

NSQHS Standard 8 Pressure Injury

How to use the audit tools



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)
<http://www.safetyandquality.gov.au/publications/hospital-accreditation-workbook/>

Example:

Hospital Accreditation Workbook – Standard 8 Action 8.5.2(October 2012)

Criterion: Preventing pressure injuries

Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.

Actions required	Reflective questions	Examples of Evidence - select only examples currently in use	Evidence available?
8.5 Identifying risk factors for pressure injuries using an agreed screening tool for all presenting patients within timeframes set by best practice guidelines			
8.5.1 An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury	What tool is used to screen patients for pressure injury risk?	<input type="checkbox"/> Policies, procedures and protocols on screening for pressure injury risk accessible to the clinical workforce <input type="checkbox"/> Audit of patient clinical records for documentation of screening <input type="checkbox"/> Communication to workforce on the screening criteria and processes <input type="checkbox"/> Pre-admission screening and / or assessment tool <input type="checkbox"/> Other _____	<input type="checkbox"/> No ⇒ further action is required <input type="checkbox"/> Yes ⇒ list source of evidence
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	How do we know if patients are screened for pressure injuries on presentation?	<input type="checkbox"/> Audit of patient clinical records demonstrate use of a screening tool and compliance with screening requirements <input type="checkbox"/> Information from incident monitoring that captures data on screening of pressure injury risks <input type="checkbox"/> Other _____	<input type="checkbox"/> No ⇒ further action is required <input type="checkbox"/> Yes ⇒ list source of evidence

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)

<http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-8-preventing-and-managing-pressure-injuries-october-2012/>

Example:

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

Actions required	Implementation strategies
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	<p>Key task:</p> <ul style="list-style-type: none"> Develop and apply mechanisms for collecting data about pressure injury screening activities <p>Suggested strategies:</p> <p>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.</p> <p>Monitoring and data collection systems should identify:</p> <ul style="list-style-type: none"> 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. <p>Outputs of improvement processes may include:</p> <ul style="list-style-type: none"> 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 tool questions for Standard 8 Action 8.5.2

Queensland Health
NSQHS Standard 8 Pressure Injury
 Patient audit tool

Pilot phase for Standard 8 audit tool documents is 1 July 2012 to 31 August 2012

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

Ward/Unit: Patient's Medical Record number (MRN):

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

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 is the standard

Beside Observation & Documentation Questions

Response	Response
1.0 Are there redistribution / positioning devices evidenced at the bedside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1 If yes: Which Bedding devices? Select all devices that are present.	<input type="checkbox"/> Standard pressure reducing foam mattress <input type="checkbox"/> Pressure reducing overlay – powered <input type="checkbox"/> Pressure reducing overlay – unpowered <input type="checkbox"/> Alternating mattress – replacement <input type="checkbox"/> Alternating mattress – overlay <input type="checkbox"/> Special / self adjusting mattress <input type="checkbox"/> Speciality bed system <input type="checkbox"/> Other _____
1.2 If yes to 1.0: Which Chair devices? Select all devices that are present.	<input type="checkbox"/> Pressure reducing chair <input type="checkbox"/> Cushions <input type="checkbox"/> Other _____
1.3 If yes to 1.0: Which Positioning devices? Select all devices that are present.	<input type="checkbox"/> Foam wedges <input type="checkbox"/> Extra pillows <input type="checkbox"/> Bed cradle <input type="checkbox"/> Sheepskins <input type="checkbox"/> Other _____
2.0 Is there documented evidence at the bedside that a pressure injury risk assessment was undertaken on admission to the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.1 If yes: What is the patient's documented category of risk?	<input type="checkbox"/> No risk <input type="checkbox"/> Low risk <input type="checkbox"/> At risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Very high risk
2.2 If yes to 2.0: Within what timeframe from facility admission was the pressure injury risk assessment undertaken?	<input type="checkbox"/> <2hr <input type="checkbox"/> <4hr <input type="checkbox"/> <8 hr <input type="checkbox"/> <12hr <input type="checkbox"/> < 24 hr <input type="checkbox"/> >24hr <input type="checkbox"/> Not available
3.0 Is there documented evidence at the bedside 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Queensland Health
NSQHS Standard 8 Pressure Injury
 Ward/Unit audit tool

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)

