Ready to go series

Audit
Resource Pack

Clinical Governance

Clinical Governance is at the heart of delivering dependable local services through improving standards. Clinical Governance is about ensuring that all pharmacists and their staff are able to deliver high quality care, are able to learn from audit and errors and are encouraged to develop their skills and expertise. Above all, clinical governance is about good teamwork.

Individuals working in all sectors of the NHS, either as employees or contractors, have a duty to ensure that clinical governance is an integral part of their working lives. There should be a continual aim to improve the quality of services that are delivered to patients. A comprehensive programme of quality improvement activities should consist of the following:

- **Full participation by all health professionals in audit programmes, including those endorsed at a national level**
- **Full co-operation with PCOs, external bodies and patient and public forum visits**
- **Application of evidence based practice in routine everyday practice**
- **Commitment to continuing professional development**
- **Effective monitoring of services provided with high quality systems for clinical record keeping and collection of relevant information**
- **Use of a robust complaints system**
- **Full participation in the national reporting and learning scheme around critical incidents, including reflective practice**
- **Full participation in local schemes relating to poor performance**

Audit is one way of implementing evidence based practice or best practice, undertaking lifelong learning, working with other professionals and introducing ongoing quality improvements.

Background to Pharmacy Audit

In 1993 market research suggested that only 43% of community pharmacists were aware of the term ‘audit’ in relation to clinical practice. A year later a survey showed that awareness had risen to almost 90%, although participation rates were very much lower.

The design of audit protocols was one area where more support was required, and overall it was recognised that audit needed to be part of achieving longer-term goals. A wide range of audit protocols were developed by the Society covering much of community pharmacy practice and made available to pharmacists on request. In January 1997, the Society launched *Improving patient care: A team approach*, to provide guidance and examples of involving community pharmacists in multi-disciplinary audit.

In 1997, the RPSGB also began to develop a strategy to promote evidence based practice and best practice through the use of more detailed audit outlines. This work resulted in the launch of the ***Ready-to-go*** series described in this Resource Pack.

In 1999 the RPSGB published its policy on clinical governance in a document entitled *"Achieving Excellence in Pharmacy through Clinical Governance".* This policy outlined a clinical governance toolkit, which built on the unique strengths of pharmacists but also highlighted areas that required further development.

The DH launched its guidelines on good practice for the NHS in 2001 in its guide to *"Clinical Governance in Community Pharmacy".* This document set out the action required to be taken to enable the initial integration of community pharmacy into the wider clinical governance plans of primary care organisations.

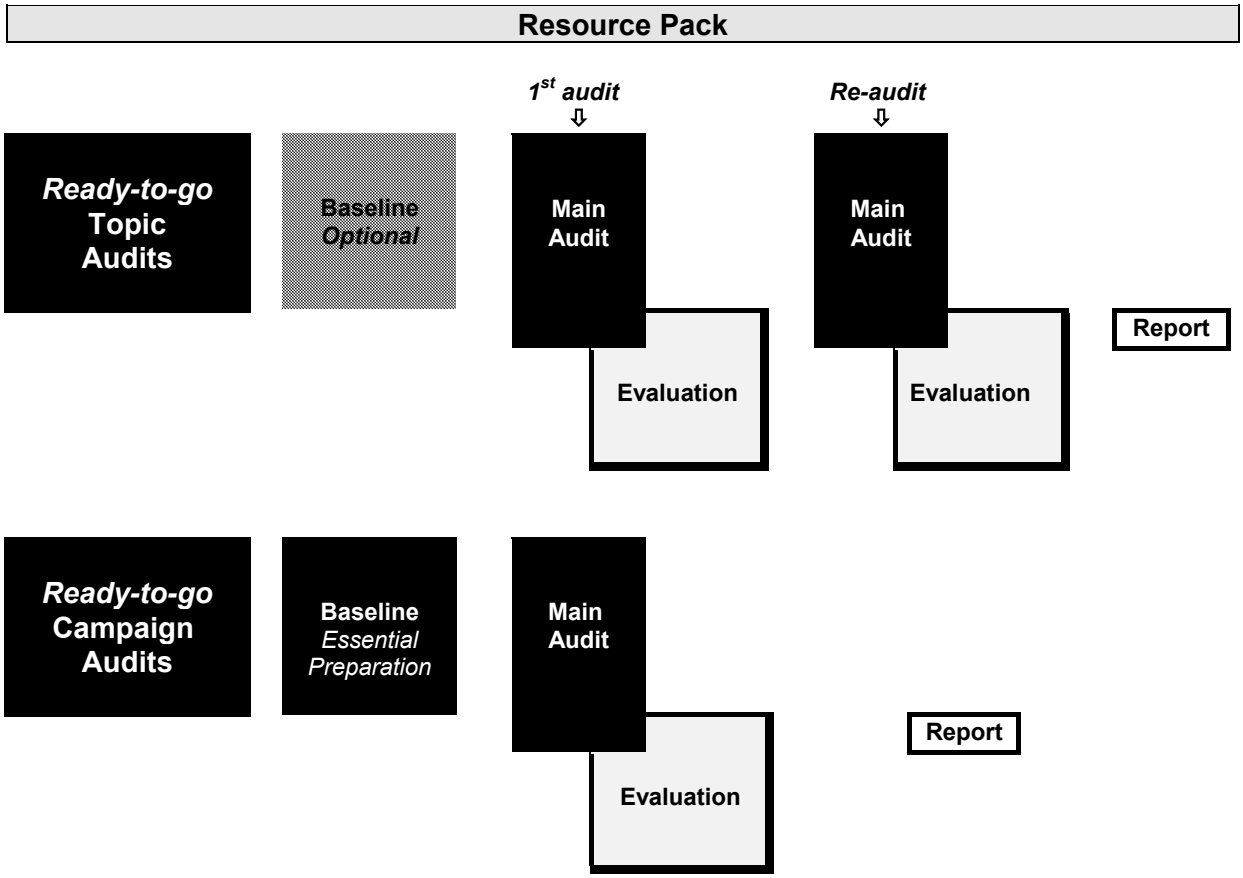
The new contractual framework for community pharmacists, which went live on 1st April 2005, places a contractual obligation on pharmacists to engage in clinical governance activity as part of their contractual requirements with the PCO for the first time. Part of this obligation is that pharmacists should participate in clinical audit – at least one practice based audit and one PCO determined multidisciplinary audit each year

Establishing the link with Clinical Governance

The Ready-to-go series launched in 1999 is still relevant today and comprises Topic and Campaign Audits designed to deliver improvements to patient services and health gain to the local population. The audits address issues that are of interest to individual pharmacists as well as to groups and organisations with responsibility for health and social care.Clinical Governance Facilitators, Primary Care Organisations, Local Health Groups, Pharmacy Development Groups, Local Pharmaceutical Committees and Audit Groups, may be able to provide local co-ordination or facilitation to support groups of pharmacists undertaking Topic or Campaign Audits.

