



The Development and Implementation of Clinical Audit and Research in the Midland Regional Hospitals

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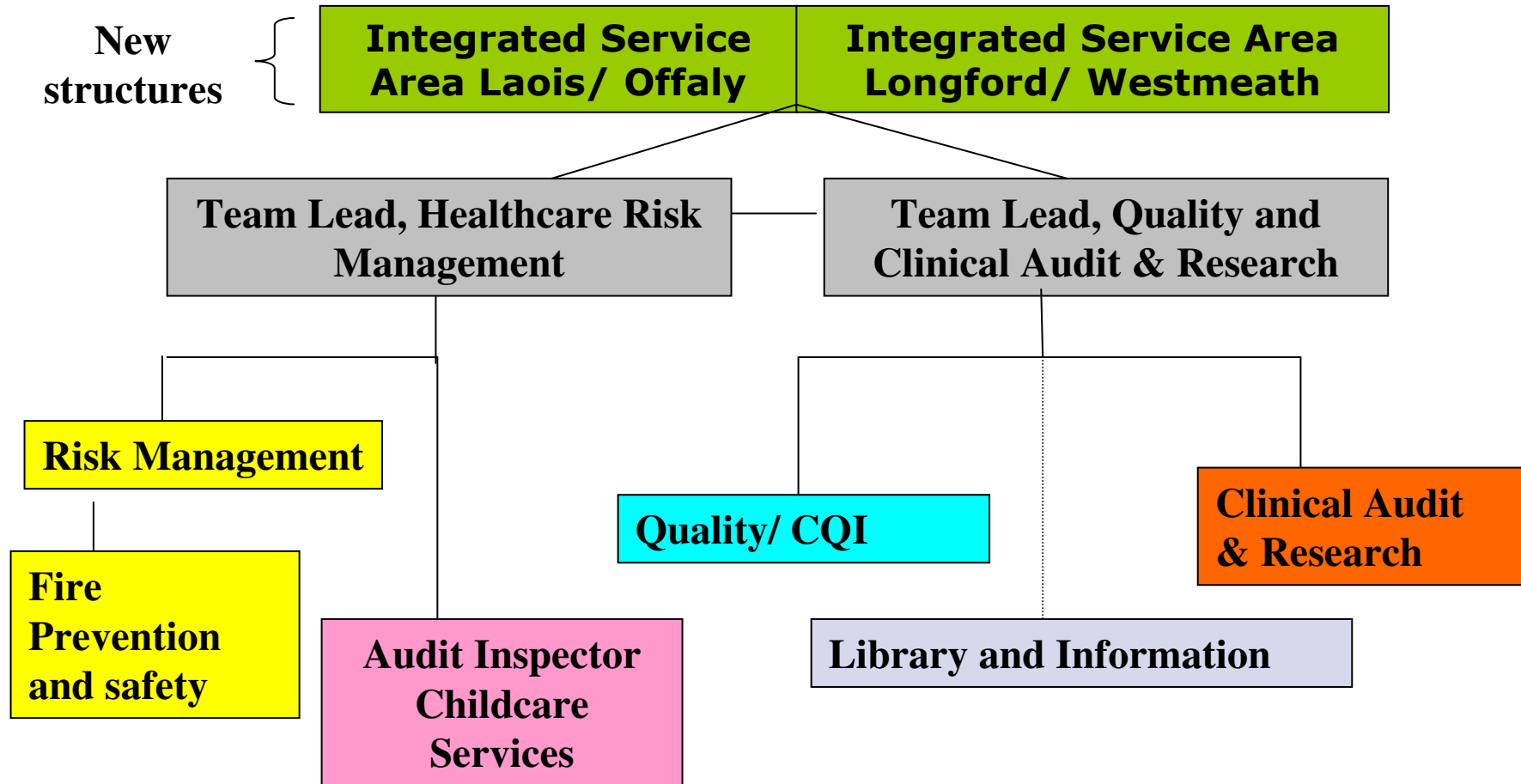
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The Beginnings



