British Association of Head & Neck Oncologists

The BAHNO

Head and Neck Cancer

Surveillance Audit 2018

A step-by-step guide for site leads

This guide aims to offer clear direction to site leads, enabling you to deliver the BAHNO Audit of Head & Neck Cancer Surveillance within your department. Other documents that will support you are the audit proposal, the BAHNO invite, the explanatory PowerPoint presentation and the audit clinic proforma. Please familiarize yourself with all of these, hopefully answers to all questions will be held within. As site lead, you will be responsible for obtaining and providing evidence of all required local approvals, engaging with clinicians who will be following up patients during the audit window and ensuring complete and rigorous data collection. You are key to the success of the audit and will be supported by a network of regional representatives and the audit steering committee, so please contact us early if you have any questions or if problems arise. Contact details are at the end of this document.

Step 1: Register your interest

- If you have not already done so please register your interest for this BAHNO audit at https://entintegrate.org/cancer-audit/ by the 4th March 2018, selecting the hospital you will be working in during the audit window. This will allow the steering committee to assign you a site lead role and disseminate important updates via email.
- Please select the specialty for which you will be responsible for collecting data. Options are ENT, maxillofacial surgery, plastic surgery and oncology. Whilst collaboratives in these specialties may be holding their own recruitment drives, please do feel free to actively engage with trainees in allied specialties that my wish to be involved.

Step 2: Local approvals

It is essential that this is commenced as soon as possible, without submitted evidence of **ALL** local approvals, we will be unable to include your sites data in the audit. Whilst all approvals can be sought concurrently the following are listed in priority order.

- ***Healthcare records committee*** – To include the audit clinic proforma in the patients' medical records you will require your healthcare records committee to specifically approve its use. These committees tend to meet on a monthly basis and so you will need to submit the proposed form immediately. Using the audit clinic proforma in-lieu of continuation sheets minimises the additional workload for clinicians and hence has been shown in pilots to improve their engagement. This also helps with data security. However, in certain centres this methodology will be impractical (e.g. computerised records) or local approval processes may not be sufficiently expedient. In such cases where there is no alternative, the proformas may be completed in addition to current standard procedure. If this as the case, a suitable storage strategy for these forms will need to be adopted and must be agreed with your local audit department.

- ***MDT Chair/departmental clinical directors*** - Please seek the express permission of your MDT chair and clinical directors to involve your site in the audit. The most useful supporting documents to obtain this permission are the BAHNO invite and the audit proposal. Key to their approval may be highlighting that site identity will remain anonymous and the data will be analysed in its entirety rather than comparing units against each other.

- ***Audit department*** - Arrange a meeting with the audit department to discuss plans for this audit. Whilst this is not essential it may smooth the approvals process. Forward them all supporting documents and complete all required local approvals documents. This is likely to require the approval of your departmental audit or clinical governance lead. Again, there is usually a lag time in securing this approval so please do not delay.

- ***Caldicott guardian*** – It is essential that you gain approval from your local Caldicott guardian before transferring any audit data. Sufficient information should be contained in the aforementioned supporting documents. They will want to interrogate the data security strategy and know exactly what data will be leaving the trust. Our experience from the epistaxis audit along with consulting the Information Commissioners Office leaves us confident that approval will be forthcoming. However, each Caldicott guardian will understandably be cautious and this is likely to result in multiple questions. If you are unable to answer these, please forward them to the steering committee as soon as possible and we will offer guidance.

Step 3: Engage key stakeholders

Central to the success of this audit is the quality of the data that is collected. If there is a substantial element of missing data then subsequent analysis and conclusions will be limited. It is therefore essential that, once local approvals are obtained, that all efforts are made to maximise the quality and completeness of the data you subsequently transfer. The audit methodology has undergone numerous iterations and pilots in the hope that we maximise the impact of this widespread project. The main issue we discovered during the pilot studies was ensuring clinicians (mainly consultants) filled in the audit clinic proforma for **ALL** their Head & Neck follow up patients. As mentioned earlier, the audit clinic proforma is designed to replace written/typed clinic notes during the audit period, to avoid duplication of documentation and is to be **filed in the notes**. However, those who insist on filling the audit clinic proforma whilst still completing the usual entry in the notes can still do so. Please feel free to be creative in ways to engage all clinicians, however, we require the following steps at all sites:

- Make arrangements to present the explanatory PowerPoint to members of the MDT at a suitable forum (e.g. MDT meeting, M&M etc)

- Send an email to the entire Head & Neck MDT/specialty distribution list explaining the sites involvement in the audit and attaching the audit proposal and audit clinic proforma

- Display clinician information posters in all relevant clinic rooms and patient information posters in all waiting areas during the prospective audit window

- During the audit window, engage with the outpatient team to ensure that the audit clinic proforma is made freely available for all consultations meeting the inclusion criteria and that any questions are answered.

