respected and their engagement in their care is supported.	1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights	1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	Facility	Identify if the facility has a charter of patient rights that is consistent with the current national charter of healthcare rights	Evidence that the facility has a charter of patient rights that is consistent with the current national charter of healthcare rights	32.0 Is there evidence that the facility (or at service level) has a charter of patient rights that is consistent with the current national charter of healthcare rights?	Yes; No			
			1.17.2 Information on patient rights is provided and explained to patients and carers	Facility	Identify if the facility provides information on patient rights to patients and carers	Evidence that the facility provides information on patient rights to patients and carers	33.0 Is there evidence that the facility (or at service level) provides information on patient rights to patients and carers? 33.1 If yes: Is there evidence the: • charter is displayed in areas accessible to the public? • charter is available in a range of languages and formats, consistent with the patient profile? • admission checklist includes provision and explanation of patient charter of rights?	Yes; No Yes; No Yes; No Yes; No			
				Patient	Identify patients/carers who reported receiving information about the Australian Charter of Health Care Rights	% of patients/carers who reported receiving information about the Australian Charter of Health Care Rights	3.0 Patient/Carer Question - Ask "Did you receive a pamphlet or see a poster or did a staff member talk to you about the Australian Charter of Health Care Rights?"	Yes; No; Don't know; N/A			
				Ward			6.0 What is the number of patients/carers who reported receiving information about the Australian Charter of Health Care Rights? (Gov_Patient_3.0)		Number of patients/carers who reported receiving information about the Australian Charter of Health Care Rights	Total number of eligible patients/carers audited	
			1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights	Facility	Identify if the facility has a system in place to support patients who are at risk of not understanding their healthcare rights	Evidence that the facility has a system in place to support patients who are at risk of not understanding their healthcare rights	34.0 Is there evidence that the facility (or at service level) has a system in place to support patients who are at risk of not understanding their healthcare rights? 34.1 If yes: Is there evidence of: • a register of interpreters and other advocacy and support services available to the workforce, patients and carers? • analysis of consumer feedback regarding healthcare rights? • results of patient and carer experience surveys regarding healthcare rights?	Yes; No Yes; No Yes; No Yes; No			
		1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment	1.18.1 Patients and carers are partners in the planning for their treatment	Facility	Identify if the facility involves patients and carers in decisions about their care and confirm their consent to treatment	Evidence that the facility involves patients and carers in decisions about their care and confirm their consent to treatment	35.0 Is there evidence that the facility (or at service level) involves patients and carers in decisions about their care and confirm their consent to treatment? (e.g. includes such tasks as case conferences with patients and/or carers; analysis of patient and/or carer feedback regarding consumer participation in making decisions about their care; results of patient and/or carer satisfaction surveys regarding consumer participation in making decisions about their care; completed informed consent forms) 35.1 If yes: Provide details on how this is done.	Yes; No text box			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent	SEE 1.18.1							
			1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand	SEE STANDARD 2 PARTNERING WITH CONSUMERS AUDIT TOOLS							
			1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	Patient	Identify patients in the ward/unit who have an Advance Health Directive that is contained within the patient's medical record	% of patients who have an Advance Health Directive that is contained within the patient's medical record	1.0 Is there an Advance Health Directive in existence for this patient (if appropriate)? 1.1 If yes: Is it contained within the patient's medical record?	Yes; No; N/A Yes; No			
				Ward			4.0 What is the number of patients who have an Advance Health Directive that is contained within the patient's medical record (if appropriate)? (Gov_Patient_Q1.0 & Q1.1)		Number of patients who have an Advance Health Directive that is contained within the patient's medical record	Total number of patients audited	
		1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information	1.19.1 Patient clinical records are available at the point of care	Facility	Identify if the facility ensures a patient's clinical record is available to the relevant clinician when care is being provided	Evidence that the facility ensures a patient's clinical record is available to the relevant clinician when care is being provided	36.0 Is there evidence that the facility (or at service level) ensures a patient's clinical record is available to the relevant clinician when care is being provided? 36.1 If yes: Provide details of how this is assured e.g. having one access point for all records; enabling a process for quick transportation of records when required. 36.2 Is there evidence that the facility (or at service level) has computer access to electronic records available to the clinical workforce in clinical areas including access for multidisciplinary team information such as pathology reports?	Yes; No text box Yes; No			
			1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information	Facility	Identify if the facility has a system in place to restrict inappropriate access to and dissemination of patient clinical information	Evidence that the facility has a system in place to restrict inappropriate access to and dissemination of patient clinical information	37.0 Is there evidence that the facility (or at service level) has a system in place to restrict inappropriate access to and dissemination of patient clinical information? 37.1 If yes: Is there evidence: • of a code of conduct that includes privacy and confidentiality of patient information? • of a secure archival storage system? • of a secure storage system in clinical areas? • of workforce confidentiality agreements? • that computers that are password protected? • that patient clinical records include consent for transfer of information to other service providers or national health related registers? • of a record of ethics approval for research activities? 37.2 If yes to 37.0: Provide details on the system, where kept and how often reviewed.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
		1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance	1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation	SEE STANDARD 2 PARTNERING WITH CONSUMERS AUDIT TOOLS							

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as the audit tools are a constant **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Health Service and Clinical Innovation Division, Patient Safety Unit, 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 Unit on mrat@health.qld.gov.au for feedback or comments.

Queensland Government

National Safety and Quality Health Service Standards

Standard 1 Governance for Safety and Quality in Health Service Organisations

ATTACHMENTS 1 & 2 CLINICAL RECORD DOCUMENTATION AUDIT TOOLS ACUTE SETTING - MEASUREMENT PLAN

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
An integrated governance systems maintains and improves the reliability and quality of patient care, as well as improves patient outcomes.	Care provided by the clinical workforce is guided by current best practice.	1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care	1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards				**Medical-legal**					
				Patient	Identify patients who have an accurate and complete clinical record	% of patients who had complete set of pre determined information recorded on admission	1.0 For the last admission is there documented evidence on admission in the patient clinical record (i.e. patient registration/election form) of: • 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 patient's general practitioner? • Details of the patient's referring doctor? • Cultural requirements? • Indigenous status?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No ; N/A Yes ; No Yes ; No; N/A Yes ; No Yes ; No Yes ; No; N/A Yes ; No; N/A				
				Ward			1.0 What is the number of patients clinical records who have a complete set of information documented on admission? (ACUTE_Patient_Q1.0_all)		Number of patients who have a complete set of information documented on admission	Total number of patients audited for documented patient clinical record on admission		
				Patient	Identify patients who have consented for the provision of information	% of patients with documented consent for provision of information	2.0 Is there documented evidence for the last admission of the patient consenting to relevant information regarding treatment / admission being provided to other health professionals involved there care? (eg GP, referring doctor, community service providers)	Yes ; No				
				Ward			2.0 What is the number of patients who have documented evidence of consenting to the provision of information? (ACUTE_Patient_Q2.0)		Number of patients who have documented evidence of consenting to the provision of information	Total number of patients audited for documented evidence of consenting to provision of information		
				Patient	Identify patients with Advance Health Directive in place Identify patients who have an Advance Health Directive that is contained within the patient's medical record	% of patients with an Advance Health Directive in place % of patients who have an Advance Health Directive that is contained within the patient's medical record	3.0 Is there documented evidence for the last admission that the patient has discussed an Advance Health Directive? 3.1 If yes: Is there documented evidence of an Advance Health Directive in place for the patient? 3.2 If yes: Is it contained within the patient's medical record?	Yes ; No ; N/A Yes ; No Yes ; No				Q11.0-11.1 Clinical Deterioration Patient Audit
				Ward			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)		Number of patients who have documented evidence of an Advance Health Directive in place Number of patients who have an Advance Health Directive that is contained within the patient's medical record	Total number of patients audited for an Advance Health Directive in place Total number of patients audited who have an Advance Health Directive that is contained within the patient's medical record		Q14.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q11.0-11.1
				Patient	Identify patients who received information about the Australian Charter of Healthcare Rights	% of patients who received information about the Australian Charter of Healthcare Rights	4.0 Is there documented evidence for the last admission that the patient received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights?	Yes ; No ; N/A				QBA - patient reported
				Ward			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)		Number of patients who have documented evidence of receiving a pamphlet or speaking to a staff member about the Australian Charter of Health Care Rights	Total number of patients audited for documented evidence of receiving information about the Australian Charter of Health Care Rights		
				Patient	Identify patients who received information about how to feedback comments and concerns	% of patients who received information on how to feedback comments and concerns to staff	5.0 Is there documented evidence for the last admission that the patient received a pamphlet or spoke to a staff member about how to convey their comments and concerns?	Yes ; No; N/A				QBA - patient reported
				Ward			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)		Number of patients who have documented evidence of receiving a pamphlet or speaking to a staff member about how to convey comments and concerns	Total number of patients audited for documented evidence on how to convey feedback		
				Patient	Identify patients who had a completed nursing history taken on admission	% of patients who had a completed nursing history taken on admission	6.0 Is there documented evidence of a nursing history taken within 24hr of admission for the last admission? 6.1 If yes: Does the nursing care plan include: • Mobility? • Manual handling? • Wound care? • Observations including weight and height? • Technical activities – e.g. sleep apnoea support? • Intravascular device present e.g. Portacath? • Sensory deficit e.g. dementia? • Infection control issues e.g. isolation required? • Hydration, nutrition and dietary requirements? • Activities of daily living – hygiene, continence requirements? • Special care plans?	Yes ; No Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A				
				Ward			6.0 What is the number of patients who have documented evidence of a completed nursing history within 24hr of admission? (ACUTE_Patient_Q6.0 and Q6.1_all)		Number of patients who had a completed nursing history within 24hr of admission	Total number of patients audited for documented evidence of a completed nursing history		
				Patient	Identify patients who had a completed medical officer history taken on admission	% of patients who had a completed medical officer history taken on admission	7.0 Is there documented evidence of a medical officer history/assessment taken within 24hr of admission for the last admission? 7.1 If yes: Does the medical officer history/assessment include: • Presenting symptoms and examination? • Medical and surgical history? • Current co-morbidities? • Medication history? • Alerts and allergies? • Social/family history? • Provisional diagnosis? • Plan of care? • All therapeutic and diagnostic orders clearly documented and signed?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				Ward			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)		Number of patients who had a completed medical officer history/assessment within 24hr of admission	Total number of patients audited for documented evidence of a completed medical officer history/assessment		
							Patient Identification					
				Patient	Identify patients with correct patient ID label on forms	% of patients who had each page of ALL forms with the correct patient identification label	8.0 Does EACH page of ALL forms for the last admission have the correct patient identification label firmly affixed?	Yes ; No				
				Ward			8.0 What is the number of patients who had each page of ALL forms with an identification label? (ACUTE_Patient_Q8.0)		Number of patients who had an identification label on each page of ALL forms	Total number of patients audited for an identification label on the forms		
				Patient	Identify patients with patient identification label containing 3	% of patients who has a patient identification label containing 3 unique patient	9.0 Does the patient identification label used in the last admission contain 3 unique patient identifiers? i.e. patient full name, date of birth, medical record number	Yes ; No				

