

Internal Audit of Clinical Services

INFORMATION KIT

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This document contains the following resources and related attachments to assist with the preparation for the internal audit of the (specified clinical area).

Information provided includes:

1. Checklist with summary of key activities to be undertaken before, during and after the internal audit
2. Draft timetable for onsite visit
3. Guidelines for scoping internal audit and sampling files
4. Att 1: Internal Audit tool.
5. Att 2: Data Collection Sheets
6. Att 3: Service profile information template
7. Att 4: Clinical expert information kit
8. Att 5: documentation request template

Internal Audit of Clinical Services Checklist

This checklist has been prepared to assist in identifying and planning for the internal audit key activities.

Activity	Description of tasks	Timeline	Responsibility
Prior to internal audit			
1. Finalise internal audit team	Organisation and internal audit team review clinical expert profiles and select clinical experts desired in priority order		
	Organisation to provide (clinical area) profile for clinical expert (see template)		
	Internal auditor and clinical expert to meet to clarify responsibilities and timelines for offsite and onsite internal audit components.		
1. Scope internal Audit	Define criteria and subpopulations for inclusion in the internal audit		
2. Finalise key dates	Confirm dates of onsite audit (minimum two days), draft and final report submission timelines		
3. Finalise onsite internal audit timetable and resourcing	Agree internal audit timetable (can use template provided or similar) and resourcing (including one member of eligible rostered staff to be available at all times for clinical expert patient file review)		
4. Staff brief	Discuss internal audit, the timetable of events and agree staffing and resource preparation		
5. Documentation for offsite audit	Organisation to provide agreed documentation to internal auditor		
6. Organise access	Make available room for audit, data access and staff resources for meetings		
At internal audit			
7. Timetable for onsite visit	According to finalised timetable for onsite visit (see draft timetable)		
Post internal audit			
8. Draft report for feedback	Draft internal audit report available for internal audit head and unit managers review and comment on recommendations		
9. Final report	Final report with management comments submitted to audit committee		
10. Report to quality committee	Submit actions required to quality committee		

Draft outline of internal audit onsite visit

This checklist has been prepared to assist in identifying and planning for the internal audit key activities.

Task	Description	People/Resources
Introductory meeting	Meeting with key staff to discuss: <ul style="list-style-type: none"> ▪ Anticipated activities occurring as part of onsite visit ▪ Confirm housekeeping – data availability, staff availability ▪ Confirm any mid audit progress and end of audit meetings 	Could include: <ul style="list-style-type: none"> ▪ Organisational Project sponsor ▪ CEO ▪ quality manager ▪ unit manager
Tour of services facilities	Introduce internal auditors to physical environment and model of care	
Internal Audit Part 1	Review of quality systems in clinical area	May need to arrange interviews HR manager and unit manager and have access to data online (incident, complaints, credentialling etc)
Internal Audit Part 2	Review of clinical process documentation	May need interviews with unit manager and/or member of rostered staff
Internal Audit Part 3	Review of clinical area quality data used for quality improvement	May need to discuss with unit manager and/or quality manager
Internal Audit Part 4	Patient file review	The clinical expert will need assistance from one supernumerary eligible services rostered staff member to assist with file navigation and to answer questions re processes
Progress meetings	Meeting with key staff to update on progress and initial impressions and identify any further data required	Could include: <ul style="list-style-type: none"> ▪ Organisational Project sponsor ▪ CEO ▪ quality manager ▪ unit manager
Final meetings	Meeting with key staff to present impressions of initial audit findings and to confirm timing of draft audit report and opportunity for management input	Could include: <ul style="list-style-type: none"> ▪ Organisational Project sponsor ▪ CEO ▪ quality manager ▪ unit manager

Guidelines for Scoping Internal Audit

The draft internal audit tool provided as part of this kit contains all the criteria that could potentially be included in an internal audit of the (specified clinical area). An important part of planning for the internal audit is prioritising which of the criterion is to be included in the internal audit process.

The following guidelines are to be considered in the scoping of your internal audit:

Criteria that must be included in the pilot

Section 4 of the tool is a patient record review and consists of criteria related to general clinical processes in all patients in the (clinical area specified) and those related to specific subpopulations. Part 4 of the tool must be included in the internal audit.

Criteria for scoping

Decisions regarding the inclusion/exclusion of criteria in the remaining parts of the tool can be made on the basis of:

- Inclusion on the basis of being a known area of higher risk (e.g. incidents and complaints data, evidence of wide variation in practice or from literature may inform this view)
- Excluded on the basis of recent assurance being received on the effectiveness of this process in (specified clinical area) from other assurance mechanisms (e.g. clinical audit, accreditation, external review, recent quality improvement project)

Sample size for patient file review

The number of patient files reviewed in section 4 of the tool needs to be decided as part of the scoping and internal audit planning process.

The sample selected should be large enough that the organisation is confident to implement changes based on the findings. However it must be remembered that this is not research and statistical significance does not need to be established. Resource considerations such as time, access to data, and costs may limit the sample size. Usually a sample of roughly 20-50 cases or 20% of the denominator, whichever is larger, is sufficient for internal audit. The concept of saturation should generally be followed, that is when the collection of new data does not shed any further light on the issue under investigation.

Random sampling is the preferred method for selecting the representative sample and ensures every member of the population has an equal chance of being selected. Random sampling may include approaches such as examining every 10th record in a timeframe or looking at every record created on dates with an odd number. Patient files reflecting births at different shifts time (am, pm and nights) at the hospital should be selected, if possible, for the general review of criterion.