The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
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Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 398 Project Type: - **Clinical Audit ☐ Service Evaluation ☒**

Audit / Service Evaluation Title: A Service Evaluation of the PMP Occupational Therapy Work and Employment Clinic

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

The PMP occupational therapy service has been running an outpatient clinic providing work and employment support. We would now like to evaluate the efficacy of the service.

Methodology

A questionnaire has been developed to gain feedback on the patients' experience of the work and employment service and their opinion on the efficacy.

All patients who have been seen and intervention completed from the clinic over a 3 year period will be invited to participate. This information will be taken from an existing database. An online version of the attached questionnaire will be developed (via survey monkey) and participants will be invited to follow the link to participate. The survey will be anonymous. The invitation to participate will be posted out and then 2 weeks later a follow up telephone call will be completed to discuss any potential questions or queries or support to access the questionnaire. This would not affect the anonymity of the completed questionnaires received. At this point if participants would prefer to complete a paper work version then this can be forwarded to participants if necessary.

In addition all patients who have accessed the pain management programme and the work and employment service up to March 2020 completed a work ability index question which is a self-rating of their ability to engage in work. This is collected at 3 time points – PMP assessment clinic, post pmp and 6 months post pmp follow up. An analysis will also be completed comparing patients WAI score pre and post intervention. This will include for those who attended PMP only and those who attended pmp and the work and employment clinic. The patients will be identified from an existing database to be included in this analysis but the data will be analysed and written up anonymously.

Click here to enter text.

Aims / Objectives

Overall aim is to evaluate the efficacy of the OT work and employment clinic. This includes a patient satisfaction questionnaire and an evaluation of the WAI score pre and post intervention.

Standards / Criteria Details (service evaluation N/A)

Click here to enter text.

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☒

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: 80 Procedure codes to identify sample:

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☒

Is Clinical Audit Team support required? Yes ☐ No ☐
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is not part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☒ No ☐

How will the patient be involved?

Patient Questionnaire ☒ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☒ N/A ☐

Anticipated start date: December 2021

Anticipated project completion date: June 2022

Anticipated Action Plan Submission date:August 2022

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

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CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 399 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: PMP OT Documentation Audit

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Pain Management Programme**

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

It is known that there is variation in practice as to how different members of the occupational therapy (OT) team document (Pain Management Programme) PMP sessions. As a team, we have adapted documentation to accommodate digital patient records and make efficient use of clinical time. This audit will help the team learn from colleagues and ensure that we are following best practice guidelines for documentation.

Methodology

There are clear documentation guidelines for Occupational Therapists, as well as an existing checklist that accompanies the document. These were used to develop a simple audit tool to check patient's notes against recommendations within the guidelines based on clinical practices within PMP. We will audit PMP occupational therapy documentation only, including: OT assessment, OT PMP Sessions, OT Re-Assessments, for all patients who completed a programme during August, September and October 2021. The audit will be anonymised for both patients and staff, and outcomes will be fedback to the PMP OT Team for reflection and learning.

Aims / Objectives

For the PMP OT team to learn from and reflect on documentation practices and develop more standardised practices / ensure good quality record keeping.

Standards / Criteria Details (service evaluation N/A)

"Keeping Records: Guidance for Occupational Therapists (3rd edition)" is the latest edition of guidelines. There is also an accompanying document; "Checklist for Keeping Documents" that has been used and referenced to develop a 12 item audit tool.

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:
https://www.rcot.co.uk/sites/default/files/Keeping%20records%20-%20guidance%20for%20occupational%20therapists%202017.pdf

Name of Standard / guideline: Keeping Records: Guidance for Occupational Therapists (3rd Edition)

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☒

Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☐
High risk	Yes ☐	No ☐
High cost	Yes ☐	No ☐
Known quality issue	Yes ☐	No ☐
Wide variation in practice	Yes ☒	No ☐

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☒

Is Clinical Audit Team support required? Yes ☐ No ☐
If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☒
- Data entry ☒
- Analysis ☒
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: Jan 2022

Anticipated project completion date: April 2022

Anticipated Action Plan Submission date: June 2022

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Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS Foundation Trust

Project Prioritisation Assessment Tool

Audit title: Timing of venous thromboembolism prophylaxis for Traumatic Brain Injury

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' ☐ Level 2 'Internal 'must do' ☐

Criteria	Tick all that apply	Score
High cost		(x3)
High volume		(x2)
High risk		(x3)
Known quality issue		(x3)
Wide variation in practice	Y	
NICE / NCEPOD related audit		(x3)
Defined measurable standards available		
Re-audit / repeat service evaluation		(x2)
Topic is a key clinical interest for the department / division		(x2)
Multidisciplinary project	Y	
National / regional or multicentre project		(x2)
Total	**5C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 402 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Timing of venous thromboembolism prophylaxis for Traumatic Brain Injury

Division: Neurology ☐ Neurosurgery ☒ Please specify department

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details

Background / Rationale

Venous thromboembolism is a relatively common complication post-traumatic brain injury. Pharmacological thromboprophylaxis and mechanical thromboprophylaxis may be able to minimise the incidence of venous thromboembolisms. Problematically, pharmacological thromboprophylaxis also has the potential to augment clinically significant intracranial haemorrhage expansion.

It is hoped that this audit will provide formal evidence of differing standards of care across UK neurosurgery departments and can be used as a platform from which more evidence-based approaches can be used to tackle this issue.

Methodology

Data collection

We will collect anonymous data from all patients admitted to the Walton Centre as an inpatient with a TBI (mild, moderate and severe) from July 1st 2021 to Jan 31st 2022.

Data will be obtained from either ORION, referrals data, or TARN local records if applicable. Data collected will include the date of admission, the severity of TBI, the use of VTE prophylaxis (when it was started, what agent was used, when it was stopped), the type of neurosurgical intervention (e.g none, ICP bolt, Craniotomy), and the GCS at discharge if applicable. These will all be obtained via EP2/PACS/JAK for prescribing, and transferred to an excel spreadsheet (see attached) to complete the audit.

Inclusion criteria:

- Admitted to the Walton Centre with any TBI as an inpatient (mild, moderate, and severe)
- Admitted between July 1st 2021 and January 31st 2022

Exclusion criteria:

- Patients aged <16.

Statistical analysis

Statistical analysis will be descriptive with no plans for significance testing. We will summarise the VTE prophylaxis in TBI, and outcomes using descriptive statistics. No further statistical analysis is planned.

Aims / Objectives

1. To assess the types and timings of thromboprophylaxis for all TBI patients admitted to neurosurgical units (including HDU/ICU) Audit current standards of care delivered to these patients

Objectives

1. Identify the VTE prophylaxis policy utilised at the Walton Centre
2. Collect anonymous data on each patient admitted and their thromboprophylaxis use
3. Partake in a multi-centre audit being used to apply for an NIHR project call (https://www.nihr.ac.uk/documents/21588-timing-of-pharmacological-thromboprophylaxis-in-traumatic-brain-injury-commissioning-brief/29197)

Standards / Criteria Details (service evaluation N/A)

There are no official standards. The Brain Trauma Foundation guidelines for severe TBI suggests that there is insufficient evidence to support a Level I or II recommendation for treatment of deep vein thrombosis (DVT) in severe TBI patients. Low molecular weight heparin (LMWH) or low-dose unfractioned heparin may be used in combination with mechanical prophylaxis. However, there is an increased risk for expansion of intracranial haemorrhage. There is recent evidence from the literature, including a systematic review in 2020, which suggests that early VTE chemoprophylaxis may reduce VTE incidence without increasing the risk of intracranial haemorrhage in patients with TBI.

Brain Trauma Foundation guidelines:

https://braintrauma.org/uploads/03/12/Guidelines_for_Management_of_Severe_TBI_4th_Edition.pdf

Systematic review:

Spano PJ, Shaikh S, Boneva D, Hai S, McKenney M, Elkbuli A. Anticoagulant chemoprophylaxis in patients with traumatic brain injuries: A systematic review. J. Trauma Acute Care Surg. 2020; 88: 454–60.

https://pubmed.ncbi.nlm.nih.gov/31923051/

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version:

Name of Standard / guideline:

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐ Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒

Known quality issue Yes ☐ No ☒
Wide variation in practice Yes ☒ No ☐

Sample No: Estimated sample size of 100 patients in 6 months admitted

Procedure codes to identify sample: A similar method used to the current audit, looking at anticoagulant use in patients referred for a TBI (under CM that has received audit approval already). For anticoagulation use, we will use JAK to check patient medications. We will contact operations manager to request a list to be made of all patients admitted, and then screen them all for VTE prophylaxis. This will contribute to a multi-centre study looking at widespread variation in VTE prophylaxis, using descriptive statistics only. It is hoped that this will inform a randomised control trial assessing this in the future.

