

## National Audit of Dementia Round 3

### Identifying outliers, communication with hospitals and risk adjustment

Updated 12 July 2017

#### A) Identifying outliers and informing Trusts:

This procedure follows the [guidance](#)<sup>1</sup> provided by the Healthcare Quality Improvement Partnership.

##### 1. Identifying outliers

Three items for outlier analysis were initially selected as of clinical significance and likely to provide sufficient reliable data for analysis. Audit results and information derived from quality assurance visits led to final selection of 2 items:

- Assessment: Nutrition
- Discharge: Communication with MDT
- Outliers have been identified as those at three standard deviations (SD) from the mean.

##### 2. Informing Trusts

- NAD audit leads will be sent a letter via email, and an additional copy of the letter by post. This will be copied to the Chief Executive and inform them of their potential outlier status. The letter will be signed from the CCQI Director (Mike Crawford). They will be given one month to review their data for accuracy and provide a written response.
  - The letter will also ask for confirmation of the Clinical Governance Lead for the Trust.
  - A log of responses will be created.
  - If further analysis indicates that they are no longer outliers they will be sent a letter within 30 days to confirm this.
  - If a response is not received within one month, a reminder email and letter will be sent giving two weeks to respond, informing them that we will pass the matter on to HQIP if we do not hear from them.

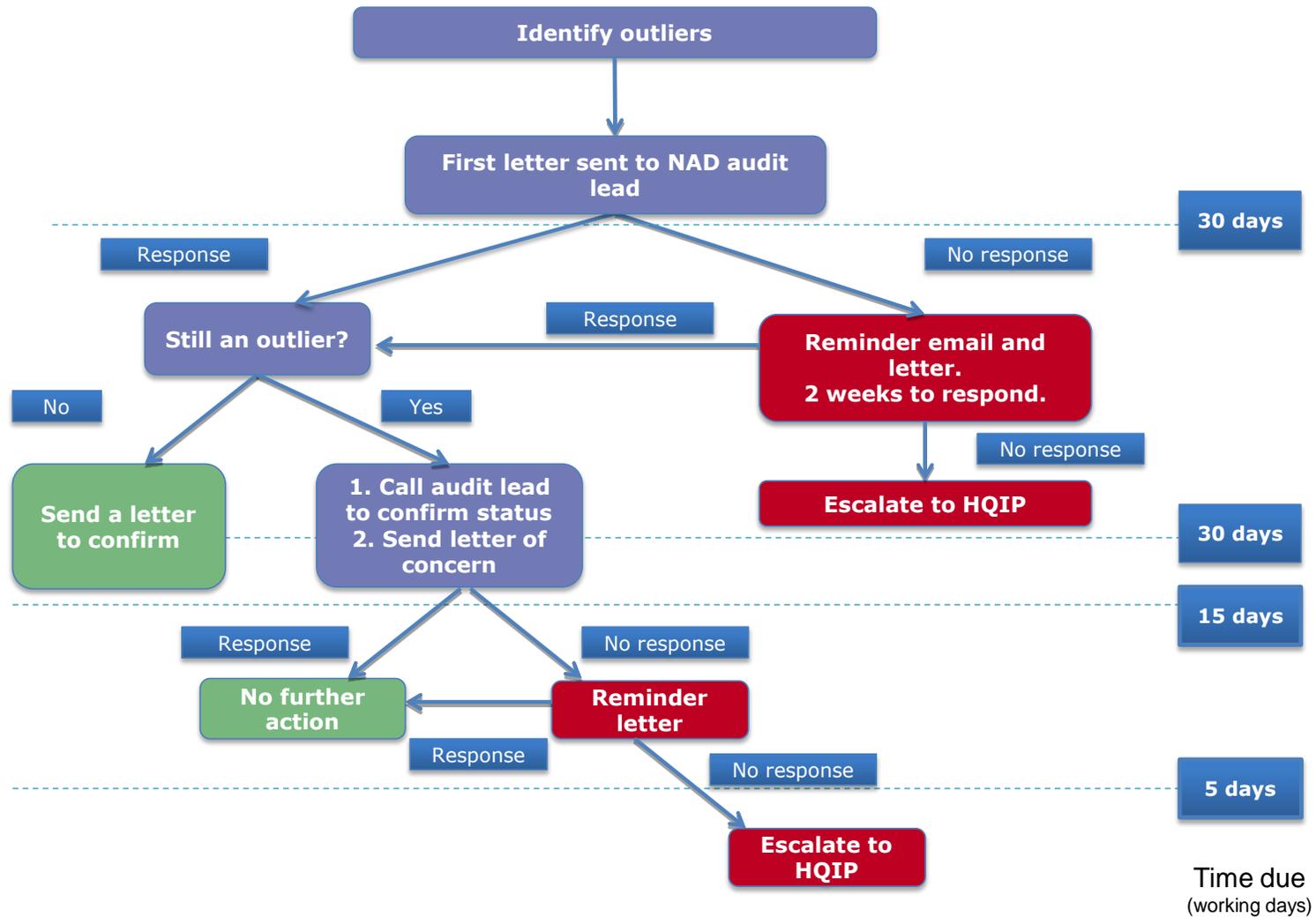
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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/135480/dh\\_123888.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135480/dh_123888.pdf.pdf)

