

# The Joy of Audit

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# The Joy of Audit

Anywhere!

I know I should be doing audits, but where do I start?



# The Joy of Audit

Everything!

But what exactly do I need to Audit?



# The Joy of Audit

Have you seen the  
quality  
improvement toolkit  
and standards?



Ok, but is there any  
guidance?



# The Joy of Audit

There will be someone in your organisation that can help!



Where can I go for help getting started?



# The Joy of Audit

Well, quality assurance is all of our responsibility so it should be in your Job Description!



Ok, but where do I find the time to audit everything and anything?



# The Joy of Audit

Quality is the responsibility of the ICB!



Can I request or apply for extra resource to help?



# The Joy of Audit

Audio-what? Do you mean ENT?



SKETCH01.COM

Can you help with extra resource for Audit in Audiology





# The Joy of Audit

Ah, the  
audiometricians,  
how's your DM01?



SKETCH01.COM

No, Audiology



# Why Audit Anyway?

## •What we think? (or assume!)

- Our staff are qualified
- SOPs are being followed
- Patients needs are being met

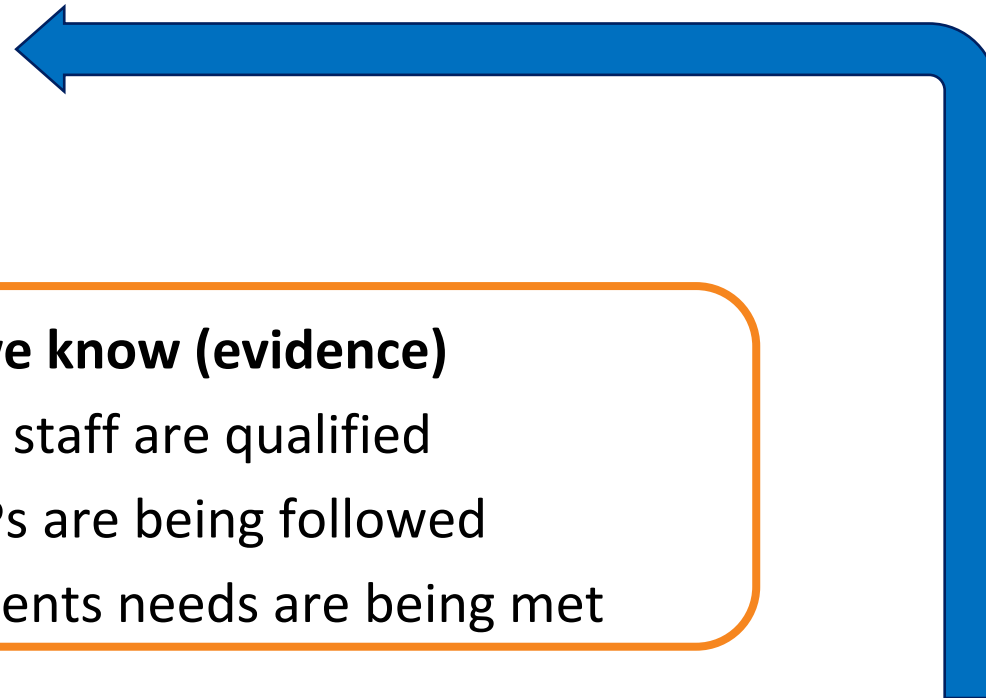


## What we know (evidence)

- Our staff are qualified
- SOPs are being followed
- Patients needs are being met



