

# Org2.9 Internal Auditing of Participant Records

## Purpose

1. To ensure the accuracy, completeness, and security of participant records, SAVVY has implemented a policy that outlines the requirement to undertake periodic reviews of participant records, aiming to maintain compliance with regulatory standards and to enhance the quality of service delivery.

## Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management

## Legislative Alignment

1. Privacy Act 1988 (Cth)
2. Health Records and Information Privacy Act 2002 (NSW)
3. Privacy and Personal Information Protection Act 1998 (NSW)

## Key Responsible Executive

Chief Executive Officer

## For More Support

Chief Executive Officer

## Policy Statement

1. SAVVY recognises the critical importance of maintaining accurate and up-to-date participant records to ensure the delivery of high-quality allied therapies. As part of our commitment to excellence, participant records must undergo internal auditing on an annual basis.
2. The internal auditing of participant records serves to identify any discrepancies, inaccuracies, or deficiencies in documentation, thereby facilitating corrective actions and improvements in service provision.
3. Through regular internal audits of participant records, SAVVY aims to uphold the highest standards of professionalism, confidentiality, and compliance with relevant laws and regulations governing the management of participant information.

## Procedures

1. Annual Review:
  - a. Designated personnel within SAVVY shall conduct an annual review of all participant records to ensure compliance with established protocols and regulatory requirements.  
For the avoidance of doubt, participant records must be reviewed annually and this can be done on a periodic or rolling basis. When a participant record is audited, a Case Management note should be added to the participant record to acknowledge that it has undergone internal review.
  - b. The annual review shall encompass a comprehensive assessment of the accuracy, completeness, and currency of participant records, including but not limited to assessment reports, treatment plans, progress notes, and any relevant communications.  
The participant record shall also be reviewed to ensure that a participant Agreement, Support Plan, Consent Form and valid Schedule of Support is retained on file.
  - c. Any discrepancies, inaccuracies, or deficiencies identified during the internal audit shall be promptly documented and addressed in accordance with established procedures.
2. Internal Audit Report Creation:
  - a. Following the completion of the annual review, designated personnel shall compile an internal audit report summarising the findings of the audit, including any identified discrepancies, inaccuracies, or deficiencies.
  - b. The internal audit report shall be submitted to the Chief Executive Officer for review and approval, and copies shall be retained for record-keeping purposes.
  - c. Participant records subject to internal review shall also be documented in the Monthly Management Meeting Minutes for record keeping purposes.
3. Register of Corrective Action:
  - a. In the event that non-compliance is identified during the internal audit, designated personnel shall create a register of corrective action to document the actions taken to address the identified issues.
  - b. The register of corrective action shall include details such as the nature of the non-compliance, the actions taken to rectify the issue, responsible personnel, timelines for implementation, and verification of effectiveness.
  - c. The register of corrective action shall be regularly reviewed and updated as necessary to ensure the timely resolution of non-compliance issues.

## References to other SAVVY policies and external sources

1. Org1.3 Delegations of Authority
2. Org1.5 Continuous Quality Improvement
3. Org2.2 Information Management
4. CS1.4 Privacy and Confidentiality
5. CS3.5 Participant Record Management
6. CS4.3 Management of Participants NDIS Supports

## Summary of attachments

1. Nil



## Version Control

1. 1 April 2023 - New Policy Creation