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Health Services Research Centre

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Quality Audit and Research Co-ordinators



Contents

Page 2: Introduction from the chair of the HSRC

Page 4: QuARC Charter

Page 5: Job Description

Page 7: News

- Anaesthetic Activity Survey
- National Audit Project 6
- Research Week
- PPI

Page 8: Research and Audit for Quality Improvement Day

Page 9: Researchers Database

Page 10: Surveys:

National Trainee Survey on Research during UK Anaesthesia Training,

Page 13: Sprint National Anaesthesia Projects (SNAPs)

Page 15: The use of perioperative indicators in NHS services: A national survey.

Page 16: Patient Safety Updates

Introduction from the Director of the HSRC

BACKGROUND

As you will be aware, the National Institute of Academic Anaesthesia (NIAA) is a partnership between the Association of Anaesthetists of Great Britain and Ireland (AAGBI), the Royal College of Anaesthetists (RCoA), the journals *Anaesthesia* and *British Journal of Anaesthesia* and the anaesthetic specialist societies. The NIAA has a broad remit of strategy and oversight for the UK anaesthetic community with activity divided into grant awarding, research, education and training, and military anaesthetic research, augmented more recently by the launch of the NIAA Health Services Research Centre (HSRC) in 2011. The HSRC is explicitly focused on the initiation and coordination of large-scale clinical audits, the methodological innovation in clinical measurement required to underpin such audits and the facilitation of large clinical studies for patient benefit. The HSRC will provide the “glue” between clinical anaesthesia and the research agenda through the comprehensive audit of peri-operative care and the maintenance of a network of engaged clinical researchers. Quality improvement, audit and research activity for patient benefit is clearly identified by the Chief Medical Officer and by the Clinical Directors groups of the RCoA and the AAGBI as being important elements of the role of a consultant.

QuARCs

Success of the expanding portfolio of projects falling within the HSRC remit will be critically dependent on local engagement and effective communication between the HSRC project teams and NHS departments. We propose the establishment of a network of Quality Audit and Research Co-ordinators (QuARCs) as a focus for this engagement. This initiative has the support of the NIAA, AAGBI and RCoA. It will be the responsibility of individual departments to ensure that the appointment process for QuARCs is open, fair and transparent. It is recommended that appointment to the QuARC role is for two years in the first instance and that an open, fair and transparent review and reappointment process is conducted locally at the end of this period.

QuARCs will identify named individuals within your department that would be the specific responsible person for individual audits or research studies. For example, we will use them to identify appropriate leads for the next NAP and to identify a local lead for the National Emergency Laparotomy Network (where there is not one currently identified). The QuARC may themselves take on this role, or may identify others to do so.

QuARCs will also become a conduit for information from and to the HSRC/NIAA including research capacity monitoring and surveys from the NIAA/HSRC/RCoA/AAGBI. They will identify the right person(s) to complete each survey and monitor and support the completion and return of these surveys. We anticipate that this role will benefit individuals who have an interest in actively participating in and coordinating audit, research and quality improvement.

In order to avoid surveys of questionable quality, it has been agreed that any surveys sent out by the HSRC through QuARCs will require a council level sponsor from one of the national organisations (AAGBI/RCoA) and will be

approved by the HSRC Board. Please find within this document a job description for a new role which will be central to achieving the aims of the NIAA.

ACTIONS

1. If your hospital does not have a QuARC, please identify an individual within your department who is happy to take on the responsibilities of this role (see QuARC JD, within this document).
2. If you have not already notified the HSRC who your hospital's QuARC is, please send the name and contact details (e-mail/telephone) of this individual to Maddy Humphrey (NIAA/HSRC Administrator) at info@niaa.org.uk .

I appreciate your help with this new initiative and hope that the added value that has come from NAPs and the other national audits will give you good return on this investment of time from your department.

With best wishes,

Professor Mike Grocott

Director

NIAA Health Services Research Centre

1. <https://www.rcoa.ac.uk/sites/default/files/CMO-Letter-to-NHS-230112.pdf>

Quality Audit and Research Co-ordinators (QuARCs) Charter

This charter sets out the basis for the relationship between the NIAA Health Services Research Centre (HSRC) QuARCs and the HSRC.

The HSRC will:

1. Keep QuARCs regularly informed on audit and research developments
2. Provide QuARCs with suitable promotional materials for educational events, research studies, surveys and for other purposes as may from time to time occur
3. Be responsive in a timely manner to requests for information and advice
4. Provide opportunities for face-to-face communication.

