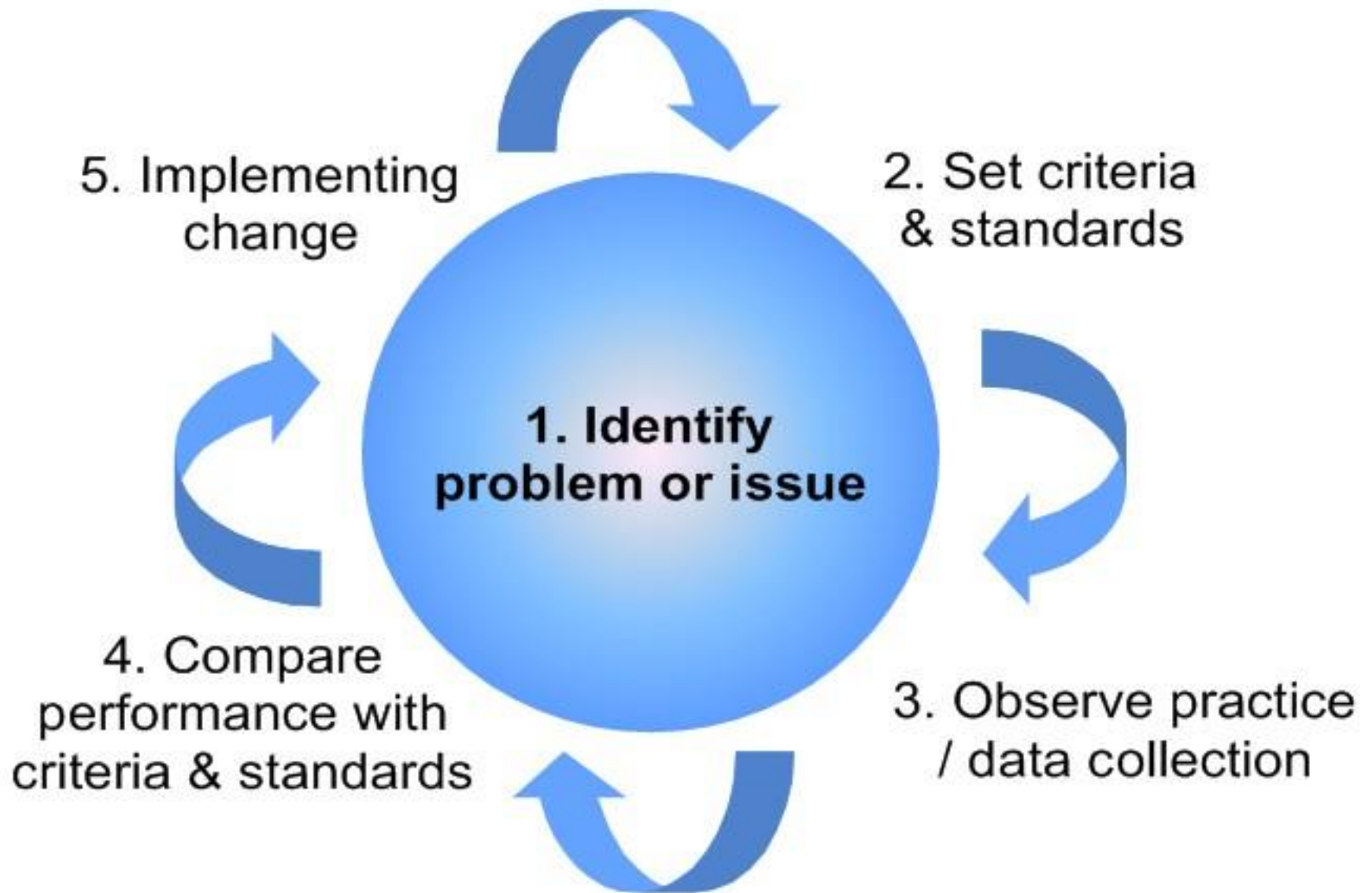