



Clinical Audit in the Maudsley Eating Disorders Service

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Care Quality Coordinator

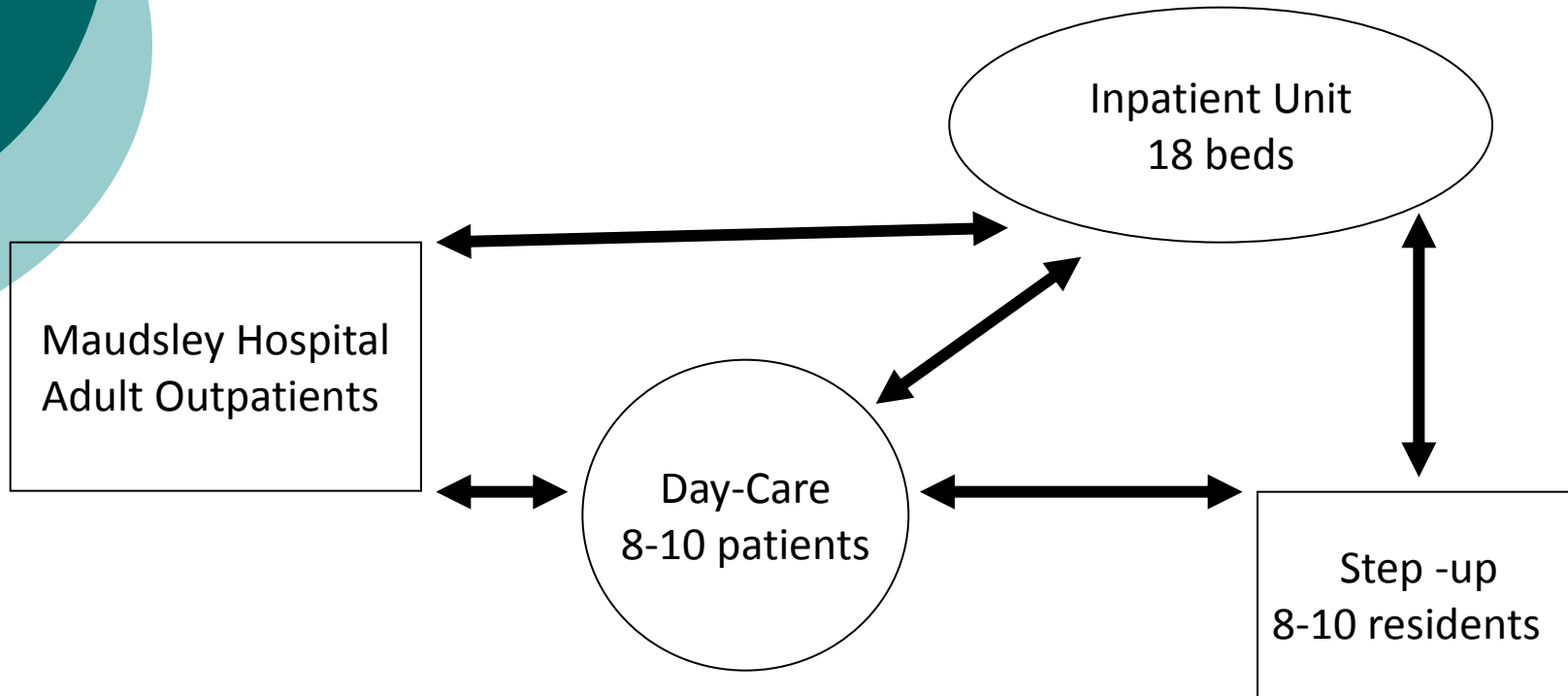
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Eating Disorder Service

We serve local population of 2.5m + national patients





Clinical Audit

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care”

(NICE and the Healthcare Commission)

Put simply, audit is the **process by which the NHS evaluates its services**

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graph TD; Q([Why carry out an audit in an ED Service?]) --> T[Training and staff education]; Q --> I[Improve quality of service]; Q --> E[Evidence of performance]; T --- I;
```

Training and staff education

Improve quality of service

Why carry out an audit in an ED Service?

Evidence of performance

How the audit has evolved

Since 2005 data was collected on:

- **Clinical Outcomes:**
 - Length of admission
 - Weight/BMI on admission and discharge
 - Total weight gain
 - Average weekly weight gain
- **Assessment/Background info:**
 - Diagnosis/AN Subtype
 - Co-morbidities
 - Previous treatment
 - Previous admission to TWII
 - Age of onset/Illness duration
- **Patient pathway:**
 - Treatment on ward
 - Discharged to

How the audit has evolved

Measures collected now:

- **Demographics**

- **Clinical Outcomes**

- **Clinical self-report measures:**

Since 2008

Eating Disorder Symptoms (EDE-Q)

Motivation to Change (Motivation Ruler)

Client Satisfaction Questionnaire (CSQ-8)

Since 2011

Work and Social Adjustment Scale (WSAS)

Since 2012

Autism Quotient (AQ)

- **Assessment/Background info:**

Since 2011

HoNOS

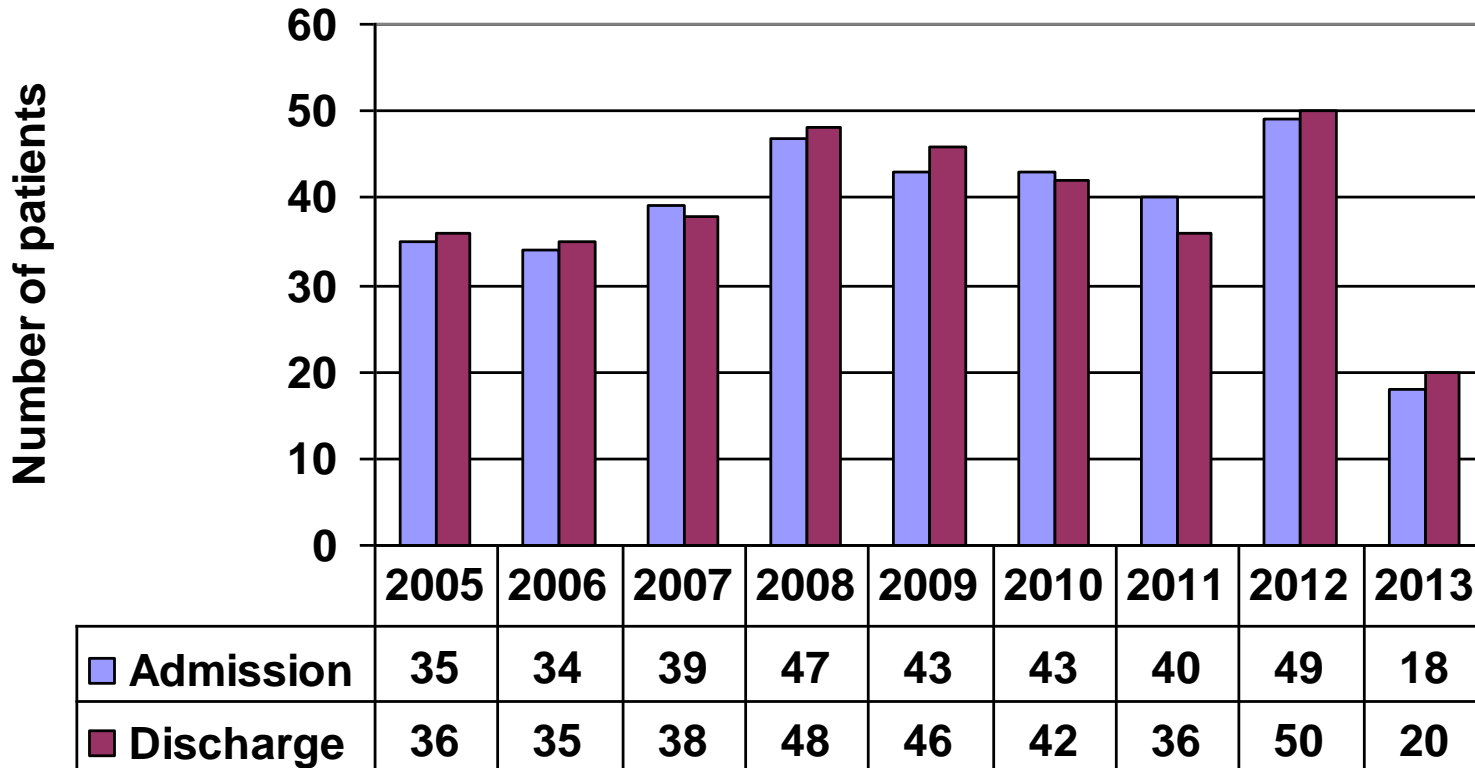
- **Patient pathway**

Since 2009

Group attendance

Inpatient changes over time: how do patterns change in our ward?

