

Using IT: Audit in Practice

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Why Audit?

Part 11 of The Medical Practitioners Act 2007 is the foundation of the new professional competence system which places a legal duty on doctors to maintain their professional competence by following requirements set by the Medical Council.

This comes into effect in May 2011 and as a result it is now obligatory for every practicing GP to conduct at least one audit per year, in order to comply with the requirements of competence assurance.

Components of Audit

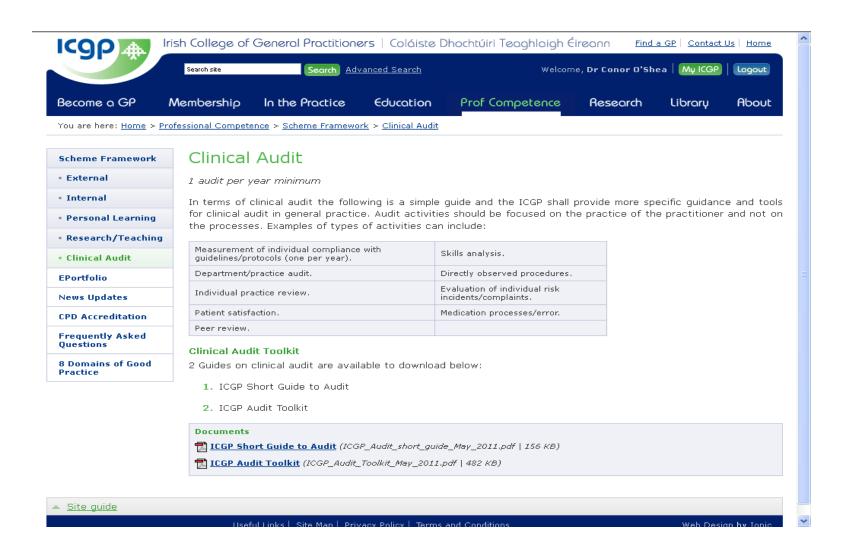
Clinical audit has three elements:

- 1. Measurement measuring a specific element of clinical practice
- 2. Comparison comparing results with the recognized standard/guideline
- 3. Evaluation reflecting on outcome of audit and where indicated, changing practice accordingly.

Keys to success

- Keeping your audit projects relevant to your practice, short, simple and easily manageable is the key to success.
- Choosing a topic is the first step and there should be agreement within the practice that the chosen topic for audit is a worthwhile area to study.

ICGP Audit Resources



How to carry out an audit

The steps involved are

- 1. Choose your topic
- 2. Define your Aims and Objectives
- 3. Choose your Guidelines, state your Criteria and set your Standard [Note the criteria are elements of care or activity, which can be measured; your standard (sometimes known as your target) is your desired level of performance and is usually stated as a percentage].
- 4. Collect your data
- 5. Analyze and interpret your data
- 6. Decide on what changes need to be made and implement them
- 7. Re-audit your practice.

1. Choose Your Topic

- Dr. C. (your regular locum) sees a patient on thyroxine who hasn't had a thyroid function test performed for many years
- Drs A + B (the partners) agree that while they try to keep an eye on this, they have no system in place
- This could be an interesting topic to audit!

2. Aims & Objectives

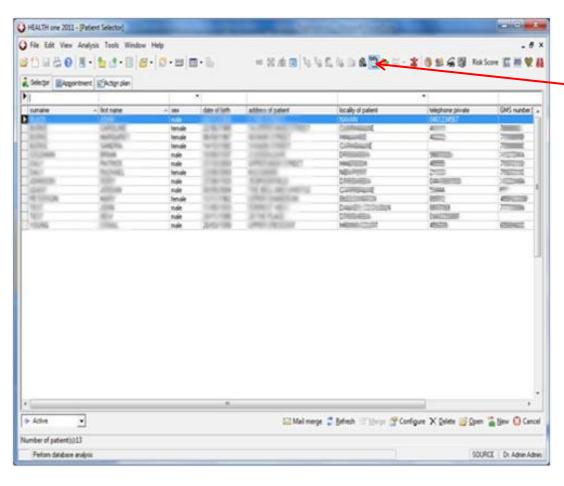
- Drs. A, B + C feel that collectively they should perform an audit to see if their monitoring of their patients with hypothyroidism is as good as it should be
- They hope by the end of the cycle to be using "best practice"

3. Guidelines, Criteria & Standards

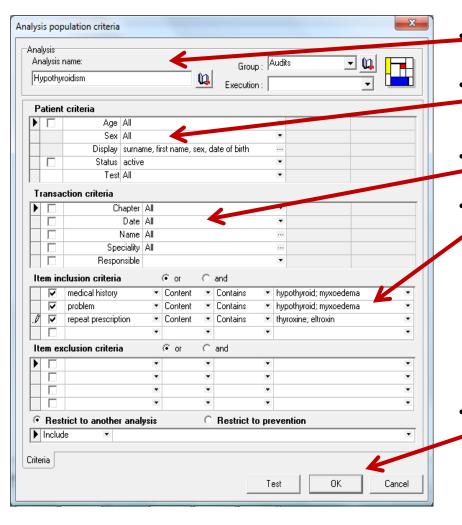
- Dr. C. Searches the web and quickly finds guidelines on this topic from the Association of Clinical Biochemists www.acb.org.uk/docs/TFTguidelinefinal.pdf
- This recommends that all patients receiving thyroxine should have a blood test (TFT) at least annually
- Their agreed standard is 100%!!

