

A PRACTICAL GUIDE TO AUDIT IN PRIMARY CARE

Audit is best not thought of as a bolt on extra, but should be incorporated with all health promotion activities. After all if a health promotion activity is taking your time and resources, surely it's not too outrageous to see if all your efforts are worthwhile or in vain, or whether in fact they can be altered or re-directed to gain improvement.

Wouldn't it be ridiculous to run an obesity clinic, referring clients to the dietician, seeing people week after week, using the valuable time of receptionist, nurse, dietician and then client, and not to see if clients did successfully lose weight. The Banding of health promotion activity in primary care requires the collection of information about the smoking status for a percentage of a practice population. This recording of information involves the Reception Staff, Practice Nurses, GPs, Community Midwife and Health Visitors time. To fulfil further requirements for Banding, the primary health care team agree upon suitable populations to target the message of non-smoking. Precious time and resources are used on a stop-smoking campaign. To demonstrate whether their efforts to reduce smoking have been successful, or whether they could be altered to enhance performance would seem sensible.

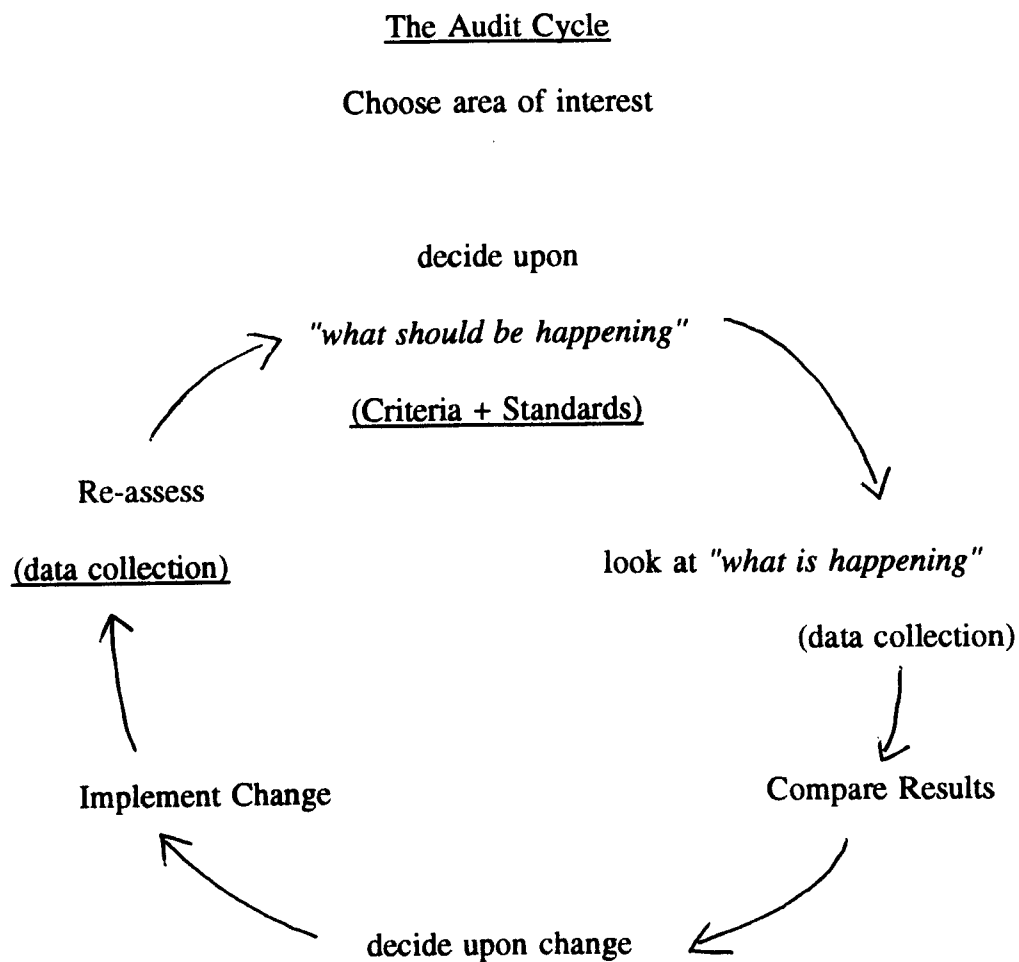
It would be like baking a cake and never opening the oven door to see the finished product.

