



The Snapshot Audit Session Two: Preparing 17 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
- What was your most recent clinical audit data experience?
- What did you learn?



Designated Services

- 6 sx
- 7 audits

ED – Children under 2 years (CAN)

ED – adult (IPV)

Postnatal maternity (IPV)

Child health inpatient (IPV)

Alcohol & Drug (IPV)

Comm Mental Health (IPV)

Sexual Health (IPV)

Snapshot Session Two: Preparing

- 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?

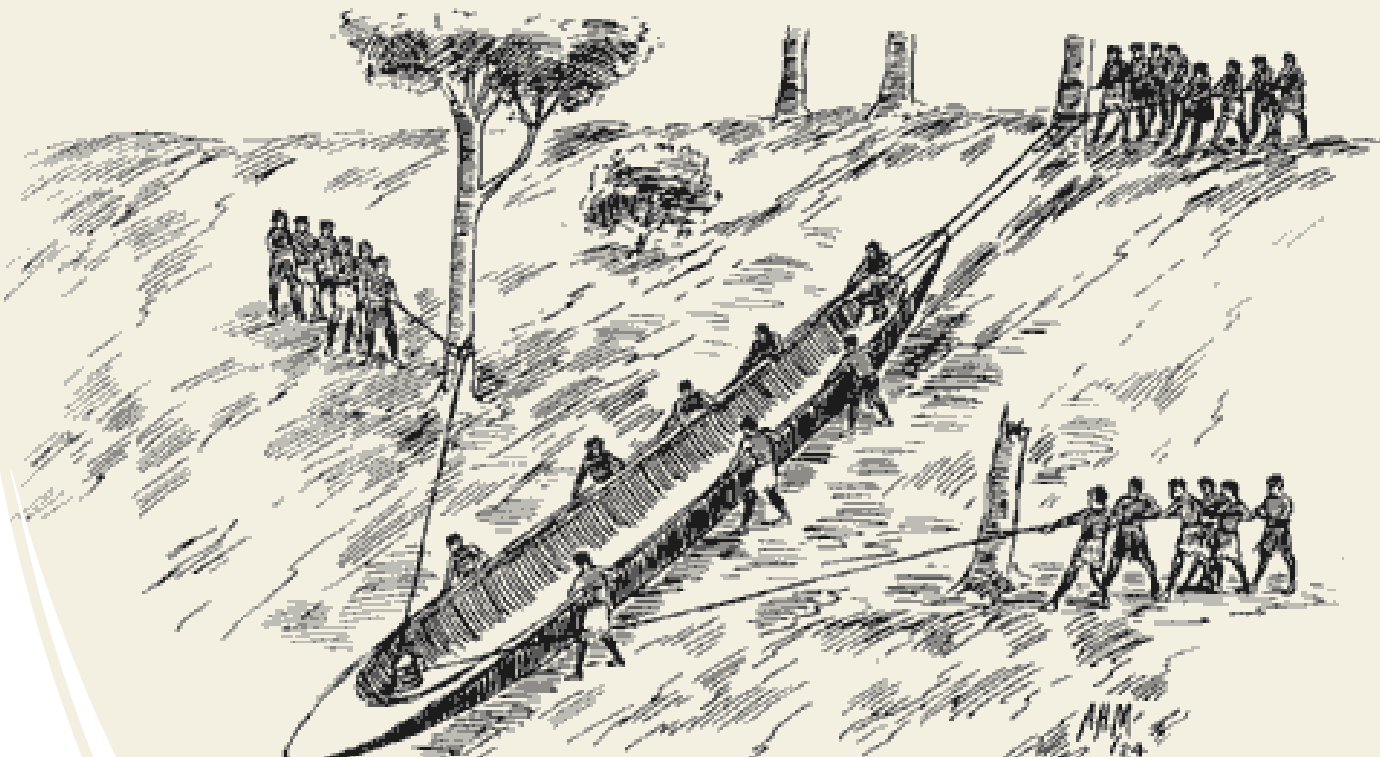
SESSION	DATE AND TIME
1: Introduction	Wed 10 th April
2: Preparing for conducting the Snapshot audit	Wed 17 th April
3: What is being measured	Wed 24 th April
4: Entering the data (this session is being offered twice)	Mon 29 th April AND Wed 1 st May
5: Doing the mahi!	Wed 12 th June

Preparing for the voyage

Tē tōia, tē haumatia

Nothing can be achieved without a plan, workforce and a way of doing things

<https://teara.govt.nz/en/artwork/6008/hauling-the-waka>

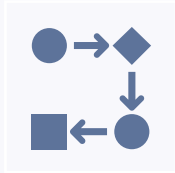


Approaching Snapshot as a PDSA: Plan



Know where you are starting from.

