

TAP Audit & QI Induction Pack

Anaesthesia Audit & QI @ GSTT “Step-by-Step” Guide

Introduction

Welcome to Guy's & St Thomas'!

We are very fortunate to have such a large number of trainees at all stages of Anaesthetic training, as well as trainees from other specialties who spend some time in our Department. For the Department, and for you, this represents a massive opportunity to make things better for patients through quality improvement and audit projects.

That said, we know arriving in an unfamiliar Trust can be daunting and so this document aims to act as a “step-by-step” guide to demystify the process of performing a QI / audit project at GSTT. The steps outlined below will save you time in finding and performing a project, as well as some tips on how to get the most out of your effort, by presenting it locally or even taking it further afield, or getting a publication.

The Department

The Anaesthesia Department forms a large part of the Theatres, Anaesthesia and Perioperative (TAP) Directorate. The Anaesthesia Division is medically staffed by more than 100 substantive Consultant Anaesthetists and an array of rotational trainees at various stages of their Specialty training. The Department provides continuous full-time acute cover across 2 teaching hospital sites and numerous satellite areas. Meeting the comprehensive elective demands of a busy tertiary centre requiring complex Airway, Thoracics, Cardiac, Vascular, Cancer & Transplant specialty cover is challenging, but represents excellent opportunities for training.

TAP has undergone a reorganisation, and we have uncoupled from both Critical Care & Paediatric Anaesthesia @ the Evelina. This means that audit & QI work in those areas has to be considered separately by the corresponding Specialty Leads. For Paediatric and ICU projects, please find the contact details for those Audit Leads in the “Contacts” section of this pack.

TAP QI & Audit Steps



The Steps

1. Find a Project
2. Find a Supervisor
3. Register the Project with the Department
4. Collect Data
5. Feedback your Findings

Steps 1 & 2 Finding the Project & Supervisor

The first two steps will be considered together, as in many cases they take place simultaneously. All projects need a substantive consultant supervisor, although for simple projects for senior trainees this supervision can be largely nominal.

As a starting point, consider the question; What sort of project interests me?

If you have a burning desire to do a project within a particular sub-specialty area, like for example Cardiac, then a good place to start would be with the Cardiac Lead Consultant. The details for all the specialty leads are in the “Contacts” section. For those who are more relaxed about the specialty and content, and are just keen to get on with something - a list of ongoing or proposed work is available on the GSTT Anaesthesia education website,

<https://www.gsttanaesthesiaedu.com/qi-audit-projects/>

and the Trust Audit Database,

<http://gti/clinical/qips/qualityimprovement/clinicalaudit/clinicalauditproposalform.aspx>

Alternatively, contact me to discuss options.

If you have an idea for a project of your own, you can take this forward, but you **must** seek a supervisor from the specialty area concerned. For projects where the scope spans more than one area, or if you are struggling to find a sponsor, contact me and I will either find a supervisor or run the project with you.

Step 3 Register Your Project

Why?

As a department we share your passion to improve our systems and make things better for patients. If you have done an important piece of work on a particular area, we need to retain that knowledge to make the improvement “stick”, even after your rotation has ended. We also have to keep a record of the work we are doing for the purposes of local governance, and it’s also important to make sure we have oversight of the work to make sure patient are kept safe.

How do I do this?

To let us know about you project go register it on the Trust Audit Database at:

<http://gti/clinical/qips/qualityimprovement/clinicalaudit/clinicalauditproposalform.aspx>

And log in with your normal GSTT login. Then go through the steps to register your project. A copy of this then comes to the CG Lead and I for checking and approval.

Caveat: The Trust Database is very old and strewn with bugs. It is no longer supported by the IT Department and so is largely unfixable. It still just about works as “a list”, but if your application has been waiting more than a week please let me know, an I can look into it. This year we are conducting trials with a new platform, so hopefully this will improve soon.

Step 4 Collecting Data

The precise way you collect your data will depend on the project itself and what variables you are looking to study. Whilst it can be tempting to collect lots of bits of info, try to focus only on that of interest in answering your specific question. Try asking your supervisor for guidance when you have a draft of your data collection tool, before you actually start work.

Always collect patient level data in a non-identifiable way, and store all data securely.

Another great resource, for help with what to collect and how is the RCoA’s Audit recipe book. The book contains loads of tried and tested projects which have been used again and again. So, if there’s one for the area you are looking at, use it! Don’t reinvent the wheel.

<https://rcoa.ac.uk/safety-standards-quality/quality-improvement/raising-standards-rcoa-quality-improvement-compendium>

Step 5 Feedback your Findings

The data is collected, now to analyse and reveal the outcome. This may be simple in the case of an audit, but could be much more complex in terms of a piece of QI work with multiple PDSA cycles. One thing to be assured of is that the Consultants will be interested to find out what is happening in their own Department, so please come along to the CG meeting to present your findings.

The presentation only has to be brief, and outline your findings, and will often be introduced by or alongside your supervising consultant. This often sparks helpful debate and generates lots of suggestions for change which can then be harnessed.

To book a slot contact Dr Imran Mohammed Imran.Mohammed@gstt.nhs.uk

Please remember that your work is valuable to us as a Department and to the Trust, we don't want to lose your insights into patient care when you rotate. Please upload your PowerPoint slides to the Trust Database after your presentation, and forward a copy to myself and Dr Mohammed.

Many of your projects will be of exceptional quality, and I urge you to consider going a step further with your supervisor and consider submitting them for publication in one of the many Qi journals, or entering them for a poster competition at one of the many National and International meetings every year. For example, the WSM has an annual poster prize solely for posters relating to NELA!

Summary

Audit & QI work is immensely important to us as doctors and to us as a Department here at GSTT. We look forward to supporting you with your improvement work whilst you are here.

Remember:

- All projects need a supervisor
- Register the project
- Present it, and upload your results
- If in doubt....ask me!

Dr Toby Dixon BSc (Hons) MBBS FRCA

**Consultant Anaesthetist & Perioperative Lead for Quality Improvement & Audit
Guy's and St Thomas' NHS Foundation Trust**

Department of Anaesthesia

St Thomas' Hospital

Westminster Bridge Road

London SE1 7EH

toby.dixon@gstt.nhs.uk

Anaesthesia Audit & QI @ GSTT

Contacts

Departmental SubSpecialty Lead Consultants

Airway	Imran Ahmad
Cardiac	Simon Liu
Regional	Amit Pawa
Priority / Emergency	Anna Janowicz
Plastics	Britta Millhoff
Equipment	Emad Aziz
Education	Gunjeet Dua
Vascular	Heena Bidd
Acute Pain	Jackie Porter
Acute Pain	Suneil Rammesseur
Obstetrics	Kate Cheeseman
Dental	John Chatterjee
Lower GI	Lyndsay Arrandale
Cath Lab	Seb Baxter
DSU	Mark Ibrahim
Perioperative Med	Ramai Santhripala
Orthopaedics	Sanjay Gulati
Trauma	Sonia Meier
OIR / Clin Governance	Stuart McCorkell
Urology	Sheela Badiger
ACU	Nhat Nguyen-Lu
Nuffield	Charles Thoburn
Guy's Recovery	Ulka Vamadevan
STH Recovery	Pele Banugo
IT	Clarissa Carvalho / Craig Johnstone
Transplant	Holly Chamarette
Gynae	Jey Jeyarajah
Upper GI	George Hallward
IR /EB	Michael Duncan
Risk	Will Whiteley
Audit / QI / ACSA	Toby Dixson
Sustainability	Madvhi Vaghela