

NSQHS Standard 7 Blood Management How to use the audit tools – Edition 2



Blood Management Audit Tools Instructions

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland has 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. The audit tools have been updated to align to the second edition of the NSQHS Standards.

Purpose of the audit tools

The tools provide facilities and health services with 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, e.g. quality improvement activities and recording individual results
- Determine actual performance results at a ward and patient level
- 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. An Excel workbook consisting of tabs with the following:
 - *Facility Collection and Results*: collects facility level responses
 - *Ward/Unit Collection Audit Tool*: collects the ward/unit level responses, the Excel spreadsheet can be used to collect up to 15 wards/units
 - *Patient Collection Audit Tool*: collects patient level responses (at a ward/unit level), the Excel spreadsheet can be used to collect up to 20 patients
 - *Results for Ward/Unit*: collates the ward/unit level responses
 - *Results for Patient*: collates the patient level responses.
4. A measurement plan 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 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 Blood and Blood Products Audit tools

The audit tools incorporate audit questions on correct completion of pathology transfusion reports; correct documentation on previous adverse reactions; provision of patient information sheets to patients/carers; correct completion of blood and blood products transfusion consent and surgical consent forms; correct completion of documentation for patients who decline all transfusion or specified blood and blood products.

How the tools were developed

An example is provided below using Action 7.5 in Standard 7

1. The NSQHS standards workbooks and guides were used i.e.
 - a. Guide for Hospitals (November 2017) – Key tasks and Strategies for improvement
<https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Guide-for-Hospitals.pdf>

Example: Guide for Hospitals – Action 7.5 in Standard 7

Action 7.5

Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record

Intent

The history of blood product use, and relevant clinical and product information are documented in the patient's healthcare record to minimise risks and optimise clinical outcomes.

Key tasks

- Document comprehensive information, including blood use, transfusion history and transfusion details, before, during and after transfusions

Example: Key tasks for 7.5 'Document comprehensive information, including blood use, transfusion history and transfusion details, before, during and after transfusions'

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 supporting evidence, or may be broken down into a series of questions to delve deeper into whether the evidence has been met.

Questions and responses have been developed in consultation with content area experts.

Example: Audit tool questions for Action 7.5 in Standard 7

| | | Pt 1 | Pt 2 |
|--|--|------|------|
| | | URN: | |
| Blood or blood product transfusion in the current admission | | | |
| 1.0 | Has the patient received a blood or blood product transfusion in the current admission? <i>If no, answer only Questions 2.0 and 7.0 if there is an AHD</i> | | |
| 2.0 | What was the documented indication for the transfusion? | | |
| 3.0 | Is there evidence of a Pathology Transfusion Report? | | |
| 3.1 | If yes to 3.0, is there documented evidence that the <ul style="list-style-type: none"> • product type is complete? • product number is complete? • group is complete? • patient/product/label checks have been undertaken and signed by TWO clinical staff? • commenced time and date is complete? | | |
| 4.0 | Ask the patient: 'Have you had a previous reaction to a blood transfusion?' | | |
| 4.1 | If yes to 4.0, is there documented evidence of the patient's previous adverse reaction to a blood or blood product transfusion? <i>Note: may be found on the fluid prescription chart, blood prescription order or observation record</i> | | |

In addition to the collection of information, the Excel spreadsheet collates data at the patient and ward/unit levels. The tab *Results for Ward/Unit* shows the number of wards/units that met the indicator and the total number audited, which are then used to calculate the percentage of wards/units that met

that indicator. Subsequently, the tab *Results for Patient*, displays the percentage of patients that met the indicator. Details of the indicators can be found in the measurement plan.

