



NOCA National Office of
Clinical Audit

Quality improvement and NOCA Audit: Making both synonymous

PROF CONOR O' KEANE
NOCA QI LEAD

|  @noca_irl | #NOCA2023 |



Integrating QI in NOCA Audits

Background and enabling structures



NOCA Audit Impact Committee

Clinical QI Lead, NOCA Governance Board (Chair)	Prof Conor O' Keane
Clinical Director	Dr Brian Creedon
Executive Director	Collette Tully
Head of Data Analytics & Research	Dr Fionnola Kelly PhD
Audit Manager	Louise Brent / Pamela Hickey
PPI representative	Seeking expression of interest
External QI expert	Dr Michael Sykes PhD
Head of Quality & Development (Coordinator)	Marina Cronin

AIM

Implementation of the
National Office of Clinical
Audit Strategy 2021-2025

- Focus on QI

PRIMARY DRIVERS

Responsibility of NOCA
Audit Impact Committee

- Promote NOCA data use for QI
- QI activities become a core component of NOCA audits and registries
- A NOCA Impact report
- Create QI culture – training, templates etc.

ACTIVITIES

Leading, training,
templates

- Symposium for clinical leads & chairs
- NOCA QI Champion
- HSE LanD QI eLearning programme to NOCA Audit Coordinators and Clinical Lead
- Best practice guidance e.g. Audit Maturity, Reporting templates
- Audit feedback –QI
- Audit Impact Report

INTEGRATING QI IN THE NOCA DATA STRATEGY

January February March April May June July August September October November December



Data Dissemination: Quality Improvement

Interactive dashboards - display KQIs in the form of SPC (statistical process control) and Run Charts. These will identify special cause variation and will assist hospitals in identifying areas for improvement.



Access to a portal where Hospitals can view and use their own data for service evaluation, quality improvement or research purposes



Expertise and advice from NOCA team to:

- 1) Help hospital personnel interpret their data
- 2) Help clinicians and managers use their data to implement quality improvement initiatives

- Q1 2021
- Q2 2021
- Q3 2021
- Q4 2021

Met best practice tariff



15%

Percentage of patients met best practice tariff



Standard 1

34%

Percentage of patients admitted within 4 hours to an orthopaedic ward or theatre



Standard 2

69%

Percentage of patients receiving surgery within 48 hours (normal working hours)



Standard 3

2%

Percentage of patients who developed a new pressure ulcer

Standard 4



63%

Percentage of patients seen at any time during admission by a geriatrician

Standard 5



85%

Percentage of patients who received a bone health assessment

Standard 6



62%

Percentage of patients who received specialist falls assessment

Standard 7



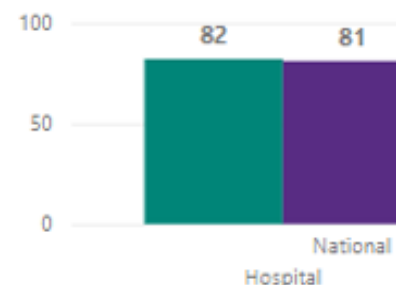
89%

Percentage of patients mobilised by physiotherapist: day of or day after surgery

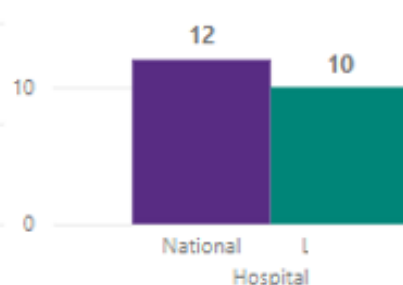
MENU

- Home
- Dashboard
- Standard 1-4
- Standard 5-7
- Standard 1-7 by year
- Median
- BPT
- Revenue
- Standards

Median age: (Years)

