A first trial of clinical audit in physiotherapy at Queen Mary Hospital (QMH) – A continuous improvement project on improving professional practice & quality of services

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Introduction
Clinical audit is a process of “quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”. Documentation audit was carried out in physiotherapy department QMH since 2003 with good results. A new paradigm of shifting a documentation audit to a clinical audit was considered.

Objectives
1. Monitor the quality of practice 2. Identify the need for improvement

Methodology
There were 5 stages in the process of the clinical audit 1) Selection of clinical audit area The adult (AICU) and paediatric and neonatal intensive care unit (PNICU) were selected as physiotherapy provide a major and essential service in cardiopulmonary area; 2) Setting the standard of practice Physiotherapists were encouraged and engaged in the discussion of physiotherapy assessment and treatment; eventually the details and items of the assessment in ICU; the criteria, selection of treatment were standardized after literature review and several discussions. 3) Design the audit guideline and form The items to be audited, the way to conduct the audit, the consequence of the audit were discussed. Four domains in clinical reasoning, skill and technique, documentation and communication were identified. It was agreed that individual staff would not be identified in the audit data and the report. A pilot run was conducted. 4) Measuring the current practice and data collection. Four domains were evaluated by expertise in related filed. 5) Data Analysis & Report The data was analyzed and a report was disseminated to staff for discussion for further improvement.
Result

All clinical staff working in the ICU were audited. 43 internal clinical audits were completed, with 22 in AICU and 21 in PNICU. All staff met the standard and the highest score was in clinical reasoning in AICU (4.9/5) and communication in PNICU (4.95/5). However, there were rooms to improve in the communication and patient care in AICU (4.4/5); and skills and techniques competency in PNICU (4.62/5). The report was discussed with all staff. Further trainings on these areas were recommended and re-audit will be done. The merit to have the audit completed smoothly should involve the early engagement of the staff, transparency and active participation.