

HOW TO DO CLINICAL AUDIT – A BRIEF GUIDE



This guide gives information on how to undertake clinical audit work at UBHT and is intended as a brief introduction to the principles of clinical audit for the uninitiated.

Clinical Audit: “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of

A range of ‘How To’ guides have been produced by the UBHT Clinical Audit Central Office and are available on the UBHT Clinical Audit website, www.ubht.nhs.uk/clinicalaudit

Guides are cross-referenced using the insertion of the icon of other guides into the text to indicate where further information on the topic referred to can be obtained.

	What is Clinical Audit?		How to do Clinical Audit – a brief guide
	How to choose and prioritise audit topics		How to involve patients in clinical audit
	How to set audit objectives and standards		How to apply ethics to clinical audit
	How to select an audit sample		How to collect audit data
	How to analyse audit data		How to give an effective audit presentation
	How to write an audit report		How to implement changes successfully
	How to get your audit published		

Further information about Clinical Audit can be obtained by contacting the UBHT Clinical Audit Central Office on tel. (0117) 928 3614 or e-mail Eleanor.Bird@ubht.swest.nhs.uk

You can also get advice and support on clinical audit from your divisional Clinical Audit Facilitator (contact details available from the Central Office or UBHT clinical audit website)

Clinical Audit Training Workshops can be booked through the Clinical Audit Central Office

Advice on **Clinical Effectiveness**, including how to write guidelines, is available from James Osborne, Clinical Effectiveness Co-ordinator, tel. (0117) 342 0106 or <http://intranet/ce-net/> (UBHT network) or www.ubht.nhs.uk/ce-net (limited external version)

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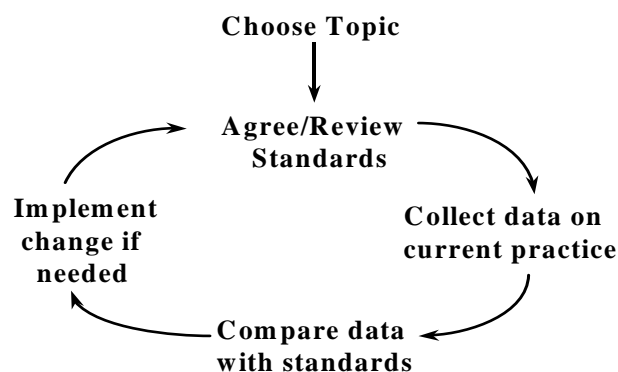
Clinical Audit was introduced to the NHS in 1993. It is defined as:

“a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”

Principles for Best Practice in Clinical Audit (2002, NICE/CHI)
www.nice.org.uk/pdf/BestPracticeClinicalAudit.pdf

The component parts of Clinical Audit are:

- setting standards
- measuring current practice
- comparing results with standards (criteria)
- changing practice
- re-auditing to make sure practice has improved



This process is known as the **audit cycle**.



Further information about what Clinical Audit is, and what it isn't, is given in 'What is Clinical Audit?'

UNDERTAKING A CLINICAL AUDIT PROJECT AT UBHT

Clinical Audit at UBHT is supported by divisional clinical audit facilitators, co-ordinated by a Central Office. Before you undertake any audit, you should discuss your proposed project with a member of the clinical audit team and complete **Clinical Audit Project Proposal paperwork** (also available on the clinical audit website) - see first page for website and contact details. The steps you will need to go through when undertaking a clinical audit project are described in brief below, with further information available in the accompanying range of 'How To' guides, as indicated by the icons in the text.

1. CHOOSE AN AUDIT TOPIC



Projects usually focus on measuring adherence to healthcare processes (investigations, treatments or procedures) that have been shown to produce the best outcomes for patients.

As resources for carrying out audit are finite, all topics chosen should be deemed to be important, e.g. based on:

- An identified **problem** (e.g. from complaints or adverse incidents)
- **High volume, high risk** or **high cost** areas of practice
- Published **evidence about clinically effective treatment**
- The availability of **clinical guidelines** (e.g. from NICE, or Royal Colleges)

Audits should not be undertaken simply because “it might be interesting to know whether....”

If you are keen to become involved in an audit but are unsure about appropriate topics, your divisional clinical audit facilitator may be able to help you to identify key subjects in your clinical area – for example, NICE guidance that needs auditing, or re-audits that need doing.

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2. FORM AN AUDIT TEAM

Audits are generally described as being either **unidisciplinary** (e.g. involving only nurses or only doctors) or **multidisciplinary** (involving more than one discipline or profession). If your audit has implications for professions or disciplines other than your own, whether within or outside the clinical area you work in, make sure they are consulted at the planning stage. If your audit is looking at the patient journey across different care sectors ('**interface**' audit), e.g. referrals into the hospital from primary care, try to include staff representatives from these other organisations in your audit team.



Consider including patient representatives on your project steering group, or gaining their views on your project topic and/or design via other methods of patient involvement.