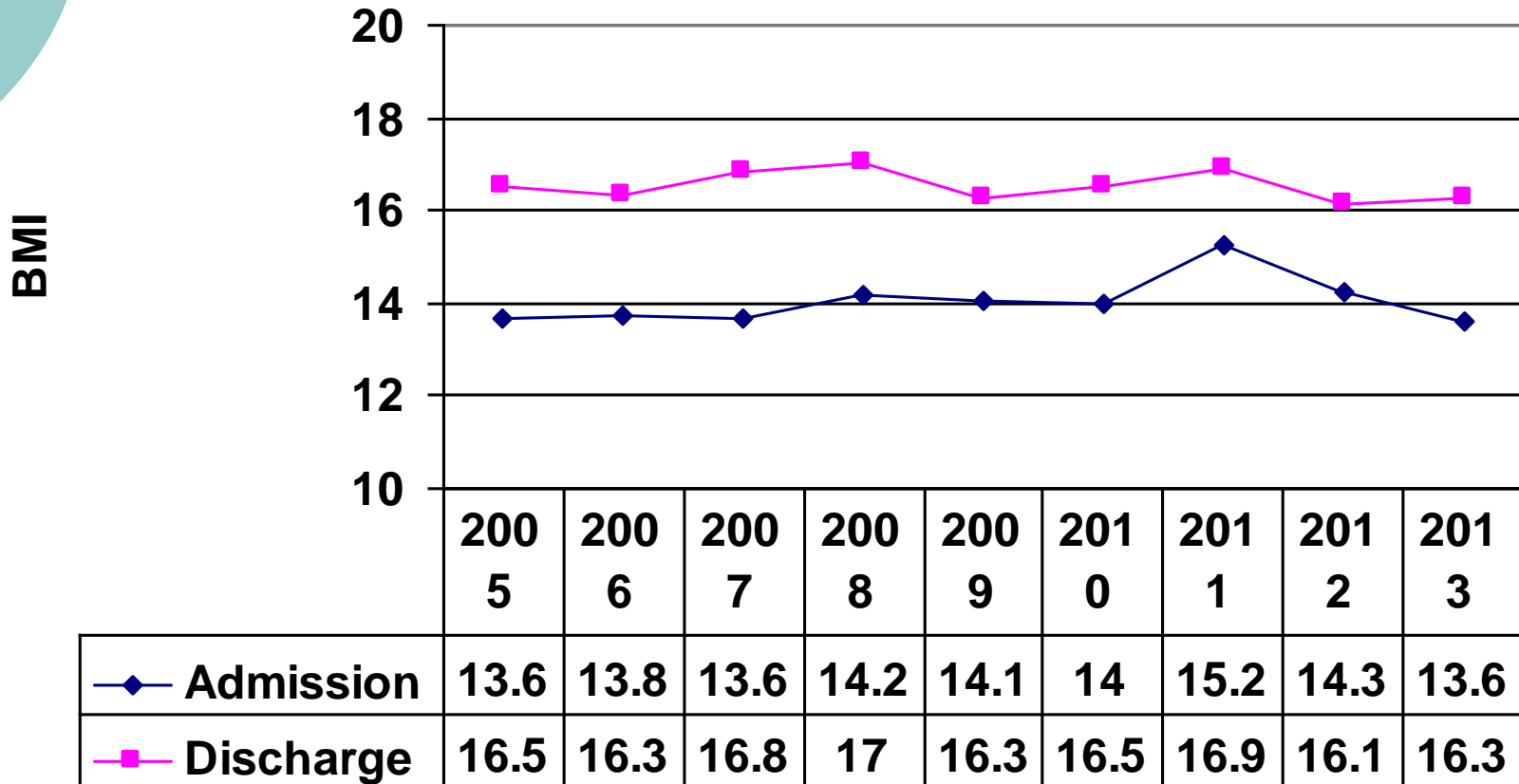
2005 - 2013
Historical Overview of the EDU audit



Inpatient changes over time: how do patterns change in our ward?

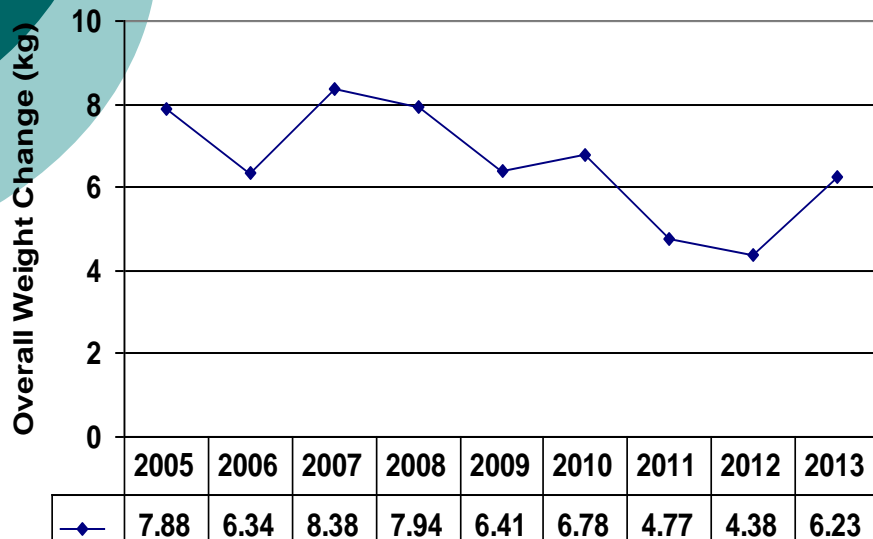
2005 - 2013

Historical Overview of the EDU audit

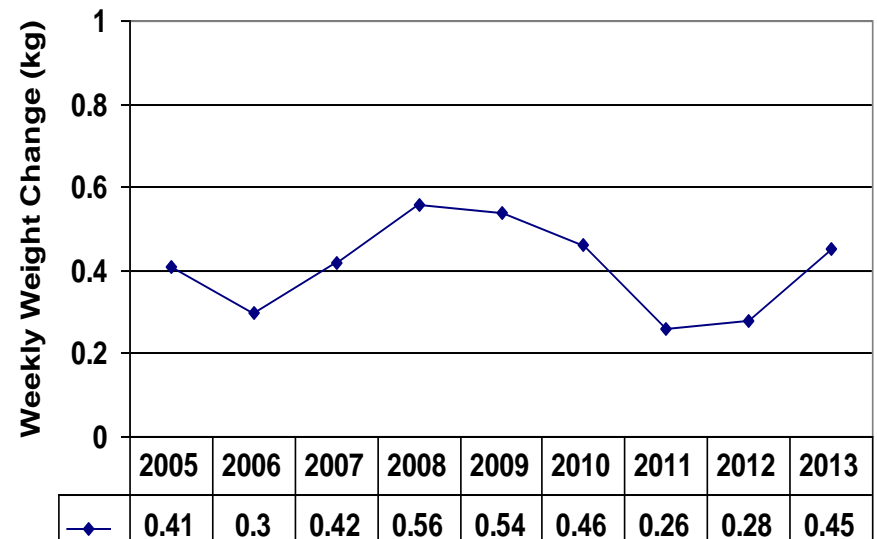


Inpatient changes over time: how do patterns change in our ward?

