HQIP Healthcare Quality Improvement Partnership

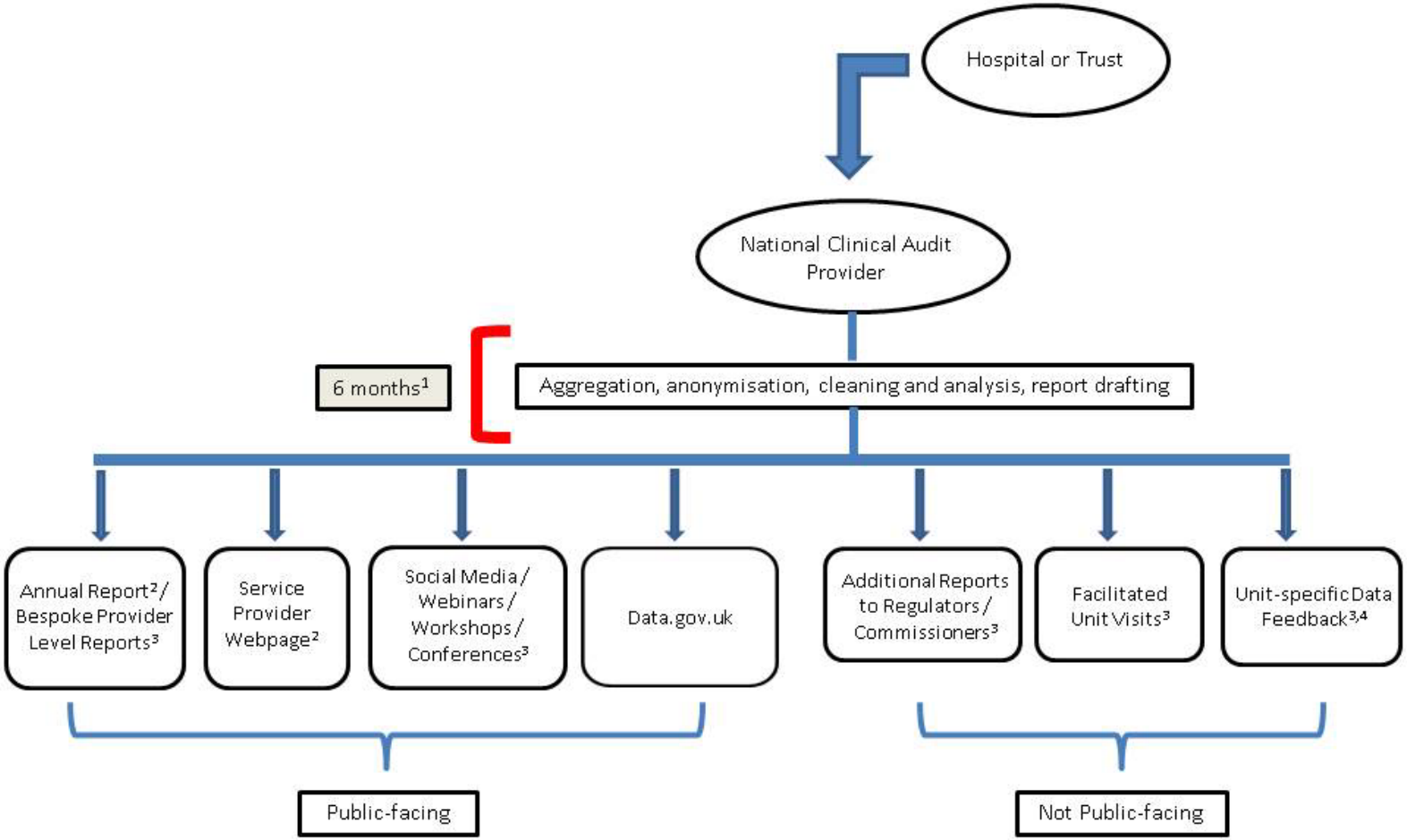
HQIP/CQC project update November 2015

Mr Sidhartha Sinha
Clinical fellow, HQIP

Overview

- Rationale
- Methodology
- Phase 1 (“Key” metrics)
- Phase 2 (data slides)
- Issues and concerns

Preface


Hospital or Trust
National Clinical Audit Provider
6 months[1]
Aggregation, anonymisation, cleaning and analysis, report drafting
Annual Report[2] / Bespoke Provider Level Reports[3]
Service Provider Webpage[2]
Social Media / Webinars / Workshops / Conferences[3]
Data.gov.uk
Additional Reports to Regulators / Commissioners[3]
Facilitated Unit Visits[3]
Unit-specific Data Feedback[3,4]
Public-facing
Not Public-facing

Rationale (I)

