

# Improving Patient Care through Clinical Audit

## A How to Do Guide



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## 1. Why do Clinical Audit?

Clinical audit is a proven method of quality improvement. It gives staff a systematic way of looking at their practice and making improvements.

Clinical audit:

- Identifies and promotes good practice
- Leads to improvements in patient care
- Provides information about the effectiveness of a service
- Highlights problems and helps with solutions
- Improves team working and communication

## 2. What is Clinical Audit?

Clinical audit is a systematic process of looking at your practice and asking:

- What should we be doing?
- Are we doing it?
- If not, how can we improve?

The Department of Health give this definition for clinical audit:

*The systematic critical analysis of the quality of clinical care, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient.*

DoH "Working for Patients", 1989

The definition from National Institute for Clinical Excellence (NICE) is:

*A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit standards and the implementation of change.*

"Principles for Best Practice in Clinical Audit", NICE, 2002

Every clinical audit:

- Looks at your own practice
- Follows a systematic process
- Has standards you can measure your practice against
- Involves everyone in the team

Before you start an audit think:

- Do we know and agree on what the best practice is?
- Will we be able to make any changes, if we find we need to?
- Will the changes make a difference to patients?

Good clinical audit looks at an aspect of care from the patients' point of view, involves the patient wherever possible, and is multi-disciplinary, looking across all relevant professions and organisations.

### 3. Clinical Audit and Research

To decide what is research and what is audit, remember:

- Research seeks new knowledge
- Audit seeks to ensure that existing knowledge is being put into practice

Research uses experimental methods such as randomised control trials

Audit uses a comparison of current practice with best practice

Research uses a range of statistics to make inferences

Audit uses simple descriptive statistics to describe current practice

Research can be generalised to other populations

Audit relates only to the area where it is carried out

Research provides evidence for clinical policies and guidelines

Audit measures how well current care conforms to clinical policies and guidelines

Research asks “Are we singing the right song?”

Audit asks “Are we singing this song right?”

#### **Ethical Approval**

Clinical Audit only needs ethical approval if the audit involves anything being done with patients which would not otherwise be part of their routine clinical management (AT THE CURRENT TIME!)

You should check audits with the ethics committee if they cover any sensitive areas which may affect the patient, such as mental health issues, sexual health, some issues around maternity and children. If in doubt, ask the Clinical Audit and Effectiveness Manager or the Research and Development Manager.

#### **Examples of Research and Audit Proposals**

- A research project to determine whether male patients benefit from more individual or group physiotherapy.
- An audit to review if patients being offered physiotherapy have the options for treatment fully explained.

And finally:

Audit can be part of an evaluation

- An evaluation of the physiotherapy service, looking at whether the service is reaching its target population, and obtaining feedback from users about the treatment options.

## 4. The Clinical Audit Cycle

Clinical Audits covers a wide range of projects including:

- Asking are we doing things right?
- Baseline survey / pre-audit
- Surveillance / monitoring
- Benchmarking
- Accreditation

The way to be sure something is an audit is to look for evidence-based **Standards**. (These are sometimes called criteria or indicators).

