

Toolkit on Practice Assessment Activities

This toolkit is intended to help you participate in Practice Assessment activities (Category 3). These are planned Quality Assurance learning activities that review your practice or those of your peers to improve patient care (see ANZCA Professional Document) TE9 *Guidelines on Quality Assurance in Anaesthesia*.

You are encouraged to document changes in your delivery of care (behaviour) as a result of your Practice Assessment activities. The activities are not intended to assess competence or fitness to practice. Confidentiality of these activities is covered by relevant legislation in Australia and its States and Territories, and in New Zealand. The New Zealand and Commonwealth legislations protect the program.

You may participate in a Practice Assessment activity directly related to your own practice, to that of a peer, or to a health care system. This toolkit describes the peer review activities of Clinical Audit, Case Conferencing, Mortality and Morbidity Meetings, and Practice Peer Review.

PEER REVIEW

Peer review means an evaluation of the performance of a doctor or groups of doctors by members of the same department or specialty. Peer review can also occur in multidisciplinary teams when team members, including other health professionals, evaluate the performance of the team and its individual members. Performance is evaluated against standards of best practice.

The objective of peer review is to improve the performance of the Fellow through critique, feedback, and guidance.

A variety of activities can be classified as peer review activities. Examples are:

- Clinical Audit
- Case Conferencing
- Mortality and Morbidity meetings
- Reviews of randomly selected cases of patients managed by the Anaesthetist
- Reviews of aspects of practice (e.g. charting anaesthesia records)
- Practice Peer Review

CLINICAL AUDIT

WHAT IS A CLINICAL AUDIT?

A Clinical Audit is a process to systematically assess and evaluate the care of patients so as to improve that care. Its objectives are to measure the performance of doctors or the outcomes of patients against accepted standards, and to recommend changes if the standards are not met. The process is repeated in a cycle of continuing quality improvement. A Clinical Audit may involve one doctor or a group of doctors in single or multiple disciplines.

Examples of Clinical Audits include:

- A comparison of procedures, processes, or outcomes of health or patient care in Anaesthesia, Intensive Care, or Pain Medicine, with best practice standards in that domain.
- An audit of the outcomes of a Department of Anaesthesia, including the roles of individual members, compared with State, national, or international benchmarks.
- An audit of your clinical performance in an area of your practice compared with those of your peers (e.g. Department or group practice colleagues).
- Critical Incidents.
- Patient satisfaction surveys.
- Case Conferencing (see below).

HOW DO I CONDUCT A CLINICAL AUDIT?

Any clinical or non-clinical audit can be conducted using the following steps:

- Decide on a topic or domain that entails anaesthesia management.
- Choose benchmarks and standards to compare with (e.g. ANZCA Clinical Indicators).
- Decide what data you want collected, the selection criteria (e.g. relevant age, gender, type of anaesthesia etc), how the data should be collected and by whom, and over what period of time (past, present, or future).
- Collect your data.
- Analyze your data against your chosen standards. Application of statistics may be required in some audits.
- Recommend and implement changes if performance falls short of standards.
- Write a report on the audit and outcomes arising, especially from implemented changes.
- You are encouraged to present your findings to your peers locally and nationally.
- Apply new knowledge learned to your practice, and document your change in behaviour.

WHAT DOCUMENTATION IS REQUIRED?

A report of the Clinical Audit with details of the objective, what was done, outcome, and recommendations.

How many Credits can I Claim?

If you conduct an audit on your own practice, you may claim 3 credits per hour under Category 3, Level 2. If you participate in an audit that does not directly focus on your practice, you may claim 2 credits per hour under Category 3, Level 1. Time claimed should be that which you spent on the project, and not that of the project itself (e.g. an audit that might take a month to complete).

CASE CONFERENCING

WHAT IS CASE CONFERENCING?

Case Conferencing presents cases of interest as a small group meeting or by videoconference. It is a planned and structured meeting of at least three participants with objectives to review the anaesthesia management of the patient and to determine the best options of management. If aspects of perioperative medical or surgical care are important, case conferencing can be multidisciplinary. There is usually a high degree of interaction and discussion, and the Anaesthetist(s) involved in the case should be participants.

HOW DO I CONDUCT A CASE CONFERENCE?

A Case Conference can be organized and conducted using the following steps:

1. Select a case with an interesting condition, or at random from hospital patient records as part of your department's QA activities.
2. Identify and clarify the patient's condition and what treatment and anaesthesia services the patient required.
3. Discuss and learn about this condition and its recent advances and evidence-based management.
4. Review and evaluate the anaesthetic management given to the patient and the outcome, in consideration of recent advances and accepted practice.
5. Identify the roles of the treatment team involved.
6. Recommend changes in treatment and management to improve the immediate care of the reviewed patient, or to apply to a future patient with a similar condition.
7. Apply new knowledge learned to your practice, and document your change in behaviour.

WHAT DOCUMENTATION IS REQUIRED?

Details of the date and duration of activity, a summary of the case, and recommendations made.

HOW MANY CREDITS CAN I CLAIM?

If you are the facilitator or presenter of your own case, you may claim 3 credits per hour under Category 3, Level 2. If you participate in a Case Conference, you may claim 2 credits per hour under Category 3, Level 1.

