Clinical Audit Policy

1. Background

The WA Country Health Service (WACHS) seeks to drive service improvements within the system to obtain better health outcomes for consumers. WACHS provides direction and guidance to all staff to ensure the processes for hospital and non-hospital clinical audit activities at all levels of the organisation are reliable, valid and timely.

Clinical audit seeks to improve the quality of patient outcomes through systematic review against explicit evidence based criteria or standards, and identifying opportunities for improving systems of care. As such, clinical audit is an important component of the WACHS Clinical Governance Framework.

2. Policy Statement

The WACHS supports and endorses routine clinical practice audit as an area wide clinical practice and patient safety strategy to improve the health outcomes for consumers. Clinical audits are to align and reflect the WACHS Strategic Directions and principles and are to be conducted in partnership and collaboration with staff, consumers and carers.

The need to implement a clinical audit strategy may be as the result of:

- state or national patient safety standards, evidence based standards / performance criteria
- evaluation of clinical risks, consumer feedback, improvement opportunities, or Key Performance Indicators (KPIs) not met.

Approved WACHS clinical audit tools and systems that have been reviewed as valid, reliable and appropriate are to be utilised where available. Clinical Audit data, results and information are to drive improvements in the high-quality and safe services WACHS provides to obtain better health outcomes for consumers.

2.1 Principles of Clinical Audit

These principles are to be applied throughout the clinical audit program:

- Clinical audit should be part of an integrated program for quality improvement. Examples of other methods of quality improvement that can be utilised as part of a quality improvement program include2:
    - Plan Do Study Act: small scale testing of potential quality improvements
    - Model for improvement: Testing and refining quality improvements
    - Lean / Six Sigma: Eliminating waste & redirecting resources to improve quality
    - Performance benchmarking: Driving improvements through performance targets

- Healthcare failure modes and effects analysis: Evaluating processes for quality improvement
- Process mapping: Mapping the patient journey for quality improvement
- Statistical process control: Measuring quality against predefined parameters
- Root cause analysis: Systematically uncovers causes of events that affect quality
- Communication tools: Structured information exchange to improve quality
- Technological innovations: Automation of processes and systems
- Decision Trees: Improve the quality of processes in health care

Further information on these quality improvement measures can be located within "A guide to quality improvement methods" Healthcare Quality Improvement Partnership, 2015[2]

- Any WACHS approved audit tools and audit systems should be utilised where available. If there is no current WACHS approved audit tool, the development of a clinical audit tool for use within WACHS may require the approval of the WACHS Clinical Audit Governance Group or the Regional Clinical Governance Committee. This requires the completion and submission of the WACHS Clinical Audit Proposal and Guidance Form to the WACHS Clinical Audit Governance Committee for review and approval. For further information for clinical audit proposal submissions, please refer to the WACHS Safety & Quality Clinical Audit intranet page.

- Not all audits in the health care setting are a clinical audit, clinical audit refers to an activity that measures clinical care against audit criteria as part of a quality improvement cycle, other forms of audit can include Internal audit, Financial audit, Organisational audit, Investigations, Routine monitoring of clinical outcomes, and Staff, patient, service user, carer surveys 5

- Clinical audits to be repeated as part of a rolling clinical audit cycle, consideration should be given to the frequency of the clinical audit cycle and the impact on staff, patients, carers and resources. Rapid cycle auditing, using a relatively small sample size can be used where there is a known problem to obtain results quickly.3 However to prevent audit burden on patients, staff and resources, this style of auditing (i.e. monthly audits) should be limited to a short timeframe and then require review.

- In accordance with WA Health policy, ethics approval is to be sought for all quality improvement projects including audit, that meet any of the requirements as defined in the WA Health Research Governance Policy and Procedures. For further information, refer to the WACHS Human Research Ethics Committee internet page.

- Clear instructions and any necessary training are to be provided by the audit managers to all staff and consumers / carers taking part in data collection. This is to include the date by which the data should be collected, and how to return the data for validation.

