

○○○○○○○ *clinical audit*

○○○○○○○ **The Importance of Auditing
in *Quality Improvement* —
*An overview of experience
in the UK***

- ● ● ● **Clinical audit as a quality improvement process**
- ● ● ● **How clinical audit has worked in the UK**
- ● ● ● **How clinical audit has been linked to pay-for-performance in the UK**
- ● ● ● **Lessons learned so far**

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NHS Review and Reforms 1989–90 — 26 years ago

Funding formulas reflected the needs of the population

NHS hierarchies were reformed to work on a business model

Purchasing and providing healthcare services were separated

Providers could apply to be self-governing

Large General Practices could have budgets to buy services

Medical audit was introduced



Changes in medical audit — 21 years ago

All healthcare professional staff were expected to audit the quality of their patient care — the term was changed to **clinical audit**

The first national clinical audits were carried out by Royal Colleges with financial support from the government

Changes in the importance of clinical audit — 19 years ago

Evidence-based practice promoted

- **UK Cochrane Collaboration recognized**
- **National Service Frameworks developed for high priority clinical conditions**
- **Systematic review and meta-analysis methods used**
- **The National Institute for Health and Care Excellence (NICE) formed**

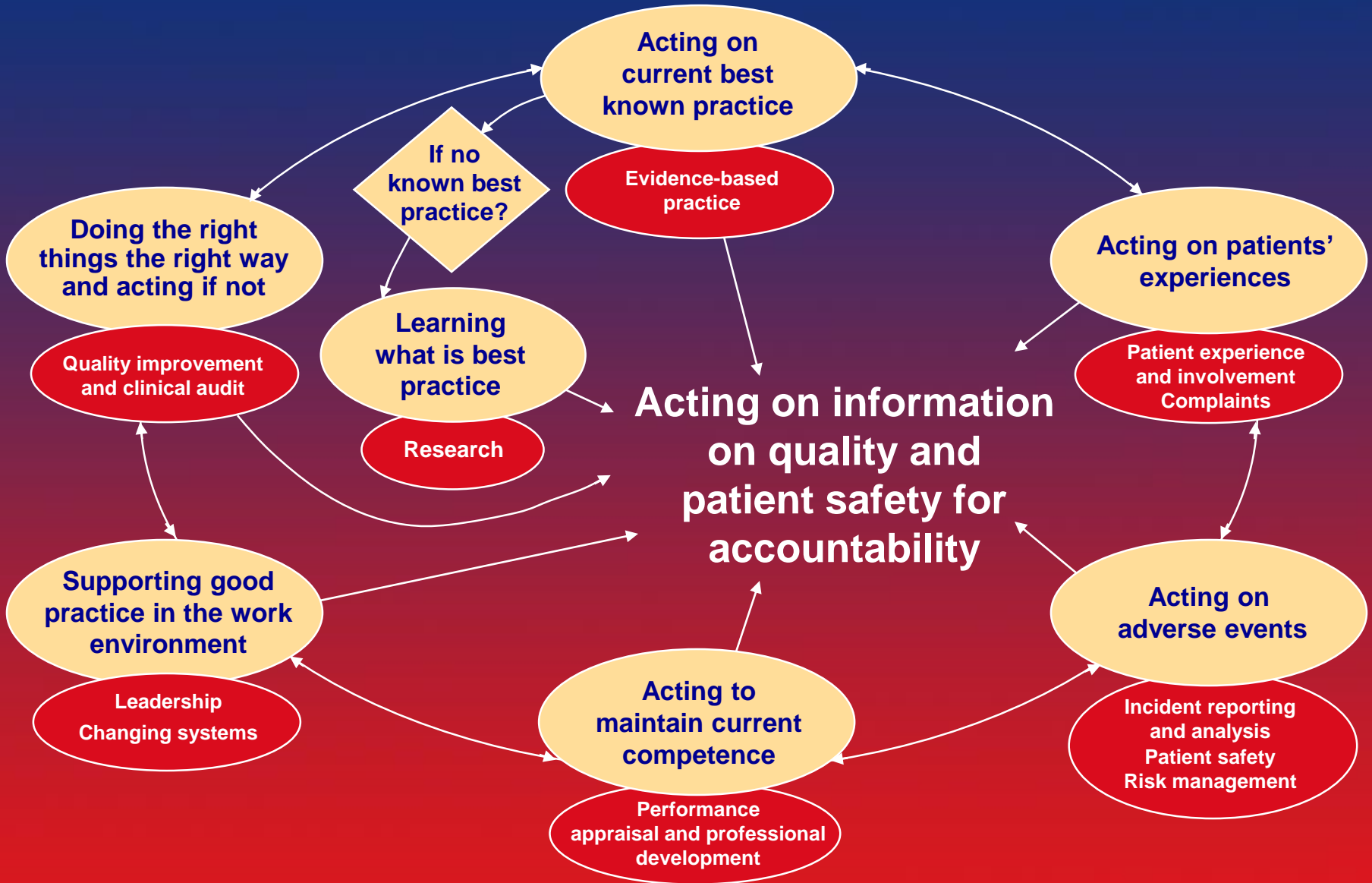
Clinical audit is the method for knowing if evidence-based practice is being provided

