

Guidelines for District Health Boards

Mental Health Quality
Monitoring and Audit

Published in January 2002
by the Ministry of Health
PO Box 5013, Wellington, New Zealand

ISBN 0-478-26256-6

This document is available on the Ministry of Health's Website:
<http://www.moh.govt.nz>



MANATŪ HAUORA

Contents

1	Introduction	1
2	Quality Monitoring and Audit Objectives	2
3	Expectations	3
4	Key Legislation, Guidelines and Contractual Requirements and Safety Issues	4
	Legislative requirements	4
	Ministry of Health guidelines	4
	Safety	5
5	Quality Monitoring and Audit Responsibilities	7
	Quality monitoring programme – components	7
	Service provider responsibilities	8
6	Quality Monitoring and Audit Procedures	9
	Monitoring and audit procedures	9
7	Development Plan Monitoring	12
8	Confidentiality	13
9	Complaints Procedure	14
10	Conflict of Interest	15
11	Audit Personnel	16
	Selection	16
	Team composition	16
	Audit co-ordinator	17
	Audit team leader	17
12	Auditor Qualifications and Training	18
13	Auditing Clinical Records	19
15	Process for Inviting Participation and Interviewing Tangata Whai Ora/Consumers and Whanau /Family/Carers	21
	Process for obtaining informed consent for interviews	22
	Questionnaires for gaining tangata whai ora/consumers, whānau/family/carers feedback	22
	Appendix 1: Tangata whai ora/consumer record definition	23

Appendix 2: Information to tangata whai ora/consumer regarding audit of clinical records	24
Appendix 3: An invitation to tangata whai ora/consumers and whānau/family and carers	25
Appendix 4: Interview information tangata whai ora/consumers, whānau /family and carers	26
Appendix 5: Template for mental health audit reports	27

1 Introduction

Quality improvement is a culture or philosophy that seeks continuous improvement of the whole system, through normal daily activity. Total quality management is an overall organisational strategy for engendering and sustaining continuous quality improvement by improving overall performance, rather than detecting ‘unacceptable care’ by default. The Ministry of Health is looking to encourage innovation and sees quality improvement as a process of ongoing development and of learning from experiences.

The District Health Board Mental Health Quality Monitoring Guidelines briefly highlight the requirements of District Health Boards (DHBs) in terms of audit and monitoring, provide guidelines for undertaking a mental health quality audit and include the key legislative requirements for mental health services. These Guidelines are aligned with the following Ministry of Health documents: *Audit and Monitoring Responsibilities*, *Audit and Monitoring Expectations of District Health Boards*, which are available on the Ministry of Health website (www.moh.govt.nz).

As with all aspects of the change, a collaborative approach is needed to shift responsibilities and skills for audit, monitoring and risk management from the Ministry to DHBs with minimal disruption to providers, a minimum of duplication, and maximum benefit for patients and disability service users.

2 Quality Monitoring and Audit Objectives

The objectives for quality monitoring and audit are as follows:

- to ensure that services comply with national mental health standards, national service specifications, general quality specifications and other relevant legislation
- to work with providers to promote continuous improvement in the quality of mental health services
- to ensure tangata whai ora/consumer and whānau/family/carer participation in determining and evaluating service quality
- to provide the DHB and shared service agency (SSA) with information to support service development
- to identify and promote good practice in mental health services
- to take appropriate action to improve services when required.

3 Expectations

The following points summarise the expectations of DHBs in respect of service audit and monitoring.

- DHBs are required to document their audit and monitoring processes and assign accountabilities and responsibilities for each of the different phases.
- Documented audit and monitoring processes need to include: collection and analysis of information (both qualitative and quantitative data), reporting on information collected, feedback to providers, and what actions are required when issues are identified.
- For the services they fund, DHBs need to:
 - focus on routine monitoring of providers
 - maintain audit programmes
 - monitor complaints
 - ensure providers are utilising continuous quality improvement processes
 - investigate exceptions
 - take into account information from other sources.
- There is also a provision in the Crown Funding Agreements requiring DHBs to take part in national reviews or audits and collect particular sets of data on behalf of the Crown.

