PROFESSIONAL DEVELOPMENT

AUDIT OBJECTIVES AND STANDARDS

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Once the topic for a clinical audit project has been identified, it is important for the audit team to agree exactly what the project is trying to establish or achieve. This is to ensure that the audit stays focused and that time and resources are maximized. In other words, you need to list your **objectives**.

SETTING OBJECTIVES

Start by defining the overall purpose to your project (which you may also hear called the 'aim'). This helps you focus on what you are trying to achieve with your project and should be related to:

1. The rationale behind choosing your audit **topic**
2. The audit **standards**

The overall purpose can be written as a question your audit should answer, e.g.

"Are we applying best practice in the management of leg ulcers?"
"Is our management of compound fractures in line with local guidelines?"

Or as a statement that expresses what you want to happen as a result of the audit:

"To improve the care received by patients who develop leg ulcers"
"To ensure compliance with local guidelines for compound fractures"

Your purpose should not merely be to "count the number of" or "examine" but should focus your audit towards achieving improvements in practice where necessary, as per the definition of clinical audit.

The overall purpose provides a broad structure for your audit, which may need to be broken down into more detailed and specific component parts, to clarify the steps you will need to take to achieve your purpose. These can be written as specific tasks to be undertaken, or as different aspects of quality that your audit will focus on.

Taken together with the overall purpose, these form your audit objectives.

Aspects of quality that your audit could focus on:

Accessibility	Is it easy for patients to get care?
Equity	Is the treatment available to all patients on an impartial basis?
Acceptability	Are treatments acceptable to patients? (Satisfaction with care)
Appropriateness	Is this the right treatment?
Timeliness	Is the treatment given at the right time?
Effectiveness	Is the treatment being delivered in the right way and with the desired effect? (Right process & Outcome of care)
Efficiency	Is the treatment achieving the desired outcomes with minimum effort, expense and waste?

Try to express such objectives as "**to ensure that**…" (An aspect of care is being addressed)

In practice, most audits focus on **Appropriateness, Timeliness** and/or **Effectiveness**.

Acceptability is usually a focus of research or patient involvement activity, rather than clinical audit. Accessibility and equity issues may be more successfully tackled by management addressing problems in the structural aspects of care. Efficiency issues are best resolved by service improvement work, which improves processes and systems of care by process mapping and redesign.

HOW TO SET AUDIT OBJECTIVES

For example, a project outline might look like this:

Topic:	Leg ulcers
Overall Purpose:	To improve the care received by patients with leg ulcers
Objectives:	To ensure that leg ulcers are treated appropriately
	To ensure timely treatment of leg ulcers

Setting objectives is not the end of the story – we couldn't measure our care against this as it stands; we don't know what 'appropriate' treatment is, nor what 'timely' treatment would look like. This is where audit **standards** come in, which define exactly how these aspects of care will be measured.

AUDIT STANDARDS

Clinical Audit is by definition standards-based (sometimes called 'criterion-based'); it involves collecting information about patient care and treatment, but more than that, it is about ensuring quality - making sure that we are doing the things we should be doing.

Standards are formal statements about how patients should be managed or services delivered. They seek to ensure the best possible care, given available resources. They are a basis for measurement of care.

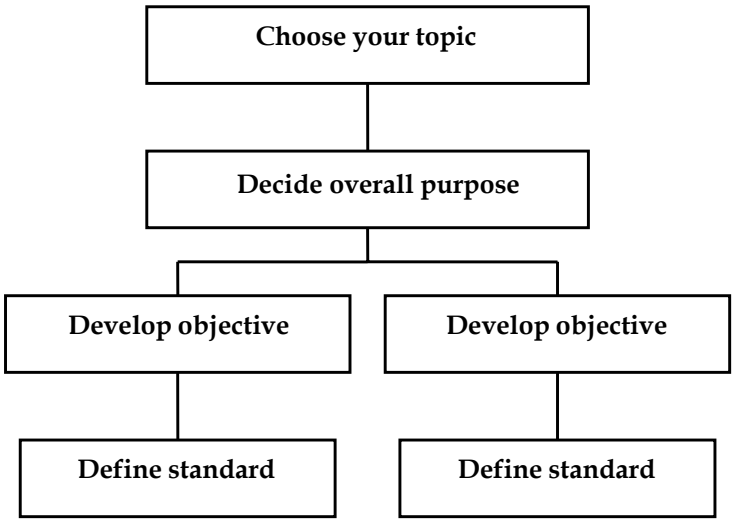
"A standard is an explicit statement describing the quality of care to be achieved, which is definable and measurable"

Using standards to describe and define precisely the service we are seeking to provide means that we can:

1. Accurately inform anyone who might want to use (or purchase) our service, what service it is that we are offering (a standard in the form of a guarantee)
2. Identify the things we need to enable us to provide our service
3. Monitor and improve our performance

Standards and audit are integral to each other: you can't have one without the other. There is little point in measuring something (auditing) without knowing what should be happening and likewise, a standard which cannot be measured is meaningless.

Your standards should be related to your audit topic and objectives, as per the below framework:



Standards may flow from your objectives, as per this model. Alternatively you could start by looking at the standards you want to audit against, and then develop the topic and objectives.

HOW TO DEFINE AUDIT STANDARDS

Development of audit standards

Standards may already exist locally or nationally, in the form of guidelines or protocols. National standards should be available and been developed from a sound base of research evidence. If there are no recognized standards available from these sources, you will need to develop your own. These should always be based on **the best available, most up-to-date evidence**. You will need to undertake a **literature search**, in order to identify relevant evidence from which to develop your audit standards.

