



# The Snapshot Audit

## Session One: Introduction

April 2024

Our team:

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Funded by Te Whatu Ora

# Karakia

Tūtawa mai i runga  
Tūtawa mai i raro  
Tūtawa mai i roto  
Tūtawa mai i waho  
Kia tau ai  
Te mauri tū  
Te mauri ora  
Ki te katoa  
Haumi e hui e tāiki e!

Karakia by Scotty Morrison

Come forth from above,  
below, within, and from  
environment.

Vitality and well being, for all  
strengthened in unity

# Breakout groups

- Whakawhanaungatanga
- Thinking about the Snapshot clinical audits in your district, what comes to mind?



# Snapshot Session One: Introduction

- Timeline
- Context for clinical audits
- Why the data is collected
- What the data looks like
- Using the data reports
- Relevant links

SESSION	DATE
1: Introduction	Wed 10 <sup>th</sup> April
2: Preparing for conducting the Snapshot audit	Wed 17 <sup>th</sup> April
3: What is being measured	Wed 24 <sup>th</sup> April
4: Entering the data (this session is being offered twice)	Mon 29 <sup>th</sup> April AND Wed 1 <sup>st</sup> May
5: Doing the mahi!	Wed 12 <sup>th</sup> June

# Snapshot 2024 Timeline

- The collection of evidence to support VIP implementation
- Snapshot measuring 3 month period April-June 2024
- Have between 1<sup>st</sup> July and 1<sup>st</sup> September to collect and enter data

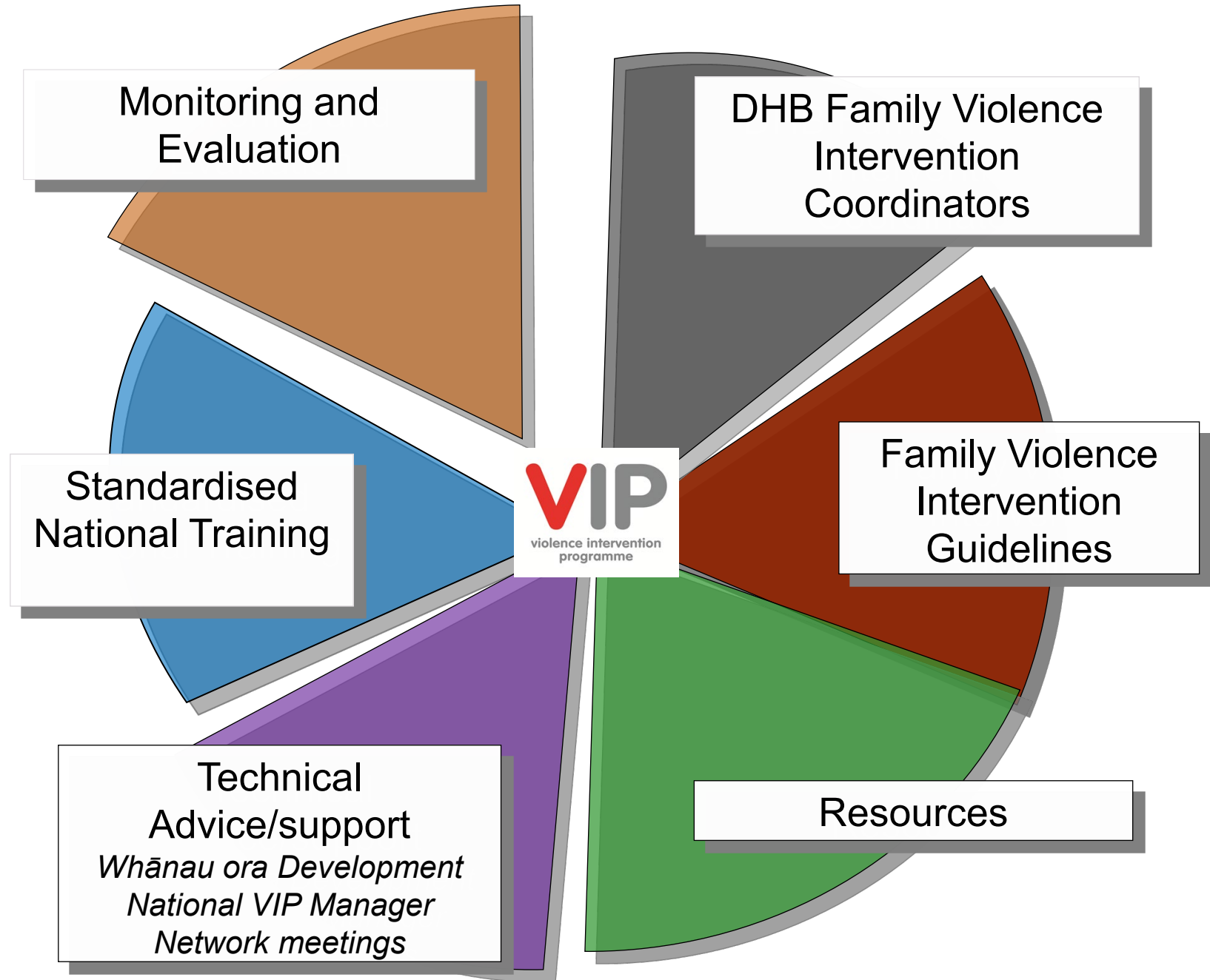
## Relevant Links:

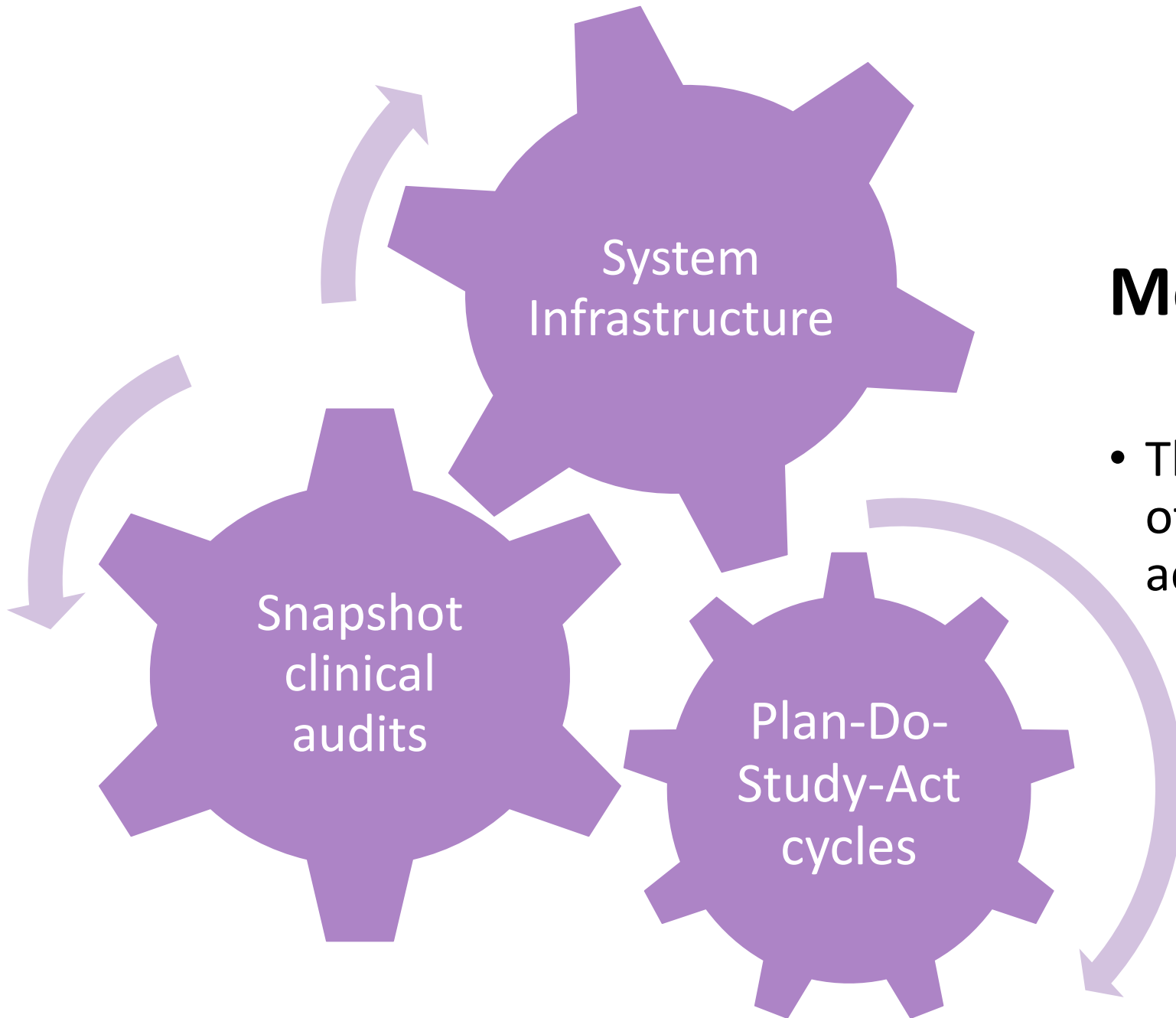
- [www.aut.ac.nz/vipevaluation](http://www.aut.ac.nz/vipevaluation)
- Resources and downloads

2024 VIP Evaluation Information Snapshot

[https://citr.aut.ac.nz/data/assets/pdf\\_file/0010/882901/2024-VIP-Evaluation-Information\\_SNAPSHOT-.pdf](https://citr.aut.ac.nz/data/assets/pdf_file/0010/882901/2024-VIP-Evaluation-Information_SNAPSHOT-.pdf)

