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Clinical audit 2: a guide for the foundation year doctor

Introduction

Part 1 of these articles introduced audit methods and the initial stages of clinical audit (Trivedi et al, 2009). This part looks at the further stages of the audit process and features of successful audits. Barriers to successful audits are also considered.

Stages of clinical audit

Clinical audit is divided into five stages (National Institute for Clinical Excellence, 2002):

- Preparing for an audit
- Selecting criteria
- Measuring performance
- Making improvements
- Sustaining improvement.

The first two of these were considered in part 1 (Trivedi et al, 2009), and the last three will be considered here.

Measuring performance

Data protection

Health service professionals must be aware of the ethical implications of audit and their responsibilities under the Data Protection Act 1998 when collecting and presenting data. The General Medical Council (2000) provides guidance consistent with the Data Protection Act 1998:

- When information is gathered directly from patients, the auditor must provide a detailed explanation before obtaining patient consent
- If information is obtained from the medical records, either the patient must consent to the identifiable data or the information made anonymous before it is used in the audit.

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Data collection

Data collection must be precise and only essential data collected; details about this should be established from the outset. It is tempting to collect more data than necessary, but only the minimum amount required by the objectives of the audit should be collected.

Staff must be aware of the range and reliability of the information that could be available on the computer system or patient notes. For instance, the clinical coding system can be unreliable for identifying the nature of care.

Specifying inclusion and exclusion criteria and clearly determining the sample size from the very start is crucial. There are various techniques for calculating sample size (Altman, 1991), or you may seek the help of a statistician.

Data abstraction

Data for an audit are usually collected retrospectively from records and entered either on a form or directly on the computer database which should clearly specify the data abstracted.

Data analysis

It is important to decide on the type of data analysis that is to be used before data collection starts. Sophisticated statistical packages are available that might help in calculating the statistical significance or making analytical charts. Help from a statistician is always very useful (Altman, 1991).

Making improvements

Factors that promote the success of clinical audit include (National Institute for Clinical Excellence, 2002):

- Addressing a range of issues important to the trust and individual clinicians
- A well-managed audit programme
- Structure and systems to support audit
- Supportive and conducive organizational environment
- Good leadership skills.

Key to the success of an audit lies in implementing change. In a large organization like the NHS, there might be several

restraining forces opposing driving forces which might resist change within the system. National policies or pressure from patient groups could be the driving force for bringing in change. Nevertheless, fear of increased workload, lack of resources and rigid structure within the organization could cause resistance to change (Rosenfield and Wilson, 1999).

To bring in successful organizational change, you need to convey individual change and subsequently group change. A culture of a positive attitude and a lack of fear to address and change poor performance needs to be created. Interprofessional respect and cooperation is imperative. Every individual health-care professional should be able to report concerns about the quality of care, and be able to suggest new ways of working that lead to improvements. Commitment and motivation can be a key to a successful quality improvement.

Sustaining improvement

Sustaining improvement is as important as improving performance for a successful audit. Strategic health authorities take responsibility for creating a structure to deal with critical incident reporting and system for dealing with poorly-performing practitioners. The Healthcare Commission (soon to be superseded) provides regular feedback on the implementation of clinical management strategies within the organizations.

Successful audit

The following features are associated with successful audit:

- Realistic aims and objectives
- An environment conducive to conducting audit
- Good leadership, facilitation and team working skills
- Ownership in terms of meaningful participation of staff in the quality improvement programme
- A balance between local involvement and regional standardization.

Barriers

The following features are barriers to successful audit:

- Low level of participation, failure to continue and complete the audit cycle
- Failure to provide a supportive environment
- Lack of protected time to investigate the audit topic, collect and analyse data
- Lack of training in audit methodology and evidence-based skills
- Lack of information about the cost and cost implications of audit.

Conclusions

Clinical audit includes examining performance and considering data protection issues. Any improvements made should be sustainable. Successful audit depends on good leadership and ownership within a conducive environment. Understanding the audit cycle is important. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.

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KEY POINTS

- Clinicians must be aware of data protection issues when carrying out audit.
- Successful audit is associated with strong leadership and ownership.
- Barriers to successful audit include low participation, poor training and failure to complete the audit cycle.