



Team Name: Quality, Patient Safety & Accreditation	Reference Number: ORG.1810.PL.008
Team Lead: Regional Lead – Quality, Patient Safety & Accreditation	Program Area: Quality, Patient Safety & Accreditation
Approved by: Chief Executive Officer	Policy Section: General
Issue Date: February 5, 2020	Subject: Audit – Client Services
Review Date:	
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Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Audit – Client Services

PURPOSE:

Accreditation Canada states that there must be a defined and integrated quality management system used to assess performance and improve quality. Southern Health-Santé Sud (SH-SS) is committed to monitoring the quality of care and client services in all areas, ensuring that risk in the organization is minimized.

BOARD POLICY REFERENCE:

- EL-1 Global Executive Restraint and Risk Management
- EL-2 Treatment of Clients
- EL-7 Corporate Risk

POLICY:

Client services are monitored through a Regional Audit Working Group which provides leadership to a regional audit process and establishes a framework outlining standardized audit processes.

An audit is a methodical appraisal of a particular aspect of health care delivery. It is a process where an inter-disciplinary team of health care professionals work together to review the quality of client services being provided.

Auditing is a tool used to evaluate and improve or re-affirm the quality of services being provided. The most common audit approach is to identify evidence-based standards/best practices, measure current performance against those standards/best practices, identify learning opportunities and institute any necessary action. Sentinel indicators are used as a measure of performance in the Regional Audit Reports.

The audit cycle is a continuous process that involves setting standards/best practices, monitoring and implementing change, and evaluating the change for effectiveness and outcomes.

DEFINITIONS:

Sentinel Indicators: are an overall measure of performance within the health system. One example is Healthcare Associated Infection rates as a sentinel indicator for infection control.

Team Lead: a staff member in a leadership role identified as the Responsible Person to monitor the quality of care and client services for a designated program.

IMPORTANT POINTS TO CONSIDER:

The Regional Audit Working Group provides leadership and establishes an audit process framework outlining standardized audit processes including but not limited to:

- Definitions;
- Audit parameters;
- Reporting mechanisms;
- Tools;
- Centralized repository of regional audits;

providing an objective review of program audit processes.

PROCEDURE:

The Regional Audit Process is a continuous seven-step process:

1. Team Lead(s) develops an audit tool in collaboration with their regional team(s) and with respect to the Regional Audit Guide (ORG.1810.PL.008.SD.01) and Regional Annual Audit Schedule (ORG.1810.PL.008.FORM.01).
2. Team Lead(s) collaborates with the Site Lead(s) or designate at each respective site, to coordinate the audit tool according to the Regional Annual Audit Schedule.
3. Site Lead or designate, analyze site findings of audit results, develop next steps for their site and submits to Team Lead(s).
4. Team Lead(s) analyze regional findings of audit and develops next steps/actions in partnership with their regional team(s).
5. Team Lead(s) reports to respective Responsible Senior Lead utilizing the Regional Audit Report template.
6. Responsible Senior Lead shares Regional Audit Report (ORG.1810.PL.008.FORM.02) and discusses next steps with the Regional Audit Working Group. Reporting of results and next steps is according to the Regional Annual Audit Schedule.
7. Regional Audit Working Group reports on findings to the Regional Leadership Team according to the Regional Annual Audit Schedule twice per year.

SUPPORTING DOCUMENTS:

ORG.1810.PL.008.FORM.01	Regional Annual Audit Schedule Template
ORG.1810.PL.008.FORM.02	Regional Audit Report Template
ORG.1810.PL.008.SD.01	Regional Audit Guide

REFERENCES:

Accreditation Canada - *Leadership Standard Version 14*

Winnipeg Regional Health Authority - *Clinical Audit Advice Pack For Audit Leads, January, 2014 (Version7)*