**Quality Improvement Project (QIP) C. Difficile Example**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Supervisor Feedback |  |
| **Date**  *\*automatically inserted* | GP Trainee entry | **BE, ME or AE**  **Below expectations, Meets expectations, Above Expectations** | GP Supervisor comments |
| **Project Title and why it was chosen**  *You should explain what trigger (case, data or events) led you to look at this area. You should comment on the likely impact of this on patients, and review the guidance or evidence that is relevant to the area (e.g. a literature review).* | Title: Review of antibiotics use associated with increased risk of clostridium difficile.  I recently treated a patient with known bronchiectasis with co-amoxiclav for her chest infection as recommended by the respiratory team. Between primary and secondary care this patient received several weeks of co-amoxiclav and subsequently contracted C.difficile. She was quite unwell and required admission. The recommended antibiotic for this patient has since changed. The local clinical commissioning group have identified reducing prescribing antibiotics which increase risk of developing c diff as a priority to attempt to reduce the prevalence of C. difficile. C.difficile can cause significant morbidity. It is important to reduce the risk of infection thereby reducing patient suffering and admissions by only prescribing at risk antibiotics for specific recommended uses. The risk increases with the use of certain antibiotics e.g. cephalosporins and co-amoxiclav especially when combined with protein pumps inhibitors**.** | **ME** | **You have contextulised the project in the practice setting highlighting one personal case in addition to highlighting this area is a CCG identified priority. You have started to consider the impact of the QIP (for example number of admissions, risk of morbidity etc). You could have considered this further. It would have been nice to see a review of the evidence or guidance on why antibiotic prescribing is important.**   |  | | --- | |  | |
| **Project Aim**  *When explaining your project aim, consider what you are trying to accomplish, how will you know that a change is an improvement and what changes could you make that would result in improvement in patient safety or patient care?* | Reduce the use of antibiotics associated with increased risk of clostridium difficile.  I will know that there has been a change as prescribers will adhere to the antibiotic formulary. This in turn will reduce the prevalence of c difficile recorded in the practice, improving both quality of patient care and safety. | **BE** | **You could try presenting the aim/objectives in a SMART format. You could be more clear on who is your target group.** |
| **Describe what baseline data or information you gathered**  *You should explain how you understood the current position in order to decide that improvements were needed. Explain which QI tools or methods you used to fully understand the ‘problem’ you were trying to solve. Suitable methods would include QI tools for example; assessing baseline data, process-mapping, conducting a survey and using fishbone analysis.*  *Quality improvement requires attempting to measure some change, though the nature of the measurement will be different in different projects and some data could be available before the start of your personal involvement.* | |  | | --- | | I measured the number of patients  prescribed antibiotics known to increase  the risk of C.diff (quinolones,  cephalosporins, macrolides, co-amoxiclav,  and clindamycin). I also recorded if a patient  was co prescribed a protein pump inhibitor  in the last 2 months. |   For each patient I ascertained the reason for prescribing the antibiotic and checked if the prescription was compliant with local guidelines. If not, I reviewed the notes to ascertain if there was a clear reason for prescribing an alternative antibiotic. | **BE** | **You have gathered some baseline data over the preceding two months. However you have included part of your ‘act’ within the ‘plan’ part of the PDSA. There is no baseline data to compare with as you have used the same data throughout.**  **You have also not clearly identified which QI tools you are using.** |
| **Describe what subsequent data or information you gathered**  *How did you measure and evaluate the impact of change? You should share enough data to demonstrate outcomes; you may not need to share all your data.* | **(See PowerPoint slides 3-4)** | **BE** | **You have gathered data however you have not demonstrated any change from any intervention made.** |
| **How did you plan and test out your changes?**  *Effective QI work involves testing out changes (small cycles of change) and then learning from this experience and building on it. How did you apply this principle to your QI project?* | |  | | --- | | I decided to use a PDSA approach. I  planned to identify patients being  prescribed certain antibiotics (plan). |   I then reviewed the records of the patients, looking at the indications for antibiotic prescribing to see if it was in line with recommended guidelines (do). I produced a paper detailing the results (study) and it was discussed at a meeting and actions agreed (act). | **BE** | **You have broadly identified the PDSA approach and started to identify the method behind this. The ‘S’ within PDSA should be explored further. The PDSA cycles could be broken down into smaller repeated cycles to demonstrate the impact of the proposed changes.** |
| **How have you engaged the team, patients and other stakeholders throughout the project?**  *Describe any challenges of getting different team members engaged with your QIA.*  *Describe how you maintained momentum e.g. planning for an early win:win.* | The project was discussed at a practice meeting and I was asked to undertake a review. All present at the meeting were very pleased that I had offered to undertake the project. | **BE** | **You need to describe clearly how the individual team members engaged (and how this happened throughout the QIP). Did you involve any of the administrative team, nursing team or pharmacists? Did you have any obstacles? Who could continue this work after you leave the surgery?** |
| **Summarise the changes as a result of your work and how these will be maintained.**  If improvement was not achieved, explain why and what you learnt about this.  *Describe how you relayed your results to the team and the feedback you received.* | |  | | --- | | The results were discussed at a practice  Meeting. It was agreed to follow the  guidelines where appropriate. I uploaded a  copy of the guidelines onto the surgery’s  intranet to help achieve this.    If the guidelines were not followed, it was  agreed to document the reason for  non-compliance with guidelines.    All were now more aware of the risks of  prescribing such antibiotics especially if  the patient was on a PPI as well.  All present at the meeting agreed with  the actions.  It was agreed that I would repeat the review  in my ST3 year. | | **BE** | **There is no clarity on the sustainability (maintenance) of change or if any change had taken place as there were no repeat measurements. Results were however shared with the practice. It would have been appropriate to describe who was at the meeting (for example were pharmacists or nurse prescribers present as well as doctors). You could have also reflected on how the feedback on prescription of antibiotics not in line with local guidance was received.** |
| **What have you learnt and have you got any outstanding learning needs?**  *Think about what you will maintain, improve and stop in QIA?*  *It is important to consider what changes you might need to make as you continue to engage with QIA, for example consider the size of project, the amount of evidence collected, how you worked with others, the effective use of IT, its value to long term care and its impact on sustainability (health outcomes for patients and populations from an environmental, social and financial perspective)* | |  | | --- | | This project taught me how to do a  search using the practice’s computer  system.  I also enjoyed presenting the results to  the practice and the discussion following.  It was really useful to hear everyone’s point  of view (including a discussion on which  antibiotic should be used for patient with  epididymo-orchitis. ) |   I would like to do similar projects throughout my career. | **BE** | **I am glad you have learnt how to perform a computer search. It would have been good to have read your reflections on your learning from a QI Method perspective – and how you could use this in the future (specific examples), how your leadership has developed and consideration to the value and sustainability of the QIA.** |
| Based on this Observation, please rate the overall competence at which the trainee has shown that they are performing:  Below level expected prior to starting on a GP Training programme ▢  Below the level expected of a GP trainee working in the current clinical post x  At the level expected of a GP trainee working in the current clinical post ▢  Above the level expected of a GP trainee working in the current clinical post ▢ | | | |