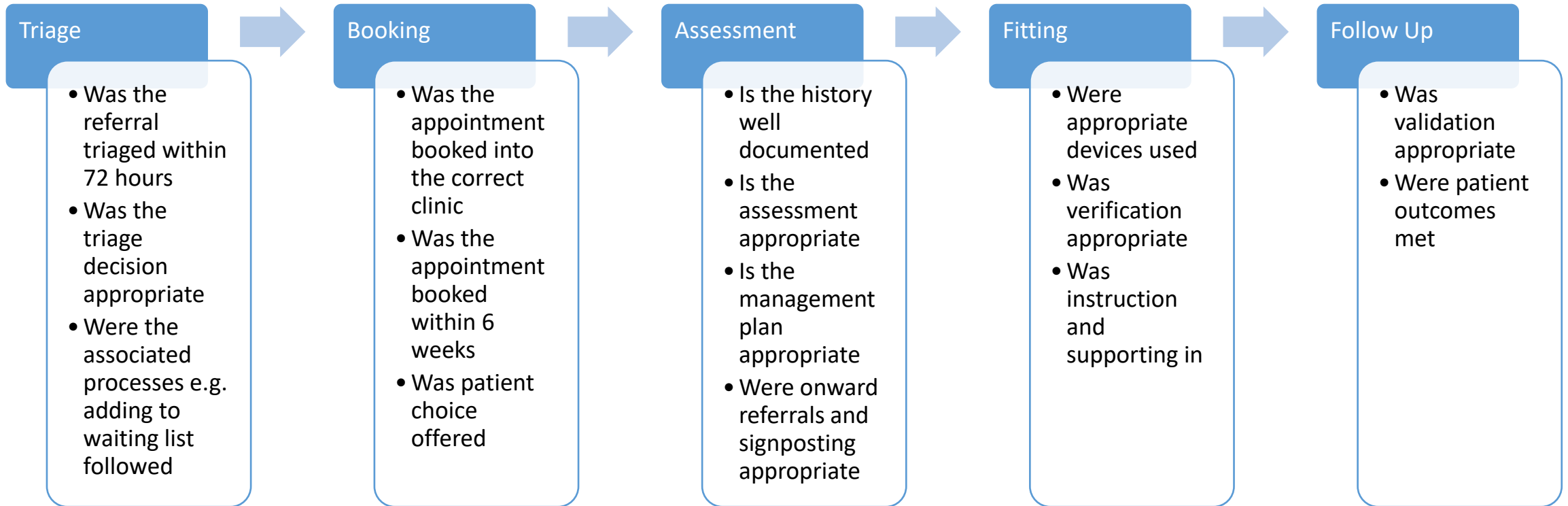
**Actions/strategies for  
improvement**



# Horizontal or Vertical?

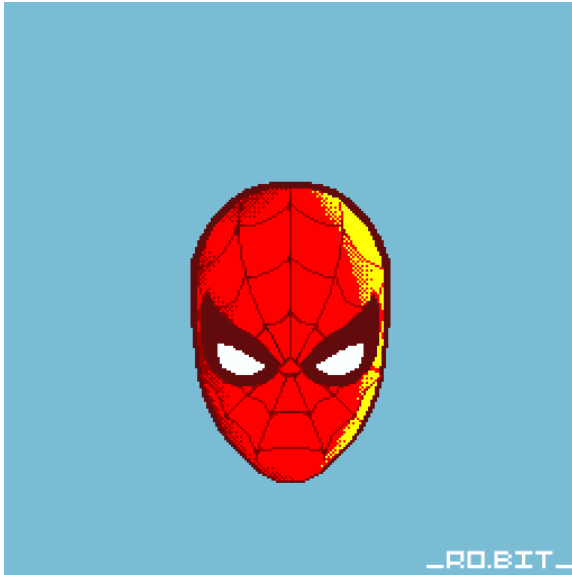
Horizontal	Vertical
Checklist Approach	Process Approach
Large numbers	Small numbers
Covers a wide range in one go	Covers a small range in greater detail
e.g. How well do our REMs meet the BSA defined tolerances?	e.g. what was patient As journey with the service from referral to discharge

# Where do I start?



- Was patient voice captured
- Was documentation and reporting completed timely and accurately
- Were clinical reports distributed within target

That sounds like a lot of work to get started, any shortcuts?



