

Commissioning and leading for improvement using national clinical audits

Mirek Skrypak
Associate Director for Quality and
Development

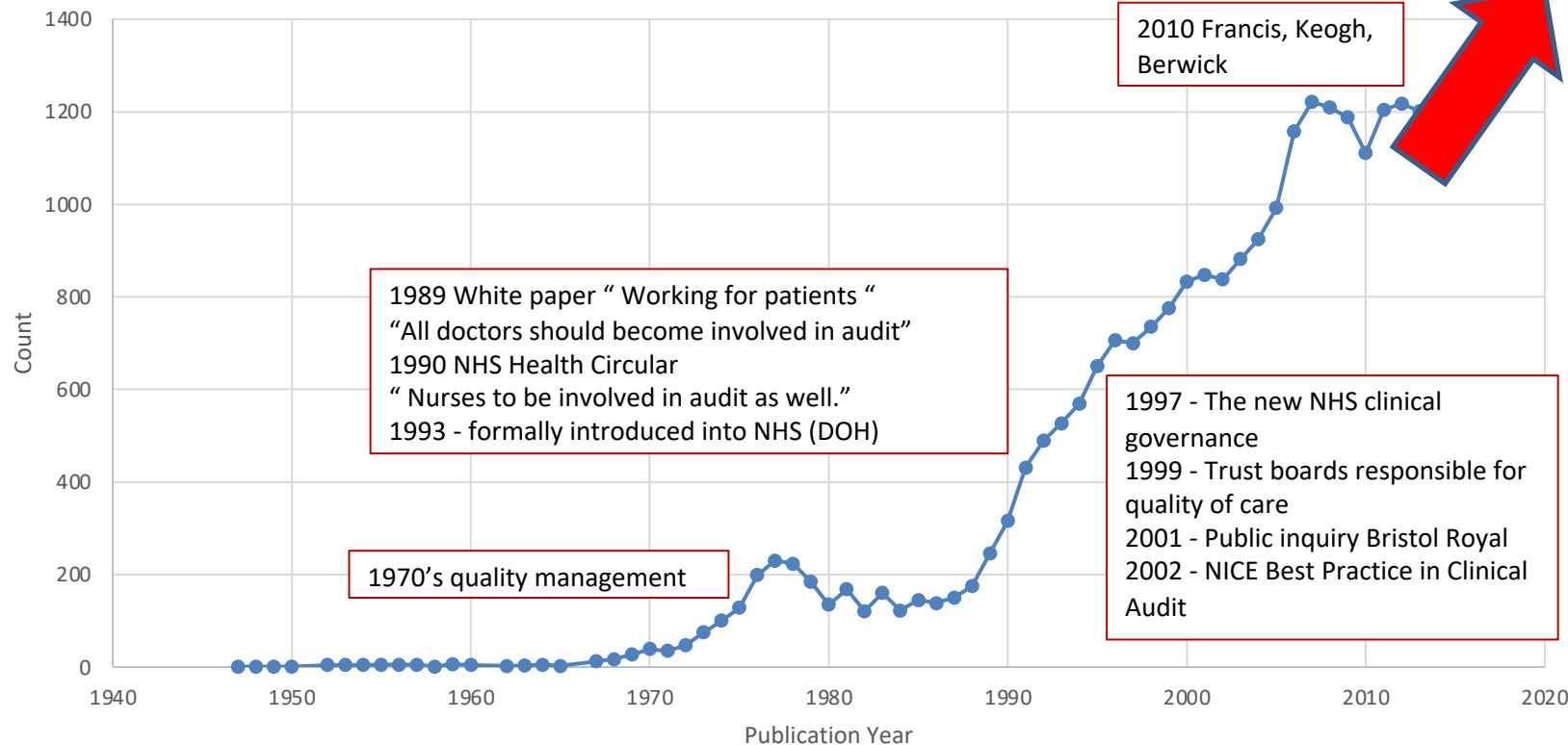




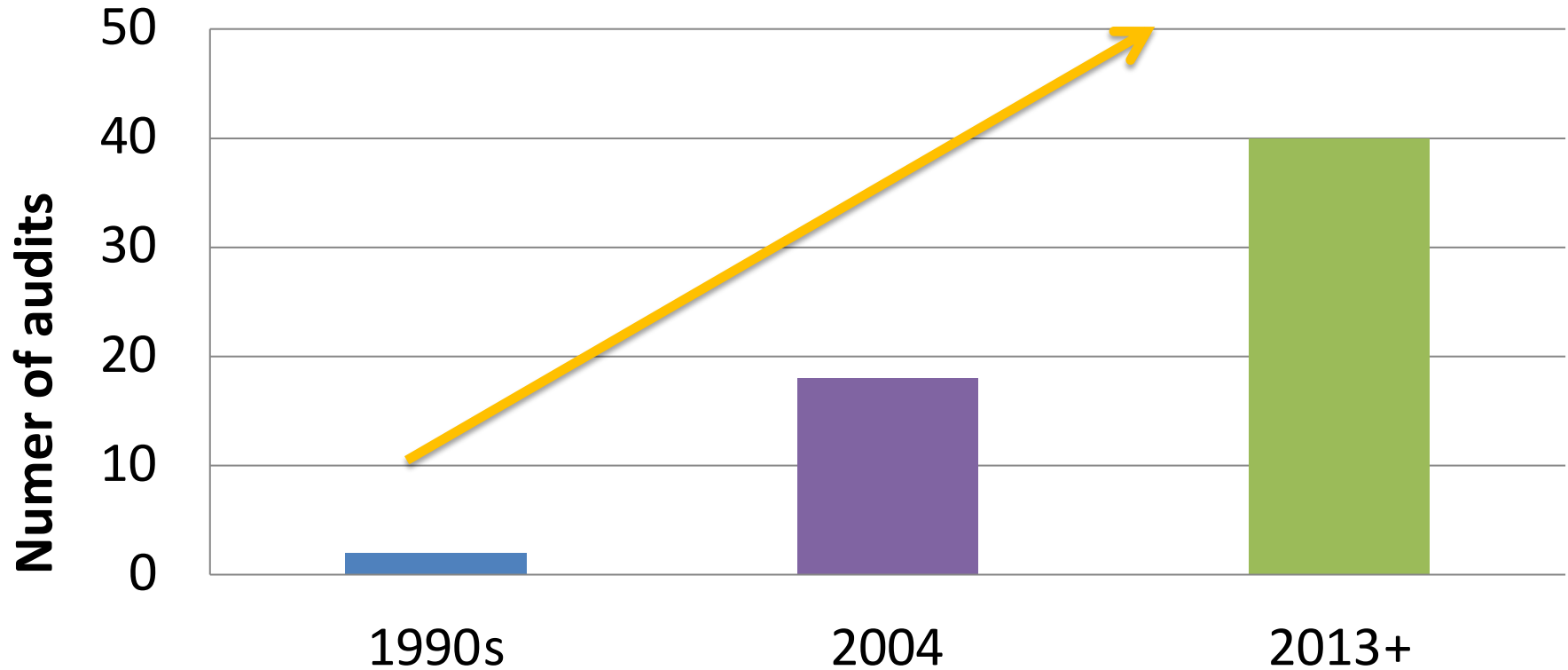
Inpatient fractures % Inpatient fractures % (annual) Pressure ulcers % **Pressure ulcers % (annual)**
 Pressure ulcers % (national) % Reoperation rate % Reoperation rate % (annual)

Chart data is indicative status only - www.nhfd.co.uk © Royal College of Physicians - Technology by Crown Informatics