Topic and Campaign Audits in the ***Ready-to-go*** series offer pharmacists the opportunity and support to demonstrate the principles of Clinical Governance in their working environment. Adopting an evidence based approach to practice, they are designed to encourage interaction with other people delivering health and social care in the community, helping pharmacists develop their professional skills. The evaluation is designed to encourage reflection and contributes to the continuing professional development of participants. Dissemination is encouraged to share good practice and demonstrate added value that pharmacists bring to health and social care.

Guide to *Ready-to-go* series



The ***Ready-to-go*** series provides *Work Books* to support the audit of evidence based practice topics and outline health promotion campaigns. The *Resource Pack* is also designed to provide a reference source to all topics and campaigns covered in the series.

Topics and Campaigns

Topics – Topic audits include an optional baseline survey, a first audit and a re-audit. The re-audit measures whether any changes brought about after the first audit have been effective. The first audit and re-audit consist of a main audit work book and an evaluation work book.

Campaigns – Campaign audits include an initial baseline survey to determine a baseline measure of activity. The main audit measures the effectiveness of the campaign and uses data collected in the baseline survey. A re-audit is not included but we would suggest that the lessons learnt from the audit are incorporated into future campaigns and that these campaigns are also audited.

Baseline Work Books are optional for the ***Ready-to-go*** **Topic Audits**. Using a simple survey they provide an opportunity for people to explore the relevance of a topic to their own practice before committing themselves to a full audit.

Baseline Work Books provide essential preparation for ***Ready-to-go*** **Campaign Audits**. Using a simple survey they provide information to help people select suitable interventions.

Baseline Workbook *(Optional)*

For ***Ready-to-go*** **Audit Topics**, the baseline Work Book contains a simple survey to help participants establish the relevance of the topic to their own situation. These Work Books are optional, but are particularly useful for those coming to audit for the first time. The practical help provided at the end of the survey takes the participant through some of they key issues they will need to address before embarking on the Main Audits and Evaluations.

Baseline Workbook *(Essential)*

For ***Ready-to-go*** **Campaign Topics**, the baseline Work Book contains a simple survey to establish the level of activity currently engaged in. This is vital when trying to determine the effectiveness of the campaign. The data collected here is used in the evaluation work book. It also helps when selecting a suitable intervention and preparing to implement it. These Work Books are essential preparation for those wishing to embark on a Main Audit and Evaluation. The practical help provided at the end of the survey takes the participant through some of the key issues they will need to cover.

Main Audit Work Book

For ***Ready-to-go*** **Audit Topics and Campaigns** the Main Audit Work Book presents the evidence base and good practice and considers the potential benefits of practitioners taking a more proactive role. The purpose, criteria and standards are presented and a flow diagram is provided to guide participants through the data collection. The loose leaf data collection forms are designed to be removed from the Work Books and placed in the area where data is to be collected. The data analysis is set out in considerable detail allowing participants to calculate their results.

Evaluation Work Book

For ***Ready-to-go*** **Audit Topics and Campaigns** the Evaluation Work Book considers the summarised results and takes the participant through a set of questions to help evaluate them. The questions have been designed to encourage participants to reflect on their results, considering why they are as they are, and learning from their conclusions. If Case Studies have been completed, these may also be used to help explore difficult problems in more detail.

Outline Action plans are provided and these can then be used in the re-audit to monitor progress.

Report

Writing up Audit as a short Report provides a useful summary of the activity and contribution made to health gain. A Report is a good way to disseminate good practice and provides a useful vehicle for participants to demonstrate the added value that a proactive approach has brought to patient care.

What is Audit?

How often do we do something and think of ways that it could be improved if only....? In a busy pharmacy, it is all too easy to continue dealing with the same problems time and time again without stopping to think of solutions. Often the solutions require the co-operation of others, and this is time consuming. However, if we do stop and think, a small investment of several people's time may be fruitful in the longer term.

Quality improvement, as a professional responsibility for all the caring professions, is often undertaken through a process of peer review or audit.

A definition
Audit is a process of improving the care of patients by looking at what you are doing, learning from it and, if necessary, changing practice. Ideally it is a continuous and ongoing activity that aims to improve and maintain care as indicated through continual assessment.

There are a number of planning activities needed before an audit is undertaken, the first of which is deciding on the topic or area to audit and the second is designing the Audit.

Selecting the topic or subject area
Where possible the topic or subject should be something that is clearly of benefit to customers or patients. Ideally it should also be of interest to you and those around you as this will increase motivation to help overcome barriers to change. The ***Ready-to-go*** series reflects national priorities and local priorities expressed in Health Improvement Programmes and their equivalents across the UK.

Designing the Audit
The second preparatory step is to find or create an audit that is well designed and simple.
The ***Ready-to-go*** series provide both these qualities in off-the-shelf Work Books covering topics and campaigns subjects popular with community pharmacists.

Steps in the Audit Cycle

A step wise approach
The audit cycle is often described in steps. These steps relate to the ***Ready-to-go*** series in the following way: Main Audit (steps 1-3), Evaluation (steps 4-6), with some overlap between steps 3 and 4. The following guide to each step highlights the links with the ***Ready-to-go*** series.

Step 1

Set criteria and agree standards (what should be happening)

The **purpose** describes the overall aim of the Audit. The **criteria** need to be decided upon first. This takes the form of simple statements about the delivery of service or patient care. It focuses on key points that are clinically relevant, clearly defined and measurable. The **data to be collected** can be listed and the sample **selected.**

You can then complete the **standards set**. These standards should be SMART (specific, measurable, acheivable,realistic and time specific), i.e. attainable and worthwhile. The audit will compare current practice against what is seen to be a desirable standard of care. There are different ways of setting standards: negotiation may be needed, especially in the multi-professional setting. If people's views are overlooked, their commitment to the audit will not be as strong. If you wish to undertake a Topic Audit and find it difficult to decide on the standard to set, try completing the Baseline Work Book first.

Guidelines, both national and local, may also need to taken into account. These differ from the audit standard in that may cover all aspects of the patient's management whereas the standard will focus on one aspect only. For example the type of intervention you make during an Aspirin Audit may be determined by local guidelines for the treatment of angina, MI etc. Under **Action points** there is space to record any changes to the intervention/s described in the Work Book and **data collection form.**

Step 2

Collect data (what is actually happening)

To actually carry out an audit and compare current practice to the standard set, information (data) needs to be collected. It is important to collect appropriate data only and to keep this as simple as possible. It is very easy to get carried away and collect too much data. Sample **data collection forms** are included in each audit in the ***Ready-to-go*** series together with a **flow chart** to help you think through the customer/patient interaction.

Step 3

Analyse audit data (compare results)

There should be no need for a high degree of expertise in statistics, although there will be a need for calculations to be made. Data can be transferred from the **data collection forms** directly into the **Results table** where all calculations are set out. These results can then be presented as a **Summary of findings**. If you have support from an audit facilitator or co-ordinator you may be able to send your results to them. They will then provide you with a summary of your own results together with your results in relation to other people undertaking the same audit. Before you complete this step, you should ask the following questions: was the information collected accurate and complete or for example was some information missed during busy periods? Did anything exceptional happen during the audit that might affect the results e.g. locum cover needed?

Step 4

Identify cause(s) of non-achievement (decide on change)

This forms the beginning of the evaluation phase. Following the **questions to ask** you will have the opportunity to consider any patterns or trends before going on to examine each standard in turn. Where a standard has not been met you should refer to your findings to help you decide what changes are needed to improve practice and meet the standard in the future. If the standard has been met, the results of the audit may suggest ways of maintaining the standard or even making further improvements.

Step 5

Implement changes (making the change)

Changes in working practices can be difficult to bring about, This is why it is vital to choose the topic carefully and consider whether the effort of the planned audit is worthwhile. Involving the relevant people in audit to start with will make implementing any changes easier. The **Action plan** included in this *Audit Resource Pack* provides a useful outline to record proposed changes and encourages you to relate them to the purpose described at the beginning of the audit.

Step 6

Monitor progress (was the change successful?)

This is where the cycle continues. If changes are made to practice, with a view to evaluating their success, then performance needs to be reassessed after making the change. This can be achieved by repeating the Main Audit and Evaluation Work Books, including the **Further evaluation** questions designed specifically for re-audit. This includes considering ways of **maintaining change**, **reflecting on change** and learning form the change process, considering the use of **resources** and wider issues such as **Continuing professional development**.

Getting started

If you are thinking about doing a Topic or Campaign Audit for the first time you might find it useful to run through the following checklist. The evidence and good practice on which the audits are based are produced at the beginning of the Main Work Book.

Having read the Evidence and Purpose for this Audit tick the key benefits you hope to achieve for your customers, your colleagues and yourself if you proceed ➢ **Closer professional relationships** | **Improved service to patients** | **Improved patient outcome**

⮟

Am I committed to achieving quality improvement in this area of practice? ➢ NO ➢ Is there another area that interests me more?

⮟

YES

⮟

How much help will I need?

⮟

Quite a lot
-
I don't feel ready to do this audit by myself, so I will speak to one of my pharmacy colleagues and discuss the things I am unsure about

Some
-
I would like to use this Campaign Audit to develop my working relationship with other members of the primary care team but I think that I need some peer support to help me approach my local practice

Not that much
-
I'm fairly confident that I can get support from my colleagues and will start on this right away

The Work Books in the ***Ready-to-go*** series take you step by step through the complete audit cycle. The forms and tables are provided are designed for use by pharmacists during their daily work.

Involving others & gaining support

Your own staff

As the ***Ready-to-go*** series has been designed primarily for the pharmacy profession, pharmacists are encouraged to *involve* pharmacy support staff, bringing the advantages of sharing the workload and creating opportunities for personal and professional development. However most topic and campaign audits, with their clear focus on patient care, also offer pharmacists and their staff the chance to develop a professional working relationship with other healthcare professionals.

Other healthcare professionals

The ***Ready-to-go*** series recognises that there are many people involved in providing health care, that audit is a two way activity, and that is often more than one way of doing things well. One of the key challenges is therefore to identify and adopt a consistency of approach, where everyone has something to gain, whether this involves teaching others or learning ones self.

Interventions are usually more successful if participants have the support and co-operation of those around them. This can come from individuals (e.g. GPs, practice nurses, practice staff, health visitors) and organisations (e.g. health promotion units, Local Pharmaceutical and Medical Committees, thePrimary Care Organisations). Involvement with others can bring added benefits such as motivation, encouragement and shared experiences. Gaining support may also bring more tangible benefits such as access to the internet via a second computer, photocopier, statistical advice, or supplies of leaflets.

Potential Benefits

The potential benefits to patients, customers, pharmacists, other health care workers and purchasers are listed in the introduction to each audit.

Developing a network

Try thinking about the type of support that you might need and use this to build up a network. Some parts of your network will be relevant each time you undertake an audit or campaign in the ***Ready-to-go*** series, whilst others will be topic or campaign specific. You might find it useful to build your own support network using the table provided on the next page.

Network	***Contacts: names / ☎ / fax / email /web sites***	
National	NICE www.nice.org.uk NPC (for competencies) www.npc.co.uk	RPSGB www.rpsgb.org.uk/members/audit/index.html CPP/ FPMM http://fpmm.collpharm.co.uk http://www.collpharm.org.uk
Area	Audit facilitator: ☎ Pharmaceutical / prescribing adviser: ☎ Clinical Governance Facilitator ☎ Branch secretary: ☎ Colleagues: ☎ ☎	CPPE/ WCPPE/ SCPPE tutor: ☎ Pharmacy facilitator: ☎ LPC secretary: ☎ Pharmacy Development Group (if available): ☎ Colleagues: ☎ ☎
Primary Care	Surgery: ☎ Practice Nurse/s: ☎ Health visitor: ☎ Community nurse/s: ☎ GP lead ☎ ☎	Surgery: ☎ Practice Nurse/s: ☎ Health visitor: ☎ Community nurse/s: ☎ GP lead ☎ ☎

Preparing to Audit

Whether you decide to undertake a topic audit or a campaign audit in the ***Ready-to-go*** series, good preparation will increase your chance of success. For best results it is important to think through the change process and plan your approach before making any evidence based intervention. The Baseline Work Books cover each of the issues shown in the box below, but if you are familiar with audit and chose to undertake a topic audit starting with the Main Work Book you can make notes on the following steps for yourself.