- **Clinical Audit and Research commenced in 2000 as part of new MHB Corporate Fitness Structure**
- **MHB: 3 acute hospitals, 2 community areas**
- **Corporate Fitness: Ensuring Fitness for Use Structure for Quality and Safety Assurance in the MHB - linking CQI, Risk Management/ Audit/ Research/ Communications/ Complaints / FOI**
- **Team Leads ⇒ Director ⇒ CEO and Snr Mgt Team**
- **Now Quality and Risk Support, Monitoring and Evaluation Team (Q&R SME)**
- **Reporting to Integrated Care Managers?**

Quality, Clinical Audit and Research & Risk Management Team



Our Team: Clinical Audit and Research (CA&R)



- **Dr. Samantha Hughes: Team Lead for Quality, Clinical Audit and Research**
- **Clinical Audit Facilitators:**
 - **Lia Evans, Tullamore MRH**
 - **Emer McEvoy/Nicola O' Grady (Job Share), Portlaoise MRH**
 - **Sharon Gorman, Mullingar MRH**
- **Researchers:**
 - **Eileen Dunphy, Integrated Care**
 - **Petrina Duff, Integrated Care**
- **Office Administrator: Mary King**

Definition of Clinical Audit



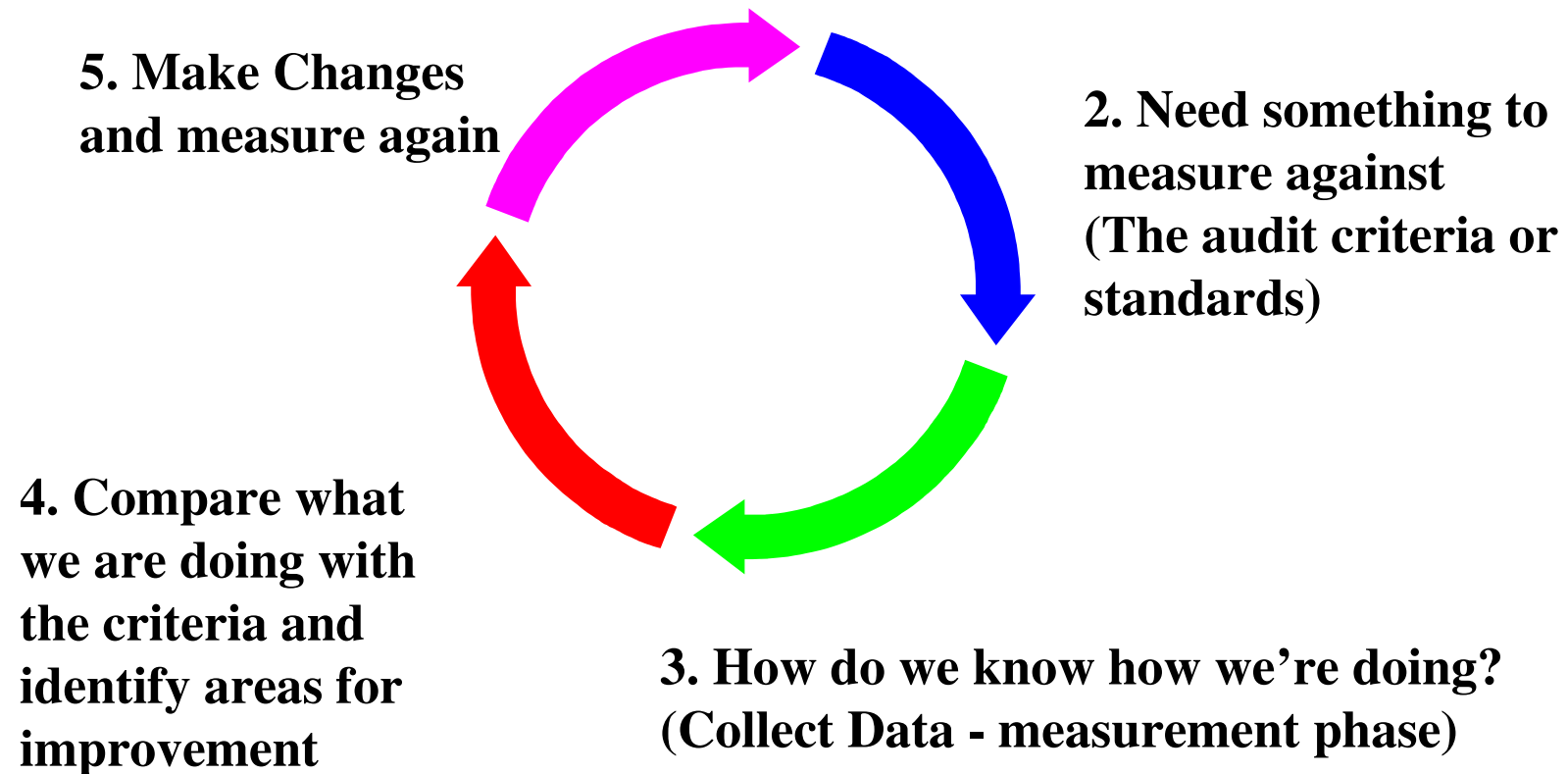
- **“Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against 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”**