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☒ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☒ No ☐
If yes, please specify type of assistance required:
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- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
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- Data entry ☐
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Collection of case notes ☐ Total number ____ / per week ____

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How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date

Anticipated project completion date:

Anticipated Action Plan Submission date:

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Departmental Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Data collection tool is attached in the form of a Microsoft excel sheet, in the same email as this form.

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CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: Post-Operative Seizures in Glioblastoma Patients

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Neuro-Oncology**

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

Glioma are the most common primary malignant brain tumour. Surgery within glioma patients is indicated to remove as much tumour as possible, and prolong survival. Glioma have a poor prognosis, with high grade gliomas carrying a 12-month average survival time, dropping to 3 months upon recurrence. The most common presenting symptom in glioma patients are seizures, these carry a significant burden and impact patient quality of life. Amongst terminal patients, for whom mortality is inevitable, this burden is substantial. In order to manage seizures in glioma patients, they receive surgery, radiotherapy, chemotherapy and anti-epileptic medication. Surgery can be performed to reduce seizure burden and this has been demonstrated amongst low-grade glioma patients to reduce seizure frequency by 50-80%. At present, there is limited research examining the impact of surgery on post-operative seizure reduction, seizure recurrence and survival outcomes in high-grade glioma patients. Therefore, we intend to evaluate our service and generate baseline data concerning seizure burden and control in patients operated on for high grade glioma at The Walton Centre.

Methodology

Patients operated on between 2010-2019 for removal, biopsy or debulking of glioblastoma will be included and analysed. Data covering patient survival, Post- operative seizure burden, time to seizure recurrence, post-operative seizure recurrence and post-operative anti-epileptic drug use will be extracted alongside sociodemographic data, additional data deemed to be relevant to the evaluation question will also be extracted (e.g. AED dose). Patients will be anonymised. Analysis will be performed to identify how current surgical practice at The Walton Centre affects patients' post-operative seizure burden and control.

Aims / Objectives

Aims:

- Examine current surgical practice at the Walton centre and its affect on post-operative outcomes
- Determine if difference in such affects on post-operative outcomes impact patient survival

Objectives:

- Evaluate Walton Centre patient documents to identify post-operative seizure burden and control (time to first seizure post-operatively)
- Compare post-operative seizure burden to patients' overall survival

Standards / Criteria Details (service evaluation N/A)

N/A

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: N/A

Name of Standard / guideline: N/A

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☒ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☒

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High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☒	No ☐

Sample No: 300 Procedure codes to identify sample: N/A

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

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(e.g. Medical journal)? Yes ☒ No ☐

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Rolling programme duration (number of years): Click here to enter text.

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Multidisciplinary: ☐ Single disciplinary: ☐

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- Data entry ☐
- Analysis ☐
- Presentation ☐

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How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: 01/02/2022

Anticipated project completion date: 01/01/2023

Anticipated Action Plan Submission date:01/03/2023

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Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

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- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS403 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Use of VTE in elective cranial and spinal neurosurgery

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Neurosurgery**

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background:

VTE is a major cause of morbidity and mortality in neurosurgery. NICE guidelines have been developed to reduce the risk. Neurosurgeons have concerns that use of pharmacological VTE prophylaxis with low molecular weight heparin (LMWH) may cause harm due to unwanted intracranial / spinal bleeding.

Aim:

To audit adherence to NICE guidelines (www.nice.org.uk/guidance/ng89) in elective cranial and spinal neurosurgery

Methods:

All elective neurosurgery admission at the Walton Centre between 1/11/19 – 30/11/19 (Pre-Covid Pandemic)

Patient details:

- Age
- Category of disease
    - Cranial (operation: e.g. biopsy, craniotomy)
        - Glioma (grade 2, 3, 4)
        - Metastases
        - Meningioma
        - Skull base surgery (vestibular schwannoma, pituitary)
        - Hydrocephalus (VP or VA shunt)
        - Cranioplasty
        - Functional (deep brain stimulator, temporal lobectomy for epilepsy)
    - Spinal
        - Lumbar discectomy
        - Lumbar decompression
        - Anterior cervical discectomy
        - Cervical laminectomy
        - Instrumented fusion (TLIF etc.)
        - Spinal cord stimulator

- VTE risk as per DoH VTE risk assessment tool (https://www.nice.org.uk/guidance/ng89/resources/department-of-health-vte-risk-assessment-tool-pdf-4787149213)
    - Completed (y / n)
- Date of admission
- Date of discharge
- Date of surgery
- Mechanical VTE and date started
    - TEDS (y / n)
    - Pneumatic stockings (y /n)
- LMWH started (y / n)
- Date LMWH started
- Dose of LMWH administered
- Duration of LMWH (days)

Outcome:

- Patient developed VTE? (y / n)
    - PE (y /n) – and date of PE
    - DVT (y /n) – and date of DVT
- Patient developed symptomatic cranial / spinal haemorrhage requiring intervention (y / n)

Aims / Objectives

• To audit adherence to NICE guidelines (www.nice.org.uk/guidance/ng89) in elective cranial and spinal neurosurgery

Standards / Criteria Details (service evaluation N/A)

N/A

Guideline / Standards available: Yes ☒ No ☒

www.nice.org.uk/guidance/ng89

Name of Standard / guideline: N/A

Source of Standard / guideline: NSF ☐ NICE ☒ Royal College ☐ Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☒	No ☐
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☒	No ☐

Sample No: Audit dates 1/1/19 – 31/12/19 Procedure codes to identify sample: All elective neurosurgery admission (cranial and spinal)

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒

If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☒ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: 01/03/2022

Anticipated project completion date: 31/12/2023

Anticipated Action Plan Submission date: December 2023

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS Foundation Trust

Project Prioritisation Assessment Tool

Audit title: Delivering Environmental Sustainability Through Informed Volatile Awareness

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' ☐ Level 2 'Internal 'must do' ☐

Criteria	Tick all that apply	Score
High cost		(x3)
High volume		(x2)
High risk		(x3)
Known quality issue	Y	(x3)
Wide variation in practice	Y	
NICE / NCEPOD related audit		(x3)
Defined measurable standards available	Y	
Re-audit / repeat service evaluation		(x2)
Topic is a key clinical interest for the department / division		(x2)
Multidisciplinary project		
National / regional or multicentre project		(x2)
Total	**5C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 404 Project Type: - **Clinical Audit** ☐ **Service Evaluation** ✓

Audit / Service Evaluation Title: Delivering Environmental Sustainability Through Informed Volatile Awareness

Division: Neurology ☐ Neurosurgery ✓ Please specify department Anaesthetics

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

Volatile anaesthetic gases and nitrous oxide are responsible for a significant carbon footprint and account for 5% of all NHS carbon emissions. The agents with the biggest impact are nitrous oxide and desflurane. The choice of anaesthetic technique can have an impact on this, and in some cases the clinical decision is otherwise equivocal.

This service evaluation is being carried out in all hospitals in the region, with the aim of assessing the magnitude of the impact of anaesthetic gases and providing education as to how alternatives (eg TIVA) can reduce the overall carbon footprint.

Methodology

We will pull data from the logbooks of the anaesthetic machines in the theatre complex to record the amount of volatile gases and nitrous oxide used during anaesthesia over a period of one working week (ie Monday to Friday).

These data will then be analysed to calculate the effective carbon footprint.

Aims / Objectives

To quantify the environmental impact of the use of volatile anaesthetic gases and nitrous oxide

To inform our colleagues of these findings, so that they can be taken into consideration (alongside all other relevant clinical information) when deciding on an anaesthetic technique.

Standards / Criteria Details (service evaluation N/A)

RCOA Quality Improvement Compendium Section 11.1 – Delivery of Services
Part C: *Spot check/interrogation of anaesthetic machine logbook where possible. Data should include (per case summary): - medical gas use in litres (air, O2 and N2O) - volatile consumption and uptake in millilitres - total time per case.*

Guideline / Standards available: Yes ☐ No ✓

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: N/A

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ✓ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ✓
High risk	Yes ☐	No ✓
High cost	Yes ☐	No ✓
Known quality issue	Yes ✓	No ☐
Wide variation in practice	Yes ✓	No ☐

Sample No: One week **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ✓

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ✓

Is this project part of an agreed departmental rolling programme? Yes ☐ No ✓

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ✓

Is Clinical Audit Team support required? Yes ☐ No ✓
If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ✓

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ✓

Anticipated start date:24/01/2022

Anticipated project completion date: Ongoing; preliminary data March/April 2022

Anticipated Action Plan Submission date: As above

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* __ _____ Date: 11/2/22

Comments **I support this project-its trainee led. My only comment-the actual science is unclear regarding the contribution of medical gases to overall climate change. The authors seem to have selectively quoted literature-since there are no universally agreed standards. However it might prove useful to evaluate our service in this regard and lead to future changes as climate science evolves**

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? No

The Walton Centre NHS Foundation Trust

Project Prioritisation Assessment Tool

Audit title: One Together

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' ☐ Level 2 'Internal 'must do' ☒

Criteria	Tick all that apply	Score
High cost		(x3)
High volume	Y	(x2)
High risk	Y	(x3)
Known quality issue	Y	(x3)
Wide variation in practice	Y	
NICE / NCEPOD related audit		(x3)
Defined measurable standards available		
Re-audit / repeat service evaluation		(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	Y	
National / regional or multicentre project		(x2)
Total	**A**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS405 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: One Together

Division: Neurology ☒ Neurosurgery ☐ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale There has been an increase in infections at the WCFT that mean that we are exceeding anticipated threshold for many infections. Some of these infections are attributable to Surgical Site Infectrions (SSI) and so we have a 'must-do' audit of all aspects of the surgical pathway that may contribute to SSI. This is the OneTogether programme. OneTogether is a partnership between several leading professional organisations, including the IPS (Infection Prevention Society) and the AfPP (Association for Peri-operative Practice)with an interest in the prevention of SSIs. Their goal is to promote and support the spread and adoption of best practice to prevent SSIs across the surgical patient pathway.