2005 - 2013
Historical Overview of the EDU audit



2005 - 2013
Historical Overview of the EDU audit

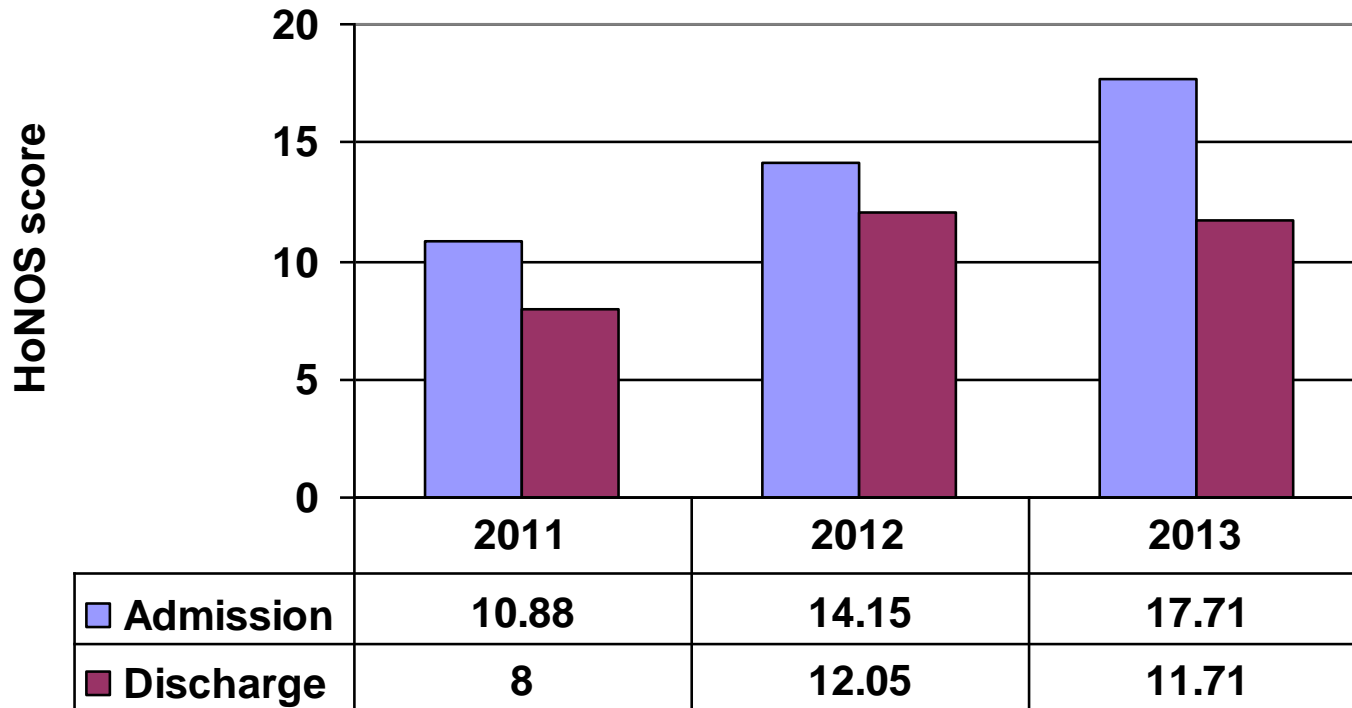


*NICE guidelines for weekly weight gain= 0.5 - 1kg

HoNOS

2011 - 2013

Historical Overview of the EDU audit



	2011	2012	2013
Admission	62.5% (n=25)	70.8% (n=34)	94.4% (n=17)
Discharge	21.7% (n=5)	42% (n=21)	95% (n=19)