Changes in the importance of clinical audit — 17 years ago

Clinical governance is a system through which a healthcare organization is *accountable* for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish

Clinical Governance. Quality in the new NHS. Leeds: NHS Executive; March 1999

Accountability framework

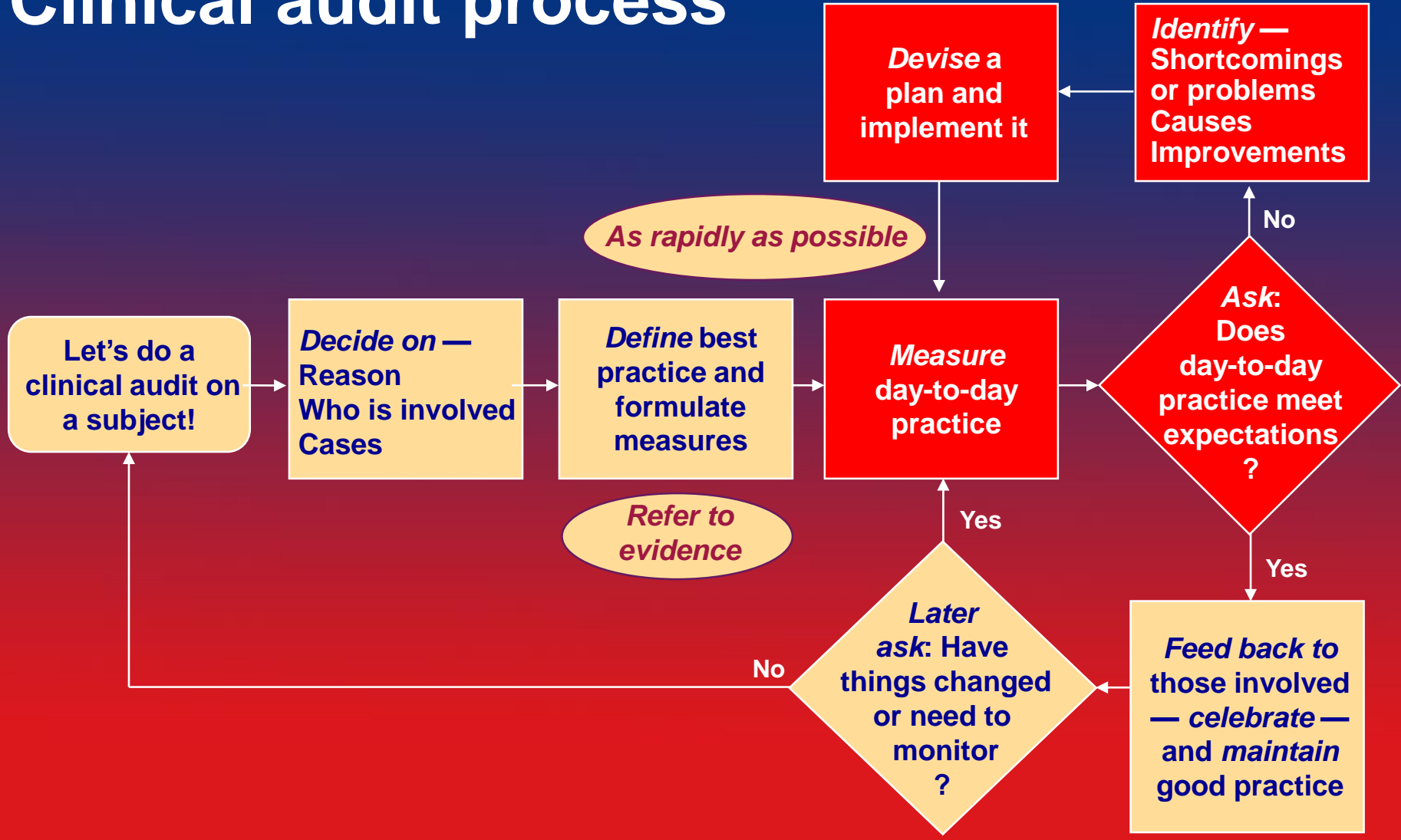


Clarifying the definition — 13 years ago

***Clinical audit* is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit measures and the implementation of change**

Adapted from National Institute for Clinical Excellence. *Principles for Best Practice in Clinical Audit*. Abingdon: Radcliffe Medical Press; 2002

Clinical audit process



Example — Clinical audit design

<i>Subject</i>	Effective control of pain for patients having surgery
<i>Objective</i>	Ensure that patients having surgery do not experience more than mild pain post-operatively
<i>Stakeholders</i>	All staff caring for patients following surgery Patients
<i>Patients</i>	Patients having a surgical procedure
<i>Number and time period</i>	Patients who had surgery in the last two weeks

Example — Measure of quality-of-care

What is evidence of quality?

The patient's report on pain is documented every time the temperature, pulse and blood pressure are recorded

For how many patients?

100% of patients having surgery

Any exceptions?

The patient is unconscious or sleeping and cannot report on pain, which must be documented in the record

What would you check?

The patient is asked to report pain on a 1-to-4 scale: 1 means none, 2 means mild, 3 means moderate, 4 means severe. Either the number or the word should be in the record. Check 'NO' if any pain score is missing



Example — Measure of quality-of-care

What is evidence of quality?

The patient reports moderate or severe pain more than one time post-operatively

For how many patients?

0% of patients after surgery

Any exceptions?

None

What would you check?

The patient is asked to report pain on a 1-to-4 scale: 1 means none, 2 means mild, 3 means moderate, 4 means severe. If a patient has more than one episode of moderate or severe pain, check 'YES'

Example — Data collection

400 patients had surgery in the last 2 weeks

Evidence of quality

Standard

Actual

The patient's report on pain is documented every time the temperature, pulse and blood pressure are recorded

