NEW

Clinical Audit

FOR DUMMIES®

Clinical Audit SUPPORT CENTRE

Introduction

The purpose of this short guide is to provide those new to clinical audit with a rapid insight into the process. Our aim when creating this resource was to provide readers with key tools and knowledge to help them carry out a useful audit project. For us, audit is a QI tool to improve patient care and safety.

Brief history of clinical audit

It is not clear who conducted the first-ever clinical audit. It has been suggested in some circles that the work of King Hammurabi of Babylon in 1750BC constituted the first audit. Others point to work undertaken by Florence Nightingale during the Crimean War of 1854-6, who was able to significantly reduce the mortality rate of soldiers in British battle hospitals by collecting data and implementing changes. Irrespective of who undertook the first audit, it is clear that healthcare professionals have been reviewing their care for many years.

It wasn't until 1989 that the white paper *Working for Patients* formalised the importance of audit. Initially, audit was known as "medical audit" and was aimed at doctors but nursing professionals were quickly encouraged to participate in multi-disciplinary "clinical audit" via an NHS Circular in 1990. In other words, audit became mainstream very quickly. Over the past three decades, clinical audit has become increasingly important and all healthcare professionals are now expected to participate in regular audit activity. Indeed, there has been a dramatic shift over the last thirty years away from uni-professional, voluntary, unsophisticated audits to multi-disciplinary, mandatory, sophisticated clinical audit delivery.

In the early 1990s clinical audit was an optional undertaking for healthcare staff, now as we approach the third decade of the 21st century, clinical audit is expected (as per Care Quality Commission/medical and nursing revalidation arrangements) and mandatory (as in the case of national clinical audits).

Why take part in clinical audit?

Healthcare staff, clinicians, managers, etc are all very busy... so this begs the question, why should I get involved in clinical audit? And what's in it for me? Here are a few likely benefits:

1. Audit improves the safety and care of your patients
2. Audit ensures you are up-to-date with best practice, as you will need to identify current standards and assess your practise against them
3. Audit activity will satisfy and impress external onlookers, from CQC to commissioners to patients. Outstanding rated CQC organisations all demonstrate participation in relevant local and national audits
4. Conducting an audit provides valuable evidence to your appraiser that you reflect and improve
5. Taking part in a clinical audit project can enhance your skill-set. For example, you will learn: project management skills, new computer skills (searching evidence/analysis using Excel), report writing skills, you will take part in change management, possibly gain a publication for your work, etc.
6. Clinical audit features within the Patient Safety Strategy (2019) and the new patient safety incident response framework. We are being encouraged to use audit more as part of this important work.

What is clinical audit?

There are many definitions of clinical audit, but it is essential that we fully understand what it is before embarking on a clinical audit project. NHS professionals who do not understand what clinical audit is can waste much time in undertaking projects that are of very variable quality. Indeed, quite a high proportion of projects badged as 'clinical audit' are nothing of the sort! Probably the most recognised and accepted definition of clinical audit appears in *New Principles of Best Practice in Clinical Audit*. The handbook defines clinical audit as:

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

Put in simple terms, '**clinical audit is about finding out if we are doing what we should be doing** and implementing changes when a shortfall in the level of care is observed.'

Although these two definitions neatly define what clinical audit is, many healthcare professionals struggle to understand the difference between clinical audit and research. However, this is not surprising given that audit and research share a number of key characteristics. For example, both involve topic selection, collection of data and data analysis. Both audit and research can lead to changes in clinical and non-clinical practice that result in the improvement in patient care. So for the novice, it is often hard to tell the difference between audit and research.

There is a clear difference between audit and research. Research can be defined as 'the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods'. Research investigates what happens if we add or change clinical service in some way. In essence, research tells us which practices, drugs and therapies work best.

In contrast, clinical audit involves collecting data to find out if best practice (as defined by research) is being implemented. As with research, audit is a systematic process that involves rigorous methods and statistical analysis, but the results of audit cannot be extrapolated across the wider population. Audit results provide a snapshot of whether best practice is being carried out within a defined area and we cannot assume results would be replicated elsewhere.