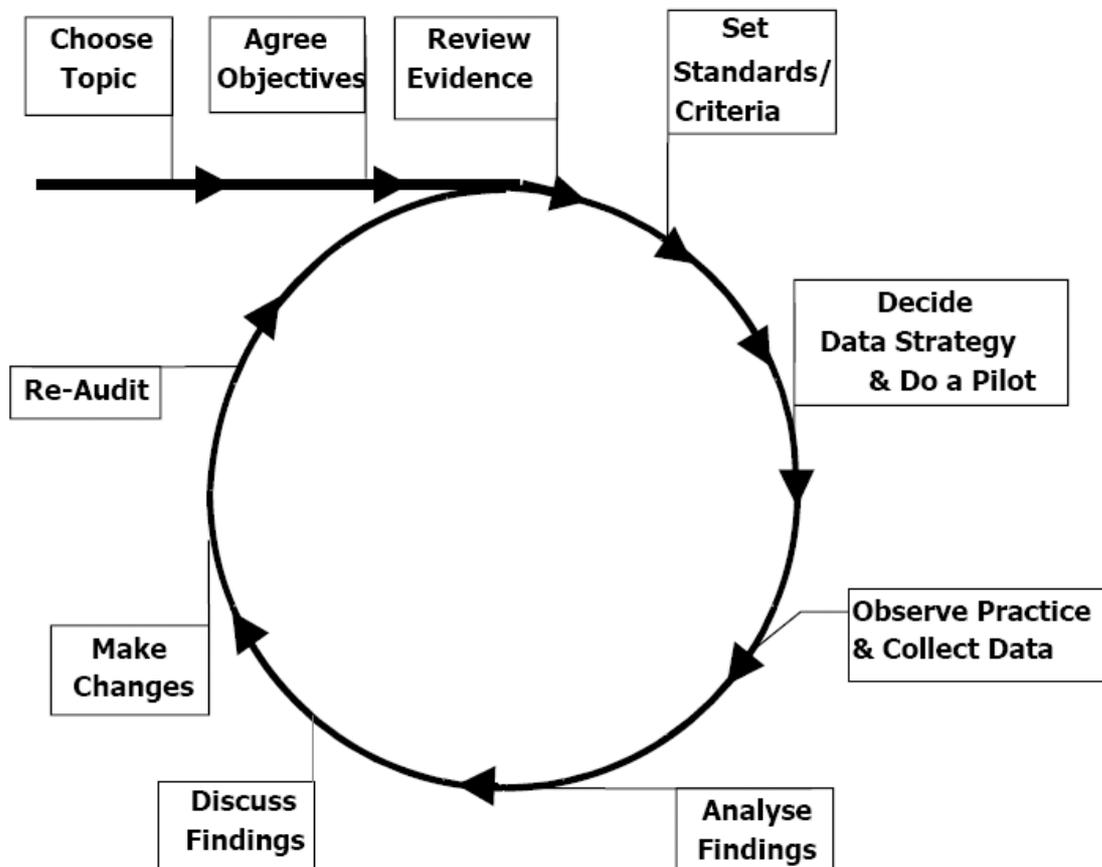
Current practice is compared with these standards. The second part of the NICE definition describes the process:

*Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria.*

*Where indicated, changes are implemented at an individual, team, or service level, and further monitoring is used to confirm improvement in healthcare delivery.*

“Principles for Best Practice in Clinical Audit”, NICE, 2002

The process is set out in the audit cycle:



## 5. What to audit

When you are thinking about topics for audit, consider areas where there is:

- Local concern
- Patients' concerns
- Wide variance
- New treatment
- Risk issues
- Trust priorities

And also areas of high volume, risk or cost.

Thinking about your practice:

What do you do lots of or all the time? (eg writing notes)

.....  
.....

What do you do that costs a lot? (eg using particular equipment)

.....  
.....

Are there any areas that you, your colleagues or patients have shown concern about, or where practice or outcomes vary a lot?

.....  
.....

Are there any areas where you are using new treatment or implementing new guidelines?

.....  
.....

A good audit topic:

- Addresses a known quality issue
- Addresses an important area of practice
- Has the potential to achieve and improvement in the quality of patient care
- Addresses an area of clinical certainty and consensus
- Will use explicit audit measures
- Has clinical support
- Involves self audit

This is a good checklist to help you consider what to audit and to prioritise if you want to choose from several topics.

## 6. Finding your evidence

Evidence can come from a range of areas. This list gives a good hierarchy for looking for evidence:

- National guidelines (NICE, NSFs, Royal Colleges)
- Research findings, particularly systematic reviews
- Local policies, protocols and procedures
- Local consensus
- **But not because we've always done it**

Be careful about using local consensus. It's not proven best practice – but sometimes it's all you've got.

Primary sources of information include:

- Books
- Journal articles, reviews, letters, comments and editorials
- Reports from DoH, Royal Colleges
- National guidelines, NSFs
- Local care plans, protocols, guidelines etc
- Patient information leaflets (NHS, charities and self help groups)

Databases that guide you to evidence include:

- The Cochrane Library of Systematic Reviews
- MEDLINE – Index Medicus
- EMBASE – European, excellent for drugs and pharmacology
- HMIC – Health Management Information Consortium
- CINAHL – Cumulative Index to Nursing and Allied Health Literature
- CANCERLIT and other specialist databases

What sources of evidence do you use most?

.....  
.....  
.....

Considering the audit topics you've just thought of, where would you get your evidence?

.....  
.....  
.....

## 7. Setting Standards

Standards specify what should be provided and how. They should be developed from the evidence of best practice by looking at specific areas of care. Audit standards must be SMART.

<b>Specific</b>	covers one topic only
<b>Measurable</b>	can be measured in a practical way
<b>Achievable</b>	is something that is reasonable for staff to achieve
<b>Relevant</b>	is an issue that is important to patients and staff
<b>Timescale</b>	can be measured within a reasonable period of time

You need to be realistic in what you audit. You start with a broad audit **topic**, decide what is most important within this to give you **objective(s)** and then set specific **standards** from these objectives.