100%

37.5%

The patient reports moderate or severe pain more than one time post operatively

0%

15.0%

Example — Analysis of findings

Causes — Why is care not as good as it should be?

- There is no place to record a pain score on the observation record
- The staff may not understand why controlling pain is important to good surgical outcomes
- The doctor may have forgotten to prescribe analgesic
- Some staff members may worry about giving patients opioid-based analgesic
- Staff and patients think that pain after surgery is 'normal'

Example — Improvements needed

Improvements — What needs to happen for patients?

- **The patient's report on pain is recorded every time the temperature, pulse and BP are recorded — for every patient, every time**
- **No patient reports moderate or severe pain more than one time post-operatively**

Example — Actions

Actions to achieve improvements — What changes should be made to improve the quality of care for patients?

- Agree on where pain scores will be recorded on the observation record
- Explain to all staff who care for patients having surgery how controlling pain contributes to better outcomes of surgery
- Explain about pain management to patients having surgery, so patients will accept the pain medication
- Agree on a protocol for routinely prescribing pain relief for post-operative patients

Example — Repeat data collection

Findings from second data collection — *another 400 patients*

Evidence of quality	% of patients (1st time)	% of patients (2nd time)
The patient's report on pain is documented every time the pulse and blood pressure are recorded for <i>100% of patients</i>	37.5%	90.0%
The patient reports moderate or severe pain more than once for <i>0% of patients</i>	15.0%	5.0%

Misunderstandings about clinical audit — *and corrections*

Large numbers of cases	The <i>right</i> number to convince colleagues to improve practice, if needed
Published evidence-based practice	If possible — agreement on best practice, which may be by colleagues
Stops with data collection and interpretation	Data have to be acted on to achieve improvement if needed
It is checking on quality	It is an improvement process
An individual clinician does a clinical audit	A team of clinicians participates in every step

