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—paediatric management of respiratory infection, adult acute asthma, 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 benchmark 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, and/or better identification of outliers using funnel plots and the provision of regional reports of variability in practice.

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References


Thorax is publishing a new audit section with the aim of highlighting both national and international audits which have been carried out to a high standard. These summaries will aim to inform the reader of both the scope of the audit and the key findings, together with a conclusion and learning points. They will highlight both areas of excellence and those in need of improvement.

One of these, is the 2009/2010 BTS pneumonia audit. Drs Lim and Woodhead led the BTS audit team, collecting data on 2741 cases of pneumonia from 64 institutions across the UK over a 2-month period. They found a high 30-day mortality rate of 18%. There was often poor adherence to local community-acquired pneumonia guidelines and less than 60% of patients received their first antibiotic within 4 h of admission. These sort of data are invaluable both locally and nationally when planning ways to improve treatment delivery.

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

Thorax 2011;61:1. doi:10.1136/thoraxjnl-2011-200220
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Thorax  published online April 17, 2011

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