

Clinical and Medical audit: What it is and What to do.

The verb “to audit” dates from the sixteenth century when it meant “to make an official systematic examination of accounts. In financial management, internal auditing is conducted within an organisation for the purpose of reviewing the systems of financial control and quality of performance as a service to management. The needs for audit are:

- To assist in stewardship, accountability and transparency.
- To ensure compliance with requirements of interested parties. To give credibility to the organisation in the eyes of e.g. donor.
- As a statutory requirement.

Today, the patients, peers and employers scrutinize clinical practice more closely. It is important for a clinician to show that the standard of services is satisfactory. Audit leads to production of information related to individual and collective performance and is an important aspect of testing evidence as well as developing one's practice and that of his/her Department. All practising clinicians are expected to routinely audit their work.

Definition of clinical / medical audit.

In simple language, clinical / medical audit is looking at what is done with a view of arriving at acceptable guidelines and evaluating the outcome. It aims at improving the quality of care through standard setting, peer review, implementation of change and re-evaluation.

Benefits obtained from audit.

The main objective of audit is to improve the effectiveness and efficiency of patient care. It is used to identify and improve problem areas of work. Audit allows human and other resources such as time and equipment to be maximised by identifying areas where these are employed inefficiently. It is not aimed

at and should not be used for criticism or laying blame to an individual, Department or hospital.

What is audited?

In general, the audit of health care is divided into three main constituents.

1. **Structure:** e.g. staffing, buildings, and beds, operating time.
2. **Process:** activities performed e.g. number of operations.
3. **Outcome:** Results of the care given. Measures used include mortality, morbidity, health indices, and severity ratings, clinical events and patient satisfaction.

Any audit can focus at one or more of these areas and it is not always possible to separate them out. When embarking on auditing, it may be advisable to measure structure and process, which are easiest to analyse. Later on after acquiring confidence you may progress to outcome audit.

Auditing process

The Royal College Of Physician in London (1989) recommended that clinical audit should follow a cycle (Fig. 1). The *audit cycle* has more recently been called a spiral. The process includes the following:

1. Setting Standards.

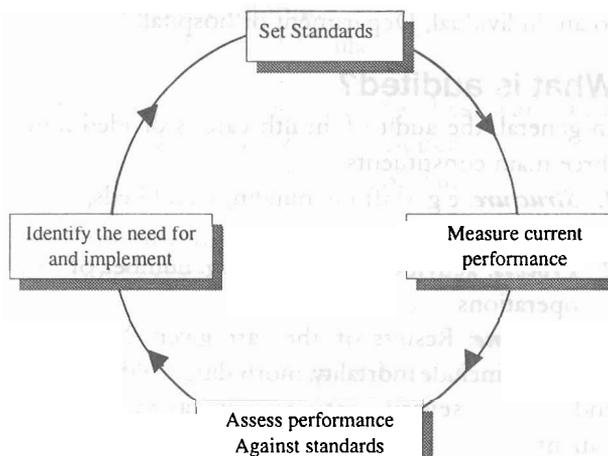
Identify an area of clinical practice for study and define what should be achieved. Set achievable standards. The criteria to be used should be clear and measurable. Measure structure and process, which are easiest to analyse. Later on after acquiring confidence you may progress to outcome audit.

2. Measurement of current performance.

This involves collection of specified data. It has to be done objectively if meaningful results are to be achieved. The method used to collect the data must be repeatable because audit demands that the cycle is repeated more than once to monitor the effects of any changes.

3. Assessment of performance against standards.

Once through the first two steps, the next stage is to *assess performance* against the standards set. Data collected in stage 2 has to be analysed and interpreted. The audit team should then assess the data collected against the standards set and then make decisions about the type of changes that are necessary.



4. Implementation of changes

This is probably the most difficult step in the audit cycle. Proposed changes may meet resistance among the auditors themselves as well as their colleagues. A persuasive approach is necessary if changes are to be achieved.

The solutions to the problems may be remote or beyond the control of the audit team. The results obtained may be used as evidence to the relevant authorities about need for change.

The following are some of the tips for designing an audit:

1. **Plan your audit properly.** Identify the subject of interest. Define exactly what your audit question is.
2. **Choose a reasonable topic.** Ensure that resources available are sufficient for the workload.
3. **Start with simple audits** to build up skills and confidence in the methods used. Do not aim too high when beginning.
4. **Involve and get consent of all those concerned.** It is better to involve all those concerned from the beginning and to gain their support.
5. **Set aside a certain amount of time for the study.** Audit requires time.
6. **Keep it simple and short (KISS).** Ensure that the topic chosen can be done within the available time and manpower at your disposal.
7. **Use other people's experience and knowledge.** Be

ready to accept your limitations and to learn from others.

8. **It is important to know what data you want to collect.** Integrate data collection into routine work.

9. **The questionnaire forms should be made simple and clear.** Give clear instructions to data collectors.

10. **Choose what data analysis to use.** This may range from simple graphs to complicated statistical tests.

11. **Make use of pilot study.** A pilot study will quickly show whether the methods are practicable, whether data collection forms are usable, whether the right information is being collected and whether the analysis chosen will show the results in a meaningful way.

12. **Make the results available to all interested parties.** Disseminate the information you obtain.

13. **Resolve to make changes if the results suggest that this is necessary.** If you are not ready to make changes, there is no point in carrying out an audit in the first place.

There is no point in accumulating a large database if you are not going to use it to bring out aspects of practise that can be improved. It is recommended that there should be weekly meetings at which deaths and discharges during that week are examined critically. There should be monthly *Mortality and Morbidity* meetings at which selected cases are presented and discussed.

I. Kakande

Editor,

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