



HQIP

Healthcare Quality
Improvement Partnership

Clinical Audit — An Introduction for Patients

Clinical audit tool to promote quality for better health services

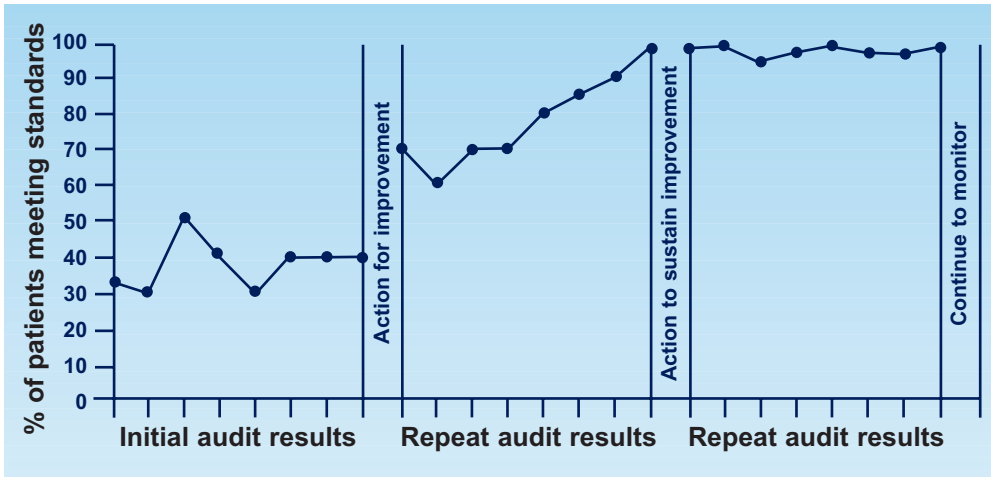
What clinical audit is about

When we hear the word audit, most of us think of accountants checking financial records. When accountants do an audit, they check to see if a company has followed the correct procedures in all of their financial dealings.

The same principle applies to 'clinical' audit. It is about checking that patients are treated the right way and get the right care. Clinical audit involves checking if the correct procedures are followed in giving patient care.

A clinical team has to tell colleagues and others about the results of a clinical audit. If the audit shows that care isn't what it should have been, the team has to figure out what is going wrong and why and fix the problems. After action is taken, the team has to check again on the quality of care.

The way clinical audit works is shown in the diagram.



If the initial clinical audit results show that care is not being provided the right way to all eligible patients, care has to be improved. Then, the clinical audit process requires another round of checking to see if things have really got better and patients are now getting the right care provided the right way.

Some clinical audits may involve several rounds of checking and changing practice to be sure that the changes have improved care for patients. Each time information is collected and acted on for a clinical audit is referred to as a 'cycle'.

Doing clinical audit takes time so it is not possible for clinical staff to check on everything that happens for all patients all the time. Therefore, the clinical staff do individual audits on particular groups of patients. Over time, the clinical audits that are done should cover most care given to most patients.

Why doctors, nurses and other healthcare professionals do clinical audits

Several healthcare professionals, including doctors, nurses, therapists, pharmacists and others, can be involved in giving care to an individual patient. The professionals who look after patients depend on each other to give the right care. Providing health care is so complex that there has to be a way to know if everyone is providing the right care in the right way.

Managers of healthcare organisations also have to know about the quality of patient care their staff members provide. Healthcare professionals and managers are accountable to their patients and to the public for what they do. They can't be accountable if they don't have good information about the quality of patient care.

Doctors, nurses, therapists and other healthcare professionals do clinical audits so they can have evidence that they are meeting standards of good practice and so they can use the information to make improvements in services.

The stages in the clinical audit process

Clinical audits measure the quality of patient care. Therefore, each audit has to be carefully designed and carried out.

Before an audit can be done, there has to be an agreement on what care patients should receive. When clinical staff refer to what should happen to patients, they often use the word *standards*. Standards need to be based on current research and expert knowledge about best practice.

The important stages in the clinical audit process are in the box.

