



*clinical audit*

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**Clinical Audit  
Makeover**

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Makeover**



# The case for an extreme makeover of clinical audit



- • • • **What's involved in extreme makeover**
- • • • **Why an extreme makeover for clinical audit**
- • • • **The 'new' model**
- • • • **What has to go and what's 'new'**
- • • • **What's stopping you**

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# **We have extreme makeovers of ...**

**from Google —**

- **Homes**
- **People (appearance and weight)**
- **Art galleries**
- **Software**
- **Universities (Hong Kong)**
- **The earth**

## **In healthcare, we have extreme makeovers of ...**

- **Healthcare systems (Veterans Health Care System USA, Saskatchewan primary care system)**
- **Healthcare facilities and their use (library, hospital campuses, document management, ambulatory care offices)**
- **Clinical services (emergency, operating theatre, dentistry)**

***29 citations on 'extreme makeover' in PubMed***

**In healthcare, we have extreme makeovers of ...**

- **Clinical processes (percutaneous nephrolithotomy, cholesterol exchange, cell conversion, mechanical circulatory support, pancreatic alphacells)**
- **Clinical care (diabetes self-management, diet)**

# What's involved in an extreme makeover

**KEEP** the  
foundation or  
structure

**CHANGE EVERYTHING  
ELSE!**

- **Functions**
- **Layouts**
- **Appearances**

***MODERNIZE!***

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# The current model doesn't work — using UK evidence

No. audits	No. recommendations	No. (%) implemented	No. (%) of audits with repeat data
12	216	38 (17.6%)	0 (0.0%)
29	63	18 (28.6%)	0 (0.0%)
61	--	--	13 (21.3%)

Balogh R, Bond S. Completing the audit cycle: the outcomes of audits in mental health services. *Int J Qual Health Care* 2001;13(2):135–42; Prasad KRS, Reddy KTV. Auditing the audit cycle: an open-ended evaluation. *Clinical Governance: An International Journal* 2004;9(2):110–14; Iqbal HJ, Pidikiti P. Audit of orthopaedic audits in an English teaching hospital: Are we closing the loop? *Open Orthop J* 2010; 4:188-92

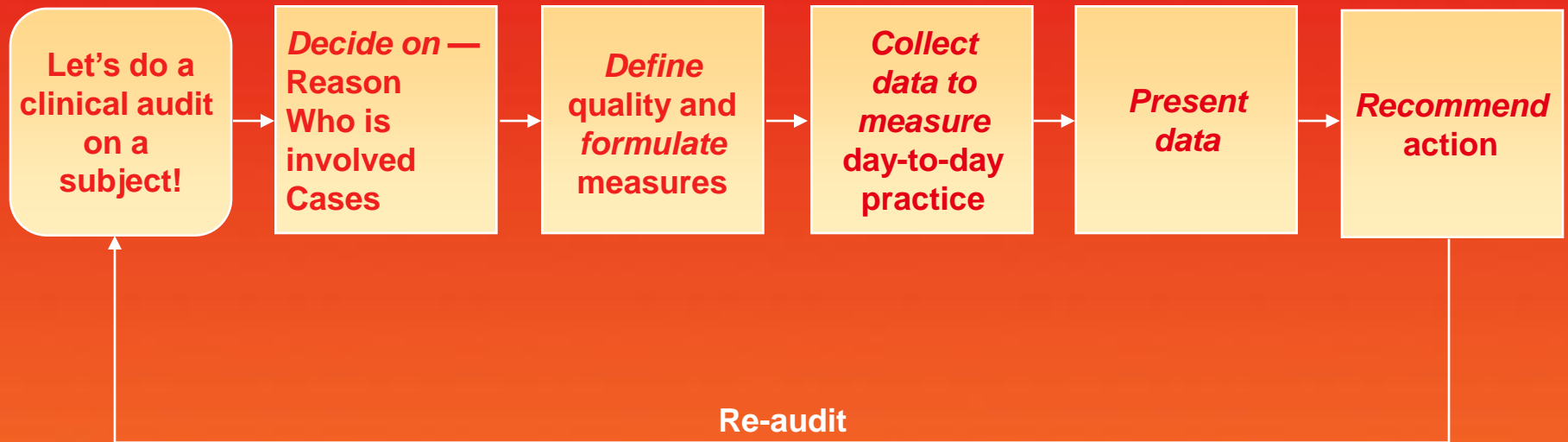
# The current model doesn't work — using systematic review evidence

