

**Clinical Audit Guidance Toolkit
for
Nurse and Midwife Referrers of Radiological Procedures**

**Office of the Nursing and Midwifery Services Director
Health Service Executive**

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Changing practice to support service delivery

Clinical Audit Guidance for Nurse/Midwife Referrers of Radiological Procedures Toolkit

Introduction

This toolkit provides guidance on preparing, planning and undertaking audit of nurse/midwife referral for radiological procedures practice. Audit of nurse/midwife referral for radiological procedures is essential to support best practice in the delivery and evaluation of their practice. It is a mandatory requirement under Statutory Instrument 256 of 2018, the regulation through the Health Information and Quality Authority (HIQA, 2019) and professional regulator the Nursing and Midwifery Board of Ireland (NMBI, 2020) and the Health Service Executive (HSE, 2021) that each health service provider has a mechanism in place to review and audit practice.

The terms of reference of the National Advisory Committee for Nurse/Midwife Referral for Radiological Procedures include supporting the development of clinical governance arrangements for the audit and monitoring of nurse/midwife referral for radiological procedures and to ensure that continuous improvement is valued and that feedback mechanisms are in place. Clinical audits will ensure that the quality will reflect evidence-based standards, developed in partnership and collaboration with the regulatory bodies and the interdisciplinary teams. Though audit is mainly a multidisciplinary/multiprofessional activity, each professional has a responsibility for regularly auditing their own practice.

What is clinical audit?

The Basic Safety Standards Directive (BSS) 2013/ 59 EURATOM defines clinical audit as

“a systematic examination or review of medical radiological procedures which seeks to improve the quality and the outcome of patient care through structured review, whereby radiological practices, procedures and results are examined against agreed standards for good medical radiological procedures, with modification of practices, where appropriate and the application of new standards if necessary” .

The SI 256 of 2018 stipulates that “the undertaking shall ensure that clinical audits are carried out in accordance with national procedure established by the Minister”

Audit of nurse/midwife referral for radiological procedures is required at multiple levels throughout the health service provider. An example of these levels is Donabedian’s (1980) Classification of Structure, Process and Outcome. These have been adapted by the International Atomic and Energy Agency (2010) as follows:

- **Structure:** The availability and the augmentation of resources both human and material required for the delivery of a service.
- **Process:** The activity undertaken, what was done, how well was it done and what should have been done.
- **Outcome:** The alteration in the outcome of an individual; patient is directly attributable to clinical action or inaction.

Audit systems for nurse/midwife referral for radiological procedures must be embedded within a sound, robust clinical governance framework with regular auditing and evaluation, including feedback\learning mechanisms. The audit and quality improvement plans should be subject to on-going monitoring, evaluation, responding and reporting.

Evaluation of the impact of nurse/midwife referral for radiological procedures is the responsibility of the local governance committees within the health service provider. These may include a Local Implementation Group (LIG) reporting to the health service providers Radiation Safety Committee, who have systems in place to ensure audit and evaluation of nurse/midwife referral for radiological procedures, which ultimately reports to the overall governance committee in the local health service provider.

Evaluation from a service perspective and service user perspective will include examining the patient or service user outcomes in terms of benefits, safety and satisfaction with the service. Outcome measurement should take into account key stakeholders and the local health service provider's views. The evaluation will be informed by the national minimum dataset for radiological procedures referrals and clinical audits required of nurses/midwives who refer patients for radiological procedures.

The audit data should identify compliance with the policies/procedures/protocols and guidelines of the local health service provider including reporting referral errors/incidents, risk occurrences and near misses. Audit of referral patterns and practices should demonstrate quality assurance and quality management in the referral of patients for radiological procedures through a structure of audit and report. The outcomes of audit and evidence based practice should be used to improve service provision and develop ones practice in relation to referral for radiological procedures.

The Director of Nursing must plan the strategic direction of nurse/midwife referral for radiological procedures in line with national and local guideline direction. Nurses and midwives with authority to refer for radiological procedures, supported by their Nurse/Midwife Manager, must conduct audits of the referral for radiological procedures practice and furnish reports as required.

Nurses/midwives with authority to refer for radiological procedures accept personal accountability for referring patients for radiological procedures, understanding the legal implications of doing so. Prior to making a decision to refer patients for radiological procedures, the registered nurse/midwife with authority to refer patients must satisfy him/herself that they are working within their scope of practice. They must engage in audit of their referral practice as required by the local health service provider.

It is recommended that an audit of a nurse's/midwife's practice of referral for radiological procedures be undertaken quarterly for the first year and biannually thereafter. Clinical audit is identified as a necessary element of practice within the *Nurse Authority to Refer for Radiological Procedures Standards and Requirements for Education Programmes* (NMBI, 2020).

