Clinical Audit

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- **Clinical audit is a quality improvement process for healthcare.**

Introduction

- "Audit" is a **Latin** word, and the verb audio ('hear') indicates both active listening and the action of investigation and interrogation of the judiciary.

- "audit" **means** "*an official inspection of an organization's accounts, typically by an independent body*"

Definition

- Since audit was introduced in 1989 there have been many different definitions of clinical audit.
- The **current accepted definition** appears in Principles for Best Practice in Clinical Audit (2002) and was **endorsed** by the National Institute of Clinical Excellence **(NICE):**

Definition

*"Clinical audit is a **quality improvement process** that seeks to **improve** patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.*

*Aspects of the structure, process and outcome 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".*

- Although this is an excellent technical definition of clinical audit it is also ***68 words long .***
- The 1989 White Paper Working for Patients provided a far **shorter and simpler** definition of audit:

“audit involves improving the quality of patient care by looking at current practice and modifying it where necessary”.

Examples of Audit

STSTISTICAL AUDIT	**EMERGENCY ROOM SERVICE**	SURGICAL PROCEDURE REVIEW
MORTALITY AUDIT	IMAGING SERVICE REVIEW	OBSTETRIC CARE AUDIT
INFECTION CONTROL REVIEW	**LABORATORY DIAGNOSTIC PERFORMANCE**	NURSING CARE AUDIT

Shafiqul Alam Kiron/Sightsavers

Aim

- **Aim of the audit** is to highlight the **discrepancies** between actual practice and standard in order to **identify the changes** needed to improve the quality of care.

History

History

- One of first clinical audits was undertaken by Florence Nightangale during the Crimean War of 1853–55.
- Florence Nightingale was called for uniform format for collection and presentation of sickness statistics to evaluate the care provided.
- She established sanitary routine & Hygiene standard reducing mortality from 40% to 2%

Medical Audit vs Clinical Audit

- **Medical Audit** is review of clinical care of patients by the Medical Staff only .
- **Surgical Audit** involves review of surgical procedures .
- **Clinical Audit** is review of all aspects of clinical care and so involves both medical and paramedical staff
- ***By 1994 clinical audit has almost substituted Medical Audit***

Place of clinical audit in Modern Healthcare

- Clinical audit comes under the **Clinical Governance umbrella** and forms part of the system for improving the standard of clinical practice.

What is the difference between clinical audit and research?

- Although the two processes are **synergistic** with each other, there are fundamental differences between the two.

- ***"Research is concerned with discovering the right thing to do; audit with ensuring that it is done right"***

Smith R. Audit & Research. BMJ 1992; 305: 905-6

Trait	Clinical audit	Research
Aim	How close is current practice to best practice?	What is best practice?
Improves	healthcare service	knowledge
Carried out by	members of the **multidisciplinary** team	Usually carried out by **specific researchers**
Based on	Practice-based	Theory-driven
Type	An on-going process	A one-off project
an experimental treatment or placebo	**Never** involves	May involve

- **research asks** "**what** is the right thing to do and what is the best way to do it?"

- **audits ask** "**are we doing** the right thing and are we doing it the best way?"

Types of Audit

- Firstly, audit can be categorised into different aspects of patient care . This is outlined below using contraception behaviours of patients as an example:

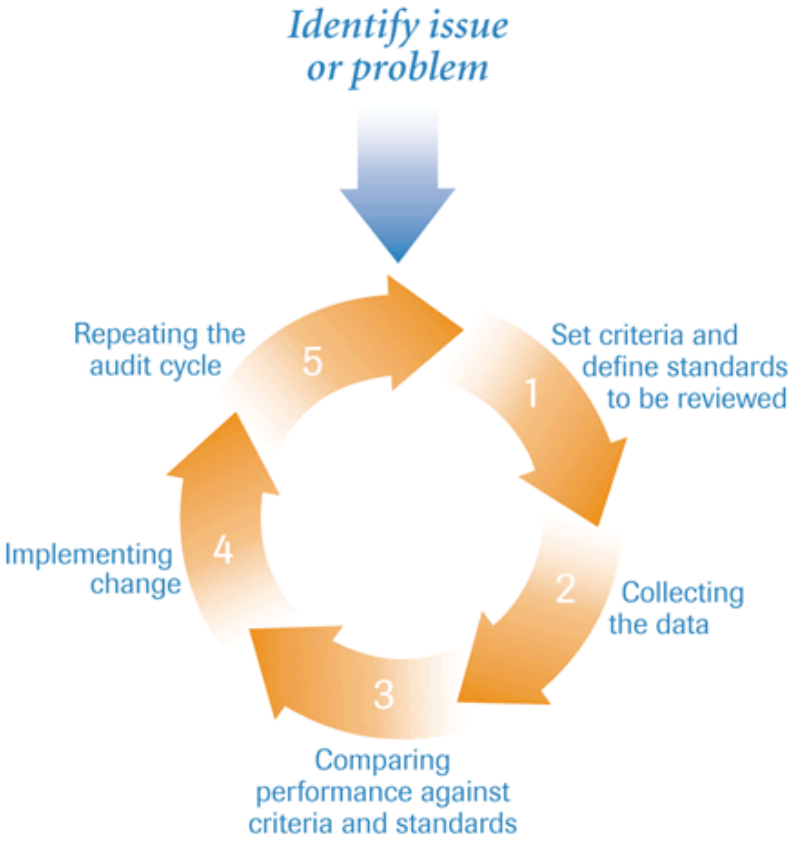
Types	refer to the	Example
Structure of care	resources required	the availability of a family planning centre in a locality
Process of care	actions and decisions taken by practitioners together with users	waiting times for an appointment at the centre
The outcome of care	measure the physical or behaviour response to an intervention	the number of couples practising contraception appropriately in the locality per year