This is to ensure that:

- services are safe
- opportunities to improve the quality of services are raised
- services meet contractual requirements
- comparisons among providers may be made.

This will be better achieved by ensuring:

- tangata whai ora/consumers, their whānau/families and their carers continue to be included in the gathering of information and feedback on the quality of service delivery
- all service providers are required to undertake internal quality monitoring and to participate in external reviews
- providers are required to develop and implement quality monitoring/quality improvement plans which include the recommendations arising from external reviews and the requirements of the National Mental Health Standards, Health and Disability Sector Safety Standards and other relevant standards and legislative requirements.

4 Key Legislation, Guidelines and Contractual Requirements and Safety Issues

All contracted mental health service providers are required to have implemented the National Mental Health Standard NZS 8143:2001. This standard should be used as the base document for undertaking any quality audits of mental health services. To support this the Ministry of Health has had a National Mental Health Standard audit tool developed, which is available from Standards New Zealand.

Legislative requirements

A number of Acts of Parliament and related standards and guidelines are directly relevant to the delivery of mental health and disability services. Service providers must ensure that services comply with the applicable provisions of the following Acts, including any subsequent amendments and re-enactments of those provisions:

- Alcoholism and Drug Addiction Act 1966
- Criminal Justice Act 1985
- Protection of Personal Property and Rights Act 1988
- New Zealand Bill of Rights Act 1990
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- New Zealand Public Health and Disability Act 2000
- Human Rights Act 1993
- Privacy Act 1993 and the Health Information Privacy Code
- Health and Disability Commissioner Act 1994 and Code of Health and Disability Consumer Rights.
- Children, Young Persons and their Families Act 1989
- Official Information Act 1982.

Ministry of Health guidelines

Service providers must be familiar with the following guidelines, and comply with all those that are relevant to their services:

- Guidelines for Discharge Planning for People with Mental Illness (1993)
- Guidelines for the Management of Suicidal Patients (1993)
- Guidelines for Reducing Violence in Mental Health Services (1994)
- Guidelines for Managing Co-Existing Psychiatric and Substance Use Disorders (1994)
- Guidelines for Cultural Assessment in Mental Health Services (1995)

- Guidelines for Effective Consumer Participation in Mental Health Services (1995)
- Guidelines for Purchasing Personal Mental Health Services for Māori (1995)
- Guidelines for Reporting and Review of Incidents in Mental Health Services: Revised Version (December 1995)
- Guidelines for the Appointment of Duly Authorised Officers under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (1995)
- Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992 (1995)
- Guidelines for Prescribing Psychotropic Drugs (1996)
- Guidelines for Service Co-ordination Making Links: Guidelines on Service Co- ordination for Children and Young People with Severe Mental Health (1997)
- Guidelines for Clinical Risk Assessment and Management in Mental Services (1998)
- He Taura Tieke – Measuring Effective Health Services for Māori (1995)
- High Risk Mental Health Services – Audit Tool and Review Programme (1994)
- Memorandum of Understanding Between the New Zealand Police and the Ministry of Health (1993)
- National Protocol for Methadone Treatment in New Zealand (1996)
- New Futures – a strategic framework for mental health services for children and young people in New Zealand (1998)
- Night Safety Procedures (1995)
- Procedure Guidelines for the Use of Seclusion (Revised edition) (1995)
- Report on the Working Party for Improving the Management of High Risk Mentally Ill Patients (1991)
- Recommended Standards for Case Management (1992)
- Standards for Home Based Services (1995)
- Standards for Needs Assessment for People with Disabilities (1994)
- The Assessment and Management of People with Co-existing Substance Abuse and Mental Health Disorders (1999)
- The Health Information Privacy Code of Practice (Privacy Commissioner) (1994)
- The Mental Health Professionals and Patient Information – Guidance Notes for Agencies in the Mental Health Sector (1998).

In addition, service providers must comply with all other guidelines concerning the delivery of mental health services that the Ministry of Health or Te Puni Kōkiri may develop from time to time.