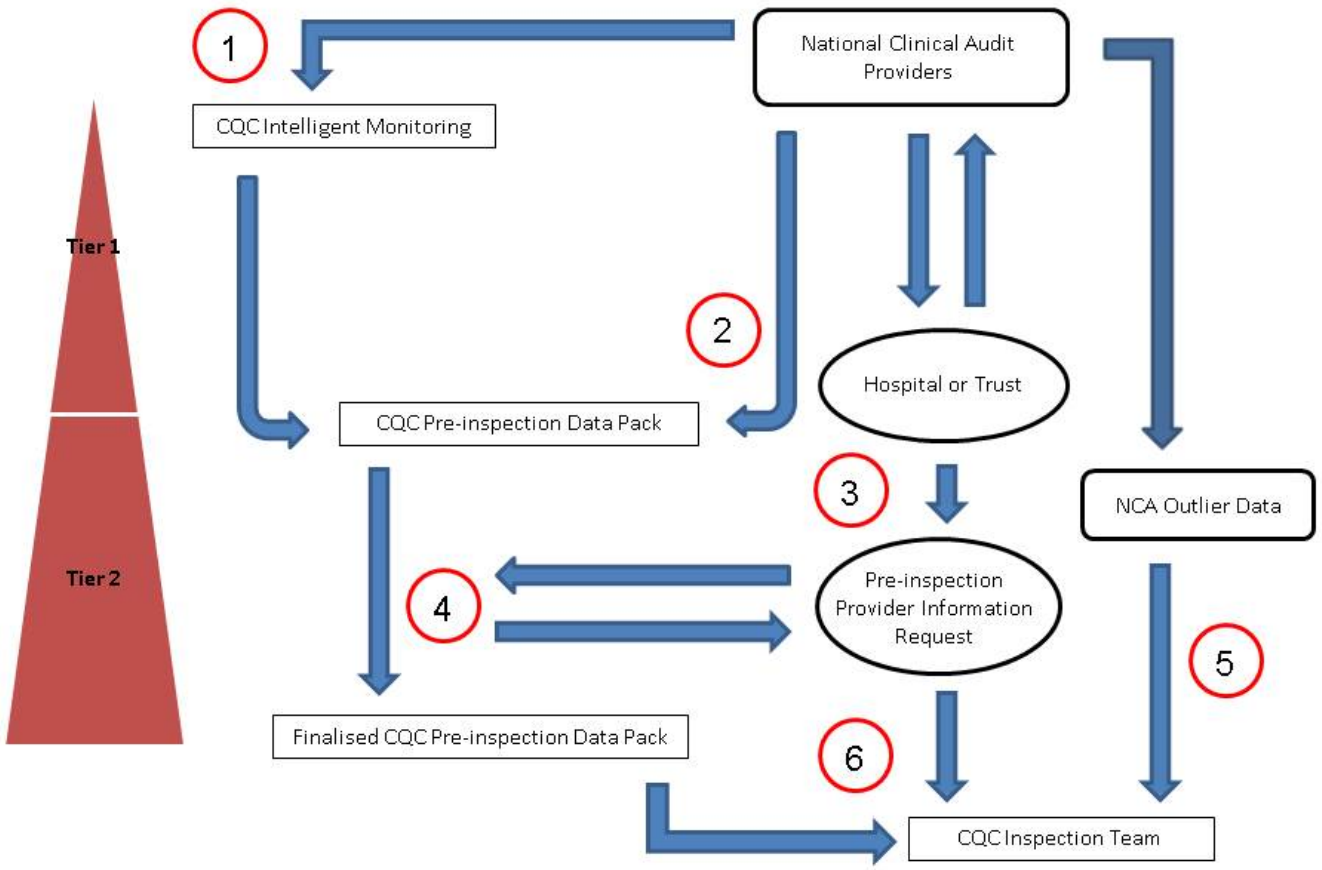
- CQC

Optimisation of NCA data use for inspections

- **Format of inspections**
- **Numbers of inspections**
- **Time-scale of inspections**
- **Breadth of inspection teams**
- **Pre-inspection Data Pack (PIDP)**
- **Format of data/data flow**
- **Ease of access to data**
- **Volume of NCA data**
- **Relevance of data**
- **Contemporaneousness of data**

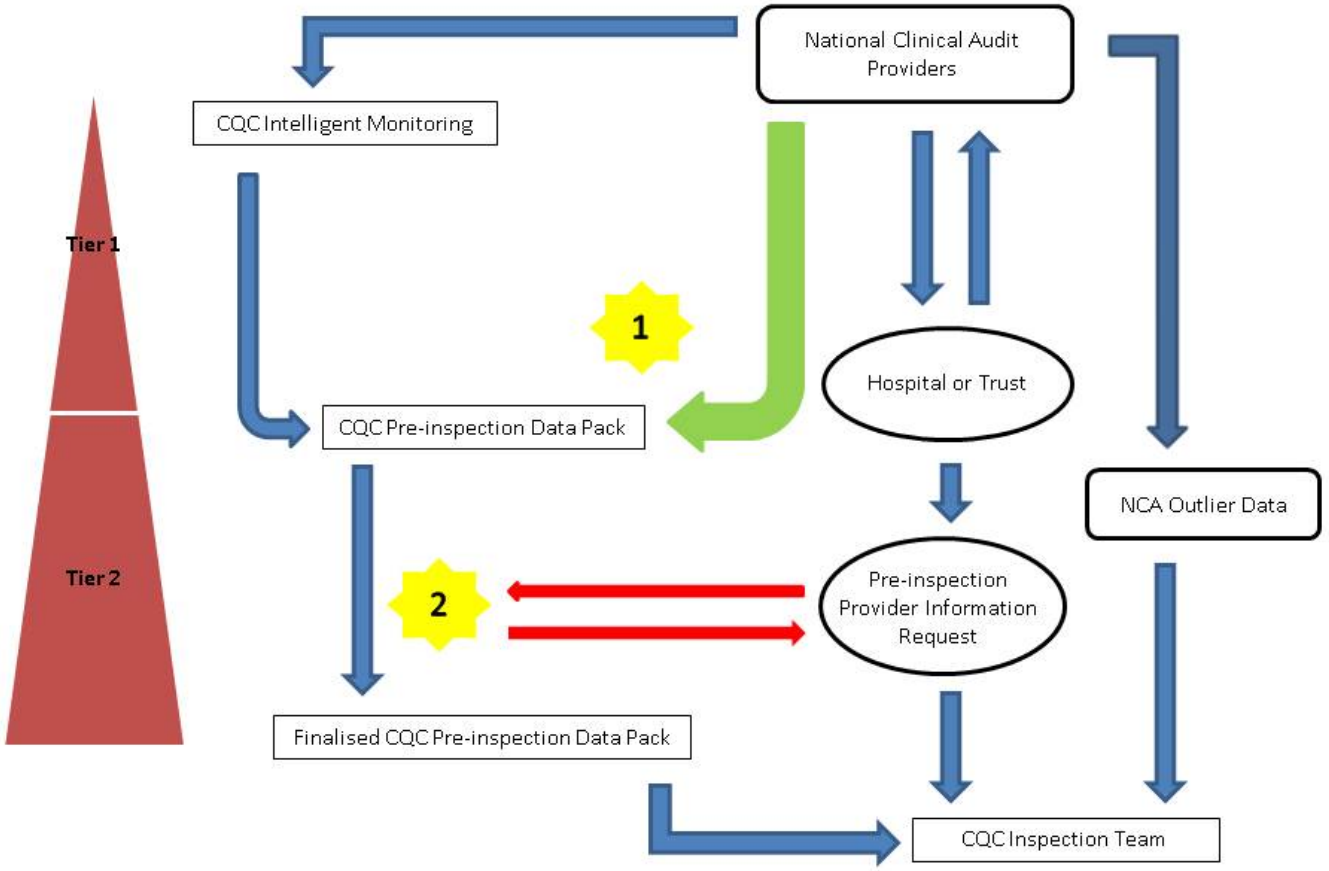
Rationale (II)

- CQC use of NCA data



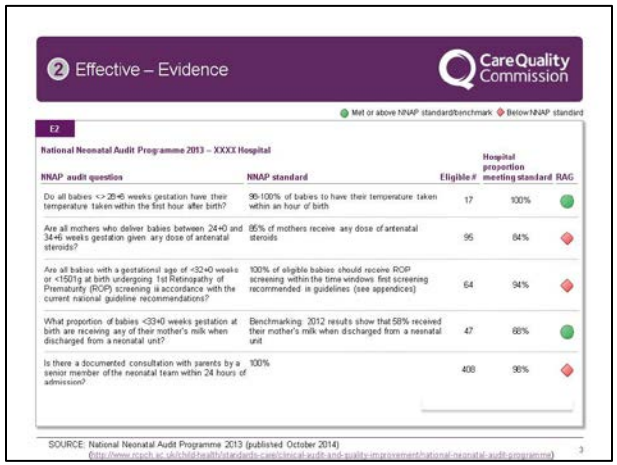
Rationale (III)

