



Leveraging Internal Audit to Improve Quality of Care Metrics

Shawn Steverson, CPA, CHC,
CRMA, CGMA

Internal Audit Considerations

Pros – Reasons to Use Internal Audit

- 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

Cons – Areas to Watch For

- May not be clinically trained
- Fairly black and white in interpretation

deandorton.com



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)

deandorton.com



Falls Risk Prevention Audit



deandorton.com

DEANDORTON

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

deandorton.com

DEANDORTON

Falls Risk Prevention Audit

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


deandorton.com

DEANDORTON

Falls Risk Prevention Audit

Steps:

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



deandorton.com

DEANDORTON
HEALTHCARE CONSULTANTS, INC.

Falls Risk Common Findings

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




deandorton.com

DEANDORTON
HEALTHCARE CONSULTANTS, INC.


Restraints

TYPES OF RESTRAINTS




deandorton.com

DEANDORTON
HEALTHCARE CONSULTANTS, INC.

 **Restraints Audit**


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

deandorton.com 


 **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

deandorton.com 

 **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

deandorton.com 

Surgical Never Events



deandorton.com DEANDORTON

Types of Surgical Never Events

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


deandorton.com DEANDORTON

Surgical Never Event Audit

External Sources:


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


deandorton.com DEANDORTON

 **Surgical Never Event Audit**


Internal Resources:


- Policies and Procedures
- Checklists
- Protocols

deandorton.com 

 **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.

deandorton.com 

 **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

deandorton.com 

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.

deandorton.com



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...

deandorton.com



Questions?



deandorton.com



 In Summary

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

deandorton.com





Shawn Stevison, CPA, CHC,
CRMA, CGMA
Manager of Healthcare Consulting
sstevison@ddafhealthcare.com
502-566-1066
