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# Strengthening foundations for auditing and oversight in colonoscopy care

Clinical Care Standards Excellence Award Recipient Northern NSW Local Health District NSW Health

Northern NSW Local Health District (NNSWLHD) serves more than 300,000 people across a vast area from the coast to the rural countryside. In 2024, a short-notice accreditation assessment found that monitoring of clinical variation across NNSWLHD's colonoscopy services needed strengthening. Seeing the challenge as an opportunity, they took stock, recalibrated, and set about building a stronger, data-driven system.

#### Meeting feedback with action

The accreditation assessment, held across three sites in early 2024, found that – although colonoscopy data were being collected – there were gaps in how it was being reviewed, discussed, and reported. Accordingly, NNSWLHD was tasked with making improvements to its monitoring and reporting processes to meet accreditation requirements including the <u>Colonoscopy Clinical Care Standard</u> (the Standard) at a follow-up assessment, just 60 days later.

'The positive of that accreditation process was that it gave us an outsider's perspective,' says Clinical Operations Support Manager Sally Smith. 'We needed to do much more to standardise our data collection and reporting so we could monitor variation.'

## Back to basics: what do we need to know?

An in-depth review of the existing audit processes uncovered a range of challenges: data sources varied across sites, samples were sometimes too small or not representative of the whole service, and key information aligned with the Standard's local monitoring indicators wasn't being captured consistently.

'We didn't have the right data, we didn't have enough data, and we didn't have it in a format where we could learn from it,' says Emma Cronin, NNSWLHD Clinical Governance Information Manager. 'How could we identify areas for improvement when we didn't even have visibility of what was happening?'



## Stronger auditing foundations

Sally and Emma then set about redesigning the colonoscopy audit process from the ground up.

'We wanted to get meaningful insights from our data – not just collect information for the sake of it,' says Emma. 'Everyone's stretched, so we didn't want to ask staff to complete an audit unless we knew it could actually drive change.'

The revised audit tool introduced a centralised sampling methodology, dramatically improving data accuracy. It also collected data on all the indicators listed in the Standard, making it possible to assess and track the quality of colonoscopy services across NNSWLHD over time.

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#### Making the most of what they had

During their redesign of the audit tool, the team discovered they had a powerful resource at their fingertips. Provation, the endoscopy software used across NNSWLHD for all colonoscopies, had the capacity to capture key components of the information needed to monitor the indicators – however, this functionality was not being fully utilised.

A number of clinicians were already using Provation data as part of their individual recertification process.<sup>1</sup> Their existing familiarity with the system helped to lay the groundwork for broader collaboration.

'We went through all of the recertification requirements and thought, how can we tie that into our monitoring for variations in practice?' says Sally.

By working together to consider how Provation could be used for audit purposes, clinicians helped build confidence in the system – and in turn, lifted the quality and consistency of the data it produced. Critical fields in Provation were made mandatory with support from NNSWLHD's tech experts, and additional training was provided to proceduralists to help them adjust to the changes.

#### From data to decisions

With a robust new audit process in place, the next challenge was to ensure that data led to action.

Working with clinicians across NNSWLHD, the team created a reporting system to support timely local peer review as well as organisational governance and accountability. A strong partnership between Clinical Operations and Clinical Governance leaders was pivotal.

- On a quarterly basis, proceduralists discuss the Provation audit data in a peer review process at each site. Reviews are then submitted to local governance committees.
- In parallel, NNSWLHD conducts a biannual quality audit against the nine quality statements in the Standard.
- All findings are collated, de-identified, synthesised and shared with the NNSWLHD National Standards Strategic Planning Committee, and presented to the Safety and Quality Meeting of NNSWLHD's Executive Leadership Team, and NNSWLHD Board Health Care Quality Committee meeting.

'The big improvement we've made is putting everything on the same page,' says Emma. 'Now we have a clear, district-wide picture of what's happening.'

## Shifting the culture

Since the introduction of the new audit and reporting processes, implementation of the Standard has improved significantly and NNSWLHD has passed its latest accreditation assessment.

Importantly, staff are more engaged than ever.

'Now we've got proceduralists asking when the report is coming out,' says Sally.

The successful change initiative has had a positive impact across NNSWLHD, and the lessons learned can now be applied to other areas of care.

'We're really taking quality improvement seriously and we are doing everything we can to provide best-practice care for our patients,' says Emma.



# LESSONS LEARNED

#### Ask the right questions

Pause before diving in. Get clear on what you're trying to achieve – and how you'll measure success.

#### Maximise existing resources

Don't assume you have to start from scratch. Take stock of the resources already in place and consider how you can build on them to achieve your goals.

#### Make data meaningful

Don't just collect data – connect it to action. Make sure stakeholders can see how good data enables good governance, safer care, and better outcomes.

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<sup>1</sup> Overseen by the Recertification in Colonoscopy Conjoint Committee, a national body comprising representatives from the Gastroenterological Society of Australia (GESA), the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons.