




Hospital Committees Part 2

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Clinical Audit Committee

Clinical Audit

- **Definition of Clinical Audit**
 - “A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”
- **It is also defined as**
 - “Peer Review for evaluation of medical care through retrospective and concurrent analysis of medical record”

Clinical Audit

- The NABH requires that there should be an established system of clinical audit
- The hospital shall identify such personnel who will do the audit
- These personnel shall represent various areas of expertise such as clinicians, nurses and administrators
- These personnel could be part of the quality assurance committee
- These personnel shall form a committee
- The Chair should be a senior clinician

Clinical Audit

- The composition of the committee will depend upon the resources available
- Any member of the multi-disciplinary team providing care to the patient may participate
- Members include both clinical as well as managerial staff
- In UK, Participation in clinical audit is a mandatory training requirement for doctors at foundation programme and Registrar level
- It is also part of appraisal process for junior and senior doctors

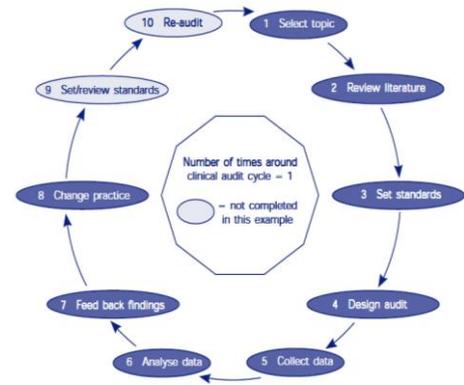
Clinical Audit

- **The following composition is recommended:**
 - A senior clinician as the chair person
 - The quality coordinator as the secretary
 - **Members:**
 - Nursing Superintendent
 - MS/Dy MS
 - Representatives of major clinical departments (surgery/medicine/gynaecology)

Clinical Audit

- Does Audit Need Ethical Approval?
 - All clinical audit needs to be carried out within an ethical framework
 - In principle clinical audit does not need ethical approval
 - Clinical audit by definition does not involve anything being done to patients beyond their normal clinical management
 - It aims to improve patient care through systemic review of care against explicit criteria and the implementation of change
 - It is usually retrospective and at times concurrent

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Topic Selection

- Basic questions that should be asked

Does the topic concern care offered by my team/specialty	Y	N
Is there evidence of one or more of the following?	Y	N
<ul style="list-style-type: none"> •Quality problem (e.g. serious incidents, high complication rates, patient complaints, adverse outcomes) •High risk to staff or patients •High costs •High volume •Variation in practice •New service that needs to be assessed •Improvements implemented following previous audit •NABH guidelines not already audited 		
Is there potential benefit to patients from doing this audit?	Y	N
Is the topic measurable against relevant, authoritative standards?	Y	N
Does the topic lend itself to the process of clinical audit?	Y	N

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What about surveys of patients?

- Physician should measure:
 - Technical quality of care delivered and also
 - The experience from the patient perspective
- If patient survey is conducted
 - It usually does not require approval by a Research Ethics Committee
 - It may, however, raise ethical issues. E.g.:
 - Sharing of patient data with another healthcare organisation
 - Surveying patients about sensitive issues
- NABH guidelines do not include patient survey

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How to plan the audit

- Good planning will reduce the time needed on actually doing the audit
- At the start it is a good idea to involve people who could potentially influence change in practice
- Planning steps:
 1. Ensure you are trained in clinical audit
 - The management can organise training in CA

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How to plan the audit

2. Consult with the department leader
 - Get his/her concurrence as well as that of the line manager
3. Establish clear sense of purpose
 - Ask what is to be achieved
 - Write the objectives for the audit using verbs such as *to ensure, to improve, to increase*
4. Identify the guidelines which will provide standards for the audit (should be evidenced based – do a literature search, if required)

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How to plan the audit

5. Identify data source
 - Clinical notes or other records
 - Data provided directly by patients or staff
 - Electronic Hospital Information Management System
 - If retrospective data not available, consider prospective data collection
6. Engage colleagues and stakeholders
 - Discuss plan with relevant group
 - Other professional who care for the patient group being audited

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How to plan the audit

- Other departments involved in pathway of care e.g. A & E, Diagnostics
 - Administrative staff
 - Patients – it is a good practice to engage service users in the audit process, especially if you are auditing patient experience
7. Set up audit team
 - Audits benefit from a team approach – most healthcare is multi-disciplinary
 - Project lead should lead the project from start to finish, and should coordinate at each stage
 8. Plan timetable
 - Allow realistic times for sampling, obtaining patient note, data collection, analysis and writing up results

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How to set standards

- For clinical audit, a standard has two components:
 - A statement of what should happen (*criterion*)
 - The desired performance level expressed as a percentage (*target*)
- Example (From NICE guidance on Heart Failure)
 - Criterion
 - All people with suspected heart failure without previous MI should have serum natriuretic peptides measured
 - Target
 - 100%
 - (Unless it is critical to the safety of patients, you may set a target lower than 100% initially, then raise it at re-audit)

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How to set standards

- It is helpful to think of audit criteria in terms of structure, process and outcome
- Structure
 - What we need
- Process
 - What we do
- Outcomes
 - What we expect to happen as a result