- The measurement plan details the actions 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 Action 7.5 in Standard 7

| Action | Actions required | Goal | Indicator | Audit Tool | Question on Audit Tool | Response | Numerator | Denominator |
|--------|--|---|--|------------|---|---|---|--|
| 7.5 | Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record | Identify the extent to which patients had a documented indication for the transfusion | % of patients with a documented indication for the transfusion | Patient | 2.0 What was the documented indication for the transfusion? | Hb; Clinical indication; Hb & clinical indication; No clinical indication | Number of patients with a documented indication for the transfusion (Yes to 1.0 and any response to 2.0) | Total number of eligible patients (Yes to 1.0 and 2.0 is not null) |
| | | Identify the extent to which patients had relevant product information documented on the Pathology Transfusion Report | % of patients who had relevant product information documented on the Pathology Transfusion Report | Patient | 3.0 Is there evidence of a Pathology Transfusion Report? 3.1 If yes to 3.0, is there documented evidence that the • product type is complete? • product number is complete? • group is complete? • patient/product/label checks have been undertaken and signed by TWO clinical staff? • commenced time and date is complete? | Yes; No Yes; No Yes; No Yes; No Yes; No | Number of patients with relevant product information documented on the Pathology Transfusion Report (Yes to 1.0 and Yes to 3.0 and Yes to 3.1 all) | Total number of eligible patients (Yes to 1.0 and Yes to 3.0) |
| | | Identify the extent to which patient's adverse reactions to a blood or blood product transfusion is documented | % of patients who had a previous reaction to a blood transfusion % of patients who had a previous reaction to a blood transfusion with documented evidence of the previous adverse reaction to a blood or blood product transfusion | Patient | 4.0 Ask the patient 'Have you had a previous reaction to a blood transfusion?' 4.1 If yes to 4.0, is there documented evidence of the patient's previous adverse reaction to a blood or blood product transfusion? Note: may be found on the fluid prescription chart, blood prescription order or observation record | Yes; No; Don't know; N/A Yes; No | Number of patients who had a previous reaction to a blood transfusion (Yes to 1.0 and Yes to 4.0) Number of patients who had a previous reaction to a blood transfusion with documented evidence of the previous adverse reaction to a blood or blood product transfusion (Yes to 1.0 and Yes to 4.0 and Yes to 4.1) | Total number of eligible patients (Yes to 1.0 and Yes or No to 4.0) Total number of eligible patients who had a previous reaction to a blood transfusion (Yes to 1.0 and Yes to 4.0 and Yes or No to 4.1) |

Using the Excel tools

The audit tools are in different worksheets in the Excel document and these are accessed by the tabs at the bottom of the worksheet or by clicking on the links in the contents page.



National Safety and Quality Health Service (NSQHS) Standards Standard 7 Blood Management - Edition 2

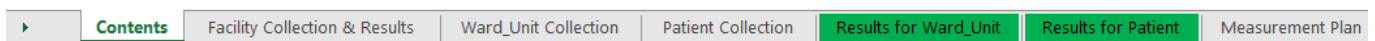


Audit Tools to audit against Edition 2 of the NSQHS Standards

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland has developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting Edition 2 of the NSQHS Standards. There are a number of tools in the workbook. The tools provide the ability to collect a number of patients and wards, and display combined results for each indicator. In addition, the measurement plan provides a high level view of the NSQHS actions and their alignment to each audit question.

Contents

| | |
|---|--|
| Facility Collection & Results | This audit tool collects Facility level data, and the results can be printed directly from this sheet |
| Ward_Unit Collection | This audit tool collects Ward/Unit level data |
| Patient Collection | This audit tool collects Patient level data |
| Results for Ward_Unit | This tab presents the results of the Ward/Unit level data (that were collected on the Ward_Unit Collection tab) |
| Results for Patient | This tab presents the results of the Patient level data (that were collected on the Patient Collection tab) |
| Measurement Plan | The measurement plan outlines the NSQHS Standards Actions and the audit questions and indicators aligned to them |



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 online using an existing secure, electronic web-based system, Measurement, Analysis and 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 the audit tools are a constant '**Work in Progress**', future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Queensland Health facilities. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on mars@health.qld.gov.au for feedback or comments.

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