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**‘It appears logical that healthcare professionals would be prompted to modify their practice if given feedback that their clinical practice was inconsistent with that of their peers or accepted guidelines.**

**Yet, audit and feedback has not consistently been found to be effective’**

# The traditional model of clinical audit — ‘audit and feedback’



# Assumptions made in the traditional model

*Telling clinicians about their performance will lead to needed improvement* in the quality of care

*Feedback — as an intervention — is effective* to achieve improvement in the quality of care

# Assumptions are *faulty*

Important measures of quality in a clinical audit often involve the *delivery of a multi-professional package of care on a timely basis*

Feedback as an action *assumes that individual clinicians have direct and exclusive control over services*

**Conclusion** — *Action needed to achieve improvement can be beyond the authority of individual clinicians to make happen!*

# What's your evidence?

Of the clinical audits carried out in your organization last year, fill in the % that —

Stage	%
Showed improvements needed in patient care?	
Had action plans to achieve the needed improvements?	
Had the action plans implemented?	
Had repeat data collection to show the effectiveness of action?	

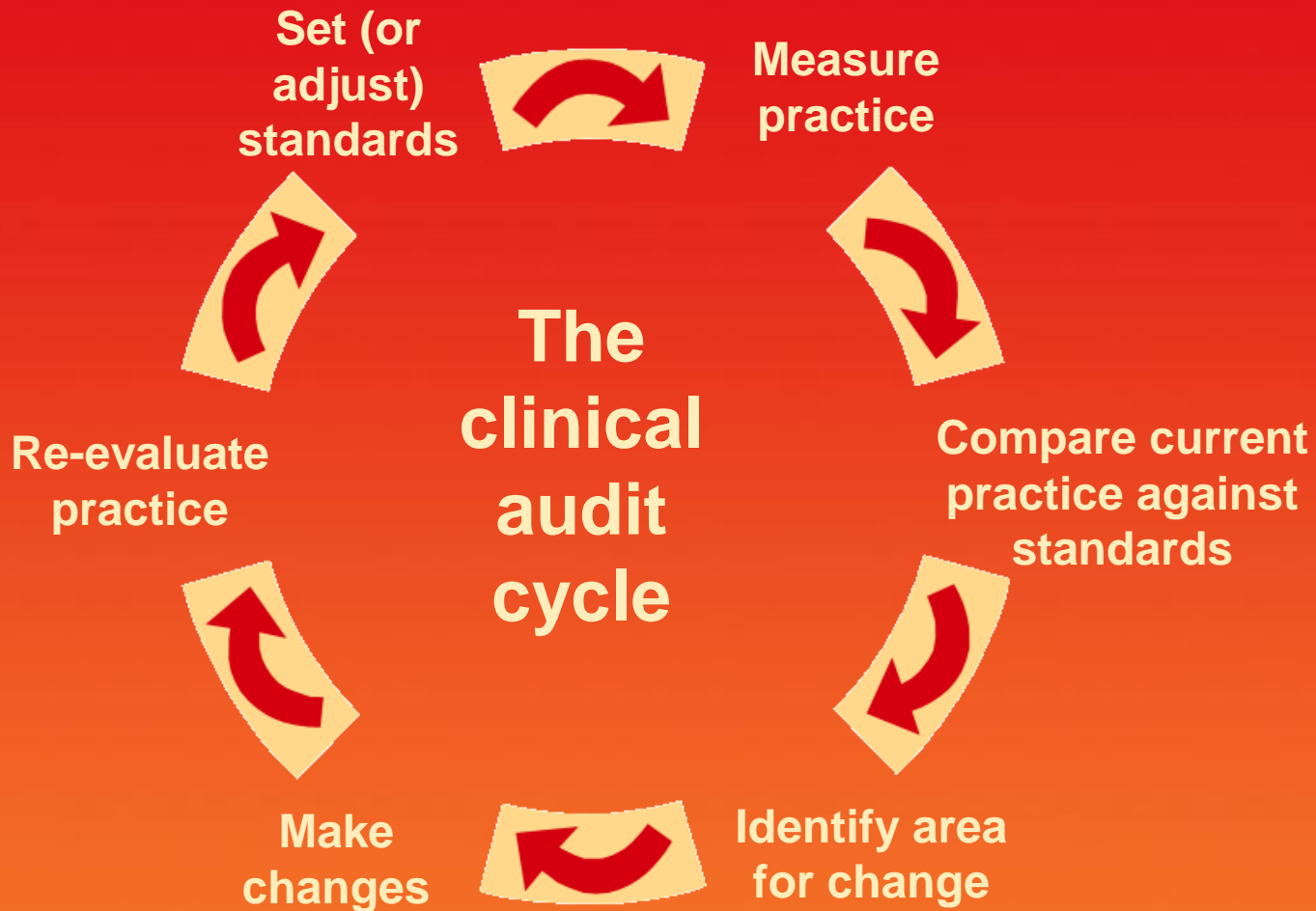
Estimate the total cost of the clinical audit programme in your organization last year £\_\_\_\_\_