Safety

Service providers will ensure, so far as is reasonably practicable, that the buildings from which services are provided are physically safe, internally and externally, meet the particular safety needs of the service users and staff, and that all buildings are easily accessible. All buildings must comply with the Building Act 1991, and service providers and their staff must be familiar with and regularly practice fire evacuation and other civil emergency drills.

5 Quality Monitoring and Audit Responsibilities

The DHB is responsible for ensuring that its monitoring and audit activities encompass the following principles in its work with providers, tangata whai ora/consumers, and their whānau/family:

- commitment to quality improvement
- flexible
- comprehensive and well co-ordinated
- least invasive
- respectful and considerate.

Quality monitoring programme – components

The quality monitoring programme consists of a number of interlinked monitoring and audit components as follows:

- **Pre agreement audit** – audit of documentation to assess ability of potential providers to deliver a service to specified quality standards.
- **Baseline audit** – audit of documentation and on site interviews using generic indicators – National Mental Health Standards. Provides a baseline measure of provider compliance with the required standards. Baseline audits will be carried out with all services every 2–3 years. (This will occur within the first year for new service providers.)
- **Focus audit** – audit of specific quality standards – eg, discharge planning, risk management. Provides a baseline measure of provider compliance with the required standards.
- **Issues-based audit** – a focused audit that targets specific providers as a result of safety concerns, complaints, non-compliance, or poor quality findings.

Monitoring and audit activities will:

- be conducted in a professional and confidential manner
- be carried out by personnel who are trained and carry out their work in a professional and competent manner
- act with consideration and respect in all communication and interactions with service staff, tangata whai ora/consumers, whānau/family/carers, referrers and others contacted during the monitoring or audit processes
- be considerate of the customs and culture of the service staff and tangata whai ora/consumers and carry out all audits with as little disruption to the service as possible
- provide full information and prompt responses to all relevant queries/concerns from the service staff, tangata whai ora/consumers and others.

Service provider responsibilities

The service undergoing audit is required to:

- notify the DHB quality improvement person prior to the audit if a proposed member of the Audit Team is considered to have a conflict of interest, for example competitor/other links to service
- inform staff, tangata whai ora/consumers, whānau/family/carers and referrers, and others involved with the service of the pending audit
- provide all pre and on-site documentation and administration requirements as requested
- provide accurate, up-to-date information for the audit team as requested
- ensure the audit team has adequate space to interview and work in privacy when required
- respect the privacy and impartiality of the audit team.

6 Quality Monitoring and Audit Procedures

Where the DHB identifies the need for monitoring and audit activities, it will use appropriate personnel to conduct the audit. The DHB will require personnel to comply with the Monitoring and Audit Guidelines document.

The following guidelines identify the procedures for all monitoring/audit activity undertaken by the DHB mental health service staff and/or contracted personnel.

Monitoring and audit procedures

The service is to have a minimum of three weeks prior notice of the audit, except where an indicated problem requires urgency and the timeframe is set accordingly.

Initial contact

The DHB staff member will notify the service in writing of:

- the purpose of visit, and seek identification of a contact person, that is, the service manager/co-ordinator for all contacts during the audit
- the date for the scheduled audit
- the DHB Quality Monitoring and Audit Guidelines and the tools/standards to be used
- the names and qualification brief for the audit team including, identified audit team leader (contact person for any queries regarding the audit visit). The service has the right to consult with the nominated DHB quality improvement co-ordinator, should there be any concerns regarding a conflict of interest related to any proposed team member.

Audit team planning meeting

The audit team will be brought together at least two weeks before the audit by the DHB quality improvement co-ordinator for a pre audit planning meeting, to enable:

- team members to meet
- planning for the audit to be undertaken
- audit expectations can be clarified
- any concerns or issues can be raised.

Confirmation of on-site timetable

The audit team leader will contact the service to develop the site visit timetable. This will include a range of activities dependent on the type of visit, for example, time for reading and review of documentation, observation of the facility, and interviews with management, staff, tangata whai ora/consumers, family/whānau/carers and referrers. Other internal and external service providers – for example, another unit of a service, support services, police, and Māori mental health services should also be included for their comment.

