

NSQHS Standard 2 Partnering with Consumers

How to use the audit tools



Partnering with Consumers Audit Tools Instructions

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, have 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.

Purpose of the audit tools

The tools provide facilities and health services 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 ward and facility level, delving down into specific requirements that further support meeting the action
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all wards for a facility result
- 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 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. Two specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
 - *Ward/Unit audit tool*: collects ward/unit level data
 - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
4. A measurement plan summary 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/criteria 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.

How the tools were developed

An example is provided below using action 2.4.1 in Standard 2

1. The NSQHS standards workbooks and guides were used i.e.:
 - a. Hospital Accreditation Workbook - In particular the 'Examples of Evidence' for each action required. (October 2012)
<http://www.safetyandquality.gov.au/publications/hospital-accreditation-workbook/>

Example:

Hospitals Accreditation Workbook – Standard 2 Action 2.4.1(October 2012)

Actions required	Reflective questions	Examples of Evidence - select only examples currently in use	Evidence available?
2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation			
2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	What support do we give to consumers and carers who are involved with our health service?	<input type="checkbox"/> Policies or processes in place that describe the orientation and ongoing training provided to consumers and carers who are in partnerships with your organisation <input type="checkbox"/> Orientation and training is provided to consumers partnering with your organisation and your organisation documents training attendance, training calendars and training materials <input type="checkbox"/> Orientation and training is provided to consumers partnering with the organisation via an external training provider. Your organisation documents training attendance, training calendars and training materials <input type="checkbox"/> Consumer evaluation reports of orientation and training sessions <input type="checkbox"/> Other _____	<input type="checkbox"/> No ⇒ further action is required <input type="checkbox"/> Yes ⇒ list source of evidence
2.4 Consulting consumers on patient information distributed by the organisation			
2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	How do we collect feedback from consumers and carers on the written material we give to patients?	<input type="checkbox"/> Policies or processes in place that describes how consumers are involved in providing feedback on patient information publications <input type="checkbox"/> Reports describing patient, carer and consumer feedback sought and where feedback has been utilised <input type="checkbox"/> Examples that demonstrate consumers have been involved in the development of publications <input type="checkbox"/> Evaluation of the organisation's existing patient information publications is undertaken, documented and appropriate revisions are made in response to consumer feedback <input type="checkbox"/> Other _____	<input type="checkbox"/> No ⇒ further action is required <input type="checkbox"/> Yes ⇒ list source of evidence

Example of Evidence for 2.4.1 'Reports describing patient, carer and consumer feedback sought and where feedback has been utilised'

- b. Safety and Quality Improvement Guides (one per standard) – in particular under each action and key task there are ‘Outputs’ suggested. In addition, the suggested strategies may assist the facility in providing options for how an action can be improved. (October 2012)
<http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-2-partnering-with-consumers-october-2012/>

Example:

Safety and Quality Improvement Guide - Standard 2 Action 2.4.1 (October 2012)

Actions required	Implementation strategies
2.4 Consulting consumers on patient information distributed by the organisation	
<p>2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)</p>	<p>Key task:</p> <ul style="list-style-type: none"> Develop and implement a systematic process for sourcing consumer and/or carer feedback about patient information publications <p>Suggested strategies:</p> <ul style="list-style-type: none"> You should review your existing policies or processes for seeking consumer feedback on your patient information publications. This could include identifying the publications your organisation has produced, looking at how they were developed and determining whether consumers and/or carers were involved in their development. If consumers were not involved in the development of your publications – you should develop and implement a process that involves consumers and/or carers in the development of all relevant new, and review of existing, publications. Consumers could be involved in this process through: <ul style="list-style-type: none"> electronic, mail or phone surveys of consumers who have used your information publications. Information on undertaking surveys can be found in Improving health services through consumer participation (Aus),²² The participation toolkit (UK)²³ and the Health literacy universal precautions toolkit (US)²⁴ holding waiting room discussions, focus groups or workshops to develop new materials or modify existing materials. See The participation toolkit (UK)²³ for more information on these strategies attending community meetings to discuss the information needs of consumers, and the barriers and facilitators to understanding health information in the community making follow-up phone calls to consumers who have been provided with patient information publications, to identify any issues in understanding the information that was provided. Further information on involving patients in testing information publications can be found in Health literacy universal precautions toolkit (US)²⁴ and In other words...can they understand? Testing patient education materials with intended readers (US).²⁵ If you do not develop your own information publications – you should try to source and use publications that have been developed in partnership with consumers. Organisations may use patient information publications sourced from state and territory health departments, developed by professional associations, purchased from an external provider and a range of other places. Consider the process by which the patient information publication was developed, and if possible, choose resources that have been developed in consultation with consumers. Publications that have been sourced from other organisations may still need to be tested with your local community and adapted.
	<p>Outputs of improvement processes may include:</p> <ul style="list-style-type: none"> policies or processes in place that describe how consumers are involved in providing feedback on patient information publications consumer feedback about patient information publications is sought, documented and incorporated into the revision of publications



An output for 2.4.1 ‘Consumer feedback about patient information publications is sought, documented and incorporated into the revision of publications’

2. The questions in the audit tools (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 evidence to support, 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 Standard 2 Action 2.4.1

Queensland Health
NSQHS Standard 2 Partnering with Consumers
 Ward/unit audit tool

Pilot phase for Standard 2 audit tool documents is to 30 September 2012

Hospital and Health Service: _____ Facility: _____ Audit Date/Period: _____

Ward/Unit: _____

Ward/Unit audit tool: collects ward/unit level data.

