Leeds Institute of
Health Sciences

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A brief guide to effective audit and feedback

Robbie Foy

The National Clinical Audit Event 2022:
Driving Quality Improvement in Patient Care

Acknowledgements

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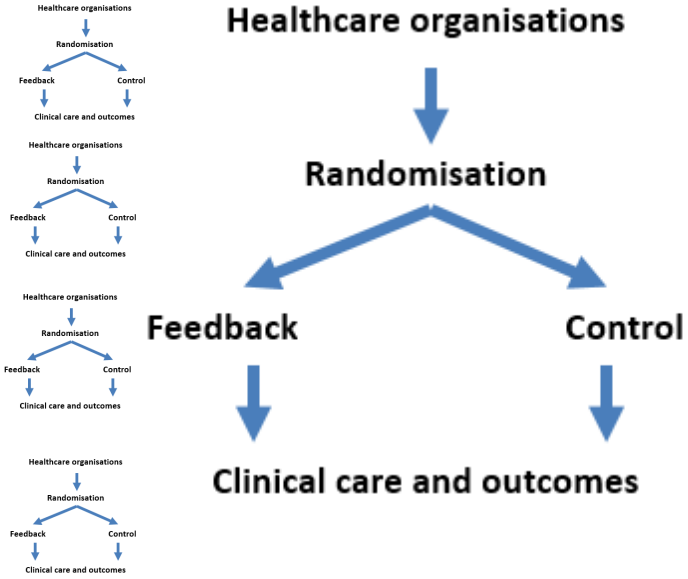
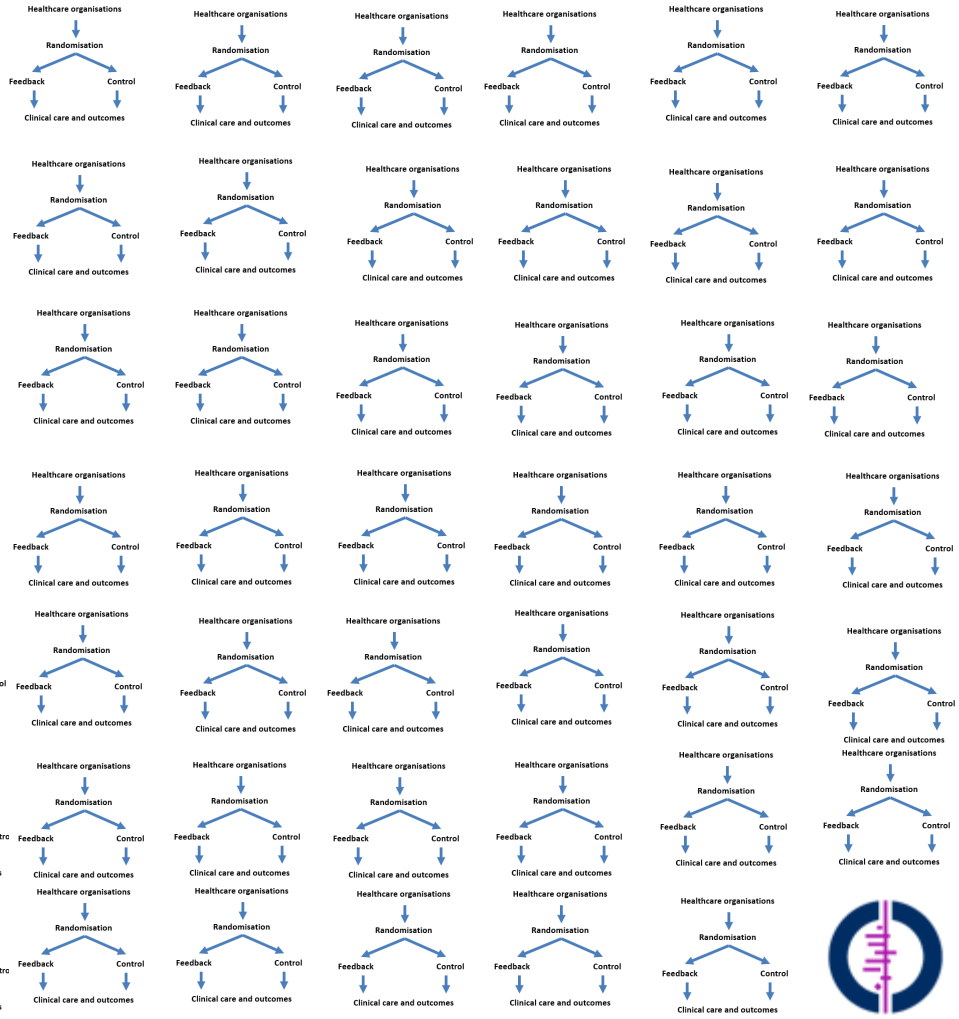
FUNDED BY
NIHR | National Institute for Health Research


