Auditing Clinical Practice

Clinical Effectiveness Training

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Aims of training session

• Provide a general overview of concepts around clinical effectiveness

• Provide theoretical knowledge and demonstrate practical application of clinical audit as a tool of clinical effectiveness
Clinical Audit

• ‘A quality improvement process that seeks to improve patient care and outcomes through a systematic review against explicit criteria and the implementation of change’

  ➢ Asks questions like: ‘Are we following best practice?’ & ‘What is happening to patients as a result?’

Getting Started

➢ Why are you going to audit?
➢ What are you actually going to measure?
➢ When are you going to audit?
➢ How are you going to audit?
➢ Who is affected by this audit?
Clinical Audit

Problem identified; Guidelines issued

Re-audit (2nd cycle) to confirm improvement

Criteria agreed and standards set; audit tool designed

Action plan constructed and implemented

Baseline data collection

Analyse and report; assess areas for improvement

- Only 24% clinical audit projects complete the audit cycle
• Choosing a topic
• Standards & Guidelines
• Stakeholders
• Timing
• Data Collection
• Reports
What makes a good topic for audit?

- High cost, volume, or risk to staff or users
- Evidence of a serious quality problem, e.g. patient complaints or high complication rates
- Evidence available to inform standards, e.g. systematic reviews or national clinical guidelines
- Problem concerned amenable to change
- Great significance to patient care
- Data readily available
What makes a good topic for audit?

• The possible change indicated will reduce risk to patients/staff.
• Multidisciplinary involvement has been considered.
• Project requires cross sector input/working.
• Clearly defined aim/objective.
• There is high throughput of intervention to be audited.
• Results can be measured against a standard/target/guideline.
• There is an intention to improve care
Audit Drivers

- National priorities
- SIGN, NICE, NHS QIS, Royal Colleges
- Work plan
- Adverse incident
- Complaint
- Perceived potential for improvement
- Clinical experience
- Case note review
- Literature review
- Observing practice and outcomes
Standards & Criteria

• **Standards** are authoritative statements of essential or desirable practice
  ➢ e.g. All decisions on your dental care, including preventative care, will be based on a full assessment of your needs.

• **Criteria** are the measurable components used to determine whether the standard is being met
  ➢ e.g. You are asked about your dental history. This is followed by a dental and oral examination.
  ➢ e.g. You are offered any investigations that your history and examination show that you need.
Targets

- **Targets** specify the proportion that should meet criteria
  - based on importance, practicability and acceptability
  - ie (Clinical Effectiveness Outcome indicator 1)
  - Decayed teeth aged 5 years old and under, reduction in number of carious teeth/child.
    - Achievement threshold: 50% under 5s decay improved or maintained.
Defining the Audit Objective

Verb + feature of quality + subject

• Verb is key to your objective e.g.

‘Counting’  ‘Comparing’  ‘Changing’

Select the most appropriate

<table>
<thead>
<tr>
<th>poor</th>
<th>better</th>
<th>better still</th>
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</thead>
<tbody>
<tr>
<td>Determine</td>
<td>Assess</td>
<td>Increase</td>
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<tr>
<td>Survey</td>
<td>Indicate</td>
<td>Ensure</td>
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<tr>
<td>Examine</td>
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<td>all patients</td>
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<tr>
<td>Look at</td>
<td></td>
<td>Reduce incidence of</td>
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Clinical Audit: Barriers

- Increased workload
- Lack of time
- Distraction from patient care (clinical commitments)
- Burdensome
- Lack of guidelines, standards, protocols or policies
Clinical Audit: Benefits

• Real improvements in service delivery
• Insights into clinical practice
• Enhanced professional standing
• Provides reassurance to colleagues, patients and public
• Publication opportunities
### Project Topic:

