

How To: Choose & Prioritise Topics

INTRODUCTION

This 'How To' guide provides information on how to choose and prioritise clinical audit topics. If you would like to carry out a clinical audit project but are unsure about appropriate topics your divisional Clinical Audit Facilitator will be able to help you to identify key subjects in your clinical area.

BACKGROUND

Historically there has been a move towards greater central, i.e. national, control over the content of local audit programmes as evidenced by an increasing concentration on national and regional agendas. However, there has been a recent shift in clinical audit strategy, which has seen the "reinvigoration" of clinical audit at a local level.

According to research most benefit is derived from small-scale clinical audit projects designed by local teams, and focused on local care. The objective is to identify areas where improvements can be made in a way that does not apportion blame, and then to make changes as a multi-disciplinary team. At present the majority of clinical audit projects carried out at UHBristol are locally determined.

Clinical audit topics should be chosen systematically. Projects take time and resources so the topic that you choose should be of potential benefit to the service as a whole.

THE NATIONAL AGENDA

UHBristol clinical audit strategy states that the national agenda takes priority. The national agenda comprises topics from a number of agencies as listed below. The guidelines produced and recommendations made by these agencies can often provide the basis for a clinical audit project.

1. The Care Quality Commission (CQC) is a non-departmental public body of the United Kingdom government and is responsible for monitoring performance in the NHS.
2. The National Clinical Audit and Patient's Outcomes Programme (NCAPOP) is managed by the Healthcare Quality Improvement Partnership (HQIP). It is responsible for commissioning national audit projects; engaging stakeholders as part of the reinvigoration of audit, building consensus about how to develop audit in the future; and supporting clinical audit through the development of materials and resources to support audit at both a local and national level.
3. National Confidential Enquiries review the management of patients via nationwide confidential surveys and research. The findings and recommendations produced are widely disseminated in order to maintain and improve standards of medical and surgical care for the benefit of the public.
4. The National Health Service Litigation Authority (NHSLA) Risk Management Standards. The NHSLA risk management programme provides a range of risk management standards, which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA. Healthcare organisations are regularly assessed against these standards. There is a set of risk management standards for each type of healthcare organisation, incorporating organisational, clinical, and health & safety risks.
5. The National Institute of Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE produces guidance in three areas of health - public health, health technologies and clinical practice.
6. The National Patient Safety Agency (NPSA) is an arm's length body of the Department of Health that contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.

7. National Service Frameworks (NSFs) are targeted to provide clear quality requirements for disease-specific care. Each NSF or strategy is based on the best available evidence of what treatments and services work most effectively for patients.
8. National Audits aim to identify and share good practice guidance.
9. The Royal Colleges/ National Professional Body produce written guidance for specific diseases and conditions. These guidelines provide recommendations on the appropriate treatment and care of patients as well as recommendations on service provision.
10. Patient Safety Initiatives The aim of the South West Quality and Patient Safety Improvement Programme is to reduce adverse events by 30% and mortality by 15% by the 30th September 2014. The initiative assesses 5 different measures that aim to reduce adverse events by implementing a number of life-saving interventions to reduce avoidable risks and harm associated with healthcare.

OTHER SOURCES OF CLINICAL AUDIT PROJECTS

RESEARCH/ GUIDELINES

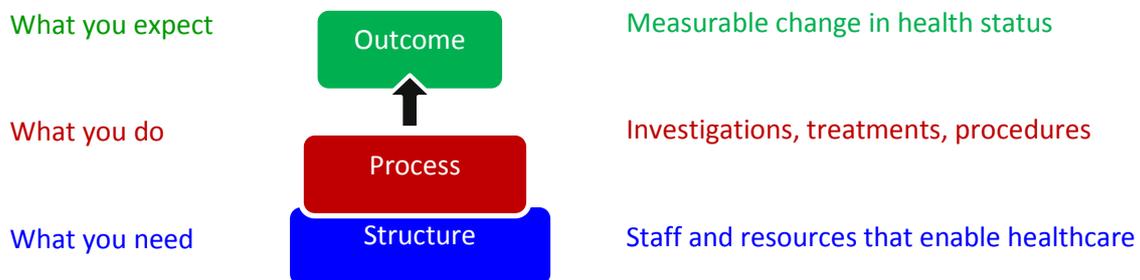
1. Publication of conclusive new evidence about clinically effective healthcare e.g. information from Royal College publications, recognised journals, etc.
2. Local or regional treatment guidelines, protocols or frameworks. These will ideally be based on best evidence (perhaps from national guidelines), or maybe a local consensus of best practice if little or no evidence is available.

