Clinical audit:
what it is and what it isn’t

WHAT IS CLINICAL AUDIT?

“Clinical audit involves systematically looking at the procedures used for diagnosis, care and treatment, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient” (Department of Health, 1993).

‘Audit’ is a word which has acquired different meanings over time in relation to health care quality. The above definition, provided by the Department of Health, emphasises the fact that clinical audit can be used to examine all aspects of patient care from assessment through to outcomes.

In brief, clinical audit provides a method for systematically reflecting on and reviewing practice

In the literature about clinical audit methods, the following terms are often mentioned: criteria-based audits; adverse occurrence screening; critical incident audits; peer reviews; and case note analysis. These are used inconsistently by different authors and tend to add to the general confusion about the clinical audit process. We would recommend ignoring this labyrinth of terminology since there is only one clinical audit method – the clinical audit cycle. This method involves completing a number of stages and activities as described in chapter 2, ‘Undertaking a clinical audit project’.

There is only one clinical audit method – the clinical audit cycle

WHY IS CLINICAL AUDIT IMPORTANT?

There are a number of reasons why clinical audit is an important activity. The main reason is that it helps to improve the quality of the service being offered to users. Without some form of clinical audit, it is very difficult to know whether you are practising effectively and even more difficult to demonstrate this to others. The benefits of clinical audit are that it:

- identifies and promotes good practice and can lead to improvements in service delivery and outcomes for users
- can provide the information you need to show others that your service is effective (and cost-effective) and thus ensure its development
- provides opportunities for training and education
- helps to ensure better use of resources and, therefore, increased efficiency
- can improve working relationships, communication and liaison between staff, staff and service users, and between agencies.

The overarching aim of clinical audit is to improve service user outcomes by improving professional practice and the general quality of services delivered.
WHAT AREAS CAN YOU ‘AUDIT’?

There are numerous topics which are suitable and relevant for clinical audit. Several ways of subdividing clinical audit topic areas have been devised. A useful framework has been provided by Donabedian (1966) who classified topics under three headings:

- **Structure** The availability and organisation of resources and personnel.
- **Process** The activities undertaken, that is, what is done with the service’s resources.
- **Outcome** The effect of the activities on the ‘health/well-being’ of the service user; that is, changes for the individual which can be attributed to the clinical intervention they received.

HOW MUCH TIME IS REQUIRED TO DO A CLINICAL AUDIT PROJECT?

For some clinical audit projects, data collection, analysis and action plans can be carried out in an hour or two. Similarly these audit stages can take one or more years to complete. What is important is to design a clinical audit project which will produce meaningful data and which can be finished within the budget and time available. The most time-consuming element of any clinical audit project is the implementation of required changes. It is suggested that projects be kept simple and cover areas in which changes can be achieved.

Clinical audit can be both simple and quick

WHO SHOULD BE INVOLVED IN THE CLINICAL AUDIT PROJECT?

A clinical audit project is more likely to be successful and beneficial to service users if all of the key stakeholders are involved from the outset. These may include:

- clinical and non-clinical staff providing the service
- service users
- people whose support may be required to implement resulting changes in practice (e.g. managers, referrers, trust board members).

As many of the above groups as possible should be represented on the clinical audit project team. If individuals are unable to attend team meetings, then they will need to be consulted and kept informed about the clinical audit project throughout the process.

Key stakeholders should be involved in the clinical audit project from the start

THE CLINICAL AUDIT PROJECT TEAM

A ‘clinical audit project team’ works together from the early stages when decisions are being made about what to audit and how to design the audit. Roles and responsibilities within the team will need to be identified, for example audit project lead, data collector.
**What is the difference between medical and clinical audit?**

‘Clinical audit’ tends to be used as an umbrella term for any audit conducted by professionals in health care.

Audits conducted by doctors are often referred to as medical audits, although the term ‘clinical audits’ could also be used. It is important to stress that very few health care procedures involve just one professional discipline and that non-clinical staff such as receptionists, secretaries, porters, managers, etc. play a vital role in the quality of the service provided. Clinical audit, therefore, is usually a multi-disciplinary activity. Many clinical audits are also ‘multi-sectoral’, that is, they may involve health and social services, primary and acute care providers, education and health.

**Is service evaluation the same as clinical audit?**

Service evaluation may be defined as:

“A set of procedures to judge a service’s merit by providing a systematic assessment of its aims, objectives, activities, outputs, outcomes and costs” (NHS Executive, 1997).

There are many different approaches to service evaluation. Whichever method is used, the process should provide practical information which helps to inform the future development of a service.

Clinical audit may be one activity which takes place during a service evaluation, alongside other activities such as routine data gathering, incident reporting, and interviews with staff and service users.

In order to conduct an evaluation, services need to consider their aims, objectives and then identify their key evaluation questions. Further texts to assist in service evaluation are listed at the end of this book.

**How does clinical audit differ from research?**

Clinical audit is not research, but it does make use of research methodology in order to assess practice.

Key differences between clinical audit and research are outlined in Table 1.1.

Although research and clinical audit are two distinct activities with different purposes, they are interrelated in several ways, as described by Black (1992):

- Research provides a basis for defining good-quality care for clinical audit purposes.
- Clinical audit can provide high-quality data for non-experimental evaluative research.
- Research into the effectiveness and cost-effectiveness of clinical audit is needed.
- Research needs to be audited to ensure that high-quality work is performed.
### Table 1.1: Differences between research and clinical audit. Adapted from Madden (1991) and Firth-Cozens (1993)

<table>
<thead>
<tr>
<th>Research</th>
<th>Clinical Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims to establish what is best practice</td>
<td>Aims to evaluate how close practice is to best practice and to identify ways of improving the quality of health care provided</td>
</tr>
<tr>
<td>Is designed so that it can be replicated and so that its results can be generalised to other similar groups</td>
<td>Is specific and local to one particular patient group - results are not transferable to other settings</td>
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<tr>
<td>Aims to generate new knowledge/increase the sum of knowledge</td>
<td>Aims to improve services</td>
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<tr>
<td>Is usually initiated by researchers</td>
<td>Is usually led by service providers</td>
</tr>
<tr>
<td>Is theory driven</td>
<td>Is practice-based</td>
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<tr>
<td>Is often a one-off study</td>
<td>Is an ongoing process</td>
</tr>
<tr>
<td>May involve allocating service users randomly to different treatment groups</td>
<td>Never involves allocating patients randomly to different treatment groups</td>
</tr>
<tr>
<td>May involve administration of a placebo</td>
<td>Never involves a placebo treatment</td>
</tr>
<tr>
<td>May involve a completely new treatment</td>
<td>Never involves a completely new treatment</td>
</tr>
</tbody>
</table>

### Examples of different types of studies in an in-patient unit for adolescents with eating disorders

- A study to examine whether adolescents admitted to the unit benefit most from group or individual psychotherapy is research.
- A study to examine whether the following standard set by staff at the unit is being achieved: “All adolescents admitted to the unit will receive a team assessment within two days of admission to decide whether they will receive group or individual psychotherapy”, is a clinical audit project.
- A study involving: (a) collecting information about service users to see whether the service is reaching the target population, and (b) obtaining feedback from service users, referrers and providers about various aspects of the service (e.g. accessibility, acceptability, effectiveness) is a service evaluation.