What We Know

› A nursing audit is the systematic and critical examination of patient records, nursing reports, and other documented evidence in order to evaluate and monitor the quality of care\(^{(1,4,5)}\)
  - Auditing helps to identify discrepancies between what is done and what should be done\(^{(5)}\)
  - Purposes of a nursing audit include evaluating of nursing care, ensuring that care is up to a set standard, and contributing to research\(^{(1,5)}\)
  - An audit is not the same as research\(^{(1)}\)
    – Audits differ from research in that audits are not randomized, do not set new standards, are led by service providers instead of researchers, do not investigate new treatments, do not require ethical consent, and result in non-generalizable conclusions (i.e. specific to the facilities or providers under review)\(^{(1)}\)
  - A clinical audit is an audit performed to assess quality of health care; a nursing audit is a clinical audit performed specifically to assess quality of nursing care\(^{(1,3)}\)
    - Clinical audits can be used as quality control tools to assess quality as a component of quality assurance (QA) or quality improvement (QI) projects and to evaluate the effectiveness of clinical governance frameworks\(^{(1,3)}\)
      – Clinical audits identify the strengths and weaknesses in an organization’s healthcare delivery system and provide a mechanism for introducing procedural and structural changes to improve quality of care\(^{(1,2)}\)
      – Organizations utilizing a clinical governance framework rely on audits to maintain a high quality of nursing care, and to evaluate evidence that favors the use of clinical governance\(^{(5,7)}\)
  - Clinical audits typically involve input from the healthcare provider and patient, and the use of a structured audit tool to review medical records and other documentation\(^{(1,3,7)}\)
    – Healthcare personnel conducting an audit need to be educated regarding the purpose of the audit and the use of a structured audit tool\(^{(1)}\)
  - Clinical audits can be performed\(^{(3)}\)
    – retrospectively (i.e., after patient care has been provided)
    – concurrently (i.e., while patient care is being provided)
    – prospectively (i.e., in advance of providing patient care to evaluate how current interventions will affect future healthcare quality)
    • Types of clinical audits that can be performed include the
      – outcomes audit, which evaluates the outcomes of an intervention; the assumption is that achieving the desired outcome will result in high quality patient care\(^{(3,7)}\)
        - Measuring outcomes is considered by many experts to be the best method for assessing quality of care\(^{(3)}\)
        - Examples of outcomes audits to assess quality of patient care include rates of patient falls, prevalence of pressure ulcers, rates of healthcare-associated infection (HAI), and patient satisfaction scores\(^{(3)}\)
- process audit, which evaluates whether an intervention was performed in compliance with an accepted standard of care (e.g., clinical guideline, care pathway, facility or unit protocol); the assumption is that performing an intervention in compliance with an accepted standard of care will result in high quality of patient care.

- Accepted standards for providing nursing care can be documented in policy and procedure manuals, nursing protocols, and/or nursing care plans.

- Peer review (i.e., evaluation of an action by a person of the same rank and in the same position as those performing the review) based on observation is an effective method for conducting concurrent process audits.

- Examples of process audits to assess quality of nursing care include determining if patient identification procedures were accurately followed prior to blood administration or if fetal heart tones were measured and recorded according to facility protocol during labor induction.

- structure audit, which evaluates whether the environment in which health care is delivered is in compliance with standards developed by licensing and accrediting organizations; the assumption is that providing the proper structure or environment for the delivery of health care will result in high quality care.

- Structure audits do not assess actual patient care provided but rather assess those factors that provide a safe and effective environment in which to provide care.

- Examples of structure audits to assess quality of nursing care include evaluating staffing ratios, assessing equipment safety, and documenting emergency preparedness planning.

- Use of a standardized nursing language (e.g., the Nursing Minimum Data Set [NMDS], the Nursing Interventions Classification [NIC]) when performing nursing audits helps facilitate communication about the audit and aids in evaluating specific nursing interventions or outcomes.

The clinical audit procedure should include a mechanism for providing feedback and implementing changes to improve quality of care.

- Audits should be continually performed until an accepted level of quality or compliance with the standard is met.

- An audit is performed, feedback regarding deficits in nursing care is provided, the healthcare team alters practice to alleviate deficits and improve quality of care, and the audit is repeated to evaluate the changes.

- The steps to be used when performing a clinical audit include the following:

- Determine the accepted standard of care or desired outcome to be used as a benchmark of quality of care (i.e., determine what the current standard of care is regarding the outcome, process, or structure to be evaluated).

- Assess the current state of the factor to be evaluated (i.e., determine what is currently happening).

- Compare the current state with the accepted standard or desired outcome (i.e., compare what is currently occurring with what should be occurring) and identify strengths and weaknesses.

- Take action to correct any weaknesses to improve compliance with the accepted standard or desired outcome.

- Reevaluate.

- Audit and feedback (A/F) reports provide a healthcare professionals with a performance summary over a certain period. The goal of an A/F report is to provide an objective measure of performance that is directly comparable to their peers. A/F reports are widely used to improve professional practice; however, they are not a mandatory part of the auditing process.

- In addition to internal clinical audits performed by healthcare organizations, additional audits to assess for instances of error, abuse, or fraud can be performed by Medicare auditors who evaluate organizational or provider compliance with billing regulations, nursing home auditors who evaluate organizational compliance with federal regulations and for indications of documentation irregularities, negligence, or incompetence, health plan auditors who evaluate organizational or provider compliance with standards for immunizations, screening, and follow-up of patients in accord with the Healthplan Employer Data and Information Set (HEDIS), and expert witnesses who assess for deviation from accepted standards of patient care in preparation for a legal action.

What We Can Do

- Become knowledgeable about nursing audits so you perform or assist with performing outcomes, process, and/or structural audits to assess the quality of health care provided by nursing in your facility; share this information with your colleagues.
Collaborate with your facility’s QA/QI committee and medical education department to provide continuing education for clinicians in all specialties regarding clinical audits and the importance of performing clinical audits to evaluate quality of patient care.
Coding Matrix

References are rated using the following codes, listed in order of strength:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
</tr>
<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
</tr>
<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
</tr>
<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
</tr>
<tr>
<td>C</td>
<td>Case histories, case studies</td>
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<tr>
<td>G</td>
<td>Published guidelines</td>
</tr>
<tr>
<td>RV</td>
<td>Published review of the literature</td>
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<tr>
<td>RU</td>
<td>Published research utilization report</td>
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<tr>
<td>GI</td>
<td>Published quality improvement report</td>
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<tr>
<td>L</td>
<td>Legislation</td>
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<tr>
<td>PGR</td>
<td>Published government report</td>
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<tr>
<td>PFR</td>
<td>Published funded report</td>
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<tr>
<td>PP</td>
<td>Policies, procedures, protocols</td>
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<tr>
<td>X</td>
<td>Practice exemplars, stories, opinions</td>
</tr>
<tr>
<td>GI</td>
<td>General or background information/texts/reports</td>
</tr>
<tr>
<td>U</td>
<td>Unpublished research, reviews, poster presentations or other such materials</td>
</tr>
<tr>
<td>CP</td>
<td>Conference proceedings, abstracts, presentation</td>
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References