ASPECTS OF CLINICAL GOVERNANCE

Concerns regarding clinical care are often identified through the various facets of clinical governance. These concerns can often be used to inform a clinical audit project.

1. User views or complaints - There is increasing pressure on Trusts to involve patients in audit. One way of achieving this is to select topics that are of concern to patients, raised by way of a complaint or via the Patient Advice and Liaison Service (PALS) or in a focus group.
2. Adverse incident/near miss reporting, aka clinical/critical incident reporting. Incident reporting can highlight potential topics to audit.
3. Identified local priorities or concerns e.g. areas of high volume, risk or cost - If you are undertaking a clinical audit project that is based on local priorities or concerns it is important to remember that the project should be important to the division or Trust, e.g. as identified in the Divisional Clinical Audit Forward Plan, rather than simply the personal interest of an individual clinician.

STRUCTURE, PROCESS & OUTCOME



PROCESS

Audits of process focus on the clinical care received by patients e.g. investigations, treatments, or procedures. Projects are best focussed on the processes, which have been shown result in the best patient outcomes. For example if research has shown that Drug X gives better outcomes than Drug Y for patients with condition A, you would audit “are patients with condition A being given Drug X?”

DISADVANTAGES OF AUDITING STRUCTURE & OUTCOME

Audits of structure look at the resources that enable treatment and care to happen; such as staffing numbers and mix, as well as, environment and equipment. Clinical audit is not usually used to audit structure at UHBristol. Structural improvements usually involve money and are better dealt with via business plans or, perhaps, other forms of audit such as financial audit, internal audit or organisational audit.

Audits of outcome look at the results of our interventions. Outcomes are measureable changes in health status, examples include dead/alive (mortality), recurrence of disease, complication rates, readmission rates and quality of life measures both generic and disease specific. Measuring outcomes can be difficult. In terms of mortality for example, do you look at all deaths that have occurred or only those that have occurred in the 30 days following surgery? How do you know if the patient died as a result of an intervention or because of some other cause, such as an undiagnosed condition or compromised immune system due to current state of ill health? Clinical outcomes are often routinely monitored at the Trust or are addressed through peer review processes including Mortality & Morbidity (M&M) reporting.

TOPIC IDENTIFICATION

The topic identification table below is a simple mechanism that can be used to generate and prioritise ideas for clinical audit. This activity is best carried out by all members of your clinical audit team.

The table allows you to firstly identify potential topics to audit as taken from the national agenda, or reflecting local needs, and secondly to prioritise these topics.

This model can be adapted to better fit your needs. You could, for example, use different criteria, e.g. cost, availability of evidence about clinical effectiveness or issues that patients have expressed concern about.

Once your list of topics has been prioritised, the list will need to be reviewed to ensure that the projects are suitable for clinical audit. In some cases there might be a more appropriate way to tackle a quality problem rather than through clinical audit, for example, writing a business case for funding or reporting via clinical risk management (adverse incident reporting). If you are unsure about the suitability of your topic your divisional Clinical Audit Facilitator will be able to advise you and if necessary will be able to help you to identify key subjects in your clinical area.

In summary, in order to progress your topic through clinical audit, you must have:

- A specific, focused clinical audit question.
- Published evidence, to provide evidence-based standards.
- An ability and willingness in your clinical team to improve practice in this area.

