How To: Set an Audit Aim, Objectives & Standards

INTRODUCTION

This 'How To' guide provides information on how to set an audit aim, objectives and standards. If you require any help locating the relevant literature/ evidence-base for your standards, your divisional Clinical Audit Facilitator may be able to help.

AIM

To define the aim of your clinical audit project consider what it is that you hope to achieve, i.e. the overall purpose of the project. It should be related to the rationale behind your choice of audit topic and should not merely be to 'count the number of' or 'examine', but should focus your audit towards achieving improvements in practice where necessary.

The aim can be written as a statement about what you want to happen as a result of the audit. Statements should be phrased positively, to ensure that the audit brings about improvements in practice. For example, 'To improve the care received by patients who develop leg ulcers.'

The aim can also be phrased as a question that you want your audit to answer. For example, 'Are we meeting standards of best practice for the management of leg ulcers?'

OBJECTIVES

Your aim provides a broad structure for your clinical audit project. This may need to be broken down into a series of smaller objectives. Objectives are the steps that need to be taken in order to assess whether or not you have achieved your aim. Your objectives can be written as either specific tasks to be undertaken or as the different aspects of quality that your project will address.

A simple and illuminating question that you could ask your team when designing your project is: "What do we think that we ought to be doing?" The answers to this question should be based upon the best available evidence.

More technical forms of this question are outlined below.

ASPECTS OF QUALITY
The majority of clinical audit projects focus on:

- Appropriateness – e.g. Is the right treatment being provided to the right patient? It is generally easier to assess whether the patients that received the treatment were appropriate rather than whether all the appropriate patients received the treatment.
- Timeliness – e.g. Was the treatment given at the right time? Other examples include the medical review of a deteriorating patient within 15 minutes, an appointment for fast-track cancer referral within 14 days, referral to treatment within 18 weeks, or arrival to bed allocation in A&E within 4 hours.
- Effectiveness – Was the treatment given in the right way? With the desired effect?

Other aspects of quality that do not tend to be assessed through clinical audit are:

- Efficiency – Was the treatment given with minimum effort, expense, waste? Efficiency issues are best resolved through service /quality improvement work. Service improvement aims to improve processes and systems of care, through process mapping and redesign, in order to make them more efficient.
- Acceptability - Is the treatment acceptable to the patient? Acceptability is usually a focus of research or patient involvement activity, rather than clinical audit.
- Accessibility - Ease of getting care.
- Equity - Is the treatment available to all patients on an impartial basis? Accessibility and equity issues are best dealt with by management addressing problems with the structural aspects of care.

EXAMPLE 1 How to Write: Clinical audit topic, aim and objectives

Topic: Leg ulcers

Aim: To improve the care received by patients with leg ulcers

Objectives:
1. To ensure that leg ulcers are treated appropriately
2. To ensure timely treatment of leg ulcers

Patient care cannot be measured against the objectives contained in the example above, as they do not specify what 'appropriate' treatment is or what 'timely' treatment would consist of. This is where audit standards come in; they define exactly how these aspects of care will be measured.

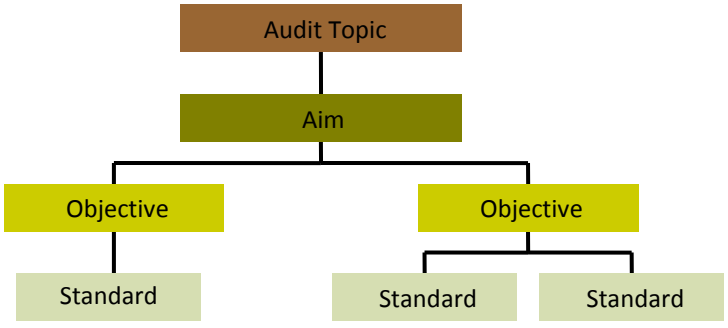
AUDIT STANDARDS

Clinical audit is by definition standards-based (sometimes referred to as 'criterion-based'). Standards are more specific than objectives. They are quantifiable statements detailing the specific aspects of patient care and/or management that you intend to measure current practice against. They seek to ensure that the best possible care is provided, given available resources, and they are based upon the best available evidence.

