

Guidance for using the NIPEC Emergency Department (ED) Audit Tool **(NOAT)**

NIPEC has co-produced these audit indicators with representatives of the EDs across all of the HSC Trusts. NIPEC curates these indicators for the purpose of regional audit, through a process of agreement and mandate via the project group's *Recording Care Steering Group*. The indicators should not be changed locally, therefore, as the process of quarterly audit is managed to ensure consistency of measurement in Northern Ireland across trusts to allow benchmarking, quality improvement and learning from best practice across settings.

Explanatory notes

1. 'Person' refers to the individual receiving care or services whether adult or child and includes parents or those with parental responsibility/ legal guardianship
2. Audits should only be completed on individuals who have been in the ED for more than 4 hours to allow sufficient material for review and completion of appropriate risk assessments
3. 'Indicator' refers to the section or area being audited e.g. indicator 21 is the 'Allergy' section of the ED 'flimsy' and ED Person-centred Nursing Assessment and Plan of Care record
4. The location of the information being audited may appear on the ED 'flimsy', ED PACE record or both (see key and reference to location on left hand side of each indicator)
5. If the required section or area being audited is incomplete in one of the documents when it should appear completed on both, the result of the indicator is 'No'
6. Where multiple entries are required, for example, where all new entries to the record are to be dated, one absent date from the record scores a 'N' entry for the audit

ED NOAT

Patient/ Client ID number	
Ward/Department	
Date audit completed	

KEY OF DOCUMENTS	
	ED FLIMSY
	ED PACE RECORD
	BOTH

Section A

The following questions relate to content and presentation:

The record (demonstrates all entries):

		Y	N	NA	
	1	has a clearly identified unique patient number	<input type="checkbox"/>	<input type="checkbox"/>	
	2	have a date of birth	<input type="checkbox"/>	<input type="checkbox"/>	
	3	are dated	<input type="checkbox"/>	<input type="checkbox"/>	
	4	are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>	
	5	are signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>	
	6	has signature and designation (at each entry)	<input type="checkbox"/>	<input type="checkbox"/>	
	7	are written in black ink	<input type="checkbox"/>	<input type="checkbox"/>	
	8	are recorded in legible handwriting	<input type="checkbox"/>	<input type="checkbox"/>	
	9	are free from jargon and meaningless phrases	<input type="checkbox"/>	<input type="checkbox"/>	
	10	are free from abbreviated language	<input type="checkbox"/>	<input type="checkbox"/>	
	11	made by a pre-registration student are countersigned by a registered nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	made by a senior nursing assistant comply with the regional framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	that have errors/alternations/additions are dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	that have errors/alternations/additions , are timed (24 hour format)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15	that have errors/alternations/additions are signed in full (no initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	that have errors/alternations/additions include the staff member's name and job title	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17	that have errors have them removed with a single line strike through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Indicator 1: 'flimsy' = ED number, ED PACE record = ED and H & C number

Section B

The following questions relate to initial assessment and risk assessments:

The record demonstrates evidence of:

		Y	N	NA
18	contact telephone number of Person	<input type="checkbox"/>	<input type="checkbox"/>	
19	next of kin/first contact details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	
21	Allergy status	<input type="checkbox"/>	<input type="checkbox"/>	
22	NEWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Signature Register completed	<input type="checkbox"/>	<input type="checkbox"/>	
24	Moving and Handling Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
25	Infection Prevention Control (IP&C) Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
26	Person Placement	<input type="checkbox"/>	<input type="checkbox"/>	
27	Identity Bands	<input type="checkbox"/>	<input type="checkbox"/>	
28	Time critical medication	<input type="checkbox"/>	<input type="checkbox"/>	
29	Person-centred assessment – Communication including AVPU	<input type="checkbox"/>	<input type="checkbox"/>	
30	Person-centred assessment – Pain score	<input type="checkbox"/>	<input type="checkbox"/>	
31	Person-centred assessment – Airway/Breathing/Circulation	<input type="checkbox"/>	<input type="checkbox"/>	
32	Person-centred assessment - Mobility	<input type="checkbox"/>	<input type="checkbox"/>	
33	Person-centred assessment - Falls Risk	<input type="checkbox"/>	<input type="checkbox"/>	
34	Person-centred assessment - Eating/Drinking, Elimination, Personal care	<input type="checkbox"/>	<input type="checkbox"/>	
35	Person-centred assessment - Environment, Safety, Health and Social Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	
36	Person-centred assessment - Pressure Damage Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
37	Person-centred assessment - Skin check	<input type="checkbox"/>	<input type="checkbox"/>	
38	Person-centred assessment - ED SSKIN Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C

The following questions relate to ongoing assessment/ plan of care/evaluation

The record demonstrates:

		Y	N	NA	
	39	the person's involvement/ person-centred approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	40	needs from initial assessment are identified, including risk assessment completion	<input type="checkbox"/>	<input type="checkbox"/>	
	41	that a plan of nursing care is in place for all identified needs	<input type="checkbox"/>	<input type="checkbox"/>	
	42	evidence of discussion and consent or consideration of consent to the plan of nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	43	the plan of nursing care has been evaluated and includes demonstration of person's progress/ if needs are met e.g. person has stabilised, deteriorated, improved	<input type="checkbox"/>	<input type="checkbox"/>	
	44	communication with the multi-professional team in relation to the person's care	<input type="checkbox"/>	<input type="checkbox"/>	
	45	ongoing communication and involvement with relatives/carers/ relevant others in relation to the person's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Indicators 39 and 42 would score 'NA' if the Person is unconscious
- Indicator 39 and 42 - where the person lacks capacity to consent for care and treatment but is conscious the record should demonstrate efforts made to gain consent, e.g. during periods where capacity may be present (fluctuating capacity), or where best interests is used as the principle for consent, the record evidences a discussion with appropriate family members as to the person's wishes and preferences – where available
- Indicator 45 would score 'NA' if the Person has no relatives/ carers/ relevant others, does not wish to have information shared

Section D

The following questions relate to discharge, transfer and final placement planning

The record demonstrates:

		Y	N	NA	
	46	transfer/discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	
	47	the person is involved in transfer/discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	48	involvement of relatives/carers in transfer/discharge planning (with permission of person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	49	communication with community health and social care professionals and/or ward staff (where appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL					

Calculation of NOAT compliance and worked example

Calculation algorithm	
A.	Number of applicable indicators = 49 (number of NOAT indicators) minus total number of N/A entries
B.	Total number of Yes entries
C.	Divide Result of Row B by Result of Row A (round up/down two decimal places)
D.	Multiply Row C by 100
Percentage Compliance is answer in Row D	

Worked example		Result of Rows A- D
A.	$49 - 4$	45
B.	43	43
C.	$43 \div 45$	0.95
D.	0.95×100	95
95% compliance		