

# HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016

## Part 3

### Monitoring, Audit, Evaluation & Review of PPPGs

July 2019

# hello  
my name is...

HSE National Quality Improvement Team

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@NationalQI

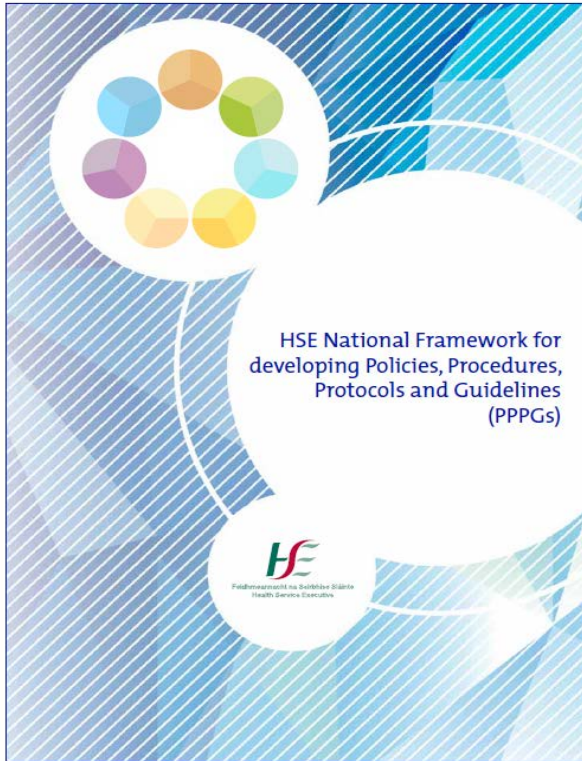


# Learning Outcomes

To outline processes for the monitoring, audit, evaluation & review of PPPGs in meeting the NCEC Standards for Clinical practice Guidelines



# Why Monitor, Review and Audit?



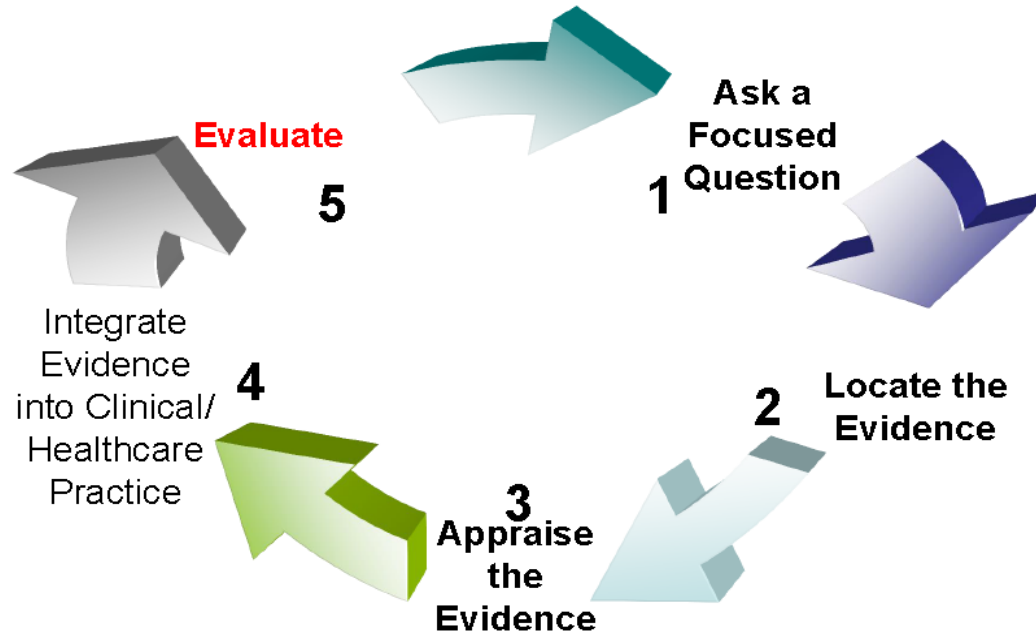
Section 2 stage 6 &7 of the PPPG Framework requires that PPPG update of the PPPG must take place on a consistent, planned ongoing basis, as referenced on the revision date on the front page or cover of the PPPG. The revision date must be agreed by the PPPG Development Group.

# Why Monitor/Review/Audit?

To show that our PPPGs are being **implemented**, that they are achieving the desired **outcomes** and that **changes** are being made to the PPPGs when necessary and in a **timely** manner



# The 5 Steps of EBP



# Monitoring...

- ...can be defined as a **systematic process** of gathering information and **tracking** over time. Monitoring provides a **verification** of progress towards achievement of **objectives** and **goals** (HIQA, 2012).