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward	unique patient identifiers	identifiers	9.0 What is the number of patients who have the 3 unique patient identifiers on the patient identification label? (ACUTE_Patient_Q9.0)		Number of patients who had the 3 unique patient identifiers on the patient identification label	Total number of patients audited for 3 unique patient identifiers on the patient identification label		
				Patient	Identify patients who have complete progress notes entries	% of patients who had complete progress note entries	10.0 Do ALL entries for the last admission in the patient progress notes contain: • 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? (eg Mental Health) • Examination / diagnostic procedures / treatment / results? • Continued plan of care?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No ; N/A Yes ; No ; N/A Yes ; No ; N/A				
				Ward			10.0 What is the number of patients who had complete documentation of each entry in the progress notes? (ACUTE_Patient_Q10.0_all)		Number of patients who had complete documentation of each entry in the progress notes	Total number of patients audited for complete documentation of each entry in the progress notes		
				Patient	Identify patients who have progress notes documented to standard	% of patients who had progress note entries meeting minimum documentation standards	11.0 Are ALL entries for the last admission in the patient progress notes: • 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?	Yes ; No Yes ; No ; N/A Yes ; No Yes ; No ; N/A Yes ; No ; N/A				
				Ward			11.0 What is the number of patients who had progress note entries meeting minimum documentation standards? (ACUTE_Patient_Q11.0_all)		Number of patients who had progress note entries meeting minimum documentation standards	Total number of patients audited for progress note entries		
							Medication Safety					
				Patient	Identify patients in the ward/unit that had a (best possible) medication history documented in the medication chart or the MAP (Medication Action Plan)	% of patients that had a (best possible) medication history documented in the medication chart or the MAP (Medication Action Plan)	12.0 Is there evidence for the last admission that the (best possible) medication history was documented? 12.1 If yes: Where is the medication history documented? Select all that apply.	Yes; No Medication chart; Medication Action Plan				Q1.0-1.1 Medication Safety Patient Audit Tool QBA CORE Q9.2-9.3
				Ward			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)		Number of patients that had a medication history documented in the medication chart or the MAP (Medication Action Plan) at the bedside	Total number of patients audited for evidence of documented medication history		Q8.0-8.1 Medication Safety Ward Audit Tool MS_Patient_Q1.0-.1
				Patient	Identify patients in the ward/unit < = 12 years who had current clinical information is available	% of patients < = 12 years of age who had a Paediatric National Inpatient Medication Chart (PNIMC)	13.0 If the patient is aged 12 years or under, is there evidence that the patient has a Paediatric National Inpatient Medication Chart (PNIMC)?	Yes; No; N/A				Q2.0 Medication Safety Patient Audit Tool QBA CORE Q9.0
				Ward			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)		Number of patients < = 12 years of age who had a Paediatric Inpatient Medication Chart (PNIMC) at the bedside	Total number of patients audited <= 12 years of age	N/A = patients aged over 12 years	Q9.0 Medication Safety Ward Audit Tool MS_Patient_Q2.0
				Patient	Identify patients in the ward/unit where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart at the bedside	% of patients where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart	14.0 Is there documented evidence for the last admission of medication allergies and adverse drug reaction (ADR) status (including nil known & unknown) in the medication chart? 14.1 Where a patient has a documented medication allergy or ADR in the medication chart, do ALL charts containing medication orders have a visual alert (e.g. ADR alert sticker)?	Yes; No Yes; No				Q3.0-3.1 Medication Safety Patient Audit Tool QBA CORE Q9.4
				Ward	Identify 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)	% 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)	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_Q14.1)		Number of patients where the presence or absence of medication allergies and ADRs are clearly documented in the medication chart 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)	Total number of patients audited for documented evidence of medication allergies and adverse drug reaction in the medication chart Total number of patients audited that have a documented medication allergy or ADR in the medication chart		Q10.0-10.1 Medication Safety Ward Audit Tool MS_Patient_Q3.0-3.1
				Patient	Identify patients in the ward/unit where medication reconciliation activity is documented either on the Medication Action Plan or electronically (e.g. in eLMS)	% of patients with documented medication reconciliation activity at admission and transfer of care between healthcare settings	15.0 Is there documented evidence for the last admission of medication reconciliation either on the Medication Action Plan (MAP) i.e. in the reconcile column or on the Discharge Medication Record or Interim Medication Administration Record i.e. the change column is completed?	Yes; No; N/A				Q4.0 Medication Safety Patient Audit Tool
				Ward			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)		Number of patients with a documented medication reconciliation activity at admission and transfer of care between healthcare settings	Total number of patients audited for documented medication reconciliation activity at admission and transfer of care between healthcare settings		Q11.0 Medication Safety Ward Audit Tool MS_Patient_Q4.0
				Patient	Identify patients with documented VTE risk assessment	% of patients who had a VTE risk assessment documented	16.0 Is there documented evidence of a VTE risk assessment in the medication chart or site specific chart? 16.1 If yes: Where is it documented?	Yes ; No Medication chart ; Site specific chart				QBA - CORE Q 9.5
				Ward			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) 16.1 Provide a breakdown of where documented. (ACUTE_Patient_Q16.1)		Number of eligible patients who had a VTE risk assessment documented in the medication chart or site specific chart	Total number of patients audited for documented VTE risk assessment in the medication chart or site specific chart		

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	% of patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	17.0 Is there documented evidence that the patient was provided with a Discharge Medication Record (DMR) or Interim Medication Administration Record (IMAR) when discharged or transferred?	Yes; No; N/A				Q8.0 Medication Safety Patient Audit Tool
				Ward			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)		Number of patients in the ward/unit concluding an episode of care who were provided with a DMR or IMAR when discharged or transferred	Total number of patients concluding an episode of care who were audited		Q16.0 Medication Safety Ward Audit Tool MS_Patient_Q8.0
				Patient	Identify patients in the ward/unit who have documented evidence of a medication management plan which was discussed with the patient	% of patients who have documented evidence of a medication management plan which was discussed with the patient	18.0 Is there documented evidence of a medication management plan in the patient's clinical record?	Yes; No				Q11.0 Medication Safety Patient Audit Tool
				Ward			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)		Number of patients who have documented evidence of a medication management plan which was discussed with the patient	Total number of patients audited for documented evidence of a medication management plan in the patients clinical notes		Q18.0 Medication Safety Ward Audit Tool MS_Patient_Q11.0
				Patient	Identify patients in the ward/unit who had the patient identification complete on all pages of the medication chart	% of patients who had the patient identification complete on all pages of the medication chart	19.0 Is the patient identification (minimum of name, DOB, MRN, address) complete on <u>all</u> pages of the medication chart? (N/A for patients with no evidence of medication chart)	Yes; No				Q5.0 Patient Identification Patient Audit Tool
				Ward			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)		Number of patients who had the patient identification complete on all pages of the medication chart	Total number of patients audited with a medication chart at the bedside		Q7.0 Patient Identification Ward Audit Tool collation of PatID_Patient_Q5.0
				Patient	Identify patients with completed medication orders	% of patients who had a complete medication order	20.0 Does the patient have documented evidence for the last admission of a medication order in the medication chart? 20.1 If yes: Does each medication order have: • Generic name of medication? • Route? • Start date? • Dose? • Frequency? • Authorised prescriber's signature? • Authorised prescriber's printed name? • Authorised prescriber's designation?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				Ward			20.0 What is the number of patients who had a complete medication order? (ACUTE_Patient_Q20.0 and Q20.1)		Number of patients who had a complete medication order	Total number of patients audited for a complete medication order		
				Patient	Identify patients with nurse initiated medications prescribed / administered according to facility policy	% of patients with nurse initiated medication(s) that have been prescribed / administered according to facility policy	21.0 Does the facility allow nurse initiated medications? 21.1 If yes: Is there documented evidence for the last admission that the nurse initiated medication(s) have been prescribed / administered according to facility policy?	Yes ; No Yes ; No; N/A				
				Ward			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)		Number of patients who had documented evidence that the nurse initiated medication(s) have been prescribed / administered according to facility policy	Total number of patients audited who had nurse initiated medications		
				Patient	Identify patients with verbal medication orders that have been countersigned by the prescriber	% of patient with verbal medication orders that have been countersigned by the prescriber within 24 hours of the order being received	22.0 Does the facility allow for verbal medication orders? 22.1 If yes: Is there documented evidence for the last admission that any verbal medication orders have been countersigned by the prescriber within 24 hours of the order being received?	Yes ; No Yes ; No; N/A				
				Ward			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)		Number of patients who had any verbal medication orders have been countersigned by the prescriber within 24 hours of the order being received	Total number of patients audited with a verbal medication order		
				Patient	Identify patients with telephone medication orders that have been countersigned by the prescriber	% of patients with telephone medication orders that have been countersigned by the prescriber within 24 hours of the order being received	23.0 Does the facility allow for telephone medication orders? 23.1 If yes: Is there documented evidence for the last admission that any telephone medication orders have been countersigned by the prescriber within 24 hours of the order being received?	Yes ; No Yes ; No; N/A				
				Ward			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)		Number of patients who had any telephone medication orders have been countersigned by the prescriber within 24 hours of the order being received	Total number of patients audited with a telephone medication order		

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
							Blood & Blood Products					
				Patient	Identify patients in the ward/unit who had relevant product information documented on the crossmatch report	% of patients who received a blood or blood product transfusion in the current admission who had a Crossmatch Report	24.0 Has the patient received a blood or blood product transfusion in the current admission? 24.1 If yes: What was the documented indication for the transfusion? 24.2 If yes to 24.0: Is there evidence of a Crossmatch Report? 24.3 If yes to 24.2: Is there evidence that the: • product type is complete? • product number is complete? • group is complete? • patient/product/label checks have been undertaken and signed by TWO clinical staff? • commenced time and date is complete?	Yes; No Hb; Clinical indication; Hb & clinical indication; No indication Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				Q1.0 - Q1.3 Blood Products Patient Audit Tool BBP_Patient_1.0-Q1.3
				Ward		% of patients who had relevant product information documented on the crossmatch report	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)		Number of patients who had relevant product information documented on the crossmatch report Number of patients who had a Crossmatch Report where the information was complete in ALL the areas being reviewed	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who had a Crossmarch Report		Q2.0-Q2.3 Blood Products Ward Audit Tool BBP_Ward_Q2.0-@.3
				Patient	Identify patients who had documented evidence of previous adverse reaction to a blood or blood product transfusion	% of patients who had documented evidence of previous adverse reaction to a blood or blood product transfusion	25.0 If yes to 24.0: Is there documented evidence of previous adverse reaction to a blood or blood product transfusion? (Note: can be found on the fluid prescription chart or observation record) N/A – no history of blood or blood product transfusion	Yes ; No ; N/A				Q2.0 Blood Products Patient Audit Tool BBP_Patient_Q2.0
				Ward			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)		Number of patients who had documented evidence of previous adverse reaction to a blood or blood product transfusion	Total number of patients audited for evidence of previous adverse reaction to a blood or blood product transfusion		Q3.0Blood Products Ward Audit Tool BBP_Ward_Q3.0
				Patient	Identify patients in the ward/unit who had a Blood and Blood Products Transfusion Consent where the information was complete	% of patients who received a blood or blood product transfusion in the current admission who had a Blood and Blood Products Transfusion Consent	24.0 Has the patient received a blood or blood product transfusion in the current admission? 26.0 If yes to 24.0: Is there evidence of a Blood and Blood Products Transfusion Consent? 26.1 If yes: Is there evidence that the: · blood product/s accepted have been documented on the first page? · patient's name, signature and date are complete OR · Advance Health Directive (AHD) is complete OR · substitute name, signature, relationship, date and source are complete? · doctor's/delegate's name, designation, signature and date are complete?	Yes; No Yes; No Yes; No Yes; No				Q4.0 - Q4.2 Blood Products Patient Audit Tool BBP_Patient_Q4.0-Q4.2
				Ward		% of patients who had a Blood and Blood Products Transfusion Consent where the information was complete	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)		Number of patients who had a Blood and Blood Products Transfusion Consent Number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete in ALL the areas being reviewed	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who had a Blood and Blood Products Transfusion Consent		Q5.0-Q5.2Blood Products Ward Audit Tool BBP_Ward_Q5.0-Q5.2
				Patient	Identify patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	% of patients who have evidence of a blood prescription order	27.0 If yes to 24.0: Is there evidence of a blood prescription order? (Note: can be found on the fluid prescription chart or IV & SC fluid order form) 27.1 If yes: Is there documented evidence (on blood prescription order or progress notes) that the following were completed? • Date for transfusion? • Type of blood product? • Volume/quantity/number to be given? • Special requirements listed? If yes to special requirements listed: what were they? • Rate of transfusion? • Doctor's signature? • Doctor's printed name? • Fluid order form signed and name printed by TWO nurses?	Yes; No Yes; No Yes; No Yes; No Frusemide; Irradiated; CMV requirement; Warmer; Premeds Yes; No Yes; No Yes; No Yes; No				Q6.0 - Q6.3 Blood Products Patient Audit Tool BBP_Patient_Q6.0-Q6.3
				Ward		% of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	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)		Number of patients who had a blood prescription order Number of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who had a blood prescription order		Q6.0-Q6.1Blood Products Ward Audit Tool BBP_Ward_Q6.0-Q6.1
				Patient	Identify patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	% of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	28.0 If yes to 24.0: Is there documented evidence that the patient's Full name, DOB and MRN was confirmed against the transfusion department report and patient's arm band?	Yes; No				Q7.0 Blood Products Patient Audit Tool BBP_Patient_Q7.0
				Ward			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_Q28.0)		Number of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q7.0 Blood Products Ward Audit Tool BBP_Ward_Q7.0
				Patient	Identify patients who have the product type checked against the fluid order, transfusion department report and compatibility label	% of patients who have the product type checked against the fluid order, transfusion department report and compatibility label	29.0 If yes to 24.0: Is there documented evidence that the product type was checked against the fluid order, transfusion department report and compatibility label?	Yes; No				Q8.0 Blood Products Patient Audit Tool BBP_Patient_Q8.0
				Ward			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)		Number of patients who have the product type checked against the fluid order, transfusion department report and compatibility label	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q8.0 Blood Products Ward Audit Tool BBP_Ward_Q8.0

