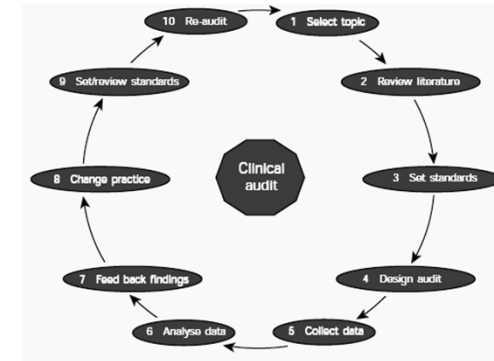


## HOW TO DO CLINICAL AUDITS

### The Audit Loop



### Clinical Audit is about Improvement

If you're not changing & improving things  
as a result of audit then ask yourself

why am I doing this?

You may need to rethink your audit  
priorities or get others involved

### Choose Your Topic

What makes a good topic?

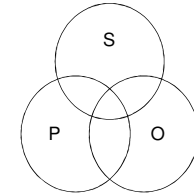
- ☐ Important to consumers and likely to improve outcomes for them
- ☐ Important and of interest to you and your team
- ☐ It matters clinically (risks, key outcomes)
- ☐ It matters financially (very costly or very common)
- ☐ It has National or local MHS importance
- ☐ Good evidence-base exists
- ☐ Doable - measurable and amenable to change
- ☐ Achievable within the resources you have

## What are your Organisational Priorities?

- ☐ National or College standards or guidelines
- ☐ DHB priorities
- ☐ Any local MHS audit programme
- ☐ Local problems and priorities
- ☐ Consumer views or complaints

## Areas of Focus – 3 broad options

- ☐ Structure  
(how something is set up)
- ☐ Process  
(by which something happens)
- ☐ Outcomes  
(degree to which outcomes are achieved)



## Do Unto Others?

- ☐ Golden rule is that you should only audit your own practice
- ☐ If you want to audit others, need to:
  - involve them in the clinical audit project
  - get their permission
- ☐ In reality here we mostly work in teams though so unlikely you'll be analysing just your own solo practice

## Choosing a Topic

- ☐ Discuss possible topics
  - With supervisor
  - With clinical director
  - At a team planning meeting
  - At a local audit or quality improvement committee
- ☐ Consult with any other relevant stakeholders (not on the audit team) about proposed topics

## Define your Aims and Objectives

### Aims

- ☐ Why are you doing this project?
- ☐ What are you hoping to achieve?

Helps you set the standards and figure out data collection methods later on.

### Objectives

- ☐ How, specifically, will you achieve your aims?
- ☐ What will you improve and assess?

## Literature Review!

- ☐ Look for any relevant Standards
- ☐ Check if anyone did this type of audit before
- ☐ Look for research evidence resulting in guidelines for best practice
- ☐ Usual electronic search places - Medline, PsychLit, Embase, Cochrane Library – plus:
  - RANZCP guidelines
  - Local DHB on-line policies/guidelines
  - Other Colleges' Guidelines (Canadian, UK etc.)

## Determine your Standards

Standards should ideally be evidence-based

Where do you get your standards from?

- ☐ National guidelines and standards
- ☐ College guidelines and standards
- ☐ Legislation like M.H. Act
- ☐ Local guidelines, policies and standards
- ☐ Other teams who've done same type of audit

## What if there aren't standards already determined?

- ☐ Base them on the clinical experience of the service providers
- ☐ Discuss and agree with team what the acceptable standards of care would be
- ☐ Could use clinical audit to observe your current practice and generate standards

## Establish Baseline Standards

Once you have established your standards

- State your Criteria – elements of care or activity, which can be measured
- Set your desired level of performance or target (usually a percentage)

## Establish Criteria and Targets

Example:

- Neuroimaging is an essential part of dementia assessment
- Criterion: Every patient admitted for assessment of dementia will have a head C-T scan done
- Target: 90% of inpatients to have a head C-T scan
- Yardstick: This to have been achieved within 2 weeks of admission
- Finalised Standard: 90% of patients admitted for assessment of dementia will have a head C-T done within 2 weeks of admission

## Standards

Standard = criterion + target

↑                      ↑  
 (Statement of what is being measured) +  
 (Yardstick)                      (% to be achieved)

Example: 95% of people referred to the department will be seen by a member of the team within two weeks of the referral being received