# Monitoring PPPGs

- **Monitoring** = small scale check of compliance
- The PPPG **describes** the standards/ criteria to be implemented  
*e.g. Resuscitation Trolley on each ward to be checked every morning by a staff nurse.*
- **Monitoring** compares the **actual activity** against the **standard / criteria** and identifies if the standard/ criteria is being met.
- A PPPG may require monitoring of a number of **standards/ criteria**

# Monitoring PPPGs

Clearly **identify** the **data** to be collected, **who** will collect it, **how** it will be collected and the **frequency** of the data collection

Data collected and frequency dependent on the process in question

**Key:** Collect **enough data** and **frequently** enough to provide confidence in the proper **implementation** of the PPPG on an ongoing basis





# Examples of Monitoring

## **PPPG Requirement:**

Resuscitation Trolley on each ward  
to be checked every  
morning by a staff nurse.

# Examples of Monitoring

## Monitor:

Staff nurse will check the trolley on ward X each morning to ensure all drugs are present. Check will be recorded in trolley log book. CNM will check the resuscitation trolley log book on each ward on a weekly basis to ensure daily checks of resuscitation trolley is carried out.

# Examples of Monitoring

## **PPPG Requirement:**

Appointment to be sent to patient by medical secretary within 3 days of receiving referral.



# Examples of Monitoring

## **Monitor:**

Random weekly/monthly check of appointment system to check length of time.



# Principles of Monitoring

- Monitoring data should be:
  - **Simple**
  - **Practical**
  - **Quick**
  - **Timely**
  - **Easy** and quick to analyse and understand
- Results of monitoring to be collated locally
- Non-compliance identified and addressed

# Addressing non-compliance

Where PPPG is not compliant, identify reasons why e.g.

- *Lack of training*
- *PPPG not correct or suitable*
- *Poor recommendations*
- *Resources not available to implement*
- *PPPG not being used to guide practice*

Develop action plan to immediately address issues

Issues that cannot be addressed locally to be identified as risks and escalated through governance structures

# Reviewing of PPPGs

PPPGs should be reviewed at least every three years and details of reviewing should be recorded



# Reviewing of PPPGs

**Data** collected by the routine monitoring may indicate that a review of the PPPG is required sooner than planned if the desired outcomes are not being achieved through implementation of the PPPG

A **review/update** may also take place sooner than scheduled if an incident/ near miss etc. has occurred



# Who should review a PPPG

**Reviewing may be carried out by:**

- The person(s)/ committee who were responsible for writing the PPPG
- Person(s)/ committee nominated by the relevant head of service/ management team.
- Reviewing of PPPGs may become part of the multidisciplinary team meeting schedule

# Audit is...

- ... a **formal review** that usually includes planning, identifying risk areas, assessing internal controls, sampling of data, testing of processes, validating information and formally communicating recommendations and corrective action measures to both management and the board/or appropriate governance structures.



# Clinical Audit is...

... defined as a **quality improvement process** that seeks to **improve outcomes** through **systematic review** against **explicit criteria** and the **implementation of change**

(HIQA, 2012).



# What is Audit?

**“Clinical Audit:** “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”

Commission on Patient Safety  
& Quality Assurance (2008)



# When do we need to audit PPPGs

An Audit is required where it is identified that current processes are:

**High Risk area**

**High Volume area**

**Issue of local concern**

**Wide variation in local practice**

**High cost area**

**Subject identified as a problem area**

**Incidents/ near misses have occurred**

**Issues identified by monitoring of PPPGs.**

Where audit requirement identified, 1<sup>st</sup> port of call is to identify standards described in the PPPGs



# Audit Cycle

**Figure 1** The clinical audit cycle



# Audit Criteria

- **Audit** requires **measuring** the current practice, using quantitative or qualitative measurement tools, against **relevant standards**.
- The **standards** against which the practice is measured should be set out in the Policies, Procedures, Protocols or Guidelines developed for the service
- The **standards** may be contained in one PPPG or a number of PPPGs depending on the **scope** of the audit

# Audit of PPPGs

- **An audit of a system will require**
- **Identifying** the standards and the criteria outlined in the PPPG
- **Comparing** current practice to the PPPGs
- **Comparing** current practice and the recommendations in the PPPGs to Evidence Based Practice
- **Recommendations** for improvement will be identified to bridge gaps
- **Changes** may include the updating and improving of the relevant PPPGs





