

# ClinicalAudit



The content in this leaflet is from the books, *Getting Clinical Audit Right to Benefit Patients* and *Clinical Audit Manual* published by Healthcare Quality Quest Ltd.

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# Clinical audit

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	Page
Contents	1
Why clinical audit	2
What is clinical audit	3
The clinical audit process	4
Two-stage approach	5–7
Clinical audit versus quality improvement	8
Clinical audit tools	9–10
References	11
Our clinical audit publications	12–13
Our clinical audit course and workshops	14
What people say	15
About Healthcare Quality Quest (HQQ)	16

## Why clinical audit

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If you provide or manage a healthcare service, you have to know about the quality of health care being delivered. Clinical audit is a process you can use to find out how well care is being provided and learn if and how patient care can be improved.

Clinical audit is a systematic activity that applies knowledge about best clinical practice to day-to-day delivery of patient care. It is a professionally acceptable way to participate in performance evaluation and a way to show accountability for quality of care.

# What is clinical audit

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The meaning of clinical audit is in the box.<sup>1</sup>

Clinical audit is a **quality improvement (QI) process** that seeks to improve patient care and outcomes through systematic **review** of care **against explicit measures and the implementation of changes** in practice if needed.

Aspects of the structure, processes and outcomes of care are selected and systematically compared with explicit measures of good practice. Where indicated, changes are implemented at an individual, team or service level and further measurement is carried out to confirm improvement in healthcare delivery.

Clinical teams use clinical audit to compare current practice with best practice and take action to achieve improvement if best practice isn't being provided for every patient.

## The clinical audit process

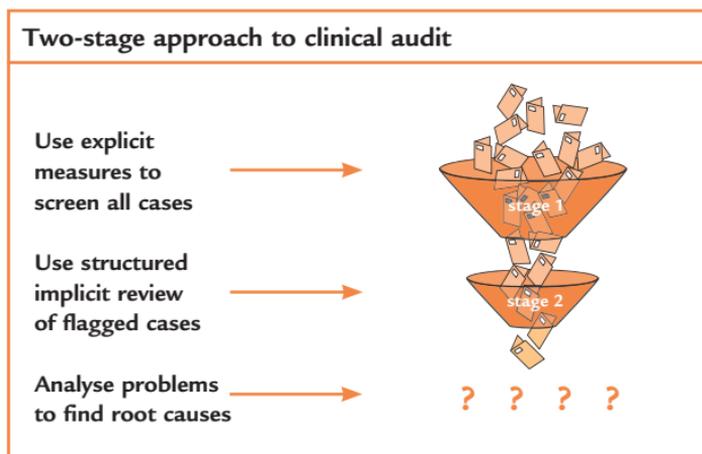
In a clinical audit process, a team works through these steps:

- **agrees on an important subject** for clinical audit **and** the **intent** of the audit
- **designs** carefully **how the audit will be carried out**
- **formulates** precise **measures** of the **quality** of care or service, which may incorporate standards or evidence of best clinical practice
- **uses** the clinical audit **measures** as the basis **for collecting data** on day-to-day practice
- **evaluates the findings and** any **cases** or events that did not meet quality expectations
- *if the findings show that the **clinical audit measures** are being **met**, gives feedback* on good practice to those involved and acts to maintain good practice
- *if the findings show that the **clinical audit measures** are **not** being **met**:*
  - **analyses** the **shortcomings** in care or the **problems** revealed **and finds** their **root causes**
  - **takes action to** eliminate or minimize the causes of problems and **achieve** intended **improvements**
  - **measures again** when action is taken to see if patient care is improved.

