Recognising the importance of national respiratory audits

C E Bucknall,¹ N A Maskell²

Assessment of the quality of care has come to prominence over the past two decades with the increasing realisation that healthcare delivery is an increasingly complex task, that mistakes happen and that the process can be treated as a system to which the same techniques as are used in industry can be applied.

Quality assurance and quality improvement are the twin aims of the recently revamped British Thoracic Society (BTS) audit system, which has the added benefit of providing nationwide snap shots of current practice which can feed into guideline review and patient advocacy programmes.

The web-based system currently runs eight audits—inpatient management of paediatric and adult acute asthma and community acquired pneumonia, acute non-invasive ventilation, oxygen use, pleural procedures (including pleural effusion and pneumothorax) and outpatient management of bronchiectasis. The audit points are derived from existing BTS guidelines and the system provides participating units with a summary of their own data with either current national data or other recent local results for comparison.

Each topic is overseen by a member of the relevant guideline development group, who is charged with commenting on the national results annually and using the results to inform guideline development. It is these summaries which will in future be considered for publication by Thorax.

Quality assurance is achieved when contributing centres take part in an audit based on key guideline-based practice points and show that their performance matches guideline recommendations. Having a summary of nationally contributed data for each indicator provides a benchmark¹ or reality check by showing practice elsewhere.

Quality improvement is achieved when contributing centres identify deficiencies in local performance and make changes to the system of care before repeating the audit at a later time point. This requires a separate activity which may not always have been undertaken in the past—the idea of ‘completing the audit cycle’—a mantra from earlier days is probably pointless without this.

Future developments being considered to strengthen the quality improvement focus of the system include the use of care bundles and run charts,² ³ and/or better identification of outliers using funnel plots⁴ and the provision of regional reports of variability in practice.

REFERENCES


¹Audit Programme Director, British Thoracic Society and Consultant Respiratory Physician, Department of Respiratory Medicine, Glasgow Royal Infirmary, Glasgow, UK; ²School of Clinical Sciences, University of Bristol, Bristol, UK

Correspondence to Dr C E Bucknall, Department of Respiratory Medicine, Glasgow Royal Infirmary, Glasgow G4 0SF, UK; christine.bucknall@ggc.scot.nhs.uk
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