- the opportunities you have to bring about change
- suitable interventions
- any ethical dilemmas you may face
- your motivation to implement change
- gaining support for your planned intervention/s
- your measure of 'success'

Evidence and good practice
A summary of the evidence and good practice is presented at the beginning of the Main Work Book for both topic and campaign audits in the ***Ready-to-go*** series.

Aims and Objectives
A set of aims and objectives is also included for each Audit in the ***Ready-to-go*** series. The aims are outlined under purpose. The measurable objectives are described under the heading 'criteria' The data fields in the data collection form have been selected to allow you to measure the extent to which the criteria (objectives) are met.

Where possible a combination of process and outcome criteria have been included, although the latter are not always possible to assess in the pharmacy environment. Potential benefits listed at the beginning of the Main Audit are more general and are likely to elicit a more subjective response. More objective measurements of these require more sophisticated audit techniques.

Sample selection
For some audits participants may wish to limit the sample of people from whom data is collected. A box is provided with suggestions of the target audience, although this can be altered to suit your pharmacy customer base.

Setting Standards
Standards have been set to reflect the criteria. In most cases a gap has been left for participants to note the level that they wish to achieve.

Action points
Whilst audits in the ***Ready-to-go*** series are based on the available evidence the actions you take will, to some extent, need to reflect your local situation. Advice on planning your actions and interventions are described in more detail in the following sections but there is a box provided in the Main Audit for you to record your interventions if they differ from those suggested.

Audit Plan
Before you start your audit you may find it useful to complete the Audit Plan provided in the Main Workbook.

Audit Plan

Anticipated start date	

NETWORKS	**Action**
People who can provide me with support *See suggested networks in the Audit Resource Pack*	

MENTOR/TUTOR	**Action**
An individual who can encourage me *This can be another pharmacist you know and respect, perhaps someone you have learnt from in the past*	

INVOLVING OTHERS	**Action**
People I should involve / inform of audit *Consider your own staff, colleagues, your local GPs and practice nurses, your local pharmaceutical adviser, your clinical governance facilitator or your PCO etc.* *Will I do this audit by myself, with some other pharmacists, or with other local healthcare professionals?*	

RESOURCES	**Action**
I require*:* *e.g. Leaflets, posters, time, training, a calculator, access to a computer, copying facilities*	

DISSEMINATION: People who should see the results	**Action**
Ask yourself if they should really be contacted now to inform them of your intention to audit	

Planning your actions / interventions

The Baseline Work Books have been designed as a data collecting exercise or survey. Participants are specifically advised to avoid customer interaction at this point. There are two reasons for this. The first is that quite naturally people often begin to change their service and the way that they work in response to their involvement in audit. If this happens, you may fail to detect change, measure progress, or evaluate things which have worked well, or less well, and this will undermine the strength of the audit as an evaluation tool.

The second reason relates to the need to think about and plan any actions / interventions you want to make before embarking on a Main Audit. This preparation is essential to preserving and enhancing your professional standing with your customers / patients and health care colleagues. If you have the support of an Audit Facilitator they will probably take you through this part of the preparation, but if not you will need to undertake this preparation yourself if you are to gain optimal benefit from the Audit process.

Use the network you have built for yourself to seek advice, support and consensus from those around you. Reflect any changes to the suggested action points on the data collection form itself and in the space box provided for this purpose in the Work Book.

The need for planning can be illustrated by looking at an example from the ***Ready-to-go*** series **Aspirin audit - People taking Nitrates.** In this Audit you ask people who are receiving nitrates whether or not they have had any of the coronary events listed on the data collection form (these are events that where evidence suggests aspirin can reduce the risk of further coronary events). You then make enquiries regarding their use of aspirin. As a result of these enquiries you should be able to assess the persons need and take appropriate actions. It is these actions that you need to think about in advance of the audit.

Suggested actions/interventions	Planning your actions
Recording aspirin status on your PMR	Is it is possible to 'flag' aspirin use on your PMRs, or do you need to use free text? Is there a way in which you can retrieve this information at the end of the audit using a search or audit facility on the computer?
Providing verbal advice	Is there a local policy relating to the use of aspirin for secondary prevention? What does this suggest? Can you get agreement / consensus with your local GP practice on the messages to be given on use of aspirin - so that the information being given to patients is consistent?
Offering a leaflet	Can you obtain enough supplies of suitable leaflets? Has one been developed locally to reflect local policy, or can you use or adapt one from another area? What leaflets are available in the local surgery? Do any messages in it conflict with messages in your leaflet? Do you need to provide written information in other languages to meet the needs of your local population?
Advise to inform their GP of aspirin use at next visit	Discuss this issue with your local GP practices, prescribers and your PCO. Let them know in advance of the action you intend to take and ask whether they have any suggestions to monitor how well this is working? Discuss this in a positive, rather than apologetic, way
Referral to the GP for assessment	Try and find an opportunity to raise this issue with local practices and seek their opinion on ways in which this could be managed. Some GPs may be happy for you to send the patient along with a note/referral letter, others may prefer that you ring them or their practice manager if you think someone needs an assessment.

Data Collection

By the time you are ready to do collect data you will already have established WHY? you want to collect it and two key questions remain: WHAT? and HOW?

What data?

The information you collect must allow you to measure against the standards set. Wherever possible the standards will be things that can be quantified. The data collection usually falls into three distinct areas:

- Information elicited about the situation
- Action taken
- Outcome

It is not always possible to measure outcome, particularly if you are unlikely to see the person again, which is where multidisciplinary audits may be of particular benefit. Where possible outcomes chosen are directly related to the purpose of the topic or campaign, however in some cases proxies or surrogate markers associated with the purpose have to be used.

Data to be collected is always listed after the purpose and criteria: The standards themselves will be relevant to the criteria or objectives for your topic or campaign, and achieving them should increase your chances of meeting the overall aims or purpose.

How to collect it?

Data collection forms are supplied with the Main Audit Work Books and can be removed and placed in the work area. Space is usually provided to collect data for at least 20 cases, but forms can be copied before use if data is to be collected for more cases.
e.g. this is the data collection form from the accident prevention campaign audit - Raising public awareness of medicines in the home

	I.D.	Regular customer	Where medicines kept		Prev. info on Storage	Same storage for Rx & OTC Y/N	Young children		ACTION POINTS			Outcomes		
			Rooms	Places			living at home	staying/ visiting	unaware of dangers	Advice offered	Leaflets offered	changes needed	changes confirmed	medicines returned
e.g.														
1														
2														
3														
4														
5														
↓														
TOT														
	A	B	C	D	E	F	G	H	J	K	L	M	N	P

Column I.D. A letter at the base of the column identifies each column. Using the letters as a guide, you will be able to easily transfer information into the analysis form. Using the same method you will find you are able to calculate totals and percentages to measure you're standards. e.g.

