

Clinical Audit

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What is a Audit?



It is the process of reviewing of delivery of care to identify deficiencies so that they may be remedied.

What is Medical/ Clinical Audit?



According to NHS UK

“Clinical audit is the systematic analysis of the quality of health care, including the procedure used for diagnosis , treatment and care, the use of resources and the resulting outcome and quality of life for the patient.”

**As per the NICE(National Institute Of
Clinical Excellence)-**

“ A quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria and the implementation of change.”

Medical Audit (MA) is not.....

- A fault finding mission
- A Punitive Action
- An external quality control method
- To be conducted by any professional other than medical professional.

Who will carry out MA?

Medical Audit Committee

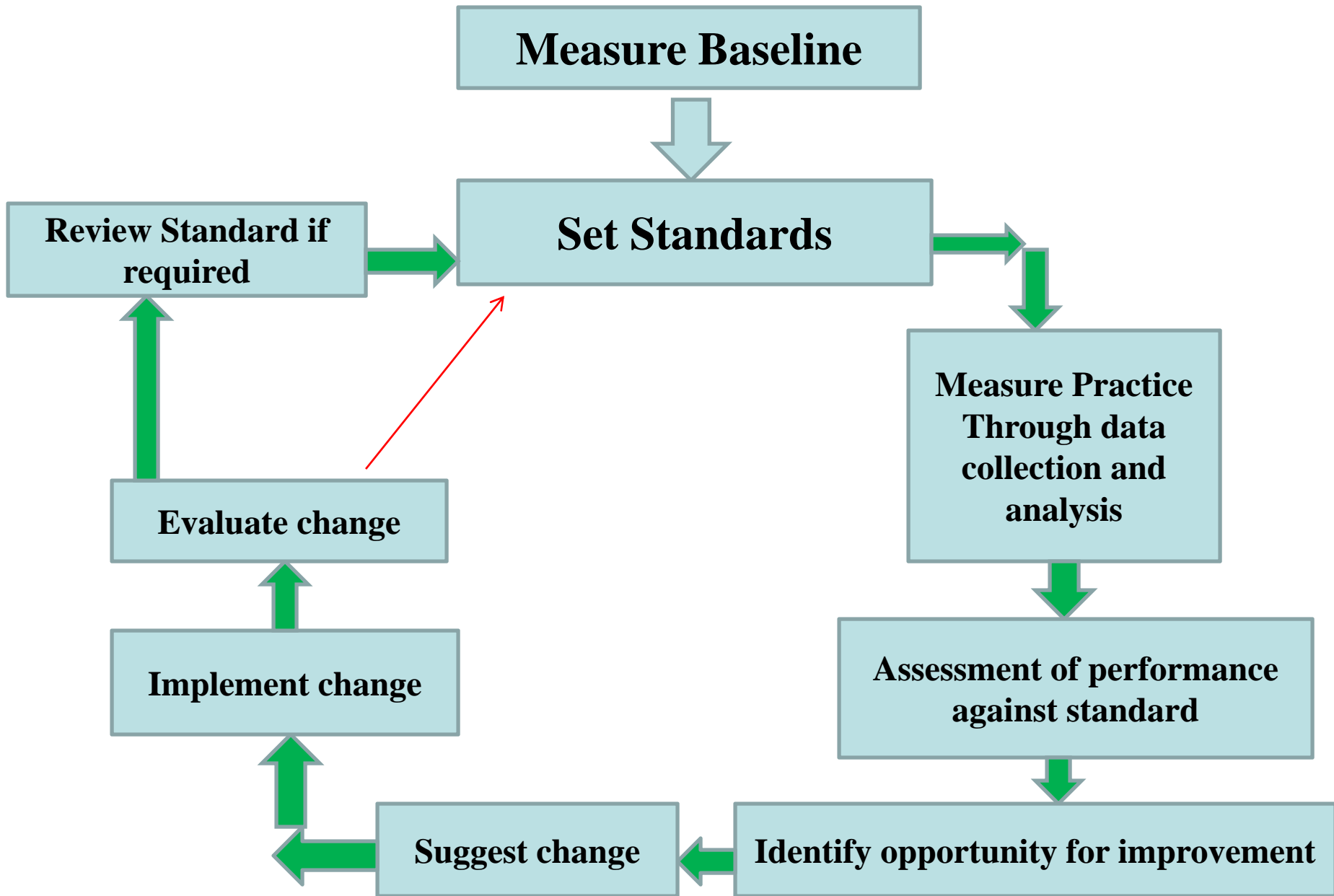
- MS/ Coordinator/ Hospital Administrator
- Representative of all disciplines
- Nursing representative