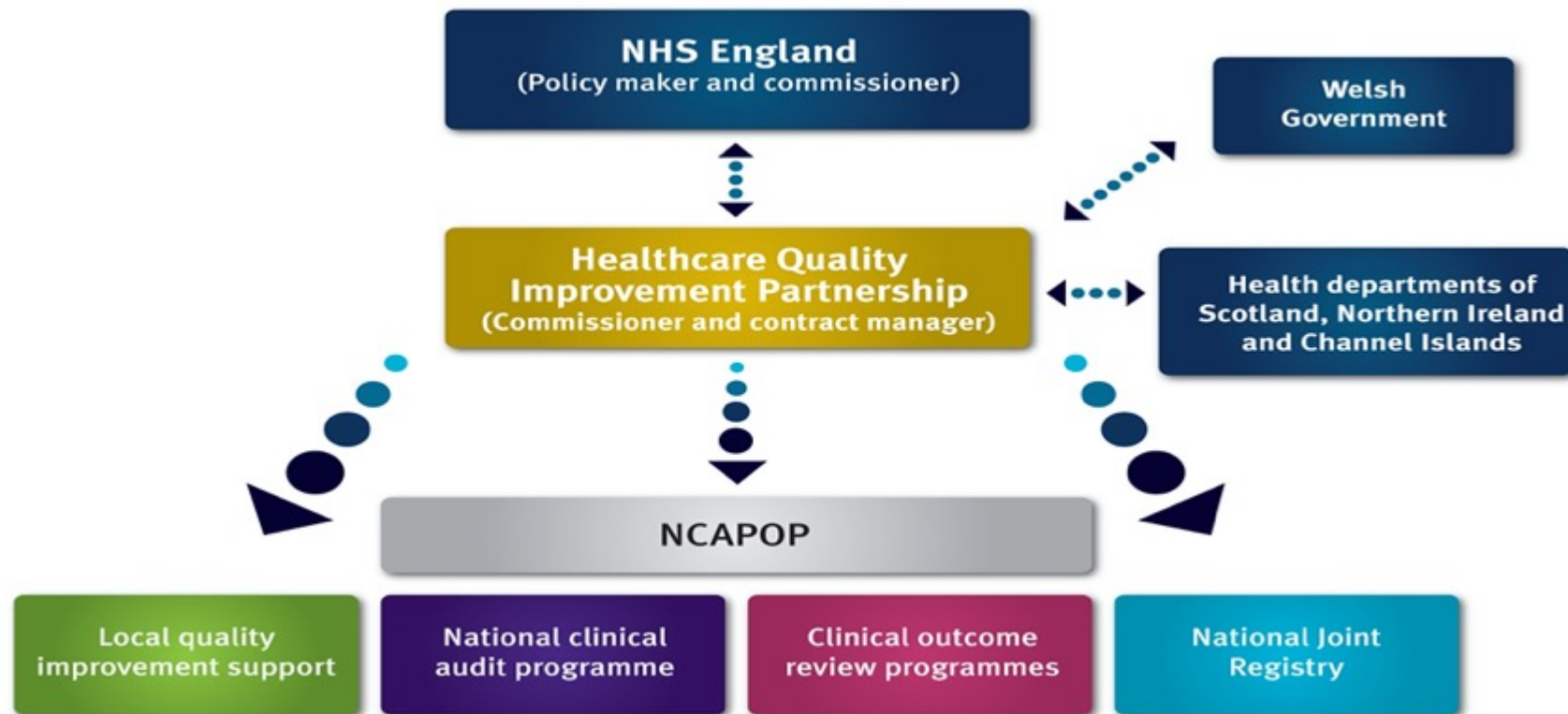
pubmed - clinical audit publications



Journey of National Audit in the NHS



Our structure and funding



Commissioning process

Topic selection



- Topic prioritisation meeting
 - NHS EI ratification

Spec development



- Scoping
- Spec development meeting

Procurement



- PQQ / ITT
- Evaluation of tenders
- Contract award (3 years)

Contract management



- Review of deliverables incl reports

1-2 yr contract extension



- Extension proposal evaluation

Commissioning principles: some challenges



HQIP portfolio of commissioning

National Clinical Audit Programme

30+ national audits covering:

- Acute
- Cancer
- Children and Women's Health
- Heart
- Long-term Conditions
- Mental Health
- Older People

Clinical Outcome Review Programmes

4 ongoing national programmes:

- Maternal, Newborn and Infant
- Medical and Surgical
- Mental Health
- Child Health Programme

Mortality Review Programmes

HQIP currently manages four programmes here:

- National Child Mortality Database
- Learning Disability Mortality Review Programme (LeDeR)
- National Mortality Case Record Review programme
- Perinatal Mortality Review programme

National Joint Registry

Collects joint replacement information, monitoring implant, hospital and surgeon performance:

- Holds 2m+ records
- Includes hips, knees, ankles, elbows and shoulders
- Covers England, Wales and Northern Ireland
- Mandatory for NHS since 2011

Quality Improvement and Development

Supports QI at local level via:

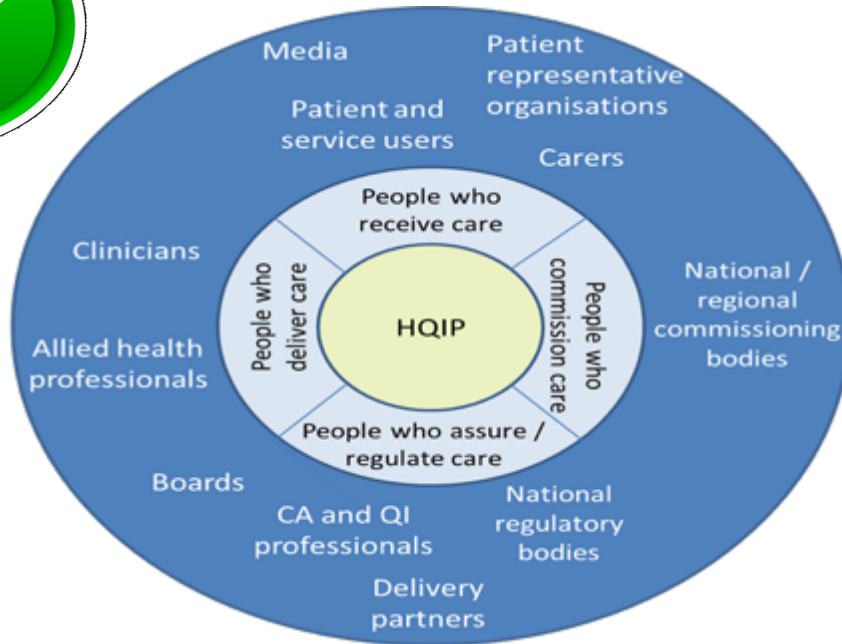
- Evidence-based guidance
- Practical tools and case studies
- Patient and public involvement
- eLearning and webinars
- Network support



Audit outputs that meet stakeholder needs



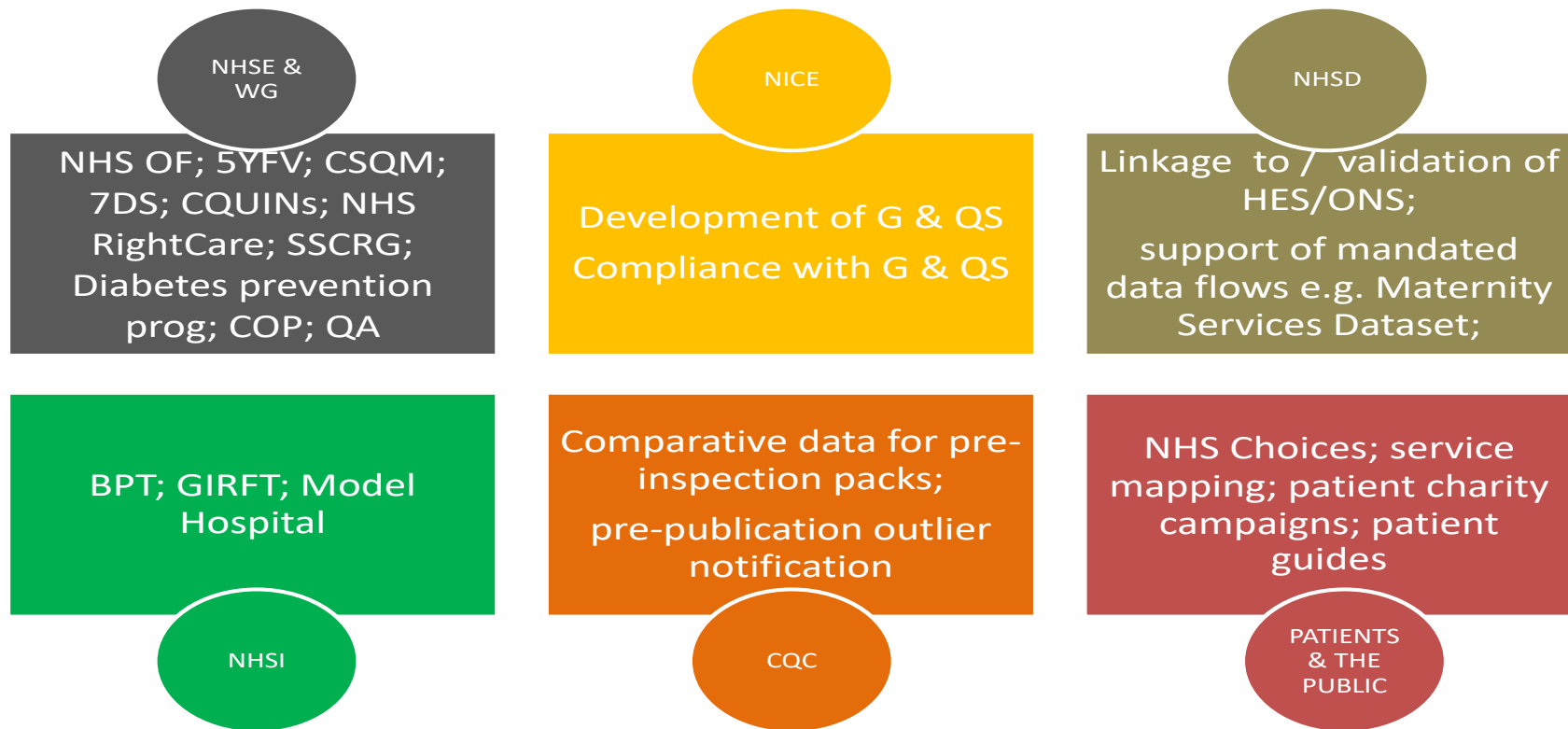
Audit outputs that meet stakeholder needs



1. Audiences

- People who deliver care
- People who receive care
- People who commission care
- People who assure/regulate care
- Reports
- Online, real time data – run charts, funnel plots, dashboards
- Infographics
- Workshops
- Toolkits
- Videos
- Case studies and sharing best practice

