

Falling in Love with Audit

Aims & Objectives

To help us learn how and why to do Clinical Audit.

By the end we should be able to

- define clinical audit
- define jargon like “criteria” and “standards”
- Plan your next audit
- be able to make any changes needed as a result of your audit.
- Feeling that audit is useful

Why do clinical audit?

- **Part of MRCGP!**
- **Something for CV**
- **NHS Appraisal**
- **Trainer Re-approval**

Why do clinical audit?

- **To measure and improve the quality of care and service - clinical governance**

Clinical governance

‘a new system in NHS Trusts and primary care to ensure that clinical standards are met and that processes are in place to ensure continuous improvement’

NICE states that:

“Clinical Audits monitor the use of particular interventions, or the care received by patients, against agreed standards. Any departures from ‘best practices’ can then be examined in order to understand and act upon the causes.”

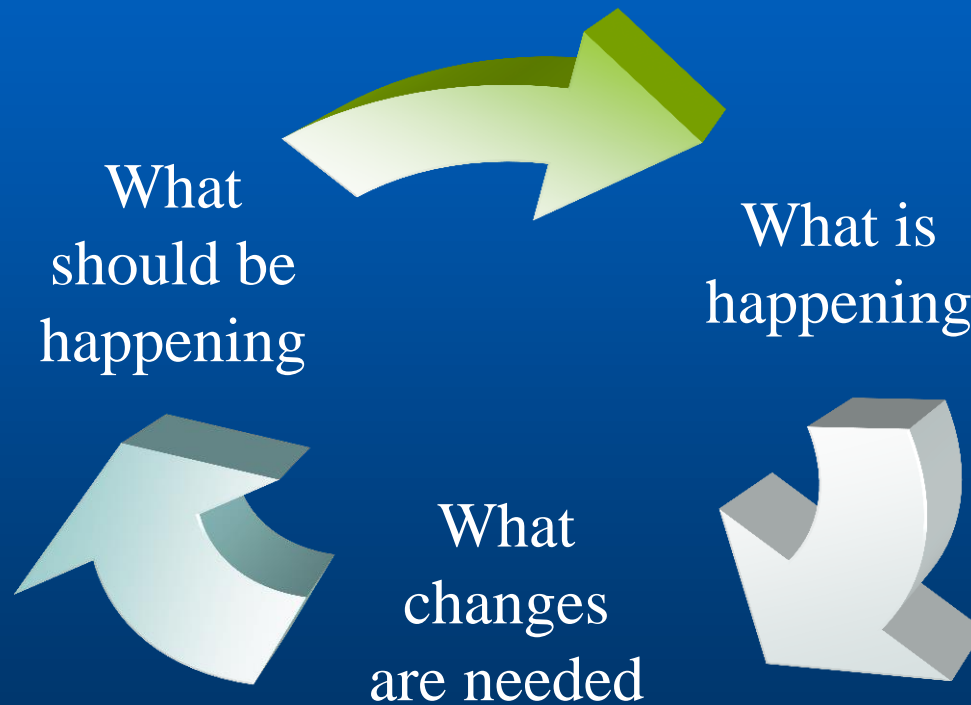
an improvement in the quality of service

- improved care of patients
- enhanced professionalism of staff
- efficient use of resources
- aid to continuing education
- aid to administration
- accountability to those outside the profession

