HQIP Case study:

Integrating Measurement for Improvement support for the All Wales 1000 Lives Plus Programme and the National Clinical Audit & Outcomes Review Plan: Clinical Audit Department restructure

This submission demonstrates:

- Implementing a Model for Improvement
- Clinical audit department restructure
- Staff development/cultural change

Date: June 2012

Name of organisation: Aneurin Bevan Health Board (ABHB)

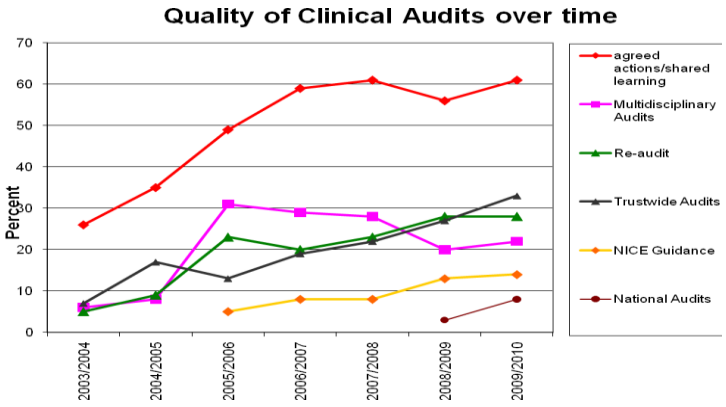
Website address: http://www.wales.nhs.uk/sitesplus/866/home

Summary

In the current NHS climate of austerity it is increasingly important to assess the services provided and re-evaluate how these fit into national and organisational objectives. Whilst we must ensure the most effective use of staff time and resources, it is crucial that staff also enjoy their roles. It has taken a certain amount of courage to alter the traditional Clinical Audit Department Model and has been a leap of faith for the department staff. There was an expectation of resistance from local specialty based Clinical Audit Leads that has not surfaced to any great degree.

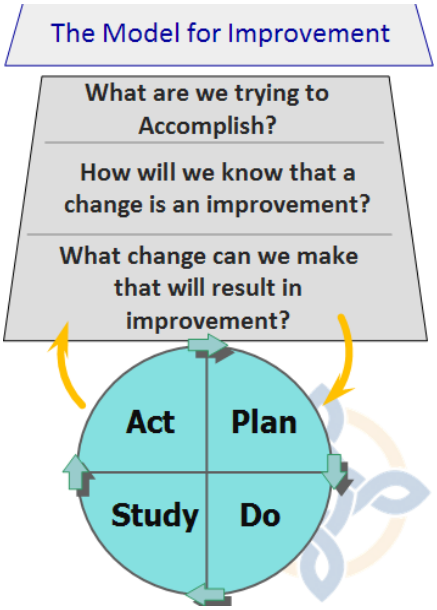
Background

Aneurin Bevan Health Board is situated in South East Wales and incorporates Acute, Community, Mental Health and Primary Care services. It supports a population of around 640,000 people and employs 16,000 staff. In terms of Clinical Audit, historically there has been a traditional structure and process: a central Clinical Audit Department supporting corporate and divisional Rolling Audit Programmes and a central committee overseeing the strategy and overall performance of clinical audit activity, also specialty based audit leads and groups meeting regularly to discuss audit results.



Whilst clinical audit performance at ABHB has been steadily improving over the years (see graph), it has been difficult to demonstrate improvements on an aggregate scale, especially in patient outcomes. For instance in 2010 284 audits were carried out of which 61% led to 'agreed actions or shared learning' and only 28% were re-audits. Also, whilst Clinical Audit is fully embedded within Aneurin Bevan Health Board, it has been partly used for educating junior staff, staff appraisal or curriculum vitae, with explicit action plans for improvement not being made or followed up.

National developments over the past five years have had an impact on the ABHB Clinical Audit Department. In 2007, the Royal Gwent Hospital, one of two acute hospitals within the health board, was accepted to be part of an international collaboration aimed at reducing mortality and harm. The Safer Patients Initiative involved 24 hospitals across the UK and was led by the Institute for Healthcare Improvement (IHI) in the USA and funded by the UK Health Foundation. The health board started to use the 'Model for Improvement' to test, implement and spread evidence based bundles of care in key areas. A key component of this model is ongoing measurement using Statistical Process Control techniques.



The Assistant Director leading the work at ABHB recognised early that the Clinical Audit Department staff should develop their existing knowledge and skills to support frontline clinicians to measure the reliability and outcomes of their efforts to implement the bundles.

Through measurement the Initiative was able to demonstrate improved outcomes, such as reduced central line infections, reduced ventilator associated pneumonia and reduced MRSA infections. In 2010 of 143 series reported across 52 measures 61% showed statistically significant improvement in outcomes.

