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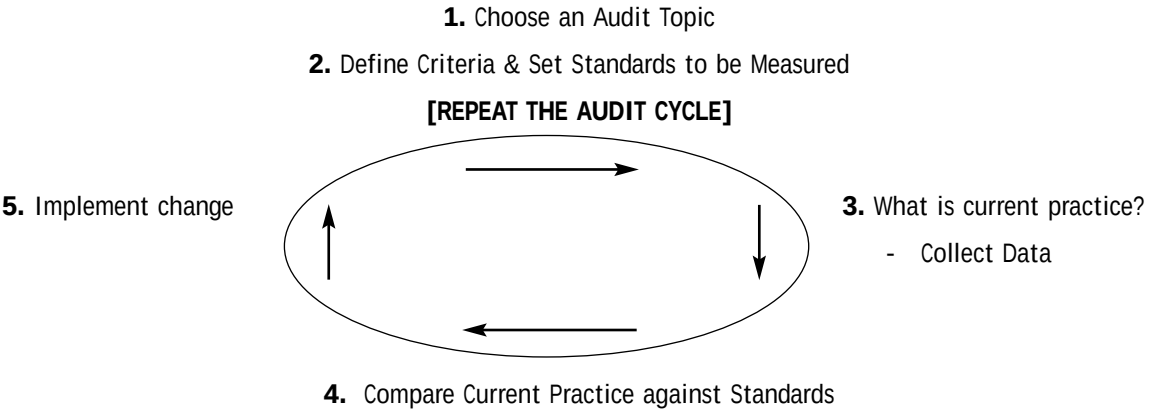
GUIDANCE NOTES ON UNDERTAKING AN AUDIT & DRAFTING A REPORT

Introduction

The audit cycle or loop is the traditional method followed when carrying out an audit project (Figure 1). As the term suggests, audit involves completing a cycle of different activities, the end purpose of which is to improve the quality or effectiveness of patient care. There are a number of different stages to the audit cycle and all of them must be closely followed to enable a successful audit outcome. Failure to do so invariably leads to an audit project being left incomplete or abandoned altogether.

Figure 1. The Audit Cycle



Choosing an audit topic

This is a very important first step that must be given careful consideration. There should be consensus and agreement within the practice that the chosen topic for audit is a worthwhile area to study i.e. you are unsure of current practice in that area or there is agreement that this is an area where practice could be greatly improved.

Example:

If we take the example of aspirin prescribing for patients who have previously suffered an acute MI, we have an audit topic where there is a solid evidence base and which the vast majority of GPs would agree was important, worthwhile and relatively easy to undertake.

Undertaking an audit project in isolation from colleagues will potentially lead to a number of difficulties and ideally should be avoided. For example, staff or colleagues may not be as keen to help with data collection if they feel uninvolved or suspect that the audit has been imposed on them. Similarly, you may experience difficulty or even hostility in getting others to change practice in light of your audit findings if they have not been informed or involved since the start. It is extremely important that all relevant staff are aware of what you intend to do, how you intend to do it, are agreed that it is a worthwhile exercise and are willing to support you.

The Audit Report Format

In this section we outline how to write-up the findings of a new audit project (see Forms A and B). We illustrate what should happen at each stage of the audit cycle and how this should be reported by using a commonly undertaken audit topic as a practical example. The layout of the final audit report should be structured with the following headings:

[Stage 1 - Reason for the audit]

The opening section of the report should clearly explain why the audit topic was chosen and that as a result of this choice there is the potential for change to be introduced which is relevant to the practice or you as an individual practitioner.

Choosing a topic in an area where you know the practice is strong will not lead to a completed audit cycle being achieved. For example, if the data from your initial audit findings clearly suggest that you do not have to consider the introduction of any change, or carry out a second data collection, then it is evident that this topic was not a problem area in your surgery. You should consider concentrating on prioritising workload and clinical topics in areas where there is a consensus amongst colleagues that practice could potentially be improved.

Points to consider:

- Explain why the particular audit topic was chosen. For example, there may be a perceived deficiency in practice or it is an area in which it is recommended that audit should be carried out routinely and there is a perception that practice could be improved.
- Explain what potential benefits there will be to the individual undertaking the audit and/or the practice in general.

[Stage 2 - Criteria to be measured]

Criteria and standards are often cited as the most confusing terms associated with audit. Both cause doctors and others the greatest difficulty in understanding and putting audit into practice. Understanding the difference between an audit 'criterion' and a 'standard' gives a good grounding in basic audit method.

Criteria are simple, logical statements *used to describe a definable and measurable item of health care, which describes quality and can be used to assess it*.

Simple examples of audit criteria:

1. Patients with a previous myocardial infarction should be taking aspirin, unless contraindicated.
2. Patients with chronic asthma should be assessed by the practice at least every 12 months.
3. Patients should wait no longer than 20 minutes past their appointment time before consultation.
4. The GPs' medicine bag should contain a supply of in-date adrenaline.
5. Surgeries should start within 5 minutes of their allotted time.
6. The blood pressure of known hypertensive patients should be <140/85.

Remember that it is best to restrict the number of criteria to be measured for any given audit. Attempting to audit too many criteria is a common problem that often results in a project failing to be completed, leading to frustration for those involved. Focusing on just a few (or even one) criteria makes data collection much more manageable and the introduction of change to practice much less challenging. Overall, it offers a better chance of the audit being completed successfully within a reasonable time span. Bear in mind that most successful audits are small studies that often involve simple changes to practices being introduced; rarely do they result in a large-scale overhaul of a particular service.

It is important that any criteria you choose to audit should, where possible, be backed up with quoted evidence (e.g. from a clinical guideline or a review of the relevant literature). Occasionally, because of the type of topic chosen, suitable evidence is not readily available and therefore cannot be cited. If this is the case then simply explain that there is a lack of evidence on the subject, but also stress that there is consensual agreement amongst your colleagues on the importance to the practice of the particular topic and criteria that have been chosen.

Points to consider:

- The criteria should be very relevant to the actual audit topic chosen.
- Follow the style (short, simple logical statements) used in the above example for each criterion, where possible.
- Focus on a few criteria where possible, smaller projects have more success.
- You must justify why each criterion is chosen, for example with reference to current literature, clinical guidelines or other evidence if available.

[Stage 3 - Setting Standards]

An audit standard quite simply describes the *level of care* to be achieved *for any particular criterion*. It is unlikely that you will find actual percentage standards quoted in the literature or in clinical guidelines. Ideally you should arrive at the desired level of care (standard) by discussing and agreeing the appropriate figures with colleagues. There is no hard and fast rule about standard setting – the agreed level is based on both you and your colleagues' professional judgement and this will obviously vary between practices for a variety of medical, practical and social reasons.

Examples of audit standards:

1. **90%** of patients with a previous myocardial infarction should be prescribed aspirin, unless contraindicated.
2. **80%** of patients with chronic asthma should be assessed at least every 12 months.
3. **75%** of patients should wait no longer then 20 minutes after their allotted appointment time.
4. **100%** of GPs' medicine bag should contain a supply of in-date adrenaline.
5. **95%** of surgeries should start within their allotted times.
6. **70%** of blood pressure measurements of known hypertensive patients should be <140/85.

Agree on a standard, which you all believe to be an ideal or desired level of care and briefly explain why each standard was chosen (remember that different standards can be applied to each criterion). The standard(s) set should be outlined together with a time-scale as to when you expect it to be achieved (for example within 4 months if that is how long you envisage to complete the audit project). In some cases you might require to set realistic targets and a time scale towards the desired standard over a longer period of time. For example, 50% of asthmatic patients should have a management plan within 4 months, rising to 70% in 12 months, and surpassing 80% within 24 months.

Points to consider:

- Agree on and set a measurable standard for each criterion (as in the above example).
- A time scale towards achieving this standard should be included alongside.
- Briefly explain why each standard was chosen.

[Stage 4. Preparation & Planning]

This is an important section that is often overlooked when compiling an audit report. As previously explained, audit should not be undertaken in isolation - consensus on a topic is necessary, findings should be shared and recommendations for change need to be agreed amongst the team if the audit is to have a successful outcome. Teamwork is therefore essential to most audits and this must be demonstrated during the audit and evidence of this should be provided in the report. Ideally you should explain who was involved in discussing and planning the audit, how the data were identified, collected, analysed, and disseminated and who gave you assistance at any stage of the project (e.g. with a literature review or with collecting or analysing data) if this was required.

Points to consider:

- Describe the preparation and planning involved in undertaking the audit.
- Demonstrate evidence of teamwork in the preparation and planning of the audit.

