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Nursing audit

The process of collecting information from nursing reports and other documented evidence about patient care and assessing the quality of care by the use of quality assurance programmes. (Dictionary of nursing 2008)



Definition-Cont'd...,

- According to Elison "Nursing audit refers to assessment of the quality of clinical nursing".
- 2. According to Goster Walfer
- Nursing Audit is an exercise to find out whether good nursing practices are followed.
- The audit is a means by which nurses themselves can define standards from their point of view and describe the actual practice of nursing.



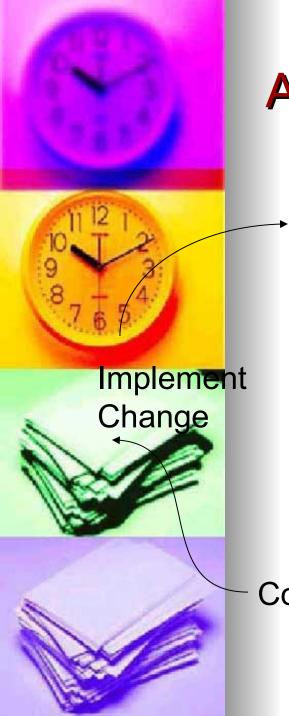
Brief History of Nursing Audit

- Before 1955 very little was know about the concept.
- It was introduced by the industrial concern and year 1918 was the beginning of medical audit.
- George Groword, the first time medical audit.
- Ten years later Thomas R Pondon MD established a method of medical audit based on procedures used by financial account.
- First report of Nursing audit of the hospital published in 1955.



Purposes of Nursing Audit

- 1. Evaluating Nursing care given,
- Achieves deserved and feasible quality of nursing care,
- Stimulant to better records,
- Focuses on care provided and not on care provider,
- 5. Contributes to research.



Audit Cycle

Set Standards

Observe practice

Compare with standards



Topic for study selected

AUDIT PROCESS Explicit criteria selected for quality care

Record reviewed

Peer review of all cases not meeting criteria



Methods of Nursing Audit:

There are two methods:

Retrospective view—This refers to an in depth assessment of the quality after the patient has been discharged, have the patients chart to the source of data.



Advantages:

- Comparison of actual practice to standards of care.
- Analysis of actual practice findings.
- A total picture of care given.
- More accurate data for planning corrective action.



Disadvantages:

- The focus evaluation is directed away from ongoing care.
- Client's problems are identified after discharge.

Thus corrective actions can be used only to improve the care of future clients.



The concurrent review

This refers to the evaluations conduced on behalf of patients who are still undergoing care. It includes assessing the patient at the bedside in relation to predetermined criteria, interviewing the staff responsible for his care and reviewing the patients record and care plan.



Advantages:

- Identification of problems at the time care is given provision of a mechanism for identifying and meeting clients needs during care.
- Implementation of measures to fulfill professional responsibilities.
- Provision of a mechanism for communicating on behalf of the client.



Disadvantages:

- Time consuming.
- More costly to implement than retrospective audit.
- Does not present the total picture of the client.



1. Outcome audit

- Outcomes are the end results of care;
- Outcome audits determine what results if any occurred as result of specific nursing intervention for clients.
- These audits assume the outcome accurately and demonstrate the quality of care that was provided.



Outcome audit

- Patient fall rates
- Nosocomial infection rate
- Prevalence of pressure sore
- Physical restraints used
- Patients satisfaction rate



2. Process audit

- Process audits are used to measure the process of care or how the care was carried out.
- Process audit is task oriented and focus on whether or not practice standards are being fulfilled.
- These audits assumed that a relationship exists between the quality of the nurse and quality of care provided.



Process audit

- To establish whether fetal heart tones or BP were checked according to an established policy.
- To determine if a parent received instruction about a newborn during the first post partum visit.



3. Structure audit

- Structure audit monitors the structure or setting in which patient care occurs, such as the finances, nursing service, medical records and environment.
- This audit assumes that a relationship exists between quality care and appropriate structure.
- These above audits can occur retrospectively, concurrently and prospectively.



Structure audit

- Staffing ratios
- Staffing mix
- EMR wait times
- Availability of fire extinguishers



Audit Committee

- minimum of five members
- who are interested in quality assurance, are clinically competent and able to work together in a group.
- each member should review not more than 10 patients each month and the auditor should have the ability to carry out an audit in about 15 minutes.
- that If there are less than 50 discharges per month, then all the records may be audited, if there are large number of records to be audited, then an auditor may select 10 per cent of discharges.



Training for auditors should include the following:

- A detailed discussion of the seven components.
- rates the care received using the notes of a patient who has been discharged, these should be anonymous and should reflect a total period of care not exceeding two weeks in length.
- c. Each individual auditor should then undertake the same exercise as above. This is followed by a meeting of the whole committee who compare and discuss its findings, and finally reach a consensus of opinion on each of the components.



Method to Develop Criteria

- Define patient population,
- Identify a time framework for measuring outcomes of care,
- Identify commonly recurring nursing problems presented by the defined patient population,
- 4. State patient outcome criteria,
- State acceptable degree of goal achievement,
- 6. Specify the source of information,
- Design and type of tool.



Advantages of Nursing Audit

- Can be used as a method of measurement in all areas of nursing,
- 2. Seven functions are easily understood,
- Scoring system is fairly simple,
- 4. Results easily understood,
- Assesses the work of all those involved in recording care,
- 6. May be a useful tool as part of a quality assurance programme in areas where accurate records of care are kept.



Disadvantages of the Nursing Audit

- Appraises the outcomes of the nursing process, so it is not so useful in areas where the nursing process has not been implemented,
- Many of the components overap making analysis difficult,
- 3. Is time consuming,
- 4. Requires a team of trained auditors,
- 5. Deals with a large amount of information,
- 6. Only evaluates record keeping. It only servers to improve documentation, not nursing care.



SUMMARY OF AUDIT FINIDINGS

Nursing diagnosis: initial home visit, within 72 hours after uncomplicated delivery, with newborn, occurring in a birth center

Number of records audited: 30

Date of audit :7.9.2009

Summary of findings:100% compliance in all areas except recording of mothers temperature(50%) and newborns temp(70%).

Suggestion for improving complaints:

Sign and chair of committee