**NHS may have missed thousands of deaf children in 'huge national failure'**



# So I've decided where to start, what next?

Define your standards to be measured

Adult hearing aid fitting

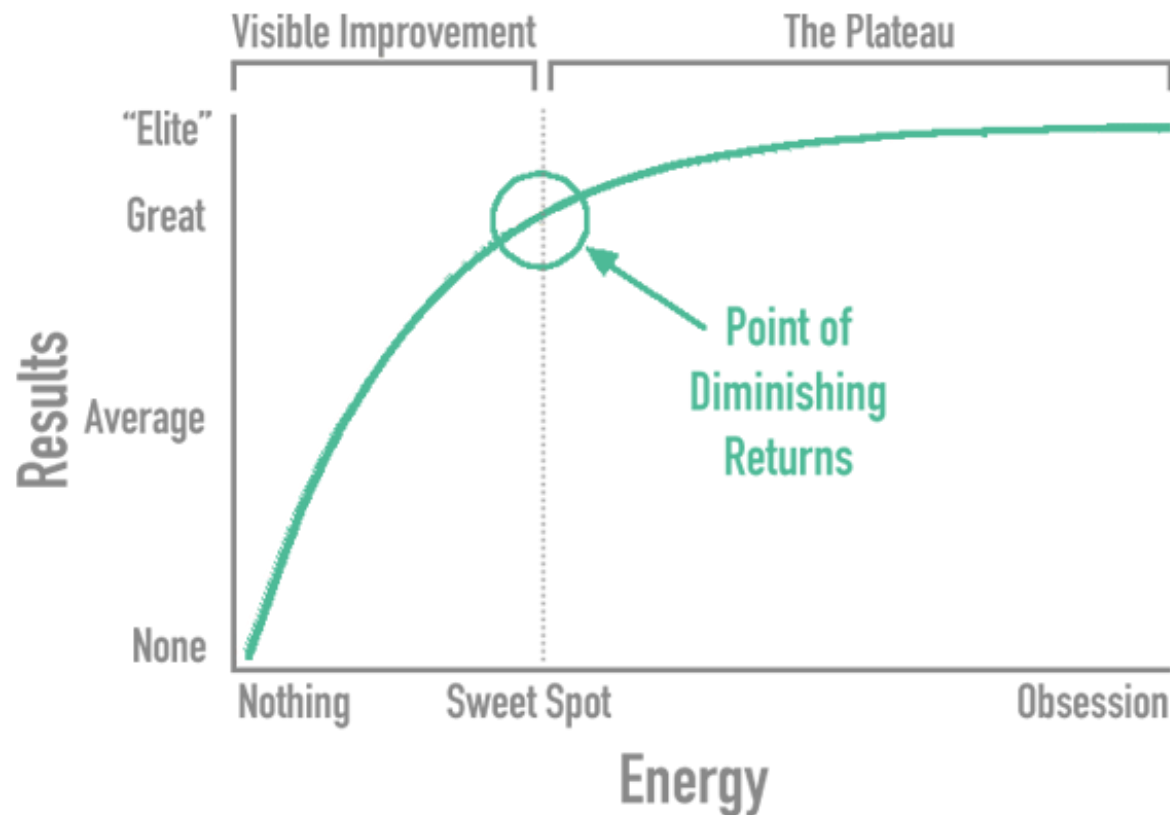
- Appropriate REUR/RECD
- Appropriate Audiogram
- Fitting details box
- REAR within tolerance
- Appropriate NLFC verification



# How do I know which records to look at?

What are you trying to achieve?

- Service level – first 50 hearing aid fittings in the service of 2024?
- Individual level – first 10 fittings per clinician in 2024?



# Lets start data collection!

Develop a data entry spreadsheet with data validation

Clinician	Hospital No	RECD/REUR	Audiogram	Fitting details	REAR	NLFC	Comments
JS	12345	Good	Good	Good	Good	Good	
JS	23456	Good	Average	Good	Good	Good	
SJ	34567	Average	Poor (add comments)	Average	Average	Good	Air bone gap likely bilateral but only included on one side in audio for programming
SJ	45678						
		Good Average Poor (add comme N/A					



