Assessment of Paediatric Clinical Audit

Abstract:

Consultant Paediatricians in Ireland were surveyed to evaluate their perceptions of the hospital audit environment and assess their involvement in the audit process. Eighty nine (77%) replied of whom 66 (74%) had an audit department and 23 (26%) had not. Of those who replied, 10 (11%) felt their hospital was well resourced for audit and 25 (28%) felt the culture was very positive but only 1 (1%) had protected time. For 61 (69%) consultants audit was very important with 38 (43%) being very actively involved in the process. The most frequent trigger for audit was Non Consultant Hospital Doctor (NCHD) career development, cited by 77 (87%). The new Professional Competence Scheme and the National Quality and Risk Management Standards will require the deficiencies identified in this survey be addressed.

Introduction

In the United Kingdom, audit, as defined by the National Institute of Clinical Excellence and is integrated both into national health care planning and the governance process of National Health Service trusts. This process is not yet established in Ireland. This study was undertaken to evaluate the facilitation of paediatric audits in Irish hospitals and assess the perceptions and involvement of consultant paediatricians.

Methods

Irish consultant paediatricians were surveyed by post and non-responders were resurveyed on a second occasion, one month later. This survey evaluated the hospital environment inclusive of a) dedicated audit personnel within the hospital b) the adequacy of financial support c) the perception of the hospital audit culture d) protected time for audit and e) the distribution process of audit results, and consultants perception of and involvement in clinical audit. Questions were structured as binary (yes or no) or utilized a likert scoring system; cuing at 1 “not at all” and at 6 all and definitely.

Results

Eighty nine (77%) consultant paediatricians, working in 23 (92%) hospitals, responded to the survey. Forty (45%) paediatricians worked in District General Hospitals (DGH) and 49 (55%) worked in non-DGHs. Sixty six (74%) worked in 16 hospitals with audit departments, and 23 (26%) worked in 7 hospitals without. The mean number of audits performed per hospital, over a 3-year period, with an audit department, was 5 (range 1-25) and without an audit department was 3 (range 0-7). Fourteen (61%) hospitals publish a yearly report and 9 (39%) include audit data. Table outlines consultant attitudes and perceptions of hospital audit environment with mean likert scores and positively skewed scores (likert 5 and 6).

Discussion

From May 2011, medical practitioners on the General and Specialist Divisions will be legally required to register with a Professional Competence Scheme, which involves Continuing Professional Development (CPD) and Clinical Audit. This HSE policy strategy will direct healthcare personnel to routinely undertake clinical audit. Problems for hospitals with audit departments may include undertaking the audits for the facility, rather than engage, educate and support front line staff in the audit process, their primary function. In hospitals without audit departments, this knowledge deficiency may result in audits with poor methodological design, inappropriate standard setting, and possible haphazard data collection being performed. Such audits are likely to mislead rather than inform practice; consequently these hospitals will require appropriately staffed audit departments. Addressing the deficiencies highlighted in this study has resource implications and will require a cultural shift in hospitals.

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References
2. Irish Medical Council. Standards for maintenance of professional competence available from http://www.medicalcouncil.ie