

# The 4th Annual International Symposium on Advancing the Science and Impact of Audit & Feedback

Written by Paul Carder.  
Posted 30<sup>th</sup> July 2019.

*Paul Carder, Head of Research for West Yorkshire Research & Development, reflects upon a recent visit to Amsterdam to learn about global audit and feedback developments.*

Dr. Jeremy Grimshaw & Professor Nicolette de Keizer were our hosts for the symposium, a collaboration between the Audit & Feedback MetaLab and the Amsterdam University Medical Centres. The purpose of the event was to tap into the keen interest of researchers, healthcare professionals, quality officers, healthcare managers and anyone involved in the healthcare system with an interest in audit and feedback; delegates were all committed to making change happen, aiming to improve the quality of patient care by using audit and feedback.

So, what is audit and feedback? A few definitions from the academics:

- Audit & Feedback (A&F) is any summary of clinical performance of healthcare provided over a specified period of time;
- This summary may be given in a written, electronic or verbal format and may include recommendations for clinical action;
- The summary data may have been obtained from medical records, computerised databases, or observations from patients.

A clinical audit is a part of the continuous quality improvement process. It consists of measuring a clinical outcome or a process against well-defined standards, established using the principles of evidence-based medicine. The comparison between clinical practice and standards leads to the formulation of strategies, in order to improve daily care quality. Improving quality of care is the ultimate goal.

**Day 1:** Caught the 6.20am flight from Leeds/Bradford to Schiphol, flying with Professor Robbie Foy and Dr Sarah Alderson from the University of Leeds – I travelled on little sleep after staying up late to watch baseball, but a coffee on arrival left me ready to push on with the day. I spent the first day of my trip sitting in the bar of the hotel reviewing reports and catching up on emails, with lunch with Jeremy Grimshaw and Noah Ivers helping to break up the day. After lunch more work waited for me, followed by dinner where I sat with John Grant-Casey from the NHS Blood and Transplant Service (also of Come Dine With Me fame). At 10pm after approx. 40 hours, it was finally time to pass out.

**Day 2:** May 23<sup>rd</sup>, Symposium Day, and Jeremy Grimshaw opened proceedings, followed by Nicolette De Keizer. Noah Ivers described work being carried out in Canada and with Heather Colquhoun talked through how they are trying to improve audit and feedback in their area. Then Jane London, part of the Australian NPS, talked through their projects – it's interesting that all over the world, regardless of being on different continents, working in different systems, clinicians are trying to drive quality in healthcare through audit and feedback and that real gains are being made globally.

Next there were a series of briefings, from audit providers, practitioners and commissioners around the globe before a mid-morning break. I got to spend 20 minutes blowing up balloons as time approached for me and Sarah Alderson to talk about the Campaign to Reduce Opioid Prescribing (CROP). With the help of the balloons we spent 75 minutes talking through the CROP audit and feedback project which took place across general practices in West Yorkshire.

After a hearty lunch we headed back to hear from Craig Ramsey about improving evaluation, then the day ended with Jeremy summing up the day's learning. A special mention was given to our West Yorkshire opioids project and there was mention of how a small change when applied to a large population can be really meaningful.

In the evening a reception was held on a barge trip along the canals of Amsterdam, providing a great opportunity to interact with other attendees as we floated round the city and reflected on the lessons of the day.

**Day 3:** the science day - much more cerebral in nature, with more discussion on how to design and evaluate audit and feedback; this included an interesting presentation from Sarah Alderson about the process evaluation for CROP, exploring why it seemed to work the way that it did. Those presenting on the day included Laura Desveaux from Canada and Zack Landis-Lewis and Anne Sales from the USA. Discussion included the basics of economic evaluation, thanks to Nick Swart, and how cost-based analysis can bring additional value to understanding the change audit and feedback can make.

Whilst the scientific discovery shown on this day was fascinating, I do wonder if this needs some translation into simpler messages before most who work in healthcare will fully participate and see it as a way of unlocking quality in healthcare delivery.

By chance I ran into Tamsin Treasure-Jones and Phil Howard at the airport on the way home, both of whom are helping, through technology, information and insight, with our current audit & feedback project, LAMP, which explores antimicrobial prescribing.

We'll be holding an event exploring prescribing in November that will feature information about CROP. Get in touch for further information or if you'd like to attend: [research@bradford.nhs.uk](mailto:research@bradford.nhs.uk)