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	% of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	30.0 If yes to 24.0: Is there documented evidence that the product bag is intact, no signs of deterioration, contamination, clots or discolouration?	Yes; No				Q9.0 Blood Products Patient Audit Tool BBP_Patient_Q9.0
				Ward			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)		Number of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q9.0 Blood Products Ward Audit Tool BBP_Ward_Q9.0
				Patient	Identify patients who have confirmation that the blood product will not expire before transfusion is complete	% of patients who have confirmation that the blood product will not expire before transfusion is complete	31.0 If yes to 24.0: Is there documented evidence of confirmation the blood product will not expire before transfusion is complete?	Yes; No				Q10.0 Blood Products Patient Audit Tool BBP_Patient_Q10.0
				Ward			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)		Number of patients who have confirmation that the blood product will not expire before transfusion is complete	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q10.0 Blood Products Ward Audit Tool BBP_Ward_Q10.0
				Patient	Identify patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	% of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	32.0 If yes to 24.0: Is there documented evidence that the following were completed? • Transfusion start time? • Transfusion stop time? • Volume infused? • Non-urgent blood been given out of hours (2000 to 0700)?	Yes; No Yes; No Yes; No Yes; No				Q11.0 Blood Products Patient Audit Tool BBP_PatientQ11.0
				Ward			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)		Number of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q11.0 Blood Products Ward Audit Tool BBP_Ward_Q11.0
				Patient	Identify patients who had ALL vitals complete prior to transfusion	% of patients who have baseline observations completed prior to transfusion (i.e. within 60 mins of commencement of transfusion)	33.0 If yes to 24.0: Is there documented evidence of baseline observations completed prior to transfusion? (i.e. within 60 mins of commencement of transfusion) 33.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A				Q12.0-Q12.1 Blood Products Patient Audit Tool BBP_Patient_Q12.0-Q12.1
				Ward		% of patients who had ALL vitals complete prior to transfusion	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)		Number of patients who have baseline observations completed prior to transfusion Number of patients who had ALL vitals complete prior to transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who have baseline observations completed prior to transfusion		Q12.0-Q12.1 Blood Products Ward Audit Tool BBP_Ward_Q12.0-Q12.1
				Patient	Identify patients who had ALL vitals complete within 15min of commencement of transfusion	% of patients who have commencement observations completed (i.e. within 15 mins of commencement of transfusion)	34.0 If yes to 24.0: Is there documented evidence that commencement observations were completed? (i.e. within 15 mins of commencement of transfusion) 34.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A				Q13.0-Q13.1 Blood Products Patient Audit Tool BBP_Patient_Q13.0-Q13.1
				Ward		% of patients who had ALL vitals complete within 15min of commencement of transfusion	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)		Number of patients who have commencement observations completed Number of patients who had ALL vitals complete within 15min of commencement of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who have commencement observations completed		Q13.0-Q13.1 Blood Products Ward Audit Tool BBP_Ward_Q13-Q13.1
				Patient	Identify patients who had ALL vitals completed hourly during transfusion	% of patients who have hourly observations during transfusion completed	35.0 If yes to 24.0: Is there documented evidence that hourly observations during transfusion were completed? 35.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No; N/A Yes; No Yes; No Yes; No Yes; No Yes; No; N/A				Q14.0-Q14.1 Blood Products Patient Audit Tool BBP_Patient_Q14.0-Q14.1
				Ward		% of patients who had ALL vitals completed hourly during transfusion	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)		Number of patients who have hourly observations during transfusion completed Number of patients who had ALL vitals completed hourly during transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who have hourly observations during transfusion completed		Q14.0-Q14.1 Blood Products Ward Audit Tool BBP_Ward_Q14.0-Q14.1
				Patient	Identify patients who had ALL vitals complete on completion of transfusion	% of patients who have observations completed post transfusion (i.e. within 2hrs of completion of transfusion)	36.0 If yes to 24.0: Is there documented evidence that observations were completed post transfusion? (i.e. within 2hrs of completion of transfusion) 36.1If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A				Q15.0-Q15.1 Blood Products Patient Audit Tool BBP_Patient_Q15.0-Q15.1
				Ward		% of patients who had ALL vitals complete on completion of transfusion	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)		Number of patients who have observations completed post transfusion Number of patients who had ALL vitals complete on completion of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who have observations completed post transfusion		Q15.0-Q15.1 Blood Products Ward Audit Tool BBP_Ward_Q15.0-Q15.1

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify patients where blood was infused within four (4) hours	% of patients where blood was infused within four (4) hours	37.0 If yes to 24.0: Was the blood infused within four (4) hours? 37.1 If no, please state why.	Yes; No				Q16.0-Q16.1 Blood Products Patient Audit Tool BBP_Patient_Q16.0-Q16.1
				Ward			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)		Number of patients where blood was infused within four (4) hours	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q16.0-Q16.1 Blood Products Ward Audit Tool BBP_Ward_Q16.0-Q16.1
				Patient	Identify patients who had an adverse reaction to the blood transfusion, where the medical officer was notified and the adverse reaction was recorded in the facility incident management system	% of patients who have an adverse reaction to the blood transfusion	38.0 If yes to 24.0: Is there documented evidence that the patient had an adverse reaction to the blood transfusion? (e.g. Symptoms include: fever >1º C above baseline, rigors, chest or abdominal pain, hypotension tachycardia, rash/itching) 38.1 If yes: Is there documented evidence the medical officer was notified?	Yes; No Yes; No Yes; No				Q17.0 Blood Products Patient Audit Tool BBP_Patient_Q17.0
				Ward		% of patients who had an adverse reaction to the blood transfusion, where the medical officer was notified % of patients who had an adverse reaction to the blood transfusion, where the adverse reaction was recorded in the facility incident management system	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)		Number of patients who had an adverse reaction to the blood transfusion Number of patients who had an adverse reaction to the blood transfusion, where the medical officer was notified Number of patients who had an adverse reaction to the blood transfusion, where the adverse reaction was recorded in the facility incident management system	Total number of patients audited who received a blood or blood product transfusion in the current admission Total number of patients audited who had an adverse reaction to the blood transfusion Total number of patients audited who had an adverse reaction to the blood transfusion		Q17.0 Blood Products Ward Audit Tool BBP_Ward_Q17.0
				Patient	Identify patients who have the transfusion outcome documented in the chart	% of patients who have the transfusion outcome documented in the chart	39.0 If yes to 24.0: Is there documented evidence of the transfusion outcome in the chart?	Yes; No				Q18.0 Blood Products Patient Audit Tool BBP_Patient_Q18.0
				Ward			39.0 What is the number of patients who have the transfusion outcome in the chart? (ACUTE_Patient_Q39.0)		Number of patients who have the transfusion outcome documented in the chart	Total number of patients audited who received a blood or blood product transfusion in the current admission		Q18.0 Blood Products Ward Audit Tool BBP_Ward_Q18.0
				Patient	Identify patients in the ward/unit who had an informed consent form for the surgical procedure where the information was complete	% of patients who had an informed consent form for the surgical procedure where the information was complete	40.0 If the patient undergone a surgical procedure AND there is evidence of an informed consent form: Is there evidence that the: · consent includes the patient being aware that the procedure may include a blood transfusion? · patient has been given the Blood and Blood Products Transfusion Information Sheet?	Yes; No Yes; No				Q19.0 Blood Products Patient Audit Tool BBP_Patient_Q19.0

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward			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)		Number of patients who had an informed consent form for the surgical procedure where the information was complete	Total number of patients audited who have undergone a surgical procedure		Q19.0 Blood Products Ward Audit Tool BBP_Ward_Q19.0
				Patient	Identify patients in the ward/unit who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	% 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	41.0 Has the patient declined blood or blood product transfusion OR declined a specified blood or blood products to be transfused in the current admission? 41.1 If yes: Is there evidence of a refusal form (if facility has one)? 41.2 If yes: Is there evidence that the: - blood product/s accepted have been documented on the form? - patient's/substitute's name, signature and date are complete? - doctor's/delegate's name, designation, signature and date are complete?	Yes; No Yes; No; N/A Yes; No Yes; No Yes; No				Combined Q20 &Q21 Blood Products Patient Audit Tool
				Ward		% of patients who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	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_Q41.0 &Q41.1) 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_Q41.2) 41.2 Provide a summary of the areas that were not complete. (ACUTE_Patient_Q41.2)		Number of patients who declined a Blood and Blood Products Transfusion and who had a refusal form Number of patients who declined a Blood and Blood Products Transfusion where the refusal form information was complete	Total number of patients audited who declined a blood or blood product transfusion in the current admission Total number of patients audited who declined a Blood and Blood Products Transfusion and who had a refusal form		Combined Q20 &Q21 Blood Products Ward Audit Tool
							Maternity					
				Patient	Identify maternity patients with completed perinatal documentation	% of maternity patients that have complete perinatal documentation	42.0 For maternity patients; Is there evidence for the last admission of perinatal documentation of the following on the intrapartum record in the clinical record: • Date of rupture of membranes recorded? • Time of rupture of membranes recorded? • Method of rupture of membranes recorded? • Indication for induction/augmentation recorded? • Type of labour recorded? • Date and time of stages of labour • Labour pain relief • Collection of cord blood recorded? • Vaginal examination recorded? • Second stage observations recorded? • Fetal heart rate recorded? • Perineal assessment recorded? • If a tear, Is the degree of tear recorded? • If a tear, Is the suture material and anaesthetic recorded? • Indication for operative intervention recorded? • Obstetric complications recorded? • Skin to skin contact recorded? • 2hr post partum observations recorded?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				Ward			42.0 What is the number of maternity patients who had all perinatal documentation complete? (ACUTE_Patietn_Q42.0_all)		The number of patients who had all perinatal documentation completion	Total number of maternity patients audited		

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify maternity patients with a documentation perinatal morbidity/statistical form filed the clinical record	% of maternity patients that have documented perinatal morbidity/statistical form filed in the clinical record	43.0 Is a copy of the perinatal morbidity/statistical form filed in the clinical record? 43.1 If yes: Is the information recorded on the perinatal morbidity/statistical form consistent with the documentation recorded in the Intrapartum Record notes?	Yes ; No Yes ; No				
				Ward			43.0 What is the number of maternity patients that had a documented perinatal morbidity/statistical form filed in the record? (ACUTE_Patient_Q43.0)		The number of patients who had a documented perinatal morbidity/statistical form filed in the record	Total number of maternity patients audited for the perinatal morbidity/statistical form		
				Patient	Identify maternity patients with an assisted birth who have a completed perinatal documentation	% of maternity patients with an assisted birth that have a completed assisted birth record	44.0 Is there evidence for the last admission of assisted birth documentation in the clinical record? 44.1 If yes: Does the assisted birth record include for EACH manoeuver: • Date & time • Fetal heart rate • Time of abandonment • Printed name, staff category and signature	Yes ; No; N/A Yes ; No Yes ; No Yes ; No Yes ; No				
				Ward			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)		The number of patients who had a completed assisted birth record	Total number of maternity patients audited with an assisted birth		
							Patient identification - Newborn ID					
				Patient	Identify newborns in the ward/unit who had identification documented in the neonatal pathway as checked and correct within 24hr of birth	% of newborns who had identification documented in the neonatal pathway at the bedside as checked and correct within 24hr of birth	45.0 Was the newborn 'rooming in' on the ward with its mother? 45.1 If yes: Has the newborns identification been checked and is correct within 24hr of birth as documented in the neonatal pathway?	Yes ; No Yes ; No				QBA - CORE Q 11.0 and 11.1 Q1.0 and 1.1 Patient Identification Patient Audit
				Ward			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)		Number of newborns who had identification documented in the neonatal pathway at the bedside as checked and correct within 24hr of birth	Total number of newborns 'rooming in' audited		Q3.3 Patient Identification Ward Audit collation of PatID_Patient_Q1.1