<table>
<thead>
<tr>
<th>Criteria 1</th>
<th>Criteria met?</th>
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<tbody>
<tr>
<td>Aligns with themes for improvement in Directorate Governance Work Plans</td>
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<tr>
<td>Aligns with NHSGG&amp;C priorities for improvement e.g. Consent Process, Infection Control, Safe and effective prescribing</td>
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<tr>
<td>Will be able to re-audit within available timeframe to ensure that the change has &quot;bedded in&quot;.</td>
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<td>Compliance can be measured against national standards, guidelines, policies or conclusive evidence about clinical effectiveness</td>
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<td>Change/improvement is possible if results show this to be required</td>
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<td>There is management buy-in therefore results will be acted on</td>
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<td>There are clear aims and objectives</td>
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<td>There is multidisciplinary involvement</td>
<td></td>
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<tr>
<td>Data is available for retrospective/prospective data collection-barriers considered</td>
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<tr>
<td>Project Topic:</td>
<td>Criteria 2</td>
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<tr>
<td>The topic relates to improving patient safety (i.e. consent, prescribing, administering drugs, recording clinical information)</td>
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<td>This task/activity is undertaken frequently, thus increasing the possibility of error/omission i.e. check listing, assessments, screening</td>
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<tr>
<td>Complaints have been received about this aspect of care/practice that you can influence the change process</td>
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<tr>
<td>Problems have been identified anecdotally about aspects of care</td>
<td></td>
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<tr>
<td>There is clear potential for improving service delivery because something is obviously not meeting your needs or those of your clients</td>
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<tr>
<td>Our consumers think we should improve this</td>
<td></td>
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<tr>
<td>This project will support more efficient use of our resources</td>
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<td>The project does not cross over other ongoing work such as National audits which the Division/Directorate has agreed to participate in, such as Stroke, Cancer, Fractured Neck of Femur, Coronary Heart Disease, etc- but could complement such work.</td>
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<tr>
<td>Project worth undertaking?</td>
<td>15</td>
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Stakeholders

- Members of the management team who will have to approve and drive any changes
- Practitioners who provide the care or service
- Practitioners who refer patients for the care or service
- Practitioners who provide follow up on care
- Staff whose help will be needed to carry out the audit
- Staff potentially affected by any change in practice
- Staff who will have to implement the change
- Patients and carers
Why Stakeholder Involvement :-

• Expert resource about current practice
• Contribute to or comment on audit design
• Potential source for data needed
• Possible data collectors
• Monitor or examine exceptions
• Analysis of, or reflection on the findings of data collection
• Action planning to achieve improvements
• Secure managerial or financial support
• Monitor implementation of agreed actions
• Work with *not* against
Timing

• Prospective (collecting data as events occur; data not yet available from any other source)
• Retrospective (collecting data after the event; data may be available from another source)
• Time constraints e.g. limited funds
• Period when data are potentially more readily available
• Specific periods of time unsuitable
• Soon enough to be relevant
Timing

- Late enough to allow completeness of data
- Period best for obtaining valid and reliable picture
- Random selection of period of time to avoid any bias
- Seasonal variation
- Period best considering total numbers and/or objectives

Can you think of potential sources of data?
Other Considerations

- High cost, volume, or risk to staff or users
- Evidence of a serious quality problem, e.g. patient complaints or high complication rates
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- Problem concerned amenable to change
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Other Considerations

• Data readily available
• Qualitative data (Experiences and views: What do you think? How do you feel?)
• Quantitative data (Facts & figures: How much? How many?)
• Barriers: could anyone share any barriers they have encountered (or think they might encounter) in undertaking an audit?
Potential sources of data

• Patient case notes
• Clinical information systems – R4
• Observation of care
• Staff questionnaires
• Patient questionnaires
• Stakeholder interviews
• Facilitated discussions
• Adverse incidents
• Complaints
Population

• The entire collection of patients, events or things in which you are interested
  ➢ e.g. all the patients who had a red blood cell transfusion in A&E in VI from 01/10/2008 – 01/05/2009

Advantages:
• 100% accurate representation
• 100% confidence in data

Disadvantages:
• Impractical if population is too large or not easily identified
• Time and resources required
Sample

