

SPECIAL COMMUNICATION

AUDIT OF THE AUDITS

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Audits play an important role in improving the services to patient care. Our department was involved in carrying out Audits by the trainees on regular basis as suggested by the Royal college and each House officer or the Registrar rotating through was doing an Audit in his/her tenure. Nineteen Audits were done in 3 years in the Pediatric department. We used the criteria suggested for evaluating the quality of Audits and put into the category of full Audits, Partial Audits, Potential Audits and planning Audits. Six of our Audits were full Audits, eleven were partial Audits, two were Potential Audits and none were Planning Audits. We think that as a general trend we had similar shortcomings in quality of our Audits which need to be improved by involving seniors specially in implementing the changes suggested in the Audits otherwise it will not fulfill the Aims and objectives.

Keywords: Audit of the Audits, Audit quality ,Audit cycle

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INTRODUCTION

Audits are undertaken to make sure that health services are appropriate for the patients' needs and the health care support the provision of best quality care to the patients.¹ Audit of the audits is a relatively recent concept of looking at the Audits in the department.

It is meant to look at how topic was chosen; standards were set, observed practice and compared performance. Also to see how many suggestion have been incorporated in the guidelines and if Re-audit was taken to see the change and improvement in the services.² The quality of the audits is judged by whether they were done to improve own quality of care, was it properly conducted, and was it disseminated to the concerned parties.

We looked at the audits done from 2008–2010 in Paediatric departments with the view to see if our audits fulfilled the abovementioned criteria. It is recommended that each house officer training in the department should do one audit in 6 months.

MATERIAL AND METHODS

Audits done in the paediatrics department over the last 3 years were taken into account and six main points were audited. It was considered if the topic was chosen with the consent of the team and it was relevant to the paediatric care in the department. It was seen if the targets were set against which the practice was to be viewed and the data was collected for the practice in the department.

It was examined whether the data was presented to the relevant parties. The fourth point was to see if our own performance was compared with the target set from the standards. Finally two other points included implementing changes after discussion among the colleagues and whether the cycle was repeated by doing a Re-audit.

If five of the six points were met it was considered Full Audit, Partial Audit was assigned to Audits which fulfilled the criteria: 1 and 3 with either 2 or 5. Potential Audit was one with points 1 and 3 and Planning Audit was if the topic was chosen and intentions were to do an audit.³

If the topic was clinically important and was taken with the consent of the team concerned than it was considered fulfilment of 1st criteria of audit. It was also taken into consideration how they were disseminated to the concerned parties.

RESULTS

Nineteen audits were done in about three years in Darlington Memorial Hospital. Most of the audits were done by the senior house officers rotating through Paediatric unit. Topics were discussed with the audit lead before starting. Fifteen audits out of 19 were discussed in the ward meeting before starting to take all the team on board. Two audits were not about the practice in the Paediatric unit. Audits which were not directly concerned with practices in Paediatric unit were audit of quality of GP letters to the Paediatric unit for admissions and audit of Paediatric referral from Accident and Emergency unit. These two audits were although relevant to paediatric services but were not about the practice in the paediatric ward. All other audits were in keeping with the relevance and were for the practice in the paediatric unit. Out of 19 Audits 63% were services in Paediatric unit 26% were from Neonatal unit and 11% about practices outside Paediatric and Neonatal unit. All the 19 audits made suggestions in the end that were relevant and implementable.

Two of the 19 were not disseminated to the concerned parties. The rest, 17, were discussed in the unit in ward meetings which are conducted once a week. Five out of 19 were discussed in the

multidisciplinary meetings and one was discussed in the regional meeting. The most important part lacking in our audits was implementation. Suggestions of 6 out of 19 audits were implemented and new guidelines were made or modified.

Out of 13 audits, two had already shown good results and the guidelines were followed with few lapses which only needed reminding the staff. In rest of the 11 the suggested changes could not be incorporated.

According to the criteria we categorized 6 of the 19 audits as full audits, 11 were partial audits and 2 were potential audits. There were none categorized as planning audits.

DISCUSSION

The quality of Audits and difficulty in completing the Audit cycle was evident in our audits and this is thought to be a general trend all over the UK Hospitals.¹

The most difficult part of the audit cycle is implementation of the changes and there was a failure in our part as well. There is evidence that countries like Canada which have practiced audit for a lot longer still have problems with completing the loop.⁴

We need to make a group of consultants who should be looking at this part and find the ways to take this point forward. The suggestions made should be incorporated in the guidelines in a clear way for compliance. All the senior house officers starting in the Paediatric unit should have a copy of the Guidelines of the most common problems and they should be included in the induction program. They should also be reminded of the guidelines being followed in the departments' potential audits which can be undertaken.

Two of the audits were looking at services provided by other departments and although relevant to Paediatric department but were not about the services given in Paediatric unit. We think these two audits were looking at services of GPs and A/E staff and the best way forward could have been discussing with the GPs and A/E staff before starting and taking them on board and disseminating to them after

completion. It was noted that we need to look at improving our own services and if we do need to look at a broader picture we need to take other departments on board and discuss the issue with them before starting the study. If this is not done the implementation cannot take place and the audit would fail in its aims and objectives.

Re-audits of the audits should be done to see if the new guidelines have been followed and if they have brought the changes which were expected. Paediatric department in the hospital had very good audit program and it could further be strengthened by auditing the audits at least two yearly, although the suggestions are for yearly analysis. Audits have to be well planned and properly undertaken otherwise they lose their productivity and only attempt to fulfil educational requirement of the junior staff.²

CONCLUSIONS

As most of the audits done in UK did not make an impact on the services delivered we had similar results and there is an immediate need to look at this activity conducted by the juniors and we recommend that it should be with seniors help and advice. Completion of audit cycle is important to make sure that the quality of patient care has improved and not closing the loop makes it a waste of time and money.⁵ We think the consultants can provide valuable support and try to incorporate the changes suggested in the guidelines. Also at least 50% of the audits should be re audited every other year to see the changes they have brought to the department.

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