### Sample Audit

#### Topic

Goal setting for patients needing rehabilitation

#### Objective

To determine if goal setting is being carried out according to guidelines

#### Standards

1. Goals will be set within 72 hours of admission
2. A goal plan will be put in the patient's notes
3. The goal plan will be signed by the patient

<b>Standard</b>	<b>Target</b>	<b>Exceptions</b>	<b>Definitions/ Instructions</b>
1. Goals will be set within 72 hours of admission	100%	Patients discharged within 72hrs, patient died	Date on goal plan
2. A goal plan will be put in the patient's notes	100%	None	Patient notes
3. The goal plan will be signed by the patient	100%	None	Patient signature and date

The **target** shows what percentage of patients / cases / records you expect to meet the standard. This is normally set to 100% because we want all patients to receive best care. You can set the target at a lower level that is:

- Taken from a baseline audit
- A national target
- The most you can aim at in the current circumstances.

**Exceptions** are clinical reasons why the standard may not be met for a patient or record. Exceptions do not include organisational issues such as lack of staff – the audit aims to discover any organisational problems and help change these.

**Definitions and Instructions** give further information to help measure practice against the standard. They may expand on part of the standard, or may say where the data can be found. They are very helpful for the person carrying out data collection.

# Your Audit

Topic

.....  
.....

Objective

.....  
.....

Standards

- 1 .....
- 2 .....
- 3 .....

<b>Standard</b>	<b>Target</b>	<b>Exceptions</b>	<b>Definitions/ Instructions</b>
1.			
2.			
3.			

## 8. Doing the Audit

### Audit Design

Your standards will help you decide what and how to collect the data. Consider

- What data do you need to collect?
- .....

- Where is the data?
- .....

- Who will collect it?
- .....

- How will it be collected?
- .....

- How much should you collect?
- .....

- How long will it take?
- .....

- What resources do you need? (time, people, support)
- .....

**Always do a pilot** – look at 2 or 3 patients / cases / records

- Check whether your audit design works by testing it on a few cases.
- If it doesn't, re-design and pilot again.

**The data should enable you to measure practice against the standards.**

### Ways of collecting data

Data can often be collected from patient's notes, or by interviewing patients or staff, or by using questionnaires. You can also collect data by recording when an event occurs, by observing practice, or by looking at policies and minutes.

### Sample Data Collection Form

ID	Appropriate referral?	Respiratory Nurse Specialist bleeped	Referral form completed correctly?	Referral form faxed within 24 hours?	Referral form signed?
1	4	4	6 (missing date)	4	6
2	4	4	4	4	6

## Sample Size

You don't need a big, or statistically significant, sample for an audit, but you do need a fair sample that represents all the patients / cases / records. For example, if you choose the notes that are most easily to hand, you may miss the more complex cases.

## Questionnaires

When designing a questionnaire, make sure that you:

- Use simple language and avoid jargon. Clarify abbreviations.
- Avoid leading questions which suggest a particular answer, such as "Would you prefer this treatment even though it is not effective?"
- Keep questions simple. Make sure they only ask about one thing. For example "Was the record dated?" NOT "Was the record dated and timed?"
- Give a section for comments, but try to collect most information using set responses – it's easier to analyse

## 9. What does the data tell you?

Use a tool you are happy with to analyse the data. This may be pencil and paper and a calculator or a simple spreadsheet. You only need simple descriptive statistics – averages and ranges, not complicated statistical tests. Consider:

- Were the standards met?
- If not, why not?
- Does the data point to ways of improving care?
- What do the results tell you?

## Sample Results

Entries dated	50/50 (100%)
Entries timed	11/50 (22%)
Entries in black ink	46/50 (92%)
Entries legible to auditor	50/50 (100%)

These results tell us we must focus on why staff are not Recording the time in records.

## 10. Making Changes

After you have analysed the data, you may need to write an audit report and/or make a presentation so that all stakeholders can see what the results of the audit are. The stakeholders will discuss the results and decide if any changes are needed

- If the audit says you're meeting the standards, BRILLIANT – tell the world!
- If you haven't met some standards think about possible solutions:
  - Which will lead to change?
  - Which are feasible and acceptable to staff and patients?

Make an action plan with recommendations, actions, responsibilities and timescale for implementation. Identify who will review how the action plan is going.