A method frequently used in health promotion for looking at the effectiveness of your efforts is audit. A very clear description of audit is

"Looking at What You Are doing and seeing if you can do it Better"

the words which stand out are You, and You, Audit is not for you to see if someone else can do better, or visa versa. Audit is simply a technique for all those involved in a health promotion activity to examine whether the objectives are being reached or whether change is required.

Audit is usually depicted in a cycle.



This Audit cycle is not only simple, but it reinforces the fact that audit is best viewed as an on-going process, perhaps a spiral is even more appropriate than a cycle.

Practical Stages of an Audit

The logical stages, set out in the audit cycle are used to describe the practicalities of undertaking a multi-professional audit of Health Promotion activity in primary care. The stages are listed as an aid memoir, then more detailed discussion follows.

Stages of Audit

- Choose Area of Interest

- *"What should be happening"*
All involved specify criteria and standards

- *"What is happening"*
Data Collection

- Comparison of results with pre-set standards

- Decisions taken by all involved about the changes to be made.

- Make changes

- Data collection to see if the changes have moved *"What is happening"* towards *"What should be happening"*.

Choosing Area of Interest or Concern

What do you audit? the possibilities are phenomenal. There are, however, some key points which help to focus upon specific areas of health promotion undertaken in primary care.

1. High Volume/High Risk - an area of health promotion involving many clients or an area which is potentially life threatening.
2. High Cost - an area of health promotion which is expensive financially, due to time or physical resources allocated to it
3. Interest or concern - enthusiasm for, or a problem with, a particular health promotion activity.
4. Contractual Obligation - in primary care, audit is part of the banding and chronic disease management requirements.

There are many audits which can be undertaken for any area of health promotion, it just depends what you want to know.

Example 1 obesity clinic - some of the possible areas for audit

1. Are clients satisfied with the time they wait for appointment
the information given
access to the dietician

Do clients lose weight

Does the practice nurse have the correct knowledge and literature available to her.

Are the weighing scales used calibrated and reliable

Example 2 Smoking cessation-some of the possible areas for audit

The percentage of clients with their smoking status recorded in the last 12 months.

The percentage of smokers offered smoking cessation advice.

The percentage who attend stop smoking clinics.

The percentage who stop smoking.

Client satisfaction with stop smoking advice given.

Choose an area of health promotion activity which is amenable to change. Remember audit involves change not just data collection.

WHAT SHOULD BE HAPPENING

(Criteria & Standards)

Everyone involved in the health promotion activity (planned or present) should be included in a meeting to decide "*What Should Be Happening*".

- At this meeting designate one person to be in charge! this will avoid the whole audit being forgotten
- choose the definable measurable items which indicate success, these are the **criteria**
- Decide upon the **standard** to be reached for each criterion (percentage of times you look for each criterion you wish to find it)
- Decide the details for the data collection stage of audit who, how, where and when.
- write down all these facts, criteria standards and the who, how, where and when of data collection.
- set a date for a future meeting, to compare results against the standards set, and decide upon changes in health promotion activity to be made.

Example 1 Obesity Clinic

The dietician GP practice nurse and receptionist cancel one obesity clinic and have a meeting to decide "what should be happening" with the obesity clinic and agree on the criteria and standards shown below

CRITERIA	STANDARD	STRUCTURE PROCESS OUTCOME
Clients loose 1kg or more within three visits to the practice nurse	30%	Outcome
Dietician receives all information required to accept referral of clients, and send appointments.	100%	Process
Newly referred clients to be seen by dietician within four weeks of being referred.	90%	Process
Clients seen by dietician to loose 1kg or more within two visits.	35%	Outcome

Remember don't set your standards too high, be realistic, you are dealing with 'people' not predictable 'robots'.

Example 2

Smoking Cessation

At the primary Health Care Team meeting the GPs, PN, DM, HV and Receptionist allow time to discuss audit of the smoking cessation policy. The difficulties involved are discussed at length, but eventually they agree upon "*what should be happening*" and specify their criteria and standards.

<u>CRITERIA</u>	<u>STANDARD</u>	
Recording in last 12/12 of smoking status for female 15-25 years.	75%	Process
Smoking cessation advice given to pregnant females who are recorded as current smokers.	95%	Process

These two examples highlight an area of audit to which the terms structure, process and outcome have become associated. Health Promotion activity like health care in general can be divided into three

- portions Structure
- Process
- Outcome

This is an artificial academic division, but it can break a large subject into manageable parts

Structure

The people, items, systems which you have available to undertake the health promotion activity (what there is)

Example 1 Obesity Clinic

Time allocation of nurse receptionist dietician.

Weighing scales, tape measure, booklets, appointment system, room.