(K x L) / 100 =	**%**

Most of the data collected provides quantitative information e.g. numbers who have received information on safe storage of medicines. This type of data makes it possible to make a clear judgement as to whether or not a standard has been met. Qualitative information e.g. descriptions given by customers/patients about their behaviour/actions can be very useful at the evaluation stage when trying to decide WHY a standard has or has not been achieved. This information can be collected for a much smaller number of people using a *Case Study* approach (see below).

A questionnaire is provided for some Topic and Campaign Audits to help you collect the basic information in certain situations e.g. when the customer / patient is not a 'regular'. It can help break the ice and give you sufficient information to make an intervention. It also gives the customer / patient the opportunity to indicate if they do not want to receive further information.

Where do you keep medicines in your home?

In this pharmacy we are studying where people keep medicines in their own home. Please take the time to complete the questionnaire and return it to the pharmacist whilst you are in pharmacy, or return it at your next visit. If, on completion of the questionnaire, you would lik specific advice on where best to keep medicines the pharmacist will provide this.

Tick here if you **do not** want to receive advice on safe storage of medicines ☐

1. Which of these rooms do you keep medicines in some or all of the time?

- Bathroom ☐
- Bedroom ☐
- Kitchen ☐
- Toilet ☐
- Other/s ☐ please specify…….

2. Which of these places do you keep medicines?

- Drawer ☐ locked/unlocked
- High cupboard ☐ locked/unlocked
- Low cupboard ☐ locked/unlocked
- Shelf or table ☐
- Other/s ☐ please specify……

3. Have you ever received advice on where to keep medicines in your home

- Yes ☐
- No ☐
- Not sure ☐

4. Do you keep medicines that you buy (e.g. pain killers, cough remedies) **in a different place than medicines prescribed by the doctor?**

- Yes ☐
- No ☐
- Not sure ☐

5. Do you have young children living in your home?

- Always ☐
- Some of the time ☐
- Never ☐

6. Do young children ever come into your home?
(including occasional visits from grandchildren, the children or grandchildren of friends and neighbour)

- Always ☐
- Sometimes ☐ How often?
- Never ☐

Thank you for taking the time to complete this questionnaire
No personal details will be recorded as a result of your participation

Case Studies

Case studies offer a useful way of capturing the qualitative aspects of an intervention. This is particularly helpful when illustrating to others the value of your interaction and your professional input. Case studies provide 'real life' examples of the issue, rather than numbers or statistics. They can also be useful when completing the Evaluation Work Book as they allow you to look in more detail at why a standard has either been exceeded beyond expectation or not achieved, and to learn from it. A collection of Case studies from different ***Ready-to-go*** topics and campaigns could also be added to your professional portfolio to highlight your commitment to quality improvement to potential employers or purchasers of your services.

You can design your own Case Study form selecting quantitative information from your data collection form and then adding space for more description i.e. qualitative information. Using a separate form for each case allows you to record the assessment of the situation, action taken, risks avoided and benefits gained in more detail. In the examples given below initials are used to indicate the column on the data collection form which correspond to the box in the case study.

copy headings from data collection form that you wish to record in these boxes ⇩	⇩	⇩
Case I.D		
Assessment of situation		
Actions taken/ intervention	**Risks avoided**	
Benefits (customer/patient outcomes)	**Benefits (professional outcomes)**	

Ready-to-go **Campaign Audit** *Safe storage of medicines*

copy headings from data collection form that you wish to record in these boxes	⇩	⇩	⇩
Case I.D	**Room where medicines kept (C)**	**Place where medicines kept (D)**	**Previous info on storage (E)**
+ additional info e.g. aged/sex	**Same place for OTC and Rx drugs (F)**	**Young children living at home (G)**	**Young children visiting (H)**

Assessment of situation (J)
e.g. describe persons understanding and/perception of the risks from medicines or awareness of situations where young children do gain access to medicines e.g. in handbags, by bedside tables

Actions taken/ intervention (K,L) *e.g. home situations discussed and related to advice given in leaflet - alternative storage places considered*	**Risks avoided** *e.g balancing the need to remember to take vital medicines against the risk to children*
Benefits (customer/patient outcomes) (M,N,P) *e.g. reduced risk of accidental poisoning of children/ grandchildren, peace of mind, less cluttered cupboards!*	**Benefits (professional outcomes)** *e.g. being seen as a source of professional advice on medicines in general, offering safe disposal of medicines*

Data Analysis

Overview
Three activities are described to support the data analysis stage of the Audit. Guided by pre-prepared tables a preliminary data analysis takes you through the simple calculations that are required. These are then presented as summarised results that will act as a reference point for the Evaluation stage. Mechanisms for pooling or sharing summarised results are also discussed. Another way of looking at results is through the use of graphs. Some people find pictorial representation easier to follow and it is helpful when it comes to evaluation. They can also come in handy when presenting results to a group of people e.g. the local surgery, the PCO, branch meeting etc.

Preliminary Data Analysis
Using the Column I.D. as a guide, you can transfer the totals into the tables on the results page. These tables describe the information that you are trying to establish through your audit and the calculations that you need to do to generate your results. All the calculations are straightforward, with formulas described using the letters shown at the base of the appropriate columns (Column ID). Some of the results are expressed as percentages, some as ranked lists.

When these tables are complete you will be able to copy your results into the summary page. An extract from the results section of the ***Ready-to-go*** **Campaign Audit** *Safe storage of medicines* is shown below.

Number of people purchasing medicines or receiving prescription medicines and taking part in campaign	**A**		
Regular customers as a proportion of these	**(B ⇗A) x 100**		α

*Most popular rooms to keep medicines (β)			*Most popular place in room to keep medicines (χ)		
	No.	Rank		No.	Rank
Kitchen (k)			Drawer (D)		
Bathroom (Ba)			Shelf or table (S/T)		
Bedroom (Be)			Low cupboard (LC)		
Toilet (T)			High cupboard (HC)		
Other (O)			Locked (+)		n/a
TOTAL		n/a	TOTAL		n/a

*more than one answer could be given by each person

	Calculation	Results	
Proportion of people who had previously received information on safe storage	**(E⇗A) x 100**		**Q**
Proportion of people who think bought medicines do not need to be kept in as safe a place as Rx medicines	**column F = n (F⇗A) x 100**		**R**
Proportion of people who have young children living in the home	**(G⇗A) x 100**		**S**
Proportion of people who may have young children visiting or staying in their home even if only for a very short time	**(H⇗A) x 100**		**T**

Summarised results
The summarised results present 'answers' to the criteria that were set at the beginning of the Audit. They establish the level reached for each standard and, where ranking is used, some descriptive information. They also put the data collection in context of the environment or setting in which the audit has taken place e.g. total numbers of prescriptions dispensed during period of audit, number of customer / patient interactions. This is useful when results are compared from different sources as it describes the range of situations from which the data is drawn. The summarised results are then used together with any Case studies to complete the ***Ready-to-go*** Evaluation Work Book.

