Audit: how to do it in practice

Adapted (to provide a Primary Care perspective) from the excellent BMJ article by Andrea Benjamin - Audit: how to do it in practice 2008; 336.

GP Trainees and qualified GPs (as part of nMRCGP or GP re-validation) have to perform a number of audits. Audit is simply measuring practice against defined standards to establish the level of performance.

Key points

- Audit measures practice against performance
- The audit cycle involves five stages: preparing for audit; selecting criteria; measuring performance level; making improvements; sustaining improvements
- Choose audit topics based on high risk, high volume, or high cost problems, or on national clinical audits, national service frameworks, or guidelines from the National Institute for Health and Clinical Excellence
- Derive standards from good quality guidelines
- Use action plans to overcome the local barriers to change and identify those responsible for service improvement
- Repeat the audit to find out whether improvements in care have been implemented after the first audit

Unlike research (which asks the question, "what is the right thing to do?")", clinical audit asks, "are we doing the right thing in the right way?"

Clinical audit forms part of clinical governance, which aims to ensure that patients receive the best quality of care. Clinical governance is often defined as how NHS
organisations are accountable for continually improving the quality of their services and safeguarding high standards of care.

Audit can include assessment of:

- The structure of care—for example, resources such as the use of GPwSI clinics or complex chronic disease management services.
- The process of care—for example, waiting times in the Practice or availability of appointments.
- The outcome of care—for example, blood pressure reduction in response to therapy.

Audit should also be transparent. It should not be confrontational or judgmental—it is not an opportunity to name, shame, and blame.

**How can you conduct an audit so that it is a success rather than a failure?**

Ten tips

1. Choose something which interests you.
2. Try to reduce the question you wish to answer to a single sentence – this ensures you have achieved real clarity with regards to the aims of the audit.
3. Decide what you need to measure to assess performance and answer your question.
4. Identify a ‘gold standard’.
5. Decide how you are going to perform the audit and identify the resources (time, people, IT etc) required.
6. Define the time frame needed to complete the audit cycle – is it realistic?
7. Run a pilot and evaluate the results. Has your methodology delivered results which answer the original question?
8. Refine you methodology and share its aims, objectives and methods with all the MDT to ‘get them onboard’.
9. Run the audit as soon as possible – it must be finished before the end of your post!
10. Write it up and enter it into your e-portfolio and ensure the Practice embraces any changes to ensure continued improved performance.
The audit cycle and spiral

Clinical audit can be described as a cyclical or spiral systematic process, with the ultimate aim of improving care. The spiral suggests that as the process continues, each cycle aspires to a higher level of quality.

Stage 1: Preparing for the audit

*Identify problem and local resources for audit*

Selecting a topic for audit depends on the objectives of the audit and is likely to involve measuring adherence to healthcare processes that have been shown to produce best outcomes for patients. Consider also incorporating the views of all the multidisciplinary team (MDT) involved in patient care.

The clinical team has an important role in prioritising clinical topics. The following questions may help you select a topic:

- Is the topic a priority for the Practice? For example, have problems been encountered in any of the following areas?
  - High volume—such as requests for appointments, antibiotics, X-rays or blood tests by patients.
  - High risk to staff—such as needle stick injuries.
  - High risk to patients—such as certain treatment complications or side effects.
  - High cost—such as new non generic drugs.
• Have patients recommended topics? Patients’ priorities can differ markedly from those of clinicians. Practical approaches have been developed for involving patients in all stages of audit (including design), data collection, and implementing change.

• Is good evidence available to inform standards—for example, systematic reviews or national clinical guidelines?

*Locate relevant information*

• Where can you find clinical guidelines? From the National Institute for Health and Clinical Excellence (www.nice.org.uk); National Library for Health (www.library.nhs.uk); and Scottish Intercollegiate Guidelines Network (www.sign.ac.uk).

• Where can you find criteria for clinical audit? From clinical guidelines or local hospital guidelines.

• Where can you find information on service standards?

  - From national service frameworks, which are long term strategies determined by various stakeholders—such as health professionals, service users, and managers—to improve specific areas of care by setting measurable goals within set time frames (www.dh.gov.uk/en/Sitemap/DH_A-Z_AZSI).

