AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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National Standard Medication Chart (NSMC) audit – Frequently asked questions (FAQs)

August 2022

Preparing for Audit FAQs

1) Is it mandatory for hospitals to participate in the NSMC national audit?
No, it is not mandatory for hospitals to participate in the NSMC national audit.

The Commission encourages participation to gather data about hospitals' NSMC use, which can inform quality improvement and support resources, and recognise exemplar practices.

The National Safety and Quality Health Service (NSQHS) Standards recognise the national audit as a quality improvement activity and as evidence for accreditation.

2) Who can participate in the national audit?
Australian hospitals and day procedure centres using the following paper-based national standard medication charts:

1. NIMC (acute)
2. NIMC (long-stay)
3. NIMC (paediatric)
4. NIMC (paediatric long-stay)
5. PBS HMC (acute)
6. PBS HMC (long-stay)

Hospitals with an electronic medication management system may consider undertaking quality improvement activities using the Electronic Medication Management self-assessment tool (EMM SAT).

3) When do hospitals need to collect and enter the national audit data?
The Commission will coordinate a NSMC National Audit from **Tuesday 4 October 2022 to Monday 31 October 2022** (inclusive)

4) Who is the 'approver' when registering with the NSMC audit system?
Your approver may be your manager or hospital/group coordinator, who will verify your access to the NSMC Audit system. You cannot enter your own details as the nominated approver.

5) Why you may get the error message: "Your account is inactive"?
Your account may be inactive if:

- You have not clicked on the email verification link sent to the registered email address after submitting the registration form. The verification link is valid for 24 hours.
- Your registration request is not approved in the NSMC audit system. Please follow up with an email to nsmc.audit@safetyandquality.gov.au.

6) What is the difference between a coordinator and auditor?
Coordinators are able to:

- set up local audits for their hospital or hospital group
- access reporting functions in the NSMC Audit system
- undertake patient audits.

Auditors are able to:

- collect and enter patient audit data to an existing audit (local or national audit).

7) What do coordinators need to do in the NSMC audit system prior to the national audit?

Coordinators will need to:

- Ensure all auditors have registered as users with the NSMC Audit system.
- Inform the Commission at nsmc.audit@safetyandquality.gov.au if any users are no longer involved with the hospital's audit and require access to be removed
- Check the hospital and/or hospital group details in the NSMC audit system are correct. To do this, coordinators should:
  - Select 'admin' from the main menu
  - Select each hospital to review the information displayed.

8) How do I update the details of the coordinator/auditor for my hospital/hospital group in the NSMC audit system?

Please send an email to nsmc.audit@safetyandquality.gov.au with the details of your request. Clearly state the reason for the update, your organisation and the name of the coordinator/auditor.

9) Can data entered into a local hospital audit be merged with the national audit data?

No, local hospital audit data cannot be merged with the national audit data. Ensure the 'NSMC National Audit' is selected prior to data entry

10) Where do I find the description of my hospital peer group?

The Australian Institute of Health and Welfare (AIHW) maintains the list of hospital peer groupings. To confirm your hospital peer grouping, please see Appendix D in the click on **Table AS.1** in the Hospital Resources 2020-21: Australian hospital statistics excel spreadsheet

11) Will the national audit need to include all patients admitted during the 4 weeks of the audit period or only a sample of the population during that period?

The following is a suggested minimum number of chart audits to complete during the audit period. The charts audited should provide a representative sample of patients in your health service, including chart types and across wards

Number of beds in hospital	Sample size
150 or more	20% of current patients
30 - 149	30 current patients
Less than 30	All current patients

Table adapted from *Indicators for Quality Use of medicines in Australian Hospitals*[1]

[1] NSW Therapeutic Advisory Group. Indicators for Quality Use of medicines in Australian Hospitals, 2007 .

Auditing FAQs

1) **A medication order has been annotated by a pharmacist. Do I audit the medication order as per the original prescriber's order, or as per the pharmacist's annotation?**
Audit data should be collected against the original prescriber's written order. This will support aims of the national audit to:
   - Evaluate effectiveness of NSMC safety features in hospitals
   - Evaluate the safety and quality of prescribing
   - Improve the safety of medication charting in hospitals

   Clinical pharmacist activities should be captured in the pharmaceutical review section of the audit.