QuARCs will:

1. Provide the HSRC with an up-to-date email address which is checked regularly and whose mailbox is routinely emptied so that communications do not 'bounce'
2. Aim to attend HSRC Coordinator workshops run in conjunction with major AAGBI and RCoA events
3. Respond to reasonable queries from the HSRC
4. When requested, distribute information and promotional material from the HSRC/NIAA to colleagues and trainees in electronic or paper format
5. Respond to local members' queries and concerns and where appropriate pass them centrally to the HSRC/NIAA.

Job Description

Quality Audit and Research Coordinators (QuARCs) for Anaesthetic Departments in NHS Trusts

Roles and Responsibilities

1. Identifying, encouraging, supporting and monitoring local reporters for HSRC projects including, but not limited

to:

- National clinical audits e.g. “National Emergency Laparotomy Audit”
- National Audit Projects (NAPs) e.g. NAP5
- Sprint National Anaesthesia Projects (SNAPs)
- Quality improvement initiatives from the NIAA, AAGBI or RCoA
- NIAA research capacity and activity monitoring exercises
- Other HSRC or NIAA initiatives as appropriate.

2. Ensuring completion and return of surveys disseminated by the HSRC/NIAA/AAGBI/RCoA, either personally, or by identifying, encouraging and monitoring the appropriate individual within the department or Trust. In order to avoid surveys of questionable quality, it has been agreed that any surveys sent out by the HSRC through QuARCs will require a council level sponsor from one of the national organisations (AAGBI/RCoA) and will be approved by the HSRC Board.

3. Functioning as the local point of contact for national research training and engagement initiatives, such as the UK Clinical Research Forums (perioperative, pain, critical care) and NIAA Research Training Days.

4. Disseminating information about other HSRC/NIAA initiatives.

5. Feeding back local views and concerns relating to HSRC/NIAA initiatives.

The QuARC will be responsible for making sure that the process of allocation of the roles outlined above is open, fair and transparent.

Benefits

There will be no direct remuneration for this role. Audit and research activity for patient benefit are clearly identified by the Chief Medical Officer¹ and by the Clinical Directors groups of the RCoA and the AAGBI as being important elements of the role of a consultant. The councils of the AAGBI and RCoA consider this role to be a valuable contribution to “anaesthesia UK” that should be recognized in the appraisal and job planning processes.

It is the view of the AAGBI and RCoA that activity related to the QuARC role is valid for inclusion in SPA activity and should be used to support the SPA allocation in consultant and career grade job plans. QuARCs should monitor their contribution to this role over a period of time, in common with best practice in job planning.

Communication

We aim to use email as the primary mode of communication and the NIAA/HSRC website as the primary route for the dissemination of resources. HSRC Coordinator workshops will be run in conjunction with major AAGBI and RCoA events to provide face-to-face communication between HSRC QuARCs and the HSRC team.

Closing remarks

Success of the audits and research projects supported by the HSRC is critically dependent on local engagement and effective communication between the HSRC team and individual departments within NHS Trusts. We appreciate all your help with these new initiatives and hope that you will be enthused to engage in future projects.

News

Anaesthetic Activity Survey

An Anaesthetic Activity Survey has been carried out as part of NAP 5 in all hospitals across the country. The data was collected over a one week period and analysis will begin shortly. It is hoped that the survey will give a good picture of the number of anaesthetics delivered nationally amongst other things. These findings will be used within NAP 5 to assess the likelihood of awareness.

National Audit Project 6

The topic of NAP 6 will be Perioperative Anaphylaxis. Recruitment for the NAP 6 Clinical Lead will begin in the New Year. For further information on the recruitment please see the advertisement in the January Bulletin or on <http://www.nationalauditprojects.org.uk/> from early November.

NIAA Research Week

The first Research Week was held at the beginning of October. The week comprised the BJA Research Methodology Workshop, a BJA Peer Reviewers Workshop, the ARS Winter Meeting and the HSRC UK Perioperative Forum. There was a good attendance at all events, with many delegates attending multiple sessions throughout the week.

PPI

The HSRC have recently created a Patient and Public Involvement (PPI) Group. PPI is the creation of a partnership between patients, the public, and researchers, to try to make the research process more effective.

For some time now it has been considered good practice to involve patients and the public in research. The involvement of patients and the public in research can lead to the development of more relevant research questions and many funding bodies, such as the National Institute for Health Research (NIHR) now ask if patient and public involvement has been part of the research process. Many funders wish to see how researchers have collaborated with patients and the public and how patient needs and expectations have been incorporated into research plans.

