

Level of Performance



For each criterion you will need to set targets:

e.g. *required compliance (100%), something that should never happen (0%), meeting a Service Level Agreement at the percentage specified within it.*

Example Level of Performance 1

All doors should have a Donor Safety Check prior to donation (100% compliance is expected; it is mandatory for all donors.)

Example Level of Performance 2:

Addressograph labels should **not** be used on transfusion samples. (100% compliance is expected; it is something we do not want to see!)

There may be **acceptable** reasons for not meeting the criteria; unforeseen circumstances, or to meet the individual clinical needs of the patient or donor.



Remember: - exceptions are justifiable reasons and not excuses!

e.g. 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 criteria to audit against, data analysis will give you a measure of performance level which will contain:

1. Cases that are recognised exceptions
2. Cases that meet the criteria
3. Cases that do not meet the criteria (these require further detail and will ultimately inform your remedial actions)

Who should write Criteria and Standards?

Health professionals are expected to develop standards and criteria - support is available from clinical audit staff. Don't worry – standards may already be available from a variety of sources, both national and local, such as:

- National standards / guidelines – National Institute for Health and Care 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

If standards are not available – you will need to develop them in conjunction with the clinical team – a panel of experts.

Further information about clinical audit is available from SharePoint on the clinical audit pages: <https://nhsbloodandtransplant.sharepoint.com/sites/Clinical/SitePages/Clinical%20Audit.aspx> where full details of all completed clinical audit reports can be found (accessed 9th January 2024). All leaflets in this series (INF450-INF460) are available via the controlled document library on NHSBT Intranet (Link)

Leaflet developed from an original idea by UHBT NHS Trust Clinical Audit Department.

INF455/1.7
EFFECTIVE : 15/01/2024



Leaflet 6

How to Set and Develop Clinical Audit Standards and Criteria

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Standards

Clinical audit is, by definition, standards based (also referred to as criteria-based). Standards are more specific than objectives, they are quantifiable statements detailing the specific aspects of what you intend to measure current practice against.

A standard can be defined as: "...an explicit statement describing the quality of care to be achieved, which is definable and measurable"

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, 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 state Best Practice.

Specific
Measurable
Achievable
Relevant
Timely
Informed / Evidence based
Effective
Simple to understand



Specific – criteria must relate to a specific area of care, give specific boundaries and be unambiguous.

Measurable – you need to be able to measure the criteria to allow comparison.

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

Relevant – connected to the standards and will give you evidence which can be used to support any recommendation / action.

Timely – criteria should reflect current practice not what you thought you did two years ago.

Informed – peer reviewed research evidence will state Best Practice for your topic area.

The 'hierarchy of evidence' gives an indication of the reliability of each type of research. It is important when researching your topic that you ensure you audit against the most reliable forms of evidence.

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

Effective – will it be successful in producing information which supports the audit aims in a useful and appropriate way?

Simple – keep what you do as basic as possible to achieve the objectives.

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 three distinct areas:

Structure: the resources required; such as the number of staff and the skills they require, space and equipment.

Process: actions and decisions taken by practitioners, such as communication, assessment, education, investigations, prescribing, interventions, evaluation and documentation.

Outcome: the outcome of interventions such as health levels, patient knowledge or satisfaction.

e.g. 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? Are there enough staff to run the session? Are the staff sufficiently trained to do their jobs? Does the team have the required skill mix?

Process: Do all donors pass the Donor Safety Check prior to donating? Are all donors selected appropriately according to the donor selection guidelines? Is all documentation completed appropriately?

Outcome: Appropriate deferral and acceptance of donors. Has a successful donation been obtained? Have any donors suffered from adverse events such as bruises or faints?