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Clinical audit in the UK

Local clinical audit

Every clinical service and every professional group is expected to carry out clinical audits in their own services

National clinical audit

Priorities reflecting population-based healthcare problems — heart disease, cancer, stroke, etc. — have been established for national clinical audits

National clinical audits

**Acute Coronary Syndrome or
Acute Myocardial Infarction
Asthma (Adult and Children)
Adult Bronchietasis Audit
Adult Community Acquired
Pneumonia
Bowel Cancer
Cardiac Rhythm
Management
Care of Dying Patient in
Hospital
Case Mix Programme in
Intensive Care
Child Health Clinical
Outcome Review Programme**

**Chronic Kidney Disease in
Primary Care
Congenital Heart Disease
Coronary Angioplasty
Diabetes Adult and Paediatric
Elective Surgery
Emergency Use of Oxygen
Epilepsy
Falls and Fragility Fractures
Familial
Hypercholesterolaemia
Fitting Child in Emergency
Department
Fractured Neck of Femur**

National clinical audits

Glioblastoma Long Term Survivors
Head and Neck Oncology
Inflammatory Bowel Disease
Lung cancer
Major trauma
Medical and Surgical Outcome Review
Mental Health Care in Emergency Departments
National Adult Cardiac Surgery Audit
National Audit of Dementia
National Audit of Intermediate Care

National Audit of Memory Clinics
National Audit of Psychological Therapies
National Audit of Schizophrenia
National Audit of Seizures in Hospitals
National Cardiac Arrest Audit
National Chronic Obstructive Pulmonary Disease Audit
National Comparative Audit of Blood Transfusion
National Complicated Diverticulitis Audit

National clinical audits

**National Inquiry into Suicide
and Homicide for People with
Mental Illness**

National Emergency

Laparotomy Audit

**National Health Promotion in
Hospitals Audit**

National Heart Failure Audit

National Joint Registry

National Ophthalmology Audit

**National Prostate Cancer
Audit**

**National Review of Asthma
Deaths**

National Vascular Registry

**Neonatal Intensive and Special
Care**

**Non-invasive Ventilation in
Adults**

Oesophago-gastric Cancer

Older People Care in Emergency

Department Paediatric Asthma

Paediatric Bronchiectasis

Paediatric Fever Care in

Emergency Department

**Paediatric Intensive Care Audit
Network**

Paediatric Pneumonia

Pain Management Care in

Emergency Department

National clinical audits

**Patient Transport (National Kidney Care Audit)
Pleural Procedure
Prescribing Observatory for Mental Health
Renal Colic Care
Renal Replacement Therapy
Procedural Sedation in Adults in Emergency Department
Pulmonary Hypertension
Rheumatoid and Early Inflammatory Arthritis
Stroke National Audit**

**Severe Sepsis and Septic Shock
Care Specialist Rehabilitation for Patients with Complex Needs
Ulnar Neuropathy at Elbow Testing
UK Cystic Fibrosis Registry
UK Parkinson's Audit
Vital Signs in Children in Emergency Department
Vital Signs in Major Trauma Patients
VTE Risk in Lower Limb Immobilization**

The way national clinical audits work

**A national group
(usually of
experts and
patient
representatives)**

- **Designs the audit**
- **Decides what is being measured about quality**
- **Specifies data to be captured**
- **Analyses data submitted**
- **Provides findings of the audit**

**Local clinical
groups**

- **Collect and submit data**
- **Act on findings**

Examples of the impact of local clinical audits

All staff learn about measuring and improving the quality of patient care through clinical audit

Each clinical service takes responsibility for what the service needs to audit — and improve

Every healthcare organization is accountable for measuring and improving quality through clinical audit

Every doctor is required to participate in clinical audit and quality improvement to be revalidated as a doctor (every 5 years)

Numerous examples of improvements in patient care at local level through clinical audit

Examples of the impact of national clinical audits

Mortality rate of babies undergoing cardiac surgery has halved in 10 years

Access into specialist stroke units has increased and 30-day mortality, length of stay and rates of institutionalization following stroke all have decreased

