

How To: Set an Audit Aim, Objectives & Standards

INTRODUCTION

This 'How To' guide provides information on how to set an audit aim, objectives and standards. If you require any help locating the relevant literature/ evidence base for your standards your divisional Clinical Audit Facilitator may be able to help.

AIM

To define the aim of your clinical audit project consider what it is that you hope to achieve i.e. the overall purpose of the project. It should be related to the rationale behind choosing your audit topic and should not merely be to 'count the number of' or 'examine' but should focus your audit towards achieving improvements in practice where necessary.

The aim can be written as a statement about what you want to happen as a result of the audit. Statements should be phrased positively, to ensure that the audit brings about improvements in practice. For example, 'To improve the care received by patients who develop leg ulcers.'

The aim can also be phrased as a question that you want your audit to answer. For example, 'Are we meeting standards of best practice for the management of leg ulcers?'

OBJECTIVES

Your aim provides a broad structure for your clinical audit project. This may need to be broken down into a series of smaller objectives. Objectives are the steps that need to be taken in order to assess whether or not you have achieved your aim. Your objectives can be written as either specific tasks to be undertaken or as the different aspects of quality that your project will address.

A simple and illuminating question that you could ask your team when designing your project is: "What do we think that we ought to be doing?" The answers to this question should be based upon the best available evidence.

More technical forms of this question are outlined below.

ASPECTS OF QUALITY

The majority of clinical audit projects focus on:

- Appropriateness – Is the right treatment being provided to the right patient? It is generally easier to assess whether the patients that received the treatment were appropriate rather than whether all the appropriate patients received the treatment.
- Timeliness – Was the treatment given at the right time? Timeliness is not exclusively linked to treatment. Other examples include the medical review of a deteriorating patient within 15 minutes, an appointment for fast-track cancer referral within 14 days, referral to treatment within 18 weeks, arrival to bed allocation in A&E within 4 hours.
- Effectiveness – Was the treatment given in the right way? With desired effect?

Other aspects of quality that do not tend to be assessed through clinical audit are:

- **Efficiency** – Was the treatment given with minimum effort, expense, waste? Efficiency issues are best resolved through service improvement work. Service improvement aims to improve processes and systems of care, through process mapping and redesign, in order to make them more efficient.
- **Acceptability** - Is the treatment acceptable to the patient? Acceptability is usually a focus of research or patient involvement activity, rather than clinical audit.
- **Accessibility** - Ease of getting care.
- **Equity** - Is the treatment available to all patients on an impartial basis?

Accessibility and equity issues are best dealt with by management addressing problems with the structural aspects of care.

EXAMPLE 1 How to Write: Clinical audit topic, aim and objectives

Topic: Leg ulcers

Aim: To improve the care received by patients with leg ulcers

Objectives:

1. To ensure that leg ulcers are treated appropriately
2. To ensure timely treatment of leg ulcers

Patient care cannot be measured against the objectives contained in the example above, as they do not specify what ‘appropriate’ treatment is, or what ‘timely’ treatment would consist of. This is where audit standards come in. Audit standards define exactly how these aspects of care will be measured.

AUDIT STANDARDS

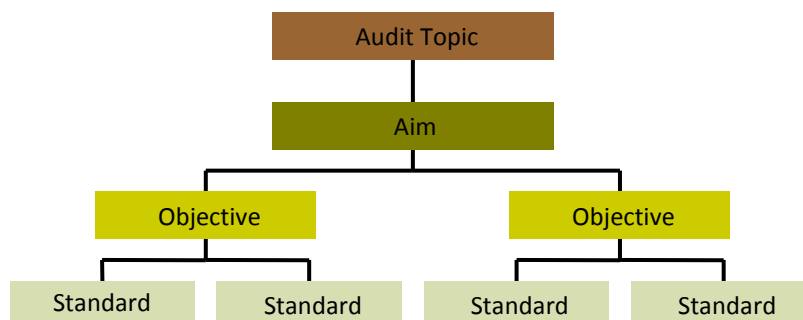
Clinical audit is by definition standards-based (sometimes referred to as ‘criterion-based’). Standards are more specific than objectives. They are quantifiable statements detailing the specific aspects of patient care and/or management that you intend to measure current practice against. They seek to ensure that the best possible care is provided, given available resources, and they are based upon the best available evidence.

“A standard is an explicit statement describing the quality of care to be achieved, which is definable and measurable”

Using standards to define precisely the care that we are seeking to provide means that we can:

- Accurately inform anyone who might want to use our service, what service it is that we are offering.
- Identify the things we need to enable us to provide our service.
- Monitor and improve our performance.