Source your districts' historical data (6 sx in 2019; 3 in 2020; ad hoc audits).



Have there been improvement actions?

In which sx?



Prediction

What change do you expect for 2024 Snapshot data?



Tasks to complete

Tasks

- Create Timeline
- Identify audit team members
- Access sufficient resources & support
- Identify who will complete each audit (record review and data entry)
- Ensure team members are clear on the process to follow
- Identify who will participate in analysis, dissemination and development of the improvement plan

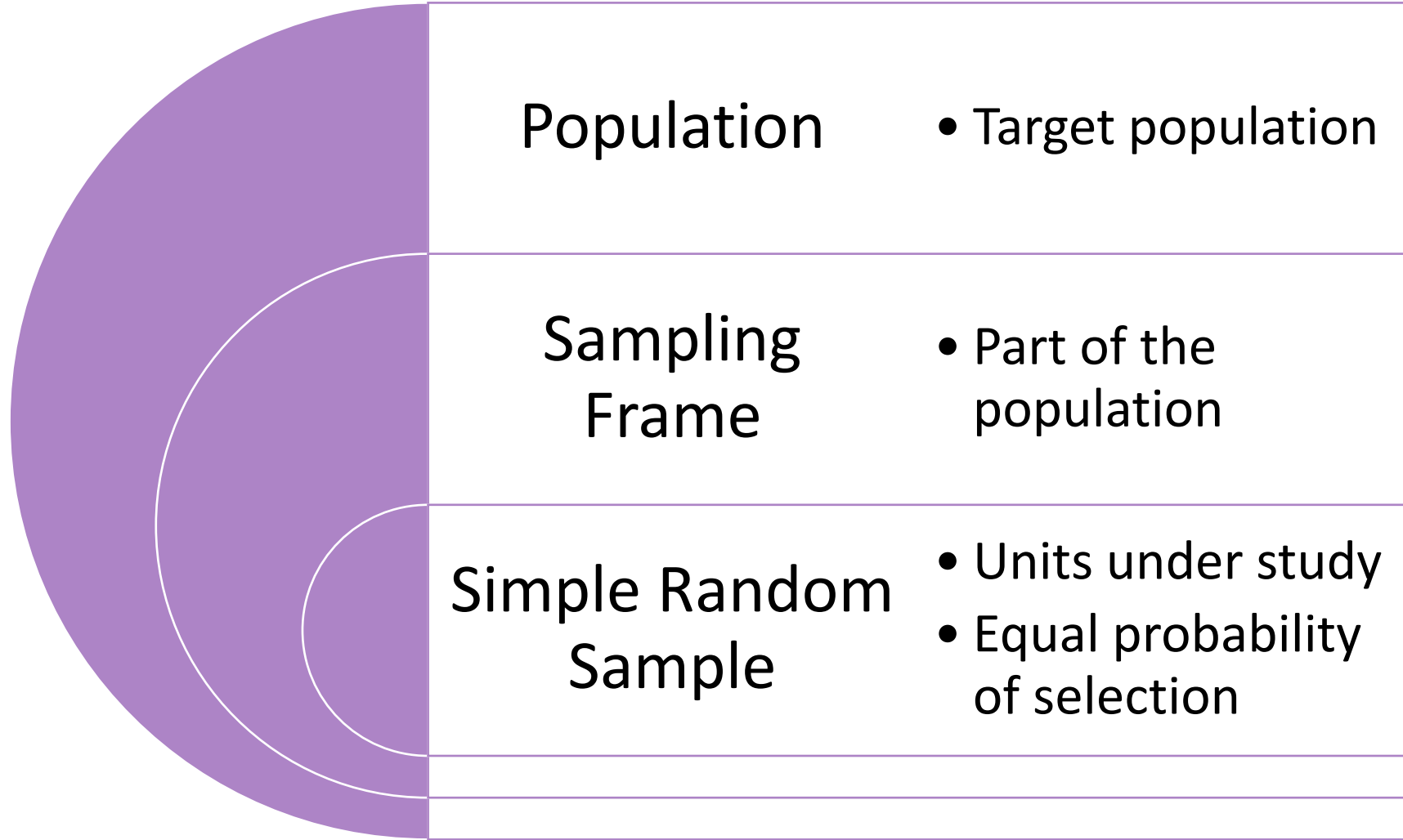
Your TEAM

- VIP manager
- Governance Group
- VIP Coordinators
- Clinical Champions
- Quality and Risk
- Māori Health
- Clinical Records
- IT (district intelligence division)
- Administration support
- Others



Who is eligible and total number eligible

- How many visits by women or children were seen in the service during the three-month period who could have received a family violence assessment (IPV RE or CAN checklist).
- This is called the 'sampling frame'. The simple random sample is then pulled from the sampling frame.
- Unit of analysis – visit vs person (CMH/A&D)



Use observed sample to estimate the population characteristics.

For national estimates, we need to know the pool of eligible persons.

Eligibility & Sampling

- If you haven't already... time to read through the information Snapshot audit document 😊
 - www.aut.ac.nz/vipevaluation

Resources → 2024 VIP Evaluation Information Snapshot

https://citr.aut.ac.nz/_data/assets/pdf_file/0010/882901/2024-VIP-Evaluation-Information_SNAPSHOT-.pdf

Presentations → 2024 VIP Snapshot Sessions



Eligibility

- Think of flow through the services. Talk with service reps, then IT. Are there any exclusions to consider ('just passing through')?
- 'Unit of analysis' is typically 'a visit' for:
 - ED (child visit)
 - ED (adult woman visit)
 - Postnatal maternity (admission)
 - Child health inpatient (admission)
 - Sexual health (woman visit)
- However, it is 'person' (new client) for:
 - Community Mental Health
 - Community Alcohol & Drug



