OP07

Clinical audit: principles and practice

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Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the review of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit and specific criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm the improvement in healthcare delivery. It is one of the six pillars of clinical governance.

Clinical audit involves evaluating three key areas of healthcare delivery: structure, process and outcomes. Clinical audit became mandatory for all clinicians in the United Kingdome in 1990 as a contractual obligation, and it has fuelled evidence-based medicine. The five stages of audit are identification of an audit topic, setting standards, data collection, data analysis, and implementation of changes if necessary. Closing the audit cycle by re-auditing to reassess if implemented changes have had led to improvements.

Audit could be indicated for quality assurance against local or national guidelines or because of recent adverse events or patient complaints. It should be specific, measurable, achievable, realistic (or relevant), and time bound. If no guidelines available, adoption of self-constructed standards will be necessary. Once completed, it should be shared with all stakeholders, including clinicians and management. Implementation of changes is essential, although it can be difficult. It needs a buy in and enthusiasm of all. Audit is now an important part of modern clinical practice. It drives improvement and effectiveness culture, and it is a duty we owe to our patients.