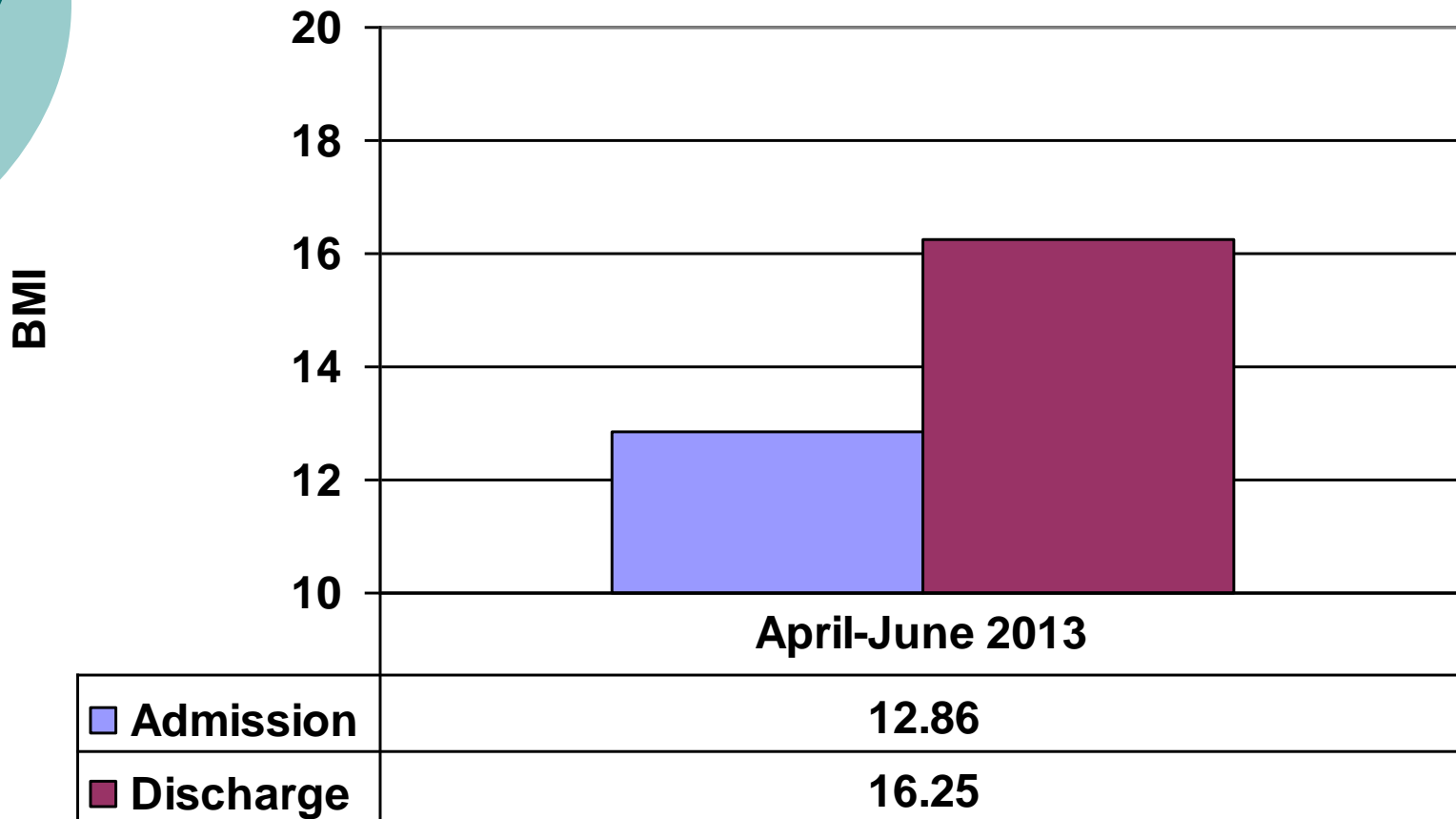


Recent data

April-June 2013

BMI

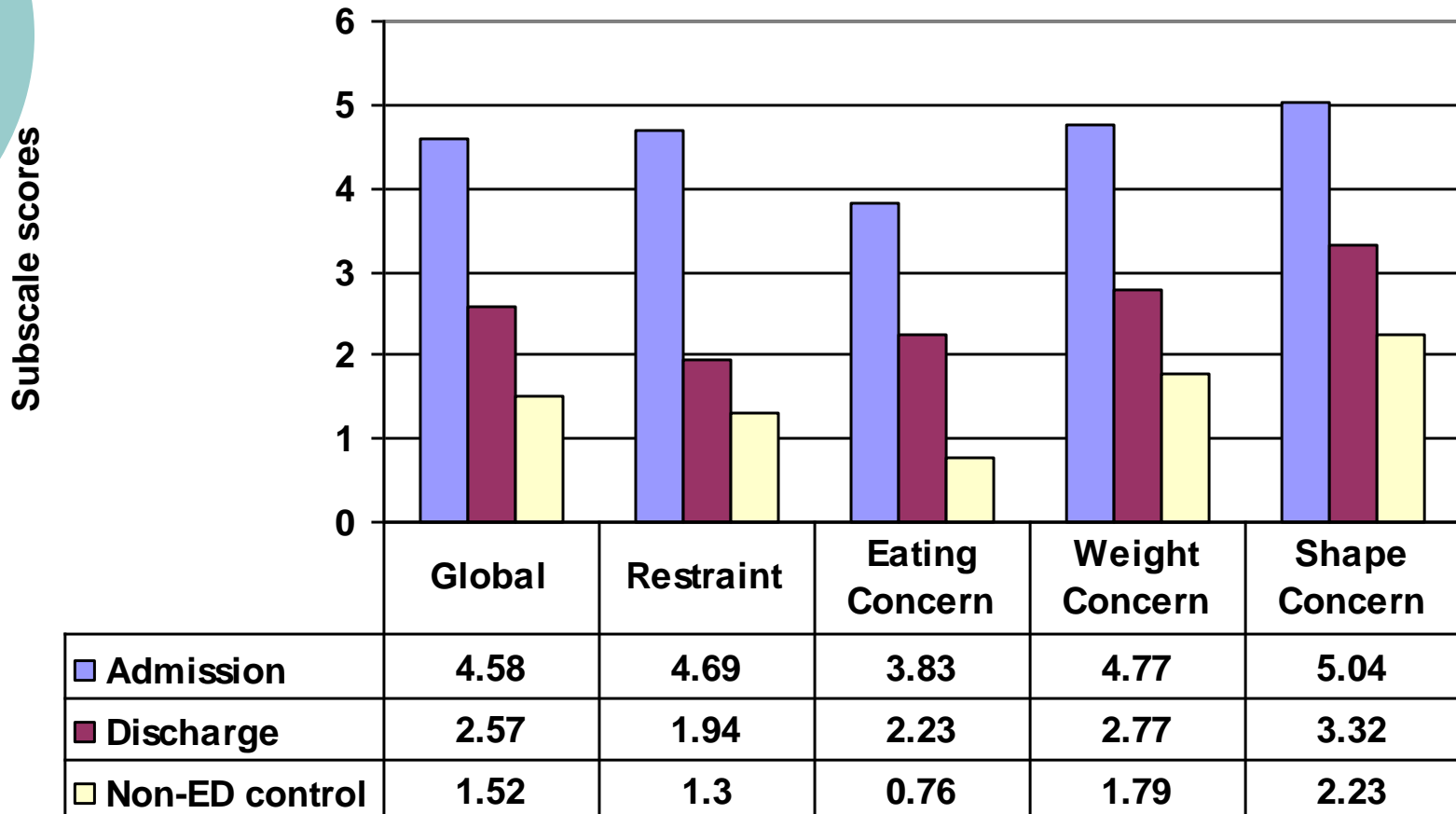
First Quarter 2013-14*



*n= 7 at admission, n= 11 at discharge

EDEQ

Eating Disorder Examination Questionnaire

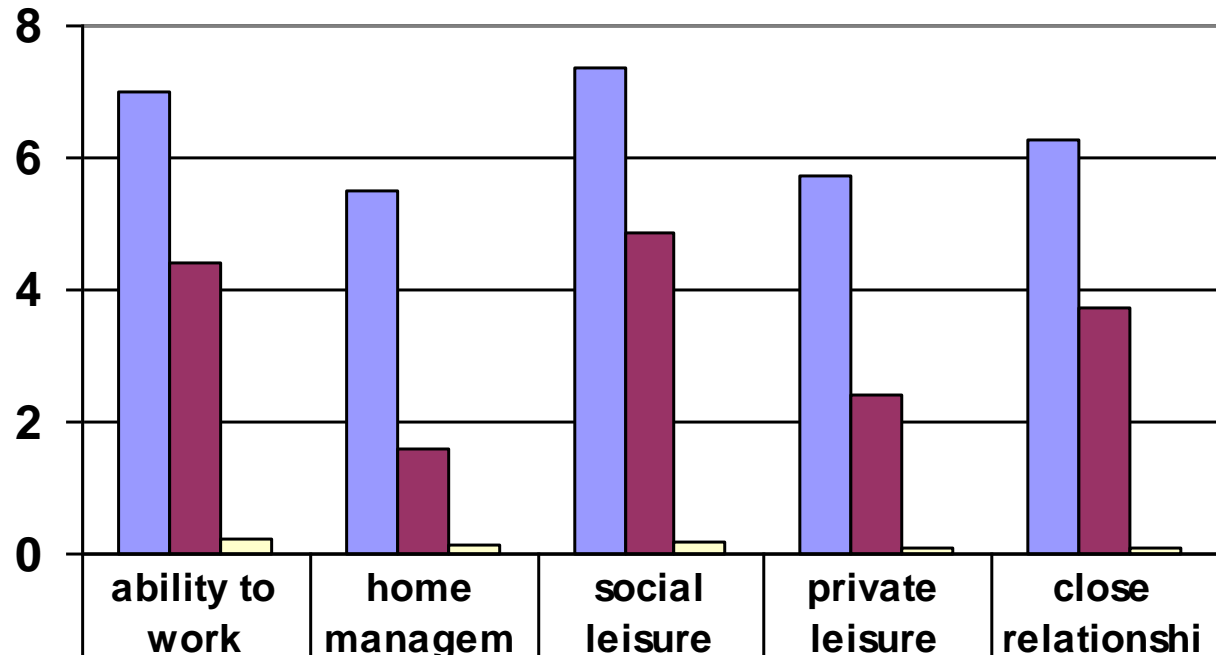


*n= 7 at admission, n= 7 at discharge

WSAS (Tchanturia et al 2013 Comprehensive Psychiatry 54:41-45)

Work and Social Adjustment Scale

