

# NSQHS Standard 1 Governance

## How to use the Audit tools



### Governance 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 patient, ward and facility level, delving down into specific requirements that further support meeting the action
  - Collect patient level data using a number of methods i.e. chart documentation, observational and asking the patient/carer questions to demonstrate that the evidence has been met, and to what extent
  - Observe ward/unit staff undertaking a process e.g. clinical handover and recording individual results
- Determine actual performance results at a ward and facility level by rolling up data i.e. auditing all patients in a ward for a ward result, 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 at the three levels 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. Specific audit tools that allow the collection and collation of information are provided that can be adapted for local use:
  - *Patient audit tool*: collects patient level data (at a ward/unit level), use one audit tool for each patient audited
  - *Ward/Unit audit tool*: collects ward/unit level data and collates the patient level responses
  - *Facility audit tool*: collects facility level data and collates the ward/unit level responses
  - In addition, the Governance audit tools include attachments that allow the auditing of the patient/client chart in three settings i.e. ACUTE, COMMUNITY and ORAL HEALTH.
    - Attachment 1: ACUTE (patient) – allows the COLLECTION of patient data
    - Attachment 2: ACUTE (ward/unit) – COLLATES the patient data to give a ward/unit view
    - Attachment 3: COMMUNITY (client) - allows the COLLECTION of client data
    - Attachment 4: COMMUNITY (unit) – COLLATES the client data to give a unit view
    - Attachment 5: ORAL HEALTH (client) - allows the COLLECTION of client data
    - Attachment 6: ORAL HEALTH (unit) – COLLATES the client data to give a unit view
4. A measurement plan summary for each standard that defines the goals, questions and responses in all of 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.
- 5.

## Scope of the Governance Audit tools

The audit questions at this stage incorporate a number of key areas associated with the governance of a facility (or service level). In addition, a suite of tools to audit the patient's clinical documentation in the Acute, Community and Oral Health settings is included.

## How the tools were developed

### **An example is provided below using action 1.17.2 in Standard 1**

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: Hospital Accreditation Workbook – Standard 1 Action 1.17.2 (October 2012)**

**Patient rights and engagement**

Patient rights are respected and their engagement in their care is supported.

Actions required	Reflective questions	Examples of evidence - select only examples currently in use	Evidence available?
<b>1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights</b>			
1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	How do we align our approach to patient healthcare rights with the <i>Australian Charter of Healthcare Rights</i> ?	<input type="checkbox"/> Policies, procedures and protocols regarding the implementation and use of a charter of patients rights <input type="checkbox"/> A charter of patient rights consistent with the <i>Australian Charter for Healthcare Rights</i> is available <input type="checkbox"/> Other _____	<input type="checkbox"/> No → further action is required <input type="checkbox"/> Yes → list source of evidence
1.17.2 Information on patient rights is provided and explained to patients and carers	How do we provide and explain information to patients on their healthcare rights?	<input type="checkbox"/> A charter of patient rights displayed in areas accessible to the public <input type="checkbox"/> Brochures, information sheets or other documents that explain the charter of rights are given to patients <input type="checkbox"/> Charter of patient rights that is available in a range of languages and formats, consistent with the patient profile <input type="checkbox"/> Admission checklist that includes provision and explanation of patient charter of rights <input type="checkbox"/> Evidence that patients and carers understand their rights and responsibilities, for example via patient interview <input type="checkbox"/> Other _____	<input type="checkbox"/> No → further action is required <input type="checkbox"/> Yes → list source of evidence

*Example of Evidence for 1.17.2 ‘Brochures, information sheets or other documents that explain the charter of rights are given to patients’*

- 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-1-governance-for-safety-and-quality-in-health-service-organisations/>

Example:

Safety and Quality Improvement Guide - Standard 1 Action 1.17.2 (October 2012)

