

Positive

Opportunity Challenge Excitement New knowledge New skills Learning experience

Negative

Threat Fear/ anxiety Distrust Resistance Conflict Questioning competence

Re-audit

The final stage in the clinical audit cycle involves deciding when and how to re-audit the topic.

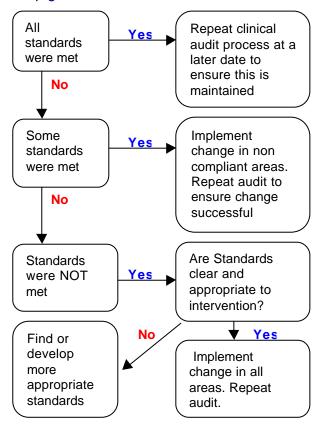
It is important to go around the audit cycle for a second time in order to discover whether agreed actions have occurred, changes have achieved the desired improvements and where changes were not required standards continue to be met.

How to re-audit

This involves repeating each stage of the clinical audit cycle. However, certain stages will not necessarily require any further work e.g. literature search, if the first one was conducted thoroughly and the re-audit is performed shortly afterwards.

You may decide that it would be more appropriate to conduct more specialised audits as a result of the first project, rather than attempting to re-audit the whole topic area at one time.

The way in which you decide to approach the re-audit will depend on the findings of your first audit. This is shown in the diagram below adapted from the Royal College of Psychiatrists in their document entitled 'Undertaking a clinical audit project: a step by step guide'.



Leaflet developed from an original idea by UBHT NHS Trust and STHT Clinical Audit & Effectiveness Departments. Version 1 Publication Date – April 2007 Review Date – April 2008

Blood and Transplant

Making Improvements Through Change and Re-audit

Contact Information

National Manager: Barbara Stearn 01132148616 Regional Transfusion Committees: Marc Lyon 01132148705 London & Southeast: Samantha Lee-Cooper 02082582987 Midlands & Southwest: Rita Bourn 01179912088 North: Joanne Hill 01142034901

Clinical Audit and Effectiveness

Implementing Change

Managing change is not an easy task. it is the most important and challenging part of the clinical audit process. Remember that clinical audit is a quality *improvement* tool and therefore implementing change is the next stage after discovering the results of your audit.

However, if your results demonstrate that your standards are being met, then changes in practice may not be required.

This leaflet will consider what is involved in making changes and offer some suggestions on implementing those changes.

Strategy for successful change

There are several stages in the development of a strategy for change. These include:

Establishing effective leadership

Leaders can influence a team to achieve the recommended changes.

Create an environment for change

Change is more likely to be successful if conducted in a non-critical supportive environment. To achieve this it must be recognised that staff already provide quality care and the audit will help them to improve further.

Identify immediate/ underlying cause or problem

This could be a range of different problems such as training needs, resources, service organisation, etc.

Develop an action plan

The action plan will help you identify the best course of action, time frames and responsibilities. For more information on developing action plans contact the audit department.

Ensure adequate resources



There needs to be sufficient resources to implement your audit recommendations.

Anticipate consequences

Any change in health care may have consequences beyond those that were originally intended.

Useful Analysis Tools

There are a number of useful tools available to help you anticipate different reactions and counter potential resistance. Two of the most popular ones are given below.

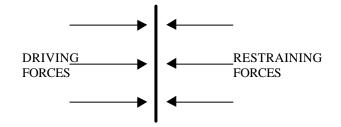
TROPICS

This is a good way to get a feel for the nature of a particular change and plan the best strategy.

- T Time scales (Short/ long term?)
- R Resources (what will be needed?)
- O Objectives (are these quantifiable?)
- P Perceptions (are perceptions similar?)
- I Interest (who has interest in changes?)
- C Control (who holds the power?)
- S Source (drivers for proposal)

Forcefield Analysis

This is a way of visually mapping out the forces that are likely to help or hinder you.



Driving and restraining forces might include:

- Past experiences of similar situations
- Supportive management
- Perceptions of current situation
- Fears of increased workload
- Pressure to change from patients
- National policy requirements

Overcoming barriers to change

One of the best ways to overcome barriers to change is to ensure that anyone who can influence change is involved at the start of the audit.

Be aware that change may be perceived positively or negatively.