A generally accepted hierarchy for the strength of evidence to base your standards on is:

Stronger Systematic Reviews of Randomized Control Trials (RCTs)
Results of single RCTs
Results of well-conducted non-RCT clinical studies
Expert committee reports; clinical experience of respected authorities
Weaker Personal experience and opinion

Standards should be based on the strongest evidence available according to this hierarchy. If standards are available in the form of guidelines, you should base your audit on the most widely applicable guidelines available, e.g. national guidelines rather than Regional or Local guidelines. However, be aware that guidelines are only as good as the evidence they are based on – even some national guideline statements are only 'good practice', without any research evidence base.

In an ideal world, standards are based on the evidence of systematic reviews of research findings. In practice, local standards may draw on a combination of research evidence and local experience/opinion (depending on your topic, published research findings may be very thin on the ground).

Ensure that there is local agreement (e.g. from senior clinicians in the institution) that your audit standards represent best practice before you conduct an audit using these standards, as you will find it hard to improve practice without an agreement about what best practice is! It is particularly important to ensure agreement locally if the evidence base to any standard is weak.

Writing Audit Standards

There is no one single way of writing a standard but any well-written standard must be **SMART:**

Specific (clear, unambiguous and jargon-free)
Measurable
Agreed (by all concerned with delivering that aspect of care)
Relevant
Theoretically sound (based on best evidence)

Once you have identified the evidence base and agreed what represents best practice in this area, you will need to write out the standards you will use to measure against in your clinical audit project. Even if you are basing your audit on a national guideline, you may need to do some work to make the guideline recommendations into SMART standards, and to choose which standards to focus on in your project.

It is recommended that standards are written out as per the model below. This standard relates to the first objective of the Leg Ulcer example on the previous page, "To ensure that leg ulcers are treated appropriately":

Standard statement	Target	Exceptions	Source of evidence	Instructions for data collection
Venous leg ulcers will be treated with graduated multi-layer high compression bandaging	100%	ABPI <0.8 (ankle: brachial pressure index)	RCN 'Management of Venous Leg Ulcers' guidance (1998) & UBHT protocol (http://intranet/tissue/)	See patient case notes

Taking each aspect of this model in turn:

Standard statement – this further defines the practice addressed by the objective, describing in a measurable way what care should be delivered. Content should be derived from the evidence-base described in the fourth column **(Source of Evidence)**.

Target - when writing audit standards, it is normal to set the target at 100% (i.e. the standard statement is something you will always do), the theory being that, if this is best practice, everyone is entitled to receive it. Reasons for setting the target at a figure lower than 100% may be:

1. Setting target at 0% if referring to something you will never do
2. Setting a realistic target for a first audit, with the intent of raising it towards 100% in subsequent audits. For example, in an audit about discharge after day surgery, the standard could be "Patients admitted for day surgery will be discharged by 5pm, when the Day Unit closes". In practice, the Day Unit rarely closes at 5pm with patient discharge being delayed for many reasons. Setting a target at, say 80%, might be more realistic for a first audit, leaving scope for raising the target for the re-audit
3. The % compliance found in a previous audit could be used to set the target for the re-audit, or the figure suggested by the research literature could be used as a target. These targets might be used as in the bullet point above, as part of a step process towards achieving full compliance (100% or 0%) The danger of setting targets below 100% is that the figure you settle on may be entirely arbitrary, and if achieved may promote unwarranted confidence in the service and a lack of motivation to improve practice further where it may in fact be necessary.

Exceptions - there may be acceptable reasons for a subject (usually a patient) not meeting the standard statement. A common reason is patient choice, for example, if a patient was not seen within a standard of 4 weeks from referral because they had gone away on holiday. Exceptions are justifiable reasons for not providing the level of care specified (e.g. it is not our failure in our care if a patient chooses not to accept care), compared to excuses, which are a defense of failures in care that should be

rectified where possible. Consensus on the list of exceptions should be achieved before the start of an audit. Be careful that an exception isn't a failure in care in disguise – e.g. 'patient choice' may mask the fact that the patient wasn't given sufficient information about risks and benefits to confidently agree to treatment.

Source of evidence - It is recommended in addition to stating the source of evidence to state the strength of the evidence-base – the stronger the evidence base, the more likely it is that staff will agree with your audit standards and therefore the more likely they will be to commit to making changes if your audit shows the standards aren't currently being met.

Instructions for data collection - State clearly how each of the standard statements will be audited, i.e. where will you go to find these particular pieces of information? This will be needed to plan future audits against this standard but also provided an opportunity to review whether it will be feasible to collect the data needed to measure against this standard. If the only way to collect the data you need is by long periods of observation, do you have time/staff available to do this, or must you re-think your standard?

How are standards used to measure care?

At the end of your data collection and analysis you will have three groups of patients:

1. Those who conformed to the audit criteria
2. Those who didn't conform to the audit criteria but who fitted into the exception criteria
3. Those who didn't conform to the audit criteria or meet the exception criteria

Now it may be that there are other valid reasons for not meeting the standard which you had not previously considered as exceptions. It is therefore important to scrutinize the cases in the third category (preferably as an audit team) and decide whether the reasons for them not meeting the standard statement are acceptable or whether they identify failures in care that can and should be rectified.

When you come to audit against your standard and calculate whether you have met your targets, you will need to decide how to treat your exceptions (either just those that were pre-defined or including any post-audit agreed ones). If 80% of your patients conform to the audit criteria and 20% meet one or more of your exceptions, then you have a strong case for saying that you have in effect achieved **100**%, i.e. you have done everything within your powers to conform to the standard. You should state clearly in your presentation of results that this is the way you have treated the data, i.e. you should not give the false impression that 100% conformed to the audit criteria, with no exceptions.