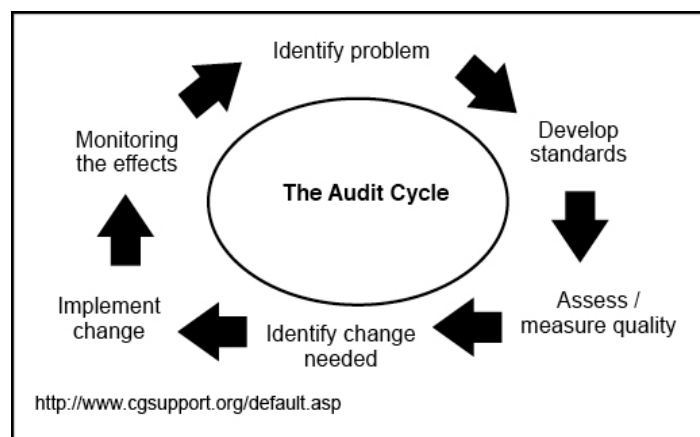


THE AUDIT CYCLE - UTI EXAMPLE

Remind yourself about Clinical Audit and the Audit Cycle by referring to your Phase III handbook for the General Practice, Public Health and Occupational Medicine attachment.



Complete the following sections of the Audit Cycle in relation to a small audit your tutor would like carried out or an area of your own interest.

Your answers should be brief and to the point. We do not expect a full audit report.

1. Identify the problem and select an appropriate audit topic.

How/why did you choose this topic?

Are women with uncomplicated urinary tract infections being treated with the recommended 3 day course of antibiotics?

Reasons for choosing - common problem of interest - is an area of potential antibiotic overuse.

2. Choose appropriate criteria and standards.

We do not expect a literature review. Simply find appropriate criteria/standards for your audit.

How did you do this? Give a reference(s) for these criteria/standards.

Criteria:

SIGN guideline 88: Management of suspected bacterial urinary tract infection in adults, July 2006

Recommends the use of a 3 day course of trimethoprim or nitrofurantoin for non-pregnant women of any age with signs or symptoms or signs of acute lower urinary tract infection.

Standard:

No standard mentioned in guideline so discussed with practice and suggested an

90% standard i.e. 90% of women with suspected LUTI should be treated with a 3 day course of trimethoprim or nitrofurantoin.

Are the criteria and standards evidence-based?

The criteria is evidence based, the standard is not.

If so, what is the source and quality of the evidence?

The criteria are based on grade A and B evidence collected by SIGN. This was taken from guidelines issued by the Health Protection Agency and the Infectious Disease Society of America. Randomised control trials and systematic reviews are quoted in the references to qualify this as grade A/B evidence.

3. Assess/measure quality by collecting and analysing the data.

What data did you collect for this audit?

All non-pregnant women with a coded diagnosis of urinary tract infection in the last month were included in the audit. The prescriptions for these women were looked at and documented - i.e. whether trimethoprim or nitrofurantoin was prescribed and the duration of prescription. Women were excluded if they had an allergy to one of these antibiotics or if another reason was documented for using a different antibiotic.

What was the source of this data and how did you retrieve it?

The data was retrieved using the practice's computer system (e.g. VISION) with help from one of the practice administrators.

How did you analyse the data?

The number of women with UTIs that received trimethoprim or nitrofurantoin was calculated and the number of these that received 3 days of treatment was calculated as a percentage. A simple calculator was used.

Give a brief summary of the results.

E.g. 60% of women treated for urinary tract infection received the recommended antibiotic for the recommended duration of time.

4. Identify the change needed.

If the standards are not met what changes need to be implemented in the practice?

Perhaps awareness of recent guidelines needs to be highlighted in order to increase appropriate prescriptions for treatment of urinary tract infections.

5. Implement the change.

Practically, how might these changes be introduced in the practice?

Perhaps the guideline could be discussed at a clinical meeting or practice meeting that all members who would be prescribing these drugs could attend (incl. nurse practitioners, doctors). An email could be circulated highlighting the guidance. Alternatively the quick reference guide could be placed on the wall of each surgery.

6. Monitor the effects/Closing the audit loop.

When would you want to re-audit this topic?

I would perhaps want to re-audit this topic in 6 months time to see if prescribing practice has changed at all.