

CQC's Intelligent Monitoring Methodology And Clinical Audits



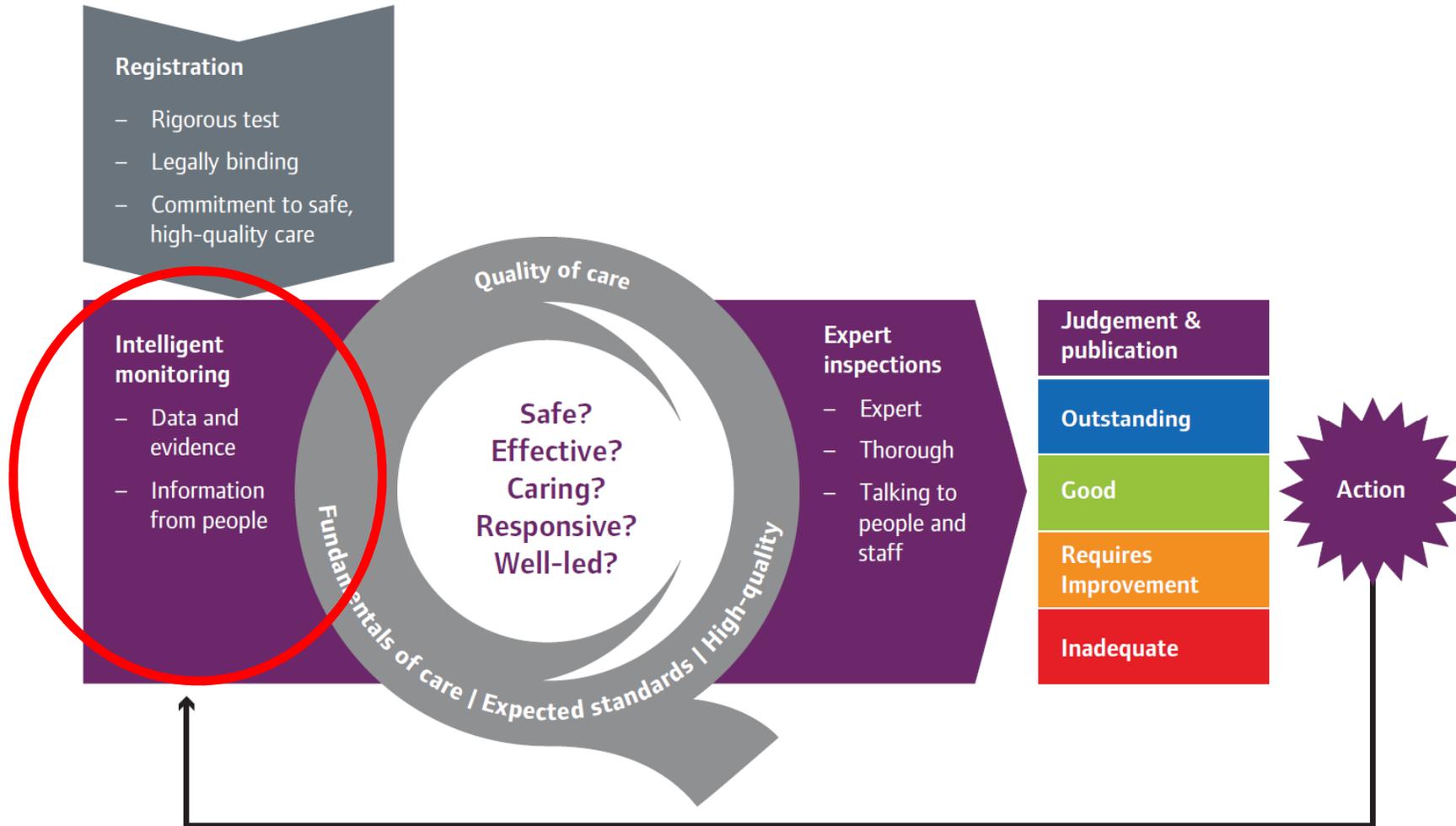
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National Quality Improvement and Clinical Audit Network (NQICAN)
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- Background and context
- From Quality and Risk Profiles to new intelligent monitoring tool
- Intelligent Monitoring development process
- Next steps
- Questions

- New Strategy April 2013
- We weren't making the best use of the information available to us
- We had lots of analysis tools and reports – they weren't always being used
- We were not being transparent with the public about the information that we used to inform our prioritisation of inspections and follow up
- We were sitting outside of the national system on information developments – rather than engaging and influencing their development
- One of these development: Intelligent monitoring

Background/ Context CQC's New Operating Model



The Old Approach: QRPs



- Latest risk estimates
- Outcome 1
- Outcome 2
- Outcome 4
- Outcome 5

Risk items are independently risk rated, and collectively contribute to the outcome-level risk estimate

Data Quality User Experience Relevance

Risk data mapped to regulatory outcomes

Outcome 4 (R9) Care and welfare of people who use services

The below dial indicates the outcome risk estimate for this organisation whilst the table to the right shows the distribution of dials for this outcome across the sector. This allows you to compare this organisation with the rest of the sector to assess the relative risk of non-compliance.