Examples of uses of NCAPOP data by organisation / audience



Examples of impact across the NCAPOP

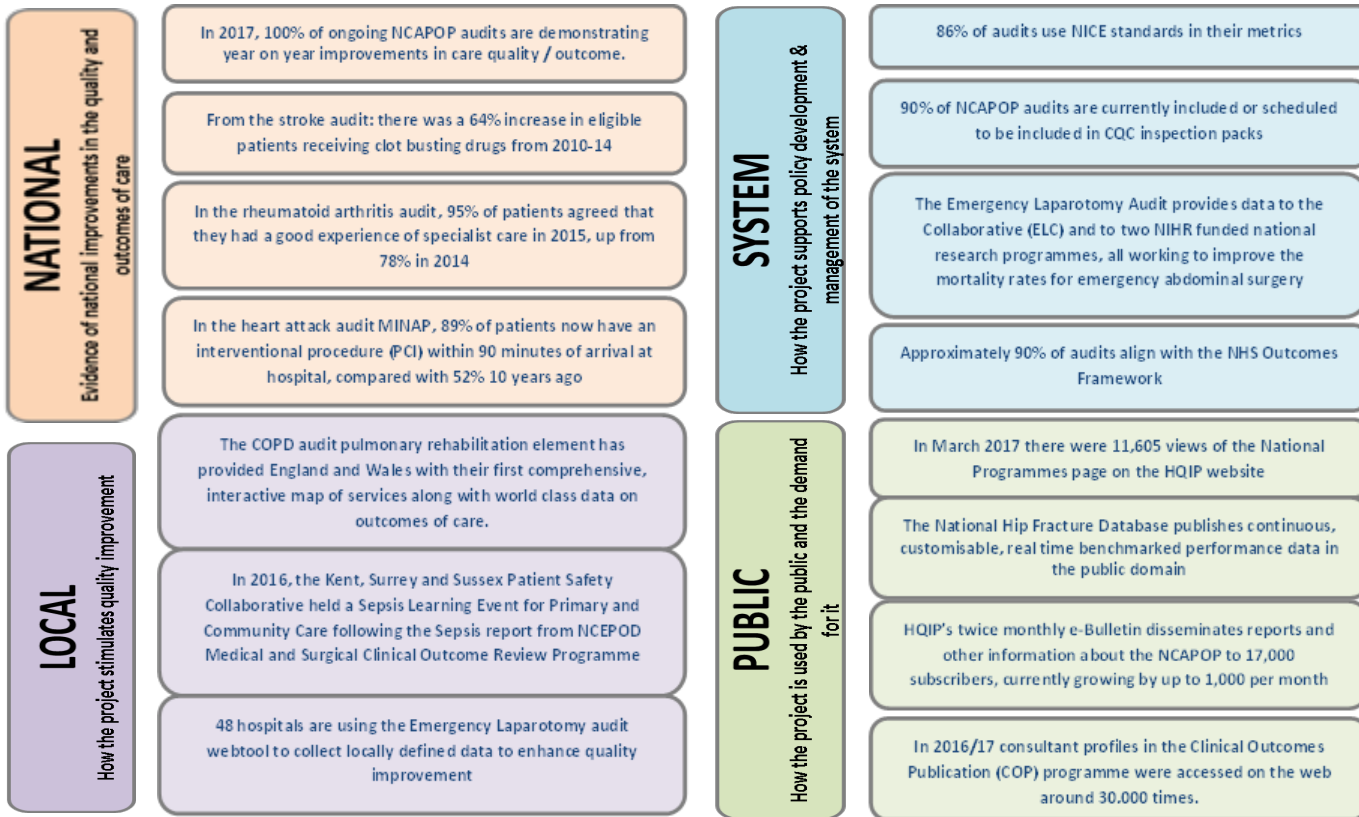


Table 1 Feedback reports from national clinical audit programmes meeting assessment criteria

Domain	Criterion	Number and proportion of feedback reports meeting criterion					
		November 2015 (n = 23)		January 2017 (n = 20)		August 2019 (n = 14)	
Audit components	Data are based on recent performance (less than 6 months) [2].	2	9%	1	5%	0	0%
	Audit cycles are repeated or intended to be repeated [2].	21	91%	19	95%	14	100%
	Data are about the individual's or team's own behaviour(s), i.e. regional data included [2].	18	78%	16	80%	8	57%
Feedback components	Importance of audit topic as related to patient care is clearly stated [7].	22	96%	20	100%	14	100%
	Authorship of the feedback report is identified as a trusted source (e.g. recognised professional body) [2].	23	100%	20	100%	14	100%
	A specific dissemination list is provided for the feedback report [7].	4	17%	18	90%	7	50%
	Presentation is multi-modal including either text and talking or text and graphical materials [2].	23	100%	19	95%	14	100%
	National data are displayed in graphical form [2].	21	91%	18	90%	13	93%
	Regional data are displayed in graphical form [2].	13	57%	10	50%	7	50%
	A short or summarised version of the feedback report is available on the website [7].	1	4%	5	25%	4	29%
	Key audit standards are present [2].	18	78%	18	90%	13	93%
	Key audit standards are easily identified within the document, e.g. highlighted text/bullet points/text box [2].	14	61%	18	90%	12	86%
	Key audit findings are present [7].	23	100%	20	100%	14	100%
	Key audit findings are easily identified within the document, e.g. highlighted text/bullet points/text box [7].	18	78%	20	100%	14	100%
	Audit recommendations are present [1].	18	78%	19	95%	14	100%
Enhanced feedback	Audit recommendations are easily identified within the document, e.g. highlighted text, bullet points, text box [7].	15	65%	19	95%	14	100%
	Recommendations are clearly linked to audit standards [1].	6	26%	16	80%	13	93%
	Action plans are phrased in a behaviourally specific manner (who, what, when, where) [7].	9	39%	19	95%	14	100%
	Action plans are easily identified within the document, e.g. highlighted text, bullet points, text box [1].	9	39%	17	85%	13	93%
Feedback includes multiple comparators for national performance	Positive feedback is highlighted when a standard has been achieved or where there is significant improvement since a previous audit [7].	10	43%	9	45%	11	79%
	Audit standards [7].	12	52%	18	90%	13	93%
	Past performance [7].	18	78%	17	85%	14	100%
	Achievable benchmark (e.g. top 10%) [7].	2	9%	8	40%	7	50%
Feedback includes multiple comparators for regional performance	Regional comparators [7].	11	48%	15	75%	9	64%
	Audit standards [7].	4	17%	14	70%	7	50%
	Past performance [7].	5	22%	9	45%	0	0%
	Achievable benchmarks (e.g. top 10%) [7].	0	0%	9	45%	2	14%
	Regional comparators [7].	18	78%	15	75%	8	57%
	National average [7].	12	52%	14	70%	8	57%

Khan, T., Alderson, S., Francis, J.J. et al. Repeated analyses of national clinical audit reports demonstrate improvements in feedback methods. *Implement Sci Commun* 1, 106 (2020). <https://doi.org/10.1186/s43058-020-00089-3>

YOUR PLAN

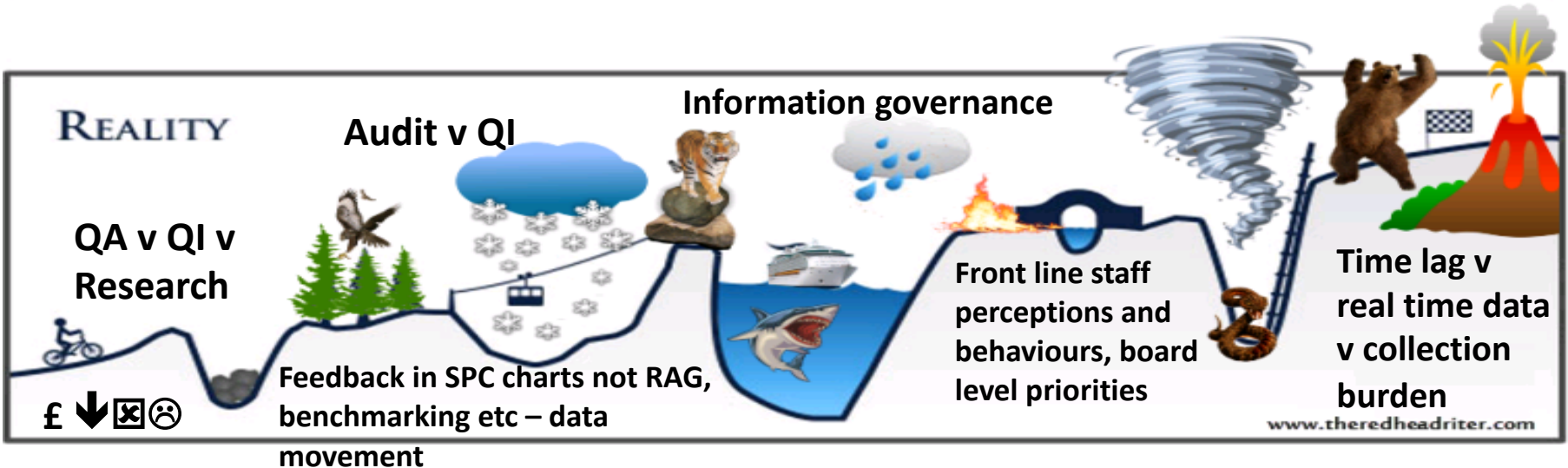


Some key questions to ask as a team when embarking on QI

- Do we know how good we are?
- Do we know where we stand relative to the best?
- Over time, where are the gaps in our practice that indicate a need for change (i.e. improvement)?
- In our efforts to improve, what's working ?
- Do we know/understand where variation exists in our organisation?