Healthcare organisations
Randomisation
Feedback
Control
Clinical care and outcomes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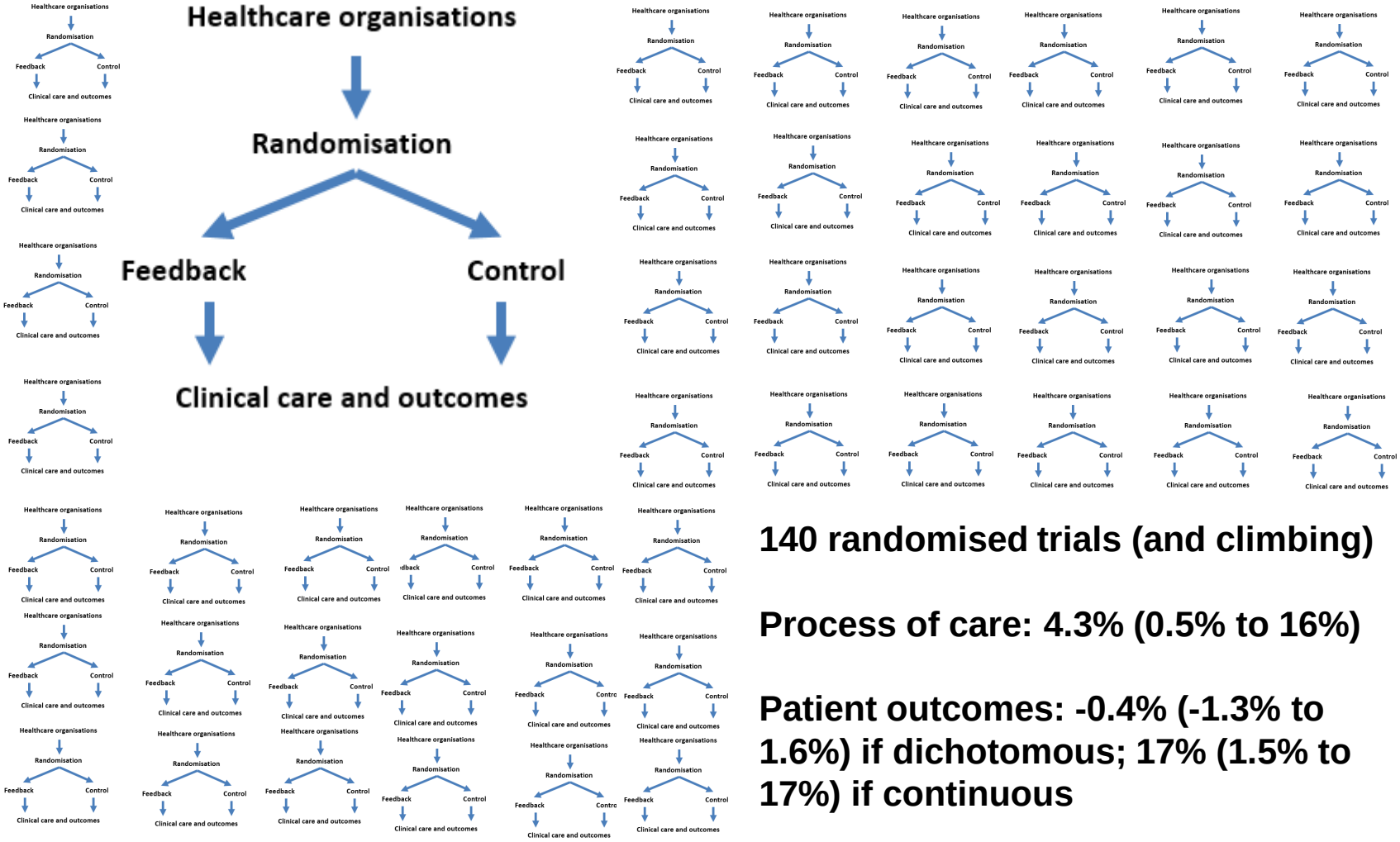