Your standards should be related to your audit topic and objectives, as per the framework below.



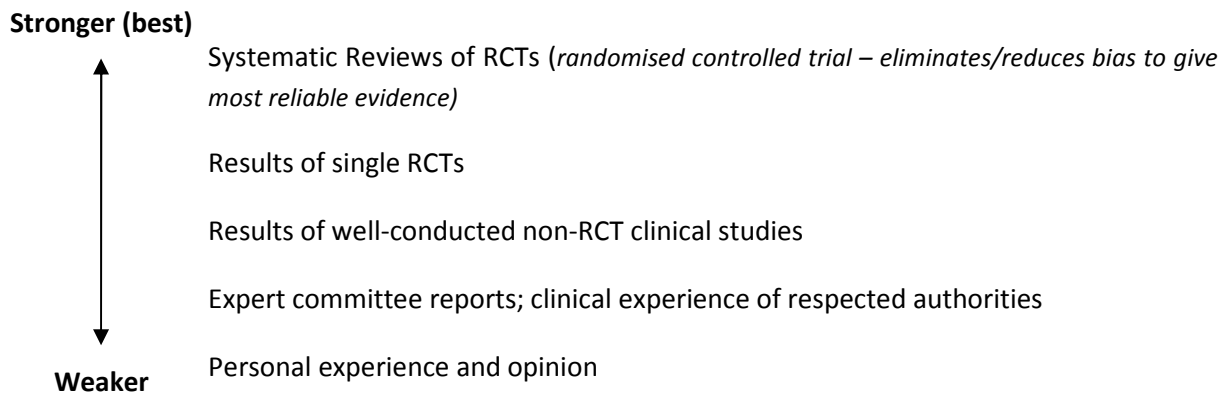
DEVELOPING AUDIT STANDARDS

If standards are available in the form of guidelines or protocols, you should base your audit on the most widely applicable guidelines available, e.g. national guidelines rather than regional or local guidelines. However, it is important to bear in mind that guidelines are only as good as the evidence they are based on. Even some national guideline statements are only 'good practice', without any research evidence base.

If guidelines/ protocols do not exist, or existing ones are out of date, you will need to undertake a literature search to identify best practice. Assistance with this can be provided by the Learning Resources Centre. The contact details for the Learning Resource Centre are listed at the end of this guide.

It is important that there is agreement with your standards locally before you start. You will find it hard to improve practice if there is disagreement as to what constitutes best practice.

Standards should always be based on the strongest, most up-to-date, evidence of what constitutes best practice. A generally accepted hierarchy for the strength of evidence to base your standards on is:



WRITING AUDIT STANDARDS

<p>S pecific</p> <p>M easurable</p> <p>A greed</p> <p>R elevant</p> <p>T heoretically sound</p>	<p>Standards should be SMART.</p> <p>Specific - Clear, unambiguous and jargon-free. A standard should only mean one thing to all people who read them.</p> <p>Measurable – Is the information required to answer your standard available? For example, “information leaflet should be given to patients”. If data is collected retrospectively, how will you know if it’s a failure of practice or a failure of documentation?</p> <p>Agreed - By all concerned with delivering that aspect of care.</p> <p>Relevant - To area of care being audited / concern that has been raised.</p> <p>Theoretically sound - Based on evidence about best practice, reviewed and updated as new evidence becomes available.</p>
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Once the evidence base has been identified and what represents best practice in this area has been agreed, you need to define the standards that you will use to measure current practice against. Even if you are basing your audit on a national guideline, you may need to do some work to make the guideline recommendations into SMART standards.

At UHBristol we recommend that standards are written as per the model below.

EXAMPLE 2 How to write: An audit standard

The standard relates to the first objective of the Leg Ulcer project example on the page 2: ‘To ensure that leg ulcers are treated appropriately’.

Audit Criteria	Target	Exceptions	Source of Evidence
Venous leg ulcers will be treated with graduated multi-layer high compression bandaging	100%	ABPI <0.8 (ankle: brachial pressure index)	UHBristol Policy – Clinical guidance on the management of leg ulcers (2008)

Taking each aspect of this model in turn:

Audit Criteria - The audit criteria quantifies the practice addressed by the objective, describing in a measurable way what care should be delivered. The audit criteria should be derived from the evidence-base described in the fourth column (Source of Evidence). In the UHBristol audit proposal paperwork, we also ask you to assess the strength of the evidence-base. The stronger the evidence base, the more likely it is that staff will agree with your audit standards and therefore they will be more likely to commit to making changes if your audit shows the standards are not currently being met.

