Augusta Health
Registered Nurse
Professional Development Program

Roadmap Supporting Documentation Template

****One Category per Sheet****

- [ ] Transformational Leadership
- [ ] Structural Empowerment
- [ ] Exemplary Professional Practice
- [X] New Knowledge, Innovation, & Improvements

Description/Details of Activity:

I completed 10 chart audits for Wound Healing Clinic Unit Council on 10 patients.

Dates of Meetings/Involvement:

8-9-21
8-10-21
8-11-21
8-12-21

Clinician Signature: _____ Date 9-14-21

Supporting Signature: __See Signature Validation sheet__ Date _____

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)

Pitzer, Tina

From: Meadows, Tonya
Sent: Thursday, July 8, 2021 12:08 PM
To: Dinges, Teresa; Aycock, Anne; Pitzer, Tina; Rose, Bonnie; Gregory, Terese
Subject: RE: Wound Expert Audit
Attachments: Wound Expert Audit.doc

Importance: High

Hi,
Here is the audit we have been talking about. I did add some questions regarding diabetic foot ulcers because we are continuing to have issues with labeling appropriate wound types and need work on grading. Also, with audit results we can possibly increase our ability to identify folks appropriate for HBO. The patient selection do not have to be diabetic but if they are we will answer the applicable questions.

Here are assignments(Last names beginning with assigned letters):
Tina- A,B,C,D,E
Teresa- F,G,H,I,
Terese- J,K,L,M,N
Anne- O,P,Q,R,
Bonnie- S,T,U
Tonya- V,W,X,Y,Z

If we could please get these done by August 13th so I can process them, then have a meeting to trouble shoot any concerning findings as a unit council, then we can present them to the group in the next staff meeting on 8/26.
Thanks everyone!
Tonya

From: Meadows, Tonya
Sent: Monday, June 14, 2021 4:34 PM
To: Dinges, Teresa; Aycock, Anne; Pitzer, Tina; Rose, Bonnie; Gregory, Terese
Subject: Wound Expert Audit
Importance: High

Hi,
Please review the audit questions. If you see where a question needs to be added please let me know. After any changes are made I will resend the final document so we can get started on the audits. I would like for each of us to choose 10 charts, I will assign 1st letters of last names to each of us to choose from so we do not duplicate in a separate email once we have the finalized audit form. I would like to add a question regarding appropriate photos of wound ex. Match the location description, satellite description....but don't know how to word it

Best,
Tonya

Wound Expert Audit- Each Nurse choose 10 charts.

Patient Initials:_____

Wound type/location:_____

Care planning:

1. Initial care plan completed on admission? If not, how long after?

2. Date of last Care Plan?

3. Care plan Completed every 4 weeks of treatment?

4. Weights obtained every 4 weeks?

Orders:

1. Orders clear and concise?

2. Orders match treatment notes?

3. Orders match progress notes?

Documentation:

1. Treatment notes match orders or otherwise reason is stated (etc. this visit)?

2. Procedure description in progress note matches procedure documentation?

3. Time outs documented?

4. Medication List routinely updated?

5. For below knee lower extremity wounds have ABI's/TBI's been documented in the last year? If not, when they were last performed?

6. Wound assessment/description, from "Active wound" tab, correlates with wound photo?

7. Patient ID photo is present?

Diabetic Foot Ulcers

1. Is this patient diabetic? (if no audit is complete if yes continue, you may skip questions that do not apply)

2. Is the wound on the foot/ankle?

3. Has a surgical intervention been performed?

4. Is the patient on antibiotics or has been on antibiotics for osteomyelitis or other infection?

5. Is the wound labeled a diabetic foot ulcer?

6. Does the wound have an appropriate Wagner grade?

7. Has the wound made on target progress ex. 25% in 4 weeks, 50% in 8 weeks?

8. Has this patient had a TCC?

9. Has this patient had an ID consult?