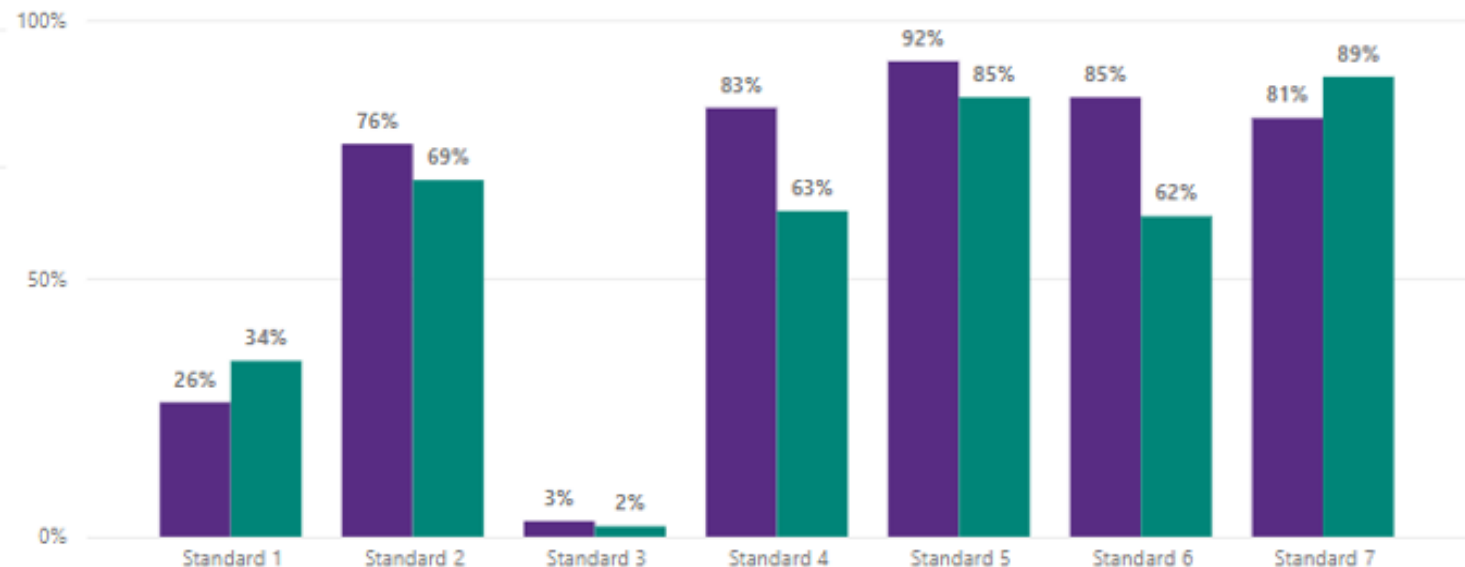


Median LOS: (Days)



Standards

● National% ● Hospital%



Coverage (Capped at 100%) : No. of Cases with IHFD Data Expected number based on HIPE Cases:

97.7%

506

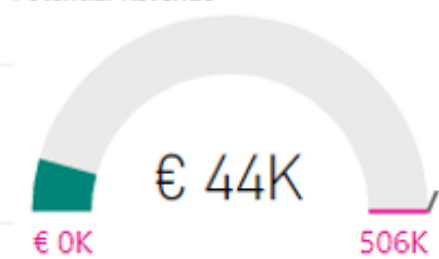
518

BPT (Best Performance Tariff):