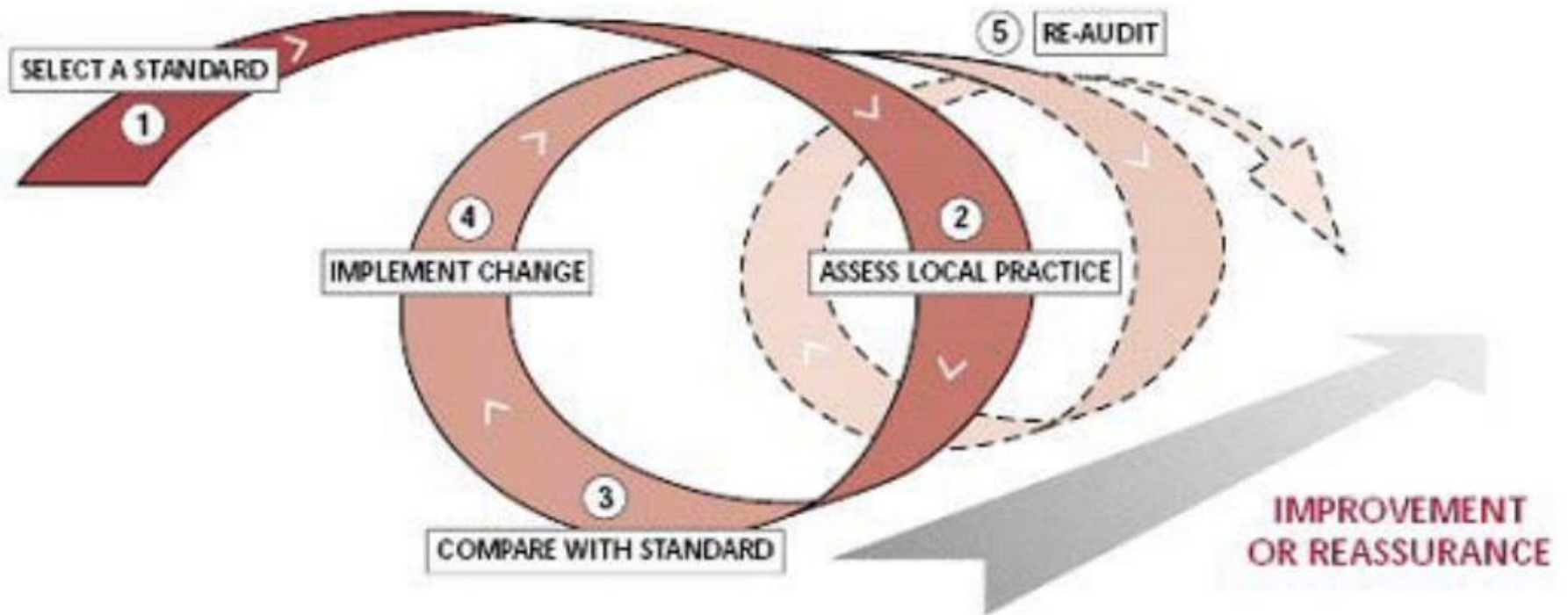# Audit in Screening