Methodology: The tool that we use is set by OneTogether (attached), they also give suggested numbers to audit We have decided that we will perform an initial snapshot audit of 5 Patients over a 5 week period, and this will assist us to determine the yearly sample frame , that will then be collected on a monthly basis over the course of the year. The copy of the electronic collection template is below. Each domain has several fields and the data is collected via direct observation.

Aims / Objectives

To decrease SSI at The Walton Centre by identifying deficits in care and deviation from best practice in order to develop and implement changes in practice, the efficacy of which will then be reviewed through this programme . This will lead to improved infection control procedures through a back to basics approach for surgical patients from admission to discharge.

Standards / Criteria Details (service evaluation N/A)

Trust SSI guidelines, NICE guidance NG125(SSI prevention and treatment.)

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:
https://www.nice.org.uk/guidance/ng125

http://wcftsp/sites/clinicalgovernance/All%20Documents/Prevention%20of%20Surgical%20Site%20Infection%20Policy%20(5).docx

Name of Standard / guideline: One Together

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☒ State other: AfPP and IPS

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☒	No ☐
High risk	Yes ☒	No ☐
High cost	Yes ☐	No ☐
Known quality issue	Yes ☒	No ☐
Wide variation in practice	Yes ☒	No ☐

Sample No: to be determined following initial snapshot Procedure codes to identify sample: N/A

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☒ No ☐

Rolling programme duration (number of years): 1 year pilot

Rolling programme frequency: Monthly ☒ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☒ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is not part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:3/2/22

Anticipated project completion date: On- Going

Anticipated Action Plan Submission date: Pilot completed W/C 21/2/22

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: 15/2/22

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☒ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS407 Project Type: - **Clinical Audit** ■ **Service Evaluation** ☐

Audit / Service Evaluation Title: Surgical Decompression for MCA Infarction Audit

Division: Neurology ☐ Neurosurgery ■ Please specify department Neurosurgery

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team member's details

Background / Rationale

Last updated NICE guidelines in May 2019 Suggested early surgical decompression for Patients with MCA infarction if they match specific criteria and having reasonable baseline performance status. This change in practice is not completely applied in the region. It is noted that local hospitals refer patients who does not match the guidelines criteria and in some cases, patients who fit the criteria were referred after the surgical time window of 48 hours passed. In addition, surgical decompression was not offered to some patients who match with the guidelines and variation in practice noted among different neurosurgical on call teams as well.

Aims / Objectives

To compare the current practice in the Walton Centre to the latest NICE guidelines regarding surgical decompression for MCA infarction. In case of guidelines are not well applied, A Pathway, guidelines and admission protocol will be suggested then Re-Audit 6 months to 1 year later.

Methodology

This Audit is divided into two parts. First part will go through all the surgical decompressions done for MCA infarction in Walton theatres during a year time to find out how many surgeries were done and if they followed the current guidelines or not. The second part will search the on-call referral system (Orion) for a year to find out how many patients were referred and if referring hospitals followed the current NICE recommendations or not and if they did what was the on-call team response. Every part will have separate patient form including patient demographics /Onset of symptoms/ conscious level/ other details to evaluate the course and out come.

Standards / Criteria Details (service evaluation N/A)

- Consider decompressive hemicraniectomy (which should be performed within 48 hours of symptom onset) for people with acute stroke who meet all of the following criteria:
- infarction in the territory of the middle cerebral artery, with a score above 15 on the NIHSS
- decreased level of consciousness, with a score of 1 or more on item 1a of the NIHSS
- Signs on CT of an infarct of at least 50% of the middle cerebral artery territory: — with or without additional infarction in the territory of the anterior or posterior cerebral artery on the same side or — with infarct volume greater than 145 cm3 , as shown on diffusion-weighted MRI scan.

_____

Guideline / Standards available: Yes ■ No ☐

If yes, please attach a copy or provide web link to the most current version:

https://www.nice.org.uk/guidance/ng128
https://www.nice.org.uk/guidance/ng128/resources/stroke-and-transient-ischaemic-attack-in-over-16s-diagnosis-and-initial-management-pdf-66141665603269

Name of Standard / guideline: **Stroke and transient ischaemic attack in over 16s: diagnosis and initial management-Evidence review for decompressive hemicraniectomy-NICE Guideline NG128-Intervention evidence review-May 2019**

Source of Standard / guideline: NSF ☐ NICE ■ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ■ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ■
High risk	Yes ☐	No ■
High cost	Yes ☐	No ■
Known quality issue	Yes ■	No ☐
Wide variation in practice	Yes ■	No ☐

Sample No: 20-50 **Procedure codes to identify sample:** ------

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ■

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ■

Is this project part of an agreed departmental rolling programme? Yes ☐ No ■

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ■ No ☐
If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ■

(If not required please, attach a copy of the tool to be used)

- Database design ■
- Data entry ☐
- Analysis ■
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No ■

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☐

Anticipated start date: 10/10/2021

Anticipated project completion date: 1/12/21

Anticipated Action Plan Submission date: 10/10/2021

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _ Date: 12/10/21.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* __ Date: 12/10/21.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 408 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Clinical Re-Audit of Spinal Tumour Management and Outcomes

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Department of Neurosurgery**

Project Lead:

Contact No: Click here to enter text. **Bleep No:**

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

Spinal tumours are uncommon and typically present with focal neurological symptoms. Typically, they are caused by meningiomas and schwannomas. NICE has published guidance on the appropriate management of spinal tumours. The guidance stipulates that CNS tumours should be managed in the MDT setting. Additionally, they recommend that intra-operative neurophysiology recordings should be used to minimise post-operative morbidity. Complication rates are important to continually evaluate as they provide a useful metric for optimal clinical care.

Methodology

To conduct this clinical audit, a retrospective review of patient clinical records will be conducted. Additionally, access to MDT records may be required. Imaging characteristics of tumours will not be required. Descriptive statistical analysis will be conducted, depending on the distribution of data for each variable. To determine if data is skewed or normally distributed, a Shapiro-Wilk test of normality will be used.

Aims / Objectives

This clinical audit has 3 main aims: 1) To determine if all patients diagnosed with spinal tumours have been presented in an MDT setting (in accordance with NICE guidance). 2) To determine if neurophysiological recording was used intra-operatively (again, in accordance with NICE guidance). 3) To evaluate post-operative complication rates following surgical resection of spinal tumours.

Standards / Criteria Details (service evaluation N/A)

The NICE guideline, "Improving outcomes for people with brain and other central nervous system tumours" will be used as a comparative metric for this clinical audit.

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:
https://www.nice.org.uk/guidance/csg10/resources/improving-outcomes-for-people-with-brain-and-other-central-nervous-system-tumours-update-27841361437

Name of Standard / guideline: Improving Outcomes for People with Brain and Other CNS Tumours

Source of Standard / guideline: NSF ☐ NICE ☒ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☒ No ☐

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): N/a

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☒ No ☐
If yes, please specify type of assistance required:

- Population Identification ☒
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is not part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:01/05/22

Anticipated project completion date: 01/07/22

Anticipated Action Plan Submission date:01/08/22

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Audit examining readmissions and total length of stay for patients who undergo elective complex thoracolumbar spinal instrumentation for degenerative spinal conditions in a single neurosurgical centre.

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)
Click here to enter text.

Background / Rationale

Recent guidelines have been published regarding "Enhanced Recovery after Surgery" in relation to lumbar fusion surgery. The guidelines include preoperative recommendations including nutritional assessment/ interventions, smoking, alcohol, preoperative fasting and anaemia management. The Walton Centre performs lumbar spine fusion surgery however, there are no formal guidelines regarding preoptimization prior to surgery.

Methodology

The author will gather database of patients who have undergone thoracolumbar fusion surgery, 2018-2019. Patient records will be examined in order to gather the following information : BMI, smoking, alcohol intake, pre operative fasting, anaemia management, surgery, length of stay and readmissions.

Aims / Objectives

The purpose of audit would be to assess current practice against guideline recommendations.

