Lessons from the UK experience

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- *Medical Director, Safe Care team, Department of Health, London 2010/11*
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- *Masters in Public Health, Harvard School of Public Health, 2009/11*
- *Medical Director, Winchester & Eastleigh NHS Trust, 2004/09*
- *NHS Consultant Physician and Geriatrician, since 1990*
- *MB BCh BAO, Queen's University Belfast 1982*

Health Foundation QI Fellowship

Clinical Effectiveness & Evaluation Unit at RCP

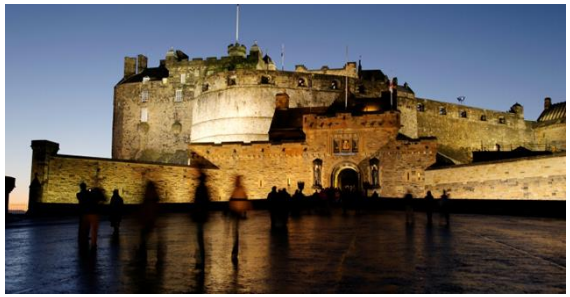
- National clinical audits, databases, confidential enquiries
  - Stroke, Falls, Hip fracture, COPD, IBD, Lung cancer, Asthma
  - Dementia, blood transfusion, end of life care etc
- Specific quality improvement activity
  - Fallsafe care bundle, stroke and lung cancer peer review, elder friendly ward quality mark etc

Overview

- The wider national and international context
- Improving quality of care
- Where does clinical audit fit?
- How should we build and develop audit programs for maximum impact?

The good news…..

We are not alone....



Every healthcare system struggles with…

- Increasing costs
- Poor quality
- Variability

..in addition, we all have some specific local issues, related to culture, politics, funding, context etc

The bad news….

No-one has cracked it…

Exhibit ES-1. Overall Ranking

Country Rankings	
	1.00–2.33
	2.34–4.66
	4.67–7.00

	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	$3,357	$3,895	$3,588	$3,837*	$2,454	$2,992	$7,290

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

In the English NHS we face…

Generic issues

- Rising costs, poor quality, variability

Specific UK issues

- Lower baseline spending (9.6% GDP*)
- Higher efficiency expectation than most
- …but higher recent growth than most

**Ireland 2009 = 9.5% GDP*
2011 estimate = 8.9% GDP

Source; OECD health data 2011

..and the fallout from…..

… and subsequent similar findings elsewhere

Common themes

- Poor care for older patients, especially those with complex problems and cognitive impairment
- General hospital wards
- Poor end of life care
- Inadequate communication with families
- Inadequate response to warning signals
- Inadequate attention to falls, nutrition, hydration, continence issues
- Apparent lack of compassion by some staff

Common themes

- Leadership deficiencies
  - At all levels, including national
  - Boards out of touch with what was happening on Wards
  - Misalignment between policies and practice
  - Focus on targets and finance, at the cost of quality
  - Inattention to feedback from families and to other warning signals

UK dementia audits themes

- Lack of infrastructure around training, basic processes, policies & procedures
- Deficiencies in processes of basic clinical care
- Misalignment between policies and practice
- Insufficient Board awareness of issues related to dementia, falls, readmissions, nutrition etc

Future Hospital Commission

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RCP Future Hospital Commission report 2013

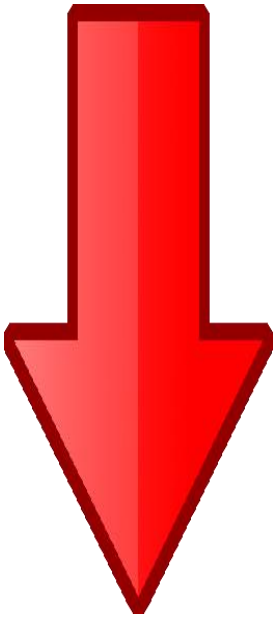
- If we can get it right for;
  - The complex elderly
  - ..emergency admissions, on general wards
  - ..especially those with cognitive impairment
- Then we can probably get it right for the whole system
- We should recognize that patients' experience of care is as important as clinical outcomes

How does clinical audit improve quality of care?