TABLE 1: Topic Identification

Source of Audit	Audit Topic	Direct impact on patients y/n	High Risk y/n	High Cost y/n	High Volume y/n	Patient request/query y/n	Direct patient involvement y/n	Relates to UH Bristol priorities y/n	Relates to dept. priorities y/n	Issue of local concern y/n	Multi-disciplinary y/n	Interface y/n	Re-audit y/n	Score (number of Yes responses)
Care Quality Commission														
National Clinical Audit and Patient's Outcomes Programme														
National Confidential Enquiry														
NHSLA														
NICE Clinical Guideline														
NICE Technology Appraisal														
NICE Interventional procedure														
National Patient Safety Agency														
National Service Framework														
National Audits														
Royal Colleges/ National														
Trust's Safer Patient Initiative														
Published research														
Local / regional guidelines														
User views or complaints														
Adverse incident/ near miss reporting														

EXAMINING PATIENT PATHWAYS

Another approach to identifying audit topics is to focus on patient pathways for given clinical conditions. Every patient passes through a number of points on their journey between their first and last contact with the Trust, e.g., Admission - Assessment - Diagnosis - Treatment - Review – Discharge.

At each point on this pathway there are aspects of care that could be audited. For example:

- Have patient history and examination been properly recorded following admission?
- Were appropriate investigations carried out?
- Was the treatment appropriate and timely?
- What was the outcome?

- Is the content of discharge summary adequate?

Also consider the interface of this pathway with other organisations, care often falls down here because of problems in communication. We should be looking not only to audit the care given in our organisation but across the interface of the patient pathway. For example referrals in or discharges from the hospital.

SUMMARY

- Focus your efforts where there is greatest potential for improving the quality of care. Do not waste valuable time looking at areas where realistically you know there is little possibility of making improvements.
- Get all your stakeholders, colleagues, managers, etc, on board from the start and make sure that they understand clearly what you are trying to achieve.
- Clinical audit needs to be justifiable in terms of the benefits it will bring about for patients balanced against the amount of time and resources it takes. For each proposed project topic, ask yourself:
 - What is the benefit for the patient of doing this project?
 - Will it take a disproportionate amount of time and/or funds to complete?
- All clinical audit projects in UHBristol should be registered and approved. If you have not already met with your divisional Clinical Audit Facilitator to discuss your proposal, now would be a good time to do so, i.e. once you have established the topic you would like to audit.

CONTACT DETAILS/ USEFUL INFORMATION

CLINICAL AUDIT

- The UHBristol **Clinical Audit website** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit.html>
- Contact details for the UHBristol **Clinical Audit Team** are available from the Clinical Audit Central Office or [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/contacts.html>
- The full range of UHBristol **'How To' guides** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>
- A copy of the UHBristol **Proposal Form, Presentation Template, Report Template, Summary Form, and Action Form** are available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- The UHBristol **Clinical Audit Central Office** can be contacted on tel. (0117) 342 3614 or e-mail: stuart.metcalfe@uhbristol.nhs.uk
- **Clinical Audit Training Workshops** can be booked through the Clinical Audit Central Office.

CLINICAL EFFECTIVENESS

- For advice on **Clinical Effectiveness**, including how to write guidelines, contact James Osborne, Clinical Effectiveness Co-ordinator, tel. (0117) 342 3753 or e-mail: james.osbourne@uhbristol.nhs.uk

PATIENT ENGAGEMENT

- For advice on **Patient Involvement**, including **designing structured surveys and questionnaires** contact Paul Lewis, Patient Involvement Facilitator, tel. (0117) 342 3638 or e-mail: paul.lewis@UHbristol.nhs.uk
- For advice on **Patient Involvement**, including **unstructured surveys and focus groups** contact Tony Watkin, Public Involvement Lead, tel. (0117) 342 3729 or e-mail: tony.watkin@UHbristol.nhs.uk
- Surveys MUST be approved by the Trust's **Questionnaire, Interview and Survey (QIS) Group**. Proposals should be submitted to Paul Lewis using the QIS proposal form. The proposal form is available [online] via <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/doing-projects-at-ubht.html>
- A copy of the UHBristol **Covering Letter** template is available [online] via the internal intranet site <http://connect/Governance/patientexperience/ppi/Pages/QISGroup.aspx>

RESEARCH

- For advice on research projects contact the **Research & Development Department**, tel. (0117) 342 0233 or e-mail: r&doffice@uhbristol.nhs.uk

LITERATURE REVIEWS

- For advice on literature reviews contact the **Learning Resource Centre**, tel. 0117 342 0105 or e-mail: learningresources@UH Bristol.nhs.uk

SAMPLE SIZES

- The **Sample Size Calculator** is available [online] via: <http://www.uhbristol.nhs.uk/healthcare-professionals/clinical-audit/how-to-guides.html>