



Completing a chart audit with feedback is an excellent opportunity to improve practice efficiency and effectiveness, reduce clinical errors, demonstrate quality care to stakeholders, promote high standards of practice, lower the risk of liability, foster practice change, and engage in self-assessment for Section 3 MOC Program credits at the same time.

The following 7 step approach has been adapted for CRA members:

A chart audit is an analysis of your patient medical records — electronic and/or paper — to see what has been done and to determine if it can be done better. You are essentially measuring the quality of the care your practice provides, in order to improve it.

The following are the 7 steps.

1. Select a topic:

Ideally, the topic should interest both you and your practice. Ask yourself what is being done (or not done) that could be done better. Are there any problems that need addressing? What issues are high-risk and high-frequency?

For example, one might want to see if one is clearly recording infection and vaccination status in inflammatory arthritis patients on immunosuppressives. *Users can find the forms for this audit and others in the CRA library of chart audits.*

2. Determine what you will measure and your benchmarks:

In this step, define your assessment question and select at least three benchmark performance measures or standards of care that you will compare against your performance-in-practice.

Again refer to the CRA library of chart audits not just for the audit forms but also for the standards of care.

Users who develop their own audits and want to share the forms and benchmarks are encouraged to submit them to the CRA Education committee for review.

3. **Collect your data:**

Identify your patient population and your sample size; then, retrieve your patient charts. Review the charts that meet all of the selection criteria and record the findings.

In the aforementioned example, one might collect data from a random sample of at least 10 charts belonging to inflammatory arthritis patients. Among other things, one would then record how many of them were offered and received or declined the flu or pneumococcus vaccine or Mantoux testing or had hepatitis B and C testing in the selected timeframe.

4. **Compare your data against your measures:**

After collecting and analysing data, compare results to established benchmarks. The benchmarks will depend on the topic and the performance measures selected.

Sometimes benchmarks for comparison do not exist or are not readily available. If that is the case, one can either revise the audit so that it is comparable to existing measures or use the results as a baseline against which to compare future audit results.

For example, if an audit reveals that the flu or pneumococcus vaccine was not offered or given to a sample population as recommended by established benchmarks, one would know that there is room for improvement and a need for further investigation.

5. ***Obtain feedback:**

After summarising and comparing the practice performance against the measures selected, share the findings with a colleague, peer or mentor in the same practice or specialty.

For example, one might ask for a local audit “club” with colleagues whereby there is an exchange of audit results and feedback is given. One can also send audit results to the CRA education committee for feedback and suggestions.

None of us are perfect. Do not be afraid to submit audits for review. The purpose of audits is to recognize deficiencies and correct them.

If one forms a local audit “club”, please inform the CRA Education committee so that they can give the group recognition on the CRA website.

6. Identify outcomes and apply results:

After going over the results with a reviewer, consider if there is an area of practice to be improved. Also consider what actions one could implement to close performance gaps in the practice.

One should consider doing a second audit on the same topic 6 or so months later to determine if performance is better with regard to compliance with pre-selected benchmarks.

7. Document the chart audit in the MAINPORT ePortfolio:

Last but not least, log in to MAINPORT ePortfolio and record the learning outcomes using the “Chart audit and feedback” option. It is recommended that you do this as soon as possible, while learning is still top-of-mind.

A chart audit can illuminate positive ways to improve practice. By breaking it down into steps, it becomes more manageable to carry out and much easier to implement results!

****Note:** Step #5 is especially important. Obtaining feedback is what makes a “chart audit with feedback” a Section 3 assessment opportunity (three credits per hour) instead of a Section 2 self-learning opportunity (two credits per hour). However, if you skip this step, you can still claim learning from this exercise as a personal learning project under Section 2.*