- Access to information for clinical audit, including medical records is to be managed in accordance with the WA Health Information Access and Disclosure Policy and WACHS Authorities Schedule.

- Where records are in off-site storage, consideration needs to be given to any associated costs of retrieving records and/or alternative arrangements made e.g. excluding these cases from the audit.

- Staff are to have access to the tools they need in order to carry out data collection. Audit tools for the NSQHSS are to be standardised across WACHS. Audit tools for other audits to be conducted within WACHS are to be standardised where possible.

- The data is to be collated, validated and any anomalies removed or commented on.

- The findings are to be reported and commented on, and compared against the relevant standards.

- Any cases where it may be clinically acceptable for standards to have not been met are to be identified.

- The report is to be reflected on, and recommendations made for improvement.

2.2 Conducting a Clinical Audit

Planning is essential to ensure completion of a successful audit. The following information outlines the approach to clinical audit in WACHS to meet the requirement of the National Safety Quality Healthcare Service Standards (NSQHS) standards.
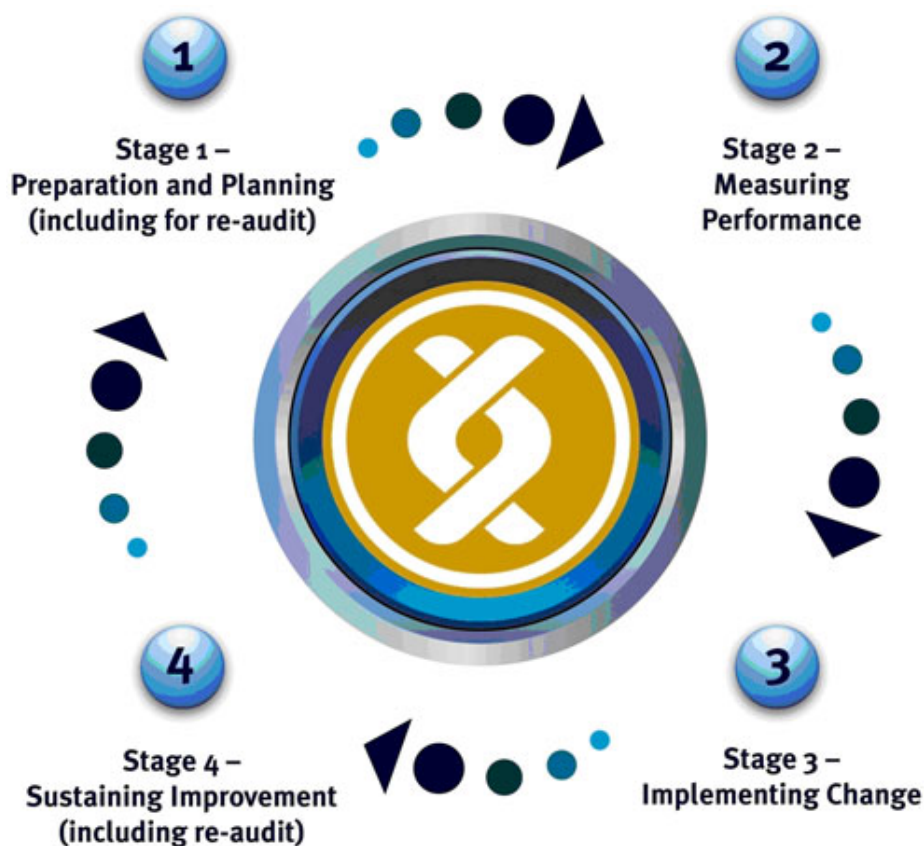

Figure 1: The Clinical Audit Cycle[2]

2.3 STAGE 1 Preparation and Planning

The audit may be a requirement of a national standard, in response to performance issue, part of a regular audit schedule or follow-on from a previous audit. Having determined an audit priority, the next step is to determine the audit scope. Points to consider when determining this might be:

- Conducting a review of literature to determine the agreed clinical / professional / national standards to be followed.

