



**Northumbria  
University**  
NEWCASTLE

# Studies in England and Ireland exploring and enhancing organisational responses to national audits

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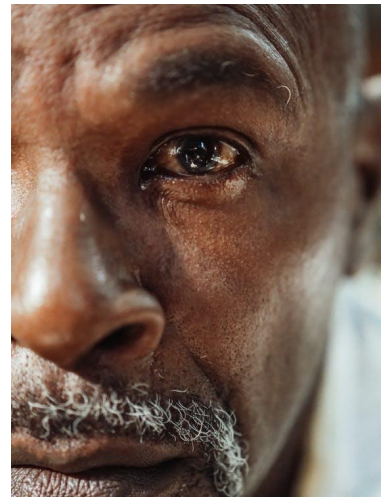
& Patient/carer and health system stakeholders



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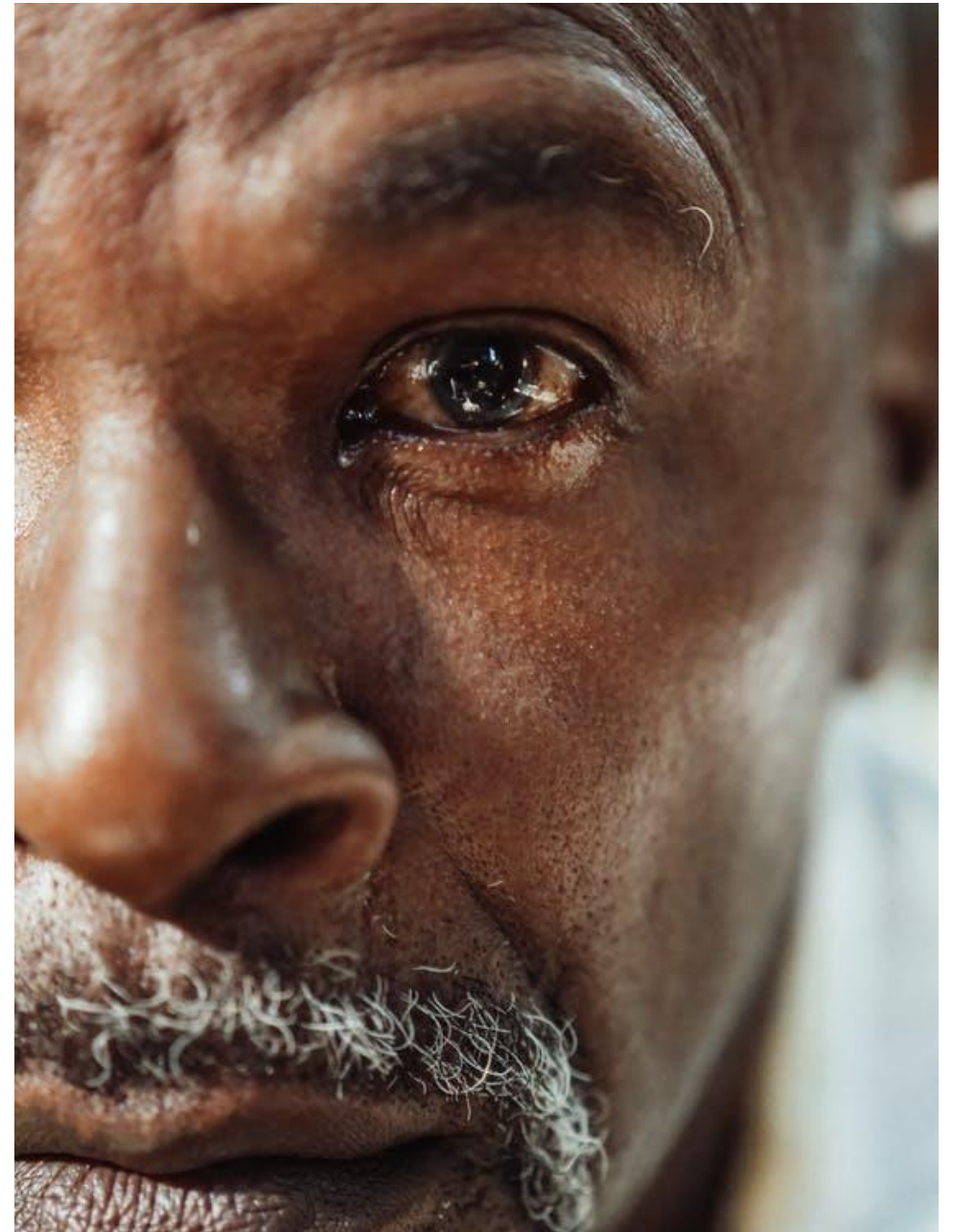
Credit: Pixabay



## Some patients don't receive 'best care'

E.g.

