

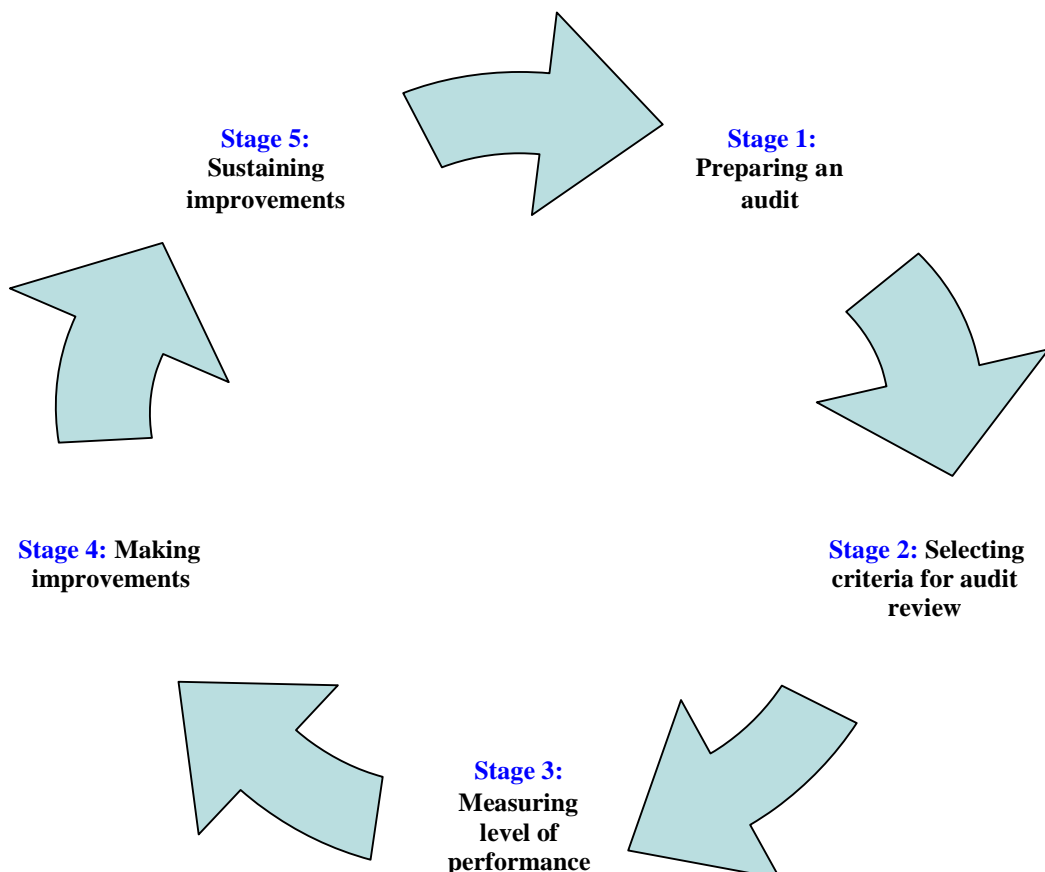
The basics of audit: A brief introduction

For further information about conducting an audit, please refer to the webpages provided by the Audit Department (see the Trust's Intranet)

Clinical audit is “a quality improvement process that seeks to improve the patient care and outcomes through systematic review of care against explicit criteria and the implementation of change” (www.cgsupport.nhs.uk). It aims to improve health provision against predefined standards, by exploring (Copeland, 2005):

- ⇒ Whether what should be happening is happening
- ⇒ Whether current practice meets standards
- ⇒ Whether current practice follows guidelines
- ⇒ Whether clinical practice is being guided by research evidence

Clinical audit forms an important part of clinical governance, which calls for healthcare services to monitor and continuously improve care provided to patients. Clinical audit is generally defined as cyclical and involves the following stages (Benjamin, 2008):



Stage 1: Preparation

It is good practice to form a small audit group that includes representatives from different professional disciplines, if possible, who are interested in the topic and committed to improving patient care through this process. Those in the group should be clear of their role and responsibilities. There should be a lead, responsible for co-ordination and for liaising with colleagues to ensure that the topic selected is applicable and appropriate. In addition, it is helpful to have the backing of senior clinical staff to ensure that any results from the audit can be implemented.