In 2008, following the Safer Patients Initiative, the Welsh Government launched the two year 1000 Lives Campaign based on the work of the Initiative. This was successful in reducing deaths across Wales. In 2010 the 1000 Lives Plus Programme was launched to build on the successful work already carried out. This programme aimed to introduce around 20 new evidence based interventions across diverse areas such as Acute Care, Mental Health, Community Care and Primary Care. Local learning from the Safer Patients Initiative and the 1000 Lives Campaign was that measurement of progress is difficult for clinicians working to embed new practices, and is often at the bottom of their list of priorities. Clinical audit staff working with frontline teams to support measurement had been key to being able to demonstrate through data that improvements were being made. With this in mind, continued measurement support for the larger 1000 Lives Plus Programme needed to occur for this to be a success in improving patient safety.

In addition to this, the National Audit agenda in Wales has gained increasing prominence over the past year and the National Audit and Clinical Outcome Review Plan was launched in May 2012. This outlines the national requirements for national clinical audit in Wales much of which is based on the HQIP NCAPOP Programme. National clinical audit results will be used as quality markers for Welsh Health Boards and monitored by the Welsh Government. The Clinical Audit Department in Aneurin Bevan Health Board has historically supported National Audits. However there has been no central overview or formal feedback mechanism to the health board executive.

During a development session held for the ABHB Quality and Patient Safety Executive Committee, priorities were set for the Q&PS: Improvement & Measurement Department:

- Explicit aim to achieve real and demonstrable improvements
- Focus on the highest risks to patients
- Priority for national requirements such as the National Clinical Audit and Outcome Review Programme
- Aim to improve patient experience

- Extend support to community and primary care

Measurement data to drive improvements in practice has been key to previous success and support for this needed to continue. Also tangible links need to be made between National Clinical Audit and Quality Improvement work. It is against this backdrop that the Clinical Audit Department has restructured its workload and how it interfaces with divisional senior and frontline staff to support the National Audit Programme and 1000 Lives Plus measurement To reflect this change the department changed its name to 'Quality & Patient Safety: Improvement & Measurement Department.'

Aims

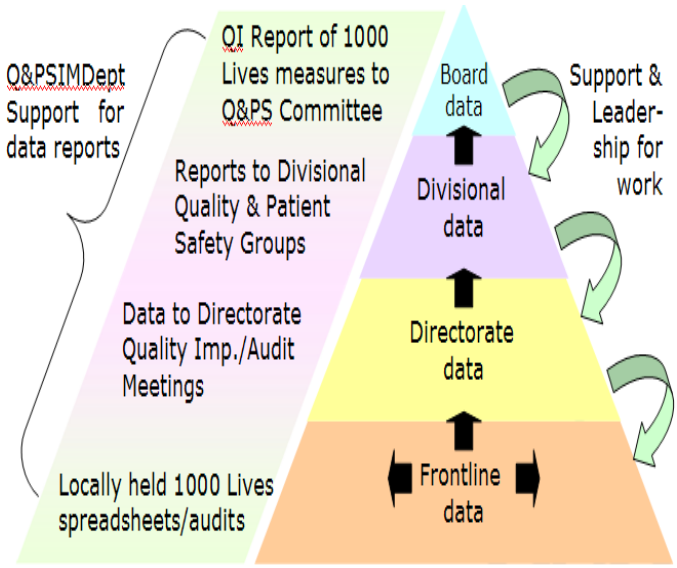
The aim of the restructured Quality & Patient Safety: Improvement & Measurement Department is to support and facilitate the National Audit and Outcome Review Plan alongside 1000 Lives Plus measurement and prioritised divisional clinical audit.

Objectives

1. Prioritise workload in order to accommodate the National Audit and Outcome Review Plan and support for 1000 Lives Measurement in addition to prioritised local audit.
2. To set up divisional Quality Improvement Programmes which include, National Audit, 1000 Lives Plus and local audit of ABHB priorities.
3. Ensure that feedback of data and progress is at appropriate levels within the organization in order to inform decisions to improve care

Approach

In order to fulfill both National and Health Board priorities already described, there needed to be a structure in place in order to support these processes, especially in terms of extended support for National Audit and a feedback system of 1000 Lives measurement data which informs practice. Much of the data for National Audits, Confidential Enquiries and 1000 Lives Plus has remained with frontline clinical staff, who are responsible for implementing recommendations locally. However it was acknowledged that this information also needed to be at differing levels within the organisation in order to support and lead implementation of recommendations at local, divisional and organisational level.
This figure illustrates the model being implemented to achieve this.



Coordinators within the Q&PSIM Department, who had historically worked closely with specialties/directorates, are now starting to work with Divisional Q&PS groups, providing monthly reports on 1000 Lives Plus and national audit progress. They are also members of each 1000 Lives frontline team implementing a specific bundle of care supporting measurement and feedback.