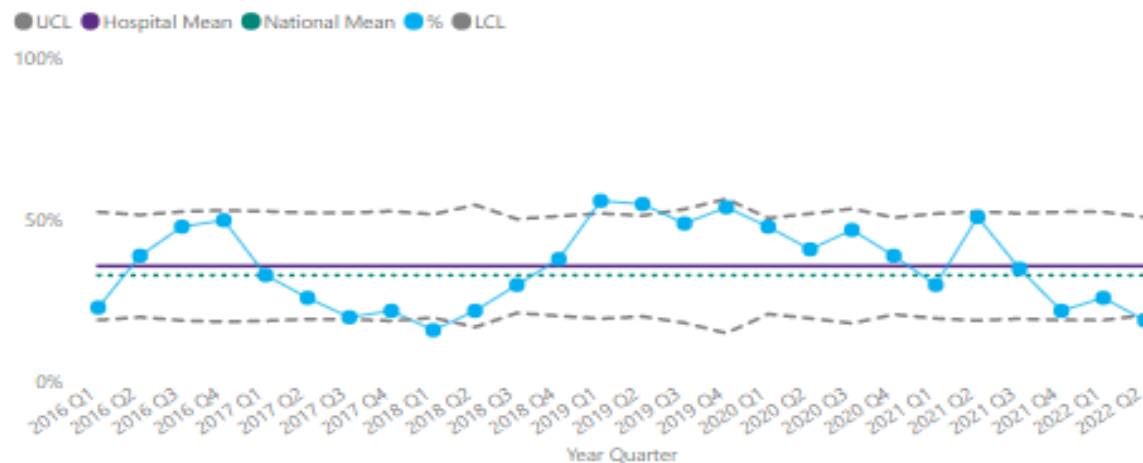
Actual Revenue



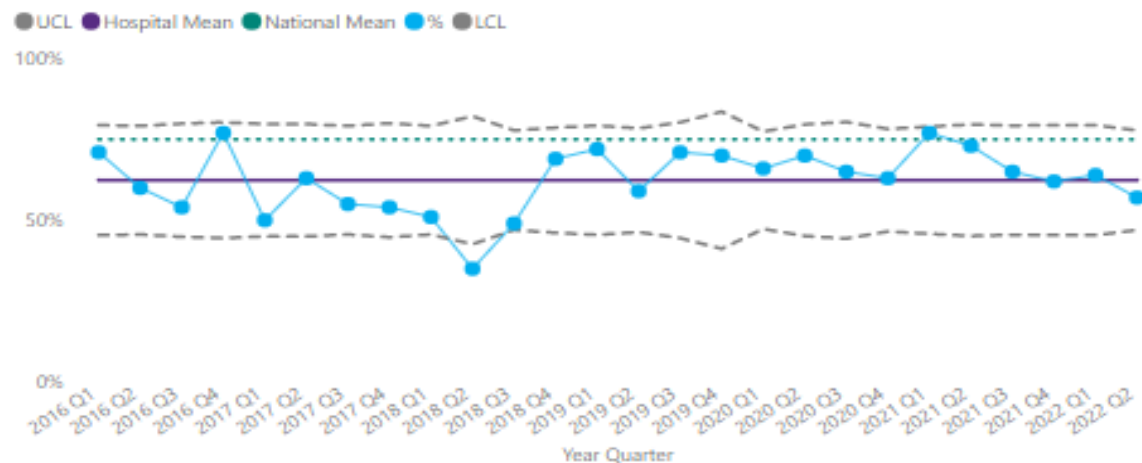
Potential Revenue



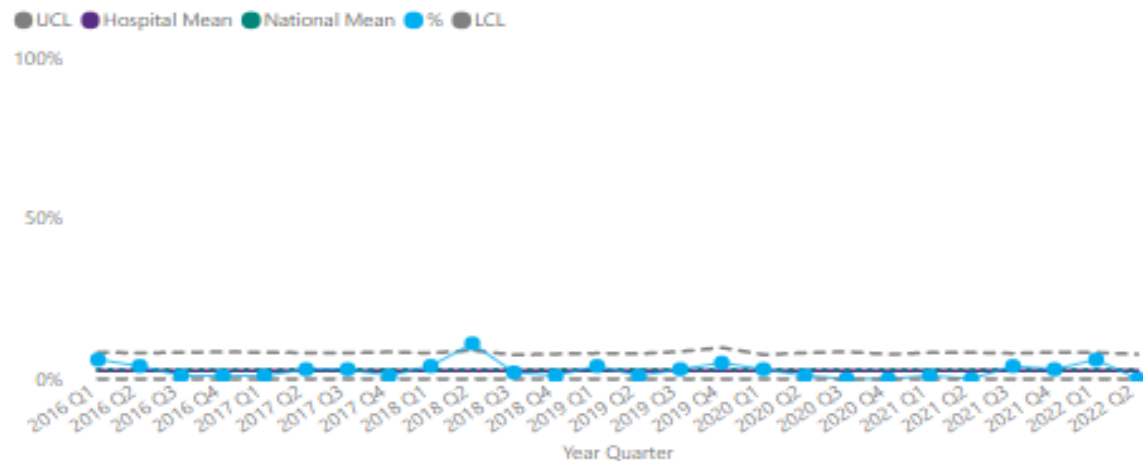
Standard 1: Percentage of patients admitted within 4 hours to an orthopaedic ward or theatre