Examples of patient and public involvement are

- commenting on research proposals/applications
- as co-applicants on a research project
- involvement in identifying research priorities
- helping inform the design of data collection tools, for example, piloting a questionnaire
- as members of a project advisory or steering group
- commenting and developing patient information leaflets or other research materials

For further information please see <http://www.niaa-hsrc.org.uk/PPI>

Research and Audit for Quality Improvement Day

A Research and Audit for Quality Improvement Day will be held at the College on the 28th February 2014. The aims of the day will be to introduce you to the work of the NIAA and HSRC, inform you about upcoming work and to discuss how we can support you in your role as QuARC. The event will be free and registration will be on a first come first served basis for QuARCs. Registration will be limited to current QuARCs. Book your place online from mid November via <https://eventsonlineservices.rcoa.ac.uk/login/login.asp?type=EXTRANET>

Provisional Programme:

Introduction to the HSRC	Dr Ramani Moonesinghe, London
Why am I here? The QuARC role:	Dr Ramani Moonesinghe, London
National Audit Projects – successes and the future	Professor Tim Cook, Bath
National Emergency Laparotomy Audit: Update	Dr Matt Oliver, London & Dr Dave Murray, Middlesbrough
Trainee Federations and successful collaborations	Dr Gary Minto, Plymouth
Practical advice for quality improvement: where do I start?!	Dr Carol Peden, Bath
Sprint National Audit Projects: overview	Dr Ramani Moonesinghe, London
Sprint National Audit Projects: specifics and mechanics	Dr Ellie Walker, London
QuARC Role: Open Forum	
Plenary lecture: Improvement Science – what is it and how do I make it work for my patients?	Professor Martin Marshall, London

Researchers Database

The NIAA maintains a database of all research active anaesthetists. The aims of this database are to monitor the levels of research being carried out within anaesthesia. Without this we cannot show the importance and the growth of research in the specialty. If you are not already signed up to this database, we urge you to sign up as soon as possible.

The database also allows for networking amongst researchers; you can look up researchers with similar interests and researchers located nearby. The database doesn't provide e-mail addresses but allows for contact by sending a request to the other user.

Please note that if you receive the NIAA/HSRC newsletter this does not mean that you are a member of the Researchers Database.

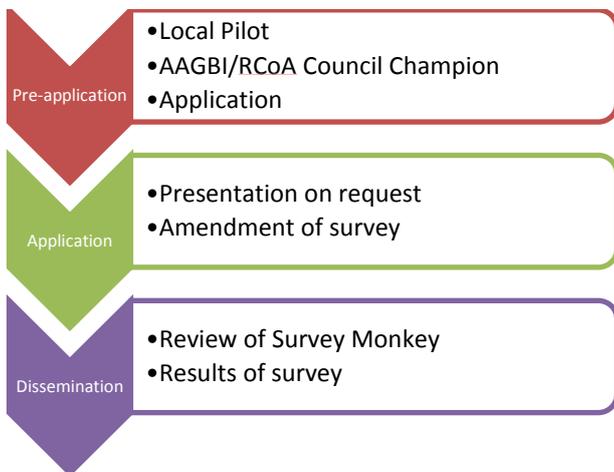
Please complete the form on this weblink to become part of the Researchers Database:

<http://www.niaa.org.uk/researchDbForm>

Surveys

The HSRC receives requests for survey dissemination and feels that the QuARC network is the best way to disseminate these. We will send you a maximum of one survey per month which we have vetted prior to sending out. We hope that you will take the time to complete these surveys or to pass them to someone in your department who will be able to complete them.

If you would like to disseminate a survey via the HSRC please find the process below:



What you can expect of the HSRC:

1. The HSRC will disseminate a maximum of 1 survey per month to the QuARCs.
2. The HSRC will review your local pilot and make a decision based on:
 - a. National need/applicability
 - b. Relevance to the anaesthetic population
 - c. Timing/Urgency
 - d. Fit with National strategy and HSRC strategy
3. The HSRC will use their Survey Monkey account to disseminate the survey. You will be asked to check this before it is disseminated.
4. The HSRC will send one e-mail to all QuARCs on their database. It will not be possible to send any further follow up e-mails.
5. The HSRC will export the relevant datasheets and provide them to you.