Dial position	No Data	Insufficient Data	Low Green	High Green	Low Neutral	High Neutral	Low Amber	High Amber	Low Red	High Red
Count	3,232	2,991	21	309	14,947	6,662	160	48	3	1
Percentage	11.39%	10.54%	0.07%	1.09%	52.68%	23.48%	0.56%	0.17%	0.01%	0.00%

These are details of the individual pieces of data that contribute towards the risk estimate for the outcome. Further information can be found on an item by clicking on the "Item ID" number. The data can also be filtered using the prompts at the top of the page or sorted by clicking on the column headers.

Much worse than expected	Worse than expected	Tending towards worse than expected	Similar to expected	Tending towards better than expected	Better than expected	Much better than expected	Negative comment	Positive comment
0	0	0	9	0	0	0	2	0

- Latest judgements

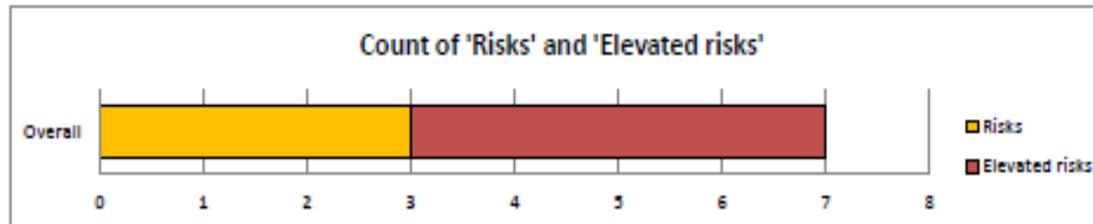
Drill down to detailed item information by clicking here

Item ID	Description	Data Source	Time Period Start	Time Period End	Comparison with Expected	Data Quality	User Experience	Relevance	EQ, Div & HR Flag	Shared Ext.
-34	Intelligence from Compliance Review -	Care Quality Commission, Compliance Review	28/09/2011		Negative comment	High	Med	High	TBC	TBC
-1	Intelligence from local engagement -	Care Quality Commission, Engagement forms	08/09/2011		Negative comment	High	Med	High	TBC	TBC
11771	Inspection outcome for NMS3 (Older People Care Home): Needs assessment -	Care Quality Commission, NMS Inspection Outcomes	02/01/2008	21/06/2010	Similar to expected	Med	Med	Med	TBC	TBC

Intelligent Monitoring: NHS Acute and Specialist Trusts



Trust Summary



Band	2
Number of 'Risks'	3
Number of 'Elevated risks'	4
Overall Risk Score	11
Number of Applicable Indicators	82
Proportional Score	0.07
Maximum Possible Risk Score	164

Elevated risk	Dr. Foster: Hospital Standardised Mortality Ratio (Weekend)
Elevated risk	Composite indicator: In-hospital mortality - Cardiological conditions and procedures
Elevated risk	Composite risk rating of ESR items relating to staff registration
Elevated risk	Whistleblowing alerts
Risk	Emergency readmissions following an elective admission
Risk	Emergency readmissions following an emergency admission
Risk	PROMs EQ-5D score: Hip Replacement

Progress:

- Tested prototype – June 2013
- Version 1 published – October 2013
- Version 2 published – March 2014
- Version 3 published – July 2014
- Version 4 published – December 2014

Intelligent monitoring tool – continuity



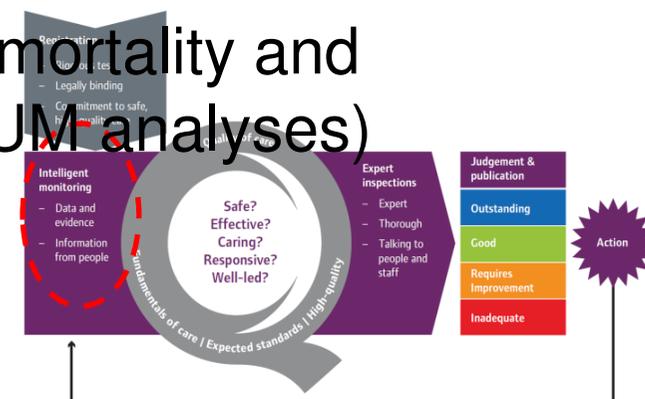
- Uses comparative analysis to raise questions, it is not a judgement in itself
- Data refreshed regularly – using most up to date information that CQC can source
- Uses quantitative and qualitative information sources
- Applies similar analytical methodologies used in the QRP – z-scoring and qualitative analysis
- Common indicators and data sources, e.g.
 - SHMI, HSMR, cancelled operations, complaints, patient surveys, staff concerns, staff concerns, NRLS
- Available to Trusts, CCGs, regulatory bodies



