

## Clinical Audit - Top tips for Specialty & Specialist Registrars

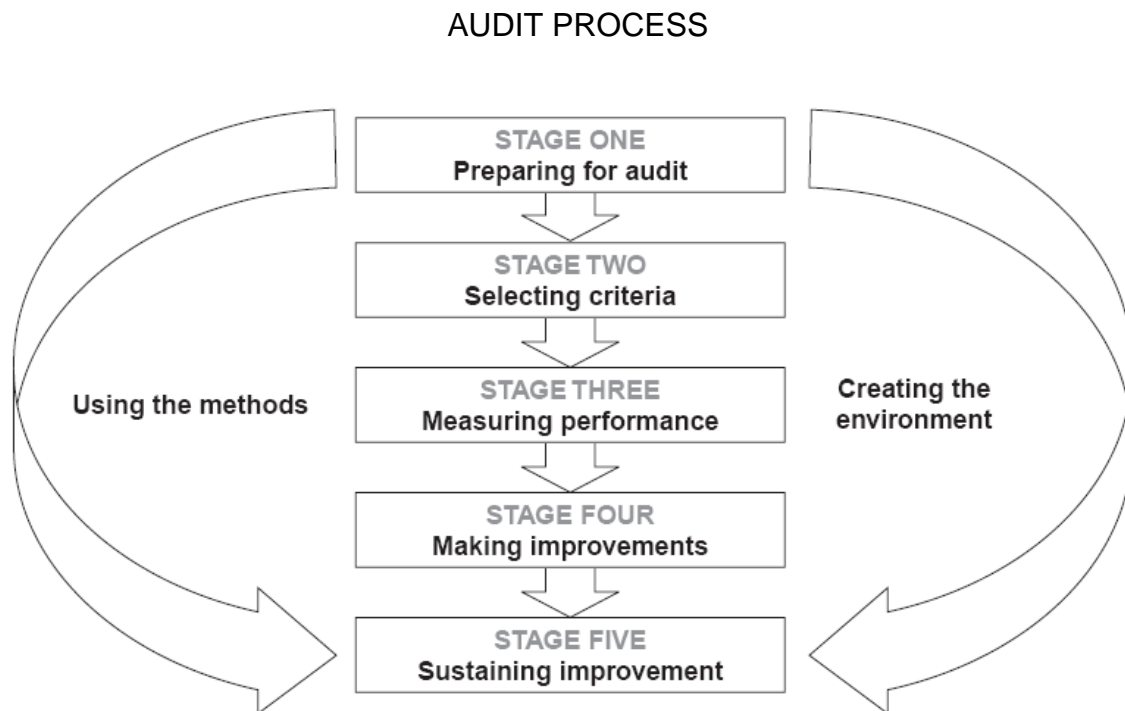


Fig.1 The stages of clinical audit taken  
NICE *Principles for Best Practice in Clinical Audit* Oxford, Radcliffe Medical Press

### Preparing for Audit

#### What topic to choose

- What is important locally
- What seems to have poor or variable quality of care
- What has a clear evidence base behind it [NICE Guideline, NSF, National Guideline, Specialist Society Guideline] – see [RCP Guidelines database](#)
- Can you link in with a multi-centre audit – see [RCP Audit database](#)
- What are you interested in
- What might be amenable to change

#### Who will you need to help with the audit

- Talk to the Clinical audit department
- Talk to your educational supervisor
- Talk to professional colleagues e.g. nursing, physio, OT [as appropriate]

#### Produce a project plan

- It is likely that the clinical audit department will have a standard format to ensure all aspects are considered

### Selecting criteria

- Consider if you wish to measure:

- Structure i.e. the staff, systems and structures in place to deliver a service
- Process i.e. the processes of care received by a cohort of patients
- Outcomes i.e. the outcomes of care for a cohort of patients
- Consider case mix - case mix will have a big impact on outcomes.
- Link criteria directly and specifically to guideline standards
- Select criteria that can be clearly defined
- Select a limited number of criteria – fewer criteria from more patients will provide better information than many criteria from a few patients
- Select criteria for which data can be reliably collected from the hospital/case records

### **Measuring performance**

- Define the patient group to be audited precisely
- Define sample size of patients to be audited – is it representative, is it large enough for outcomes to be meaningful
- Ensure no bias in patient selection i.e. ensure a consecutive series of patients are reviewed or ensure a robust selection process
- Use a standardised data collection form
- Maintain anonymity of data.

### **Analysis and Reporting**

- Analyse data as soon as possible to maintain relevance of audit
- Use graphics to present data
- Feed back results quickly within local health setting.
- Present at regional/ national meetings
- Feed into multi-centre specialist audit

### **Making improvements**

- No point in audit unless care deficiencies are addressed.
- Develop a process for feed back and implementation of change
- Include:
  - Clinical champion
  - Management
  - Multi-professional team
- Develop a SMART “action plan”
  - Specific
  - Measurable
  - Agreed
  - Realistic
  - Timely
- Ensure action plan is reviewed

### **Re-audit**

- Have a plan for re-audit