AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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National Standard Medication Chart (NSMC) national audit- frequently asked questions

Contents

Preparing for audit

1. When will the NSMC national audit be held?

21 September to 16 October 2020 will be the audit dates. The audit will open 21 September 12am and close promptly at 11:59pm 16 October 2020. No data collection or entry is permissible outside this time frame (before or after).

2. Do hospitals need to collect and enter the data during the specified audit period?

Yes. No data collection or entry is permissible before Monday 21 September 2020 or after Friday 16 October 2020.

3. Is it mandatory for hospitals to participate in the NSMC national audit?

No, the Commission does not mandate that hospitals participate in the national audit. Participation is a decision for each individual hospital and will depend on factors like availability of resources to complete the audit. In most situations, the director of pharmacy, director of medical services or quality manager will seek advice from the drug and therapeutics committee or a similar senior governance group in the hospital. The decision to proceed will be based on the advice provided and in consultation with the hospital or health service organisation executive.

Auditing is a useful way to gather data about the performance of the systems in a hospital or health service. In turn this data can be used to design interventions that can be used to improve performance or to highlight areas of high performance. While the national audit is not mandatory, participation benefits both the hospital and the health system. The Commission encourages participation and the National Safety and Quality Health Service (NSQHS) Standards recognise the national audit as a quality improvement activity and evidence for accreditation.

4. **Who should participate in the audit?**

   Australian hospitals and day procedure centres can participate in the NSMC national audit.

   The national audit only covers paper medication charts. Hospitals using electronic medication management systems are not required to complete the NSMC Audit.

   Hospitals with an electronic medication management system, may instead look to undertake quality improvement activities facilitated through the Electronic Medication Management self-assessment tool (EMM SAT), which will be trialled by some sites from September 2020. It is anticipated the tool will become available for all hospitals to use by the end of 2020. The EMM SAT will support organisations to optimise their EMM systems by identifying improvement opportunities that are supported by action plans and re-assessment. It does not offer a quantitative report of the quality of prescribing within the EMM system, but the quality improvement activities and reports it generates will provide useful evidence to support organisations approaching NSQHS Standards accreditation.

5. **What charts will be audited?**

   The following national standard medication charts are included in the audit:

   - PBS HMC (acute)
   - PBS HMC (long-stay)
   - NIMC (acute)
   - NIMC (long-stay)
   - NIMC (paediatric)
   - NIMC (paediatric long-stay).

6. **What should hospitals do to prepare for the audit?**
   Hospitals that decide to participate in the audit should put together a project plan prior to beginning the audit. The plan should cover:
   - Aims and scope
   - What your district wants to do with the information gathered
   - Approvals from the relevant governance committees to undertake the audit
   - Identifying the audit teams at each hospital
   - Training for auditors
   - Determine how patients will be selected for inclusion in the audit
   - Undertaking the audit during the defined period – the audit will be open during October only
   - How the report will be communicated to clinicians.

     Further information is provided in the [NSMC audit guide for hospitals](#).

7. **I am a local hospital audit coordinator. When do I need to set up a national audit?**
   You do not need to set up a national audit for your local hospital. The national audit will be set up by the Commission and will be available in the NSMC Audit System from Monday 21 September 2020.

8. **For the national audit, will all sections be mandatory, or can we elect to complete a partial audit and remove some sections?**

   All questions in the national audit are mandatory and cannot be changed. Questions are based on the chart type selected.

9. **We have two sites – hospital A and hospital B. For our hospitals to participate in the national audit, should we set up two audits – one for each site?**

   No. The national audit will be set up by the Commission, you are not required to set up a local audit. Each hospital will collect data for its patients. If you have more than one hospital participating, the relevant hospital will need to be selected each time a new patient record is added to the national audit.

   Please note that the hospital list included in the NSMC audit system is based on the Australian Institute of Health and Welfare (AIHW) hospital peer-group listing and cannot be changed. Please see 'Preparing for audit'- question 13, in this document to check your hospital peer-group listing.

   Coordinators will be able to view reports and filter results based on individual hospital sites, peer groups, hospital groups and state.

   Coordinators will only be able to view national audit results after the audit has closed.

10. **What is the difference between a coordinator and auditor?**

    Coordinators are able to set up local audits for their local hospital or hospital group. They also have access to reporting functions in the system. Coordinators can undertake patient audits. Prior to national audit commencement, coordinators will need to review their hospital information, hospital users, and hospital groups. They are not required to set up a local audit for their organisation to participate in the national audit. The Commission is responsible for setting up the national audit for all hospitals.

    Auditors are able to add patient audit records to an existing audit – whether it is a local or national audit.

11. **What do coordinators need to do in the NSMC audit system prior to the national audit?**

    Coordinators will need to:

    - Make sure that all of their auditors have registered to the system with the correct details
    - Check the hospital and/or hospital group details in the NSMC audit system are correct. To do this, coordinators should:
        - Select 'admin' from the main menu
        - Select each hospital to review the information displayed.