CMH and A&D

Recognising that the full intake assessment for both Community MH and Alcohol and Drug service may take place over a few visits....

The index visit record and up to two subsequent follow up visits within the next two months should be reviewed for IPV routine enquiry.



Why 25?

Need to balance

- Burden (resource required for clinical audits)
- Precision
- In smaller districts, sampling frame may be less than 25 (e.g., new Comm MH clients)

What if, out of the 25, we may not be able to retrieve all 25 records?

- If it is expected that some of the records may not be available, or ineligible, select a larger sample (e.g., 30). Auditors will progress down the random sample list until 25 records have been reviewed.
- Can elect to do more 😊, if more precision is desired, or after an improvement change action has been initiated.
- Should the auditor, during the record review, identify any ineligible cases, they should document this and report to the VIP evaluation team. Adjustment will then be made for accurate estimates of total eligible cases.

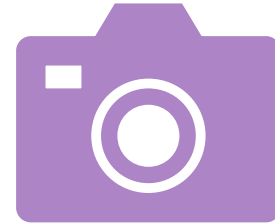
- IT/Business Analyst info ready by end of the week.
- Can also see 'How to select an audit sample' in dropbox



Minimum Data

Snapshot Official (standardised April-June)

Snapshot Ad Hoc



Deeper System Learning

VIP Drop Box – Quality

Improvement – Clinical Audit _

CAN or IPV

- IPV Routine enquiry and documentation audit tool.xlsx (2023)
- Child protection checklist clinical audit data entry (and TOR)

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



CENTRE FOR
INTERDISCIPLINARY TRAUMA RESEARCH
AUT UNIVERSITY

WELCOME


Welcome to the VIP Snapshot clinical audit website.


Username


jane.koziol-mclain@aut.ac.nz

Password

.....

 [Forgot Password](#)

Log In 



Next Session #3:
What is being
measured

- What is being measured
- IPV
- CAN
- How and why do we record ethnicity and what is it used for?
- What is the difference between an active and a passive referral?

He Patai?

Questions?

How can we assist
you?

W: 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