- 81% of patients with dementia did not have an assessment of delirium on admission to hospital (Irish National Audit of Dementia)
- 57% patients did not have the swallow assessed within 4hrs admission (32% not assessed during admission) (Irish National Audit of Stroke)
- 67% of patients with hip fracture were not admitted to an acute orthopaedic ward / brought directly to the theatre within four hours of presentation (Irish Hip Fracture Database)

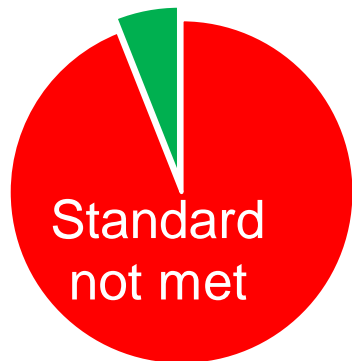


# Audit and feedback

Does it improve care?

**Effective:** 4.3% absolute improvement

**...but variable:** IQR = 0.5% to 16% (Ivers et al, 2012)





“Feedback interventions are more effective when they target health professionals with greater capability in quality improvement”  
Brown et al, 2019



“The Irish healthcare system would benefit if [it] ...invested in Quality Improvement training”  
National Review of Clinical Audit, 2019



“Healthcare providers require additional support to make best use of performance feedback data. This is likely to be most effective as part of a coordinated regional or national improvement programme” HQIP, 2021

# Development pathway

6. Test and **refine** the intervention

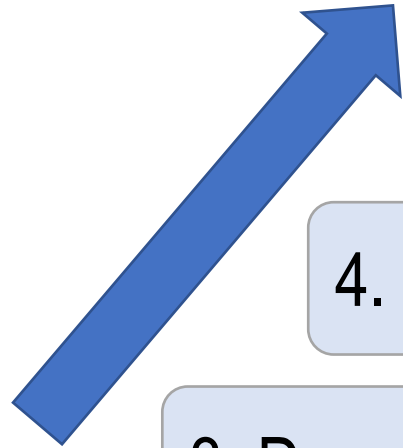
5. **Adapt** the intervention to more national audits

4. Test and **refine** the intervention

3. Develop a strategy to **implement** the enhancements

2. Identify **enhancements**

1. **Describe** the response to a national audit



# Which QI capabilities & how implemented?

## Proposed capabilities:

- Specify goal
- Identify care pathway & analyse influences
- Align influence to improvement action
- Engage stakeholders
- Collaborate
- Link actions and performance to priorities
- Consider existing work
- Monitor effectiveness of action (feedback)

**Quality  
Improvement  
Collaborative**

- Two virtual 1-1 coaching calls
- Two virtual multisite workshops
- 8-12 virtual multisite calls