An extract from the summarised results section in the ***Ready-to-go*** **Campaign Audit** *Safe storage of medicines* is shown below.

___(**A**) people who received medicines on prescription or through a purchase during a _____ period in _____month participated in the campaign.

Of these ___ % (α) use the pharmacy regularly

The most popular rooms to keep medicines in were: **(β)**
1st
2nd
3rd

The most popular place to keep medicines were: **(χ)**
1st
2nd
3rd

The number of people who kept medicines in locked places was

The proportion of people who had previously received information on safe storage of medicines was ___(**Q**)

The proportion of people who think that OTC medicines do not need to be kept in as safe a place as prescribed medicines ___(**R**)

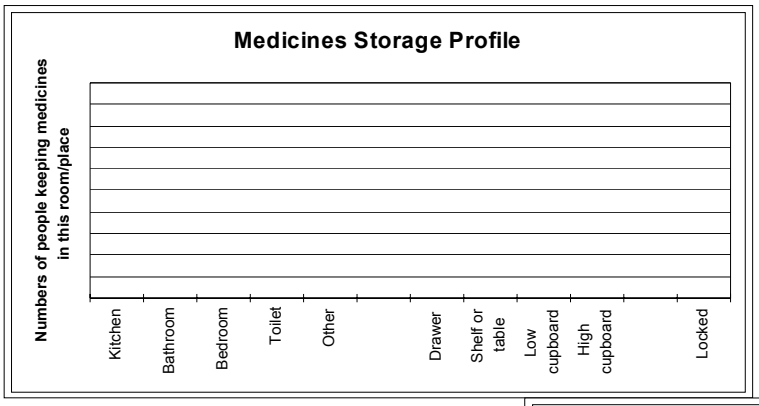
The proportion of people who have young children living at home some or all of the time ___(**S**)

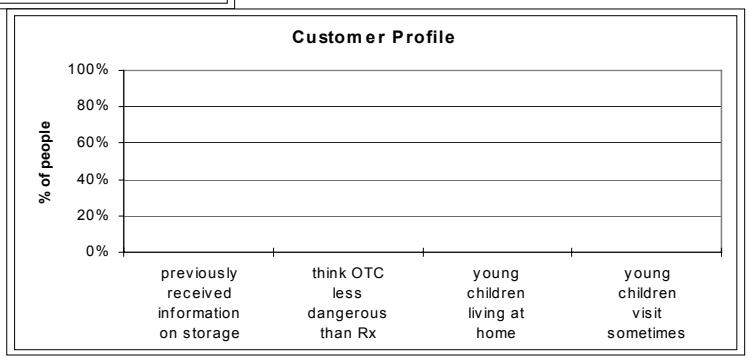
The proportion of people who may have young children visiting or staying in their home at some time ___(**T**)

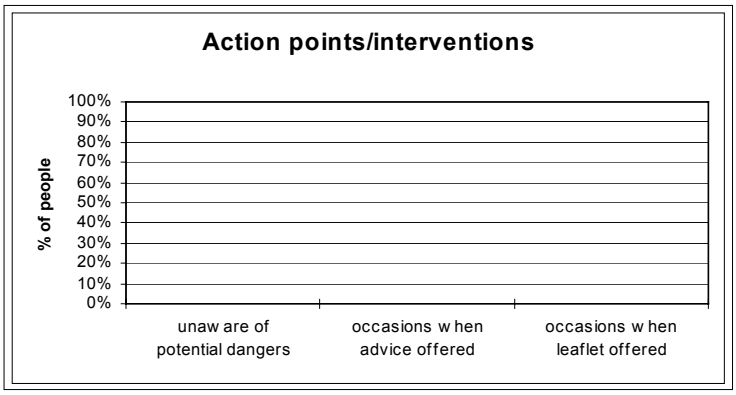
Pooled results
If a local co-ordinator or facilitator supports your Topic or Campaign Audit, you will be able to send a copy of your summarised results to them. They will pool your results together with those from others participating in the ***Ready-to-go*** Audit and provide additional feedback to help you with the evaluation. If you have not already received the Evaluation Work Book this will be sent to you with the feedback. If you are undertaking a Topic or campaign Audit without such support you will still be able to use your own summarised results to complete the Evaluation Work Book.

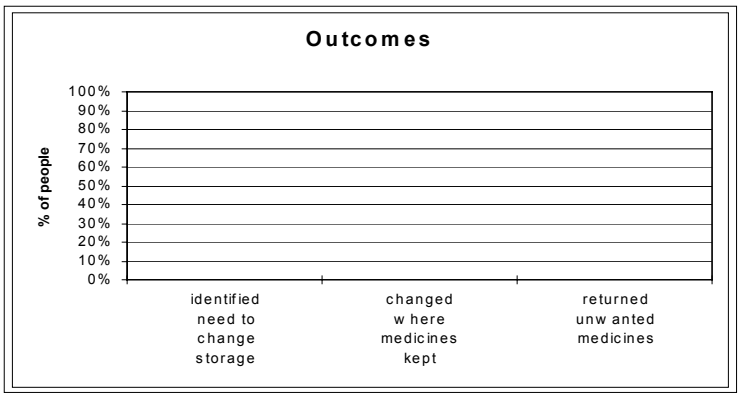
Data Presentation - Graphs

Presenting the results graphically can help when it comes to evaluation. As with case studies, graphs can be simply constructed to reflect either the basic data you have collected or some of your results. This type of presentation is commonly used by Audit co-ordinators and facilitators to provide feedback to individuals on performance in relation to others undertaking the same activity. An example of graphs drawn from the ***Ready-to-go*** **Campaign Audit** *Safe storage of medicines* is shown below.









