Clinical Audit

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The Scene –
A new, female patient attends a dental clinic for the first time
Let us remind ourselves what we did over the summer
The results of surveying your old cards

• Old cards
  • Name, in full 70%
  • Address in full 31%
  • DOB 28%
  • MH 30%
  • Smoker 24%
  • Denture history 28%
  • STE 18%
  • Dentists prescription 27%
  • Treatment options 28%
  • Consent 25%
  • Imp material 35%
  • All appointments dated 54%
  • All entries signed 21%
The results of surveying your new cards

- Name, in full: 88%
- Address in full: 88%
- DOB: 88%
- MH + drug list: 87%
- Smoker - how many: 78%
- Denture history: 80%
- STE: 57%
- Dentists prescription: 57%
- Diagnosis: 70%
- Treatment options: 71%
- Consent: 88%
- Imp material: 67%
- Lab sheet: 88%
- Appointments dated: 78%
- All entries signed: 57%
If we analyse these

• Date of birth recording went from 28% - 88%  
  • *318% improvement*

• Medical history went from 30% - 87%  
  • *290% improvement*

• Smoking incidence went from 24% - 78%  
  • *307% improvement*

• Consent recorded went from 25% 88%  
  • *315% improvement*
But what is acceptable?

• How many dates of birth should be recorded (more than 88%?)
• How many MH questionnaires should be recorded (more than 87%?)
• How many Consent should be recorded (more than 88%?)
The answer lies in the standards
In some instances you might have to devise your own standards

- Consent.
- Hands up if you think that you should get consent for 60% of patients
- 70%
- 100%
Consent standards

• Now how to you satisfy that standard
  1. You obtained it orally but not recorded
  2. Signed treatment plan present in notes
  3. Contemporaneous notes state – ‘consent obtained’ for each clinical visit
  4. Combination of 2 & 3
Over to Kathryn
Helping dentists deliver today’s standards in oral health care

• Standards & evidence based culture

1989- Audit in hospital specialities
1991-Self Assessment Manual & Standards(SAMS)
1993- Standards based QA in dentistry( BUPA)
1994- Other dental providers introduce QA
2000- Denplan Excel
2001  BDA Good Practice Scheme
      Clinical Governance (DOH)
2005 FGDP “seven key skills” VT schemes and teams
2006 SID

2009 HTM 01-05 Decontamination guidelines

2009/2010 Independent Safeguarding Authority(ISA)
      Care Quality Commission(CQA)
Work Out a Standard

An agreed measure by which performance or achievement can be judged

A good standard is:
- measurable
- realistic
- achievable
- agreed
Standards

Agreed By Whom?

FGDP: Standards in Dentistry (SiDS)

BDA: Contracts of employment

Professional Body: e.g. British Periodontal Society

You & Your Team
More about standards...

• Ideal world

• A standard should always be achieved that does not either put patients, colleagues, or the individuals concerned at risk in any way

• Universal?
Standards

- **Criteria:** the aspects of the experience you are going to measure

- **Targets:** the desired level of performance to meet the criteria

- **Exceptions:** valid reasons for non-compliance with the criteria
Source of standards to use?

- *Clinical Examination and Good Record Keeping: Good Practice Guidelines, FGDP GDC Standards for Dental Professionals 2009*
- Impression taking?
- Patient satisfaction?
Let’s try one

1. Choose a topic – here it is record keeping
2. What is the aim of the audit?
3. Who will be involved?
4. Work out a standard - write it down
5. How do you assess what’s happening? What data do you need to collect?
Does it matter?

1. Unit 12 – Dental Public Health – ‘Have knowledge of audit and be able to develop an audit project and understand its’ place in an audit cycle’
Students will complete 3 audits

- Record card
- Impression taking
- Patient satisfaction
The Role of Audit in Primary Dental Care

What can I do in my practice that will improve the quality of patient care?
WHAT IS AUDIT.

Clinical Audit.

