

Good and Bad Audits

What makes a good audit?

- Good topic selection. (Does it examine the area which needs to be examined? For example, high, risk, high volume, new drugs, etc).
- Standards which are set relate to local and national standards.
- Multiprofessional involvement.
- That analysis of the collected data takes place and is compared to set standards.
- Changes are Specific, measurable, achievable, realistic and time bound.
- Changes DO take place.
- Change benefits patients/clients/carers.
- That re-audit happens to enable comparisons with previous results.

What makes a bad audit?

- Topics chosen are not relevant, ie, no benefit to patients or audit for audit sake!
- Topics no-one wants to do because the topic has been imposed on them rather than having an involvement in that area.
- Standards are non existent, too high or too low.
- Poor methodology
- Poor data collection
- Sample sizes which are too large or too small.
- Analysis is not thought through.
- No change takes place.

Critical success factors for clinical audit

- Clinical leadership
- Vision, strategy, objectives & planning
- Audit staff & support
- Structures & systems
- Training & education
- Understanding & involvement
- Organisational environment