What the HSRC asks of you:

1. Availability to answer any questions on the survey.
2. Amendment of surveys on request from the HSRC.
3. Availability to check surveys before dissemination.
4. Provide a copy of your analysis and the results of the survey to the HSRC, prior to publication.
5. On request, mention the HSRC's role in survey dissemination.

To apply to disseminate your survey to the QuARCs please e-mail research@hsrc-niaa.org.uk including the following:

- Your name
- The names of any collaborators
- A supporting letter from a council member of the AAGBI or RCoA
- The title of your project
- A copy of your survey and results of your local pilot

If you require your survey to be disseminated by a particular date, please make us aware of this at this point, however please note that we may not be able to fulfil this.

**National Trainee Survey on Research during UK Anaesthesia Training,
West Midlands Trainee Research in Anaesthesia and Intensive care Network (WM TRAIN) group**

On behalf of National Institute of Academic Anaesthesia Health Service Research Centre (NIAA HSRC) and West Midlands Trainee Research in Anaesthesia and Intensive care Network (WM-TRAIN), we would like to ask for your help in distributing this national trainee survey.

Over the past decade, there has been increasing concern over the decline of academic anaesthesia in the UK with dwindling numbers of academic departments, trainees undertaking research and reduction in successful grant funding. In 2005, a report by Professor Pandit identified multiple factors including modern medical training in anaesthesia, restructuring of university funding and excessive procedures to obtain bureaucratic approval for research.

The National Institute of Academic Anaesthesia (NIAA) was established in 2008 to improve the profile of UK academic anaesthesia and facilitate research opportunities and training. Its formation has consolidated funding resources and so far funded more than £7million in research grants and £2million in awards. The National Institute for Health Research (NIHR) has also created research training posts in anaesthesia and critical care as part of Integrated Academic Training Pathways to make research training more accessible to trainees in the specialty. However little is known about attitudes towards research participation and training of anaesthetic trainees in the UK. A national survey of trainees will explore current research participation by trainees, accessibility of research training and attitudes towards establishing a national trainee network aimed to facilitate research training and participation. Results will be analysed and compared to a previous survey in 2009 to assess any changes in trainees' perception that may have been brought

on by the national strategy. In order to maximise response rate and engage trainees, we would like to enlist your support for distribution. Please encourage **all the trainees working as junior doctors (anaesthesia and critical care)** in your department to take part. The results of the survey are important in shaping the future of research training in anaesthesia.

The proposed survey should take **no longer than 5 minutes** to complete. Thank you very much for your assistance.

Aims of the survey:

- Identify whether anaesthetic trainees are interested in research.
- Establish how much research training are trainees receiving?
- For those who have participated in research whether experience was up to their expectations.
- Measure trainee research activities – research posts, higher degrees, publications, presentations.

Deadline for participation is 11/11/2013

Survey link: <http://goo.gl/4VH1P>

Sprint National Anaesthesia Projects (SNAPs)

(Reproduced from an article in the November edition of the RCoA Bulletin)

The Sprint National Anaesthesia Project is an exciting new initiative that we plan to run for the first time in early 2014. It is a particularly important project as we hope that the data collection will be managed predominantly by trainees and will involve hospitals throughout the UK. The aim of the Sprint National Anaesthesia Projects (SNAPs) will be to provide a 'snapshot' of clinical activity in an area of clinical interest to patients, on an annual basis. It is the intention that the initial studies will be 'service evaluations' rather than audits, but if successful, there may be more scope to repeat these studies, according to a traditional 'evaluate – improve – re-audit' quality improvement model. They will be quite different to the highly successful National Audit Projects or NAPs: the NAPs have tended to be long projects (usually one year) aimed at identifying rare but potentially catastrophic complications of our practice; the SNAPs will be short, 'snapshot' evaluations of activity and patient centred outcomes which should be important to both patients and anaesthetists. We are currently seeking ethics approval for the first SNAP and the RCoA has agreed to support it financially.

Purpose

SNAP-1 will be a pragmatic one-week evaluation of patient reported outcome after anaesthesia; specifically, patient satisfaction and patient reported awareness. These areas have been chosen for a number of reasons:

Patient satisfaction

As part of a portfolio of projects linked to the Health Services Research Centre (HSRC) a systematic review of patient satisfaction measures in anaesthesia has been completed and published. On the basis of this we have selected a validated patient satisfaction measure to use in the first SNAP. A single centre pilot study of implementation has already been completed at University College Hospital (reference). The data collected during this SNAP will aim to establish a national benchmark for patient satisfaction after anaesthesia; which in the future can be used by individual hospitals to evaluate their service.