Auditing

Audit of Structure	• Personal attributes of doctors • Equipment, ancillary support • Adm. arrangements, service
Audit of process	• Diagnosis, investigations, • Treatments and procedures
Audit of outcome	• Mortality, morbidity, • Undesirable events, • Patient satisfaction,

What is the audit cycle?

- The audit process is divided into **5 official steps** and the cycle is only considered **complete** if all steps are performed.



Identify the problem or issue

- This stage involves the selection of a topic or issue to be audited,
- Selection of an audit topic is influenced by **factors including:**
  - Where national standards & guidelines exist
  - areas where problems have been encountered in practice.
  - what patients and public have recommended
  - where there is a clear potential for improving service delivery.
  - areas of high volume, high risk or high cost, in which improvements can be made.

Steps in the Audit Cycle

Step 1: Define the standard:

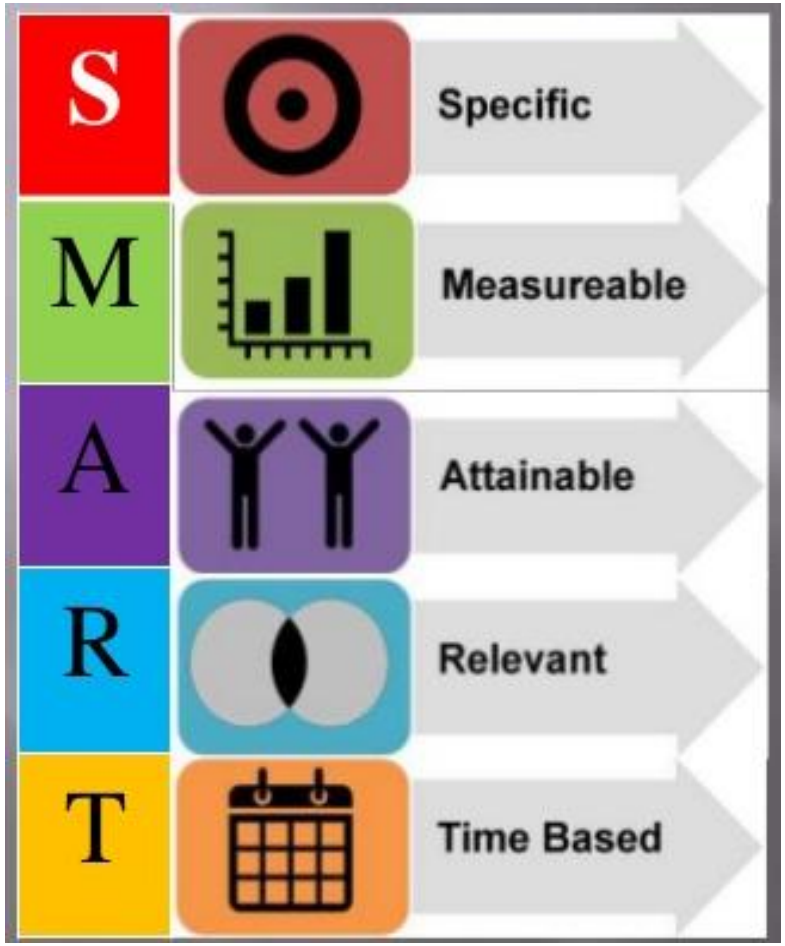
- Determine the criteria for the current best practice.
- Common standards include:

✓ NICE guidance,

✓ national service frameworks,

✓ local policies etc.