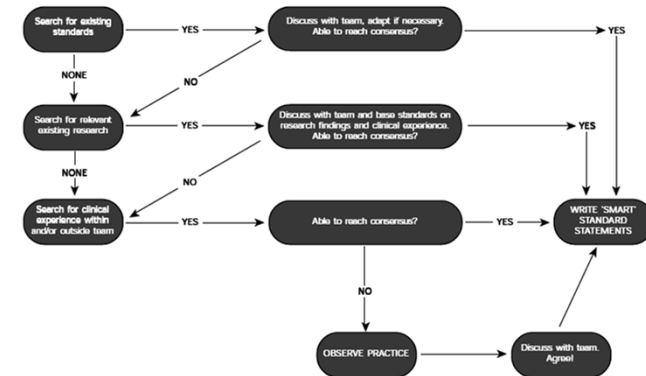
## Target not 100%

- Allows for a small number of cases with unusual complications
- May be possible, before the audit, to determine circumstances when criterion will *not* to be met
- If so, may be more sensible to set a target of 100% with defined exceptions
- Example:
- For 100% of adolescents attending the therapy group, a letter will be sent to their GP prior to attending their first group session explaining why the adolescent has been asked to attend and over what time period
- Exceptions: Cases when consent to contact the GP is denied by the client

## SMART standards

Specific – clear, understandable  
 Measurable  
 Achievable  
 Relevant – to the aims of the audit  
 Theoretically sound – based on current research

## How to Set Standards



## Two Standard Setting Points

- At the start before designing the audit
- Once results analysed – revise existing Standards before second cycle of audit (or use standards determined by initial audit of own practice to do a proper audit)

## Collect Your Data

- Decide on your method
- We collect lots of data but how much of it is used to make useful, informed decisions about improving patient care?
- Before you design a data collection tool, check what information is already being collected at the moment

## Collect Your Data

Consider

- ☐ Retrospective? (trawl existing records)
- ☐ Prospective? (collect data from now)
- ☐ Who's your target population?
- ☐ What data will you collect?  
(only what's essential)
- ☐ Who will collect the data?
- ☐ Where will you get the data from?
- ☐ How will you select your sample?  
(and how many subjects do you need)
- ☐ What time period will you use?  
(start and finish dates)

## Sources of Data

- ☐ Patient clinical records
- ☐ Activity data records (e.g. seclusion rates, admission rates)
- ☐ Survey/questionnaire
- ☐ Interviews

NB: If you're doing a large audit or using unfamiliar data collection tools, PILOT it first!

## Data Collection – Key Points

- ☐ Develop a simple data collection form based on the information you want to collect
- ☐ Check it out with colleagues to make sure that it is giving you the data you need to know
- ☐ Don't be sidetracked into collecting information that's interesting rather than useful!
- ☐ Remember to anonymise any personal data so that patients are not recognisable

## Data Collection Methods – e.g.s

AREA FOR AUDIT	EXAMPLES OF SOURCES OF DATA	EXAMPLES OF METHODS
<b>STRUCTURE:</b> Service users' satisfaction with facilities (e.g consultation room)	Service users	Questionnaires or interviews
<b>PROCESS:</b> Waiting times for appointments	Patient Administration System (PAS)	Use data collection sheet to extract information from PAS
<b>PROCESS:</b> Communication with general practitioners/referrers	Case notes	Use data collection sheet to record information from clinical records regarding correspondence
<b>PROCESS:</b> Therapeutic interventions	Observation of session	Through one-way mirror or video recordings. Use check-list to record information about interventions
<b>OUTCOME:</b> Impact of therapeutic intervention on service user	Service user and their family General practitioner Out-patient records	Questionnaires or interviews  Data collection sheet to extract information from out-patient records

## Data Collection

- ☐ Assign an identifier (e.g. a number) to each case
- ☐ Assign different identifiers to clinicians involved as well
- ☐ Store the data carefully according to DHB guidelines, especially the list linking individuals to their data codes

## Typical Stats Used

### Descriptive:

- ☐ Frequency of certain events/values occurring (rates and percentages)
- ☐ Mean, and/or the median range and/or standard deviation

### Statistical Tests:

- ☐ to compare 'before' and 'after' results on questionnaires to see if there's been a statistically significant improvement
- ☐ to show whether the results you have obtained are due to chance

## Analyse Your Data

- ☐ Make sure you leave time to analysis your data
- ☐ Do you need statistical help?
- ☐ Use spreadsheets if you can
- ☐ Present your data in a clear, understandable & visually appealing way – bar graphs, pie charts etc

## Interpret Your Data

- ☐ What is the general pattern of *actual* practice
- ☐ How does it compare with your target? - the degree to which actual practice (results of audit) is meeting the standards set
- ☐ Look carefully at those that didn't meet the target - e.g. identify cases for which it is clinically acceptable for the standards not to be met