Dr LS Wilkinson

What is clinical audit?

Clinical audit is a process that has been defined as "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".

5. Implementing change

2. Set criteria & standards

1. Identify problem or issue

3. Observe practice / data collection

4. Compare performance with criteria & standards

The audit cycle

An example...

Figure 4: Cost Comparison of All Diagnostic Stereotactic Biopsies 2012-15

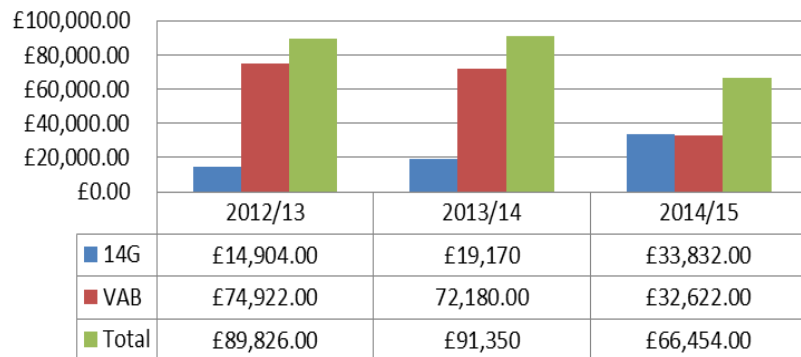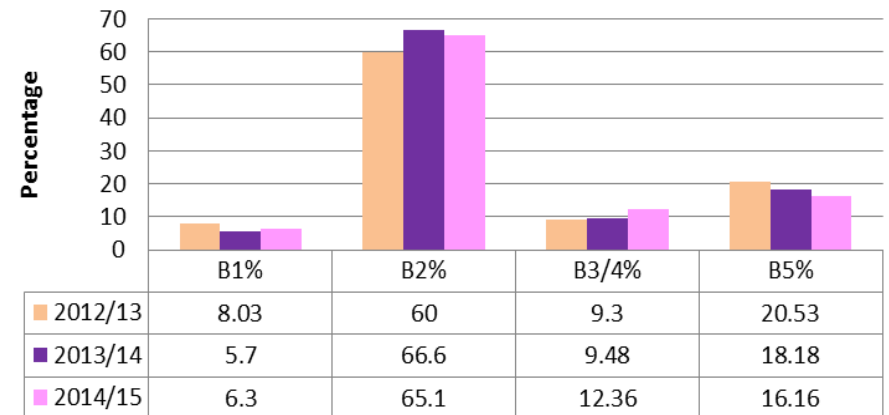|	2012/13	2013/14	2014/15
14G	£14,904.00	£19,170	£33,832.00
VAB	£74,922.00	72,180.00	£32,622.00
Total	£89,826.00	£91,350	£66,454.00

Figure: 6. Biopsy Outcome – All Stereotactic Biopsy 2012-15

	B1%	B2%	B3/4%	B5%
2012/13	8.03	60	9.3	20.53
2013/14	5.7	66.6	9.48	18.18
2014/15	6.3	65.1	12.36	16.16

Anuma Shrestha, BSBR, 2015

Where do you start?

- Understand your process
- Guiding principles

  eg *maximise cancer detection*

  treat client well

  meet process targets
- Create an organisational structure
  - Ensure team ownership

Planning your audit programme

- Team approach
- Identify an audit lead
- Plan a schedule
  - Rolling audits
  - Ad hoc
- Communicate results
  - Annual report
  - Team meetings
  - Regional level

Standardise the process

- Audit template
  - Aim
  - Define standards
  - Describe methods and identify data to be reviewed
  - Time frames
    - Dates of audit
    - report to be produced
    - Repeat the audit

Can't see the wood for the trees?

Domains

Population	Test	Individual

• Identify eligible cohort
• Contact individuals
• Ensure equity
• Optimise access
  • Time
  • Location
• Client satisfaction
	• Best test
	• Criteria for positive/negative outcome
	• Further evaluation
	• Equipment
	• Standardised reporting
		• Personal specification
		• Training
		• Competence
		• True positive
		• False negative
		• Volume
		  • Speed v accuracy
		• Turnaround times

Types of audits

Administrative

- Audit of QMS e.g. Work instructions/ SOPs
- Audit of exclusions
- Audit of Campaign work to increase uptake e.g. DNA rates, Health Promotion activities at pharmacy, mosques, gyms

Clinical

- Audit of QA Images
- Audit of Diagnostic Screening Accuracy
- Audit of Referrals over 5.5 cm but when reviewed are under 5.5 cm
- Audit of non-visualised images

