Clinical audit for improvement
February 2015

Kat Young MA
Chair, National Quality Improvement and Clinical Audit Network
Senior Quality Improvement Lead, Royal Berkshire NHS Foundation Trust
Member, National Advisory Group for Clinical Audit and Enquiries
Member, Faculty Medical Leadership and Management
Twitter: Clin_Q
Email kat.young@royalberkshire.nhs.uk

www.nqican.org.uk
Agenda

- update from NQICAN
- current projects and developments
- challenges and successes in clinical audit
Clinical audit and quality improvement professionals

Working in organisations who commission/provide care to health care to NHS patients and social care
NQICAN, NAGCAE, & HQIP

Provide a voice for staff working in clinical audit and quality improvement
Development of regional networks
Engage, influence and be a point of contact for key organisations such as HQIP
Support the development of national clinical audit
Work to align clinical audit, quality improvement and improvement science

Policy and strategic advice to NHS England on clinical audit and enquiries; national strategy for clinical audit
Drive the reinvigoration of the national clinical audit (NCA) programme
Support NHS staff involved in local audits and enquiries in their own Trusts.
Improve connections between NCA, clinical enquiries, quality assessment, QI and interventions such as revalidation, regulation and commissioning; and between clinical audit and other routine data collection in the NHS.

Managing and improving the national clinical audit programme
Training and resources
Building CA into commissioning, regulation and revalidation processes
Helping QI staff obtain professional status
Helping shape and form policy around QI

National clinical audit programme, clinical audit, confidential enquiries, quality improvement, associated processes e.g. revalidation
Role of Networks

- community building – promoting and sustaining members’ values
- filtering – organising and managing relevant information
- amplifying – helping make public and comprehensible, new and little-known or little-understood ideas
- facilitating and learning – helping members carry out activities more effectively and efficiently
- investing and providing – offering members resources to achieve goals
- convening – bringing together people or groups with distinct strategies to support them.
"Collaborative learning through safety and quality improvement networks can be extremely effective and should be encouraged across the NHS. The best networks are those that are owned by their members, who determine priorities for their own learning."

(Berwick Report, 2013)
The NHS Change Model
NQICAN Strategic Objectives

• To work with and provide a (national and regional) voice
• Develop regional networks
• Engage, influence and be a point of contact for key organisations such as HQIP
• Support the development of national clinical audit
• Work to align clinical audit, quality improvement and improvement science
NQICAN - achievements

• Communications Strategy
  – Website www.nqican.org.uk
  – Twitter @nqican

• First ever annual report

• Increased membership
  – Mapping exercise
NQICAN – achievements (2)

- Influenced NCA programme
  - Role of NCAs
  - Communication
  - List of completed reports
  - Central contacts database
  - Issues re obtaining local data
  - Topic specification meetings
  - NCA Quality Assessment
  - Audit of Audits
NQICAN – achievements (3)

- CQUINs
- HQIP QI Methods guide consultation
- Clinical audit representation on NAGCAE
NQICAN – work programme

• National Clinical Audit programme /strategy
  – Specification development meetings
• Influencing CA/QI training and development
  – Modernising clinical audit / QI skills
• Network membership
• Aligning Model for improvement/patient safety and clinical audit
• Clinical engagement
  – Junior doctors
NQICAN Task and Finish Groups

Current:
• Shared Learning
• Use of EPR for clinical audit purposes

Future:

What are you working on?
Lets work together
Clinical audit / QI – successes and challenges

• Quality in name and nature?

• ‘Insanity: Doing the same thing over and over again and expecting different results’
  Albert Einstein/Benjamin Franklin/Anon

• Work harder?
Changing role for Clinical audit

- Aligning Quality
- Quality Improvement
- Methodology
- Capability and capacity
- Measurement
- Return on Investment
- Sustainability

Shared vision?
Aligned effort?
SMART aims?
Right tools?
Governance?
Are we winning hearts and minds?

- Preferences, attitudes and behaviours
- Appetite for improvement
  - Motivation / desire
  - To individual as well as organisation
- Ability / skills
- Ownership
  - Objectives
- Leadership
- Visibility of results

Focussed on customer / patient needs?
## Changing behaviours

- **Vision** – the why
- **What do you need to make it happen?**
- **How?**

| DESIRABLE | What’s in it for them |
| ENABLE | Provide info / skills |
| STAKEHOLDERS | Team & beyond |
| INFLUENCE | Supervisor / Seniors |
| REWARDS | Incentives |
| ENVIRONMENT | e.g. checklist, rota |

"Thinking outside of the box is difficult for some people. Keep trying."
Working with trainees...