Awareness

This part of the project will complement the 5th National Audit Project (NAP5), investigating awareness under anaesthesia. Our aspiration is that all patients undergoing surgery in that week will be questioned using a modified Brice questionnaire (based on that used in the BAG-RECALL study) in an effort to establish an estimate of accidental awareness under general anaesthesia in the UK population.

How will we do it: we need your help!

Every anaesthetic department in the UK should now have a Quality Audit and Research Co-ordinator (QuARC). The QuARCs will be asked to co-ordinate the data collection in their hospitals but will invite local trainees to take a pivotal role in the data collection, ensuring as high a possible rate of data capture. All QuARCs and trainee leads in each

hospital will be named as collaborators in any publications that result from the SNAP. All adult (≥ 18 years) patients undergoing any type of surgery in an operating theatre (excluding obstetrics) will be invited to complete paper forms, either on the day of surgery (for day-case patients) or on the first post-operative day (for inpatient surgery). Demographic data and information detailing specific aspects of perioperative care will be completed by the anaesthetist responsible for each patient. Local QuARCs / trainees will then enter the data into a secure online database, and screen free text responses for cases of potential awareness. These cases will then be reviewed by expert panels, who will decide whether they demonstrate evidence of true awareness or not.

We really hope that every hospital in the UK supports SNAP-1. If you would like any further information or have any questions about the project please see the HSRC website for further details at <http://www.niaa-hsrc.org.uk/SNAPs>

The use of perioperative indicators in NHS services: A national survey

A national survey of the use of perioperative outcome measures was carried out in 2012 by Dr. Jonathan Benn. QuARCs formed a large number of the respondents on behalf of their trust or hospital. The initial outcomes of the data analysis are listed below. The full study is expected to be published in January 2014.

- The local use of specific perioperative quality indicators appears to be driven more by external reporting requirements and local productivity concerns, rather than quality of patient care, with critical incidents, theatre efficiency and surgical cancellations being the most frequently monitored metrics reported by respondents.
- Patient reported outcome and satisfaction indicators were reported to be used relatively infrequently by respondents. Patient satisfaction with anaesthesia both in recovery and post recovery were reported as monitored locally by only 12% and 31% of respondents respectively.
- In terms of intensity of local monitoring as indicated by reported frequency of local reporting, perioperative productivity and incident data are most frequently reviewed by local clinicians, as opposed to quality outcomes, process indicators and patient experience/satisfaction.
- The extent of routine local monitoring of quality indicators (i.e. with 1 - 3 month periodicity) is surprisingly low for the majority of potential indicators. For the majority of indicators, only up to a third of survey responses indicated monitoring that exceeded 6 monthly intervals. Two noteworthy exceptions were postoperative length of stay and 30 day surgical mortality.
- Over three quarters of survey responses indicated no or only sporadic local reporting of perioperative complications and patient satisfaction with anaesthesia. 78% of survey responses indicated that no local data was available for patient satisfaction with anaesthesia in the recovery period.
- Nearly half (46%) of survey respondents felt that their service received consistently routine feedback upon the process aspects of care delivery and 21% felt that they received routine feedback upon perioperative outcomes.
- The local context and culture within the majority of perioperative units may not be optimally conducive with effective use of information from quality monitoring initiatives for local service improvement. Only 25% of respondents felt that data was routinely used in an open and constructive way. Similarly, only 25% of respondents felt that data was routinely used to identify problem areas and only 18% felt that monitoring consistently led to effective local quality improvement work.
- Although more than two thirds of respondents felt that feedback on quality of care was available at the unit and individual clinician levels at least some of the time, only 5% of respondents reported feedback at the individual clinician level being routinely locally available. This holds clear implications for the degree of informatics support currently available to underpin clinical appraisals and revalidation.
- Only 10% of survey respondents felt that the quality indicators monitored locally were routinely suitable for benchmarking against comparative units, highlighting the need for a national approach to standardised definitions and guidance.

Patient Safety Updates

The Safe Anaesthesia Liaison Group (SALG) produces a quarterly Patient Safety Update. They recommend that this is used in all anaesthesia departmental M&M meetings. The Update includes a summary of critical incident reports as well as suggested feedback and action to prevent incidents being repeated. The Update is available as a PDF with accompanying PowerPoint presentation. To receive a link to the Update every quarter please email SALG@rcoa.ac.uk. The Update can be downloaded from <http://www.rcoa.ac.uk/clinical-standards-and-quality/safety-anaesthesia>