The Healthcare Audit Cycle (Health Service Executive, 2013)



Source: HSE Quality and Patient Safety Division, 2013

Stage 1: Planning for Audit

The following steps should be considered when planning for an audit of nurse/midwife practice of referral for radiological procedures:

- Agree where audit of nurse/ midwife referral for radiological procedures sits within your health service provider's governance structure, this must be reflected in the local nurse/midwife referral for radiological procedures guideline.
- The audit report is to be formally submitted to the Director of Nursing/Midwifery/Public Health Nursing/Service Manager. It should also be submitted to the Clinical Audit Committee, Local Implementation Group, Radiation Safety Committee, Governance Committee, or Quality and Risk Committee.
- Agree who will take lead responsibility for the audit. For example this could be Site Coordinator for Nurse/Midwife Referral for Radiological Procedures, Nurse/Midwife Practice Development Coordinator, Clinical Audit Department, Governance Committee, Quality and Risk Committee, Multidisciplinary Team etc. This should be identified in the local health service providers' guideline for nurse/midwife referral for radiological procedures.
- Agree who will undertake the audit.
- Agree the frequency of the audit, it should be at least annually though it is recommended to audit quarterly for the first year following commencement of nurse/midwife referral for radiological procedures and then 6 monthly thereafter.
- Identify the process for providing feedback to the relevant personnel/committees.

Who Should Undertake the Audit?

Audit can be carried out by an individual, a group or a department. Audit of nurse/midwife referral for radiological procedures may be undertaken by:

- self (RNP)
- peer RNP
- Site Coordinator for Nurse/Midwife Referral for Radiological Procedures
- Nurse or Midwife Manager
- Clinical Audit Support Staff/Practice Development Coordinator/Risk Advisor
- Other identified members of the multidisciplinary team (for example Clinical Supervisor /Radiologist/Radiographer/Radiation Safety Officer).

Best practice would advise that there is a variation in who undertakes the audit. Having identified who will undertake the audit, the individual or group should set the objectives, key responsibilities and audit timeframe.

Stage 2: *Standard/Criteria Selection*

- Prepare and agree the criteria for audit and what is to be audited e.g. referral practices, documentation, and/or clinical outcomes.

The purpose of analysing the data is to establish if the standards are being met and to identify areas where practice needs to be improved. Data analysis should be kept as simple as possible. The auditors should produce a clinical audit report, which compares the actual practice with the standard. It should identify shortcomings and a quality improvement plan.

The report should be simple and clear; use plain English; use a structured, systematic approach; and include an agreed action plan if required. Audit reports should be directed to the Director of Nursing/Midwifery/Public Health Nursing/Service Manager, Local Implementation Group/ Radiation Safety Committee and relevant local governance committees to make them aware of any relevant finding so that appropriate actions can be taken if necessary.

Tools

Sample audit tools, a quality improvement plan and audit report are attached and are available in the Clinical Audit section on the HSE Nurse/Midwife Referral for Radiological Procedures website. Follow the link below:

<https://healthservice.hse.ie/about-us/onmsd/onmsd/specific-programmes/referral-medical-ionising-radiation-procedures.html>

Stage 3: *Measuring Performance*

Population and Sampling

A random sample must be selected to review any of the following:

- completed referral forms must be selected for audit of nurse/midwife referral practice.
- health care records must be selected and reviewed to audit documentation/clinical assessment and rationale for the referral.

All referrals in the selected period constitute the audit population/denominator. A random sample of all the referrals written by the nurse/midwife within the timeframe identified should be selected for audit.

The audit group should identify the sample size, which is the number of referrals or activity episodes that will be audited. The sample size should be small enough to allow for speedy data collection (HSE, 2013). At a minimum, a total of 10% or 10 referrals, whichever is greater, should be selected.

Data Collection

A data collection tool should be agreed by the audit group. Data can be collected from agreed data sources including some or all of the documents listed below:

- The “*HSE National Nurse/Midwife Referral for Radiological Procedures Database*,
- A randomly selected sample of completed referral forms (or duplicate referrals where relevant).
- Health care records that have been cross-referenced with the referral forms
- Incident error and near miss report forms and or cancellations
- The types of referrals the nurse/midwife has authority to refer.
- Signature bank/evidence of signature of the nurse/midwife as per Nursing and Midwifery Board of Ireland (for cross-referencing with completed referrals)

Data Analysis

The purpose of analysing the data is to establish if the criteria are meeting the standards and to identify areas where practice needs to be improved. The basic aim of data analysis is to convert a collection of facts (data) into useful information in order to identify the level of compliance with the agreed standard (HSE, 2013). “For the single healthcare professional carrying out an audit with a small dataset, a pen, paper and calculator may be all that is required to carry out a simple analysis. Alternatively a spreadsheet programme such as Microsoft Excel may be a useful tool” (HSE, 2013).