Substantial improvements in access to clinical resources for children with epilepsy were made in 2 years

79% of patients with heart attacks were treated in 150 minutes of calling for help and 90% were treated in 90 minutes of arrival

Between 97.4% and 98.5% of Parkinson's patients are reviewed clinically each year by their doctor or nurse specialist

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The UK's experience with pay-for-performance in primary care — 11 years ago

Quality and Outcomes Framework applied to general (family) practitioners

Performance —

146 quality indicators for 10 chronic diseases, organization of care and patient experience

% of patients with hypertension with BP 150/90 mmHg or less

Pay

A point system with payment by point

Most family practitioners get most of the points

Decrease in emergency admissions for incentivised conditions compared with conditions that were not incentivised

Greater proportion of people with newly diagnosed diabetes are being initiated on medication within 1 and 2 years of diagnosis as a result of the introduction of financial incentives for tight glycaemic control

England's trial of pay-of-performance for hospitals — 7 years ago

Advancing Quality — North West Region of England

- **Based on USA model by Premier involving 260 hospitals**
- **Focused on heart failure, acute myocardial infarction, coronary artery bypass graft, community-acquired pneumonia, hip and knee replacement**
- **Quality measures for each condition**
- **Incentive payment for performance**
- **890 fewer deaths, 22,802 bed days saved, £4.4 million saved**

Commissioning for Quality and Innovation (CQUIN) — 6 years ago

Links a proportion of English healthcare providers' income to the achievement of local quality improvement goals

Patient satisfaction, pressure sores, assessment of patients with dementia, training of staff on dementia, assessing cardiometabolic risk factors in patients with schizophrenia, up-to-date care plan for patients in mental health services

The latest reorganization of the NHS — 3 years ago

Two main types of NHS organization

Clinical Commissioning Groups (CCGs) specify the health-related services needed by the local population and contract with NHS (and private sector) organizations to provide the services

Provider organizations undertake contracts with CCGs to provide the health-related services specified

Best practice tariffs are being established

The instrument for pay-for-performance is the contract for the provision of health-related services

NHS Standard Contract — *References to clinical audit*

The provider must...

At local level...

Implement an ongoing programme of clinical audit of the services provided

Provide to a commissioner the findings of any clinical audit requested

Act on recommendations in clinical audits

Some 'audits' are specified — safeguarding of patients, training for staff on implementing the Mental Capacity Act, protection of clinical information

At the provider's expense

For national clinical audits...

Participate in those national clinical audits that are designated as part of the National Clinical Audit and Patient Outcomes Programme

Make national clinical audit data available to support national publication

Payment is included in the 'tariff'

A Quality Account
is an annual report
to the public from a provider
of NHS healthcare services
about the quality of services
provided by the organization

Components of a Quality Account

Part 1 **Summary of quality**
Statement of accuracy by senior person

Part 2 **3 priorities for improvement for the coming year**
Statements on:

- **Consideration of quality in all services**
- **Participation in national clinical audits and enquiries**
- **Number of local clinical audits and actions taken**
- **Number of patients involved in research**

Part 3 **Review of previous year's quality**
Stakeholder involvement in setting priorities for improvement
Statements by interested organizations

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Clinical audit is a valuable quality improvement process

But ... for locally-based clinical audit

- **The healthcare organization's management has to be accountable (clinical audits are carried out and the findings acted on)**
- **All groups of professional staff have to be trained to carry out clinical audits properly**
- **The process has to become part of the culture**

Clinical audit is a valuable quality improvement process

But ... for national clinical audits

- **Every national clinical audit needs to be very well designed and executed**
- **Organizations leading national clinical audits need to show national leadership in quality improvement**
- **Healthcare organizations benefit from incentives to participate in national clinical audits**

Standards for National Clinical Audits

Pay-for-performance can provide incentives to implement designated aspects of patient care

But ... be careful what you pay for and its long-term effects

- **Evidence-based patient safety practices may work well**
- **Look for unintended effects and consequences**

The example of the trauma total CT scan

When financial incentives are available, be aware of 'gaming' strategies and tactics by providers

- **Measurement methods must be well defined**
- **Independent verification of performance keeps everyone honest**
- **Transparency of performance shifts the culture**

Independent assurance of performance reported

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