

CASC tip sheet #1

Selecting your clinical audit topic

BACKGROUND

All good clinical audit projects inevitably start with selection of a topic to measure and review care. In some cases, your clinical audit will be selected for you as in the case of: mandatory national audits, commissioner and CQC requested projects, etc. However, in most cases you will be able to select your audit topic and it is vital that you get this right. This short tips sheet provides some key advice on what factors to consider when selecting your clinical audit.

5 top tips

T is for: Timely, Teamwork

Historically, many clinical audit projects have been carried out by individuals. However, research tells us that solo audits are less likely to be successful than those undertaken by teams. Your audit is a chance for the wider team to collaborate and look in a timely manner at how current care is being delivered.

O is for: Opportunity, Optimal, Outcomes

Audit is our opportunity to measure current service delivery against optimal practice (often referred to as criteria and standards). These provide us with information on what gold standard practice looks like. If we identify sub-standard care then we can use this learning to enhance outcomes for our patients.

P is for: Problem, Priority, Personal, Plan, Patients

While many use audit for assurance, our mantra is that audit is first and foremost a problem solving tool and therefore audits should focus on current priorities and areas where we know/worry there is a problem. All the best audits start with a clear plan of what needs to be done and best audits directly involve patients.

I is for: Important, Interest, Impact, Improvement

Audits should focus on the important, not the trivial and it will help if the subject is an area of personal interest to those involved. Passion will help drive projects forward. Every audit should start with this key question in mind... how will our audit improve patient care/our service and what positive impact will it have?

C is for: Concern, Concise, Change

On a final note... there are three factors to consider when setting our audit up. Are we concerned about a particular element of care, i.e. have events and incidents highlighted risks? Can we keep the audit concise? We know large unwieldy audits rarely succeed. Can we implement changes? If the answer is no, stop now!



T



O



P



I



C