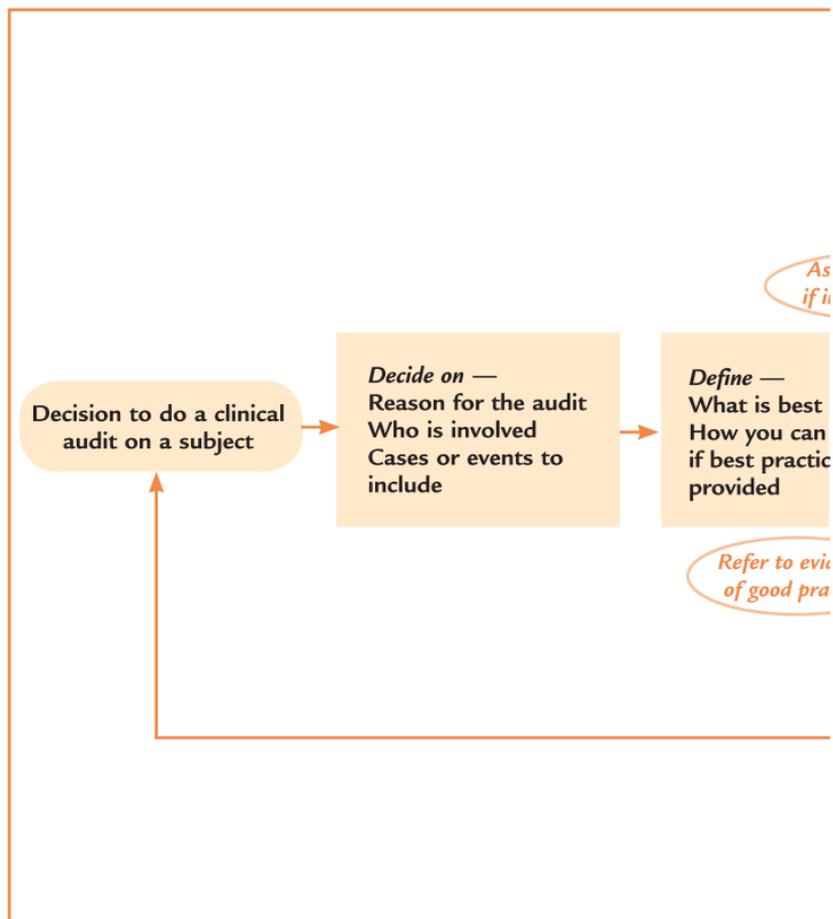
## Two stage approach

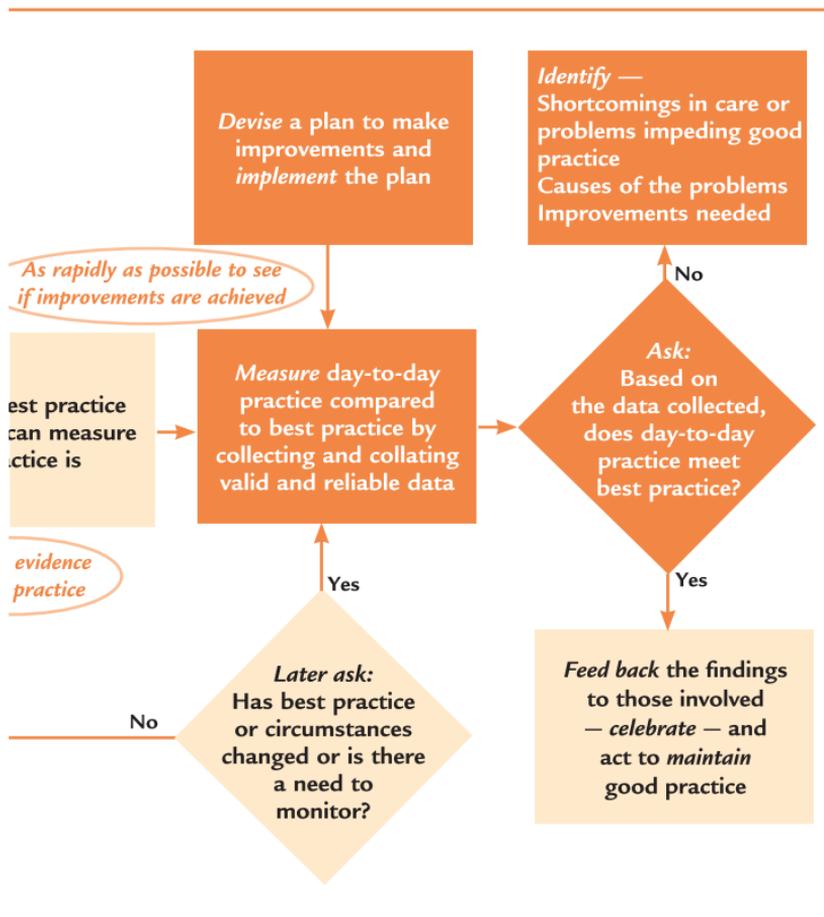
The best approach to clinical audit is to use a two-stage process as shown in the illustration.