## Who Should get your Results?

Key stakeholders – may also need an opportunity to comment on them. Include those:

- whose practice was examined
- who are on the clinical audit project team
- who would be involved in making changes to improve the particular aspect of care in question

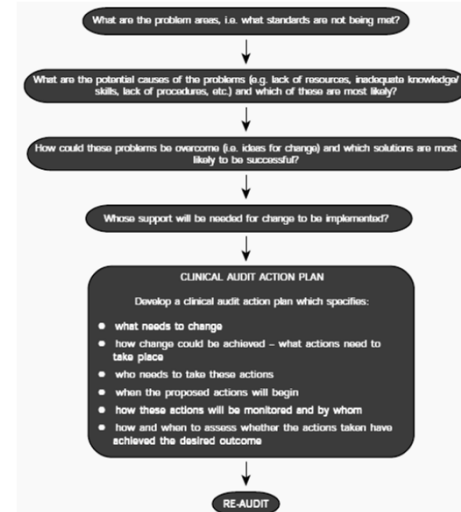
## What Changes Need to be Made?

To help you implement changes, develop an action plan:

- Do you need to look at something in more detail?
- Is it clear what changes need to be made? (If not, you may need to look in more detail at a specific aspect of care)
- How are you going to implement changes?
- Who needs to be involved?
- What new resources do you need?

## Different Levels of Information

- Different people may have access to different levels of information
  - Clinicians involved may be given the detailed results
  - Patients and families may just receive a simpler summary

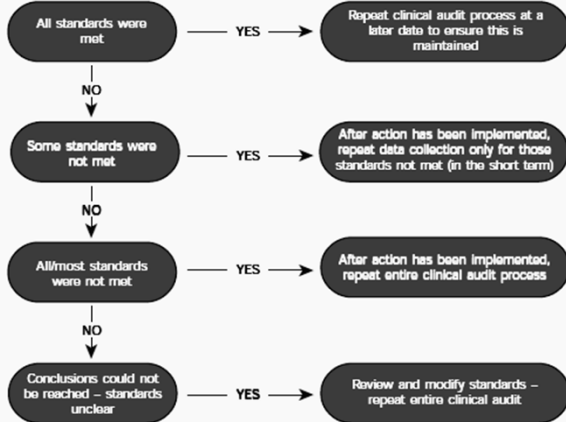
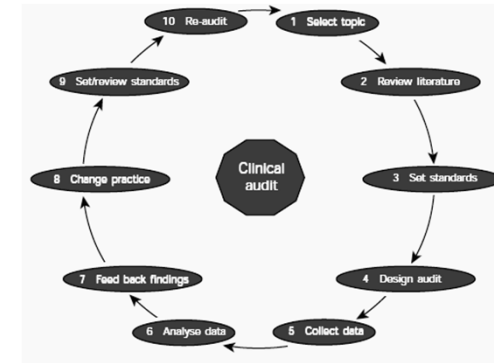




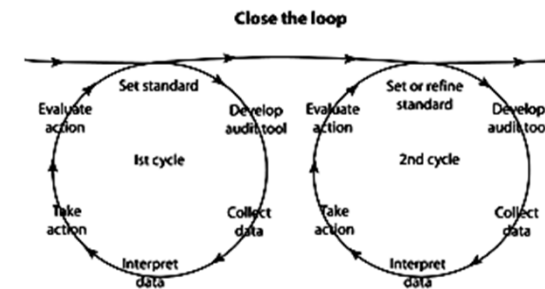
## Make the Changes

- Set new targets
- Tell people what you've done
  - Your colleagues and manager
  - Local services newsletter
  - Poster display at local academic meeting
  - Present or display findings at a conference
- Reaudit with the changes, checking standards

## The Audit Loop



## Two Loops are Enough





## Key Points

The audit cycle involves five stages:

- preparing for audit
- selecting criteria
- measuring performance level
- making improvements
- sustaining improvements



## Key Points

- Use action plans to overcome local barriers to change and identify those responsible for service improvement
- Repeat the audit to find out whether improvements have been implemented after the first audit



## Key Points

- Choose audit topics based on high risk, high volume, or high cost problems, or on national clinical audit processes, national mental health planning/goals, or guidelines from the Ministry of Health or College, etc.
- Derive standards from good quality guidelines



## Remember!

If you're not changing and improving things as a result of audit then ask yourself

Why am I doing this?

- Rethink the audit
- Consult further