Evaluation

Overview

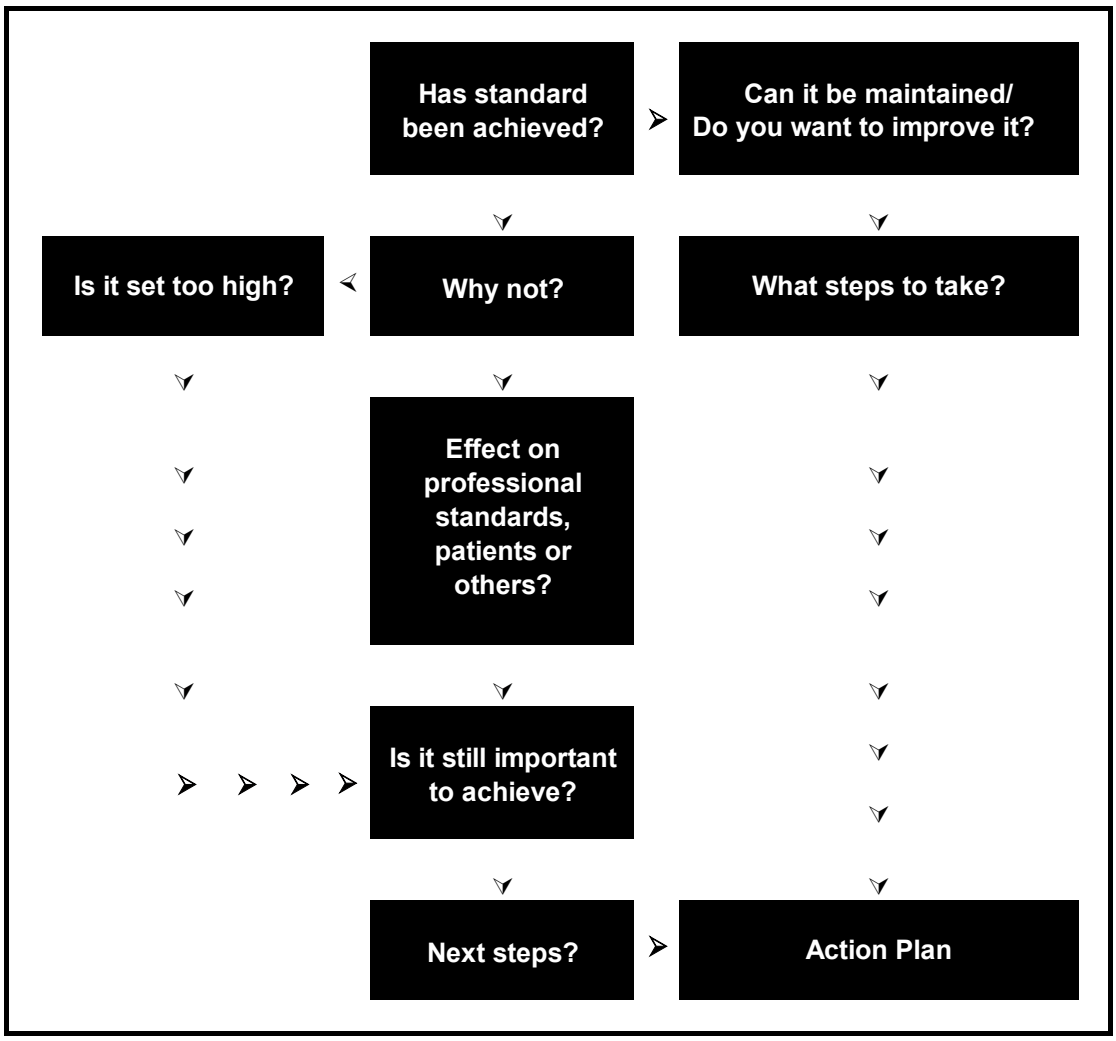
Evaluation involves reflecting on what you have achieved (actual outcome) in relation to what you hoped to achieve when you set your standard (intended outcome). It also involves exploring any important differences, looking at reasons for success or failure, and deciding on priorities for change.

The Evaluation Work Book in the ***Ready-to-go*** series offers you a structured approach through evaluation. This is achieved by considering a series of questions and encouraging you to reflect on your answers. This approach should help you to focus on the real issues and avoid jumping to false conclusions. This is important since the evaluation provides the foundation on which to build your action plan for implementing change.

There are three parts to the evaluation:

- the first looks at performance against the standards set and changes you might make
- the second asks you to set priority for changes
- the third looks at the skills and knowledge you have already gained.

When you have completed these you can then construct your action plan.



Performance against standards
For each standard you have set your first question must be have you met it? For each standard the following questions are then asked:

√ If you have met the standard, do you think you can
- maintain it?
- improve on it?

X If you haven't met the standard
- WHY do you think this might be?

If you have met the standard and you wish to maintain it or improve on it you will need to build this into your action plan. The priority given to such changes will however need to be set against changes needed to meet standards that have not been met.

If you have **not** met the standard and you feel that it still needs to be achieved then the WHY is very important as this will determine WHAT changes should be made. Changes can sometimes be matched to 'problem type'. The symbol Δ is used throughout the evaluation to help you pick them out at the end.

Problem Types

In response to WHY questions it is helpful to consider the 'type' of problem or issue identified. Types of problems might broadly be defined as management issues (e.g. company policy, staffing structure), systems or working practices (e.g. computer software, method of ordering repeat prescriptions), or relate to an individuals' needs, knowledge or attitudes (e.g. clinical knowledge, communication skills, relationships with other healthcare professionals). Individual needs include those of patients and patient groups.

If you have completed any *Case Studies* you may find it useful to look at these at this point. The extra detail of a real situation can help you think through the intervention again and try to work out WHY it worked well or not so well in that instance and WHAT you might do to improve it. Answering the WHY and WHAT questions make it possible to decide on priorities for your action plan. You will then have to consider in more detail HOW to make the changes i.e. the implementation of your plan.

Priorities for change

As mentioned earlier, setting priorities is not always easy. The balance is not only between maintaining things that are going well and fixing things that are not, but must also take into consideration the barriers to change. Looking at the impact of each change on the basis of the impact on patient outcome is a helpful way of introducing and developing patient focused care: It will often seem easier to try and get things right from our own perspective. When faced with a list of priorities ask yourself:

> Which change/s will make the most difference to patient care?

This can be a compelling way of getting others to help you overcome barriers. But whatever happens striking the balance is something you will that you will need to manage.

Skills and knowledge gained

As well as evaluating the outcome of your audit, you can also consider outcome of the process. The skills and knowledge you have gained as a result of the Main Audit are also important outcomes. This may have been a key benefit that you hoped to gain when you embarked on the ***Ready-to-go*** Topic or Campaign, and it will certainly be viewed by others as an important part of continuing professional development.