- Doing things differently
- Training/learning - basic
  - Model for improvement
  - Rapid audit cycles/PDSA
  - Importance of measurement / run charts
  - Driver diagrams
- 1:1 Coaching/support
- Value of personal interaction
Clinical Audit as QI

- Move from traditional audit cycles to real-time, dynamic improvement change audit

AUDIT as QI

1. Set standard
2. Identify need to improve
3. Implement 1st change
4. Repeated measurement

Repeated change test cycles

Repeated baseline measurements
Run Charts

The change seems to be associated with an improvement.

The change is not associated with an improvement; if there had been no baseline measurement before making the change, the change might have been mistakenly interpreted as making a difference.

The change seems to be associated with an improvement initially but the effect does not appear sustained.

Remember measure little and often.

Perla R. BMJ Qual Saf 2011; 20: 46-51
Run charts

What change works?

- Measure little and often
- Process,
- Outcome
- Balancing measure

Make results visible
Ward to Board
Patient/user friendly

Is it still working?

- Keep measuring
Trainees experience

“It was very useful, and its good to know that you can really make a difference - I am now more aware of what we can do, and how to take action.”
Faraz Siddiqui FY1

“My supervisor was very supportive and motivating throughout...I would definitely do a QIP again.”
Ram Jeeneea CT1

“For the patient a QIP means an improvement in the quality of service they receive from the simplest of things to more complex issues all with the intention of improving patient experience and quality of life.” Anna Brown, CMT1

“I am definitely empowered, and now have the understanding that I can make changes.”
Kunal Kulkarni FY1

“This has been a very valuable learning experience into clinical quality improvement as well as being brilliant for my CV. The MEMC team have been supportive and encouraging throughout and there has always been someone available to talk to if I have ever needed any help.” Anna Weil, FY2

“You hear about projects and they sound really huge, but this has opened my eyes to how you can do little things and make small changes that make a big difference.”
Anna Roche FY2

“The DVD produced as part of “Making Every Moment Count” will make an enormous difference to patients on the run up to their surgery, it will ease fears before surgery and calm nerves on the day of surgery”. Olivia Johnson, a patient involved in MEMC

“Overall it is very satisfying to engage with trainees and to supervise a QIP as they have an enthusiasm and motivation which is a real joy to work with. I very much enjoyed supervising a QIP project this year”. Maeve McKeogh, Consultant Supervisor
RCP Learning to make a difference

- Junior doctors to learn and develop skills in quality improvement and put these new skills into practice
- Information and examples on website
- 1 Day Workshop **Quality Improvement for Consultants**
  Monday 11 May at RCP
- Showcase event Thursday 2 July (videos)
- Online support sessions for trainees first working Monday of each month at 8pm

https://www.rcplondon.ac.uk/projects/learning-make-difference-ltmd
Engaging patients and the public

- Connection
- Hard facts/numbers + emotion/story
- Patient Leaders

“Quality is impossible without an honest conversation

Deming
# Rebel v Troublemaker

<table>
<thead>
<tr>
<th>Troublemaker</th>
<th>Rebel</th>
</tr>
</thead>
<tbody>
<tr>
<td>complain</td>
<td>create</td>
</tr>
<tr>
<td>me-focused</td>
<td>mission-focused</td>
</tr>
<tr>
<td>anger</td>
<td>passion</td>
</tr>
<tr>
<td>pessimist</td>
<td>optimist</td>
</tr>
<tr>
<td>energy-sapping</td>
<td>energy-generating</td>
</tr>
<tr>
<td>alienate</td>
<td>attract</td>
</tr>
<tr>
<td>problems</td>
<td>possibilities</td>
</tr>
<tr>
<td>alone</td>
<td>together</td>
</tr>
</tbody>
</table>

Source: Lois Kelly  [www.rebelsatwork.c](http://www.rebelsatwork.c)

Ways of Working

• SMARTER not harder
• Behaviour and values
• Listen and understand negativity
• Find the positives, find ways to share the positives, build energy and momentum
• Build capability and capacity
Summary...

• Know what works – Measure measure measure: little and often
• Change involves people
• Organisational commitment
  – Leadership
  – Financial
  – Visibility of key messages and communication

Work together
Use your Network

“Alone we can do so little; together we can do so much.”
- Helen Keller
To find out more about your regional network and how to join visit:

www.nqican.org.uk

NQICAN brings together 15 regional clinical audit/effectiveness networks from across England, providing ‘a voice’ for staff working in these areas in health and social care organisations. NQICAN supports the development of regional networks, national clinical audit as well as engaging, influence and being a point of contact for key organisations such as HQIP.