**What to do?**

**Commitment**



# 1. Describe the response to a national audit



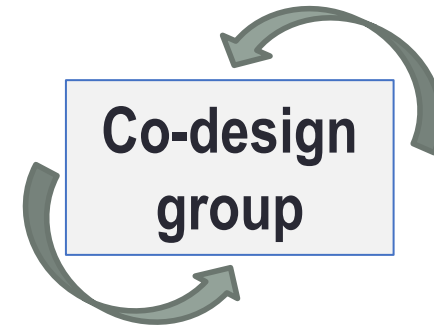
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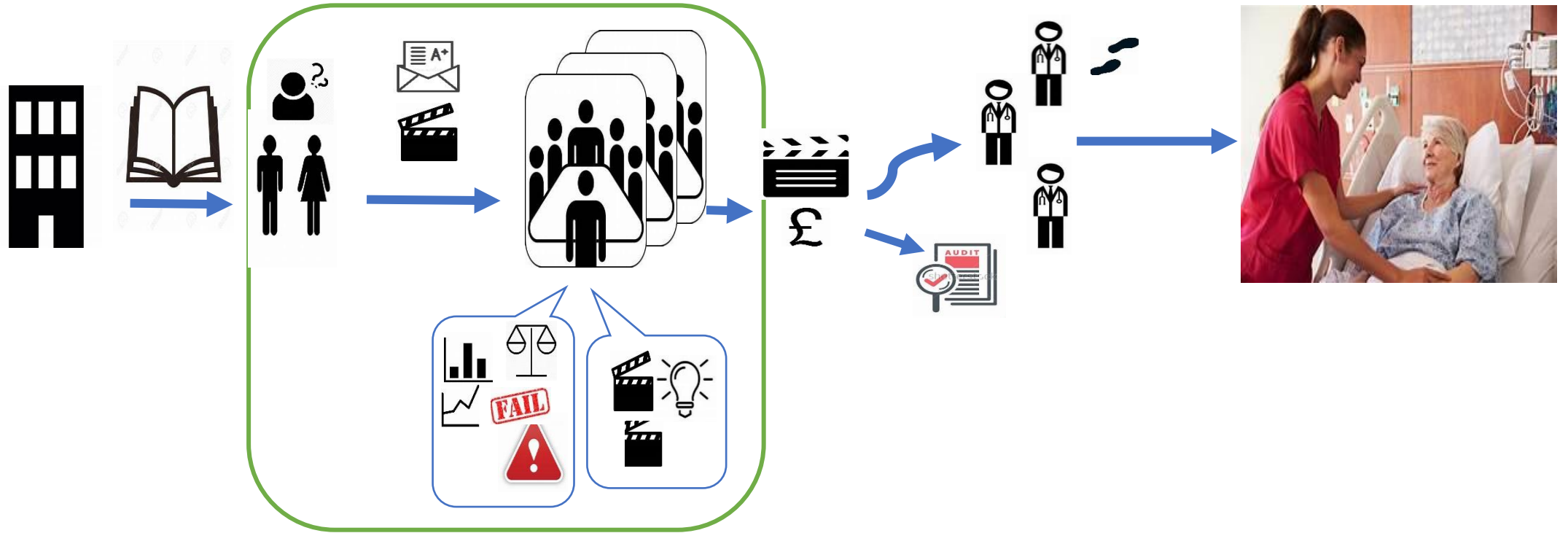
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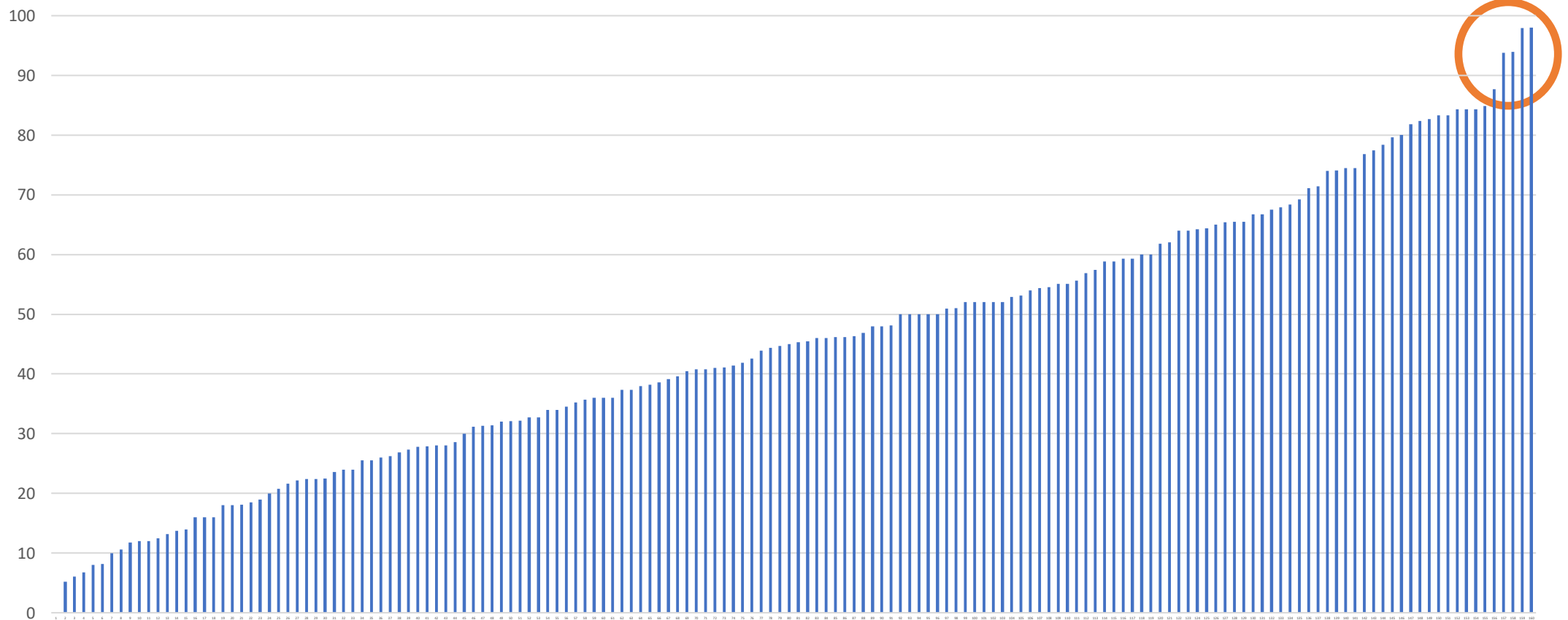