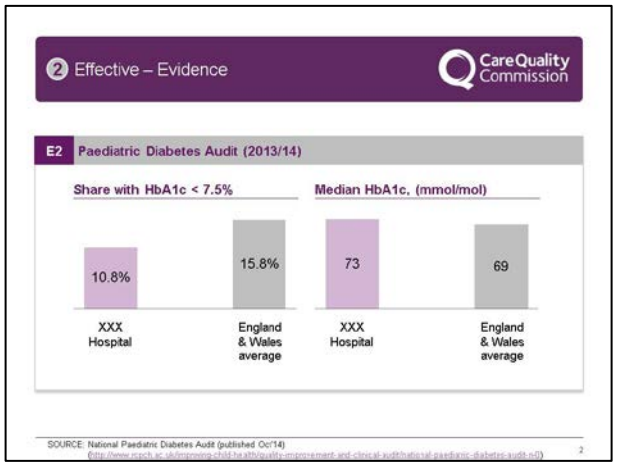
- End goals of project (I)

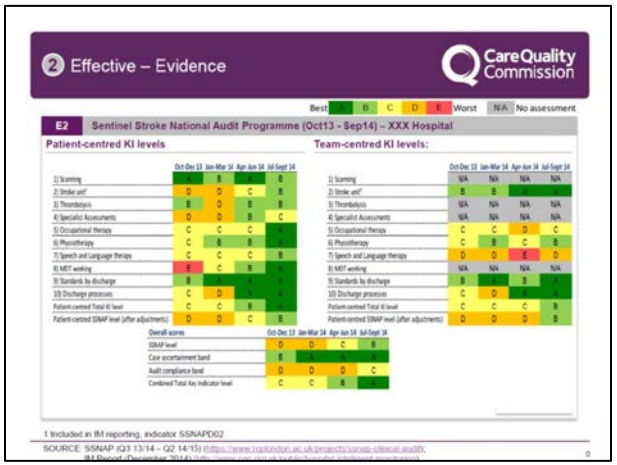


Rationale (IV)

- CQC PIDPs…





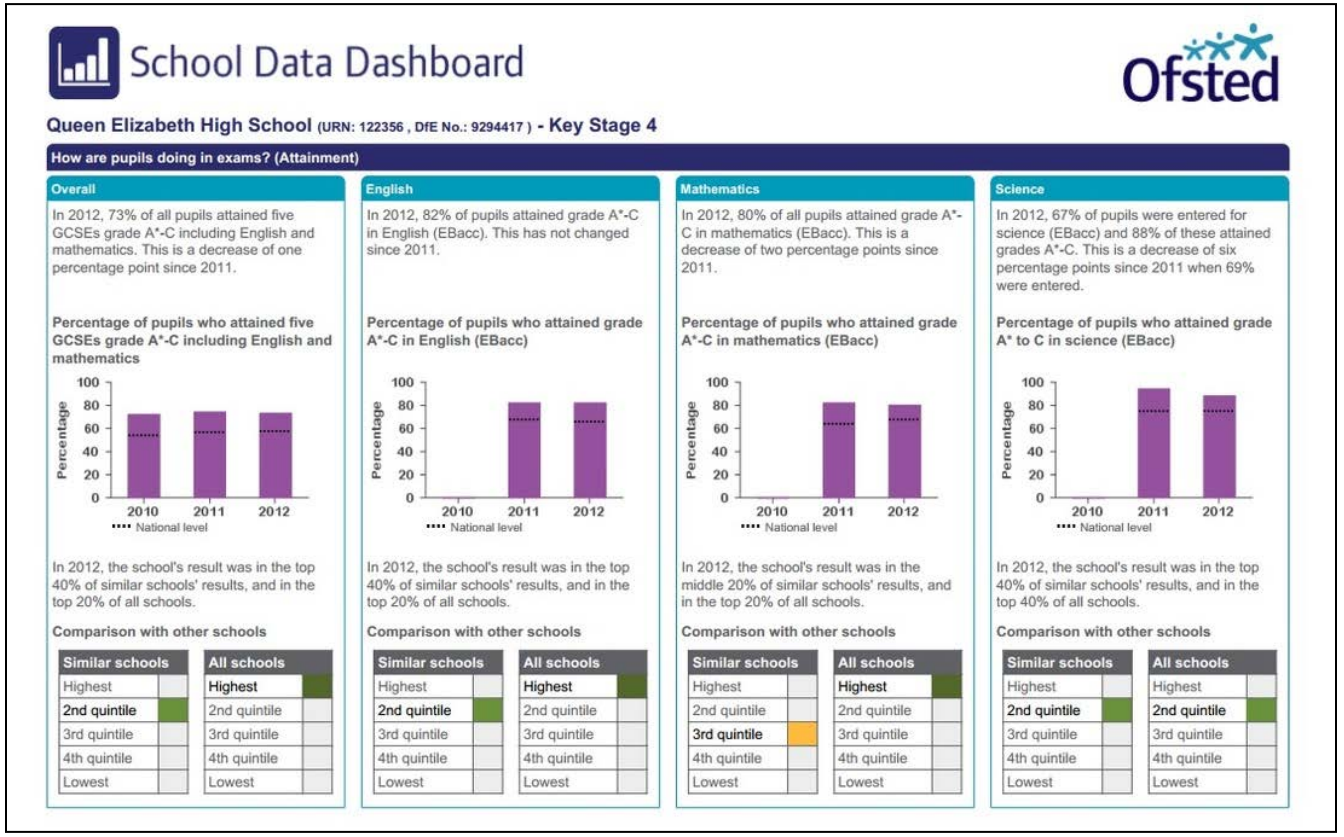


- Not all audits being used
- Selected metrics being used

Rationale (V)

- End goals of project (II)

3



School Data Dashboard

Ofsted

Queen Elizabeth High School (URN: 122356 , DfE No.: 9294417) - **Key Stage 4**

How are pupils doing in exams? (Attainment)

Overall

In 2012, 73% of all pupils attained five GCSEs grade A*-C including English and mathematics. This is a decrease of one percentage point since 2011.

Percentage of pupils who attained five GCSEs grade A*-C including English and mathematics

In 2012, the school's result was in the top 40% of similar schools' results, and in the top 20% of all schools.

Comparison with other schools

Similar schools	All schools
Highest	**Highest**
2nd quintile	2nd quintile
3rd quintile	3rd quintile
4th quintile	4th quintile
Lowest	Lowest

English

In 2012, 82% of pupils attained grade A*-C in English (EBacc). This has not changed since 2011.

Percentage of pupils who attained grade A*-C in English (EBacc)

In 2012, the school's result was in the top 40% of similar schools' results, and in the top 20% of all schools.

Comparison with other schools

Similar schools	All schools
Highest	**Highest**
2nd quintile	2nd quintile
3rd quintile	3rd quintile
4th quintile	4th quintile
Lowest	Lowest

Mathematics

In 2012, 80% of all pupils attained grade A*-C in mathematics (EBacc). This is a decrease of two percentage points since 2011.