## Sample Action Plan

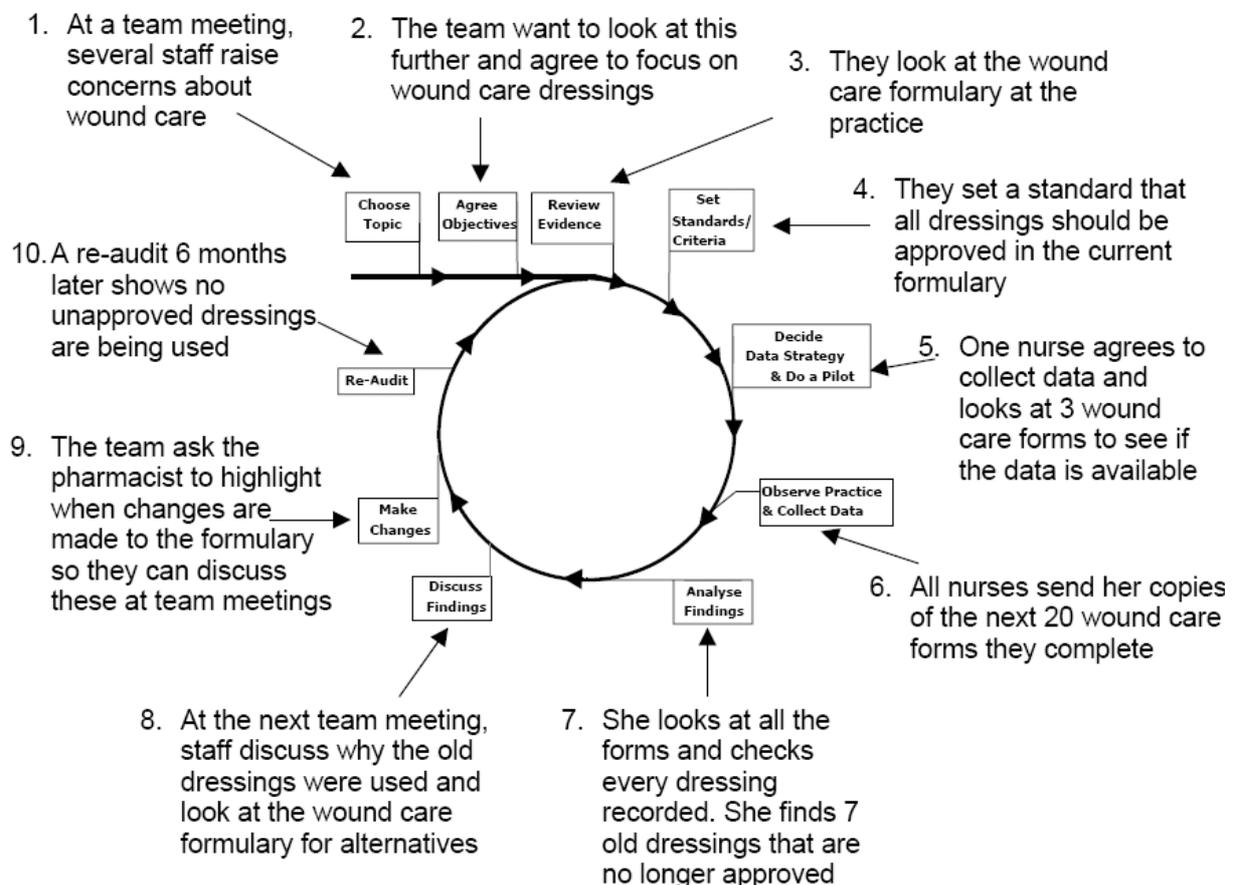
Problem	Recommendations	Who	When
Entries not signed in black ink	Have a supply of black pens at the reception	Hospital administrator	July 2003

## 11. Completing the cycle – Re-audit

Have the changes made a difference to patient care? You need to re-audit to check the changes have made the difference you expected?

- Don't re-audit until you have made the changes.
- The re-audit should use the same design as the audit.
- You only need to re-audit standards where changes have been made (unless the changes may have affected other standards)
- If the re-audit shows you meet the standard, **you've finished**

## 12. The story of an audit



## 13. Where to go for support

If your team wants to carry out an audit, please contact:

**Sue Lockwood** – Clinical Audit Manager on **01322 428251**.

**Anita Gorvan** – Clinical Audit Facilitator on **01322 428100** ext **4799**.

**Jane Beadle** – Clinical Audit Facilitator on **01322 428249**.

**Jo Summers** – Clinical Audit Facilitator on **01322 428100** ext **4903**.

**Tracey Fyfe** – Clinical Audit Administrator on **01322 428100** ext **6712**.