Standards / Criteria Details (service evaluation N/A)

The standards to be used are Enhanced Recovery After Surgery (ERAS) recommendations in lumbar spinal fusion.
Population: patients who have undergone lumbar spine fusion - including extension to thoracic spine.

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:
https://www.thespinejournalonline.com/article/S1529-9430(21)00002-4/fulltext

Name of Standard / guideline: Consensus statement for perioperative care in lumbar spinal fusion: Enhanced Recovery After Surgery (ERAS®) Society recommendations

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: ERAs society recommendations

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue: Audit

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☒ No ☐

If yes, please specify type of assistance required:

- Population Identification ☒
- Design of data collection tool ☒

(If not required please, attach a copy of the tool to be used)

- Database design ☒
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: April 2022

Anticipated project completion date: Dec 2022

Anticipated Action Plan Submission date: Click here to enter text.

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☒ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 411 Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Subarachnoid haemorrhage data collection audit

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

85% of spontaneous subarachnoid haemorrhage (SAH) are aneurysmal; RCSEng/SBNS guidance (2006) was published for managing aneurysmal SAH and the collection of data pertaining to the pathology. New aneurysmal SAH guidance was due for publication in September 2020 but has been delayed by covid-19 until April 2021. It is important to ensure that current Trust standards for data collection are concordant with existing guidance to enable any new guidance to be adopted efficiently.

Methodology

Data is already regularly input into Excel spreadsheets categorised by year and is therefore readily accessible. Yearly databases will be collated into a single SAH database for analysis. Data will be analysed and presented using SPSS v24. The nature of the data collected by the Trust as well as any examples of missing data will be reported.

Aims / Objectives

Determine Trust concordance with SBNS/RCSEng guidance for aneurysmal SAH data collection, to enable optimisation in anticipation of updated guidance due April 2021

Standards / Criteria Details (service evaluation N/A)

RCSEng/SBNS recommend inclusion of the following in SAH audit/research:

i) Regular audit in the endovascular era ii) factors associated with unfavourable outcome (age, neurological status, blood on CT, aneurysm morphology, comorbidities (HTN, IHD, smoking) iii) outcome measures should include mortality, complications (re-bleeding/re-admission) and outcomes at 6-12 months (recommended).

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: SBNS/RCSEng National Study of Subarachnoid Haemorrhage

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☒

Trust ☒ Other ☒ State other: Society of British Neurosurgeons

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☒	No ☐
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☐

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:25/10/2020

Anticipated project completion date: 10/11/2020

Anticipated Action Plan Submission date:14/11/2020

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
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- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Action Plan

Ref no: NS 411

Clinical Audit Title	Subarachnoid haemorrhage data collection audit		
Date audit complete	January 2021	**Date action plan completed**	March 2022
Auditor		**Name of policy / guideline**	RCSEng/SBNS SAH guidance 2006
Division	Neurosurgery	**Source of policy / guideline**	RCSEng/SBNS SAH guidance 2006 (NICE)

Summary of Findings:
Please concisely state the main conclusions of the project using bullet points

- Neurovascular team maintains a well organised and accurate database meeting all of guidance mandatory criteria
- Long term outcome data is not stored in a centralised database

Key success:
Please concisely state the key success identified by the project – if none identified please state N/A

- Vast majority of SAH data collected is in line with SBNS/RCSEng guidance
- Data collection is accurate and has consistently improved over the last 8 years

Key concerns:
Please concisely state the key concerns identified by the project using bullet points– if none identified please state N/A

- *The addition of long-term follow up data is not mandated by the guidance but is recommended and would therefore be a useful addition to future research from this database*

Recommendations discussed:
Please concisely summarise the recommendations that were discussed following the completion of the project

- To include 6 and/or 12-month outcomes (survival, functional status, return to work etc) in centralised database; this is not currently feasible but may provide opportunity for future medical student projects.

Presentation / Dissemination of Project
Date findings were presented / disseminated: April 2022

Department where discussed or presented: Neurovascular Department

Actions agreed following recommendations discussed: -
*****Please ensure each action has a named lead, timescale and reportable group stated on the action plan below. Please list the evidence of the action implementation e.g SOP, protocol, standardised template, presentation or meeting minutes etc*

Issue	Action required	Named lead for action	Timescale	Evidence	Reportable to (group/meeting)
1) Long term outcome data collection	Not immediately actionable, nor mandatory; to consider collection of such data as potential project for medical students		n/a	*Future medical student projects*	Neurovascular MDT
2) Continue high standard of data collection	Continue to maintain high standard		n/a	Future database audit	Neurovascular MDT
3)					
4)					

Re-audit date _____ **If no re-audit planned please give reasons why?** _____

Will this be an on-going audit? Yes ☐ No X

Are there any potential barriers / problems to prevent the implementation of the above actions? Yes ☐ No X

If yes to the above please state who the issues have been referred to:

Name _____ **Designation** _____ **Date referred** _____

Signature:_____ **Date:**_____

Have any issues been logged on the risk register? Yes ☐ No ☐ N/A X

Please provide details of issue(s) logged on the risk register:

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

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Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - IMMU/88 / NS 412 Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: A clinical evaluation of positive anti-LGI1 results in CSF

Division: Neurology ☐ Neurosurgery ☒ Please specify department Neuroimmunology, The Neuroscience Laboratories

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

It is good practice to regularly review the tests that the laboratory offers and ensure that they continue to be fit for purpose. We would like to investigate the clinical utility of the CSF anti-LGI1 assay by performing a review of positive cases to check whether the lab result fits with the clinical scenario. This will provide an extra verification of the CSF anti-LGI1 assay.

Methodology

All CSF anti-LGI1 results since the assay has been in routine use (established August 2017) will be extracted from the laboratory information management system, TD-NexLabs. All positive cases will be reviewed in ep2 (electronic patient record software) to see whether the patient had clinical features of anti-LGI1 limbic encephalitis (memory impairment, cognitive decline, seizures, faciobrachial dystonic seizures, mental or behavioural changes, sleep disturbance and hyponatraemia). Any brain MRI results and the patient's response to any treatment will also be recorded. Once the data has been collected it will be reviewed to confirm whether the positive CSF anti-LGI1 result was consistent with the clinical findings.

Aims / Objectives

To further verify the CSF anti-LGI1 assay by ensuring that positive results are consistent with the clinical picture.

Standards / Criteria Details (service evaluation N/A)

NA

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐ Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: April 2022

Anticipated project completion date: End of June 2022

Anticipated Action Plan Submission date: July 2022

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**

- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead ***(Signature)*** _____ Date: 20/04/2022

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Action Plan

Ref no: IMMU/88

Clinical Audit Title	A clinical evaluation of positive anti-LGI1 results in CSF		
Date audit complete	25/05/2022	**Date action plan completed**	26/05/2022
Auditor		**Name of policy / guideline**	Not applicable
Division	Neurosurgery – The Neuroscience Laboratories	**Source of policy / guideline**	Not applicable

Summary of Findings:
Please concisely state the main conclusions of the project using bullet points

- 459 requests from 422 patients were received for CSF anti-LGI1 between August 2017 and March 2022.
- 8 requests from 7 different patients were positive (2 requests were from the same patient), giving a prevalence of 1.7% in our population, although this includes samples referred in from external locations. 71% of these patients were male, median age at testing was 70 years.
- All 7 patients demonstrated at least one of the six clinical features of anti-LGI1-encephalitis, as defined in van Sonderen et al. (2016)
- Four out of the five patients who had MRI imaging were found to have hippocampal changes
- All 7 patients had LGI1-positive serum; one was also positive for CASPR2 antibodies and another for glycine receptor antibodies.
- For the 6 patients where treatment information was available, all were given steroids, 5 received IVIg, 4 had PLEX, 3 were given anti-epileptic drugs and 2 were treated with Rituximab. Some patients received a wider range of treatments as responses varied between individuals.
- Outcomes varied; control of seizures was generally achieved, but the majority of patients had some long-term sequelae documented.

Key success:
Please concisely state the key success identified by the project – if none identified please state N/A

- All of the patients who had anti-LGI1 antibodies identified in their CSF presented with clinical features associated with anti-LGI1-encephalitis.
- Demographic information was similar to that in recent publications (van Sonderen et al., 2016; Li et al., 2018)
- This indicates that the laboratory result is consistent with the clinical scenario, and that the CSF anti-LGI1 antibody test used in our laboratory is fit for purpose.

References:

Li W, Wu S, Meng Q, Zhang X, Guo Y, Cong L, Cong S, Zheng D. Clinical characteristics and short-term prognosis of LGI1 antibody encephalitis: a retrospective case study. BMC Neurology. 2018;18:96
Van Sonderen A, Thijs RD, Coenders EC, Jiskoot L, Sanchez E, deBruijn MAAM, van Coevorden-Hameete MH, Wirtz PW, Schreurs MWJ, Sillevis Smitt PAE,

Titulaer MJ. Anti-LGI1 encephalitis: Clinical syndrome and long-term follow-up. American Academy of Neurology. 2016;87:1449-56

Key concerns:
Please concisely state the key concerns identified by the project using bullet points– if none identified please state N/A

- N/A

Recommendations discussed:
Please concisely summarise the recommendations that were discussed following the completion of the project

- None required.

