

VIP Evaluation Information: Snapshot Clinical Audits (2021)

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1. Introduction

The VIP Snapshot clinical audit's primary purpose is to provide measurement data of DHB VIP Intimate Partner Violence (IPV) and Child Abuse and Neglect (CAN) assessment and intervention delivery in selected services. The audits are nationally standardised to measure service delivery and inform improvements in the services to vulnerable children and women, whānau and families. Aside from accountability, the Snapshot findings provide an opportunity to learn about your system and identify areas for improvements.

You can use the secure VIP Snapshot system for either 'official' or 'ad hoc' audits. Official audits are directed by the Ministry of Health and follow a standardised process that is outlined in this document. You can also use the system to enter DHB VIP data for ad hoc audits at any time during the year. These may have variable sample sizes, time periods and sampling methods (such as a certain number of consecutive cases). Ad hoc audits are useful for measuring whether change actions result in service improvement.

All collected VIP clinical audit data is de-identified. The VIP evaluation project is approved by the Health and Disability Ethics Committee (AKY/03/09/218/AM12).

1.1. What data are required?

We recommend you advise your Quality Manager, Clinical Records or technology (intelligence) support as soon as possible of the audit requirements for each of services you will be auditing. They will need to identify the eligible population, then draw retrospective random samples of 25 patient health records from the 3-month review period (1 April to 30 June).

1.2. What services are included?

Seven DHB services are available in the VIP Snapshot audits as follows:

Intimate Partner Violence (IPV) services:

1. Postnatal Maternity inpatient
2. Emergency Department
3. Child Health inpatient (aged 0-16 years) - female guardians, parents or caregivers assessed for IPV
4. Sexual Health
5. Community Mental Health
6. Alcohol & Drug

Child Abuse and Neglect service:

7. Emergency Department: All children aged under two presenting to Emergency Department for any reason

1.3. Which sites should I audit?

For the Snapshot official audits, only main hospitals are audited. Overtime, DHBs with two main sites have either: (a) collected a random sample of 25 from among all eligible patients seen in both sites; or (b) collected a random sample of 25 for each site. Being consistent year to year provides the best measurement of change over time. Satellite sites may be audited as ad hoc audits.

1.4. What is the time period for the audit?

The 3-month Snapshot audit period for each year is from **1 April to 30 June**.

2. Completing a Snapshot audit

2.1. Accessing the Snapshot URL

Access the Snapshot system at <https://vipsnapshot.aut.ac.nz>

- If you are a new user, please contact Arlene Advani (arlene.advani@aut.ac.nz) to organise registration and passwords for new users. You will be issued with a temporary password and will be required to create a password for the system
- If you have forgotten your password, please log-in using your DHB user name. The system will ask if you have forgotten your password and issue you with a temporary one. You will be required to create a password for the system.
- Users will be able to save and edit data and receive their audit results in real time.

2.2. Selecting a random sample

The first step in selecting a random sample is to identify all eligible persons during the review period (1 April – 30 June) for each of the audited services. You will be asked to enter **this total number** of eligible women / children by service in each audit. In research terms, this is the ‘sampling frame’. From those eligible, random samples of 25 patient health records are to be retrospectively selected for each service. A sample of 25 is the minimum, should a DHB want more precision in their results, they may elect to audit a larger number of cases (should be identified *a priori* and still be a random sample process).

The Quality Manager, Clinical Records or IT Help should be involved in identifying the number of eligible persons and selecting the random sample. Refer to the VIP Tool Kit document ‘[How to select an audit sample](#)’ (available through the VIP Dropbox).

2.3. Starting a new audit

1. Click on the **+ New Audit** button.
2. Click whether an Official (random sample of clients between 01 April-30 June) or ad hoc (other time period, variable sample size) audit.
3. Select your DHB from the drop-down list (DHBs are ordered north to south).
4. Enter the percent of current staff who have completed VIP core training by profession (e.g. doctor, nurse, midwife, social worker). You will have reported this in your most recent report to the Ministry of Health.
5. Enter the total number of eligible women / children who were admitted during the audit period.
 - a. Please see definition of ‘*eligible women / children*’ in the detailed definitions (it is not the sample number of 25 patients).
 - b. It is from the ‘*eligible women / children*’ number that 25 patients should be randomly selected.
6. Click ‘save’ to advance to patient data entry.

