



Quality Audit Procedure

Procedure Number

CHC-PG-0035

Version Nos:

3

1. Purpose

This Procedure outlines the process by which the West Coast District Health Board (WCDHB) will ensure that quality audits undertaken of its Quality Management System (System).

2. Application

This Procedure is to be followed by all WCDHB staff members.

3. Definitions

For the purposes of this Procedure:

Quality Management System (System) is taken to mean the interconnection of components to enable an organisation to achieve given objectives. These components include people (Consumers and Staff), resources and culture as well as documented Policy and Procedures.

Quality Audit Process is taken to mean the evaluation of System components against pre-determined standards to identify compliance or deficiencies/gaps.

Auditors is taken to mean WCDHB staff members who undertake quality audits.

4. Responsibilities

For the purposes of this Procedure:

the **Risk and Quality Manager** is required to:

- oversee all aspects of this Procedure;

Staff Members are required to:

- ensure they abide by the requirements of this Procedure.

5. Resources Required

This Procedure requires:

- WCDHB Complaints Management System
- WCDHB Consumer Satisfaction System
- WCDHB Accident/Incident System
- WCDHB Quality Auditing System
- WCDHB Performance Management System (including Credentialling)

6. Process

1.00 The Risk and Quality Manager shall ensure that an annual quality audit schedule is developed.

1.01 The audit schedule shall:

- Be based on the relative risk rating of each component;
- Ensure all the components of the System are audited at least once during a three year cycle; and
- Identify the depth and frequency of each audit based on prior audit history and operational status of the System component to be audited.



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- 1.02 The Risk and Quality Manager shall either undertake the audit themselves, or involve WCDHB staff members who have suitable training/experience.
- 1.03 The Auditors shall liaise with the relevant Manager to arrange a suitable date and time for the audit.
- 1.04 Audits shall be reported using a standard audit-reporting template.
- 1.05 Before the audit, the Auditors shall develop a scope for the audit and:
 - (i) review any corrective action requests (CARs) from previous audits that are required to be verified; and
 - (ii) review any observations requiring follow-up from previous audit reports.
- 1.06 During the audit, the Auditors shall:
 - (i) interview appropriate TRP staff members and determine whether actual practice conforms to the requirements of the documented policies and procedures; and
 - (ii) review relevant documentation; and
 - (iii) verify the effectiveness of any corrective action requests since the last audit; and
 - (iv) follow-up on actions taken to address observations noted in previous audits.
- 1.07 After the audit, the Auditors shall:
 - (i) categorise their findings into conformance and non-conformance(s) observations; and
 - (ii) develop an audit report identifying areas of non-conformance that require corrective actions.
- 1.08 The Risk and Quality Manager shall review the completed audit report to ensure it is complete, concise, consistent and unambiguous, and that all non-conformances and observations are factual and traceable.
- 1.09 The Risk and Quality Manager shall distribute the audit report to the relevant Manager within two weeks of the last day of the audit.
- 1.10 The relevant Manager is responsible for ensuring that any corrective actions identified by the audit are addressed within a reasonable timeframe (4 –6 weeks).
- 1.11 The Risk and Quality Manager is responsible for liaising with the relevant Manager to monitor the requirements of Section 1.09.
- 1.12 The Risk and Quality Manager is required to provide a 6 monthly report to the Risk Management Committee summarising all quality audits undertaken in the previous 6 month period.
- 1.13 The Risk and Quality Manager is required to maintain a register containing details of quality audits.

7. Precautions And Considerations

- The Risk and Quality Manager shall ensure that an annual quality audit schedule is developed.



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- The Auditors shall liaise with the relevant Manager to arrange a suitable date and time for the audit.
- The relevant Manager is responsible for ensuring that any corrective actions identified by the audit are addressed within a reasonable timeframe (4 –6 weeks).

8. References

Health and Disability Sector Standards (NZS 8134:2000)

New Zealand Public Health and Disability Act (2000).

Operational Policy Framework

Quality Management and Quality System Elements (NZS 9004)

9. Related Documents

WCDHB MHS Service Improvement Procedure.

WCDHB Accident/Incident Reporting Procedure

WCDHB Complaints Procedure

WCDHB Patient Satisfaction Survey Procedure

WCDHB Quality Policy

WCDHB Service Improvement Procedure

Revision History	Version:	3
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	Authorised By:	Chief Executive Officer
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