



GUIDE TO CLINICAL AUDITS

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1. Why do Clinical Audit?

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

A 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 a Clinical Audit?

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

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

The definition of an audit from the 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.

National Institute for Clinical Excellence (NICE). "Principles for Best Practice in Clinical Audit" Commission for Health Improvement (CHI), NHS, Royal College of Nursing, University of Leicester 2002.

Every clinical audit should:

- look at your own clinical practice
- follow a systematic process
- have standards you can measure your practice against
- involve everyone in the clinical team

Before you start an audit think about the following:

- 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 audits look at an aspect of care from the patient's point of view, involve the patient wherever possible, and are 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	Audit
Purpose is to PROVE OR DISPROVE	Purpose is to IMPROVE
A scientific Inquiry	A systematic measurement
Sets standards	Compare standards
Test hypotheses	Test standards of practice
New treatment/s involved	No new treatment involved
Increased knowledge	Improved practice
Uses experimental methods such as Cross-sectional, case-control, cohort, randomised control trials etc.	Uses a comparison of current practice with best practice
Uses a range of statistical methods to make inferences	Uses simple descriptive statistics to describe current practice
Can be generalised to other populations	Relates only to the area where it is carried out
Provides evidence for clinical policies and guidelines	Measures how well current care conforms to clinical policies and guidelines

Ethical Approval

Clinical audits may or may not need ethics approval. It is best that you apply to the Research Ethics Committee (REC) of the relevant institution for them to decide.

If they decide that your proposal does not need a review by the REC, they will issue a "Letter of Exemption from Review". This can be submitted to a journal or any other organisation if required.

If the REC decides that the proposal requires a review, the usual process will apply and they will issue you a "Letter of REC approval" after a review.

You will need either one of these letters to conduct your audit.

4. The Clinical Audit Cycle

Clinical Audits cover a wide range of projects including:

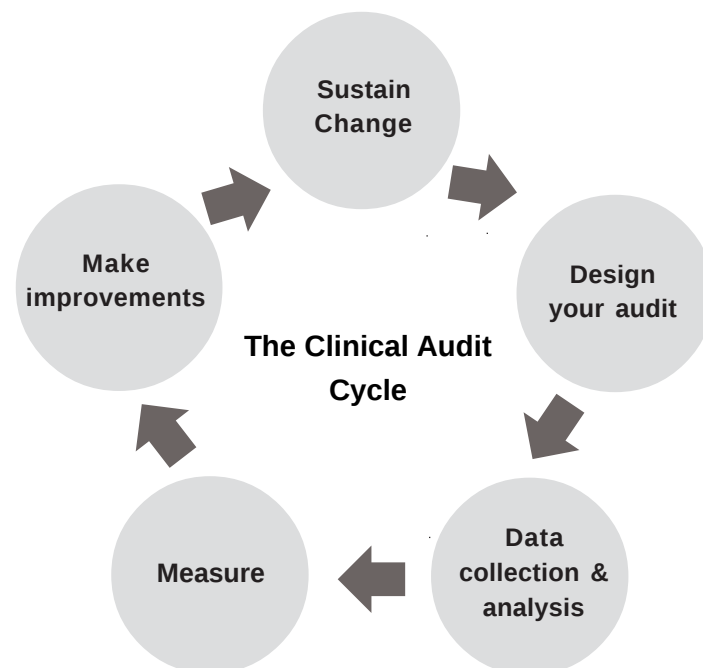
- Asking 'Are we doing things right?'
- Baseline survey / pre-audit
- Surveillance / monitoring
- Benchmarking
- Accreditation

The way to be sure of something in an audit is to look for evidence-based Standards.

(These are sometimes called criteria or indicators).

In an audit, current practice is compared with these standards.

Audit cycle:



5. 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.

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

You need to be realistic in what you audit. 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.

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.

For example,
A. Planning an audit

Topic
.....
.....

Objective
.....
.....

Standards
1
2
3

Standard	Target	Exceptions	Definitions/ Instructions
1.			
2.			
3.			

B. Doing the Audit

Audit Design – Your standards will help you decide what and how to collect the data. Consider the following:

- What data do you need to collect?
- Where is the data?
- Who will you 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.

Sample Size

You don't need a big 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 easy to handle, 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.
- Keep questions simple. Make sure they only ask about one thing.
- Give a section for comments, but try to collect most information using set responses.

6. What does the data tell you?

Use a tool you are happy with to analyse the data. You only need simple descriptive statistics such as 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?

7. 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:
 - What will lead to change?
 - What is 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.

8. Completing the cycle – Re-audit

Have the changes made a difference in 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 initial 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 have finished, although it is good practice to repeat the audit after a period of time (for example a year) to ensure the improvements have been sustained.