



ACUTE
MEDICINE



OLDER
PEOPLE



SURGERY



PAEDIATRICS



OBSTETRICS AND
GYNAECOLOGY

NATIONAL QUALITY
ASSURANCE & IMPROVEMENT
SYSTEM CLINICAL



Tús Áite do
Shábháilteacht 1 Othar
Patient Safety 1 First



Standard Operating Procedure for Professional Competence Scheme (PCS) credit for Audit using NQAIS Clinical Data

Introduction

NQAIS Clinical provides a wealth of data and can be utilised to support clinicians in carrying out clinical audit. Clinical Audit is a mandatory element of the Professional Competence Scheme for all Surgeons / Medical Practitioners following the introduction of Part 11 of the Medical Practitioners Act 2007 on 1st May 2011.

“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 review of change. Aspects of the structure, process and outcome 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.” (NICE, 2002)

The Medical Council’s document, “Professional Competence – Promoting Quality Assurance” document published in May 2010, states that all registered medical practitioners will actively engage in audit and participate in one audit exercise annually that relates directly to their area of clinical practice. It is recommended that practitioners spend a minimum of one hour per month in audit activity.

Clinical audit is recognised as having three elements:

1. **Measurement** - Measuring a specific element of clinical practice.
 2. **Comparison** - Comparing results with the recognised standard (in circumstances where comparison is possible).
 3. **Evaluation** - Reflecting the outcome of audit and where indicated, changing practice accordingly.
- A structured programme of audit is fundamental for the provision of safe quality health care.

Process

The NQAIS Clinical report for the previous year (Jan- Dec incl.) incorporating the relevant high volume most frequently carried out procedures, for the consultant in question, is produced and agreed.

The NQAIS Clinical report for the previous year is provided for the practitioner (or accessed by the practitioner). This will be agreed locally within the hospital e.g. by a business manager who has completed the NQAIS Clinical Training.

The practitioner reviews the *NQAIS Clinical report* for the previous year. This shows the numbers of patients treated, and several measures of process including length of stay, day case rates, day of surgical admission rates and readmission rates benchmarked against peers within the same hospital, hospital group or national.

The practitioner identifies areas where their practice potentially diverges from their peers. A baseline report (Year 1) can be saved in the Bookmark section of the NQAIS Clinical application.

The practitioner proposes an action plan (quality improvement plan) to identify why this practice is divergent and/or to address the variation. This might include a review of case notes, the development of care pathways, engagement with the directorate/day ward, the team, an evaluation whether case mix is appropriate to the setting etc. This plan is summarised in the ***NQAIS Clinical Audit template*** (see appendix 1).

The Practitioner discusses this action plan with the department head, clinical director, group clinical director or other clinical colleagues as appropriate. Where an individual’s practice appears to indicate

substantial variation from national norms, the practitioner and the clinical director may need to take further action. A proposed timeline for meetings is proposed in Appendix 2.

A bespoke Procedural Review for General Surgery is outlined in Appendix 3.

The practitioner and clinical director (or an appropriate clinical colleague) confirm that an appropriate action plan has been proposed by signing the ***NQAIS Clinical Audit template***.

The practitioner uploads the ***NQAIS Clinical Audit template*** (which does not contain the actual audit data) to their Professional Competence Scheme portfolio.

The action plan is implemented.

Progress is monitored and data reviewed - for most cases this will be part of an annual appraisal. Where there are areas of serious concern this review process should occur more frequently.

An annual review date is agreed with practitioners. To close the audit loop, in year 2, the practitioner reviews the action plan along with the updated report from the bookmark facility in NQAIS Clinical and develops a new action plan.