2.4. Entering patient data

1. Ethnicities
 - a. Select ethnicity or ethnicities as recorded in the patient file (can enter multiple ethnicities).
2. IPV Screen (Routine Enquiry) / Child Protection Screen (Risk Assessment)
 - a. Select for the patient 'Yes' or 'No'
 - i. If tick 'No', save and move on to next patient file.
 - ii. If tick 'Yes', go to IPV Disclosed / Child Protection Concern
1. If tick 'No', save and move onto next patient file
2. If tick 'Yes', go to IPV Referral /CAN Consultation
 - a. Tick 'Yes' or 'No', save and move onto next patient.
3. The number of files entered and saved appears on the right side of the screen. Twenty-five (25) patients' data are to be entered for each service.
4. The 'Official' audit may need to be manually switched over by clicking the 'In Progress' button to 'DONE' when complete. This is the same process as for the 'ad hoc' audits.
5. Data can be entered in one or more sittings. The system will keep track of how many patients you have entered. Please save your results at the end of each sitting.
6. If you are entering a smaller number of cases for an 'ad hoc' audit you may click the 'In Progress' button to change to 'DONE'.

2.5. Your results

The system will provide the DHB results:

- IPV routine enquiry, disclosure and referrals
- CAN assessment, concern and consultation

Document your results for each service in your report to the Ministry of Health.

3. Service specifications and definitions

3.1. Generic questions

- 'VIP Core Training'
 - Enter the percent of current staff who have completed VIP Core Training in designated service
- 'Ethnicity'
 - Select ethnicities as indicated in patient file (you may enter multiple ethnicities)
- 'Total number eligible'
 - Total number of women (or children) who meet eligibility criteria for the specific service during audit period. See specific service below for criteria.

3.2. IPV definitions

IPV Routine enquiry

Was the woman asked routine enquiry questions about IPV occurring in the past 12 months?	
NO:	<ul style="list-style-type: none"> • There is no documentation that the woman was asked routine enquiry questions. If there is documentation regarding a reason for not asking routine enquiry questions (such as 'with partner'), this is still a 'NO'. • Note: In Child Health inpatients, the female parent, guardian or caregiver is assessed for IPV. If no female caregiver, the IPV routine enquiry is a 'NO'.
YES:	<ul style="list-style-type: none"> • There is documentation that the woman was asked routine enquiry questions about IPV occurring within the past 12 months or the woman self-disclosed IPV. • This would include asking the woman three or more routine enquiry questions about IPV. <i>The FVAIG (2016) recommend four routine enquiry questions should be asked and the rationale for this is explained (MoH FVAIG P53-54).</i>

	<ul style="list-style-type: none"> We recognise that some IPV case identification occurs by referral sources (e.g. brought to ED by police with IPV related injuries). In these cases, we assume there is an assessment re the disclosure and therefore routine enquiry should be ticked as a 'YES'.
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IPV Disclosure

Did the woman disclose IPV?	
NO:	<ul style="list-style-type: none"> Woman did not disclose IPV. If a woman was asked routine enquiry questions about IPV, but there is no documentation regarding disclosure, this is a 'NO'.
YES:	<ul style="list-style-type: none"> Woman disclosed abuse occurring within the past 12 months. If woman disclosed abuse before being asked routine enquiry questions about IPV, it would still be a 'YES'.

IPV Referral

Were appropriate referrals made?	
NO:	<ul style="list-style-type: none"> No identification in notes that referrals were discussed, or notes indicate referrals were made, but do not specify to whom, or appear incomplete. If documented that a woman refused a referral, this is also a 'NO'.
YES: (Active)	<ul style="list-style-type: none"> Direct referral to timely access for support by a family violence trained specialist who can provide the victim with danger assessment, safety planning and access to community services. (The trained specialist may include for example, police, social worker, or family violence advocate.)
YES: (Passive)	<ul style="list-style-type: none"> Evidence in notes of appropriate referrals to specialised family violence support. This would include, for example, providing the woman with a brochure with contact information.

3.3. IPV service specific information

Postnatal Maternity	
Eligibility criteria	<ul style="list-style-type: none"> Women who have given live birth and who have been admitted to postnatal maternity ward during audit period.

Emergency Department	
Eligibility criteria	<ul style="list-style-type: none"> The number of visits by women aged 16 years and over who presented to ED during the audit period.
Age	<ul style="list-style-type: none"> Age of woman
Triage	<ul style="list-style-type: none"> Select triage status 1, 2, 3, 4, or 5
Admitted to ICU, coronary care or high dependency unit	<ul style="list-style-type: none"> Select 'Yes' or 'No'

Sexual Health	
Eligibility criteria	<ul style="list-style-type: none"> Women aged 16 years and over who present to Sexual Health Services during the audit period.

Child Health Inpatient	
Eligibility criteria	<ul style="list-style-type: none"> Child health admissions aged 16 years and under, admitted to a general paediatric inpatient ward (not a specialty setting) during the audit period

No female caregiver	<ul style="list-style-type: none"> Documentation states there is no female caregiver. If there is no female caregiver, the response to IPV routine enquiry question is 'NO'.
Age of child	<ul style="list-style-type: none"> Enter child's age at last birthday. Please enter '0' for children under 1 year
Ethnicity/Ethnicities	<ul style="list-style-type: none"> Select as indicated in the child's file
IPV routine enquiry	<ul style="list-style-type: none"> Was the female caregiver (parent, guardian or caregiver) asked routine enquiry questions about IPV occurring in the past 12 months?

