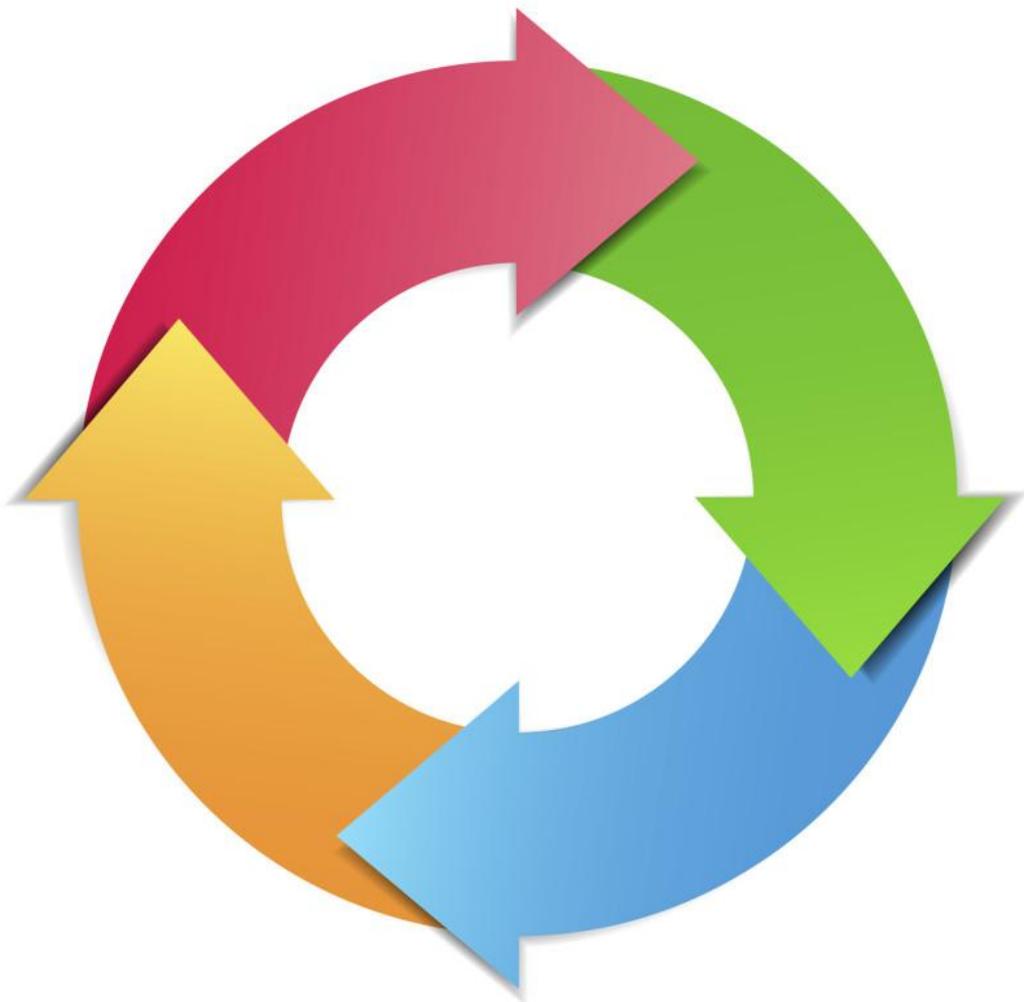


**IMPROVING PATIENT CARE -**



**A GUIDE TO CLINICAL AUDIT**

## IMPROVING PATIENT CARE - A GUIDE TO CLINICAL AUDIT

### **SUMMARY**

Clinical audit is a process where quality of patient care is analysed. It measures aspects of care related to diagnosis, therapeutics, use of resources and health outcomes. Audit and research differ. Research creates new knowledge which gives evidence for guidelines whereas audit looks at actual practice, if it conforms to accepted guidelines. Audit cycle consists of selecting a topic, setting criteria and standards, collecting of data, analyzing findings, making necessary changes and a reaudit after changes have been implemented. On completion of the audit an audit report is written with conclusions and recommendations.