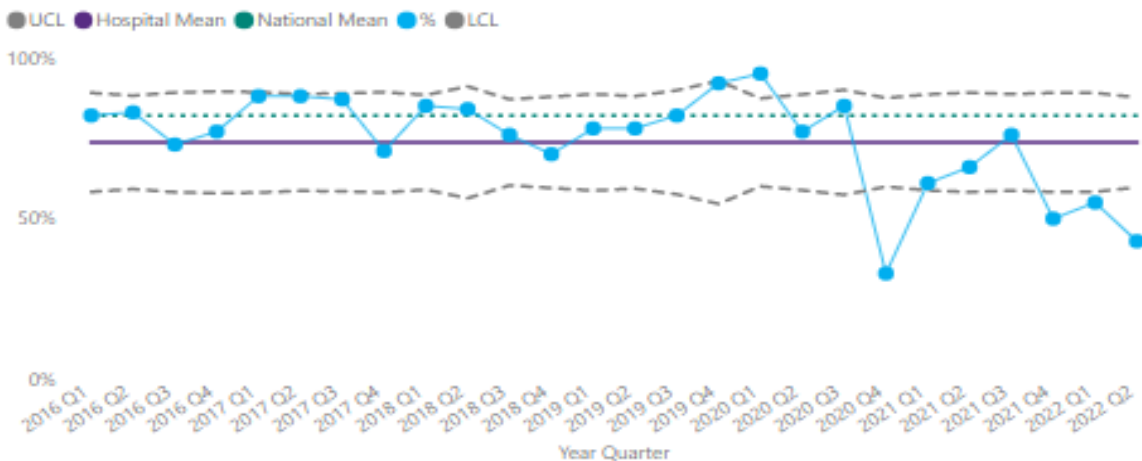
Standard 2: Percentage of patients undergone surgery within 48 hours (normal working hours)



Standard 3: Percentage of patients who developed a new pressure ulcer



Standard 4: Percentage of patients seen at any time during admission by a geriatrician



MENU

- Home
- Tools
- Standard 1-4
- Standard 5-7
- Standard 8-9
- Median
- Print
- Refresh