Presentation / Dissemination of Project
Date findings were presented / disseminated: Neuroscience Laboratories departmental audit meeting 26/05/2022

Department where discussed or presented: Neuroscience Laboratories

Actions agreed following recommendations discussed:-
**Please ensure each action has a named lead, timescale and reportable group stated on the action plan below. Please list the evidence of the action implementation e.g SOP, protocol, standardised template, presentation or meeting minutes etc*

Issue	Action required	Named lead for action	Timescale	Evidence	Reportable to (group/meeting)
1)					
2)					
3)					

4)					

Re-audit date _____ **If no re-audit planned please give reasons why?** This audit was intended as an addition to the verification of the CSF LGI1 assay; other verification processes are employed to monitor ongoing assay performance

Will this be an on-going audit? Yes ☐ No ☒

Are there any potential barriers / problems to prevent the implementation of the above actions? Yes ☐ No ☐

If yes to the above please state who the issues have been referred to:

Name _____ **Designation** _____ **Date referred** _____

Signature:_____ **Date:**_____

Have any issues been logged on the risk register? Yes ☐ No ☐ N/A ☐

Please provide details of issue(s) logged on the risk register:

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 413 Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☐

Audit / Service Evaluation Title: Re-evaluation of scope of urinary bladder catheterisation policy and need for Post Void residual urinary volumes in day care lumbar spinal surgery patients.

Division: Neurology ☐ Neurosurgery ☐ Please specify department Click here to enter text.

Project Lead:

Contact No:. **Bleep No:**

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

All patients undergoing lumbar surgery are required to demonstrate adequate bladder emptying before being discharged as per the Trust guideline. This is irrespective of the indication or urgency of surgery. This is also irrespective of the pre-existing urinary issues e.g.; existing BPH. This protocol is aimed at diagnosing the developing cauda equina compression from a post-operative hematoma. However, it is well known that if such a hematoma were to occur, the patient would have other symptoms prior to bladder involvement including bilateral radicular symptoms in the legs, sensory disturbances and local site pain. Bladder involvement would ensue only if these symptoms were ignored and not managed appropriately. Therefore, application of bladder scanning in select patients at risk of developing these symptoms would be a more pragmatic and cost-effective strategy.

Moreover, it has come to attention that often, a higher post-void residual bladder volume is the only reason many otherwise asymptomatic patients fail to get discharged even though their primary presenting complaint e.g. bilateral leg pain of lumbar claudication symptoms has been resolved post-operatively. This leads to extended inpatient stay, increases patients' risk of developing nosocomial infections and increases bed-pressures in a high-volume tertiary neurosciences centre. Furthermore, each additional inpatient day increases economic burden to the trust. Additionally, elective procedures such as lumbar decompression and endoscopic discectomies are intended to be routine operations with a short turnover time for inpatient stay.

The practice of routine post-operative bladder scans leading to prevention of cauda equina syndrome is not reported in literature and is not a common practice for elective lumbar decompression procedures. This audit aims to evaluate the utility and cost-effectiveness of post-operative bladder scanning in routine lumbar discectomies, and survey the practice in other spinal centres within the UK.

Questions asked were what spinal units and centres will be included? How will they be contacted, what data will be collected? - All spinal units (Neurosurgery/Orthopedics)across UK (Maybe 30-40 Units across UK I guess) will be called(Telephone) by Reg to enquire about their practice regarding safe discharge. Asking specifically about if bladder scan was a part of their discharge criteria.

Support from Audit team required - Once we have got the answer about how many centres use this for discharge policy, we would investigate our practice over the last year or so to find how many discharges were delayed due to bladder scan. We might need some help at that time if information is not available on EP2 (Majority of the time it does). In that case we might need to get the clinical notes out.

Methodology

1. Survey of the practice of post-void bladder scanning (PVBS) after elective lumbar decompression in other spinal/ neurosurgery centres in the UK

2. Evaluate the utility and cost-effectiveness of PVBS and the impact this has on patient discharge and cost to the trust.

Aims / Objectives

Evaluate the utility PVBS in elective lumbar surgery cases (lumbar micro-discectomy, single level decompression and endoscopic discectomy) and survey the practice in other spinal centres within the UK.

Click here to enter text.

Standards / Criteria Details (service evaluation N/A)

Local trust protocols (The Walton Centre NHSFT Bladder catheterisation policy (relevant sections 2.4 and 2.5)

Guideline / Standards available: Yes X☐ No ☐

If yes, please attach a copy or provide web link to the most current version: Trust policy attached.

Name of Standard / guideline: Trust policy attached- Bladder catheterisation policy(relevant sections 2.4 and 2.5)

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust X☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes x☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes x☐	No ☐
High risk	Yes ☐	No x ☐
High cost	Yes ☐	No x☐
Known quality issue	Yes x☐	No ☐
Wide variation in practice	Yes x☐	No ☐

Sample No: All patients having undergone single level decompression, micro-discectomy or endoscopic lumbar decompression or discectomy.

Procedure codes to identify sample:

The codes are:

1. Single level lumbar decompression laminectomy - V254, V551
2. Single level lumbar microdiscectomy – V337,V551
3. Single level endoscopic lumbar discectomy – V339, Y763,V551

.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No x☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No x☐

Is this project part of an agreed departmental rolling programme? Yes ☐ No x☐

Rolling programme duration (number of years): NA

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Rolling programme duration (number of years): Click here to enter text.

Is Clinical Audit Team support required? Yes x☐ No ☐

If yes, please specify type of assistance required:

- Population Identification x☐
- Design of data collection tool x☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry x☐
- Analysis x☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is not part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No x☐

How will the patient be involved? NA

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A x☐

Anticipated start date: As soon as possible

Anticipated project completion date: 30th June 2022.

Anticipated Action Plan Submission date: 15th July 2022

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: 20/04/2022

Comments

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes x☐ No ☐

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit** ☒ **Service Evaluation** ☐

Audit / Service Evaluation Title: Assessing compliance of referrals for Metastatic Spinal Cord Compression to the Walton Centre

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Click here to enter text. **Bleep No:** Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

Metastatic spinal cord compression (MSCC) is defined as compression of the spinal cord, peripheral nerve roots, or cauda equina secondary to metastatic spread with direct pressure or destruction/invasion that threatens or causes neurological disability. A timely and coordinated response to the detection and management of patients with this condition is paramount to preventing any deterioration in neurological function. As such, NICE offer an extensive set of guidelines for those providing and receiving a referral for MSCC including advice for the set-up of MSCC services in each region. Within the NICE guidelines is a recommendation to regularly audit MSCC services to identify any deficiencies.

Question asked to lead - if lead will be differentiating between England and Wales processes as they are different and if this would affect your results or collecting of any data at all? - I don't think it will matter whether the referrals are from Wales or England. The criteria we're assessing against are really general. While the two countries have slightly different persons who they're supposed to call, the timings and required imaging is the same and so shouldn't be a difference for the purposes of our audit.

Methodology

Retrospective review of patients referred to the Walton Centre NHS Foundation Trust through the Orion online platform with a diagnosis of MSCC. We will identify patients from the preceding 12 months (1st March 2021 to 30th March 2022)Data will be collected according to the attached proforma.

Aims / Objectives

To assess compliance of referring trusts with the timing of performing an MRI for patients with suspected MSCC, including timing as per indication and to assess the quality of advice given by the neurosurgical team to referrers.

Standards / Criteria Details (service evaluation N/A)

NICE clinical guidelines (CG75)

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:
https://www.nice.org.uk/guidance/cg75

Name of Standard / guideline: NICE clinical guidelines (CG75)

Source of Standard / guideline: NSF ☐ NICE ☒ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☒	No ☐
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: 200-300 **Procedure codes to identify sample:** Through ORION

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): N/A

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☒

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:15/05/2022

Anticipated project completion date: 15/09/2022

Anticipated Action Plan Submission date: 15/10/2022

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- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: 26/04/2022

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: An assessment of clinical outcomes of cervical dystonia patients after DBS surgery and comparison between the group implanted with non-directional leads the group implanted with directional leads

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' ☐ Level 2 'Internal 'must do' ☐

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	N	(x2)
Multidisciplinary project	Y	
National / regional or multicentre project	N	(x2)
Total	**1C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - NS 416 Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: An assessment of clinical outcomes of cervical dystonia patients after DBS surgery and comparison between the group implanted with non-directional leads the group implanted with directional leads

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Click here to enter text. **Bleep No:** Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

Traditionally deep brain stimulation (DBS) leads for cervical dystonia have been non-directional type. Since 2018, the Walton Centre has used directional DBS leads for the cervical dystonia patients following the positive clinical experience in patients with Parkinson's Disease. Directional DBS takes advantage of a development in electrode design, which uses electrodes allowing the operator to direct current flow in both the vertical and horizontal plane. This has multiple benefits. Indeed, these leads would reduce the risk of accidental stimulation of unintended targets and optimize stimulation of the intended target. In addition, the directional leads have been shown to widen the therapeutic window. Another advantage is efficiency, as these leads require less electrical power to provide the same effect as the traditional cylindrical contact leads. We wish to evaluate the efficacy of this treatment through analysis of objective dystonia scores which have been prospectively performed on the patients at follow up appointments.

