

National Audit of Hospital Mortality (NAHM) Clinical Lead Role Outline

About the National Office of Clinical Audit

The National Office of Clinical Audit (NOCA) was established in 2012, and is funded by the Health Service Executive, through the office of the Chief Clinical Officer (CCO), and is managed by the Quality and Patient Safety Directorate via the National Centre of Clinical Audit (NCCA). Audits are commissioned by the NCCA. NOCA is based in the Royal College of Surgeons in Ireland (RCSI), and is independently governed by a voluntary Board.

NOCA manages the largest portfolio of national clinical audits and registers in the Irish healthcare system. Our audits include public and private healthcare providers and inform the general public about how specific areas of the healthcare system are performing against recognised standards of care.

CURRENT PORTFOLIO

- Irish Heart Attack Audit (IHAA)
- Irish Hip Fracture Database (IHFD)
- ICU Bed Information System (ICU-BIS)
- Irish National Audit of Stroke (INAS)
- Irish National ICU Audit (INICUA)
- National Paediatric Mortality Register (NPMR)
- Irish National Orthopaedic Register (INOR)
- Irish Paediatric Critical Care Audit (IPCCA)
- Irish Potential Donor Audit (IPDA)
- Major Trauma Audit (MTA)
- National Audit of Hospital Mortality (NAHM)

6 NEW AUDITS/REGISTRIES UNDERWAY

- Irish Audit of Paediatric Diabetes (IAPD)
- Irish Breast Implant Registry (IBIR)
- Irish Dementia Registry (IDR)
- Emergency Medicine Airway Registry Ireland (EMARI)
- National Rehabilitation Audit Feasibility Study
- Palliative Care Outcomes Collaboration Ireland (PCOC)

Internationally, clinical audit is a recognised approach for improving the quality of patient care and improving patient outcomes. NOCA designs, establishes and supports a portfolio of national clinical audits. This portfolio is based on national priorities that include burden of care, variation of care, availability of clinical standards and economic benefit. NOCA advocates for change at a national level through recommendations which are developed from key findings in our audits. We do this by working with senior decision makers at both policy and operational levels within the Irish healthcare system. NOCA promotes transparent reporting and publishes national reports for each of its audits as well as providing regular reports and dashboards to hospitals to facilitate local quality improvement initiatives.

About the National Audit of Hospital Mortality

NOCA established the National Audit of Hospital Mortality (NAHM) to provide clinicians, clinical directors, hospital managers and their Boards with an evidence base to support their ongoing pursuit of excellence in healthcare delivery. NQAIS NAHM is the web-based tool which was developed by the National Health Intelligence Unit (NHIU) in the HSE, to analyse and visualise standardised mortality ratios (SMR)'s in a national context. The SMR is adjusted for patient age, gender, comorbidities, admission type, admission source, number of emergency admissions and palliative care status. This enables comparison to national averages and can be used to identify statistically unusual patterns of mortality which are potential areas for learning.

Each hospital has access to their data via the NQAIS NAHM web-based tool and data is updated quarterly.

NAHM uses HIPE administrative data extracted from the patients' medical records in 44 acute public hospitals in Ireland. The risk methodology is driven by the principal diagnosis - the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care (Healthcare Pricing Office, 2020).

The NAHM Governance Committee ensures the aims and objectives of the audit are met and confidential processes upheld. The Committee has a multidisciplinary membership with representatives from relevant specialties and groups, including clinical and executive leadership from Irish hospitals and the health service.

NAHM aims are to:

- understand and improve the quality of hospital-based mortality data
- promote reflection on the quality of overall patient care
- identify areas for improvement.

Role of the clinical lead

Purpose of this role

The clinical Lead provides clinical leadership for the successful implementation and management of NAHM. The clinical lead is operationally assisted by NOCA, with support from an audit manager. There are central supports provided for data analysis, reporting, audit development and security, IT, information governance, and communications.

Key responsibilities of the clinical lead

1. Audit development

- Provide clinical leadership, expert clinical knowledge and understanding of the current healthcare provision structures/models. The clinical lead must be aware of potential conflicts of interest in their role as NOCA clinical lead i.e., if they are in other leadership roles, for example in an association or programme, they are unable to represent both and if a role representing an association or programme is required for the governance committee, then another nominee should be sought to represent that group on the committee.
- Clinical leadership for the development, implementation and management of an agreed suitable solution to improve the quality and safety of patient care.
 - Audit development – aim, objectives, scope, data collection and reporting with a focus on quality improvement.
 - Clinical requirements for NAHM.
- Be able to engage with the healthcare community to garner support for NAHM.