Community Alcohol & Drugs	
Eligibility criteria	<ul style="list-style-type: none"> All new referrals of women aged 16 years and over to community alcohol & drug services, who completed at least one face-to-face contact, during the audit period. (For women with more than one referral during the 3-month audit period, only enter 1st visit.)
Record review	<ul style="list-style-type: none"> For randomly selected clients, record review to be conducted for the index visit and up to two subsequent visits if occurring within two months of the initial index visit. (For example, if client seen in April, review may extend through June; if client seen in June, review may extend through August).

Adult General Community Mental Health	
Service definition	<ul style="list-style-type: none"> General adult community mental health services. This includes Kaupapa Māori, community, adult, non-residential mental health services. Excluded are mental health residential services and mental health specialist services such as Community Adolescent Mental Health, Maternal Mental Health, Crisis Team and CAT (Crisis Assessment and Treatment).
Eligibility criteria	<ul style="list-style-type: none"> All new women clients (seen for the first time by the service) and previous woman clients (who have been discharged from and re-referred to the service (as if they were a new client)), aged 16 years and over who presented to the adult general Community Mental Health Service and Kaupapa Māori Community Mental Health Services during the audit period.
Sampling	<ul style="list-style-type: none"> If fewer than 25 new clients during the 3- month audit period, include them all in the audit.
Record review	<ul style="list-style-type: none"> For randomly selected clients, record review to be conducted for the index visit and up to two subsequent visits if occurring within two months of the initial index visit. (For example, if client seen in April, review may extend through June; if client seen in June, review may extend through August).

3.4. CAN definitions and service specifications

Eligibility criteria

Children aged under 2 years presenting to the **Emergency Department** for any reason during the audit period.

CAN Assessment

Was a child protection assessment done?
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NO:	<ul style="list-style-type: none"> No evidence of a child protection checklist, screen or flowchart (i.e. no child injury checklist, child injury flowchart or equivalent in the notes, or documentation is present but is blank, or is partially completed).
YES:	<ul style="list-style-type: none"> Evidence of a thorough child protection assessment (i.e. child protection checklist, child injury flowchart, or equivalent fully completed including legible signature).

CAN Concern

Was a child protection concern identified?	
NO:	<ul style="list-style-type: none"> No child protection concerns or risk factors of child abuse and neglect were documented; or documentation was not complete.
YES:	<ul style="list-style-type: none"> A child protection concern (i.e. one or more risk factors) is identified in the notes. If documentation of a Report of Concern, suspected child maltreatment or child protection concern is included in the notes, this would be a 'YES'.

CAN Consultation

Were identified child protection concerns discussed?	
NO:	<ul style="list-style-type: none"> No indication of discussion in the notes about child protection risk factors and assessment, or the plan appears inappropriate, unclear or misleading, or notes indicate clear plan but do not indicate who the case was discussed with. If no CAN concern, this is a 'NO'.
YES:	<ul style="list-style-type: none"> Evidence that child protection consultation occurred is in the notes with name and designation of person consulted. Child protection consultation may be with a Senior Consultant ED, Paediatrician, specialist social worker, Oranga Tamariki, or another member of the multidisciplinary child protection team. Discussion of the child protection risk factors, assessment of the level of risk and plan is recorded.

4. Support for your Snapshot audit

Evaluation support is available through various means. Regional family violence intervention coordinators should be your first point of contact. Evaluation documents including templates and past reports are available at www.aut.ac.nz/vipevaluation. Please also feel free to get help from the evaluation team:

- **Arlene Advani** for queries on accessing the Snapshot website.
- **Chris Cowley** is our research officer. She is your first point of contact for general queries and support.
- **Nathan Henry** is our data manager. He will follow up should there be any issues with data entry.
- For concerns regarding the process or conduct of the audit please contact **Jane Koziol-McLain** (Principle Investigator) [or](mailto:jane.koziol@aut.ac.nz) the Ministry of Health Portfolio Manager **Helen Fraser** on (07) 929 3647; Helen.Fraser@moh.govt.nz.
- Please send general email queries to vip-eval@aut.ac.nz

VIP Evaluation team member contact information:		
<p>Arlene Advani Administrator (09) 921 9999 x7153 vip-eval@aut.ac.nz arlene.advani@aut.ac.nz</p>	<p>Nathan Henry Data Manager nathan.henry@aut.ac.nz</p>	<p>Jane Koziol-McLain Evaluation Lead (09) 921 9670 0211213474 jkoziolm@aut.ac.nz</p>
<p>Chris Cowley Chris.Cowley@aut.ac.nz</p>	<p>Nick Garrett Biostatistician (09) 921 9999 x 7773 nick.garrett@aut.ac.nz</p>	