- In the **first** stage, **compare cases** in the audit **with explicit quality-of-care measures** that are derived from best practice.
- In the **second** stage, clinicians **review cases** that are **not completely consistent with explicit measures**, using clinical expertise and judgement, to **find any clinically acceptable justifications for not meeting the quality-of-care measures**.



The clinical audit process is shown in the diagram. The darker shapes show the quality improvement part of the process.





# Clinical audit versus quality improvement

Methods that can be used to systematically measure and improve the quality of healthcare services are referred to by the term **quality improvement**, as explained in the box.

QI refers to **systematic, data-guided activities** designed to bring about **immediate, positive changes** in the delivery of health care in particular settings<sup>2</sup>

Similarities and differences between a clinical audit and a QI project are in the box.

## Clinical audit and quality improvement (QI)

### What's the same

- Discipline of good design
  - Relevant subject
  - Improvement-focused objective
  - Appropriate population or sample
  - Well-defined data collection rules
- Action on findings of data collection
- Repeat measurement

### What's different – QI

- Evidence base favours teamwork (not an individual's project)
- Evidence base favours stakeholder engagement
- Can use a variety of quantitative or qualitative methods for measurement

# Clinical audit tools

Some of the tools used in the clinical audit process are defined in the box.

## Quality Impact Analysis

A systematic way to **set priorities** for clinical audit by agreeing on criteria for analysing a service, generating ideas under each criterion, and rating the ideas to find the highest total of ratings

## Objective

A statement of **what a clinical group intends to achieve** by carrying out a clinical audit; includes the intention, the features of quality to be measured, and the subject

## Quality-of-care measure

A **way of quantifying quality** of patient care in order to compare actual care with care that should be provided. Describes:

- the **cases**, events, or situations **that tell you if quality** of care is **being provided**
- the **desired level of occurrence** of the cases, events, situations or circumstances
- **exceptions**
- **definitions** of terms **and instructions** for data collection

## Exception

A **clinically acceptable reason** that would account **for not complying** with the evidence of quality of care

<b>Exclusion</b>	A <b>case</b> for which a clinical audit measure is <b>not relevant</b> and therefore is <b>not included</b> in the data collection for a quality measure
<b>Definitions of terms</b>	The <b>meaning</b> of terms that are used in a quality measure that describe how each key idea could be expressed, including <b>exact wording</b> in reports, <b>synonyms, abbreviations, laboratory values or findings of investigations</b> that might be recorded in a data source.
<b>Instructions for making decisions about compliance</b>	<p>The <b>directions</b> that anyone specifying data to be collected or acquired needs to provide to enable <b>making reliable decisions about compliance</b>, including:</p> <ul style="list-style-type: none"> <li>● the <b>data sources</b> for looking for evidence of actual practice and the sequence of looking at sources when there is more than one data source</li> <li>● <b>how to make a decision</b> about whether or not the information in the data source complies with a measure or not</li> <li>● <b>how to record or capture the decision</b> about compliance with a measure</li> <li>● <b>what to do if two designated data sources have different information</b> about compliance and which data source has priority</li> <li>● <b>what to do if there is incomplete information</b> in the data source to make a decision about compliance.</li> </ul>

## References

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1. Adapted from National institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*. Abingdon UK: Radcliffe Medical Press; 2002, p.1.
2. Lynn, J, Baily MA, Bottrell M, Jennings B, Levine RJ, Davidoff F, Casarett D, Corrigan J, Fox E, Wynia MK, Agich GJ, O’Kane M, Speroff T, Schyve P, Batalden P, Tunis S, Berlinger N, Cronenwett L, Fitzmaurice JM, Dubler NN, James B. The ethics of using quality improvement methods in health care. *Ann Intern Med* 2007;146:666–73.

## Our clinical audit publications

For more information about the clinical audit process and how to carry out a clinical audit, see our publications.