National IHFD 2017-2020

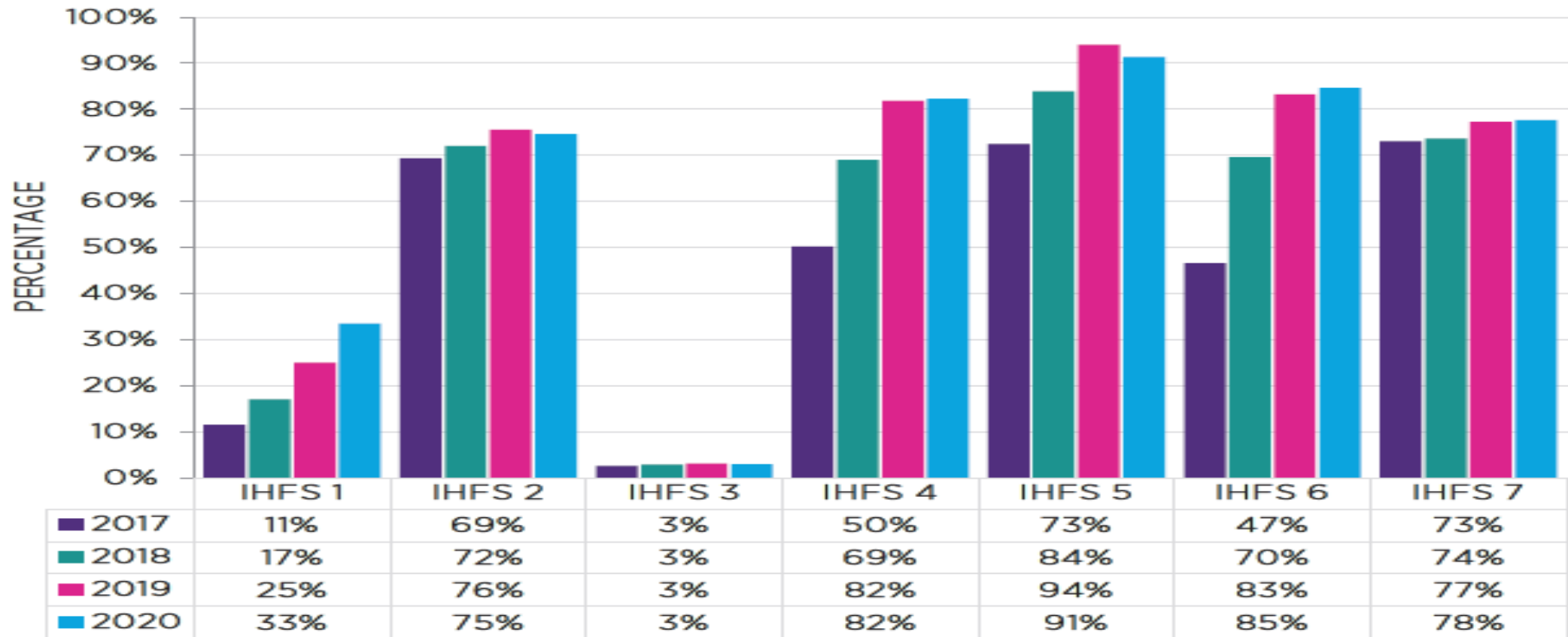


FIGURE 4.1: PERCENTAGE OF PATIENTS NATIONALLY WHO MET EACH IRISH HIP FRACTURE STANDARD IN 2017 (N=3497), 2018 (N=3751), 2019 (N=3701) AND 2020 (N=3666)

EVOLVING REPORTING FROM NOCA

January February March April May June July August September October November December



Currently @ Audit Level:

- Large annual reports (100-200 pages)
- Public summary reports
- PDF quarterly reports for hospital groups
- PDF hospital reports for individual hospitals

Transitioning to @Audit level:

- Public summary report continues
- Smaller more focused annual reports (40-50 pages)
- Trend reports every 3/5 years
- Interactive Dashboards for hospitals, hospital groups to slice and dice their data
- Interactive dashboards for researchers and the general public to access annual validated published data first at national level and then at hospital level where appropriate.
- Additional spotlight reports on areas requiring more detailed analysis
- Research publications