# When the report reaches an **ENGLISH** hospital...



# Identifying priorities

**Assessment presence of delirium (%)**



# Identifying priorities

Pressure sore risk assessment (%)



“I think I went just by the key recommendations, in the end, to be honest, because it summarised it all for me.”

(Dementia nurse specialist)

# Analysing influences upon performance

e.g.

## Performance:

- Fewer than 30% of case notes had info on the causes of distress;

## Analysing causes of audit performance:

- Difficult to identify next of kin;
- Time to complete;
- Information not shared;
- Cards lost or thrown away as contaminated;
- Staff believe not beneficial to care

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## Analysing causes of audit performance:

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## Selecting actions

**Encourage use  
Audit**



## 2. Specify enhancements

## 3. Develop a strategy to **implement** the enhancements

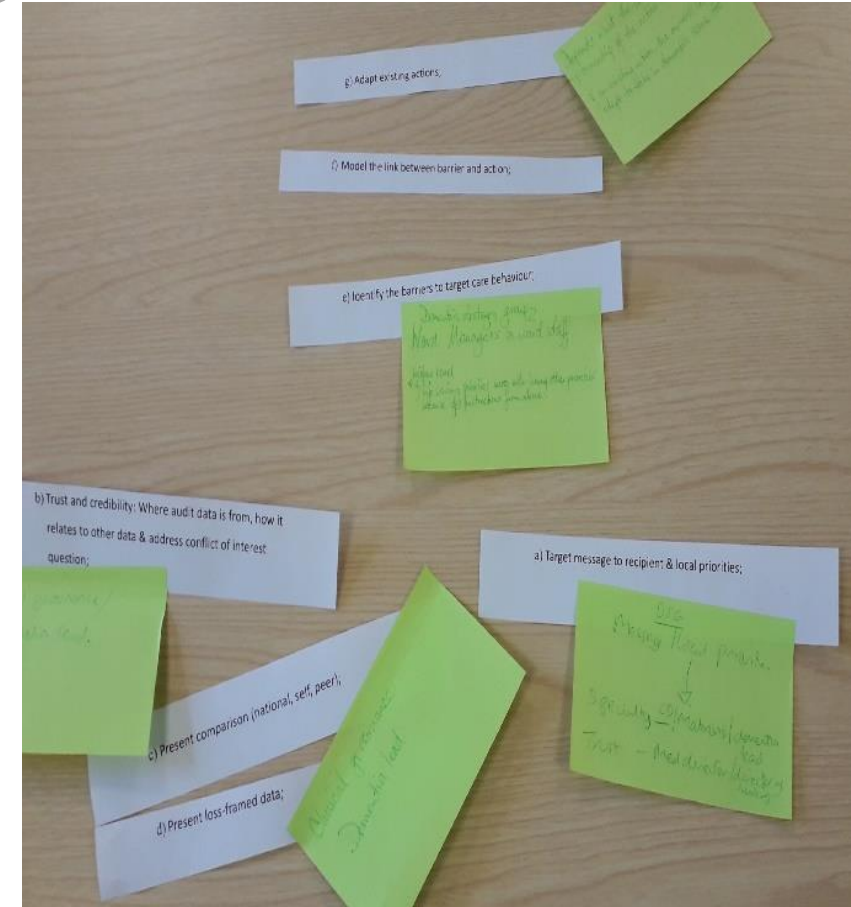
### Proposed enhancements:

- Target low baseline performance;
- Address recipient priorities;
- Develop trust and credibility;
- Present meaningful comparisons;
- *Present loss-framed data;*
- Identify & address barriers to performance;
- Develop a conceptual model;
- Involve stakeholders;
- Consider the opportunity cost.

