Out of Hours Clinical Audit Toolkit

The audit criteria based on the 'Consultation'

	CRITERION	RATIONALE
1	Elicits **REASON** for telephone call or visit	• Clearly identifies main reason for contact • Identifies patient's concerns [health beliefs] • Accurate information e.g. demographics in CH's
2	Identifies **EMERGENCY** or serious situations	• Asks appropriate questions to exclude [or suggest] such situations • Appropriate use of ILTC protocols
3	Takes an appropriate **HISTORY** (or uses algorithm appropriately)	• Identifies relevant past Medical History / Drug History [including drug allergy] • Elicits significant contextual information (e.g. social history)
4	Carries out appropriate **ASSESSMENT**	• *Face-to-face settings* - appropriate examination carried out • *Clinician on telephone* - targeted information gathering or algorithm use to aid decision making
5	Draws appropriate **CONCLUSIONS**	• *Clinician face-to-face/ telephone* – makes appropriate diagnosis or differential / or identifies appropriate "symptom cluster" with algorithm use • *CH* – makes appropriate prioritisation • *CH* - streams call appropriately
6	Displays **EMPOWERING** behaviour	• Acts on cues/beliefs • Involves patient in decision-making • Use of self-help advice [inc. PILs]
7	Makes appropriate **MANAGEMENT** decisions following assessment	• Decisions are safe • Decisions are appropriate (e.g. for face-to-face / A&E referral)
8	Demonstrates appropriate **PRESCRIBING**	• Generics used [unless inappropriate] • Formulary-based [where available] • Follows evidence base or recognised good practice
9	Displays adequate **SAFETY- NETTING**	• Gives clear and specific advice about when to call back • Records advice given (worsening instructions)
10	Develops **RAPPORT**	• Demonstrates good listening skills • Communicates effectively [includes use of English] • Demonstrates shared decision making
11	Makes appropriate use of **IT / Protocols / Algorithms**	• Adequate data recording • *Face-to-face/phone/CH* Use of IT tools where available/appropriate • *Clinician on telephone* **–** appropriate use of support tools/algorithms
12	Satisfies **ACCESS** criteria where appropriate [info available]	• Quality Requirements (See reference 2)

Components of the 'Consultation'	Audit Tool Criteria

1. Identifies reason for presentation	
A. Elicits reason for presentation	**1**. Reason
B. Responds to cues	**6**. Empowering
C. Elicits relevant info to place presentation on context	**3**. History
D. Explores and uses health understanding	**6**. Empowering
E. obtains sufficient information to assess whether immediate action indicated	**2**. Emergency

2. Defines problem	
A. Obtains additional relevant information including PMH and 'red flags'	**2**. Serious **3**. History
B. Obtains DH [including allergies]	**3**. History
C. Makes an appropriate assessment of physical and mental state	**4**. Assessment
D. Shows evidence of hypothesis generation	**5**. Conclusions
E. Arrives at an appropriate working diagnosis or disposition	**5**. Conclusions

3. Shares problem	
A. Shares findings/thoughts on diagnosis or disposition	**6**. Empowering
B. Tailors explanation to patients beliefs and understanding	**10**. Rapport
C. Demonstrates appropriate use of language	**10**. Rapport
D. Seeks to confirm patient understanding and acceptance	**6**. Empowering

4. Manages problem	
A. Discusses proposed management (and options where appropriate) with patient	**6**. Empowering
B. Defines mutually agreed management plan	**7**. Management
C. Management plan is appropriate to working diagnosis and reflects good practice wherever possible	**7**. Management
D. Makes appropriate use of resources (referral, other professionals etc.)	**7**. Management
E. Demonstrates appropriate prescribing behaviour	**8**. Prescribing

5.Ends consultation	
A. Demonstrates appropriate use of time	**12**. Access
B. Clearly defines symptoms/signs/reasons to trigger further consultation (safety netting)	**9**. Safety netting
C. Confirms patients understanding and acceptance of safety netting	**6**. Empowering
D. Accurately records all relevant data	**11**. IT

Appendix 3

Guidelines for Feedback *

Setting the Scene

compliance. Listening to the audio recording of a call can reveal how long the patient was held once connected Also, listening to the ongoing scripted message or how long there was before a ringing tone provides further evidence of the time call answering was delayed. However the latter features will depend on individual providers' telephone systems.

(d) Clinicians (e.g. doctors, nurses, etc.)

The audit tool is designed around the model consultation. The criteria in the audit tool relate to the consultation (Appendix 2) which corresponds to the decision points of definitive clinical assessment or triage, as well as clinical consultations face-to-face or on the telephone. Prescribing will be primarily limited to the face-to-face setting.

For providers whose clinicians use decision-support systems or algorithms (on the telephone or face-to-face) without the traditional clinical consultation markers outlined in (Appendix 2), the core criteria can still be applied given that the audit tool is outcome-based. The aim is that compliance with each criterion is inferred from: the algorithm that was used, the questioning within the algorithm, and the outcome or end point both in terms of clinical rationale and disposition. A 'diagnosis' is not an end point in some systems, even though the symptom cluster may point to one, hence the term 'draws appropriate conclusions' is used in criterion 5. Compliance with this criterion is demonstrated if the appropriate algorithms are used, provided that each stage within the algorithmic structure includes an appropriate rationale. All other criteria should map across easily to clinicians, whether or not they use decision-support software.