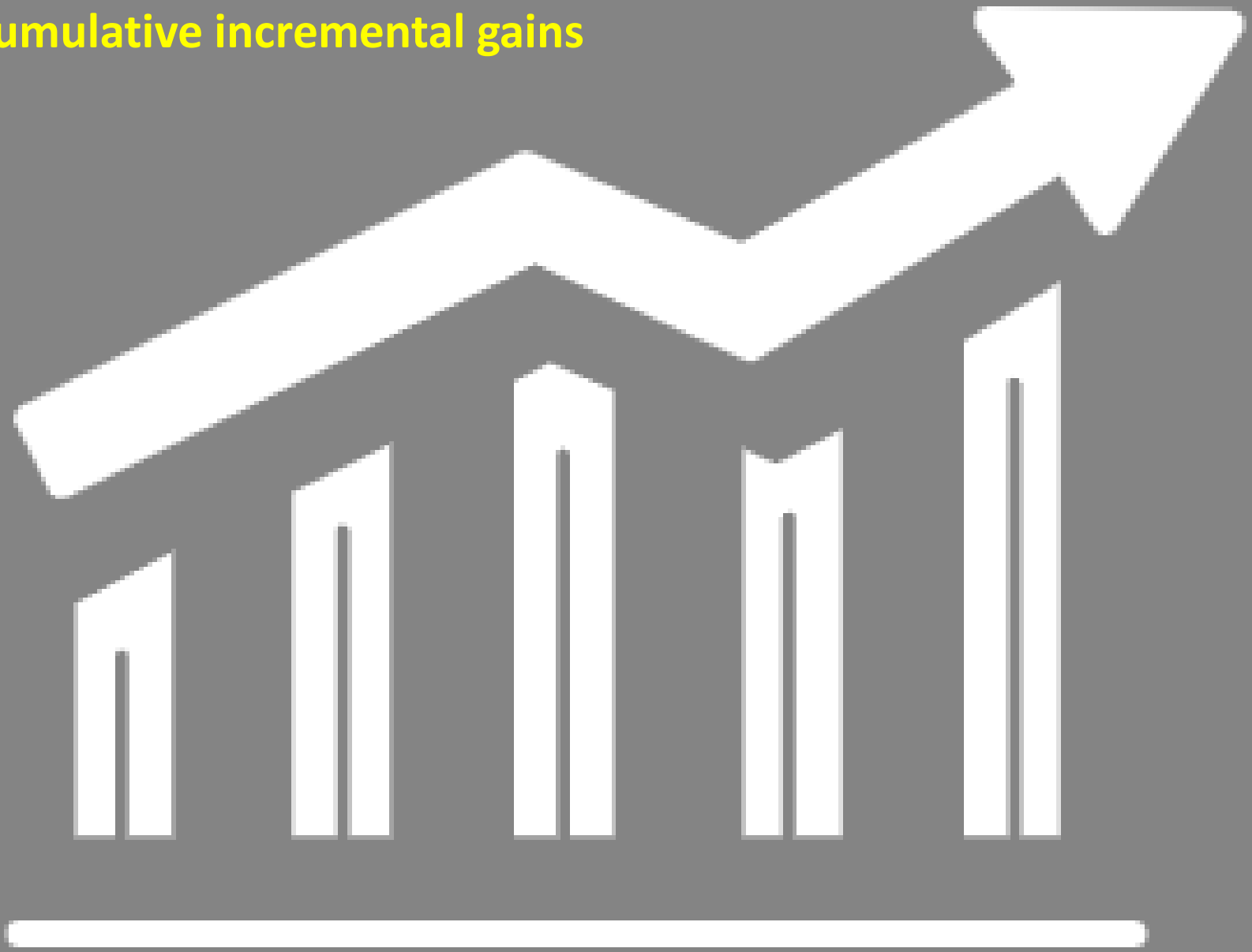
140 randomised trials (and climbing)