Intelligent monitoring tool - change



- Uses a prioritised set of indicators relating to the five questions
- Focuses on raising questions about risks rather than full spectrum of performance
- Does not map indicators to standards
- Overall weighted summary for each NHS Trust to help prioritise inspection activity
- Incorporates analysis from CQC's mortality and maternity monitoring panels (CUSUM analyses)
- Available to the public



Fundamental rethink and redesign of our use of information - process



Redesign and rethink

- Objective – determine a priority set of indicators as ‘smoke detectors’ for CQC’s use
- Identified all potential indicators for inclusion from national and international research
- Testing of long list – set of principles for robust indicators
- Engagement with leaders in quality measurement

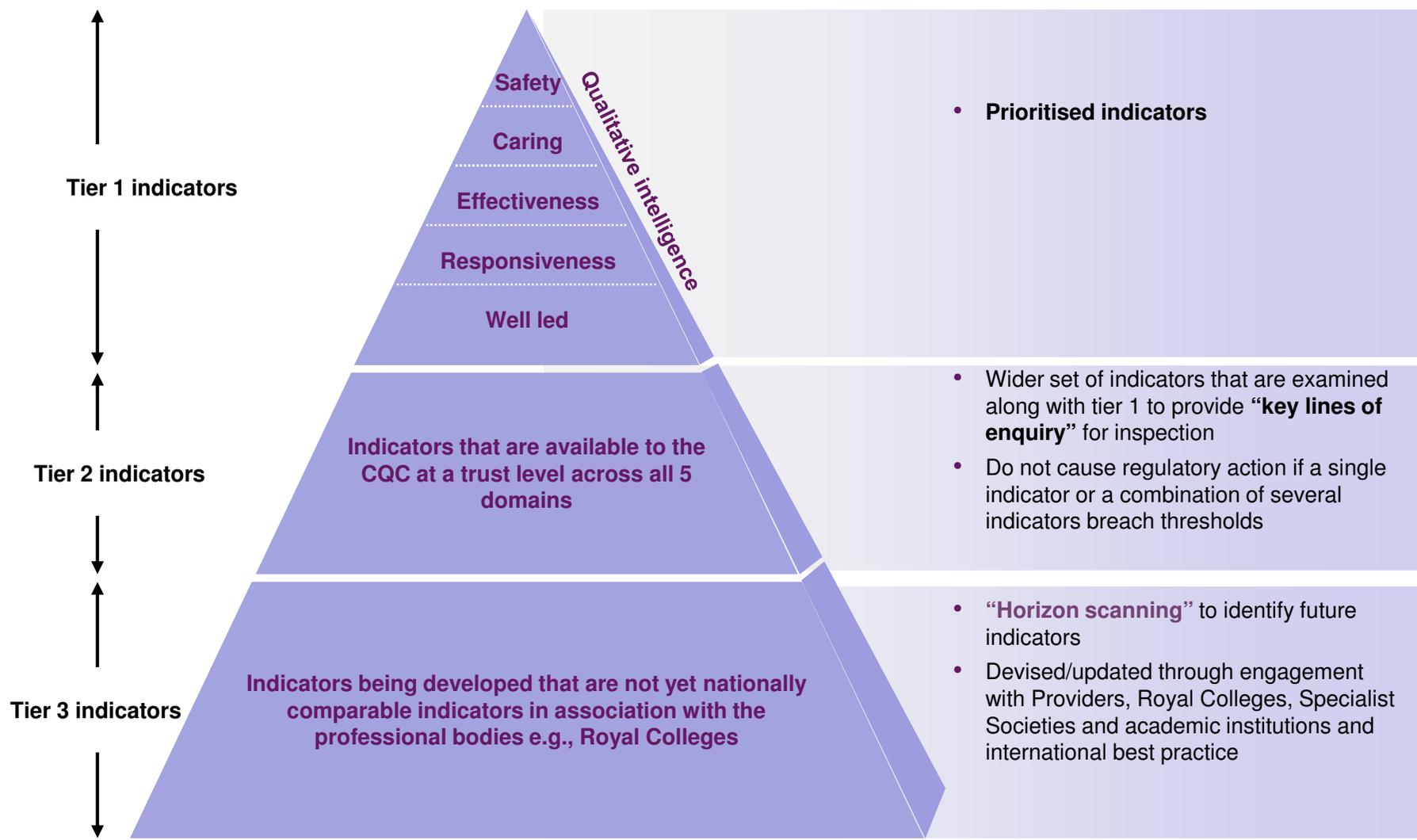
Consultation and testing

- Published draft set of indicators – organised by the ‘five questions’ for consultation
- Consultation events June - August
- Created a prototype analysis using c.120 indicators to inform 1st wave of new expert led inspections - July

Creation of new IM tool

- Learning from consultation and prototype testing
- Tested outputs with public and with CQC’s provider reference group
- Focused FTN event with c.50 Trusts
- Two CQC Board reviews

Redesign – organisation of indicators



- **Safety:** broad indicators that cover safety issues in a trust – with existing strong incentives to report
- **Effectiveness:** risk of harm from poor quality care and treatment
- **Caring:** measured from the point of view of the patient not the system
- **Responsiveness:** access to and discharge from services most amenable to indicators
- **Well-led:** indicators of organisational stress
- **Qualitative indicators:** cross-cutting information including from people using service and strategic partners

Indicator coverage



Outcome measures and safety events	Information from patients and the public	Information from and about staff
<ul style="list-style-type: none"> • Mortality indicators • Readmission rates • Results from National Clinical Audits • Patient Reported Outcomes • A&E, cancer and elective waiting • Infection Rates – MRSA, C.Diff, puerperal infections • Never events and patient safety incidents • VTE risk assessment 	<ul style="list-style-type: none"> • Responses from the National Inpatient Survey • Friends and Family Inpatient Scores and Responses • People’s experiences shared with CQC • Feedback left on NHS Choices and Patient Opinion • Complaints 	<ul style="list-style-type: none"> • Concerns raised by staff to CQC • Responses from the National Staff Survey • Staffing indicators – turnover, stability, sickness rates • Flu vaccination uptake • Junior doctor satisfaction

