

NSQHS Standard 8 Pressure Injury

Facility audit tool



Hospital and Health Service:	Facility:	Audit Date/Period:
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Facility audit tool: collects facility level data and collates the ward/unit level responses.

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

Facility Questions		Response
1.0	Is there evidence that the facility (or at service level) has a pressure injury prevention and management policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes to 1.0: Is the policy evidence based and consistent with national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If yes to 1.0: Does the policy incorporate screening and assessment tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.0: Does the policy incorporate the requirements for pressure injury prevention plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If yes to 1.0: Is the policy tabled at a governance committee/s or group meeting/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	If yes to 1.4: Specify the committee/group.	
1.6	If yes to 1.4: Do the terms of reference detail the overseeing of the policy for pressure injury prevention and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	If yes to 1.0: Does the policy define the audit process to be undertaken to assess against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	If yes to 1.0: Does the policy reference the consultation processes or collaborative group/s involved in its development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	If yes to 1.0: Does the policy detail the date it became effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
1.10	If yes to 1.0: Does the policy detail the date of the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.11	If yes to 1.0: Does the policy reference the source documents (if applicable) particularly where they are represented as best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1.12	If yes to 1.0: Does the workforce know the document exists, can access it and know and use the contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.13	If yes to 1.0: Outline details of the document, where kept, review date/s and the 'owner'.	
2.0	Is there evidence that the facility (or at service level) has a Nutrition Risk Screening, Assessment and Support policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1	If yes: Outline the policy 'owner', file location and review date.	
3.0	Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing pressure injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: Outline the system eg. PRIME	
3.2	If yes to 3.0: Is this regularly monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	If yes to 3.2: when and by whom?	
3.4	If yes to 3.0: Are reports developed using data in the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	If yes to 3.4: Are the reports used to identify frequency, severity and gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	If yes to 3.4: Are the reports tabled at a governance committee/group for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	If yes to 3.6: Which governance committee/group?	
4.0	Is there evidence that the facility (or at service level) provides staff education on pressure injury prevention and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	If yes: Is there evidence that the education includes the use and allocation of equipment and devices to manage pressure injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	If yes to 4.0: Is there evidence that the education assesses the skills of their staff regarding pressure injury prevention and management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	If yes to 4.0: Is there evidence that attendance at the education sessions is recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	If yes to 4.0: Is there evidence that education is matched to staff training needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	If yes to 4.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
4.6	If yes to 4.0: Provide comments on the education sessions and resources that are provided and when.	
5.0	Is there evidence that the facility (or at service level) reports on pressure injuries in its annual reports and have it as one of its safety indicators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	If yes: Is there evidence that the data presented is meaningful and relevant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	If yes to 5.0: Is there evidence that the report/s are tabled at a governance committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If yes to 5.2: Which committee/group and when.	
5.4	If yes to 5.0: Is there evidence that the report/s are provided to stakeholders external to the organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	If yes: Outline details.	
6.0	Is there evidence that the facility (or at service level) has an equipment (mattress and devices) maintenance and replacement program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1	If yes: Outline details.	
6.2	If yes to 6.0: Is there evidence of an inventory of all pressure injury equipment in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	If yes to 6.2: Outline where kept, who manages it, how often it is updated and when a stocktake is undertaken.	
6.4	If yes to 6.0: Is there evidence of regular audits of clinical use of the equipment undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5	If yes to 6.4: Outline how often.	
7.0	Is there evidence that the facility (or at service level) uses an agreed pressure injury screening tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	If yes: Which tool?	<input type="checkbox"/> Waterlow <input type="checkbox"/> Braden Q <input type="checkbox"/> Glumorgan <input type="checkbox"/> Other
8.0	Is there evidence that the facility (or at service level) uses an agreed pressure injury skin inspection tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1	If yes: Outline details.	
9.0	Is there evidence that the facility (or at service level) has a standard Pressure Injury Prevention and Management Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
9.1	If yes: Outline details.	
10.0	Is there evidence that the facility (or at service level) uses an evidence based wound management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.1	If yes: Outline details.	
11.0	Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce pressure injury incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.1	If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources?	
11.2	If yes to 11.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3	If yes to 11.2: List the actions as per plan.	
11.4	If yes to 11.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.5	If yes to 11.4: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.6	If yes to 11.4: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.7	If yes to 11.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.8	If yes to 11.0: Is there evidence that the plan/s are tabled at a committee/group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.9	If yes to 11.8: Which committee/group?	
11.10	If yes to 11.0: Who assisted in the development of the plan/s?	
11.11	If yes to 11.0: Is there evidence the workforce know the plan/s exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.12	If yes to 11.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	
12.0	Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities to prevent pressure injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.1	If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
13.0	What is the number of wards/units that have a pressure injury prevention and management procedure/guideline in place? (PI_Ward_Q1.0)			
14.0	What is the number of wards/units that undertake regular audits of clinical records on pressure injuries at the bedside in the medical record? (PI_Ward_Q2.0)			
14.1	Outline what tools are used, how frequent the audits are undertaken, what is reported and which committees/groups. (PI_Ward_Q2.1 & 2.3)			
14.2	What is the number of wards/units who provide the audit results to a committee/group to review? (PI_Ward_Q2.2)			
15.0	What is the number of wards/units that have evaluation and quality improvement plan/s in place to reduce pressure injury incidents? (PI_Ward_Q3.0)			
15.1	List the sources of data/information that led to the development of the plan/s. (PI_Ward_Q3.1)			
15.2	What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (PI_Ward_Q3.2)			
15.3	List the actions as per plan. (PI_Ward_Q3.3)			
15.4	What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (PI_Ward_Q3.4)			
15.5	What is the number of wards/units that have a risk register that includes a scale to rate risks? (PI_Ward_Q3.5)			
15.6	What is the number of wards/units where risks are reviewed on a regular basis? (PI_Ward_Q3.6)			
15.7	What is the number of wards/units where the plan/s includes mechanisms for evaluating the quality improvement actions? (PI_Ward_Q3.7)			
15.8	What is the number of wards/units where the plan/s are tabled at a committee/group? (PI_Ward_Q3.8)			

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	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
15.9	List the committees/groups? (PI_Ward_Q3.9)			
15.10	List the persons who assisted in the development of the plan/s? (PI_Ward_Q3.10)			
15.11	What is the number of wards/units where the workforce know the plan/s exist? (PI_Ward_Q3.11)			
15.12	Outline who the 'owners' are, the clinical leads, where the plans are filed and how often they are reviewed.(PI_Ward_Q3.12)			
16.0	What is the number of wards/units that have undertaken Quality Improvement activities to prevent pressure injuries? (PI_Ward_Q4.0)			
16.1	Collate information on details of the improvement activities. (PI_Ward_Q4.1)			
17.0	What is the number of wards/units that provide patients/carers communication material on pressure injury prevention and management? (PI_Ward_Q5.0)			

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

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on [PSQIS Comms@health.qld.gov.au](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.

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