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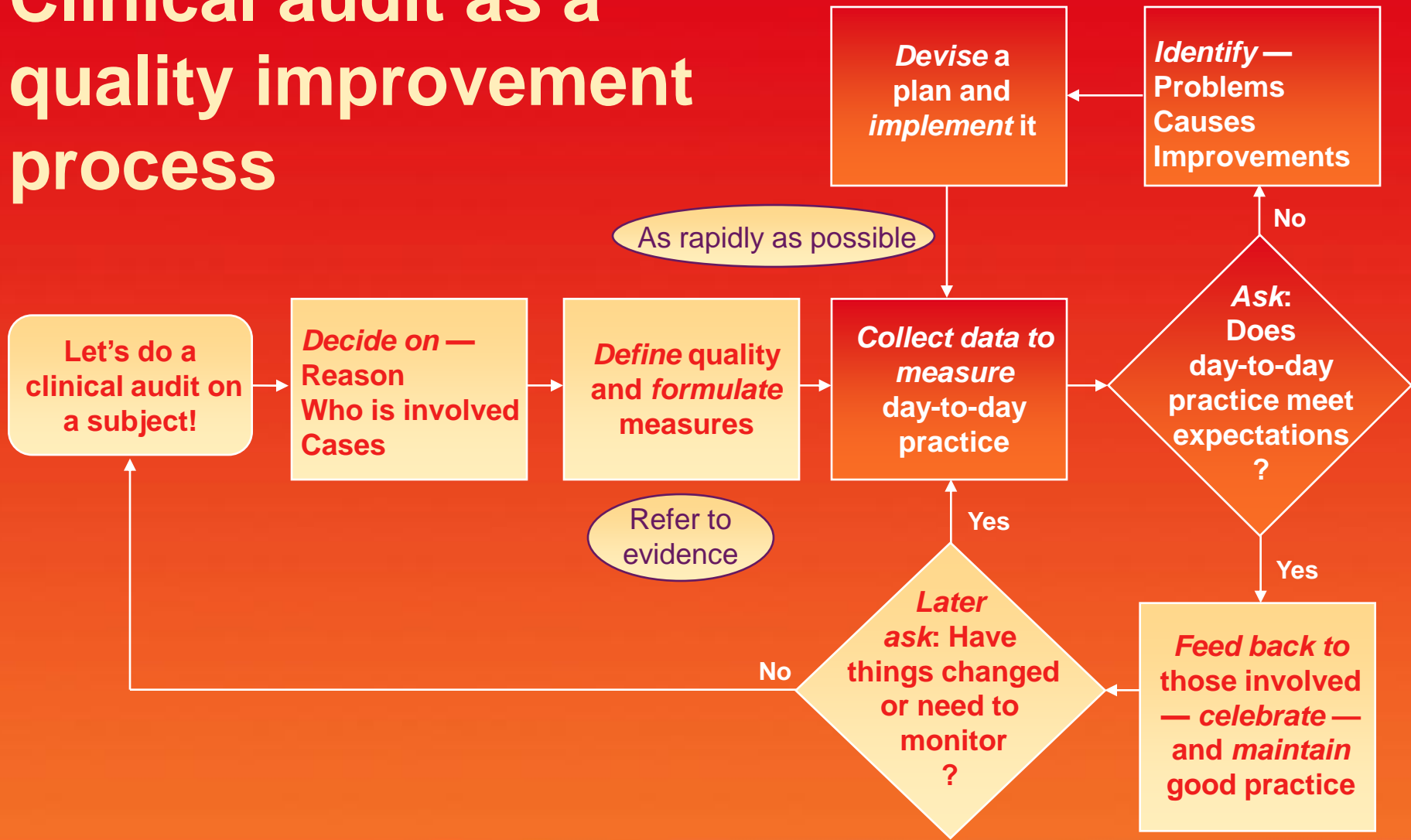
**Clinical audit is a  
*quality improvement process*  
that seeks to improve  
patient care and outcomes  
through systematic review of  
care against explicit measures  
and the implementation of  
change**