The evaluation section asks you to consider the skills and knowledge learnt personally, through working with your staff and other healthcare professionals, and in relation to your own practice setting. Any learning should be recorded as part of your ongoing continual professional development.

Making the Change

Having decided which changes will make the most difference to patient care you will then need to think about the nature of change that is required. What ever the issue you want to overcome you will need to consider the following:

overcoming barriers to change

and/or

maximising opportunities for change

Motivation for change is an important component in change. If the people you need to involve in change can see the benefits they are more likely to be motivated to help. Making people feel responsible for change individually, and as part of a group, can also increase their motivation to overcome barriers and support change. Rather than letting people focus on their reasons for not changing (the negatives), try to focus their thoughts on the benefits. All the same do *listen* to the negatives, as some will be genuine issues that need to be discussed and overcome.

It is important to note that whilst increasing the forces for change can be effective, overcoming barriers is often more effective. If strong pressures are introduced in an area where barriers already exist, it can have the opposite effect of strengthening barriers.

Barriers

Barriers do not always come from individuals, they are just as often due to organisational structure and management. If for example you cannot arrange a meeting directly with local GPs without going through the practice manager, get to know the practice manager; if a local pharmacist needs the support of their company to join a local initiative make sure they have sufficient information to send to head office; if you know that you have to work with a group representative who you find it difficult to get on with, ask colleagues for support to improve the relationship. Sometimes there are obvious practical problems to overcome e.g. if team meetings are difficult because there is no where big enough - see if you can book a room in the local surgery or primary care organisation; if communication is hampered because there is no internet facility - look again at the costs against the benefits; if there is no one to provide cover, can a meeting take place before or after work?

Sometimes people put up barriers to avoid change of any sort. This is understandable: many people like routine and often feel secure with what they know - but the same people also like to feel that they are contributing. If they can see that they can help customers / patients by doing things differently, this can help them overcome their objection to change. The change becomes focused on the patient, rather than on themselves and their objections.

Take any barriers you have identified into consideration when you write your action plan.

Opportunities

Pressures for change are always present and may come from a number of different sources. When pressure comes from only one source, it will usually need to be considerable to overcome barriers that naturally exist. However, when pressures combine from several

sources, barriers can be overcome more easily with less risk of developing opposition. Opportunities for change can therefore be created by gathering support from different places i.e. by bringing together people with different perspectives, perhaps providing different aspects of patient care, placing slightly different pressures for a similar change.

When you write your action plan think about people who may support the change you have identified, or who share the problem you have not yet overcome. For example, if you need to influence local GPs think about whether the practice nurse or practice manager are likely to share a similar problem. Think about how you might raise the issue with them. Is there a meeting that you will all be attending or do you need to arrange a meeting to discuss it?

Sharing common problems can also help develop trust and this can then be built upon through working together to resolve them.

Looking for positive feedback
Feedback on progress is important, not only to keep on board doubters, but also to ensure that the change is having desirable rather than undesirable results.

Writing your plan
When writing your action plan think about the people who you need to motivate or influence to achieve change. Remember that making change happen is something you do every day, but managing change through audit provides an opportunity to explore the problem and look for lasting solutions. Your action plan allows you to list a series of changes designed to make a significant and lasting difference. Your re-audit will allow you to see if this has been achieved.

Action Plan

Having followed through the evaluation and thought about making changes you will then be ready to complete your action plan. By breaking the tasks / goals down into small achievable activities you can plan all the steps you need to take to make the changes you identified as most important.

It is useful to involve all members of your staff or team in this process, giving each of them an area of responsibility. In this way you can increase involvement, share out the work, and most importantly share the rewards of success when goals are achieved. Remember that even the smallest task can make a big contribution to achieving change and benefiting patients.

It is a good idea to make a note of the date that you write the plan. You will be able to use the plan to work through a series of changes, large and small, and the plan provides a useful way to check your progress.

It should be clear how the task relates to the purpose or objectives of the audit. It may be that you have identified a problem that does not obviously connect with the audit objectives because you have had to go back to basics. If this is the case, make a note so that you do not lose track of the audit and start following another train of thought.

Acknowledging others who might be involved is also useful. It can give more junior staff ‘permission’ to ask for help from more senior staff, and provides a reminder to those who are inclined to ‘go it alone’.

If resources or further information are needed before the task can be carried out, make a note of this. This can help you plan your support for the tasks you give to other team members. For example you may have asked them to circulate a protocol, but they do not know how to contact the person who has the protocol and have no access to a copier when they do get it. Identifying resources needed up front should also minimise the stream of reasons why a task has not yet been completed!

Task/Goal	Tick when completed
Purpose (related to objectives)	**Person responsible**
Others involved	**Target date for completion**
Resources required	

Date written:	**Date for review:**

Report Writing

Making a record of your audit will enable you to demonstrate the value of your contribution to health and patient care. You may want to report your work to the local primary care organisation, pharmacy development group or local practice. If it has been funded, the funding agency will certainly need a report at the end of the audit. A report is a structured record which provides some background to the audit, a summary of the method, results and findings and a short discussion about the things you changed. Reports do not have to be long, in fact, short reports are more likely to be read by others and this will help in the dissemination of your findings to others.

The are different ways to approach report writing, but like everything else, your ability to write them will improve with practice.

A suggested 10-point structure is shown below, with some indication of the types of information that could go in each section. Although conclusions are most usually found at the end of a report, a shortened text version is sometimes included as a summary (or executive summary) at the beginning together with key points. This provides the reader with a quick overview and an idea of the contents.

10 point plan

1. Summary and key points

2. Introduction
    - Refer to evidence, good practice, benefits to patients / carers / other healthcare professionals / you.

3. Purpose/Aims
    - Describe criteria / objectives that will help you meet the described above

4. Criteria/Objectives
    - Describe what you are trying to achieve, if possible in patient focused terms, by undertaking this audit

5. Method
    - place of audit,
    - people involved
    - target group
    - duration of audit
    - way of identifying participants
    - list of data collected.

6. Standards set
    - These should be measures of meeting the criteria or objectives listed in section 4

7. Summary of results
    - List the main results i.e. which standards you met and which you didn't and by how much

8. Summary of findings (evaluation)
    - Problems / issues identified through the evaluation
    - Action taken
    - Knowledge / skills gained

9. Details of re-audit
    - Plans to monitor standards

10. Conclusions

Notes

Acknowledgements

Titles of contributors reflect positions during the development phase of this work

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All audit Work Books are based on an original framework designed by
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