



Mental Health Clinical Record Auditing Procedure

Procedure Number
CHC-MHS-0054

Version Nos:
6

1. Purpose

This Procedure outlines the process for the internal auditing of clinical records and processes of the West Coast District Health Board (WCDHB) Mental Health Service (MHS).

2. Application

This Procedure is to be followed by all clinical staff throughout the WCDHB MHS.

3. Definitions

For the purposes of this Procedure:

- **Service User** is taken to mean a person who experiences or has experienced a mental illness and who uses or has used a mental health service. This term will always include **Tangata Whaiora** – a person seeking health and well being and **Motuhake**- a person regaining mana through self determination and control over their destiny.
- **Clinical Record** is taken to mean the service user's individual clinical file, in which is recorded all information pertaining to their care and treatment, as per the WCDHB Clinical Documentation Procedure.
- **Line Manager** is taken to mean the manager of the team/unit where the service user is domiciled. It covers the terms District Manager, Clinical Manager, and Clinical Nurse Manager.

4. Responsibilities

For the purposes of this Procedure:

Quality Co-Ordinator is required to ensure that the audit process is monitored, corrective actions undertaken and provide oversight for the entire process.

Team Leaders are required to randomly select clinical records for auditing, ensure auditing occurs, forward results to the Quality Coordinator and ensuring that corrective action is taken to address areas of non-compliance.

Clinicians are responsible for participating actively within the audit process.

Operations Manager is required to provide support and assistance to the Quality Coordinator.

5. Resources Required

This Procedure requires the following resources:

- WCDHB MHS Clinical Documentation & Processes Audit Tool

6. Process

1.00 Each Line Manager will select three (3) clinical files for audit, per calendar month.

1.01 Each Clinician will complete an audit on selected files using the WCDHB MHS Clinical Documentation and Processes Audit Tool.

1.02 The Line Manager shall provide feedback to clinician/s following each audit, highlighting any areas of excellence, and those requiring corrective actions.

1.03 The Clinicians will remedy any corrective actions at next contact with service user (wherever possible) and within two calendar months.



Mental Health Clinical Record Auditing Procedure

Procedure Number
CHC-MHS-0054

Version Nos:
6

- 1.04 The Line Manager will send the audit results to Quality Coordinator.
- 1.05 The Quality Coordinator will input the results of each audit into a spreadsheet and send a summary of corrective actions to the relevant manager.
- 1.06 The Line Manager is to monitor and support completion of corrective actions, dating these on summary, and return to Quality Coordinator when all actions completed (within two months).
- 1.07 The Quality Coordinator is to audit an additional three (3) clinical records from each Service/Unit/Team, selected at random and using the audit tool.
- 1.08 The Quality Coordinator is to provide written feedback to the manager, identifying areas of excellence, and those of non-compliance where corrective actions are required.
- 1.09 The Quality Coordinator will:
 - i) Report audit results monthly to the Clinical Governance Group through the Quality Report; and
 - ii) Provide a six-monthly overview of clinical documentation and processes audits to the Clinical Governance Group through the Quality Report.

7. Precautions And Considerations

- ➔ WCDHB MHS will implement an audit system to verify the quality of client clinical records
- ➔ Each Service/Unit/Team within the WCDHB MHS will audit a minimum of 3 client clinical records per calendar month
- ➔ The Quality Coordinator will undertake to audit 3 clinical records from each Service/Unit/Team

8. References

Health & Disability Sector Standards NZS 8134:2008

9. Related Documents

WCDHB Clinical Documentation Procedure

Revision History	Version:	6
	Developed By:	Sarah Lucas/ Judith Maloney
	Authorised By:	General Manager – Mental Health
	Date Authorised:	September 2003
	Date Last Reviewed:	June 2010
	Date Of Next Review:	June 2012