12. **We would like to audit documentation of patient weight for all patients. Can we modify the audit to include this question for all chart types/pts >12yrs?**

    No. All questions in the national audit are mandatory and cannot be changed. These questions are based on the chart type being audited.

Hospitals wishing to undertake an audit of certain questions or elements of the chart will need to create a local audit.

13. **Is there a way to add information about where the patient was located, such as ward in the NSMC audit system?**
No. There is no way to capture this information using the system.

Coordinators will need to carefully plan the audit process with their audit team. Test audits should be undertaken to understand the parameters that are captured. Patient audits capture a number of details, such as the audit date and auditor. By carefully planning the audit, coordinators may be able to use one or a number of these parameters to plan the location of the audit.

14. **Can you provide descriptions of the peer groups? Which does our hospital sit within?**
The Australian Institute of Health and Welfare (AIHW) maintains the list of hospital peer groupings. To confirm your hospital peer grouping, please go to Table AS.1 in the following link: https://www.aihw.gov.au/reports/hospitals/hospital-resources-2017-18-ahs/data

15. **Will the national audit need to include all patients admitted during the 4 weeks of national audit 2020 or only a sample of the population throughout that time period?**
The minimum number of patient audits to complete during the national audit will be determined by the number of beds in your hospital. See table below:

Number of adult beds in hospital	Sample size
150 or more	20% of current patients
30 - 149	30 current patients
Less than 30	All current patients

Table adapted from *Indicators for Quality Use of medicines in Australian Hospitals*[1]

The NSMC Audit Guide will also be helpful in preparation for the audit. Please see page 4 onward in the NSMC audit guide for hospitals for further advice.

16. **Can I use mobile devices such as tablets to enter data into the NSMC audit system?**
The Commission is not aware of any limitations. We suggest that any device to be used during the national audit be tested prior to auditing. The test should include WiFi connection throughout the facility, browser compatibility and usability of the screen interface.

17. **As a coordinator, will I be able to view a group result as well as the individual hospital results.**
Yes. Coordinators can view results at group and individual hospital levels from 17 October 2020.

18. **Will the NSMC audit system contain the same questions and fields as the pdf NSMC audit form?**
Yes. The questions on the pdf NSMC audit form match those in the NSMC audit system.

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[1] NSW Therapeutic Advisory Group. Indicators for Quality Use of medicines in Australian Hospitals, 2007.

19. **Which browsers support the use of the NSMC audit system?**
   Please refer to the [NSMC audit system user guide,](#) page 3.

20. **I am trying to register with the NSMC audit system. The system is asking for approver details. Who is my 'approver'?**
   Your approver is someone within your organisation who can verify your association with the hospital. This may be your manager or audit coordinator.

21. **Why do I need to provide 'approver's' details when registering to the NSMC audit system?**
   The Commission has a responsibility to ensure access is granted to duly authorised employees of registered health service organisations.

22. **I am from a hospital in WA Health. We use charts that are slightly different. How can we audit these using the NSMC audit?**
   Please contact your hospital coordinator for further information.

23. **Has anything changed between the 2018 and 2020 national audits?**
   Yes. The Commission has reviewed feedback received following the NSMC National Audit 2018. Changes implemented for the NSMC National Audit 2020 are as follows:

Feedback relates to:	Feedback 2018:	Change implemented into the 2020 audit:
NSMC Audit System- data entry	Patients audited as being 12 years old or less and using a NIMC or PBS HMC adult chart	A 'pop-up' now alerts auditors that there is an unexpected data entry when an 'adult' chart is selected for a patient 12 years of age or less. (Note: The NSMC audit system will not prohibit the auditor's selection.)
Disparate NSMC audit materials	NSMC Audit system needs to include a link back to the Commission's NSMC Audit webpage	A link has been included in the NSMC Audit system to take registered users back to the Commission's NSMC Audit webpage to facilitate access to all NSMC audit resources.
NSMC Audit Indicators	Difficult to calculate VTE indicators in particular	All formulas used to calculate indicators are now published on the Commission's NSMC audit system webpage
NSMC Audit questions	It is not clear that an error prone abbreviation also constitutes an incomplete or incorrect order	Further information has been included in the NSMC national audit FAQs (this document) to clarify.

Auditing

1. **A medication order has been annotated by a pharmacist. Do I audit the prescriber's medication order or can I include the pharmacist annotation as well?**
   Auditors should audit the original prescriber's order as written. In line with the NSMC audit aims, this will support:
   - Evaluation of the effectiveness of NSMC safety features in hospitals
   - Improvements in the safety of medication charting in hospitals
   - Evaluation of the safety and quality of prescribing and related medication documentation.

