

Outcome

Has a successful donation been obtained?
Have any donors suffered from adverse events such as bruises or faints?

Level of Performance



For each criterion you will need to set targets for something you should always do (100%) and / or something that should never happen (0%).

Example Level of Performance 1:

All donors should have a health check prior to donation (we would expect 100% compliance, it is mandatory for all donors.)

Example Level of Performance 2:

Addressograph labels should **not** be used on transfusion samples. (we would expect 100% compliance – it is something we don't want to see!)

However there may be **acceptable** reasons for not meeting the criteria, either due to unforeseen circumstances or to meet the individual clinical needs of the patient or donor.



Remember: Exceptions are justifiable reasons and not excuses!

Example Male patients who are group O Rh D negative should receive group O Rh D negative red cells **except when there are low blood stocks or the transfusion episode is greater than 8 units.**

Once you have your explicit audit criteria you can audit against them. Once data has been analysed you will have three groups:

1. Those who conform to the criteria
2. Those that did not conform, but fit the exceptions
3. Those who did not conform to the criteria

Who should write Criteria and Standards?

Health professionals are expected to develop standards and criteria - support is available from clinical audit staff.

Don't panic! – standards may already be available from a variety of sources, both national and local. For example:

- National standards / guidelines – National Institute for Health and Clinical Excellence, Department of Health, British Committee for Standards in Haematology, 'Red Book'
- Organisational standards – NHSBT policy
- Professional standards – Nursing and Midwifery Council, Royal Colleges etc

What if standards are not available?

You will need to develop them in conjunction with the clinical team – a panel of experts.

Contact details and further information on any part of this leaflet can be found at:

http://nhsbtweb/group_services/clinical/statistics_clinical_audit/index.asp



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Blood and Transplant

How to Set and Develop Clinical Audit Standards and Criteria

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If you recall the definition of clinical audit, it is the process whereby actual practice is compared against explicit standards and criteria. So...

What are Standards?

Crombie et al (1994) describe standards as:- “... a formal statement of how well patients should be managed...”

A standard describes the level of care we expect patients or donors to receive. Examples of standards could be: -

- ‘all patients accepted on liver transplantation waiting list should meet an indication for transplantation as stated in the relevant guideline’
- ‘to be eligible to donate bone, donors must not have had a blood transfusion since 1980’

However, standards tend to be quite general about the level of care and the processes they describe. To be able to measure practice, we need to be more specific.

Criteria

A criterion is an explicit statement describing the area of care that is being measured. Criteria are the way you should be doing things in an ideal world. Explicit means it should be SMART.



Specific
Measurable
Achievable
Research Based
Timely

Specific

Criteria should relate to a specific area of care and should give specific boundaries. They should be unambiguous.

Measurable

If criteria are vague how can you compare your practice against them? You need to be able to physically measure aspects of the criteria to allow comparison.

Achievable

There is no point writing criteria that are not achievable either due to resource or clinical limitations.

Research based

Peer reviewed research evidence will have shown the best available treatment / method for your topic area.

There is a ‘hierarchy of evidence’ which gives an indication as to which types of research are the most reliable. It is important when researching your topic area that you look for the most reliable forms of evidence and then move down the scale if you have no success.

Hierarchy of Evidence



- Systematic reviews
- Randomised control trial
- Results of non-randomised trials
- Non-Experimental trials
- Expert Opinion (e.g. British Committee for Standards in Haematology)
- Views of colleagues / peers

Timely

Criteria should reflect current practice not what you thought you did two years ago.

(There are number of training sessions available for NHSBT staff – For more information contact NHSBT library & knowledge service)

What can be measured?

There are many methods of defining how well we do things. One model used in health care is **Donabedian's Quality Model**. In this model, healthcare and standards can be classified into 3 distinct areas:-

Structure

This refers to the resources required; for example, the number of staff and the skills they require, space and equipment.

Process

This refers to actions and decisions taken by practitioners, such as communication, assessment, education, investigations, prescribing, interventions, evaluation and documentation.

Outcome

This refers to the outcome of interventions such as health levels, patient knowledge or satisfaction.

For example, the quality of a blood donor session could be assessed by looking at the following: -

Structure

Is the venue suitable, is there enough space, heating, water, light, ventilation etc?
Have we enough staff to run the session?
Are the staff sufficiently trained to do their jobs?
Does the team have the required skill mix?

Process

Are all donors “health screened” according to procedure?
Are all donors selected appropriately according to the donor selection guidelines?
Is all documentation completed appropriately?