

Audit

H/C number	
Ward	
Date audit completed	
Date data inputted into HSC system	

KEY	
Y	Record reflects a 'Yes' score to indicator
N	Record reflects a 'No' score to indicator
N/A	Record reflects a 'Non-applicable' score to indicator

Section A:

The following indicators relate to initial assessment and risk assessments.

The record has the following section appropriately completed:		Y	N	N/A
1	First language	<input type="checkbox"/>	<input type="checkbox"/>	
2	Contact number	<input type="checkbox"/>	<input type="checkbox"/>	
3	Resuscitation Status	<input type="checkbox"/>	<input type="checkbox"/>	
4	Next Of Kin	<input type="checkbox"/>	<input type="checkbox"/>	
5	First Contact	<input type="checkbox"/>	<input type="checkbox"/>	
6	GP	<input type="checkbox"/>	<input type="checkbox"/>	
7	Date & time of admission	<input type="checkbox"/>	<input type="checkbox"/>	
8	Allergies/ Sensitivities on admission	<input type="checkbox"/>	<input type="checkbox"/>	
9	Alerts	<input type="checkbox"/>	<input type="checkbox"/>	
10	Infection Prevention and Control Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
11	Person placement	<input type="checkbox"/>	<input type="checkbox"/>	
12	Reason for admission	<input type="checkbox"/>	<input type="checkbox"/>	
13	Medical history	<input type="checkbox"/>	<input type="checkbox"/>	
14	The Person's story	<input type="checkbox"/>	<input type="checkbox"/>	
15	What matters to you to enable your discharge	<input type="checkbox"/>	<input type="checkbox"/>	
16	Full holistic nursing assessment i.e. all care needs are fully assessed	<input type="checkbox"/>	<input type="checkbox"/>	
17	Moving and Handling Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
18	Falls Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
19	Bedrails Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
20	Malnutrition Universal Screening Tool (MUST)	<input type="checkbox"/>	<input type="checkbox"/>	
21	Height	<input type="checkbox"/>	<input type="checkbox"/>	
22	Weight	<input type="checkbox"/>	<input type="checkbox"/>	
23	The Braden Scale	<input type="checkbox"/>	<input type="checkbox"/>	

The record has the following section appropriately completed:		Y	N	N/A
24	Skin check	<input type="checkbox"/>	<input type="checkbox"/>	
25	Audit - C	<input type="checkbox"/>	<input type="checkbox"/>	
26	Person's medications	<input type="checkbox"/>	<input type="checkbox"/>	
27	Time Critical Medications	<input type="checkbox"/>	<input type="checkbox"/>	
28	Summary of identified needs	<input type="checkbox"/>	<input type="checkbox"/>	
29	Person's valuables	<input type="checkbox"/>	<input type="checkbox"/>	
30	Signature register	<input type="checkbox"/>	<input type="checkbox"/>	

Section B:

The following indicators relate to ongoing assessment/ plan of care/evaluation.

The record demonstrates:		Y	N	N/A
31	the Person's involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	ongoing assessment and identification of all emerging needs	<input type="checkbox"/>	<input type="checkbox"/>	
33	ongoing identification of all emerging needs from risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	a plan of nursing care is in place for all identified and emerging needs	<input type="checkbox"/>	<input type="checkbox"/>	
35	the plan of nursing care has taken a person-centred approach	<input type="checkbox"/>	<input type="checkbox"/>	
36	the desired outcome(s) of the plan of nursing care/ treatment/support or maintenance plan	<input type="checkbox"/>	<input type="checkbox"/>	
37	the Person is consenting to the plan of nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	the plan of nursing care has been evaluated	<input type="checkbox"/>	<input type="checkbox"/>	
39	ongoing communication with the multi-professional team in relation to the Person's care	<input type="checkbox"/>	<input type="checkbox"/>	
40	ongoing communication with relatives/carers/ relevant others in relation to the Person's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indicators 31 and 37- indicators would score 'NA' if the Person is unconscious

* Indicator 40- indicator would score 'NA' if the Person has no relatives/ carers/ relevant others

Section C:

The following indicators relate to discharge, transfer and final placement planning. Discharge planning should begin early in the journey of a Person through hospital services.

Discharge refers to the final transfer to another healthcare or service facility, discharge to home or discharge to final placement, for example: Private Nursing Home, service in another HSC Trust, Person's own home.

The record demonstrates:		Y	N	N/A
41	discharge planning at an early stage during the Person's stay in hospital	<input type="checkbox"/>	<input type="checkbox"/>	
42	the Person is involved in discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	involvement of relatives/ carers/ relevant others in discharge planning (with permission of Person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	communication with community health and social care professionals (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Indicators 42- indicator would score 'NA' if the Person is unconscious

* Indicator 43- indicator would score 'NA' if the Person has no relatives/ carers/ relevant others

Section D:

The following indicators relate to content and presentation.

The record demonstrates all entries:		Y	N	N/A
45	have a health and care number on all documents	<input type="checkbox"/>	<input type="checkbox"/>	
46	are dated	<input type="checkbox"/>	<input type="checkbox"/>	
47	are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>	
48	are signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>	
49	have specified a role designation at 1st entry on each document (signature register or on separate documents)	<input type="checkbox"/>	<input type="checkbox"/>	
50	are written in black ink	<input type="checkbox"/>	<input type="checkbox"/>	
51	are recorded in legible hand writing	<input type="checkbox"/>	<input type="checkbox"/>	
52	are free from jargon and meaningless phrases	<input type="checkbox"/>	<input type="checkbox"/>	
53	are free from abbreviated language that does not comply with the regional policy	<input type="checkbox"/>	<input type="checkbox"/>	
54	made by a pre-registration student are countersigned by a registered nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	made by a senior nursing assistant comply with the regional framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	that have errors/ alterations/ additions , are dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	that have errors/ alterations/ additions are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	that have errors/ alterations/ additions are signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	that have errors/ alterations/ additions include the staff member's name and job title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	that have errors , have it/ them removed with a single line strike through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL (ALL INDICATORS)				