

Clinical Audit Tool-Example

Date: _____ Review Dates: _____ DX: _____

Patient: _____ MR# _____ Election Date: _____ Home ALF NF GIP

<i>Component</i>		<i>Comments</i>	
Initial and Comprehensive Assessment			
1.	The hospice identified the patient/ family's immediate needs during the initial assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	During the hospice admission patient was screened for pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	If pain is identified, the plan of care addresses the management of pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4.	If the POC addresses pain, there is desired level for pain in the goal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5.	On admission, was patient screened for dyspnea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	If patient screened positive for dyspnea on admission, the plan of care addresses the management of dyspnea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7.	If the POC addresses dyspnea, there is desired level for pain in the goal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8.	RN comprehensive assessment is completed as frequently as the condition of the patient requires but no less than q 15 day	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Evidence that SW participates in comprehensive assessment updates as frequently as the condition of the patient requires but no less frequently than every 15 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10.	Evidence that chaplain participates in comprehensive assessment updates as frequently as the condition of the patient requires but no less frequently than every 15 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

IDG, care planning and coordination of services			
11.	Plan of care established by IDG on day of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
12.	Plan of care is reviewed/revised as frequently as the patient's condition requires but no < q 15 calendar days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
13.	Each visit to a patient in a facility includes documentation of coordination with facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14.	HA supervisory visits every 14 days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
15.	Drug Profile contains all current medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16.	Visit frequencies of nurse correspond to those found on the Plan of Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17.	Visit frequencies of the Social Worker correspond to those found on Plan of Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
18.	Visit frequencies of the chaplain correspond to those found on Plan of Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
19.	Visit frequencies of the HA correspond to those found on HA Assignment /Plan of Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
20.	Visit frequencies of the Volunteer correspond to those found on the Plan of Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

This is a sample and does not constitute what may be best for your hospice program or your documentation system. It is simply intended to provide an idea of what a tool might include.