A letter will be forwarded to the service manager at least one week before the site visit, confirming the site visit dates and timetable for interviews.

Site visit

The audit team will allow time at the commencement of the visit for appropriate welcomes and introductions, and to reconfirm the timetable for the visit.

The audit team will carry out the site visit with consideration for the customs and culture of the service, staff and tangata whai ora/consumers, and with as little disruption to the service as possible.

The audit team will meet with the service at the end of the process to provide an overview of the findings of the audit. The service will be informed of the timeframe for receiving and returning the draft report.

Draft report

The draft report will be written in a manner that ensures the service receives a clear description of how the summary comments and any recommendations were reached.

The draft report will be sent to the service within two weeks of the site visit. The service will be invited to check the report for accuracy and to provide evidence to support any contention of accuracy within 10 working days.

The service is required to make the report available to those interviewed and seek feedback.

The audit team leader will consider all feedback and negotiate any points of difference with the provider.

The service will be informed of any changes to the report, and should there be disagreement, the service may attach a statement to this effect to the final report.

A template for the audit report is attached in Appendix 5.

Final report

The final report, including any recommendations, will be sent to the service's management.

The final report will be publicly available from the DHB on request.

The service will be notified if requests for the report are made. Individuals requesting the report will not be identified.

Follow-up visits

Where recommendations are considered critical to the safety and quality of the service, DHB or nominated personnel may make a follow-up visit to view the required changes.

7 Development Plan Monitoring

The service will be required to develop a development plan based on the audit recommendations.

The development plan will identify the required actions and timeframes for each of the audit recommendations. These will be established with the service and the DHB quality improvement co-ordinator.

Monitoring will focus on a co-operative approach that encourages ongoing communication between the DHB and provider regarding service standards and quality improvement practices.

The service will report on its progress on a monthly basis, or if critical, within the timeframes set by the DHB/SSA. Development plans will be monitored by the DHB/SSA through its quality improvement co-ordinator.

Monitoring may include regular scheduled visits to provider services to discuss quality improvement issues as identified in the development plan. The service will be required to demonstrate their management of the issue and progress with their development plan. The monitoring visit will be carried out by the quality improvement co-ordinator. Where there is a specific focus (eg, services to Māori, tangata whai ora/consumer or clinical issues), a person with the appropriate knowledge and skills may accompany the DHB personnel.

Where the service provides no evidence of progress with its development plan within the agreed timeframes, or the monitoring visit indicates further related issues, the DHB will notify the service of any consequences in writing.

8 Confidentiality

The DHB requires its audit personnel to maintain strictest confidentiality of all information received (formally or informally) during all stages of its work. Where an issue of a person's safety or the safety of others arises, this may outweigh the boundaries of confidentiality and the following process will be followed.

- The audit team leader is to inform the DHB/SSA staff member of the issue immediately.
- The audit team leader will notify (both verbally and in writing) the provider service manager/co-ordinator of the concern within 24 hours. The manager/co-ordinator will be required to provide a written response, within 24 hours, that outlines the action to be taken to address the issue, and if not immediate, the planned timeframe for this to happen.
- The audit team leader is responsible only for ensuring that the manager's response identifies a process for dealing with the issue raised, and that a course of action has been established with the appropriate body/organisation – for example, senior mental health service management, Health and Disability Commissioner, Human Rights Commission, Privacy Commission or a professional body.
- It is not the role of the audit team leader to make decisions or rulings regarding the particular concern.
- If the audit team leader and DHB/SSA staff member are not satisfied with the service response, the service manager will be informed in writing by the DHB of the intention to take further action.
- The audit team leader will provide a written report to DHB/SSA quality improvement co-ordinator, including all correspondence related to the issue. The service will be provided with a copy of the report and invited to respond.

9 Complaints Procedure

Should a service be dissatisfied with any aspect of the audit a complaint may be lodged using the following process.