Patient experience

- Audit of Satisfaction Surveys
- Audit of Clinic Locations – DNAs, Accessibility and Transport
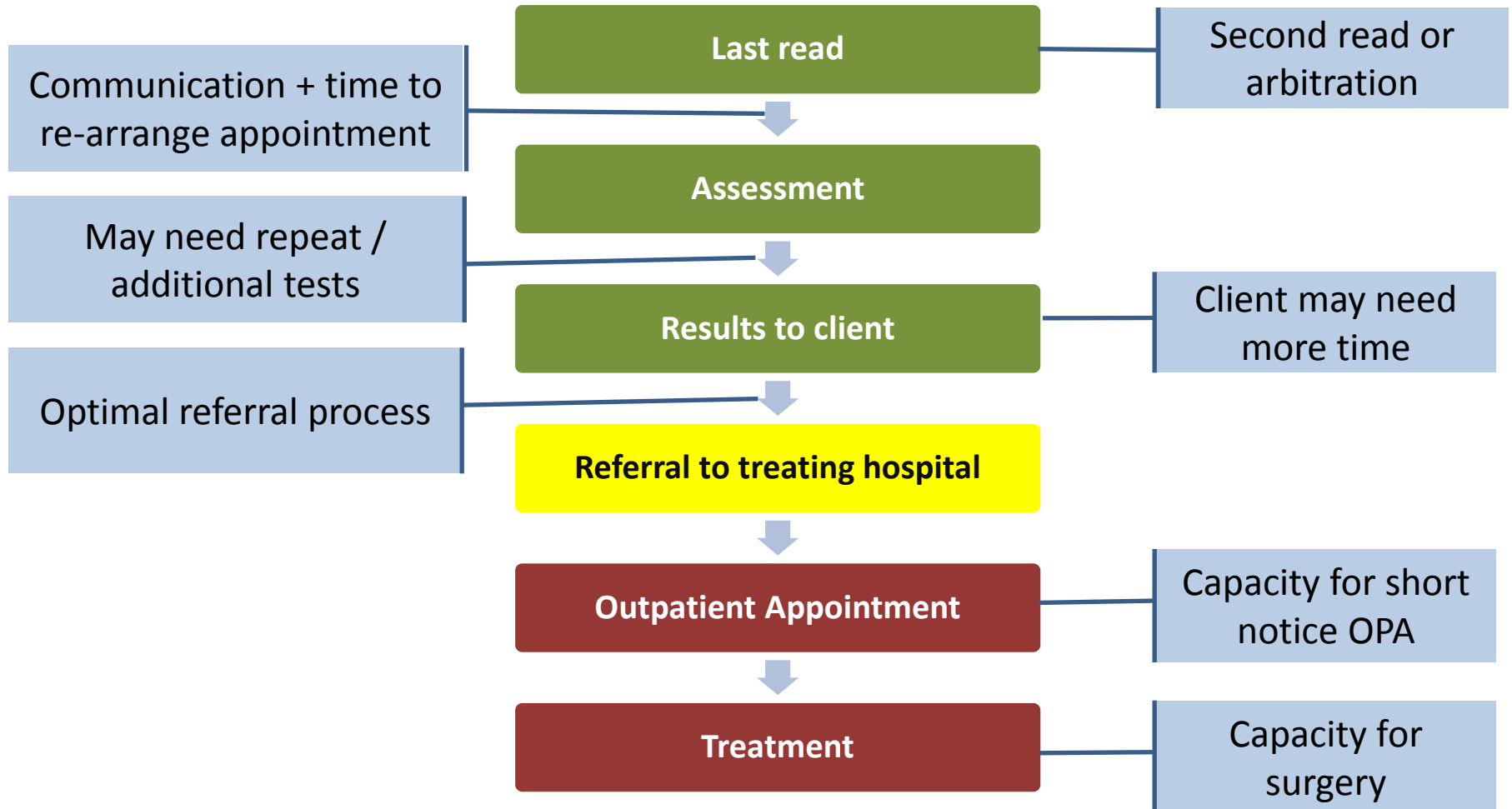- Audit of DNAs

-audience to participate!

An example….

62 day target for breast cancer treatment
- From date of decision to recall
- To date of first treatment

1. Establish baseline
2. Identify areas for change
3. Communicate and manage change
4. Set up achievable monitoring

Pathway

	Last read	Second read or arbitration
Communication + time to re-arrange appointment	**Assessment**	
May need repeat / additional tests	**Results to client**	Client may need more time
Optimal referral process	**Referral to treating hospital**	
	Outpatient Appointment	Capacity for short notice OPA
	Treatment	Capacity for surgery

Optimal and Minimum Standard

From	To	Target (days)	*Minimum standard (days)*	Total from last read (days)	
Last read	Assessment	10	*21*	**10**	*(21)*
Assessment	Result to client (inc MDM)	5	*9*	**15**	*(30)*
Results to client	Referral received by surgical team	1	*2*	**16**	*(33)*
Referral	Surgical OPA	7	*10*	**23**	*(43)*
Surgical OPA	Treatment	14	*31*	**47**	*(74)*

