



Leveraging Internal Audit to Improve Quality of Care Metrics

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Internal Audit Considerations

Pros – Reasons to Use Internal Audit	Cons – Areas to Watch For
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)

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Falls Risk Prevention Audit



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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

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Falls Risk Prevention Audit

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

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Falls Risk Prevention Audit

Steps:

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



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Falls Risk Common Findings

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



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Restraints



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Restraints Audit

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

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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

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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

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Surgical Never Events



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Types of Surgical Never Events

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

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Surgical Never Event Audit

External Sources:

- CMS Conditions of Participation
- Joint Commission
- Agency for Healthcare Research and Quality
- National Quality Forum

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Surgical Never Event Audit

Internal Resources:

- Policies and Procedures
- Checklists
- Protocols

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Surgical Never Event Audit

1. Benchmark of Policy, Procedure and Protocol to leading practices.
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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Surgical Never Event Audit

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

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Hospital Acquired Infection (HAI)

DON'T BE NAUGHTY! PREVENT CAUTI!

- Follow hospital policy on urinary catheter insertion, maintenance, and removal.
- Remove the catheter ASAP.
- Remember to document your actions!

Quality Improvement
Organization

CAUTI

Preventive measure VAP

- Appropriate antibiotic use
- Attention to proper ET and TT cuff pressure
- Avoided intubation (BPAP)
- Hand hygiene-chlorhexidine
- Closed endotracheal suctioning system
- Condensation management in ventilator circuit
- Conversion to TT for long term ventilation
- Enteral feeding instead of TPN
- Minimize duration of MV
- Oral hygiene x 4 hrly
- Subglottic suctioning before deflating the cuff of ET/TT
- Strict glucose control
- Wearing gloves

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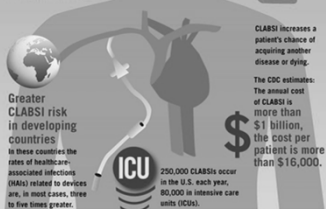
Do No Harm Prevent Central Line-Associated Bloodstream Infections

Did You Know?

Central venous catheters (CVCs) are the most frequent cause of healthcare-associated bloodstream infections.

Annual number of deaths associated with HAIs in the U.S.

- 100,000 estimated HAI Deaths
- 1/3 from CLABSI



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HAIs: CAUTI, CLABSI, VAP

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

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HAI's: 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.

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HAI's: 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.

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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...

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Questions?



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In Summary

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

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