# Part 4: Patient Record Review: Data Collection Sheet

June 2017

This fourth part of the internal audit tool is used to evaluate the individual medical records for evidence of appropriate clinical processes that control risk in the ED/UCC.

Please complete the patient identification and in the results section indicate yes, no or not applicable as appropriate to the question.

**Client UR number:**

Yes/No/NA responses or specific details e.g. time/date to be added as indicated.

| # | General criterion | Result | Comment |
|---|---|---|---|
| **Access** | | | |
| 51 | Date and time of triage documented (note date and time 24 hour clock) | | |
| 52 | Presenting problem, relevant limited history and relevant assessment documented (Y/N) | | |
| 53 | Initial triage category recorded (record triage category) | | |
| **Initial assessment/initial clinical observation**[1] | | | |
| 54 | Time of initial assessment/clinical observations commenced documented (note date and time 24 hour clock) | | |
| 55 | Respiratory rate documented (Y/N) | | |
| 56 | O2 saturation documented (Y/N) | | |
| 57 | Heart Rate documented (Y/N) | | |
| 58 | Blood pressure documented (Y/N) | | |
| 59 | Temperature documented (Y/N) | | |
| 60 | Conscious state documented (Y/N) | | |
| **Comprehensive assessment** | | | |
| 61 | Documentation of date and time of comprehensive assessment (note date and time) | | |
| 62 | Time between triage and comprehensive assessment (note time difference between item 51 and 61) | | |
| | Has patient been seen within timelines for triage category? (Y/N) | | |

[1] Initial assessment refers to the time at which an ED/UCC observation chart is created.

| # | General criterion | Result | Comment |
|---|---|---|---|
| 63 | Time between initial assessment /clinical observation and comprehensive assessment (note time difference between item 54 and 61) | | |
| 64 | Tailored patient assessment was undertaken and recorded (Y/N) | | |
| 65 | Tailored examinations undertaken | | |
| | a. Neurological (Y/N) | | |
| | b. Respiratory (Y/N) | | |
| | c. Cardiovascular (Y/N) | | |
| | d. Other (please specify) | | |
| 66 | Falls risk assessment has been undertaken (Y/N) | | |
| **Diagnosis and management plan** | | | |
| 67 | Differential diagnoses were documented (Y/N) | | |
| 68 | Management plan documented (Y/N) | | |
| **Intervention** | | | |
| 69 | There is an appropriate clinical response and communication to recognised escalation triggers or deterioriation (Y/N) | | |
| **Monitoring** | | | |
| 70 | Appropriate types of monitoring of clinical condition were undertaken and documented | | |
| | a. respiratory rate monitored after initial assessment (note date and time/s monitored) | | |
| | Appropriate monitoring (Y/N)[2] | | |
| | b. Oxygen saturation monitored after initial assessment and administration of Oxygen documented (note date and time/s monitored) | | |
| | Oxygen administration noted (Y/N) | | |
| | Appropriate monitoring (Y/N) | | |

[2] Date and time of monitoring/monitoring occurred at interval specified in UCC protocol.

| # | General criterion | Result | Comment |
|---|---|---|---|
| | c. Heart rate monitored after initial assessment | | |
| | (note date and time/s monitored) | | |
| | Appropriate monitoring (Y/N) | | |
| | d. Blood pressure monitored after initial assessment | | |
| | (note date and time/s monitored) | | |
| | Appropriate monitoring (Y/N) | | |
| | e. temperature monitored after initial assessment (note time/s) | | |
| | (note date and time/s monitored) | | |
| | Appropriate monitoring (Y/N) | | |
| | f. Conscious state monitored after initial assessment | | |
| | (note date and time/s monitored) | | |
| | Appropriate monitoring (Y/N) | | |
| 72 | If relevant, documentation of escalation communication/use of emergency code (Y/N) | | |
| **Discharge planning** | | | |
| 73 | Copy of discharge plan in record (Y/N) | | |
| 74 | Date and time of ready for discharge documented (Y/N) | | |
| 75 | Inpatient bed request time documented (Y/N) | | |
| 76 | If transfer indicated , appropriate transfer documentation (Y/N) | | |
| 77 | Date and time of discharge documented (Y/N) | | |
| 78 | Date and time of discharge plan documented (Y/N) | | |
| 79 | Record of follow up appointment date and time in discharge plan (Y/N) | | |
| 80 | Record of Medication prescribed in discharge plan (Y/N) | | |
| 81 | Interventions provided in ED/UCC recorded in discharge plan (Y/N) | | |

| # | General criterion | Result | Comment |
|---|---|---|---|
| 82 | Key contacts recorded in discharge plan (Y/N) | | |
| 83 | Self management strategy recorded in discharge plan (Y/N) | | |