  - From the National Centre for Health Outcomes Development (http://nchod.uche.ox.ac.uk)


• Which organisations have information about clinical audit? The royal colleges and other professional bodies. The Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians (www.rcplondon.ac.uk/college/ceeu/index.htm) work to promote clinical standards through audits, guidelines, and related activities to improve health care.
Stage 2: Selecting audit review criteria
You can use recommendations from clinical practice guidelines to develop criteria and standards. This could save you time and additional work.

Determine what you are trying to measure
Audit criteria are explicit statements defining an outcome to be measured. They should relate to important aspects of care and be derived from the best available evidence. Having explicit selection criteria will ensure that the data you collect are precise and that you collect only essential information.

Define ideal standards
For the criterion to be useful, you need to define the standard (the level of care to be achieved for any particular criterion, which is usually expressed as a percentage). Ensure that the standard you choose is realistic for your given environment.

Anderson, in his ABC of Audit, writes: "A minimum standard describes the lowest acceptable standard of performance. Minimum standards are often used to distinguish between acceptable and unacceptable practice. An ideal standard describes the care it should be possible to give under ideal conditions, with no constraints. Such a standard by definition cannot usually be attained. An optimum standard lies between the minimum and the ideal. Setting an optimum standard requires judgment, discussion and consensus with other members of the team. Optimum standards represent the standard of care most likely to be achieved under normal conditions of practice."

Stage 3: Measuring levels of performance
Collect data
You need to define the patients to be included and excluded in the audit, the audit review criteria, and the time period over which the criteria apply.

The data may be available in a computerised information system, but it may also be appropriate to collect data manually depending on the outcome being measured. In either case, you will need to consider what data you need to collect, where you will find the data, and who will collect the data.

Although clinical records are frequently used as the source of data, they are often incomplete. Collecting data from several sources—such as clinical records, blood results from patient administration systems, and imaging from picture archiving and communications systems—can help to overcome this problem.

Electronic information systems are useful not only for collecting data but also for improving access to research evidence, prompting change through record templates, and introducing revised systems of care.
**Compare performance with criteria**
This is the analysis stage.

- Compare the data collected with criteria and standards
- Conclude how well the standards were met
- If they were not met, identify reasons for this.

In theory, if the standard was not met in 100% of the standard that was set, there is potential for improving care. Remember, the standard set may have been 90%. In practice, if the results are close to 100% of the standard, you may decide that any further improvement will be difficult to achieve and that other standards, with results further away from 100%, are the priority targets for action. However, this decision also depends on the topic—in some life threatening situations, it will be important to achieve 100% of the standard.

**Stage 4: Making improvements**

*Implement change*

Data collection has no chance of making any impact unless you follow it up with the more difficult process of implementing changes.

Once you have presented and discussed the audit results with the rest of the team in the Practice, you must agree on recommendations for change. Use an action plan to record these recommendations, also indicating who has agreed to do what and by when.

Disseminating educational materials, such as guidelines, has little effect unless accompanied by selected implementation methods, such as tutorials, reviews, or reminders.

**Stage 5: Sustaining improvements**

This stage is critical to the successful outcome of an audit: it verifies whether the changes implemented have had an effect and determines whether further improvements are needed to achieve the standards identified in stage 2.

*Repeat the audit*

To complete the cycle, after an agreed period, the audit needs to be repeated.

You should use the same strategies for doing the audit to ensure the original audit is comparable. The repeat audit will hopefully show that changes have been implemented and improvements made.
Develop tools to sustain improvements

If these improvements are sustained, some form of monitoring should replace a full audit. The team should develop structures and systems that integrate, monitor, and sustain the improvements implemented as part of clinical audit. But if performance deteriorates, the full audit should be reactivated.

What are the challenges?

The main challenge is how to make your audit a success. Firstly, you need support. Hopefully your Practice will have a clinical audit lead; if not, ensure that your Trainer is on your side and enthusiastic, otherwise achieving success may be difficult.

Secondly, give yourself enough time—you should probably start thinking about choosing an audit topic one month into your attachment.

Thirdly, be realistic when setting the standards for your audit. Don’t choose a standard of 100% if you know that your Practice cannot possibly meet this ideal standard. Aim for an optimum rather than an ideal standard—discuss with the team what the optimum standard should be.

Finally, remember that audits are more likely to be effective when baseline adherence to recommended practice is low and feedback is delivered more intensively.