The criteria and Standard must be-



- Clearly spelled
- Objective
- Reliable
- To the topic of audit
- Contextually sound

Examples of Criteria Used

Death rate		**Infection Rate**
Length of Hospital stay	***criteria***	Consultation rate
Bed occupancy		Critical incidence rate
Turn over		Operative success rate

Step 2: Collect the data:

- ✓ Identify what data needs to be collected,
- ✓ how, and who is going to collect it.
- ✓ Decide whether the data will be collected prospectively or retrospectively and
- ✓ What sample size is needed.

- **Data Collection Sources:**
- Computer stored data
- Case notes and medical records
- Surveys
- Questionnaire
- Interviews
- Focus Group discussions
- Prospective record of hospital data

- **Ethical issues** must also be considered;

  - the data collected **must relate** only to the objectives of the audit, and
  - staff and patient **confidentiality** must be respected

- **Step 3: Compare current practice with Standard:**

✓ Analyse the data collected (actual performance within the department) with the set standard.

✓ Evaluate how well the standards were met and

✓ if not, identify reasons for this.

- **Step 4: Implement a change to improve Service:**

✓ Present the results to the relevant multidisciplinary teams in your organisation.

✓ Develop, agree and implement an action plan to ***bring actual practice closer to the standard***.

- **Step 5: Close the audit cycle loop:**

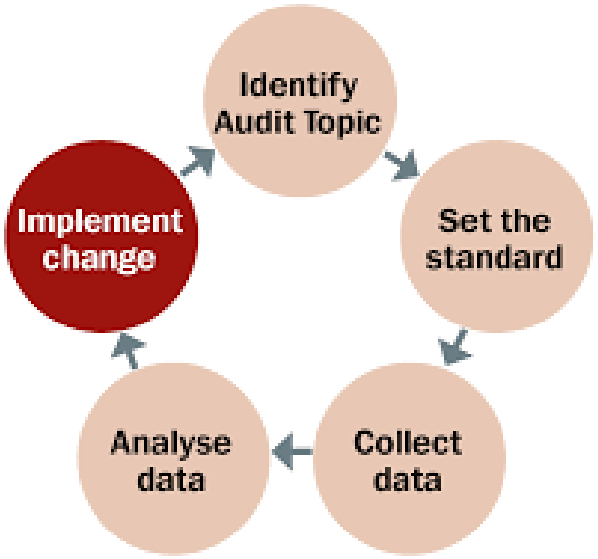
✓ After time for the intervention to take effect, collect new data and determine the impact.

✓ Then comparing again with the standard and

✓ establish if there was an improvement in practice.

- Clinical audit is **cyclical**, meaning that any standard that is audited against must undergo **re-audit** to assess the **effectiveness** of improvements made and encourage further changes, if required.

Figure 1. The audit cycle



IMPROVE MENT
MONITOR ING
RE-AUDIT

How to disseminate the results of an audit?

1. By presenting audit findings at the local clinical **governance meeting**.
2. via **poster** or **oral presentation** at a Conference.
3. By publishing audit in a peer-reviewed **journal**.

Need for Audit

1. Professional motives

Health care providers can identify their lacunae and deficiencies and make necessary corrections

2. Social motives

To ensure safety of public.

3. Pragmative motives

To protect patients from inappropriate practices /care / service

Disadvantages of audit

- Increased workload
- Restricion of clinical freedom
- Professional threat

- the aim of an audit is ***not to identify*** a guilty person and then punish him or her.
- The **reason** for auditing is

✓ to **identify** the problems,

✓ to **learn** from them, and

✓ to **try to avoid** making the same mistakes again and again.

Barriers to successful Audit

- Lack of **resources**
- Lack of **expertise** in project design & analysis
- Lack of an overall plan for audit
- Relationship problems
- Organisational impediments

Conclusion

- It still seems necessary to **spread the understanding** of clinical audit and **promote its systematic application** both nationally and locally,

- so that it can be part of the expertise of each health care provider, together with other quality improvement techniques.

Take Home Messages

- Clinical audit is a **quality improvement** process for healthcare that measures current patient care & outcomes **against** agreed standards of best practice
- Aim of audit is to ensure ***what should be done is being done.***
- Audits fall under a larger process called **Clinical Governance**
- Audit is **different** to research, analysing current practice and **not exploring** new practices
- Different **types** of audits exist and can analyse either the ***structure, process or outcome*** of care

- Clinical audit is divided into the ***5 steps:***

✓ define the **standard**;

✓ ***collect*** **the data** using an agreed method;

✓ **compare** current practice with the standard and present the findings;

✓ **implement** an action plan change to improve service;

✓ complete the **audit cycle** and determining the **impact** of the action plan

Thank
You