

Clinical Audit – What is involved?

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The Medical Council now requires all registered doctors to conduct at least one clinical audit every year. This involves the completion of a simple check by the doctor to see how the care he or she provides compares with standards with a view to improving quality. I am pleased to have this opportunity to provide doctors with a few pointers.

Being professional means reflecting on practice and pursuing continuous improvement

Why would we want to be engaged in clinical audit, and more importantly, why should we? Well, for starters, clinical audit is a very rewarding and very easily accomplished element of our professional practice. It allows us to validate to ourselves and to others that what we say we should be doing is happening, in real time and using a methodology under our direct control. For instance, if the evidence says that every patient following a heart attack should be considered for a beta blocker, aspirin and smoking cessation advice, do we know that every patient is getting the interventions in practice? The old saying "what gets measured gets done" is so true in medicine as within all walks of life. Clinical audit doesn't just mean having data about your practice, it creates a momentum for continuous improvement.

Take the lead – clinician led measurement and improvement

Clinical audit is also one of the easiest methods of learning and improvement that anyone can practice – it requires us to reflect upon the essentials of care, to identify the reference standard that we chose to compare ourselves to, and, by gathering the information, we learn about the service we provide. There is no doubt but that, if you are involved in collecting the data and identifying the standard, you will be far more likely to implement changes or improvements than if some external person or group tells you to change. So the best person to audit my practice is me, myself, I! To those critics that might argue that the individual is likely to cherry pick their topic of audit, my experience has been very much the opposite. As doctors, we are very self driven and motivated to pursue the highest standards.

Keep it simple and small can be beautiful!

We have been encouraged during our education and training to believe that research using larger numbers and complex analyses is sounder than studying smaller populations using straightforward measures – this is a key difference between audit and research. In clinical audit make sure you keep it simple and remember that small can be beautiful. It is often preferable to look at how we are getting on with our practice with a small number of cases, then make any necessary changes, and then reaudit. All you need is a small number of simple measures – what proportion of patients received a test or treatment that should have been provided? In such a case, you will have a snapshot of your patients which is easy for you to understand and take action on – the result is that you will have improved their care and validated the improvement without wasting valuable time gathering a larger sample and conducting complex analyses that will tell you the same thing, lead to confusion, wear you out and lessen any enthusiasm for the change process. In my experience, research can sometimes appear to be the nemesis of clinical audit and vice versa. In short, don't make the perfect the enemy of the possible.

Getting help with getting started

Don't be afraid to look for help in getting yourself started. There is a very large body of literature, guidance and expertise on the internet, from the postgraduate training bodies and within your local professional groups that can help you with clinical audit. Clinical audit practice in the UK has had a head start on us – therefore many UK healthcare websites offer advice on practical clinical audit. Likewise, the reinvention of the wheel can be avoided if you find a clinical audit that has been carried out successfully elsewhere – just ask for some advice and borrow any tools that have been tried and tested. You can measure your service to the identified standard or benchmark as well as learning from the recommendations put forward in that audit.

3 steps towards success with clinical audit

Lastly, I would emphasise three key messages.

- Firstly, clinical audit is not research. Research serves to test new hypotheses; clinical audit verifies that our care measures up to current standards and allows us to take action to improve practice.
- Secondly, like any skill, clinical audit confidence and ability develops with practice; your first effort may not win you a rosette at the local show but with some experience, there is no reason why your clinical audit is anything less than of international stature. Successfully improving your practice based on a small and simple audit is of more benefit to your patients than planning, but never starting, the "ideal" audit.
- And thirdly, remember that clinical audit should be based on the identification of excellence. In much of what we do, we excel – clinical audit will confirm the true quality of the care we provide to patients.