Five things to help make clinical audit effective

Good clinical audits can lead to significant improvements in the way healthcare services are delivered. But what makes a good audit? CaseCapture's head of technological development Martin Cripps shares some advice.

Clinical audits might sound like an administrative task. But in the decades we have worked alongside NHS organisations in capturing and analysing data, I've had the privilege of playing a role in the creation of many impactful studies.

Some of those audits have led to sizeable reductions in mortality. Others have allowed NHS organisations to measure and improve responsiveness for time-critical treatment. And that's just a couple of examples of what can be achieved by highlighting good practice, as well as areas for improvement.

But what makes an audit good and effective? The answer could be provided in a very long list, but here are five things I've learned from experience.

1.   Think about what you need to get out, and what you need to put in.

This might seem obvious, but it is important to ask the right questions, in the right way, in order to capture the data that will tell you what you need to know.

Ask any clinician what they think of an audit. The response will almost invariably be 'we haven't got time to do it, there are too many questions, can you reduce it?'.

Quite often this is possible, with an effective audit design. If you ask 100 questions, but only analyse the results of 10, opportunities to minimise data collection burdens should be explored.

Equally, if big questions remain unanswered at the end of the audit, you might need to refine the structure and approach.

This often comes down to having clear objectives and a thought through methodology.

2.   Get it right first time

Putting the work in up front, and drawing on others with experience in effective audits, can be a good way to make sure that the audit is well designed from the beginning.

This can cover everything from the way the audit is presented, to mandatory fields, phrasing of questions, options provided to users, as well as determining which questions need to be asked, and of which clinical roles.

Changing questions part way through audits is possible. But substantial changes to questions can come with the risk of changing their meaning. In turn that can have a knock on effect and can mean that historical data might no longer be comparable.

Getting an audit right, as much as possible, first time can help to reduce the need to change questions and ensure referential integrity in the data.

3.   Ensure data is complete

Making sure audits are accurate and complete is important, and a challenge many audits have faced in the past. Addressing this comes down to making sure people have answered necessary questions. Making questions optional, unless there is a good reason, can be a hindrance to this.

Audit managers should also be mindful to reduce free-form text that often does not get analysed. Thinking about where questions appear to users can also ensure timely provision of data – if you have a really important question, put it on the first page of the audit. Otherwise, it might not get answered for weeks.

4.   Engage clinicians

Ensuring busy healthcare professionals see the value in audit is fundamental to success. No one likes collecting data for the sake of collecting data, especially busy healthcare professionals under unprecedented pressure.

So, it is important that people can see why they are doing this. Presenting data through infographics or charts that can be displayed to clinical teams, can show them the impact of quality improvement initiatives that have been delivered as a result of clinical audit intelligence. It can show them how they have improved services, as well as often stimulating friendly competition between organisations to drive forward the best quality of care.

5.   Engage patients

It is not just clinicians who need to be engaged. Patients can provide valuable data for clinical audit, without consuming clinical time. Providing patients with access to portals where they can respond to questions and generate electronic patient reported outcome measures, can show improvement or deterioration in their condition.

Patients can provide this information remotely, from the comfort of their home, inputting data on their wellbeing in real-time, sometimes preventing the need to come into hospital to be assessed. This can be more convenient for patients, and releases time from busy clinical schedules. Effective patient engagement is only likely to grow as an important part of clinical audit.