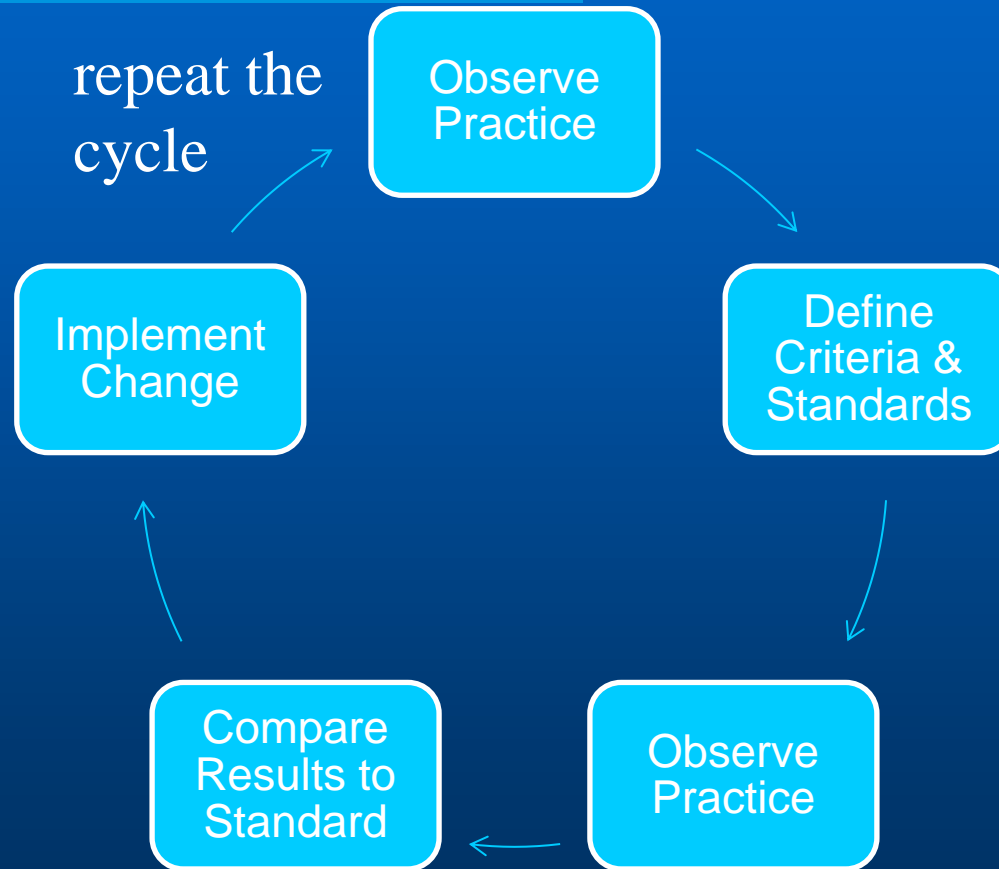
The Audit Cycle:

Can you draw the audit cycle?