- Setting the target criteria / benchmark, this should be realistic and attainable while not being set too low.

- Whether the data can be gathered from existing information collections or reviewed under another process / quality improvement method.

- Whether the audit is to be of all eligible patients or of a sample group. Smaller sites may consider auditing all eligible patients in order to capture meaningful data, whereas larger sites may consider a sample of patients to be representative of their activity.

- Sample sizes are to be practical to provide meaningful data. Clinical audit is not research and may not require a large number of cases.

- Whether there are any inclusion or exclusion criteria, or any caveats

- The type of data which needs to be collected.

- How often the data needs to be collected.

- The subsequent presentation of the data for analysis, reporting and feedback.

- The timescale for data collection, review and reporting, with consideration to available resources and impact on staff, consumers and carers.

- Engaging clinicians / clinical groups in consultation in the audit development. Senior involvement is essential to support practice change.

In order to provide the focus, extent and boundary of the audit, determine the following to ensure the best evidence is captured.

- The physical location of the audit.

- The processes and activities which are to be included and how they are to be measured and / or evidenced.

- The time period that is covered within the audit.

- The members of staff who will be engaged in the audit process and when the audits will be conducted.

- The frequency of audit / re-audit cycle.

Design the method (if no standardised WACHS approved audit tool is available)

Examples of types of audit methodology are:

- Point prevalence audits – usually annual reviews of all current inpatients. All patients are to be reviewed and the data captured within one 24 hour period, for example, inpatient pressure injury audits.

- Bedside - audits using small, frequent samples of current inpatients to gain information for local clinical practice improvement.

- Retrospective reviews of patient clinical records – easy to arrange but can be reliant on clinically trained staff to read and interpret the record e.g. mortality reviews.

- Patient surveys - these can be inpatient or outpatient surveys and are usually used for routine regular reporting or for one off 'ad hoc' audits.

- Observational audits - useful for audits of compliance with best practice and behaviours e.g. hand hygiene.

Clinical Audit collection system

Consider the various methods of collecting / collating clinical audits and the security, resources and education required for each system:

- Web based Survey / Audit Systems or Forms

- Audit / Survey software

- Spreadsheets and Databases

- Hard copy audit tools

Pilot the audit tool

- Identify an area to test the tool on a small sample of five to ten.

- Collect and validate the data and revise the audit tool if necessary to ensure the required data will be captured.

2.4 STAGE 2 Measuring Performance

Collect the data (see 2.1 Principles of Clinical Audit)

- Notification of intention to audit is to be provided to area / site / line managers, health information staff, and any other staff, patient or carers involved in the collection of data.

- Any high or immediate risks identified during the conduct of the audit are to be escalated to the immediate line / area manager for action.

- Consider using a model of investigation to assist in identifying any variations from the standard, for example the Pyramid Model of Investigation.4

Data Analysis

Analysis of data is to be conducted against the standard(s) defining the quality of care to be achieved. Interpretation of the data involves looking for patterns. The analysis may not require complex statistical tests, but may include descriptive statistics or qualitative data analysis depending upon the type of data captured.

Report

Prepare the summary report detailing methodology, findings and recommendations. Ensure the recommendations have a timeframe and person / group / committee responsible allocated. The report is then to be presented to relevant committees and shared with clinicians. Consider various methods (report, poster, infographic) for the dissemination of results tailored towards your target recipients.

2.5 STAGE 3 Implement change

Points to consider:

- Does the practice / process meet the standard?

- Does the standard need resetting?

- What practice / process needs to change?

- How the practice / process will change.

Invite the areas concerned to develop their action plans, with SMART (Specific, Measurable, Achievable, Relevant, Timely) outcomes.

Use of the escalating model when investigating should highlight the factors which contributed to the results, and assist with action planning. Action Plans are to be presented and monitored through relevant committees and clinicians.