Step 4: Confirm your readiness for data collection

Prior to the prospective audit window please forward us evidence of all local approvals signifying your readiness to commence. We will securely hold records of all these so when data is submitted we are able to confirm that the data can be shared and incorporated in the overall dataset.

Step 5: Familiarize yourself with the audit response form

The audit response form will be the same for both the 2-week retrospective and 4-week prospective arm of the audit. The audit response form should be completed in full for all patients meeting the inclusion criteria, unless the patient has opted-out as described in the patient information poster. Crucially, audit response forms should be completed even if an audit clinic proforma has not been completed by the clinician for the consultation. Many of the data fields can be completed directly from this proforma, however, the audit has been design such that much of the background data needs to be extracted from other areas of the patients' records (e.g. TNM staging and details of treatment) and where proformas are incomplete or absent, all efforts should be made to gain the information from the medical records elsewhere. Please be aware it is difficult to include incomplete audit response forms in any subsequent statistical analysis and if a substantial percentage are excluded this will limit the strengths of conclusions we are able to make. Where required data is not recorded in the patients' records this should be stated as such. However, please do investigate all possible avenues to maximise completeness of these audit response forms.

Step 6: Commence prospective data collection

During the prospective audit window your principle responsibility is to maximise the engagement of clinicians and support staff, whilst assisting in the smooth delivery of the audit. At the beginning of each clinic it is a good idea to remind anyone that may be seeing Head & Neck follow-up patients that they need to complete the form instead of the usual clinic entry.

Upon closure of the audit window, please request the local audit department to identify all patients that attended a head and neck cancer surveillance appointment during either the retrospective or prospective audit window. Each identified consultation should then be assessed against inclusion criteria and relevant patients' records should be accessed. Please note, this audit is only collecting data on follow-up consultations for adult patients who have completed treatment for head and neck cancer with the exception of all thyroid malignancies. If your local audit department are content and there is suitable locked storage, you may wish to retain patient records prospectively for consultations known to meet audit inclusion criteria. This will reduce the requirement to recall patient notes from storage.

Be aware, the outcome of investigations for suspected recurrence is a required data field in the audit response form. For obvious reasons, these will not be instantly available and so you must ensure you either complete the relevant audit response form when all data is available or that you are able to re-identify the individual when results subsequently become available. This should be achieved by maintaining a local secure record or 'key' of the patient audit number against the patient hospital ID. This should not be submitted to the audit steering committee. If audit clinic proforma are completed alongside normal clinic activity and not included in the notes, they should be collected daily for data extraction and stored securely.

Step 7: Concluding the data collection and data submission

Ensure that the consolidated audit response form is complete and up to date. All the fields are compulsory and any missing responses should be appropriately documented. This document should then be e-mailed via NHS email to the audit steering committee (e-mail address to follow) along with details of the total number of consultations meeting inclusion criteria during each of the audit windows, the number of consultations entered onto the audit response forms and the number with completed audit clinic proformas. Do not submit any patient data beyond that expressly stated in the audit methodology. Upon receipt, the audit

steering committee will compile all responses that have evidenced all required local approvals into a single database stored securely on a NHS computer ready for statistical analysis.

The steering committee will then issue certificates to site-leads that have successfully completed the audit for ARCP purposes. We will then continue to keep you updated with the progress and subsequent dissemination of the audit findings.

Step 8: Presenting the data

Local data can be maintained securely, and we encourage you to present your findings and seek ways to improve any noted deficiencies prior to local re-audit. Overall data will only be made available to local leads at the discretion of the Audit Steering Committee, on written application.

Contact Us

The Audit steering committee and regional audit champions can be found and contacted via the INTEGRATE website (www.entintegrate.org)