

# Whatever Happened to Audit?

by Carl Parnell

## Has anybody done a clinical Audit or an Audit of any kind in the last 9 months?

My observations and enquiries are revealing the sad situation that it may be being consigned to history by the profession. Since the introduction of the “New Contract”, the fees for Clinical Audit have been built into the overall contract value - but on an individual case and only if you submitted an Audit in the test year.

The perception that we are “doing something for nothing” undermines the importance of Audit in general practice and its use as a practical management tool. However, gone are the LAPs, Audit facilitators and direct funding. The reality is that it is still an integral part of our contract with the PCTs (15 hours over a 3-year period) and a mainstay of Quality Assurance and Clinical Governance and as such, it is also an integral part of CPD in the GDC’s “Standards” guidelines.

We also tend to forget that Audit is a tool that we should be using, not only to improve the quality of patient care, but also to enhance our practising environment and to retain control of our Practice.

Let’s revisit “Clinical Audit” and reassess what it can do for our patients and our practices. In essence it is a process to improve the quality of care (in the widest sense) that we provide, a tool for improving the environment in which that care is provided and not the least for improving the work / life balance of those providing that care.

The hardest part is knowing where to start. What to Audit and why and the questions that need to be asked.

The basic framework for any Audit, clinical or otherwise is:

- 1) What to audit and Why
- 2) Aims
- 3) Methodology and data collection
- 4) Collation of data to produce findings
- 5) Implementing change to achieve our aims

So how do we do it? Well, we can do various types of Audit:

- 1) Auditing an aspect of our individual clinical ability
- 2) Auditing an aspect of clinical practice across the whole Practice
- 3) Auditing patient satisfaction and awareness
- 4) Auditing an area of Practice management

Each of the above is necessary to increase the quality of care which we provide and the quality of the environment in which it is provided.

As a starting point, we must discuss the need for Audit with all the Practice team and gain their approval. This is best done at a meeting where everyone agrees on an area which they feel could be improved. In addition, it is important, if this is the first attempt at Audit, to keep it simple and to set a time scale.

You can then embark on an “Audit spiral” which usually has seven stages.

- 1) Choose a subject or activity
- 2) Decide on the quality issue (standard) i.e. what should happen.
- 3) Collect data to show what is actually happening and compare it with your quality issue
- 4) Identify strengths and weaknesses and implement the necessary changes to your working practices to try and achieve the quality standard
- 5) After making the changes, collect data to see if performance is improving
- 6) Reassess your quality standard and see if it needs to be upgraded
- 7) After a reasonable period of time, re-audit i.e. repeat the process

As you can see from these stages, we are into an ongoing, upward quality spiral and not just a single cycle.

Let's look at how we should choose a subject or activity to audit.

- 1) Always look for something that will benefit both patients and the Practice
- 2) Try to involve everybody in the Practice
- 3) Try to make sure that all involved are capable, committed and encouraged to carry out the tasks
- 4) Keep it simple in both subject and time scale

Nobody likes to be told that they could do “it” better. We all believe that we are good at what we do and one of the main difficulties of Audit is that we have to come to terms with self-examination and self-criticism. Audit may throw up some embarrassing results, so to avoid difficulties of this nature, start by choosing a subject that everyone is happy with and one that minimises this risk. This is essential in building a climate of trust within the team, and once established, it is then possible to move into more risky areas without the results causing resentment.

Once a subject has been identified and the appropriate standard agreed and set, the process of collecting and collating data can commence. If this is to be found in patients' records, it can be collected by Dental Nurses and Receptionists without eating into surgery time. For example, patient surveys are usually best handed out by the Receptionist and completed by the patient whilst waiting for their appointment. Surveys should always give definitive

answers such as “yes” or “no” or if using a scale, always use an even number - i.e. 4 boxes not 5 - to give a definitive direction and avoid “undecided”

The size of the sample for data collection often causes confusion as to whether the results will be significant or not, but as this is not a scientific survey it is acceptable to use a sample size that will fit with the resources and time available. For example, if you are auditing the quality of your bite-wing X-rays, then a sample of 100 pairs should prove sufficient, but be aware that small sample sizes can produce “freak” results.

Although it is still possible to collate data by hand, the use of computer spreadsheets and diagrams / charts is a simpler way of displaying data and results, and is often more easily understood than lengthy numerical tables. The collation of your results illustrated by pie charts or histograms is easy to understand and can be used to illustrate to the whole team what is happening and how the current situation compares with the quality standard which was agreed.

The whole team can now see the purpose of the Audit i.e. where we are and where we want to be. This can then be used to identify what changes need to be implemented in order to attain the set quality standard.

It is this point where consensus is essential, as we are about to embark on changes to our working patterns which will affect the whole team. It may not be wise or practical to try to impose all the changes necessary at one go and there is nothing wrong with agreeing a strategy for implementing the changes over a period of time in order to accommodate everyone and avoid dissent.

Audit can therefore bring with it a sense of achievement and this should be shared with the whole team, building trust and motivation in the knowledge that the whole team will benefit from the changes made but perhaps more importantly that the quality of care which is being offered to patients is improving.

Once we have started to use Audit, we can understand very quickly the benefits that it can bring in both patient care and Practice management; and by bringing harmony to the working day, it helps define the work / life balance that the whole team wants and deserves.

Just because we no longer get a fee is no reason for not doing Audit – **THINK WHAT IT CAN DO FOR YOU AND YOUR PRACTICE!!!**

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