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Ethics Committee

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Ethics Committee

- NABH standard COP 18 deals with Ethics Committee
- The standard requires that
 - Documented policies and procedures guide all research activities in compliance with national and international guidelines (*This is mandatory documentation*)
 - The ethics committee oversees all research activities

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Ethics Committee

- **Composition**
 - Rule 122 DD of Drugs and Cosmetic Rules inserted by G.S.R 72(e) dated 08.02.2013 gives the composition of the Ethics Committee
 - There should be minimum 7 members
 - Chairman – from outside the institute
 - Secretary – one member as a secretary
 - Other members shall be from Medical, Scientific, Non-medical and Non-scientific fields including lay public

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Ethics Committee

- One member whose area of interest or specialization is Non-scientific
- At least one member should be independent of the institution
- There should be appropriate gender representation on the ethics committee
- Members should be conversant with the provisions of clinical trials under Schedule Y of D & C Rule, Good Clinical Practice Guidelines for clinical trials in India and other regulatory requirements

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Ethics Committee

- **Quorum:**
 - At least 5 members with following representations:
 - Basic medical scientist
 - Clinician
 - Legal expert
 - Social scientist or representative of non-governmental voluntary agency or philosopher or theologian or a similar person
 - Lay person from the community

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Ethics Committee

- The members representing medical scientist and clinicians should have Post graduate qualification and adequate experience in their respective fields
- Based on requirements of research area (HIV, genetic disorder) patient group may also be represented
- There should be no conflict of interest
- Subject or other experts (without voting rights) may be invited to the meeting
- Ethics committee needs to be registered with the licensing authority
- All Clinical Research should be registered with the ICMR

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Infection Control Committee

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Infection Control Committee

- The infection control organisation of a hospital as per NABH
 - A multi-disciplinary Infection Control Committee
 - An Infection Control Team
 - A designated Infection Control Officer as part of the infection control team
 - Designated infection control nurse(s)

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Composition of Infection Control Committee

- An Infection Control Committee (ICC) provides a forum for multidisciplinary input and cooperation
- Composition
 - Should include wide representation from relevant departments
 - Management
 - Physicians
 - Other Health Care Workers

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Composition of Infection Control Committee

- Clinical microbiology
- Pharmacy
- Sterilizing service
- Maintenance
- Housekeeping
- Training services
- In an emergency (such as an outbreak), this committee must be able to meet promptly

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Composition of Infection Control Committee

- Tasks
 - To review and approve a yearly programme of activity for surveillance and prevention
 - To review epidemiological surveillance data and identify areas for intervention
 - To assess and promote improved practice at all levels of the health facility
 - To ensure appropriate staff training in infection control and safety management, provision of safety materials such as PPE and products
 - Training of health workers

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Infection Control Committee (ICC)

- One member will be elected as the chairperson
 - He/ she should have direct access to the head of the hospital administration
 - Secretary – a healthcare worker trained in the principles of infection control
 - He/she may be a physician, microbiologist or registered nurse
- The committee should ideally meet every month but at least should meet 3 times a year
- Should develop its own infection control manual
- Monitor and evaluate the performance of the infection control programme

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Infection Control Team

- This team is responsible for the day-to-day activities of the infection control programme
- The optimal structure of the team will vary with the type, needs, and resources of the facility
- It should consist of at least one physician, the Infection Control Officer (ICO), and at least one nurse (ICN)

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Infection Control Team

- The ICT have a range of expertise covering
 - knowledge of infection control,
 - medical microbiology,
 - infectious diseases and
 - nursing procedures
- The team should have a close liaison with the microbiology laboratory
- Ideally, a microbiologist should be a member of the team

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Infection Control Team

- **Responsibilities of the infection control team**
 - Advise staff on all aspects of infection control and maintain a safe environment for patients and staff
 - Provide educational programmes on the prevention of hospital infection for all hospital personnel
 - Provide a basic manual of policies and procedures.

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Infection Control Team

- Establish systems of surveillance of hospital infection in order to identify at-risk patients and problem areas that need intervention.
- Methods for surveillance may include
 - case finding by ward rounds and chart reviews,
 - reviews of laboratory reports, and
 - targeted prevalence or incidence surveys.
- Advise management of patients requiring special isolation and control measures.

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Infection Control Team

- Investigate and control outbreaks of infection in collaboration with medical and nursing staff.
- Ensure that an antibiotic policy is in existence.
- Liaise with the hospital doctors and administration (managerial and nursing), community health doctors and nurses, and infection control staff in adjacent hospitals.

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Infection Control Team

- Provide relevant information on infection problems to management and the ICC.
- Perform other duties as required, e.g., kitchen inspections, pest control, waste disposal.
- It should meet, ideally, daily

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Infection Control Officer

- **Infection Control Officer (ICO)**
 - The ICO should preferably be a senior member of the hospital staff
 - He should have experience and training in infection control

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Infection Control Officer

- Preferably, a microbiologist or an epidemiologist or an infectious disease physician should be the ICO
- If not available, a surgeon, paediatrician or other appropriate physician with special interest in the field can be the ICO
- ICO is usually the chairman of the ICC
- He must be given extra time needed to fulfill the responsibility

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Infection Control Nurse (ICN)

- The ICN is the pivotal figure in the infection control programme of the hospital
- The ICN is a registered nurse with clinical and administrative expertise
- Good interpersonal and educational skills are important
- Recognised training in IC essential

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Thank you