Pressure Injury Audit Tools Instructions

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, have developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting the National Safety and Quality Health Service (NSQHS) standards.

Purpose of the audit tools

The tools provide facilities and health services additional supporting resources to use in conjunction with the existing NSQHS standards workbooks and guides to be able to:

- Demonstrate detailed evidence for an action by providing specific verification rather than noting the action has been met and listing the source i.e. self-assessment
- Collect information and evidence to a further level of detail at a patient, ward and facility level, delving down into specific requirements that further support meeting the action
  - Collect patient level data using a number of methods i.e. chart documentation, observational and asking the patient/carer questions to demonstrate that the evidence has been met, and to what extent
  - Observe ward/unit staff undertaking a process eg clinical handover and recording individual results
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all patients in a ward for a ward result, auditing all wards for a facility result
- Clearly identify those detailed gaps/areas that need attention, in order to target improvements and build a robust action plan at the ward and facility level
- Track and monitor audit results at the three levels over time

The tools can be used in conjunction with other resources and directly align to the criteria in the existing NSQHS standards workbooks and guides. Depending on the size of the facility a number of audit questions may not be applicable, it is up to each facility / health service to determine the audit questions for review. Questions and responses can be adapted to suit the requirements of each facility / health service.
The suite of documents include the following:

1. A ‘how to’ guide on using the tools (this document)
2. A definitions guide to assist in completing the tools
3. Three specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
   - *Patient audit tool*: collects patient level data (at a ward/unit level), use one audit tool for each patient audited
   - *Ward/Unit audit tool*: collects ward/unit level data and collates the patient level responses
   - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
4. A measurement plan summary for each standard that defines the goals, questions and responses in the audit tools. The plan details each audit question and its alignment to the action/criteria in the standard and can be adapted for local use. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

**Scope of the Pressure Injury Audit tools**
The audit tools at this stage incorporate audit questions on the bed area equipment, pressure injury risk assessment, pressure injury prevention management plan and a comprehensive skin inspection. Verbal consent must be obtained from the patient for the skin inspection.

The indicators and questions in the audit tools directly align to the Queensland Bedside audit (QBA) and other statewide audits wherever possible.

**How the tools were developed**

**An example is provided below using action 8.5.2 in Standard 8**

1. The NSQHS standards workbooks and guides were used ie:
   a. Hospital Accreditation Workbook - In particular the ‘Examples of Evidence’ for each action required. (October 2012)

*Example:*
Hospital Accreditation Workbook – Standard 8 Action 8.5.2(October 2012)
Example of Evidence for 8.5.2 ‘Audit of patient clinical records demonstrate use of a screening tool and compliance with screening requirements’

b. Safety and Quality Improvement Guides (one per standard) – in particular under each action and key task there are ‘Outputs’ suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved. (October 2012)


Example:
Safety and Quality Improvement Guide - Standard 8 Action 8.5.2 (October 2012)

<table>
<thead>
<tr>
<th>Actions required</th>
<th>Implementation strategies</th>
</tr>
</thead>
</table>
| 8.5.2 The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation | **Key task:**
- Develop and apply mechanisms for collecting data about pressure injury screening activities

**Suggested strategies:**
Monitoring systems should be designed to capture information regarding the number of patients assessed and identified as being at risk of pressure injuries, and the proportion of patients who are assessed for any pressure injuries that may already be present.
Monitoring and data collection systems should identify:
- the proportion of patients who are screened at admission for their risk of pressure injury
- the proportion of patients who are identified as at risk of pressure injury through the initial screening process
- the proportion of patients identified as being at risk through the initial screening process that are assessed for any pressure injuries that may already be present.

**Outputs of improvement processes may include:**
- evaluation, audit and feedback processes to determine use of the screening tool, compliance with screening requirements and completion of a skin assessment for patients who are identified as being at-risk
- information from incident monitoring where it captures data on screening of pressure injury risks.

An output for 8.5.2 ‘Evaluation, audit and feedback processes to determine use of the screening tool, compliance with screening requirements and completion of a skin assessment for patients who are identified as being at-risk’
2. The questions in the audit tools (patient, ward, facility) assess and ask for verification of the examples of evidence and outputs to collect the detailed information necessary to meet that evidence. In addition, other examples of evidence may be used. The questions may directly ask if there is evidence to support, or may be broken down into a series of questions to delve deeper into whether the evidence has been met. In addition, questions may require the auditing of patients in order to demonstrate that the evidence has been met, and to what extent.

Questions and responses have been developed in consultation with content area experts.

Example: Audit questions for Standard 8 Action 8.5.2

The patient audit tool allows you to collect the specific question/s that can be used for 8.5.2 in auditing patient charts.

The ward/unit audit tool allows you to collate all the patient results for a ward/unit level view.

In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data ie: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. PI_Patient_Q8.0 refers to Q8.0 in the Patient audit tool where the responses to collate the data will be found.

The last three columns in the collation sections ie: Num/Den/% allows for the calculation of the % result at a ward/unit and facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.
3. The measurement plan details the criteria / action and those question/s / responses that correspond to the action.

Note : Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

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**Example: Measurement plan for Standard 8 Action 8.5.2**

**Actions required**

<table>
<thead>
<tr>
<th>Actions required</th>
<th>Audit tool to find the question/s</th>
<th>Indicator name</th>
<th>The question/s that will be on the facility, ward or patient tool</th>
<th>The responses that will be on the tool</th>
<th>The numerator and denominator to assist in the collation and calculation of questions (ward and facility tool)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the areas to which patients were at risk of developing a pressure injury.</td>
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<tr>
<td>Identify the tools used in the facility, ward or patient tool.</td>
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<tr>
<td>Identify the questions and responses that correspond to the action.</td>
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<tr>
<td>The numerator and denominator.</td>
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In addition, we recognise that each facility will define when the audit will take place, how often, how many patients to audit and who will perform the audit.

Queensland Health facilities have the ability to enter their audit data on-line using an existing secure electronic web-based system, Measurement Analysis & Reporting System (MARS), available via the Queensland Health intranet. Please email mars@health.qld.gov.au for further information.
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.