(Ivers et al, 2012; Colquhoun et al, 2017)

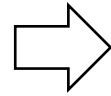
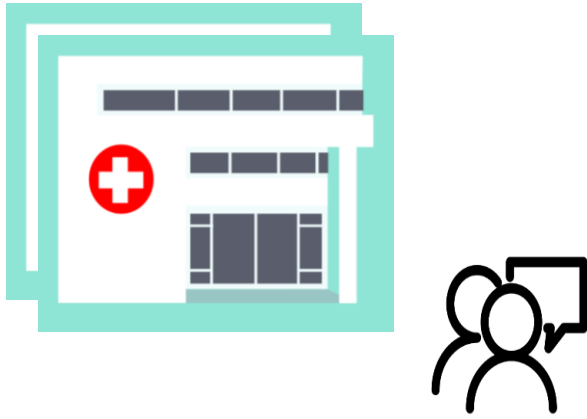
Educational workshop

Co-design group

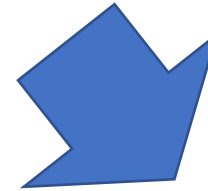




## 4. Test and refine the intervention



Co-design  
group

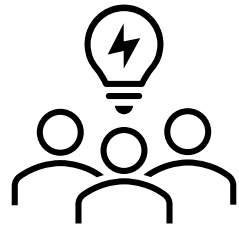


Strategy to implement practices:

Educational workshop + outreach + facilitated meetings

**= Quality Improvement Collaborative**

## 5. Adapt the intervention



Stakeholder groups



## 6. Test and refine the intervention





Prof Suzanne Timmons  
Lauren O'Mahony  
Daisy Wiggin



Dr Jenny McSharry  
Elaine O'Halloran  
Lucy Mahon

- “And look, **you're going to be sceptical in the beginning**. You're not going to know. You don't know what's going to be asked of you. And is it going to be another another, something that's going to create a whole lot of work, but it **couldn't be anything further from the truth. I actually look forward to the Thursdays [monthly calls] actually for the hour.**”
- “we've made progress over the last six months and we'd be certainly **very happy to either promote it or be involved in the future** or we wouldn't have a negative word to say about this personally. So you know, very pleased. Really”

Sykes, M., O'Mahony, L. Wiggin, D. Timmons, S. (In submission)  
Enhancing the Irish National Audit of Dementia: An adaptation study.