Target waiting times

31 days   62 days

Legend:
- Assessment
- Results
- Referral
- OPA
- surgery
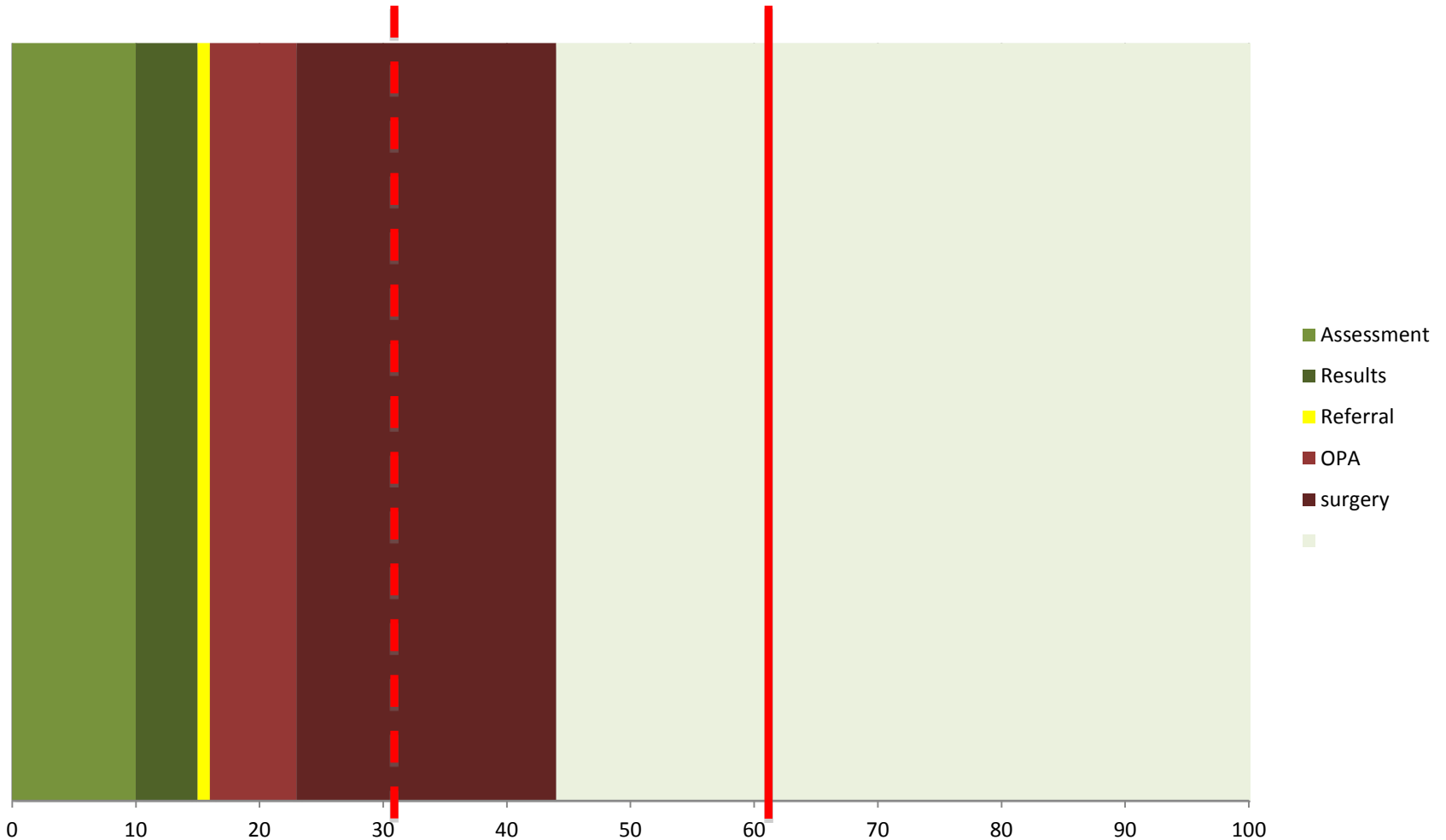
Minimum standard waiting times