# Context: Health Systems Approach

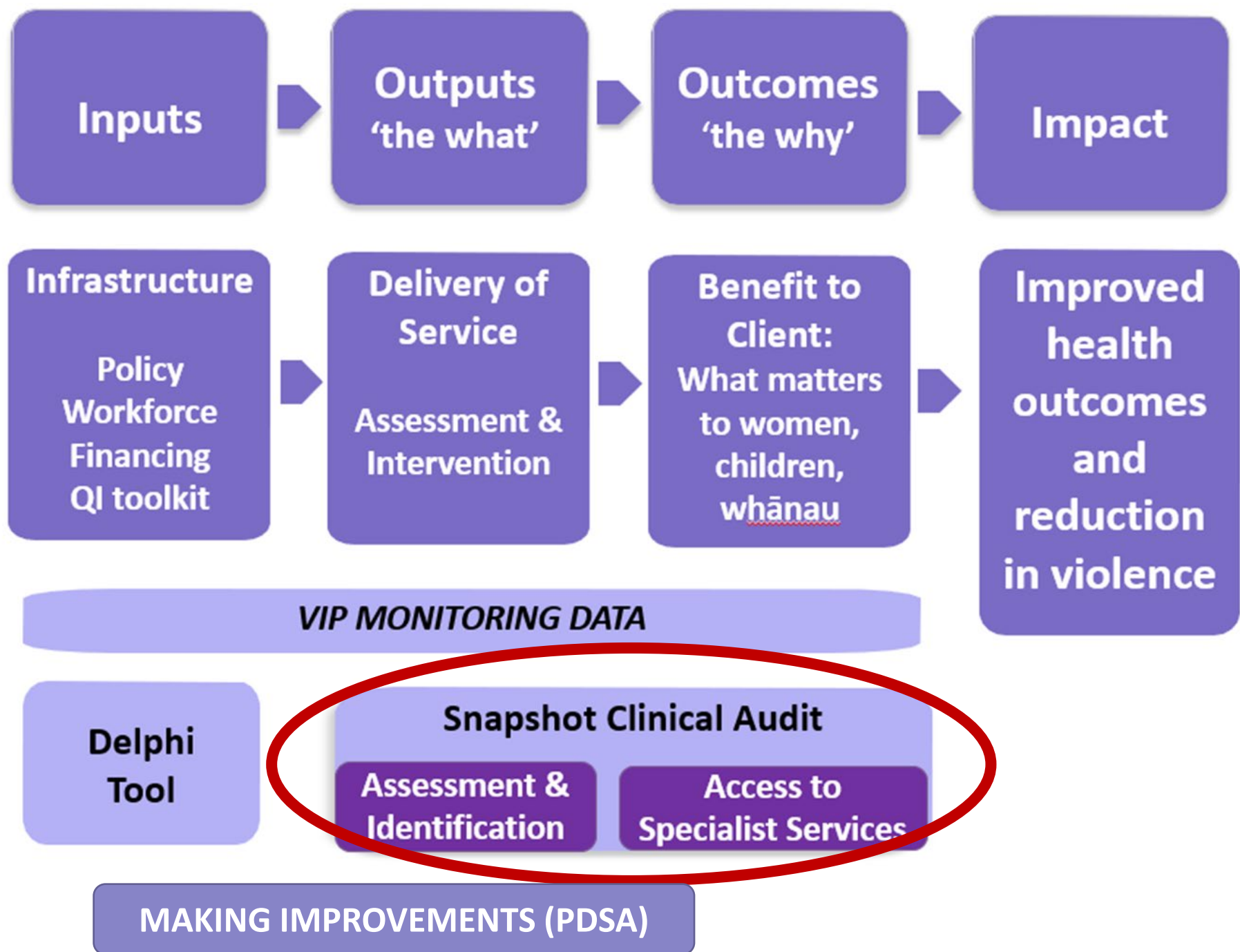




## Monitoring & Evaluation

- The Snapshot Clinical audit is one of three supported evaluation activities

# Monitoring & Evaluation







# Objective:

Evaluate **implementation** of VIP for IPV and CAN in designated acute and community services (Snapshot).

For accountability

To measure change over time

To Benchmark

To inform improvements



# Expectations:

- We will talk with women who enter our service about family violence because family violence is a determinant of health and we are in a position to offer a service that can improve health, well-being and safety
  - Routine enquiry is 'routine' rather than haphazard or ad hoc<sup>1</sup>
  - Assessment rates will be equal for Māori and non-Māori women

<sup>1</sup> Ettorechi-Tardy A, Levif M, Michel P. Benchmarking: A Method for Continuous Quality Improvement in Health. *Healthcare Policy*. 2012;7(4):e101-e119.

Nolan T, Resar R, Haraden C, Griffin FA. *Improving the Reliability of Health Care*. Cambridge, MA: Institute for Healthcare Improvement;2004.


<sup>2</sup> Spangaro J, Koziol-McLain J et al. Deciding to tell: Qualitative configurational analysis of decisions to disclose experience of intimate partner violence in antenatal care. *Soc Sci Med*. 2016;154:45-53; Fiolet R et al. Indigenous people's experiences and expectations of health care professionals when accessing care for family violence: a qualitative evidence synthesis. *Trauma, Violence & Abuse*. 2020.

# Expectations

- We will provide a quality assessment (non-judgemental, caring, relational, culturally aware), to create a safe space for women who are impacted by family violence to disclose the abuse they are experiencing.<sup>2</sup>

<sup>1</sup> Ettorchi-Tardy A, Levif M, Michel P. Benchmarking: A Method for Continuous Quality Improvement in Health. *Healthcare Policy*. 2012;7(4):e101-e119.  
Nolan T, Resar R, Haraden C, Griffin FA. *Improving the Reliability of Health Care*. Cambridge, MA: Institute for Healthcare Improvement;2004.

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# Measuring Accountability

## Measures

- That matter to external parties (Solberg)
- Are precise, reliable and valid (Quality Health Network, Canada)
- Standardised to ensure measures are all measuring the same thing' (Agency for Healthcare Research & Quality, USA)
- Allow comparisons across settings and over time
  
- Yet, measures will not tell us *everything* we need to know.

Maternity

Alcohol & Drug

Emergency  
Department  
(IPV & CAN)



Community  
Mental Health

Sexual  
Health

Child Health

**SNAPSHOT  
CLINICAL  
AUDITS**

# What the data looks like

<https://vipsnapshot.aut.ac.nz>

**Intimate Partner Violence**  
Community Mental Health Services

[+ Start New Audit](#) [9 View Audit History](#)

Last Audit

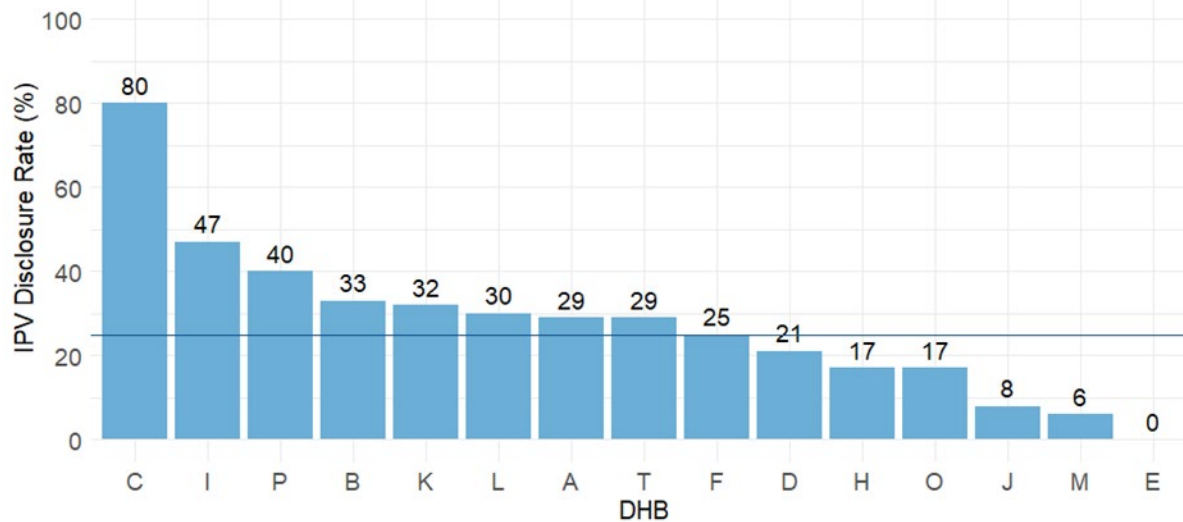
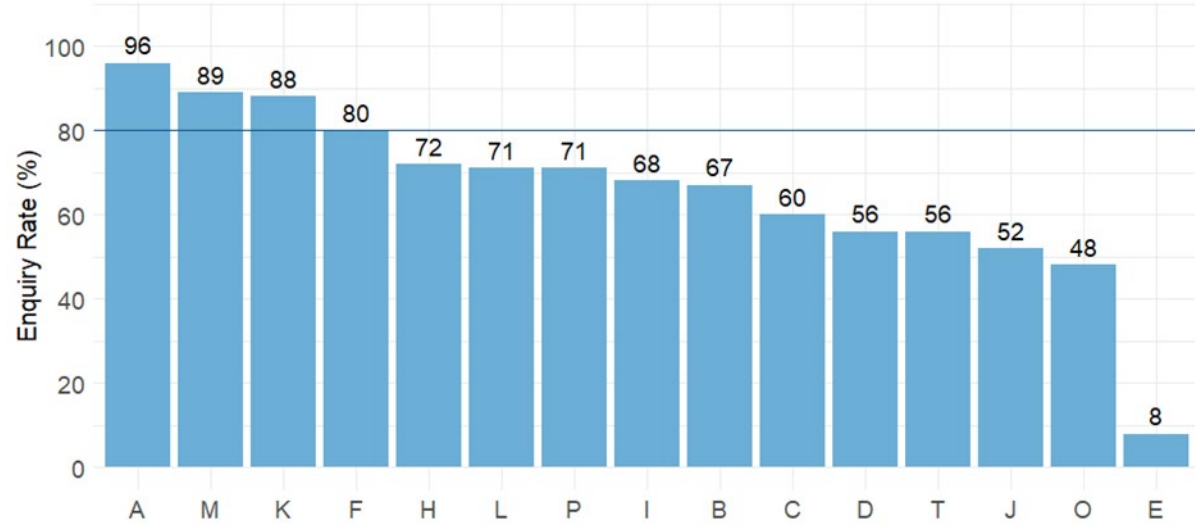
HOSP	
USER	
DATE	Sep 24, 2019
PATIENTS	25
TYPE	Official
STATUS	Done

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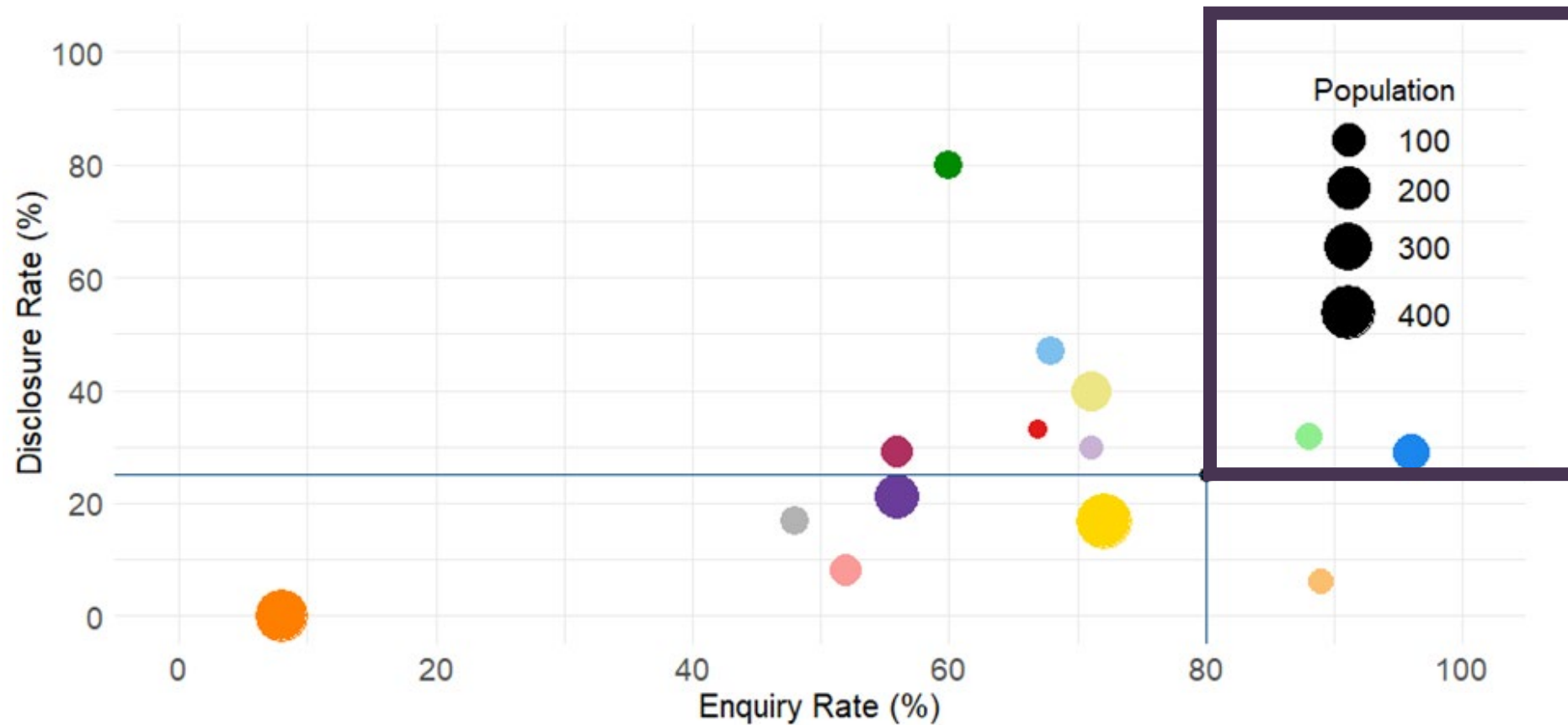


