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ABC of Governance



*Towards informed and
transparent societies*

**Medical Research Institute
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Clinical Audit

Clinical audit is an important pillar in clinical governance. It is an effective way of improving the quality of clinical care through the comparison of current clinical practice with standard practice followed by practice change when deemed necessary. Clinical audit is a form of internal audit initiated by clinicians on their own practice. In doing so clinicians fulfill their responsibility towards improving their practice. Such an approach to practice improvement faces less resistance as it is internally initiated. To ensure minimum resistance, all stakeholders should be involved in planning, implementing, analysis and changing practice. Stakeholders includes

clinicians, patients and their families, referrals, non-clinical staff, and relevant authorities. Involving patients in the different phases of clinical audit ensures patient engagement, satisfaction, and direction towards patient needs. Clinical audit is also an essential component of continuous professional development through which clinicians identify limitations in their performance and work towards improving them. Engaging in clinical audit activities has become a constant component during practice appraisal for revalidation. Clinical audit in comparison to other methods of quality improvement is simple and much easier to apply.

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AIMS AT

creating an awareness of issues related to health governance

providing a core of knowledge that is practice-based

encouraging communication between advocates of governance

Good Clinical Audits

To be successful clinical audits should entail certain qualities that ensure maximum engagement of stakeholders and effective practice change. These qualities should cover the various phases of clinical audit from planning and measurement to practice change and sustainment. To start the clinical audit, a topic seen as a priority by all those involved should be selected. Sometimes, priority areas are decided by higher authorities based on emerging problems. All clinical audits should measure clinical practice and compare it to standards that are agreed upon among the relevant stakeholders. Standards that are evidence-based are ideal and should be used whenever available. Clinical audits should be performed by multidisciplinary teams led by

clinicians. Clinical audits need support to succeed and such support should be available from both governance in concept and management in approvals. During clinical audits clinicians will need technical support from non-clinical staff competent in audit form design, data collection, analysis and presentation. To ensure alignment of clinical audit to patient needs and preferences much emphasis, nowadays, is put on patient involvement. This involvement can take many forms ranging from informing or consulting up to full collaboration in planning and decision making. Clinical audits require rigorous methodology to ensure valid results that can be acted upon. Important is to ensure that the data collected is directly related

to the standards being evaluated, otherwise, a lot of effort will be wasted. Once data is collected, revised and analyzed it should be presented to the relevant stakeholders in a format that is simple and clear. Every effort should be done to explain that the data obtained will only be used to improve practice and nothing else especially that of a punitive nature. A detailed improvement plan should be then developed after appropriate discussion among stakeholders aimed at improving performance. These attempts should be repeated till a satisfactory level of performance is achieved. To ensure sustainment of change a re-audit is advisable and is considered a feature of good clinical audits.

Reading Material

• Guides

Principles of best practices in clinical audit. NICE. NHS. 2002.

New principles of best practice in clinical audit. HQIP. 2011.

A practical handbook for clinical audit. Clinical Governance support Team. NHS. 2005.

A practical guide to clinical audit. Quality and Patient Safety Directorate. Ireland. 2013.

What is clinical audit?
University Hospitals
Bristol.NHS. 2009.

• Journals

The Online Journal of Clinical Audits. www.clinicalaudits.com

• Web Sites

Clinical Audit Support Centre.
www.clinicalauditsupport.com

Clinical Audit. Bristol.
www.uhbristol.nhs.uk

Healthcare Quality
Improvement Partnership.
www.hqip.org.uk

Flying Start. NHS. Scotland.
www.flyingstart.scot.nhs.uk



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Contributions are welcomed
and will be published

Clinical Audit Cycle

Topic Selection

The initial step in the clinical audit cycle is selecting an appropriate topic to audit. This can be either in response to a significant event, or as part of a wider audit, or self selected. In the latter, the following prioritization criteria can be used: risk, frequency, cost, patient involvement, widespread concern, interface audits, and re-audits

Literature Review

Before embarking on the audit it is important to review the literature to acquaint with previous similar audits and identify the evidence-based standards that are relevant to the selected topic.

Setting objectives and standards

Objectives define the topic aspect that will be audited such as timelines, effectiveness, appropriateness, etc. Once defined, standard criteria and targets are set guided by the identified evidence from literature review and local practice capacity, respectively.

Design audit

This entails defining data to be collected and its operational definition, methods to be used for its collection (documents, observations, interviews), forms to be used, sample size, and sampling method.

Collect data

Data has to be collected by staff skilled in document review, practice observation, interview techniques and aware of the operational definitions of the data to be collected including exceptions. Problems with data collection should be promptly discussed and solved to ensure consistency.

Analyze Data

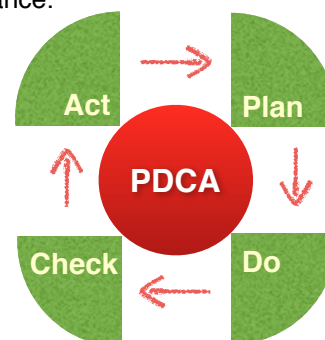
Collected data is analyzed to show extent of compliance with standards. In doing so, differentiation should be made between explicit and implicit compliance. Explicit: proportion of situations fulfilling audit criterion. Implicit: proportion of situations fulfilling audit criterion in addition to clinically justified situations of non-compliance.

Feedback

Audit results are communicated and shared by all stakeholders in accordance with principles of good governance including patients and wider community.

Practice change

Audits are performed to improve practice, therefore, once results are declared and shared a strategy for improvement is discussed and an action plan defined. Practice improvement is usually achieved after several cycles of PDCA. Once achieved, efforts should be targeted towards its maintenance.



Review standards

Once the desired improved level has been achieved and maintained, the relevant standards should be revised and adjusted accordingly in preparation for a re-audit as a strategy for continuous practice improvement.

Re-audit

With the new standards defined a new audit cycle is initiated.