31 days   62 days

Assessment
Results
Referral
OPA
surgery
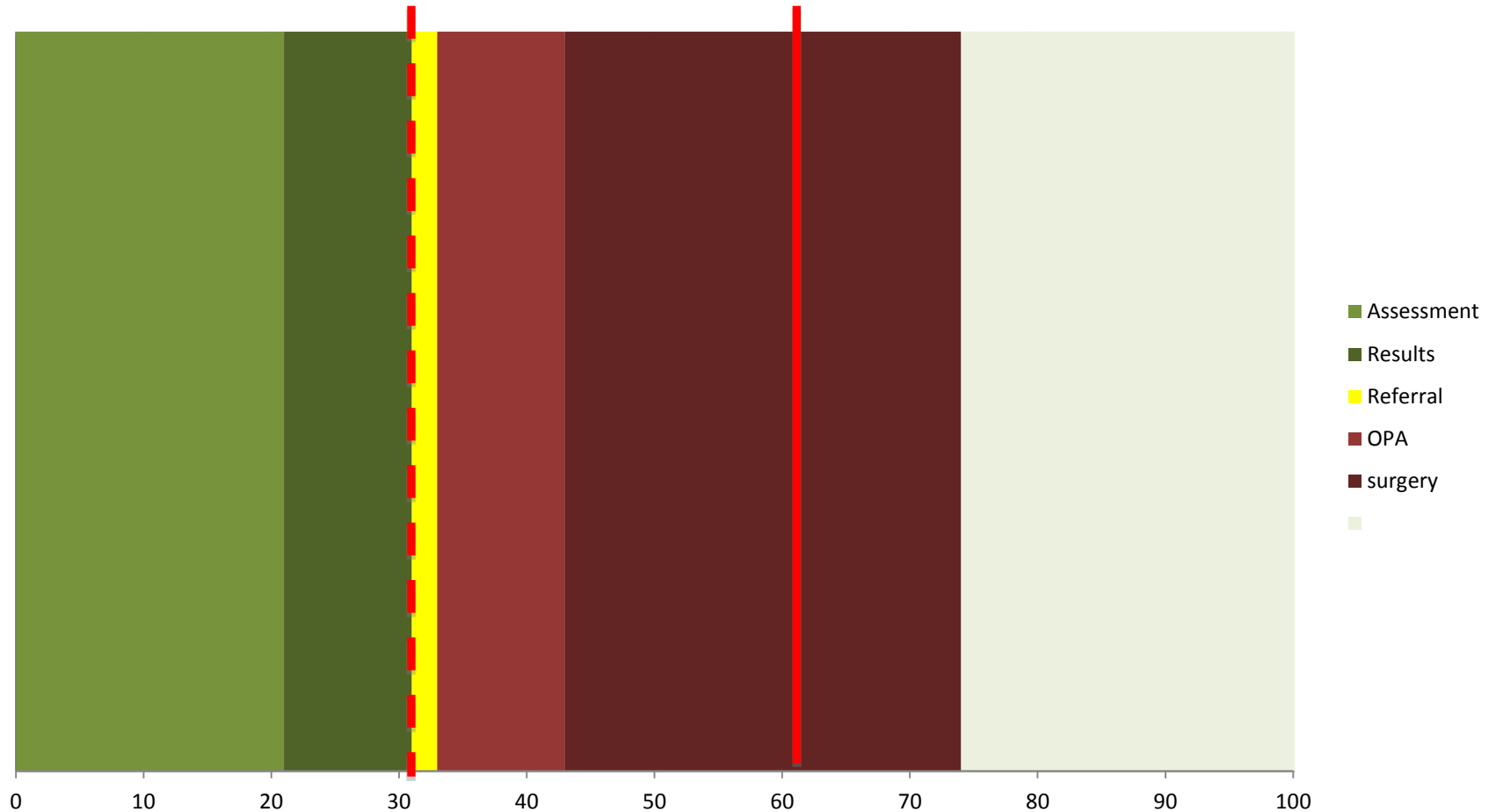
SWLBSS 2013-14