In a nutshell, research tells us what should be happening (best practice) and audit tells us whether it is. The general rule of thumb that should be applied is that if you don't know what best practice is before you start collecting data, you are almost certainly not undertaking clinical audit!

Bath University have devised a simple 4-step approach that assesses if your project idea is an audit. Answer the questions below. We have shown the expected answers in red for an audit project:

1. Is the purpose of the project to improve patient care? **[Yes]**
2. Will the proposed project involve measuring current practice against best practice? **[Yes]**
3. Do the vast majority of questions ask for quantitative (Yes/No) answers? **[Yes]**
4. Does the project involve anything being done to the patient that would NOT have been part of their routine management? **[No].**

The clinical audit process: 8 steps to success

Clinical audit involves following a systematic process, often more commonly known as the clinical audit cycle or spiral. Somewhat surprising, there are many different versions of the audit cycle - some much more complex than others. However, we have created a simple eight-step process (see right) that should help those new to the discipline understand what is involved when conducing an audit. In many ways this is: your eight-steps to success.

The clinical audit cycle should be viewed by those who wish to conduct an audit project as their project plan and guide. Provided that you follow the audit cycle your audit should be a success. We will briefly go through each stage of the audit cycle to demonstrate the process in more detail.

Stage 1 – Select audit topic

The first step on the road to undertaking an audit project is to select a topic that you intend to audit. There are many ways to determine which audit you will undertake. At on organisational level, your employers may ask you to take part in a mandatory national audit project or request that you audit best practice documents, such as NICE guidelines. However, this article focuses on helping you set up your own local audit project. With this in mind we would encourage you to view audit as a quality improvement process and therefore the topic you select should focus on an area of care where there is room for improvement. Alternately, it would be acceptable to select a topic for audit where you are uncertain of current performance.

Once you have selected your audit topic, it is worth taking time to consider whether your audit is likely to be a success. Too often, people charge into conducting an audit without proper prior planning and consideration of whether their project has the potential to make a real difference and impact. With this in mind, we would encourage you to ask five key questions (as part of a scoring grid devised by Louise Hazelwood and Roz Sorrie) of your proposed audit:

1. Does the audit address a PROBLEM that is relevant to patient care?
2. Is the topic a PRIORITY for the team or organisation?
3. Can data be collected in an appropriate TIMEFRAME? (i.e. the quicker the better)
4. Is there confidence that data will be RELIABLE and ACCURATE?
5. If CHANGES were recommended as a result of the audit, could these be implemented?

You score your responses to each question and award two points for “Yes”, one point for “Not Sure” and zero for “No”. Although these questions are slightly subjective, considering them will help you assess the feasibility of your audit. Our experience has shown that audits which score five or less are very unlikely to succeed, those gaining 6-7 are worth considering and those receiving eight or more points could be real winners!

8 steps to audit success (continued)

Stage 2 – Identify best practice

Once you have selected your audit topic, the next step is to find out what aspect of best practice you will audit against. The aim of a clinical audit project is to find out if appropriate care is being provided and in order to do this we MUST determine what represents best practice. The best place to start is to look for local (e.g. your employer), national (e.g. NICE) and/or international guidelines (e.g. the World Health Organisaton) that state best practice. In addition, you may locate relevant protocols and standard operating procedures, best practice guidance from your professional body (e.g. Royal College) or current research papers, that will help you to determine what is considered best practice for you to audit current care against.

Stage 3 – Agree criteria and standards

Criteria and standards are two pieces of clinical audit terminology that health care professionals commonly misunderstand. A criterion can be defined as "an item of care or an aspect of practice that you wish to examine". Criteria are written as individual statements that define best practice and what should be happening. A good example of a criterion used by a non-NHS organisation is one adopted by the Royal Mail: "First class letters should reach their destination within 24 hours".

A standard can be defined as "the success level that you would expect or evidence dictates should be achieved". Standards are written as percentages and in terms of the above example, Royal Mail have determined that their standard is "93% of first class letters should reach their destination within 24 hours". An example of a criterion and standard commonly used in the NHS is "written patient records should be recorded in black ink" (criterion) 100% (standard).