Historically National Audit results and recommendations were actioned within directorates, with little central overview or understanding of any resulting improvements made. The Q&PSIM Coordinators' support has been limited to facilitating reporting of data to each audit. However over the last year this structure has been developed to include:

- Clinical Effectiveness Group (CEG) chaired by the Medical Director to oversee National Audit and Clinical Outcomes Review Programme
- Register of national audits
- Clinical Lead for each national audit
- Action Plans for each national audit
- Extended Q&PSIM Dept support for national audit, action planning and feedback to CEG

Challenges

There have been some challenges to making these changes within the health board but through strong leadership, good communication and a participatory approach these have been overcome. These changes have been made within the existing resource, so some hard decisions had to be made in terms of what activities the Q&PSIM Department would no longer support. These decisions were guided by the overriding priorities set out by the Q&PS Executive Committee.

For instance administrative support for specialty-based audit meetings across the health board was discontinued, coordinators now linking with Divisional Q&PS groups. Also standalone audits carried out by individuals not forming part of Quality Improvement Programmes are no longer supported by the Q&PSIM Department.

Strong leadership has been key to the success of this transformation; the executive team and the Medical Director have fully supported this change. Also good communication at all levels has been of paramount importance. This has ranged from discussion of several papers at the Q&PS Executive Committee and circulated to divisional staff, through to individual meetings with clinical audit leads and divisional Q&PS groups, also presentations at various forums/conferences.

However the biggest change has been for the Q&PSIM staff themselves. It has meant working in different ways, forging new relationships and developing new skills. Regular transparent communication and participation in decisions made about any changes has been key to engage and involve staff. Two initial workshops were held which included a modified form of appreciative inquiry to highlight and build upon what staff have enjoyed in their roles, and incorporate this into new job descriptions. For instance, through individual stories staff highlighted that they would like to see improvement projects from beginning to end, see the changes made, work closer with frontline clinicians, have their skills recognised and work within a supportive team environment. Throughout the restructure period team meetings have been held every fortnight to three weeks and training sessions provided to develop new measurement for improvement skills.

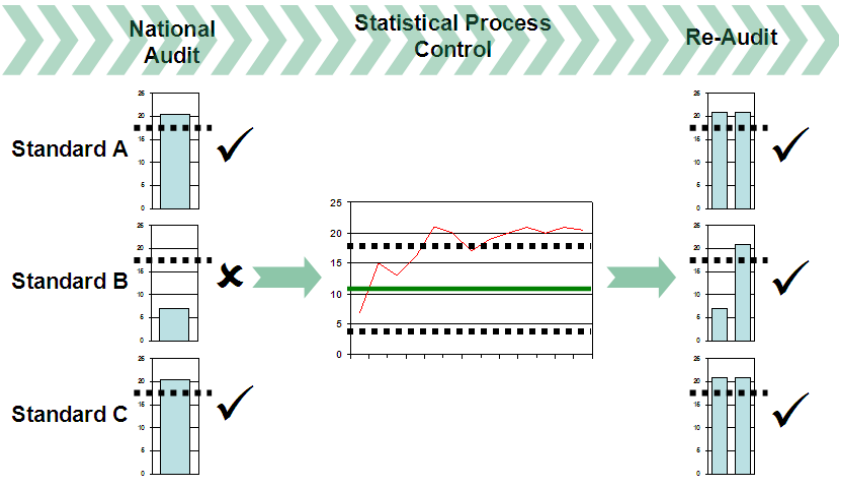
Outcomes

This work is ongoing and is at different stages in different areas. In general clinicians at different levels have responded positively. The following are outcomes from the work so far:

- Regular reports are being developed and are informing decisions made at a divisional and local level. The organisation is currently developing the use of A3 reporting.
- There is a better overview of the programme of national audits across the health board at an operational and executive level.
- QPSIM Coordinators time is being used more efficiently to support multidisciplinary team based projects with explicit plans to improve care.
- Links being made between National Audit and quality improvement through the 1000 Lives Plus Programme Intelligent Targets eg. Stroke Care, Dementia Care, Heart Failure care

Conclusion

It has been interesting to see how National Audit can fit with improvement work at an All Wales level through the 1000 Lives Plus Programme. The illustration here shows how different forms of measurement such as National Audit and local improvement efforts using run/control charts may be integrated to improve patient care. An example of this has been the work to improve services for **patients** admitted with Stroke at Aneurin Bevan Health Board. The National Sentinel Audit of Stroke had highlighted areas for improvement at ABHB. These areas have been improved through implementing 1000 Lives Plus bundles of care for stroke patients and working towards achieving All Wales Intelligent Targets. These targets have been devised by clinicians and outline 'must do' interventions to improve outcomes for patients.



For any system level change to occur three things need to be in place: 'Will', 'Ideas' and 'Execution'. The National Sentinel Audit has created the 'Will' at a national level, the 1000 Lives Plus Intelligent Targets and bundles of care are the 'Ideas' and the 'Model for Improvement' has provided the vehicle to 'Execute' change.

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