NURSING AUDIT: QUALITY CARE

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Nursing involves care and empathic care. Maintaining a quality of care requires audit. Audit is a crucial component of improvements to the quality of patient care. Clinical audits are undertaken to help ensure that patients can be given safe, reliable and dignified care, and to encourage them to self-direct their recovery. These types of audits are undertaken to help reduce lengths of patient stay in hospital, readmission rates and delays in discharge.

During the beginning of 19th century, due to the relationship between industrialisation and health – industry concept audit was introduced in health care delivery system. George Groward the physician introduced the term "medical audit". In 1955, the first report of nursing audit was published.

Generally audit is a systematic review and critical examination of records and other data to determine the quality of services or products provided in a given situation.

Nursing audit is the process of analysing data about the nursing process of patient's outcome to evaluate the effectiveness of nursing interventions.

PURPOSES

1. To evaluate the nursing care provided by nurses
2. To set standards: Minimum standards are set for structure, process and outcome audit.
3 To observe practice
4 To compare with standards.
5. To implement change.

TYPES OF AUDIT

Usually, two types of audit are used in nursing peer review.

Concurrent Audit: It teaches nursing staff to prioritise and analyse problems.

Younger (2000) cited, the concurrent audit was designed not only to measure the quality of care but to identify where improvement in care was necessary. Concurrent audit is a method of evaluating quality care through appraisal of the nursing process.

Advantages:

1. Identification of deficiencies at the time care is provided.
2. Provision of a mechanism for identifying and meeting client needs during the caring process.
3. Implementation of measures for fulfilling professional responsibilities to the consumer.
4. Provision of a mechanism for communicating on behalf of the client.

Disadvantages:

1. It is time consuming and more costly in economic terms. It observes practice
2. It lacks total picture of care.

Retrospective Audit: It evaluates quality of care through appraisal of the nursing process after the client's discharge from the hospital.

Advantages:

1. It provides for comparison of actual practice to standards of care and analysis of actual practice settings.
2. It provides more accurate data on which to base corrective action.

Disadvantages:

1. The focus of evaluation is directed away from ongoing care, the problems are identified after discharge, when there is no chance to assist the client with the problem. It observes practice
2. Corrective action can only be used to improve practice for future clients.

CLASSIFICATION OF AUDIT

The audit most frequently used in quality control includes outcome, process and structure audits.

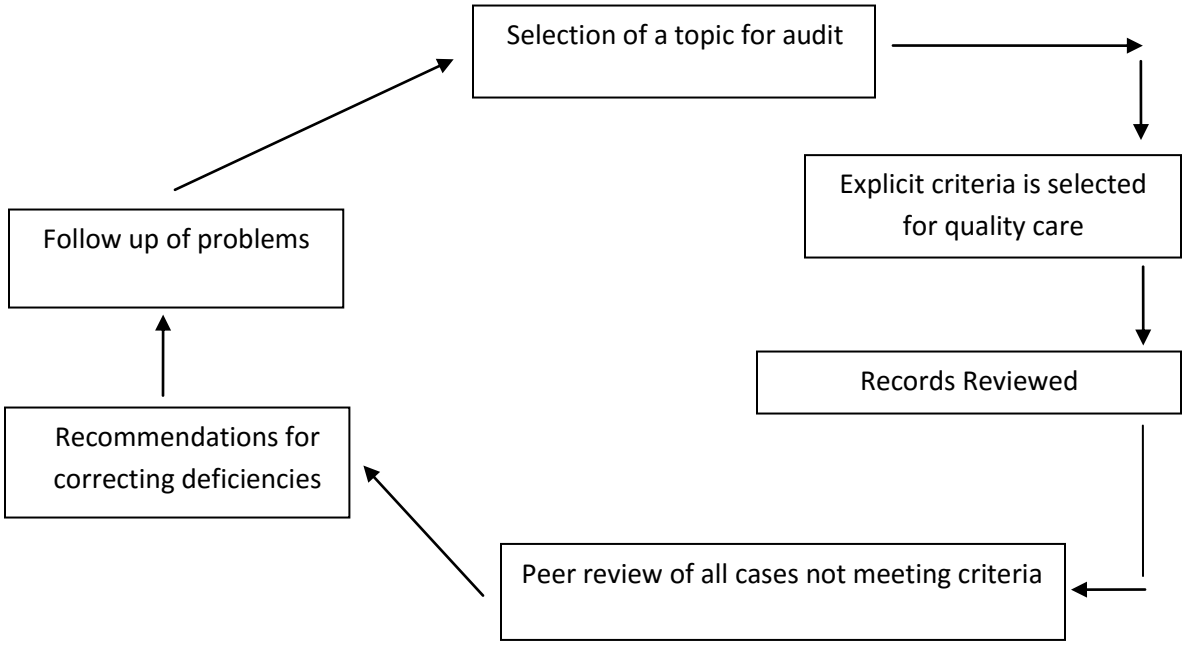
1. Outcome Audit: It determines the results of specific nursing interventions.
2. Process Audit: It is used to measure the process of care or to evaluate how the care was carried out
3. Structure Audit: This type of audit monitors the structure or setting in which the patient care occurs. The audit is done for assessing physical facilities, equipment and supplies and describing whether or not they fulfil the set standards.

The audit can be **external audit,** i.e. carried out by outside agency and **internal audit** i. e. it is done by health agency staff itself.

AUDIT PROCESS

According to Lancaster (1988) there are six steps to conduct an audit.

1 Selection of a topic for audit.
2. Selection of explicit criteria for quality care.
3. Review of records.
4. Peer reviews of all cases that do not meet criteria for quality care.
5. Recommendations to correct deficiencies.



USES OF NURSING AUDIT

For nursing Care Services: It helps in modifying nursing care plans and nursing process, implementing a programme for improving documentation of nursing care through improved charting policies. It helps in focusing attention on weaknesses after they are identified, on nursing round and term conferences, and on designing responsible orientation and in-service education programme.

For Nursing Administrator: It provides for evaluation of a particular programme, such as orientation of personnel or establishment of a patient teaching programme. It deliberates on support for financing a particular programme,

serving as basis for planning new programmes. It helps in identification of areas of strength and weaknesses in various settings and also in determining the influence of varied staffing patterns.

It helps in research for educators, supervisors and head nurses and in Identifying areas of improvement in needed patient care, providing basis for in–service education programme, and identifying needs of staff members who provides direct patient care.

For Staff Nurses: It provides a self examination of care, identifies a particular type of care in which practice may be improved merely by increasing attention; it identifies types of care on which improvement will depend.

LIMITATIONS

The audit is not designed for evaluation of care, nor the audit is designed for use in evaluation of nurse performance; the audit is done by going through the records and not the care itself and therefore it is not a patient care audit. It is not an error detecting scheme; audit basically improves the quality of documentation and not the nursing care.

CONCLUSIONS

Nursing audit measures retrospectively the quality of nursing care actually delivered. The audit findings suggest for improvement of care, and there are ways in which nurses take the initiative, both unilaterally and in collaboration with others, in developing pattern of care and health care delivery system. It helps for further development in all aspects of care.