**Westmead (PTA) Audit form 2021**

Ward Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ **M**  / **F**

Name: \_\_\_\_\_\_\_\_\_\_ NHI: \_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

|  | **Documentation content** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Date of Injury |  |  |  |  |  |
| Date of Admission |  |  |  |  |
| CT Head + / - |  |  |  |  |
| Mechanism of Injury |  |  |  |  |
| Injury diagnosis on discharge |  |  |  |  |
| Abbreviated PTA commenced |  |  |  |  |
| Abbreviated PTA Indicated |  |  |  |  |
| Full Westmead Commenced |  |  |  |  |
| Day of week PTA Commenced |  |  |  |  |  |
| Was the Full PTA Indicated |  |  |  |  |
| Rivermead completed |  |  |  |  |
| Date patient emerged from PTA |  |  |  |  |
| Role of Administrator | NS OT Name: |  |  |  | Consistent Multiple |
| D/C Date |  |  |  |  |  |
| Administrated Correctly |  |  |  |  | (was the APTA done as per TBI pathway, was the full PTA completed when it was not needed) |
| Q1 |  |  |  |  |
| Q2 |  |
| Q3 |  |  |  |  |
| Q4 |  |  |  |  |  |
| Q5 |  |  |  |  |
| Q6 |  |  |  |  |
| Q7 |  |  |  |  |
| Q8 |  |  |  |  |
| Q9 |  |  |  |  | Barry / Rangi  (circle the face utilised) |
| Q10 |  |  |  |  |
| Q11 |  |  |  |  |
| Q12 |  |  |  |  |
|  | Time and date of intervention. |  |  |  |  |
| Name signed printed and professional designation. |  |  |  |
| Introduced self as OT or OTA. |  |  |  |
|  | Relevant purpose explained and documented. |  |  |  |  |
|  | Did the client agree to work with you, to do what? |  |  |  |  |
| Who was present during the assessment? |  |  |  |
| Was there evidence of Whanau Involved |  |  |  |
| Were language barriers addressed appropriately |  |  |  |
| PMHx: Is there an existing Disability Impacting on performance |  |  |  |
| Previous TBI reported |  |  |  |
| Observations about: Communication; hearing; sight; mood; appearance; cognition. Relevant medical/clinical current presentation and history |  |  |  |
| . OT’s role in the session (such as instruction/ guidance /feedback /education given). |  |  |  |
|  | Any relevant paperwork (such as ACC paper work) has been completed. Stated what referrals have been made and plan for follow up services if required. |  |  |  | NG vs. Experienced |
| Is a referral to another discipline, agency indicated and been made? |  |  |  |
| Was the therapist considered experienced enough to administer the PTA scale |  |  |  |
|  | Overall was the process followed correctly according to the TBI pathway? |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Summary of considerations to inform change ideas |  | | | | |