Clinical Audit
An Introduction

Simon Hall
CRC
Clinical Engineer
Manager of Assistive Technology
Specialised Seating
Ireland

Health Is a Business

- Many countries and economies -- developed and emerging -- are demanding better health for their populations and workers.
- A population’s health is determined by its environment, heredity, lifestyles and medical care system.
- These factors must be improved in order to improve health, and collaboration among many organisations and sectors of society is needed to improve these factors.

The Stakeholders
Of Clinical Audit

- The client
- The staff
- The legislators
- The fund holders
What is Clinical Audit

- Clinical Audit is the comparison of actual practice against agreed, documented, evidence based standards with the intention of improving patient care. (M. Ferris 2002)
- Clinical Audit can be defined as the assessment, evaluation and improving the care of patients in a systematic way. Setting of standards, measurement of practice compared
- To the ‘gold standard’ identification of deficiencies and addressing deficiencies (closing the loop) is an accepted model of clinical audit. (Medical Council 2006)
- Criterion: ‘A systematically developed statement that can be used to assess the appropriateness of specific healthcare decisions, services, and outcomes (Institute of Medicine 1992).

Clinical Audit Involves

- The Clinical audit will involve looking at information already collected about a patient or treatment.
- However, issues of confidentiality and unsound practice have to be considered.
Assistive Seating and Mobility Department Interdisciplinary Team includes:

- Clinical Engineers
- Electronic Engineer
- Clinical Engineering Technicians
- Occupational therapists
- Physiotherapists
- Administrators

Interdisciplinary Team Approach

- Ancillary team, support to the main team
  - Orthopaedic Surgeon
  - Dietician
  - Neurologist
  - Rehabilitation Consultant
  - Paediatrician
  - Electronic Assistive Technology

Other support teams available to the Seating Clinic are:

- Night positioning team
- Feeding team
- Pressure sore management team

The De-centralisation of Services

- Since the mid 90's it has been the policy of the Central Remedial Clinic to de-centralise its services

Advantages to De-centralising the Service

- It eliminates long journeys for families and clients
- A true indication of the client in its own environment
- Teams associated with the client from the local area can participate in the assessment
- Eliminates days lost by local services by travelling to Dublin plus expenses incurred by the local Health Service
National Approach To Clinical Audit

Areas for consideration

- Standardized Equipment
  - Quality control
  - Approved suppliers

- Standardized Reviews
  - 3 month / 6 month
  - 1 year review

- Standardized Assessments
  - Measurement Equipment
  - Linked to training

- Standardized Reports
  - Medical Devices
  - Database
  - Uniform Approach

- Standardized training
  - Induction training
  - CPD

Why we introduced Clinical Audit

- Evidence based practice
- Service Expanding
- Staff increasing
- Trans disciplinary staffing
- Multi grades of staff
- AT / Specialised seating merging
- Helps to set standards and focus on issues in assessments
- Prescriptions becoming more complex

What are the benefits of Clinical Audit

- Strengthening clinical audit is crucial for improving the quality of healthcare provision.
- Strengthening clinical audit is crucial for improving the quality of healthcare provision.
- Audits leads to significant improvements in healthcare also increase in clinical Governance
- Clinical and Healthcare Audit involves comparing current practice to
- Evidence based best practice in the form of standards, identifying areas for
- Quality improvement and implementing changes to practice to meet the standards.
Governance

- Audit is part of your overall clinical Governance
- Assessing that Clients are Receiving Best quality care
- Ensuring value for money

The Main Reasons (3 F’s)

- Funding – provision of the right system is essential to reduce not only monetary costs but person related costs
- Future – Audit evaluation helps to establish structures that your service remains focused on the needs of your clients, training needs, staffing needs, trends, etc
- Feedback - improve communication between staff, clients and carers

What are the Problems Associated

- More paperwork
- Big Brother effect
- What's the Gain?
- Too much feedback
- Confusing at times - what was been measured
- Do you have sufficient resources to implement
Difficulties Introducing Clinic Audit

- CRC Clinical Case Load
- Mixed Adult – Children with Acquired and Congenital Disabilities
- Physically and Intellectually Impaired clients
- Sensory Impaired clients
- Verbal and Non Verbal clients

What should you look for when Examining Clinic Audit?

- Problem areas of practice
  - Amenable to change
  - Good evidence
  - Measurable
  - Achievable within your resources (IT, space, financial and human)

What is important topic for Audit?

- High level of concern with an issue
- High impact on health of patients or resources
- Lack of Common procedures or conditions
What are my organisational priorities?

- National standards or guidelines
- HSE Board priorities
- Local audit programme
- Local problems and priorities
- User views or complaints

Ask your Aims and Objectives Aims

- Why am I doing this Audit?
- What am I hoping to achieve?
- What are my Objectives?
- How specifically will I achieve my aims?
- What will I improve and assess?

Set my Standards

- I need to identify evidence of good practice as a basis for setting standards. More information on appraising and using evidence is Available
Where do I get my standards?
- National guidelines, standards & local priorities
- Other teams
- Establish baseline standards
- Once I have established my standards

Stating Criteria
- I will State my Criteria – elements of care or activity, which can be measured
- I will Set my desired level of performance or target (usually a percentage)
- Standard: Patients with a diagnosis of CP should be reviewed every 6 months, should have an orthopaedic review every 6 months

Ethics Committee
- The clinic Board has an ethics committee that meets regularly to assess research and
- Special interest projects. If I have any questions relating to ethical issues related to an