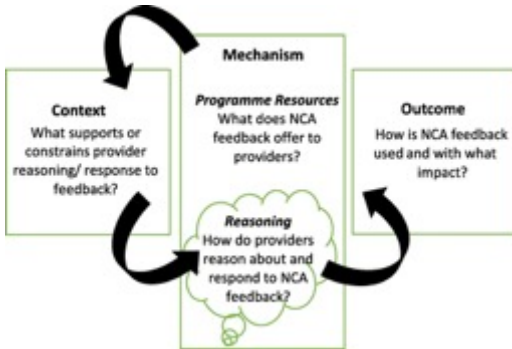


REALITY





What NCA data is available to NHS providers?



Alvarado, Natasha et al. "Exploring variation in the use of feedback from national clinical audits: a realist investigation." BMC health services research vol. 20,1 859. 11 Sep. 2020, doi:10.1186/s12913-020-05661-0



Successful Organisations

STRUCTURE

+

PROCESS

+

CULTURE

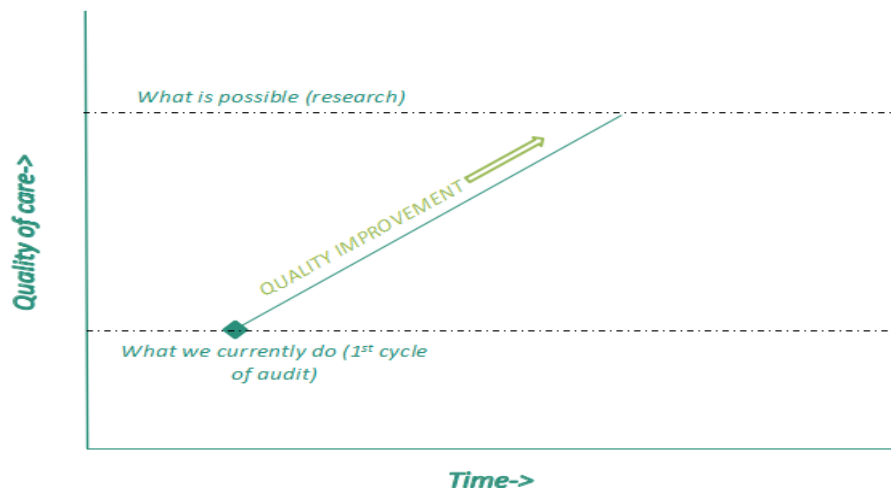
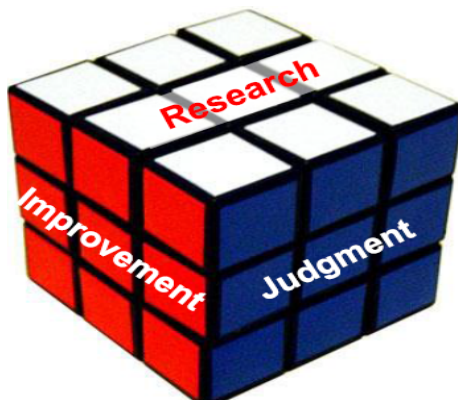
OUTCOME

Have a culture and an approach where they see...

Research as what is possible

Audit as what is actual in practice

Quality improvement (QI) as trying and making the 'possible' actual.





if you present [the board] with a problem I think they just think let's not look at that because it might cost us some money. And they won't look at it unless someone from NHS England comes to the Trust and says: "You're a really badly performing Trust [...] and we're going to financially penalise you" and then suddenly they want to do something. Whereas when it's a clinician going: "We're supposed to perform at *this* level and we're currently at *this* level and we need to do something about it," they're like: "Meh, tell me another one, I hear that all the time." (Consultant cardiologist)

Consequently, some clinicians in our study saw little point in seeking institutional resource approval for QI arising from NCAs, causing them to question the value of audit participation altogether, as another doctor put it:

You make the recommendations, and then next year you do the same again. And nothing happens, at all. Absolutely nothing, nothing changes. Why collect the data? (Consultant cardiologist)

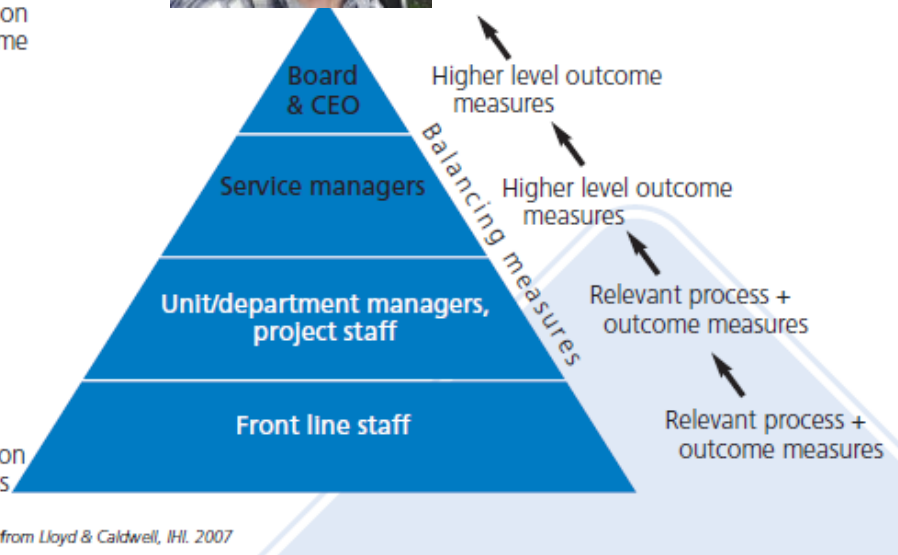


Focus on
outcome



Focus on
process

Adapted from Lloyd & Caldwell, IHL 2007



McVey, L, Alvarado, N, Keen, J, et al. Institutional use of National Clinical Audits by healthcare providers. J Eval Clin Pract. 2021; 27: 143– 150. <https://doi.org/10.1111/jep.13403>

Revitalising audit and feedback to improve patient care

1. Apply what is already known
2. Get the right message to the right recipients
3. Make more out of less data
4. Embed research to improve impact
5. Harness public and patient involvement

Box 1: Questions for audit programmes and healthcare organisations to consider in designing, implementing, and responding to audit and feedback⁸

Nature of the desired action

- Can you recommend actions that are consistent with established goals and priorities?
- Can you recommend actions that can improve and are under the recipient's control?
- Can you recommend specific actions?

Nature of the data available for feedback

- Can you provide multiple instances of feedback?
- Can you provide feedback as soon as possible and data frequency informed by the number of new patient cases?
- Can you provide individual rather than general data?
- Can you choose comparators that reinforce desired behaviour change?

Feedback display

- Can you closely link the visual display and summary message?
- Can you provide feedback in more than one way?
- Have you minimised extraneous cognitive load for feedback recipients?

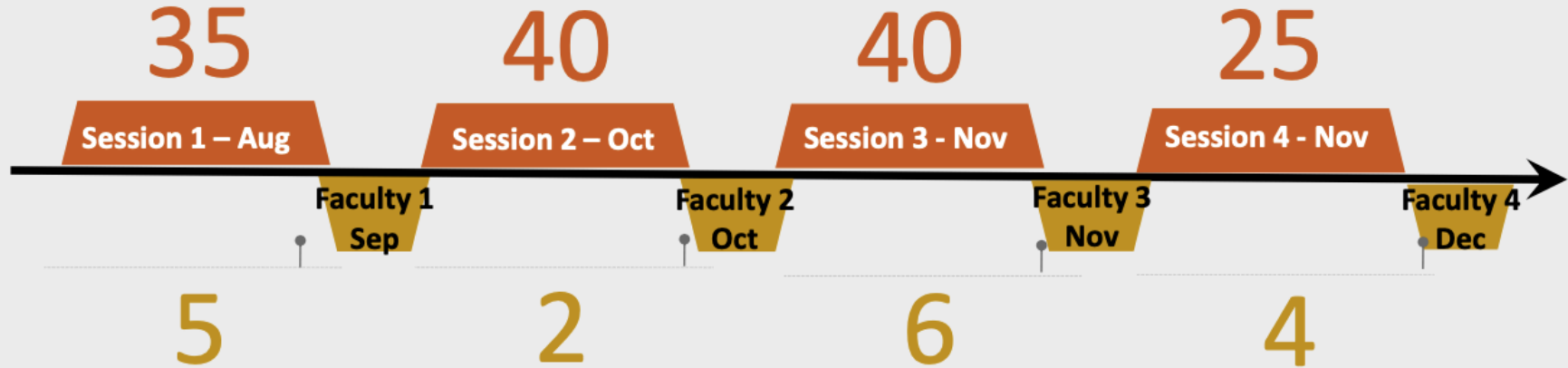
Delivering feedback

- Have you addressed barriers to feedback use?
- Can you provide short, actionable messages followed by optional detail?
- Have you addressed credibility of the information?
- Can you prevent defensive reactions to feedback?
- Can you construct feedback through social interaction?