Improving quality

Top down

- Targets and directives (MRSA etc in the UK)
- National campaigns & strategies (the Dementia Challenge?)
- Using the payment system
  - "P4P" in the US
  - QOF in the UK
  - Non payment for "Never events"
  - CQUINs in NHS England
- Regulatory
  - Inspection, CQC etc
  - Accreditation
- Setting the agenda and modelling culture



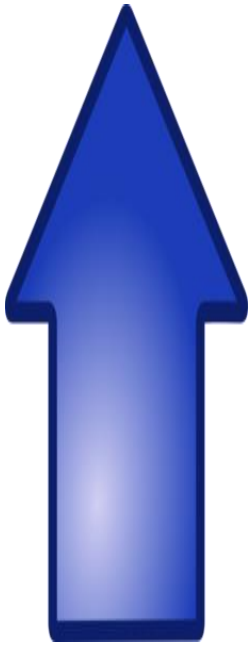
Improving quality

Bottom up

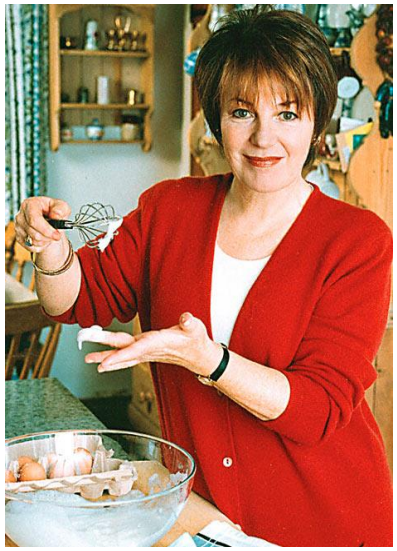
- "Industrial" Quality Improvement approaches (PDSA, Lean etc)
- Professional initiatives
  - Clinical audit, guidelines and protocols
  - Accreditation & peer review
  - Clinically led local QI work

Patient-directed

- Public reporting of outcomes
- Patient groups
- (?the market??)



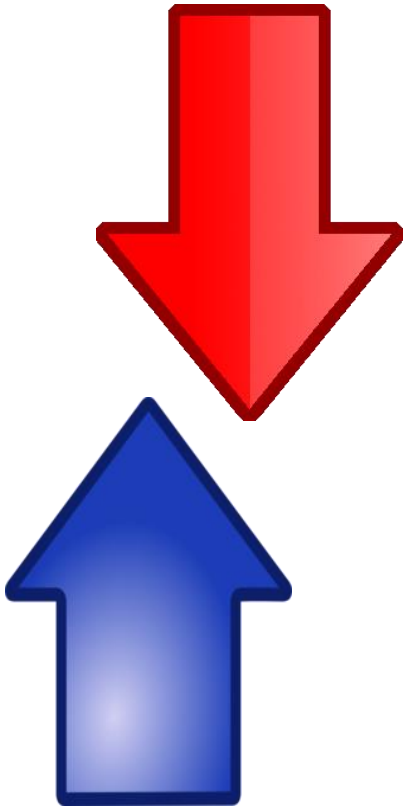
The best approach to improving quality?



Improving quality

The “best” approach?

- Probably a mixture of all
- alignment of external rewards, incentives and penalties
- with intrinsic (professional) motivation
- Making the right thing easier
- Removing barriers to high quality
- All approaches have strengths and weaknesses



Clinical audits….

- Seem to work best when they seek to influence at several different levels
- Front line clinical involvement is essential, but not sufficient
- Adapt depending on their degree of maturity
- …and are supported by approaches to help clinicians make local improvements

Early stage clinical audits…

- Get the topic on the political and policy agenda
- Provide data
  - *The big picture is more important than local performance*
- Energize clinicians
- Interest clinical leaders and academics
- Engage patient and voluntary groups

As audit matures expect…

- A focus on methodology and data quality
- Local data of interest to regulators, press, the public
- The focus to move from organizational to process and outcome measures
- A need to accompany data collection with support for quality improvement
- Concerns about the burden of data collection and alignment with other work
- More emphasis on patient and family experience

Support for local quality improvement

FRAILsafe (v6)

Date: / /

Phase 1 – Patient Identification

CONFUSED?
REDUCED MOBILITY?
CARE HOME RESIDENT?