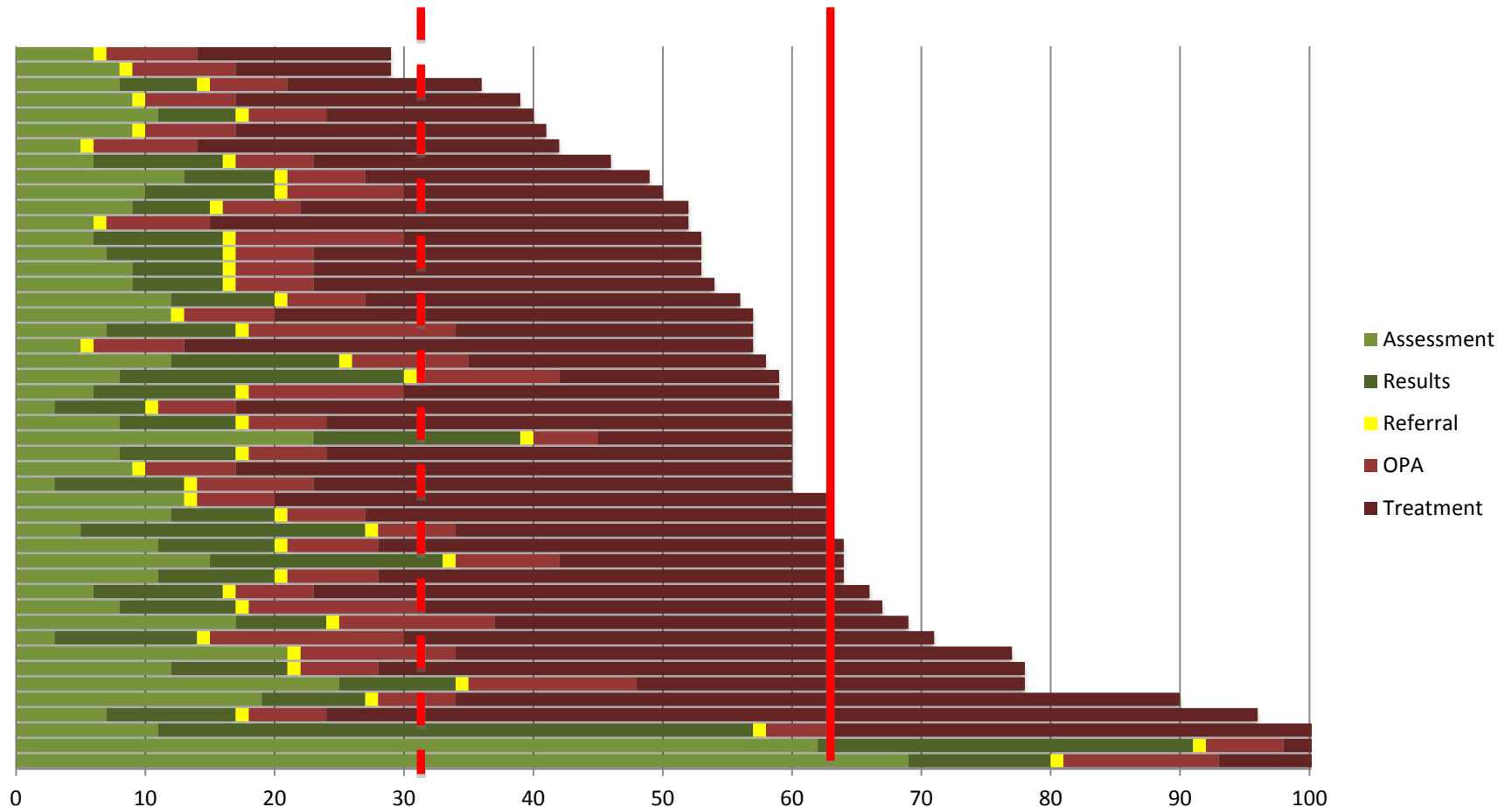383 Cancers, 298 flagged as screening

Days to treatment
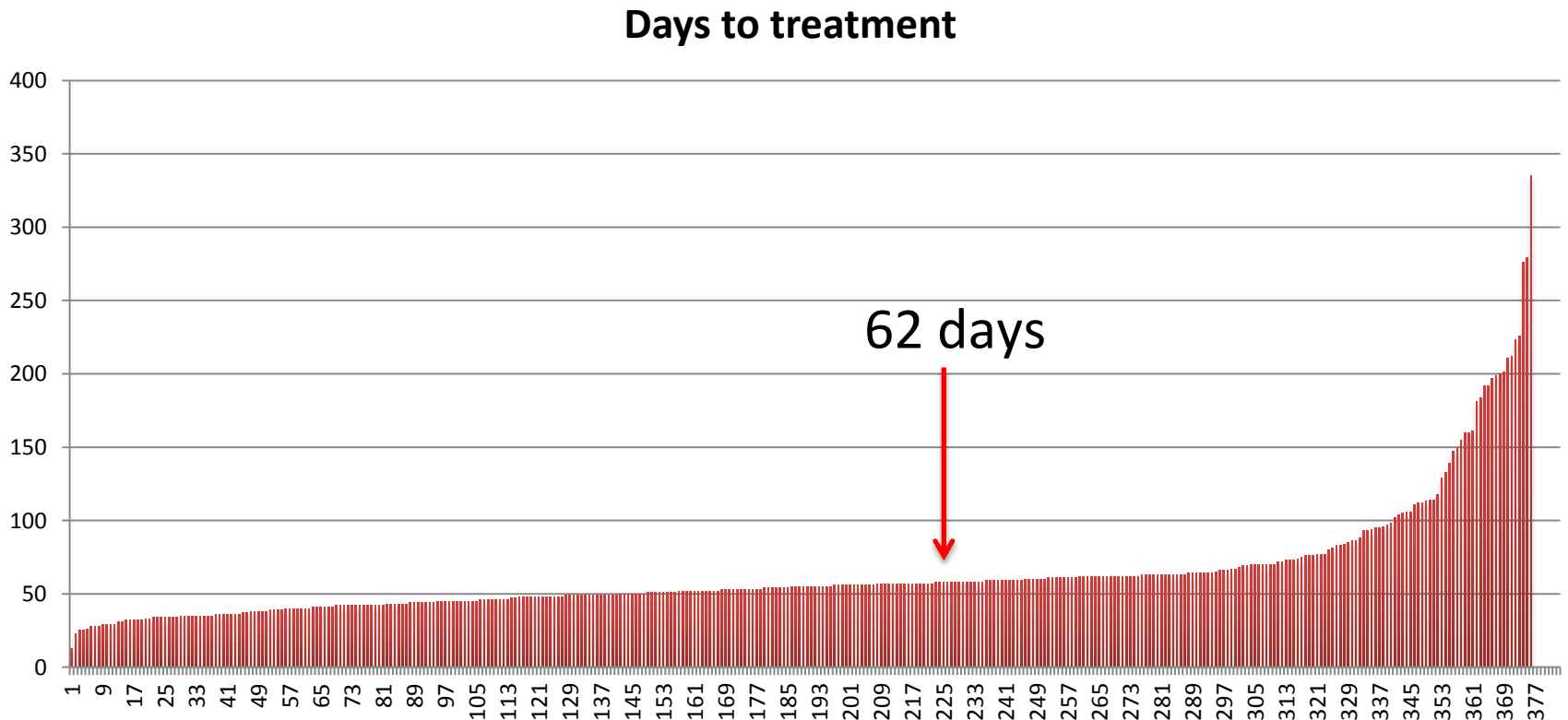
Pathway analysis -1 treatment centre
- referred 01/01 to 30/06/2014

Breach analysis

|	Number	Number referred after 31 days	Comments
<63 days	33	1	1 x Client delayed assessment
63 – 65 days	4	1	1 x mastectomy 1 x mastectomy + immediate reconstruction) 2 x ?
66-90 days	7	1	1 x B3 excision, coincidental small cancer 3 x mastectomy (inc 1xbilateral risk reducing) 2 x client holiday 1x surgical capacity
>90 days	3	3	1 x B3, VACE – dcis + 4mm ILC, needed MRI 2 x delayed assessment
Total	47	6	

Screen detected
NBSS* v Open Exeter

	Screening Cancers on NBSS (episode) 2013/14	Screening Cancers on Open Exeter (treatment) 01/9/2013 – 31/08/2014	Percentage of NBSS/Open Exeter - very approximate
NLBSS	508	290 (excluding West Herts)	57%
WoLBSS	358	314	88%
BHRBSS	215	157 (excluding Brentwood)	73%
CELBSS	193	186	96%
SELBSS	356	382	107%
SWLBSS	383	336	88%

Issues

1. Documenting screening origin
2. Delays to pathway
   - Patient choice
   - Complex diagnostics (B3 lesions)
3. Optimise referral process
   - Documentation
   - Allocated clinic spaces
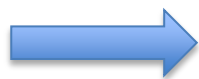
Establish routine audit

Actions to date

- Require all screening services to log cancer referrals on cancer tracking
  - Issue breach comments for referrals after 31 days
- Ask screening services to provide data on referrals with breach comments
- Standardise referral proformas (including details of pathway dates)

How to improve AAA screening by audit

- Use audit to:
  - Confirm standards are maintained
  - Strive for continuous improvement
- Incorporate audit into routine work
- Be systematic
  - Audit programme
  - Standardised processes
- Communicate
  - Local
  - External
  - Use to compare and share good practice