NSQHS Standard 6 Communicating for Safety
How to use the audit tools – Edition 2

Communicating for Safety 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 to the second edition of the NSQHS Standards.

Purpose of the audit tools

The tools provide facilities and health services with additional supporting 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 patient level

- 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. Five specific audit tools that allow the collection and collation of information are provided that can be adapted for local use. An Excel workbook consists of tabs with the following:

   - *Facility Collection and Results*: collects facility level responses

   - *Ward/Unit Collection Audit Tool*: collects ward/unit level responses, the excel spreadsheet can be used to collect up to 15 wards/units

   - *Surgical Safety Checklist Collection Audit Tool*: collects staff observation responses for the Surgical Safety Checklist, the excel spreadsheet can be used to observe up to 15 staff

   - *Clinical Handover Collection Audit Tool*: collects observation responses for clinical handover, the excel spreadsheet can be used to collect up to 15 observations

   - *Patient Collection Audit Tool*: collects patient level responses (at a ward/unit level), the excel spreadsheet can be used to collect up to 20 patients

   - *Results for Ward/Unit*: collates the ward/unit level responses

   - *Results for Surgical Safety Checklist*: collates staff observation responses

   - *Results for Clinical Handover*: collates observation responses

   - *Results for Patient*: collates the patient level responses

4. A measurement plan for each standard that defines the goals, questions and responses in 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 Communicating for Safety Audit tools

The audit tools incorporate audit questions on Identification Bands, the Surgical Safety Checklist/3 C's, the Perioperative Patient Record, Informed Consent, Medication Safety, and Clinical Handover.

It is noted that although some of the questions may target surgical patients who have had a procedure, the questions can be adapted by facilities to include other patient groups, e.g. endoscopy patients.

The indicators and questions in the patient audit tools align to the Queensland Bedside audit (QBA) and other statewide audits wherever possible.

How the tools were developed

An example is provided below using Action 6.8 in Standard 6

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/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-Guide-for-Hospitals.pdf

Example: Guide for Hospitals – Action 6.8 in Standard 6

Action 6.8

Clinicians use structured clinical handover processes that include:

a. Preparing and scheduling clinical handover

b. Having the relevant information at clinical handover

c. Organising relevant clinicians and others to participate in clinical handover

d. Being aware of the patient's goals and preferences

e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient

f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care

Intent

Clinicians use structured clinical handover processes that are consistent with the key principles of clinical handover, to effectively communicate relevant, accurate and up-to-date information about a patient's care to ensure patient safety.

Key tasks

- Document the structured clinical handover processes required in the organisation, ensuring that they are consistent with the key principles for clinical handover

- Clearly communicate the clinical handover policies and processes to the workforce, including expectations for using clinical handover processes

- Provide access to structured clinical handover tools

- Support the workforce, patients and carers to use structured clinical handover processes and tools.

Strategies for improvement

A helpful clinical communication framework to consider is the NSW Health *Clinical Handover – Standard Key Principles*[306], which has also been adapted by the Quality Improvement Clinic in the United Kingdom.[282]

The framework outlines five key principles for clinical handover:

1. Leadership – nominated leader for each clinical handover or transfer of care

2. Values – clinical handover at transitions of care are valued as essential to the delivery of safe care, and preparation for clinical handover is a priority

3. Right people – the appropriate people are involved

4. Specified time and/or place (if appropriate) – a specified setting or place has been agreed, and there is an agreed time, duration and frequency for clinical handover to occur

5. Standardised process – an agreed process for clinical handover that includes an agreed set of information to be covered in transfers (minimum information content, see Action 6.7), which is communicated in a structured way, is action-focused, assigns responsibility for actions and is supported by clear documentation (see Action 6.11).

Outline the transition-of-care situations when effective clinical handover is critical to safe patient care. Consider the format in which handover might occur and how it should be delivered.

Conduct clinical handover using a structured format. Document clear, structured processes for transferring relevant patient information, accountability and responsibility for care in the organisation's policy, using the steps outlined in this action.[274,306] This is to ensure that everyone knows the process for clinical handover, their roles and responsibilities, and what is expected.