[Stage 5 - Data collection (1)]

The initial data collected should be presented using simple descriptive statistics in table format or using graphs (bar charts, pie charts etc.). Remember to quote actual numbers (n) as well as the percentage (%). Do not quote irrelevant data (for example, on age, gender, or past medical history) if it bears no relation to your chosen audit criteria. It is also important to comment on the difference between the first collection of data (current practice in this area) and the standard previously set (the desired level of care).

Points to consider:

- Present initial data in a simple way, remembering to include actual numbers as well as percentages.
- Do not present irrelevant data that is unrelated to your audit criteria.
- Always comment on how the initial data findings compared with your standard.

NB. For revalidation it is desirable but not essential that you complete a full audit cycle (an 8 criteria audit). If however you are completing a 5 criteria audit then at this stage of the audit it is important that you reflect on Data Collection (1) and produce detailed proposals for change (see Form C).

If you are completing an 8 criteria audit then go onto stage 6.

[Stage 6 - Description of change]

The essence of audit is to change practice in order to improve patient care and services. This section should adequately describe any change that was discussed, agreed and introduced to practice by the team. The role of others involved in this process should also be described. An explicit example of the change that was introduced should be attached in evidence as an appendix to the report, where this is possible. Examples of this could include a new or amended protocol, guideline or flow chart that is introduced to practice, or a letter that is sent to a group of patients inviting them in for a review or check.

Points to consider:

- Adequately describe change to be implemented together with the role of staff involved in this and when and how it was implemented.
- Attach an explicit example/illustration to provide evidence of the change that was introduced, where this is possible.

[Stage 7 - Data collection (2)]

After change has been agreed and implemented and a reasonable period of time has elapsed to allow any new practices or systems to take effect, then you should complete the audit cycle. Undertaking a second data collection will increase the chance of your audit project being completed and maximise the opportunity to make improvements in patient care. It also is more satisfying for you and your team to see your time and effort put to good use.

Completion of the audit cycle is achieved by carrying out a second data collection in order to measure and evaluate what impact the newly introduced change or changes has had on improving practice in the area being audited. If no change has been introduced or it has not been given enough time to take effect then there is no point in undertaking a second data collection – the findings are unlikely to show any improvement in the time that has elapsed because there has been no intervention.

Data from the second data collection should be presented in a similar way to the first round of data, but also include the results from data collection (1) and your desired standard so that comparisons can be easily made.

Remember to comment on the comparison between data collections (1) and (2), and the desired standard to be achieved. If the standard is not attained or surpassed, explain why you think this is the case and how you would propose to reach it in future.

Points to consider:

- Present the findings from data collection (1) and (2), briefly compare them with each other and the standard(s) set and discuss the outcome.
- If the standard is not reached speculate as to why this was the case and how you might reach it in future.

[Stage 8 - Conclusions]

The final section of the audit report should conclude by briefly and simply summarising what the audit achieved and the main learning points gained from this exercise. In doing this, the benefits accrued through the audit should be discussed, along with any problems encountered with the process or findings. If the standards set have not yet been reached then comment on why you think this is. Consider adjusting the standard to a more realistic level in future if this is the case. Some thought should be given as to whether the audit will be repeated in future and if so when.

Attachments

Clinical Audit

Audit Proforma (8 criteria) (Form A)

Audit Proforma (5 criteria) (Form B)

Sample Audit Project Report (Form C)

Further reading

AUDIT:

Bowie P, Garvie A, McKay J (2002). Ideas for audit: a practical guide to audit and significant event analysis for general practitioners. NHS Education for Scotland, www.show.scot.nhs.uk/nes/audit

Connolly Y, Jones A, Hancock J (2000). Sampling for clinical audit: A flow chart for primary care. Journal of Clinical Governance, 8(1) 45-47.

Crombie IK, Davies HTO et al (1993). The audit handbook: improving health care through clinical audit. John Wiley & Sons, UK.

Adapted with permission from Bowie P, Garvie A and McKay J.

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Suggestions for those who want to do more than the minimum

Year 1	-	Complete a 5 or 8 criteria audit
Year 2	-	Complete an 8 criteria audit
Year 3	-	Collect a 2nd or further set of data for the audit undertaken in year 1
Year 4	-	Collect a further set of data for the audit undertaken in year 2
Year 5	-	An 8 criteria audit should be undertaken on a different clinical topic from previously