Percentage of pupils who attained grade A*-C in mathematics (EBacc)

In 2012, the school's result was in the middle 20% of similar schools' results, and in the top 20% of all schools.

Comparison with other schools

Similar schools	All schools
Highest	**Highest**
2nd quintile	2nd quintile
3rd quintile	3rd quintile
4th quintile	4th quintile
Lowest	Lowest

Science

In 2012, 67% of pupils were entered for science (EBacc) and 88% of these attained grades A*-C. This is a decrease of six percentage points since 2011 when 69% were entered.

Percentage of pupils who attained grade A* to C in science (EBacc)

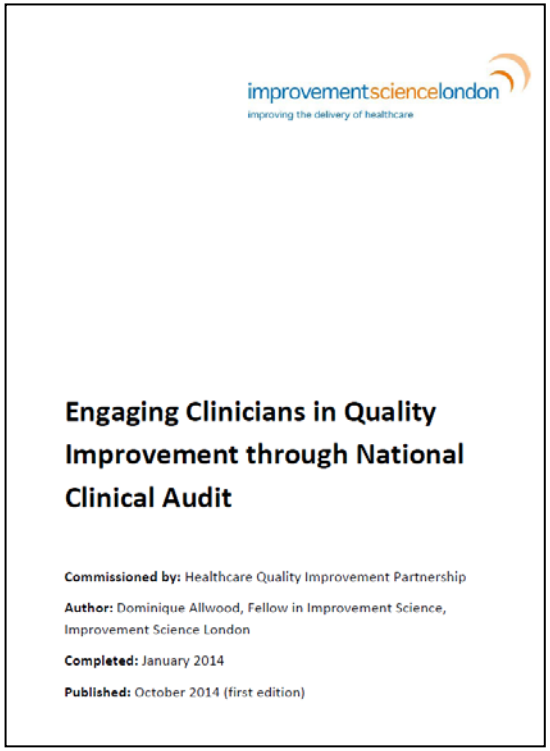
In 2012, the school's result was in the top 40% of similar schools' results, and in the top 40% of all schools.

Comparison with other schools

Similar schools	All schools
Highest	Highest
2nd quintile	**2nd quintile**
3rd quintile	3rd quintile
4th quintile	4th quintile
Lowest	Lowest

Rationale (VI)

- HQIP


improvementscience london
improving the delivery of healthcare

Engaging Clinicians in Quality Improvement through National Clinical Audit

Commissioned by: Healthcare Quality Improvement Partnership

Author: Dominique Allwood, Fellow in Improvement Science, Improvement Science London

Completed: January 2014

Published: October 2014 (first edition)

'Some give you too much data, which you can't make any sense of. We get blinded by data.'

'Drowning in data.'

there are pages of data – some of it is interesting but of the many data items requested, only three directly relate to guidelines.'

'You can't always work out how the maths has been done. The methodology is opaque and unclear. When you ask them they say "don't worry" or don't give you an answer.'

'Quite hard to read, have to scour through all the pages to find one key indicator. An electronic report would be preferable to paper because at least it makes searching through easier.'

'I look at the big report and distil down a two-page summary to include what are the standards, what are the organisations' results, what are the national averages, how are peers performing in local and 'peer' groups, and the RAG rate to prioritise actions.'

'There are so many examples of using information technology. We should be looking at different platforms and sharing across audits to make things more uniform.'

'Consistency in explanations and standard formats, but a range of formats.'

Rationale (VII)

- Solutions (?)