The ***Clinical Audit Manual*** is a comprehensive reference book – 615 pages – on the clinical audit process and how to carry out a clinical audit in detail.

Separate chapters describe each stage in the clinical audit process and how to do each stage. The *Manual* is extensively referenced, and includes chapters on the history of clinical audit, a comprehensive glossary, a list of the skills and knowledge related to clinical audit and standardized forms that can be used to support the clinical audit process.



***Getting Clinical Audit Right to Benefit Patients*** is a reference book for clinicians – 180 pages – on how to carry out clinical audits that result in benefits to patient care. The book is easy-to-read with a number of diagrams, charts and examples. The book includes extensive references and a detailed glossary.



Our **Clinical Audit Teaching Package** is a comprehensive ‘train the trainer’ package which provides extensive guidance on how to teach clinical audit.

The package is accompanied by a **How to Teach Clinical Audit** book and workshop for the trainers. The workshop explains how to be an effective teacher, including: how to identify learner needs about clinical audit; the importance of terminology and how to explain terms; how adults learn; important stages in clinical audit and how to help staff master them; and types of evaluation of learning, and approaches to evaluating and reviewing learning.

The package includes:

- detailed advice for trainers on how to use the train the trainer package
- PowerPoint slide presentations for a one- or two-day workshop on clinical audit
- comprehensive teaching notes on how to explain the content on the PowerPoint slides
- a workbook on clinical audit to be copied for each participant in a workshop
- additional materials to support providing workshops on clinical audit.

## Our clinical audit course and workshops

To develop competence and confidence in carrying out and leading teams to carry out clinical audits, see information about our training at [www.hqq.co.uk](http://www.hqq.co.uk). All of our workshops and courses can be delivered locally for individual organizations.

***Using Clinical Audit to Improve Patient Care*** is a five-day course designed to prepare staff appointed to support clinical audit in their organizations. It is aimed at helping staff to achieve evidence of improvements in patient care using the clinical audit process.

***Advancing Clinical Audit*** is a three-day course which helps participants strengthen clinical audit activities in their organizations. It provides practical advice on how to enhance key stages in the audit process and helps participants think strategically about how to ensure that clinical audits actually benefit patient care.

***Getting Clinical Audit Right to Benefit Patients*** is a one-day workshop which gives clinical staff practical tools for selecting the right subjects for clinical audit and carrying out clinical audits the right way to achieve tangible benefits for patients.

***Clinical Audit Leads*** is a one-day workshop designed to help Clinical Audit Leads be more effective leaders of using clinical audit to drive improvements in quality in their clinical services.

## What people say

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Following are examples of what people say about our course/s and workshops on clinical audit.

- “The facilitator is a very engaging presenter. I love her relaxed, open style.”
- “Found the workshop to be most helpful. All my questions were answered. Gained great deal of knowledge”
- “This was an extremely worthwhile course and I really value the way that it has been designed to focus on each individual’s audit ‘need’”
- “Will highly recommend to others. Thank you!  
★★★★★”
- “I found this very useful and helped my understanding of audit and reasons why we do this. Much improved information and explanations compared to inhouse training”
- “I would highly recommend this course to any budding facilitators, or old timers who need to be refreshed of the areas of gold standard facilitation”
- “Extremely useful and informative. Have been audit lead for some years but feel much more equipped!”

## About Healthcare Quality Quest (HQQ)

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We consult, teach and publish on the subject of being accountable for and improving the quality and safety of healthcare services.

We have developed and published methodologies related to clinical audit, quality improvement, and root cause analysis of incidents relating to patient care.

We develop and teach courses and workshops on clinical governance and related methods and activities, including clinical audit, quality improvement, risk management, root cause analysis, patient safety and patient experience, and we develop e-learning modules on these subjects as requested.

We also work directly with clinicians and clinical groups, facilitating teamwork where possible. We develop or facilitate the development of standards and examples of good practice in relation to quality of patient care.

We have more than 30 years of experience working in all countries in the UK, as well as Botswana, Holland, Italy, the Republic of Ireland, Saudi Arabia and Taiwan.

For more information about HQQ, please contact us at [hqq@hqq.co.uk](mailto:hqq@hqq.co.uk) or 02380 814024.





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