

ADVANCING QUALITY IN CLINICAL AREAS

A process for improvement

In this document, we'll describe how the Advancing Quality (AQ) programme defines and develops new programmes of work in certain clinical areas and how you could adapt our approach to use in your own organisation.

The Advancing Quality (AQ) programme aims to identify unwarranted variation in care across NHS providers to improve the reliability of clinical practice so that every patient consistently receives the highest quality care possible, every time. As it would be difficult to address all aspects of clinical care, the programme focusses on areas of high clinical prevalence, known as **clinical focus areas** (CFAs). The programme has evolved since its start in 2008 to match developments in care delivery and changes in national priorities, and currently works across six CFAs:

- Acute kidney injury
- Hospital-acquired pneumonia
- Decompensated liver disease
- Elective hip and knee replacement
- Community-acquired pneumonia
- Sepsis

Each CFA is built on a set of care delivery measures, aligned to national guidelines and best available evidence with clinical consensus to determine what good looks like. Monthly reporting enables the AQ team and providers to identify unwarranted variation and opportunities for improvement. In order to maintain a relevant programme for providers, the AQ team develops new and also retires existing CFAs, where quality is measured by other means such as mandatory national audits; this has been the case for COPD and diabetes in recent years.

THE AQ PILLARS

The AQ pillars underpin everything we do, supporting our work of reducing unwarranted clinical variation to help prevent avoidable hospitalisation, ill health and premature death.



GAIN CONSENSUS ON CARE STANDARDS
What does good look like?



IDENTIFY UNWARRANTED VARIATION
Where do we need to improve?

