GUIDELINES FOR CLINICAL AUDIT

THE DEFINITION OF CLINICAL AUDIT

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the review of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.” (NICE, 2002)

Clinical Audit is a mandatory element of the Professional Competence Scheme for all Surgeons / Medical Practitioners following the introduction of Part 11 of the Medical Practitioners Act 2007 on 1st May 2011.

In the Medical Council’s document “Professional Competence – Promoting Quality Assurance” published in May 2010, it states that all registered medical practitioners will actively engage in audit and participate in one audit exercise annually that relates directly to their area of clinical practice. It is recommended that practitioners spend at a minimum one hour per month in audit activity.

Clinical audit is recognised as having three elements:

1. **Measurement** - Measuring a specific element of clinical practice
2. **Comparison** - Comparing results with the recognised standard (in circumstances where comparison is possible)
3. **Evaluation** - Reflecting the outcome of audit and where indicated, changing practice accordingly.

A structured programme of surgical audit is fundamental to the provision of quality health care. Clinical audit should be an integral and routine part of health care, not an exceptional or optional item and that the results of clinical audit programme must feed back into the service to give improved quality of care for patients. RCSI regard audit as a mechanism for the achievement of objectives that includes assessing and improving the quality of patient care, enhancing surgical education by promoting discussion between colleagues about practice and identifying ways of improving the efficiency of clinical care.

Surgical Audit should be regarded as the systematic critical analysis of medical care, including procedures used for diagnosis and treatment, and the use of resources and the resulting outcome and quality of life for patients. It would appear that the following process should be used to evaluate Surgical Audits:

1. Regular systematic meetings for surgical audit within each hospital
2. All teams in a particular speciality (e.g. general surgery, urology etc) should be involved.
3. All members of the team from Intern to Consultant should participate
4. All patients admitted under each service should be included in the review process
5. All morbidity and mortality occurring in the unit should be discussed
6. There should be a mechanism for altering practice based on the results of evaluation in an effort to improve results in the future.

7. The final stage of the "audit loop" should include re-evaluation of any alterations made in practice to verify that these alterations have produced the desired results.

8. A written record should be kept of the audit process.

There are several identifiable stages to complete a clinical audit:

**Stage 1**  Identifying the topic for the clinical audit.
Pick a topic you are interested in, where you suspect that standards could be improved, where the change you expect to recommend is possible.

**Stage 2**  Select the relevant audit standards.
You may need to do a literature search for the standards in the area you have chosen or it may be more easily accessible through NICE guidelines, department of health guidelines and speciality associations guidelines etc.

**Stage 3**  Draft a written protocol.
This should include rational for doing the audit, population to be surveyed, time frame and data to be measured.

**Stage 4**  Carry out the data collection.
Decide what data you need to collect. Produce a proforma sheet to gather the data from individual records.

**Stage 5**  Compare your data against the selected audit standard.

**Stage 6**  Identify the changes that you need to make to achieve the standard.
Put in place any actions and plans to correct any shortfall between the actual activity and the selected standard.

**Stage 7**  Re-audit to complete cycle.
Clinical audit is only of benefit when the audit loop is closed and the services are improved.

Audit should be relevant to scope of practice and the methodology must be adapted to those who are not in routine clinical practice. Such audits should include qualitative and quantitative measurements of activity. Where there are no known or available standards, data can be compared to historical records over time. This data should be subject to peer review.