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
							Perioperative Patient Record					
				Patient	Identify patients in the ward/unit who had correct labelling documented on the Surgical Safety Checklist	% of patients who had correct labelling documented on the Surgical Safety Checklist	46.0 Was the patient admitted for a surgical procedure in the last admission? 46.1 If yes: Does the patient have a surgical safety checklist? 46.2 If yes: Is there a patient label or are all of the patient details written legibly at the top of the form? 46.3 If yes to 46.1: In the 'sign in' section: •Has the patient's identity box been completed? •Has the site/side box been completed? •Has the procedure box been completed? •Has the consent box been completed? 46.4 If yes to 46.1: In the 'sign in' section, has the site marked box (either yes or N/A) been completed? 46.5 If yes to 46.1: In the 'time out' section: •Has the patient confirm box been completed? •Has the site/side box been completed? •Has the procedure box been completed?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				Q2.0-2.5 Patient Identification Patient Audit
				Ward			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)		Number of patients who had correct labelling documented on the Surgical Safety Checklist	Total number of patients audited with a Surgical Safety Checklist		Q4.0 Patient Identification Ward Audit collation of PatID_Patient_Q2.2
				Patient	Identify patients in the ward/unit who, in the 'sign in' section of the surgical safety checklist, were documented as having been confirmed	% of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having been confirmed	In the same questions as above					Q2.0-2.5 Patient Identification Patient Audit
				Ward			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)		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.	Total number of patients audited with a Surgical Safety Checklist		Q4.0 Patient Identification Ward Audit collation of PatID_Patient_Q2.3
				Patient	Identify patients in the ward/unit who, in the 'sign in' section of the surgical safety checklist, were documented as having the site marked	% of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having the site marked	In the same questions as above					Q2.0-2.5 Patient Identification Patient Audit
				Ward			46.2What 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)		Number of patients who, in the 'sign in' section of the surgical safety checklist, were documented as having the site marked.	Total number of patients audited with a Surgical Safety Checklist		Q4.0 Patient Identification Ward Audit collation of PatID_Patient_Q2.4
				Patient	Identify patients in the ward/unit who, in the 'time out' section of the surgical safety checklist, were documented as having been confirmed	% of patients who, in the 'time out' section of the surgical safety checklist, were documented as having been confirmed	In the same questions as above					Q2.0-2.5 Patient Identification Patient Audit
				Ward			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)		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.	Total number of patients audited with a Surgical Safety Checklist		Q4.0 Patient Identification Ward Audit collation of PatID_Patient_Q2.5
				Patient	Identify patients in the ward/unit who had correct labelling documented on the Perioperative Patient Record	% of patients who had correct labelling documented on the Perioperative Patient Record	47.0 Was the patient admitted for a surgical procedure? 47.1 If yes: Does the patient have a Perioperative Patient Record (PPR)? 47.2 If yes to 47.1: Is there a patient label or are all of the patient details written legibly at the top of the form? 47.3 If yes to 47.1: Has 1. full name, DOB and ID band matching box been completed for ALL checks 1, 2 and 3? 47.4 If no: Has it been partially completed i.e.: for either 1 or 2 checks? 47.5 If yes to 47.1: Has 2. procedure consent box been completed for ALL checks 1, 2 and 3? 47.6 If no: Was it partially completed i.e.: for either 1 or 2 checks? 47.7 If yes to 47.1: Has 3. procedure stated box been completed for ALL checks 1, 2 and 3? 47.8 If no: Has it been partially completed i.e.: for either 1 or 2 checks? 47.9 If yes to 47.1: Has 4. surgical site marked box been completed for ALL checks 1, 2 and 3? 47.10 If no: Has it been partially completed i.e.: for either 1 or 2 checks?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				Q3.0-3.6 Patient Identification Patient Audit
				Ward			47.0 What is the number of patients who had correct labelling on the Perioperative Patient Record? (ACUTE_Patient_Q47.0-Q47.2)		Number of patients who had correct labelling documented on the Perioperative Patient Record	Total number of patients audited with a Perioperative Patient Record		Q5.0 Patient Identification Ward Audit collation of PatID_Patient_Q3.2
				Patient	Identify patients in the ward/unit who, on the Perioperative Patient Record had 1. full name, DOB and ID band matching box completed for ALL checks 1, 2 and 3.	% of patients who, on the Perioperative Patient Record had 1. full name, DOB and ID band matching box completed for ALL checks 1, 2 and 3. % 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	as per questions above					Q3.0-3.6 Patient Identification Patient Audit
				Ward			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)		Number of patients who, on the Perioperative Patient Record had 1. full name, DOB and ID band matching box completed for ALL checks 1, 2 and 3. 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	Total number of patients audited with a Perioperative Patient Record		Q5.1 Patient Identification Ward Audit collation of PatID_Patient_Q3.3
				Patient	Identify patients in the ward/unit who, on the Perioperative Patient Record had 2. procedure consent box completed for ALL checks 1, 2 and 3.	% of patients who, on the Perioperative Patient Record had 2. procedure consent box completed for ALL checks 1, 2 and 3. % of patients who had 2. procedure consent box partially completed for 1 or 2 checks on the Perioperative Patient Record	as per questions above					Q3.0-3.6 Patient Identification Patient Audit
				Ward			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 2. procedure consent box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.6)		Number of patients who, on the Perioperative Patient Record had 2. procedure consent box completed for ALL checks 1, 2 and 3. Number of patients who had 2. procedure consent box partially completed for 1 or 2 checks on the Perioperative Patient Record	Total number of patients audited with a Perioperative Patient Record		Q5.2 Patient Identification Ward Audit collation of PatID_Patient_Q3.4
				Patient	Identify patients in the ward/unit who, on the Perioperative Patient Record had 3. procedure stated box completed for ALL checks 1, 2 and 3.	% of patients who, on the Perioperative Patient Record had 3. procedure stated box completed for ALL checks 1, 2 and 3. % of patients who had 3. procedure stated box partially completed for 1 or 2 checks on the Perioperative Patient Record	as per questions above					Q3.0-3.6 Patient Identification Patient Audit
				Ward			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 3. procedure stated box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.8)		Number of patients who, on the Perioperative Patient Record had 3. procedure stated box completed for ALL checks 1, 2 and 3. Number of patients who had 3. procedure stated box partially completed for 1 or 2 checks on the Perioperative Patient Record	Total number of patients audited with a Perioperative Patient Record		Q5.3 Patient Identification Ward Audit collation of PatID_Patient_Q3.5
				Patient	Identify patients in the ward/unit who, on the Perioperative Patient	% of patients who, on the Perioperative Patient Record had 4. surgical site	as per questions above					Q3.0-3.6 Patient Identification Patient Audit

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward	Record had 4. surgical site marked box completed for ALL checks 1, 2 and 3.	marked box completed for ALL checks 1, 2 and 3. % of patients who had 4. surgical site marked box partially completed for 1 or 2 checks on the Perioperative Patient Record	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 4. surgical site marked box partially completed for 1 or 2 checks on the Perioperative Patient Record? (ACUTE_Patient_Q47.0, Q47.1 and Q47.10)		Number of patients who, on the Perioperative Patient Record had 4. surgical site marked box completed for ALL checks 1, 2 and 3. Number of patients who had 4. surgical site marked box partially completed for 1 or 2 checks on the Perioperative Patient Record	Total number of patients audited with a Perioperative Patient Record		Q5.4 Patient Identification Ward Audit collation of PatID_Patient_Q3.6
				Patient	Identify patients in the ward/unit who had correct labelling documented on the procedure consent form	% of patients who had correct labelling documented on the procedure consent form	48.0 Was the patient admitted for a procedure? 48.1 If yes: Is there a written and signed consent form for EACH procedure? 48.2 If yes: Does the patient have the capacity to provide consent i.e.: the 'patients who lack capacity' box is not completed? 48.3 If yes to 48.1: Is there a patient label or are all of the patient details written legibly at the top of EACH PAGE of the form? 48.4 If yes to 48.1: Has the patient consented to the procedure by completing their name and signed and dated the form? 48.5 If yes to 48.1: Has the doctor/delegate section been completed with name, designation, signature and date?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				Q4.0-4.5 Patient Identification Patient Audit
				Ward			48.0 What is the number of patients who had correct labelling on the procedure consent form? (ACUTE_Patient_Q48.0 - Q48.3)		Number of patients who had correct labelling documented on the procedure consent form	Total number of patients audited with a written consent form		Q6.0 Patient Identification Ward Audit collation of PatID_Patient_Q4.3
				Patient	Identify patients in the ward/unit who, on the procedure consent form, had correct patient and staff consent.	% of patients who, on the procedure consent form, had correct patient and staff consent.	as per questions above					Q4.0-4.5 Patient Identification Patient Audit
				Ward			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)		Number of patients who, on the procedure consent form, had correct patient and staff consent ie: the patient has completed their name and signed and dated AND the doctor/delegate section been completed with name and designation and signature and date.	Total number of patients audited with a written consent form		Q6.1 Patient Identification Ward Audit collation of PatID_Patient_Q4.4 and Q4.5
							Theatre - Surgical Procedure					
				Patient	Identify surgical patients who had a complete intraoperative record	% of patients who had a complete intraoperative record	49.0 Is there an Intraoperative record or print out from ORMIS in the patient clinical record for the last admission? 49.1 If yes: Is there documented evidence on the Intraoperative record of: •Surgeon/proceduralist name and designation? •Assistant surgeon(s) and attending staff names? •Operation/procedure performed? •Date of operation/procedure? •Time in and time out of theatre/procedure room? •Indications/reason for operation/procedure?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				
				Ward			49.0 What is the number of patients who had a completed intraoperative record? (ACUTE_Patient_Q49.0 and Q49.1_all)		Number of patients who had a completed intraoperative record	Total number of patients audited with an Intraoperative record or print out from ORMIS		
				Patient	Identify surgical patients who had a complete operation record	% of patients with a complete operation record	50.0 Is there an operation report (either from ORMIS or written record) in the patient clinical record for the last admission? 50.1 If yes: Does the operation report contain: • Date of operation? • Indication for operation? • Results of the operation/procedure? • Details of the operation/procedure/outcomes including surgical findings?	Yes; No Yes; No Yes; No Yes; No				
				Ward			50.0 What is the number of patients who had a completed operation record? (ACUTE_Patient_Q50.0 and Q50.1_all)		Number of patients who had a completed operation record	Total number of patients audited with an operation report (either from ORMIS or written record)		
				Patient	Identify surgical patients who had a complete tracking chart to record sterile stock	% of patients who had a complete tracking chart	51.0 Is there a Sterility Validation Tracking and Prosthesis Used chart to record sterile stock used, present in the patient clinical record for the last admission? 51.1 If yes: Does the Sterility Validation Tracking and Prosthesis Used chart contain evidence of sterile stock used?	Yes; No Yes; No				
				Ward			51.0 What is the number of patients who had a completed tracking chart?(ACUTE_Patient_Q51.0 and Q51.1_all)		Number of patients who had a completed tracking chart	Total number of patients audited with a Sterility Validation Tracking and Prosthesis Used chart		
				Patient	Identify surgical patients who had a complete count sheet	% of patients who had a complete count sheet	52.0 Is there a perioperative count record present in the patient clinical record for the last admission? 52.1 If yes: Does the count sheet contain: • Signature of instrument nurse? • Printed name of instrument nurse? • Designation of Instrument nurse? • Signature of circulating nurse(s)? • Printed name of circulating nurse(s)? • Designation of circulating nurse(s)? • Record of first and second count as a minimum? • Evidence that proceduralist was notified of count correct or any discrepancies?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				
				Ward			52.0 What is the number of patients who had a completed count sheet? (ACUTE_Patient_Q52.0 and Q52.1_all)		Number of patients who had a completed count sheet	Total number of patients audited with perioperative count record		
				Patient	Identify surgical patients with a recorded count	% of patients with a count discrepancy have the discrepancy recorded in	53.0 Is there evidence in the chart that the count discrepancy was reported in the facility incident management system?	Yes ; No; N/A (no discrepancy)				

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward	discrepancy	incident management system	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)		Number of patients who had a count discrepancy recorded in the facility incident management system	Total number of patients audited who had a count discrepancy		
				Patient	Identify surgical patients who had a complete anaesthetic record	% of patients who had a complete anaesthetic record	54.0 Is there an anaesthetic record present in the patient clinical record for the last admission? 54.1 If yes: Are the following recorded: • Date on the anaesthetic chart? • Evidence on the anaesthetic chart that the Anaesthetist conducted a pre operative interview with the patient? • Evidence of assessment and recording of patient allergies/previous reactions? • Evidence of medications and doses given during anaesthesia, including route of administration? • Evidence of monitoring data and intravenous fluid therapy? • ASA score documented? • Anaesthetic type? (e.g GA, Regional, Sedation) • Anaesthetist's printed name present? • Anaesthetist's signature present?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				
				Ward			54.0 What is the number of patients who had a completed anaesthetic record? (ACUTE_Patient_Q54.0 and Q54.1_all)		Number of patients who had a completed anaesthetic record	Total number of patients audited with anaesthetic record		
							Diagnostic Procedure - Informed Consent					
				Patient	Identify patients who had correct labelling documented on diagnostic procedure consent form	% of patients who had correct labelling documented on the diagnostic procedure consent form	55.0 Was the patient admitted for a procedure or throughout admission underwent a diagnostic procedure? 55.1 If yes: Is there a written and signed consent form for EACH diagnostic procedure undertaken? 55.2 If the patient underwent a diagnostic procedure and has a written and signed consent form: Does the patient have the capacity to provide consent i.e.: the 'patients who lack capacity' box is not completed? 55.3 If the patient underwent a diagnostic procedure, is competent to consent and has a written and signed a consent form: Is there a patient label or are all of the patient details written legibly at the top of EACH PAGE of the form for EACH procedure? 55.4 If the patient underwent a diagnostic procedure, is competent to consent and has a written and signed a consent form: Has the patient consented to EACH procedure by completing their name and signed and dated the form? 55.5 If the patient underwent a diagnostic procedure, is competent to consent and has a written and signed a consent form: Has the doctor/delegate section been completed with name, designation, signature and date for EACH procedure?					
				Ward			55.0 What is the number of patients who had correct labelling on the procedure consent form? (ACUTE_Patient_Q55.0-Q55.5_all)		Number of patients who had correct labelling documented on the diagnostic procedure consent form	Total number of patients audited who had a diagnostic procedure		
				Patient	Identify patients who had a complete diagnostic report	% of patients who had a complete diagnostic report	56.0 Is there a diagnostic report in the patient clinical record (e.g. in progress notes) for EACH diagnostic procedure undertaken? 56.1 If yes: Does the EACH diagnostic report contain: • Date of diagnostic procedure? • Indication for diagnostic procedure? • Results of the diagnostic procedure? • Follow-up arrangements?	Yes; No Yes; No Yes; No Yes; No Yes; No; N/A				
				Ward			56.0 What is the number of patients who had a complete diagnostic report? (ACUTE_Patient_Q56.0 and Q56.1)		Number of patients who had a complete diagnostic report	Total number of patients audited who had a diagnostic procedure		
							Clinical Handover - Discharge					
				Patient	Identify patients who commenced discharge planning on admission	% of patients who commenced discharge planning on admission	57.0 Is there documented evidence for the last admission that discharge planning commenced on admission?	Yes ; No				
				Ward			57.0 What is the number of patients that have documented evidence that discharge planning commenced on admission? (ACUTE_Patient_Q57.0)		Number of patients that have documented evidence that discharge planning commenced on admission	Total number of patients audited for evidence of discharge planning on admission		
				Patient	Identify patients who had complete discharge information in the progress notes	% of patients who had completed discharge information recorded in the progress notes	58.0 Does the discharge information recorded in the progress notes by nursing staff contain details of: •Discharge destination? •Discharge time? •Discharge date? •Accompanying person?	 Yes; No Yes; No Yes; No Yes; No				
				Ward			58.0 What is the number of patients who had a completed discharge information recorded in the progress notes? (ACUTE_Patient_Q58.0)		Number of patients who had a completed discharge information recorded in the progress notes	Total number of patients audited for a completed discharge information in the progress notes		