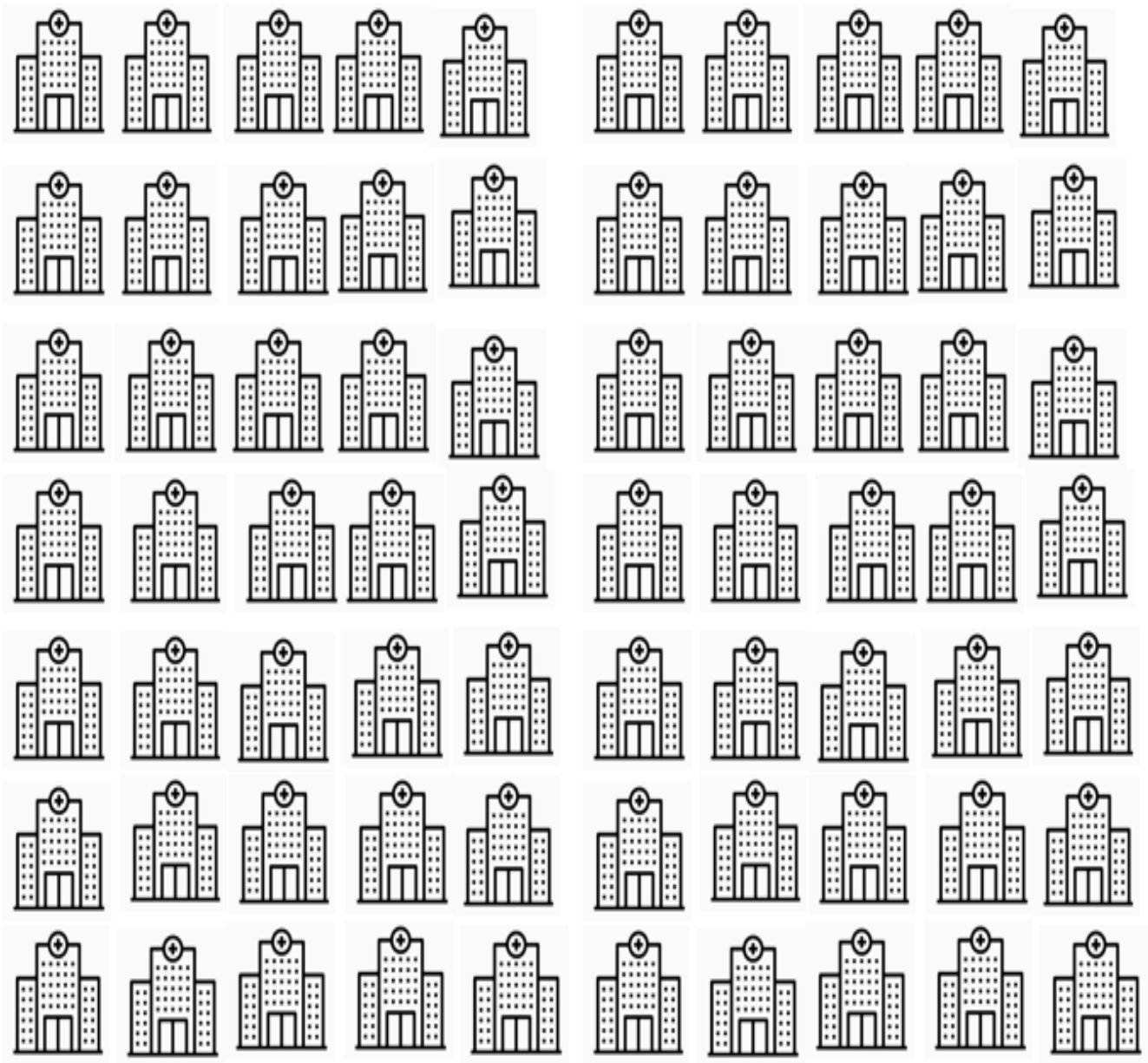
Process of care: 4.3% (0.5% to 16%)

Patient outcomes: -0.4% (-1.3% to 1.6%) if dichotomous; 17% (1.5% to 17%) if continuous

Ivers et al. Audit and feedback: effects on professional practice and healthcare outcomes. The Cochrane database of systematic reviews 2012, 6:Cd000259.

