



PANNA DHAI MAA SUBHARTI NURSING COLLEGE
SWAMI VIVEKANAND SUBHARTI UNIVERSITY, MEERUT



Value Added Course

**From
March
2019**

On

**Register
Soon**

Clinical Audit

Beneficiaries: B.Sc (N) III & P.B.Sc(N) I Year

Course Coordinator:

HoD:- Medical Surgical Nursing

Venue:

Multipurpose Hall, Panna Dhai Maa Subharti Nursing College

Date: 10-20 March 2019 (2-4 PM daily)

Course Content

WHAT IS CLINICAL AUDIT?

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria...Where indicated, changes are implemented...and further monitoring is used to confirm improvement in healthcare delivery.”
Principles for Best Practice in Clinical Audit (2002, NICE/CHI)

The key messages being that: 1. Clinical audit is not just a data collection exercise: • It involves measuring current patient care and outcomes against explicit audit criteria (also termed standards). • There is an expectation from the outset that practice will be improved. 2. Further clinical audit may be required to confirm that practice has improved.

The main stages of the clinical audit process are: 1) Selecting a topic. 2) Agreeing standards of best practice (audit criteria). 3) Collecting data. 4) Analysing data against standards. 5) Feeding back results. 6) Discussing possible changes. 7) Implementing agreed changes. 8) Allowing time for changes to embed before re-auditing. 9) Collecting a second set of data. 10) Analysing the re-audit data. 11) Feeding back the re-audit results. 12) Discussing whether practice has improved. This process is called the Audit Cycle and is summarised in the diagram above.

THE HISTORY OF CLINICAL AUDIT: Medical audit undertaken by doctors was first formalised in 1989. Prior to this audit activity was isolated and infrequently undertaken. Four years later, in 1993, Medical, Nursing and Therapy audit were brought together to form the multi-disciplinary activity that we now recognise as clinical audit.

WHAT CLINICAL AUDIT IS NOT?

Not all ‘audit’ that takes place within the health service is clinical audit. Clinical audit is a specific activity that measures clinical care against explicit audit criteria (standards) as part of a quality improvement cycle. The term ‘audit’ has a range of meanings and whilst people might want to ‘audit’ something it does not necessarily mean that they are doing or want to do a clinical audit project. Other forms of audit can include: • Financial audit - Looking at accounts to establish whether they provide a true and fair view of the organisation's financial position at a given time. • Internal audit - An internal mechanism that traces non-clinical activities and systems along ‘audit paths’ to see if things happened the way they should have. For example, tracing a patient complaint from the initial letter of complaint through to resolution to establish whether Trust guidelines were followed appropriately. • Organisational audit - An external, independent and voluntary audit of the whole organisation, based on a framework of explicit standards. Organisational audit looks at how well the organisation is set up and runs on a daily basis. The King's Fund is an example of an independent service that undertakes

organisational audits. • Counting things/ Investigations - The collection of data which is not related to explicit audit criteria (standards) is not considered to be clinical audit. • Routine monitoring of clinical outcomes - The identification and measurement of clinical outcomes that are explicitly linked to the change process may form part of a clinical audit project. However routine monitoring of outcome data for purposes such as performance monitoring is not considered to be clinical audit. • Peer review including Mortality & Morbidity (M&M) - Peer review is a process whereby a group of clinicians collectively assess a small sample of patients recently under their care to establish whether the best possible care was provided or whether things might have been done differently. M&M reporting is a specific peer review process that looks at specific, non-random, cases with adverse outcomes, such as death or injury, to see what lessons can be drawn. • Staff, patient, service user, carer surveys - Surveys are usually carried out as part of a research project or as an engagement activity. They are primarily used to gain the opinions of staff, patients, service users or carers regarding treatment and/or the quality of care in order to see if improvements can be made.

Surveys should only be used for clinical audit if the data sought cannot be collected from another source and it is related to processes or outcome of care i.e. were standards of best practice being met.