The clinical audit is a systematic critical analysis of the quality of patient care. It is a professional tool that helps the family physician to look at his/her own practice and assess impact of patient care given. Is the care given good as it could be or good as it should be? An audit involves everyone in the team. It is merely a fact finding process rather than a fault finding one. It can be conducted as an internal or an external process.

### **Definition**

The audit cycle is a continuous process where quality and effectiveness of patient care is measured against an accepted standard of high quality. Thereafter action is taken to bring patient care practices in accordance with these standards, to improve quality of patient care and health outcomes.

Audit measures all aspects related to patient care such as procedures used for diagnosis and treatment and the use of resources and outcomes. Hence regular audits will undoubtedly improve the quality of health.

### **Audit vs research**

An audit measures the current practice against accepted standards of high quality. It is not an experiment of new procedures or a medication. Hence ethical clearance is not usually required. The findings are limited to the local practice.

In comparison research aims to generate new knowledge and the findings can be generalized to other populations. Research finds out the best thing to do or the best way to do. Therefore ethical clearance is mandatory.

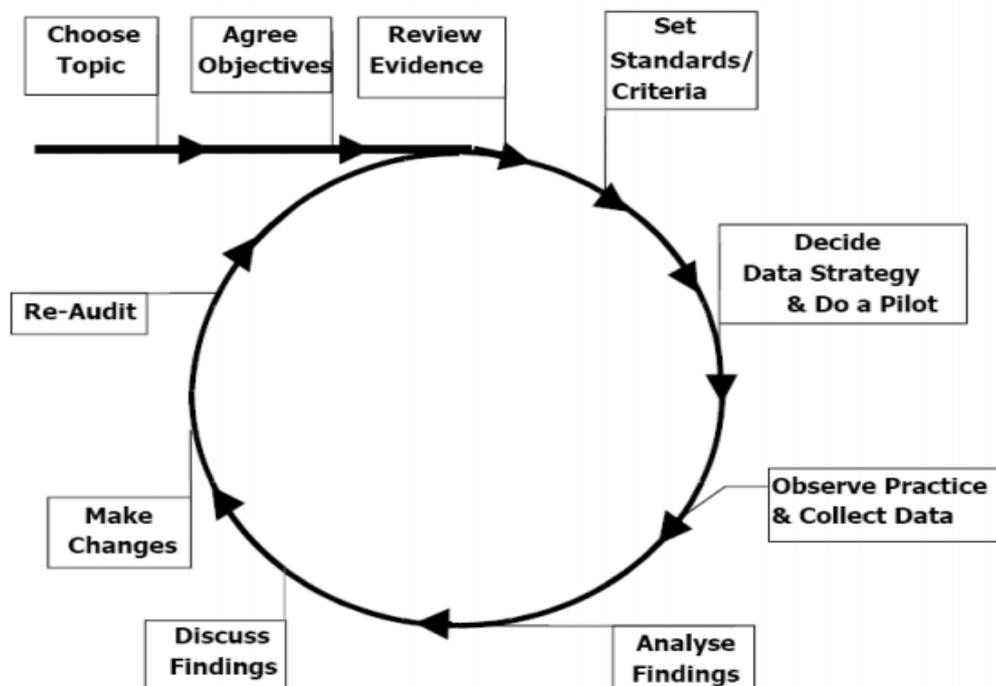
Remember: "Research is concerned with discovering the right thing to do: Audit is ensuring it is done right" Smith R. *Audit and Research*. BMJ 1992; 305: 905 – 6.

