

The Establishment a National Clinical Effectiveness Committee

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Background

- Commission on Patient Safety and Quality Assurance
 - The development of structures to support Clinical Effectiveness
 - The use of clinical guidelines to support evidence based practice
 - The use of clinical audit to improve patient care and outcomes

Clinical Guidelines

- Systematically developed statements to support professionals and patients when making decisions about the most appropriate care in particular circumstances

Clinical Audit

- A clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and acting to improve care when standards are not met

Why a National Clinical Effectiveness Committee?

- No formal system at national level to establish priorities and set standards for guidelines and audit
- National guidelines and audit require a clear mandate to ensure implementation
- Implementation requires the combined efforts of all parts of the system

Reporting relationship and Accountability

- The Committee will report through the Chief Medical Officer who will bring recommendations from the National Committee to the Minister to be mandated for national application

Possible Terms of Reference

- Application of criteria for prioritisation of guidelines and audit to include:
 - disease burden
 - economy and efficiency
 - evidence of variation in current treatment approaches and outcomes
 - potential for benefit
 - national priorities for health
 - feasibility of implementation

Possible Terms of Reference

- Quality Assurance of health guidelines and audit
- Recommend health guidelines and national audit for Ministerial approval
- Adopting existing Irish guidelines and identifying what is out of scope of guideline development
- Publicising the outcomes from guideline development and audit to front-line staff and to the public

How it will work

- Chaired by Professor Hilary Humphreys
- Minister will invite members to join the committee and the audit and guideline sub-committees
- Balance between national prioritisation with the need for local ownership and local priorities

Work is already advancing

- **National QA Programme in Histopathology** was initiated in January 2009 by the Faculty of Pathology in collaboration with HSE

- **National QA Programme in Diagnostic Radiology** was initiated in January 2010 by the Faculty of Radiologists in collaboration with HSE

Work is already advancing

- Develop guidelines of best practice
- Identify key quality measures which
 - Are important to patient safety and patient care
 - Are a true indicator of performance
 - Contribute to service improvement
 - Are measurable and worth the effort
 - Are actionable
 - Have intelligent targets
- Develop ICT Infrastructure for the collation, review and reporting of data Nationally
- Develop National Performance Benchmarks
- Support the development of a culture of Quality Assurance

Progress

- The guidelines outline
 - The key set of Quality Activities e.g. Audit, Peer review
 - The associated Key Performance Indicators e.g.
 - TAT
 - Completeness of reporting
 - Diagnostic Accuracy
 - External 2nd reviews - % agreement
 - Focused audits - % agreement
 - MDT - % agreement
 - Recommendations for how to conduct, measure and record each activity

Making sure that it happens

- All partners around the same table
- National and Ministerial mandate
- Licensing and standards drive this
- Information to professionals and the public – acceptance and demand
- Clinical care programmes and clinical leadership
- Clinical indemnity through CIS
- Professional competence assurance