**Best practice in Clinical Audit**

**CHECKLIST 3 – For assessing completed clinical audits**

The following checklist has been designed to allow clinicians, clinical audit leads and others to assess a clinical audit project against the criteria for set out in HQIP’s ‘Best practice in clinical audit’. Other checklists are available to allow NHS Trust boards and the senior management in other healthcare providers to assess practice within their organisations and for clinical audit managers to assess their practice in managing the clinical audit programme.

Each checklist sets out a series of questions which should be answered, and provides space for documenting both evidence to support the answer, and actions required to improve practice. Headings and numbering are the same as in ‘Best Practice in Clinical Audit’.

**Stage 1: Preparation and planning**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | Every quality improvement project should be reviewed to ensure that the topic is amenable to improvement and to determine the quality improvement method most likely to deliver improvement. Clinical audit should only be undertaken if clinical audit is the most suitable methodology. | Is clinical audit the most suitable methodology for this project? |  |  |
| 2 | Every clinical audit should have a clearly-stated quality improvement aim and objectives. | Does the clinical audit have a clearly-stated quality improvement aim and objectives? |  |  |
| 3 | The audit should measure performance against standards for process and outcomes that are based on the best available evidence and is clearly referenced. | Does the audit measure performance against standards for process and outcomes that are based on the best available evidence? |  |  |
| Are the standards clearly referenced? |  |  |
| 4 | Every clinical audit should be carried out under the leadership of a named clinician. If the named lead is a junior doctor working on rotation, a more senior clinician should oversee the project to ensure that it is completed and that the quality improvement aims are met. | Has a named clinician been identified to lead the clinical audit? |  |  |
| If the named lead is a junior doctor working on rotation, has a more senior clinician been nominated to oversee the project and ensure that it is completed and that the quality improvement aims are met? |  |  |
| 5 | All clinical audits should be carried out in compliance with local governance arrangements, including local policy and protocols on proposing, registering, undertaking and reporting on clinical audits. | Has the audit been undertaken in compliance with local governance arrangements? Has it been:* Proposed and registered?
* Undertaken and reported?

in accordance with local policy and protocols? |  |  |
| 6 | All aspects of the clinical audit must be carried out in full compliance with the law and best practice on information governance and data security. This includes sample identification, data collection and analysis. | Has the clinical audit been carried out in full compliance with the law and best practice on information governance and data security with regard to:* Sample identification?
* Data collection?
* Analysis?
* All other aspects of the clinical audit process?
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| 7 | All members of the clinical team engaged in delivering the service to be audited should be informed about the project from the start. In addition, a stakeholder group should be identified and engaged in the project. This should include:* Representatives of the clinical team
* Other clinicians whose practice may be impacted by the findings of the audit
* Service managers responsible for the service to be audited
* Relevant service users, carers and lay representatives

Requirements for the registration and monitoring of clinical audit should ensure that senior clinicians and management are aware of the project, but in some projects the stakeholder group might include senior clinicians and managers, Board members, commissioners and others. NOTE: The size of the stakeholder group and the degree to which members are engaged in the project will depend on the nature of the audit and this criterion should be applied proportionately. The key factor is to ensure that anyone who may be involved in acting on the findings of the audit is engaged from the beginning. | Have all members of the clinical team engaged in delivering the service to be audited been informed about the project and engaged in the process from the start? |  |  |
| Has a stakeholder group been identified and engaged in the project?Does this group include:• Representatives of the clinical team• Other clinicians whose practice may be impacted by the findings of the audit• Service managers responsible for the service to be audited• Relevant service users, carers and lay representatives* Where appropriate, senior clinicians and managers, Board members, commissioners and others?
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| 8 | Any ethical or information governance concerns should be escalated to the appropriate clinical lead and acted on in accordance with best practice. | Have any ethical or information governance concerns been identified?If so have they been escalated to the appropriate clinical lead and acted on in accordance with best practice? |  |  |
| 9 | Wherever possible, the stakeholder group must sign off the audit aim, objectives, standards and audit method before data collection begins.Data collection without stakeholder sign off must only be undertaken on the authorisation of the senior clinician leading the project. | Did the stakeholder group sign off the audit aim, objectives, standards and audit method before data collection began?If not, was data collection undertaken on the authorisation of the senior clinician leading the project? |  |  |

