

JRCALC/ASA Audit Seminar

Introduction

Why this CHD seminar?

This is the launch of the ASA/JRCALC pre hospital CHD audit

To facilitate buy in & ownership

To help you!!

Audit requirements:

1. CHD - NSF
2. Thrombolysis

Coronary Heart Disease

**national
service
frameworks**

Ambulance trusts: milestones and goal Heart attack (AMI & ACS)

April 2001	The ambulance service has an agreed service-wide protocol for the management of suspected AMI.
April 2002	The ambulance service has clinical audit data no more than 12 months old that describe all the relevant items listed in the AMI chapter.
NSF goal	Every ambulance service should offer complete and correct packages of audited effective interventions to all people assessed as having a suspected AMI, demonstrated by clinical audit data no more than 12 months old.



ROYAL COLLEGE *of* PHYSICIANS

Clinical Effectiveness Evaluation Unit

MINAP - Myocardial Infarction National Audit Project

CCAD - Central Cardiac Audit Database



Medicines Control Agency



Medicines Commission

“Audit will be of particular importance for all the new drugs. For thrombolytics and opiates JRCALC has been informed by the Medicines Commission that central audit is a requirement and this will have to be strictly enforced.”

Ambulance UK December 2000
Vol. 16 No. 6 p387

NHS Plan July 2000, Chap 14 – Para 21

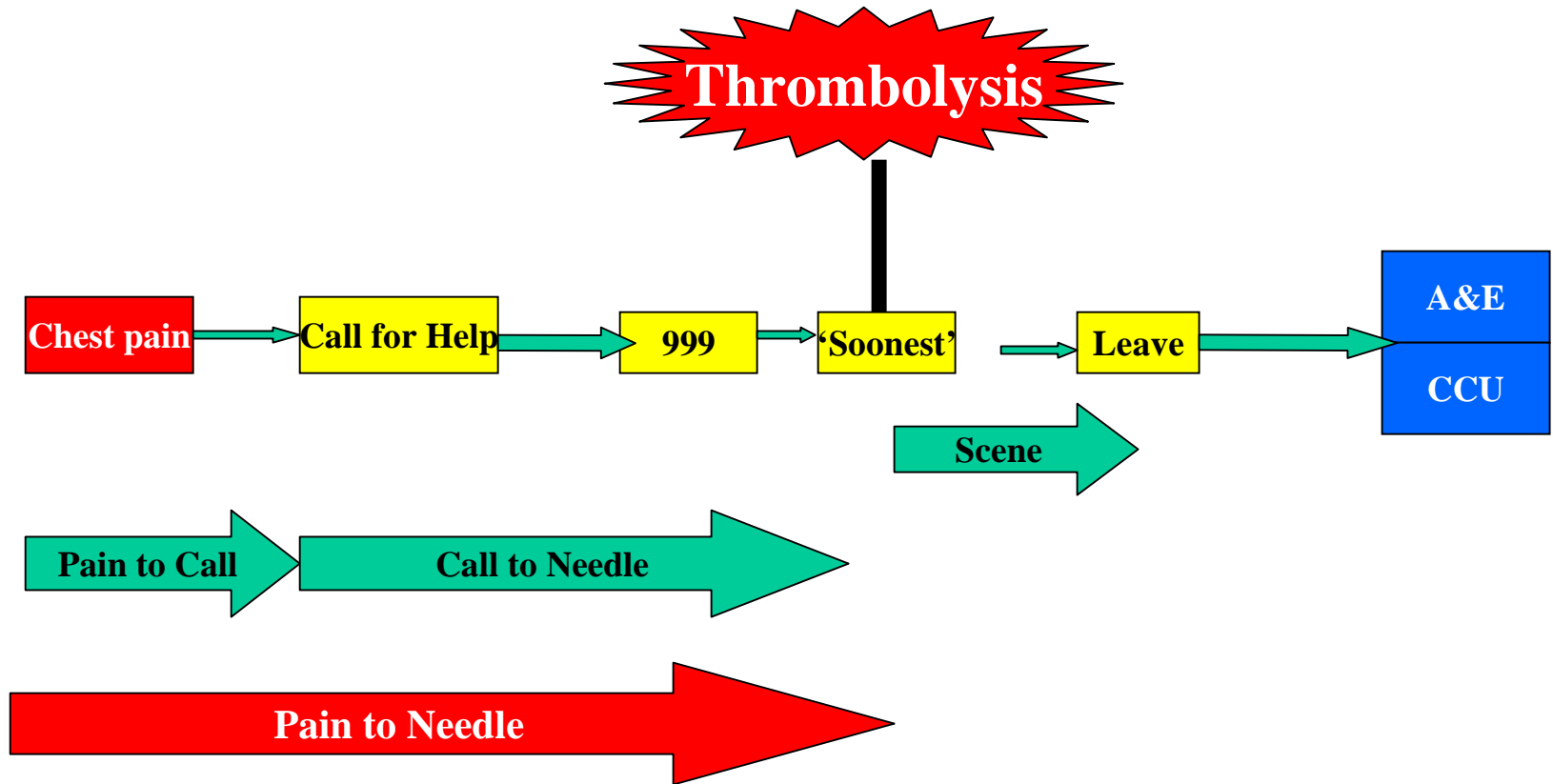
There will be a three year programme to train and equip ambulance paramedics to provide thrombolysis safely for appropriate patients. On average, patients will get thrombolysis an hour sooner than if they were taken to hospital first, saving up to 3,000 lives a year once fully implemented.