Actions required	Implementation strategies
<b>1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights</b>	
<p><b>1.17.1</b> The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights</p> <p><b>1.17.2</b> Information on patient rights is provided and explained to patients and carers</p> <p><b>1.17.3</b> Systems are in place to support patients who are at risk of not understanding their healthcare rights</p>	<p><b>Key tasks:</b></p> <ul style="list-style-type: none"><li>• Formally adopt (with or without amendment) the <i>Australian Charter of Healthcare Rights</i></li><li>• Periodically review the effectiveness of the Charter's implementation in the organisation</li></ul> <p><b>Suggested strategies:</b></p> <p>The <i>Australian Charter of Healthcare Rights</i> (the Charter) was developed by the Australian Commission on Safety and Quality in Health Care and adopted by all Health Ministers in 2008. The Charter defines rights to access, safety, respect, communication, participation, privacy and consent. Some jurisdictions have developed supporting information that expands on the Charter.</p> <p>Formal adoption of the Charter by the governing body and identification of a senior individual who is responsible for promulgating the Charter and ensuring it appropriately guides the delivery of services, will facilitate its implementation throughout the organisation.</p> <p>An effective system to implement and maintain the Charter should generally include the following elements:</p> <ul style="list-style-type: none"><li>• allocation of responsibility for implementing the Charter to a senior individual(s)</li><li>• prominent display of the Charter within the organisation</li><li>• ready accessibility to copies of the Charter by all users of the organisation's services and their carers, including availability of the Charter in community languages and formats relevant to people unable to use the written Charter</li><li>• inclusion of information about the Charter in corporate communications</li><li>• orientation to the Charter for new members of the workforce (including contract and agency workforce), and inclusion of information about the Charter in regular education and training sessions</li><li>• use of the Charter as a platform for discussions about health care rights between patients, consumers, families, carers and providers.</li></ul> <p>Knowledge about the Charter can be evaluated from information collected during organisational culture and patient satisfaction/experience surveys. That knowledge can then be shared throughout the organisation and reported periodically to the governing body.</p> <p>The governing body should receive regular reports to enable it to monitor the effectiveness of the Charter in establishing a framework for patient rights.</p> <p><b>Outputs of improvement processes may include:</b></p> <ul style="list-style-type: none"><li>• evidence of adoption of the Charter</li><li>• evidence of information about the Charter given to patients</li><li>• evidence of widespread awareness of the Charter amongst the workforce.</li></ul>

An output for 1.17.2 'Evidence of information about the Charter given to patients '

2. The questions in the audit tools (patient, 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. In addition, questions may require the auditing of patients in order to demonstrate that the evidence has been met, and to what extent.

Questions and responses have been developed in consultation with content area experts.

Example: Audit tool questions for Standard 1 Action 1.17.2

Ward/Unit:	Patient Medical Record Number (MRN):	
<b>Patient audit tool:</b> collects patient level data (on a ward/unit), use one audit tool for each patient audited		
Notes: <ul style="list-style-type: none"> <li>Each facility needs to determine those audit questions that are applicable to their facility /health service circumstances for review</li> <li>Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements</li> <li>The measurement plan details each audit question and the action/criteria it aligns to in the standard</li> </ul>		
Documentation audit - Patient		Response
1.0	Is there an advance care plan documented in the patients chart (if appropriate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: Has the plan been prepared in partnership with the patient, family and carer (if appropriate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedside Patient Questions		Response
2.0	Patient/Carer Question - Ask "Did you receive a pamphlet or did a staff member explain how to convey your comments and concerns to staff?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A
3.0	Patient/Carer Question - Ask "Did you receive a pamphlet or see a poster or did a staff member talk to you about the Australian Charter of Health Care Rights?"	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ward/Unit Questions		Response
3.1	If yes: Is there evidence: <ul style="list-style-type: none"> <li>that patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care?</li> <li>of a management plan that includes an evaluation of risks and methods of eliminating or reducing identifiable risks?</li> <li>that action plans are implemented for patients identified at increased risk of harm?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	If yes to 3.1: Provide details on the risk assessments, action plans and management plan that has been implemented and when.	

Collation of audited patients (This section is only needed to be used if the data was collected at the patient level. Enables ward/unit reporting.)				
	(as per measurement plan)	Count of No. of patients who meet criteria Numerator (N)	Count of Total No. of patients who are included in the denominator and audited Denominator (D)	Calculate the % (N/D*100)
4.0	What is the number of patients who have an advanced care plan documented that has been prepared in partnership with the patient, family and carer (if appropriate)? (Gov_Patient_Q1.0 & Q1.1)			
5.0	What is the number of patients/carers who reported receiving information on how to feedback comments and concerns to staff? (Gov_Patient_2.0)			
6.0	What is the number of patients/carers who reported receiving information about the Australian Charter of Health Care Rights? (Gov_Patient_3.0)			

The patient audit tool allows you to collect the specific question that can be used for 1.17.2 in auditing patient level information.

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

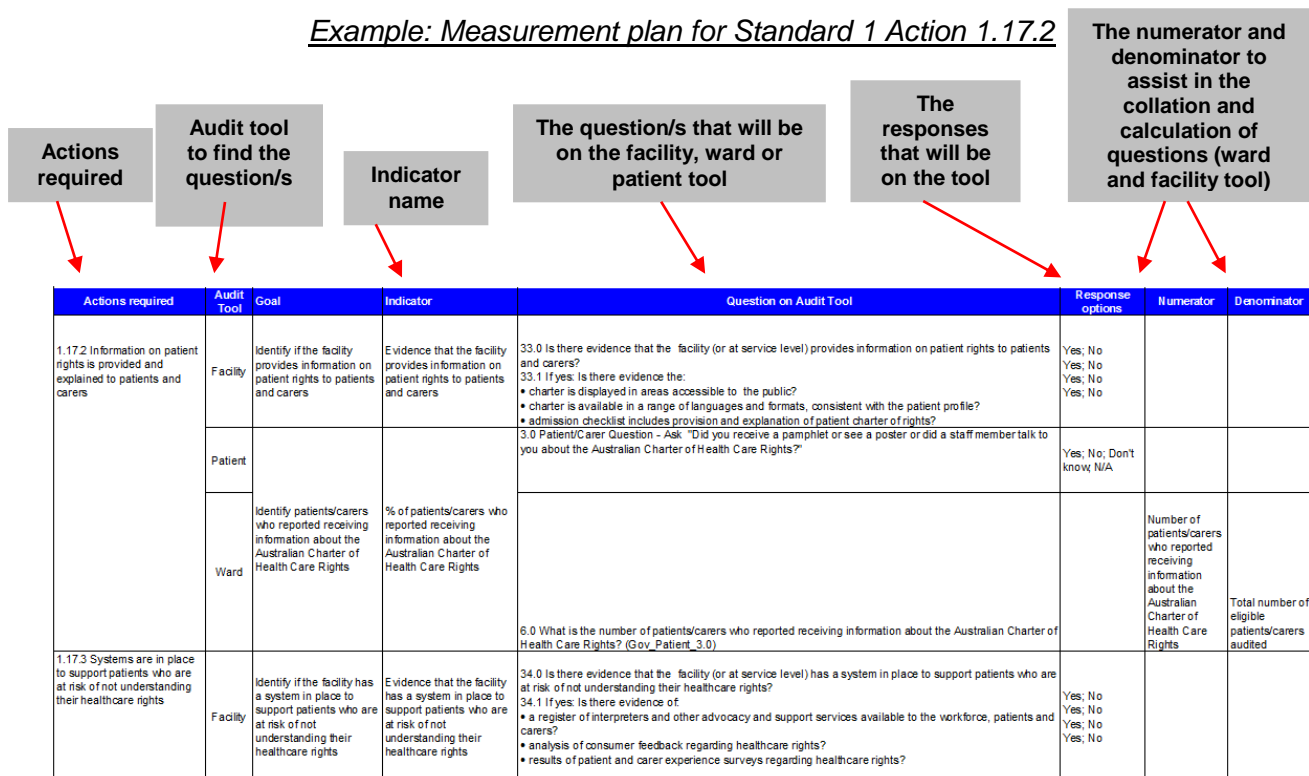
In addition to the collection of information, the ward/unit and facility tools include the ability to be able to collate data i.e.: collate the data collected at a patient level for a ward/unit view, collate the data collected at a ward/unit level for a facility view. Where this is the case, the collation questions refer to where the information can be found e.g. Gov\_Patient\_Q1.0 refers to Q1.0 in the Patient 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 ward/unit and 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 1 Action 1.17.2



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](mailto: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](mailto:PSQIS_Comms@health.qld.gov.au) for feedback or comments.**

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For further information contact Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health, PO Box 2368, Fortitude Valley, BC, Qld 4006, email [PSQIS\\_Comms@health.qld.gov.au](mailto:PSQIS_Comms@health.qld.gov.au), phone (07) 3328 9430. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Department of Health, GPO Box 48, Brisbane Qld 4001, email [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au).