"A standard is an explicit statement describing the quality of care to be achieved, which is definable and measurable"

Using standards to define precisely the care that we are seeking to provide means that we can:
- Accurately inform anyone who might want to use our service, what service it is that we are offering.
- Identify the things we need to enable us to provide our service.
- Monitor and improve our performance.

Your standards should be related to your audit topic and objectives, as per the framework below.



DEVELOPING AUDIT STANDARDS

If standards are available in the form of guidelines or protocols, you should base your audit on the most widely applicable guidelines available, e.g. national rather than regional or local guidelines. However, it is important to bear in mind that guidelines are only as good as the evidence they are based upon. Even some national guideline statements are only 'good practice', without any research evidence-base.

If guidelines/protocols do not exist, or existing ones are out of date, you will need to undertake a literature search to identify best practice. Assistance with this can be provided by the Trust's Library and Information Service. Their contact details are listed at the end of this guide.

It is important that there is agreement with your standards locally before you start. You will find it hard to improve practice if there is disagreement as to what constitutes best practice.

Standards should always be based on the strongest, most up-to-date evidence of what constitutes best practice. A generally accepted hierarchy for strength of evidence is:

Stronger (best)

Systematic Reviews of RCTs (*randomised controlled trial – eliminates/reduces bias to give most reliable evidence)*

Results of single RCTs

Results of well-conducted non-RCT clinical studies

Expert committee reports; clinical experience of respected authorities

Personal experience and opinion

Weaker

WRITING AUDIT STANDARDS

S pecific

M easurable

A greed

R elevant

T heoretically sound

Standards should be SMART.

Specific - Clear, unambiguous and jargon-free. A standard should mean only one thing to all people who read it.

Measurable – Is the information required to answer your standard available? For example, "information leaflet should be given to patients". If data is collected retrospectively, how will you know if it's a failure of practice or a failure of documentation?

Agreed - By all concerned with delivering that aspect of care.

Relevant - To area of care being audited / concern that has been raised.

Theoretically sound - Based on evidence about best practice, reviewed and updated as new evidence becomes available.

Once the evidence-base has been identified and what represents best practice in this area has been agreed, you need to define the standards that you will measure current practice against. Even if you are basing your audit on a national guideline, you may need to do some work to make the guideline recommendations into SMART standards.

At UHBristol we recommend that standards are written as per the model below.

EXAMPLE 2 How to write: An audit standard

The standard relates to the first objective of the Leg Ulcer project example on page 2: 'To ensure that leg ulcers are treated appropriately'.

Audit Criteria	Target	Exceptions	Source of Evidence
Venous leg ulcers will be treated with graduated multi-layer high compression bandaging	100%	ABPI <0.8 (ankle: brachial pressure index)	UHBristol Policy – Clinical guidance on the management of leg ulcers (2008)

Taking each aspect of this model in turn:

Audit Criteria - The audit criteria quantify the practice outlined in the objectives, describing in a measurable way what care should be delivered. The audit criteria should be derived from the evidence-base described in the fourth column (Source of Evidence). In the UHBristol audit proposal paperwork, we also ask you to assess the strength of the evidence-base. The stronger the evidence-base, the more likely it is that staff will agree with your audit standards and therefore they will be more likely to commit to making changes if your audit shows the standards are not currently being met.

Target - When writing audit standards, it is normal to set the target at 100%, i.e. the standard statement is something you will always do; the theory being that, if this is best practice, everyone is entitled to receive it. Reasons for setting the target at a figure lower than 100% may be:

- Setting target at 0% if referring to something you will never do.
- When comparing outcomes against published evidence (e.g. a national benchmark that 92% of patients achieve post-operative visual acuity of 6/12 or better following cataract surgery)

Exceptions - The exceptions are the justifiable reasons for not providing the level of care specified. For example, it is not a failure in our provision of care if a patient chooses not to accept care. A common exception is patient choice; for example, if a patient was not seen within a standard of 4 weeks from referral because they were away on holiday.