It is clear that ten of the twelve criteria that have been selected have been in general use with many OOH providers for some time, albeit in different combinations and applied in different ways. It is also clear that there is now a much wider understanding of what full compliance with Quality Requirement 4 means. However two of the criteria (displays 'empowering behaviour' and 'develops rapport') may be less well known. When mapping the audit criteria to the consultation (Appendix 2) it becomes apparent that empowering behaviour is a key part of a good consultation, and it can be inferred from the subsidiary components in that criterion. While it is much easier to assess compliance with the criterion 'develops rapport' in telephone-based consultations or observed face-to-face contacts, it may be possible to infer rapport from the extent to which the clinical notes demonstrate shared decision-making.   The audit tool sets out the minimum core criteria which will enable providers to deliver consistent and effective clinical audit, but some providers may wish to add further subsidiary components depending on the particular ways in which urgent care is delivered in their local health community.

(e) Rationale for using the Out of Hours Audit Tool:

	CRITERION	Not met (0)	Partially met (1)	Fully met (2)

#	Criterion			
1	Elicits **REASON** for call/contact **A.** Clearly identifies main reason for contact **B.** Identifies patients concerns [health beliefs] **C.** Accurate information e.g. demographics in call handlers	Clinician **does not** identify reasons or concerns accurately CH does not record reason or concern accurately	Clinician identifies **reason** CH accurately records details or problem	Clinician accurately identifies **all** CH accurate both details & problem
2	Identifies **EMERGENCY or SERIOUS** situations **A.** Asks appropriate questions to exclude [or suggest] such situations	**No: Does not** exclude an emergency	Questioning **adequately** excludes	**Excludes** emergency well
3	Appropriate **HISTORY** taking (or algorithm use) **A.** Identifies relevant PMH/DH [including drug allergy] **B.** Elicits significant contextual information (e.g. social history)	Does **not** elicit relevant history	Elicits **basic** history without contextual information	Elicits **full** history including contextual
4	Carries out appropriate **ASSESSMENT** **A.** Face-to-face settings - appropriate examination carried out **B.** Clinician on telephone - targeted information gathering or algorithm use to aid decision making	**No** appropriate examination nor information gathering nor algorithm use	**Adequate** examination, information gathering or algorithm use	**Good** - appropriate actions
5	Draws appropriate **CONCLUSIONS** **A.** Clinician face-to-face/ telephone – makes appropriate diagnosis or differential / or identifies appropriate "symptom cluster" with algorithm use **B.** CH – makes appropriate prioritisation **C.** CH - streams call appropriately	**No:** does not draw appropriate conclusions in respective setting	**Adequately** draws appropriate conclusions in respective setting	Draws appropriate conclusions **well** in respective setting
6	Displays **EMPOWERING** behaviour **A.** Acts on cues / beliefs **B.** Involves patient in decision-making **C.** Use of self-help advice [inc. PILs]	**No:** does not act on cues / beliefs nor involve patient nor use self help	At least **one** of the features	At least **2 or 3** of the features
7	Makes appropriate **MANAGEMENT** decisions **A.** Decisions are safe **B.** Decisions appropriate (e.g. face-to-face or A&E)	Decisions **neither** safe **nor** appropriate	Decisions either safe **or** appropriate	Decisions safe **and** appropriate
8	Appropriate **PRESCRIBING** behaviour **A.** Generics used [unless inappropriate] **B.** Formulary-based [where available] **C.** Follows evidence base or recognised good practice	Prescribing **unsafe** or involves **none** of the features	Appropriate with **either one or two** of the features	**All 3** features are present
9	Displays adequate **SAFETY-NETTING** **A.** Gives clear and specific advice about when to call back **B.** Records advice fully (worsening instructions)	**Neither** clear call back advice nor full recording of worsening advice	**Either** of the 2 features present	Both of the 2 features present
10	Develops **RAPPORT** **A.** Demonstrates good listening skills **B.** Communicates effectively [with use of English] **C.** Demonstrates shared decision making	**Neither** listens **nor** is understandable **nor** shares decisions	**Either one or two** of these features are present	**All three** of these features are present
11	Makes appropriate use of **IT / Protocols / Algorithms** **A.** Adequate data recording **B. Face-to-face/phone/CH** Use of IT tools where available/appropriate **C. Clinician on telephone –** appropriate use of support tools or algorithms	**Poor** documentation, the use of IT system, use of decision support tools or of algorithms	**Adequate** records, use of IT, decision support tools or algorithms	**Good** records, use of IT, & decision support tools and aids
12	Satisfies **ACCESS** criteria where appropriate [info available]	**None** of QR access criteria satisfied	**1 or 2** of the QR access criteria satisfied	All of the QR access satisfied

Although it is possible to score each criterion using 2 [fully or largely met], 1 [partially met] and 0 [not met], the table above shows that some standards are more important than others. For certain groups a zero in some criteria for may be considered enough to designate it a Call to Reflect upon (CtR).