Methodology

Outcome measures of DBS were recorded pre surgery as well as post-operatively at 6 months, and annually thereafter. We intend to retrospectively collect the background information (including diagnosis, medications trialled, duration and character of dystonia) in addition to outcome scores up to 5 years post operatively and DBS settings at initial and final setups. We then intend to analyse the outcome measures for evidence of objective improvement in dystonia scores and compare this to the current published standards of directional lead stimulation.

Aims / Objectives

To assess the efficacy of directional leads DBS in cervical dystonia compared to the directional leads DBS

Standards / Criteria Details (service evaluation N/A)

Published literature will be used as a standard for this service evaluation.

Guideline / Standards available: Yes ☐ No ☐

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☒ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☒ No ☐
If yes, please specify type of assistance required:

- Population Identification ☒
- Design of data collection tool ☒

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:01/05/2022

Anticipated project completion date: 30/08/2022

Anticipated Action Plan Submission date:30/08/2022

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Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: Perioperative management of DREZ patients and post-op outcomes

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	N	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**0C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS Foundation Trust

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Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

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- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - 417 Project Type: - **Clinical Audit ☒ Service Evaluation ☒**

Audit / Service Evaluation Title: Perioperative management of DREZ patients and post-op outcomes

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No:

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

In patients with spinal cord trauma and brachial plexus injuries, up to 30% suffer from unrelenting chronic nerve pain, which can be severe and debilitating both physically and mentally. Dorsal root entry zone (DREZ) lesioning can restore a patient's quality of life. 32 patients underwent DREZ procedure at the Walton Centre between 2017 and 2022. Given the infrequency of procedures and the limited data in the literature regarding best practice of peri-operative care this the service evaluation will identify trends in current practice which the aim to improve patient outcomes. Patients have chronic pain, polypharmacy and opiate tolerant and their peri-operative care can be difficult to manage.

Methodology

We would perform a retrospective review of anaesthetic technique and peri-operative care using the attached template to include: patient details, pre/intra-op/post op care, ward management, and patient outcomes at 3 and 6 months.

Aims / Objectives

Standardise perioperative management of patients undergoing DREZ procedure to best improve patient care.

Standards / Criteria Details (service evaluation N/A)

Click here to enter text.

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured

Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: n/a Procedure codes to identify sample: n/a

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☒

Is Clinical Audit Team support required? Yes ☐ No ☒

If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

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Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:June 2022

Anticipated project completion date: August 2022

Anticipated Action Plan Submission date:August 2022

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Departmental Clinical Audit Lead ***(Signature)*** _____ Date: 10/6/22

Comments This is definitely a service evaluation-looking at heterogeneity in anaesthetic practice at the hospital.This is low volume -but can potentially improve patient care in the future.I fully support this Audit

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: Extubation after infratentorial craniotomies

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	Y	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	N	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**1B**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: Extubation after infratentorial craniotomies

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Neuroanaesthesia**

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor: Click here to enter text.

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)
Click here to enter text.

Background / Rationale

To evaluate the number & location of extubation after infratentorial craniotomies at WCFT to help service planning.

Methodology

Collect demographic, tumor & anaesthetic data about patients undergoing infratentorial craniotomy & note the time & location of extubation postoperatively in about 40 patients.

Aims / Objectives

To understand the timing & location of extubation after infratentorial craniotomies to better plan their postoperative pathway.

Standards / Criteria Details (service evaluation N/A)

Click here to enter text.

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☒

Is the audit / service evaluation issue:

High volume	Yes ☐ No ☒
High risk	Yes ☐ No ☒
High cost	Yes ☐ No ☒
Known quality issue	Yes ☐ No ☒

Wide variation in practice Yes ☒ No ☐

Sample No: 40 Procedure codes to identify sample: Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☒ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☒ No ☐

If yes, please specify type of assistance required:

- Population Identification ☒
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☒
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is not part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☒ N/A ☐

Anticipated start date:August 2022

Anticipated project completion date: July 2024

Anticipated Action Plan Submission date:September 2024

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
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- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: Evaluation of reflex testing for IgM immunofixation results

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	**Tick all that apply**	**Score**
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**Level 5 Category C**	

Priority levels and audit team support

Priority level	**Priority score**
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	**Audit team resource**	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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Service evaluation

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- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - BIOC/212 Project Type: - **Clinical Audit ☐ Service Evaluation ☒**

Audit / Service Evaluation Title: Evaluation of reflex testing for IgM immunofixation results

Division: Neurology ☐ Neurosurgery ☒ Please specify department **Neuroscience Laboratories**

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)
N/A

Background / Rationale

40-50% of IgM paraprotein-associated neuropathies are related to positive anti-MAG antibodies. Of the remainder, approximately 30% of patients test positive for anti-ganglioside antibodies. It is important to distinguish anti-MAG neuropathy from other IgM paraprotein-associated neuropathies (such as CIDP), as it is not an inflammatory disease and therefore typical CIDP treatments are usually only transiently effective in these patients. Treatments such as Rituximab and cyclophosphamide are more effective. These disorders may not be clinically distinguishable, and therefore appropriate laboratory testing is essential. Current practice in the Neuroscience Laboratories is to ensure that anti-MAG and anti-glycolipid antibody tests are added onto any specimen with a newly-identified IgM paraprotein. Conversely, any specimen testing positive for anti-MAG or anti-glycolipid antibodies should have follow-up serum protein electrophoresis.

Methodology

The laboratory information system (TD-NexLabs) will be interrogated to extract all IgM-positive immunofixation, positive anti-MAG and positive anti-glycolipid antibody results obtained within the past five years. For those with repeat requests, the earliest request received for each patient will be included in the audit. The data will be reviewed to assess whether the relevant tests were added on or recommended, and if so, whether positive results were obtained.

Aims / Objectives

The main aim of the study is to assess whether patients testing positive for IgM paraproteins, anti-MAG antibodies or anti-glycolipid antibodies have the relevant reflex tests performed. The study will also assess whether the antibody results for our patient population with IgM paraproteins are in line with published data.

Standards / Criteria Details (service evaluation N/A)

N/A

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date: July 2022

Anticipated project completion date: September 2022

Anticipated Action Plan Submission date: October 2022

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**

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Departmental Clinical Audit Lead ***(Signature)*** _ Date: 30/06/2022

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: Service evaluation of Tritanium-C (Tri-C) ACDF cage fusion, complications, and clinical outcome

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	Y	(x3)
High volume	N	(x2)
High risk	Y	(x3)
Known quality issue	N	(x3)
Wide variation in practice	Y	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**Level 4 Category C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

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Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
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- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
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Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

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CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: Service evaluation of Tritanium-C (Tri-C) ACDF cage fusion, complications, and clinical outcome

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Background / Rationale

Anterior cervical discectomy and fusion (ACDF) is a commonly performed procedure at the Walton centre to treat radiculopathy and myelopathy. Various cages and grafts are available on the market with different properties promoted. A new 3D titanium printed cage has been used for over a year, and we will evaluate its effectiveness at promoting fusion of the cervical spine, resisting subsidence, and improving symptoms.

Methodology

Case review of the first 50 sequential patients undergoing ACDF with Tritanium cage. Patient list will be acquired from theatre procurement. Imaging pre-operatively, intra-operatively and post-operatively will be reviewed on Carestream PACS for bony fusion, cage subsidence, cobb angle, and presence of complications by three specialist clinicians. Patient outcome will be assessed using Spine Tango data pre-operatively and post-operatively. The data will be reviewed by the spinal department and compared to that reported in the literature, and to an equal number of contemporaneous cases that had a PEEK cage, as required.

Aims / Objectives

Assess: 1. Fusion rate, 2. Subsidence rate, 3. Complication rate, 4. Clinical effectiveness of Tritanium-C cage.

Standards / Criteria Details (service evaluation N/A)

N/A

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:
High volume Yes ☒ No ☐
High risk Yes ☐ No ☒

High cost Yes ☒ No ☐
Known quality issue Yes ☐ No ☒
Wide variation in practice Yes ☒ No ☐

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☒ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☒ N/A ☐

Anticipated start date:13/07/2022

Anticipated project completion date: 01/10/2023

Anticipated Action Plan Submission date:01/10/2023

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Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☒ No ☐

Project Prioritisation Assessment Tool

Audit title: Complication rates in elderly patients undergoing spinal decompression surgery for lumbar spinal stenosis

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	N	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**Level 5 Category C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

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Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalizable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit x Service Evaluation ☐**

Audit / Service Evaluation Title: Complication rates in elderly patients undergoing spinal decompression surgery for lumbar spinal stenosis

Division: Neurology ☐ Neurosurgery x Please specify department Neurosurgery

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)
Click here to enter text.