Consensus on the list of exceptions should be achieved before the start of an audit. Be careful that an exception is not a failure in care in disguise! For example, 'patient choice' may mask the fact that the patient was not given sufficient information about risks and benefits to confidently agree to treatment.

HOW ARE THESE STANDARDS USED TO MEASURE CARE?

At the end of your data collection and analysis you will have three groups of patients:

i) Those who conformed to the standards.
ii) Those who did not conform to the standards but met the exception criteria.
iii) Those who neither conformed to the standards nor met the exception criteria.

As a result of your data collection you might discover that there are other valid reasons for not meeting the standard, which you had not previously considered as exceptions. It is therefore important for the audit team to scrutinise the cases in the third category in order to decide whether the reasons for them not meeting the audit criteria are acceptable or whether they represent failures in care that can and should be rectified.

EXAMPLE 3 How to write: Clinical audit topic, aim, objectives and standards

Specialty area: Cardiac

Topic: Screening Post Myocardial Infarct Patients for ICD/CRT-D Implant

Aim:

- To assess compliance with local guidance on referral of post-Myocardial Infarct (MI) patients for further investigation.

Objectives:

- To check that all STEMI/NSTEMI & TNI +ve patients are followed up post discharge.
- To check these patients receive an echocardiogram at least 4 weeks post event.

Standards:

Criteria	Target	Exceptions	Source & Strength of Evidence
All patients with a discharge diagnosis of STEMi, NSTEMi or ACS +ve Troponin, receive a follow-up appointment 4-6 weeks post discharge	100%	Deceased/DNA	Local Policy
Echocardiogram should be performed or booked when patient attends follow-up appointment	100%	None	National Policy – NICE guidance

CONTACT DETAILS/ USEFUL INFORMATION

CLINICAL AUDIT

- The UHBristol **Clinical Audit website** is available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/
- Contact details for UHBristol **Clinical Audit Facilitators** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/contacts/
- The full range of UHBristol Clinic Audit **'How To' guides** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/
- Copies of UHBristol **Clinical Audit Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available via http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/carrying-out-projects-at-uh-bristol/
- The UHBristol **Clinical Audit & Effectiveness Central Office** can be contacted on 0117 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit & Effectiveness Central Office as above.

CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness (NICE, NCEPOD, PROMS, guidelines)** matters contact Stuart Metcalfe, Clinical Audit & Effectiveness Manager, 0117 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk

PATIENT EXPERIENCE

- For advice on carrying out **surveys, interviews and questionnaires** please contact Paul Lewis, Patient Experience Lead (Surveys & Evaluations), 0117 342 3638 or e-mail: paul.lewis@UHBristol.nhs.uk
- For advice on conducting **qualitative and Patient Public Involvement Activities (focus groups, community engagement, co-design, workshops)** please contact Tony Watkin, Patient Experience Lead (Engagement & Involvement), 0117 342 3729 or e-mail: tony.watkin@UHBristol.nhs.uk
- All surveys that are being carried out for service evaluation or audit purposes should be discussed with Paul Lewis in the first instance. Patient experience surveys will also usually need to be approved by the Trust's **Questionnaire, Interview and Survey (QIS) Group**. Proposals should be submitted to Paul Lewis using the QIS proposal form. The proposal form and covering letter template is available via http://www.uhbristol.nhs.uk/for-clinicians/patient-surveys,-interviews-and-focus-groups/

RESEARCH

- For advice on research projects contact the **Research & Innovation Department** on 0117 342 0233 or e-mail: research@UHBristol.nhs.uk
- Further information can be found via http://www.uhbristol.nhs.uk/research-innovation/contact-us/

LITERATURE REVIEWS/EVIDENCE

- For advice on literature reviews, NHS Evidence, article/book requests and critical appraisal contact the **Library and Information Service** on 0117 342 0105 or e-mail: Library@UHBristol.nhs.uk

SAMPLE SIZES

- The **Sample Size Calculator** is available via: http://www.uhbristol.nhs.uk/for-clinicians/clinicalaudit/how-to-guides/

QUALITY IMPROVEMENT

- Further information about clinical audit and wider quality improvement is available via the Healthcare Quality Improvement Partnership (HQIP) - http://www.hqip.org.uk/