OS per area template	Num/Den	Count of No. of patients who meet criteria	Count of Total No. of patients who are included in the denominator and audited	Calculate the % (N/D)*100
Equipment				
6.0	What is the number of patients who have a standard pressure reducing foam mattress redistribution device? (PI_Patient_Q1.1)			
6.1	What is the number of patients who have a pressure reducing overlay redistribution device? (PI_Patient_Q1.1)			
6.2	What is the number of patients who have an alternating mattress - replacement redistribution device? (PI_Patient_Q1.1)			
6.3	What is the number of patients who have an alternating mattress - overlay redistribution device? (PI_Patient_Q1.1)			
6.4	What is the number of patients who have a special / self adjusting mattress redistribution device? (PI_Patient_Q1.1)			
6.5	What is the number of patients who have a speciality bed system redistribution device? (PI_Patient_Q1.1)			
6.6	What is the number of patients who have a pressure reducing chair? (PI_Patient_Q1.2)			
6.7	What is the number of patients who have cushions (on chair)? (PI_Patient_Q1.2)			
6.8	What is the number of patients who have foam wedges positioning devices? (PI_Patient_Q1.3)			
6.9	What is the number of patients who have extra pillows positioning devices? (PI_Patient_Q1.3)			
6.10	What is the number of patients who have a bed cradle positioning device? (PI_Patient_Q1.3)			
6.11	What is the number of patients who have a sheepskin positioning device? (PI_Patient_Q1.3)			
6.12	What is the number of patients who have another positioning device? (PI_Patient_Q1.3)			
Documentation				
7.0	What is the number of patients who have evidence of a pressure injury risk assessment at the bedside? (PI_Patient_Q2.0)			
7.1	What is the number of patients with a pressure injury risk assessment, who are 'at risk' or higher? (PI_Patient_Q2.1)			
7.2	What is the number of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission? (PI_Patient_Q2.2)			
8.0	What is the number of patients who have documented evidence at the bedside that a comprehensive skin inspection was undertaken on admission to the facility? (PI_Patient_Q3.0)			
8.1	What is the number of patients with a comprehensive skin inspection, who had the inspection undertaken within 24hrs or			

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

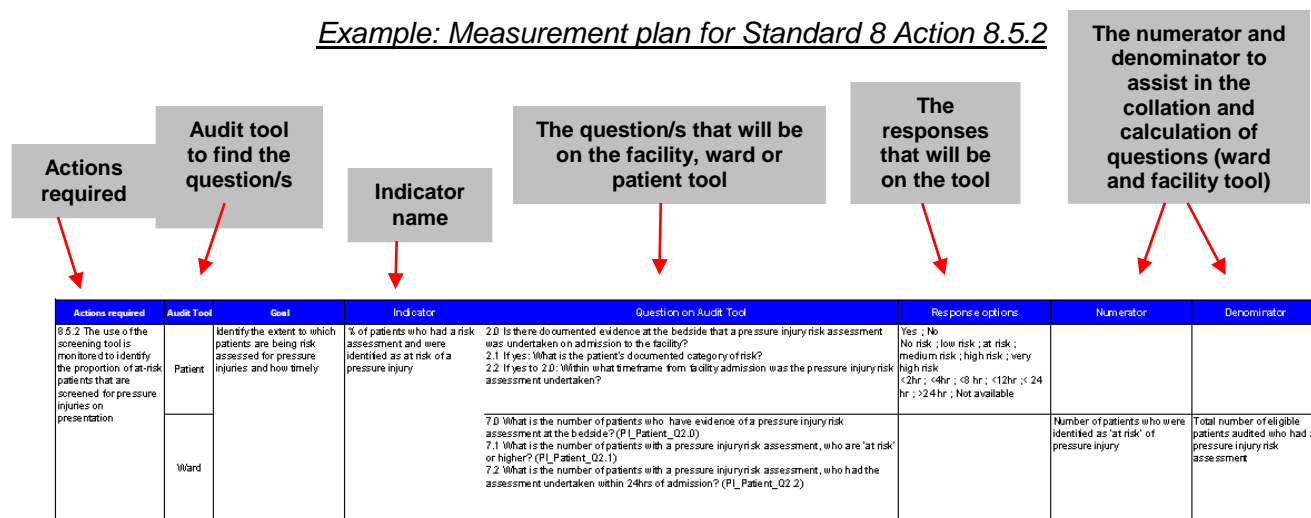
In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data ie: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation 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.

Example: Measurement plan for Standard 8 Action 8.5.2



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

© State of Queensland (Queensland Health) 2014



This work is licensed under a Creative Commons Attribution Non-Commercial ShareAlike 3.0 Australia licence. In essence, you are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the Health Service and Clinical Innovation Division, Queensland Health, you distribute any derivative work only under this licence and you abide by the licence terms. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/au/deed.en>

For further information contact Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health, PO Box 2368, Fortitude Valley, BC, Qld 4006, email PSQIS_Comms@health.qld.gov.au, phone (07) 3328 9430. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Department of Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au.