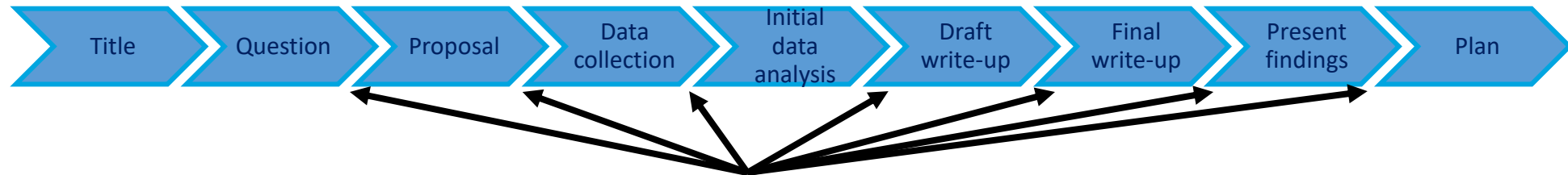
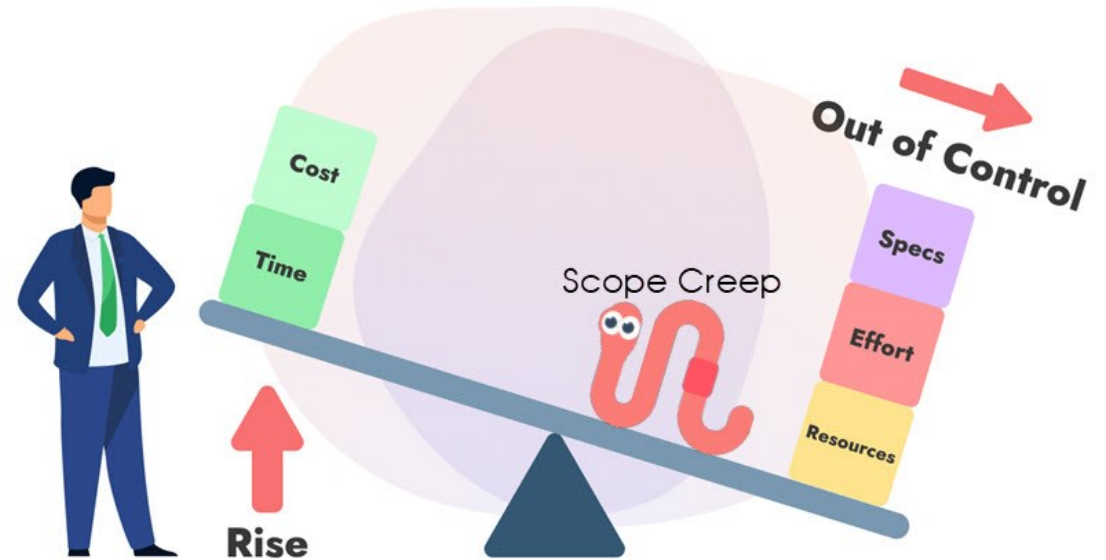
# Lets start data collection!

Use the whole team – engrains and empowers

CAVEAT – be strategic

Moderation – consistency

Targets and Deadlines



Check in regularly

# What does the data mean?

50 adult hearing aid fittings reviewed

## 1. Appropriately performed REUR/RECD?

- 45/50 (90%) average or good
  - 3 were predicted RECDs without justification
  - 2 showed poor mould fit
  - Whilst sub-optimal, none had significant clinical impact

## 2. Appropriate audiogram selected for verification?

- 40/50 (80%) a complete most recent audiogram was selected
  - 8 selected a previous audiogram that was very similar and thus had no clinical impact
  - 2 used a previous audiogram that was significantly different and would cause clinical impact
  - 2/50 require recall