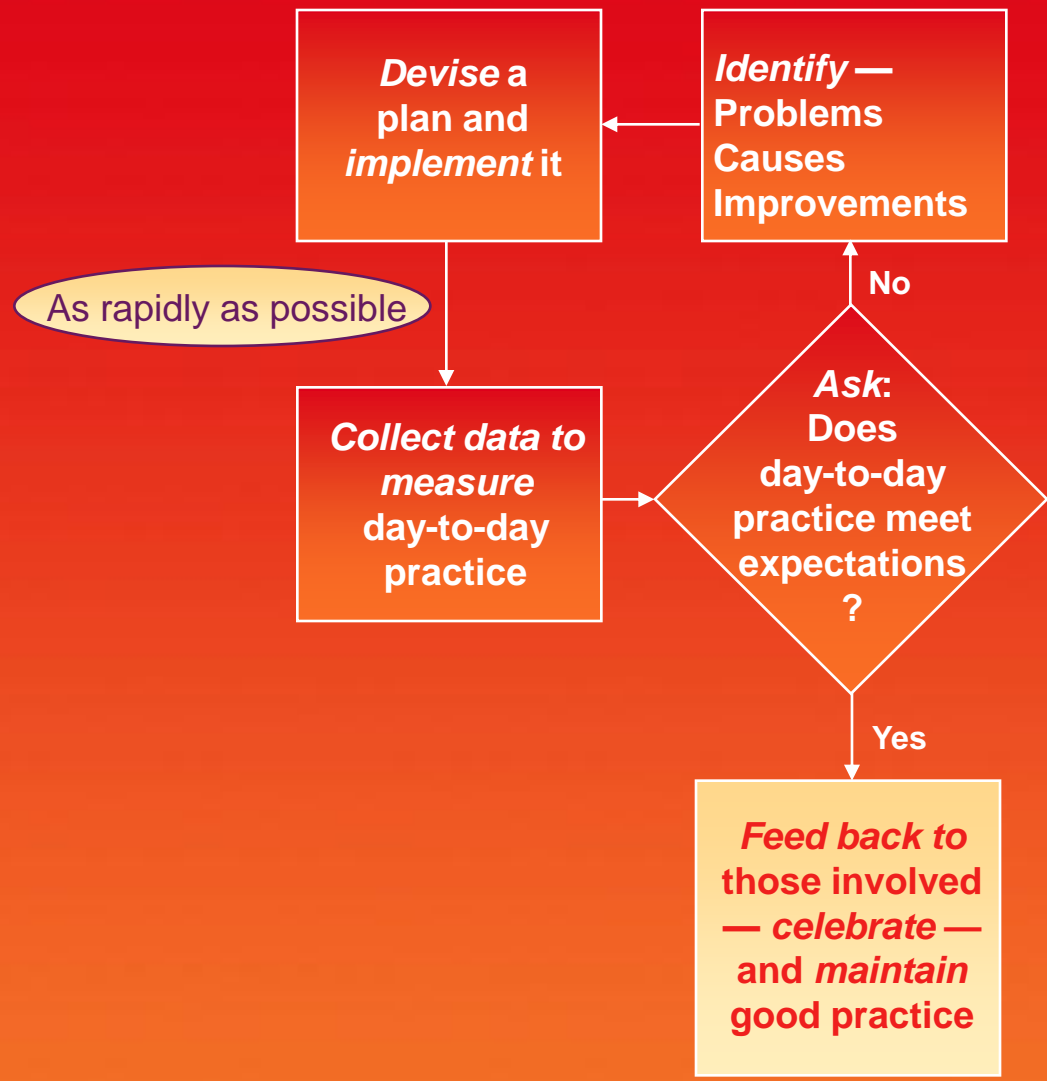
Adapted from National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*.  
Abingdon: Radcliffe Medical Press; 2002