4. First Data Collection

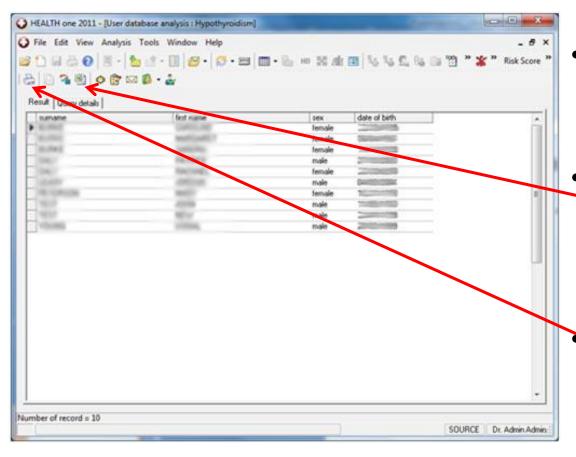
- The next slide will show how HealthOne can be used to identify our patient group
- If the medical history or problem list is up to date with systematically entered diagnosis, then that can be searched
- If not, don't panic! A search can be performed of repeat prescriptions to identify patients receiving thyroid replacement therapy



- Click Alt + F7 orclick on databaseanalysis icon
- Select "New" on the right hand side of the new screen which then appears

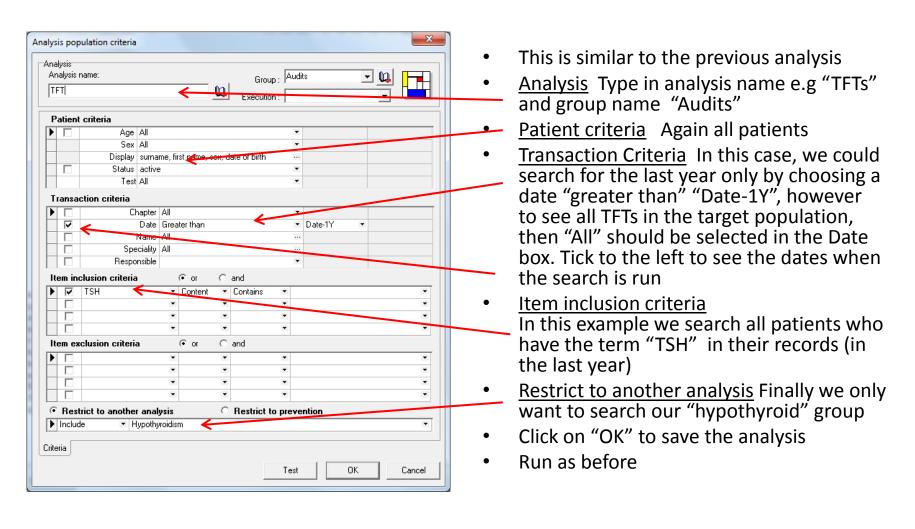


- Analysis Type in analysis name e.g "hypothyroidism" and group name "Audits"
- <u>Patient criteria</u> Select which patients you want to search. It defaults to all, but you can sort by age +/or sex
- <u>Transaction Criteria</u> Again defaults to all but you can restrict for example by date range or doctor
- Item inclusion criteria
 - In this example we search all patients who might have the text "hypothyroid" or "myxoedema" in the item "medical history" or "problem".
 - We also search for repeat prescriptions which contain "thyroxine" or "eltroxin"
 - When 2 items are being searched for, they must be separated by a semi-colon;
 - HealthOne searches text, so spelling must match
 - Click on "OK" to save the analysis



- Running the analysis will generate a list of patients
- This could be exported to an excel sheet for saving and further analysis
- Alternatively this may be printed off

- Having found the list of hypothyroid patients, Drs A,
 B & C need to determine when they last had their thyroid blood test performed
- They might find it simple to record this on their excel sheet or print-out by going into the individual patient charts.
- They might also use HealthOne to help them find out. (This is a little trickier and the paper option might suit the less confident)



5. Interpret your data

- Drs. A & B are disappointed to find that only 50% of their hypothyroid patients have had TFTs performed in the last year
- They note that their medical history and problem lists are quite incomplete when recording "hypothyroidism"

6. Change & Implementation

- Drs. A, B & C meet to discuss useful changes
- All patients in this group should have the term "hypothyroidism" in their medical history
- Each time a prescription request for thyroxine is received, date of last TFT will be checked, and patient asked to have blood test if due
- Consideration is given to using "plan of action" to recall for annual bloods

7. Re-audit

- In 6 months time Drs. A, B & C will repeat the same analysis
- They hope to be much nearer the 100%
- They will discuss the re-audit and prepare a short report, which will fulfil their audit requirement for Professional Competence Scheme, which may be uploaded to the ICGP e-Portfolio page

Audit Report

The report from your audit may be anything from two pages in length but should contain the following information

- 1. Reason for the audit
- 2. Criterion or criteria to be measured
- 3. Standard(s) set
- 4. Description of the preparation and planning
- 5. Results of the initial data collection
- 6. Description of change(s) implemented
- 7. Results of the data collection post changes
- 8. Conclusions.