Foy R, Skrypak M, Alderson S, Ivers N M, McNerney B, Stoddart J et al. Revitalising audit and feedback to improve patient care BMJ 2020; 368 :m213 doi:10.1136/bmj.m213

HQIP Virtual MAG Collaboratives

Participants at each learning session including system partners



Number of agreed actions after each faculty meeting



Outputs



MAG events



NCAB



NCAPOP



Design versus user experience and what could happen when you respond to user feedback via [@chrisarsenault](#) [@MattStibbs](#)



Inpatient fractures % Inpatient fractures % (annual) Pressure ulcers % **Pressure ulcers % (annual)**
 Pressure ulcers % (national) % Reoperation rate % Reoperation rate % (annual)

Chart data is indicative status only - www.nhfd.co.uk © Royal College of Physicians - Technology by Crown Informatics

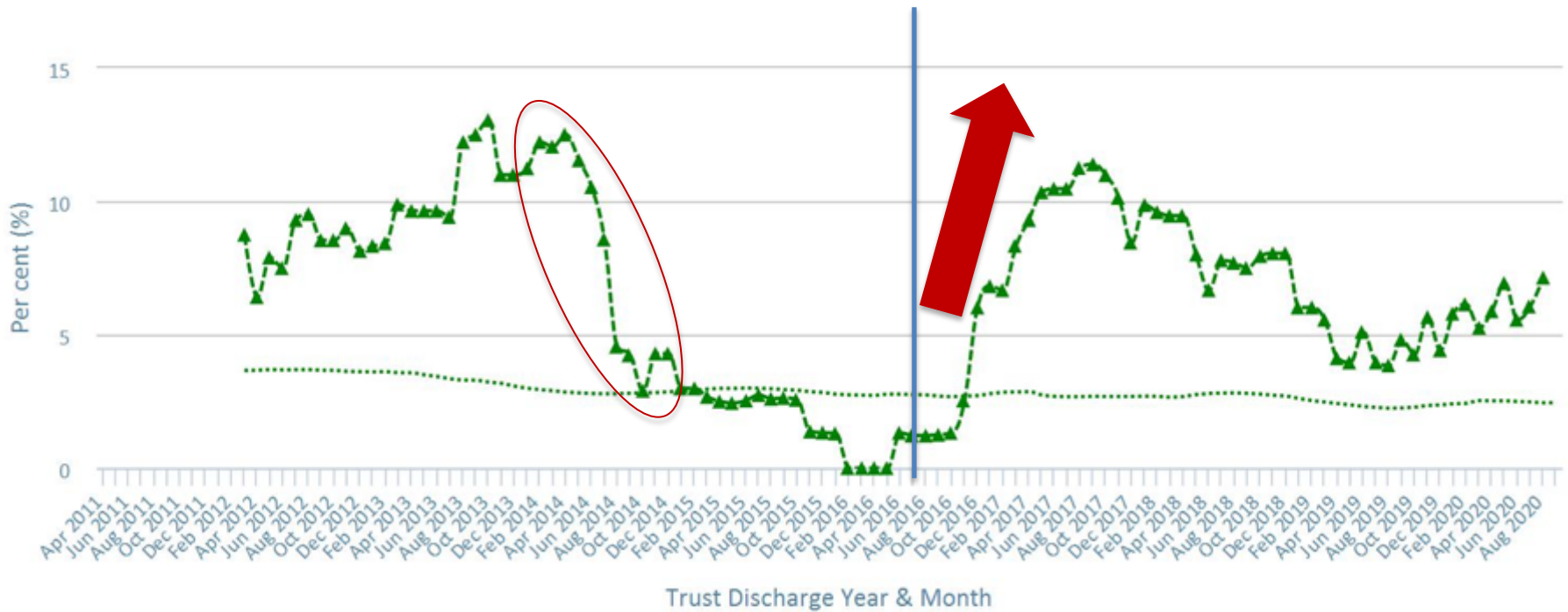


Chart data is indicative status only - www.nhfd.co.uk © Royal College of Physicians - Technology by Crown Informatics

A&F commissioning perspectives

Topic selection



- What healthcare topics are most suitable for A&F?
- What is the need + how can A&F address it?

Spec development



- What A&F evidence best for commissioning ie methods, outputs, etc?
- Should we embed A&F research when funding for delivery of A&F only?

Procurement



- How do you best rank, score, evaluate A&F providers?

Contract management



- How do we ensure our audit providers are implementing latest A&F evidence for maximum impact?
- How do we as commissioners work best with A&F researchers and recipients of A&F?

1-2 yr contract extension



- What strategies can we use to improve A&F or sustain best practice A&F provision?
- At what point do we stop A&F for a topic?

"Creativity is seeing what everyone else has seen, and thinking what no one else has thought" ~ Einstein



THANK YOU

Mirek Skrypak

Associate Director for Quality and Development

mirek.skrypak@hqip.org.uk

@MirekQI @HQIP



Enhancing audit and feedback in hospital dementia care

Michael Sykes

Senior Research Fellow, Northumbria University

Research Support Officer, UC Cork

Quality Improvement Lead, National Diabetes Audit

Richard Thomson, Nina Kolehmainen, Louise Allan, Tracy Finch

& Stakeholders



Enhancing audit and feedback in hospital dementia care



Cochrane Database of Systematic Reviews

Audit and feedback: effects on professional practice and healthcare outcomes (Review)

Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD

Colquhoun et al. *Implementation Science* (2017) 12:117
DOI 10.1186/s13012-017-0646-0

Implementation Science

RESEARCH

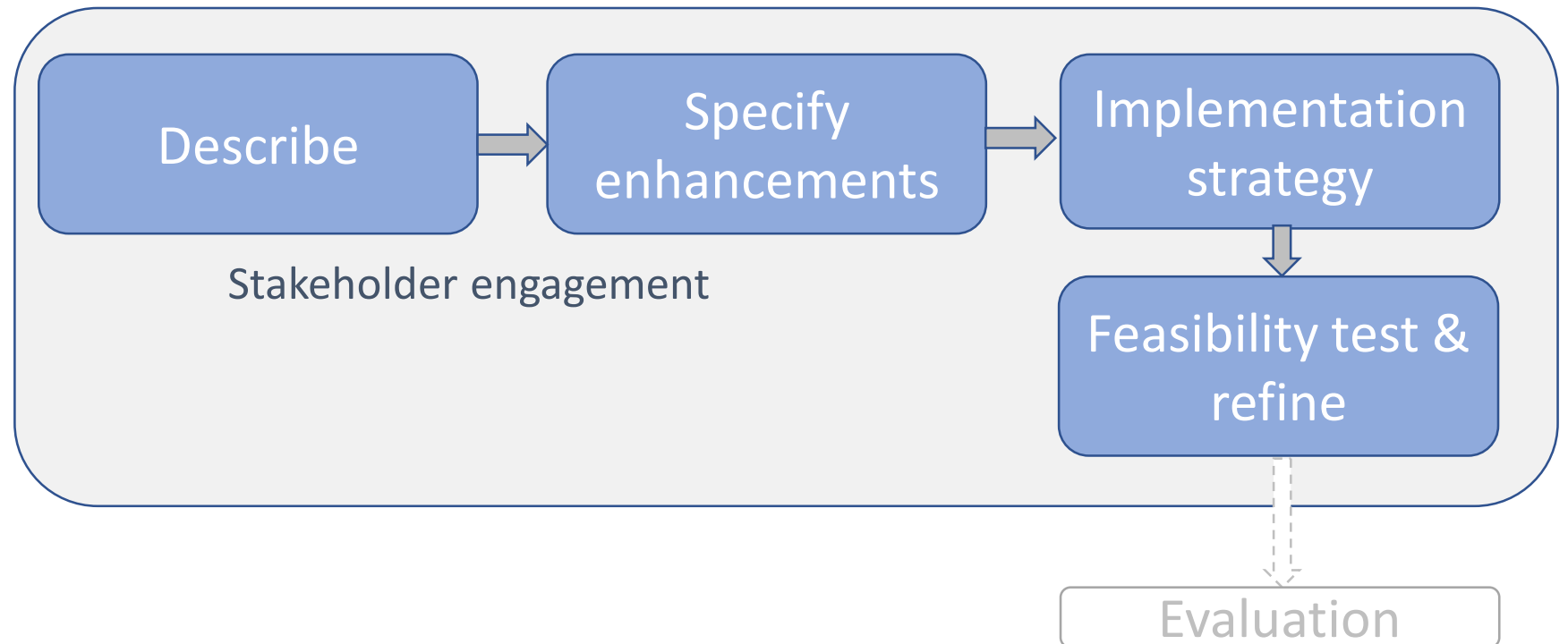
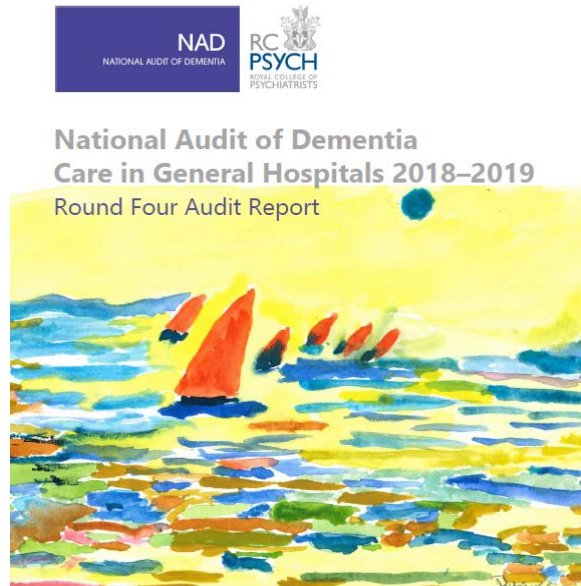
Open Access