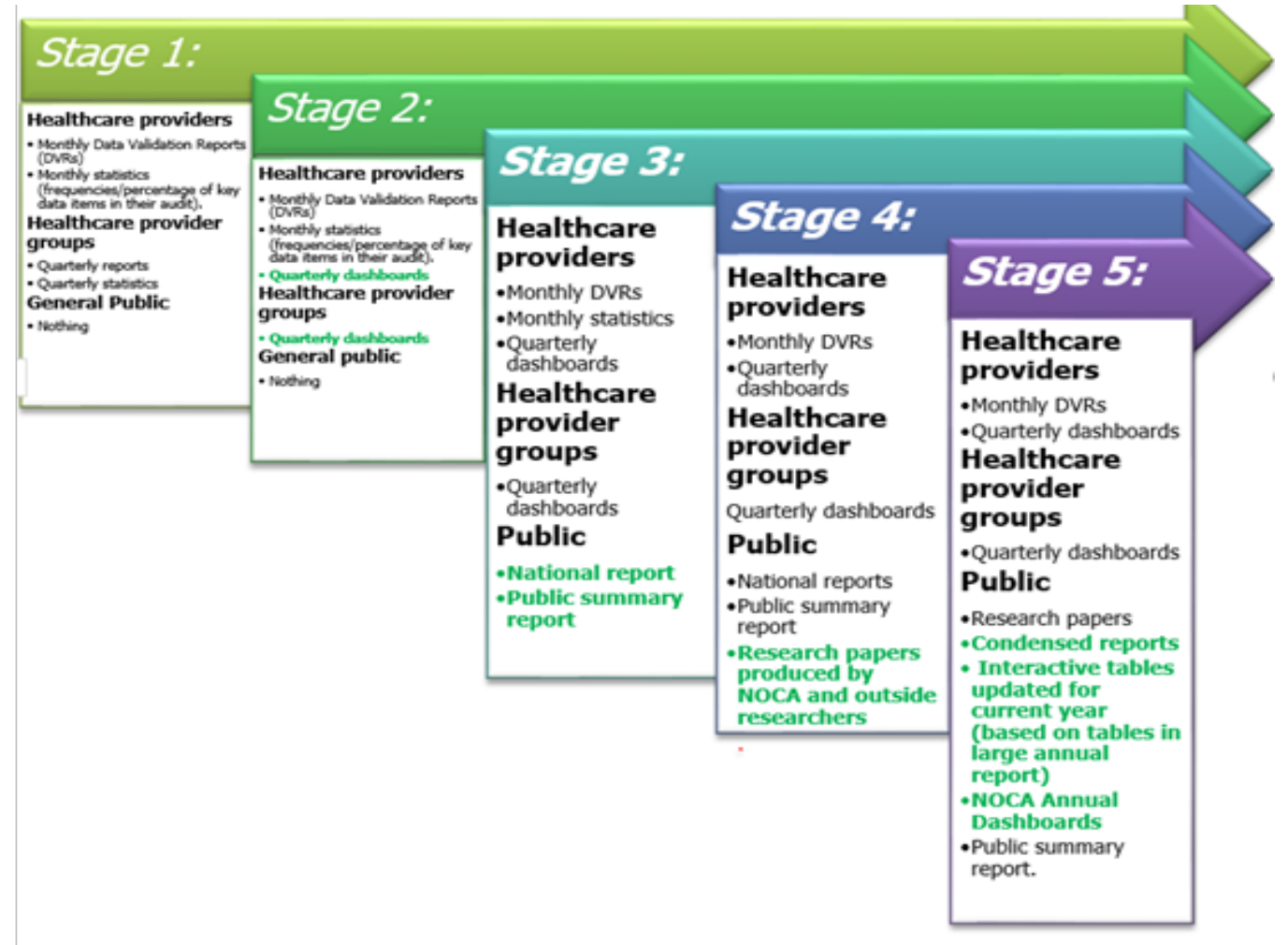
At NOCA level

- Audit Impact Report

AUDIT MATURITY MODEL FOR REPORTING NOCA DATA

Stages

1. *Data collection begins*
2. *Data collection established*
3. *Reliable data to report on*
4. *Audit is established and producing reliable data*
5. *Insights from mature audit*



TRAINING & RESEARCH

January February March April May June July August September October November December





For NOCA

- ❑ HSE Land modules – QI-audit leads
- ❑ Clinical Lead & Chairs person symposium

With Healthcare providers

- ❑ Applied Partnership Research Application to HRB
 - ❑ Dr Michael Sykes, Dr. Orla Healy, Marina Cronin
- ❑ Working with HSE QPSD- Educate to integrate QI into NOCA audits in a sustainable way

Key take home messages



- ❑ Clinical audit and QI must go hand-in-hand
- ❑ Feedback is critical
 - ❑ Interactive dashboards
 - ❑ Reports – QI, Audit Impact.
- ❑ Build capability and sustainability into NOCA audits
 - ❑ Training, Research.



NOCA National Office of
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QUALITY IMPROVEMENT CHAMPION AWARD 2023

We sought nominations from a person or team who have shown their dedication to quality improvement (QI) within their hospital/hospital group/healthcare area

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