PG58(A)BP Guideline on quality assurance and quality improvement in anaesthesia Background Paper 2018

Short title: QA & QI BP

1. Introduction

This document, previously *TE09*, was reprinted in 2012 as *PS58*; however, it was not reviewed at that time. With rising community expectations as well as the emphasis of continuing professional development (CPD) on practice evaluation the accompanying guideline was reviewed to ensure that these demands are met.

Anaesthetists place significant importance on evidence-based practice and there are two separate goals that need to be achieved. The first is quality assurance (QA), which refers to minimum standards, and the second is quality improvement (QI), which promotes continuing advancement of individual performance[1]. Many of the ANZCA professional documents inform QA through the provision of guidelines and expected standards, while the ANZCA CPD Program facilitates the achievement of QI. The Medical Board of Australia mandates that all registered specialists must comply with the ANZCA CPD Standard, and the Medical Council of New Zealand mandates that all vocationally registered anaesthetists and pain medicine physicians must participate in the ANZCA CPD Program. This serves as evidence that practitioners are actively participating in quality assurance and committed to quality improvement.

The elements of quality healthcare are encapsulated in the acronym STEEEP™ (Safety, Timeliness, Efficiency, Efficacy, Equitability, Patient-centredness).

2. Purpose

The pursuit of QA and QI is desirable and strongly encouraged. It is an integral part of ANZCA's Mission. Given the differing environments and clinical practices of fellows the intention of the accompanying guideline is to inform fellows and to facilitate them achieving the highest level of quality care in anaesthesia, perioperative medicine, and pain medicine.

3. Scope

QA and QI are constant features of professional practice. They begin during training and continue throughout the practitioner's career. They therefore, apply to all trainees, and all perioperative physicians/anaesthetists.

It is acknowledged that quality outcomes are a function of teams[2] and systems that are involved in performing and supporting surgery and anaesthesia. As a result, QA and QI activities should preferably be co-ordinated between anaesthetists, surgeons, nurses, hospital administrators, and other relevant disciplines.

4. Discussion

4.1 Measurement of QA and QI

Comparisons against either accepted standards or against previous outcomes are an essential component of QA and QI. Objective quantitative comparisons based on absolute numbers, percentages, or rates, are preferable, however, there are situations where qualitative comparisons are valid.

Measurement may focus on structure, process, or outcome. Examples of these are included in the accompanying document. QI programs focussed on outcomes should include all relevant disciplines involved in the team rather than any one group of practitioners as outcomes are determined more so by the team than any individual practitioner.

4.2 Process of QA and QI

The steps in any program include the need to plan the project; implement data collection and analysis; review the outcome of changes; and set new improved standards[3,4].

4.3 QA and QI Programs

Service structure and performance considering the overall performance and resources should be compared against accepted criteria as well as those of other equivalent services in the region. Examples have been included in the accompanying document.

In addition, programs should include criteria based audits; review of compliance with clinical guidelines or protocols; voluntary reporting of critical incidents[5]; risk management strategies; peer review; patient surveys; root cause analyses; reporting to external national and state/territory programs; and audit of QA programs.

4.4 QA and QI Resources

The ability to undertake and implement meaningful QA and QI programs and activities requires the allocation of resources including people, time, and support[6,7].

In formally constituted departments of anaesthesia a QA and QI co-ordinator should be appointed with responsibility for implementation and supervision of QA programs. The co-ordinator should also ensure that the accompanying guideline is implemented within the limits of the size of the department.

Anaesthetists who are not exposed to formally constituted anaesthesia departments, such as solo practitioners practising solely in private practice, should ensure that they participate in a relevant QA program.

5. Summary

This revision acknowledges the importance of QI in addition to QA and the need for both to be part of an ongoing process. The accompanying guideline is designed to inform fellows, promote a greater understanding of QA and QI, and to guide practitioners and organisations undertaking activities within QA and QI programs.

Process of review

The initial draft was developed by the document development group (DDG), which comprised:
Professor Alan Merry, FANZCA, Councillor, Co-Chair.
Dr Rodney Mitchell, FANZCA, Councillor.
Professor Paul Myles, FANZCA.
Dr Peter Roessler, FANZCA, Director of Professional Affairs (Professional Documents), Co-Chair.

The proposed draft was then submitted to the Safety and Quality Committee (SQC) for consideration. Upon approval the documents were then circulated to stakeholders for comment.

The following stakeholders were invited to provide feedback for consideration by the DDG:
ANZCA Safety and Quality Committee.
ANZCA regional and national committees.
Australian Society of Anaesthetists.
Faculty of Pain Medicine Board and regional committees.
ANZCA Trainee Committee.
Relevant Special Interest Groups (SIGs).

A final draft was then submitted for approval to be released on the website for a twelve month pilot phase. This version was approved by the ANZCA Council following the conclusion of the pilot phase.

Related ANZCA documents

CP24(G) Policy for the development and review of professional documents

References

1. Merry AF. An overview of quality and safety in health care. Can J Anesth. 2013; 60:101-110. Available from: https://link.springer.com/article/10.1007/s12630-012-9850-1 Accessed 15 May 2024.

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3. Bessissow A, Duceppe E, Devereaux PJ. Addressing Perioperative Myocardial Ischemia. Curr Anesthesiol Rep. 2014; 4(2):107-112. Available from: https://link.springer.com/article/10.1007/s40140-014-0060-y Accessed 15 May 2024.

4. Wahr JA, Abernathy JH. Improving patient safety in the cardiac operating room: doing the right thing the right way, every time. Curr Anesthesiol Rep. 2014; 4(2):113-123. Available from: https://link.springer.com/article/10.1007/s40140-014-0052-y Accessed 15 May 2024.

5. Dutton RP. Improving safety through incident reporting. Curr Anesthesiol Rep. 2014; 4(2):84-89. Available from: https://link.springer.com/article/10.1007/s40140-014-0048-7 Accessed 15 May 2024.

6. Pronovost PJ. Evaluating safety initiatives in healthcare. Curr Anesthesiol Rep. 2014; 4(2):100-106. Available from: https://link.springer.com/article/10.1007/s40140-014-0059-4 Accessed 15 May 2024.

7. Walker IA, Bashford T, Fitzgerald JE, Wilson IH. Improving anesthesia safety in low-income regions of the world. Curr Anesthesiol Rep. 2014; 4(2):90-99. Available from: https://link.springer.com/article/10.1007/s40140-014-0056-7 Accessed 15 May 2024.

Professional documents of the Australian and New Zealand College of Anaesthetists (ANZCA) are intended to apply wherever anaesthesia is administered and perioperative medicine practised within Australia and New Zealand. It is the responsibility of each practitioner to have express regard to the particular circumstances of each case, and the application of these ANZCA documents in each case. It is recognised that there may be exceptional situations (for example, some emergencies) in which the interests of patients override the requirement for compliance with some or all of these ANZCA documents. Each document is prepared in the context of the entire body of the college's professional documents, and should be interpreted in this way.

ANZCA professional documents are reviewed from time to time, and it is the responsibility of each practitioner to ensure that he or she has obtained the current version which is available from the college website (www.anzca.edu.au). The professional documents have been prepared having regard to the information available at the time of their preparation, and practitioners should therefore take into account any information that may have been published or has become available subsequently.

While ANZCA endeavours to ensure that its 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.

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