

Use of Clinical Audit to improve MSK pathway: NICE Metastatic Spinal Cord Compression (MSCC) Guidelines

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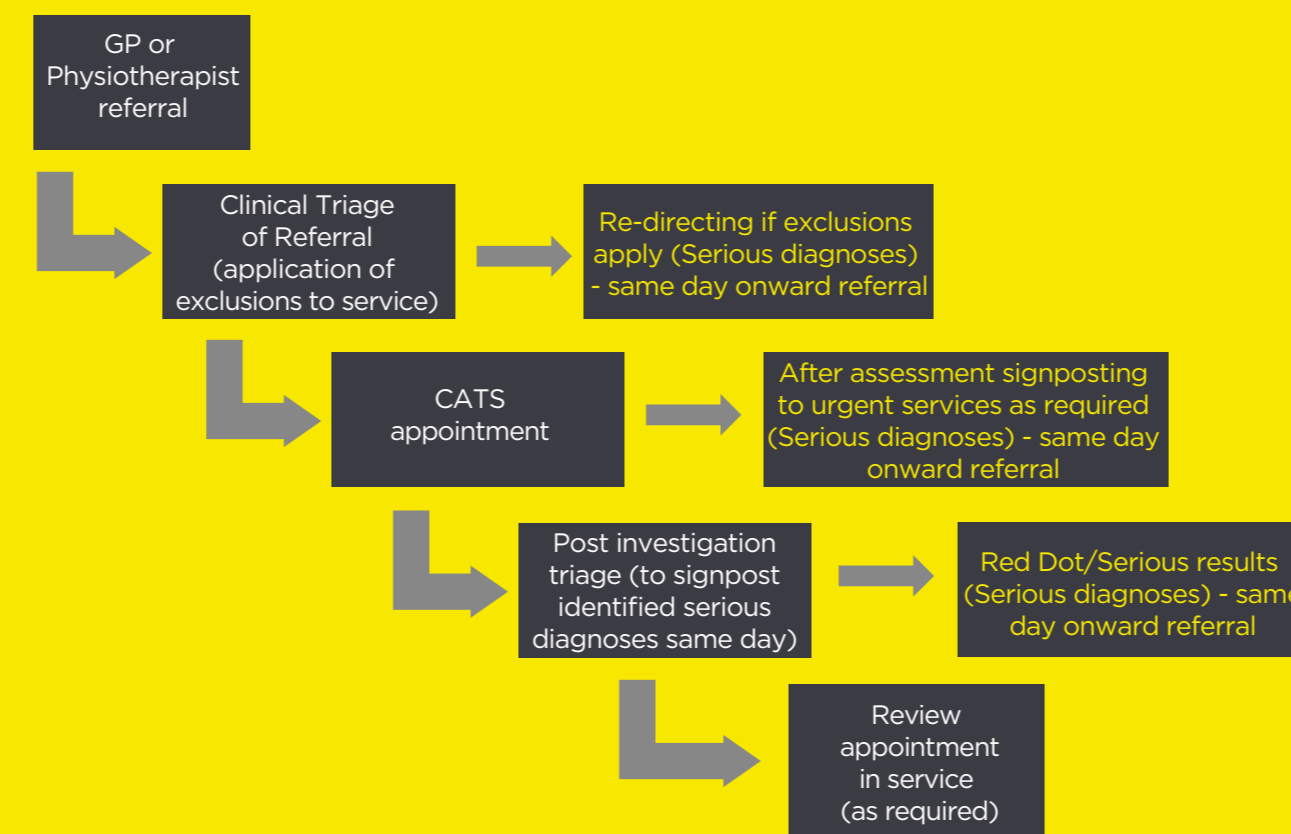
Background

Within the North east of England, 7 Clinical Assessment and Treatment Services (CATS) were commissioned to Connect in the community setting. We are responsible for delivering these services and work alongside 4 Acute Trusts in the region. Each acute trust had separate MSCC pathways based on NICE guidelines for MSCC. These pathways were only accessible by medical staff and not by Allied Health Professionals (AHPs) and were poorly understood by primary and community care providers in the region.