Cumulative incremental gains





Reach and population impact

Feedback more effective if…

Low baseline performance

Delivered via a supervisor or colleague

Provided more than once

Both verbal and written formats

Explicit targets and action plan

Desired action

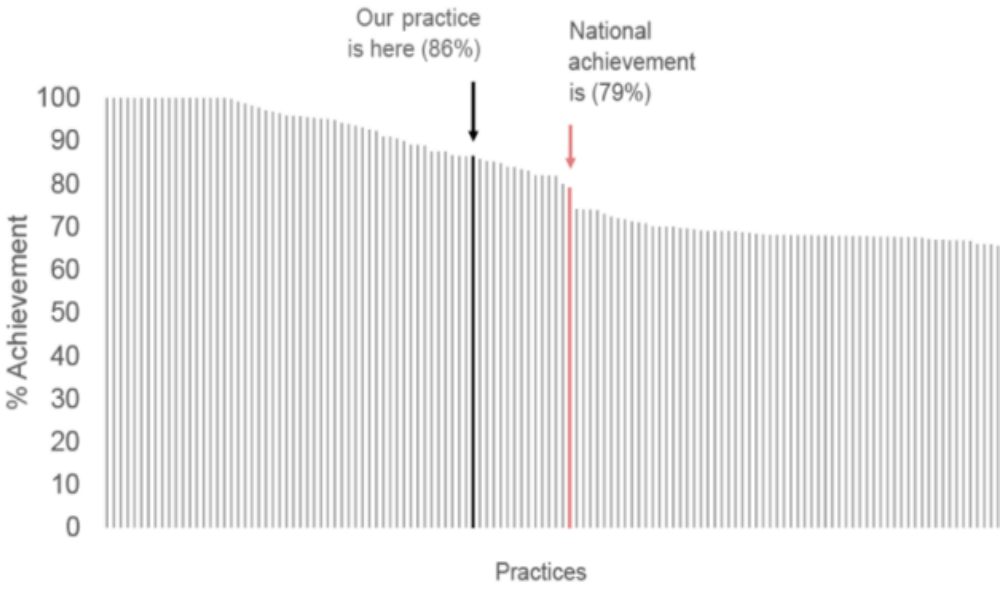
Display

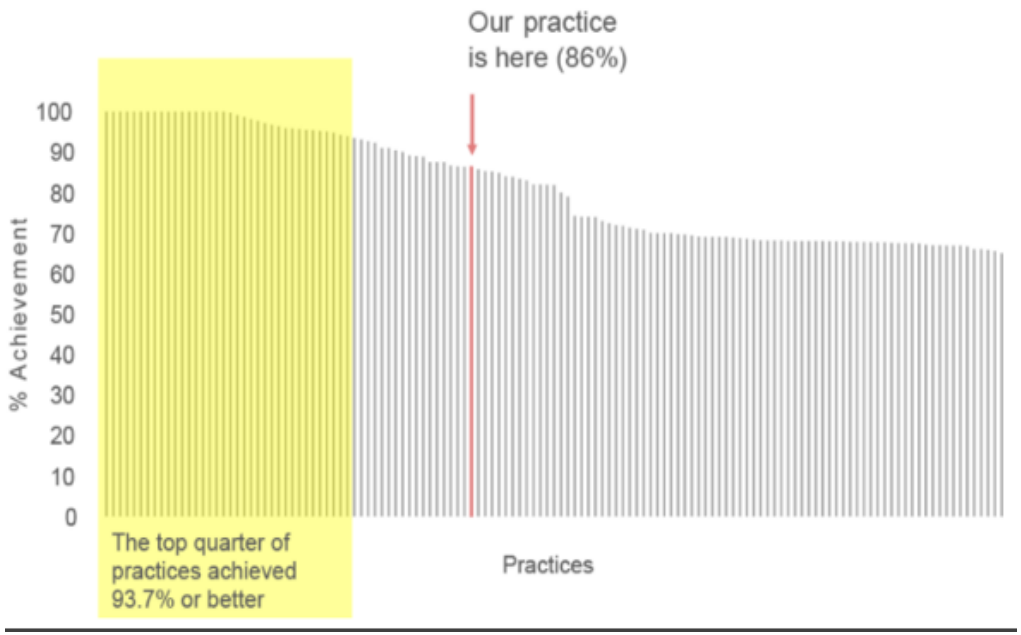
Data available

Delivery

Brehaut et al. Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness. Ann Intern Med 2016;164(6):435-41

