

Clinical Audit

In the delivery of medical care there are different types of studies involved, namely research, and audits, which are considered as important quality improvement processes. There are well explained differences between research and audit. To carry out a perfect audit one should know the differences of each.

Research is a systematic process of enquiry that aims to discover something new or describe a process and develop explanatory theories, which will add evidence to the existing knowledge. There are two major types of research namely Quantitative and Qualitative. Quantitative research addresses clearly defined questions, aims and objectives since they are designed to test a generated hypothesis whilst Qualitative research identifies and explores themes following established methodology. Research includes data collected routinely and also some additional ones, and may involve treatments or investigations in addition to routine care and involve allocating patients to intervention groups which have used a clearly defined sampling framework by conceptual or theoretical justifications. It also involves randomization and usually requires ethical review.

In contrary, audit involves an intervention already in use. Audits are designed and conducted to produce information regarding the delivery of care compared to the accepted standards and decide whether the practice has reached the predetermined standard. One should not confuse the fact that Quantitative research also may involve evaluating or comparing interventions, particularly new ones and Qualitative research usually involves studying how interventions and relationships are experienced.

Audits usually involve analysis of existing data but may include administration of a simple interview or a questionnaire. Allocation to intervention groups or randomization is not mandatory. Audits do not normally require ethical review.

Put simply, research discovers what we should be doing while audit checks to see whether we are doing it.

Many types of clinical audits can be identified, namely criterion-based audits, critical incident audits and case notes review audits. The most important as well as commonly used type of audit is criterion-based audit and in this the quality of care is assessed objectively against previously agreed criteria which are developed by using a systematic review of literature or evidence-based guidelines.

The critical incident audit identifies occurrence of adverse events or patient outcomes and will help to identify the avoidable factors in that particular incident.

The case notes review audits gather information from regular presentation of cases within units which are then directed to check how the current management was implemented. It often involves the presentation of rare or interesting cases as well as regular patients.

Criterion-based audit can be further classified in the way the audit directs. Audit of structure includes examining what is available by means of the organization or resources, which relates to the actual facilities available in the setting, such as buildings, personnel or equipment.

Audit of process which is the most frequently conducted type of clinical audit examines whether there is a correct clinical practice. Process audits can be divided into specific areas as administrative, diagnosis, investigations, management, resource usage, discharge etc.

The third category is audit of outcome which examines the final results of clinical care. As with all audits, the outcome measures have to be set against generally accepted standards.

In the process of clinical audit it is very important to identify areas that may require improvements and also identify the problem, and whether it is practical to audit the problem. . Once the problem is identified may it be in the hospital or of national concern, it must be weighed up to see whether the problem is significant enough to be audited. It could be a serious problem which lead to severe morbidity or mortality or a common problem or preventable complication that could be avoided or a recurring problem that needs identification of the cause. Then the standard of the ideal practice (wherever possible on published guidelines) needs to be identified. Criteria should be produced using the guidelines. It is important to set a few criteria and not to set it at too high a standard which is never attainable or too low a standard reinforcing bad practice.

Sometimes it is necessary to audit all cases, but in general a sample of 25-50 would be adequate. If the problem is not so common, cases can be obtained over a longer period of time. If the condition is common a representative sample can be used. The accuracy of the result from this representative sample can be improved by increasing the size of the sample and ensuring that it is randomly selected. Formal sample size calculations are not mandatory.

Information can be gathered either retrospectively or prospectively. It is important to try out the audit data collection questionnaire on a few cases prior to conducting the proper audit and necessary amendments should be made to it.

Once the unprocessed data is collected, they need to be organized using some simple mathematics such as averages and percentages which can be easily understood. It is important to use the same calculations as the previously set audit criteria so that they can be directly compared.

The results need to be compared with the audit standards and the performance gap should be recognized which should be expressed preferably in percentages or proportions. Then the cause for this gap should be found out with the appropriate interventions. The most important step should be the implementation of change with discussion with the relevant stakeholders and laying down the action plan. The cycle is not complete without a re-audit in about 6-12 months.

We must not overlook that errors can always occur. By performing an audit, we will be able to discover the lapses of patient care by comparing it to the accepted standards and guidelines.

It is beneficial to have an ongoing good audit system to check our practice to prevent disasters and to maintain the continuity and quality of care. It is also very important to be up to date with evidence based knowledge and practices.

As health care professionals all of us should be engaged in audits. In all the institutions clinical audits need to be conducted regularly.

References

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