Pre-requisite of an Audit

- Good record keeping systems
- Should be carried out by fair and impartial professionals
- Clinician, nursing and other staff as well as patient anonymity to be maintained
- Initiative should come from within
- Purpose should be simple and clearly stated
- Intention should be to effect change for the better

How to Audit?

THE AUDIT CYCLE



Methodology

Selection of Topics

Setting of Standards

Work sheet & Methodology of Administration

Tabulation of Evaluation

Interpretation

Effecting Changes

Selection of Topics

- Topic should be well defined ,focused and amenable to standard setting
- Should be having local clinical concern
- Should be common

Some topics-

- Long/short stay cases
- Specific disease /operations
- Vulnerable groups
- Increase incidence of a disease
- Post operative infection
- All deaths

Setting of Standards

- To be set prior to the study
- Criteria to be based on objective measures
- Criteria should be well justified
- Target should be set at realistic level for defined patients groups and take into account local circumstances
- Objective criteria are explicit but clinical judgment can be used to answer the question
- Use of criteria should be preferred

Work sheet & Methodology of Administration

- Simplest for the purpose
- Only essential data is collected
- Suitable sample size is to be selected
- Probability of bias is to be considered

Tabulation of Evaluation

Interpretation

- Deficiency of care recognized
- Specific solution are proposed. They may not be possible every time
- Education impact is appreciated

Effecting Changes

- Planned program for change
- All staff is involved
- Active feedback
- Audit is evaluated

What to check in medical records

- Completeness and adequacy of the records
- Check issues related to the diagnosis
- Investigation and treatment
- Referral and consultations
- Treatment and plan of care with justification
- Operation- justification
- End of the result
- Administration lapses for undesirable result
- Calculation of various statistics

Why Audit?

- It improves quality of care
- It is an aid to Continuous Medical Education
- There is a sense of personal and professional achievement

Motives for doing Audit

- Professional motives
- Social motives
- Pragmatic motives
- Legal motives

Defining the Purpose

The following series of verbs may be helpful

- to improve
- to enhance
- to ensure
- to change

Examples of using these are

- To improve blood transfusion services
- To increase proportion of hypertensive patients whose blood pressure is controlled
- To ensure vaccination/immunisation of infants at prescribed stages

Data Collection

How much data to collect?

It is better to improve a single aspect of care than to collect data on 20 items & improve/change nothing

Sampling Users

- Not always practical or feasible to include each & every user
- Representative sample may be chosen from which inferences about total population may be made

Key questions to be asked while Audit

- What do we do?
- Do we do what we think we do?
- What should we do?
- Are we doing what we should be doing?
- How can we improve what we do?
- How we improve?

Benefits of Audit

- **Professional benefits**
- Change in prescribing behavior
- Updation of clinical knowledge
- Increase in staff enthusiasm & satisfaction
- Teamwork
- **Patient care & service delivery**
- Improvements in patient care
- Improved patient satisfaction
- Better patient feedback

Barrier to Audit

- Lack of resources
- Lack of expertise in design and analysis
- Lack of overall plan for audit
- Relationship problem
- Organizational impediments- disputes between views of clinicians and managers

Key lessons from various Audits

- Foster an environment for audit
- Tackle the problems of Multidisciplinary Audit
- Review staff training program
- Emphasis audit facilitation
- Establish confidentiality of finding
- Ensure all relevant staff are involved
- Establish evaluation program

Checklist

✓ **Why was the Audit done**

Reason for choice

✓ **How was the Audit done?**

Criteria for choice

✓ **What was found?**

Interpretation of data

✓ **What is next?**

Detailed proposal for change

Conclusion

In practice

- Topics of audit need to be chosen with care and refined to make them suitable
- Standard setting requires clarity of thought & careful definition
- Data collection to observe practice can consume endless time and money
- Lasting change is notoriously difficult to achieve

THANK YOU