



Document Name: **AUDIT PROCESS**

Prepared by: Quality & Risk Unit

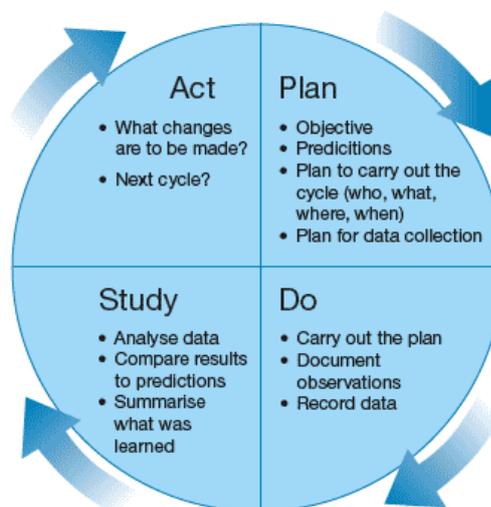
Description **Audit Process**
The purpose of this policy is to develop and sustain a culture of best practice in audit through the use of a common framework and tools. The policy applies to anyone engaged in an audit process at SWH. This policy Aligns with SWH strategic plan of driving quality performance by promoting a culture of continuous improvement

Objective: To provide a framework and tools for planning, doing, checking and acting upon audits

Definitions: Audit describes a process by which current performance is measured against a known standard or benchmark.
Audits can be used to:-

- Identify and quantify quality problems
- Establish the effect of interventions
- Monitor for sustained improvement
- Monitor for compliance with National and State mandated standards
- Provide information for benchmarking

Guidelines / Procedure: The following steps outline how to conduct an audit through the use of the Plan, Do, Study, Act cycle



Step	Action	
1	Plan	<p>Identify the problem or issue. Determine the topic for the audit by asking:-</p> <ul style="list-style-type: none"> • Is the topic concerned of high cost, volume, or risk to staff or users? • Is there evidence of a serious quality problem, for example complaints or high complication/ error rates? • Is there potential for involvement in a national audit project? e.g. ACHS clinical indicators • Is the topic pertinent to national policy initiatives? e.g. National Standards, Workplace Health and Safety • Is the topic a priority for SWH?
2	Plan	<p>Determine the standards and /or criteria to be audited against that define the purpose of the audit. A clear sense of purpose must be established before appropriate methods for audit can be considered. Determine if the audit is to measure structure, process or outcome against the standards/criteria.</p> <ul style="list-style-type: none"> • <i>Structure criteria</i> -refer to the resources required. They may include the numbers of staff and skill mix, policies, the provision of equipment and physical space. • <i>Process criteria</i> -refer to the actions and decisions taken by practitioners/ staff together with users. These actions may include communication, assessment, education, investigations, evaluation, and documentation. • <i>Outcome criteria</i> are typically measures of a physical or a behavioral response to an intervention and the level of knowledge and satisfaction. Audit using outcome measures alone sometimes provides insufficient information for developing an action plan for improving practice.

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Plan

Plan for data collection by determining:-

- The inclusions and exclusions
- The time period
- Method- record review or observation
- How you will present the data
- If the data is already captured via another process that you could access or captured electronically
- Only the minimum amount of data required for the purpose of the audit should be collected.
- Determine the sample size- it is unlikely that it will be feasible to collect data on all relevant items, patients or services in your target population. You need to be sure that the information you get from your audit sample is similar to the information you would get if you audited the whole population. Therefore, you need to ensure that your sample size is **large enough** and is **representative** of your audit population to give robust audit results.
- Random sampling is most likely to be used as it gives each patient/ client/ item the same probability of being chosen and this minimises bias and simplifies analysis of results. To determine the exact level of confidence you can have in an audit result, use sample size calculators available on line e.g. <http://www.custominsight.com/articles/random-sample-calculator.asp>
- This table shows the sample size required to be 95% confident that your sample will give results within 5% of your audit population. This is only a guide and you may feel that you need fewer subjects/ items if you have a lot of information to collect.

