

## NSQHS Standard 1 Clinical Governance

### How to use the audit tools – Edition 2



## Clinical Governance Audit Tools Instructions

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland has 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. The audit tools have been updated to align with the second edition of the NSQHS Standards.

### Purpose of the audit tools

The tools provide facilities and health services with additional support 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. An Excel workbook consisting of tabs with the following:
  - *Facility Collection and Results*: collects facility level responses
  - *Ward/Unit Collection*: collects ward/unit level responses, the Excel spreadsheet can be used to collect up to 15 wards/units
  - *Results for Ward/Unit*: collates the ward/unit level responses.
4. A measurement plan 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 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.

### Scope of the Clinical Governance audit tools

The audit questions incorporate a number of key areas associated with the governance of a facility (or service level).

## How the tools were developed

An example is provided below using Action 1.33 in Standard 1

1. The NSQHS Standards workbooks and guides were used, i.e.
  - a. Guide for Hospitals (November 2017) – Key tasks and Strategies for improvement  
<https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards-guide-for-hospitals/>

Example: Guide for Hospitals – Action 1.33 in Standard 1

### Action 1.33



The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

#### Intent

Aboriginal and Torres Strait Islander people feel welcome and respected when receiving care.

#### Key tasks

- Establish relationships with local Aboriginal and Torres Strait Islander communities, and seek feedback on current practices in the organisation and areas for improvement
- Review the factors that create a welcoming environment for Aboriginal and Torres Strait Islander people.

- Identifying spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce, carers and family; this could include outdoor spaces, if appropriate
- Seeking feedback on the signs, symbols and displays that could be used, such as
  - Aboriginal or Torres Strait Islander flags
  - artwork from local and partner communities
  - statements of reconciliation and acknowledgement of traditional owners
  - participation in cultural events
- Supporting Aboriginal and Torres Strait Islander consumers to have access to culturally appropriate services.

#### Strategies for improvement

Providing a welcoming, culturally sensitive and safe environment for Aboriginal and Torres Strait Islander people may improve their patient and carer experience during an episode of care. This may lead to improved health outcomes and may reduce the rate of early discharge.

Further strategies are available in *NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health.*

Example: Strategies for improvement for 1.33 in Standard 1 'Identifying spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce, carers and family; this could include outdoor spaces, if appropriate'.

- 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 Action 1.33 in Standard 1*

Ward/Unit Questions		Ward 1	Ward 2
		Ward/Unit:	
4.0	Is there evidence that the ward/unit has spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce?		

In addition to the collection of information, the Excel spreadsheet collates data at the ward/unit level. The tab *Results for Ward/Unit* shows the number of wards/units that met the indicator and the total number audited, which are then used to calculate the percentage of wards/units that met that indicator. Details of the indicators can be found in the measurement plan.

- The measurement plan details the actions 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 Action 1.33 in Standard 1*

Action	Actions required	Goal	Indicator	Audit Tool	Question on Audit Tool	Response options	Numerator	Denominator
1.33	The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	Identify if the ward/unit has spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce	% of wards/units that have spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce	Ward	4.0 Is there evidence that the ward/unit has spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce?	Yes; No	Number of wards/units that have spaces for Aboriginal and Torres Strait Islander people to hold family conferences, and to consult with members of the clinical workforce (Yes to 4.0)	Total number of eligible wards/units (Yes or No to 4.0)

## Using the Excel tools

The audit tools are in different worksheets in the Excel document and these are accessed by the tabs at the bottom of the workbook or by clicking on the links in the Contents page.



## National Safety and Quality Health Service (NSQHS) Standards Standard 1 Clinical Governance - Edition 2

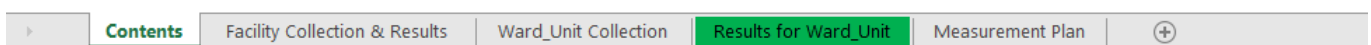


### Audit Tools to audit against Edition 2 of the NSQHS Standards

Patient Safety and Quality Improvement Service, Clinical Excellence Queensland has developed audit tools for facilities and Hospital and Health Services (HHS) to use to collect data in support of evidence in meeting Edition 2 of the NSQHS Standards. There are a number of tools in the workbook. The tools provide the ability to collect data for a facility and a number of wards, and display combined results for ward indicators. In addition, the measurement plan provides a high level view of the NSQHS actions and their alignment to each audit question.

### Contents

<a href="#">Facility Collection &amp; Results</a>	This audit tool collects Facility level data, and the results can be printed directly from this sheet
<a href="#">Ward Unit Collection</a>	This audit tool collects Ward/Unit level data
<a href="#">Results for Ward Unit</a>	This tab presents the results of the Ward/Unit level data (that were collected on the Ward_Unit Collection tab)
<a href="#">Measurement Plan</a>	The measurement plan outlines the NSQHS Standards Actions and the audit questions and indicators aligned to them



In addition, we recognise that each facility will define when the audit will take place, how often, how many wards/units to audit and who will perform the audit.

Queensland Health facilities have the ability to enter their audit data online using an existing secure, electronic web-based system, Measurement, Analysis and 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 the audit tools are a constant '**Work in Progress**', future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

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

**Please email Patient Safety and Quality Improvement Service on [mars@health.qld.gov.au](mailto:mars@health.qld.gov.au) for feedback or comments.**

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