Stage 2: Selection

It is suggested that practitioners select audit topics based on (Benjamin, 2008: 1245):

- ⇒ Priorities for the organisation
- ⇒ High risk problems
- ⇒ High volume problems
- ⇒ High cost problems
- ⇒ National clinical audits
- ⇒ National service frameworks
- ⇒ Guidelines from the National Institute for Health and Clinical Excellence (NICE)

Once a topic has been selected, it is usual to carry out a review of the literature to ensure that the audit is based on the best available evidence. This review can help in identifying standards/criteria against which outcomes can be assessed in the audit (e.g. practice guidelines, systematic reviews).

Audit may assess (Benjamin, 2008):

- ⇒ The structure of care – e.g. resources
- ⇒ The process of care – e.g. waiting times
- ⇒ The outcome of care – e.g. blood results, response to therapy

Stage 3: Measurement

When collecting data, issues that need to be considered include (www.cgsupport.nhs.uk):

- ⇒ Where can we find the data?
- ⇒ Who will collect the data?
- ⇒ How will we collect the data?
- ⇒ How much data should we collect?
- ⇒ When will we collect the data?

Data can be collected retrospectively (e.g. from patients' medical notes) or prospectively. It may involve manual data collection, using a tick box proforma, or computerised

information. Whatever collection tool you decide on, it is good practice to pilot it before using it for the full audit, to ensure it is fit for purpose.

In terms of sample size, it is suggested that the aim is to get a snapshot of current practice. Therefore, size does not have to be statistically significant (www.cgsupport.nhs.uk). But you will need to be clear about what patients to include and exclude and the time period for the data collected.

Analysis involves comparing data collected with criteria/standards identified at the outset, examining how well these were met and considering reasons why they were not met (Benjamin, 2008). It can be a simple process, based on percentages and averages.

Stage 4: Improvements

It has been noted that because audit is concerned with improving care, “an action plan should be developed to improve either the structure or process of care as this should lead to an improvement in outcome” (Copeland, 2005: 14). Practitioners need to consider how best to feedback results from their audit. Potential stages for dissemination include team meetings, departmental newsletters, local clinical audit meetings, professional development meetings. Results will generally include recommendations for improvement, which may relate to clinical practice or administration procedures. Any changes proposed as a consequence of the audit should be shared and developed with staff affected. Steps towards change should be identified, a timescale agreed and tasks for individuals decided (www.cgsupport.nhs.uk). Be warned that implementing recommendations forms the more difficult part of the audit cycle.

Stage 5: Maintenance

The cyclical nature of clinical audit means the impact of changes should be measured following a period of implementation. The same procedures used for the original audit should be applied to the follow up to see whether any changes have made a difference.

Important factors relating to audit

Key factors to consider when conducting an audit have been defined as including (www.cgsupport.nhs.uk):

- ⇒ Communication – staff need to be kept abreast of all stages of the audit and should have the chance to contribute.
- ⇒ Patient confidentiality – forms for data collection should use patient identifiers rather than names and the key to these identifiers should be held by the person conducting the audit, who will destroy this, along with any manual forms associated with the audit, once it has been completed.

For a worked example of the audit cycle, see Benjamin (2008).

References

Benjamin, A. (2008) Audit: How to do it in practice, *British Medical Journal*, 336: 1241-1245.

Copeland, G. (2005) A practical handbook for clinical audit: Guidance published by the Clinical Governance Support Team
(www.cgsupport.nhs.uk/downloads/Practical_Clinical_Audit_Handbook_v1_1.pdf)

NICE (2002) Principles for best practice in clinical audit
(www.nice.org.uk/media/796/23/BestPracticeClinicalAudit.pdf)

Links to useful sites

Healthcare Commission

www.healthcarecommission.org.uk/serviceproviderinformation/nationalclinicalaudit.cfm

National Audit and Governance Group

www.nagg.nhs.uk/

National Clinical Audit Support Programme

www.ic.nhs.uk/our-services/improving-patient-care/national-clinical-audit-support-programme-ncasp

The Information Centre for Health and Social Care

www.ic.nhs.uk/