Background / Rationale

As the size of the geriatric population increases, the number of elderly patients presenting with painful degenerative disease of the spine requiring surgery is expected to increase concomitantly. Advanced patient age is often a major factor in deciding the extent of surgery to be performed, secondary to the perceived increased morbidity of performing more extensive surgery in the older patient population. The reported morbidity of performing decompression surgery of various complexity in this patient population varies. These issues must be considered in the context of an ever enlarging geriatric population, particularly when a substantially higher number of these patients are undergoing operative treatment of degenerative conditions. The symptoms of degenerative spinal conditions in these elderly patients may decrease their functional capabilities, including their ability to perform activities of daily living which might also negatively influence on their subsequent post-operative recovery time. Keeping this in mind, we aim to evaluate the complication rates of elderly population undergoing decompression surgeries and whether this will be clinically and functionally significant in our further decision-making in treating such elderly population.

Methodology:

Retrospective analysis of prospectively collected data of patients undergoing elective and urgent (admitted for urgent decompression like CES, posterior cervical decompression etc) posterior spinal decompression surgeries without instrumentation/fusion.

The data will be separated into two groups based on their age, elderly age group >65 years and young age population 18-65 years.

The intra-operative and immediate post-operative complications (<30 days) will be analysed and reviewed to measure the complication rates of each group.

Both neurological and medical complications will be included in the study.

The surgeon credentials will also be assessed whether the decompression surgeries has been performed/supervised by a consultant.

Aims / Objectives

The aim of the study is to assess whether spinal decompression surgeries are safe in elderly population. The study will measure the incidence of complication rates both intra and post-operatively for the two groups and compare the results. All complications like dural tear, new neurodeficits, infections, epidural hematoma, inadequate decompression, need for re-surgeries etc will be included. The incidence of medical complications like UTI, chest infections will also be included along with the length of hospital stay for the two groups. This study also aim to analyse various patient related (medical co-morbidites) and surgical variables(Number of levels of decompression) and their relationship to occurrence of peri-operative complications.

Questions from Group and answers from the lead;

- **What are the standards that the audit is being audited against?**

There is no standard, as a previous audit has not been conducted in this Trust but it is overall accepted that surgery in elderly population is associated with a higher complication rate

- **What time frame will be looked at?**

We can look for the period - From June 2020 until June 2022

- **Will elective vs emergency be looked at?**

Elective vs emergency will be looked at

- **Who will be conducting the audit, will it be yourself or a medical student?**

I will be leading with the help and the new fellows and trainees arriving soon

Standards / Criteria Details (service evaluation N/A)

Click here to enter text.

Guideline / Standards available: Yes ☐ No ☐√

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐
Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No x
High risk	Yes ☐	No x
High cost	Yes ☐	No x
Known quality issue	Yes ☐	No x
Wide variation in practice	Yes ☐	No x

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes x No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No **x**

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☐

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Rolling programme duration (number of years): Click here to enter text.

Is Clinical Audit Team support required? Yes ☐√ No ☐

If yes, please specify type of assistance required:

- Population Identification ☐√
- Design of data collection tool ☐√

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*

Will the audit involve direct patient contact? Yes ☐ No ☐√

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Retrospective analysis from morbidity data/spine tango forms

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A √☐

Anticipated start date: July 2022

Anticipated project completion date: October 2022

Anticipated Action Plan Submission date: November 22

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
- **FOR ALL RE-AUDITS OR REPEAT SERVICE EVALUATIONS PLEASE ATTACH A COPY OF THE PREVIOUS AUDIT OR SERVICE EVALUATION REPORT.**
- **PLEASE ENSURE THIS FORM IS SIGNED BY YOUR DIVISIONAL AUDIT LEAD BEFORE SUBMISSION TO THE CLINICAL AUDIT TEAM.**

Departmental Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: An evaluation of the causes of raised CSF total protein in WCFT patients

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**Level 5 Category C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit** ☐ **Service Evaluation** ☒

Audit / Service Evaluation Title: An evaluation of the causes of raised CSF total protein in WCFT patients

Division: Neurology ☐ Neurosurgery ☒ Please specify department **The Neuroscience Laboratories, Neurobiochemistry**

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale

A case of seronegative autoimmune encephalitis was presented at a Grand Round. One of the interesting features of this case was that the patient had a raised CSF total protein in the absence of any other CSF abnormalities. This stimulated us to question how frequently an isolated raised CSF total protein is identified in Walton Centre patients, and when they are found, what are the main causes.

Methodology

A search will be performed in TD-NexLabs, the laboratory information management system, to identify all patients with a raised CSF total protein in the last 5 years. Other parameters including the CSF cell count, CSF microbiological analysis and oligoclonal band analysis will also be extracted. For any patients with a raised total protein but no other abnormalities in CSF, ep2 will be searched to establish what the patient's diagnosis was.

Aims / Objectives

To find out how frequently cases of isolated raised CSF total protein are identified and to establish the common causes.

Standards / Criteria Details (service evaluation N/A)

N/A

Guideline / Standards available: Yes ☐ No ☒

If yes, please attach a copy or provide web link to the most current version: Click here to enter text.

Name of Standard / guideline: Click here to enter text.

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐ Trust ☐ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☐ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☐	No ☒
Wide variation in practice	Yes ☐	No ☒

Sample No: Click here to enter text. **Procedure codes to identify sample:** Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☒ if the findings are interesting No ☐

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☐ No ☒

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☐

Anticipated start date: July 2022

Anticipated project completion date: September 2022

Anticipated Action Plan Submission date: October 2022

- **PLEASE ATTACH A COPY OF YOUR DATA COLLECTION TOOL / PATIENT QUESTIONNAIRE.**
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Departmental Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / division? Yes ☐ No ☐

Project Prioritisation Assessment Tool

Audit title: To evaluate whether BIS-monitored dexmedetomidine titration is superior than empirical infusion in awake DBS procedures for patients with Parkinson's disease

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	N	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	N	
Re-audit / repeat service evaluation	N	(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**Level 5 Category C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery.

Service evaluation

Service Evaluation is undertaken to benefit those who use a particular service and is designed and conducted to define or judge current service. Your participants will normally be those who use the service or deliver it. It involves an intervention where there is no change to the standard service being delivered (e.g. no randomization of service users into different groups). This does not require ethical approval.
It is possible to use data collected from participants during a service evaluation for later research as long as:

- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Service evaluation**

Audit / Service Evaluation Title: To evaluate whether BIS-monitored dexmedetomidine titration is superior than empirical infusion in awake DBS procedures for patients with Parkinson's disease

Division: Neurosurgery

Project Lead
Contact No:
Bleep No:
Email address:
Audit / service evaluation supervisor
Other professionals involved / project team members' details :

Background / Rationale

Anaesthesia for intracranial procedures requiring patient cooperation presents a challenge to the anaesthetists. Drugs administered during the procedure should provide an adequate level of sedation but not interfere with functional testing and electrocorticography. Deep brain stimulation (DBS) for Parkinson's disease (PD) is usually done under sedation with dexmedetomidine and analgesia provided by a scalp block. Dexmedetomidine is a highly selective alfa2- adrenoreceptor agonist with sedative and analgesic properties and it doesn't suppress ventilation.

Conventional methods to determine the adequacy of sedation rely on subjective assessment using Observer's Assessment of Alerness/Sedation scale (OAA/S).

Bispectral index (BIS) is a widely used quatitative parameter for evaluating depth of anaesthesia and sedation. It is a continuous noninvasive electroencephalographic method that has been proposed to monitor the hypnotic state during sedation and anaesthesia. According to manufacturer, a BIS score 61-70 indicates deep sedation, 71-90 mild to moderate sedation.

In our practice, both methods for assessment of the level of sedation during dexmedetomidine infusion are used – OAA/S and BIS. It is not clear whether BIS-monitored dexmedetomidine infusion results in quicker patients' recovery allowing adequate MER recording and intraoperative functional testing.

The service evaluation will try to establish one of the current practices is superior.

Methodology:

The evaluation will include patients with PD for awake DBS procedures. Scalp block will provide analgesia to all of the patients. Then patients will be compared according to the method of monitoring during dexmedetomidine infusion – BIS- monitored or empirical, using OAA/S scale.