Our clinical audit was initially designed as a quality assurance method to measure compliance against NICE MSCC guidelines in their standards of care. From this clinical audit, we were able to identify variation from the quality standards by NICE and present this information to Acute Trusts MSCC Coordinators and Clinical Leads to discuss AHP lead services to have access to this for patient referrals, discussed in collaboration with Clinical Commissioning Groups (CCGs).



The clinical pathway is outlined here:

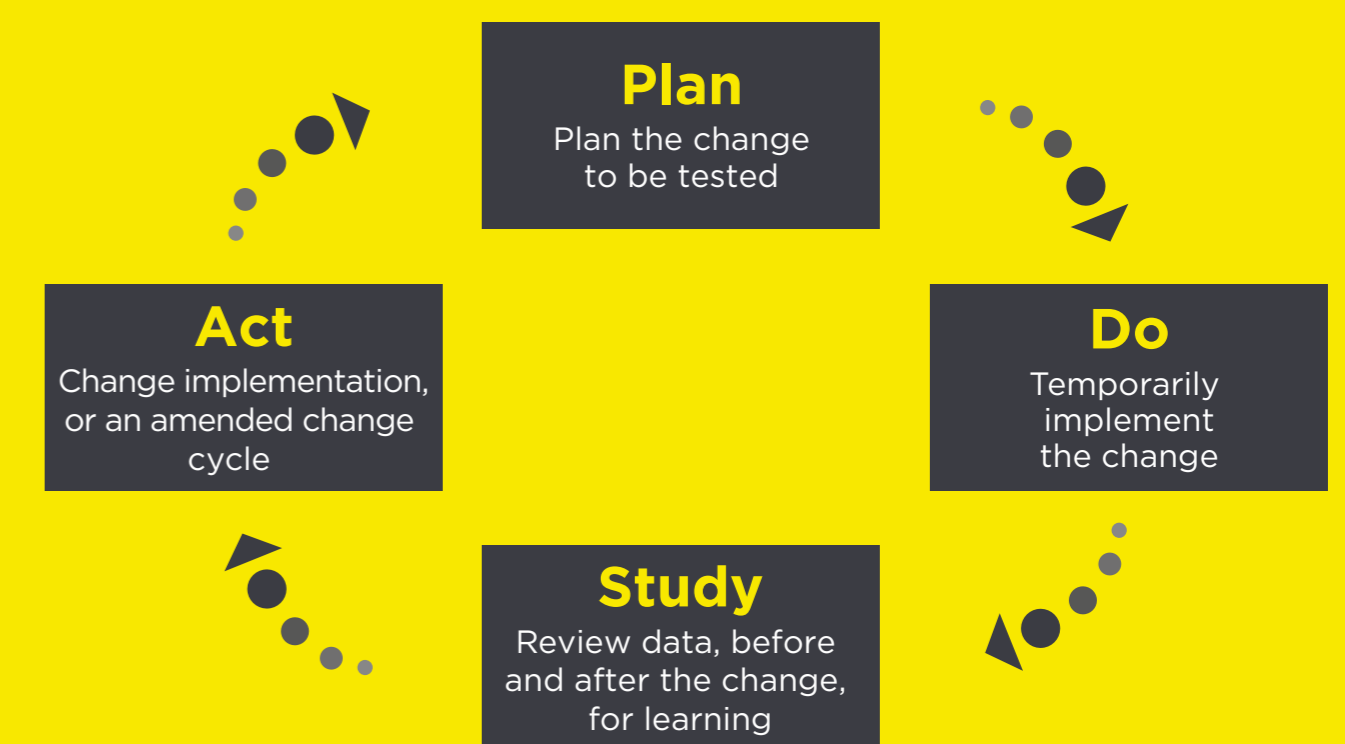


Audit Objectives

- 1) To evaluate appropriateness of the referrals into the service based on presence or absence of features from NICE guidelines for early detection (of those with confirmed spinal malignancy) (RIGHT CHOICE OF CLINICAL CARE).
- 2) To evaluate the effectiveness of the service pathway of those with confirmed spinal malignancy in the overall duration of their care (number of days) (RIGHT PROCESS OF CLINICAL CARE).
- 2) To monitor the impact of service quality improvement initiatives over time on the appropriateness and effectiveness of the service pathway of these patients over time.