Prepare for and schedule clinical handover

Consider the organisation's environment and decide on the best time for clinical handovers to take

Example: Strategies for improvement for 6.8

2. The questions in the audit tools (patient, 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 supporting evidence, 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.
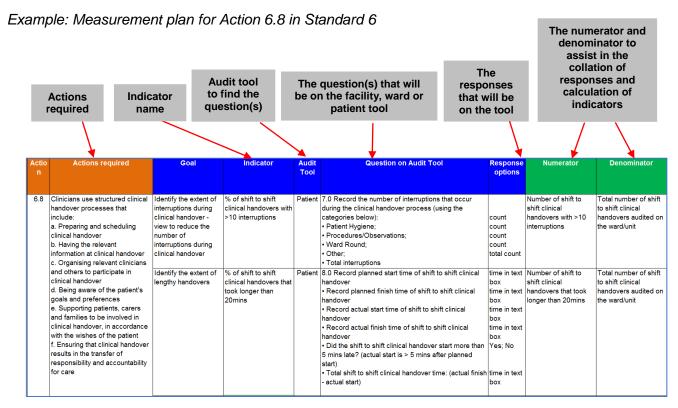
Example: Patient audit tool questions for Action 6.8 in Standard 6

Documentation Audit - Patient			Pt 1	Pt 2
		URN:		
Clinical Handover Observation Audit - Patient				
Note: The following questions are completed for each patient during the Clinical Handover				
Clinical Handover				
8.0	Was a bedside safety scan performed at the time of clinical handover?			
9.0	Was the patient/carer greeted on the commencement of clinical handover?			
10.0	Was the patient/carer introduced to oncoming staff on the commencement of clinical handover?			
11.0	Does the patient/carer have evidence of clinical handover documented in the chart?			
12.0	Was the patient/carer involved in clinical handover?			

In addition to the collection of information, the Excel spreadsheet collates data at the patient and ward/unit levels. 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. Subsequently, the tab *Results for Patient*, displays the percentage of patients that met the indicator. Details of the indicators can be found in the measurement plan.

3. 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 6.8 in Standard 6

The numerator and denominator to assist in the collation of responses and calculation of indicators

Actions required | Indicator name | Audit tool to find the question(s) | The question(s) that will be on the facility, ward or patient tool | The responses that will be on the tool

Action	Actions required	Goal	Indicator	Audit Tool	Question on Audit Tool	Response options	Numerator	Denominator
6.8	Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	Identify the extent of interruptions during clinical handover - view to reduce the number of interruptions during clinical handover	% of shift to shift clinical handovers with >10 interruptions	Patient	7.0 Record the number of interruptions that occur during the clinical handover process (using the categories below): • Patient Hygiene; • Procedures/Observations; • Ward Round; • Other; • Total interruptions	count count count count total count	Number of shift to shift clinical handovers with >10 interruptions	Total number of shift to shift clinical handovers audited on the ward/unit
		Identify the extent of lengthy handovers	% of shift to shift clinical handovers that took longer than 20mins	Patient	8.0 Record planned start time of shift to shift clinical handover • Record planned finish time of shift to shift clinical handover • Record actual start time of shift to shift clinical handover • Record actual finish time of shift to shift clinical handover • Did the shift to shift clinical handover start more than 5 mins late? (actual start is > 5 mins after planned start) • Total shift to shift clinical handover time: (actual finish - actual start)	time in text box time in text box time in text box time in text box Yes; No time in text box	Number of shift to shift clinical handovers that took longer than 20mins	Total number of shift to shift clinical handovers audited on the ward/unit

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 worksheet or by clicking on the links in the contents page.

Queensland Health
Clinical Excellence Queensland

National Safety and Quality Health Service (NSQHS) Standards
Standard 6 Communicating for Safety - 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 a number of patients and wards, and display combined results for each indicator. In addition, the measurement plan provides a high level view of the NSQHS actions and their alignment to each audit

Contents

Facility Collection & Results	This audit tool collects Facility level data, and the results can be printed directly from this sheet
Ward_Unit Collection	This audit tool collects Ward/Unit level data
Surg Safe Checklist Collection	This audit tool collects Observation data for the Surgical Safety Checklist
Clinical Handover Collection	This audit tool collects Observation data for Clinical Handover
Patient Collection	This audit tool collects Patient level data
Results for Ward_Unit	This tab presents the results of the Ward/Unit level data (that were collected on the Ward_Unit Collection tab)
Results for Surg Safe Checklist	This tab presents the results of the Observation data for the Surgical Safety Checklist (that were collected on the Surg Safe Checklist Collection tab)
Results for Clinical Handover	This tab presents the results of the Observation data for Clinical Handover (that were collected on the Clinical Handover Collection tab)
Results for Patient	This tab presents the results of the Patient level data (that were collected on the Patient Collection tab)
Measurement Plan	The measurement plan outlines the NSQHS Standards Actions and the audit questions and indicators aligned to them

| ▶ | **Contents** | Facility Collection & Results | Ward_Unit Collection | Surg Safe Checklist Collection | Clinical Handover Collection | Patient Collection |

In addition, we recognise that each facility will define when the audit will take place, how often, how many patients 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 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 for feedback or comments.