



health

Department of Health
NORTHERN CAPE

This is to confirm that this policy has been reviewed according to the agreed time-frames and no changes to the current policy are required.

Policy on Clinical Audit

Version control

Version: 02

Publishing Date: December 2013

Review Date: Within 3 years from the Publishing Date

Responsible Manager: Director for

Approved by the Head of Ms Gugulethu MATLADPANE

Department: *Gugulethu* Date: 05/12/2013



Policy on Clinical Audit

Version control

Version:	01
Publishing Date:	14 th November 2011
Review Date:	After 12 months but not before 18 months from the Publishing Date
Responsible Manager:	Director for Standards Compliance & Quality Management

Contents

Foreword by the MEC for Health	3
Vision, Mission and Values	4
Policy Aim	5
Policy Scope	5
Policy Statement	5
Roles and Responsibilities	5
Review and Distribution	6
Acknowledgements and Sources	7

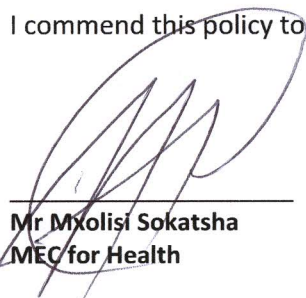
Foreword by the MEC for Health

The Government has set the Department of Health, both nationally and provincially, major goals to achieve over the coming years. These goals include, among others, to provide strategic leadership and improve management; to accelerate the revitalisation of all health care infrastructure; to improve the quality of health services in preparation for the National Health Insurance (NHI), to accelerate the management of HIV/AIDS, STIs, TB and other communicable diseases; and to promote mass mobilisation for better health for all.

It is against this backdrop that the Northern Cape Department of Health is reviewing and updating all existing Policies and Procedures and, where needed, introducing new ones. These policies will ensure that staff know what is expected from them as individuals and as employees of the Department, as well as informing the public and its representatives of what they can expect from the Department.

Clinical audit is a quality assurance activity used in the clinical setting to evaluate current practice against a recognised standard. It aims to identify errors or weaknesses in current practice so that measures can be identified and implemented to correct these errors or weaknesses.

I commend this policy to you.



Mr Mxolisi Sokatsha
MEC for Health



Date

Vision, Mission and Values

Vision

Health Service Excellence for All

Mission

Working together, we are committed to provide quality health care services. We will promote a healthy society in which we care for one another and take responsibility for our own health. Our caring, multi-skilled professionals will integrate comprehensive services, using evidence-based care-strategies and partnerships to maximize efficiencies for the benefit of all.

Values

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Integrity (Honesty, Discipline, and Ethics)
- Excellence through effectiveness, efficiency, innovation and quality health care.
- Humanity (Caring Institution, Facility and Community)
- Empower our people

Policy Aim

1. Clinical audit measures the degree to which a given treatment matches up to what has been shown to be clinically effective. This Policy aims to implement clinical audit in all health establishments to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Policy Scope

2. This policy is applicable to all outpatient clinics and inpatient wards in all clinics, community health centres and hospitals.

Policy Statement

3. It is the policy of the Northern Cape Department of Health that:
 - 3.1. Each health establishment will conduct clinical audits of each priority programme/ health initiative. In order to achieve this the generic clinical audit tools for outpatients and inpatients will be used to audit record keeping. A minimum of ten and a maximum of 50 patient clinical records will be audited in each clinic and each ward every year.
 - 3.2. The results of the clinical audit projects will be collated at speciality level (for regional and tertiary hospitals) and at health establishment level, and reports produced. These reports will form the basis for improving patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Roles and Responsibilities

4. The Director for Standards Compliance & Quality Management is responsible for the printing and distribution of generic clinical audit forms for outpatient clinics and inpatient wards.
5. In May each year the Director for Standards Compliance & Quality Management will supply sufficient Generic Clinical Audit forms for outpatient clinics and inpatient wards

to each District Office (for all district services) and to each Tertiary and Regional Hospital CEO. A minimum of 10 forms for each clinic and ward will be provided to every health establishment.

6. In June each year each District Manager (for all district services) and each CEO for Tertiary and Regional Hospitals will ensure that the generic clinical audit forms are distributed to all clinics and wards.
7. During the July each year the clinic and ward clinical teams will undertake a clinical audit project using the generic clinical audit forms.
8. During July each year the clinic and ward clinical teams will collate the audit results and compile a report.
9. The clinical teams in each health establishment (including at speciality level) are responsible for implementing improvements based on the outputs of the annual clinical audit cycle.
10. A copy of each health establishment clinical audit report will be lodged with the health establishment manager and also the office of the District Manager for all District services.
11. A copy of each health establishment clinical audit report will be lodged with the office of the Director for Standards Compliance & Quality Management.

Review and Distribution

12. The Director for Standards Compliance & Quality Management is the responsible manager for this Policy and for ensuring it is reviewed and updated.
13. This policy and accompanying Generic Clinical Audit forms will be reviewed after 12 months but before 18 months of the last publication date. If necessary an updated version will be issued, if not a formal cover letter will be issued to supplement the cover of this Policy (identifying a revised publication date).
14. The Director for Policy & Planning will distribute updated versions to:

- Member of the Executive Council for Health
- Head of Department of Health
- All Chief Directors, Directors and Deputy Directors (who will in turn distribute to their staff as appropriate.)

Acknowledgements and Sources

15. This Policy is based on the requirements of the National Core Standards (DoH 2011).