**Stage 2: Measuring performance**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | The data set to be collected should be defined with reference to the audit standards, which should then be turned into valid measures of performance. Data that is not required to measure compliance with the audit standards should not be collected. | Was the data set collected defined with reference to the audit standards?  |  |  |
| Was any data collected that was not required to measure compliance with the audit standards? |  |  |
| 2 | The population of patients to be included in the audit should be defined with reference to the audit standards. The audit sample size should be set, and the sample selected, in accordance with best practice guidance. The rationale behind the size and selection method should be documented. | Was the population of patients to be included in the audit defined with reference to the audit standards? |  |  |
| Was the audit sample size set, and the sample selected, in accordance with best practice guidance? |  |  |
| Was the rationale behind the sample size and selection method documented in the audit report? |  |  |
| 3 | Where data is to be extracted from electronic health records, the data extraction process should be tested to ensure that the correct data source is being used, and the correct sample and data are being extracted. | Was any part of the data to be extracted from electronic health records?If so, was the data extraction tested to ensure that the correct data source was being used, and the correct sample and data were being extracted? |  |  |
| 4 | Where the data is to be collected from paper health records, the following factors should be considered:* Design of the data collection tool - an existing validated tool may be used, or a tool should be designed and piloted, and the results from the piloting process reviewed before full scale data collection begins
* Data collectors should be appropriately qualified. Where data collection takes place over an extended period, or multiple data collectors are involved, a protocol for data collection should be developed. This should define the data sources and provide all the information necessary to ensure that data is collected consistently. The protocol should be piloted alongside the data collection tool
 | Was any part of the data to be collected from paper health records? If so:* Was an existing validated data collection tool used?
* Was a data collection tool designed and piloted, and the results from the piloting process reviewed before full scale data collection began?
* Were data collectors appropriately qualified and trained?
* Was a protocol for data collection developed and piloted alongside the data collection tool?
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| 5 | Clinical audit data should be analysed to measure compliance with standards. The statistics used should be appropriate for the purpose and should aim to provide the clearest possible picture of performance. | Was clinical audit data analysed using appropriate statistical techniques to measure compliance with audit standards?Were the findings presented in a way which gave clearest possible picture of performance? |  |  |
| 6 | In planning the analysis, consideration should be given to the level of granularity\* required for reporting, particularly if clinicians wish to use clinical audit findings as part of their appraisal and revalidation.\* Should the results be broken down by ward, consultant or clinic, etc. | Were the clinical audit findings reported with the appropriate level of granularity?  |  |  |
| 7 | Full details of the clinical audit method must be recorded to ensure that any necessary repeat data collection to measure the impact of interventions is carried out in exactly the same way. Any unavoidable variation in the repeat data collection method must be documented and reported alongside the results.  | Were full details of the clinical audit method documented to ensure that any necessary repeat data collection to measure the impact of interventions was carried out in exactly the same way?In the final report, were any unavoidable variations in the repeat data collection method documented and reported alongside the results? |  |  |

**Stage 3: Implementing change**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | The results should be shared with the stakeholder group. If the findings show non-compliance with standards, the underlying causes for non-compliance must be established. | Were the results shared with the stakeholder group? |  |  |
| If the findings showed non-compliance with standards, were steps undertaken to establish the underlying causes for non-compliance? |  |  |
| 2 | Once the underlying causes have been established, an action plan must be developed to address them. Improvements may be designed through techniques such as process mapping and adjustment, introducing communication tools, decision trees, new technology, ‘plan, do, study, act’ (PDSA) cycles, and Lean Six Sigma.The action plan must be signed off by the stakeholder group and in accordance with local governance arrangements.  | Was an action plan developed to address the established underlying causes?Was it signed off by the stakeholder group and in accordance with local governance arrangements?  |  |  |
| 3 | The action plan must be implemented and the effects monitored. Any unforeseen negative impacts must be addressed, and data must be collected to ensure that the impact of the action plan has improved compliance with standards. This will usually be by repeat data collection, although other monitoring methods such as run charts may be used. | Was the action plan implemented? |  |  |
| Was the impact of the implementation of the action plan monitored in an appropriate way?Were any unforeseen negative impacts identified, and if so were steps taken to address them? |  |  |

**Stage 4: Sustaining improvement**

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|  | **Clinical audit best practice criteria** | **Questions to be answered** | **Answers and supporting evidence** | **Actions required to improve practice** |
| 1 | The audit cycle is not complete until evidence has been obtained to demonstrate that implementation of the action plan has resulted in an improvement in the quality of services.  | Has evidence been obtained to demonstrate that implementation of the action plan has resulted in an improvement in the quality of services? |  |  |
| 2 | In order to ensure that the improvement is sustained, the stakeholder group should determine whether the audit needs to be repeated, and if so, when. They should also determine whether refinements are required to the audit protocol and data collection tool for greater focus on shortfalls identified. Alternative approaches to ensuring that quality of service is maintained, such as some form of ongoing monitoring, should also be considered. | Has the stakeholder group determined:* Whether the audit needs to be repeated, and if so, when?
* Whether refinements are required to the audit protocol and data collection tool for greater focus on shortfalls identified?

 Have alternative approaches to ensuring that quality of service is maintained, such as some form of ongoing monitoring, been considered? |  |  |
| 3 | The results of the audit, including the outcome of the implementation of the action plan, should be documented and shared with key stakeholders and the rest of the organisation. The results and outcomes should also be shared with service users and with the public. | Have the results of the audit, including the outcome of the implementation of the action plan, been documented and shared:* With key stakeholders?
* With the rest of the organisation?
* With service users and with the public?
 |  |  |
| 4 | Where possible, share the learning from the audit project with colleagues, both within the organisation and across partner organisations, including commissioners, clinical networks and other professional groups. Learning points could include:* Audit methodology
* How change was implemented
* Impact on patient care / clinical outcomes
* Impact on service efficiency
* Challenges and how they were overcome
 | Has learning from the audit project been shared with colleagues, both within the organisation and across partner organisations, including commissioners, clinical networks and other professional groups? |  |  |