- The service will first seek to resolve the complaint with the audit team leader. The complaint may be made verbally and an agreed summary of the complaint written and agreed to by both parties, or in writing directly to the audit team leader.
- The service can expect to receive a response within 24 hours of lodging the complaint with the team leader.
- Where the audit team leader is not able to respond within this timeframe, the reason for this, and an agreed timeframe is to be negotiated with the service.
- The service is to receive a clear written response to the complaint that includes a summary of the investigation carried out and resolution of the complaint.
- The audit team leader is to forward a copy of the complaint and response to the DHB staff member.
- Where the service is not satisfied with the response received from the Audit personnel, the service may contact: DHB quality co-ordinator.

10 Conflict of Interest

Prior to the audit visit, all services are to be informed of the names of proposed auditors and have the right to notify the DHB/SSA audit co-ordinator where an auditor is considered to have a conflict of interest – eg, competitor/other links to service.

All audit personnel are to declare any known conflict of interest to the DHB/SSA staff member.

11 Audit Personnel

Selection

The DHB/SSA will be responsible for appointing audit personnel. This may include DHB/SSA personnel and/or where necessary, contracted auditors.

Team composition

Audits are to be carried out by trained personnel who are appropriately representative and have knowledge and experience in one or more of the following areas:

- experience and knowledge of quality processes in mental health
- provide a Māori perspective
- provide a tangata whai ora/consumer perspective: consumers will always form part of a mental health audit team and will be actively involved in the audit process
- provide a whānau/family/carer perspective
- health management knowledge and experience
- mental health clinical knowledge and experience
- appropriate experience of inpatient and community based service delivery
- professional body – current registration/annual practising certificate
- all audit teams are to include tangata whai ora/consumer representation
- all audit teams are to include Māori mental health clinicians/cultural advisors
- all team members will be actively involved in the audit process, including the development of the audit tool
- all kaupapa Māori services will only be audited by Māori mental health clinicians and tangata whai ora/consumers.

Where specific focus services are audited – for example, Pacific peoples, family and carer support, women only or specialist services, the auditors chosen will be appropriate to the service.

All quality monitoring and audit personnel will be required to meet the following criteria:

- the lead auditor will have lead auditor qualifications and experience
- to accept and work within the boundaries of the DHB quality monitoring and audit guidelines document
- to carry out all work for the programme in a professional and culturally safe manner that reflects an understanding of the issues of culture – Treaty of Waitangi training, gender, sexual identity and power and oppression

- to co-operate with DHB/SSA staff members, audit team leader and other team members
- to ensure confidentiality of all aspects of work – interviews, reports, and so on
- to disclose conflict of interest
- to be available as contracted
- to present themselves in a professional manner
- to complete initial training and be open to participating actively in post-audit evaluation
- to carry clear identification of quality monitoring and audit team status during site visits.

Audit co-ordinator

The DHB/SSA mental health audit co-ordinator is responsible for managing the mental health audit activities instigated by the DHB/SSA.

Audit team leader

The audit team will comprise between two and four members, one of whom will be a consumer and there will be an identified audit team leader.

The audit team leader will be responsible for:

- co-ordination of the audit
- ensuring all administrative aspects are completed on time
- ensuring team members are briefed adequately, comply with the quality monitoring and audit guidelines
- responding to any queries and/or complaints from the service
- reporting back findings to the service including draft and final audit reports
- reporting on the audit to the DHB/SSA quality monitoring and audit staff member.

12 Auditor Qualifications and Training

All audit personnel selected by the DHB will have relevant qualifications/experience and have completed orientation training that includes:

- familiarity with MOH quality monitoring and audit guidelines
- knowledge of auditor's role – boundaries, confidentiality, impartiality
- knowledge of relevant legislation, Privacy Act, OSH
- interpersonal skills/interviewing
- collation and summary – reporting skills
- report writing skills
- troubleshooting.

Team evaluation will occur following each audit.

13 Auditing Clinical Records

The following issues are involved:

- the auditor(s) viewing tangata whai ora/consumer records will be sub-contractors of the DHB/SSA
- to adequately ensure that the required National Mental Health Standards related to tangata whai ora/consumer care and records are met it is considered essential to view tangata whai ora/consumer records
- the Health Information Privacy Code 1994, Rule 11 2(h) Limits on Disclosure of Health Information – states that a health agency that holds health information is permitted to disclose information where the agency believes that the information is required for quality assurance purposes
- the purpose of the DHB quality monitoring and audit activity is to evaluate the extent to which the provider services meet the requirements of the National Mental Health Standards, Mental Health Service Specifications and Service Quality Specifications to assure the quality of services.