2.6 STAGE 4 Sustaining Improvement

- Determine when the audit is to re-occur. (This may depend on the results of the initial audit - if there are areas of non-compliance or high risk identified re-audit should take place sooner than would have otherwise been planned.)

- Review the audit tool and make any necessary alterations to optimise data collection.

- For continuous quality improvement plan for a rolling clinical audit cycle if required.

Share Findings, celebrate successes

- Extend thanks to staff members, consumers and carers who have taken part in data collection.

- Cascade results and lessons learned down to grass roots level, allowing staff to share in results. This helps staff to understand the reasoning behind and the need for clinical audit, and encourages them to take ownership of their work and hopefully contribute ideas for improvement.

- Share all published articles that have resulted from clinical audit activities to disseminate findings further, acknowledge the body of work conducted within the clinical audit and promote further improvements.

- Publishing or disseminating the results of the audit outside of WACHS requires ethical approval from the WACHS Health Human Research Ethics Committee (HREC). This must be obtained prior to commencing the audit and cannot be granted retrospectively.

3. Definitions

ACSQHC	Australian Commission on Safety and Quality in Health Care
Clinical Audit	"Clinical audit is a quality improvement cycle that involves measurement of 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 care and health outcomes (HQIP, January 2011)[1]
CAGG	Clinical Audit Governance Group
Clinical Workforce	All clinicians working within WA Country Health Service and any other contracted, locum, agency or student members who have assigned roles and responsibilities for the care and support of consumers and carers within the WA Country Health Service
EDMS	Executive Director of Medical Services
NSQHSS	National Safety Quality Healthcare Service Standards
WACHS	WA Country Health Service

4. Roles and Responsibilities

WACHS Clinical Audit Governance Group (CAGG)

Responsible for:

1. Overseeing and providing advice on hospital and non-hospital clinical audit activities to the WACHS Health Care Safety and Quality Executive Subcommittee and WACHS regions.

2. Ensuring that any WACHS wide clinical audit activity aligns to the WACHS Strategic Plan, WACHS Clinical Governance Framework and National or professional standards at e.g. National Safety and Quality Health Service Standards (NSQHSS) and the Aged Care Module, Mental Health, Aged Care Quality Standards, Clinical Practice Standards and other patient safety and quality priorities.

3. Developing an annual clinical audit schedule for WACHS

4. Considering proposals for any new or additional priority audits and making recommendations to the Health Care Safety and Quality Executive Subcommittee (HCS&QES) based on Clinical audits to be conducted WACHS wide (this may include national or state wide audits) require the review of the CAGG with consultation from key stakeholders. WACHS wide clinical audits are defined by:

   - audit priority identified in more than one region or across a program or directorate level

     or

   - direction from the WACHS Executive Sponsor for Clinical Audit (the EDMS) and where relevant in collaboration with the HCS&QES

     or

   - direction from national or state bodies e.g. Australian Commission on Safety and Quality in Health Care (ACSQHC).

5. Promoting safe purposeful clinical audit activity that occurs in collaboration with staff, consumers and carers.
6. Providing advice / guidance with the development and implementation of WACHS clinical audit tools and resources.
7. Overseeing the implementation of any related WACHS wide clinical audit technical systems and related business processes.

WACHS Health Care Safety and Quality Executive Subcommittee

Approves the annual clinical audit schedule for WACHS. Receives and considers other advice from the CAGG including recommendations for any new or additional WACHS wide clinical audits.

WACHS Central Office Program Manager / Leads

WACHS program area managers / leads provide leadership and ensure that clinical audits conducted by their program area support the WACHS strategic plan and priorities and reflect national or professional standards. They review the effectiveness of the clinical audits and consider WACHS wide findings and recommendations generated from the audit. The program managers / leads are to monitor any WACHS wide program recommendations and resulting actions including risk mitigation to ensure that the 'loop' is closed.