→ If the answer is YES to any of these proceed to phase 2

Phase 2: Clinical Response	Circle	Action if YES
Confusion		
Is there delirium?	Y / N	*Follow local guideline*
Is there a diagnosis of dementia?	Y / N	*Follow local guideline*
Equipment		
Cannula	Y / N	→ Is it still required?
Urinary Catheter	Y / N	
Bed rail	Y / N	
Reduced mobility	Y / N	Document a mobility plan for the next 24 hours
Falls risk	Y / N	*Follow local guideline*
Pressure sore risk	Y / N	*Follow local guideline*
Advance care plan		
Resuscitation status considered	Y / N	Consider if DNAR form needs completing.

→ Has a medication review been completed? ☐

Phase 3 – daily monitoring	Day 1	Day 2	Day 3	Day 4	Day 5
New or worsening confusion?	Y / N	Y / N	Y / N	Y / N	Y / N
Equipment reviewed?	Y / N	Y / N	Y / N	Y / N	Y / N
Mobility plan documented?	Y / N	Y / N	Y / N	Y / N	Y / N
Signature/initials					

With thanks to Tom Downes, BGS

Support for local quality improvement

The Health Foundation
Inspiring Improvement

IMPROVING LUNG CANCER OUTCOMES IN ENGLAND

The clinical communities approach

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Original research

Reciprocal peer review for quality improvement: an ethnographic case study of the Improving Lung Cancer Outcomes Project

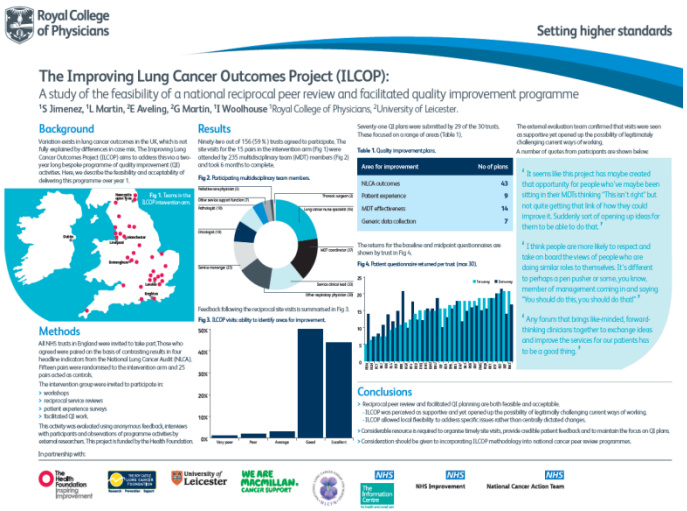
Emma-Louise Aveling,[1] Graham Martin,[1] Senai Jiménez García,[2] Lisa Martin,[3] Georgia Herbert,[1] Natalie Armstrong,[1] Mary Dixon-Woods,[1] Ian Woolhouse[4,5]

[1]Department of Health Sciences, Social Science Applied to Healthcare Improvement, Research

ABSTRACT

Background: Peer review offers a promising way of promoting improvement in health systems, but the optimal model is not yet clear. We aimed to describe a

because of well publicised failures.[1] The current trend is towards external regulation. However, it has proved difficult to design regu-



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The Improving Lung Cancer Outcomes Project (ILCOP):

A study of the feasibility of a national reciprocal peer review and facilitated quality improvement programme

[1]S Jimenez, [1]L Martin, [2]E Aveling, [2]G Martin, [1]I Woolhouse [1]Royal College of Physicians, [2]University of Leicester.

Background

Results

Methods

Conclusions

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What next??

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I'd suggest….

- Think about alignment of initiatives
  - National strategy and other policy work
  - Guidelines?
  - Colleges and specialist society support
  - Regulation?
  - Inspection?
- Support for local clinicians and services
  - QI approaches?

I'd suggest….

- Refine and develop the audit approach
  - A patient and family perspective
  - More robust methodology
    - *(sampling, data collection etc)*
  - Individual hospital level data
  - QI programs and approaches

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