Knowledge of obesity by staff and much more.

Example 2 Smoking Cessation

D.M. P/N GP receptionist time

Recording system

Leaflets

Smoke analyser

Posters

Appointment system

Process - the activities performed using the structures provided (what is done)

Example 1 Obesity Clinic Booking of appointments
Weighing of clients
Discussion of diet (by P/N + Dietician)
Recording of information
Referral of clients
Discharge of clients

Example 2 Smoking Cessation Recording smoking status
Giving stop smoking leaflets
Giving verbal stop smoking advice
Recording of advice given
Using and recording of smoke analyser results

Outcome - the result of using the structures provided and undertaking processes (what happens).

Example 1 Obesity Clinic
Weight loss or gain
Understanding of healthy diet
Satisfaction/dissatisfaction of client

Example 2 Smoking Cessation
No change in smoking habits
Stopping smoking
Reducing smoking
Understanding of associated health problems of smoking
Satisfaction/Dissatisfaction of client

This division, though it is academic, gives a sensible order to view health promotion. After all if you do not have the equipment (structure) to run an obesity clinic, there is little point auditing whether people are attending regularly. If the collecting and recording of information about smoking status is not happening (process), what is the point of auditing how many smoking pregnant women have ceased smoking? (outcome), the information will not be there to audit.

WHAT IS HAPPENING

(Data Collection)

This is often the paperwork part of audit a necessary evil, please note that this is only one part of the whole audit cycle, not the only part. Data collection on its own is simply that, data collection, audit involves much more.

Having decided your criteria and standards, you now collect the information to enable you to compare "what should be happening" with "what is happening" this information can come from several sources.

Client questionnaires, interviews, surveys.

Client Records records presently maintained by staff involved with health promotion eg. medical records.

Routine Data information maintained on a day to day basis eg. appointment book.

Observation Simply watching and recording eg. how many people stop and read a health promotion display.

Activity Analysis Recording the frequency of events occurring eg. how often receive 'phone calls for health promotion advice.

External Data Information sent from other agencies eg. immunisation computer printouts.

Significant Event If something very good/bad occurs.

Eg. someone gives up smoking, you may look in detail at one specific case to learn from it for the future.

Peer Review When a person of equal status eg. one dietician visiting another dietician, to assess their record keeping and give positive critical feedback.

If information you require is already appropriately recorded, you may collect it (retrospectively) looking at previous health promotion eg attendance or non-attendance at a clinic. If information required is not presently recorded you may have to commence collecting it (Prospectively) eg satisfaction of clients with information about alcohol consumption and healthy limits.

Example 1 Obesity Clinic

Will use client records of both nurse and dietician, appointment system of dietician, and referral letters to the dietician from the practice nurse. This is all presently recorded information so this can be a retrospective audit.

Example 2 Smoking Cessation

Will use client health records paper/computer and midwives client records.

This information is presently recorded, so this audit will also be retrospective.

HOW MUCH INFORMATION IS REQUIRED

Collect sufficient information upon which the group of professionals involved in the audit are prepared to base change upon. If looking at attendance levels for Look After Yourself courses, taking one weeks attendance levels, then, based upon this, changing the time and day of the class would seem ridiculous. Looking retrospectively at attendance over the last two complete courses would give you enough information on which to base change.

- * Remember this is audit not research you will not change the world, simply health promotion activity in one primary care setting.

Methods of Sampling

- % of population - To collect information of a portion of a large population eg. 50% of males aged 40-60 years.
- Time period - To collect information for a given length of time eg. conduct an activity analysis for the next week.
- Take X Numbers of - To collect information take a specified number of cases eg. the next 50 people to stop at a health promotion display.
- One off - This is usually a significant event analysis.
- All of Population - Looking at every case with the specified characteristic eg. all children under 5.

RECORDING DATA COLLECTED

The key message when collecting data is to "keep it short and simple". Only collect the information you will require to make changes, beware of the phrase "wouldn't it be interesting to know!" if no changes can be, or will be made as a result of the information do not collect it.

There are several ways to collect data for audit.

Questionnaires

These are not as easy as may first be thought. When ever possible use questions which have alternatives to choose (closed questions) and not blank space for comment (open questions) the open style questions are for detailed enquiry and require detailed interpretation.

Closed Questions You have attended the first Look After Yourself session was this of interest to you?

