

CASC tip sheet #6

Implementing change

BACKGROUND

In essence, clinical audit comes down to change. It is not about maintaining the status quo (unless data collection shows that exemplary care is in place suggesting no improvements can be made). The [New Principles of Best Practice book](#) clearly states 'where indicated, changes are implemented at an individual, team or service level'. Indeed, we agree with the Professor Richard Baker (who audited Dr. Shipman's work and formerly headed up the Eli Lilly National Clinical Audit Centre) in his view that 'the most important part of the audit cycle is making change'.

4 tips for ensuring audit results in successful change

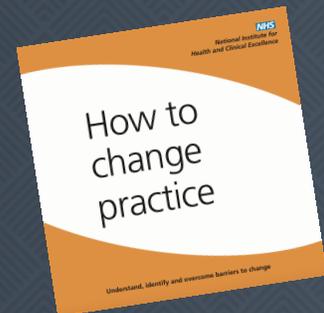
Determining what remedies and interventions to apply

When carrying out the data analysis stage of any audit, we will usually start to identify sub-standard care and problems that need to be addressed and improved. It is at this point that we need to consider what changes we should implement to remedy current shortcomings. To assist with this, we highly recommend HQIP's [Using Root Cause Analysis techniques in Clinical Audit guide](#). This highlights many diagnostic techniques such as five why, fishbone, nominal group technique, etc that can be invaluable in helping understand what changes need to be implemented.



NICE guidance on how to change practice

Although NICE's 48 page guide [How to change practice](#) was published in 2007, the document remains a 'must read' for all clinical audit professionals. It starts with an apt quote from Richard Hooker 'change is not made without inconvenience, even from better to worse'. The guide is full of useful tips and we like the progression from understanding barriers to change to identifying barriers for change through to overcoming barriers. Logical, helpful and readable.



Adopting QI approaches to implementing change

In recent times it is clear that a variety of quality improvement methods have increasingly started to be used in healthcare often to bring about needed changes. There are many organisations to be aware of that provide useful techniques and resources, e.g. Institute of Healthcare Improvement, NHS Improvement and the Health Foundation. We would particularly highlight the value of adopting the model for improvement technique for introducing changes. In effect this approach involves testing out singular changes rapidly using Plan, Do, Study, Act (PDSA). If changes make a positive difference they are adopted, if not they are adapted or axed.

Typical changes that result from clinical audits

We must remember that all clinical audit projects are different so it is not possible to determine what changes might result from audit. However, audits often result in training/education for staff, more funding/resources, the implementation of a new process or system, the introduction of better checking mechanisms, revised documentation, etc. Changes should improve care and assist staff.