Advancing the literature on designing audit and feedback interventions: identifying theory-informed hypotheses



Heather L. Colquhoun^{1*}, Kelly Carroll², Kevin W. Eva³, Jeremy M. Grimshaw^{2,4}, Noah Ivers⁵, Susan Michie⁶, Anne Sales⁷ and Jamie C. Brehaut^{2,8}

The approach



The approach



X6



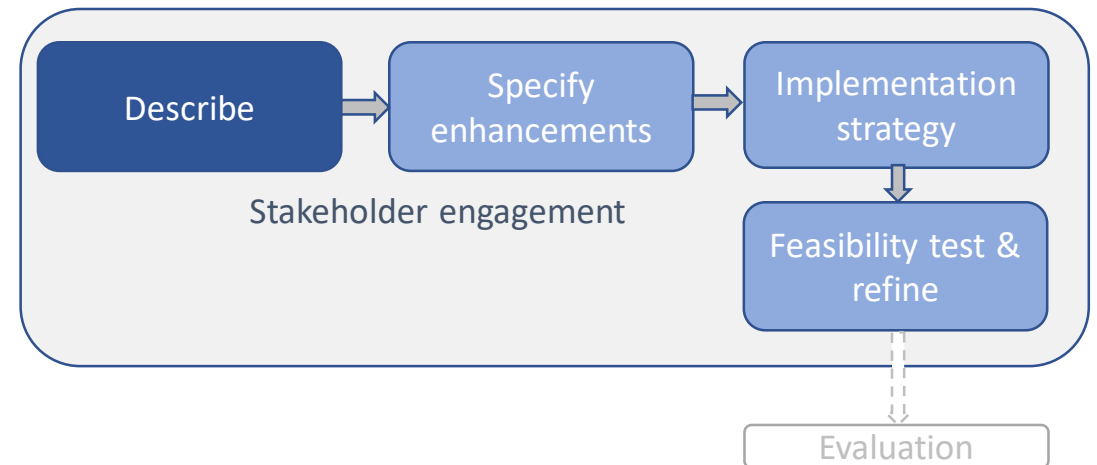
X32



x36



x39



The findings

- Impetus, agreement to take part & preparation of staff

- Assessment of care



- Analysis of data & organisational feedback

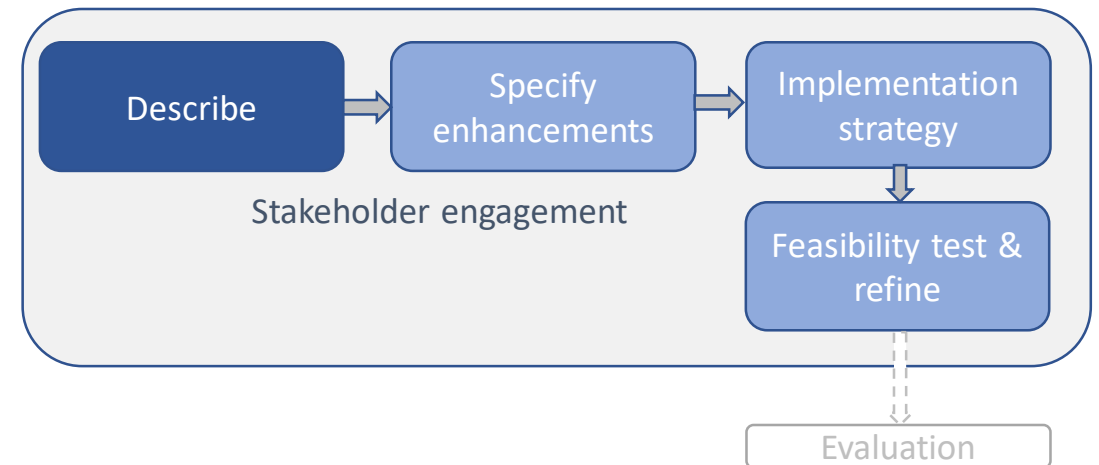


Loading...

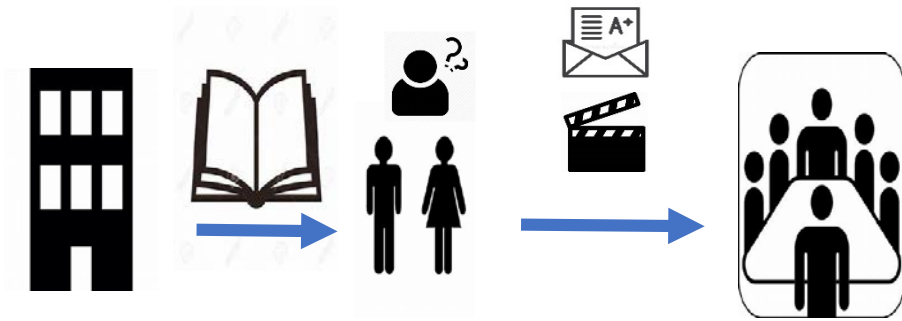
- Identification of actions & internal feedback

- Committee sense-making

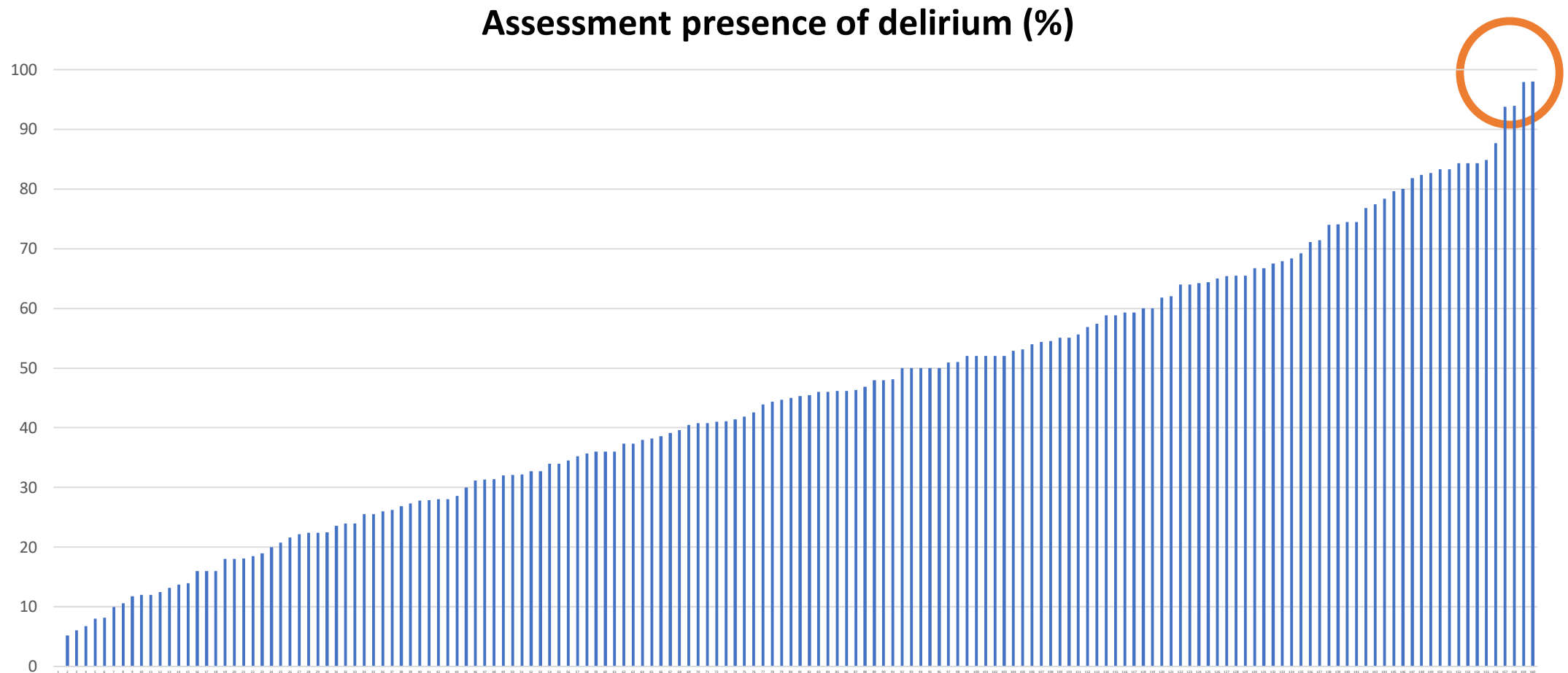
- Making changes



When the report reaches the hospital...



Identifying priorities



Identifying priorities

Pressure sore risk assessment (%)



Analysing influences upon performance

e.g.