Yes

No

Do you wish to attend the remaining L.A.Y. course sessions

Yes

No

Open Question

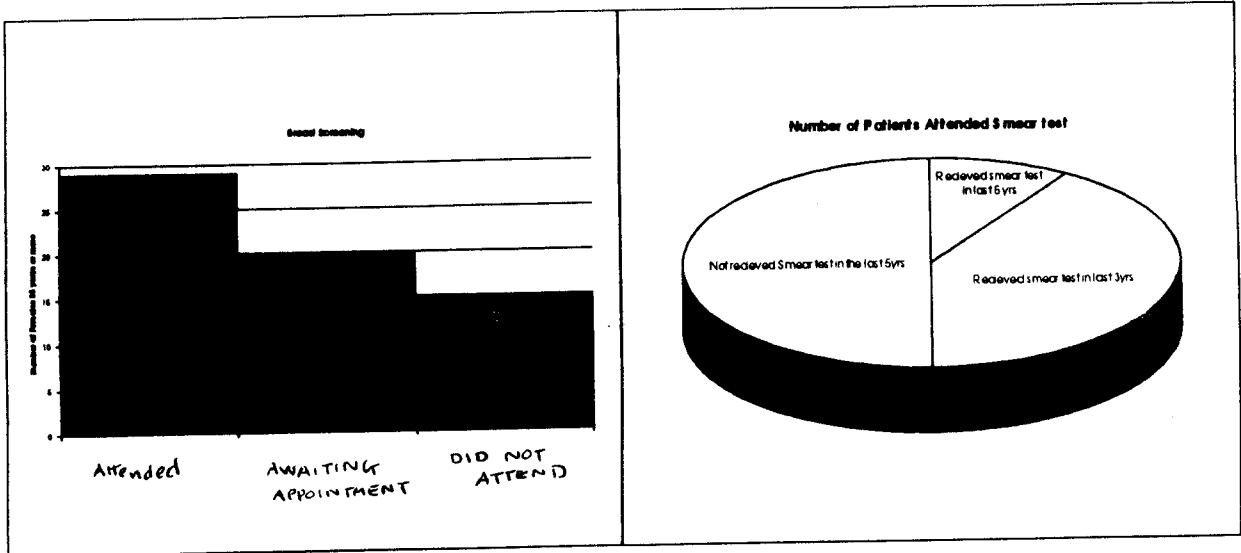
What did you think about this first session of the L.A.Y. course?

Example 2 Smoking Cessation Take 50% of females aged 15 - 25 years, look in their medical records paper/computer, and tick appropriate columns.

Name	Age	Recorded or not	Non Smoker	Ex Smoker	Smoker
Smith	18				
Jones	15				
Winter	21				
Rose	22				

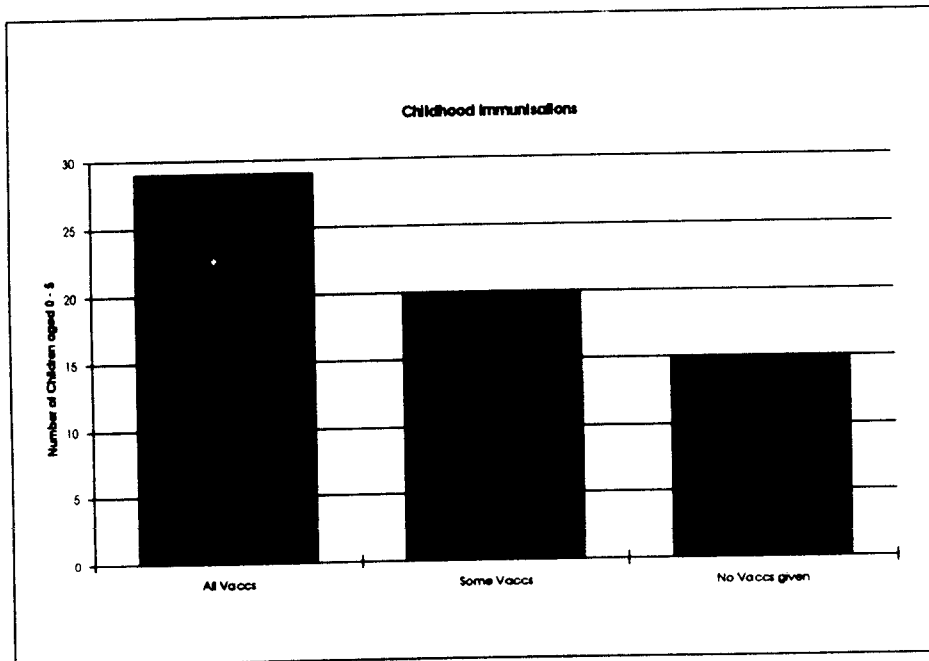
All pregnancies during the past year, look in their medical records paper/computer and tick appropriate columns.