Desired action: Recommend actions
that are under the recipient's control





Data available: **Choose comparators that reinforce desired behaviour change**

Display: Minimize extraneous cognitive load for feedback recipients

Delivery: **Prevent defensive reactions**

National clinical audits are great but…

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ENACT
Enhancing NAtional Clinical audiT and feedback

Affinitie

Khan et al. Implementation Science Communications (2020) 1:106
https://doi.org/10.1186/s43058-020-00089-3

Implementation Science Communications

SHORT REPORT Open Access

Repeated analyses of national clinical audit reports demonstrate improvements in feedback methods

Tasneem Khan[1*], Sarah Alderson[1], Jill J. Francis[2], Fabiana Lorencatto[3], John Grant-Casey[4], Simon J. Stanworth[5,6,7] and Robbie Foy[1]

PLOS ONE

RESEARCH ARTICLE

How do hospitals respond to feedback about blood transfusion practice? A multiple case study investigation

Natalie J. Gould[1], Fabiana Lorencatto[1,2], Camilla During[1], Megan Rowley[3], Liz Glidewell[4,5], Rebecca Walwyn[6], Susan Michie[2], Robbie Foy[4], Simon J. Stanworth[7,8,9], Jeremy M. Grimshaw[10,11], Jill J. Francis[1]*

Willis et al.
Implementation Science Communications (2022) 3:32
https://doi.org/10.1186/s43058-022-00275-5

Implementation Science Communications

RESEARCH Open Access

Opportunities to improve the impact of two national clinical audit programmes: a theory-guided analysis

T. A. Willis[1*], S. Wood[1], J. Brehaut[2,3], H. Colquhoun[4], B. Brown[5,6], F. Lorencatto[7] and R. Foy[1]

JAMA Network Open

Original Investigation | Pathology and Laboratory Medicine

Effectiveness of Enhanced Performance Feedback on Appropriate Use of Blood Transfusions

A Comparison of 2 Cluster Randomized Trials

Simon J. Stanworth, DPhil; Rebecca Walwyn, PhD; John Grant-Casey; Suzanne Hartley, MSc; Lauren Moreau, PhD; Fabiana Lorencatto, PhD; Jill Francis, PhD; Natalie Gould, PhD; Nick Swart; Megan Rowley, MD; Steve Morris, PhD; Jeremy Grimshaw, MD, PhD; Amanda Farrin, PhD; Robbie Foy, MD; for the AFFINITIE Collaborators