Methodology

- Identify patients diagnosed with spinal metastases from collated from 2012-2016 in continuous annual audits.
- Evaluation of clinical referral into the service and signs/symptoms at that time to determine appropriateness of acceptance into the service (quality measure against NICE guidelines for early detection of MSCC).
- Evaluation of duration of time from referral to onward referral for hospital oncology (n= days).
- Development of annual service quality assurance or quality improvement strategy was planned with service managers and clinical leads.



Results

Initially this audit formed a quality assurance function, to identify variance with NICE quality standards (quality features: appropriateness and effectiveness).

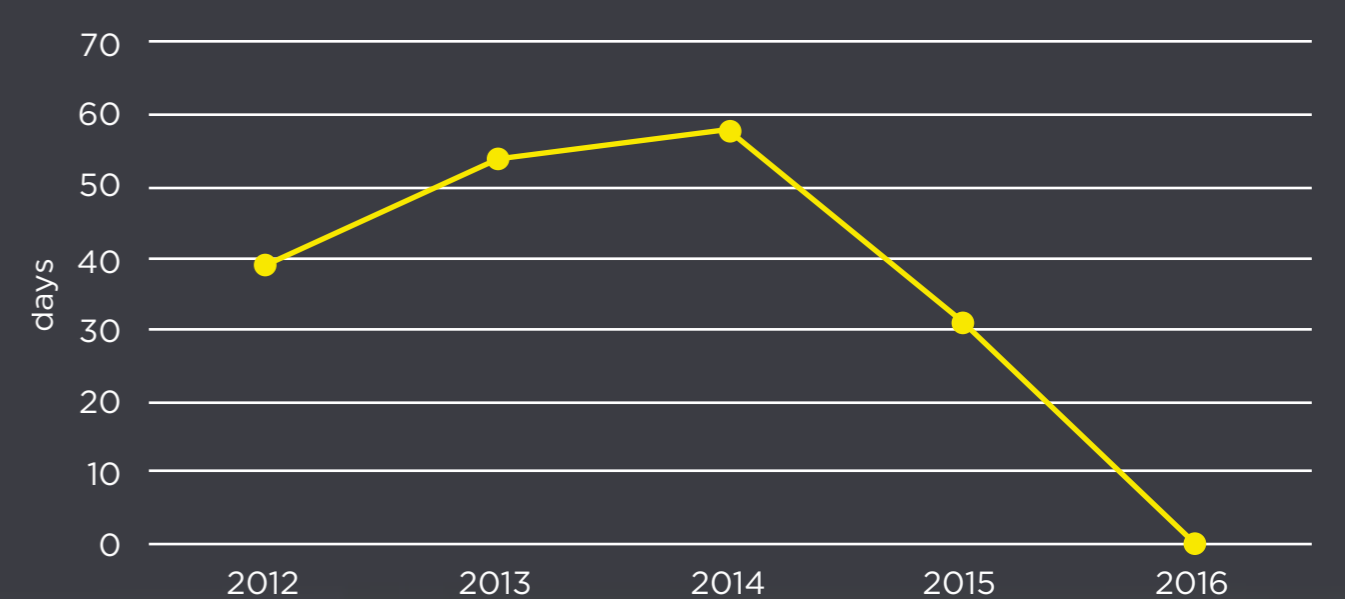
We identified areas for quality improvement from these findings in 2012-13. Several service quality improvement initiatives and training were planned, discussed, implemented and monitored collaboratively with Acute Trust MSCC teams and CCGs.

Over time, this clinical audit showed significant improvement from the impact of these quality improvement initiatives. We wanted to continue to measure that quality was maintained as over this time Connect Health grew significantly and it was therefore important to measure that quality had been not only attained but maintained during this period of organisational growth.

