

Appendix 4 Feedback and Audit

Examples of USGI Audit/pain diary

An audit to evaluate the success rate of ultrasound guided steroid injection

Background

While the practitioner performing ultrasound guided interventional procedures should strive for perfect outcomes on every occasion, in practice this is unrealistic. Therefore, the thresholds (as listed below and adopted from literature) may be utilised to assess efficacy and to monitor on-going performance. When the success rates fall below the minimum standard or when complication rates exceed the maximum standard, practice will be reviewed to determine causes and the appropriate changes, if necessary, implemented.

Standard		Documentation
All patients should have:	Evidence of appropriate consent for the procedure. Post-procedural instructions	Patient notes RIS report
Pre-procedural checks:	Pre-procedural check lists	Notes RIS report Modified WHO check list on RIS
The procedure itself should be adequately documented:	e.g. target location, approach, drugs used	Notes CRIS report
Diagnostic and therapeutic effects should be reasonable		Pain Diaries
Complication rates should be in line with published literature:		Notes RIS report

Data collection:

- Data to be collected over 1 calendar year
- Interrogate departmental database to review relevant reports, WHO check list and pain diaries
- Review reports via RIS

Suggested number:

- Minimum number per operator 20

Suggestions for change if target not met:

- Address specific issues and discuss with senior colleagues
- Re-commence supervised injection lists with mentor until competency regained.
- Encourage reflection on technique and number of specific injections performed
- Consideration made on demographics of patients scanned.

Audit of the Ultrasound guided joint and soft tissue injection service

Standards

Referrals

1. All patients must be referred by approved referrers
2. All referrals must be correctly and fully completed to include a prescription

Assessment

3. All patients will have contraindications and cautions checked
4. All patients will receive a Patient Information Leaflet
5. All patients will give informed consent prior to receiving an injection

Procedure

Documentation will include the following:

6. Joint Injected and Working Diagnosis
7. Injection Approach/Route (i.e intra-articular/periarticular/soft tissue)
8. Success in reaching target tissue confirmed by ultrasound
9. Relevant ultrasound scan images stored
10. Drugs given with dose, batch number and expiry date

Post-Injection

11. All patients will be given a pain diary at the time of injection and asked to return it to the department when complete.

Audit Record Sheet

Standard	Pt 1	Pt 2	Pt 3	Pt 4	Pt 5	Pt 6	Pt 7	Pt 8	Pt 9	Pt 10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

Any untoward incidents and adverse events arising from the aspiration or injection of joints and soft tissues should be recorded for example, infection, allergy, skin discolouration.

All patients receiving injections by trained health professionals will be encouraged to call the ultrasound department/feedback to referring clinician with regard to post injection problems or adverse events.

Records of any calls pertaining to injections administered by designated practitioners will be kept with the audit documentation

All audits will be logged with the Practice Development Team and audit department.

BMUS

Diary of Pain Relief Following a Steroid Injection

INTRODUCTION

To enable us to improve patient care, we would be grateful if you could take some time to answer the following questions. This patient survey is being undertaken in order to gain feedback from service users on the quality of service provided by the team.

It will be used to determine the patients' experiences of the service and highlight any potential areas for improvement. This will provide an ongoing audit of services to ensure the continuous improvement of the patient experience.

All information will be dealt with in confidence.

Please return completed form to:

Name:

Date of birth: Patient label

Hospital Unit Number:

This questionnaire relates to the injection given to your
on

1. Before the injection, on a scale of 1-10, how bad was your pain?
(0 = no pain and 10 = highest level of pain)

0 1 2 3 4 5 6 7 8 9 10

2. After the injection, on a scale of 1-10, how bad was your pain?
(0 = no pain and 10 = highest level of pain)

Immediately (within the first 20 minutes)

0 1 2 3 4 5 6 7 8 9 10

End of the day

0 1 2 3 4 5 6 7 8 9 10

After 1 week

0 1 2 3 4 5 6 7 8 9 10

After 2 weeks

0 1 2 3 4 5 6 7 8 9 10

After 4 weeks

0 1 2 3 4 5 6 7 8 9 10

3. Did you suffer from any of the following after the injection?

- Infection
- Changes in skin colour at the injection site
- Dimpling of skin at the injection site

4. Were you treated with dignity and respect by hospital staff?

- Yes
- No

5. Would you recommend this service to your family and friends?

- Yes
- No

6. How would you rate your experience of using this service?
(1= lowest level of service and 10 = highest level of service)

1 2 3 4 5 6 7 8 9 10

7. If you have any further comments to make about our service, please write in the box below.

Thank you taking the time to complete this survey

Your feedback is very important to us and the information you
have supplied will be treated in the strictest confidence