

Guidance for using the NIPEC [Online] Audit Tool (NOAT)

ADULT HOSPITAL BASED CARE SETTINGS

NIPEC has co-produced these audit indicators, developed through 10 years of testing and iterations in Health and Social Care (HSC) clinical/ care settings in Northern Ireland. They will be available in HSC Trusts on intranet digital audit systems.

NIPEC curates these indicators for the purpose of regional audit, through a process of agreement and mandate via the *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, where appropriate
2. Audits should only be completed on individuals who have been in hospital for longer than 48 hours to allow sufficient material for review and completion of appropriate risk assessments
3. Where a Person is in hospital for a number of days, this audit should be used to review the initial admission and the person-centred nursing assessment, care planning and evaluation of the Persons' journey/ Person's time receiving care and services in the last 72 hours within the clinical/ care setting
4. 'Indicator' refers to the section or area being audited e.g. indicator 9 is the 'Alerts' section of the admission
5. Where multiple entries are required, for example, where all new entries to the record require to be dated, one missing from the record scores an 'N' entry for the audit.

ADULT HOSPITAL BASED CARE SETTINGS NOAT

| | |
|--|--|
| H/C number | |
| Ward/Department | |
| Date audit completed | |
| Date data inputted into HSC system/database | |

| <u>KEY</u> | |
|------------|---|
| 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 (NOK) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5* | First Contact | <input type="checkbox"/> | <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 | Braden Scale | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22 | Audit - C | <input type="checkbox"/> | <input type="checkbox"/> | |

| The record has the following section appropriately completed: | | Y | N | N/A |
|---|-----------------------------|--------------------------|--------------------------|-----|
| 23 | Person's medications | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | Time Critical Medications | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | Summary of identified needs | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26 | Person's valuables | <input type="checkbox"/> | <input type="checkbox"/> | |

*Indicators 4 & 5 - indicator would score 'NA' if e.g. the person has no NOK or first contact

Section B:

The following indicators relate to ongoing assessment, initial and ongoing plans of care and evaluation.

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 |
|--------------------------|--|--------------------------|--------------------------|--------------------------|
| 27* | the person's involvement/ person-centred approach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | discharge planning commenced on admission | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29 | needs from initial assessment are identified, including risk assessment completion | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30 | needs are reviewed following reassessment, including risk assessment completion | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31 | a plan of nursing care is in place for all identified and emerging needs | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32* | evidence of discussion and consent or consideration of consent to the plan of nursing care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | 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"/> | |
| 34 | communication with the multi-professional team in relation to the person's care/ transfer/discharge planning | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35* | ongoing communication and involvement with relatives/carers/ relevant others in relation to the person's care/transfer/discharge planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Indicators 27 and 32- indicators would score 'NA' if the person is unconscious.

*Indicators 27 and 32 - 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 35 - indicator would score 'NA' if e.g. the person has no relatives/ carers/ relevant others, the person does not wish to have information shared.

Section C:*The following indicators relate to content and presentation.*

| The record demonstrates all entries: | | Y | N | N/A |
|---|---|--------------------------|--------------------------|--------------------------|
| 36 | have a health & care number on all documents i.e. admission and continuation booklets | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37 | have a date of birth | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38 | are dated | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39 | are timed (24 hour format) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40 | signature and designation (at each entry) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41 | signature register fully completed | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42 | are written in black ink | <input type="checkbox"/> | <input type="checkbox"/> | |
| 43 | are recorded in legible hand writing | <input type="checkbox"/> | <input type="checkbox"/> | |
| 44 | are free from jargon and meaningless phrases | <input type="checkbox"/> | <input type="checkbox"/> | |
| 45 | are free from abbreviated language | <input type="checkbox"/> | <input type="checkbox"/> | |
| 46 | made by a pre-registration student are countersigned by a registered nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 | made by a senior nursing assistant comply with the regional framework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | that have errors/ alterations/ additions are dated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 | that have errors/ alterations/ additions are timed (24 hour format) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 | that have errors/ alterations/ additions are signed in full (no initials) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 | that have errors/ alterations/ additions include the staff member's name and job title | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 | that have errors , have them removed with a single line strike through | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTAL (ALL INDICATORS) | | | | |

Calculation of NOAT compliance and worked example

| Calculation algorithm | |
|---|--|
| A. | Number of applicable indicators = 52 (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. | 52 – 10 | 42 |
| B. | 40 | 40 |
| C. | 40 ÷ 42 | 0.95 |
| D. | 0.95 x 100 | 95 |
| 95% compliance | | |