

Turning Clinical Information into Quality Data

NOCA National Office of
Clinical Audit

Fiona Hammond Cahill, Manager

- **2010 National Clinical Programmes**
- **2011 Audit Scoping**
 - Mr Ken Mealy Clinical Director
 - Fiona Cahill Project Manager
- **2012 National Office of Clinical Audit Launch**
 - Collaboration of RCSI and HSE Quality Improvement Division
 - Independent Governance Board
 - Chair Professor Paddy Broe Sept 2012 - Sept 2014
 - Chair Professor Sean Tierney Sept 2014



Identify Audit Need.. what and how we measure

Clinical Leadership /
Clinical Programmes

NCEC Guidelines

Establish validity and national support /Business
case for funding

Build Sustainable Infrastructure

Establish Hospital and National
Governance

Procure, define, configure and
implement ICT collection tools

Train and support data
collectors

Collect, monitor and support review of output

Train and support interpretation of audit output

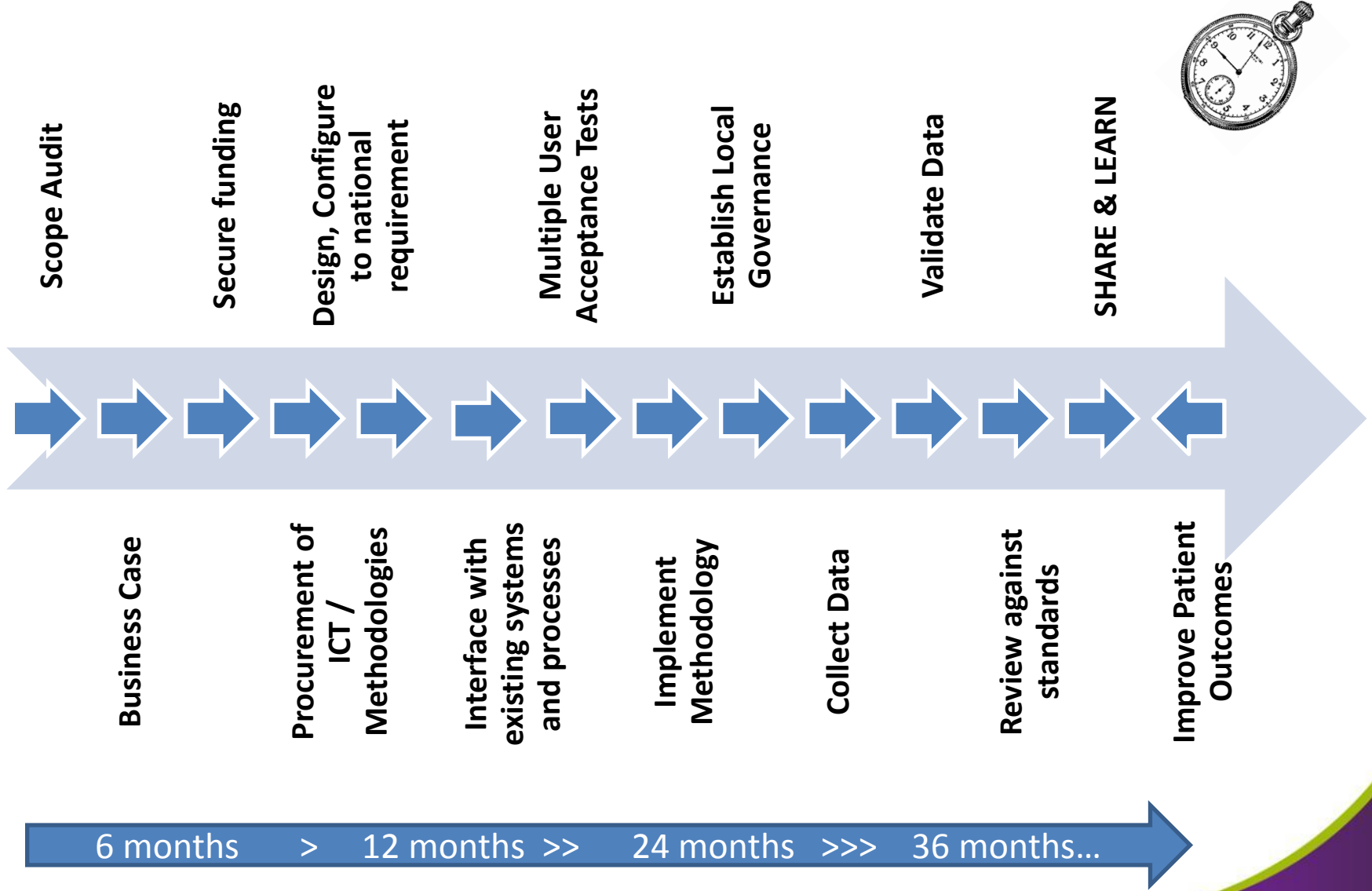
Prompt local reviews, call to action, escalation