# What does the data mean?

## 3. Correct fitting details box?

- 50/50 (100%) correct

## 4. REAR within tolerance?

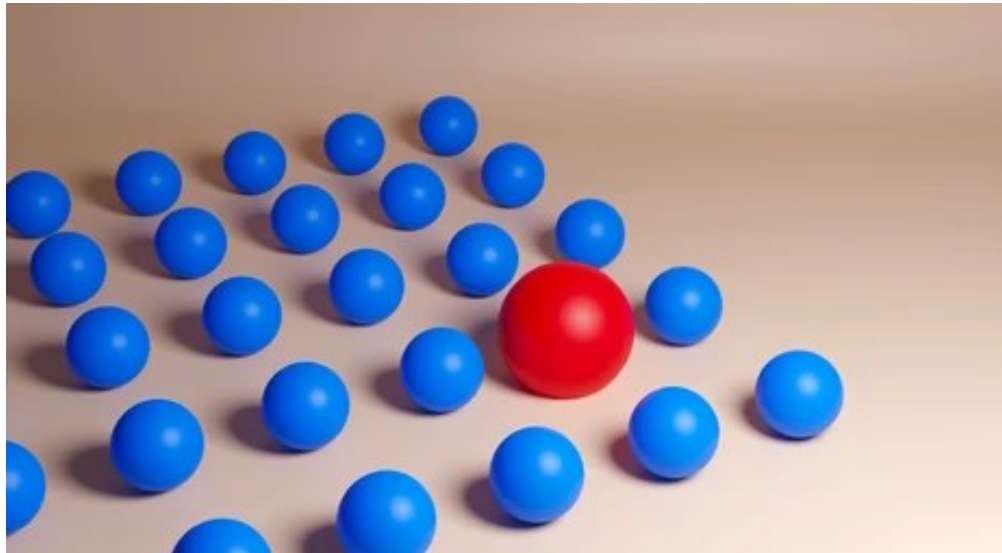
- 45/50 (90%) within tolerance
  - 2/50 outside of tolerance but justified in clinical report e.g. patient preference
  - 2/50 outside tolerance and not justified but unlikely to be clinically significant
  - 1/50 outside tolerance, not justified and likely to impact speech audibility – recall

## 5. NLFC verified and applied appropriately?

- 50/50 (100%) correct

# What does the data mean?

Investigate errors/issues for themes and outliers



Exception report, including risk assessment and impact



# Conclusion

Don't repeat your results/analysis, summarise:

Positive outcomes first

- 47/50 had minor or no issues

Areas for improvement next – include your actions

- 3/50 require recall, all have been booked FUPs

Themes

- 1 clinician was identified as an outlier – additional training in place
- No service level themes



# Conclusion

## Template

### 1. Introduction

- Give a brief background/description of the subject
- Similar to the rationale from previous outcome measures – discuss why it is important that this is being completed e.g. PCHI audit – ensure our service is compliant with national standards
- Mention any change in practice e.g. Earmould audit – change in supplier.
- Give a brief description of the process e.g. ABR external audit – first normal and any non-discharge ABRs are sent for review.

### 2. Objective

- Try keep this concise.
- This is the aim of the outcome measure or the goal of what we are looking at e.g. within earmould audit this might be to measure the turnaround time of earmoulds and also to measure the quality of the earmoulds.
- If relevant discuss the mean and deviation from this e.g. Mean peer review score
- Define if you are looking for themes/percentage/mean.

# Conclusion

## 3. Study Sample

- Define your sample size and how was this collected e.g. for second tier outcome measure this is all children seen at each site over two days at the start of September.
- Who is included and who is excluded (e.g. didn't include DNAs or cancellations).

## 4. Method

- How did you do your measurement/audit/review of data
- Define what was measured e.g. number of patients that DNA'd
- Define the parameters of KPIs that were reviewed.
- Mention anything that your audit may not be able to capture given how your data was collected e.g. Tamperproofing audit - Children aged 5 and over with additional learning needs that may benefit from a tamperproof solution.

## 5. Results

- Discuss the results using the same categories defined in the 'Objective' section.
- Sometimes this will be a graph, or a table, or text.
- Feel free to talk to Kirsten and Ruth about presentation of these results.

# Conclusion

## 6. Conclusions

- Think of writing your conclusion as a summary of key finds so that you can copy and paste this information into the presentation that you will share with the team.
- What are the main take home messages
- What are we doing well at, what aren't we doing well at
- Are there largely clinical issues/admin issues/recording issues

## 7. Action Plan

- These are best as bullet points as we record these on a spreadsheet with the date actioned
- What do you suggest we can do to improve?
- If something has been actioned immediately e.g. you've had to call a family, add the date here that it was actioned
- One action will always be to discuss with the clinic team



# Action Plan

**The most important bits, but the bits everyone forgets!!**

## Action Plan

- Key findings will be discussed at a team meeting on 15<sup>th</sup> July 2024
- 3 patients will be recalled by 31<sup>st</sup> July 2024
- Deep dive historical review of the clinician with concerns will be performed by 31<sup>st</sup> August 2024 and appropriate training/retraining and capability management implemented as required
- Given the positive service performance this will be repeated in 24 months



# Reflections

## 1. How do you create the time?

- Sometimes you have to bite the bullet and prioritise quality over quantity
- QM has a day a month set aside for oversight
- Usually allow 4/5 half days per audit, size dependant
- What's the point in doing it, if you don't know it's being done right?