Queensland Government

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify patients who had completed discharge summary/letter	% of patients who had a discharge summary/letter completed	59.0 Is there documented evidence for the last admission that a discharge summary/letter been completed by the medical officer for this admission? 59.1 If yes: Does the discharge summary/letter contain: • patient details - 3 unique identifiers? • Referring Doctor /GP - Name/Contact Details? • Consultant's name? • Hospital unit of discharge? • Admission and discharge date? • Discharge destination? • Principal diagnosis? • Other current complications/comorbidities? • Allergies and adverse reactions? • Details of any procedure(s)? • Significant investigations / results documented? • Discharge plan / recommendations for GP / follow-up? • Discharge unit and contact number? • Medications on discharge, including any medications ceased during admission? • Signature of the authorising medical officer? • Printed name of the authorising medical officer? • Designation of the authorising medical officer? • Date of completion by the medical officer?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A Yes; No Yes; No; N/A Yes; No; N/A Yes; No Yes; No Yes; No; N/A Yes; No Yes; No Yes; No Yes; No				
				Ward			59.0 What is the number of patients who had a completed discharge summary/letter? (ACUTE_Patient_Q59.0)		Number of patients who had a completed discharge summary/letter	Total number of patients audited for a completed discharge summary/letter		
				Patient	Identify patients who had completed discharge summary/letter sent and filed in the chart	% of patients who had a completed discharge summary/letter that was filed and sent within 48 hrs of discharge	60.0 If documented evidence for the last admission that a discharge summary/letter has been completed, has the discharge summary/letter filed? 60.1 If documented evidence for the last admission that a discharge summary/letter has been completed, is there evidence that the discharge summary/letter has been sent to the clinician assuming responsibility for the patient post discharge (eg GP) within 48hr of discharge?	Yes; No Yes; No				
				Ward			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)		Number of patients who had a completed discharge summary/letter that was filed and sent within 48 hr of discharge	Total number of patients audited with a discharge summary/letter		
				Patient	Identify patients who were referred to primary/community services	% of patients who had referral to primary health provider/community services arranged	61.0 Is there documented evidence for the last admission that referrals to appropriate primary health providers/community services has been organised?	Yes; No; N/A				
				Ward			61.0 What is the number of patients who have been referred to the appropriate primary health providers/community services? (ACUTE_Patient_Q61.0)		Number of patients who had referral to primary health provider/community services arranged	Total number of patients audited for referral to primary health provider/community services		
				Pressure Injury								
				Patient	Identify the extent to which patients are being risk assessed for pressure injuries within 24hr of admission	% of patients who have evidence of a pressure injury risk assessment % of patients who had a risk assessment and were identified as at risk of a pressure injury	62.0 Is there documented evidence that a pressure injury risk assessment was undertaken on admission to the facility for the last admission? 62.1 If yes: What is the patient's documented category of risk? 62.2 If yes to 62.0: Within what timeframe from facility admission was the pressure injury risk assessment undertaken?	Yes; No No risk ; low risk ; at risk ; medium risk ; high risk ; very high risk <2hr ; <4hr ; <8 hr ; <12hr ;< 24 hr ; >24 hr ; Not available				Q2.0-2.2 Pressure Injury Patient Audit QBA CORE Q6.1 - 6.3
				Ward		% of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission	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) 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)		Number of patients who have evidence of a pressure injury risk assessment Number of patients with a pressure injury risk assessment, who are 'at risk' or higher Number of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission	Total Number of eligible patients audited for a pressure injury risk assessment Total Number of eligible patients audited who had a pressure injury risk assessment		Q7.0-7.2 Pressure Injury Ward Audit collation of PI_Patient_Q2.0-Q2.2
				Patient	Identify the extent to which patients have had a skin inspection within 24hr of admission	% of patients who have evidence that a comprehensive skin inspection was undertaken on admission to the facility % of patients who had documented evidence of a skin inspection within 24hr of admission	63.0 Is there documented evidence that a comprehensive skin inspection was undertaken on admission to the facility? (Note: Comprehensive skin inspection involves checking for signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown) 63.1 If yes: Within what timeframe from facility admission was the comprehensive skin inspection undertaken?	Yes ; No <2hr ; <4hr ; <8 hr ; <12hr ;< 24 hr ; >24 hr ; Not available				Q3.0-3.1 Pressure Injury Patient Audit QBA CORE Q6.4 - 6.5
				Ward			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)		Number of patients who have evidence that a comprehensive skin inspection was undertaken on admission to the facility Number of patients who had documented evidence of a comprehensive skin inspection within 24hr of admission	Total Number of eligible patients audited for a comprehensive skin inspection Total number of patients audited who had a comprehensive skin inspection		Q8.0-8.1 Pressure Injury Ward Audit collation of PI_Patient_Q3.0-Q3.1
				Patient	Identify the extent to which patients have a pressure injury prevention management plan	% of patients who have a completed Pressure Injury Prevention and Management Plan	64.0 Is there documented evidence of a Pressure Injury Prevention and Management Plan for the last admission?	Yes ; No				Q4.0 Pressure Injury Patient Audit QBA CORE Q6.6
				Ward			64.0 What is the number of patients who have documented evidence of a Pressure Injury Prevention and Management Plan? (ACUTE_Patient_Q64.0)		Number of patients who have a completed Pressure Injury Prevention and Management Plan	Total Number of eligible patients audited for a Pressure Injury Prevention and Management Plan		Q9.0 Pressure Injury Ward Audit collation of PI_Patient_Q4.0
				Patient	Identify the extent to which patients have documented evidence of referral to a wound management service	% of patients who have documented evidence of referral to a wound management service	65.0 Is there documented evidence of referral to a wound management service for the last admission?	Yes ; No ; NA				Q5.0 Pressure Injury Patient Audit
				Ward			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)		Number of patients with documented evidence of referral to a wound management service	Total Number of eligible patients audited for evidence of referral to wound management service		Q10.0 Pressure Injury Ward Audit collation of PI_Patient_Q5.0
				Patient	Identify the extent to which pressure injuries are reported in the incident management system and documented in the chart	% of patients with a pressure injury that have documented evidence (chart) that the pressure injury has been reported in facility incident management system	66.0 Is there evidence in the chart for the last admission that the pressure injury was reported in the facility incident management system?	Yes ; No; N/A				Q6.0 Pressure Injury Patient Audit
				Ward			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)		Number of eligible patients that have evidence documented in the chart of the pressure injury being reported in facility incident management system	Total Number of eligible patients audited for evidence of pressure injury reported in the incident management system		Q11.0 Pressure Injury Ward Audit collation of PI_Patient_Q6.0
				General Deterioration								
				Patient	Identify which general observation charts are in use	% of patients who had a general observation chart	67.0 Is there evidence in the chart of a general observation chart? 67.1 If yes: Is this chart the Adult Deterioration Detection System (Q-ADDS) chart? 67.2 If yes to 67.0: Is this chart the Children's Early Warning Tool (CEWT)? 67.3 If not a Q-ADDS or CEWT, select the system in use (Select one)	Yes; No Yes; No Yes; No Single parameter tool (track and trigger) Aggregate scoring system Combination system eg. Q-MEWT Non track and trigger				Q2.0-2.3 Clinical Deterioration Ward Audit QBA CORE Q8.0-8.1

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward			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)		Number of patients who had a general observation chart in the chart	Total number of patients audited for a general observation chart in the chart		
				Patient	Identify patients in the ward/unit where the identification was on all pages of the observation chart	% of patients who have identification marked on all pages of the observation chart	68.0 If yes to 67.0: Is the patient clearly identified on <u>all</u> pages of the general observation chart? (includes MRN, Name and DOB)	Yes; No				Q1.0 Clinical Deterioration Patient Audit
				Ward			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)		Number of patients who have identification marked on all pages of the observation chart	Total number of patients audited for identification on all pages of the observation chart		Q4.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q1.0
				Patient	Identify patients in the ward/unit with a CEWTS tool, where the correct age group chart was used	% of patients with a CEWTS tool, who have the correct age group chart used	69.0 If a CEWT tool: Was the correct age group chart used?	Yes; No				Q2.0 Clinical Deterioration Patient Audit
				Ward			69.0 What is the number of patients with a CEWT tool, who have the correct age group chart used? (ACUTE_Patient_Q69.0)		Number of patients, who have the correct age group chart used	Total number of patients audited with a CEWTS tool		Q5.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q2.0
				Patient	Identify patients in the ward/unit with a QADDS or CEWT tool, where modifications have been made to the tool	% of patients with a QADDS or CEWT tool that have modifications to the tool	70.0 If a Q-ADDS or CEWT tool: Have there been modifications to the tool? 70.1 If yes: indicate where modifications have been made. (select all that apply)	Yes; No; N/A Respiratory rate; O2 saturation; O2 flow rate; Blood pressure; Heart rate; Temperature				Q3.0-3.1 Clinical Deterioration Patient Audit
				Ward			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)		Number of patients that have modifications to the tool	Total number of patients audited with a QADDS or CEWT tool		Q6.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q3.0-3.1
				Patient	Identify patients in the ward/unit who have a monitoring plan where the observations were recorded at the recommended frequency	% of patients with a monitoring plan documented	71.0 Is there a monitoring plan documented? 71.1 If yes: Were the observations recorded at the recommended minimum frequency for the past 24 hours?	Yes; No; N/A Yes; No				Q4.0-4.1 Clinical Deterioration Patient Audit
				Ward		% of patients who have a monitoring plan where the observations were recorded at the recommended frequency	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)		Number of patients with a monitoring plan documented Number of patients who have a monitoring plan where the observations were recorded at the recommended frequency	Total number of patients audited for a monitoring plan Total number of patients audited who have a monitoring plan		Q7.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q4.0-4.1
				Patient	Identify patients in the ward/unit who had an Observation Chart where a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	% of patients who had an Observation Chart where a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	72.0 If yes to67.0: Which core observations have been recorded in the latest set of observations within the last 8 hrs? Select <u>all</u> parameters that have been recorded.	Respiratory rate; O2 saturation; Blood pressure; Heart rate; Temperature; Consciousness; None recorded; Other (specify);				Q5.0 Clinical Deterioration Patient Audit QBA CORE Q8.2
				Ward			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)		Number of patients who had a complete set of core observations is recorded in the latest set of observations within the last 8 hrs	Total number of patients audited with an observation chart		Q8.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q5.0
				Patient	Identify patients in the ward/unit who had an observation chart with a scoring system where all the last recorded set of observation scores were summed up	% of patients who had an observation chart with a scoring system where all the last recorded set of observation scores were summed up	73.0 If the observation chart has a scoring system: were <u>all</u> the last recorded set of observation scores summed up?	Yes ; No				Q6.0 Clinical Deterioration Patient Audit QBA CORE Q8.3
				Ward			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)		Number of patients where an accurately totalled observation score was recorded	Total number of patients audited who have an observation chart with a scoring system		Q9.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q6.0
				Patient	Identify patients in the ward/unit who had an observation chart with a scoring system where the last set of observation scores were not summed up correctly	% of patients who had an observation chart with a scoring system where the last set of observation scores were not summed up correctly	74.0 If yes to 73.0: Was the last set of observation scores summed up correctly? 74.1 If no to 74.0: What was the numerical difference between the recorded and actual scores?	Yes ; No 1; 2; 3 or more				Q7.0-7.1 Clinical Deterioration Patient Audit QBA CORE Q8.4
				Ward			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)		Number of patients where the last set of observation scores were not summed up correctly	Total number of patients audited who have an observation chart with a scoring system		Q10.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q7.0
				Patient	Identify patients in the ward/unit where an escalation of care was identified and acted upon	% of patients where an escalation of care was identified and acted upon % of patients where escalation of care was acted upon within the allocated time period	75.0 If Q-ADDS, CEWT or Other trigger chart: Was an escalation of care identified (If appropriate)? 75.1 If an escalation of care was identified: Was the escalation acted upon? 75.2 If yes to 75.1: Was it within the allocated time period (depending on the trigger/score)? 75.3 If yes to 75.1: Was it escalated to the appropriate medical personnel (depending on the trigger/score)?	Yes; No Yes; No Yes; No; N/A Yes; No; N/A				Q8.0-8.3 Clinical Deterioration Patient Audit
				Ward		% of patients where escalation of care was acted upon and escalated to the appropriate medical personnel	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)		Number of patients where an escalation of care was identified and acted upon Number of patients where escalation of care was acted upon within the allocated time period Number of patients where escalation of care was acted upon and escalated to the appropriate medical personnel	Total number of patients audited with a QADDS, CEWT or Other trigger chart		Q11.0-11.2 Clinical Deterioration Ward Audit collation of CD_Patient_Q8.0-8.3
				Patient	Identify patients in the ward/unit where care was escalated as per the required action (on the tool)	% of patients where care was escalated as per the required action (on the tool)	76.0 If Q-ADDS or CEWT tool: Did observations yield a score of 8 or higher, OR fall in the purple coloured band? 76.1 If yes: Was an emergency call placed?	Yes; No Yes; No				Q9.0-9.1 Clinical Deterioration Patient Audit
				Ward			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)		Number of patients where care was escalated as per the required action (on the tool)	Total number of patients audited with an QADDS or CEWT tool where observations yielded a score of 8 or higher, OR fell in the purple coloured band		Q12.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q9.0-9.1
				Patient			77.0 If other observation chart (not Q-ADDS or CEWT) that has a trigger OR scoring system: Did the patient meet the criteria for an emergency call? 77.1 If yes: Was an emergency call placed?	Yes; No Yes; No				Q10.0-10.1 Clinical Deterioration Patient Audit
				Ward			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)		Number of patients with a trigger OR scoring system, where the criteria was met for an emergency call and a call placed	Total number of patients audited who have an observation chart (not QADDS or CEWT) with a trigger OR scoring system		Q13.0 Clinical Deterioration Ward Audit collation of CD_Patient_Q10.0-10.1
				Falls								