Principles for Best Practice in Clinical Audit, NICE (2002) / Building a Culture of Patient Safety, DoHC (2008)

Clinical Audit Cycle



1. Identify/ Prioritise Audit Topic



Clinical Audit and Research Drivers



Including:

- **HSE Framework for Integrated Quality, Safety and Risk Management (2009)**
- **Healthcare Audit Criteria and Guidance (2008)**
- **Commission on Patient Safety and Quality Assurance (2008)**
- **Accreditation (IHSAB / Lab/ Colonoscopy etc)**
- **National/ HIQA Standards**
- **QCCD (Quality and Clinical Care Directorate)**
- **Local, Regional and National Governance Structures**



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Lourdes Hospital Enquiry 2006

“Failure to engage in effective peer review and independent audit will ensure that history repeats itself”

Judge Harding-Clarke, 2006

Dept of Health & Children 2008



“It is recognised that Clinical Audit needs to be at the heart of clinical practice, and is something that all health practitioners need to be engaged in”

“Clinical Audit arguably constitutes the single most important method which any healthcare organisation can use to understand and ensure the quality of the services that it provides”

HSE National Service Plan 2010



Values Charter includes:

- **Actively listen to views and opinions of all stakeholders and consider them in our actions**
- **Deliver evidence based best practice**
- **Continually audit and evaluate our performance/ services and act upon the findings**

Prioritising the Audit



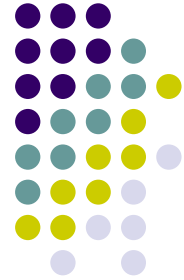
- **Audit is part of the service plan**
- **Topic is of National/Regional Priority**
- **Evidence of a serious quality problem**
- **Evidence of unwanted variation in practice**
- **High investment in new equipment/ intervention**
- **Issue is high cost, volume or risk to staff or users**
- **A realistic potential for improvement**
- **Audit team will be multidisciplinary**
- **The problem is amenable to change**
- **Practice can be measured against best practice**
- **Changes post-audit likely to have a high impact**
- **Major changes in procedures or national/regional standards**

Role of Clinical Audit & Research Team (CA&R)



- **Liaise with governance structures to identify and prioritise key areas for CA&R**
- **Supports all Integrated Care Services**
- **Provide training in Clinical Audit / SPSS tools**
- **Support staff to undertake audit**
- **Advise on literature searches/ standard identification/ data collection methods**
- **Perform data analysis for complex projects**

