HQIP
Healthcare Quality Improvement Partnership

Promoting quality for better health services

National Clinical Audit and Patient Outcomes Programme

Project Summary

National Audit of Continence Care (2009-2011)

Purpose

To measure care against the standards set in the Department of Health Guidance, "Good Practice in Continence Services", and the National Service Framework (NSF) for Older People. In addition, the audit will specifically measure service provision against standards derived from the National Institute for Health and Clinical Excellence (NICE) guidelines for urinary incontinence in women (40) faecal incontinence (49) as well as the forthcoming 2010 guideline for Lower Urinary Tract Symptoms (LUTS) in men.

The audit provides national benchmarking data using the evidence based quality standards for a variety of healthcare settings, acute, primary care, care homes and mental health care.

Methodology

This is audit is both an organisational (policies, structures and staffing) and a clinical (patient care) audit. The organisational audit requires one form to be completed for each organisation.

The clinical audit requires a minimum of 40 to 80 returns dependent on the healthcare setting. Care of patients that have either urinary or faecal incontinence will be audited for two age groups:

- 18 to 64 years
- 65 years or older

Participants can gather data onto a hard copy data collection form and then transfer this information on to the web tool. Once participants have completed their data collection they can export their data to an Excel spreadsheet for their own use.

The Royal College of Physicians' Clinical Effectiveness and Evaluation Unit (CEEU) has experienced in-house statisticians who contribute to the data collection tools, pilot audit and provide detailed analysis and reports.

Key Quality Indicators

Key indicators have yet to be defined but will be based on the evidence based standards.

Data Collection Schedule

Data collection for the organisational audit:	November – December 2009
Data collection for the clinical audit:	January – March 2010

Participants will be able to commence data collection for both audits in November 2009 or can complete and submit the organisational audit information by mid December then have a break over Christmas starting the clinical audit in January 2010.

Is the Audit Process or Outcome focused?
Continence care outcome measures are difficult to identify so the audit reviews the quality of care delivered (process) against the standards.

Who is involved in the audit?
The audit is funded and managed by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme. The main contractors are the Royal College of Physicians (RCP) London, CEEU.

Who are the main stakeholders?
The Steering Group covers RCP, Help the Aged, Age Concern, Physiotherapists, Association for Continence Advice, Bladder & Bowel Foundation, British Geriatric Society (BGS), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN), British Association of Urological Surgeons, and British Society of Urogynaecologists.

Date of the next Annual Report and outline content
An annual report is not provided. An individual report is provided within 12 weeks of the end of data collection to sites which illustrates their results compared to healthcare settings. A national report will be provided in August 2010 which summarises both the organisational and clinical audits. A public report containing key indicators and identifying sites per SHA will be published in August 2010.

More information
Email: nacc@rcplondon.ac.uk
Web:
http://www.rcplondon.ac.uk/CLINICAL-STANDARDS/CEEU/CURRENT-WORK/Pages/Continence.aspx

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