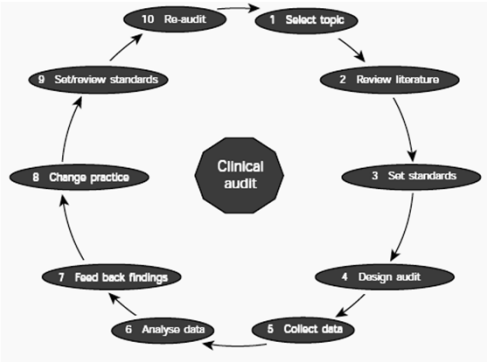
HOW TO DO CLINICAL AUDITS

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

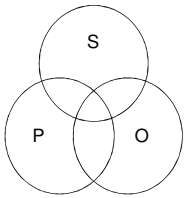
What makes a good topic?

- 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)

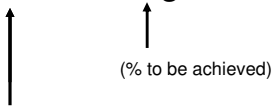
Establish Criteria and Targets

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



(% to be achieved)

(Statement of what is being measured) + (Yardstick)

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%

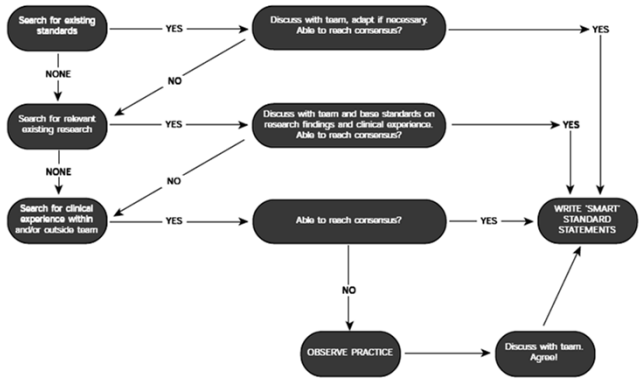
- Allows for a small number of cases with unusual complications
- May be possible, before the audit, to determine circumstances when criterion will *not* to be met
- If so, may be more sensible to set a target of 100% with defined exceptions

- 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
STRUCTURE: Service users' satisfaction with facilities (e.g consultation room)	Service users	Questionnaires or interviews
PROCESS: Waiting times for appointments	Patient Administration System (PAS)	Use data collection sheet to extract information from PAS
PROCESS: Communictaion with general practitioners/ referrers	Case notes	Use data collection sheet to record information from clinical records regarding correspondence
PROCESS: Therapeutic interventions	Observation of session	Through one-way miror or video recordings. Use check-list to record information about interventions
OUTCOME: 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

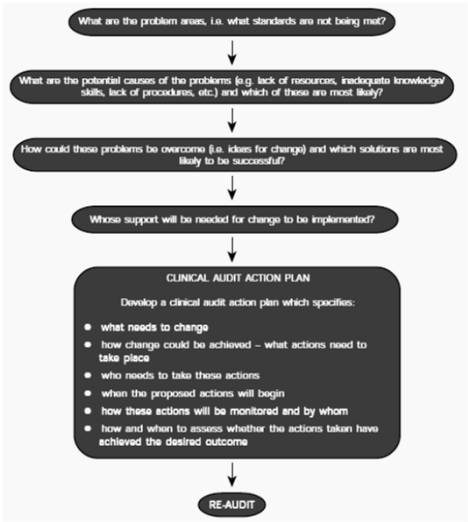
What Changes Need to be Made?

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

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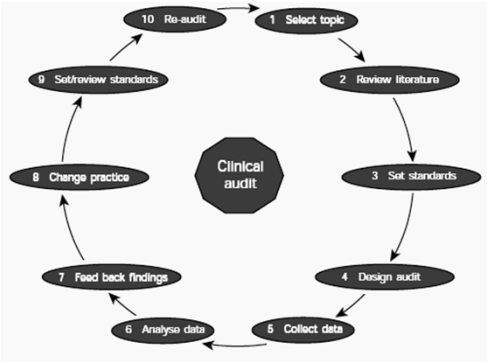
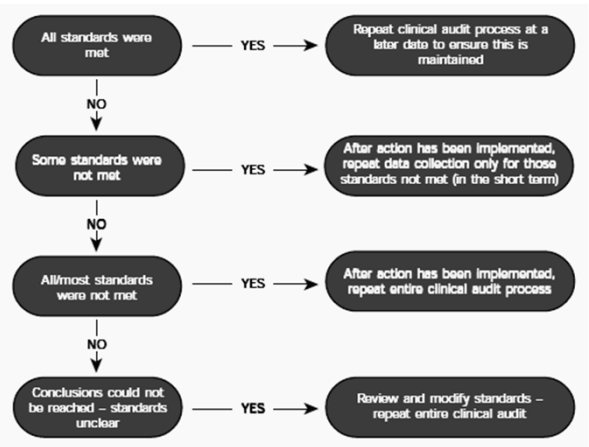
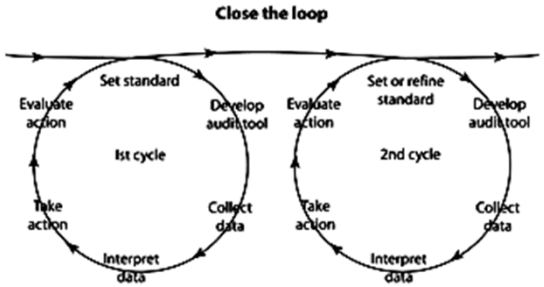




Two Loops are Enough



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