

AUDIT TOOLS

Explanatory notes:

A group of hospitals in South east Queensland have combined to work in the area of chest tube/ under water seal drain management using the principles of the Breakthrough Collaborative. As the founder of this methodology, Brent James, Executive Director of the Institute of Healthcare Improvement says:

"If you can not measure it, you can't manage it".

Our first task therefore has been to develop audit tools to provide a standardised method of measurement.

There is little published evidence in this area. Therefore, representatives of 5 Queensland hospitals attended a workshop to identify the most important and most frequent problems in chest tube (intercostal catheter) insertion and removal and management of under water seal drains. The questions in the audit tools were chosen to address these specific problems. The tools have been trailed in specialist cardio-thoracic and general wards and amended according to feedback.

Audit Tools:

The aim is to improve patient care by collecting data with a standardised tool:

- to identify a problem (or area for improvement) - data helps convince others
- to monitor the effect of changes you introduce – demonstrating improvement will convince the sceptics

This audit data is for your institution and is not intended for benchmarking between hospitals. Ultimately we hope to have these in a computer readable format.

Suggested use:

- Establish a group/working party in your hospital with an interest in the area. Decide on a standardised way that you will use the audit tools (so all data is collected in the same way in different areas over time). Modification of some options to suit your particular needs may be required, but such changes should be standardised in your hospital.
- Use all members of the group to perform the audits. It is often helpful to audit in pairs at least initially, while you are sorting out how to apply the tool in your institution or area.
- Aim to use each audit tool in a variety of locations (eg surgical, medical, ED) regularly. As a guide, up to 5 patients for each of the audit tools monthly is probably sufficient to enable problems to be identified and interventions to be monitored. In hospitals with a number of high use areas, a smaller number (eg 3) in each area per month may be appropriate. The auditing can be spread over the month.
- Ideally regular auditing should be incorporated in patient care. With this in mind, the Collaborative has developed a combined tool for a single patient which includes all 3 areas (ICC insertion, UWSD management and ICC removal).
- Aggregate data over a defined period (eg 1-3 monthly) according to the calculation sheet, arriving at a percentage for most options. Smaller hospitals may need to combine data over longer periods.
- Compare data over time to identify areas for improvement and/or to assess interventions.

Data collection and presentation

- In questions with multiple components, **all** components must be correct/present to achieve a 'Yes'.
- The questions have been worded so that "Yes" is the correct answer.
- If a question is not relevant for a patient, enter a N/a for "not applicable" or "not available". These responses do not count for the summary statistics.
- There is a guide to summarising the data from multiple patients to the right of the first page of each audit tool.
To calculate summary statistics, the number of "no" responses is expressed as a percentage of the number of patients audited in whom that question was relevant ie number of "possible" responses (equals the total number of patients minus number of N/a responses).

SECURITY AND CONFIDENTIALITY

Security and privacy of this information must be preserved. It is suggested that patient unit or record numbers and identifying data about staff are not recorded. No identifiable information should be circulated. This measurement is for learning and testing NOT judgement. However, documentation of the ward area or unit may be useful for analysis of results. Please check with your Medical Administration or Risk Manager about this aspect.

DOCUMENTATION

On your first audit in each area,

- collect all forms / charts for monitoring under water seal drains
- identify suction devices – type , max kPa achievable, etc
- list the type of under water seal device(s) used

Consider whether standardisation of procedures, practices, forms etc could reduce the potential for error.

The Queensland Intercostal Catheter Collaborative (QICC)

Nine hospitals in SE Queensland now participate. Our next project is to standardise clinical guidelines in the area of chest tubes and chest drains and devise teaching materials based on these guidelines. Feedback and suggestions for improvement are welcome.

Helen Ward
Coordinator
Queensland Intercostal Catheter Collaborative

Thoracic physician and clinical auditor
The Prince Charles Hospital
Rode Rd
Chermside Q 4032

Helen_Ward@health.qld.gov.au