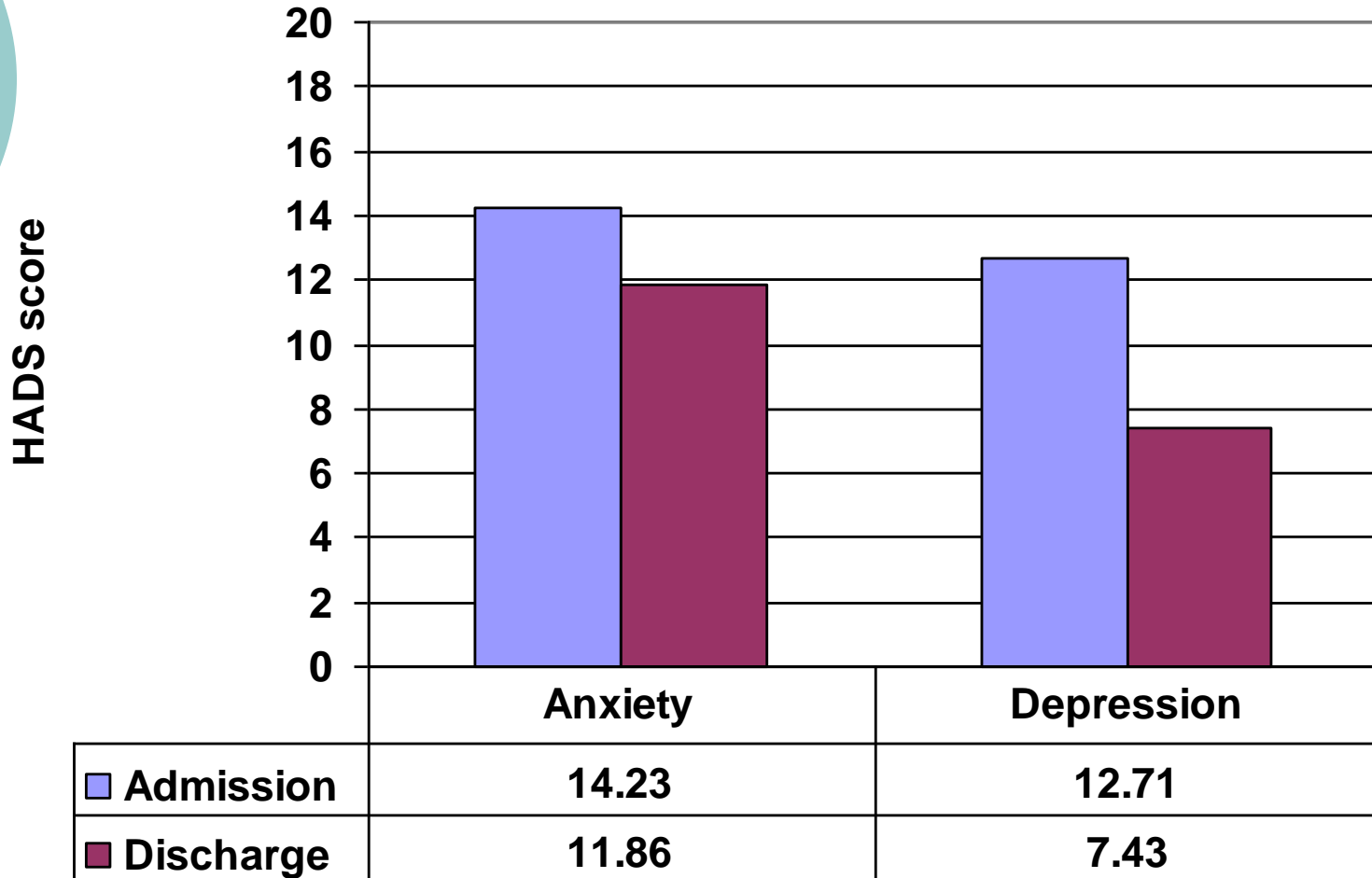
WSAS domain score



Admission	7	5.5	7.36	5.71	6.29
Discharge	4.43	1.57	4.86	2.43	3.71
Non-ED control	0.24	0.13	0.17	0.08	0.1

*n= 7 at admission, n= 7 at discharge

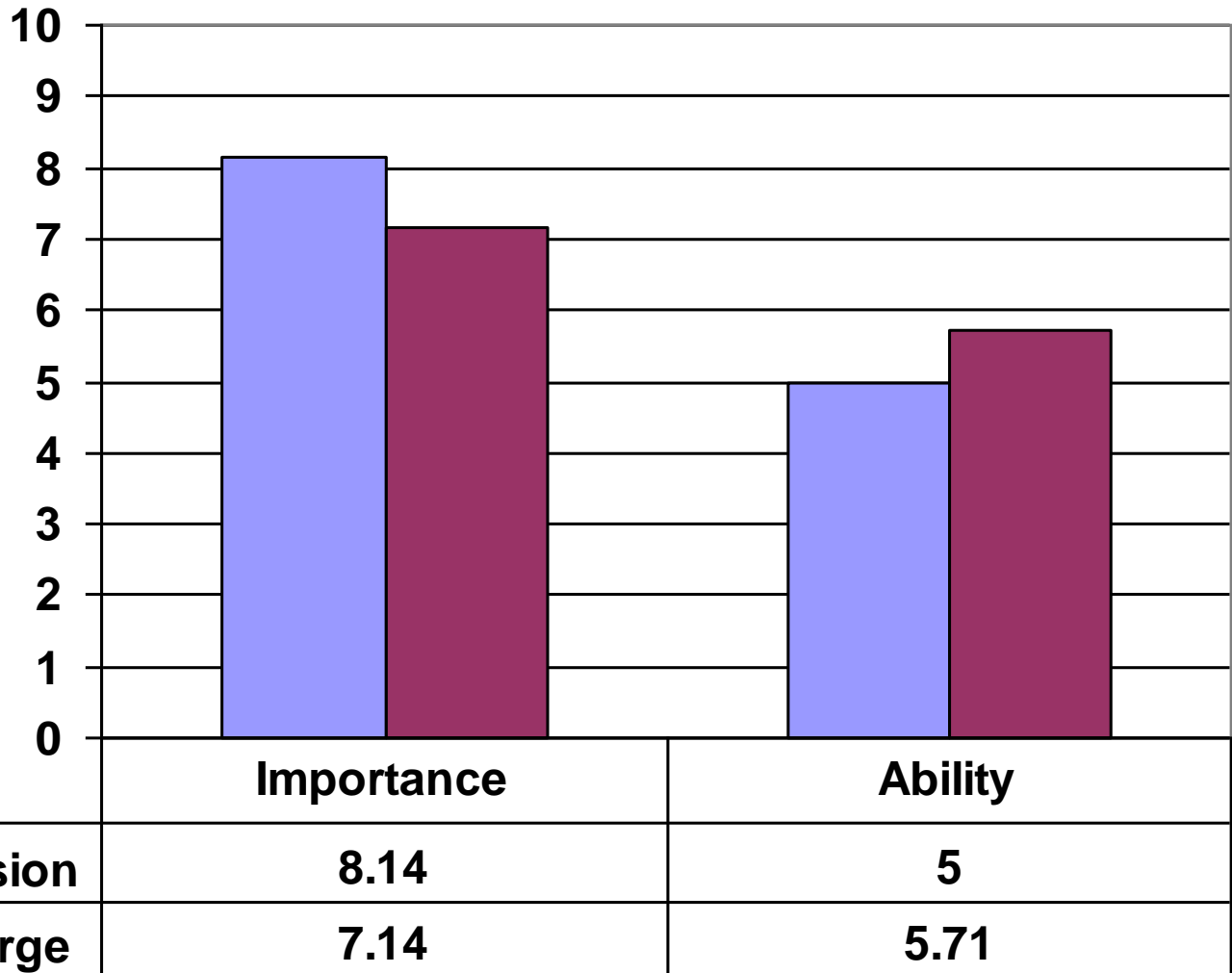
Mood



*n= 7 at admission, n= 7 at discharge

Motivational Ruler

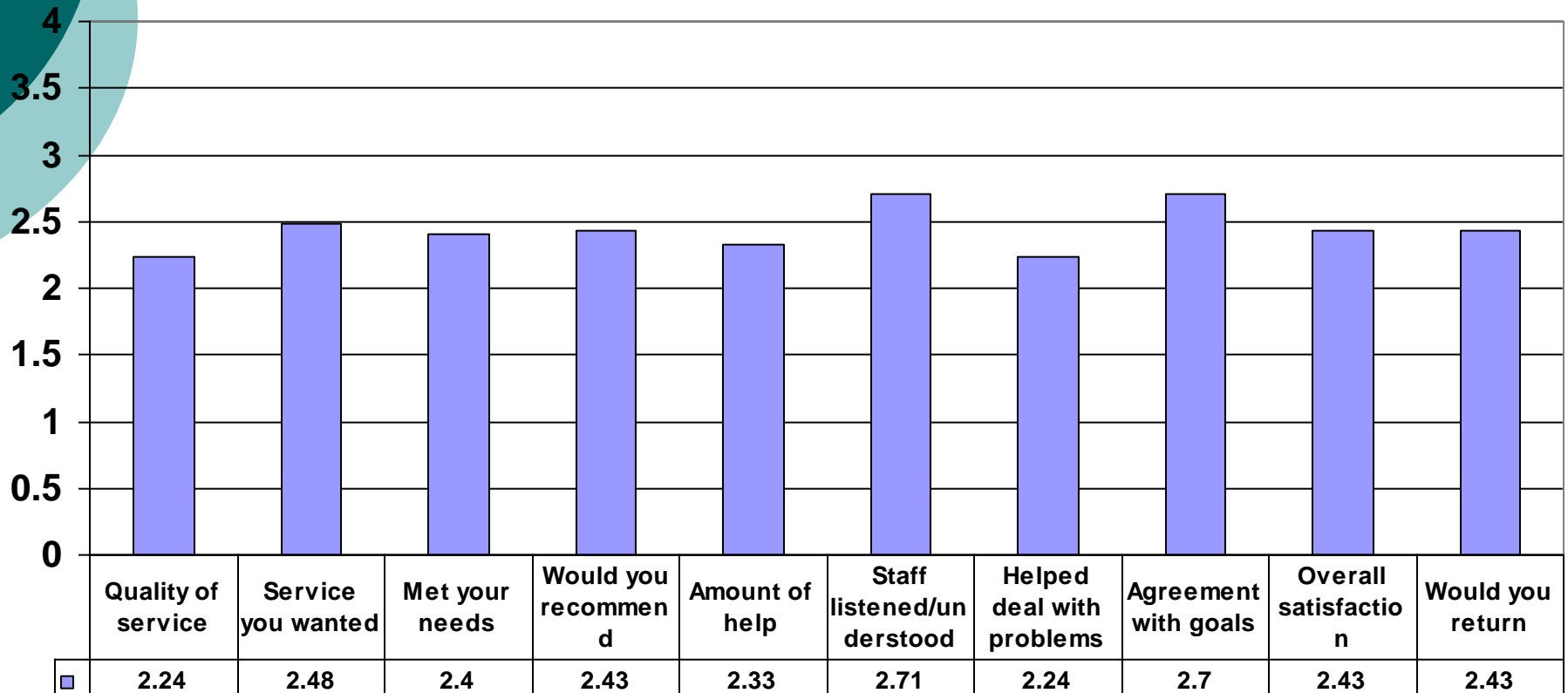
MR score