   Clinical pharmacist activities should be captured in the pharmaceutical review section of the audit.

2. **Can we audit charts retrospectively for the NSMC national audit?**
   No. Data gathered for the NSMC national audit should all be collected prospectively, with active and current charts that are being used for patients in your health service at the time of the audit.

3. **Will our audit team need any additional materials to help us audit?**
   Yes. It is suggested that auditors have easy access to the following references while auditing:
   - [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)
   - Approved list of medicines that may be ordered using brand names. (According to local policy)
   - Paediatric dosing reference (for services that have paediatric patients)
   - Local policy outlining where a patient's medication history is to be documented.

4. **How long does a patient audit remain open (on-screen) in the NSMC audit system before a timeout?**
   A session timeout will occur after 30mins of inactivity. If a patient audit is incomplete when a timeout occurs, <u>audit data will not be saved</u> and will not be available when the auditor next logs-on to the NSMC audit system.

5. **What is required for a medicine name to be considered 'complete and correct'?**
   A medicine name would be considered complete and correct where it is documented according to:
   - [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)
   - Approved (local) list of medicines that may be ordered using brand names.

6. **There is a variable dose medicine ordered outside of the variable dose medicine section of the chart. Should this medicine be included in data collected for variable dose medicines?**
   No. This is out of scope for the NSMC national audit.
   Only medicines ordered in the variable dose medicine section of the chart should be included as part of the data collection for variable dose medicine orders (section 13 of the audit). This is because clinical judgement would need to be applied to classify any other medicine outside of this section as a variable dose medicine.

7. **We have found warfarin orders prescribed outside of the warfarin section on the chart. Should we include these orders as part of the data collection for warfarin?**
   No. Only warfarin orders ordered in the warfarin section of the chart should be included as part of the data collection for 'section 14 –Orders in warfarin section' of the audit.

8. **One of our paediatric patients is 12 years and 5 months old, should we answer 'yes' to question 'iv) The patient is aged 12 years or under?'**
   No. The answer should only be 'yes' for a patient up to 12 years of age.

9. **Question 9.1 of the audit asks whether a patient has been initiated on an anticoagulant for ongoing treatment. How will I know if the anticoagulant has only been initiated during this admission and is for ongoing treatment?**
   In the first instance, look at the medication history to see if it has been included. If the medication history is not co-located with the medication chart (as may be local policy), dose initiation protocols may also give some indication as to whether the treatment is new. In the absence of all other information, the assumption that the anticoagulant is not new may be made.

10. **With respect to section 10.2 of the audit, I do not know where to record an error where an error-prone abbreviation (e.g. use of 'top' as the route) should be recorded. Should it be recorded against 'order contains one or more error-prone abbreviation(s)' or should it be 'route not complete and correct' or should I record it against both?**
    In these instances, auditors should record the error-prone abbreviation against both. For the first question, 'order contains one or more error-prone abbreviations,' 'top' may be the only error-prone abbreviation identified in the medicine order or it may be one of multiple error-prone abbreviations in the one order. Either way, if there is one or more error-prone abbreviations in the medicine order, it should be recorded as 1.

    Because there has been an error-prone abbreviation identified for the route ('top') in this example, the route would not be considered complete and correct, and it should also be recorded as 1.

    Note this question type is also asked in sections 11-14 of the audit. The same approach should be applied.

Reporting

1. **Who has access to the NSMC reports?**
   Coordinators have access to the NSMC reports:

2. **When can we access the national audit results?**
   National audit results will be available from 17 October 2020.

3. **Can I access the national results for the patient audit report prior to the 17 October 2020?**
   No. The patient audit report for the NSMC national audit will only become available from 17 October 2020.

4. **Where can we access the national audit result?**
   Coordinators can access the national audit results from the NSMC audit system by selecting 'NSMC National Audit-2020 from the summary report or patient audit report menus. See NSMC audit system- Reporting user guide for coordinators

5. **Can I access results for my hospital under the 'NSMC National Audit 2020' prior to the 17 October 2020?**
   No. Coordinators will not be able to access these results prior to 17 October 2020

6. **My hospital service has two sites, Hospital A and Hospital B. Do I have to run separate reports for each site or can I combine results for these hospitals?**
    If Hospital A and Hospital B have entered data as separate audits for each site, coordinators can run reports for each of the hospital sites or can select multiple audits to generate a report which contains aggregated results from both sites. Note that these hospitals will only be able to enter data separately if they are listed as separate hospitals in the AIHW hospital peer groupings table. (See 'Preparing for audit- question 13).

7. **My hospital service has two sites, Hospital C and Hospital D. Can I compare NSMC national audit results for these two hospitals?**
    Yes. Comparison of results can be done using the summary report. Hospital C and Hospital D can be selected under the audit titled 'NSMC National Audit-2020'