Background

- Evidence of the benefits of Clinical Audit to patient care is limited.
- Attitudinal, professional and organisational barriers impede its effectiveness.
- But Clinical Audit still remains a favoured quality improvement policy lever (service, educational and regulatory).
- Growing interest in alternative quality improvement techniques worldwide suggest it is timely to re-examine clinical audit.

Exploring the views of Clinical Audit Advisors

- NHS organisations employ audit advisors who work with health care teams undertaking clinical audit to offer support, facilitation and advice.
- This affords them a unique perspective on the role and practical operation of clinical audit in its various health care settings.

Objective

- We aimed to explore clinical audit advisors’ views and experiences of their role in supporting health care teams with the audit process.

Method

Sampling strategy

- 153 known audit advisors in NHS Scotland with at least four years experience were invited to participate, yielding 35 volunteers.
- We purposively sampled across two large health board areas sectors to facilitate a full range of views (n=21/35)

Data collection

- Semi-structured interviews were conducted with emerging themes discussed by different participants in focus groups.

Data analysis and validation

- A thematic analysis of transcripts was undertaken independently by two researchers to code emerging categories to larger themes. A third researcher cross-checked the coding and theme construction.

Results

We report on four of the six themes generated:

Clinician Engagement

- Lack of protected time for non-medical staff
- Medical domination wield disproportionate power and influence - interferes with engagement of other staff

“…and the biggest factor is probably time because staff perceive audit as something they are asked to do in addition to their work, they don’t really see it as part of their work and that is a cultural thing we’re trying to overcome. The medical staff have protected time…but nurses don’t.” (Interviewee No. 4)

“It’s a very medical dominated world, especially in mental health…” (Interviewee No. 7)

Leadership and Accountability

- Contrasting levels of leadership support between health sectors
- Management failures to support audit-related change and improvement
- Inadequate organisational monitoring of audit activities and progress

“…Everybody in here could all be running about doing audit and nobody knows what is going on. What are the benefits? What are the improvements? There’s no con-ordination.” (Interviewee No. 2)

Knowledge, skills and experience

- Contrasting levels of audit knowledge, skills and experience of clinicians
- Confusion over what constitutes audit – Advisors supporting consultant-led large ‘data collection exercises’
- Some clinicians struggle to know what to audit – reliance on Advisors
- Clinicians’ overestimated their audit capabilities

“I went out yesterday and gave a talk to the whole team of staff who didn’t know what to audit, what to inspect and how to do it…” (Interviewee No. 3)

Clinicians’ attitudes and behaviours

- Many clinicians believed to have negative attitudes to audit, especially older staff
- Audit perceived as time-consuming, managerially-driven tick-box exercise
- Some clinicians suspicious of managerial motives when interpreting and using audit data

“I guess with the GP, and the community nurse and pharmacists, they don’t share any patient records together, so they are not going to share an audit project together.” (Focus group tow participant)

“A lot of them have said they feel their experience is being questioned…generally from the older ones who have doing it for 40 years.” (Interviewee No. 2)

Discussion Points

- The findings shed light on some contemporary barriers to effective clinical audit, but echo previous research 1 from a decade ago and earlier
- Audit does not appear to be embedded in the practices of many clinical teams
- Audit advisors concede there is limited evidence of beneficial impact
- A standardised audit approach and consistent understanding of what constitutes ‘audit’ appears to be lacking.
- Policymakers assume clinicians intuitively understand and can apply audit method effectively
- There is growing interest in alternative quality improvement methods (Lean, PDSA cycles, Statistical Process Control, Trigger Methods)
- Given the place of audit in good clinical practice, appraisal and regulation - what should be the role of education, training and assessment?
- In England and Wales there is a national strategy to ‘reinvigorate’ clinical audit – should NHSScotland follow suit?

References