Two of your five-a-day: the role of the Librarian in Clinical Audit
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Abstract
Clinical Audit has been described as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. The process cycle has five elements, the first two of which overlap with the basic principles of information retrieval: identifying a problem or question; and finding criteria and standards against which to measure. We describe the evolving role of librarians in the clinical audit function of a major academic teaching hospital in Dublin, Ireland and demonstrate the benefits to our profession of aligning our work with the core strategic objectives of our parent organisation.

Key words: Librarians, Hospital Libraries, Clinical Audit, Hospital Administration.

Introduction
In 2011 the Library Association of Ireland (LAI) Health Sciences Libraries Group (HSLG) published a report on the status of health librarianship and libraries in Ireland (the SHELLI report). Among its findings was that, although clinical staff have an appreciation of the value and contribution of librarians to Irish health care services, the librarians themselves perceive a lack of understanding by senior management of their role. The report recommended that Irish health librarians and information professionals should promote their unique skills and expertise to key stakeholders within their organisations (1).

Ireland has been through a period of financial turmoil and recession since 2008 and all government funded organisations – including hospitals – have had significant cuts to financial and human resources. This has been very acutely felt by the health librarian sector where numbers have dwindled in the past 4 years by as much as 34% (2) and budgets have been cut sometimes disproportionately to those of the parent organisation. Nor is this situation unique to Ireland (3). The lack of awareness of the value of the services we provide amongst the decision makers in our organisations might partially explain this imbalance.

At the same time the role of the librarian in general, and health science librarian in particular, is undergoing an evolution, if not revolution. The focus on our profession has fundamentally shifted from that of custodians of resources to new and varied roles as expert searchers, knowledge managers and champions of evidence based practice, to name but a few (3).
The value of health library and information services in patient care has been well documented by Marshall et al in a large-scale multisite study conducted in North America in recent years (4). But this means nothing if we are not being seen by the key decision makers to play an integral role in some of the core functions and objectives of our parent bodies.

We describe here the role we have played in a core function of our hospital and how this has benefitted us.

Clinical Audit at St Vincent’s Hospital
St Vincent’s University Hospital (SVUH), in Dublin, is one of the largest acute services academic teaching hospitals in Ireland serving a population of 365,000 people. It is accredited as an academic medical centre by the Joint Commission International (JCI) and is affiliated with University College Dublin (UCD). It is part of St Vincent’s Healthcare Group (SVHG), a not-for-profit voluntary group of hospitals funded by the public purse and private health insurance.

SVUH was the first Irish hospital to appoint a professionally qualified medical librarian, in 1980. The Hospital currently employs three staff in its library and information service, with a whole time equivalency of 2.12, which is 0.001% of the WTE of the parent body. Traditionally the role of the library service in SVUH was seen as an educational support and this is evidenced by the location of the premises in the Education & Research Centre and by the financial contribution of UCD to the department.

Clinical audit has been identified as a core strategic objective of SVUH for the past ten years and a department to support that function was established in 2005. Arising from EU Statutory Instrument 478 (2002), it is a legal requirement for all doctors registered with the Irish Medical Council to carry out at least one clinical audit per year.

Clinical audit has been described as “a quality improvement process that seeks to improve patient care through systematic review of care against explicit criteria and the implementation of change” (5). Clinical Audit is a 5-step process, cyclical in nature and comprising the following elements:

- identifying problem or issue
- setting criteria and standards
- observing practice/data collection
- comparing performance with criteria and standards
- implementing changes

In SVUH proposals for clinical audit are supported by the Clinical Audit Facilitator, who is a medical professional with many years’ experience in patient safety and quality. All proposals are submitted for approval to the Clinical Audit Committee which meets on a monthly basis.
and all completed audits are reported to the same Committee. Any audits identifying a risk to patient safety are flagged and escalated through the appropriate channels. The Committee is multidisciplinary, is chaired by a medical consultant and comprises members of the senior management team – including Chief Executive Officer, Chief Operations Officer, Director of Nursing and Clinical Services Manager – as well as representatives from across the clinical teams including medicine, surgery, nursing and allied health. It is a St Vincent’s Healthcare Group committee and includes submissions and reports from its sister hospitals – St Vincent’s Private Hospital and St Michael’s Hospital – and each constituent hospital is represented on the committee.

Librarians’ Role in Clinical Audit
Since its inception, the Head of Library & Information Services has been a member of this committee and both she and the Assistant Librarian now ensure the library is represented at every meeting. The librarians have the same status as their clinical and senior management colleagues. We may comment on each audit submission and report and advise on risk ratings for patient safety, and we have a particular role to play in addressing whether the auditors have measured against the appropriate clinical standard. Having a voice around this table has very effectively raised our profile amongst some of the key decision makers in our institution, many of whom might have previously considered our department only in terms of our contribution to the academic and research functions of the hospital and not its core purpose: patient care. In our sister hospital, St Michael’s Hospital, the librarian sits on the local Clinical Audit Committee to which she is the Secretary.