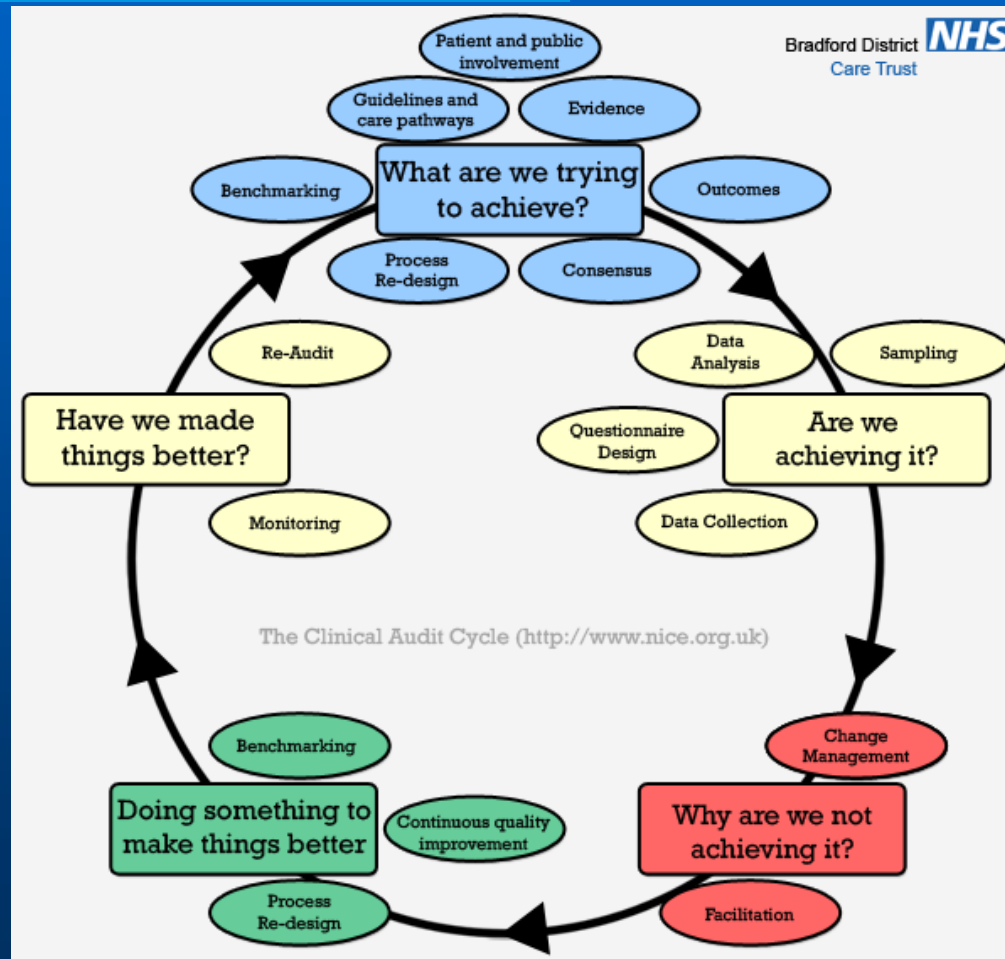
The Audit Cycle: its basic form



The Audit Cycle: slightly more detail



The Audit Cycle: if u wanna get serious



Stages in audit

- Stage 1 - Deciding what to audit
- Stage 2 – a Setting criteria
b Setting standards
- Stage 3 - observing practice
- Stage 4 - Compare results with standards
- Stage 5 - Implementing change
- Stage 6 - repeating the cycle

Stage 1 - Deciding what to audit

- Identifying problems, choosing a topic
- Choose something that interests you.
- Is the problem common?
- Does it have serious consequences?
- Can I do something about it?

Stage 2 - Setting criteria and standards

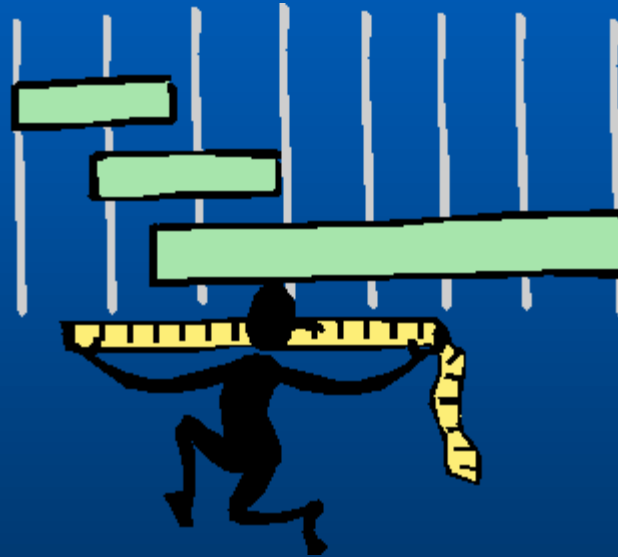
“An audit criterion is a specific statement of what should be happening.” = THE IDEAL

- **“All patients with xxxxx should have had a yyyyyy in the last zzzzz year/months.”**

Stage 2 - Setting criteria and standards

- “An audit standard is a minimum level of acceptable performance for that criterion.”
- The standard should reflect the clinical and medico-legal importance of the criterion or should be something that is realistic to achieve *eg if only 70% of your patients are on aspirin post MI, you might want to go for 80% this year, 90% the year after, and 95% the year after that etc*
- Standards may change with time
- *eg 90% of patients with an myocardial infarct should be on aspirin*

Stage 3 - observing practice



Stage 4 - Compare results with standards

- The comparison is the easy bit
- What reasons are there for practices not meeting audit standards? – planning change
- You might not have achieved your standard because of an organisational problem for instance

Stage 5 - Implementing change

- **Medical audit shows what changes are needed**
- **actually making the changes is the most difficult part of audit!**
- **What are we proud of?**
- **What are we not so proud of?**

Stage 6 - repeating the cycle

- "Closing the loop"

Re-evaluate care to ensure that any remedial action has been effective

Audit may

- Be seen as a threat.
- Be seen as an unpleasant, time-consuming distraction from day-to-day practice.
- Antagonise if introduced in an insensitive way.
- Give the impression of implied criticism.

Audit is an easy technique

is effective at improving care.

- **Not be a menace or a means of discipline.**

Audit in the right atmosphere can be fun!

**A useful tool to examine the
quality of service provided
to our patients**