

What is clinical audit?



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

This definition is endorsed by the National Institute of Health and Clinical Excellence (NICE)

What is clinical audit?

Clinical audit is the process that helps ensure patients and service users receive the right treatment from the right person in the right way. It does this by measuring the care and services provided against evidence based standards and then narrowing the gap between existing practice and what is known to be best practice.

Clinical audit comes under the umbrella of clinical governance. Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish (A First Class Service: Quality in the NHS, 1998).

Aspects of patient care reviewed through clinical audit can include structure, processes and outcomes. These are selected and evaluated against standards and/or explicit criteria and, where necessary, changes are implemented at an individual, team or service level. A re-audit should then be used to confirm the improvements have been effective.

Topics for clinical audit should reflect national and/or local priorities or areas of concern. For example, national priorities might include cancer services or National Service Frameworks (NSFs), whereas local priorities might include NICE publications, best practice from clinical bodies, or issues identified through local incident reporting, complaints and PALS.

Clinical audit is a multi-disciplinary activity and should

involve representatives from clinicians and managers involved in the care and / or services being reviewed. Patients, service users and carers should be fully involved in the process wherever possible. Clinical audits should also follow the patient journey and this may include working across sectors, for example within primary, secondary and tertiary health and social care organisations.

Why is clinical audit important?

Clinical audit provides the framework to improve the quality of patient care in a collaborative and systematic way. When clinical audit is conducted well, it enables the quality of care to be reviewed objectively, within an approach which is supportive, developmental and focused on improvement.

Benefits of clinical audit include:

- promoting and enabling best practice
- improving patient experience and outcomes
- providing evidence that demonstrates where services are clinically and cost effective
- providing opportunities for training and education
- enabling better use of resources and, therefore, increasing efficiencies
- improving communication and liaison between clinicians, managers, patients and service users and organisations.

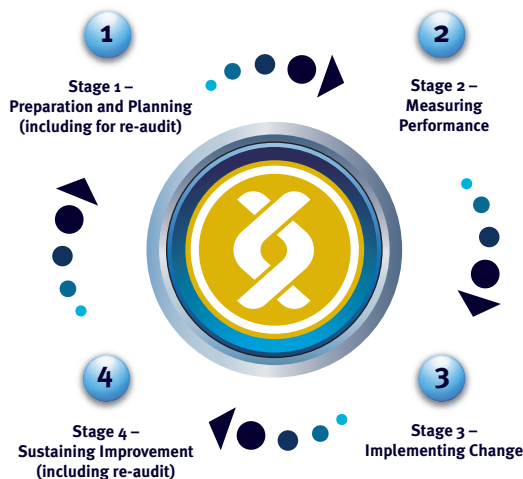
Who should be involved in clinical audit?

Everyone who is involved in the provision of healthcare should be involved in clinical audit. As part of the organisation's clinical audit programme all projects should be acknowledged and approved by the trust board of directors. Managers and senior clinicians should be informed and/or involved in individual projects as appropriate from the outset so that they are prepared to lead and resource any necessary changes in practice or services that will lead to a higher quality of care to patients, service users and carers.

Representatives of those delivering and receiving the care under review should be involved in all stages of the clinical audit process. This will include clinicians from different professions and patients, service users and carers wherever possible.

The clinical audit process

Clinical audit can be described as a cycle, see illustration. Within this cycle are stages that identify best practice, measure against criteria, take action to improve care, and monitor to sustain improvement. As the process continues, each cycle aspires to a higher level of quality.



Stage 1 - Preparation and Planning (including for re-audit)

This stage involves selecting the topic of the clinical audit, ensuring that it is a priority agreed by all those involved in the process and that the standards by which current practice is measured against are evidence based. A clear project plan needs to be developed, making sure structures, responsibilities and timelines are in place and that it is properly resourced with all relevant participants. Any financial costs associated with running the clinical audit should be identified and agreed, with those responsible for enabling necessary changes in practice committed and providing the necessary leadership.

Stage 2 - Measuring Performance

A detailed methodology and data collection process is designed and tested, including a sufficient sample size and a clear and concise data set. Data are analysed using appropriate statistical measurements and reported in a way that maximises the impact of the clinical audit by ensuring that results are communicated effectively to all key stakeholders.

Stage 3 - Implementing Change

Once the results of the audit and recommendations for change have been published, an action plan should be produced to monitor implementation of these recommendations.

Stage 4 - Sustaining Improvement (including re-audit)

After an agreed period, the audit should be repeated. The same strategies for identifying the sample, methods and data analysis should be used to ensure comparability. The re-audit should demonstrate that the changes have been implemented and that improvements have been made. Further changes may then be required, leading to additional re-audits.