### *Examples of a research and an audit*

A research project to determine the causes for poor glycaemic control in diabetic patients

An audit to review if diabetic patients with poor glycaemic control are given proper education on their glycaemic control

### **The audit cycle**



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*Dartford and Gravesham NHS Trust May 2010*

There are two ways in which an audit could be carried out

## First

1. identify the problem or choose a topic to audit,
2. set standards and criteria
3. collect data for audit
4. identify areas needing improvement by analysing and discussing findings
5. make necessary changes
6. reaudit (after the changes are in place)- start from the beginning

## Second

1. determine which aspects of the current work are to be considered
2. then describe and measure the present performance,
3. then develop standards,
4. decide what needs to change ,
5. negotiate the changes ,
6. mobilize resources for changes to take place,
7. finally review and renew the process

## **Technical Terms**

It is important to understand certain technical terms that are used. Criteria and standards are two different terms. Criteria are defined as aspects of care we wish to examine. Standards are defined as explicit levels of success we wish to achieve.

Structure refers to the resources available to you and process means what you actually want to do. Outcomes measured are health benefits or cost effectiveness or patient satisfaction.

## **Practical steps and writing an audit report**

1. Choose a topic

The chosen topic must be worthwhile studying. Topics could include patients' concerns, risk issues, high volume or cost, new treatment or procedures or areas of improvement or areas where there is a wide variance in patient outcomes. The reason for choosing the topic and the potential benefit should be explained.

## 2. Set criteria and standards

Criteria measured should be definable and measurable. It is closely related to the audit topic and should be justified with evidence or clinical guidelines. Standards are set in agreement with the practice staff and will vary from practice to practice. It is based on professional judgement. A time scale to achieve these standards could also be set. Eg: 50% of newly registered asthmatic patients should have an asthma management plan in place within 4 months. Rising to 80% by 12 months.

### *Examples of criteria and standards*

Criterion : Patient waiting time before a consultation should not be more than 20 minutes

Standard: 75% of patients should not wait more than 20 minutes prior to consultation

Criterion : Blood pressure of hypertensive patients less than 60 years of age should be maintained below 140/90mmHg. (JNC 8)

Standard: 70% of blood pressure measurement of diagnosed hypertensive patients' <60 years should be less than 140/90mmHg.

## 3. Data collection

Proper planning is required. A data collection sheet needs to be prepared and data should be presented as shown below using simple descriptive statistics.

| Criterion   | No. of patients given appointments | Exceptions Walk-in/emergency patients | No. of patients seen within 20mins of allocated time | Standard % |
|---|------------------------------------|---------------------------------------|--|------------|
| Patient waiting time before a consultation should not be more than 20 minutes | 55                                 | 5                                     | 30/50 <b>60%</b>                                     | 75%        |

## 4. Discuss findings and make changes

An audit is essentially done to improve the quality of patient care and services. Therefore the changes that need to be implemented should be well described. These changes should be discussed and agreed upon by the practice team. Examples of changes include following a new protocol or guideline, introducing new health education programs or changing appointment systems or sending reminders to a group of patients requesting them to attend a review.

## 5. Re-audit

After a period of time once the changes have taken effect the audit cycle must be completed. Data collection should be done a second time and should be presented with the previous data. Briefly compare the two sets of data. If standards are not reached explain why this is so and explain what measures you would take to improve.

| Criterion   | No. of patients given appointments | Exceptions Walk-in/ emergency patients | No. of patients seen within 20mins of allocated time | Standard % |
|---|------------------------------------|--|--|------------|
| DATA 1<br>Patient waiting time before a consultation should not be more than 20 minutes | 55                                 | 5                                      | 30/50 <b>60%</b>                                     | 75%        |
| DATA 2<br>Patient waiting time before a consultation should not be more than 20 minutes | 64                                 | 4                                      | 48/60 <b>80%</b>                                     | 75%        |

## 6. Conclusion

The audit report should end with a brief summary. This should include what was achieved, the main learning points and the benefit to patients.



### **The audit report**

The report should include the following in this order

1. the background,
2. literature review,
3. criteria and standards,
4. methods and protocol,
5. results
6. recommendation for changes and
7. the recommendation for re audit
8. Complete the audit

### **Further reading and references**

- Smith R. Audit and Research. BMJ 1992; 305: 905 – 6.
- Clinical Audit How To Guides; University Hospitals Bristol  
<http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/>

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