

**Reinvigorating clinical audit  
in a major teaching hospital**

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Guy's and St Thomas' **NHS**  
NHS Foundation Trust

### What is Clinical Audit

"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" (NICE, 2002)

At Guy's and St Thomas' Hospitals we set out to apply this principle to clinical audit itself

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### Our mission

In GSTT:

*Clinical audit is not data collection*

↓

*But...*

↓

*A quality improvement process*

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- Where were we?
- Where did we want to go?
- How are we getting there?

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### The context: Guy's & St Thomas

- 2nd largest Hospital Trust in UK
- Large Medical School & largest Dental School in Europe
- Academic Health Science Centre (AHSC) with KCH & Biomedical Research Centre (BRC)
- ¾ million patient contact / year
- Tertiary referral for many services (cardiothoracic, renal, children, cancer...)

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- 9000 employees
- 1100 beds
- 40 operating theatres
- Largest intensive care in UK, 68 beds

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## Where were we?

Large number of Clinical Audits, very little effect on improving quality of patient care

Typically ~500/year on central hospital register for the last 3 years

Usually ~250 completed/year with hardly 20-30 having any real impact

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## How topics were chosen

Usually individual initiatives not a co-ordinated whole service effort

Many were suggested + conducted by Junior Drs/nurses as a requirement for education accreditation

### Result:

No focus on Quality

Not necessarily focusing on "important issues" affecting patient care or reflecting the quality/performance of the service

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## Methodology

- Poor planning with very little consultation
- No or poorly defined "audit standards"
- Many were seeking info NOT measuring performance against agreed best practice
- No validation of data collection tools, no pilots, inter and intra-assessor variability not addressed
- Mostly data collection exercises, no examination of causes of poor performance (no root cause analysis)

## Confusion

Many other activities were labelled as Clinical Audit (either due to confusion or intentionally):

- Observational research / retrospective reviews
- Surveys
- Process mapping
- Simple counting (info gathering)

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## Impact

- Many projects stopped at data presentation
- Some had recommendations (based on individual interpretation, not on root-cause analysis)
- No real discussion in teams to formulate actions
- Few had workable "actions" to improve quality
- Many criticisms: methodology, credibility of data, speculation on alternative explanation of non-compliance (in absence of root-cause analysis)

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- Where stakeholders were not involved in the planning of the audit, they were less likely to believe the data
- No repeat measurement
- Very few had any real impact on improving patient care

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## Moving counting to improving

### Measuring to improve

- Measuring **what matters**
- Against **agreed standard**
- **Credibly**
- Analysing **under-performance**
- **Acting**
- **Re-measuring**

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## How to get there?

- Culture
- Skills & Knowledge
- Leadership
- Systems & policies
- Process redesign
- Celebration of success

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## Plan of the journey

- Initial consultations
- Redefining the language
- Using this language to define the objectives
- Disseminating the vision
- Ensuring take up of these principles
- Celebrating the improvements

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## TCAG November 2006

- First discussion regarding changes to system
- Realisation that even the committee did not speak the same language
- All about **data collection** and not quality improvement
- Conflict existed between incidental research projects versus audit

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## Spring 2007

### We went back to school

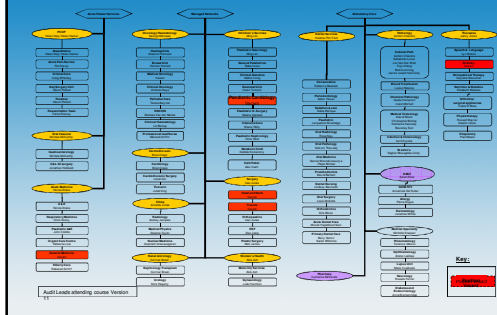
- Initially all members of TCAG attended a 3-day **educational course** on designing and running a clinical audit program

### We then rewrote the textbook

- Development of structure to include **leads** in every speciality
- **Redesigned** every step of the process to imbue the concept of improvement (not counting)

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## Current structure



### Clinical Audit Lead role at a directorate level

- Sit on the Directorate Clinical Governance Committee
- Organise, control and deliver the annual (or rolling) Directorate audit program
- Organise and often chair the monthly departmental governance meetings
- Vetting & improving audit designs, coaching local areas & cementing local structures

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### Training

Developed 1 day workshops for **ANY** staff to gain detailed knowledge of running a project

Currently 517 permanent staff have attended

Including all FY1 and FY2 trainees

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### Policy development

Trust Clinical Audit Policy

National Clinical Audit Policy

Training Policy

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### Redefining the process through paperwork

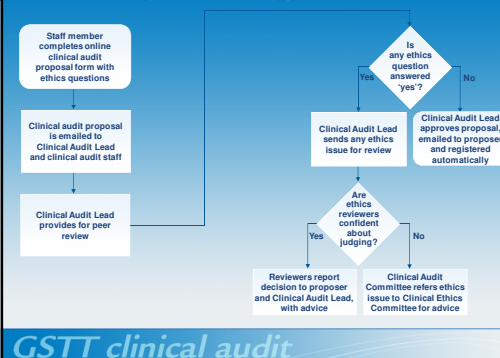
#### Clinical audit proposal form

- Initially a **paper** form became an **online** resource
- “**Forced fields**” embed the need to plan all projects in terms of quality improvement
- All forms have to be **approved** by local and directorate audit leads and therefore their experience helps to redefine the agenda

Clinical Audit Database

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### Ethics screening and handling process for clinical audits



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### Service evaluation

Realisation that not everything fitted **true audit** (as no standard) or **research** (did not create new knowledge) & therefore recognised the idea of **Service Evaluation**

Maybe a marriage of convenience, but a way not to lose a great deal of enthusiasm and potential for future audits or research

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### Development of co-chairs

Workload such that need for co-chairs

- Allow for “chair’s action”
- Provides a pool of expertise

Additional specific remits

- Annual meeting
- Research
- Liaison with trust committees
- Control of specific trust-wide audits

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### GSTT-wide audits

- Consent
- Documentation
- Mental Capacity Act

- Use of “**clinical champions**” to make people sit up and listen
- Pilot actions
- Redesign repeat audit

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### Control

Attempts to influence **existing** structures and harness existing audits to make them more effective  
Freely given **advice** and the crystallisation of a reporting system

- Dress code and patient identification
- DNAR

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### Annual meeting

- 1<sup>st</sup> “**Audit Celebration Day**” on 30th April 2009
- A celebration of progress and an unashamed advertisement for clinical audit
- Well attended by senior clinical staff
- Address by GSTT Chairwoman

• Six finalist presentations

- **Audit with repeat measurement to ensure adherence to the Trust guidelines for endotracheal tube suctioning on the Neonatal Unit** - Alison Carter and Jacky Jones (Physiotherapy and Paediatrics) – to be presented at ISQua

### Summary of actions

- Adopted a common language
- Defined policies
- Appointed formal Specialty leads
- Trained Leads, staff and trainees
- Developed proposal vetting process
- Harnessed the enthusiasm of colleagues
- Controlled organization-wide clinical audits
- Intention to convince the doubters with real change

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### The future — the quality improvement agenda

- Moving from **counting** to **quality improvement**
- Increasing remit to include **all areas** of quality improvement

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## Reflections

### What worked?

- Training / Learning a joint language
- Leadership & forcing the agenda

### What didn't work?

- True buy-in from ALL services

### What would we do differently?

- Involvement of established as well as "younger" clinicians

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