MORTALITY AND MORBIDITY MEETINGS

WHAT IS A MORTALITY AND MORBIDITY MEETING?

Mortality and Morbidity (M & M) meetings are case conferences, except that each case involves a patient death or serious morbidity during a period of anaesthesia care. The M & M meeting's objectives are to review the anaesthesia management and to determine whether it contributed to mortality or morbidity, and how these could have been averted. There is usually a high degree of interaction and discussion, and the Anaesthetist(s) involved in the case should be participants. It can be multidisciplinary and is an important form of peer review.

Depending on the case and local health regulations, the Anaesthetist(s) involved have obligations to submit a critical incident report and inform the Coroner.

HOW DO I CONDUCT AN M & M MEETING?

All cases of death or serious morbidity that occurred during a period of anaesthesia management should be reviewed in a M & M meeting. This can be organized and conducted using the following steps:

1. Present a case in which the patient died or suffered serious morbidity.
2. Identify and clarify the patient's condition and what treatment and anaesthesia services the patient required.
3. Discuss and learn about this condition and its recent advances and evidence-based management.
4. Review and evaluate the anaesthetic management given to the patient, and consider whether and how anaesthesia care contributed to death or morbidity, and to what extent.
5. Identify the roles of the treatment team involved.
6. Recommend changes in treatment and management to apply to a future patient with a similar condition, or to improve the immediate care of the patient with the morbidity outcome.
7. Apply new knowledge learned to your practice, and document your change in behaviour.

WHAT DOCUMENTATION IS REQUIRED?

Details of the date and duration of activity, a summary of the case, and recommendations made.

HOW MANY CREDITS CAN I CLAIM?

If you are the facilitator or presenter of your own case, you may claim 3 credits per hour under Category 3, Level 2. If you participate in a Case Conference, you may claim 2 credits per hour under Category 3, Level 1.

PRACTICE PEER REVIEW

WHAT IS PRACTICE PEER REVIEW (PPR)?

PPR is an on-site, three-hour appraisal of the participant's practice by a Fellow approved by ANZCA. The aim is to provide insight and feedback to the participant to help improve his/her professional development, by means of a formative assessment of the participant's practice and CPD. It is not an appraisal of competence or fitness to practice.

HOW DO I PARTICIPATE IN PPR?

PPR reviews and appraises the participant's practice and CPD participation. This is conducted between the participant and the reviewer. PPR can be conducted in the following steps:

1. The Fellow who wishes to be reviewed (the Participant) forwards an application to the College. Forms are available from the College or its website. The application includes a completed Pre-Visit Questionnaire, other required documents, and names of three anaesthetists who must hold FANZCA and be willing to be a Reviewer. The participant must obtain their approval beforehand.
2. The College decides on the Reviewer, notifies the Participant and Reviewer, and forwards the documents in the application to the Reviewer.
3. The Reviewer completes and submits the Reviewer Agreement form. By this, the Reviewer agrees to act as an agent for the College according to guidelines, and to maintain confidentiality. The Reviewer must declare any potential conflict of interest.
4. The Reviewer contacts the Participant to agree on the date, time, and venue of the PPR visit. The venue should be a principal place of work for the Participant.
5. The Reviewer peruses all the Participant's documentation well in advance of the visit.
6. The Participant arranges for the day of PPR, a quiet room to meet, 10 records of patients he/she has managed in the past month, and if necessary, notifies the department head or the hospital of the Reviewer's visit.
7. The Reviewer conducts the visit and PPR with professionalism and courtesy. PPR is a three-hour visit with three components.
 - i.) A discussion on the Participant's practice, i.e. the practice setting, clinical duties, roles, and responsibilities (such as work rosters, administration, teaching, and record keeping from the patient records provided). This includes appraising, wherever possible, the Participant's Attributes of a Specialist Anaesthetist. The Reviewer may wish to visit the Participant's clinical and educational facilities (e.g. Operating Theatres, clinics, offices, or library). This component gives the Reviewer insight into the strengths and weaknesses of the Participant's practice.

ii.) A discussion on the Participant's CPD, including needs assessment, CPD Plan, learning styles, learning facilities available, and implementation of the Plan. This component gives the Reviewer insight into the strengths and weaknesses of the Participant's CPD relevant to his/her practice and Attributes of a Specialist Anaesthetist.

iii.) A SWOT (strengths, weaknesses, opportunities, threats) analysis of the Participant's professional development. The Reviewer must raise matters of concern about any aspect of the Participant's practice and CPD. This component allows the Reviewer to discuss with the Participant strategies to improve CPD as a result of the PPR.

8. The Reviewer writes a report of about 1,000 words with recommendations, within one month of the visit, and forwards the report to the College CPD Office and the Participant. There is no summative grade to be given.
9. Costs of PPR are borne by the participant. The cost is set by October Council each year.

WHAT DOCUMENTATION IS REQUIRED TO KEEP ON RECORD?

For both Participant and Reviewer, a copy of the Reviewer's report.

HOW MANY CREDITS CAN I CLAIM?

If you are a Participant or Reviewer, you may claim 3 credits per hour (Category 3, Level 2), including the time to prepare the pre-review documentation and PPR report.