Performance:

- Fewer than 30% of case notes had info on the causes of distress;

Analysing causes of audit performance:

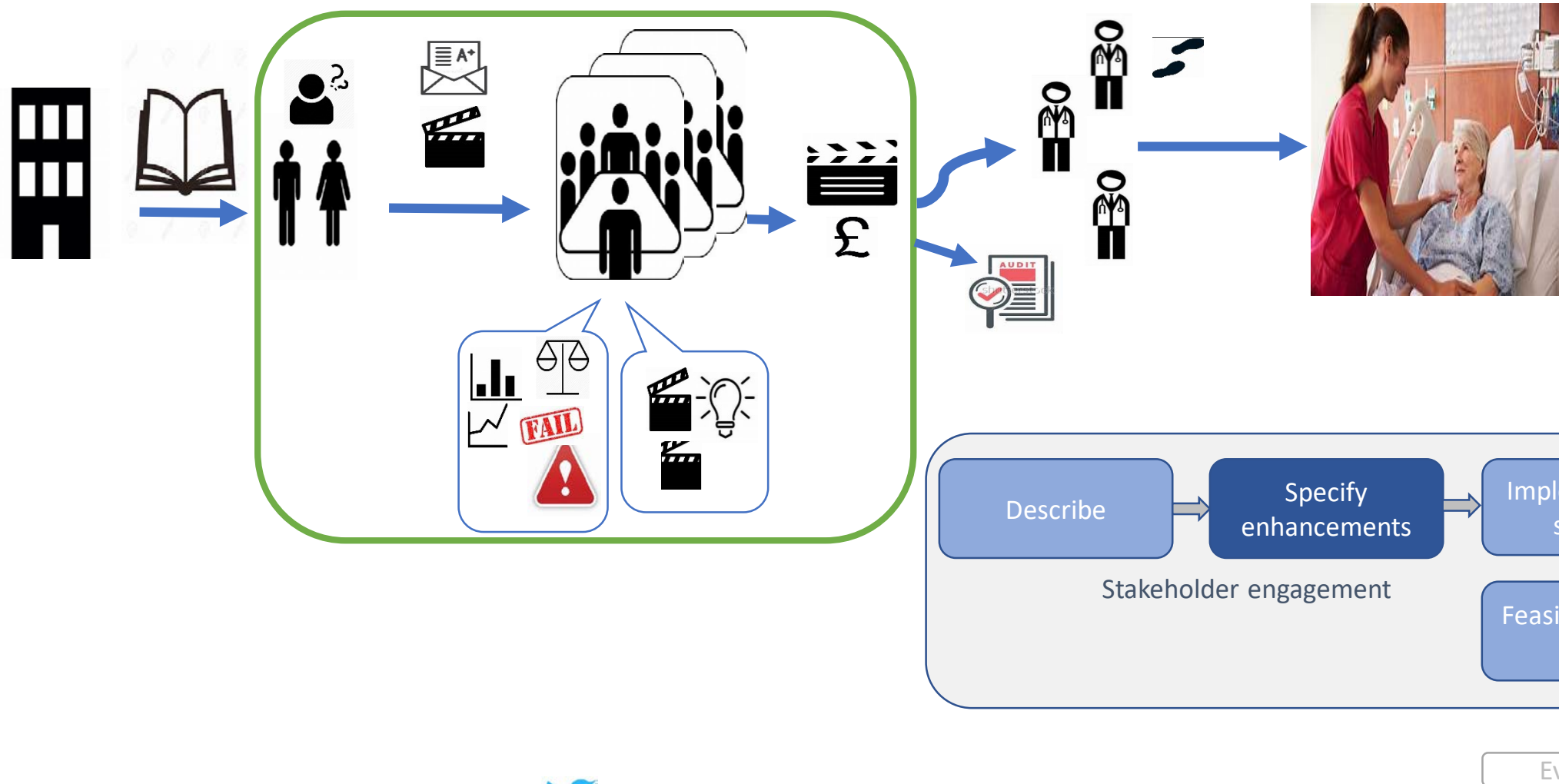
- Difficult to identify next of kin;
- Time to complete;
- Information not shared;
- Cards lost or thrown away as contaminated;
- Staff believe not beneficial to care

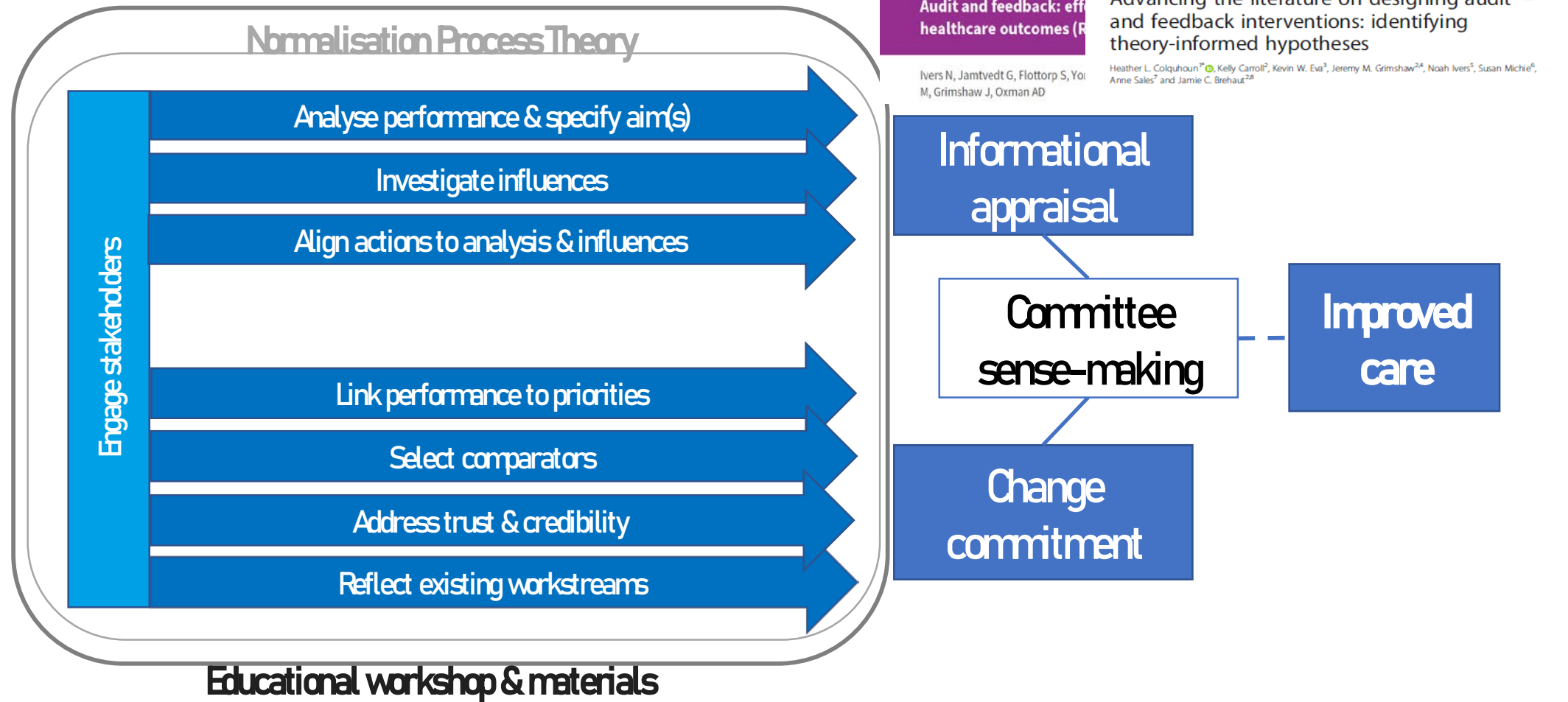
Selecting actions

Encourage use

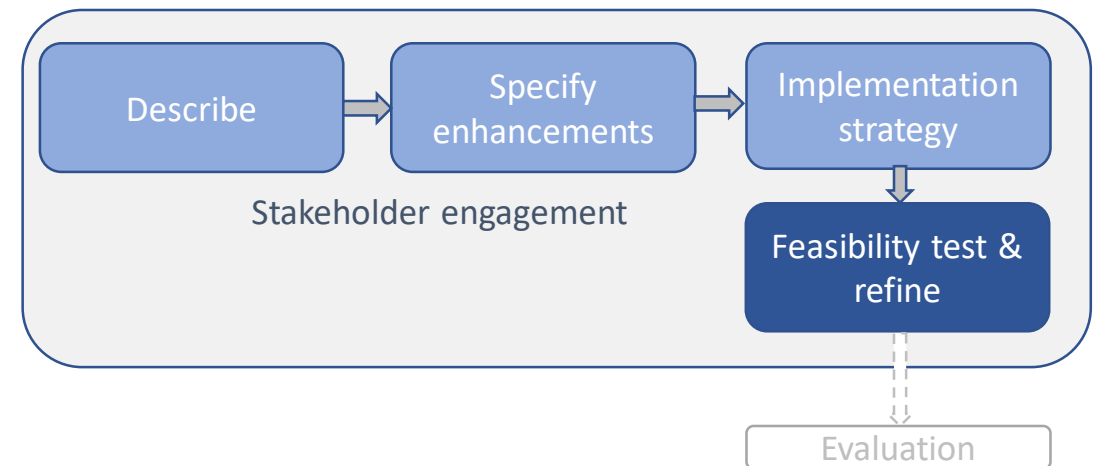
Audit

When the report reaches the hospital...