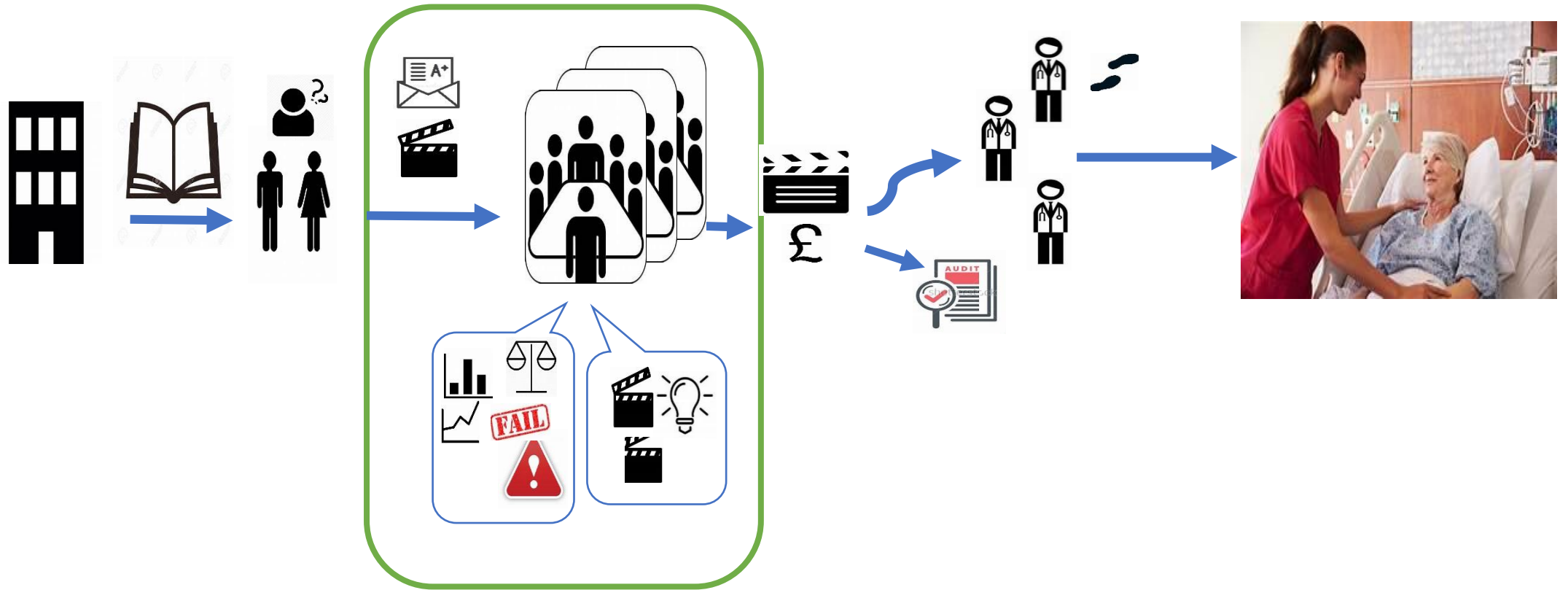
- **Fidelity**



- **Affective response:** “the programme has been really, really good. I feel like, you know, there’s been some brilliant opportunities from it”
- **Appropriateness:** “I thought it was managed really, really well. I don’t feel like I’ve missed out with it being virtual, I think it worked well”.
- **Acceptability:** “we don’t get additional time or resources to do it. So, at this point, it’s your own goodwill that you are doing the extra work... “

Sykes, M., O'Halloran, E., Mahon, L., McSharry, J., Allan, L., Thomson, R., Finch, T. and Kolehmainen, N., 2022. Enhancing national audit through addressing the quality improvement capabilities of feedback recipients: a multi-phase intervention development study. *Pilot and Feasibility Studies*, 8(1), pp.1-18.

# When the report reaches the **Irish** hospital...



Next steps...

Effectiveness



versus



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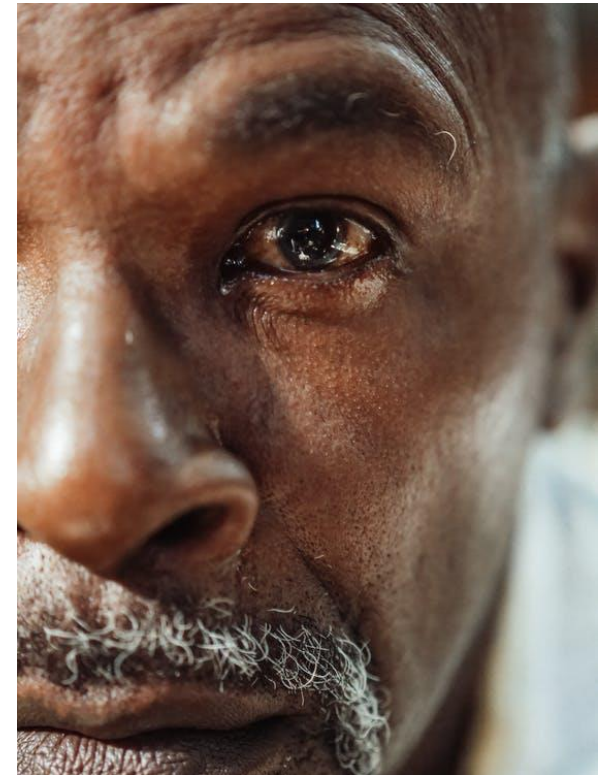
Next steps...

**Scale-up**

**Adapt the Collaborative to further national audits?**

**Train new facilitators to deliver the Collaborative?**

**Learn from what participating sites do?**





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