# What the data looks like: Benchmarking

A & D Enquiry & Disclosure across the districts (2019; N=15)



# What the data looks like: A & D (2019)

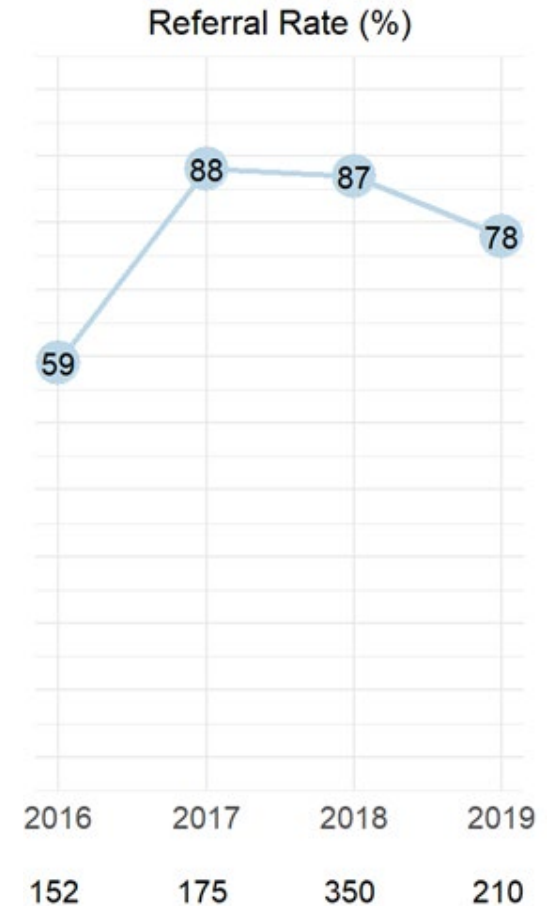
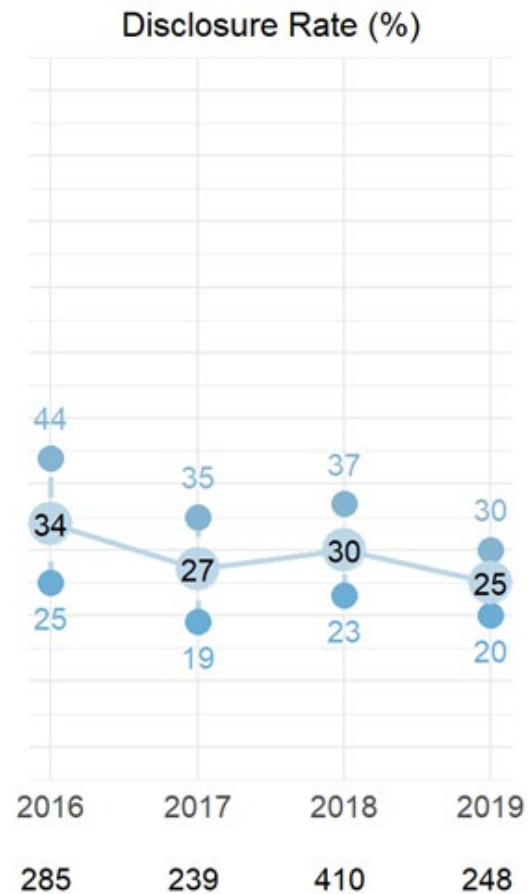
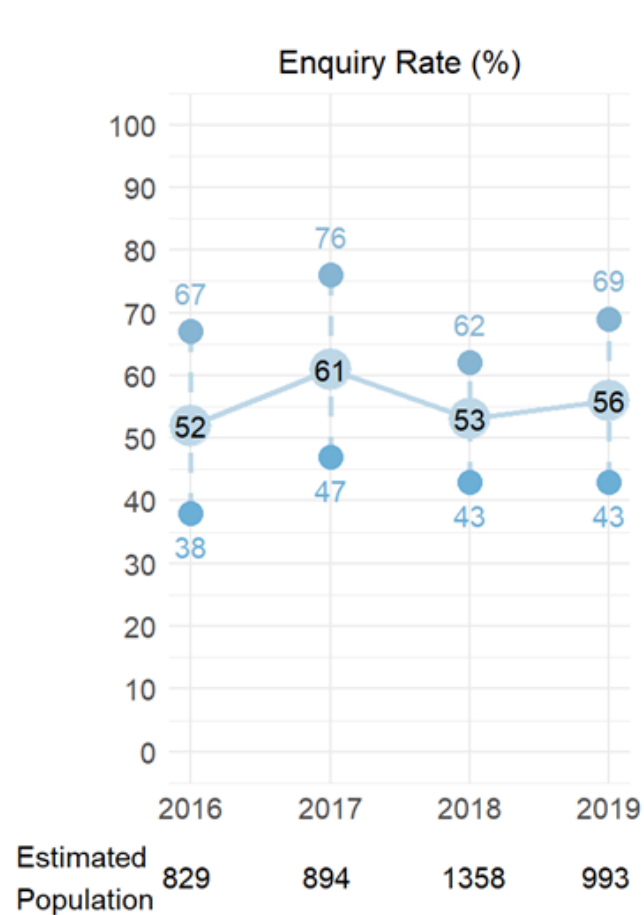


