PROFESSIONAL DEVELOPMENT

HOW TO CHOOSE AN AUDIT TOPIC

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STRUCTURE, PROCESS OR OUTCOME

Clinical audit could look at one or more of the following:

1. **Structure -** the resources which enable treatment/care to happen
2. **Process** - the treatment (or investigations/procedures) itself
3. **Outcome** - what happens to the patient (measurable change in health status)

Audits of **structure** look at the things which need to be in place to enable a high standard of care - staff, environment, equipment etc. E.g. the accessibility of the outpatient clinic to the public, waiting area, adequacy of staff or equipment.

Audits of **process** focus on the clinical care, therapy or procedure received by patients. These audits usually involve using adherence to proven processes as quality indicator – if research has shown treatment X to have the best outcomes, the audit question is "Are we giving our patients treatment X?" (As opposed to treatment Y or Z which have poorer outcomes).

Audits of **outcome** look at the results of our interventions. Obvious examples are mortality and morbidity rates. Less widely used – but arguably just as important - are quality of life indicators, both generic (e.g. SF36, EuroQol) and disease specific (e.g. HoNOS for mental health).

Deficiencies in **structure**, e.g.. lack of staff or equipment, are costly to put right and usually need to be addressed by the management team within budgetary priorities. Although a clinical audit project could be used to gather the evidence that change is needed, unless the management team is involved and supportive from the outset, you will not be able to complete the audit cycle by making changes and re-auditing to confirm improvement.

Measuring **outcomes** is complex. Even where an outcome measure seems obvious, such as death, do you include inpatient deaths only or deaths within 30 days of surgery; do you try to exclude deaths resulting from co-morbidities? Also, if we find that our outcomes are poor, how do we improve them? Only by altering the **processes** followed to produce the outcome.

Therefore, clinical audit usually focuses on measuring whether we are following best practice **processes**, i.e. which usually brings about the best outcome. However: if we only measure process we might not know what happened at the end of it. Therefore, where possible we may want to look at both processes and outcomes.

DECIDING WHAT IS IMPORTANT

Resources available for audit are usually limited. Therefore we need to ensure that the audit topics we choose are considered important, either to our specialty or to health system as a whole. Sometimes topics are chosen for us locally or nationally as considered important by the appropriate authorities. Otherwise the following questions can guide you to the important topics suitable for clinical audit:

1. Are there areas where **problems** have been identified?
2. What do **consumers** think we should look at?
3. Where is there clear potential for **improvement**?
4. Where do **national standards** or **guidelines exist**; where is there conclusive evidence about clinical effective practice?
5. What things do we do **frequently**?
6. What **high-risk** activities do we undertake, where an audit might show up problems and potential for improvement?
7. What **high-cost** areas are there where an audit might identify ways to save money?

PRIORITIZING TOPICS

Quality impact analysis (QIA) is a way of using the kinds of questions just mentioned to generate and prioritize ideas for clinical audit. This activity is best carried out as a group exercise involving representatives of all staff responsible for providing a service, for instance, members of a clinical team. The team is asked to come up with a number of potential audit ideas relating to a given heading(s).

The example shown here concentrates on **frequent** items, **risk-associated** items and a third category of **general concerns**. By identifying five things that are done frequently, five things that involve risk and five things that are currently of concern to staff, the team produces a list of topics.

The next stage is to create a scoring matrix by rating each identified idea against the same headings originally used to generate the ideas, i.e. for frequency, risk level and general concern, for example, as a score between 1 and 3 (1 for low frequency, 3 for high frequency, and so on), and then adding to find a total score. The highest scoring topics (i.e. with a score of 8 or 9) should indicate the priority topics for attention.

In this way, we have used our questions firstly to identify potential topics and then to prioritize them.

This QIA model can be taken and adapted as you see fit. You could, for example, use different criteria, e.g.. cost, availability of evidence about clinical effectiveness or issues that patients have expressed concern about. You could use a broader scoring scale (e.g.. 1 to 5) and/or use more than 3 criteria, perhaps applying a weighting to more important criteria.

The following example relates to a specialist breast care team planning their clinical audit program:

	Frequency	Risk level	Concern Level	Total
Frequent				
1. Providing information to patients	3	3	1	7
2. Support for carers / family	2	2	2	6
3. Responding to referrals	3	3	3	**9**
4. Radiotherapy	2	3	1	6
5. Post-operative care				
Risk-Associated				
1. Reaching the right decision	3	3	1	7
2. Patient follow-up	3	3	2	8
3. Timely test results	3	3	1	7
4. Informed consent	2	3	2	7
5. Side effects of treatment	2	2	2	6
General Concerns				
1. Patient Satisfaction	3	3	3	**9**
2. Multi-disciplinary communication	3	3	3	**9**
3. Appropriateness of surgery	3	3	2	8
4. Missing medical records	1	3	2	6
5. Communication with patients	3	2	2	7

The total scores suggest the breast care team's priority areas for audit might include patient satisfaction, multidisciplinary communication and how they respond to referrals.

Not all topics identified in this way will be suitable to base a clinical audit project on. Before choosing a topic for clinical audit it is advisable to ensure that there is an ability and willingness in the clinical team to improve practice in this area. It is also necessary to ensure there are evidence-based standards available for this topic.

IDENTIFICATION OF TOPICS THROUGH PATIENT PATHWAYS

Another approach to identifying audit topics is to focus on patient pathways for given clinical conditions. Every patient passes through a number of points on their journey between their first and last contact with the Trust, e.g.:

Admission - Assessment - Diagnosis - Treatment - Review - Discharge

At each point on this pathway there are aspects of care that could be audited, e.g.:

1. Have patient history and examination been properly recorded following admission?
2. Were appropriate investigations carried out?
3. Was the treatment appropriate and timely?
4. What was the outcome?
5. Is the content of discharge summary adequate?

Also consider the **interface** of this pathway with other organizations – care often falls down here because of problems in communication. We should be looking not only to audit the care given in our organization but across the interface of the patient pathway, e.g. referrals in or discharges from the hospital.

TOP THREE TIPS

1. Focus your efforts where there is greatest potential for improvement. Don't waste valuable time looking at areas where realistically you know there is little possibility of making improvements.

2. Get all your stakeholders (colleagues, managers, users, etc) on board from the start and make sure that they understand clearly what you are trying to achieve.

3. Clinical audit needs to be justifiable in terms of the benefits it will bring about for patients balanced against the amount of time and resources it takes.