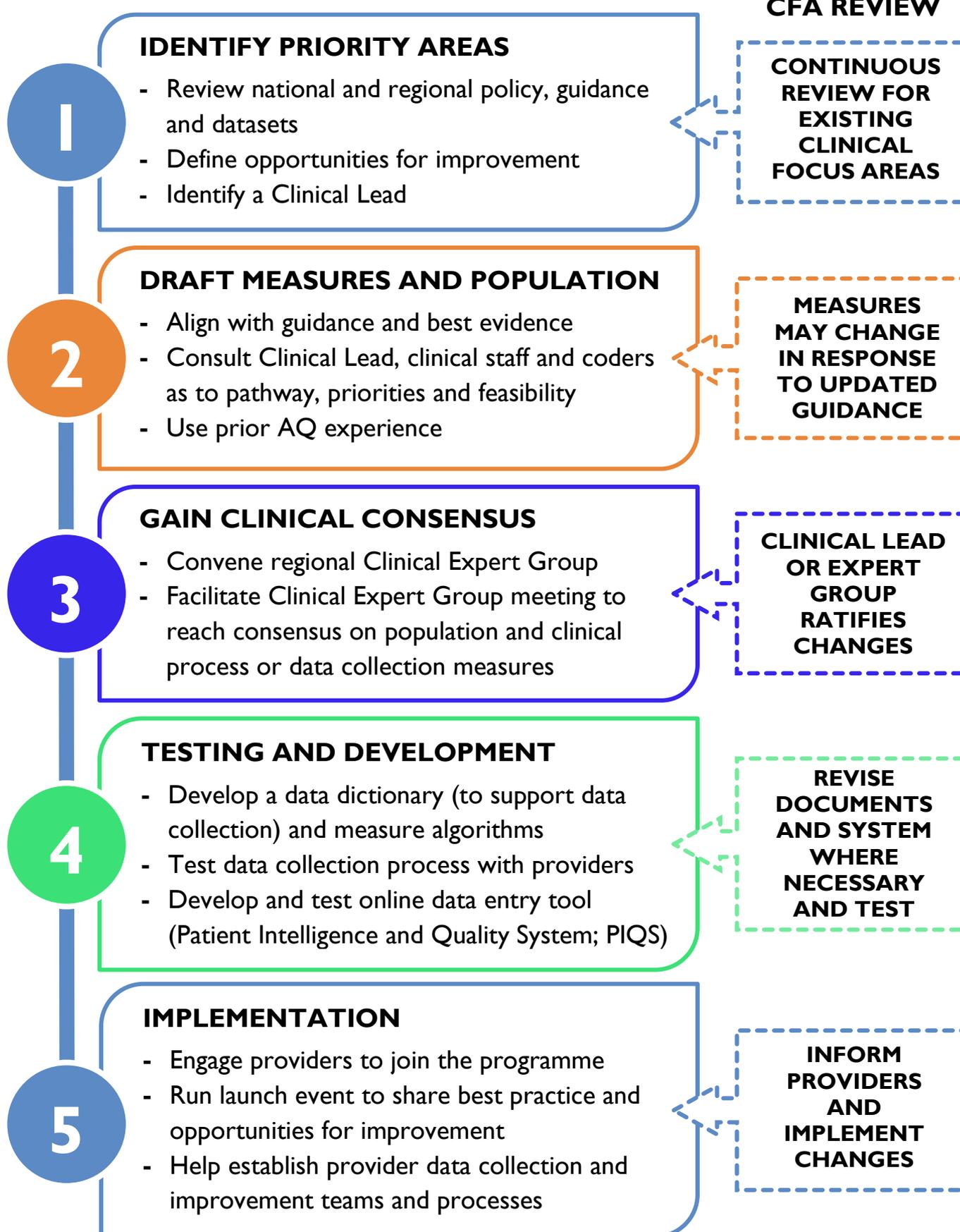


IMPROVE QUALITY OF CARE
How do we improve?



LEARN AND SHARE BEST PRACTICE
What has worked?

CFA DEVELOPMENT PROCESS



CASE STUDY

NEW CLINICAL FOCUS AREAS IN 2020

DECOMPENSATED LIVER DISEASE



The PSS CQUIN released in 2019 included indicators aimed at improving outcomes for patients with decompensated liver disease. Along with the publication of accreditation standards and evidence by the Improving Quality in Liver Services (IQILS) programme, also in 2019, and advice from the Clinical Leads, the AQ team decided to review the existing alcohol-related liver disease CFA measures and launch a new CFA for decompensated liver disease.

HOSPITAL ACQUIRED PNEUMONIA



AQ worked with the University of Liverpool on a pilot study exploring hospital acquired pneumonia management in 2019. The findings and experience from this study indicated that this was an area of care with considerable unwarranted variation and opportunities for improvement, which would make it a highly relevant focus area.

Hospital acquired pneumonia has been under-researched and so the care pathway outlined in national guidance was not as well-defined as in other CFAs. This meant that input from the lead researcher from the pilot project, appointed as Clinical Lead for the focus area, and the Clinical Expert Group was pivotal in defining the most clinically relevant measures; these were aligned to NICE guidance as closely as possible.

CASE STUDY

COVID-19 MEASURE REVIEW



During the course of the coronavirus pandemic, it became clear that treatment pathways were changing and evolving as knowledge about the condition grew. In light of this, the AQ team made the decision to review all the CFA measure sets to determine their suitability for patients with suspected or diagnosed Covid-19.

The team reviewed recently-published rapid Covid-19 guidelines and consulted the Clinical Lead for each CFA, also taking on board the experience of providers participating in AQ. Changes were made to allow patients with Covid-19 to be excluded from the community acquired pneumonia pathway and parts of the sepsis pathway, based on clinical judgement.

HOW COULD YOU USE THIS APPROACH IN YOUR ORGANISATION?



AQ's process for definition and development could be adapted to other areas of improvement work. Here are some ideas:

STEP
1

IDENTIFY PRIORITY AREAS

When identifying areas for improvement work, do you look at national policy and guidance such as NICE or the CQUIN, or your organisational data such as mortality reports?

STEP
2

DRAFT MEASURES AND POPULATION

Do you clearly define the population who will benefit from the improvement work? Do you have valid measures in place to determine if changes are leading to improvement, for example if you are carrying out PDSA cycles?

STEP
3

GAIN CLINICAL CONSENSUS

Have you engaged all the key stakeholders across the pathway in the area you want to improve? Have those involved agreed on the aims and actions for improvement or tests of change?

STEP
4

TESTING AND DEVELOPMENT

Have you assessed the feasibility of your change and thoroughly tested it over a sufficient length of time? Have you planned to do further tests of change to make sure your initiative achieves the change?

STEP
5

IMPLEMENTATION

When implementing a change, have you informed all the staff involved in the clinical pathway to make sure they are aware of the change? Have you set a clear and realistic timescale for implementation?



For further information about the AQ programme and the work we do, please visit our website at

<http://www.aqua.nhs.uk/solutions/aq> or email us at advancing.quality@nhs.net