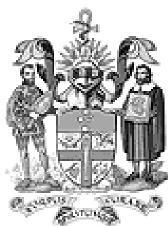

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
ABN 82 055 042 852

Review TE9 (2005)

GUIDELINES ON QUALITY ASSURANCE IN ANAESTHESIA

1. INTRODUCTION

1.1 Quality Assurance can be defined as *"an organised process that assesses and evaluates health services to improve practice or quality of care"*. Quality Improvement is a term often used to encapsulate the concept of a "cycle of quality" described in section 2.

1.2 The objective of Quality Assurance programs is to ensure that high standards of clinical practice are maintained through regular assessments. The results of such assessments should be evaluated and actioned as necessary.

1.3 All anaesthetists and trainees should participate in Quality Assurance programs, including regular attendance at QA meetings.

1.4 Quality Assurance programs must evaluate clinical care to ensure consistency with accepted professional standards, including relevant policy documents issued by the College.

2. PROCESS OF QUALITY ASSURANCE PROGRAMS

Steps in a Quality Assurance program can be considered as *Planning, Implementation, Review,* and *Setting Standards*. The steps are repeated continually or at appropriate intervals for on-going Quality Assurance programs.

2.1 *Planning* involves careful design and preparation of a project, such as defining the topic to be evaluated and the data to be collected, and methods to collect and analyse data.

2.2 *Implementation* involves collection and data analysis, review of results, and determining action to be taken, i.e. to:

2.2.1 Monitor and evaluate the quality and appropriateness of patient care.

2.2.2 Identify areas of deficiency or risk; (risk is defined as a chance of injury or adverse consequence.)

.

2.2.3 Implement changes where necessary and monitor any changes made, including the safe implementation of new methods of treatment.

2.3 *Review* involves monitoring the outcome of changes introduced from 2.2.3 to “close the loop”. Showing the outcome or impact of a Quality Assurance program on health care is an important component of the program.

2.4 *Setting Standards* involves writing the improvements achieved into new official regulations, guidelines, or standards.

3. QUALITY ASSURANCE PROGRAMS

Quality Assurance Programs may include.

3.1 Anaesthesia Service Structure and Performance: the overall performance and resources of the Service in comparison with accepted criteria (such as ANZCA policies and guidelines) and those of other equivalent Services in the region. These include:

3.1.1 Staff

3.1.1.1 Numbers and qualifications.

3.1.1.2 Criteria and process of selection and appointment.

3.1.1.3 Workload, allocation of work and supervision.

3.1.1.4 Participation in educational activities including teaching, research and quality assurance.

3.1.2 Physical Facilities

3.1.2.1 Equipment, including compliance with standards, maintenance and replacement.

3.1.2.2 Service space.

3.1.2.3 Facilities for teaching, education, and research.

3.1.3 Management, including budgets, expenditure, and cost effectiveness.

3.2 Criteria-based audit: performance evaluation according to predetermined criteria (usually reported outcomes of peer groups). In areas without published criteria, new criteria can be established by original study or a consensus of peers. Performance in relation to ANZCA Clinical Indicators is an example of a criteria based audit

3.3 Clinical Guidelines, Policies, or Protocols: recommended methods of clinical practice. Anaesthetists should check for compliance with guidelines, policies, or protocols and regularly review them.

3.4 Critical Incidents: voluntary reports by staff on events that led to, or could have led to an adverse outcome in patients or staff members. A program must analyse the incidence, causes, contributing and mitigating factors, and outcome of critical incidents (see paragraph 3.8, root cause

analysis). Strategies for improvement should be recommended. An evaluation of outcome from implementing changes is expected.

3.5 Risk Management: actions to reduce risks to patients and staff in anaesthesia. A Risk Management program undertakes identification of risks, assessment of risk factors, and control of risks.

3.6 Peer Reviews: evaluation of clinical performance by peers. Areas to review include communication with patient and relatives, patient selection, anaesthesia techniques, monitoring and investigations used, record keeping, perioperative care, and patient follow up and outcome. Main methods are:

3.6.1 Participation in mortality and morbidity meetings

3.6.2 Reviews of randomly selected cases

3.6.3 Practice review of an anaesthetist by a peer.

3.7 Patient Surveys: satisfaction surveys of patients. A program could survey satisfaction with communication, managing relatives, anxiety alleviation, informed consent, pain management, and anaesthesia procedures rendered. Issues such as confidentiality and patient anonymity should be addressed.

3.8 Root cause analysis: analysis of systems errors associated with anaesthesia and peri-operative care including pain management, with participation in institutional QA activities focusing on root cause analysis.

3.9 Reporting to external national and (Australian) State/Territory programs including:

3.9.1 Mortality, and Mortality and Morbidity Committees.

3.9.2 Adverse Reactions Committees

3.9.3 Sentinel Events Programs.

3.9.4 Critical Incident Reviews.

3.10 Audit of QA programs: Quality Assurance Programs should be reviewed extensively from time to time to ensure that remedial steps are taken wherever problems are identified and that continued review follows.

4. QUALITY ASSURANCE RESOURCES

4.1 Formally constituted Departments of Anaesthesia should appoint a Quality Assurance Co-ordinator normally for a period of two years, with eligibility for re-appointment. The QA co-ordinator will be responsible for the implementation and supervision of the Quality Assurance

programs. Appropriate time and secretarial and other support should be allocated to this Co-ordinator.

4.2 The Quality Assurance Co-ordinator should ensure that the above College guidelines are implemented within the limits of the size of the Department.

4.3 Anaesthetists who work outside a formally constituted Department of Anaesthesia should participate in an appropriate quality assurance program.

4.4 Sufficient resources of people, time and support should be available for all anaesthetists and trainees to participate fully in QA programs.

COLLEGE PROFESSIONAL DOCUMENTS

College Professional Documents are progressively being coded as follows:

TE Training and Educational
EX Examinations
PS Professional Standards
T Technical

POLICY – defined as 'a course of action adopted and pursued by the College'. These are matters coming within the authority and control of the College.

***RECOMMENDATIONS** – defined as 'advisable courses of action'.*

***GUIDELINES** – defined as 'a document offering advice'. These may be clinical (in which case they will eventually be evidence-based), or non-clinical.*

***STATEMENTS** – defined as 'a communication setting out information'.*

This document is intended to apply wherever anaesthesia is administered.

This document has been prepared having regard to general circumstances, and it is the responsibility of the practitioner to have express regard to the particular circumstances of each case, and the application of this document in each case.

Professional documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure that the practitioner has obtained the current version. Professional documents have been prepared having regard to the information available at the time of their preparation, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that professional documents are as current as possible at the time of their preparation, it takes no responsibility for

matters arising from changed circumstances or information or material which may have become available subsequently.

Promulgated:	*1983*
Reviewed:	*1987, 1993, 1999*
Date of current document:	*Feb 2005*

© This document is copyright and cannot be reproduced in whole or in part without prior permission.

College Website: http://www.anzca.edu.au/