# The clinical audit cycle



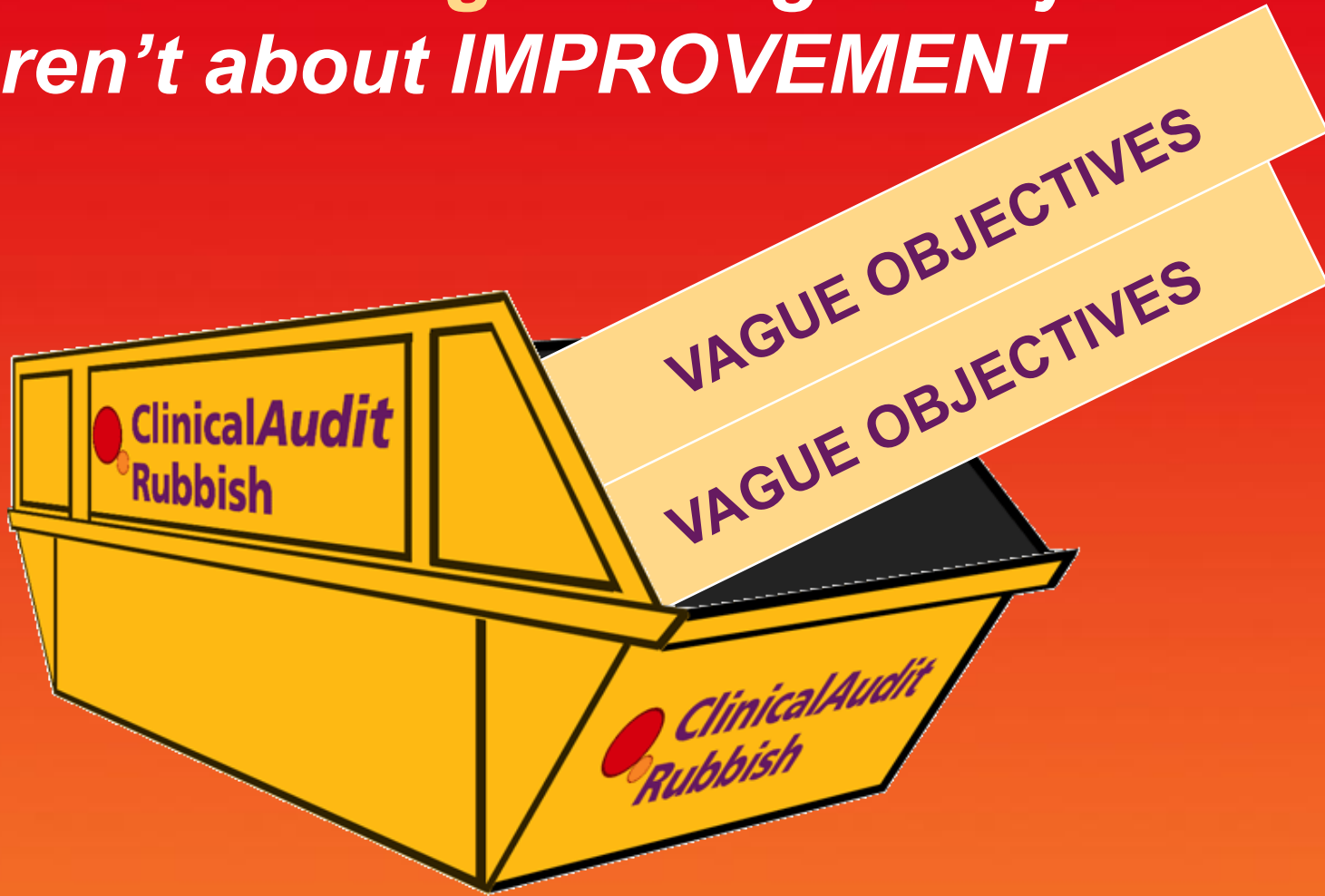
# Clinical audit as a quality improvement process





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What has to go — *Vague objectives that aren't about IMPROVEMENT*





### Clinical audit objectives

- Establish a

### Clinical audit objectives

Establish a baseline on ...  
 ascertain if ...  
 highlight areas  
 good  
 vice ...



