

# CASC tip sheet #7

## Conducting the re-audit

### WHAT IS A RE-AUDIT?

*New Principles for Best Practice in Clinical Audit* defines clinical audit as 'a quality improvement cycle'. The key word here is 'cycle'. Indeed, the clinical audit process is often referred to as a: 'cycle', 'spiral', 'loop', etc. Audit is not a linear process involving a one-off measurement of care<sup>^</sup>. Therefore, to ensure that one is undertaking a true clinical audit you must conduct at least one re-audit. This involves using the same data collection approach as in the first measurement to find out what impact the changes you have implemented have had.

### 5 essential questions when it comes to re-audit

#### Do I always have to conduct a re-audit?

This is an interesting question! ^If your first data collection identifies that all the audit standards are being met and care is exemplary, then we would agree there is no need to conduct a full re-audit. Indeed, if no changes have been made a re-audit will be of limited value. In this instance the audit has focused on assurance and not improvement. However, even when full compliance is achieved, it is important to go back and undertake small re-measurements to ensure that there has not been a lapse in care.

#### Can I change my standards and data collection methods?

In a word 'NO'. We conduct the re-audit to find out what the impact of our changes have been and whether improvements have been attained. Therefore we need to measure 'like-for-like' and maintain the approach taken during the first data collection phase. In addition, we should aim to audit similar numbers.

#### How long do I wait before I re-audit?

This really is the 'how long is a piece of string' conundrum! Certainly you should not re-audit until all changes have been actioned and had an opportunity to settle. That said, junior doctors are looking to complete audits in 6 month blocks so it is likely that they will need to re-audit more rapidly than others. Where major changes have been made it is not uncommon for the re-audit to take place 6-12 months after the first data collection phase. If you can, ask your local audit team for their advice.

#### Do I have to re-audit all the standards?

There are two 'schools of thought' here! Traditionalists argue that the re-audit must adopt the same approach to data collection (i.e. all original standards). However, in recent years 'targeted re-audit' has gained impetus whereby one only re-measures care where standards were not met at first data collection. This saves time as less data is harvested. HQIP advocate both approaches via their guides/case studies.

#### What do I do with my re-audit results?

In the most basic form we use the re-audit results to assess the impact of the changes. If care remains sub-standard then further re-audits should be carried out.