Summary of annual action plans included:

- Late 2012 – Training for staff, service improvements included development of urgent care guidelines for clinicians with local hospital clinical leadership
- Late 2013 – Service improvement developments- gaining access to MSCC coordinator direct without referral via GP (efficient process)
- Late 2014 – Measure of impact of service improvement noted and follow up training delivered
- 2015-2016 – Quality assurance measures measure the ongoing maintained benefit through clinical audit with feedback to Acute Trust MSCC teams and CCGs

Patients with confirmed MSCC: Variance from NICE standards in time to MRI

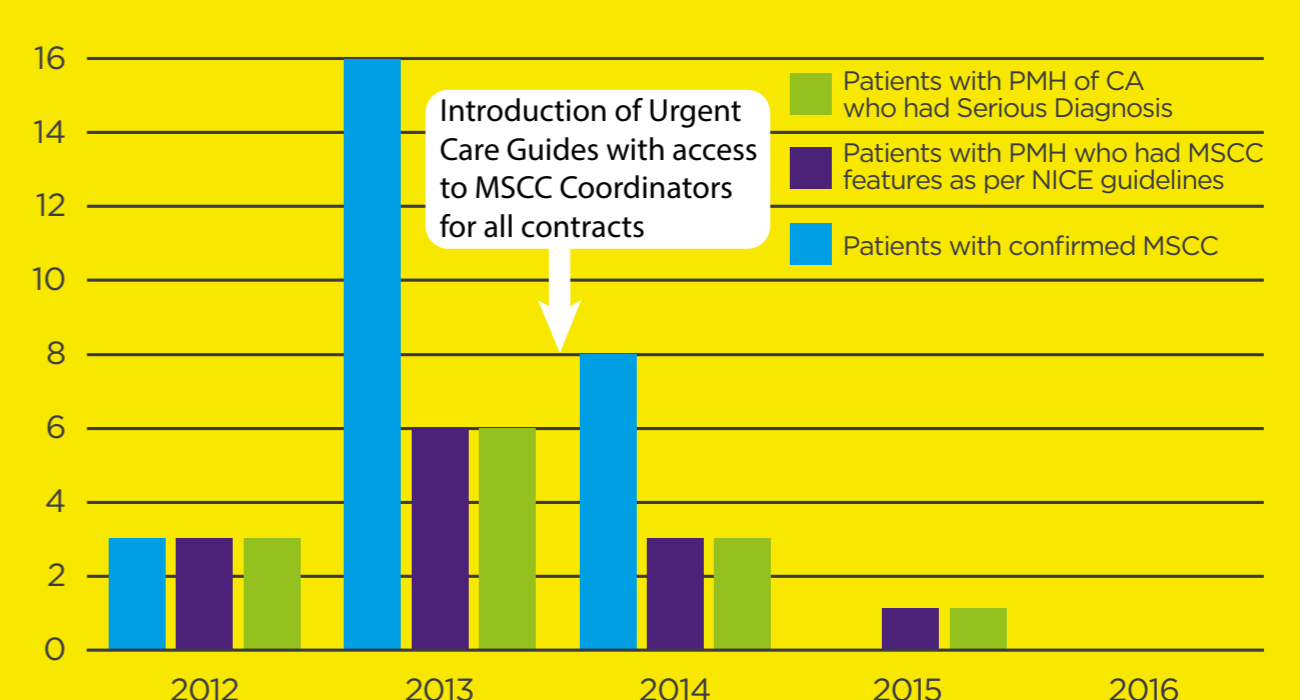


Conclusions

We used clinical audit is an objective and effective method for measuring and monitoring clinical quality against standard quality benchmarks (NICE guidelines). We have seen improvements in our clinicians, leaders and patients feedback from this audit that exceeded our original clinical audits aims. In addition, we have;

- Used quality assurance tools to identify areas for service improvement (CI methodology)
- Gathered and analysed information to inform change in the patient pathway (analysis)
- Have been able to measure its impact and maintain this quality of care
- Develop our clinicians' skills (evident in clinical competences)
- Work in a more integrated manner with primary care and hospital (acute trust) specialist teams

MSCC Clinical Audit: Serious Diagnosis Audit Trend 2012-2016



Contact:

Aimee Robson, MSc MCSP - Advanced Practice Physiotherapist
 E: aimeerobson@connecthealth.co.uk
 T: 0191 250 4580

