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General review

Targeted clinical audits immediately following the establishment of clinical practice guidelines for multiple sclerosis in 17 neurology departments: A pragmatic and collaborative study

Audits cliniques ciblés, dans les suites immédiates de l'établissement de recommandations de bonnes pratiques cliniques pour la sclérose en plaques, dans 17 services de neurologie. Étude pragmatique et collaborative

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INFO ARTICLE

Article history:

Received 13 November 2014

Received in revised form

26 January 2015

Accepted 16 March 2015

Available online xxx

Keywords:

Multiple sclerosis

Clinical practice guideline

Clinical audit

Outcome and process assessment

ABSTRACT

Following the publication practice guidelines for multiple sclerosis by a group of neurologists (multiple sclerosis study group [GRESEP]), the primary objective of this study was to compare the reality of practice to the guidelines according to the targeted clinical audit (TCA) method. The study was conducted at 17 neurology sites and was administered during two periods of MS care (diagnostic - TCA-DIAG, and disease course - TCA-EVOL). Two complementary surveys were done on the record keeping and the root causes of the deviations. The percentages of compliance ranged from 8 to 98% for the TCA-DIAG, and from 15 to 99% for the TCA-EVOL, with wide disparity between sites. The audits were able to identify causes of the flaws in traceability or accessibility. At the end of the study, despite its limitations, we think that the sharing of the results from different sites provided interesting approaches for the use of the assessment criteria defined by GRESEP in a complete audit cycle. This study is to our knowledge the first report of an experiment in which guidelines were created, and

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<http://dx.doi.org/10.1016/j.neurol.2015.03.006>

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Targeted clinical audit
Health care

Mots clés :

Sclérose en plaques
Recommandations de bonnes
pratiques cliniques
Audit clinique ciblé
Évaluation des résultats et des
processus (soins de santé)

subsequently followed by the development of assessment criteria and then the performance of targeted clinical audits using them, all by the same participants.

Context. – Clinical practice guidelines (CPGs) are intended to help practitioners and patients make informed treatment choices, but their integration into actual practice remains problematic. This study was done immediately following the publication of CPGs for multiple sclerosis (MS) by the multiple sclerosis study group [GRESEP]. The primary objective was to generate quality criteria, to test them within the same group, and to analyze the observed deviations.

Materials and methods. – The study was conducted in the 17 voluntary departments that had participated in the development of the CPGs. The targeted clinical audit method was administered during two periods of MS care (diagnostic - TCA-DIAG, and disease course - TCA-EVOL). All the files were evaluated by a clinical research technician using digital format, which ensured thoroughness of the collection. Two complementary surveys were done on the record keeping and the potential causes of the deviations.

Results. – The percentages of compliance to the criteria ranged from 8 to 98% (out of 240 files) for the TCA-DIAG, and from 15 to 99% (221 files) for the TCA-EVOL, with wide disparity between sites (interquartile distance ranges: TCA-DIAG between 0% and 55%; TCA-EVOL between 0% and 70%). The mean percentage of compliance with all the criteria as measured by the TCA-DIAG was 83.9% for the sites with digital files vs. 76.4% for those with only paper files ($P < 0.01$). For the TCA-EVOL, the difference was not significant. Explanations for the observed deviations were suggested (1 to 9 according to the participants).

Discussion and conclusion. – The quantified results could not be compared to other studies given the unique nature of the experiment. The importance of the traceability of practices in the patient files was discussed and assessed with regard to continuity and safety of care, as well as the medical-legal perspectives. Causes of lack of compliance were suggested (particularly the absence of reminders, the lack of means and/or time). Despite the limitations of the study, we think it is advisable that when a group becomes involved in the development of CPGs that they follow with the development of assessment criteria in order to evaluate the validity as well as their character as intermediate indicators of the quality of practices.

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R É S U M É

Suite à la publication de recommandations de prise en charge de la sclérose en plaques par un groupe de neurologues (groupe de réflexion sur la sclérose en plaques [GRESEP]), l'objectif principal de cette étude était de comparer la réalité des pratiques aux recommandations selon la méthode de l'audit clinique ciblé (ACC). L'étude a été menée dans 17 centres de neurologie et appliquée à deux périodes de la prise en charge de la SEP (diagnostique - ACC-DIAG et évolution - ACC-EVOL). Deux enquêtes complémentaires ont été effectuées sur les éléments concernant la tenue des dossiers et les causes profondes des écarts. Les pourcentages de conformités s'établissaient entre 8 et 98 % pour l'ACC-DIAG et entre 15 et 99 % (ACC-EVOL), avec une grande dispersion selon les centres. Les audits ont permis de suggérer des causes aux défauts de traçabilité ou d'accessibilité. Au terme de l'étude, malgré ses limites, nous pensons que le partage des résultats des différents centres a fourni des pistes intéressantes pour l'utilisation des critères d'évaluation définis par le GRESEP, dans un cycle complet d'audit. À notre connaissance ce travail est le premier rapport d'une expérience de création, par les mêmes acteurs, de recommandations suivies de l'élaboration de critères d'évaluation s'y rapportant et de réalisation d'audits cliniques ciblés en découlant.

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1. Introduction

Recommendations are intended to help practitioners and patients make informed therapeutic choices based on a rigorous synthesis of the literature and research studies, particularly when the available knowledge is scarce or

outdated. The “term ‘to recommend’ does not mean to ‘order again’ nor ‘to order more strongly’ [...]. To the contrary, recommendations advise, propose, and may protect.” [1]. Furthermore, they are usually included in clinical practice guidelines (CPG) thus facilitating constantly changing medical practices.

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