- AUDIT IS A TOOL FOR ACCURATELY MEASURING THE OUTCOME OF CLINICAL AND NON CLINICAL WORK IN ORDER TO IMPROVE QUALITY OF CARE FOR PATIENTS AND IMPROVE EFFICIENCY OF THE PRACTICE.
Over the next two years the registration of healthcare providers, including dental practices, both working within the NHS or entirely private, will be introduced. The care quality commission will oversee this process and have regulatory responsibility to ensure that the requirements for registration are met. This includes the provision of a safe, clean environment and appropriate decontamination of dental equipment.

Provisionally the registration scheme will place strong emphasis on quality management and self audit.
Some text from IRMER

- Quality assurance audit
- Each procedure within the QA programme includes a requirement for records to be made by the responsible person (dentist, assistant) at varying intervals.
- The person with overall responsibility for the QA programme should check the full programme at intervals not exceeding 12 months. This is essential to demonstrate effective implementation of the programme.
What has been your experience with audit?
The Audit Cycle

‘if you can’t manage it
you can’t measure it’
The Audit Cycle

- Set a Standard of Care
- Observe Current Practice
- Compare Practice with Standard
- Implement Change

Monday, 14 November 2011  Keith & Kathryn Marshall  27
Audit cycle

Collect data
Analyse data
Feed back findings
Make action plan
Review standards
Select priority topic and objectives
Review literature for criteria
Set standards
Design audit
Re-audit
Benefits of Audit?

1. Reducing frustration
2. Bringing about change
3. Reducing organisational and clinical error
4. Improving efficiency
5. Demonstrating good care
6. Stimulating education
7. Bidding for resources
8. Promoting higher standards of patient care
9. Securing effective medical defence through risk avoidance
10. Maintain GDC Registration
Which type of audit?

Structure
Process
Outcome
Prospective/Retrospective looking forward or looking back?

- **Prospective audits of process**
  - waiting times
  - patient satisfaction
  - failed appointments
  - lost records
  - new patient enquiries
  - recall attendances

- **Retrospective audits of process**
  - medical histories
  - health & safety docs.
  - examination records
  - employment docs.
Prospective/Retrospective

- Prospective audits of outcome
  - denture eases
  - quality of lab work
  - endodontic performance
  - treatment failures
  - dry sockets

- Retrospective audits of outcome
  - radiographs
  - lab work remakes
  - perio treatment success
The Data Capture Sheet/Form
What should it contain?
Time for Reflection

1. Analyse your data
2. Draw your conclusions/make sense of the data
3. What improvements are required?
4. When will you re-audit the area?
5. Write your report and discuss your findings
MAKE YOUR CHANGES!
Collecting Data

• Keep it simple
• Use your team
• Realistic sample size
• Minimise variables
• Don’t record unnecessary variables
What makes a good audit?

– The topic is relevant to patient care
– The aims are clearly stated
– Relevant team members are involved
– A reasonable standard is set (evidence based?)
– A decent data capture form
– Appropriate amount of data
– Data is analysed & reported
– Action Plan created
– Re-audit
What do I need to submit?

- Title
- Why was the audit chosen?
- Aim of the audit
- Standards used in this audit
- Data collection
- Discussion
- Making changes
- Action plan
Might include phrases such as ...

- Good record keeping is an integral part of professional practice and the mark of a safe clinician.
- The purpose of this audit is to check what is recorded and implement change where necessary for the benefit of our patients.
- A professional, faithful and accurate clinical record is required for the appropriate management of patients by clinical teams and may be required for medico-legal and Clinical Governance reasons – always cite your source!
This bit where it goes ....
When is an audit not an audit?

• Asking patients about the treatment they have received is a vital part of audit, as it can used to assess the degree to which care was offered against standards. Some forms of patient questionnaire are outcome measures, whilst these are related to audit, are not audit in themselves. They are however vital for assessing service quality and an excellent addition to audit.
When is it a survey?

• **Standards-based audit** - A cycle which involves defining standards, collecting data to measure current practice against those standards, and implementing any changes deemed necessary.

• **Patient surveys** - These are methods used to obtain users' views about the quality of care they have received. Surveys carried out for their own sake are often meaningless, but when they are undertaken to collect data they can be extremely productive.
Not everything that counts can be counted, and not everything that can be counted counts ……

Albert Einstein
Thank you for your interaction
The importance of audit video