

The 5 Stages of Audit

Each stage of clinical audit involves the use of specific methods; however it also requires the creation of a supportive environment.

Stage 1 - Preparing for audit

The reason for undertaking the audit may arise from a problem may be identified from every day practice, coroner's cases or national practice that people know or feel practice could be improved upon.

Stage 2 - Selecting Criteria

The criterion should be written as a statement, for example:

- All patients requesting an urgent appointment will be seen that day.
- All patients with epilepsy should be seen at least once a year.
- All patients on Warfarin should have their INR within the recommended limits.

Criteria can be defined from recent medical literature or the best experience of clinical practice.

A Standard should be defined in order to make it useful. It should describe the level of care to be achieved for any particular criteria, such as:

- 98% of patients requesting urgent appointments will be seen the same day, or
- 90% of patients with epilepsy should be seen at least once a year.

The level of standard can often be controversial but there are basically 3 options:

- A minimum standard - the lowest acceptable performance standard. This can be used to distinguish between acceptable and unacceptable practice.

- An ideal standard - the care that should be given under ideal conditions and with no constraints. This however, is usually unattainable.
- An optimum standard lies between the minimum and the ideal. Setting these standards requires judgment discussion and consensus with other members of the audit team. Optimum standards represent the standard of care most likely to be achieved under normal conditions of practice.

Stage 3 - Measuring Performance

Following data analysis areas falling below the predetermined standards can be identified, with performance either falling above, below or staying similar to the identified standards.

Stage 4 - Making Improvements

From the final reports recommendations, key recommendations should be arranged into an action plan and given to the appropriate stakeholders such as Directors, Co-Directors, Professionals Managers, etc for implementation.

Stage 5 - Sustaining Improvement & Re-Audit

Without re-auditing it is impossible to see if implemented recommendations have lead to an improved level of care. The audit cycle gives a clear checklist of the components required to undertake an audit project successfully and is similar to that of the change management models like Kotter's eight step model (1996). There are three main areas which are; creating a climate for change, engaging and enabling the whole organisation and finally implementing and sustaining change.