

## An introduction to Clinical Audit (Practice Audit) in Psychiatry

This is a topic that does not inspire enthusiasm! However, it has a lot of potential for improvement in clinical practice and particularly for patient safety.

**“The aim of clinical audit is to improve patient outcomes by improving professional practice and the general quality of patient care delivered.”**

This is achieved by healthcare professionals reviewing patient care against agreed standards and making changes to meet those standards and repeating the audit to see if the changes have been made and the quality of patient care improved.

Clinical audit is not research.

Clinical audit is now part of the maintenance of professional competence as defined by the Medical Council and all doctors who are not in training posts are required to engage in one clinical audit each year. Clinical audit is an integral part of clinical governance within the health service.

What can Clinical Audit do for you? It is a way of looking at what you do and examining if you are doing it the way it should be done, of identifying where the deficits lie and allowing you to look at what you can do to change that and improve patients safety and patient care.

The challenge for all of us is how we engage with clinical audit and use it to the advantage of our own clinical practice and the patients we treat. It is something that we are better to use rather than avoid or be concerned about.

Clinical Audit is something we should choose to do ourselves, not something that is imposed. Many people see audit as something that will be done to them, will uncover their deficits in practice and lead to blame. Audit needs to be a tool that we use ourselves to look at our own practice and target areas where we think change is required and **could** be achieved.

Before you start it may be reassuring to know that *you do not need an extensive knowledge of statistics* to design your audit or interpret your results. You also need to remember that Clinical Audit does not require large numbers to identify a deficit.

### Choosing your topic

Choosing your audit topic is critical. There is no point in choosing a topic where the changes that you can foresee are outside of your influence. If there are no possibilities for making useful changes then it will not be possible to complete the audit loop and you will have wasted time and resources without any outcome.

Clinical Audit is directly related to improving Clinical Practice against a standard that has already been set. Your Clinical Audit may ask one or more of the following questions:

1. Is what should happen, actually happening? What is the standard?
2. Does what is actually happening meet or exceed agreed standards?
3. Is current practice following published guidelines?
4. Is your clinical practice applying up to date knowledge?
5. Is current evidence is being applied in the particular situation under review?

Clinical audit is best done by yourself and your team. The problems identified and the changes needed are more likely to be achieved with this approach and clinical audit is only of benefit when the audit loop is closed and practice improved.

#### So what steps do we need to follow?

The PDCA cycle forms the basis for how we complete an audit and this stands for:

Plan  
Do  
Compare (or Study)  
Act

#### Getting Started:

1. **Identify the area/topic** i.e. consider the need for change in an area you are interested in and where you suspect that standards could be improved, where the change you expect to recommend is possible.
2. **Find the standard**, ask the question and find the evidence, this is a good learning and revision exercise. You may need to do a literature search for the standards in the area you have chosen or it may be more easily accessible through the BNF, Maudsley guidelines, NICE guidelines, Mental Health Commission documents and publications, local policies in your service, the Mental Health Act 2001 or SIGN - Scottish Intercollegiate Guidelines Network ([www.sign.ac.uk](http://www.sign.ac.uk))
3. **Write your plan** for how you are going to do the audit. This should include the rationale for doing the audit, the standard you have chosen, the population to be surveyed, the time frame for collecting the data and the data you intend to measure.
4. **Do your data collection**. Preparation for this step should include drafting an A4 sheet, you should not need much more than 2 sheets per case, listing the data that you intend to collect on each individual case. Photocopy these so that you have one for each case record. This will reduce the paper that you need to continue with your analysis after you have collected the data.
5. **Collate your data**. If you are fortunate and have the support of an audit department you may be able to transfer your data to a computer read format that can be scanned and will total the data as programmed. For most people it will be a matter of taking each question and totaling the answers. At this point you may begin to wonder why you collected so much data. Remember when writing up your plan that to do an audit you do not need big record numbers and you should be very focused in the questions to decide to ask. You will need to look at the questions and ask yourself what are you going to learn from this

question in relation to the audit. Slim down your questions with careful and considered editing.

6. **Compare the results from your data against the selected audit standard.** Then write a summary of your findings, discussing how the differences compare to the standard, possible explanations and remedies.
7. **Identify the changes that you need to make to achieve the standard and how they will be implemented.** Put in place the actions and plans to correct any gap between the actual activity and the selected standard.
8. **Re-audit** at a suitable interval to complete cycle.

**Now, has your audit met the three elements recognized in Clinical audit?**

1. **Measurement** - Measuring a specific element of clinical practice.
2. **Comparison** - Comparing results with the recognised standard.
3. **Evaluation** - Reflecting the outcome of audit and where indicated, changing practice accordingly.

**Other issues to be considered in Clinical Audit.**

- The data collected must be anonymised.
- Data must be stored securely.
- Data collection sheets should be destroyed after the analysis is completed.
- Data can only be used for the explicit purpose of that particular Clinical Audit.
- Be aware of the Data Protection Act when collecting data, you should not need to collect identifiable information on patients, consider all relevant professional, ethical and constitutional protections of data.
- If you come across an areas of unsatisfactory practice or serious concern while doing a Clinical Audit it must be acted on appropriately.