In addition to our role on the Clinical Audit Committee, the librarians play a crucial role in the clinical audit process itself. As the recognised experts in formulating clinical questions and carrying out searches, we are able to very effectively support two of the five steps in the clinical audit process – identifying the problem or issue and setting the standards. Indeed, following our recommendation to the Committee, prospective auditors are now required to indicate in their submissions whether or not a literature search has been conducted and are directed to us by the Clinical Audit Facilitator to assist them with constructing and conducting these searches. In this way our skills as expert searchers contribute directly to the improvement of patient outcomes in the hospital and this is formally recognised by the clinical audit process.

We have also twice participated in the Clinical Audit Masterclass, an annual study day which is open to attendance by not only SVUH staff but also clinicians and health managers from around the country. We have used these sessions to promote our services as health information professionals to a wider audience and also to showcase our unique skills as expert searchers by demonstrating the anatomy of search processes for audits that have been identified as key priorities for this organisation.
Librarians as Auditors

By 2009, and with a growing interest in the principles of clinical audit, the librarians undertook the first – and most extensive – of three audits of the Library and its services across the three hospital sites of SVHG. This was the “Audit of impact of library & information services on clinical decision making and patient care”. The basic audit questionnaire, adapted from the Weightman & Urquhart model (6) was customised to ensure relevance to each of the four identified cohorts: medical/surgical; nursing; allied health professionals and non-clinical.

Results from the audit of the first cohort - medical/surgical - were presented as a poster at the Annual Clinical Masterclass in 2010. They also formed the basis of a paper published in 2011 in Medical Reference Service Quarterly (7). All four parts of this audit have now been completed, approved and added to the hospital audit database.

The second audit carried out by the librarians was “Blitz audit to assess whether confidential information is left unprotected in the Library” and was carried out in September 2011. This simple, one-day audit involved checking desks, PCs, photocopiers, scanners and printers for confidential patient or personal content left unattended at various times through a 12-hour period (9am to 9pm). While access to the Library is by swipe card, this system is not fool-proof and, besides, patient information should only be accessible to that patient’s own clinical team and not to all hospital staff.

The results were astonishing – while there were few incidents of patient confidentiality being compromised, there was a wide array of personal details abandoned throughout the Library: including bank details, passports, visas, ID cards, credit cards and driving licences. This audit was discussed at length at the monthly clinical audit meeting, and a number of the recommendations for improvement were adopted for consideration throughout the hospital.

The third and final audit to date was entitled: “Evaluation of clinical outcomes of clinical queries assisted by the Library” and was carried out in 2013. Its aim was to audit users whose queries have been answered, to see whether the Library Clinical Query policy and the subsequent search strategies matched the needs of our users. For this, an adapted version of the Toowoomba Online Literature Search (TOOL) protocol for improving literature searches in a hospital setting was used (8).

The audit was limited to 4 questions, asking for a user rating on the quality of evidence, its usefulness, its relevance and its specificity. The results indicated that there was a very high degree of satisfaction with searches carried out by Library staff; however, the results for relevance and specificity were slightly lower and indicated that perhaps more attention needed to be invested in the reference interview.
Benefits of Library Audits
All three audits provided the librarians with a valuable insight into our readers’ needs and the service we were providing. It highlighted some gaps in the service of which we had previously been unaware, or may just have suspected. We have identified means of enhancing our services and have a greater awareness of our users’ priorities. These however are the expected outcomes of an audit.

The unexpected side benefits include:
- a far greater awareness of the clinical audit process thus enabling Library staff to have a better understanding of the needs of anyone planning to undertake an audit;
- an opportunity to demonstrate accountability at the most senior level, at the Clinical Audit Committee;
- the 4-part audit of impact in particular generated awareness among users of resources and services on offer through their inclusion on the questionnaire;
- Carrying out the audits has also provided us with experience in writing an article for publication in a scholarly journal and in preparing a poster presentation.

Discussion/Conclusion
By aligning ourselves to a core strategic objective of our parent organisation, we have increased the perceived value of our expertise, and we have gained an increased respect from both clinical and senior management staff. As a result of this, librarians in the hospital now sit on a range of multidisciplinary committees and working groups including Nursing Research & Innovation, Standards in Clinical Documentation and Performance Information. These groups are more patient-focused than the educationally-oriented committees to which we have traditionally been aligned and with whom we continue to work. This is further evidence that the Library is now aligned in people’s minds as a valuable clinical asset rather than just an educational resource.

Becoming more directly relevant to patient care and patient outcomes is essential to the survival of health science librarianship as a profession, especially in times of financial difficulty. Through the practical application of our skills, we have provided tangible benefits and support to the quality improvement agenda of our hospital.
References


