



BAUS POLICY FOR MONITORING AUDITS 2019/20

Introduction

The BAUS Policy for Monitoring Audits is updated on an annual basis to reflect best practice.

Current BAUS audits include:

- Cystectomy
- Female Stress Urinary Incontinence
- Nephrectomy
- Radical Prostatectomy
- PCNL
- Urethroplasty

The nephrectomy audit has been publishing data as part of the Clinical Outcomes Publication (COP) Programme since 2013. In 2019, three years of combined data (2016 - 2018) will be published. The nephrectomy audit is the only audit for which some risk analysis is undertaken. Only data for complications and transfusions is risk-adjusted.

The radical prostatectomy, female stress urinary incontinence, PCNL and urethroplasty audits first published data in 2015 and will publish combined 2016 - 2018 data in 2019. Cystectomy data was published for the first time in 2016 and, in 2019, will publish combined 2016 - 2018 data. None of these audits currently have any risk adjustment.

Under GMC “Good Medical Practice” Guidance 2013, (paragraph 22, page 10), clinicians must take part in systems of quality assurance and quality improvement to promote patient safety. Many clinicians, encouraged by their peers and Trust processes (through appraisal and revalidation), submit their data to the relevant national audit. However, some clinicians choose not to do so, preferring to keep their outcomes “in-house”. BAUS has no mandate over members’ local audit arrangements.

Process

Urologists, whether members of BAUS or not, can participate in audits run by the Association. Owing to relatively low volumes, BAUS currently uses 99 and 99.9% control limits to indicate thresholds for alerts and alarms.

Following data analysis, any surgeons over the 99.9% threshold are notified to the BAUS audit staff. Individual surgeons are notified by email that they are a statistical outlier and asked to review the data and confirm to BAUS that it is accurate and complete, in relation to complications and mortality, within a four-week deadline.

If the data is not accurate and/or complete, surgeons are requested to inform BAUS of this by email, confirming that any missing information will be submitted prior to the final deadline for data

submission and analysis and/or to specify to BAUS inaccuracies requiring amendment centrally by BAUS audit staff.

Once the data is confirmed by the individual surgeon as accurate and complete, BAUS will take the following action for alerts and alarms:

- surgeons who appear above the 99% threshold will be advised to review their practice as part of their annual appraisal and, in the wider context of the service delivered by the unit;
- individual surgeons who appear above the 99.9% threshold will be informed that BAUS will notify the Trust Medical Director of this, requesting the Medical Director to address this in the context of their Trust governance processes

BAUS endeavours to “triangulate” the number of procedures done in individual trusts by looking at HES data and submitted returns. In 2019, BAUS will publish unit level participation rates for nephrectomy, radical prostatectomy, cystectomy and urethroplasty. It is unable to do so for SUI in 2019, because of delays in accessing the relevant HES data in time for publication. It is unable to do so for PCNL in any publication year because HES data is extremely inaccurate for this procedure.

The Association also looks at the 30 day in-hospital mortality rates for nephrectomy following the procedure and 30- and 90-day mortality rates for cystectomy following the procedure. In the event of a discrepancy, BAUS will inform the Trust Clinical Lead for Urology.

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