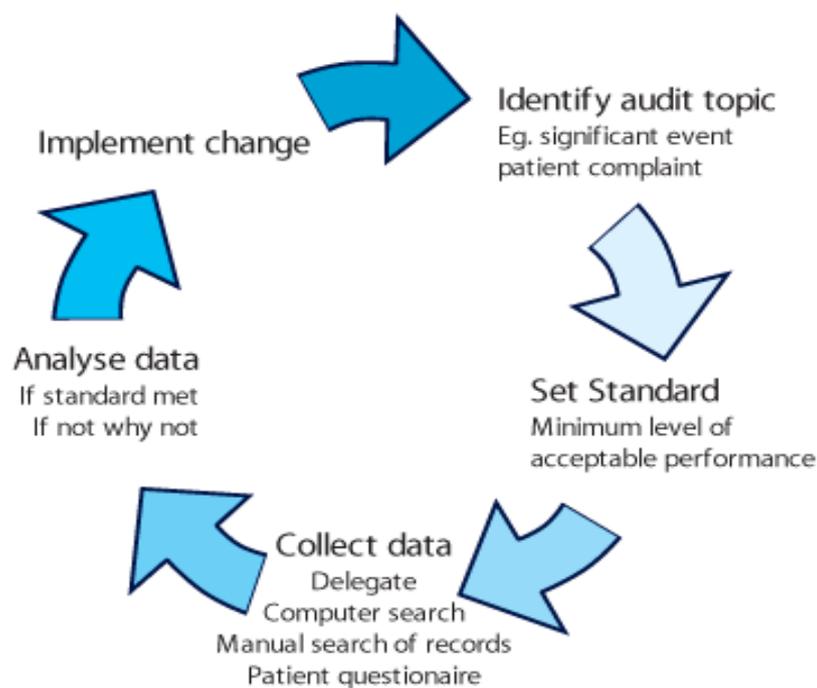


How to do a Clinical Audit Successfully



Contents

What is clinical audit?
Why should I take part in Clinical Audit?
Choosing Your Project
Data Collection
Define Population
Sample Size
Choosing Your Sample Population
Questionnaire Design
Analysing the Data
Preparing the Results
Sources of Information
Acknowledgements

Clinical Audit – What is it?

What is clinical audit all about is it really all about sitting in front of spreadsheets poring over endless statistics?

Is it relevant to your practice?

Let's start with a definition of Clinical Audit;

'Audit is a simple and practical tool. It is not principally about data collection but about measuring current practice so as to understand where and how improvements can be made.' 2

Why should I take part in Clinical Audit?

Clinical audit is a good way to reflect on practice and initiate change, when change is identified for streamlining treatment and /or reducing care variation and cost.

Audit can benefit teams by bringing every ones practice together and ensuring a consistent service for the patient against agreed standards. There is an endless bag of topics suitable for Clinical audit they usually fall into one of three types:-

- Structure- The availability and organisation of resources and personnel
- Process – What is done with the service's resources?
- Outcome – The effect the activities have on the service.

Choosing your project

Headings to consider when choosing your project:

- Topic – Name your audit.
- Is it an issue?
- A priority?
- Data availability?
- Time frame?
- Amenable to change?
- Is it Clinical audit, Research or evaluation?

There are six key stages to audit cycle.

1. Problem or objective identified what, why, how, and who.
2. Criteria agreed and standards set Refine and decide what to assess. Decide the standards to assess against.
3. Collect Data use agreed methods.
4. Identify areas for improvement compare the results against standards.
5. Make necessary changes Action improvements in care
6. Re-audit. Repeat steps 1-5 to achieve and sustain improvements.

Remember to allow enough time for the audit to be done successfully. Some audits are quick and simple and can take a couple of hours; some may take a year to complete.

Data Collection

There are two types of data that can be collected:-

- Quantitative Data – this is numerical, e.g. numbers of patients receiving a particular clinical intervention.
- Qualitative Data – comments and opinions, asking staff and patients about aspects of care relevant to the Audit.

Define population

What group of people are you going to audit? You need to take into account the low response rates and how many questionnaires you may need to send out to get meaningful results.

Sample size

The more robust a sample the more assurance and confidence you can have in the results.

Choosing your sample population

It is important to collect enough Data to be confident in the results.

A good resource is the sample size calculator at <http://www.raosoft.com/samplesize.html>

This includes a Margin of error (set at 5%) and a confidence (set at 90%). It is easy to enter the population size (i.e. case load or patient set size), leave the response distribution at 50% and it will calculate the sample size.

Questionnaire Design

Designing a questionnaire is a lengthy process, there is not point spending time collecting data if that data is not relevant or cannot be used.

Consideration needs to be given to the wording, layout, choice fields and specific questions. Consider how you will collate answers from free text.

Take advice from peers, language groups and colleagues check specific websites such as HQIP and NICE Audits to see if there have been any similar Audits done, from which you could use the questionnaire.

Complete a small pilot first, this will help ensure the main data is relevant and easy to compile.

Ethics Committee

Clinical Audit does not need to go through the ethics committee but ensure that no patient identifiable data is used on the forms.

Analysing the Data

The planning is all over, the questionnaires are completed; now the Data has to be analysed.

This doesn't have to be highly complicated. But you do need a concise way of collating the data; the easiest way is to transfer it onto a spread sheet, that way the calculations will be done for you.

Nearly always it is a case of changing the Data into percentages.

Preparing the results

- Consideration needs to be given to the following questions. What are your objectives?
- What are you trying to achieve?
- What do you want to get out of this presentation?
- Are there any important decisions that you want the audience to have made by the end of the presentation?
- Who is your target audience?

Answering these questions first will help you write a report that is targeted towards the right audience and help guide the audience to the same conclusion.

Create an **action plan** showing Specific, Measurable, achievable and timely actions allocating responsibility to designated persons.

Reporting your results

The main headings for the report should include:

- Introduction or Background
- Aims and objectives
- Criteria and standards
- Method
- Results
- Conclusions and recommendations (include action plan)
- References
- Appendix

Further sources of information

Healthcare Quality Improvement Partnership (HQIP) WWW.hqip.org.uk

National Clinical Audit Forum (NCAF)

Link through the HQIP website WWW.hqip.org.uk

Acknowledgements

The Author would like to thank the *Clinical Audit Team at Nottingham City* for the use of their Clinical Audit Portfolio in the development of this booklet.

Members of East Midlands Clinical Audit Support Network (CASnet), for their input.