CLINICAL AUDIT & RESEARCH: WHAT IS THE DIFFERENCE? "Research is concerned with discovering the right thing to do; audit with ensuring that it is done right" Smith R. Audit & Research. BMJ 1992; 305: 905-6 Research addresses clearly defined questions and hypotheses using systematic processes to generate new evidence to refute, support or develop a hypothesis, by asking the question 'what is best practice?' As a result of which a new service or new practice may be developed. The methodology is designed so that it can be replicated and so that the results can be generalised to other similar groups. Research may involve a completely new treatment or practice, the use of control groups or placebo treatment for purposes of comparison, or allocating service users randomly to different treatment groups. Patients should be involved in the design, implementation and analysis of the work. Research must comply with Research Governance, and be registered with the Research and Development Department. It also has to be submitted to the Research Ethics Committee (REC) for approval. The contact details for the Research Development Department are listed at the end of this guide. Alternatively, clinical audit aims to improve the quality of local patient care and clinical outcomes through the peer-led review of practice against evidence-based standards, implementing change where necessary. It asks the questions 'are we following best practice?' and 'what is happening to patients as a result?' Clinical audit is initiated by national bodies, commissioners (PCTs) or service providers, including local healthcare staff and managers. The methodology is designed to address clearly defined audit questions that establish whether a specific clinical standard is being met. Results are specific and local to a particular team or service although the audit tool may be used by more than

one team or service. A clinical audit project will never involve a completely new treatment or practice, never involve the use of control groups or placebo treatments, nor does it involve allocating patients randomly to different treatment groups. It may, however, involve input from patients, service users or carers at a number of levels, e.g. • Participation in surveys which help to determine whether standards have been met. • Involvement in the design of individual clinical audit projects or whole programmes of activity. Clinical audit projects must be registered with the Clinical Audit Team, and therefore will have been approved by the relevant Clinical Audit Convenor. The use of survey methodologies as part of a clinical audit is also subject to approval by the Trust's Questionnaire Interview & Survey Group (QIS). Whilst clinical audit projects should be scrutinised for ethical implications, REC approval is not required.

CLINICAL AUDIT & RESEARCH: WHY IT IS IMPORTANT TO KNOW THE DIFFERENCE As outlined above research projects and clinical audit projects have very different purposes, and therefore use different methodologies; they are also managed and funded in different ways. It is sometimes suggested that research is more rigorous than audit but research and audit can both either be rigorous i.e. done according to protocol and producing valid results or not rigorous enough i.e. done carelessly, producing flawed results, and in the case of clinical audit, not leading to improvements in clinical practice. Whilst research requires REC approval, clinical audit does not. However, clinical audit should still be conducted within an ethical framework. By approving and registering a project as a clinical audit, the Trust is stating that the project fulfils the methodological criteria that allows for patient data to be accessed and analysed. Whilst clinical audit projects may be published without ethical approval, e.g. the Quality Improvement Reports published by the British Medical Journal, journal editors may refuse to publish articles if there are ethical concerns and REC ethical approval has not been granted. If you want to publish because of the results of your project, rather than to share the methodology, you should question whether you are undertaking research, rather than a clinical audit project.

SERVICE EVALUATION The aim of service evaluation is to judge a service's effectiveness or efficiency through the systematic assessment of its aims, objectives, activities, outputs, outcomes and costs. It addresses specific questions about the service concerned and results are specific and local to a particular team or service and may lead to service redesign and reconfiguration in that particular area. The evaluation tool may, however, be used by more than one team or service. Service evaluation never involves completely new treatment practices, the use of control groups or a placebo treatment nor does it involve allocating service users randomly to different treatment groups. It may, however, involve input from patients, service users or carers through their participation in surveys, which help to determine the effectiveness or efficiency of a service, or through their involvement in the design of individual projects or whole programmes of activity. If service evaluation activity is undertaken via the

Clinical Audit Team or the Research & Development Department, it will be subject to the scrutiny and advice of those teams, however it should be noted that neither team currently has expertise in the field of service evaluation. Importantly, whilst service evaluation projects should be scrutinised for ethical implications, REC approval is not required. PATIENT, SERVICE USER, CARER ENGAGEMENT Research, clinical audit or service evaluation projects may all include a patient, service user or carer survey. In terms of clinical audit, surveys can be a useful tool, where measuring compliance against your audit criteria requires information that can only be obtained from the patient or service user e.g. 'Did the doctor introduce themselves at the beginning of your appointment?' 'Did the doctor listen to what you had to say?' Surveys can be construed as doing something 'beyond normal clinical management'; therefore it is important to get advice on the design of your survey as some questions might touch upon potentially sensitive matters, which would give rise to ethical concerns. It is extremely important that all surveys are designed to cause minimum possible disruption.