*n= 7 at admission, n= 7 at discharge

Client Satisfaction Questionnaire

CSQ data from patients discharged in 2012



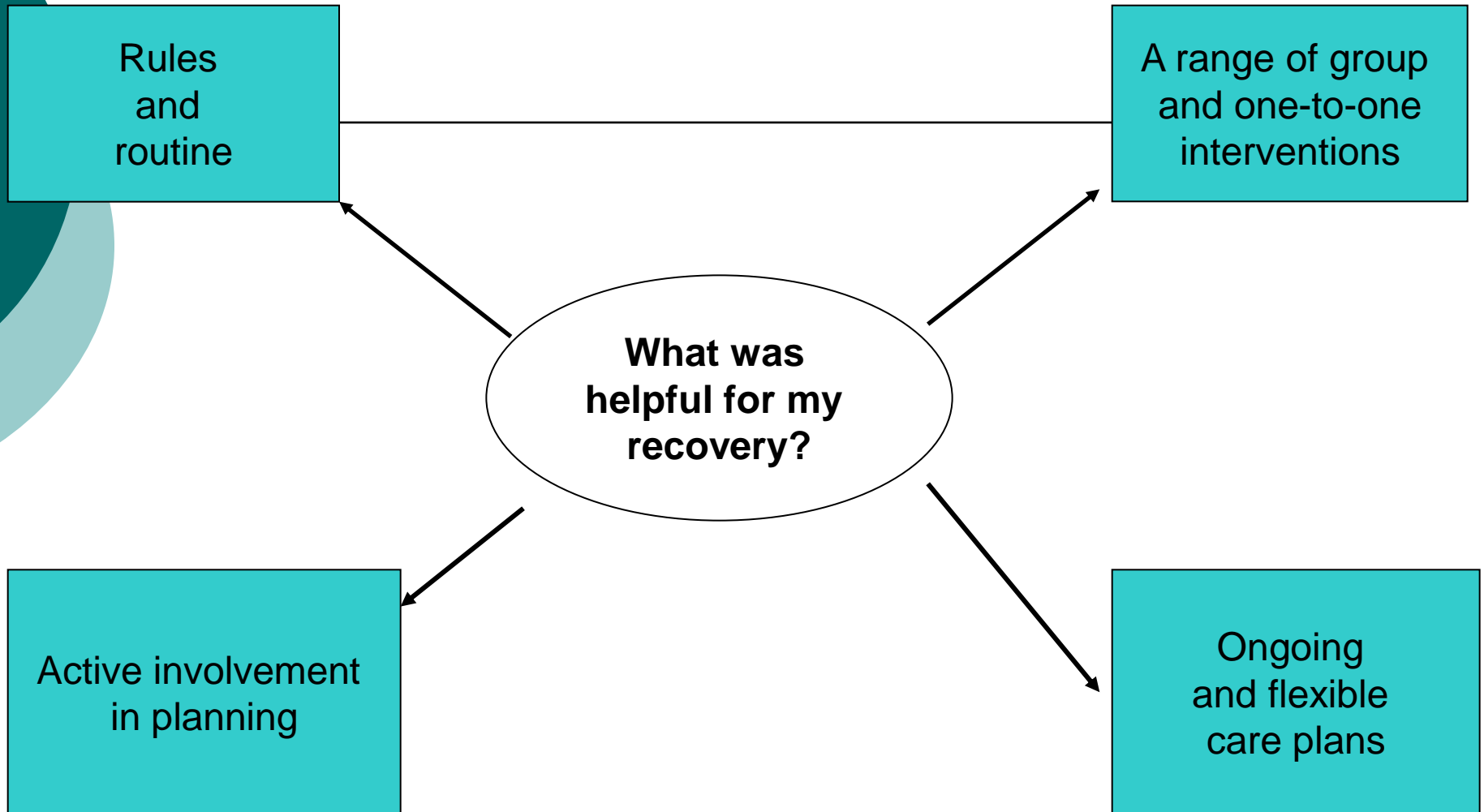
n=20



Qualitative feedback from audit

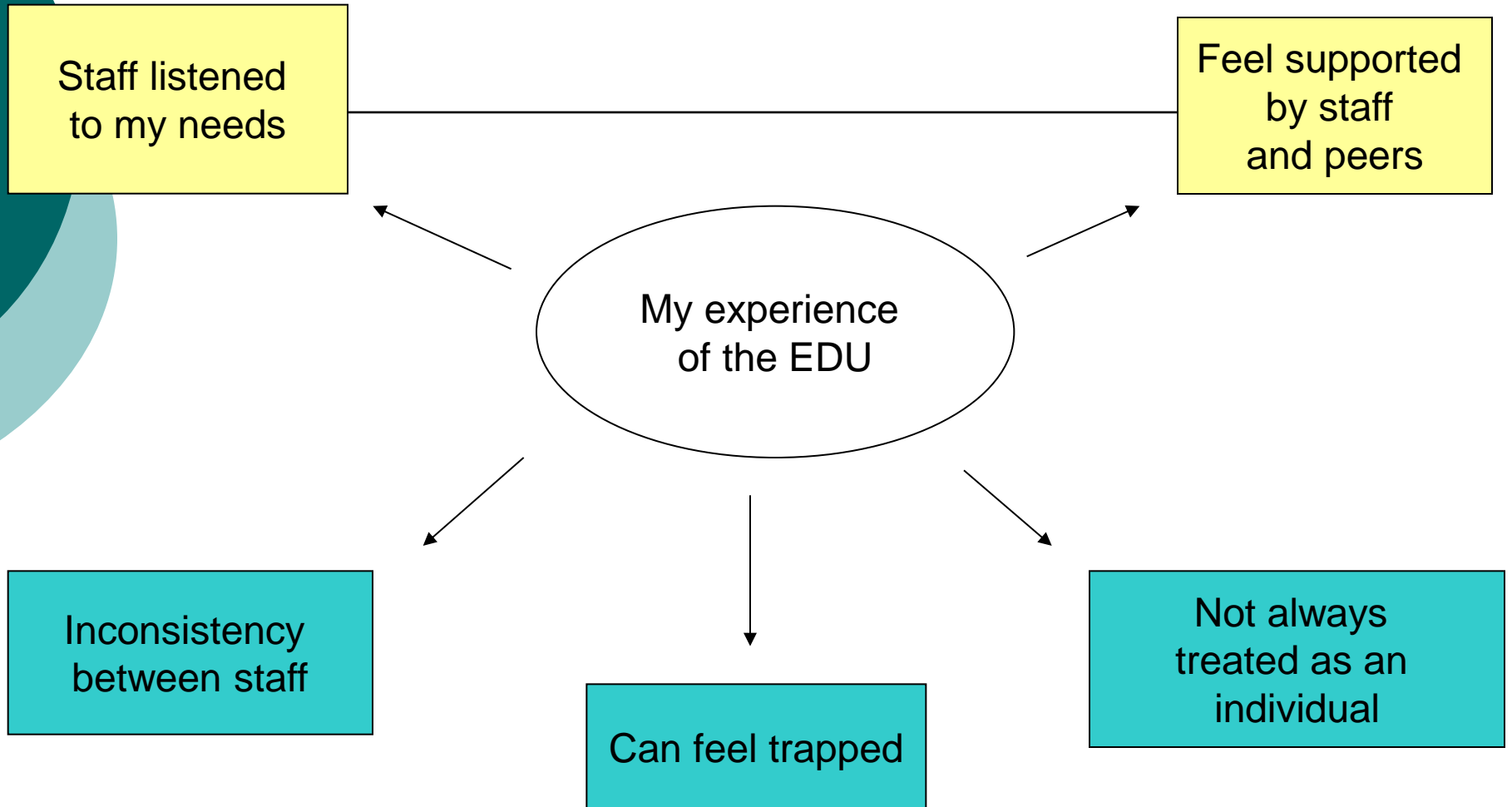
- Can you tell us which interventions you received were the most helpful?
- Can you tell us which interventions you received were the least helpful?
