



Reducing Risk – Improving Outcomes
National Stroke Audit 2009

FAQS #2
Audit team briefing

- 1** *How long does the training session take and what does it involve?*

The training session takes 30-40 minutes.

You will need

 - a computer with internet access to link to the web-tool
 - a phone to dial in for the teleconference training session - or phone with loudspeaker if team members are together at one computer.

Once your session is booked, you will be supplied with

 - the teleconference phone number
 - a participant passcode to enter when prompted
 - temporary site ID and password for training

After your training session, you will be supplied with

 - your site-specific ID and password for audit data entry.
- 2** *Does our whole team need to do the training together at the same time?*

If you are able to schedule your training together - we will make a priority booking for your team - as there is an advantage in asking any questions related to your site.

If this is not possible, please have each team member indicate which dates/times they can do, and we will schedule you as close together as possible.
- 3** *I was involved in the 2007 Audit. Do I need to repeat the training?*

It's critical that all team members review the NZ Audit FAQs which will appear in the Audit Tool. You can assess how much you remember by taking a look at the Audit tool in the Preview option (see FAQ 14 overleaf). An advantage to joining the rest of the team for training is that you can contribute your previous experience.
- 4** *None of the training dates suit us...*

Please advise Shelley Jones (audit@stroke.org.nz or 021 79 1000) of two or three dates that would work and she will liaise with NSF for a time that suits.
- 5** *When do we have to start and finish the audit?*

We recommend that you start the Organisational Survey and Clinical Audit as soon as you can after your training session, so that what you have learned about using the web-based tool is fresh in your mind. We recommend that you ask Medical Records to begin sourcing the records using Case Inclusion/Exclusion Criteria (supplied when your training date is confirmed), so that as you go into your training, you have a number of patient records already available.

Please plan to be mostly completed by mid-June, as the audit must be completed by 30 June.
- 6** *Do I have to audit all the charts at once?*

The on-line audit tool is set up so that you can use it as it suits you. You can stop data entry, saving what you have completed, and come back to it again. You may find it useful to have some dedicated time for the audit immediately after your training. Most of all, we hope that you attack this in the way that suits you and your team best.
- 7** *Does the Clinical Audit have to be done by just one person?*

In an ideal world, one audit associate would audit the patient records for the whole country. As that's not possible, we perform an Inter-Rater Reliability Study (IRR Study) to validate the reliability of data entered by many audit associates.

Sharing the workload within your team is OK, as the IRR Study provides us with the statistical evidence required for permitting such activity. However, to limit variation, we advise no more than four people are involved in the Clinical Audit at one site.
- 8** *What happens if there is an error in our data entry?*

Each site must have one of the audit associates available through July- August to take any queries by NSF, as the data is checked during this period. There will be more detail on this when the confidential screening log is supplied.

9 *How does the Inter-Rater Reliability Study work?*

The Inter-Rater Reliability Study runs across the whole audit. It does not compare the two audit associates within the one hospital, rather, it compares reliability in the audit indicators by assessing the agreement level between audit associates on each indicator in the Clinical Audit data set.

10 *How does it work between the first and second entry of the five patient records for IRR?*

The first audit associate to enter data in the Clinical Audit is automatically assigned an identity as the main auditor for your site's clinical audit. The person who re-audits the first five patient records is prompted to identify data entry as a reliability case.

This means that the person who will audit the 40 patient records must start ahead of the person who will be auditing only 5 patient records for IRR.

11 *Our DHB has two hospital sites - what does that mean for our report? And also, patients may go from one of our hospitals to the other. Does the audit track them across both?*

Each service will get its own site ID. While you may not have 40 patient records at each site, the combined total may come to 40. You will be supplied with individual reports for each site, and a DHB report that combines the two sites.

Patients who had their first 48 hours of acute care managed elsewhere are to be excluded from the audit. This means that the first hospital would audit the patient and the second hospital would exclude them.

However, if transfer occurred within 48 hours then the process of care in both episodes will be audited: the first episode by the first hospital, and the second episode by the second hospital.

12 *We're not sure that our service would have 40 admissions from 1 June to 31 December 2008. Is it worth participating in the Clinical Audit?*

Even smaller hospitals are encouraged to participate in the Clinical Audit. Participation in audit and feedback is a valuable quality improvement exercise. Evaluation of the 2007 audit indicated that audit participation may increase personal knowledge of stroke management - knowledge that may be shared with the team - and it will also highlight inadequacies in the team's documentation of important indicators of stroke management. It therefore provides a focus for quality improvement initiatives.

If participation in the Clinical Audit is posing a difficulty, please discuss your situation with Shelley - it may be that you complete only the Organisational Survey in 2009 and plan to include the Clinical Audit in 2011.

13 *What bearing does a number less than 40 patient records have on our DHB's result?*

While 40 is considered the minimum number of files required to achieve statistical significance, the individualised report produced from the site's data may show trends which would usefully inform planning for service improvements. However, we would advise caution in interpretation due to reduced statistical validity.

14 *Can we have a look at the tool online before we start the audit?*

Yes - you can have a preview, as follows:

Link to web-tool is via <http://www.stroke.org.nz/> - click on 'National Stroke Audit 2009' to transfer to Audit Login

Click on LOG IN (top right of screen)

Site ID for training: 1111

Password for training: Newz1 (case sensitive)

Organisational Survey: You can review the survey right through

Clinical Audit: To review the tool, first enter some fictional data on the 'Edit Patient Demographics' screen and click on 'Save'

- This takes you to the 'Patient Demographics' screen - click on 'Go to Audit'
- You will need to enter (and save) fictional data in Section 1: Stroke Onset and Hospital Stay, before you can look at any of the other sections.
- To leave the preview: Click on 'Exit' at the bottom of the page, and then on 'Logout'.

15 *I seem to be missing some information...*

If you have mislaid material sent earlier, or have just joined your team and feel that you may have missed some of the background information:

- please request it via email from Shelley at audit@stroke.org.nz
- or visit www.stroke.org.nz and click on 'National Stroke Audit 2009'.

All material related to the National Stroke Audit will be posted here from 17 March.

16 *What is the overall timeline for auditing?*

March	April	May	June	July
Complete recruitment of participating DHBs.	Training for audit associates.	Continue auditing.	Complete auditing	NSF checks data for any discrepancies; makes any followup enquiries with audit associate.
Bookings for training.	Begin auditing.			
Medical Records begins to pull patient records.				