

# Clinical Audit Awareness Week

20-24 NOVEMBER 2017

#CAAW



[www.hqip.org.uk](http://www.hqip.org.uk)

## Possible discussion points for your Audit Tea Break....

At HQIP we want to do as much as we can to help you get the best out of your Audit Tea Break! So just before our very own #AuditHero Mandy Smith retires, having been a rock to HQIP since it started, we asked her to go back to basics with this conversational cheatsheet.

Over to you Mandy....

### Question 1. What is clinical audit?

‘Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.’

*HQIP ‘New Principles of Best Practice in Clinical Audit’, Radcliffe Publishing, 2011.*

### Question 1. When is a clinical audit complete?

Possible answers:

When you have collected and analysed the data, presented your findings and made recommendations? – **WRONG** – because all you have done is collected data. You need to take action to improve the quality of care.

When you have discussed your recommendations with your colleagues and produced an action plan which has been signed off by a senior clinician? – **WRONG** – an action plan is important but it can simply be filed away and ignored. You have to implement the plan.

When you have implemented an action plan which includes reminding staff of the need to adhere to guidance and updating the local policy? **WRONG**. ‘Remind staff of the need to . . .’ or ‘Re-educate staff to . . .’ or retrain staff etc etc – the most common actions after an audit, but this is not a sustainable way of making changes, and after repeated cycles of audit fail to deliver real change it’s just nagging.

Here is our recommended way to complete the audit process:

- Collect and analyse the data, discuss your findings with the multidisciplinary team – because it is the front line staff who deliver care who will actually make the changes
- Understand the fundamental reasons for any shortfalls in the quality of care – use techniques such as root cause analysis – see HQIP guide
- Develop and implement an action plan which addresses the root causes – make it easier to do the right thing and harder to get it wrong
- Monitor the effects of the action plan to check that improvement has actually happened – have the actions that you have taken actually delivered the changes you expected? Have there been any unforeseen side effects?

See HQIP '[Best Practice in Clinical Audit](#)' for more information.

[www.hqip.org.uk/resources/best-practice-in-clinical-audit-hqip-guide/](http://www.hqip.org.uk/resources/best-practice-in-clinical-audit-hqip-guide/)

### **Question 2. What qualities do you need to be an effective clinical audit lead clinician?**

- They need enthusiasm and drive to act as champions and advocates for QI and clinical audit.
- They can come from any clinical profession or specialty
- They need to act in co-operation and collaboration with other clinical professions, with management and other key stakeholders
- They must have the authority to act, and their actions must be respected by their colleagues

More information can be found in the new HQIP '[Guide for clinical audit leads](#)'

[www.hqip.org.uk/resources/guide-for-clinical-audit-leads/](http://www.hqip.org.uk/resources/guide-for-clinical-audit-leads/)

### **Question 3. What do you do if you can't find published best practice clinical standards to audit against?**

It's possible to use locally agreed standards, but there are some pitfalls.

- What is the evidence base for the standards you have chosen? Local clinical consensus can be acceptable but you must make this explicit in the audit report.
- Is there genuine consensus amongst the clinical teams whose practice is being audited that the standards you have chosen represent best practice? If not, you may not get buy-in to any plans to improve practice based on the audit findings.
- Are the standards that you have chosen acceptable to other key stakeholders such as the Trust board and commissioners?

The other alternative is to use a QI method which is not based on standards, such as Lean techniques to reduce waste and improve efficiency, or the IHI model for improvement to introduce and test changes in practice. More information on these methodologies and others can be found in HQIP's '[Guide to Quality Improvement Methods](#)'.

<http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>