TIP! It is important that your project is supported by colleagues who have the authority and commitment to see any necessary changes (as indicated by the audit results) put into practice

3. SET AUDIT OBJECTIVES AND STANDARDS



What are you trying to achieve with this project? Decide what your overall purpose is in doing this project and write this as either a statement that best expresses what you want to happen as a result of the audit, or a question that you want your audit to answer. Then consider what steps you will need to take to achieve this overall purpose and write as either a series of tasks, or as different aspects of quality that your audit will focus on.

Collectively these form your audit **objectives**. Audit **standards** define the aspects of care to be measured, in order to find out whether we are doing what we should be doing, and should relate to your audit objectives. Standards should always be based on **the best available, most up-to-date evidence** of what constitutes best practice.

First identify any standards that already exist, in the form of local or national evidence-based guidance. If no guidelines or protocols exist (or the ones that do are several years old), you will need to undertake (or ask the Learning Resources Centre to undertake for you) a **literature search**, to identify best practice. In either case, it is important to ensure there is consensus agreement with your standards locally before you audit – you will find it hard to improve practice without an agreement about what best practice is!

4. CONSIDER ETHICS



Whereas research proposals have to be submitted to a Research Ethics Committee for ethical approval, clinical audit projects do not. If there is any doubt whether your proposed project is audit or research, you should seek advice, e.g. from the Trust's Research & Development Manager, the Clinical Audit Central Office or informally from the Chairman of the Research Ethics Committee.

Please also note that any patient surveys (including questionnaires, interviews and focus groups), other than those undertaken for the purposes of research, must first be approved by the Trust's QIS (Questionnaire Interview & Survey) Group. The role of the QIS Group is to assure the quality of patient survey activity, which includes ethical concerns.

Finally, whilst clinical audit does not require formal ethical *approval*, it must nevertheless be conducted within an ethical *framework* which - amongst other things - means abiding by the principles of the Data Protection Act.

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5. SELECT AN AUDIT SAMPLE



You are probably interested in a defined group of people who share certain characteristics: most typically having the same medical condition, or having received the same form of treatment.

In an ideal world you would audit the care received by all your audit population, however this can be impractical. In most audits a ‘snapshot’ sample will be sufficient - this should be small enough to allow for rapid data acquisition but large enough to be representative of your population.

6. PLAN AND CARRY OUT DATA COLLECTION



The data you should collect is only what is required to measure practice against the audit standards. Any extra data means more time spent on your project without any additional benefit and is contrary to Data Protection Act principles (see section 4).

Is your audit going to be **retrospective** (looking back at what has happened in the past) or are you going to collect data **prospectively** (at the time care is given)? Is data going to be collected using an audit form (proforma) or entered directly onto a computer?

Before you rush out and collect data for all your patients, take time to do a **pilot audit**. The purpose of the pilot is to try out your data collection tool on a small sample to make sure that it works - especially if someone else is going to be collecting the data for you. The pilot may reveal that some of your questions are ambiguous, that the form is difficult to complete or that you are simply not getting the information you wanted. Pilot audits take time but can save a lot of heartache later on!

You have planned every detail of your audit and you’re ready to go! Go ahead and collect your data. Make sure you are clear about exactly **who** is going to be responsible for doing **what** and **when**.

7. ANALYSE YOUR DATA



Pull your data together in the most meaningful way **and compare your results with your standards**. How well have the standards have been met? What were the reasons for failure to meet the standard in some cases?

8. PRESENT YOUR FINDINGS



Present your findings to colleagues and at this time **agree an action plan**:

- Do we need to change practice?
- Do standards or guidelines need to be updated?
- Do staff need training/re-training?

9. WRITE A REPORT



It is important to write up your findings in a report as an official record of the project, ensuring sufficient detail is provided to enable the audit to be repeated in the future.

You are asked to complete **Summary** and **Action Plan** forms at the end of your project – a draft report can then be compiled from this information and given to you to check and finalise.

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10. IMPLEMENT CHANGES AND RE-AUDIT



If an audit shows practice to be in need of improvement, making changes is important: the public has the right to expect that practitioners will provide care that is consistent with recognised good practice.

Not all changes will be improvements – don't make changes for change's sake. At an appropriate time, repeat the audit (**re-audit**) to ensure that changes have been implemented and that practice has improved.

11. GET PUBLISHED?



You may have produced an excellent piece of work that others would benefit from hearing about, so consider sharing your project externally by way of getting it published in a professional journal.

Editors are more likely to be interested in your piece of work if the methodology or lessons learned are generalisable - in publishing audit, it is the methodology that people can learn from, rather than the results (which won't usually be generalisable, like research). A re-audit, demonstrating how you have successfully improved practice, is therefore more likely to be published.

If you do get an article accepted or have a clinical audit project presented at a conference as a poster or talk, please let the Clinical Audit department know.

A Flow Chart of the Clinical Audit Process at UBHT

