Clinician Engagement in Point of Care Audit

Stephanie Sutherns, Ms Jacinta Lee, Mr Keppel W. Schafer, Ms Jackie Doolan, Ms Lyndel Gray, Associate Professor Rebecca Kimble on behalf of the Queensland Maternity & Neonatal Clinical Guidelines Program
Guidelines Program

• Statewide (Queensland) Maternity & Neonatal Clinical Network members requested consistent, concise, evidence based clinical guidelines

• Queensland (formerly Statewide) Maternity and Neonatal Clinical Guidelines Program initiated in 2008
Guidelines Program

- Clinician Engagement
- Currently 24 guidelines available
- Queensland Health Intranet
- National Health & Medical Research (NHMRC) portal
Clinical Guidelines alone do not change patient outcomes
Clinical Guideline Implementation

Multifaceted implementation strategy for the Clinical Guideline

Obesity
Clinical Guideline Implementation

• Education & Audit Project
• Pilot sites at three Queensland maternity facilities
Purpose of the Project

1. Investigate the effectiveness of education

2. Assess the impact of clinical audit activity
Research Question

Does involvement in clinical audit activity improve clinician knowledge of clinical guideline recommendations?
Methods

• Clinician engagement
• Education about Guideline content
• Prospective point of care auditing by clinicians
• Knowledge assessments before and after interventions
## Audits

<table>
<thead>
<tr>
<th>Retrospective</th>
<th>Point of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single clinician holding portfolio</td>
<td>Clinician providing care completes audit</td>
</tr>
<tr>
<td>Care episode completed</td>
<td>Timely responsiveness to care</td>
</tr>
<tr>
<td>Minimal capacity to respond</td>
<td>Improves awareness of quality cycle</td>
</tr>
<tr>
<td>Limited clinician engagement</td>
<td>Improves clinician knowledge</td>
</tr>
</tbody>
</table>
Pilot Design

- OBSERVATION: Knowledge assessment
  - INTERVENTION: Guideline education
    - OBSERVATION: Knowledge assessment
      - INTERVENTION: Point of Care Audit
        - OBSERVATION: Knowledge assessment
# Audit Tool

## Queensland Maternity and Neonatal Clinical Guidelines Program: Obesity Audit Data Entry Form

**Mother's UR**

**Mother's DOB**
(format: dd/mm/yyyy)

**Mother's BMI**
(round to nearest whole number)

**Gestation at first Antenatal Visit**
(first recorded visit with any health practitioner)

**Gestation at which BMI first recorded**

**Gestation at which Dr first seen**
(first visit with an obstetrician)

**Gestation at which Anaesthetist first seen**
(first visit with an anaesthetist)

**Total number of antenatal visits**

**Number of times weight recorded**
(weight recorded at antenatal visits)

**Gestation at which Dietitian first seen**

**Was a VTE risk assessment conducted?**

**Was antenatal breastfeeding advice provided?**
(advice or education provided by any health practitioner)

**Mode of Birth**

---

**Instructions**

1. Use <TAB> key to move between fields
2. Enter data in all fields
3. Click <SAVE> after each patient
4. Click <CLEAR FORM> to delete all data in the form and start again
5. Click <EXIT> to close the form
6. Data is not saved until <SAVE> has been pressed
7. If you <SAVE> data where you have made a mistake, contact your site champion

---

THANKYOU FOR PARTICIPATING IN THIS AUDIT!
Results

• Change in clinician *knowledge* of Clinical Guideline content following the education & audit interventions statistically significant (p<0.001)

• Positive clinician feedback in Focus Group & Evaluation Survey regarding education & audit interventions
Percent of positive responses about the audit activity (N=72*)

- Would like to be involved in this form of audit again
- Achievable within my workload
- Tool was simple to use
- Increased knowledge of guideline
- Was a worthwhile experience

*Missing data excluded
Focus Group Themes

- Importance of implementation strategies
- Reward and recognition was valued
- Educational approach preferred
- Quality cycle inclusive
What the Staff said...

It was great to be involved in auditing especially as it was prospective and meant we could review the management of patients in our care.

Initially took time to do but became much easier and less time consuming.

Having our local champion on site to help us and troubleshoot was invaluable.
AUDITING

Opportunities/Benefits

• Staff enthusiasm
• Greater staff involvement in quality & audit activities
• Prospective
• Efficient
• Upskilling
AUDITING Challenges

• Confusion about definitions
• Unexpected clinical workload
• Culture
• Tool/process
• Clinical knowledge
METHODOLOGY
Opportunities/Benefits

Pre- and Post- tests available for staff completion at all hours
METHODOLOGY

Lessons Learnt

- Tools important
- Mode of education delivery
- Financial incentive not so important
What the Staff said...

We were confused about the definition of the first doctor’s visit.

The $$$ weren’t so important. We wanted to increase staff awareness and involvement in the quality cycle and clinical audit.
Conclusion

- Multi-pronged implementation strategy
- Clinicians enthusiastic
- Ownership / champions pivotal to success and sustainability
- Executive support
Acknowledgements: Project Group

Project Sponsor: Associate Professor Rebecca Kimble

Co-Clinical Leads: Dr Pieter Koorts, Ms Stephanie Sutherns

Project Team: Associate Professor Leonie Callaway, Ms Lee Jones, Ms Joan Kennedy, Ms Jacinta Lee, Ms Robin Turnbull, Mr Keppel Schafer

Pilot Site Champions: Ms Angie Gorry (Roma Hospital), Ms Annette Patane, Ms Marg Bradley, Ms Mischa Lawford (Gladstone Hospital), Ms Cathy Smith, Ms Karen Yates, Dr Paul Howat (Cairns Base Hospital)

Pilot Site Staff: Directors of Nursing & Midwifery, Nurse/Midwife Unit Managers, Midwives & Medical Officers

Reference Group Members