Step 1
Diagnose
Clinical Audit

Clinical audit is a way to measure and improve the quality of clinical care by assessing performance against one or more criteria. Results are then analysed and change implemented; finally a re-audit is conducted. A full clinical audit must include all these stages, though sometimes the term 'clinical audit' is erroneously used to describe a survey of current practice, with no criteria, standards or change implemented.

Clinical audit can be a means of diagnosing areas of practice that would benefit from improvement, but bear in mind it is better to use audit in conjunction with other tools in the 'plan and test' phase of a quality improvement project. This is because a full cycle audit only measures two points in time, while effective quality improvement (QI) requires measurement to be 'little and often'.

Frequent small-scale measurement will lead you to understand whether the variations in measurements can be attributed to the changes made through the QI interventions and if the change is sustained over time.

How to

The following are standard headings for a clinical audit report, with tips on how to define and fulfil each section. This process satisfies the requirements of General Medical Council revalidation.

Step 1: Title

Step 2: Reason for the audit

Topics chosen can be identified from many sources. What matters here is that in your opinion there is scope for improvement:

* There may be a new guideline circulated and you may wish to see how your practice performs against new recommendations.
* A problem may have been identified from a complaint or significant event review and an audit would establish if there is a more widespread problem.
* You may be aware from your clinical work that there is scope for improvement in an area of care.

Step 3: Criteria or criterion to be measured

* Keep your audit simple and effective by choosing just a small number of criteria. The criterion should pose easy 'yes' or 'no' questions so you will know if it has been met.

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- Where possible, you will benefit from selecting criterion from a well-evidenced guideline or piece of research, which you can then reference. Examples of simple evidence-based criteria include: *"Patients with IHD are prescribed aspirin"; "Patients with IHD have had a blood pressure check within the last 12 months"*
- It is better to audit each element separately so it is clear which is not being met.
- For some quality improvement work you may wish to bundle elements together in one indicator to assess your overall care of patients with a clinical condition. For example, the diabetes eight care processes; "Patients with diabetes have all received the 8 recommended checks."

Step 4: Standard(s) set

A 'standard' is the level of performance achieved and expressed as a percentage. It can be derived from external sources, such as audits that have been done elsewhere, or determined internally from discussion with clinicians in the practice. The standard should be realistic rather than idealistic so try and avoid a standard of 100% to allow for issues such as patient preferences.

Step 5: Preparation and planning

Planning your audit as a paper exercise prior to commencing data collection will help you to ensure that it is achievable and that it will answer the question you have set.
- Decide how to identify your patients. This can often be done by a search on your database of patients. If you select this method, can you set up a search or do you need to talk to someone who can? Will the search criteria identify the patients you want?
    - Do you wish to include all the patients or a sample? This will obviously depend on the numbers involved.
    - Most audit projects need not be as rigorous as a research project, so statistical methods of deciding sample size are not usually necessary.
    - The number sampled needs to be practicable. Simple randomisation may suffice (e.g. choosing every second or third patient on a list).
- Decide how you will record your results, whether by using a software package or a simple paper checklist that records Yes/ No/ Not applicable.
    - How might you inform members of the practice team that you are conducting an audit without this influencing the result?

Step 6: Results and date of collection one

The collection could be one point in time, either retrospective or prospective. Presenting the results in a table makes them easier to understand.

Figure 1: Template for clinical audit results (collection one)

Criterion	Number sampled	% Achievement	Standard set

Step 7: Description of change(s) implemented

From your results it will be easy to see whether or not your criterion or criteria have been met. Based on this, a decision can be taken on the changes to be made. This may be done once results have been presented to others to gain their opinion, especially if the change(s) will affect other team members. Sharing your audit results with the whole practice team will increase the likelihood of

improvements being sustained. Allow sufficient time for the changes to have had an effect before setting a date to repeat the data collection.

Step 8: Results and date of data collection two

This can be presented in an extension of the previous table, with an additional column for the second data collection.

Figure 2: Template for clinical audit results (collection two)

Criterion	Number sampled (first data collection	% Achievement (first data collection)	Number sampled (second data collection	% Achievement (second data collection)	Standard set

Step 9: Reflections

Present the conclusions of your audit project including any lessons learned, any further steps of change required and when the audit will be repeated.

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