HealthCERT Bulletin

Information for Designated Auditing Agencies

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Welcome to the May 2013 edition of the HealthCERT team's quarterly bulletin. This edition summarises some key topics covered at the designated auditing agency (DAA) workshop held in February 2013. It also draws attention to some other information that may help in completing audits and audit reports correctly.

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Streamlined audit process

Audits of all service types are now conducted using the streamlined audit process and Highly Relevant Criteria (HRC). Auditors should take a risk-based approach at standards level.

Here we look in more detail at guidance specific to different audit types.

Certification audits

- The pre-audit review of policies and procedures (known as 'stage 1' of the audit process) now requires auditors to provide written feedback. This allows providers to remedy any minor nonconformity and will enhance the quality of the on-site audit.
- The DAA is required to give the provider the environmental self-assessment form. The provider does not have to complete the form. It is still a requirement that auditors complete an onsite tour of the premises.

Surveillance audits

- The intent of surveillance audits has not changed. The focus is still on service delivery and compliance with criteria that were partially attained (PA) at the previous audit.
- The surveillance audit covers 17 standards (including Standards 1.4.2 and 1.4.7, which refer to building requirements and a fire evacuation plan).

How do the PA criteria apply to surveillance audits?

The following are examples of what to do with PA criteria in a surveillance audit**.**

A previous PA (HRC) is now fully attained (FA).
1. Write the finding at standard level – rate the standard FA. There is no need to review the remaining criteria in that standard unless you have observed an obvious shortfall. Include a statement that the previous PA has been reviewed.

2. A previous PA (HRC) remains PA.
Write the finding at standard level – determine the risk rating for the standard. Write the finding statement, corrective action requirement (CAR), timeframe and risk in the criterion.

3. A previous PA (not HRC) is now FA.
Write the finding at standard level – rate the standard FA. There is no need to review the remaining standard criteria in that standard unless you have observed an obvious shortfall. Include a statement that the previous PA has been reviewed.

4. A previous PA (not HRC) remains PA.
Write the evidence at standard level, determine the risk rating, and write the findings statement, CAR, risk rating and timeframe in the **most appropriate** HRC.

Other audit types

For other audit types, **it is important to think about the intent of the audit**. In a provisional audit, for example, you do not undertake stage 1 of the process because the audit is about the status of the current provider and the preparedness of the prospective provider.

It is not appropriate to combine a partial provisional and a provisional audit. The intent of each is distinctly different: a partial provisional audit is for a new service type, whereas a provisional audit is for the purchase of a business.

Surveillance and verification audits can be combined. When combining them, be sure to very clearly identify the aspects of the findings related to each audit type.

Comprehensive Clinical Assessment (interRAI) tool

Dr Brigitte Meehan talked about the Comprehensive Clinical Assessment (interRAI) and explained how to use its forms and templates. The Ministerial announcement in October 2012 changed the scope of the project from voluntary to mandatory. As a result:

- all age-related residential care facilities must be participating in training by June 2014
- the use of interRAI will be mandatory from July 2015.

It is expected that the use of interRAI will strengthen the quality of care to residents. The assessment results can be used to drive a personalised care plan, and facilities can use the aggregated data for planning. InterRAI will contribute towards service analysis and benchmarking. It is also expected to play a role in more efficient auditing.

The assessment is to identify need, not services.

Key components of the tool

- The **form** uses conversation, clinical observation and records to code medical, psychological and social items (not culture/spirituality explicitly); and identifies standard care.
- The **Client Assessment Protocols** (CAPs) identify 'CAP' care – opportunities or risks that are modifiable.
- The **outcome scales** describe the degree of the 'problem' and help prioritise services.

All components provide decision support for an individualised care plan.

What to look for in assessing with interRAI

- Take care to use the interRAI results to inform the care plan (any template is acceptable).
- Continue to review the care plan to ensure professional and legal responsibilities have been fulfilled.

Useful interRAI documents available for auditors

The following interRAI reports may be printed out:

- resident overview
- assessment output (only useful to another trained assessor)
- MDS comments
- outcome scales
- assessment summary
- care plan.

Tracer methodology

The main focus of the workshop was to give auditors a chance to try some interactive exercises using tracer methodology.

It is important to use information from tracers to determine if the standards are fully attained and report at standards level. Do not mention findings from individual tracers in an audit summary.

One lively topic of discussion was the use of field notes in writing the audit report. The audit report should be a comprehensive summary of the field notes rather than a direct copy. It should group the findings from the three or more tracers that have been completed. Refer to individual tracers in coded form – T1, T2, T3 etc. Tracers identify linkages and gaps in service provision.