|  |  |  |
| --- | --- | --- |
| **Identified continued learning needs in relation to the QI process [to be completed after discussing the assessment with trainee]** | You have succeeded in doing some interesting work but appear to have struggled to structure it clearly and explain how this fits into a Quality Improvement process. I would suggest that the learning here is that if you read the criteria and the way it is going to be assessed in more detail you will do significantly better.  The other area ( and this is more closely focussed on QI) that I’d suggest needs to be addressed is sustainability; quality is dependent on processes… and this needs members of the continuing team to be involved; your do it myself approach may have got an assessment done but will be unable to maintain improvement we need to talk about how you could have engaged others in this project.   |  | | --- | |  | |

*Completion of this project is a mandatory part of GP Speciality Training; failure to complete all parts will affect training progression.*

*Feedback that the trainee is Below expectation in some sections does not mean that the project needs to be repeated although there may be agreement that this is the best way to get evidence for the competences which this part of training provides evidence for.*

*The assessment of overall competence at which the trainee is performing in this assessment will influence the ES’s overall assessment in the ESR  for the year of training in which it is carried out.*

Trainees are welcome to share relevant (Caldecott compliant) data related to this project with this entry. Please note that some file formats will take up more space, using formats like pdf will take up less space. The GP Supervisor is not expected to work through a presentation to find the data which should be clearly demonstrated on this form or referenced.