Reduction

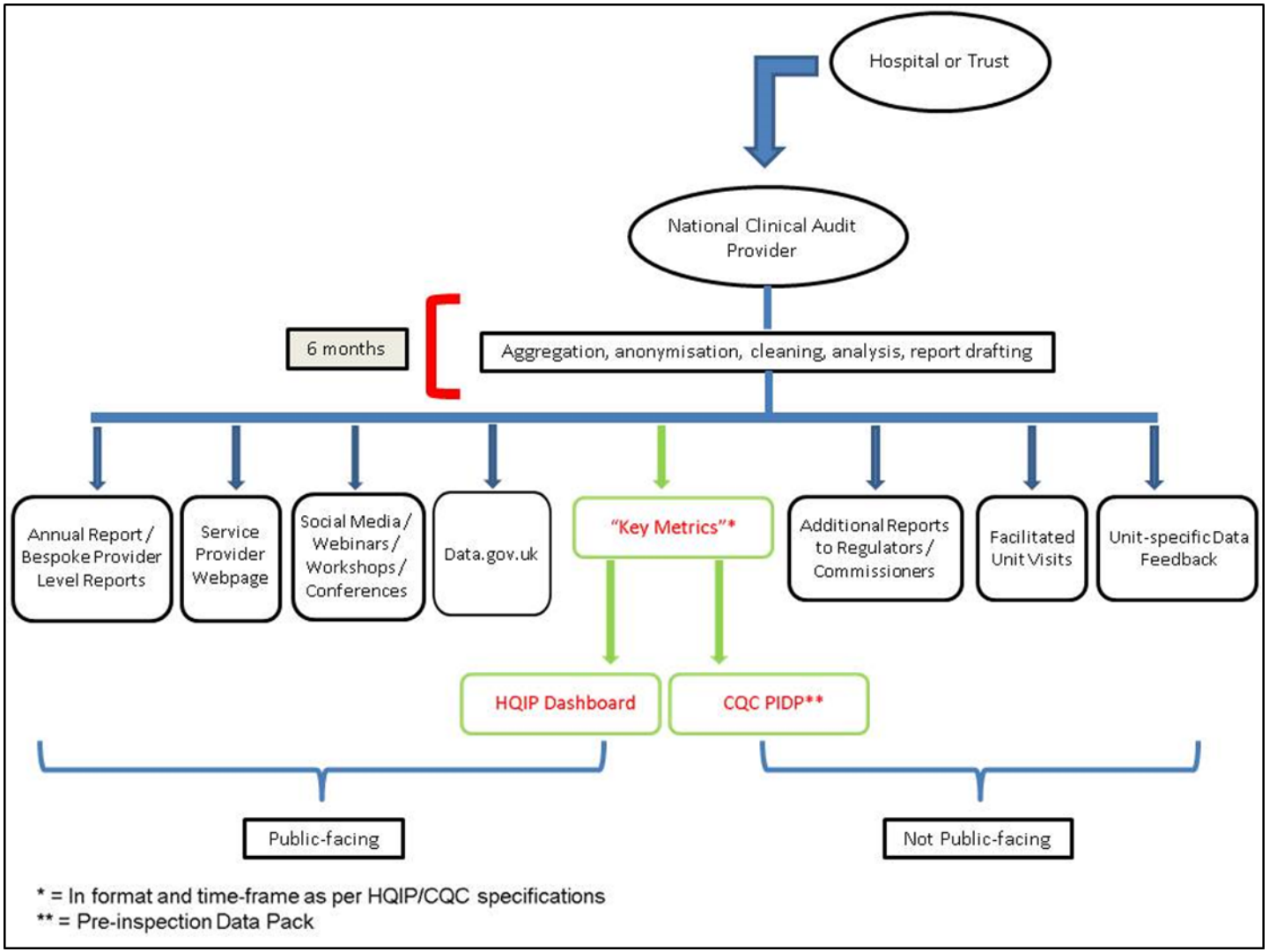
Rationalisation

Co-localisation

Standardisation

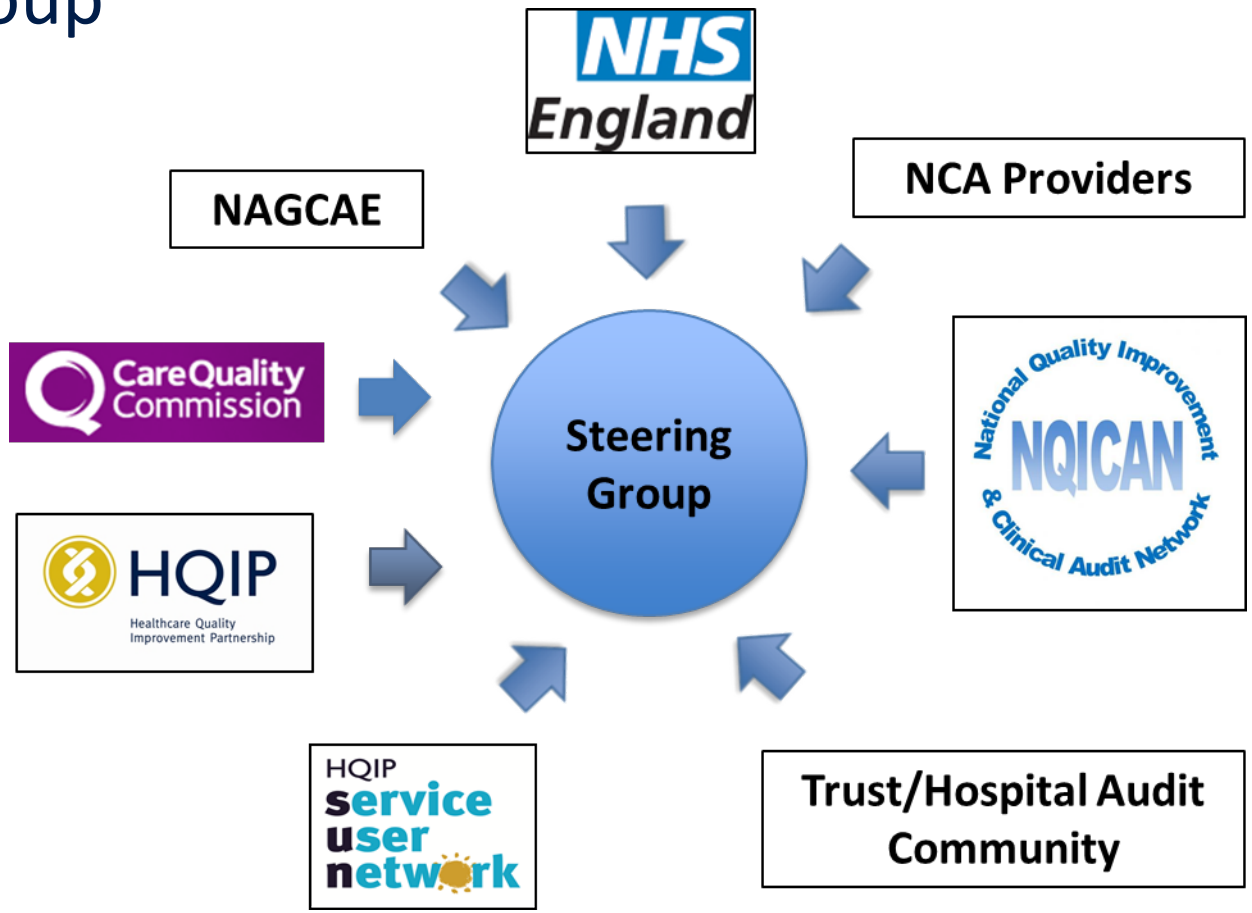
Simplification

Rationale (VIII)



Methodology (I)

- Steering Group



Methodology (II)

- Remit

icnarc intensive care national audit & research centre

TARN THE TRAUMA AUDIT & RESEARCH NETWORK

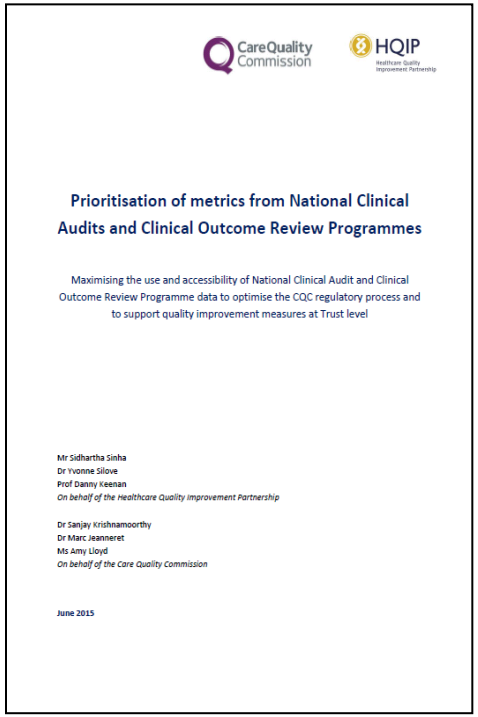
National care of the dying audit for hospitals, England
National report
May 2014

Phase 1 ("Key" metrics) (I)

- June-September 2015

Meeting with NCA providers Clinical and Management Leadership

1) Ability to participate
2) Selection of key metrics
3) Discussions about data flow



Care Quality Commission HQIP Healthcare Quality Improvement Partnership

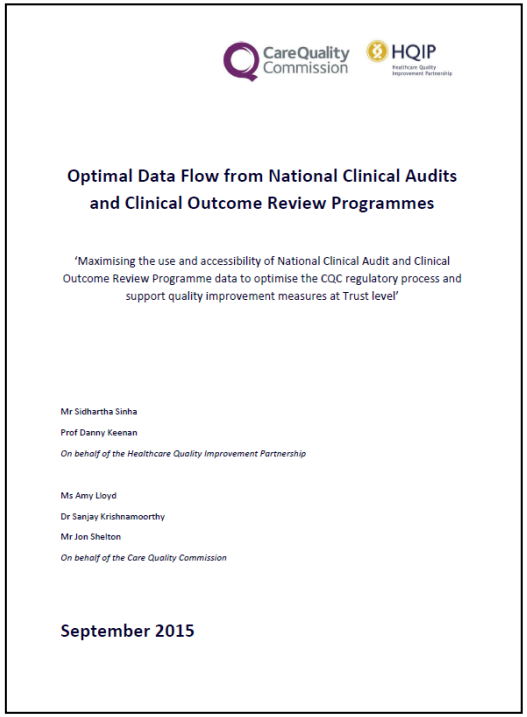
Prioritisation of metrics from National Clinical Audits and Clinical Outcome Review Programmes