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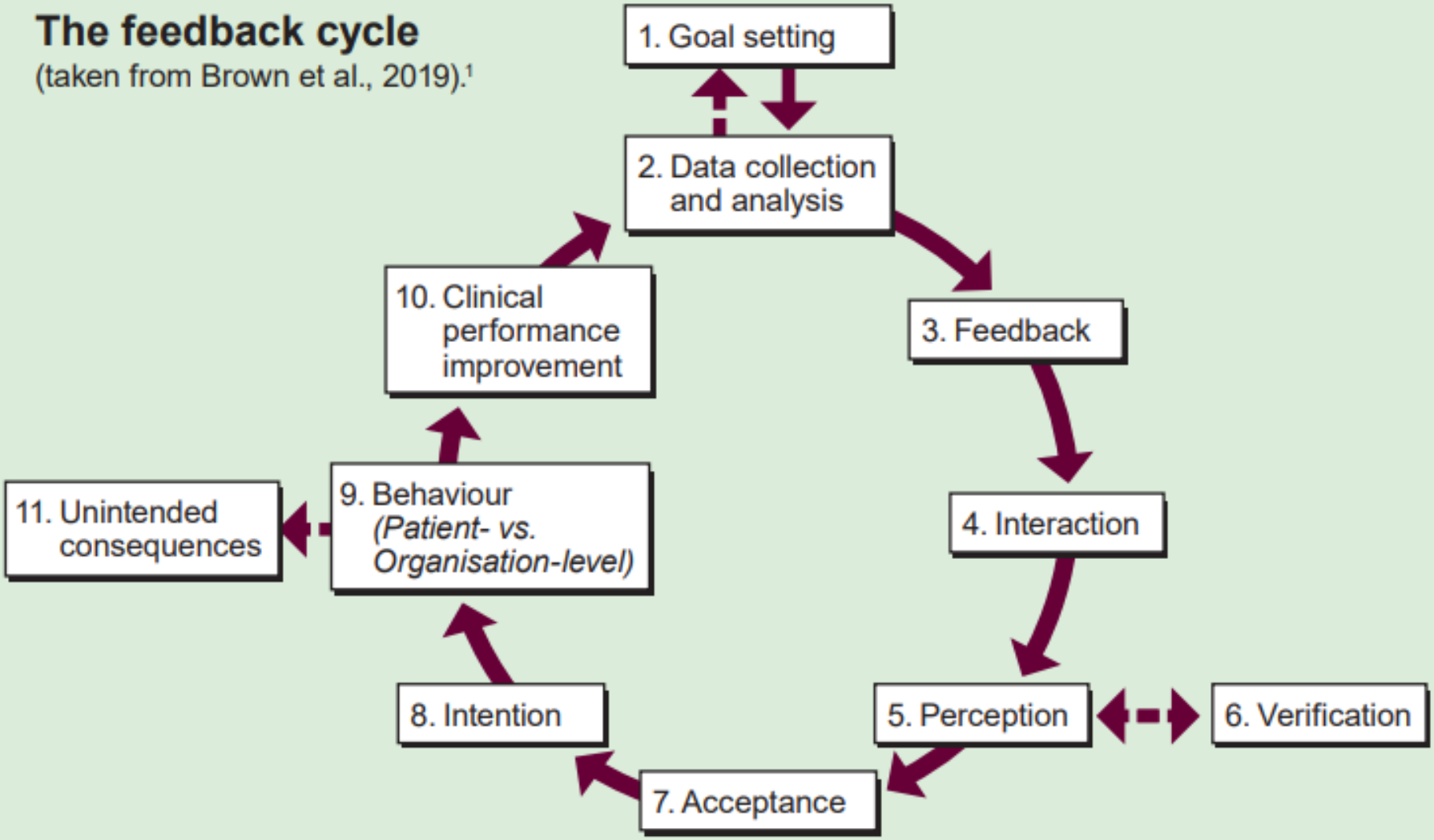
https://www.hqip.org.uk/wp-content/uploads/2022/04/A-brief-guide-to-effective-audit-and-feedback-March-2022.pdf

The feedback cycle

(taken from Brown et al., 2019).[1]



Brown et al. Clinical Performance Feedback Intervention Theory (CP-FIT): a new theory for designing, implementing, and evaluating feedback in health care based on a systematic review and meta-synthesis of qualitative research. Implementation Science 2019; 14: 40.

A Self-Assessment Report Card for Audit Programmes?

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Aide memoire

Quality assurance

Business case

Goal setting

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Data collection and analysis should produce a true representation of clinical performance.

Green	There are robust procedures in place for assuring data accuracy AND recipients are able to verify their own data.
Amber	There are robust procedures in place for assuring data accuracy OR recipients are able to verify their own data.
Red	Neither of the above.

Data collection

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Data collection and analysis should produce a true representation of clinical performance.

Green	There are robust procedures in place for assuring data accuracy AND recipients are able to verify their own data.
Amber	There are robust procedures in place for assuring data accuracy OR recipients are able to verify their own data.
Red	Neither of the above.

Feedback content

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Minimise any delay between data collection and feedback.

Green	Feedback data are available in 'real time' or as near to this as feasible.
Amber	There is a gap of up to 6 months between data collection and feedback.
Red	There is a gap of over 12 months between data collection and feedback.

Feedback content

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Feedback should emphasize positive change.

Green	Feedback focuses on positive changes in recipient performance AND highlights benefits to patient care and outcomes of further improvements in performance AND demonstrates overall benefits to patient care and outcomes of the audit programme.
Amber	Feedback focuses on positive changes in recipient performance OR highlights benefits to patient care and outcomes of further improvements in performance OR demonstrates overall benefits to patient care and outcomes of the audit programme.
Red	None of the above.

Feedback display

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Minimise extraneous cognitive load for feedback recipients.

Green	AT LEAST FOUR OF key messages are prioritised AND the minimum amount of data necessary to understand performance are displayed AND there is no visual clutter AND plain, direct English is used AND a standardised format is used throughout.
Amber	TWO TO THREE of the above.
Red	ONE OR LESS of the above.

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