Population Size	Sample Size
50	44
100	79
150	108
200	132
250	151
500	217
750	254
1000	278
1500	306
2000	322
2500	333
3000	341
4000	350
5000	357

- Audit is not research, so where a research study will need large numbers of subjects to show which intervention is best, audit only needs to determine if work practice complies with standards. You can usually get the information you need from smaller sample sizes. As a general approach staff can use the equation of “square root plus one of the total numbers of subjects” e.g. 50 patients/ items- square root (7) plus one (8)

4	<p>Do</p> <p>Develop your audit tool, ensuring it is unambiguous if a number of people will be using it. The best way to test the reliability and the validity of your data collection method is to pilot your audit. This involves picking a small audit sample and performing a 'mini audit' in which you collect data and analyse the results, comparing against your standards, to determine if you obtain the information that you require. A number of processes in each Division may have a standardised audit tool format that you are required to use, ensuring consistency of results and allowing for comparison and reporting.</p> <p>If in doubt about your audit tool, contact the Quality Unit.</p> <p>IMPORTANT NOTE: Please see MAPPS policy 4.15 Research and Quality Audits: Access to Health Information</p>
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5	<p>Study</p> <p>Compare results of the audit to the standards/criteria and present the results. The main aim of data analysis is to answer the questions posed by the audits purpose (Step 2.) If you collect the right data, it will be easy to analyse and get the information you want.</p> <p>The type of data analysis depends on the type of information you have collected. This can range from simple averages and percentages to sophisticated statistical techniques. If the results of the audit are to change work practice, the results and analysis must be simple enough for everyone involved in the process to understand. Remember – Keep it as simple as possible.</p> <ul style="list-style-type: none"> The following descriptive statistics are the most commonly used data analysis tools. <p>Averages – There are three types of average.</p> <p>Mean –the mathematical average, you add all the values up and divide by the number of data points.</p> <p>The other ‘averages’ can be used to determine if your data is skewed. i.e. if you have one or two extreme values at one end of your data range. If they differ from the mean, your data is skewed and these averages may describe your data more effectively.</p> <p>Mode – is the most commonly occurring data point.</p> <p>Median – when the data is sorted into numerical order, the median is the middle value.</p> <p>Standard Deviation - gives information about the spread of data around the mean. The value of the standard deviation should be compared relative to the mean. A large standard deviation, when compared to the mean, implies the data is widely spread whereas a small standard deviation implies the data is mainly concentrated around the mean.</p> <p><i>For example: patients have a mean age of 32y with a standard deviation of 1.2y. This means the majority of patients will be 32 or very close to it. Whereas a standard deviation of 10.5y would imply that the age range of the patients was more widely spread.</i></p> <p>If the amount of spread is unexpected or unlikely, it may indicate an error in data collection or sampling that should be further investigated.</p> <ul style="list-style-type: none"> Charts and Graphs <p>Charts are a useful way of presenting and comparing information in a simple, easy to understand format.</p> <p>There are several different types of chart available and there are no hard and fast rules as to which one should be used. Use those that best show the point you are trying to make.</p> <p>Bar Charts – used for distinct categories, such as blood group and gender. There are spaces between each bar as the data is <i>discrete</i>.</p> <p>Histograms – used for ranges of data, e.g., blood pressure, height and weight. There are no spaces between each bar as the data is <i>continuous</i>.</p> <p>Pie Charts – used for showing proportions / percentages within different groups.</p> <p>Line Graphs – are useful for comparing changes over time, and are better than bar charts for comparing changes between different groups.</p> <p>Scatter Charts – are used when looking for associations or patterns between two factors.</p>
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6	Act	<p>Presentation, recording and actioning of the audit report</p> <ul style="list-style-type: none"> Recording audit results All audits are to be entered into the quality activity section of Riskman. This allows for monitoring of the type and number of audits as well as the outcomes and progress on recommendations/ actions. Written Reports A hard copy report on the audit can be extracted from Riskman, removing the need for any duplication of effort. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">• Five things the audience wants to know:</th> <th style="width: 50%; text-align: center;">Equivalent Riskman Q Section</th> </tr> </thead> <tbody> <tr> <td>Why you did it</td> <td>Activity Aim</td> </tr> <tr> <td>How you did it</td> <td>Methodology</td> </tr> <tr> <td>What you found out</td> <td>Baseline Results</td> </tr> <tr> <td>What it means</td> <td>Results and Evaluation/Evaluation</td> </tr> <tr> <td>What you are going to do about it.</td> <td>Results and Evaluation/Activity Outcome</td> </tr> <tr> <td>Details</td> <td>Attached documents in Riskman Q</td> </tr> </tbody> </table>	• Five things the audience wants to know:	Equivalent Riskman Q Section	Why you did it	Activity Aim	How you did it	Methodology	What you found out	Baseline Results	What it means	Results and Evaluation/Evaluation	What you are going to do about it.	Results and Evaluation/Activity Outcome	Details	Attached documents in Riskman Q
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OUTCOME Statement

- All audits will be conducted according to the Plan, Do, Check, Act cycle
- All audits will be recorded in the Quality Activity section of Riskman
- All audits will be reported, where a written report is required, using a report generated from Riskman

References

Clinical Audit Policy- NHS, 2010
Principles for Best Practice in Clinical Audit- National Institute for Clinical Excellence, 2002