Role of Clinical Audit & Research Team (CA&R)



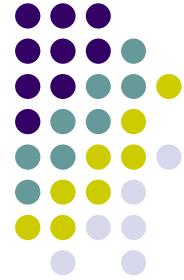
- **Support report development and feedback**
- **Report findings of audit/ research to governance structures**
- **Support development of recommendations and action plans**
- **Re-audit to identify if improvements made**
- **Act as a central repository for all audits and research to ensure no duplication of audits and provide learning source**

HSE/ HIQA Standards



- **CA&R Assist with the implementation**
- **Advice on tools / data collection processes/ analysis etc**
- **Distinction between Clinical Audit and Self Assessment process**
- **Self Assessment against standards has led to recognition of lack of audit and research amongst teams leading to increased need for support**

Developments to date include



- **Audit and Research Proposal Forms**
- **Development of Guidelines:**
 - **Statistical Analysis of CA&R Data**
 - **Good Practice in Clinical Audit, Guidelines for Clinical Audit Staff**
 - **CA&R Report Writing Guidelines**
 - **Internal procedure for Prioritising Audit projects for CA&R staff**
- **SPSS in Libraries in the region**
- **Training in CA / SPSS and data analysis**
- **Quarterly and Annual reports from Q&R Team**
- **CA&R Annual Report**
- **Membership on Governance Structures**
- **500+ Audits/Research across all disciplines and services**

Difficulties



- **Lack of defined Governance Structures**
- **Lack of central decision re audit topics – reason and need?**
- **Participation in audit – staff training/ staff taking lead/ management support**
- **CA&R not part of day to day functions of teams**
- **Expectation that Clinical Audit Team undertake all audits**
- **Self Assessment versus Clinical Audit**

Difficulties



- **Tick box exercise/ Token Audit or Research**
- **Lack of Self/ Team reflection**
- **Audit Fear: What might it uncover?**
- **Lack of defined standards / local knowledge of standards / PPGs with defined standards**
- **Post-Audit/ Post Research: who to feed back results to/ development of action plans and recommendations**
- **Responsibility for action plans**
- **Lack of Re-audit**



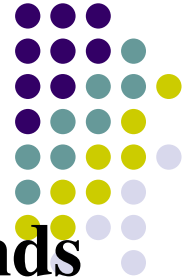
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And More!



- **Redeployment**
- **Moratorium**
- **Motivation**
- **Staffing Difficulties**
- **Budget Constraints**
- **Coping with influx of standards and requirements of internal and external bodies**
- **Lack of Technology**
- **Integrated Service Areas**

Governance Structures



- **Governance Structures developing in the Midlands**
- **CA&R rep on the committees**
- **Identification of topics for audit through Governance Structures**
- **Identification of real issues/ level of risk/ impact**
- **Audit identified as a vital tool to assist identification and management of risk**
- **Use of Clinical Audit to define the issue / define need to escalate the issue to the next level**
- **Potential for identification of better research areas**
- **Positive impact on CA&R in the Midlands**
- **Greater development of these structures required**

Future



- **Integrated Healthcare Audit and Research**
- **Greater development of local, regional and National Governance Structures**
- **Linkages with QCCD**
- **National Audit and Research Goals and Priorities**
- **HSE level 2 Assurance**
- **Linkages with Risk Management**
- **Increased education and training to all staff at all levels**

Last word to Dr. Sues....

Oh The Places You'll Go

**You'll come to a place where the streets are not
marked.**

Some windows are lighted. But mostly they're darked.

A place you could sprain both your elbow and chin!

Do you dare to stay out? Do you dare to go in?

How much can you lose? How much can you win?

**So be sure when you step - step with care and great tact
and remember that Life's a Great Balancing Act.**

And will you succeed? Yes! You will indeed!

(98 and $\frac{3}{4}$ per cent guaranteed.)