Target - When writing audit standards, it is normal to set the target at 100%, i.e. the standard statement is something you will always do, the theory being that, if this is best practice, everyone is entitled to receive it. Reasons for setting the target at a figure lower than 100% may be:

- Setting target at 0% if referring to something you will never do.
- When comparing outcomes against national benchmarks.

Exceptions - The exceptions are the justifiable reasons for not providing the level of care specified. For example it is not a failure in our care if a patient chooses not to accept care. A common exception is patient choice, for example, if a patient was not seen within a standard of 4 weeks from referral because they were away on holiday.

Consensus on the list of exceptions should be achieved before the start of an audit. Be careful that an exception isn't a failure in care in disguise e.g. 'patient choice' may mask the fact that the patient was not given sufficient information about risks and benefits to confidently agree to treatment.

HOW ARE THESE STANDARDS USED TO MEASURE CARE?

At the end of your data collection and analysis you will have three groups of patients:

- i) Those who conformed to the standards.
- ii) Those who did not conform to the standards but met the exception criteria.
- iii) Those who neither conform to the standards nor met the exception criteria.

As a result of your data collection you might discover that there are other valid reasons for not meeting the standard, which you had not previously considered as exceptions. It is therefore important, for the audit team, to scrutinise the cases in the third category in order to decide whether the reasons for them not meeting the audit criteria are acceptable or whether they identify failures in care that can and should be rectified.

EXAMPLE 3 How to write: Clinical audit topic, aim, objectives and standards

Specialty area: Cardiac

Topic: Screening Post Myocardial Infarct Patients for ICD/CRT-D Implant

Aim:

- To assess compliance with local guidance on referral of post-Myocardial Infarct (MI) patients for further investigation.

Objectives:

- To check that all STEMI/NSTEMI & TNI +ve patients are followed up post discharge.
- To check these patients receive an echocardiogram at least 4 weeks post event.

Standards:

Criteria	Target (%)	Exceptions	Source & Strength of Evidence
All patients with a discharge diagnosis of STEMi, NSTEMi or ACS +ve Troponin, receive a follow-up appointment 4-6 weeks post discharge	100	Deceased/DNA	Local Policy

SUMMARY

- Involve all stakeholders from the outset.
- Review the evidence base.
- Set SMART standards.
- Set target of 100% unless there is justification for setting it at a different level.
- Keep your project focussed. Do not set too many standards.

CONTACT DETAILS/ USEFUL INFORMATION

CLINICAL AUDIT

- The UHBristol **Clinical Audit website** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit.html>
- Contact details for the UHBristol **Clinical Audit Team** are available from the Clinical Audit Central Office or [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/contacts.html>
- The full range of UHBristol **'How To' guides** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>
- A copy of the UHBristol **Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- The UHBristol **Clinical Audit Central Office** can be contacted on tel. (0117) 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit Central Office.

CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness**, including how to write guidelines, contact James Osborne, Clinical Effectiveness Co-ordinator, tel. (0117) 342 3753 or e-mail: james.osbourne@uhbristol.nhs.uk

PATIENT ENGAGEMENT

- For advice on **Patient Involvement**, including **designing structured surveys and questionnaires** contact Paul Lewis, Patient Involvement Facilitator, tel. (0117) 9342 3638 or e-mail: paul.lewis@UHBristol.nhs.uk
- For advice on **Patient Involvement**, including **unstructured surveys and focus groups** contact Tony Watkin, Public Involvement Lead, tel. (0117) 342 3729 or e-mail: tony.watkin@UHBristol.nhs.uk
- Surveys MUST be approved by the Trust's **Questionnaire, Interview and Survey (QIS) Group**. Proposals should be submitted to Paul Lewis using the QIS proposal form. The proposal form is available [online] via <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- A copy of the UHBristol **Covering Letter** template is available [online] via the internal intranet site <http://connect/Governance/patientexperience/ppi/Pages/QISGroup.aspx>

RESEARCH

- For advice on research projects contact the **Research & Development Department**, tel. (0117) 342 0233 or e-mail: r&doffice@uhbristol.nhs.uk

LITERATURE REVIEWS

- For advice on literature reviews contact the **Learning Resource Centre**, tel. 0117 342 0105 or e-mail: learningresources@UHBristol.nhs.uk

SAMPLE SIZES

- The **Sample Size Calculator** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>