- Can you tell us what was bad about the service?
- Can you tell us what could be improved about the service?
- Do you have any other comments to make about the service you received?

Client Satisfaction Questionnaire*



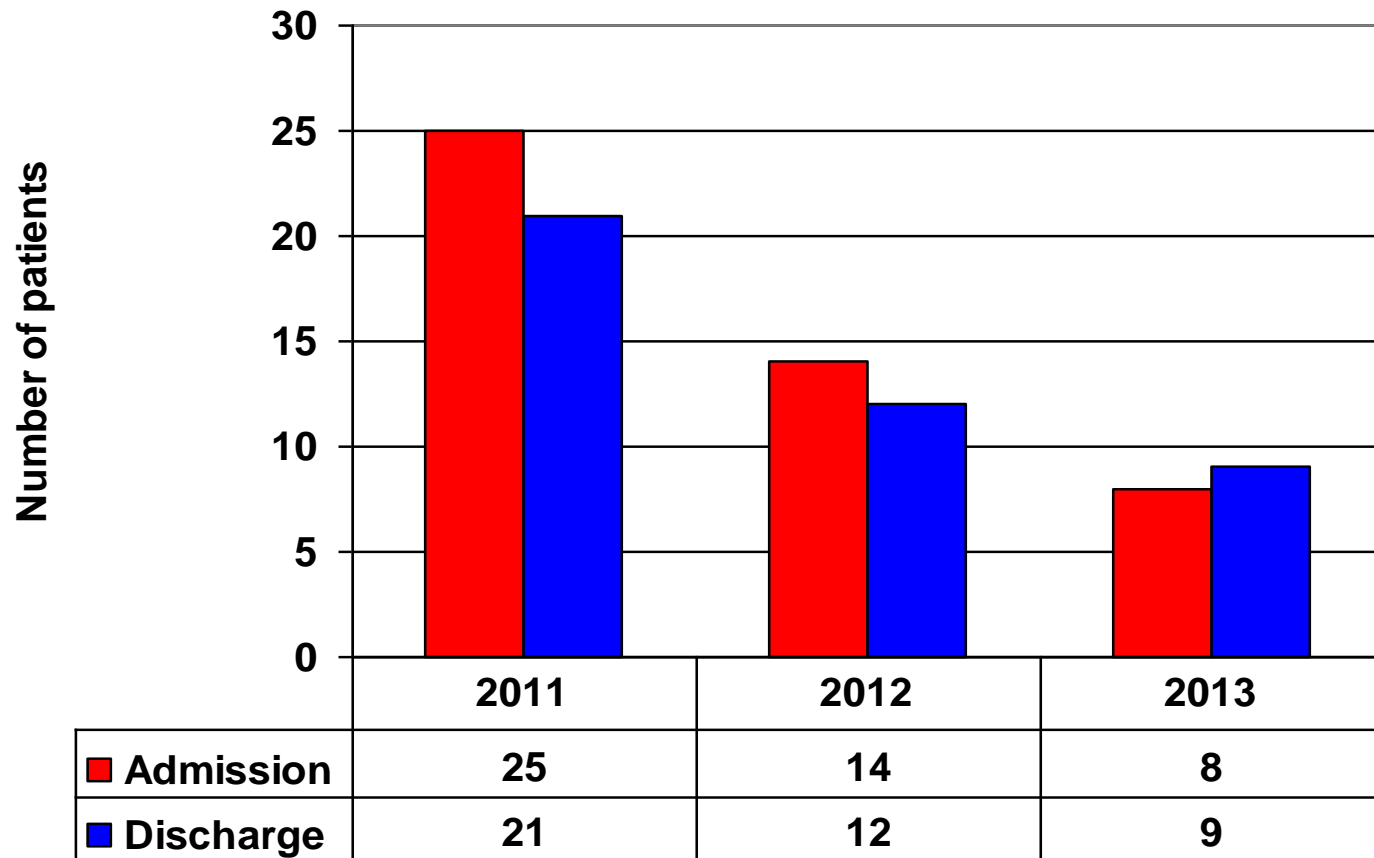
* 2008-2012
n=42

Client Satisfaction Questionnaire*



* 2008-2012
n=42

Step Up to Recovery



In 2012, 71% completed admission questionnaires and 27% completed discharge. This year, 63% completed admission questionnaires, 33% discharge.

How does the Maudsley ED service compare?

....to normative (healthy control) data

- BMI is standard outcome measure in ED treatment with clinical cut points
- EDE-Q is gold standard with norms available
- WSAS is more general measure with norms reported by our group

Improvements seen in all outcome measures

...to other ED services

How does the Maudsley ED service compare?

Study	BMI		Average weekly weight gain (kg)	Length Admission
	Admission	Discharge		
Bowers & Ansher, 2008 N = 32 (USA)	16.7	20.5	-	9.1
Fitcher, 1999 N = 103 (Germany)	14.3	15.5	0.2	16.9
Treat et al, 2009 N = 71 (USA)	15.2	17.6	1.5	4.8
Dalle Grave et al, 2007 N = 149 (Italy)	14.5	19.6	-	17
Maudsley N= 349 - 363 (UK)	14.1	16.5	0.4	19.6

Challenges

Questionnaire completion rates in 2012:

Admission = 72% Discharge = 48%

Why?

- Premature discharge
- Refusal
- Lack of continuity when recruiting researcher



Impact of audit findings on service

- Quarterly reports...
- Characteristics of patient group informs treatment choice, e.g. low BMI limits ability to engage with cognitively demanding activities
- Qualitative feedback shared during team training events

Future directions for the audit

- Liaise with other ED services to help establish similar audit projects = meaningful comparison and also more reliable data from pooled resources
- Audit of group intervention programme
 - 9 groups run on regular basis on EDU
 - Lack of evidence regarding psychological groups for severe chronic patients with AN (Genders & Tchanturia, 2010)
- Explore prevalence of autistic traits
 - Link between ED and ASD? (Oldershaw et al 2011)

AQ-10

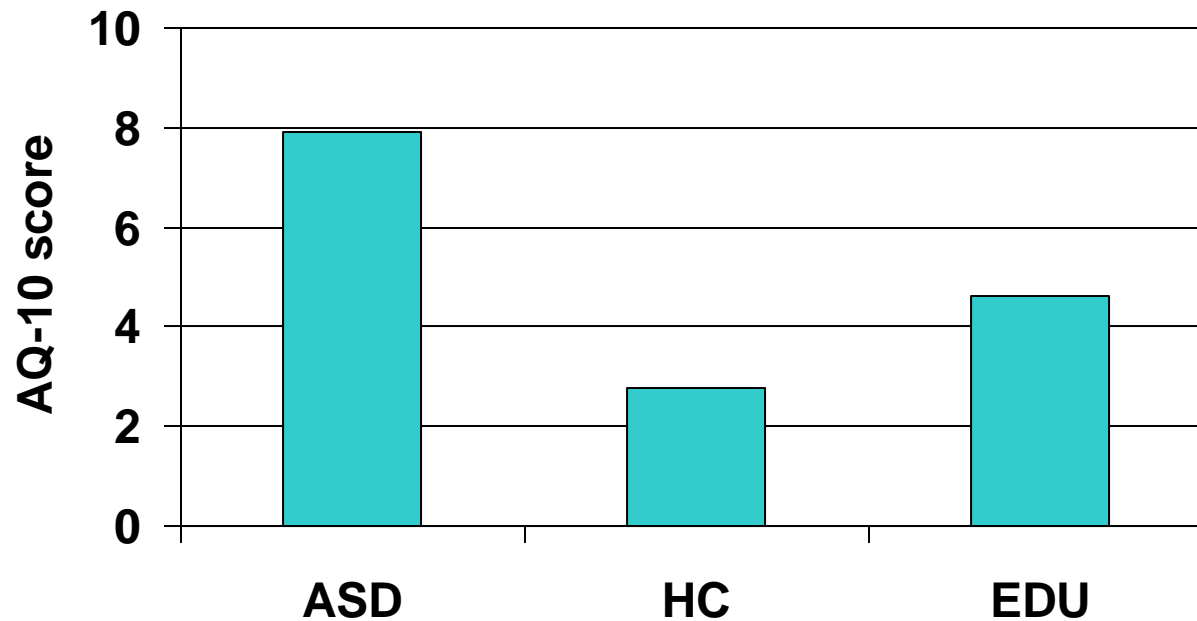
- The 10 item version of the Autism Quotient is a brief self-report instrument which measures autistic traits in adults.