The service will be required to identify policies and procedures in place to ensure tangata whai ora/consumers' clinical records are up to date and contain all the required information, and that all the required procedures occur. The service will demonstrate how tangata whai ora/consumer care procedures and clinical records are audited.

Where audit of specific aspects of tangata whai ora/consumer care requires clinical record audits, for example, audit of National Mental Health Standards – consumer record and documentation, consumer assessment, discharge planning, risk management, and so on, the following steps will occur:

- the auditors will sign the service confidentiality form
- a random sample of tangata whai ora/consumer clinical records (n = percentage of total caseload) will be selected in the presence of the service manager. The tangata whai ora/consumer auditor will be part of the audit team carrying out the clinical record audit
- if the service has identified tangata whai ora/consumer representative(s) they may be present during the clinical record audit
- the clinical records are to remain on site and are to be returned to the service manager immediately audit is completed
- the auditor(s) will audit the clinical records against set indicators for the specific standard and record the findings. No personal information will be taken or recorded – for example, name, diagnosis, history
- a letter will be left in each clinical record audited informing the tangata whai ora/consumer of the audit.

The letter will include information regarding:

- the purpose of the audit (generally) and the reason for viewing clinical records
- what was audited in the record – a copy of the checklist will be provided
- how the information will be used
- names of auditors viewing the records

- tangata whai ora/consumers right to seek more information about the audit if required
- that a copy of the audit report can be obtained.

The service manager is responsible for ensuring that all tangata whai ora/consumers whose clinical records have been audited are given the letter informing them of the audit as soon as possible.

Appendix 1 Checklist for auditing case notes. Clinical record definition.

Appendix 2 Information to tangata whai ora/consumer regarding audit of clinical records.

15 Process for Inviting Participation and Interviewing Tangata Whai Ora/Consumers and Whanau /Family/Carers

All invitations to participate in the audit are to include the following information:

- the purpose of the audit
- an assurance of confidentiality
- options for giving feedback – eg, meetings or questionnaires
- that participants may choose to bring support person or advocate
- that the tangata whai ora/consumer auditor can interview tangata whai ora/consumers, if desired
- a phone number for further information.

Dependent on the type of audit, the audit team will seek contact with tangata whai ora/consumer and whānau /family/carers through:

- the provider service to be audited
- tangata whai ora/consumer representatives and advocates
- tangata whai ora/consumer networks and support services
- family/carer support services
- allied service providers.

Consideration will be given to the needs of specific clients groups and the team leader will ensure that personnel and methods for gaining feedback are appropriate to the tangata whai ora/consumer groups, for example, tangata whai ora/consumer, family/carer, Māori, Pacific people, youth.

Appendix 3 Invitation to tangata whai ora/consumers, whānau/family and carers

Process for obtaining informed consent for interviews

At all interviews (group, individual, in person or phone) the audit team will:

- provide interviewer(s) identification
- thank the tangata whai ora/consumers whānau/family/carers for attending/phoning
- outline clearly the purpose of the audit and the interviews/questionnaire
- explain how the information will be used
- explain confidentiality – no names will be taken
- inform tangata whai ora/consumers, whānau/family/carers that they have the right to choose not to proceed with the interview, or to stop/leave the interview at any stage, should they wish
- check that tangata whai ora/consumers, whānau/family/carers wish to proceed
- summarise what has been recorded using questionnaires or summary notes at the end of the interview. Wherever possible tangata whai ora/consumers, whānau/family/ carers are to be encouraged to complete the questionnaires. All meetings are to focus on the content of the questionnaire
- check that the person(s) is comfortable with the information they have given, and if not, delete as required
- explain how to obtain a copy of the report if required.

Where tangata whai ora/consumers attend a group or individual meeting, a handout of the above information will be available.

