HQIP Case study:



Improving the rate of re-audit at South Devon Healthcare Foundation Trust

This submission demonstrates:

- The trust's commitment to improving the rate of re-audit
- The processes to achieve their aim
- The outcome

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Name of organisation:
South Devon Healthcare Foundation Trust
Website address:
http://www.sdhct.nhs.uk/

Summary

Staff at South Devon Healthcare Foundation Trust actively participate in clinical audit but historically the number of re-audits were low. In 2001-2002 the re-audit rate was as little as 6%.

However, following the introduction of new procedures, the rate of re-audits occurring rose to 70% in 2008 steadily rising to 80% in 2011 and currently 82%.

Background

Clinical audit is embedded into the culture of the Trust through a clear system, process, organisational structure and accountability. Conducting audits is incorporated into all clinical job descriptions, and clinical audit provides vital information to the Trust Board and informs strategic decisions and objectives.

Aims

To improve the rate of re-audit for projects where compliance falls below the Trust's standard of 90%

Approach

Within each clinical speciality, either a consultant or senior nurse takes on the responsibility of Clinical Audit Co-ordinator (clinical lead), usually for a period of 3 years. The Clinical Audit Co-ordinator nominates a project lead for each audit and the clinical audit facilitator works with this clinician to

ensure that the project is robust and complies with audit methodology. In some specialties rotational clinicians are required to undertake a clinical audit during their period in that specialty; they may be required to initiate an audit or undertake the reaudit. On completion the project lead is issued with a "Certificate of Completion" detailing the extent of their involvement. The annual audit programme stipulates two audits from each specialty/department but in practice more are carried out.

In addition to four clinical audit facilitators who are assigned to particular divisions and trust wide projects the Effectiveness Department also has two deputies, one of whom is responsible for audits being carried out and completing the audit cycle, whilst the other is responsible for effectiveness through protocols, guidelines such as NICE, clinical audit training and is highly skilled in the use of databases.

The Clinical Effectiveness Group in the trust (consisting of Medical Director, Director of Nursing and Governance, Governance Lead, Clinical Effectiveness Manager, Pharmacy Lead, NCEPOD Champions, Chair of Drugs and Therapeutics Committee and GP CCG member) review all results of audits together with action plans, and ensure that these are robust and implemented. The priority is to focus on those audits below 90% achievement level.

A robust access database is used to monitor clinical audit registration, progress, action plans and implementation, and ensures re-audits are carried out when changes are implemented. Information on clinical audits is published on the local intranet with permission of clinicians and the Clinical Effectiveness Group. Clinical audit information is also discussed at the Patient Safety & Quality Committee.

Outcomes

Re-audit rate has improved year on year and is currently 82%

Conclusion

Clinical audit is embedded into the culture of the Trust through a clear system, process, organisational structure and accountability. Conducting audits is incorporated into all clinical job descriptions, and clinical audit provides vital information to the Trust Board and informs strategic decisions and objectives

Full paper available

Quotes

"The organisational lead, (Clinical Effectiveness Manager) has been in post since 1990 and firmly believes that clinical audit is only value for money when it can demonstrate a subsequent change in practice, or provide evidence of compliance to best practice. It is therefore essential to have a mechanism to identify when re-audits are due to take place and the re-audit rate."

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