Clinical Audit Facilitator - This is the first person you should contact when you have an idea for a project. Your Facilitator will help you focus your project design and complete the project proposal paperwork (available on the clinical audit website - website and contact details are listed at the end of this guide). They will provide support and advice throughout the clinical audit process, e.g. sample selection, data analysis, presentation writing. However, Facilitators do not assist in data collection. • Convenors - Your divisional Convenor is a senior clinician responsible for promoting clinical audit in your area. The Convenor actively supports the Clinical Audit Facilitator in day-to-day activities and liaises with the Facilitator to agree the annual audit programme and to approve all clinical audit projects. • Clinical Audit Central Office - Produces activity reports including the Clinical Audit Annual Report, coordinates trust-wide and interface audit, organises the trust-wide training and recruits to and supports the Clinical Audit Team. • Clinical Audit Committee - Provides assurance of the clinical audit programme on behalf of Trust Board, to which it reports via the Audit & Assurance Committee. It provides a forum for the Convenors to discuss any issues they are experiencing, which can be fed through to Medical Director via his Assistant Director who sits on the Committee.

SUMMARY • Clinical Audit is a quality Improvement process that measures current patient care and outcomes against agreed standards of best practice. • Not all 'audit' is clinical audit. • Be aware of the differences between project categories: • Clinical audit - audit against agreed standards of best practice. • Research - aims to create new knowledge. • Service Evaluation - assesses the effectiveness of a service.



Panna Dhai Maa Subharti Nursing College

Recognized by Govt. of India, Indian Nursing Council, INC Letter No. 15-1108/2000-INC
Website: nursing.subharti.org, e-mail: nursing@subharti.org, Ph.: 0121-3024229 (Ext: 3506, 3527), Telefax: 0121-2438067
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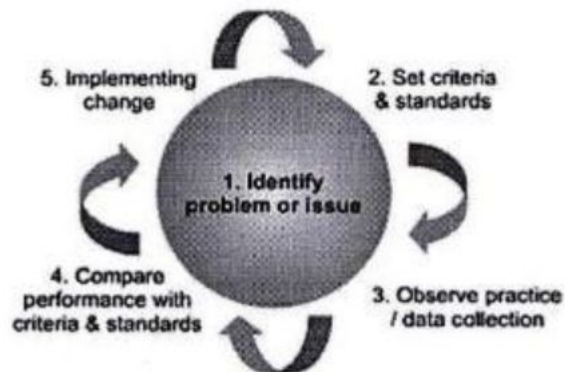
(Established under U.P. Govt. Act no. 29 of 2008 and approved under section 2(f) of UGC Act 1956)



Date: 22/03/2019

Report

Value Added Course on "Clinical Audit"



A Value Added Course on **Clinical Audit (VAC/SNC-09)** was conducted on 10th March 2019 to 20th March 2019 at Multipurpose Hall, Panna Dhai Maa Subharti Nursing College. The participants were B.Sc. Nursing 3rd year and Post Basic B.Sc. Nursing 1st year students. The total number of registered were 20 students participated and successfully completed the course and awarded the certificate for the same. Through this program the students gained knowledge on importance of clinical audit and how to maintain the records and reports.

Course Objective:

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Valedictory function of Value-added course on Clinical Audit



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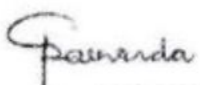


Value Added Course on "Clinical Audit"

List of Participants

S. No.	List of Students Enrolled
1	Pratibha
2	Mohini
3	Muniraj
4	Shuaib
5	Vijay
6	Vaishali
7	Sakshi
8	Megha
9	Mansi
10	Akansha
11	Kanika
12	Nishi
13	Rakhi
14	Shristhi
15	Nishta Sharma
16	Jameer
17	Prashansa Sawhney
18	Ayesha Benjamin
19	Mansi Tyagi
20	Reshma Rani


Registrar
Swami Vivekanand
Subharti University
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UNIVERSITY, MEERUT**
**PANNA DHAI MAA SUBHARTI NURSING
COLLEGE**



Certificate of Participation

This is to certify that Ms. /Mr. / Mrs Avesha of Post B.Sc Nursing has attended the value added course (SNC-VAC-09) Clinical Audit organized by Faculty of Nursing, Swami Vivekanand Subharti University during academic session 2018-19.

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This is to certify that Ms. /Mr. / Mrs Jameer of B.Sc Nursing has attended the value added course (SNC-VAC-09) Clinical Audit organized by Faculty of Nursing, Swami Vivekanand Subharti University during academic session 2018-19.

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UNIVERSITY, MEERUT**
**PANNA DHAI MAA SUBHARTI NURSING
COLLEGE**



Certificate of Participation

This is to certify that Ms. /Mr. / Mrs Reshma of Post B.Sc Nursing has attended the value added course (SNC-VAC-09) Clinical Audit organized by Faculty of Nursing, Swami Vivekanand Subharti University during academic session 2018-19.

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