Maximising the use and accessibility of National Clinical Audit and Clinical Outcome Review Programme data to optimise the CQC regulatory process and to support quality improvement measures at Trust level

Mr Sidhartha Sinha
Dr Yvonne Silove
Prof Danny Keenan
On behalf of the Healthcare Quality Improvement Partnership

Dr Sanjay Krishnamoorthy
Dr Marc Jeanneret
Ms Amy Lloyd
On behalf of the Care Quality Commission

June 2015



Care Quality Commission HQIP Healthcare Quality Improvement Partnership

Optimal Data Flow from National Clinical Audits and Clinical Outcome Review Programmes

'Maximising the use and accessibility of National Clinical Audit and Clinical Outcome Review Programme data to optimise the CQC regulatory process and support quality improvement measures at Trust level'

Mr Sidhartha Sinha
Prof Danny Keenan
On behalf of the Healthcare Quality Improvement Partnership

Ms Amy Lloyd
Dr Sanjay Krishnamoorthy
Mr Jon Shelton
On behalf of the Care Quality Commission

September 2015

Phase 1 ("Key" metrics) (II)

- Current annual data
- Up to 5 metrics
- Importance or variability
- Evidence-based standards
- Methodology and robustness

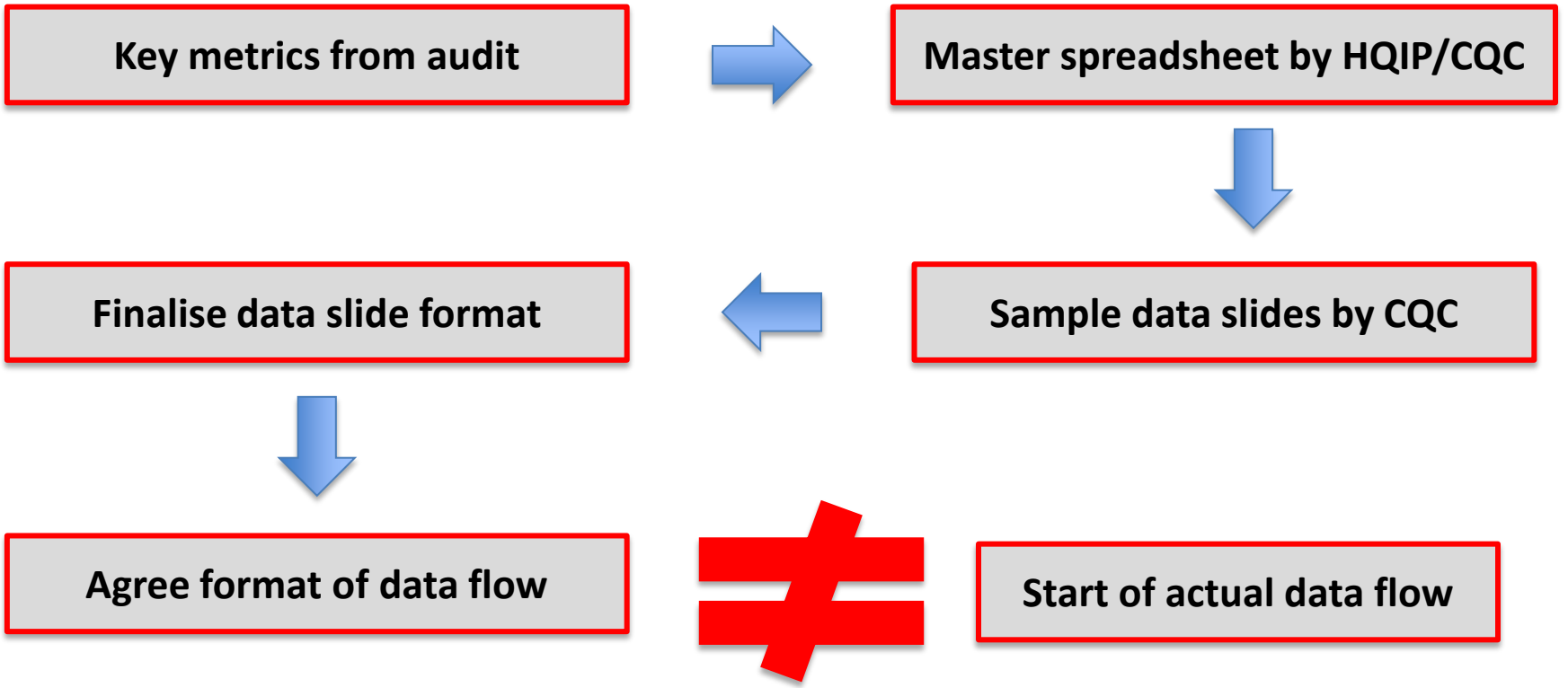
- Outcomes>Process>Structure>PREMS
- Avoid duplication
- Avoid composites
- CQC's 5 key questions
- Hospital or Trust level

- No new metrics or analyses
- Ratified by NCA providers

Phase 1 ("Key" metrics) (III)

