Clinical Audit in Hospital Authority

Dr Betty Young
Convenor for Clinical Audit, Hospital Authority
Background

1990  Establishment of the Hospital Authority
1992  Quality Assurance Subcommittee under Coordinating Committees of various clinical specialties
1996  Task Force on Professional Accountability
1998  HA Clinical Audit Committee (HACAC)
2005  The new HACAC
The Way Forward

To reinforce **Clinical Audit** as an essential & integral part of **Clinical Governance**
Clinical Governance

... a framework through which the organization is accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

(Scally & Donaldson, BMJ 1998; 317:61-65)
Clinical Governance

The six pillars:

- Clinical Effectiveness
- Research & Development
- Openness
- Risk Management
- Education & Training
- Clinical Audit
Clinical Governance: RAID methodology

**Review:** Involves analysis and understanding of the service

**Agreement:** Ensures that all staff are committed to recommended changes

**Implementation:** Tests effects that the changes have made to the service

**Demonstration:** Allows evaluation and monitoring
What about Clinical Audit?
Clinical Audit

Although clinical audit is an essential & integral part of clinical governance, it has often struggled to attain its rightful position within clinical governance, due in part to a lack of definition & guidance ... a failure to set priorities ... poorly defined responsibilities ...

(NHS CGST, 2005)
Clinical Audit - Definition

- … a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

- Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level, and further monitoring is used to confirm improvement in healthcare delivery.

(NICE 2002)
Other Audits

- National audit project that do not audit practice against nationally agreed criteria should be referred to as a baseline audit or survey. (NICE, 2001)

- Adverse occurrence screening/critical incident monitoring/significant event audit is used to peer-review cases which have caused concern or from which there was an unexpected outcome. (Jones & Cawthorn, 2002)

- Peer review is an assessment of quality of care provided by a clinical team on interesting or unusual cases with a view to improve clinical care. (Jones & Cawthorn, 2002)
Clinical Audit

Lack of definition
Lack of guidance
Failure to set priorities
Poorly defined responsibilities

The NHS Model (2005)
The NHS Model

National Level

Healthcare Commission

Trust Level

Chief Executive & Medical Director

Clinical Governance Lead

Clinical Audit Lead

Centralised Audit Department

Clinical Audit Manager/Coordinator

Clinical Audit Facilitators

Clinical Audit Committee

Chief Executive & Medical Director

Clinical Governance Lead

Clinical Audit Lead

Clinical Audit Manager/Coordinator

Clinical Audit Facilitators

NICE
Clinical Audit

- Often the poor relation of Clinical Governance
- Corporate focus elsewhere
- Declining infrastructure
- Poor methodology
- Poor completion of the audit cycle
- Guidelines not always accepted
- Guidelines not always achieved or achievable
- Clinician resistance
- Clinician indifference
- Financial obstruction
- Poor feedback on guidelines
- Delay in review of guidelines
- Lack of prescriptive nature of guidance

(Copeland)
Our Local Solutions

- Enforce clinical governance in HA
- Integrate clinical audit into clinical governance structure
- Enhance clinician leadership in COC
- Establish Central Committees for key programmes involving multi-disciplinary participation
- Enhance function and data quality of web-based information system
- Enhance cluster-based development
Our Local Solutions

- Revamp HACAC
- Recruit experienced and committed clinicians
- Set up clinical audit core team
- Provide training on standard writing, clinical audit and report writing
- Tailor-made web-based databases to facilitate prospective data collection and quality checks
- Provide statistical support for risk-adjusted analysis
- Facilitate sharing of quality audit projects
The Proposed HA Model

HA Level

- HACAC
- COCs/CCs
- Clinical Audit Core Team
- Project-based Task Forces

Cluster/Hospital Level

- Clinical Audit Facilitators
Work Plan

- Review current service focusing on high volume / high risk / high cost disease conditions
- Identify priority areas
- Develop evidence-based Clinical Practice Guideline
- Identify key audit criteria based on strength of evidence and impact on outcome

HA-wide multi-disciplinary, multi-specialty disease-based clinical audits
Disease-specific Clinical Audit

- Acute stroke
- Acute myocardial infarct
- Diabetes mellitus
- Cancer: Lung, breast, colorectal, ovarian
Acute Stroke

- Standardized “Acute Stroke Unit Stroke Registry” to capture:
  - NIHSS score
  - Co-morbidity
  - Laboratory results: Sugar, cholesterol, triglyceride, HbA1C
  - Medication: Anti-platelet, anti-coagulation, anti-thrombotic
  - CT brain finding
  - Outcome
Acute Stroke

Main process indicators:

- Direct admission to acute stroke unit
- Neuroimaging within 24 hours and urgent neuroimaging within 2 hours for those with deteriorating symptoms and signs
- Proper management of blood pressure
- Proper management of blood sugar level
- Proper nutritional support
- Dysphagia screening before oral feeding
- Anti-coagulation for patients with atrial fibrillation
- Tissue plasminogen activator (TPA) for eligible patients
- Anti-thrombotic treatment given within 48 hours of hospitalization
- Anti-thrombotic medication given on discharge
- Lipid profile documentation
- DVT prophylaxis
- Stroke education
- Smoking cessation counselling
- Rehabilitation plan
Acute Myocardial Infarct

- Early administration of aspirin
- Aspirin at discharge
- Early administration of beta-blocker
- Beta-blocker at discharge
- ACE-inhibitor or angiotensin receptor blockers at discharge for patients with systolic dysfunction
- Timely initiation of reperfusion (thrombolysis or percutaneous intervention)
- Smoking cessation counselling

(Adopted from IHI Campaign to Save 100K Lives)
Diabetes mellitus

- Correct diagnosis
- HbA1C level
- Urine for albumin / microalbumin
- Examination of feet
- Examination of fundi
- Assessment of smoking habit
- Checking of blood pressure

- Regular assessment of symptoms, e.g. hypoglycaemic attacks
- Education about diabetic management for newly diagnosed patients
- Review of diet
- Assessment of visual acuity
- Checking of body weight
- Checking of technique in performing urine or blood tests
- Checking of patient’s blood or urine records
Clinical Audit in HA

Clinical Audit Areas:

- **Disease-specific audit**
  - Acute stroke
  - Acute myocardial infarct
  - Diabetes mellitus
  - Cancer

- **Comparative/baseline audit**
  - Surgical audit
  - PCI audit

- **Central registry**
  - Cancer registry
  - VLBW registry

- **Audit of sentinel event**

- **Compliance audit**
  - Central line infection
  - Surgical site infection
  - Ventilator-associated pneumonia
  - Patient identification
  - Oxygen therapy
  - Patient documentation
  - Wound dressing
  - Nasogastric tube feeding
  - Restraint of patients

Continually improving the quality of our services and safeguarding high standards of care
Thank you