Stage 4 – Collect data

Data collection involves the retrieval of information to help us measure whether current care/service delivery is compliant with the criteria and standards we have selected. Data collection needs to be timely, relevant, accurate and representative. Most audit data is collected using either manual data collection forms or electronic computer packages.

Stage 5 – Analyse data

Data analysis involves the interpretation of clinical audit data that has been retrieved. Data analysis is important as it will inform you how current practice compares to agreed criteria and standards. Data analysis will identify areas of over and underperformance and the latter should be reviewed in detail as this will help you identify why care is falling below the desired level. This stage of the audit process is key for helping us determine what changes we need to make (and where) to ensure care is up to standard. **Top Tip**: when analysing your data, also look out for areas where care is exemplary, i.e. where standards are being met, or exceeded. When locating exemplary care make sure you celebrate this and feedback this information positively to staff.

8 steps to audit success (continued)

Stage 6 – Implementing necessary changes

Implementing changes that will improve on sub-standard results is the key and often the hardest part of any audit project. It is important that all team members are involved in this part of the audit process so that all possible changes and solutions can be discussed. Changes tend to relate to the particular circumstances, but commonly audits lead to further training for staff, more staffing, the introduction of better systems/checking mechanisms, new protocols and guidelines, etc. Changes will not just happen... they need to be appropriately planned and managed. With this in mind, we strongly advise that you appoint a key person on the team to lead the implementation of changes and changes are appropriately scheduled via an action plan.

Stage 7 – Conduct re-audit

The re-audit phase is a key part of the audit cycle and involves the collection of a second-set of data. The re-audit phase (also referred to as the re-measurement stage) should be carried out within one year of implementing changes and techniques and the number of cases audited should be comparable to the first data collection phase. The main purpose for undertaking the re-audit is to review progress following the implementation of changes and to find out the level of improvement attained. If the re-audit identifies care that remains sub-standard then we will need to conduce further re-audits (and this explains why audit should be regarded as an ongoing cycle).

Stage 8 – Write audit report and share learning

The 'final' stage of the audit process is to write a comprehensive but concise report. The report will be a useful record for you, your team and the organisation. Further, the report should be shared with colleagues who have taken part in the work, so they can see what impact the audit has had. It is also good practice to share your audit projects more widely so that others may be able to utilise your audit methodology and save time by not re-inventing the wheel. It is highly likely that the Care Quality Commission will want to see evidence of clinical audit reports.

5 common mistakes to avoid...

This guide is aimed at those with zero or very little audit experience. With this in mind, we have created a list below of five common mistakes people new to audit often make:

1. Don't rush: a good audit needs to be properly planned. Setting up your project right is vital
2. Don't collect too much data: this will quickly become laborious. Collect what is important!
3. Don't try and undertake an audit on your own. Get the team and others who can help involved
4. Don't under-estimate the change phase. Without a clear action plan, audits will inevitably fail
5. Don't be shy: we need examples of audit to showcase the value of audit. Share your work with as many people as you can and consider writing up your project for publication.

10 tips for success

In this section we have listed ten simple tips for success. If you can adopt these within the audit that you carry out they will pay undoubtedly pay dividends:

1.Start small. Audit projects often fail because staff try and look at too much information. Think of your audit project as a "snapshot" of current practice. Keep workload to a minimum.

2. Get the team involved. Audit is most effective when it is carried out as a team activity. All staff should be asked to suggest suitable topics for audit and should be made aware of results and invited to suggest possible changes. It is advisable to have one team member to lead and co-ordinate each audit, but involving other team members is important.

3. Make sure that you are clear on the differences between clinical audit and research! Remember – as a simple guide – research tells you what should be happening (i.e. what is best practice) and audit informs you if it is happening (i.e. is best practice being delivered?).

4. Select audits that relate to work already taking place. Healthcare staff collect information in many formats and there may be opportunities to link audit work to current routine practices.