CHD NSF March 2000 Chap 3 – Para 33

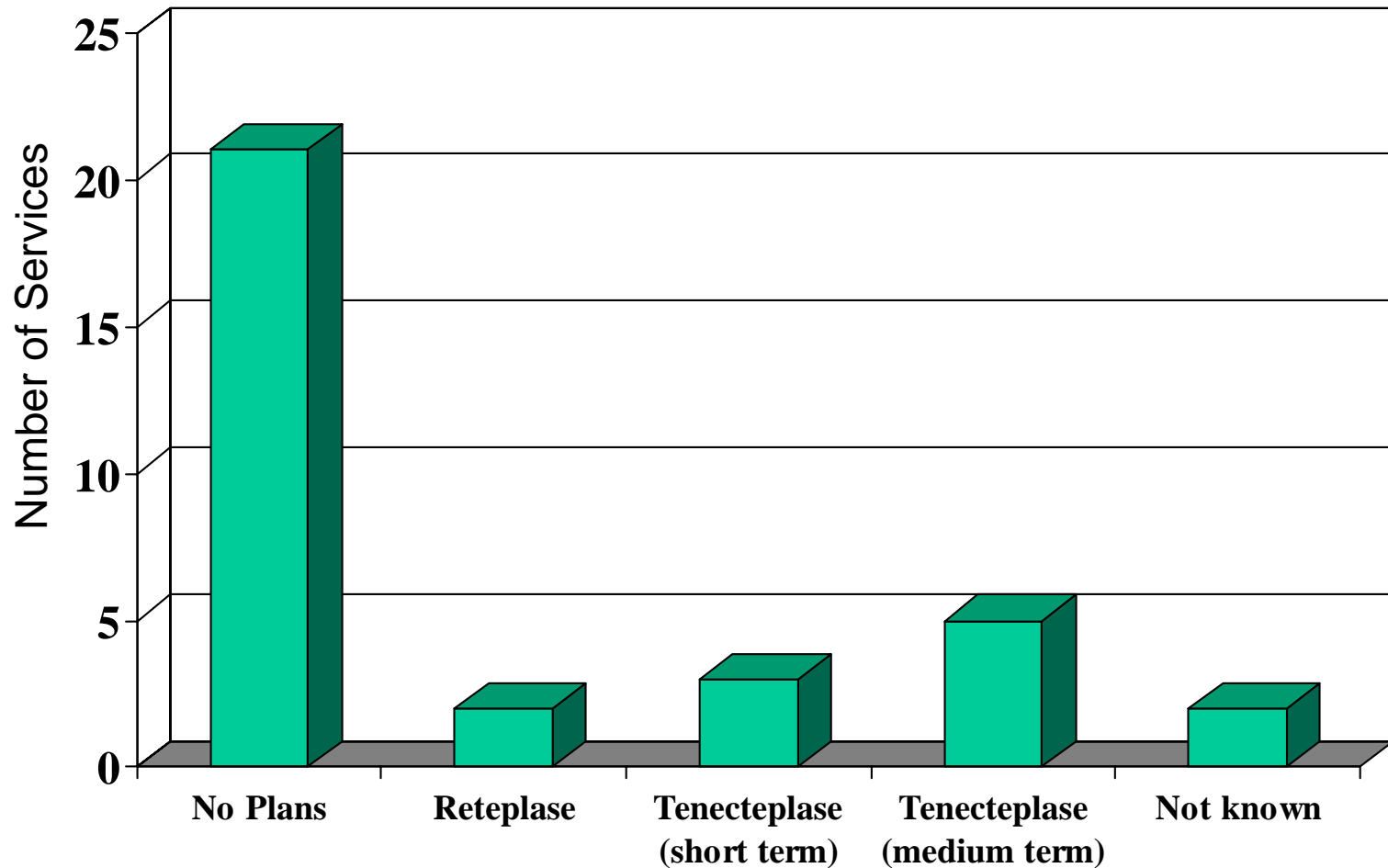
Pre-hospital thrombolysis

In some places, it may be difficult to reduce 'call-to-needle' times to less than 60 minutes because 'call-to-door' times cannot be reduced below 30 minutes. If, after careful consideration, it is judged that local circumstances make it impossible to reduce 'call-to-door' times to less than 30 minutes, other models of care e.g. out-of-hospital administration of thrombolysis, must be considered

Treatment Flow



Uptake of prehospital thrombolysis (February 2002)



Why this audit?

Clinical Audit =

- Good practice to benchmark
- Share clinical performance
- Clinical improvements

Today's programme

- Benzyl Penicillin audit
- Morphine in trauma
- Background of the South East Ambulance Clinical Audit Group
- Development of CHD dataset & database
- Installation & implementation
- Local & National audit reports
- Your questions – panel answers

Today's discussion surrounds

- The audit tool
- Resource implications
- IT
- Resolution of current glitches
- National & Local reporting structures
- The next phases – Cardiac arrest audit
- National Guidelines – further evidence from research & clinical audit

Essential to today's programme

Your post it's!!!!

- Please write down any questions you have for today
- Any questions you need answering specifically regarding your installation / your Trust
- Any developments / changes you want to recommend

For anything not answered today please ensure we know who you are, what your query is and your contact details so we can get back to you

What the audit & database is not about being...

- A commercial package
 - Rather it is...
- Tracking individual performance
 - Rather it is...

The process in a nutshell

