

Admission Audit Tool

Admission Information from Residential Aged Care to Hospital Emergency Department

Admission Information from Residential Aged Care		
Study Number:	Patient DEM Arrival Date & Time:	
Auditor:	Date of Admission:	Time taken to complete Audit:

1. How is admission information received from Residential Aged Care facilities?

1.1 Mark all appropriate	<input type="checkbox"/> No information received	<input type="checkbox"/> Letter from GP
	<input type="checkbox"/> Yellow Envelope	<input type="checkbox"/> Fax from GP
	<input type="checkbox"/> Health Record eXchange (HRX) or electronic information	<input type="checkbox"/> Phone call from RACF
	<input type="checkbox"/> Loose paperwork <input type="checkbox"/> RACF Transfer form <input type="checkbox"/> Medical Summary <input type="checkbox"/> QAS <input type="checkbox"/> CMA	<input type="checkbox"/> Phone call from GP
	<input type="checkbox"/> Other (i.e. Family) _____	
1.2 Time the information was received?	<input type="checkbox"/> At time of arrival <input type="checkbox"/> Other – add date & time _____	
1.3 Information is legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant	
1.4 Who initiated transfer?	<input type="checkbox"/> GP <input type="checkbox"/> AH/GP <input type="checkbox"/> RACF staff <input type="checkbox"/> RN <input type="checkbox"/> EEN <input type="checkbox"/> Agency staff <input type="checkbox"/> Other	
1.5 Was patient re-presented / readmitted to hospital?	<input type="checkbox"/> No <input type="checkbox"/> Yes <= 3 months	

Notes:

2. What information is received?

Standard information			
2.1 Pt. Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.5 Formal Directive (such as copy of Advanced Health Directive / End of life care plan / Family wishes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.6 Next of Kin / EPOA with contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 RACF and contact details <i>If given, RACF name:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.7 Was next of kin notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4 Usual/contact GP and contact details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinical information		Usual Functionality	
2.8 Reason for presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.14 CMA or medical summary	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9 Observations – BP / pulse / temp	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.15 Mental Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.10 Usual health problems / past history	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.16 Communication – glasses / hearing aid / language	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.11 Medication list	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.17 Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.12 Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.18 Continence	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.13 Diet / feeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.19 Behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:			

3. Clinical outcomes

3.1 Time of presentation to DEM		3.2 Time spent in DEM	
3.3 Was further information sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
3.4 Was GP phoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsuccessful <input type="checkbox"/> Not possible <input type="checkbox"/> Not known <input type="checkbox"/> Not documented	Comments	

3.5 Was RACF phoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsuccessful <input type="checkbox"/> Not possible <input type="checkbox"/> Not known <input type="checkbox"/> Not documented	Comments
3.6 Was there a delay on the decision to admit based on the need to chase information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment
3.7 Referred to HINH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.8 Admitted to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.8.1 Length of stay?		
3.8.2 Could admission have been avoidable (if necessary information had been available)??	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comment	
3.9 Adverse medication events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.10 Adverse clinical events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:		