- Following receipt of a written response, if the Trust is still an outlier then within 30 days NAD audit leads will be called to inform them that they will be receiving a letter of concern.

This will be sent via email and post to the NAD audit lead and copied to the Chief Executive, Medical Director and Clinical Governance Lead, and HQIP. This letter will mention that the NAD National Report includes information comparing performance by Trusts and will identify providers. The Chief Executive may be advised to inform the CQC and other relevant bodies about concerns raised.

- The Chief Executive will be asked to provide a written acknowledgement within 10 days, giving details of their next steps as an organisation.
- If no response is received within 15 working days, a reminder letter will be sent asking for an acknowledgement within 5 days. If there is still no response this will be escalated through HQIP:
  - contact without delay [Kirsten.Windfuhr@hqip.org.uk](mailto:Kirsten.Windfuhr@hqip.org.uk), copying the email to [DavidMcKinlay@hqip.org.uk](mailto:DavidMcKinlay@hqip.org.uk) including at least the following key information:
    - Name of audit
    - Reporting period in question
    - Name of outlier(s)
    - Measure and clinical context for which they are possible or confirmed outliers
    - Relevant communications / actions to date
    - Anticipated publication date



**NAD Outliers Flow Chart**

## **b) Risk adjustment**

The outlier policy (above) will necessitate case mix analysis and comparison of adjusted data taking into account the impact of variations in demographic and clinical characteristics of patients treated in different hospitals.

### **Proposed Adjustment:**

Data sets will be examined for the following:

#### **Casenote audit**

Length of stay and

Number of key assessments per patient (assessments included in scoring)

Gender

Age

Ethnicity

Ward speciality (ward on which the longest part of the admission was spent)

Primary diagnosis (admitting condition)

#### **Carer questionnaire**

Carer's overall rating of care and

Gender

Ethnicity

Age

#### **Outcome of analyses**

Adjusted results per hospital showed insufficient differentiation with original results to warrant making adjustments to the data set. The data set was therefore left unadjusted.

## **c) Other communication on performance**

Identification of very low performance in measures not included in the outlier policy (with appropriate caveats) will be communicated to hospitals at the point of local reporting and illustrated in these reports. Unusually poor feedback (e.g. from carers) which could indicate broad concerns or risk to care quality will be communicated to Trusts as soon as identified and without relation to reporting timelines. An acknowledgement and outline of proposed actions will be requested, and further action may be taken with regard to communication with HQIP, CQC and other bodies, as appropriate.