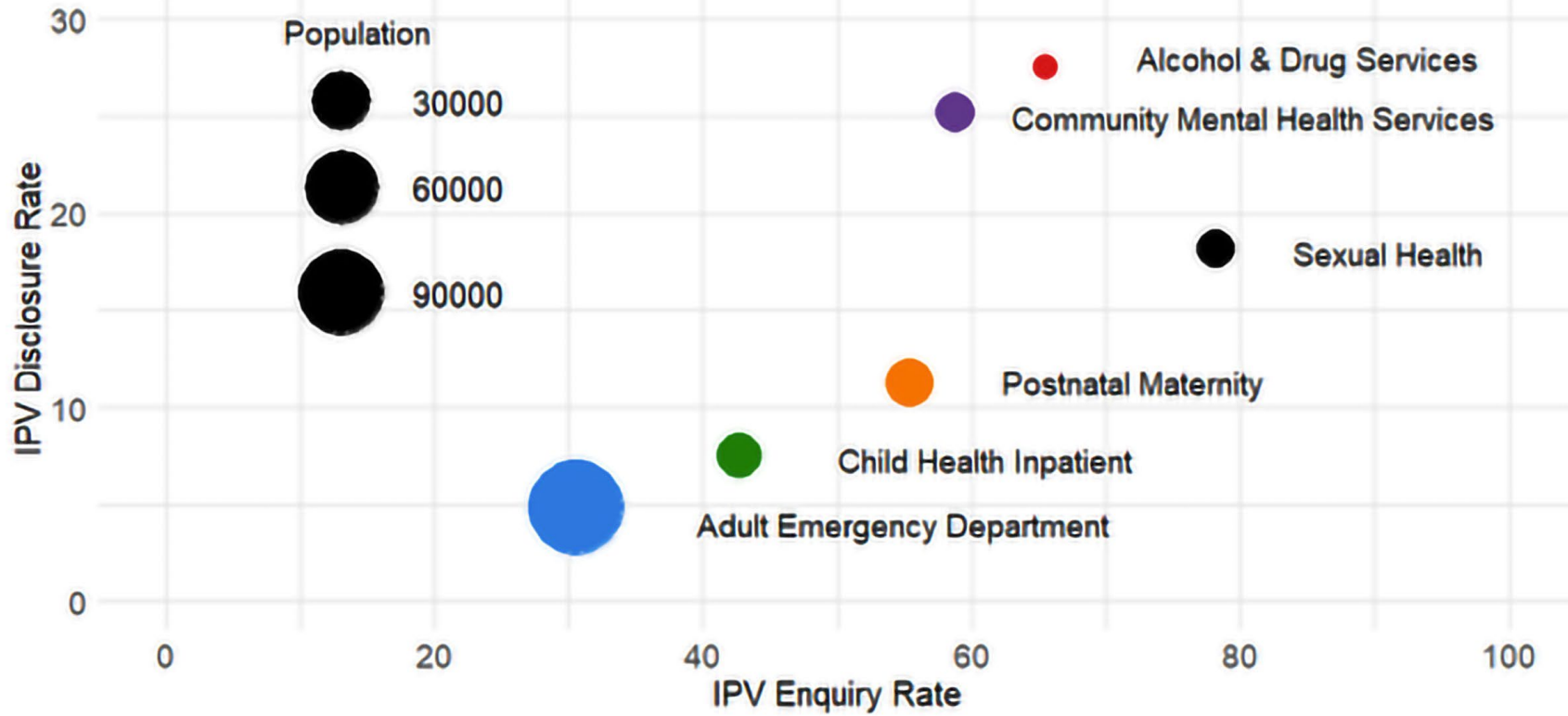
Target





# Over time: A & D (2016-2019)





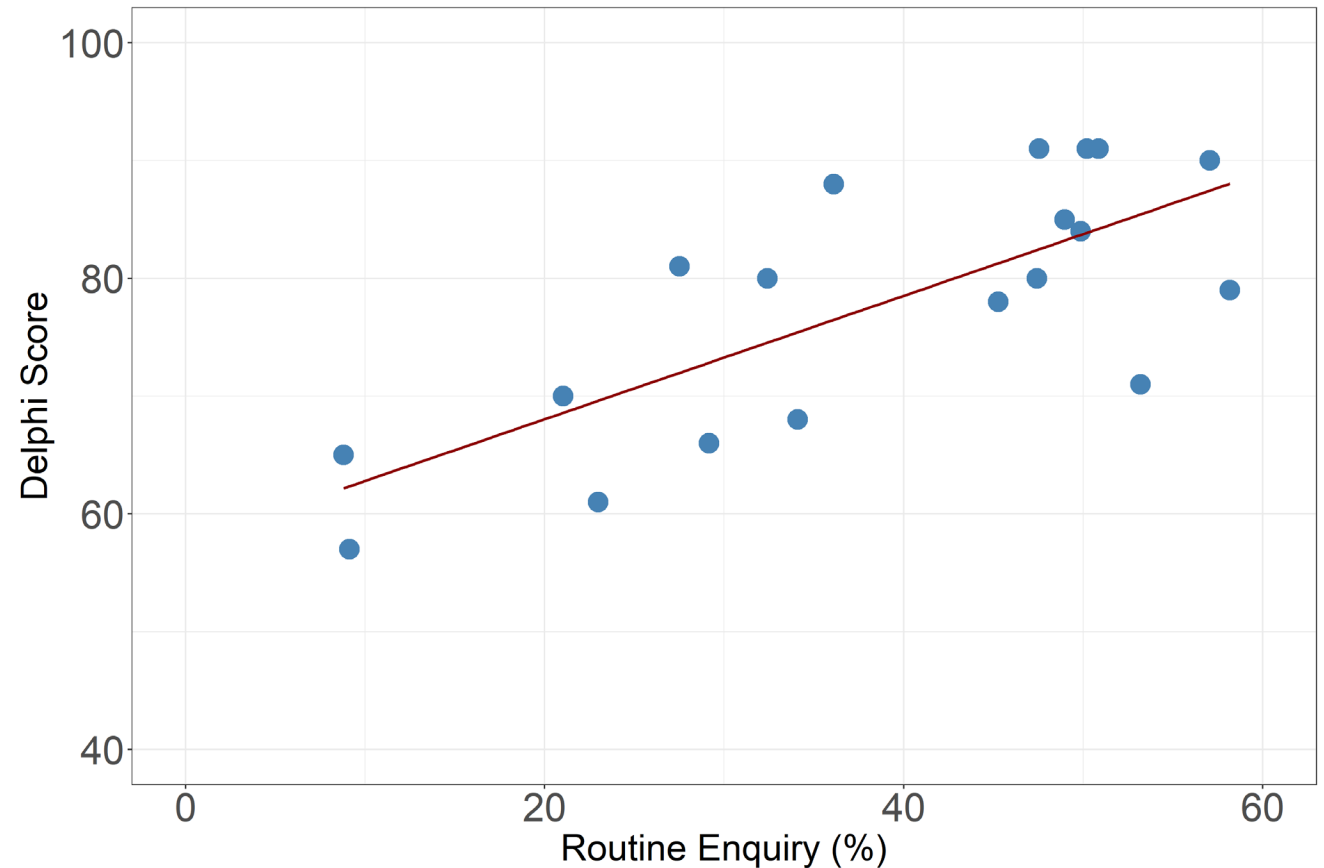
- What sx has the highest IPV inquiry rate?
- The lowest?
- What sx has the highest IPV disclosure rate?
- The lowest?

## 2019 Summary & Disclosure Expectations

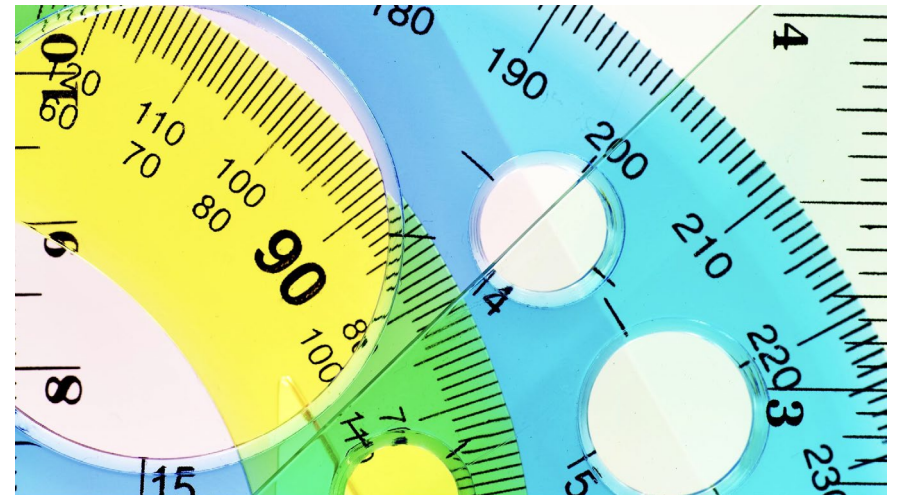
Postnatal Maternity	5%	ED	15%
Child Health (inpt)	10%	Sexual Health	15%
Child concern (ED)	15%	Community MH	25%
		Alcohol & Drug	25% (from 15%)

# POSITIVE CORRELATION BETWEEN DELPHI SCORES AND IPV ENQUIRY RATES

- **Routine Enquiry** : average weighted rate per DHB
- **Correlation** between Delphi Score and routine enquiry rate **.74**

