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REGIONAL AUDIT GUIDE

Introduction

Audits assessing the quality of care and client services are conducted in Southern Health-Santé Sud. This allows the region to make data-driven decisions to reduce variation and improve care and delivery based on best practices. This short guide is a reference to help plan, develop and implement audits in the region.

What is an audit?

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

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, measure current performance against those standards, identify learning opportunities and institute any necessary action. Sentinel indicators are used as a measure of performance in the Regional Audit Reports. Sentinel indicators are an overall measure of performance within the health system whereas performance indicators are measures on specific provisions within an audit to evaluate compliance on targeted areas.

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.

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.

In general, one would determine the standard/best practice, conduct the audit, analyze the results, recommend changes to improve or reinforce the practice, implement changes, and repeat audits as required to achieve and sustain the outcomes.

Auditing can be reduced down to five basic rules:

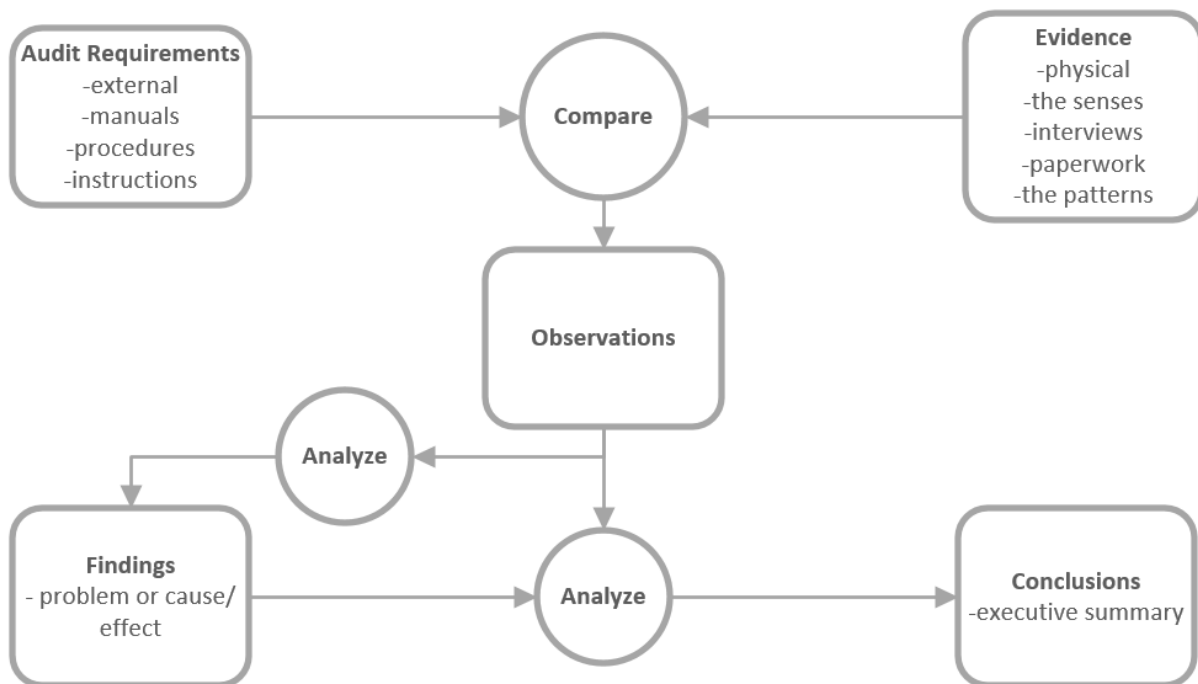
1. Audits provide information to others
2. Auditors are qualified to perform their tasks
3. Audits measure to agreed criteria
4. Conclusions are based on fact
5. Areas for improvement are identified and actions are taken in response to the results.

What an audit is not

An audit is not a research project, nor is it about collecting complicated statistics or simply collecting data, although data is used. The focus is about evaluating actual results compared to standards/best practices. Audits are also not used for disciplinary reasons or as a blaming or a competitive exercise.

General Model for Auditing

The below diagram shows the general model for auditing. First, audit requirements are determined. These requirements may be from manuals, procedures, or other instructions, and may be internal or external to the region. This is then compared to evidence, which could come from paperwork, observed patterns, or even the senses (what you see, hear, etc). The requirements and evidence are compared to come up with observations. The observations are then analyzed and then either lead to coming up with findings, analyzing the findings and developing conclusions, i.e. an executive summary, or in some instances the analysis of the observations is sufficient to develop conclusions. The algorithm below provides a visual representation of an audit model.



Types of Audits

There are two main types of audits: compliance and performance audits. Compliance audits are used to determine whether the item being audited conforms to a set of rules; the rules do not change. In these instances audit requirements are set and the focus is on consistent implementation. Performance audits look at compliance to the rules, but also the effectiveness of the rules for the use, and suitability of the rules for meeting clinical outcomes. Performance audits may result in changes to the rules and practices. With performance audits, requirements are questioned and the focus is on clinical outcomes.

There are types of audits within both compliance and performance audits and these are outlined in the following table. Two examples relate to healthcare acquired infection rates and pressure injuries.

