

Audit Tutorial - Brimington Surgery

Be aware of the differences between clinical research and audit.

<u>Research</u>	<u>Audit</u>
Discovers the right thing to do	Determines whether the right thing is being done
A series of 'one-off' projects	A cyclical series of reviews
Collects complex data	Collects routine data
Experiment rigorously defined	Review of what clinicians actually do
Often possible to generalise the findings	Not possible to generalise from the findings

Clinical audit is no longer mandatory for nMRCGP but I would encourage undertaking for good clinical and educational reasons. Identify need for change in either:-

1. **Structure:** This refers to the input of care such as manpower, premises and facilities. E.g. "Are the numbers of NP appointments enough to cope with demand?"
2. **Process:** This refers to the provision of care (looking at what is done and how it is done) E.g. "Are all diabetic patients having Hba1c checked yearly?"
3. **Outcome:** This refers to the result of clinical intervention. E.g. "Are patients on lipid reducing regimes achieving target cholesterol levels?"

Criterion

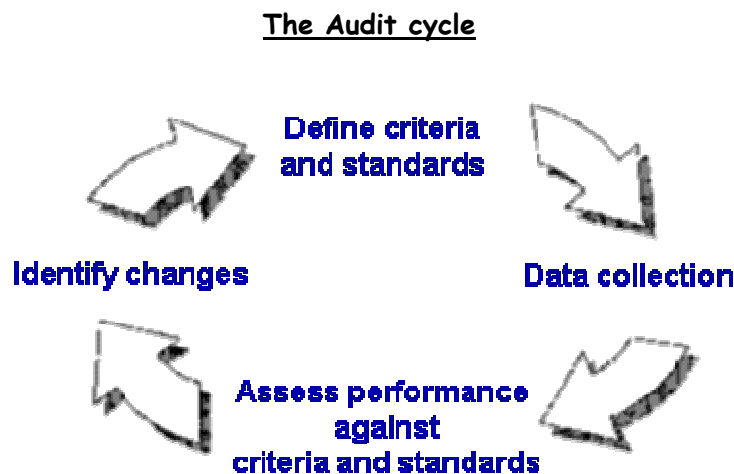
A Criterion is an item of care or some aspect of care that can be used to assess quality. The criterion is written as a statement. Below are three criteria one relating to an audit in *structure*, one an audit in *process* and one an audit in *outcome*.

- 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 safe and recommended limits.

Standards

A Standard describes the level of care to be achieved for any particular criteria. It can be fairly subjective or circumstantial but remember that audits should be repeated and thus standards can be set to provide targets of improvement.

- **A minimum standard.** This describes the lowest acceptable standard of performance. Minimum standards are often used to distinguish between acceptable and unacceptable practice.
- **An ideal standard** describes the care it should be possible to give under ideal conditions, with no constraints. Such a standard by definition cannot usually be attained.
- **An optimum standard** lies between the minimum and the idea. Setting an optimum standard requires judgment discussion and consensus with other members of the primary care team. Optimum standards represent the standard of care most likely to be achieved under normal conditions of practice.



Consider when to repeat and how to action.