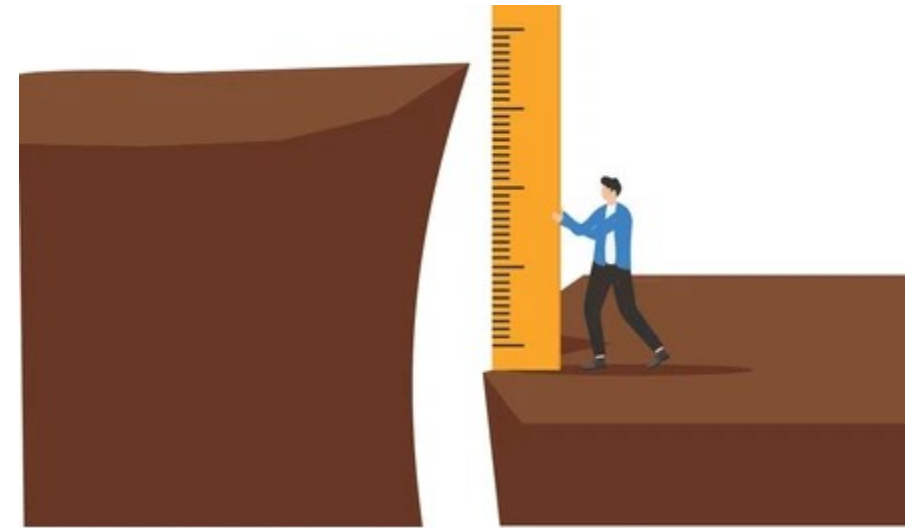
## 2. What if my staff don't want to do it?

- Needs to be a culture change, quality is everybody's responsibility
- Include quality objective on all PDRs
- It's a long journey but eventually QA will become the norm

# Reflections

## 3. What's the point if I know the answer will be bad?

- Quantify the gap
- Realistic objective setting
- Build evidence
- Create the burning platform



## 4. How big/long does it need to be?

- Guided by the question and the context
- As short as a few hours or as long a few weeks/months
- Point of diminishing returns!!

# Reflections

## 5. How do I make sure it goes well?

- You can't!!
- Take a leap of faith
- Coach

## 6. Do I just do the same audits every year?

- Audit plan covering the whole pathway
- Guided by needs of the service
- Can stretch more than 12 months
- Flexible and reactive



# Audit Plan

## Referrals

- Are all referrals triaged within the specified timeframe and to the appropriate clinic

## ABR

- How effective is internal ABR peer review?
- What are the themes from external ABR peer review?

## >6m Assessment

- Were management decisions in line with the review and discharge protocol?
- Was BSA testing guidance followed on all VRA ticksheets?

## Rehabilitation

- Were all new hearing aid fittings in line with hearing aid fitting protocol?
- Was appropriate validation performed at follow up appointments?

## Clinical Administration

- Were appropriate onward referrals made where indicated?
- Were clinical reports accurately written and distributed to families?

# Audit Plan

Type	Short Title	Description	Named Person Responsible	Planned Start	Planned Finish	Status
Audit	VRA testing and management	5 appointments per person - audit of ticksheets and management decisions inc review and discharge criteria	John Smith	Feb-24	May-24	Complete

Key Findings	Action Plan	Repeated?
75/100 no concerns 20/100 minor issues not affecting management 5/100 recall required	Minor issues were related to NSTs not being documented despite being observed in clinic all 5 requiring recall were seen by 1 audiologists who has a training plan in place Discussed with the team 14th June-24	Feb-26

**First behavioural for  
infant PCHIs on time**

**Implementation of an  
Audiologist led wax  
removal clinic**

**The Joy of  
Audit**

**Installation of sound  
treatment in consulting  
rooms**

**Revision of referral triage  
criteria**

# Audit ≠ Quality Assurance



Risk register

Paed QA tool

Induction and clinical observation

Peer review

KPI trackers

Audit

Protocols and policies

Non conformity

Feedback