Appendix 4 Interview information for tangata whai ora/consumers, whānau/family and carers

Questionnaires for gaining tangata whai ora/consumers, whānau/family/carers feedback

Questions will relate to the National Mental Health Standards, specific aspects of the service being audited, and will include room for comment.

All questionnaires will be anonymous and will not be provided to the service undergoing audit.

A summary of the questionnaire results will be made available to the service. Questionnaires and information from tangata whai ora/consumers, whānau/family/carer meetings will be destroyed once the final audit report is complete.

Appendix 1: Tangata whai ora/consumer record definition

Tangata whai ora/consumer records

Tangata whai ora/consumer records will be viewed for evidence that records include the following:

- visible demographics
- the referral source including correspondence/liaison with referrer
- case worker identification, including role and responsibility for specific intervention
- evidence of cultural assessment where appropriate (choice for tangata whai ora/consumer)
- that initial assessments take account of psychological, spiritual, physical, familial, social, educational and occupational factors, legal/forensic history, and alcohol and drug use as appropriate
- summary assessment including diagnosis
- needs assessment
- risk assessment and management plan
- interventions/treatment plan/goals – short term/long term
- measurable objectives
- reviews (frequency and MDT input)
- discharge planning
- medication/no medication regimes
- medication – prescription, delivery, monitoring and review
- service co-ordination with other services, for example, accommodation, vocational training, etc
- record of tangata whai ora/consumer's use of other services – past and present
- incident reports
- informed consent
- release of information approval.

Will vary, dependent on service type.

Appendix 2: Information to tangata whai ora/consumer regarding audit of clinical records

Dear tangata whai ora/consumer

During a DHB/SSA quality audit carried out with _____ mental health service, we audited case notes.

Your clinical records were randomly selected as part of the audit. The audit was carried out to make sure that your records are up-to-date, accurate and contain relevant information. The checklist attached shows what was checked in the clinical records we audited.

- No information has been copied or taken from your clinical record.
- The auditors signed a confidentiality agreement with the service manager. The service manager/representative was present during the audit.
- The clinical record audit information will be summarised in the audit report. This report will be available to you through the mental health service you are using.

The District Health Board Policy Framework and The Health Information Privacy Code 1994 entitles the DHB/SSA to audit clients' clinical records for the purpose of quality or clinical audit.

If you have any questions, you can discuss them with your care manager/key worker, the service manager or contact DHB/SSA quality co-ordinator (ph).

Service Manager: _____

Auditor: _____

Auditor: _____

Appendix 3: An invitation to tangata whai ora/consumers and whānau/family and carers

Of _____ Service name

We would like to hear from tangata whai ora/consumers and whānau/family and carers who have had contact with the _____ mental health services in the past year. We would like to know how well the service meets your needs and get your ideas about what would improve the services.

The DHB/SSA is carrying out an audit of the _____ services.

Confidentiality

All information you give is confidential. Your name will not be taken, and no one interviewed will be identified individually in the report.

Interviewers

Tangata whai ora/consumer interviewers will be available for tangata whai ora/consumers, and family/carer interviewers will be available for family/carers. If you would prefer another option please contact the audit co-ordinator listed below.

If you would like to give feedback you can do so in the following ways:

- complete the tangata whai ora/consumer or family questionnaire and return in the stamped addressed envelope attached to the questionnaire
- come to a group meeting (venue, date, time)
- phone and arrange to meet with an interviewer on your own, or bring a support person of your choice
- have a phone interview.

Separate tangata whai ora/consumers and whānau /family and carers meetings will be held.

If you would like further information about the interview meetings phone

Audit co-ordinator

To be adapted to the specific audit type.

Appendix 4: Interview information tangata whai ora/consumers, whānau /family and carers

Thank you for participating in the interview or meeting regarding the audit of the _____ mental health service in your region.

We value your time and feedback given.

The purpose of the audit is to find out how well the _____ mental health services are being provided. Your feedback in the questionnaire/interviews with will help us to assess this.

The information you have given us will be summarised in the audit report – you will not be identified.

The audit report will let the service know what they are doing well and any areas that need further improvement.

Confidentiality

We wish to assure you that the names of people participating in interviews will not be recorded, and no one interviewed will be identified individually in the audit report.