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Patient	Identify 'at risk' patients in the ward/unit who had a mobility aid in the care plan	% of patients at risk of falling who had a mobility aid in the care plan	78.0 Is there documented evidence for the last admission that the patient's care plan includes the use of a mobility aid? (N/A for patients who can mobilise independently)	Yes; No; N/A				similar to QBA (not include if in reach) QBA Q 10.4 Q12.0 Falls Patient Audit
				Ward			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_Q82.0 for the number assessed as 'at risk')		Number of patients who had a mobility aid documented in the care plan	Total number of patients audited who are at risk of falling	N/A = unconscious, bed rest or unable to mobilise at time of audit; ICU; HDU; CCU	Q14.0 Fall Ward Audit collation of Falls_Patient_Q12.0
				Patient	Identify patients in the ward/unit who had their incident entered in the incident management system	% of patients who had their incident entered in the incident management system	79.0 Is there evidence for the last admission that the patient has experienced a fall while in hospital? 79.1 If yes: Is there evidence the incident has been entered in the incident management system eg. PRIME?	Yes; No Yes; No				Q13.0-13.1 Falls Patient Audit
				Ward			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)		Number of patients who had their incident entered in the incident management system	Total number of patients audited who had a fall in hospital		Q15.0 Fall Ward Audit collation of Falls_Patient_Q13.0-13.1
				Patient	Identify patients in the ward/unit who had been screened on admission for history of falling	% of patients who had been screened on admission for history of falling	80.0 Is there documented evidence for the last admission that the patient was screened for history of falling on admission? (note:screening identifies if the patient is at increased risk of falling and then should be assessed)	Yes; No; Incomplete				Q14.0 Falls Patient Audit QBA Q 10.0
				Ward			80.0 What is the number of patients who had been screened on admission for history of falling? (ACUTE_Patient_Q80.0)		Number of patients who had been screened on admission for history of falling	Total number of patients audited for screening for history of falling on admission	Under 18 years; ICU; HDU; CCU	Q17.0 Fall Ward Audit collation of Falls_Patient_Q14.0
				Patient	Identify patients in the ward/unit who had been assessed for risk of falling on admission	% of patients who had been assessed for risk of falling on admission	81.0 Is there documented evidence for the last admission that the patient was assessed for risk of falling on admission? (note: an assessment of risk identifies modifiable risk factors)	Yes; No; Incomplete				Q15.0 Falls Patient Audit QBA Q 10.1
				Ward			81.0 What is the number of patients who had been assessed for risk of falling on admission? (ACUTE_Patient_Q81.0)		Number of patients who had been assessed for risk of falling on admission	Total number of patients audited for assessing for risk of falling on admission	Under 18 years; ICU; HDU; CCU	Q18.0 Fall Ward Audit collation of Falls_Patient_Q15.0
				Patient	Identify patients in the ward/unit who had been assessed for risk of falling who are identified as 'at risk'	% of patients who had been assessed for risk of falling who are identified as 'at risk'	82.0 If assessment of risk is completed, what is the patient's documented risk of falling?	At risk ; Not at risk				Q16.0 Falls Patient Audit QBA Q 10.2
				Ward			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)		Number of patients who are identified as 'at risk'	Total number of patients audited who had been assessed for risk of falling	Under 18 years; ICU; HDU; CCU	Q20.0 Fall Ward Audit collation of Falls_Patient_Q16.0
				Patient	Identify patients in the ward/unit who are 'at risk' of falling, who have been reviewed by the physiotherapist/OT	% of patients who are 'at risk' of falling, who have been reviewed by the physiotherapist/OT	83.0 If the patient is at risk of falling, have they been reviewed by the Physio / OT? 83.1 If yes: which one?	Yes; No Physio / OT				Q17.0-17.1 Falls Patient Audit
				Ward			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)		Number of patients who have been reviewed by the physiotherapist/OT	Total number of patients audited who are at risk of falling		Q21.0 Fall Ward Audit collation of Falls_Patient_Q16.0 & Falls_Patient_Q17.0 +
				Patient	Identify 'at risk' patients in the ward/unit who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside	% 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)	84.0 Is there documented evidence for the last admission that there is a multifactorial falls prevention plan (FPP) ? (i.e. documented actions corresponding to identified risk factors).	Yes; No				Q18.0 Falls Patient Audit
				Ward			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)		Number of patients who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside	Total number of patients audited who are at risk of falling	Under 18 years; ICU; HDU; CCU	Q23.0 Fall Ward Audit collation of Falls_Patient_Q16.0 & Falls_Patient_Q18.0
				Patient	Identify 'at risk' patients in the ward/unit who have documented evidence that supervision /assistance is required for mobilisation	% of patients at risk of falling that have documented evidence that supervision /assistance is required for mobilisation (i.e. in care plan)	85.0 Is there documented evidence for the lat admission of the level of supervision/assistance required for mobilisation in the patient's care plan? (N/A for patients who can mobilise independently)	Yes; No; N/A				Q19.0 Falls Patient Audit
				Ward			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)		Number of patients who have documented evidence at the bedside that supervision /assistance is required for mobilisation (i.e. in care plan)	Total number of patients audited who are at risk of falling	Under 18 years; ICU; HDU; CCU	Q24.0 Fall Ward Audit collation of Falls_Patient_Q16.0 & Falls_Patient_Q19.0
				Patient	Identify patients in the ward/unit who have documented evidence that an assessment has been undertaken for continence and continence aid requirements	% of patients who have documented evidence that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan)	86.0 Does the patient have documentation (i.e. in the care plan) that an assessment has been undertaken for continence and continence aid requirements?	Yes; No				Q20.0 Falls Patient Audit
				Ward			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)		Number of patients who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements	Total number of patients audited for assessing for continence and continence aid requirements		Q25.0 Fall Ward Audit collation of Falls_Patient_Q20.0
				Patient	Identify patients who were referred to appropriate primary health providers/community services	% of patients who were referred to appropriate primary health providers/community services	87.0 Is there documented evidence for the last admission of referrals to appropriate primary health providers/community services being organised? 87.1 If yes to above: To whom?	Yes; No Physiotherapist Occupational Therapist Dietitian Nutritionist Allied Health Assistant Nursing Home Placement HACC Other: specify				Q21.1-21.2 Falls Patient Audit
				Ward			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)		Number of patients who have been referred to appropriate primary health providers/community services been organised	Total number of patients audited for referral to appropriate primary health providers/community services		Q26.0 Fall Ward Audit collation of Falls_Patient_Q21.1-21.2
							Malnutrition					
				Patient	Identify patients who had admission weight recorded	% of patients who had their admission weight documented	88.0 Is the admission weight recorded for the last admission?	Yes; No; N/A				QBA Q7.0
				Ward			88.0 What is the number of patients who have documentation admission weight? (ACUTE_Patient_Q88.0)		Number of eligible patients who had their admission weight documented	Total number of patients audited for documented admission weight	Day procedure, Maternity and Palliative care/ End of life patients	
				Patient	Identify patients with a LOS >7 days who had a follow-up weight documented	% of patients who had a length of stay (LOS) greater than 7 days with a follow-up weight documented	89.0 If the LOS is greater than 7 days, has a follow-up weight been recorded on Day 7 or more?	Yes; No; N/A				QBA Q7.1
				Ward			89.0 What is the number of patients with LOS >7 days who have documented follow-up weight? (ACUTE_Patient_Q89.0)		Number of eligible patients with a follow-up weight documented	Total number of eligible patients audited with LOS > 7 days	Day procedure, Maternity, Palliative care/ End of life	
				Patient	Identify patients screened for nutrition risk on admission	% of patients screened for nutrition risk on admission	90.0 For the last admission, was the patient screened for nutrition risk on admission? 90.1 If yes, is the patient at risk of malnutrition?	Yes; No; N/A At Risk ; Not at Risk				QBA Q7.2 - 7.3
				Ward			90.0 What is the number of patients who were screened for nutrition risk? (ACUTE_Patient_Q90.0)		Number of eligible patients who had documented evidence of being screened for nutrition risk on admission	Total number of patients audited for screening for nutrition risk	Day procedure, Maternity, Palliative care/ End of life, ICU, SCN	
				Patient	Identify patients at risk of malnutrition who had a nutrition care plan documented	% of patients documented at risk of malnutrition with a nutrition care plan	91.0 Is there evidence for the last admission at the bedside of a documented nutrition care plan? (tip: plan may include diet +/- supplements, monitoring of weight and food intake)	Yes; No; N/A				QBA Q7.4

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				Ward			91.0 What is the number of patients who had a documented nutrition plan? (ACUTE_Patient_Q91.0)		Number of eligible patients with documented evidence of a nutrition care plan	Total number of eligible patients who were at risk of malnutrition as documented in nutrition risk screening on admission	Day procedure, Maternity, Palliative care/ End of life, ICU, SCN	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool

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.

National Safety and Quality Health Service Standards
Standard 1 Governance for Safety and Quality in Health Service Organisations

ATTACHMENTS 3 & 4 CLINICAL RECORD DOCUMENTATION AUDIT TOOLS COMMUNITY SETTING - MEASUREMENT PLAN

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
An integrated governance systems maintains and improves the reliability and quality of client care, as well as improves client outcomes.	Care provided by the clinical workforce is guided by current best practice.	1.9 Using an integrated client clinical record that identifies all aspects of the client's care	1.9.2 The design of the client clinical record allows for systematic audit of the contents against the requirements of these Standards				**Medico-legal**					
				client	Identify clients who have an accurate and complete clinical record	% of clients who had complete set of pre determined information recorded on admission	1.0 Is there documented evidence on admission to community in the client clinical record (i.e. Client registration form) of: • 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?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No ; N/A Yes ; No ; N/A Yes ; No Yes ; No Yes ; No ; N/A Yes ; No				
				team			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)		Number of clients who have a complete set of information documented on admission	Total number of clients who were audited		
				client	Identify clients who have consented for the provision of information	% of clients with documented consent for provision of information	2.0 Is there documented evidence for the last admission of the client consenting to relevant information regarding treatment / admission being provided to other health professionals involved there care? (eg GP, referring doctor, community service providers)	Yes ; No				
				team			2.0 What is the number of clients that have documented evidence of consenting to the provision of information? (COMMUNITY_Client_Q2.0)		Number of clients who have documented evidence of consenting to the provision of information	Total number of clients who were audited		
				client	Identify clients who received information about the Australian Charter of Healthcare Rights	% of clients who received information about the Australian Charter of Healthcare Rights	3.0 Is there documented evidence for the last admission that the client received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights?	Yes ; No ; N/A				QBA - patient reported
				team			3.0 What is the number of clients that 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)		Number of clients who have documented evidence of receiving a pamphlet or speaking to a staff member about the Australian Charter of Health Care Rights	Total number of clients who were audited		
				client	Identify clients who received information about how to feedback comments and concerns	% of clients who received information on how to feedback comments and concerns to staff	4.0 Is there documented evidence for the last admission that the client received a pamphlet or spoke to a staff member about how to convey their comments and concerns?	Yes ; No ; N/A				QBA - patient reported
				team			4.0 What is the number of clients that 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)		Number of clients who have documented evidence of receiving a pamphlet or speaking to a staff member about how to convey comments and concerns	Total number of clients who were audited		
				client	Identify clients who had a completed medical history/assessment taken on admission	% of clients who had a completed medical history/assessment taken on admission	5.0 Is there documented evidence of a medical history/assessment taken on admission?	Yes ; No				
				team			5.0 What is the number of clients that have documented evidence of a completed medical history/assessment on admission? (COMMUNITY_Client_Q5.0)		Number of clients who had a completed medical history/assessment on admission	Total number of clients who were audited		
							Client identification					
				client	Identify clients with correct client ID label on forms	% of clients who had each page of ALL forms with the correct client identification label	6.0 Does EACH page of ALL forms for the last admission have the correct client identification label firmly affixed?	Yes ; No				
				team			6.0 What is the number of clients who had each page of ALL forms with an identification label? (COMMUNITY_Client_Q6.0)		Number of clients who had an identification label on each page of ALL forms	Total number of clients who were audited		
				client	Identify clients with client identification label containing 3 unique client identifiers	% of clients who has a client identification label containing 3 unique client identifiers	7.0 Does the client identification label used in the last admission contain 3 unique client identifiers? i.e. client full name, date of birth, medical record number	Yes ; No				
				team			7.0 What is the number of clients that have the 3 unique client identifiers on the client identification label? (COMMUNITY_Client_Q7.0)		Number of clients who had the 3 unique client identifiers on the client identification label	Total number of clients who were audited		
				client	Identify clients who have complete progress notes entries	% of clients who had complete progress note entries	8.0 Do ALL entries for the last community admission in the client progress notes contain: • 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? (eg Mental Health)	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				team			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)		Number of clients who had complete documentation of each entry in the progress notes	Total number of clients who were audited		
				client	Identify clients who have progress notes documented to standard	% of clients who had progress note entries meeting minimum documentation standards	9.0 Are ALL entries for the last community admission in the client progress notes: • 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?	Yes ; No Yes ; No ; N/A Yes ; No Yes ; No ; N/A Yes ; No ; N/A				
				team			9.0 What is the number of clients who had progress note entries meeting minimum documentation standards? (COMMUNITY_Client_Q9.0 all yes)		Number of clients who had progress note entries meeting minimum documentation standards	Total number of clients who were audited		
				Patient	Identify clients in the ward/unit that had a (best possible) medication history documented	% of clients that had a (best possible) medication history documented	10.0 Is there evidence for the last community admission that the (best possible) medication history was documented?	Yes; No Medication chart; Medication Action Plan				Q1.0-1.1 Medication Safety Patient Audit Tool QBA CORE Q9.2-9.3
				team			10.0 What is the number of clients who have evidence that the (best possible) medication history was documented? (COMMUNITY_Client_Q10.0)		Number of clients that had a medication history documented in the medication chart	Total number of clients who were audited		Q8.0-8.1 Medication Safety Ward Audit Tool MS_Patient_Q1.0-.1
				Patient	Identify clients in the ward/unit where the presence or absence of medication allergies and ADRs are clearly documented	% of clients where the presence or absence of medication allergies and ADRs are clearly documented	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? 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)?	Yes; No Yes; No				Q3.0-3.1 Medication Safety Patient Audit Tool QBA CORE Q9.4
				team			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 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)? (COMMUNITY_Client_Q11.1)		Number of clients where the presence or absence of medication allergies and ADRs are clearly documented	Total number of clients who were audited		Q10.0-10.1 Medication Safety Ward Audit Tool MS_Patient_Q3.0-3.1
							Clinical Handover - Discharge					
				client	Identify clients who commenced discharge planning on admission	% of clients who commenced discharge planning on admission	12.0 Is there documented evidence for the last community admission that discharge planning commenced on admission (to community)?	Yes ; No				
				team			12.0 What is the number of clients that have documented evidence that discharge planning commenced on admission? (COMMUNITY_Client_Q12.0)			Total number of clients who were audited		

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				client	Identify clients who had complete discharge information in the progress notes	% of clients who had completed discharge information recorded in the progress notes	13.0 Does the discharge information recorded in the progress notes by community staff contain details of: •Discharge destination? •Discharge time? •Discharge date? •Accompanying person?	Yes; No Yes; No Yes; No Yes; No Yes; No				
				team			13.0 What is the number of clients who had a completed discharge information recorded in the progress notes? (COMMUNITY_Client_Q13.0)			Total number of clients who were audited		
				client	Identify clients who had completed discharge summary/letter	% of clients who had a discharge summary/letter completed	14.0 Does the client have a discharge summary/letter documented in the client record? 14.1 Does the discharge summary/letter contain: • Client details - 3 unique identifiers? • Referring Doctor /GP - Name/Contact Details? • Consultant's name? • Hospital unit of discharge? • Admission and discharge date? • Discharge destination? • Principal diagnosis? • Other current complications/comorbidities? • Allergies and adverse reactions? • Details of any procedure(s)? • Significant investigations / results documented? • Discharge plan / recommendations for GP / follow-up? • Discharge unit and contact number? • Medications on discharge, including any medications ceased during admission? • Signature of the authorising nursing staff? • Printed name of the authorising nursing staff? • Designation of the authorising nursing staff? • Date of completion by the nursing staff?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No				
				team			14.0 What is the number of clients who had a completed discharge summary/letter? (COMMUNITY_Client_Q14.0)			Total number of clients who were audited who had a discharge summary/letter		
				client	Identify clients who had completed discharge summary/letter sent and filed in the chart	% of clients who had a completed discharge summary/letter that was filed and sent	15.0 If documented evidence for the last admission that a discharge summary/letter has been completed, has the discharge summary/letter filed? 15.1 If documented evidence for the last admission that a discharge summary/letter has been completed, is there evidence that the discharge summary/letter has been sent to the clinician assuming responsibility for the client post discharge (eg GP)?	Yes; No Yes; No				
				team			15.0 What is the number of clients who had a completed discharge summary/letter that was filed and sent? (COMMUNITY_Client_Q15.0)			Total number of clients who were audited who had		
				client	Identify clients who were referred to primary health provider	% of clients who had referral to primary health provider arranged	16.0 Is there documented evidence for the last admission that referrals to appropriate primary health providers have been organised?	Yes ; No				
				team			16.0 What is the number of clients who have been referred to the appropriate primary health providers? (COMMUNITY_Client_Q16.0)			Total number of clients who were audited		
							Pressure Injury					
				client	Identify the extent to which clients are being risk assessed for pressure injuries and how timely	% of clients who had a risk assessment and were identified as at risk of a pressure injury	17.0 Is there documented evidence for the last community admission that a pressure injury risk assessment was undertaken on admission? 17.1 If yes: What is the client's documented category of risk?	Yes ; No No risk ; low risk ; at risk ; medium risk ; high risk ; very high risk				Q2.0-2.2 Pressure Injury patient Audit QBA CORE Q6.1 - 6.3
				team			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)		Number of clients who were identified as 'at risk' of pressure injury	Total number of eligible clients audited who had a pressure injury risk assessment		Q7.0-7.2 Pressure Injury Ward Audit collation of PI_patient_Q2.0-Q2.2
				client	Identify the extent to which clients had a skin inspection and how timely	% of clients who had documented evidence of a skin inspection	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)	Yes ; No				Q3.0-3.1 Pressure Injury patient Audit QBA CORE Q6.4 - 6.5
				team			18.0 What is the number of clients who have evidence that a comprehensive skin inspection was undertaken on admission to the facility? (COMMUNITY_Client_Q18.0)		Number of clients who had documented evidence at the bedside of a comprehensive skin inspection	Total Number of eligible clients audited		Q8.0-8.1 Pressure Injury Ward Audit collation of PI_patient_Q3.0-Q3.1
				client	Identify the extent to which clients have a pressure injury prevention management plan	% of clients who have a completed Pressure Injury Prevention and Management Plan	19.0 Is there documented evidence for the last community admission of a Pressure Injury Prevention and Management Plan?	Yes ; No; N/A (client not at risk)				Q4.0 Pressure Injury patient Audit QBA CORE Q6.6
				team			19.0 What is the number of clients who have documented evidence of a Pressure Injury Prevention and Management Plan? (COMMUNITY_Client_Q19.0)		Number of clients who have a completed Pressure Injury Prevention and Management Plan	Total Number of eligible clients audited		Q9.0 Pressure Injury Ward Audit collation of PI_patient_Q4.0
				client	Identify the extent to which clients have documented evidence of referral to a wound management service	% of clients who have documented evidence of referral to a wound management service	20.0 Is there documented evidence for the last community admission of referral to a wound management service?	Yes ; No ; NA				Q5.0 Pressure Injury patient Audit
				team			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)		Number of clients with documented evidence of referral to a wound management service	Total Number of eligible clients audited		Q10.0 Pressure Injury Ward Audit collation of PI_patient_Q5.0
							Falls					
				client	Identify clients in the ward/unit who had been screened on admission for history of falling	% of clients who had been screened on admission for history of falling	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)	Yes; No; Incomplete				Q14.0 Falls patient Audit QBA Q 10.0
				team			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)		Number of clients who had been screened on admission for history of falling	Total number of clients who were audited	Under 18 years; ICU; HDU; CCU	Q17.0 Fall Ward Audit collation of Falls_patient_Q14.0
				client	Identify clients in the ward/unit who had been assessed for risk of falling on admission	% of clients who had been assessed for risk of falling on admission	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)	Yes; No; Incomplete				Q15.0 Falls patient Audit QBA Q 10.1
				team			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)		Number of clients who had been assessed for risk of falling on admission	Total number of clients who were audited	Under 18 years; ICU; HDU; CCU	Q18.0 Fall Ward Audit collation of Falls_patient_Q15.0
				client	Identify clients in the ward/unit who had been assessed for risk of falling who are identified as 'at risk'	% of clients who had been assessed for risk of falling who are identified as 'at risk'	23.0 If assessment of risk is completed, what is the client's documented risk of falling?	At risk ; Not at risk				Q16.0 Falls patient Audit QBA Q 10.2
				team			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)		Number of clients who are identified as 'at risk'	Total number of clients audited who had been assessed for risk of falling	Under 18 years; ICU; HDU; CCU	Q20.0 Fall Ward Audit collation of Falls_patient_Q16.0
				client	Identify clients in the ward/unit who are 'at risk' of falling, who have been reviewed by the physiotherapist/OT	% of clients who are 'at risk' of falling, who have been reviewed by the physiotherapist	24.0 If the client is at risk of falling, have they been reviewed by the Physio / OT? 24.1 If yes, which one?	Yes; No; N/A Physio / OT				Q17.0-17.1 Falls patient Audit
				team			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)		Number of clients who have been reviewed by the physiotherapist/OT	Total number of clients audited who are at risk of falling		Q21.0 Fall Ward Audit collation of Falls_patient_Q16.0 & Falls_patient_Q17.0 + Falls_patient_Q17.1
				client	Identify 'at risk' clients in the ward/unit who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside	% 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)	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).	Yes; No				Q18.0 Falls patient Audit
				team			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)		Number of clients who have a multifactorial falls prevention plan (i.e. including strategies documented to reduce the identified falls risk/s) at the bedside	Total number of clients audited who are at risk of falling	Under 18 years; ICU; HDU; CCU	Q23.0 Fall Ward Audit collation of Falls_patient_Q16.0 & Falls_patient_Q18.0
				client	Identify 'at risk' clients in the ward/unit who have documented evidence that	% of clients at risk of falling that have documented evidence that supervision /assistance is required for mobilisation (i.e. in care plan)	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)	Yes; No; N/A				Q19.0 Falls patient Audit

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				team	evidence that supervision /assistance is required for mobilisation	for mobilisation (i.e. in care plan)	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)		Number of clients who have documented evidence at the bedside that supervision /assistance is required for mobilisation (i.e. in care plan)	Total number of clients audited who are at risk of falling	Under 18 years; ICU; HDU; CCU	Q24.0 Pall Ward Audit collation of Falls_patient_Q16.0 & Falls_patient_Q19.0
				client	Identify clients in the ward/unit who have documented evidence that an assessment has been undertaken for continence and continence aid requirements	% of clients who have documented evidence that an assessment has been undertaken for continence and continence aid requirements (i.e. in care plan)	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?	Yes; No				Q20.0 Falls patient Audit
				team			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)		Number of clients who have documented evidence at the bedside that an assessment has been undertaken for continence and continence aid requirements	Total number of clients who were audited		Q25.0 Fall Ward Audit collation of Falls_patient_Q20.0
							Malnutrition					
				client	Identify clients who had admission weight recorded	% of clients who had their admission weight documented	28.0 Is there documented evidence for the last community admission of the client's weight on admission?	Yes; No; N/A				QBA Q7.0
				team			28.0 What is the number of clients who have documentation admission weight? (COMMUNITY_Client_Q28.0)		Number of eligible clients who had their admission weight documented	Total number of clients who were audited	Day procedure, Maternity and Palliative care/ End of life patients	
				client	Identify clients screened for nutrition risk on admission	% of clients screened for nutrition risk on admission	29.0 For the last community admission was the client screened for nutrition risk on admission? 29.1 If yes, is the client at risk of malnutrition?	Yes; No; N/A At Risk ; Not at Risk				QBA Q7.2 - 7.3
				team			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_Q29.1)		Number of eligible clients who had documented evidence of being screened for nutrition risk on admission	Total number of clients who were audited	Day procedure, Maternity, Palliative care/ End of life, ICU, SCN	
				client	Identify clients at risk of malnutrition who had a nutrition care plan documented	% of clients documented at risk of malnutrition with a nutrition care plan	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)	Yes; No; N/A				QBA Q7.4
				team			30.0 What is the number of clients who had a documented nutrition plan? (COMMUNITY_Client_Q30.0)		Number of eligible clients with documented evidence of a nutrition care plan	Total number of eligible clients who were at risk of malnutrition as documented in nutrition risk screening on admission	Day procedure, Maternity, Palliative care/ End of life, ICU, SCN	

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National Safety and Quality Health Service Standards
Standard 1 Governance for Safety and Quality in Health Service Organisations