It is important to consider whether a finding is an isolated or a systemic issue. In addressing this question, auditors need to communicate with each other as a team. For example, an auditor's findings from a tracer might be linked to another auditor's findings from a review of the quality systems.

HealthCERT Bulletin 7 provides a comprehensive outline of the tracer method. The following are key tips for auditors to remember.

- Ensure the resident/consumer is able to discuss their care or, if they cannot, their family can talk on their behalf.
- Ask staff to show you through the clinical documentation process.
- Focus on the staff and do not let managers or 'experts' answer all the questions.
- Clarify with staff as to who does what and where.
- Validate discrepancies from policy, practice or system failures.
- Triangulate evidence.
- Provide informal feedback on tracer findings, such as whether the provider has experienced an isolated incident or has a validated problem.
- State positive findings as well as areas that may require further review.
- Be succinct and do not personalise findings. Maintain consumer anonymity.

Summaries for publication

The Declaration on Open and Transparent Government sets out the expectations that the data and information the government holds on behalf of the public must be open, trusted and authoritative, well managed and readily available, without charge where possible.

Audit summaries published on the HealthCERT website contribute to providing open and transparent information about the quality of service provided in residential care

facilities that received public funding via district health board and Ministry contracts. The Ministry is currently looking at the publication of summaries for other providers of health care services.

A wide range of people – including consumers, their families and the media – reads the audit summaries. For many readers, the summary is their first introduction to the world of aged care, residential disability and DHB hospitals.

Before submitting any summary for publication, please see that it is fully edited, proofread and peer reviewed.

In preparing a summary, follow these fundamental guidelines.

- Always keep in mind the intent behind the summary.
- Consider what information the reader would find useful.
- Keep to the word limit. The overall maximum is 1400 words, with a maximum of 200 words for the general overview.
- Keep the information consumer focused.
- For surveillance audits, do not repeat information from the previous certification summary.
- Provide information specific to the provider; for example, 'The service has completed a number of building renovations since the previous audit …'
- Summarise improvements; for example, 'Improvements the service has made since the last audit include embedding policies and procedures, educating staff, and implementing a varied activities programme'.
- Summarise shortfalls; for example, 'The audit found one area that requires improvement, related to the safe labelling and storage of chemicals'.

For more on writing in clear, plain English, see: Ministry of Health. 2010. *Audit Report Writing Guide.* Wellington: Ministry of Health.

Audit versus inspection

Some auditors have requested clarification about the difference between a HealthCERT inspection and an audit conducted by a DAA. HealthCERT inspections differ from routine certification audits in a number of important ways.

First, the purpose of a certification audit is to check a service provider is complying with the relevant Health and Disability Services Standards. A HealthCERT inspection is a response to a complaint or other information that HealthCERT has received, suggesting that a provider is not fully compliant with the relevant standards, or that the safety of residents or the public could be at risk.

The inspection process also differs from that of an audit. The inspection team investigates the nature of the complaint or issues and applies findings to the standards rather than auditing against the standards in the first instance.

The scope of a HealthCERT inspection can be widened if observations during the inspection raise concern about public safety in areas not covered by the complaint or issue that prompted the inspection.

Following an inspection, the inspection team determines if the complaint is substantiated or not. If there are areas of non-compliance against the standards, a new schedule is issued to the provider outlining what corrective actions it must take and when. The DAA is provided with a copy of the final inspection report and the new schedule.

Food and Nutrition Guidelines for Healthy Older People

The Ministry has published food and nutrition guidelines for older people. These guidelines could be of interest to DAAs who audit providers of services for older people.

Food and Nutrition Guidelines for Healthy Older People: A background paper aims to improve nutrition, increase physical activity and reduce obesity in older people. It supports the *Health of Older People Strategy* (Ministry of Health 2002). The background paper sets out food and nutrition guidelines that can be specifically applied to healthy older people. It also informs the development of health education resources for the general public, including *Eating for Healthy Older People/Te kai tōtika e ora ai te hunga kaumātua.*

Food and Nutrition Guidelines for Healthy Older People: A background paper provides sound and practical advice for health practitioners including dietitians, nutritionists, doctors, nurses, primary health care providers, health promoters, and others working with older people in the practice of healthy nutrition.

To read the guidelines, go to: www.health.govt.nz/publication/food-and-nutrition-guidelines-healthy-older-people-background-paper

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Note: Not all items in this bulletin will be relevant to all auditors; their applicability depends on an individual auditor's field of practice.