**The makeover — Objectives that are explicit about the intention to IMPROVE**

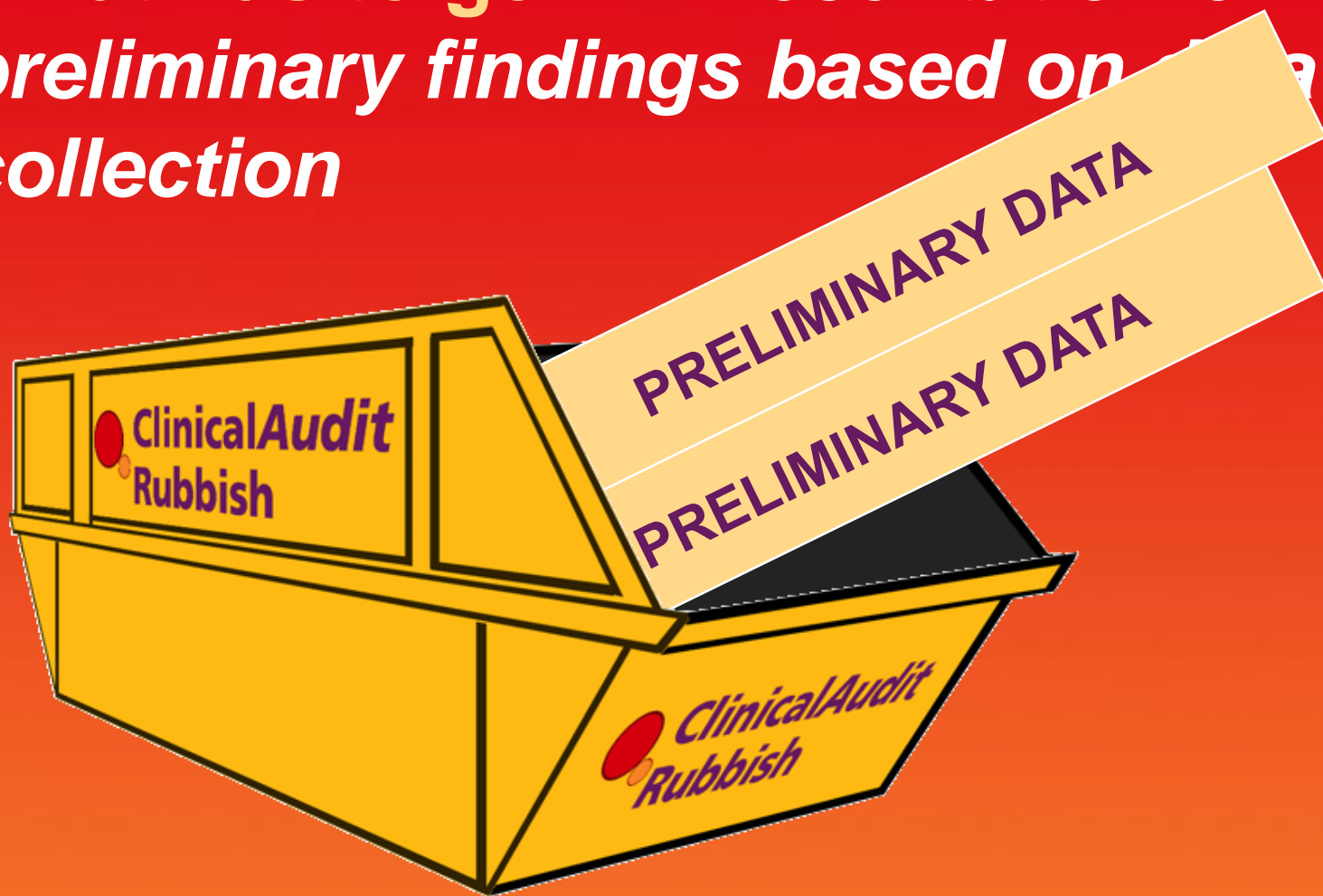


**IMPROVEMENT OBJECTIVE**

# Improvement-focused objectives for a clinical audit

- Determine if patients receive care consistent with all key clinical guidelines on ... and **change practice if** the audit findings show the need for improvement
- **Increase** the number of patients whose care is consistent with the policy on ...
- **Reduce** the number of patients who experience ...
- **Ensure** that the risk associated with ... patients is being controlled

What has to go — *Presentation of preliminary findings based on data collection*

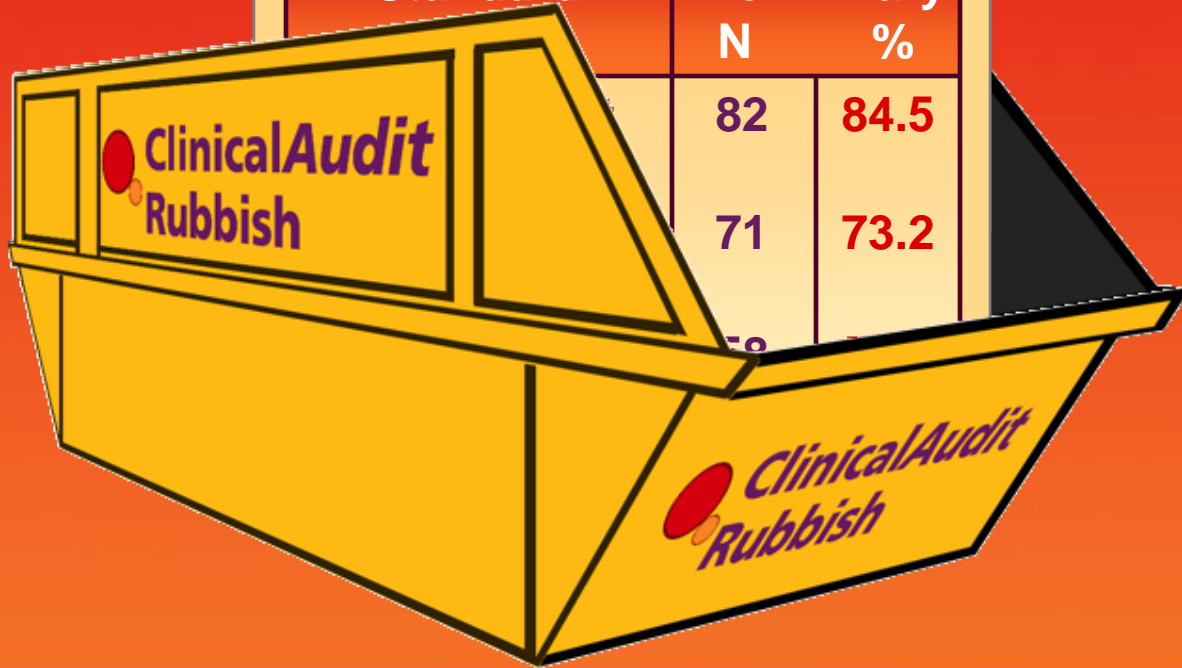


Clinical audit data –  
97 cases

Standard	Preliminary	
	N	%

Clinical audit data –  
97 cases

Standard	Preliminary	
	N	%
	82	84.5
	71	73.2
	59	60.8



# What's wrong with presenting preliminary data

- Poorly expressed or unclear measure
- Poor or unclear directions for making a judgement about compliance (lack of or incomplete directions for deciding yes or no)
- Error in data collection
- No exceptions are specified but there are legitimate exceptions
- Exceptions are missed – forgotten, complex, rare

*Is there any clinical justification for any case that doesn't comply with a clinical audit measure?*

# Two-stage approach to clinical audit

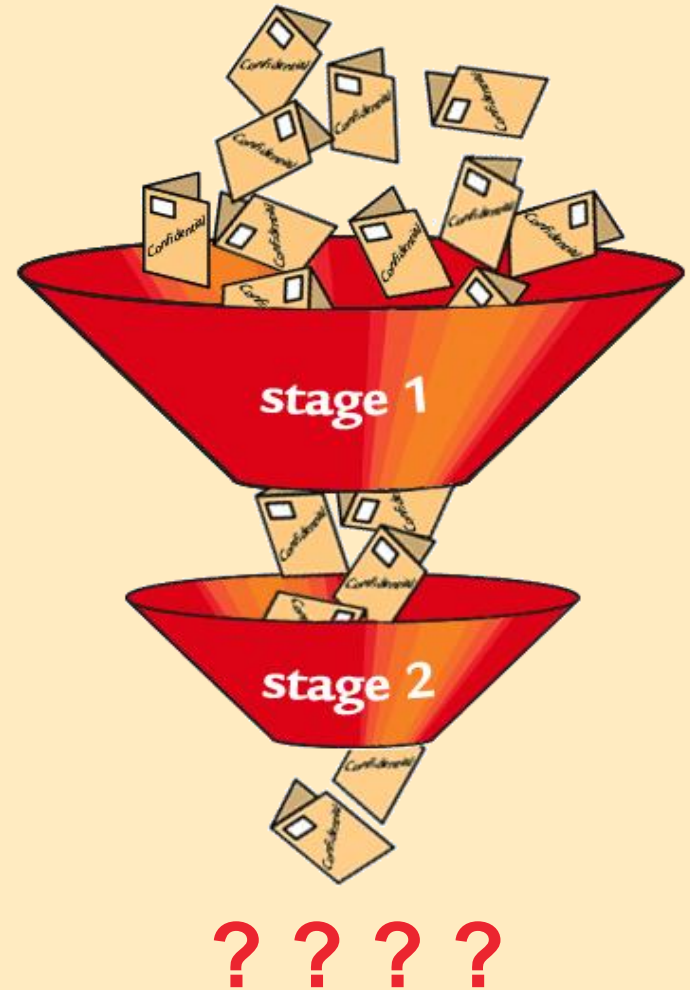
Use explicit measures to screen all cases



