Leveraging Internal Audit to Improve Quality of Care Metrics

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Internal Audit Considerations

Pros - Reasons to Use Internal Audit
- Independent
- Analytical
- Focused on Risk-Based Areas
- Understand the inter-relation of Quality metrics and Reimbursement patterns.
- Able to process through source data and various interfaces and iterations

Cons - Areas to Watch For
- May not be clinically trained
- Fairly black and white in interpretation

Quality Areas of Focus
- Falls Risk Prevention
- Restraints
- Surgical Never Events
- Catheter Associated Urinary Track Infection (CAUTI)
- Central Line Associated Blood Stream Infection (CLABSI)
- Ventilator Associated Pneumonia (VAP)
Falls Risk Prevention Audit

- Evidence Based Practice Sources:
  - Joint Commission Guidance
  - Centers for Disease Control and Prevention (CDC) guidelines
  - Stopping Elderly Accidents, Deaths and Injuries (STEADI) Initiative

- Internal Source Guidance:
  - Internal Policies and Procedures;
  - Internal Toolkits;
  - Education and Training of Staff
  - Quality Department
Falls Risk Prevention Audit

Steps:
1. Policy and Procedure Review
2. Data Mining
3. Observation and Walkthrough
4. Chart Reviews

Falls Risk Common Findings

1. Documentation Issues
2. Bed Alarm/Alarm Fatigue
3. Practices inconsistent with policy
4. Over-use of restraints

Restraints
Restraints Audit

- CMS Regulations Clearly Define Requirements
- On-going scrutiny of practices
- Difficulty with certain aspects relative to behavioral health

Restraints Audit

1. Data Mining
   1. Restraint products charged
   2. Restraint documentation in EHR
2. Targeted walkthroughs on identified units
3. Documentation review for alignment with regulatory requirements

Restraint Audit Common Findings

- Documentation issues
  - F2F in behavioral
  - Periodic reassessment in correct timeframe
- Misclassification of activities as non-restraints
  - Use of medications
  - Use of bedrails
Types of Surgical Never Events

- Wrong Site/Procedure/Patient
- Object left in body
- Surgical Fires
- Wrong blood product
- Anesthesia Complications – airway, etc.

Surgical Never Event Audit

External Sources:
- CMS Conditions of Participation
- Joint Commission
- Agency for Healthcare Research and Quality
- National Quality Forum
Surgical Never Event Audit

Internal Resources:
- Policies and Procedures
- Checklists
- Protocols

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2. Observational Audit – in Operating Rooms for all Types of Procedures
3. Documentation Review – Surgical Time Outs, Anesthesia Time Outs, Fire Safety, etc.

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Common Findings:
1. Failure to complete Time-out;
2. Failure to complete count prior to closure;
3. Change in use of supply resulting in change in fire risk
4. Fear of physicians; Fear of speaking out
Hospital Acquired Infection (HAI)

- Evidence Based-Practices (Mosbey, etc.)
- Guidance from National Quality Forum
- Internal Policies and Procedures
- Internally selected practice bundles

HAIs: CAUTI, CLABSI, VAP

- Obtain EBP in use for facility:
  - Identify whether all supplies called for under the EBP are purchased and in use at the facility.
  - Observe procedures for Catheter placement, Central Line Placement and Intubation and determine whether supplies in use and procedures align to EBP.
HAIs: CAUTI, CLABSI, VAP

- Select a sample of charts to review documentation:
  - Date and time of placements and equipment/supplies utilized;
  - Frequency of care provided aligns to the EBP for that device (Catheter, Central Line, Vent); and
  - Assessments for removal at earliest possible time.

Common Findings: CAUTI, CLABSI & VAP

- Supplies purchased and used don’t align to EBP in place – changes made without vetting.
- Training on EBPs “on the job” by individuals who don’t follow EBP protocols.
- Excessive time in use.
- Other miscellaneous...

Questions?
In Summary

Internal Audit provides an independent, non-clinical approach to compliance with specified evidence-based practices.

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