# Audit Tools

- **Keep it simple** – turn your key areas in the procedure into question format
- **Use tools** that are already available preferably validated tools
- **Develop your own based** on the standards you want to measure
- **Test** with colleagues
- **Pilot** - small sample e.g. 5 cases

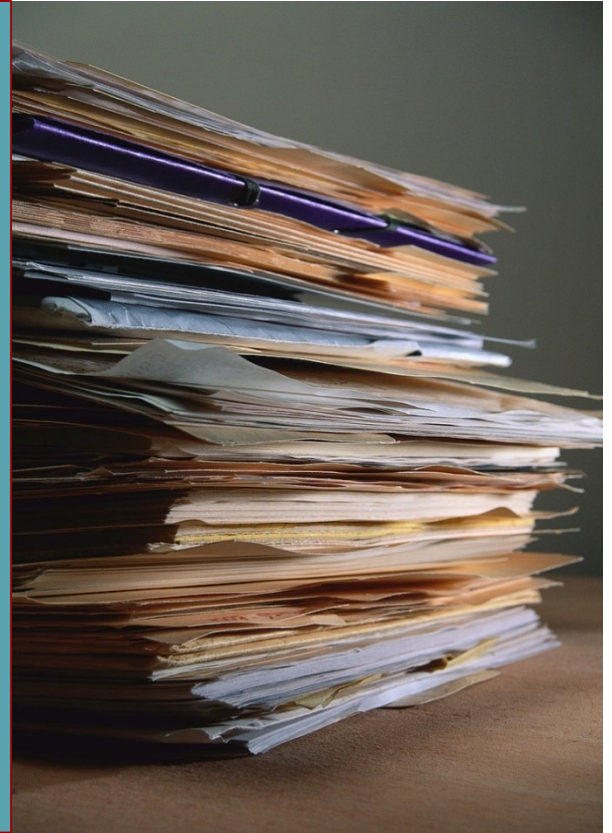
# Where to Find the Data? DOC Approach

<b>D</b>	<b>Documentation</b>
<b>O</b>	Observation- a non-participant observer observes each person or situation or sample and records information in a structured or unstructured questionnaire to or form.
<b>C</b>	Conversation



# Sources of Data

- Most frequently used and valuable source of data – patient/client records
- Patient Indexes or Registers
- Drug Records
- Reports – Post-Mortem Reports, Radiology/Laboratory Reports, Incident Reports, Infection Control Reports
- Departmental Logs or lists
- Databases e.g. Patient administration system, HIPE
- Observation
- Staff
- Family
- Patients/Clients



# Exercise

- What are the main sources of data in your area of work?
- For your audit topic, what will your main source of data be?



# Sampling

- How many patients do I need to select?
- All or a sample?
- How do I choose a representative sample?
- Sample size can depend on

Resource constraints (time, staff, costs, difficulty in finding the cases, difficulty in finding the information needed for each of the cases etc.)

[www.raosoft.com/samplesize.html](http://www.raosoft.com/samplesize.html)



# Data Collection

- **Retrospective** - events have already occurred e.g. patients who have been discharged or for whom the episode of care has been completed. Data collection is going back in time.
- **Concurrent** – data are collected on episodes or events as they occur e.g. as each new patient/client is assessed. The data collection is concurrent with actual practice



# Data Analysis

## How to Calculate percentage compliance with the standard:

The percentage is then calculated by dividing the numerator by the denominator and multiplying the answer by 100.

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100$$

### Example:

28 staff carried out social hand washing before and after each patient contact

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$$\frac{28}{50 \text{ Staff in the sample}} \times 100 = 56\%$$



# Data Analysis

- Computer packages e.g. Excel, other data analysis packages
- Seek advice
- Have a second person check your results to ensure accuracy
- Review the preliminary findings
- Analyse the cases of unacceptable care and identify the problems and the causes of the problems
- Agree and implement your quality improvement action plan.





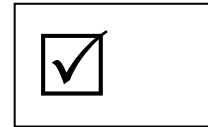
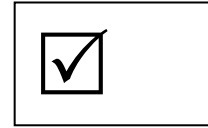
# Group Work

- Break into groups, and review the Hand Hygiene Guideline with a view to commencing an audit of the criteria in the guideline
  - (a) Develop the audit tool
  - (b) Agree method of data collection
  - (c) Sample size etc.



# Recap

- Background to Policy, Definitions of PPPGs, Using the Template
- EBP, Asking the Question, Locating the Evidence, Appraising the Evidence
- Monitoring/ Review and Audit of PPPGs





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