2) **Can medication charts be retrospectively reviewed for the national audit?**
No. Only current/active medication charts for patients in your health service are to be reviewed for the national audit. These should be collected and reviewed within the national audit period

3) **Are there any additional resources to assist with the national audit?**
It is suggested that auditors have easy access to the following references while auditing:
   a) Recommendations for terminology, abbreviations and symbols used in medicines documentation
   b) Approved list of medicines that may be ordered using brand names (per local policy)
   c) Paediatric dosing reference (for services that have paediatric patients)
   d) Local policy outlining where a patient's medication history is to be documented

4) **How long does a patient audit remain open (on-screen) in the NSMC audit system before a timeout?**
A session timeout will occur after 30 minutes of inactivity. If a patient audit is incomplete when a timeout occurs, audit data will not be saved and will not be available when the auditor next logs-on to the NSMC audit system.

5) **What is required for a medicine name to be considered 'complete and correct'?**
A medicine name would be considered complete and correct where it is documented according to:
   a) Recommendations for terminology, abbreviations and symbols used in medicines documentation
   b) Approved list of medicines that may be ordered using brand names (per local policy)

6) **A variable dose medicine is prescribed outside of the variable dose medicine section on the chart. Should this medicine be included in data collected for variable dose medicines?**
No, this is out of scope for the NSMC national audit. Only medicines ordered in the variable dose medicine section of the chart should be included as part of the data collected for 'section 13 – Variable dose medicine orders' of the national audit. This is because clinical judgement would need to be applied to classify any other medicine outside of this section as a variable dose medicine.

7) **A warfarin order is prescribed outside of the warfarin section on the chart. Should this be included in the data collected for the warfarin section?**
No, only warfarin orders prescribed in the warfarin section of the chart should be included as part of the data collected for 'section 14 – Orders in warfarin section' of the national audit.

8) **With respect to section 9.1 of the audit, how do you determine if the anticoagulant has been initiated during this admission and is for ongoing treatment?**
In the first instance, look at the medication history to see if anticoagulant therapy is documented as a regular medication, prior to admission. If the medication history is not co-located with the medication chart (as may be local policy), dose initiation protocols may indicate if the anticoagulant is new. If newly initiated, the 'anticoagulation education record' on the medication chart should also be completed.

9) **With respect to section 10.2 of the audit, if an abbreviation is used for the route - for example 'top'. Should this error be recorded against:**
   - **'order contains one or more error-prone abbreviation(s)';**
   - **'route not complete and correct'; or**
   - **both?**

In this instance, auditors should record the error-prone abbreviation, 'top', against both.

Reporting FAQs

1) **When can the national audit results be accessed?**
The national audit results will be available in the NSMC Audit system after the national audit end date. The national audit report will be published in early 2023

2) **How can the national audit results be accessed?**
Coordinators can access the national audit results from the NSMC audit system by selecting 'NSMC National Audit-YYYY' from the summary report or the patient audit report menus. See NSMC audit system - Reporting user guide for coordinators for more information

3) **Can data be extracted for a specific department/ward within a hospital?**
There is no data field in the NSMC audit system that captures specific department/ward information. Data is entered at the hospital level and cannot be isolated for a specific ward or department.

4) **How do I compare my hospital's audit results against the national audit results?**
Please follow the below steps:

   1) Go to 'Summary Report'
   2) Type 'National audit' in the "**Result Audit**" parameter
   3) Type 'National audit (for benchmark)' in the "**Comparison Audit**" parameter
   4) Click on "**Show advance option**" to expand the filters.
   5) Select your hospital in the **hospital filter** on the "Result Audit" parameter
   6) Select no filters on the "Comparison audit" parameter.
   7) Submit the report.
   8) Your 'result' will show your hospital audit result
   9) Your 'comparison' will show the overall national audit result

5) **My health service organisation has two sites, Hospital A and Hospital B. Can separate reports be generated for each site, or are they generated as combined results for the two sites?**
If Hospital A and Hospital B have entered audit data separately for each site, coordinators can generate reports for each hospital site. Coordinators can also select multiple audits to generate a combined report, with results aggregated from both sites.

6) **My health service organisation has two sites, Hospital C and Hospital D. Can the national audit results for these two hospitals be compared against each other?**
If Hospital C and Hospital D have entered audit data separately for each site, coordinators can compare results using the 'summary report' function. Hospital C and Hospital D can be selected under the 'result audit' and 'comparison audit', respectively.

7) **We are a specific division of a health service organisation. During the national audit period we created a local audit to keep our data separate from our organisation's national audit data. Can we compare the results of our local audit against the national audit?**
Please follow the below steps:

   1) Go to 'Summary Report'
   2) Select your local audit in the "**Result Audit**" parameter
   3) Select your local audit and national audit in the "**Comparison Audit**" parameter
   4) Submit the report.
   5) Your 'result' will show the local audit result (specific division). Your 'comparison' will show a column aggregate of the local audit and the national audit result

8) **How can I calculate the summary report indicators?**
A summary report indicators formula sheet is available on the Commission's website.