Report nationally to support learning

*The Commission on Patient Safety and Quality Assurance (2008) defined clinical audit as:
a clinically led, quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and to act to improve care when standards are not met.*

- **Major Trauma Audit (MTA)**
 - clinically led by Dr Conor Deasy
- **Irish National Orthopaedic Register (INOR)**
 - clinically led by Mr David Moore, Mr Paddy Kenny, Mr James Cashman
- **National Intensive Care Audit (ICU Audit)**
 - clinically led by Dr Rory Dwyer
- **Irish Hip Fracture Database (IHFD)**
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- **National Audit of Hospital Mortality**
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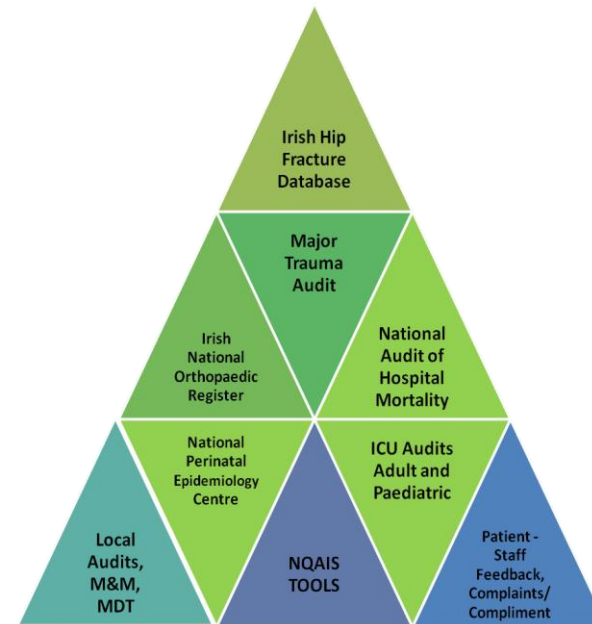


Clinical Audit is not new or unique to NOCA...

**Clinical Audit in isolation will not improve patient
outcomes....**

- ✓ **Governance structures to receive audit output which in turn support and encourage improvement**
- ✓ **NOCA Audit Findings - Shared and heard and acted upon...**
 - ✓ **Turn knowledge into action**

Governance....



Triangulation

Good Guidelines lead to quality audit...

Criteria 1 Patient Safety Issue

- What is the patient safety issue? Who is affected? How are they affected?
- Is there potential for **quality improvement** in the area?

**NATIONAL
CLINICAL
EFFECTIVENESS
COMMITTEE**

Criteria 2 Burden of Clinical Topic*

*Includes disease/condition/circumstance etc.

- What is the associated mortality and morbidity? Is there reduced quality of life?

Criteria 3 Evidence Analysis

- What can we learn from other jurisdictions?

Criteria 3 Evidence Analysis

- Have the resources required for any initial set up or roll out phase been considered?
- Have the cost of these resources to the publicly-funded system been estimated?

Criteria 5 Variability in Practice

- Are there gaps between current clinical practice and evidence-based practice?
- Would reducing variation reduce avoidable morbidity and/or mortality?

Criteria 6 Potential for Improved Health

- What is the extent of potential improved quality of life?
- What is the extent of potential improved quality of care?
- Will the clinical guideline improve patient safety?

Criteria 7 Clinical Guideline Implementation

- What is likelihood of the clinical guideline implementation strategy being successful?
- How accessible will the clinical guideline be?



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Clinical Audit will lead to future guideline development...

Thanks for listening..... What you've been thinking during my NOCA presentation

