

GUIDELINES ON QUALITY ASSURANCE

1. DEFINITION

- 1.1 Quality assurance is the process of ongoing review of the quality of patient care. It includes collection and analysis of data (e.g. deaths, complications, patterns of illness), clinical peer review and the audit of the provision and utilisation of resources.
- 1.2 The aim of quality assurance programmes is to monitor, assess, compare and ultimately improve standards of professional care provided by individuals, departments and hospitals or institutions through regular assessment. The results of such assessments must be reported at appropriate departmental meetings for evaluation and action as necessary.
- 1.3 The Quality Assurance programme should be developed to ensure that high standards of clinical care and patient safety are attained, including compliance with relevant Policy Documents issued by the College. It is not a platform for personal attacks.

2. PROCEDURES

- 2.1 All individuals practising Anaesthesia and/or Intensive Care should participate in a Quality Assurance programme. All Departments of Anaesthesia and/or Intensive Care should have a Quality Assurance programme. Smaller Departments or solo practitioners should make arrangements with other nearby Departments to enable participation in a suitable programme.
- 2.2 It is recommended that a minimum of one hour per week be allocated to quality assurance activities.
- 2.3 The quality assurance programme should include all of the following :-
 - 2.3.1 Mortality and morbidity meetings
 - 2.3.2 Statistics of clinical work
 - 2.3.3 Incident reporting, that is incidents whereby patient care was compromised (e.g. equipment failure, communication failure, human errors). These should be reported, documented and evaluated to prevent similar future occurrences.
 - 2.3.4 Management review, this may be by reviewing selected topics, or by selecting patient records randomly for review.
- 2.4 When action is taken to remedy deficiencies found in patient management, its consequences should be reviewed subsequently.
- 2.5 A quality assurance programme should have a coordinator responsible for its implementation and supervision. The coordinator should have appropriate time, secretarial and other support allocated to ensure satisfactory performance of the task

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- 2.6 The Quality Assurance Coordinator should be responsible for :
 - 2.6.1 Implementing the College recommendations.
 - 2.6.2 Encouraging continuing education and clinical research.
 - 2.6.3 Compiling an annual report for forwarding to the College.

The report should contain lists of :

Participating departments

Participating individuals

Quality assurance activities undertaken during the year and their duration

Attendance at these activities

Quality assurance activities planned for the following year

3. TOPICS SUITABLE FOR QUALITY ASSURANCE REVIEW

- 3.1 The following list includes suitable quality assurance activities. These areas should be reviewed appropriate time intervals. This list is a guide only and other topics may also be suitable.
- 3.2 Performance of the Department and Clinical Service as a whole, including :
 - 3.2.1 Staff and staffing, numbers and qualifications, seniority, appointment criteria and procedure location of duties and levels of supervision.
 - 3.2.2 Workload and conditions at work.
- 3.3 Physical Facilities :
 - 3.3.1 Equipment including compliance with standards, maintenance programme and replacement policy.
 - 3.3.2 Economics of administering the Department, including :
 - Budget, expenditure, cost effectiveness
 - Teaching programmes in the Department
 - Research activities of the Department
- 3.4 Patient management by the staff including :
 - 3.4.1 Preoperative assessment and investigation
 - 3.4.2 Conduct of anaesthesia, including :
 - Criteria for patient selection (eg. day stay, particular procedures)
 - Criteria for technique selection (eg. methods, agents)
 - Monitoring selection and use
 - Record keeping

- 3.4.3 Postanaesthetic management, including :
 - Admission and discharge criteria from the recovery area
 - Criteria for admission to ICU
 - Postoperative pain management
 - Postoperative follow-up of patients,
- 3.4.4 Patient outcome, including assessment by :
 - Clinical indicators such as :
 - Percentage of patients admitted for elective surgery having a preoperative visit
 - Mortality within 24 hours of administration of an anaesthetic
 - Failure to be discharged from the recovery room within two hours of an anaesthetic
 - Unplanned admission to an intensive care unit within 24 hours of an anaesthetic
 - Injuries attributable to anaesthesia
 - Critical incidents
 - Mortality and morbidity review.
- 3.5 Staff outcome, including assessment of health, morale, safety, organisation, involvement in education and research.
- 3.6 Patient management activities of the Intensive Care Unit staff, including :
 - 3.6.1 Criteria for admission
 - 3.6.2 Severity of illness
 - 3.6.3 Diagnostic groups
 - 3.6.4 Monitoring of patients refused admission
 - 3.6.5 Patient management during Intensive Care Unit stay, including :
 - Diagnostic methods utilised
 - Selection criteria for specific therapies
 - Monitoring selection and use
 - Record keeping
 - 3.6.6 Post discharge follow-up of patients
 - 3.6.7 Patient outcome, as assessed by :
 - Severity of illness scoring
 - Agreed clinical indicators
 - Critical incidents

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- 3.7 Individual performance of anaesthesia and/or intensive care staff, including the following activities :
 - 3.7.1 All patient management activities
 - 3.7.2 Continuing education and teaching
 - 3.7.3 Participation in quality assurance activities

- 3.8 Audit of quality assurance programme, including :
 - Review of programmes undertaken
 - Their validity
 - Action taken in response to identified problems
 - Review of outcome when changes are made

These guidelines have been prepared with regard to general circumstances, and it is the responsibility of the practitioner to pay particular attention to the circumstances and applicability of these guidelines to each case.

As the guidelines are reviewed from time to time, it is the responsibility of the practitioner to ensure that he or she uses the current version. Guidelines have been prepared having regard to the information then available and the practitioner should consider any information, research or material which may have become available subsequently.

Whilst the college endeavours to ensure that the guidelines are correct at the time of their preparation, no responsibility is taken for matters arising from the changed circumstances, information or material which may become available subsequently.