Audit Types	Compliance Audit	Performance Audit
System Audit	Consistent implementation of a defined system.	Ability to achieve clinical outcomes. Promotes change.
	<p>Example #1: the moments of hand hygiene and whether that is being conducted in a consistent way. Indicator: Percent of staff that completed Moments 1 to 3 prior to delivering care</p> <p>Example #2: the Braden Scale for predicting pressure injuries is used consistently amongst staff. Indicator: Percent of clients that were assessed for pressure injuries upon admission utilizing the Braden Scale</p>	<p>Example #1: how well infection control measures are working to reduce hospital acquired infections Indicator: Percent of clients that have a hospital acquired infection</p> <p>Example #2: how well pressure injury prevention strategies are working to reduce pressure injury rates while in care Indicator: Percent of clients that have a pressure injury while in care</p>
Process Audit	Ability to achieve desired characteristics in accordance with defined processes.	Ability of the processes to achieve desired outcomes.
	<p>Example #1: a hand hygiene audit to determine if staff are washing their hands in accordance with Infection Prevention & Control Practices expectations Indicator: Percent of staff that are washing hands in accordance with Infection Prevention & Control Practices</p> <p>Example #2: an audit to determine if staff are using the Braden Scale in accordance with the policy. Indicator: Percent of Braden Scales that are completed in accordance with the policy</p>	<p>Example #1: whether locations of hand hygiene supplies/stations influence whether staff are performing hand hygiene. Indicator: Percent of staff that are washing their hands on Wing A; Percent of staff that are washing their hands on Wing B. The hand hygiene locations could be varied on the units. .</p> <p>Example #2: an audit to determine if the Braden Scale is located in admission packages Indicator: Percent of admission packages that have the Braden Scale located in the package.</p>

Audit Types	Compliance Audit	Performance Audit
Product Audit	Production of goods or services to defined requirements.	Suitability of the goods or services for intended use.
	<p>Example #1: whether meals are being prepared at the correct temperatures, which would impact whether microbial organisms remain in food served.</p> <p>Indicator: Percent of meals that are prepared at the correct temperatures.</p> <p>Example #2: whether meals are prepared with high protein for clients who are to have high protein intake to assist with wound healing.</p> <p>Indicator: Percent of clients who are to have high protein intake are receiving it at meals.</p>	<p>Example #1: expiration dates for hand sanitizer.</p> <p>Indicator: Percent of hand sanitizers that are in stock that are expired.</p> <p>Example #2: whether expired high protein meal supplements are removed from circulation</p> <p>Indicator: Percent of high protein meal supplements that are in circulation that are expired.</p>

Audit Process

Prior to conducting any audit it is important to prepare in advance. Consider the following:

- What is the purpose or objective of your audit?
- What is the scope of the audit being conducted?

Determining your topic at the outset and maintaining a narrow scope for the audit will lead to a more successful audit. It’s possible to conduct subsequent audits if necessary.

- Who is on the audit team and are there other resources that will be used?
- Are the people conducting the audit familiar with what is being audited (technical understanding of the processes)?
- Are the requirements for the audited activity known, for example the best practice or benchmarks?
- What is the best sample size for your audit? Refer to the sample size calculator in the reference list.

Review research as needed.

Once you have understood the above, an audit plan is developed, and any related documentation is reviewed prior to conducting the audit. For example, review any related policies and determine when the audit is taking place, by whom, and where. Finally, prior to conducting the audit, a data gathering tool is developed. This could be a check list or tool appropriate to the process being audited. Consider the data that will be collected, and remember that there are many forms of data: physical properties, information from your senses (i.e. what you see, hear, etc), documents and records, interviews and patterns. Consider the acronym SMART when developing criteria. Criteria should be Specific, Measureable, Achievable, Related to aims/objectives and Theoretically sound.

It is important to first pilot the audit tool prior to conducting the full audit.

- Is the information obtained valuable?
- Can it be analyzed?
- Should any adjustments be made to the tool prior to conducting the full audit?

Piloting the audit prior to conducting the full audit will allow you to modify the process.

The Regional Audit Guide ORG.1810.PL.008.SD.01 shows the steps of the audit process within Southern Health-Santé Sud. The first step (Step 1) is for the Team Lead(s) to develop an audit tool in collaboration with their regional team(s) and with respect to the Regional Audit Guide and Regional Annual Audit Schedule.

Once the Team Lead(s) has developed the tool, 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. (Step 2) ORG.1810.PL.008.SD.01

Once the audit has been conducted, Step 3 is for the Site Lead(s) or designate to analyze the findings and results of the audits, develop next steps and submit to the Team Lead(s). The Team Lead(s) is to analyze the findings of the audit and develop the next steps or actions to be taken, in partnership with the regional team or teams (Step 4).

In Step 5, the Team Lead(s) report to the Responsible Senior Lead using the Regional Audit Report template ORG.1810.PL.008.FORM.02. The Responsible Senior Lead is to share the Regional Audit Report and discuss with the Regional Audit Working Group, reporting the results and next steps (Step 6). Finally, twice a year the Regional Audit Working Group is to report findings to the Regional Leadership Team. Timelines for this are determined by the Regional Annual Audit Schedule (Step 7).

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Regional Audit Process

STEP 6:
Responsible Senior Lead shares Regional Audit Report and discusses next steps with the Regional Audit Working Group. Reporting of results and next steps is according to the Regional Annual Audit Schedule.

STEP 7:
Regional Audit Working Group reports on findings to the Regional Leadership Team according to the Regional Annual Audit Schedule twice per year.

STEP 1:
Team Lead(s) develops an audit tool in collaboration with their regional team(s) and with respect to the Regional Audit Guide and Regional Annual Audit Schedule.

STEP 5:
Team Lead(s) reports to respective Responsible Senior Lead utilizing the Regional Audit Report template.

STEP 4:
Team Lead(s) analyze regional findings of audit and develops next steps/actions in partnership with their regional team(s).

STEP 3:
Site Lead or designate, analyze site findings of audit results, develops next steps for their site and submits to Team Lead(s).

STEP 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.