MANAGEMENT ISSUES

Audit in the accident and emergency department

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Audit is all about improving patient care. Most clinicians are now familiar with the fundamentals of the audit loop, and the question "what do you understand by clinical audit?" can be relied on to appear in specialist registrar and consultant interviews. At its most simple the auditing process involves a critical appraisal of present performance, followed by a process of standard setting. Present performance is then compared against the agreed standards and any need for change is identified. Following a change in practice the audit is then repeated to demonstrate any improvement in patient care, thereby closing the loop. Ideally further auditing and standard setting will lead to an incremental improvement in the quality of care of patients. Despite the simplicity of the concepts involved, many audits fail to bring about improvements; worse still the process can appear to be a somewhat tedious and demoralising task to those involved.

In this article I shall highlight some of the common pitfalls in the performance of audit and outline those problems which appear to be unique to accident and emergency (A&E) departments.

Why audit?

Audit is a powerful tool for change. Where there is a deficiency in patient care there are broadly three areas where change can bring about an improvement. These are in organisation, education, and resourcing. A well designed audit can target which of these three areas needs to be addressed and can provide strong objective evidence to support change.

Audit can provide objective evidence on whether an input of resources translates into improved patient care, in other words it may demonstrate clinical effectiveness. Increasingly purchasers are looking to clinicians to demonstrate clinical effectiveness through audit, and for audits to be of high quality and productive in terms of improving patient care.

While improvements may occur through identifying and solving problems, there is also value in demonstrating the strengths of a department, both in terms of present performance and the ability to improve and develop.

Carrying out an audit

CHOOSING A TOPIC

In order for an audit to succeed the first question to ask is "which area of patient care should we be looking to improve?" The second question is "how can audit be used to achieve

an improvement?" The auditing process should support the A&E department's programme of strategic development and quality enhancement. At this initial stage it is important to involve all relevant members of staff in the choice of subject to be looked at, as they will be involved in both carrying out the audit and instituting any changes which might be required. By bringing people on board early you have more chance of your audit being successful. Audits often fail where auditing tasks are delegated or imposed on members of staff who do not feel that the subject being audited is relevant or important to themselves. The topics most often looked at will be those which are of high volume or high clinical risk to the patients, or which are of high medicolegal risk. Patients with conditions which take up a large amount of resources in terms of time and money are also commonly audited.

When choosing a topic one should bear in mind the limited resources available to carry out audit, especially in terms of time and manpower. It is far better to target your efforts on a few small well designed projects that are going to be successful and productive than to spread your efforts thinly. This is especially important in departments where the auditing process is being introduced as a new concept or where the process is being upgraded. Early successes will encourage enthusiasm for the audit process in the future, when more demanding topics may need to be tackled.

OBSERVING PRACTICE

You will have based your choice of audit topic mainly on the observations of yourself and other staff in the A&E department. In order to plan your proposed audit you should now go on to look more objectively at a few cases. During this process it may become apparent that there are other aspects of the topic which you may want to look into. For example, if you were reviewing the medical management of overdoses then it may turn out that there were problems in the psychiatric management as well. Your audit may then be designed to encompass both topics, thereby piggybacking one audit on top of another. It may become apparent while observing practice that something is so obviously wrong that you feel you can skip the auditing stage and go straight into implementing change, but you would do this in the knowledge that you will not have the weight of objective evidence behind you when trying to influence people to change.

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CHOOSING A STANDARD

Standards may be derived from national guidelines, previously published research, or audits. In an ideal world standards should be evidence based, but in some cases it may come down to staff reaching a consensus among themselves about a reasonable target. Standards should be both measurable and objective; they should also be amenable to change. There is little point in auditing against a standard where you know that you will not be able to make an improvement. Standards should be achievable and realistic, but one should never aim to lower a standard just because it cannot be achieved. As with choosing a topic, all interested parties should be involved in choosing standards, especially if your audit is leading towards a service level type of agreement between departments. You can never be accused of moving the goal posts if the other team helped you set them up at the beginning of the match.

MEASURING PERFORMANCE

Before leaping into the auditing process you should have a clear plan of action, including methodology, time scale, and resource implications. It is important to decide who is actually going to be collecting the data. These should be members of staff who have been involved in the process of choosing the topic and standard setting and who will be involved in implementing any changes that may come out of the audit. The resources of the audit department can be used for what might be called the donkey work of data collection, obtaining records, transcribing information, and managing the data.

REVIEWING RESULTS AND INSTITUTING CHANGE

Having collected the audit data and compared them with the previously negotiated standard you will have a measure of performance. All relevant staff should then meet to go through the results and identify areas where change will improve patient care. Out of this meeting should come an action plan with clear objectives and a time scale for changes to be instituted.

RE-AUDITING

At the end of the allotted time for change the audit should be repeated. This is a vital step because at the end of the process it is important to be able to answer three questions. First, has there been an improvement in patient care as a result of the audit? Second, have the members of staff involved in the audit benefited from the process? And third, is there further potential for improvement and might it be worthwhile repeating the audit loop in the future?

Organising audits in A&E specific problems

RESOURCING AUDIT

Carrying out an audit involves time, effort, and money. With this in mind you should concentrate when planning your audit programme on a few well designed projects that will not bury your staff under a mound of paper. Some tasks can be appropriately delegated to the audit department, and you may benefit from having the facilities for data collection and processing installed within your department. The time involved in performing audit should be identified

in job plans, and protected. Where support for audit is not forthcoming you may need to point out that the process exists to demonstrate clinical effectiveness and improve patient care and as such requires adequate resourcing.

MULTIDISCIPLINARY WORKING WITHIN THE A&E DEPARTMENT

Increasingly the working practices of nurses and doctors are merging within A&E departments, especially in those departments employing nurse practitioners. This makes the auditing process easier, and working on problems jointly can greatly enhance team building among staff.

AUDITING AND JUNIOR DOCTORS

Senior house officers in A&E come and go every six months. It may not be possible to involve them fully in the departmental auditing process. Many departments now produce guidelines and protocols for their junior staff. These are often based on standards derived from research and previous audits, and cover commonly encountered conditions such as the sprained ankle and minor head injuries. It is possible to involve senior house officers in what might be termed "mini audits" of their handling of these problems through peer review of their performance against those standards laid down in the guidelines.

INTERDISCIPLINARY AUDIT

A&E departments may lead an isolated life, both physically and clinically. The auditing process can be a valuable method in bringing departments together to solve common problems and in bringing down barriers between departments. The easiest way to organise audit between specialties is to go out to audit meetings in other departments in the hospital, or to visit groups of general practitioners if auditing aspects of primary care. As a golden rule you should never audit another department without first discussing the audit with them.

INTERAGENCY AUDIT

The A&E department works not only with the other clinical specialties but with other agencies such as the ambulance service, the police, and social workers. The auditing process can be invaluable in providing a framework for solving common problems and opening lines of communication with these agencies.

AUDIT BETWEEN A&E DEPARTMENTS

Some cases present to A&E departments rarely but are of high dependency—the obvious example being major trauma. In such cases it is impossible to carry out a meaningful audit on the few cases being treated in each individual department, but audit may be coordinated regionally or nationally.

Summary

Audit is all about patient care. The process itself has no virtues unless it demonstrates clinical effectiveness and leads to improvements in clinical performance. The key to successful auditing is careful planning and the involvement of all relevant members of staff at all stages, from choosing a topic through to demonstrating change.