## Examples of audits you might consider:

### **1. Prescribing practices.**

It is imperative that we remain conscious of our own prescribing habits and our success at maintaining high standards. Gold standards exist for the prescribing of most if not all medications and all can be audited depending on the needs and experiences of your patients and practice.

Audits of prescribing could focus on areas such as doses used and their BNF recommended dosage, monitoring of side effects and metabolic parameters. Medications suitable for this type of audit include Benzodiazepines and Z drugs Antidepressant medications, Antipsychotic medications, Mood Stabilising medications, Anticholinergic medications, use of Rapid Tranquilisation, PRN prescribing.

Gold Standards are available from a number of sources including the British National Formulary and Maudsley Guidelines on the Indications, Lengths of use, Recommended dosing schedules, Discontinuation of Benzodiazepine/Z drug prescribing in any patient group regimes.

Data collection is easiest for this type of audit using a tick box type questionnaire. The data you might consider collecting depending on your topic could include: name or type of drug prescribed, how many of these types of drug the patient is prescribed, dosage in context of recommended maximums, if the indication for prescription is clearly documented, use of additional prn prescribed drug, duration of time on this prescription, adverse incidents or side effects documented and /or the demographics of the patient.

Your data collection should have been organized to specifically answer a few key questions based on the standards you chose. This will allow you to present your results in relation to the guidelines easily and simply. This will make it straight forward to identify the variance from the standard and therefore the changes in practice that are needed.

Your recommendations are based on your findings and may include more regular review of prescription of this type of drug, change to ward cardex to facilitate this, improved education of junior doctors. Remember with your recommendations that there needs to be a real possibility that you can implement these changes. Completing the audit cycle and improving patient care depends on you being able to implement useful recommendations that have a realistic chance of achieving a change in practice.

### **2. Physical health of any of the patient groups under our care.**

Patients with mental health problems have an increased comorbidity with physical problems which have not always been adequately taken into account. These physical difficulties relate to the types and chronicity of illness, medications used, social circumstances and level of function of the various patient groups involved.

Gold standards for care and monitoring of the physical health of certain patient groups are available e.g. patients with chronic illnesses such as Bipolar Affective Disorder, patients on medications with recognized effects on cardiovascular and metabolic parameters, patients on Lithium, patients on Clozaril and also patients being managed through Alcohol Withdrawal.

Begin your audit by briefly describing why you have chosen the group of patients whose care you are reviewing and the aspects of their care you intend to examine and which standard you are using and the source of that standard. You will find relevant standards in the NICE Guidelines and in the Royal College of Psychiatrists 2009 report on Physical Health in Mental Health.

Design your data collection questions in relation to the parameters that you intend to check for. These could include evidence of assessment of physical health, physical examination and medical history, including weight, height, BMI, Blood pressure etc, haematology, biochemistry and endocrine investigations required following assessments, results of investigations following assessments.

Results could include findings and also difficulties in carrying out such as audit, e.g. access to investigations.

Recommendations could include multidisciplinary involvement, inclusion of physical health in multidisciplinary care planning, negotiation with other disciplines in hospital settings to aid timely investigations, resources to allow easier access to hospital appointments etc.

Again remember that your recommendations need to be realizable.

**Your audit must be done with the support and approval of your team. You must not audit other practitioners' practice without including them in the process and having their agreement and input. This is not an opportunity to tell others what they should do differently. It is an opportunity for you to look at what you do.**

## FURTHER READING:

I suggest you work through the list below in order. The CPsychI booklet will give you the basic principles and the Royal College 101 recipes book has 101 worked through examples which will reinforce the principles of audit and provide further ideas in possible topics.

CPsychI Clinical Audit booklet: [“Clinical Audit: A Key Component of Competence Assurance in Psychiatry.”](#)

Medical Council website : [Clinical Audit Guide videos](#) with guidance and FAQs  
<http://www.medicalcouncil.ie/News-and-Publications/Videos/Clinical-Audit-Guides/>

ICGP audit toolkit: [http://www.icgp.ie/go/pcs/scheme\\_framework/clinical\\_audit](http://www.icgp.ie/go/pcs/scheme_framework/clinical_audit)

RCPsych: 101 recipes for Clinical Audit in Psychiatry. Book can be purchased from <http://www.rcpsych.ac.uk/usefulresources/publications/books/rcpp/9781908020017.aspx>

HSE [National Clinical Audit Guidance Document](#) (still in draft, very detailed and more suited to MDT and complex audits)

HSE website: [About Clinical Audit](#).

Includes the Quality & Patient Safety Directorate document [A Practical Guide to Clinical Audit](#)

NHS: Institute of Innovation: [PDSA Quality and Service Improvement Tools](#) pdf document.

[HSEland.ie](#) also has an online “Clinical Audit” set of elearning modules. Login required.