Name	Age	Record of Smoking Status	Non Smoker	Smoker	Record of advice to stop-smoking given
Smith	25				
Singh	18				
Jones	33				
Bloggs	40				
Bibi	21				
Brown	19				



Histogram (Example)

Pie Chart (Example)



Bar Chart (Example)

Compare Results

Before you can compare results, you must calculate them from the information collected, usually a frequency count expressed as a percentage is sufficient. Diagrams can make the information more visually attractive + easier to interpret.

Example 1 Obesity Clinic

CRITERIA	STANDARD SET	STANDARD ACHIEVED
Clients loose 1kg or more within three visits to the practice nurse	30%	15%
Dietician receives all information required to accept referral of clients, and send appointments.	100%	90%
Newly referred clients to be seen by dietician within four weeks of being referred.	90%	70%
Clients seen by dietician to loose 1kg or more within two visits.	35%	20%

Example 2 Smoking Cessation

Criteria	Standard	Achieved Standard
Recording in last 12/12 of smoking status for female 15-25 years.	75%	26%
Smoking cessation advice given to pregnant females who are recorded as current smokers.	95%	82%

Decide Upon Change

Present the results back to the group involved in the audit of the health promotion. This presentation should clearly demonstrate if there is any need for change. Discussion within the group of the possibilities for change, ensure each member has an opportunity to speak. Remember, people are unlikely to change if they do not feel part of the decision making process. After all, audit is looking at what you are doing to see if you can do it better, not a top down management activity.

*Small changes are better than no change at all.

When the appropriate change(s) are agreed commit them to paper, not only that write them down!

Who ?

What ?

Where ?

When ?

Decide on a date for re-assessment. Not all changes are the most appropriate, but by reassessing it will be apparent if the changes decided upon by the group have been successful, and you can head off around the audit cycle again.

Example 1 Obesity Clinic

Problem

The dietician cannot see enough people to ensure first appointments within four weeks of referral.

The Practice Nurse doesn't always complete referral letters, as the medical notes are not available and she writes the letter after the clinic when the client has gone.

Some clients attend the practice nurse regularly but loose no weight.

who

what

where

when

who

what

where

when

who

what

when

Change

The dietician discharge clients after one year if they are not loosing weight.

She will discharge them at their next appointment.

From today onwards.

The practice nurse will complete the information for referral with the client present, when the decision is made to refer to the dietician in the P/N run obesity clinic.

From today onwards.

The practice nurse.

The clients will be discharged with the option to return at a later date

if they attend six times with no weight loss.

Implement Change

If everyone involved understands and receives a written copy of the

Who

What

Where

When for changes

the person identified as responsible for the audit reminds people involved and organises any structural changes necessary.

and **Go for It!**

Example 2 Smoking Cessation

Females who are 15 - 25 and are not attending for family planning or who are not pregnant are unlikely to have their smoking status recorded.

who

what

where

when

Some young pregnant women who smoke are not being advised to stop smoking as the midwife fears jeopardizing her relationship with them.

who

where

what

when

Receptionists

will be alert to females of this age group and rubber stamp a smoking status request into the continuation card and/or a computer prompt

in the reception area

for the primary health care team member to complete opportunistically.

The General Practitioner

at the first booking visit

will include advice on not smoking as standard, in addition to advice given by the district midwife

from now onwards.

Example 2 Smoking Cessation

<u>CRITERIA</u>	<u>STANDARD</u>	<u>STANDARD ACHIEVED</u>	<u>NEW STANDARD</u>
Recording in last 12/12 of smoking status for female 15-25 years.	75%	26%	44%
Smoking cessation advice given to pregnant females who are recorded as current smokers.	95%	82%	98%

Re-assess

This is usually a repeat of the initial data collection, sometimes a scaled down version or looking specifically at a population identified from the original data collection as the focus for change. The new standards will indicate if the changes made were successful and to be continued, or if further changes are necessary.

Example 1

Obesity Clinic

CRITERIA	STANDARD SET	STANDARD ACHIEVED	NEW STANDARD
Clients loose 1kg or more within three visits to the practice nurse	30%	15%	20%
Dietician receives all information required to accept referral of clients, and send appointments.	100%	90%	98%
Newly referred clients to be seen by dietician within four weeks of being referred.	90%	70%	82%
Clients seen by dietician to loose 1kg or more within two visits.	35%	20%	22%