ATTACHMENTS 5 & 6 CLINICAL RECORD DOCUMENTATION AUDIT TOOLS ORAL HEALTH SETTING - MEASUREMENT PLAN

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
							Medico-legal					
	Care provided by the clinical workforce is guided by current best practice.	1.9 Using an integrated client clinical record that identifies all aspects of the client's care	1.9.2 The design of the client clinical record allows for systematic audit of the contents against the requirements of these Standards	client	Identify oral health clients who have an accurate and complete clinical record	% of oral health clients who had complete set of pre determined information recorded on admission	Is there documented evidence on commencement of the care in the client clinical record of: • Unique record number? (N/A schools) • Name? • DOB? • Gender? • Residential/postal address? • Home phone number? • Marital status? • Medicare number? • Proof of eligibility (including children 4 y.o. to 10 y.o.) • Details of next of kin/ Emergency contact person? • Details of the client's general practitioner? • Country of birth and language spoken at home? • Indigenous status? • Dental history? • Medical history? • Signature of the patient/legal guardian?	 Yes ; No ; N/A Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No ; N/A Yes ; No ; N/A Yes ; No Yes ; No Yes ; No ; N/A Yes ; No Yes ; No Yes ; No Yes ; No				
				team			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)		Number of clients who have a complete set of information documented on admission	Total number of clients who were audited		
				client	Identify oral health clients who have consented for the provision of information	% of oral health clients with documented consent for provision of information	2.0 Is there documented evidence that the client/parent/guardian consented to relevant information regarding treatment being provided to other health professionals involved in their care? (eg GP, specialists, community service providers)	Yes ; No				
				team			2.0 What is the number of Clients who have documented evidence of consenting to the provision of information? (ORAL_Client_Q2.0)		Number of clients who have documented evidence of consenting to the provision of information	Total number of clients who were audited		
				client	Identify oral health clients who received information about the Australian Charter of Healthcare Rights	% of oral health clients who received information about the Australian Charter of Healthcare Rights	3.0 Is there documented evidence that the client/parent/carer received a pamphlet or spoke to a staff member about the Australian Charter of Health Care Rights?	Yes ; No ; N/A				QBA - patient reported
				team			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)		Number of clients who have documented evidence of receiving a pamphlet or speaking to a staff member about the Australian Charter of Health Care Rights	Total number of clients who were audited		
				client	Identify oral health clients who received information about how to feedback comments and concerns	% of oral health clients who received information on how to feedback comments and concerns to staff	4.0 Is there documented evidence that the client /parent/carer received a pamphlet or spoke to a staff member about how to convey their comments and concerns?	Yes ; No ; N/A				QBA - patient reported
				team			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)		Number of clients who have documented evidence of receiving a pamphlet or speaking to a staff member about how to convey comments and concerns	Total number of clients who were audited		
				client	Identify oral health clients with correct oral health client ID label on forms	% of oral health clients who had each page of ALL forms with the correct oral health client identification label	5.0 Does EACH page of ALL forms have the correct client label or client identification?	Yes ; No				
				team			5.0 What is the number of Clients who had each page of ALL forms complete with an identification label? (ORAL_Client_Q5.0)		Number of clients who had an identification label on each page of ALL forms	Total number of clients who were audited		
				client	Identify oral health clients with client identification label containing 3 unique client identifiers	% of oral health clients who had a client identification label containing 3 unique client identifiers	6.0 Does the client identification label or written identification used contain 3 unique client identifiers? i.e. client full name, date of birth, sex (N/A for school oral health)	Yes ; No ; N/A				
				team			What is the number of Clients who have the 3 unique Client identifiers on the Client identification label? (ORAL_Client_Q6.0)		Number of clients who had the 3 unique client identifiers on the client identification label	Total number of clients who were audited		
				client	Identify oral health clients who had progress notes/treatment sheets completed	% of oral health clients who had progress notes/treatment sheets completed	7.0 Do ALL entries in the client progress notes/treatment sheet contain: • Date? • Time? • Signature/initials of the clinician making the entry? • Printed name of the clinician making the entry? • Designation of the clinician making the entry? • In chronological date order?	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				team			7.0 What is the number of Clients who had complete documentation of each entry in the progress notes? (ORAL_Client_Q7.0_all)		Number of oral health clients who had progress notes/treatment sheets completed	Total number of clients who were audited		
				client	Identify oral health clients who had progress note entries meeting minimum documentation standards	% of oral health clients who had progress note entries meeting minimum documentation standards	8.0 Are ALL entries in the client progress notes/treatment sheet: • Written in black pen or according to local policy? • Have ALL errors been crossed out and initialled with "written in error"? • Only use approved abbreviations? (according to facility policy) • Used whiteout? • Have gaps or lines between entries crossed through? • Legible?	Yes No Yes No N/A Yes No Yes No N/A Yes No N/A Yes No				
				team			8.0 What is the number of Clients who had progress note entries meeting minimum documentation standards? (ORAL_Client_Q8.0_all)		Number of oral health clients who had progress note entries meeting minimum	Total number of clients who were audited		
				client	Identify oral health clients that have documented evidence of the ADA treatment codes in the chart for EACH occasion of service	% of oral health clients that have documented evidence of the ADA treatment codes in the chart for EACH occasion of service	9.0 Is there documented evidence of the ADA treatment codes in the chart for EACH occasion of service? 9.1 If yes: does the ADA code correspond to the treatment documented?	Yes ; No				
				team			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?		Number of oral health clients that have documented evidence of the ISOH treatment codes in the chart for EACH occasion of	Total number of clients who were audited		
				client	Identify oral health clients where the client/parental/carer concerns are documented	% of oral health clients where the client/parental/carer concerns are documented	10.0 Is there evidence that the client/parental/carer concerns were documented? (N/A where no concerns - examination appointment)	Yes ; No ; N/A				
				team			10.0 What is the number of Clients who have evidence that the client/parental/carer concerns were documented? (ORAL_Client_Q10.0)		Number of clients that had the client/parental/carer concerns are documented	Total number of clients who were audited		
				client	Identify oral health clients that have documented evidence that consent for treatment was received	% of oral health clients that have documented evidence that consent for treatment was received	11.0 Is there documented evidence that consent for treatment was received?	Yes ; No				
				team			11.0 What is the number of Clients who have documented evidence that consent for treatment was received? (ORAL_Client_Q11.0)		Number of oral health clients that have documented evidence that consent for treatment was	Total number of clients who were audited		
				client	Identify oral health clients that have documented evidence that the medications impacting on dental treatment were noted	% of oral health clients that have documented evidence that the medications impacting on dental treatment were noted	12.0 Is there evidence that the medications impacting on dental treatment were noted? (N/A for no medications impacting on treatment)	Yes ; No; N/A				
				team			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)		Number of oral health clients that have documented evidence that the medications impacting on dental treatment were noted	Total number of clients who were audited		
				client	Identify oral health clients that have documented evidence	% of oral health clients that have documented evidence of client's medication allergies and	13.0 Is there documented evidence of the clients medication allergies and adverse drug reaction (ADR) status (including nil known & unknown)?	Yes ; No				

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				team	of client's medication allergies and adverse drug reaction (ADR) status	adverse drug reaction (ADR) status	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)		Number of oral health clients that have documented evidence of client's medication allergies and adverse drug reaction (ADR)	Total number of clients who were audited		
				client	Identify oral health clients where the clinical examination sheet was completed	% of oral health clients where the clinical examination sheet was completed	14.0 Is there documented evidence that the clinical examination sheet was completed? 14.1 If yes: Is there documented evidence of full charting of every tooth and condition of periodontal and oral tissues as presented? (N/A when full charting is not indicated as in the case of emergency clients) 14.2 If yes to 14.0: Is there documented evidence that the clinician has signed, printed/stamped their name and position and dated (in black ink)?	Yes ; No Yes ; No ; N/A Yes ; No ; N/A				
				team			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)		Number of clients that had documented complete clinical examination sheet	Total number of clients who were audited		
				client	Identify oral health clients with complaint tooth charting	% of oral health clients where the tooth charting complies with the Notes for Completion of Client Records	15.0 Does the tooth charting comply with the Notes for Completion of Client Records?	Yes ; No				
				team			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)		Number of clients that had tooth charting compliant with the Notes for Completion of Client Records	Total number of clients who were audited		
				client	Identify oral health clients that had x-rays taken where the minimum documentation standards for x-rays were met	% of oral health clients that had x-rays taken where the minimum documentation standards for x-rays were met	16.0 Is there documented evidence that x-rays were taken for this client? If no x-rays were taken then record N/A and go to Q17.0. If x-rays were taken but no documentation, record No. 16.1 If x-rays were taken: Is there documented evidence of the type of x-rays, including specific area if relevant e.g. LHS B.W.; PA12? If x-rays were taken but no documentation, record No. 16.2 If x-rays were taken: Is there documented evidence that the x-rays were sufficient for diagnosis? If x-rays were taken but no documentation, record No. 16.3 If x-rays were taken: Is there documented evidence that the x-rays were anatomically correctly mounted? If x-rays were taken but no documentation, record No. 16.4 If x-rays were taken: Is there documented evidence that the x-rays were mounted with client's name, DOB, gender and dated? If x-rays were taken but no documentation, record No. N/A BW and Pas films. 16.5 If x-rays were taken: Is there documented evidence that the x-rays have been reported and outcome noted? If x-rays were taken but no documentation, record No.	Yes ; No; N/A Yes ; No Yes ; No Yes ; No Yes ; No; N/A Yes ; No				
				team			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) 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)		Number of clients where the documentation standards for x-rays were met	Total number of clients who were audited who had x-ray taken for the last completed course of care		
				client	Identify oral health clients who had documented treatment plan/sheet that meet the minimum 3Cs documentation requirements (sticker, clinicians signature and name, date)	% of oral health clients who had documented treatment plan/sheet that meet the minimum 3Cs documentation requirements (sticker, clinicians signature and name, date)	17.0 Is there documented evidence that a treatment plan/sheet for the client exists? 17.1 If treatment plan/sheet present: Does the treatment plan/sheet reflect the examination charting? (N/A if emergency procedure and no charting) 17.2 If treatment plan/sheet present: Is there evidence of the 3Cs verification checklist sticker affixed to the treatment plan/sheet for EACH occasion of service? 17.3 If treatment plan/sheet present: Does EACH 3Cs verification checklist sticker have the clinician's signature, name printed and dated? 17.4 If treatment plan/sheet present: Does EACH 3Cs verification checklist have Step 1 Identify Client completed? 17.5 If treatment plan/sheet present: Does EACH 3Cs verification checklist have Step 2 Informed Consent completed? 17.6 If treatment plan/sheet present: Does EACH 3Cs verification checklist have Step 3 Identify Site and Side completed? 17.7 If treatment plan/sheet present: Does EACH 3Cs verification checklist have Step 4 Final Team Check completed?	Yes ; No Yes ; No; N/A Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No				
				team			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)		Number of clients who had documented treatment plan/sheet that meet the minimum 3Cs documentation requirements (sticker, clinicians signature and name, date)	Total number of clients who were audited		
				client	Identify oral health clients with a documented change of treatment plan/sheet that have consented to/notified of the changes	% of oral health clients with a documented change of treatment plan/sheet that have consented to/notified of the changes	18.0 If there were any documented changes to the treatment plan/sheet, was the client/parent/carer notified of/consented to changes to the treatment plan/sheet? (N/A when no changes to the treatment plan)	Yes ; No ; N/A				
				team			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)		Number of clients with a documented change of treatment plan/sheet that have consented to/notified of the changes	Total number of clients who were audited		
				client	Identify oral health clients with a sterilising batch label present and directly under the dated clinical treatment notes where the equipment was used	% of oral health clients with a sterilising batch label present and directly under the dated clinical treatment notes where the equipment was used	19.0 Is there documented evidence of sterilising batch label (piggy back label) directly under the dated clinical notes of treatment of EACH occasion of service where tracked instruments/equipment were used? (N/A when disposable instruments used)	Yes ; No; N/A				
				team			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)		Number of clients with a sterilising batch label present and directly under the dated clinical treatment notes where the equipment was used	Total number of clients who were audited		
				client	Identify oral health clients that had a local anaesthetic where the amount and type was documented	% of oral health clients that had a local anaesthetic where the amount and type was documented	20.0 Does the client have documented evidence that a local anaesthetic was used? 20.1 If yes: Is there documented evidence of the amount and type? 20.2 If no to 20.0: Is there documented evidence of no anaesthetic? (N/A for non-operative appointments e.g. radiographs, impressions, consultations, cleaning appointments, fissure sealants etc.)	Yes ; No Yes ; No Yes ; No; N/A				
				team			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)		Number of clients where the amount and type was documented	Total number of clients who were audited who had a local anaesthetic		

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	Link to other audit tool
				client	Identify oral health clients who were provided with post procedure instructions	% of oral health clients who were provided with post procedure instructions	21.0 Is there documented evidence that post procedure instructions have been provided? (N/A when no procedure undertaken)	Yes ; No ; N/A				
				team			21.0 What is the number of Clients who have documented evidence that post procedure instructions have been provided? (ORAL_Client_Q21.0)		Number of clients who were provided with post procedure instructions	Total number of clients who were audited		
				client	Identify oral health clients who had a completed separation letter	% of clients who had a completed separation letter (where indicated)	22.0 Is there documented evidence on completion of course of care, that a separation letter has been completed? (N/A when seperation letter not indicated e.g. emergency treatment)	Yes ; No ; N/A				
				team			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)		Number of clients who had a completed separation letter (where indicated)	Total number of clients who were audited		
				client	Identify oral health clients who had referral to primary health providers/community services (where indicated) and documented client discussion regarding the referrals	% of clients who had referral to primary health providers/community services (where indicated) and documented client discussion regarding the referrals	23.0 Is there documented evidence that referrals to appropriate specialist health providers e.g. oral surgery, orthodontics has been organised? (N/A when referrals not indicated) 24.0 If referrals have been made: Is there documented evidence of a discussion with the client/parent/guardian regarding the referrals made?	Yes ; No ; N/A Yes ; No; N/A				
				team			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)		Number of clients who had referral to primary health providers/community services (where indicated) and documented client discussion regarding the referrals	Total number of clients who were audited		
				client	Identify oral health clients who on separation had documented evidence that the client/parent/guardian received instructions for future care	% of clients who on separation had documented evidence that the client/parent/guardian received instructions for future care	25.0 On separation, is there documented evidence that the client/parent/guardian received instructions for future care? (N/A when no future care is indicated)	Yes ; No ; N/A				
				team			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)		Number of clients who on separation had documented evidence that the client/parent/guardian received instructions for future care	Total number of clients who were audited		

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 Health Service and Clinical Innovation Division, Patient Safety Unit, 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 Unit on mrat@health.qld.gov.au for feedback or comments.

Queensland Government