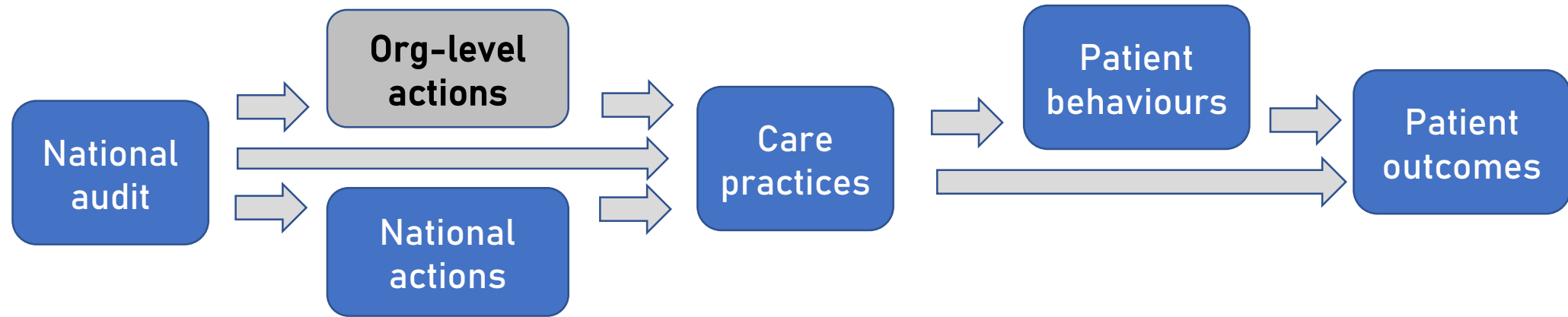




- **Appropriate**
- **Acceptable**
- **Contextual influences**



Key findings



We propose 17 further potential enhancements

e.g.

- Increase data reliability
- Reduce data collection burden
- Reduce time to receipt of feedback



Cochrane Database of Systematic Reviews

Audit and feedback: effects on professional practice and healthcare outcomes (Review)

Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD

Implementation Science

SYSTEMATIC REVIEW

Open Access

Clinical Performance Feedback Intervention Theory (CP-FIT): a new theory for designing, implementing, and evaluating feedback in health care based on a systematic review and meta-synthesis of qualitative research

Benjamin Brown^{1,2*}, Wouter T. Gude³, Thomas Blakeman⁴, Sabine N. van der Veer⁵, Noah Ivers⁶, Jill J. Francis^{1,4}, Fabiana Lorenzatto⁷, Justin Presseau^{8,9}, Nels Peek¹ and Gavin Dale-White²

RESEARCH

Open Access

Advancing the literature on designing audit and feedback interventions: identifying theory-informed hypotheses

Heather L. Colquhoun^{1*}, Kelly Carroll², Kevin W. Eva³, Jeremy M. Grimshaw^{4,5}, Noah Ivers⁶, Susan Michie⁶, Anne Sales⁷ and Jamie C. Behav^{8,9}

2020 Pilot in acute general hospitals

The next round of the audit will involve extensive changes to the content and methodology.

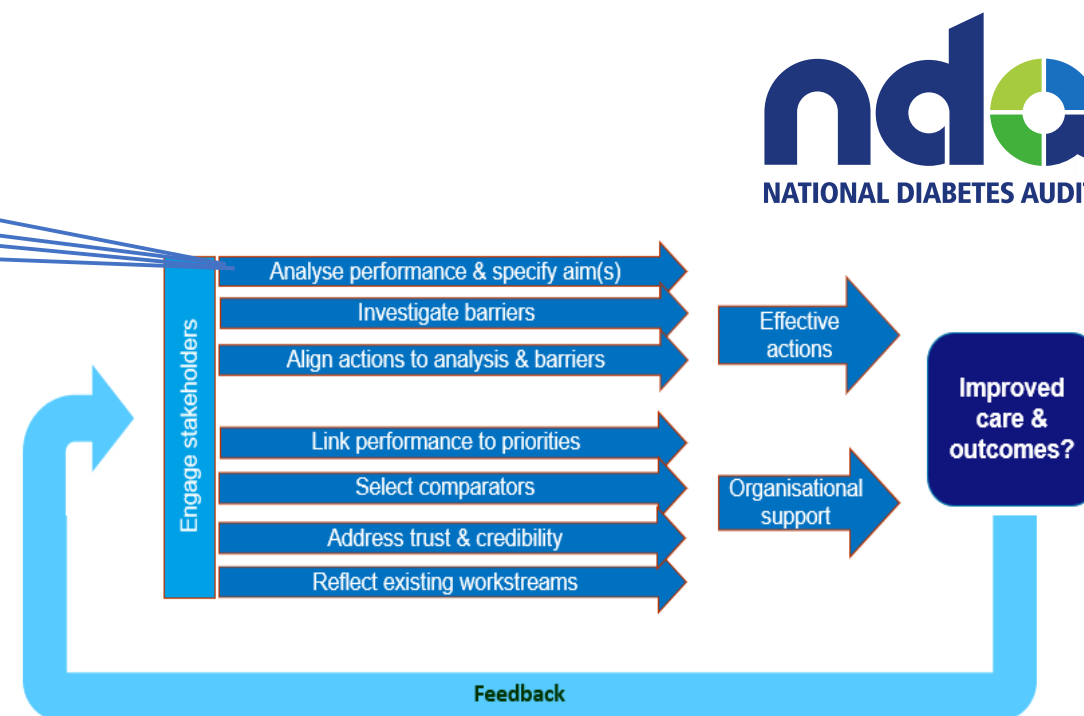
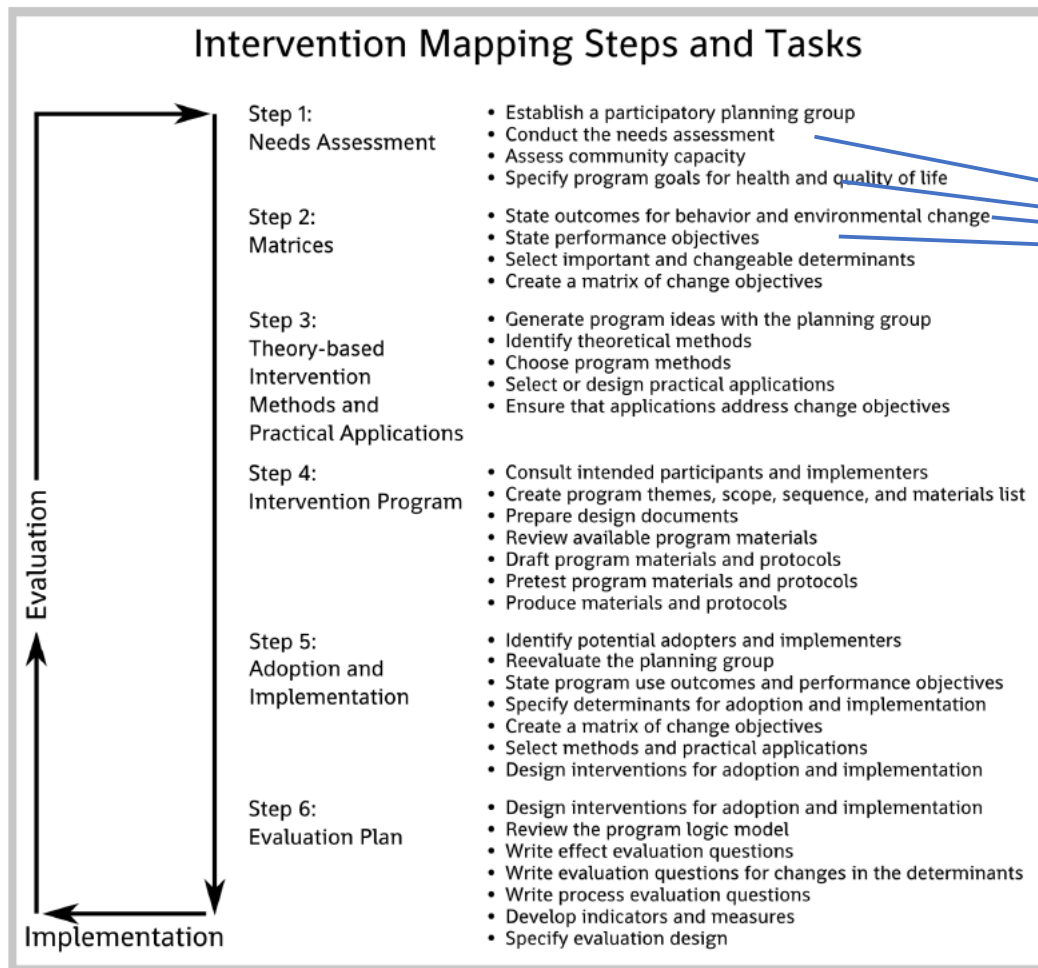
The aim of the changes is to:

- Move to more rapid and regular reporting, enabling sites to gauge the effect of local quality improvement initiatives
- Move to prospective identification of patients for sampling, to aid above
- Focus on areas where there is lower/variable performance and reduce the total number of items measured
- Examine methods for collecting feedback from patients as well as carers on an annual basis

Irish National Audit of Dementia Advisory Group:

“Dementia Champions, members of dementia working groups/quality improvement teams, clinical leads, clinical audit leads, quality and patient safety leads and other relevant individuals and groups may require up-skilling or education to implement changes.”

Post-script



Adapted from: Sykes, M. Thomson, R. Kolehmainen, N. Allan, L. Finch, T. (2021) Describing and enhancing audit and feedback in dementia care: An intervention development study. Newcastle University. Funded by NIHR DRF-2016-09-028

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Enhancing audit and feedback in hospital dementia care

Michael.Sykes@Northumbria.ac.uk

MSykes@UCC.ie

Richard Thomson, Nina Kolehmainen, Louise Allan, Tracy Finch
& Stakeholders

This presentation describes independent research arising from a Doctoral Research Fellowship, Michael Sykes, DRF-2016-09-028 supported by the National Institute for Health Research. The views expressed in this presentation are those of the author(s) and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.