Clinical Audit and Clinical Guidelines

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“The Commission’s objective is to make recommendations for organisational, regulatory and educational reform which will create a culture of patient safety for our health system. Such a culture will drive clinical effectiveness where best practice will be based on national and international evidence, and audit will be the norm in every healthcare facility and for every healthcare professional”.

Clinical Effectiveness

“Clinical effectiveness also includes establishing clinical standards, guidelines and indicators that enable healthcare professionals to monitor their individual, team and organisation’s performance against nationally, and where possible, internationally recognised comparative parameters. It further involves ensuring that staff are supported, educated and trained in clinical audit, information models and the use of information to inform and improve their service”.

Clinical Audit

“a clinically led, quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and to act to improve care when standards are not met”

“constitutes the single most important method which any healthcare organisation can use to understand and ensure the quality of the service that it provides”

The National Clinical Effectiveness Committee (NCEC)
Terms of Reference

- Apply criteria for the prioritisation of clinical guidelines and audit for the Irish healthcare system
- Apply criteria for quality assurance of clinical guidelines
- Disseminate a template of how clinical guideline and audit should be structured
- Recommend clinical guidelines and national audit to the Department of Health and the Minister for endorsement
- Facilitate the development and dissemination of clinical guidelines for implementation
- Report periodically on the implementation of endorsed guidelines.
Process for Endorsement of National Clinical Guidelines

1. **STEP 1** Clinical Guideline Development Groups
   Submission of Clinical Guideline to the NCEC

2. **STEP 2** Clinical Guideline Screening Process

3. **STEP 3** NCEC
   Prioritisation of Clinical Guidelines

4. **STEP 4** NCEC
   Appraisal of Clinical Guidelines

5. **STEP 5** NCEC
   Decision whether to recommend Clinical Guideline for endorsement

6. **STEP 6** Minister for Health
   Endorsement of National Clinical Guidelines

7. **STEP 7** Dissemination, communication, implementation and audit of National Clinical Guidelines

Calls for Submissions
# Quality Assurance Criteria for Clinical Guidelines

## Planning Stage

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<th>Criteria</th>
<th>Pages</th>
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<td>Feasibility</td>
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<td>Scope and purpose</td>
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<tr>
<td>Stakeholder Involvement</td>
<td>5-7</td>
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<td>Editorial Independence</td>
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## Development Stage

<table>
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<th>Criteria</th>
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<td>Rigour of Development</td>
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# Quality Assurance Criteria for Clinical Guidelines

## CLARITY OF PRESENTATION

18. The recommendations are specific, clear and easily identifiable with the intent or purpose of the recommended action clearly outlined

19. The different options for management of the condition or health issue are clearly presented with a description of the population or clinical situation most appropriate to each option

20. Key recommendations are easily identifiable

## PREPARING FOR IMPLEMENTATION STAGE

**Applicability**

21. The guideline describes facilitators and barriers to its application

22. The guideline provides advice and/or tools on how the recommendations can be put into practice

23. The potential budget impact and resource implications (equipment, staff, training etc.) of applying the recommendations have been considered

24. The guideline presents monitoring and/or auditing criteria to assess adherence to recommendations and the impact of implementing the recommendations
Clinical Audit

• ‘Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high-quality ....and taking action to bring practice in line with these standards so as to improve the quality of health care and health outcomes.’

• Burgess R 2011
Audit Cycle

1. Preparation and planning including for re-audit
   - Select topic
   - Review literature
   - Set standards
   - Design audit

2. Measuring performance
   - Collect data
   - Validate data
   - Analyse data
   - Write report

3. Implementing change
   - Feedback findings
   - Agree changes
   - Change practice

4. Sustaining improvement
   - Review and reset standards
   - Re-audit
   - Compare changes

- National Clinical Effectiveness Committee
- Department of Health
- Patient Safety First
Five step Approach to Clinical Audit

1. Planning for audit
2. Standard / criteria selection
3. Measuring performance
4. Making improvements
5. Sustaining improvements
Five step Approach to Clinical Audit

- Stage 1: Planning for Audit
- Stage 2: Standard/Criteria Selection
- Stage 3: Measuring Performance
- Stage 4: Making improvements
- Stage 5: Sustaining Improvements.
Five step Approach to Clinical Audit

Stage 1 - Planning for audit

- Involving stakeholders
- Determining the audit topic
- Planning the delivery of audit fieldwork

Stage 2 - Standard and Criteria Selection.

- Identification of standards and audit criteria
- Selecting and developing appropriate performance levels
- Inclusion/exclusion criteria
- Exceptions
Stage 3 - Measuring performance

- Data collection
- Data analysis - measure actual performance against standard
- Drawing conclusions
- Presentation of results

Stage 4 - Making improvements

- Development of quality improvement plans (QIPs)
Stage 5 - Sustaining improvements

- Monitoring the quality improvement plan
- Performance indicators
- Dissemination and celebrating success
- Remember - close the loop - re-audit
<table>
<thead>
<tr>
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<th>Criteria of best practice</th>
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<tbody>
<tr>
<td>1.</td>
<td>The Topic for the clinical audit is a priority</td>
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<tr>
<td>2.</td>
<td>Measure against standards based on best available evidence</td>
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<td>3</td>
<td>The organisation enables the conduct of the clinical audit</td>
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<td>4</td>
<td>The clinical audit engages with clinical and non-clinical stakeholders</td>
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<td>5</td>
<td>Patients or their representatives are involved in the clinical audit if appropriate.</td>
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<td>6</td>
<td>The clinical audit method is described in a written protocol</td>
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<td>7</td>
<td>The target sample should be appropriate to generate meaningful results.</td>
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<td>8</td>
<td>The data collection process is robust.</td>
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<tr>
<td>9</td>
<td>The data are analysed and the results reported in a way that maximises the impact of the clinical audit.</td>
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Clinical Guidelines and Clinical Audit

Clinical Guidelines good source of evidence based criteria
Audit criteria can be derived from the key recommendations.

Audit criteria should include clear definitions on how criteria should be measured, to allow:
• assessment of guideline implementation
• meaningful comparison of performance across different settings
• measurement across process or outcome measures of care.
Clinical Guidelines and Clinical Audit

The characteristics of the audit criteria should be:
- explicit rather than implicit
- relevant to important features of care
- measurable
- evidence based.
- Agreed level of performance
Conclusions

• Clinical Audit internationally recognised as important quality and safety improvement tool
• Clinical Guidelines important source of evidence based criteria/standards.
• Audit important element in monitoring implementation of clinical guidelines
• Important to ensure audit/re-audit cycle implemented
Discussion

Examples of Audit

Discussion

Thank you