WACHS Central Office Safety and Quality

WACHS Central Office Safety and Quality provide advice and support for clinical audits conducted within WACHS. To promote standardisation of clinical audits, the team maintains and publishes a clinical audit schedule of all priority audits based on national or professional standards e.g. NSQHSS and the Aged Care Module, Mental Health, Aged Care Quality Standards, Clinical Practice Standards and other patient safety and quality priorities that are conducted within WACHS.

Regional Clinical Governance Committee

Each Regional Clinical Governance Committee or equivalent provides a clinical governance framework and structure, including reporting processes, for all regional clinical audit activities, in line with WACHS guidelines and with the HCS&QES reporting processes.

The committee is also responsible for monitoring the delivery and effectiveness of region wide audits and for taking action and identifying potential improvement opportunities. Regional Clinical Governance Committees are to review clinical audits developed within their own region with an audit priority identified in more than one of their hospitals / services.

Each region should be able to demonstrate the following:

- A regional clinical audit program which includes agreed WACHS wide clinical audits plus any regional or site-specific clinical risks.

- Governance and reporting processes for monitoring clinical audit results

- All staff undertaking clinical audits are appropriately prepared and provided with training and resources specific to the clinical audit tool used.

- Action taken on results including risk mitigation or clinical practice improvement strategies which should in turn, be monitored at local and regional level to ensure that the loop is closed.

- Use of any national, WA Health (WACHS endorsed) or WACHS audit tool (where available).

WACHS Human Research and Ethics Officer

This officer is to provide advice and guidance on WACHS requirements in respect to ethics and governance processes for proposed audit activities. For further information please refer to the WACHS Human Research Ethics Committee intranet page.

Managers and Senior Clinicians

Managers and senior clinicians provide leadership by ensuring key staff (clinical governance regional lead, regional safety and quality team) receive the reviewed data, and lead and support the clinical team to implement improvement processes. They review the effectiveness of improvement measures through re-audit and promote the value and role of audit in improving patient outcomes.

The Clinical Workforce

The clinical workforce participates in audits as outlined in their job description, relevant policies and the quality framework.

Health Information Management Staff

The Health Information Management staffs provide timely access to patient medical records and electronically held information where relevant.

Consumers and Carers

All consumers and carers who participate in the deployment of a clinical audit are to have completed a confidentiality form and follow the guidelines of the audit under the supervision / direction of the clinical workforce.

5. Compliance

Clinical audits implemented WACHS wide and regionally are to meet the requirements of this policy.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

The Clinical Audit Governance Group will evaluate the effectiveness of this policy every second year with reference to clinical audit approval submissions, user feedback and reviews.

8. Standards
National Safety and Quality Health Service Standards: 1.8, 1.28
Australian Aged Care Quality Standards: 8a, 8b

9. Legislation

Privacy Act 1988 (Commonwealth)

10. References

1. N.Dixon and M.Pearce, "Guide to using quality improvement tools to drive clinical audits," Health Care Quality Improvement Partnership, 2011
2. S.Fereday, "A guide to quality improvement methods" Healthcare Quality Improvement Partnership, 2015
3. P.Brown and D.Hare. "Rapid Cycle Improvement: Controlling Change " Arkansas Foundation for Medical Care, 2002
4. Queensland Health, Patient Safety Guideline for Variable Life Adjusted Display and other National Safety Indicators July 2013
5. NHS Foundation Trust - University Hospitals Bristol "What is Clinical Audit" 2009. Available from: http://www.uhbristol.nhs.uk/files/nhs-ubht/1%20What%20is%20Clinical%20Audit%20v3.pdf

11. Related Forms

WACHS Clinical Audit Proposal and Guidance Form

12. Related Documents

WACHS Authorities Schedule

13. Related WA Health System Policies

MP0015/16 Information Access, Use and Disclosure Policy
OD0411/12 WA Health Research Governance Policy and Procedures

14. Policy Framework

WACHS Clinical Governance Framework
Clinical Governance, Safety and Quality

This document can be made available in alternative formats on request for a person with a disability

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