CASC tip sheet #3

Clinical Audit Criteria and Standards

Clinical Audit SUPPORT CENTRE

BACKGROUND

We established in our tips sheet #2 that clinical audit is a discipline where we measure current care against pre-determined and agreed standards. However, this is often the part of the audit cycle/process where staff can struggle largely because 1) there is a broad range of confusing terminology and 2) skills are needed to write precise audit criteria and standards.

Starting with the basics: what are audit criteria and standards?

Audit criteria

Wayback in 1992 the Institute of Medicine defined an audit criteria as "systematically developed statements that can be used to assess the appropriateness of healthcare decisions, services and outcomes". For example, if we take the best practice evidence published by The Royal College of Physicians in their Generic Medical Record Keeping Standards an appropriate criterion would be "Every entry into the medical record should be timed (using a 24 hour clock)".

Audit standards

Every audit criterion that you develop, should be accompanied by a standard. Wayback in 1995 the Eli Lilly National Clinical Audit Centre defined an audit standard as "the percentage of events that should comply with the criterion". In other words, the standard is in effect a pre-agreed performance target. Going back to our record keeping example above the standard would be 100% as we would expect every entry into the medical record to be timed using 24 hour clock.

Are audit standards always 100%?

The simple answer is NO! For record keeping audits, we would expect almost all standards to be listed at 100%. For example, the criterion "records must be written in black ink" would have a 100% standard as this is best practice and entirely achievable. However, we are all probably familiar with the established Government target for admissions to Accident and Emergency. These in effect have a criterion: "Patients should be seen within 4 hours of arrival". Standard of 95%.

What to look for: 3 top tips...

When you are asked to take part in an audit or read an audit report or publication, always look for the criteria and standards. They should be clear and obvious. If not, you are probably not dealing with an audit. Also, be careful when devising audit criterion. Consider this example "Every page in the medical record should include the patient's name, identification number and location in the hospital". This looks OK, but is actually 3 criterion in one, measuring 3 variables. When devising your audit criterion and standards we urge you to follow the SMART rules: **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound