

The development of a generic clinical improvement model using audit of existing guidelines for Community Acquired Pneumonia (SNAP-CAP) & Adult Epilepsy (Epi-SNAP)

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Objective:

The Scottish National Audit Project (SNAP) is co-ordinated by the Scottish Royal Colleges of Physicians, with funding from The Health Foundation, to deliver continuous change and improvement in acute and chronic care through the engagement of medical colleges, allied professions and user groups, using evidence and change management to influence clinical leaders and organisations in bringing added benefits to patients.

Methods:

This project started in 2005 with the deployment of a double cycle audit of two discrete and contrasting exemplar medical conditions: community acquired pneumonia (selected as an acute condition initially managed in secondary care) and adult epilepsy (selected as a mainly chronic and episodic condition often treated by non-specialists in both primary and secondary care). The audits were based upon the clinical application of existing evidence based guidelines using a web-based approach for data capture and feedback with the aim of highlighting ways in which the quality of care might be improved.

The secondary objective of the programme, and a factor in the selection of two contrasting conditions, is to devise and implement a generic clinical improvement model which is capable of sustainability and spread across different medical conditions and healthcare systems. This has been supported by participation in a network of similar projects across the UK to learn and share experiences in enhancing strategic leadership skills.

The generic clinical improvement model is now being developed on the basis of the audits and very practical experience of implementation across one devolved system of health care (Scotland) but with potential for application elsewhere.

Results:

(a) Preliminary results derived from the audits are encouraging in identifying both variation in practice and the key areas for intervention. In the case of CAP, this includes the development of an interventionist care bundle focusing on 5 essential clinical actions known to improve patient outcomes. For Epilepsy, a standardised electronic referral form has been created along with a web based screen developed to facilitate patient annual review.

(b) In addition to localised clinical improvement, the work has highlighted a number of important lessons and products including the development of web based audit tools (e.g. SNAP-CAP extranet), care bundles, junior doctor training, involvement of patient organisations (e.g. Epilepsy Scotland), board governance models and a communications strategy.

Conclusions:

The project implementation is still developing but already has identified important conclusions including (a) full and ongoing engagement of all players in early design of the programme and planned methods of implementation

(b) the potential for transfer to other jurisdictions by early involvement of colleagues who best understand the key levers in their localities

(c) the benefit of mapping the implementation process to highlight lessons and improvements during the projects

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