The parameters to be assessed:

1. Antiparkinsonian medications – doses, including last medications dose and time (hours before the procedure)

2. Targeted BIS values documented every 10min for the BIS guided group

3. Additional sedatives or analgesics given – like propofol, fentanyl
4. Total dose dexmedetomidine
5. The time required for the patient to wake up after discontinuation of dexmedetomidine allowing adequate functional assessment and MER recording
6. The quality of the functional assessment confirmed by the specialist nurse in comparison to the preoperative symptoms assessment

Aims / Objectives:

-to find out if BIS-monitored dexmedetomidine infusion provides quicker recovery of the patients and better quality of the intraoperative assessment

Standards / Criteria Details (service evaluation N/A)

Guideline / Standards available: No **Name of Standard / guideline:**

If yes, please attach a copy or provide web link to the most current version:

Blood Culture Sampling Guidelines on trust Intranet

Source of Standard / guideline: NSF ☐ NICE Royal College ☐
Trust Other ☐ State other: Click here to enter text.
Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes No X

Is the audit / service evaluation issue:

High volume	No
High risk	No
High cost	No
Known quality issue	No
Wide variation in practice	no

Sample No: 50 patients : 25 patients in the BIS-guided group and 25 patients in the control group

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes

Is this a re-audit or if service evaluation, has service been reviewed previously? N

Is this project part of an agreed departmental rolling programme? N

Rolling programme duration (number of years):

Rolling programme frequency:

Multidisciplinary: ☐

Is Clinical Audit Team support required? No x

If yes, please specify type of assistance required:

- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)

- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes No

Patient Contact / Involvement – BIS strip applied to patients' foreheads as per manufacturer advice
Will the audit involve direct patient contact? yes

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other: intraoperative BIS strip application

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A X

Anticipated start date: 1/08/2022

Anticipated project completion date: 1/02/2024

Anticipated Action Plan Submission date: 06/2024

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Departmental Clinical Audit Lead *(Signature)* _____ Date: 5/7/22

Comments **I am unable to comment since I am directly involved in the project.I wish to reveal that as one of the regular consultant anaesthetist for this procedure my practice will involve the Non BIS Group(I don't use BIS to titrate sedation while my coauthors do forming the other part of the service)**

Divisional Clinical Audit Lead *(Signature)* _____ Date: Click here to enter text.

Is this topic a key clinical interest for the department / ? Yes ☐

Project Prioritisation Assessment Tool

Audit title: Re-audit of compliance with Trust guidelines for use of antimicrobial prophylaxis in elective neurosurgery.

The below table provides a system for prioritising locally conceived projects and what level of clinical audit team resource should be offered / provided.

If the project is mandatory please specify what priority level:-
Level 1 – External 'must do' Level 2 'Internal 'must do'

Criteria	Tick all that apply	Score
High cost	N	(x3)
High volume	N	(x2)
High risk	N	(x3)
Known quality issue	Y	(x3)
Wide variation in practice	N	
NICE / NCEPOD related audit	N	(x3)
Defined measurable standards available	Y	
Re-audit / repeat service evaluation	Y	(x2)
Topic is a key clinical interest for the department / division	Y	(x2)
Multidisciplinary project	N	
National / regional or multicentre project	N	(x2)
Total	**8C**	

Priority levels and audit team support

Priority level	Priority score
Level 1 – External 'must do'	Category A
Level 2 – Internal 'must do'	Category A
Level 3 – High local priority	> 10
Level 4 – Medium local priority	4 – 9
Level 5 – Low local priority	< 4

Priority level	Audit team resource	
Level 1, 2 & 3	Category A – Full support	Full practical assistance offered
Level 4	Category B – Moderate support	Level of practical assistance will be negotiated and agreed with project lead
Level 5	Category C – Minimal support	Advice, registration and monitoring

The Walton Centre NHS
NHS Foundation Trust

Clinical Audit / Service Evaluation Registration Form

Clinical Audit definition

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- the data is completely anonymous;
- it is not possible to identify participants from any resulting report;
- use of the data will not cause substantial damage and distress

Please note that to complete this form your project **must be clinical audit or service evaluation**. If you are unsure whether your project is clinical audit, service review or research brief definitions are given below as a guide:

Clinical Audit

- Measures existing practice against **best practice**, **evidence based clinical standards** *(this may include Royal College, British Association, NICE or Local guidance etc.)*

Research

- Generates new knowledge where there is no or limited research evidence available and which has the potential to be generalisable.

Service Evaluation:

- Seeks to evaluate the effectiveness or efficiency of a new or existing service to help inform local decision making (has been also referred to as service review, benchmarking or a baseline audit). This includes patient or staff satisfaction surveys.

CLINICAL AUDIT / SERVICE EVALUATION PROJECT REGISTRATION FORM

Ref No: - Project Type: - **Clinical Audit ☒ Service Evaluation ☐**

Audit / Service Evaluation Title: Re-audit of compliance with Trust guidelines for use of antimicrobial prophylaxis in elective neurosurgery.

Division: Neurology ☐ Neurosurgery ☒ Please specify department Click here to enter text.

Project Lead:

Contact No: Bleep No: Click here to enter text.

Email address:

Audit / service evaluation supervisor:

Other professionals involved / project team members details
(Please provide names and roles within the project eg data collection, analysis etc.)

Background / Rationale
The invasive nature of neurosurgical procedures puts patients at risk of surgical site infections. Antimicrobial prophylaxis is administered to reduce the likelihood and severity of these infections. According to the antibiotic formulary, a single dose of an appropriate antibiotic (depending on the procedure occurring) is required 30 mins before knife to skin. No post-operative dose is advised. An audit conducted into compliance with these guidelines was conducted in April 2021 and was found to be 92% in 62 patients. The aim of this audit is to re-examine how compliance with the guidelines has changed with time.

Methodology

At least 50 patients who have undergone elective neurosurgery will be audited over the period of 1-2 weeks. Information regarding antibiotic prophylaxis, time between antibiotic administration and surgical procedure, as well as allergy status, will be obtained from the patient's notes. The data will be analysed and compared with those obtained in previous audits.

Aims / Objectives

To audit compliance with Trust guidelines for the use of antimicrobial prophylaxis for elective surgery. To audit that all antibiotics administered as prophylaxis are documented. To audit the allergy status of the patient is documented.

Standards / Criteria Details (service evaluation N/A)

- Indication of antibiotics/type of surgical procedure documented, Type and dosage of antibiotics given (if indicated), Antibiotics not given (if not indicated), Time between antibiotics and knife-to-skin (30 mins), Allergy status documented, Repeat doses given at 4 hours (if indicated), No antibiotics given post-operatively.

Guideline / Standards available: Yes ☒ No ☐

If yes, please attach a copy or provide web link to the most current version:

Name of Standard / guideline: The Antimicrobial Formulary

Source of Standard / guideline: NSF ☐ NICE ☐ Royal College ☐

Trust ☒ Other ☐ State other: Click here to enter text.

Review/assessment of guideline/standard undertaken to ensure it is appropriate & can be measured
Yes ☒ No ☐

Is the audit / service evaluation issue:

High volume	Yes ☐	No ☒
High risk	Yes ☐	No ☒
High cost	Yes ☐	No ☒
Known quality issue	Yes ☒	No ☐
Wide variation in practice	Yes ☐	No ☒

Sample No: 50 – 60 patients Procedure codes to identify sample: Click here to enter text.

http://www.raosoft.com/samplesize.html - link to tool that may be used to calculate sample size

Are you planning to publish your audit/service evaluation findings nationally

(e.g. Medical journal)? Yes ☐ No ☒

Is this a re-audit or if service evaluation, has service been reviewed previously? Yes ☒ No ☐

Is this project part of an agreed departmental rolling programme? Yes ☐ No ☒

Rolling programme duration (number of years): Click here to enter text.

Rolling programme frequency: Monthly ☐ Quarterly ☐ Biannually ☐ Annually ☐

Multidisciplinary: ☐ Single disciplinary: ☐

Is Clinical Audit Team support required? Yes ☐ No ☒
If yes, please specify type of assistance required:
- Population Identification ☐
- Design of data collection tool ☐

(If not required please, attach a copy of the tool to be used)
- Database design ☐
- Data entry ☐
- Analysis ☐
- Presentation ☐

Collection of case notes ☐ Total number ____ / per week ____

Patient Contact / Involvement – *(If project involves patient contact that is <u>not</u> part of the patients usual treatment or care please explain how in this section)*
Will the audit involve direct patient contact? Yes ☐ No ☒

How will the patient be involved?

Patient Questionnaire ☐ At clinic appointment ☐

Other *(please give details)* Click here to enter text.

Has approval been sought from the Patient Information Panel? Yes ☐ No ☐ N/A ☒

Anticipated start date:06/06/2022

Anticipated project completion date: 10/06/2022

Anticipated Action Plan Submission date:01/07/2022

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Departmental Clinical Audit Lead ***(Signature)*** _____ Date: 31/05/2022

Comments Click here to enter text.

Divisional Clinical Audit Lead ***(Signature)*** _____ Date: 31/05/2022

Is this topic a key clinical interest for the department / division? Yes ☒ No ☐