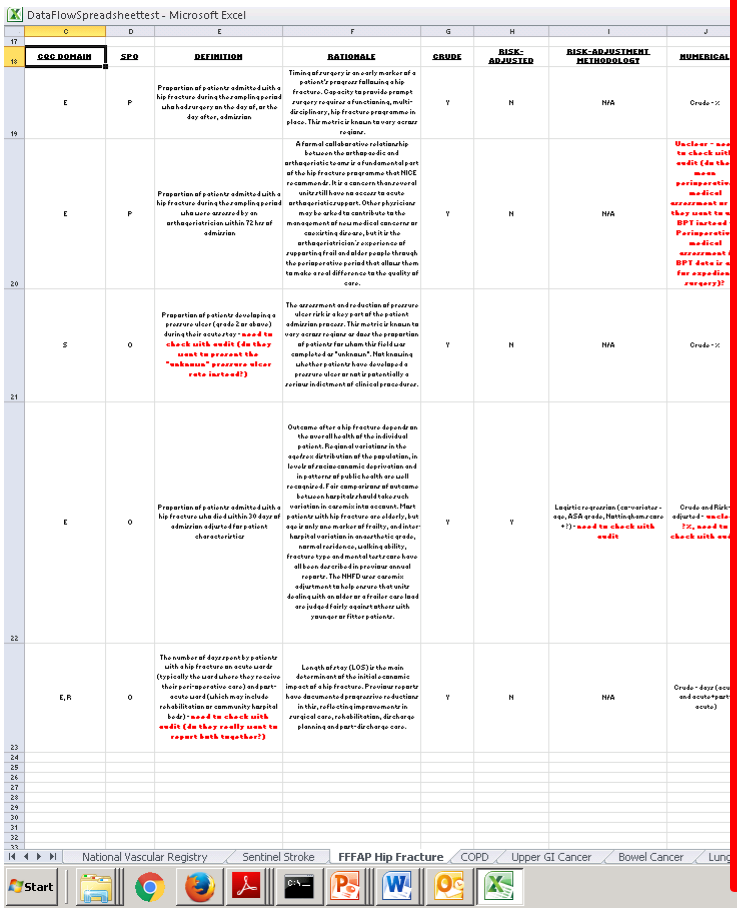
CONFIRMED	PROVISIONAL	REPLY AWAITED
NVR	COPD	Rheumatoid Arthritis
FFFAP NHFD	MINAP	NJR
OGCNA	Cardiac Rhythm Management	Adult Cardiac Surgery
NBOCAP	Heart Failure	Prostate Cancer
NLCA	Congenital Heart Disease	End of Life Care
ICNARC CMP	PICANet	FFFAP Falls / IBD
BCIS NAPCI	National Audit of Dementia	NOT APPROACHED
Ophthalmology*	Epilepsy 12	National Audit of Schizophrenia
SSNAP**	National Neonatal Audit	Nat Audit Psychological Therapies
NaDIA, NPIDA, NDFCA, NDA Core**	Paediatric Diabetes	Head/Neck Cancer / Breast Cancer
NOT SUITABLE	TARN / NELA	Maternity
NCISH	MBRRACE-UK	Asthma

Phase 2 (data slides) (I)



Phase 2 (data slides) (II)

Royal College of Physicians | FFFAP


DataFlowSpreadsheettest - Microsoft Excel

CQC DOMAIN	SPO	DEFINITION	RATIONALE	CRUDE	RISK-ADJUSTED	RISK-ADJUSTMENT METHODOLOGY	NUMERICAL
E	P	Proportion of patients admitted with a hip fracture during the sampling period who had surgery on the day of, or the day after, admission	Timing of surgery is an early marker of a patient's prognosis following a hip fracture. Capacity to provide prompt surgery requires a functioning, multi-disciplinary, hip fracture programme in place. This metric is known to vary across regions.	Y	N	N/A	Crude - %
E	P	Proportion of patients admitted with a hip fracture during the sampling period who were assessed by an orthogeriatrician within 72 hrs of admission	A formal collaborative relationship between the orthopaedic and orthogeriatric teams is a fundamental part of the hip fracture programme that NICE recommends. It is a concern that several units still have no access to acute orthogeriatric support. Other physicians may be able to contribute to the management of neuromedical concerns or coexisting diseases, but it is the orthogeriatrician's experience of supporting frail and older people through the perioperative period that allows them to make a real difference to the quality of care.	Y	N	N/A	Unclear - need to check with audit (do they mean perioperative medical assessment or they want to use BPT instead. Perioperative medical assessment BPT data is also for expedited surgery)?
S	O	Proportion of patients developing a pressure ulcer (grade 2 or above) during their acute stay - need to check with audit (do they want to present the "unknown" pressure ulcer rate instead?)	The assessment and reduction of pressure ulcer risk is a key part of the patient admission process. This metric is known to vary across regions as does the proportion of patients for whom this field was completed as "unknown". Not knowing whether patients have developed a pressure ulcer or not is potentially a serious indictment of clinical procedure.	Y	N	N/A	Crude - %
E	O	Proportion of patients admitted with a hip fracture who died within 30 days of admission adjusted for patient characteristics	Outcome after a hip fracture depends on the overall health of the individual patient. Regional variations in the age/sex distribution of the population, in levels of socioeconomic deprivation and in patterns of public health are well recognised. Fair comparisons of outcome between hospitals should take such variation in case-mix into account. Most patients with hip fracture are elderly, but age is only one marker of frailty, and inter-hospital variation in anaesthetic grade, normal residence, walking ability, fracture type and mental state care have all been described in previous annual reports. The NHFD uses case-mix adjustment to help ensure that units dealing with an older or more frail case load are judged fairly against others with younger or fitter patients.	Y	Y	Logistic regression (covariates - age, ASA grade, Huttinghams score +?) - need to check with audit	Crude and Risk-adjusted - unclear ?%, need to check with audit
E,R	O	The number of days spent by patients with a hip fracture in an acute ward (typically the ward where they receive their peri-operative care) and part-acute ward (which may include rehabilitation or community hospital beds) - need to check with audit (do they really want to report both together?)	Length of stay (LOS) is the main determinant of the initial economic impact of a hip fracture. Previous reports have documented progressive reductions in this, reflecting improvements in surgical care, rehabilitation, discharge planning and part-discharge care.	Y	N	N/A	Crude - days (acute and acute+part-acute)

National Vascular Registry | Sentinel Stroke | FFFAP Hip Fracture | COPD | Upper GI Cancer | Bowel Cancer | Lung

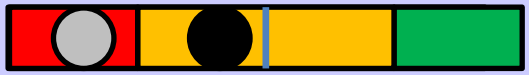
- CQC KEY QUESTION
- SPO
- DEFINITION
- RATIONALE
- CRUDE OR RISK-ADJUSTED
- RISK-ADJUSTMENT METHODOLOGY
- NUMERICAL FORM (C/Is, %)
- UNIT OF ANALYSIS
- OUTLIERS DEFINED WITH STATISTICAL TEST
- RANKING USING PERCENTILE SCALE
- DISPLAY FORMAT
- NATIONAL AGGREGATE
- NATIONAL STANDARD/GUIDELINE
- MAPPING TO STANDARD OR GUIDELINE
- SAMPLING METHODOLOGY
- SAMPLING PERIOD
- CASE ASCERTAINMENT

Phase 2 (data slides) (III)

Standardisation of presentation within PIDP

- **1 slide per audit**
- **Standard grouping of metrics**
- **Numerical data + graphics**
- **Clear labelling, distinctiveness**
- **Context***

Sacred Heart Hospital- Hip Fracture Audit

Metric (CQC Domain)	**2013** (Jan-Dec)	**2014** (Jan-Dec)	**National Standard** (NICE guidelines)	**National Aggregate** (England Proportion)	**Red**: ≤25th percentile **Amber**: >25th, ≤75th percentiles **Green**: >75th percentile Black circle is 2014, grey circle is 2013 Blue line refers to national aggregate
Crude proportion of patients having surgery on the day or day after admission (Effective)	60.2%	70.6%	100%	74.6%	
Crude perioperative medical assessment (Effective)	85.4%	79.4%	100%	91.4%	
Crude overall hospital length of stay. (Effective and Responsive)	18.7 days	14.2 days	n/a	20.1 days (England Mean)	
Crude percentage of patients documented as not developing a pressure ulcer (Safe)	98.8%	98.5%	n/a	98.0%	
Risk-adjusted 30-day mortality (Effective)	*Awaiting Data*				Is this hospital a statistical outlier? Yes/No
Case Ascertainment (Effective and Well-led)	97.4%	95.8%	n/a	93.5%	n/a

