

Leveraging Internal Audit to Improve Quality of Care Metrics

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os – Reasons to Use Internal udit	Cons – Areas to Watch For
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	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)

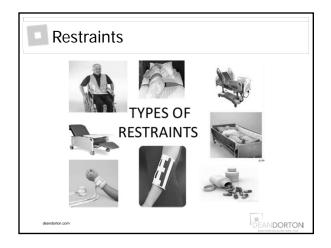
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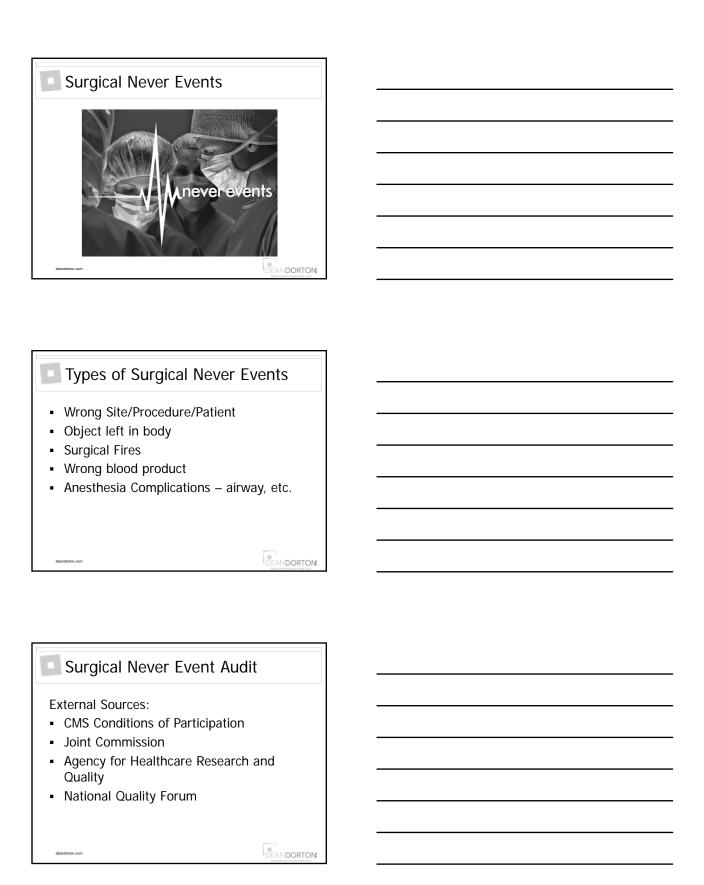
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Falls Risk Prevention Audit		<u></u>
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Falls Risk Prevention Audit		-
Evidence Based Practice Sources:		
 Joint Commission Guidance Centers for Disease Control and F	revention	
(CDC) guidelines Stopping Elderly Accidents, Death	ns and	
Injuries (STEADI) Initiative		
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Falls Risk Prevention Audit		-
Internal Source Guidance:Internal Policies and Procedures;		-
Internal Toolkits; 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 Steps: 1. Policy and Procedure Review 2. Data Mining 3. Observation and Walkthrough 4. Chart Reviews Steps: Steps: Steps: 1. Policy and Procedure Review 2. Data Mining 3. Observation and Walkthrough 4. Chart Reviews Steps: Steps:

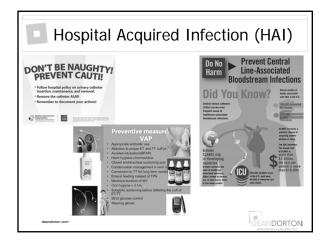




Restraints Audit	
 CMS Regulations Clearly Define Requirements On-going scrutiny of practices Difficulty with certain aspects relative to behavioral health 	
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Restraints Audit	
 Data Mining Restraint products charged Restraint documentation in EHR Targeted walkthroughs on identified units 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 Event Audit	
Internal Resources: Policies and Procedures Checklists Protocols	
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Surgical Never Event Audit	
 Benchmark of Policy, Procedure and Protocol to leading practices. Observational Audit – in Operating Rooms for all Types of Procedures Documentation Review – Surgical Time Outs, Anesthesia Time Outs, Fire Safety, etc. 	
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Surgical Never Event Audit	
 Common Findings: Failure to complete Time-out; Failure to complete count prior to closure; Change in use of supply resulting in change in fire risk 	
4. Fear of physicians; Fear of speaking out	
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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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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.

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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.

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