5. Pilot your audit! It is always advisable to pilot your audit before it becomes "live". It is likely to be of benefit by testing a small number of data collection forms in order to make sure that they provide the information that you require.

6. Learn from others. Spend a small amount of time finding out what audits been done before and see if these can be adapted to meet your requirements. Most audits have previously been carried out, so you may be able to borrow relevant tools. Don't re-invent the wheel if you don't have to. A simple internet search or discussion with peers may help save lots of time. Remember to check what best practice standards / NICE to measure against for your area of interest.

7. Find out what support is available to you. Local support for clinical audit varies, but it is worth finding out if there is an audit, governance or improvement team who can help you.

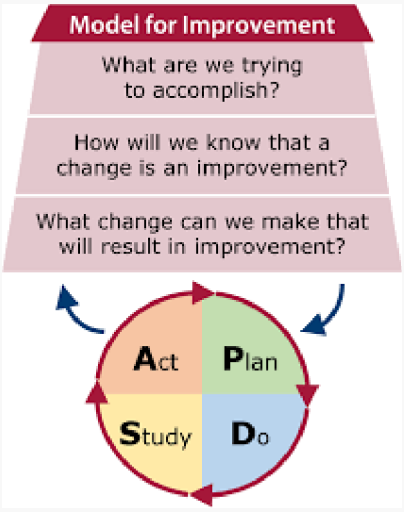
8. Re-audit is vital. The re-measurement part of the audit cycle is often missed. Without undertaking a re-audit there is no way of knowing if your audit and the changes made have improved patient care/service delivery. An audit is only a true audit when we re-measure.

9. Plan your audits properly. You may find it helpful to set up a simple audit calendar. This will map out which audit activities will be carried out over the course of the year and when.

10. Use clinical audit to help you! Although audit is essentially about identifying weaknesses and improving patient care, audit can often be used as a mechanism for improving your own situation. A good audit may also solve problems and result in improved teamwork, communication, etc.

Clinical audit as part of your QI toolkit

Clinical audit is a useful part of your wider quality improvement toolkit. Quality Improvement is defined as the **use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem**. It applies a consistent method and tools, engages people (both staff in clinical / corporate teams and patients / service users / families) more deeply in identifying and testing ideas and uses measurement to see if changes have led to benefits and improvements.



Clinical audit is a quality improvement cycle comparing current practice to a standard. When we establish if standards have or have not been met, we can also utilise other QI tools to help identify the change ideas needed to bring about improvement as part of the actions needed before any re-audit is undertaken to demonstrate change. This can include rapid testing through the model for improvement and PDSA, process mapping or driver diagrams. One size does not fit all but all these tools have the same aim of improving patient care and outcomes. By participating in clinical audit, you are starting your own improvement journey and you will start to contribute to closing the gap between quality as expected and quality as provided for your patients.

To find out more about PDSA, we would encourage you to watch this excellent three-minute film, available here.

Signposting to useful resources

In this final section of our *Clinical Audit for Dummies* guide we have identified three 'go to resources' that those taking part in clinical audit projects and wider work, need to be aware of.

1. Track down your local audit team! However, this can sometimes be easier said than done! This is because there is no singular agreed way of how healthcare teams manage and support their clinical audit function. As a result, audit may be managed by audit staff, effectiveness staff, governance staff, quality improvement facilitators, etc. Also find out about your regional audit network, as there are 13 across England at present.

2. Speak to the Clinical Audit Support Centre (see below). We are responsible for creating this short guide and we have lots of additional free resources available to assist you with your clinical audit, QI and patient safety work. CASC also run accredited courses [in-house and online] and we regularly showcase real-life examples of clinical audit and QI projects on our website. This Clinical Audit for Dummies Guide has been created by Stephen and Tracy at CASC. Visit www.clinicalauditsupport.com

3. Familiarise yourself with the Healthcare Quality Improvement Partnership. HQIP were given the responsibility of re-invigorating clinical audit in 2008. They have responsibility for National Clinical Audit projects [just search NCAPOP!] and they have created lots of useful guides/materials. Visit www.hqip.org.uk