Other indicators scanned: management of discharge from hospital, consistency of reporting and data quality measures, Monitor and NTDA risk/escalation scores.

What we have learned so far?



- Improved communications to providers
- Extended time for trusts and inspectors to review their reports to two weeks
- Early results but some agreement between priority banding and findings from inspection

What next?



- Develop use of the tool to inform our risk and quality monitoring in addition to informing priority for comprehensive inspections
- Application and development of the model to other sectors
- Not proposing to create a 'priority for inspection' banding for those sectors where national information is lacking

From the 150 indicators, could we prioritise further:

- Mortality indicators
- Staff survey indicators
- Junior Doctor Survey
- Patient survey and broader feedback
- Whistleblowing
- Serious incidents – particularly low rates of reporting
- AUDITS

Audit Indicators - Current



Stroke

SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator

Hip Fracture

The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database

MINAP22

Proportion of patients who received all the secondary prevention medications for which they were eligible

Audit Indicators – Development



Medicine

Urgent and Emergency Care

- College of Emergency Medicine Audit(s)

Respiratory Medicine

- National COPD Audit (RCP / HQIP)
- National Lung Cancer Audit (LUCADA)

Cardiology

- MINAP (NICOR / HQIP)
- Heart Failure Audit (NICOR / HQIP)

Gastroenterology

- Inflammatory Bowel Disease Audit (RCP / HQIP)

Neurology

- National Dementia Audit (RCP / HQIP)

Other

- National Diabetes Inpatient Audit (HQIP)

Audit Indicators – Development



Surgery	Oncology	<ul style="list-style-type: none">• Bowel Cancer (HSCIC/HQIP)
	Trauma and Orthopaedics	<ul style="list-style-type: none">• National Joint Registry
	Other	<ul style="list-style-type: none">• National Emergency Laparotomy (NIAA/HQIP)• Adult Cardiac Surgery – if applicable (NICOR / HQIP)
	Critical Care	<ul style="list-style-type: none">• ICNARC
	Maternity and Gynaecology	<ul style="list-style-type: none">• National Audit Office Maternity Audit (National Audit Office)
	Children's and Young People	<ul style="list-style-type: none">• National Paediatric Diabetes Audit
	End-of-Life Care	<ul style="list-style-type: none">• National Care of the Dying Audit (RCP)

Thank you for listening



Questions?