NQAIS Clinical Audit template
Royal College of Surgeons in Ireland
Professional Competence Scheme

Name of Practitioner:

Medical Council Number:

NQAIS Clinical report: period from to

Procedures included:

Total number of proceddures

Action plan: itemise quality improvement actions proposed for the next 12 months (attach if reqd)

I have reviewed the Standard Annual NQAIS Clinical report and proposed the action plan as outlined above

Signed:

(practitioner) date:

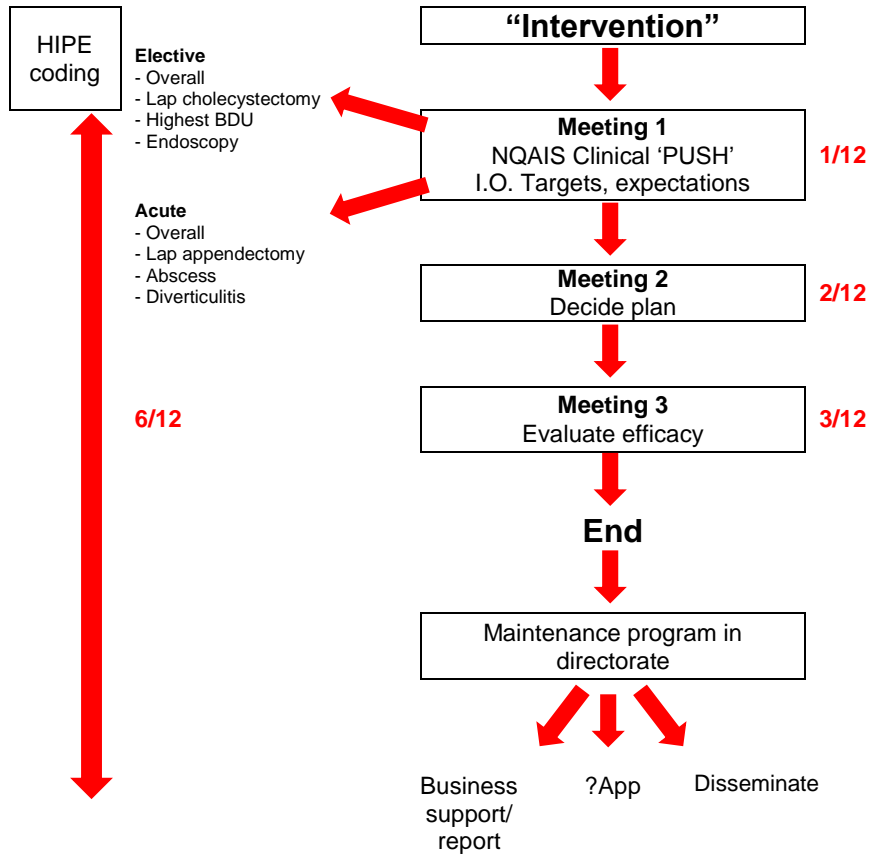
I have reviewed the NQAIS Clinical report for the previous 12 months for the above practitioner and the proposed the action plan as outlined above and support this as appropriate.

Signed: (Clinical Director/Department head/Other)

Medical Council Number

Date:

Proposed timelines for Clinical Audit Meetings



Bestpoke Procedural Review General Surgery

Date	Surgeon	
Review Dates	Data Source	NQAIS Clinical
Legend:	Individual Data is compared to National Targets Where Appropriate	

Acute Flow

Average Length of Stay								
Appendectomy			I & D Abscess			Diverticulitis		
Target	Actual		Target	Actual		Target	Actual	
Time to Theatre								
Appendectomy			I & D Abscess					
Target	Actual		Target	Actual				

In-Patient Elective Flow

Average Length of Stay								
Highest Bed Days Used (BDU)			Lowest AvLoS			Highest AvLoS*		
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
* If the Highest AvLoS is the same procedure as the Highest BDU the the 2nd Highest AvLoS will be analysed								

Day Case Surgery Flow

Laparoscopic Cholecystectomy	Endoscopy Day Case	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Endoscopy Flow

--	--	--	--	--	--	--	--	--

Readmission

Appendectomy			Sub-Specialty					
Target	Actual		Target	Actual				

Actions

Acute:	<input type="text"/>								
Elective:	<input type="text"/>								
Day Case:	<input type="text"/>								
Endoscopy:	<input type="text"/>								
Signed:	<input type="text"/>						Date:	<input type="text"/>	