Number of cases submitted to audit: 383

Source: National Hip Fracture Database 2015

2 Effective – Evidence

CareQuality Commission

E2

Hip Fracture Audit

	[redacted] 2013	[redacted] 2014	Better / Worse than England Avg	England
Cases Submitted	168	189		55406
Ascertainment rate	112%	130%	↑	N/A
Admitted to orthopaedic care within 4 hours	48.2%	41.9%	↓	48.3%
Surgery on the day of or after day of admission	71.4%	76.9%	↑	73.8%
Pre-operative assessment by geriatrician	28.6%	53.3%	↑	51.6%
Patients developing pressure ulcers	0.7%	0%	↑	3%
Bone health medication assessment	95.9%	100%	↑	97.3%
Fall assessment	100%	100%	↑	96.8%
Mean length of acute stay	15.2	15	↑	N/A
Mean length of post-acute stay	0.64	0.4	↑	N/A
Mean total length of stay	15.9	15.6	↑	19

[redacted]

SOURCE: Hip Fracture Audit 2013 & 2014 (http://www.nhfd.co.uk/)

Royal College of Physicians | Falls and Fragility Fracture Audit Programme

NHFD Dashboard 2015 [redacted]

Figures are hospital average percentages from 2013 and 2014. Data taken from the National Hip Fracture Database.

National Hip Fracture Database lead clinician: [redacted]

Ward Management

	2013	2014	Rating	Progress
Admitted to orthopaedic ward within 4 hours	38.7	27.8	✗	↓
Mental test score recorded on admission	98.0	99.7	✓	-
Perioperative medical assessment	95.7	95.8	✓	-
Mobilised out of bed on the day after surgery (QS16-9)	No data	49.1	✗	
Received falls assessment (QS16-11)	100.0	100.0		-
Received bone health assessment (QS16–12)	100.0	100.0		-
Best practice tariff achievement	76.3	79.5	✓	↑

Surgery

	2013	2014	Rating	Progress
Surgery on day of, or day after, admission	82.6	81.1	✓	-
Proportion of general anaesthetic with nerve blocks	85.8	90.3	✓	↑
Proportion of spinal anaesthetic with nerve blocks	12.2	27.7	○	↑
Proportion of arthroplasties which are cemented	9.1	5.0	✗	↓
Eligible displaced intracapsular fractures treated with THR	3.1	19.7	○	↑
Intertrochanteric fractures treated with SHS	83.5	69.7	✗	↓
Subtrochanteric fractures treated with an IM nail	92.0	90.0	○	-

Outcomes

	2013	2014	Rating	Progress
Case ascertainment	No data	122.9		
Overall hospital length of stay (days)	24.8	24.9	✗	-
Return to original residence within 30 days	0.0	63.8	✓	↑
Developed a pressure ulcer after presentating with hip fracture	3.2	1.4		↑
Pressure ulcer status not recorded	2.8	0.0	✓	↑
Hip fractures which were sustained as an inpatient	No data	2.1		

Key

✓ Top Quartile ○ 2nd/3rd Quartile ✗ Lowest Quartile

↑ Performance improving - Performance broadly unchanged ↓ Performance declining

Sacred Heart Hospital- Hip Fracture Audit

Metric (CQC Domain)	Context	Context	Context	Context
Crude proportion of patients having surgery on the day or day after admission (Effective)	?	?	?	?
Crude perioperative medical assessment (Effective)	?	?	?	?
Crude overall hospital length of stay. (Effective and Responsive)	?	?	?	?
Crude percentage of patients documented as not developing a pressure ulcer (Safe)	?	?	?	?
Risk-adjusted 30-day mortality (Effective)	?	?	?	?
Case Ascertainment (Effective and Well-led)	?	?	?	?

Number of cases submitted to audit: 383

Source: National Hip Fracture Database 2015

Sacred Heart Hospital- Hip Fracture Audit

Metric (CQC Domain)	SPO	Rationale	National Guideline	Mapping to National Guideline	Data Completion / % Incomplete Records	Outlier Definition	Metric Specific Free Text
Crude proportion of patients having surgery on the day or day after admission (Effective)	P	XXXX	NICE QS 16, statement 5	Exact	XXXX	N/A	XXXX
Crude perioperative medical assessment (Effective)	P	XXXX	NICE CG 124, section 1.8; BPT	NICE CG: Approximate BPT: Approximate	XXXX	N/A	XXXX
Crude overall hospital length of stay. (Effective and Responsive)	O	XXXX	N/A	N/A	XXXX	N/A	XXXX
Crude percentage of patients documented as not developing a pressure ulcer (Safe)	O	XXXX	N/A	N/A	XXXX	N/A	XXXX
Risk-adjusted 30-day mortality (Effective)	O	XXXX	N/A	N/A	XXXX	XXXX	XXXX
Case Ascertainment (Effective and Well-led)	N/A	XXXX	N/A	N/A	XXXX	N/A	XXXX

Sampling methodology = total target
Predicted date of next data feed to CQC = xxxx
Link to hospital x "QI webpage for FFFAP NHFD"

Source: National Hip Fracture Database 2015

An NCA Dashboard

- Duplication?
- Purpose?
- Format?
- Content?
- Audience?
- Expectations?

Concerns from audit suppliers

- Data reductionism and complex care pathways / services
- “Equal” weighting to all audits
- Additional (duplicative) data flow / resources
- Based on annual (rather than more frequent) reporting
- Inherent differences between QI and QA
- CORP methodological concerns

Challenges encountered so far…

- Creating a comprehensive reference resource
- Optimising the format of the data slide
- English aggregate vs UK aggregate
- National aggregates vs regional network aggregates

Challenges for the future…

Changes to the CQC inspection / monitoring format

Reduction in the NCAPOP funding envelope

Summary

- We have begun a process to try to optimise the way in which CQC is using NCA data for inspections
- There may be scope to expand this optimised data flow into a resource for Trusts and other stakeholders
- Your feedback on both of these processes would be greatly appreciated!

Table discussions

- 8 tables (4 topics); CQC will rotate through

- Printed sample slides and related documents will be available on each table

1. Feedback on the optimisation process for the CQC
2. Feedback on whether an NCA dashboard is desirable or not

- Not prescriptive; 75 mins

- Can each table please nominate –

1. A scribe to make some notes on the A1 paper supplied
2. A representative to summarise discussion to the floor (5 mins)