Stage 4: Making improvements

Presentation of Results

The clinical audit report should compare the actual practice with the standard including identifying areas for improvement. The audit report should include the following headings:

- Title of audit
- Objectives of the Audit (Patient Safety)
- Standard/s
- Methodology
- Findings
- Were any Risk Management issues identified?
- Recommendations
- Proposed Re Audit Date

The clinical audit cycle may require a quality improvement plan (QIP). The health service provider should identify who is responsible for the development of a quality improvement plan if required, including timeframe for completion. The QIP should include:

- Problem identified
- Root cause of Problem
- Required Actions
- Timeframe
- Identified person/s responsible
- Evidence of completion (how progress will be measured)
- Review dates (when progress will be measured)
- Outcome following review.

Audit reports are directed to the Director of Nursing/Midwifery/Public Health Nursing/Service Manager, the Local Implementation Group/Radiation Safety Committee who will make aware of any relevant finding to the overall health service providers governance committee as deemed appropriate and relevant actions if necessary.

Stage 5: Sustaining Improvements

The audit cycle is a continuous process. Where quality improvement plans are put in place, monitoring should be performed to ensure plans are implemented as agreed and within the agreed timeframe (HSE, 2013). The health service provider should identify who is responsible for implementing and monitoring the QIP. The audit and quality improvement plans should be subject to on-going monitoring and evaluation. There is an obligation that reasonable steps should be undertaken to address areas for improvement that have been identified in the course of a clinical audit.

Ethical considerations

All legal and ethical guidelines should be adhered to and the confidentiality of service user, staff and the health service provider should be protected at all times. The following principles should be adhered to:

- Audit should “do good and not do harm”
- Clinical audits do not require the approval of a Research Ethics Committee (Irish Council of Bioethics, 2004) However, if the audit team is concerned about the ethicality of their audit, ethical advice should be sought.
- Clinical audit does not require informed consent (HSE, 2013). However it is recommended to work collaboratively with all stakeholders including the patient/service user where relevant in the audit process where possible.
- “No Clinical Audit should examine the work of another professional or speciality without their knowledge” (HSE, 2013. Page 58).
- Ensure methodology is appropriate and rigorous.
- Ensure findings are used to improve patient care.
- Audit reports should not contain any identifying patient/service user features in line with Data Protection Act (Department of Justice, Equality and Law Reform 2018).

References

Department of Health and Children (2008) Report of the Commission on Patient Safety and Quality: Building a Culture of Patient Safety. Dublin: Safety Office

Department of Justice, Equality and Law Reform (2018). Data Protection Act 2018. Dublin: Stationery Office.

Donabedian A. (1980) The Definition of Quality and Approaches to its Assessment, Ann Arbor: Health Administration Press

Government of Ireland (2018) Statutory Instrument No. 256 of 2018 European Communities (Medical Ionising Radiation Protection) (Amendment) Regulations 2007. Stationary Office, Dublin.

Health Information Quality Authority (2019) Guidance on the assessment of compliance in undertakings providing medical exposure to ionising radiation. Health Information Quality Authority: Dublin.

Health Information Quality Authority (2019) Statutory notifications for accidental or unintended medical exposures to ionising radiation. Health Information and Quality Authority: Dublin.

Health Service Executive (2013). A Practical Guide to Clinical Audit. Health Service Executive: Dublin.

Health Service Executive (2021) National Nurse and Midwife Authority to Refer for Radiological Procedures Guideline, Office of the Nursing and Midwifery Services Director Health Service Executive: Dublin.

International Atomic and Energy Agency IAEA (2010). Comprehensive Clinical Audit of Diagnostic Radiology Practices: A Tool for Quality Improvement and Learning (QUAADRIL). International Atomic and Energy Agency Vienna.

Nursing and Midwifery Board of Ireland (2015). Scope of Nursing and Midwifery Practice Framework. Nursing and Midwifery Board of Ireland Dublin.

Nursing and Midwifery Board of Ireland (2020) Nurse Authority to Refer for Radiological Procedures Standards and Requirements for Education Programmes. Nursing and Midwifery Board of Ireland Dublin.

Useful Resources

Health Information and Quality Authority – <http://www.hiqa.ie>

HSE Learning and Development Centre (HSELand) – <http://www.hseland.ie>

HSE library – <http://hselibrary.ie>

HSE Nurse and Midwife Referral for Radiological Procedures (ONMSD) website - <https://healthservice.hse.ie/about-us/onmsd/onmsd/specific-programmes/referral-medical-ionising-radiation-procedures.html>

HSE Quality and Patient Safety Patient Division- <http://www.hse.ie/eng/about/Who/qualityandpatientsafety>

National Clinical Effectiveness Committee - <http://www.ncec.ie>

Nursing and Midwifery Board of Ireland – <http://www.nmbi.ie>

National Institute for Health and Care Excellence (NICE) – <http://www.nice.org.uk>

Royal College of Radiology - <http://www.radiology.ie>

Royal College of Radiologists (2019). Audit Live website - <https://www.rcr.ac.uk/clinical-radiology/audit-and-qi/auditlive>

Scottish Intercollegiate Guideline Network (SIGN) – <http://www.sign.ac.uk>

Contact Details:

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