

Introduction

Clinical audit activities are designed to provide individual physicians, groups of physicians, or inter-professional health teams with data and feedback on their performance. Clinical audit activities provide a process for data collection and provision of feedback to assess current performance against established performance measures or practice standards.

Clinical audit activities contribute to the continuing professional development of individuals, groups or teams by providing an opportunity to identify areas where performance meets or exceeds expectations and areas where improvement is either desirable or required to improve the patient care.

Clinical audit is a valued assessment activity included within Section 3 of the MOC Program and is assigned 3 credits per hour. Chart audit activities are not required to be reviewed and approved by an accredited CPD provider organization prior to recording these activities for credit within MAINPORT.

This document provides a description of Royal College guidelines for the development of a chart audit process and/or tool. These guidelines are intended to provide assistance to:

- individual Fellows who are interested in designing their own performance assessment strategy using data recorded in their charts or health records
- CPD provider organizations that are exploring the design and implement a chart audit process or chart audit tool to support specialists in participating in Section 3 of the Royal College's Maintenance of Certification Program.

Documentation required

Beyond the standard documentation of recording the focus, key findings and reflecting on the outcomes identified from completing the chart audit activity in MAINPORT, specialists should be able to provide upon request:

1. A description of the performance measures selected to assess performance.
2. A copy of the chart audit tool that was used to collect the data
3. A description of how feedback on performance was obtained
4. Any learning objective that was developed based on the chart audit.

Developmental Guidelines

Clinical Audit Activities

Clinical audit activities should be developed to meet the following Royal College guidelines.

Define the assessment focus for the clinical audit activity

Guideline 1: Clinical audit activities should be focused on aspect of clinical practice that is relevant to an individual, group or healthcare team.

Selecting an aspect of clinical practice that is relevant should consider conditions, disorders or diseases:

- That are frequently assessed or managed in a specific practice context. (prevalence)
- With an established scientific evidence base. (evidence-informed)
- Where the physician is in direct control of decisions. (attribution)
- Where actions or decisions may have a direct impact on or be relevant to the clinical outcome experience by patients. (outcome-focused)

Guideline 2: *The clinical audit activity should be designed to address a defined assessment question(s)*

Developing an assessment question(s) a clinical audit can address or answer should consider each of the following:

- The population of interest.
- The specific aspects of performance being assessed.
- The key outcome(s) that will be measured.

Select the measures, quality indicators or professional standards

Guideline 3: *Clinical audit activities should compare current performance against a minimum of 3 selected performance measures, quality indicators or standards of care.*

Selection of performance measures should consider each of the following:

- Performance measures that have been reviewed or validated by the profession.

- Performance measures that reflect established process of care standards.
- Performance measures that correlate with patient outcomes.
- Performance measures that include measures of patient experiences of care.

Access and Collect performance data

Guideline 4: Clinical audit activities should be based on a minimum of 10 consecutive cases

A minimum of 10 cases will provide a reasonable assessment of usual performance upon which to make judgements and guide future learning in practice. Case selection can either be based on a:

- Review of the last 10 cases assessed or managed in practice (retrospective clinical audit)
- Collecting selected performance measures over the next 10 cases assessed or managed in practice (prospective clinical audit)

Summarize and compare performance against selected measures

Guideline 5: Clinical audit activities should provide a detailed summary of performance in comparison with established standards

A summary of the data will depend in part on the type of performance measures or quality indicators that were selected. Comparisons can either be based on

- Dichotomous variables (test ordered / not ordered) should focus on degree of adherence to established standards
- Continuous variables (degree of control of BP in relation to established standards) should focus on the percent of patients who meet established targets

Obtain Feedback

Guideline 6: Clinical audit activities must include a strategy to obtain feedback from colleagues, peers or mentors

Feedback obtained from colleagues, peers or mentors assists to reflect on and 'making sense' of the data; identify areas of strength; and aspects of practice where performance can be improved.

Identifying the Outcomes for Practice

Guideline 7: Clinical audit activities should result in identifying the impact of the identified outcomes for future learning and practice improvement.

Defining the specific outcomes from the clinical audit should consider each of the following:

- Identifying areas of strength that can be further enhanced.
- Identifying areas where improvement is required.
- Developing one or more learning objective(s) as part of a performance improvement plan

Documenting the process and outcomes in MAINPORT

Guideline 8: Clinical audit activities should receive credits for the time spent reviewing, reflecting and identifying the outcomes for learning or practice improvements

The hours that qualify for credit under Section 3 should only consider the following:

- The time spent reviewing the summary of performance against specific performance measures
- The time spent receiving feedback from a colleague, coach or mentor
- The time spent identifying an outcome for future learning or practice improvement.

Royal College Guidelines

Clinical Audit Activities

At-A-Glance

- Guideline 1: Clinical audit activities should be focused on aspect of clinical practice that is relevant to an individual, group or healthcare team.*
- Guideline 2: The clinical audit activity should be designed to address a defined assessment question(s)*
- Guideline 3: Clinical audit activities should compare current performance against a minimum of 3 selected performance measures, quality indicators or standards of care.*
- Guideline 4: Clinical audit activities should be based on a minimum of 10 consecutive cases*
- Guideline 5: Clinical audit activities should provide a detailed summary of performance in comparison with established standards*
- Guideline 6: Clinical audit activities must include a strategy to obtain feedback from colleagues, peers or mentors*
- Guideline 7: Clinical audit activities should result in identifying the impact of the identified outcomes for future learning and practice improvement.*
- Guideline 8: Clinical audit activities should receive credits for the time spent reviewing, reflecting and identifying the outcomes for learning or practice improvements*

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