## Sub-Population: Altered Conscious State

| # | Population | Result | Comment |
|---|---|---|---|
| **Time of patient presentation to ED/UCC (item 51)** | | | |
| 84 | Glasgow coma scale undertaken and documented (Y/N) | | |
| 85 | Pupillary size and reaction to light noted (Y/N) | | |
| 86 | Orientation to person, place and time (Y/N) | | |
| 87 | Behaviour noted (Y/N) | | |
| 88 | Post traumatic amnesia (tested via A-WPTAS) (Y/N) | | |
| 89 | Blood Sugar level (Y/N) | | |
| 90 | CT/MRI ordered where indicated (Y/N) | | |
| 91 | Time from patient presentation to CT/MRI (ASAP but less than 24hr) | | |
| | ▪ Time of CT/MRI | | |
| | ▪ Elapsed time (Time of CT/MRI – time of patient presentation) | | |

## Sub-Population: Acute Coronary Syndrome

| # | Criterion | Result | Comment |
|---|---|---|---|
| | Time of patient presentation to ED/UCC ( item 51) | | |
| 92 | Chest pain assessment pathway completed and documented (Y/N) | | |
| 93 | ECG undertaken (Y/N) | | |
| 94 | Time to ECG | | |
| | ▪ Time of ECG | | |
| | ▪ Elapsed time (Time of ECG – presentation time) | | |
| 95 | Fibrinolysis or percutaneous coronary intervention undertaken (STEMI) (Y/N and document which procedure) | | |
| 96 | Time to Fibrinolysis or PCI | | |
| | ▪ Time of Fibrinolysis results | | |
| | ▪ Elapsed time (Fibrinolysis time - presentation time) | | |
| | ▪ Time of PCI | | |
| | ▪ Elapsed time (PCI time - presentation time) | | |
| 97 | Troponins undertaken (Y/N) | | |
| 98 | Time to cardio-specific troponins result | | |
| | ▪ Time results received | | |
| | ▪ Elapsed time (troponins time - presentation time) | | |
| 99 | Chest X-Ray undertaken | | |
| 100 | Time to Chest X-ray | | |
| | ▪ Time of Chest X-ray | | |
| | ▪ Elapsed time (Chest X-ray time - presentation time) | | |

## Sub-Population: Abdominal Pain

| # | Criterion | Result | Comment |
|---|---|---|---|
| **Time of patient presentation to UCC/ED (item 51)** | | | |
| 101 | Documented initial pain assessment score ( time/score) | | |
| 102 | Documented reassessment pain score (time/score) | | |
| 103 | Analgesia given where indicated | | |
| 104 | Time to analgesia 30 minutes or less ( time of analgesia - presentation time) | | |
| 105 | CT undertaken (Y/N) | | |
| 106 | Time from patient presentation to CT abdomen | | |
| | ▪ Time of CT abdomen | | |
| | ▪ Elapsed time | | |
| 107 | Time from patient presentation to surgical review | | |
| | ▪ Time of Surgical review | | |
| | ▪ Elapsed time | | |
| 108 | Pathology results undertaken (Y/N) | | |
| 109 | Time from patient presentation to pathology results for: | | |
| | ▪ Time LFT results | | |
| | ▪ Elapsed time LFT | | |
| | ▪ Time Amylase results | | |
| | ▪ Elapsed time Amylase | | |
| | ▪ Time Lipase results | | |
| | ▪ Elapsed time Lipase | | |
| | ▪ Time Lactate results | | |
| | ▪ Elapsed time Lactate | | |

| # | Criterion | Result | Comment |
|---|---|---|---|
| | ▪ Time FBE&UE results | | |
| | ▪ Elapsed time FBE&UE | | |
| | ▪ Time Blood group/cross match results | | |
| | ▪ Elapsed time Blood group | | |

## Sub-Population: Suicidal/Self Harm

| # | Population | Result | Comment |
|---|---|---|---|
| **Time of patient presentation to ED/UCC (item 51)** | | | |
| 110 | Victorian Emergency Department Mental Health Triage Tool has been administered (or similar) and category recorded | | |
| 111 | Time from triage to assessment by trained mental health clinician in ED/UCC | | |
| | ▪ Time of assessment | | |
| | ▪ Time of patient presentation | | |
| | ▪ Elapsed Time | | |
| 112 | Time from referral to assessment by trained mental health clinician in ED/UCC[3] | | |
| | ▪ Time of assessment | | |
| | ▪ Time of referral | | |
| | ▪ Elapsed Time | | |

[3] ACHS clinical indicators Mental health assessment turnaround time CI 4.1: Mean time from referral to assessment by a mental health worker (L).