2. Ongoing Leadership of the audit

- Provide ongoing clinical leadership to NAHM.
- Establish effective working relationships with key stakeholders such as the HSE national clinical programmes, specialty bodies or associations, DOH, relevant clinical groups and key stakeholders in service development and delivery.
- Ensure the strategic aim and objectives of the audit are delivered.
- Work closely with the audit manager on operational issues as required.
- Oversee audit compliance with all statutory requirements.
- Support health service providers where statistical outliers are identified.
- Recognise, and handle appropriately, any ethical issues including the failure to take action on findings that could represent a risk to patients or staff, in line with NOCA and national health policies.
- Report to the audit governance committee and NOCA Board as required.

- Work closely with the audit manager and team to develop provider and national reports.
- Present the NAHM national report to HSE and DoH.
- Represent the audit at local, national and international events and meetings.
- Promote the use of audit data across the healthcare system on a continuous basis so that corrective action and quality improvement can be used in a timely manner.
- Promote the value of national clinical audit/registry to drive improvement, celebrate excellence/improvement and share learnings with health care professionals, health service personnel and policy makers.
- Engage with the media as required
 - Encourage and support public and patient involvement.
 - Continually evolve to meet the needs of the clinical community and international best practice.
- Support the principles of effective change management to ensure the best solutions are developed and successfully implemented.

3. Time Commitment

- Attendance at meetings of the governance committee (4 per year), working groups and national report writing groups (mostly virtual).
- Regular catch up with the audit manager - frequency / times to be agreed (usually fortnightly with virtual and/or face to face meetings).
- Meet twice per year with other NOCA clinical leads and NOCA clinical director.
- Clinical input and guidance into data requests, reports and research (where appropriate).
- Review and contribute to development of audit reports, including national report.
- Respond to clinical queries that arise from health service providers (where required).
- Attend/ present at events and conferences.

4. Tenure

This post is subject to review every three years with the NOCA Clinical Director.

Essential requirements/qualifications for the role

5. Qualifications and/ or experience

Consultant in audit area – For NAHM this can be any medical consultant or public health doctor

- Registration on the relevant specialist division of the Register of Medical Practitioners maintained by the Medical Council in Ireland

WITH

- One year experience as a consultant, general practitioner or senior clinician
- Currently working in the Republic of Ireland.

6. Required knowledge and skills

- Demonstrated subject matter expertise.
- Strong leadership skills.
- An expert and advocate for clinical audit.
- Training and experience of quality improvement in healthcare .
- Understands the Irish healthcare system and the issues it faces at multiple levels from front line through to executive management and policy making.
- Enjoys building strong working relationships with all stakeholders.
- Awareness of how to implement changes in the healthcare system.

7. Key working relationships

The NOCA clinical lead works closely with the audit manager and is supported by the NOCA executive team to implement the national clinical audit. They establish effective working relationships with key stakeholders such as the other NOCA clinical leads, HSE national/ regional, national clinical programmes, specialty bodies, Department of Health and key stakeholders in service development and delivery to champion and promote the value of the national clinical audit.

8. Key reporting relationship

Reporting relationship to the NOCA clinical director.

9. Accountability of the NOCA clinical lead

The audit clinical lead is accountable to the audit governance committee. The audit governance committee is accountable to the NOCA governance board. The NOCA executive team furnish regular status reports on behalf of the NOCA governance committee to the NOCA governance board.

10. Remuneration

Currently, the NAHM clinical lead position is a voluntary role and is not a funded role.

11. Benefits

- Recognition as a NOCA clinical lead in National Audit Reports, NOCA Impact Report and on the NOCA website.
- Profile in the NOCA newsletter.
- CPD points for attending governance / other relevant meetings.
- A letter of evidence can be provided to document significant contributions to audit that can be used to fulfill IMC annual professional development criteria.
- A letter of evidence can also be issued to employer to quantify the contribution to national clinical audits and various outputs of the audits.
- Opportunities to present at national conferences.
- Opportunities to become a collaborator in research, quality improvement, service development, policy change and national guidance development.
- Access to the RCSI library facilities.