• Selection of patients, events or things
• Drawn from the population in which you are interested
• e.g. every 5\textsuperscript{th} patient who had a tetanus injection in A&E in VI from 01/10/2007 – 01/10/2008
• Ideally reflects the characteristics of the population from which it has been drawn
• Provides information about the population without the need to examine the population in its entirety
• Sample design can achieve a balance between the required precision and the available resources
Sampling Considerations

• Sample size may depend on the resources available (time, money, staff)

• Whether inferences need be drawn from sample to the population (and whether sample representative of wider population)

• Even if sampling strategies are carefully applied, some error may result from chance variation (reduced by increasing the sample size)

• Larger samples more likely to yield results that are more representative of the population (level of confidence)

• Importance of accuracy (confidence interval)

• Levels of confidence and confidence intervals may be key to securing managerial action
Recording of data

- Data collection sheet  
- Direct Observation  
- Database

Data Collection Sheet

- Closed (rather than open) questions
- Check for ambiguity
- Relevant questions - align with objectives
- Logical sequence
- Tick boxes if all options are available (fair choice)
- Clear instructions with data definitions
- Font size and spacing user friendly
- Pilot and make necessary adjustments

Avoid: Jargon  
- (Double) Negative questions  
- Free text

Example of a badly constructed proforma:-
Code of Conduct for Audit

• Clarifying/justifying the purposes of the audit
• Consent
• Ensuring anonymity
• Safeguarding confidentiality
• Respecting the privacy of data providers
Legal and Ethical Considerations

• Data Protection Act 1998
• Eight Principles of the Data Protection Act
• Freedom of Information Act
• Caldicott Guidance
• Codes of Conduct
• Local Policy
Alternative Audit Methodologies

• Rapid Cycle Approach
• Significant Event Analysis
• Facilitated Discussion
Rapid Cycle Approach

• Implement interventions in the way care is being provided in order to improve practice as soon as possible

PDSA Cycle

1. Problem identification and desired outcome
2. Identify most likely causes through data
3. Identify potential solutions & date needed for evaluation
4. Implement solution & collect data needed for evaluation
5. Analyze data and develop conclusions
6. Recommend further study and/or action
Rapid Cycle Or Traditional Audit Cycle

Rapid Cycle
• Almost instantaneous
• Follows the premise that ‘if it is wrong, it is wrong and you do not need further evidence’

Traditional Audit Cycle
• Necessarily takes time to reach conclusion (action plan)
• Uses weight of evidence to effect change

Both have their merits
Significant Event

• ‘A significant event is an occurrence which anyone in the team thinks has significance in the care of patients or in the conduct of practice’.
• Celebration (confirmation of good practice).
• Incident (near miss).
• Accident (adverse event).
• Mistake (error).

Significant Event Analysis

• Alternative to clinical audit
• Encourages reflective practice
• Learning process
• Formative not Punitive
Significant Event Analysis

What happened?
• Collate and record all factual information available
• What, when, where, who, outcome, thoughts and opinions of those directly and indirectly involved

Why did it happen?
• System failure, human error, flawed procedure, non-compliance
• Acknowledge associated factors (underlying or contributory reasons)

What has been learned?
• Agree, record and share the main learning issues with those directly concerned
• Check that there has been insight (reflection complete or superficial)
• Share with wider audience (remember confidentiality applies to both patients and staff)
• Avoid blame (we want to know what is wrong not who)

What has been changed?
• Agree and implement actions needed to minimise recurrence (if change is deemed appropriate)
• Monitor effect of any change introduced
Tips for Success

• Team approach works best…
• Make sure you are doing audit – not research
• Make sure the topic is valid
• Make sure criteria and standards are robust
• Make sure the audit is well planned but keep it simple!!
• Identify an audit lead to oversee progress
• Data must be reliable, valid and accessible
• Audit methodology must be sound, e.g. sample size
• PILOT!!
• Keep the audit moving – progress is vital
• To maximise chance of improving practice – feed back in near real time
Report Writing

• ‘How To’ guide available