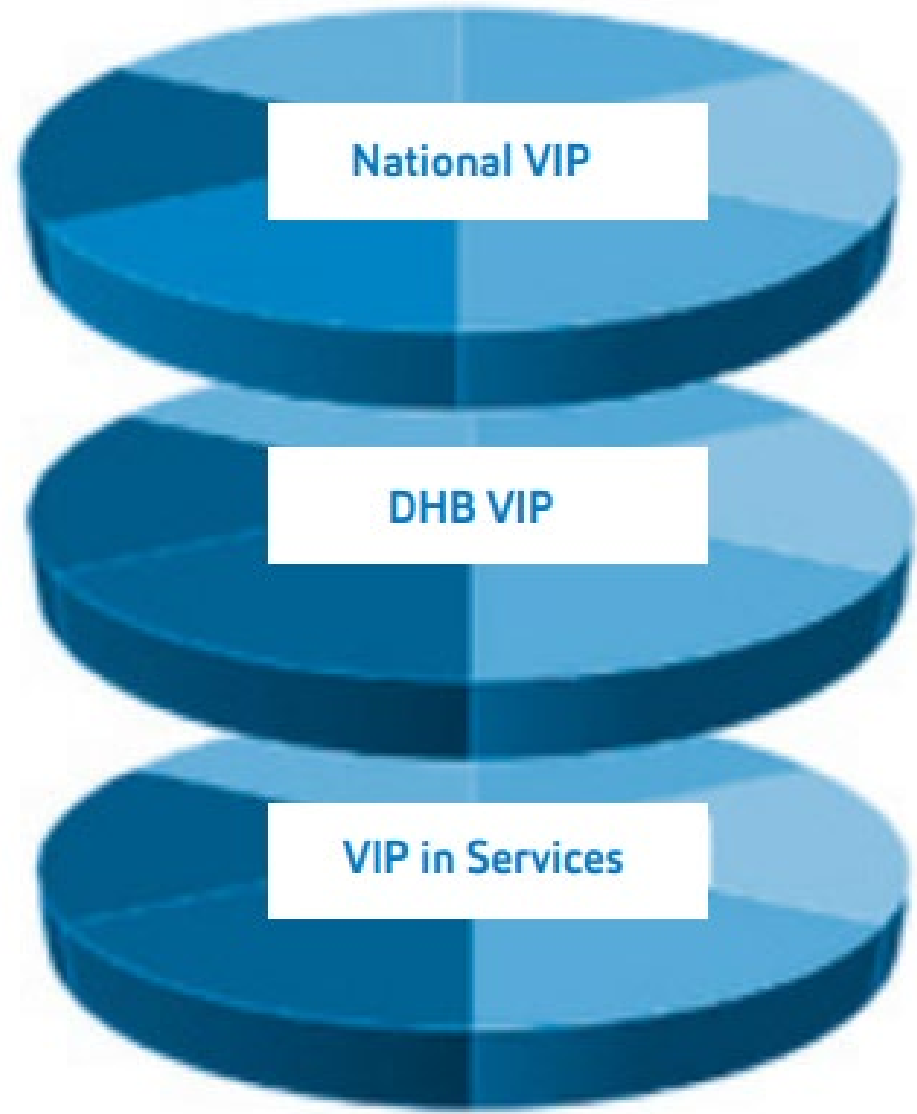


"Weighing myself ten times a day won't reduce my weight. No matter how sophisticated our measurements are, they're only indicators. What the indicators say are much less important than what's being done with the information. Measurements that don't lead to meaningful action aren't just useless; they are wasteful."



(J. Clemmer cited by Suzanne Proudfoot)

How do we improve our performance and provide more consistent and higher quality services to women and children experiencing abuse?





What you/we do  
with the  
information!

Sharing

Interpretation

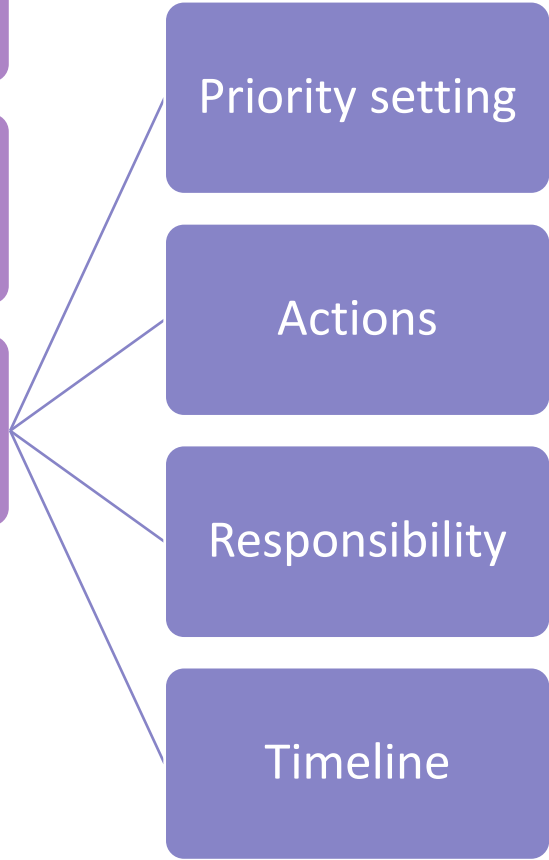
Quality  
Improvement  
Plan


Priority setting

Actions

Responsibility

Timeline





## Next Session: Preparing for Snapshot Audit

- Who should be involved: Team approach; Who can audit; Who can enter the data in the database; Importance of IT/Intelligence/Medical Records/Q&R
- Eligibility and Sampling
- Why do I need to know the total number or patients seen by each service for the audit period?
- How many in the random sample?
- Logging in



# He Patai?

Questions?

How can we assist  
you?

W: [www.aut.ac.nz/vipevaluation](http://www.aut.ac.nz/vipevaluation)

E: vip-eval@aut.ac.nz





# **Karakia whakamutunga**

Kia whakairia te tapu

Kia wātea ai te ara

Kia turuki whakataha ai

Kia turuki whakataha ai

Haumi e. Hui e. Tāiki e!

Restrictions are moved aside So the pathways are clear To return to everyday activities