Names and contact number for interviewers:

- 1 _____
- 2 _____
- 3 _____

Appendix 5: Template for mental health audit reports

The documentation has seven parts:

- 1 audit report cover sheet
- 2 summary of audit findings, including any observations made (these should be consistent with the information fed back to the provider on the day of audit)
- 3 specific findings (tabular format identifying the audit tool criteria, the assessment rating and the finding itself)
- 4 minutes of the meetings, including briefing and debriefing components
- 5 table of documentation reviewed – desk review and on-site visit
- 6 full audit tool completed with findings listed against each criteria
- 7 summary letter to provider re enclosure of findings report.

1 Audit report cover sheet

Audit report

locality	
name of service	
provider name/legal entity	
provider number	
contract number	
services provided	
type of audit	
services audited	
venue for audit	
date of audit	
date of findings report	
date of sign-off of findings report	
date audit process completed	
audit team members	
report prepared by	
provider liaison person	
designation	
number of findings	
number of recommendations	

2 Summary of audit findings, including any observations made

(These should be consistent with the information fed back to the provider on the day of audit.)

This summary report should be written in a narrative form using main headings:

- Findings
- Observations
- Comments.

3 Specific audit findings

(Tabular format identifying the audit tool criteria, the assessment rating and the finding itself.)

NMHS Standard	Criterion No. Criterion summary title	Assessment rating [NA, MA, PA]	Finding

4 Minutes of the meetings held during the audit process

(Including timetable for the day, briefing and debriefing components.)

This should only be about one page, but should include a summary of the auditors' scene setting to the provider, for example:

- purpose and scope of the audit
- documentation that has been or will be reviewed
- staff interview information will be collated and reported in non-identifiable format
- tour of the provider facility
- audit criteria
- findings report, etc.

The purpose of these minutes is to be able to confirm that auditors covered all of the necessary components of the audit process and reporting with the providers.

5 Table of documentation reviewed – desk review and on-site visit

Again, a one-page description of the information that has been reviewed, eg,

Desk audit

policy/documentation reviewed	documentation dated
-------------------------------	---------------------

Site audit

policy/documentation reviewed	documentation date
practising certificates [if required]	
care plans	
accident/incident reporting file and monitoring records	
policy manual: (policies included)	

6 Full audit tool completed with findings listed against each criteria

(The audit tool is available in full electronic format so the audit team will not have to create the document.)

eg. *sample only*

Standard Title: Pacific people

Standard Number: 2

Criterion number	Criterion	Rating	Supporting evidence	Action/s needed for improvement
2.1	All staff recognise the special relationship between tangata whenua and Pacific peoples and will practice in accordance with this recognition	PA	<p><i>Staff job descriptions contain requirement to acknowledge Treaty of Waitangi</i></p> <p><i>Staff interviews support service recognition that a number of clients have both Māori and Pacific ancestry, and provider operations contain recognition of karakia for both Māori and Pacific clients and other appropriate cultural observations</i></p>	<p><i>Copy of Treaty of Waitangi and Tangata Whenua policy would enhance staff and consumer recognition of special relationship</i></p>

7 Summary letter to provider re enclosure of findings report (to be sent by the DHB)

Dear

Thank you to you and your staff for your participation and co-operation in the recent audit undertaken for the Ministry of Health on

Please find enclosed:

- the findings report and the list of documentation reviewed
- minutes from meetings held during the audit
- the completed audit tool
- the audit findings report sign-off form.

The findings report is a record of findings based on information relevant to the audit tool criteria gathered during the interviews, documentation review and tour of your facilities. The report includes some general observations about, and the agreed specific findings of any criteria that were found to be NA/MA/PA [no achievement; minimal achievement; partial achievement]. It also includes the audit tool showing the results for each criterion, including all areas of compliance.

Please review the information contained in the findings report and either confirm the findings or inform us of any information you believe does not accurately reflect what occurred during the audit. The enclosed sign off form is to help facilitate this process. Please can you return it to us as soon as possible, or within seven working days of receipt of this letter.

Yours sincerely