Key stages in a clinical audit

The group that is doing the audit:

- Agrees on **why** the group members want to do the audit and exactly which **types of patients** they want to include in the audit
- Agrees on the **standards** of patient care and defines the standards very precisely so that the actual quality of care can be **measured accurately**
- Goes through electronic or paper patient records or asks patients or carers directly to **collect information** about whether or not the standards are being met
- Analyses the data gathered to **see how many patients are getting care according to the standards**
- Decides **if the quality of care is acceptable or not**
- If the quality of care is acceptable, lets the staff know they are doing a good job
- If the quality of care is not acceptable, finds out what the problems are and takes action to improve the quality of care. Then the group collects information again to see if the action has resulted in more patients getting the right care.

The process is shown in the diagram.



An example of a clinical audit

National clinical audits are carried out every year. For example, in 2008, the national clinical audit on care provided to people who have had a stroke included 11,369 patients from England, Wales and Northern Ireland.

Using information about best practice, the group leading the audit decided that there are 9 things that should happen for patients who have had a stroke and are admitted to a hospital. Each patient should:

- spend 90% of the days in hospital in a special unit for people who have had a stroke
- be screened for ability to swallow within 24 hours of admission
- have a brain scan within 24 hours of having the stroke
- be given aspirin within 48 hours of admission
- have an assessment by a physiotherapist in the first 72 hours of admission
- have an assessment by an occupational therapist within 4 working days of admission
- be weighed at least one time during admission
- have his or her mood assessed by the time of discharge from the hospital
- have goals set for rehabilitation agreed by the whole team looking after the patient.

The percentage of patients whose care met 8 of the 9 standards across these countries is in the box on the next page. The first column shows the percentage of patients whose care met the standards when they were in a stroke unit. The second column shows the percentage when patients were not in a stroke unit.

The findings of the audit show that care for stroke patients still needs to be improved. They show how different care can be for patients in a stroke unit compared to patients who are not.

The national findings are sent to each hospital that participates. The clinical staff and management in each hospital have to analyse the problems they have in providing the right care for all the patients and take action to make needed improvements.

Standard	Percentage (%) among patients admitted to a stroke unit (8390 patients)	Percentage (%) among patients not admitted to a stroke unit (2967 patients)
The patient:		
1. is screened for ability to swallow within 24 hours of admission	78	50
2. has a brain scan within 24 hours of having the stroke	64	59
3. is given aspirin within 48 hours of admission	87	79
4. has an assessment by a physiotherapist in the first 72 hours of admission	88	65
5. has an assessment by an occupational therapist within 4 working days of admission	70	42
6. is weighed at least one time during admission	79	46
7. has his or her mood assessed by the time of discharge from the hospital	72	36
8. has goals set for rehabilitation agreed by the whole team looking after the patient	91	57

To learn more about this national audit, see Intercollegiate Stroke Working Party. *National Sentinel Stroke Audit Phase II (Clinical audit) 2008. Report for England, Wales and Northern Ireland*. Clinical Effectiveness and Evaluation Unit, Royal College of Physicians of London, August 2009. Available at: www.hqip.org.uk/assets/Downloads/Stroke.pdf and www.rcplondon.ac.uk/clinical-standards/ceeu/Current-work/stroke/Documents/stroke-audit-report-2008.pdf. Last accessed 2 April 2010.

Who carries out clinical audits

National medical, nursing and other professional bodies carry out clinical audits on some diseases or problems. All or most of the healthcare organisations that provide care for people with the disease take part. These clinical audits are referred to as **national clinical audits**.

You can get more information on national clinical audits at www.hqip.org.uk. You can also get information about specific national clinical audits from this website.

In each healthcare organisation, staff that work in a clinical service carry out clinical audits on the care they provide. For example, orthopaedic surgeons audit the care provided to patients who have knee surgery. These audits are sometimes called **local clinical audits**.

Sometimes, the same clinical audit is done in all clinical services in a healthcare organisation. For example, healthcare organisations do clinical audits on the quality of patient recordkeeping. For these audits, the records kept by staff working in all the clinical services in the organisation are included in the clinical audit.

Examples of other clinical audits that include all clinical services in a healthcare organisation are:

- patient consent to surgery and special procedures
- resuscitation of patients who collapse
- how well staff follow infection control procedures.

How to get involved

Patients can get involved in clinical audit in their local healthcare organisation. Ask your doctor or nurse or ask to speak to the Clinical Audit Manager in the organisation to find out how.

For more information

See www.hqip.org.uk for more information about clinical audit.