# Audit and Feedback at ACI

Supporting clinical network-led, state-wide improvement initiatives: lessons from Inpatient Management of Diabetes Mellitus audits

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ACI acknowledges the traditional owners of the land that we work on.

We pay our respect to Elders past and present and extend that respect to other Aboriginal peoples present here today.

# What is Audit and Feedback?

Clinical performance summary Based on explicit criteria/ normative standards Information is shared back to individuals and teams that can act on the data accordingly

There is substantial variability in design, content and delivery when designing audit and feedback programs at scale.

1 What works better in audit and feedback, for whom, and why?



## **Our core functions**



#### **Our core functions:**

- Clinical guidelines and models of care
- Patient engagement and co-design
- Clinical evidence generation and mobilisation
- Clinical innovation and research
- Clinical redesign
- Implementation support
- Evaluation and capability development.



# Audit and Feedback at ACI

The program supports clinical network-led, state-wide improvement initiatives, focusing on processes of care; and with the input and professional knowledge of senior clinicians to reflect on how things are currently being done and how they could be improved.





### Audit and Feedback at ACI

Responsive and voluntary for local health districts to take part. Provided co-audit and feedback support onsite and through digital platforms. Capability support and implementation support post feedback using redesign, co-design.

Hospital level data: 10-12 indicators. Facilitated feedback sessions with all staff that can act on the data. Developed and used by clinicians.



# **Process of designing A&F**







Brown and colleagues, 2019

NSW Agency for Clinical Innovation

🔰 @nswaci

# Audit and feedback designers are faced with balancing trade-offs



**NSW Agency for Clinical Innovation** 

### **Turning challenges into opportunities**

Minimising manual data entry and prioritising concise indicators for reporting.

Electronic medical records and downloading reports to analyse key indicators.

Continue to synergise and align with delivery organisations and projects.

Novel ways of involving clinicians and patients.

Building capacity and capability at site levels- toolkits, resources, community.

Provide feedback using different formats, using data visualisation principles.

Embedding the process of audit and feedback locally using human centered design to design tailored solutions.

Contribute to the international efforts to build the knowledge base about audit and feedback.

# **Clinical conditions- Topics**

failure



Chronic obstructive pulmonary disease



Wound management



#### Snapshot of inpatient management of diabetes mellitus







# 6.3 days

average length of stay





# Approach to audit and feedback

- Audit performed using online QARS tool (CEC)
  - 2 x LHD staff, 2 x ACI staff
- 40 adult admitted patient episodes with primary or secondary diagnosis of diabetes mellitus
- Patient files identified using ICD10 codes
- Patient files reviewed for subcutaneous insulin use

- Feedback to key stakeholders at site level
  - Data presentation
  - Facilitated discussion
  - Written report
  - > 30 NSW hospitals
  - > 1000 patient files
  - Spread across metro, rural and facility types



# **Clinical care processes**



- Time to the first BGL
- Time to identification of diabetes
- Hba1c
- Foot screening



- Use of the NSW
  subcutaneous insulin chart
- Blood glucose level monitoring practices
- Glycaemic management



- Referrals
- Discharge information
  - Presence of discharge
    summary
  - Time to completion
  - Diabetes management plan

# **Translation to improvement**

- Statewide
  - Refined statewide clinical priority areas – what to improve and how to improve
  - Informed options for organisational models
  - Validated statewide capability building program





# Inpatient diabetes capability building program

- Clinical decision support (Thinksulin app)
- eLearning
- <u>https://aci.health.nsw.gov.au/netwo</u> <u>rks/endocrine/inpatient-</u> <u>management-of-diabetes-mellitus</u>

thinksulin 🔅	
Guides	Definitions
Common Calls	Monitoring Times
NBM Guidelines	+ - X / Calculators
Referrals	Medication Changes



# **Translation to improvement**

- Local
  - Review of local clinical processes and practices
  - Glucose control teams
  - Resource nurses/nurse champions
  - Implementation of statewide capability building
    program
  - Education targeting JMOs and nursing



# Challenges

- Manual audit process
- Identifying insulin use
- Resource intensive
- Lots of questions! ....(= lots of data to present back to sites)

# Strengths/enablers

- Site engagement and rapport building
- Central analysis support
- Clinical network oversight



# **Future opportunities**

- Reduced number of indicators
- Automation/routine collection
- Building capability
- eMR build
- ? Benchmarking
- ? Sub-cohort analysis
- ? Attributing change to improvements (organisational audits)
- ? Triangulation with patient-reported measures





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