Notes:

- Each facility needs to determine those audit questions that are applicable to their facility/health service circumstances for review
- Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements
- The measurement plan details applicable questions that are applicable to the standard

Ward/Unit Questions	Response
1.0 Is there evidence that the ward/unit seeks feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1 If yes: Is there evidence that: <ul style="list-style-type: none"> the feedback was documented? the feedback was incorporated into the revision of the publications? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
1.2 Provide details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owner'.	

The ward/unit audit tool allows you to collect the specific question/s that can be used for 2.4.1 in auditing the ward/unit.

Queensland Health
NSQHS Standard 2 Partnering with Consumers
 Facility audit tool

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the % (N/D*100)
	(as per measurement plan)	Numerator (N)	Denominator (D)	
17.0	What is the number of wards/units that seek feedback from consumers and/or carers on existing and new patient information publications (for distribution to patients)? (CON_Ward_Q1.0)			
17.1	What is the number of wards/units where the feedback was documented? (CON_Ward_Q1.1)			
17.2	What is the number of wards/units where the feedback was incorporated into the revision of the publications? (CON_Ward_Q1.1)			
17.3	Collate information on the details of the patient information publications, who developed them, where feedback was documented, where revisions are kept and the 'owners'. (CON_Ward_Q1.2)			
18.0	What is the number of wards/units that have new services designed			

The facility audit tool allows you to collate all the ward/unit results for a facility level view.

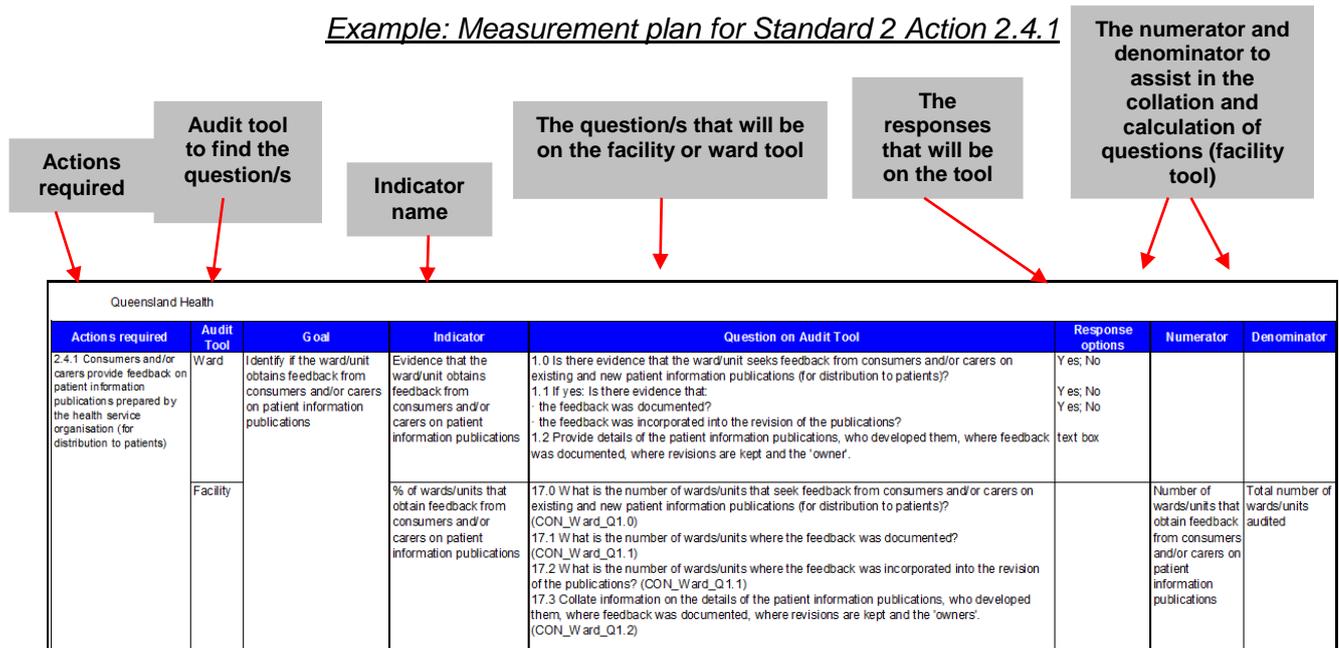
In addition to the collection of information, the facility tool includes the ability to be able to collate data i.e.: collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found eg. CON_Ward_Q1.0 refers to Q1.0 in the ward/unit audit tool where the responses to collate the data will be found.

The last three columns in the collation sections i.e.: Num/Den/% allows for the calculation of the % result at a facility level (for reporting). Details of these can be found in the measurement plan. Future plans for the electronic capture of information will allow the collation of data to be automatic.

3. The measurement plan details the criteria / action 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 Standard 2 Action 2.4.1



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 on-line using an existing secure electronic web-based system, Measurement Analysis & 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 this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

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

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

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