Use structured implicit review of flagged cases



Analyse problems to find causes



*Without the two stages, there is a threat to the validity of clinical audit data*

**The makeover — *Clinician review of cases that did not meet clinical audit measures***



**PEER REVIEW**

# Clinical audit data – 97 cases

Standard	Preliminary		N clinically justified	Final	
	N	%		N	%
1. The patient has ...	82	84.5	4	86	88.7
2. ... drug prescribed	71	73.2	10	81	83.5
3. ... monitored	58	59.8	16	74	76.3
<b>All standards</b>	<b>45</b>	<b>46.4</b>	<b>12</b>	<b>57</b>	<b>58.8</b>

# What has to go — *Recommendations for action*





### Recommendations

- Feed back the findings to staff

### Recommendations

- Feed back the findings to staff



# What's wrong with recommendations for action — They can be —

**Too general** — sometimes simply a restatement of standards to be met

'Easiest' actions to take, *not* necessarily what will *work*

*Not involve all* the groups of *staff or services* involved in delivering the care involved

*Not address* the *systems* that have to be changed

*Vague* on *accountability* for achieving improvement

*Not based on a thorough analysis of the shortcomings in care and their root causes*

# The makeover — *Shortcomings, causes, improvements and actions*



**ROOT CAUSE ANALYSIS**

# What has to be done to get improvement

**Agree on the *shortcomings* in care revealed by the *final* clinical audit findings**

**Find the *root causes* of the shortcomings**

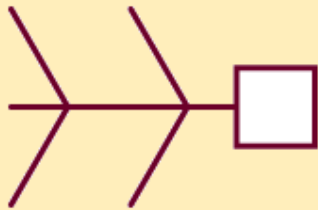
**Decide on the *actions* that will be *effective in removing or minimizing the causes* of the shortcomings**

***Implement the actions***

A **shortcoming** in care is current actual **practice** that does not represent good practice or is **not acceptable**

A **cause** is the reason for the occurrence of the **shortcoming** in care

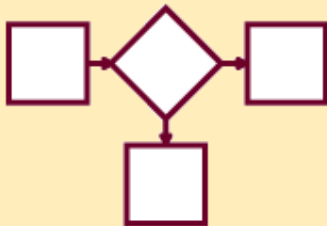
# What's involved in root cause analysis — *Using quality improvement tools!*



**Fishbone diagram**

?????

**Ask 'Why' 5 times**



**Analyse the process**

**‘... to change behaviour is possible, but this change generally requires comprehensive approaches at different levels ... tailored to specific settings and target groups. Plans for change should be based on characteristics of the evidence ... and barriers and facilitators to change’**

Grol R, Grimshaw J. From best evidence to best practice: effective implementation of change in patients' care. *Lancet* 2003;362(9391):1125–30

**‘Implementing changes is usually not a single action but involves a well planned stepwise process ...’**

Grol R. Beliefs and evidence in changing clinical practice. *BMJ* 1997;315:418–21

# What has to go — *The word Re-audit*



# What's wrong with the word RE-AUDIT

It is not clear what it means — but it implies a **SECOND AUDIT** — *not the completion of the first audit!*

It suggests that **DATA COLLECTION = AUDIT** — not that audit = **QUALITY IMPROVEMENT!**

**The makeover — Repeat data collection to demonstrate the achievement of needed improvement**



**REPEAT DATA COLLECTION**



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“Clinical  
audit is a  
*quality  
improvement*  
process ...”

-- NICE

# Getting ready for NHS LA — Standard 5 – Clinical Audit (Level 3)

When monitoring has identified deficiencies [in the process for making improvements], there must be evidence that recommendations and action plans have been developed and **changes implemented**

**‘The standards expected of audit in terms of design, data collection and analysis should be at least as high as for research, if only because audit potentially leads to change more often than research does and often much greater change’**

Wade DT. Ethics, audit, and research: all shades of grey. *BMJ* 2005;330:468–73

# What's stopping you from leading your organization's clinical audit makeover?



**Nancy.Dixon@hqq.co.uk**

**www.hqq.co.uk**