- At a **cut-point of 6**, sensitivity = 0.88, specificity = 0.91, and positive predictive value (PPV) = 0.85.

- First administered as part of clinical audit in February 2012.

Allison, C., Auyeung, B., & Baron-Cohen, S. (2012). Toward Brief "Red Flags" for Autism Screening: The Short Autism Spectrum Quotient and the Short Quantitative Checklist in 1,000 Cases and 3,000 Controls. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(2):202-12

Data from AQ-10 so far...

AQ-10 average score




EDU group: 24% score ABOVE cut-point (n=45)

ASD and HC group from Allison et al 2012

To be continued...



Any questions?



An evaluation/audit eating disorder day-care service SLAM

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Service overview

- Offers treatment to people with anorexia nervosa or other severe and complex eating disorders
- Monday – Friday 10am – 4pm
- Includes active nutritional rehabilitation, key working, occupational therapy and evidence-based group and individual therapy
- Exclusion criteria BMI <15
- 8-10 patients

Aims

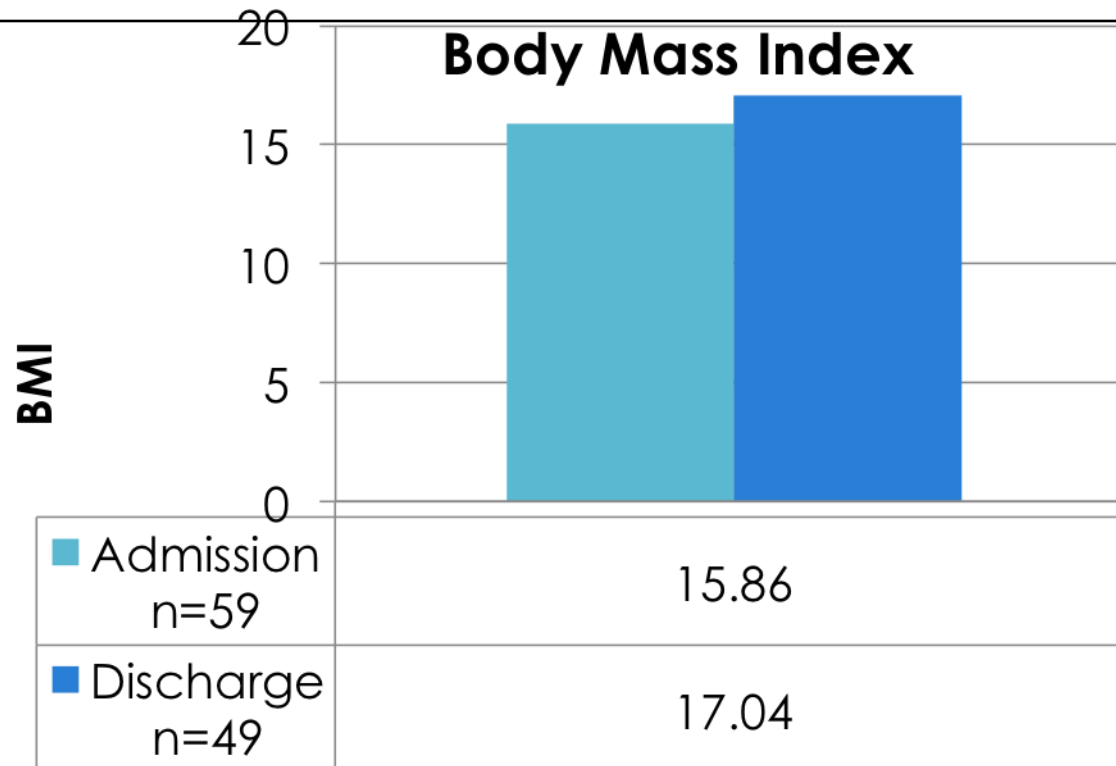
- Analyse patient improvements from admission to discharge by evaluating outcome (ie self-discharged, discharged by team), BMI and the following outcome measures:
 - EDE-Q
 - Motivational Ruler
 - CORE-OM
 - Work and social adjustment scale



Day-care

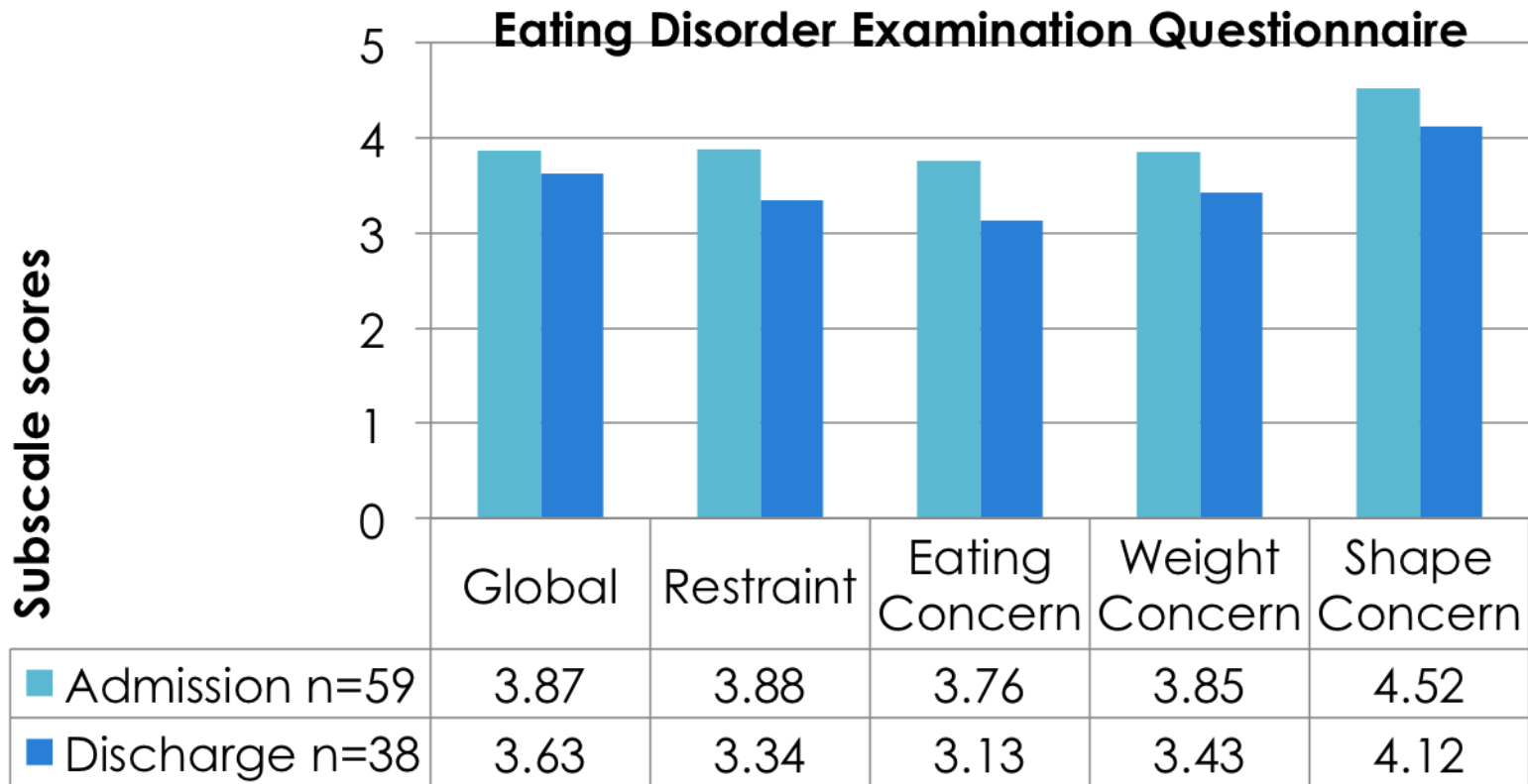
- Data from 59 patients admitted since September 2009
- 33 completed treatment (between 6 and 9 months), 77.6% completed outcome measures.
- 10 self-discharged
- 9 discharged by team

BMI



For those who completed the day-care programme there was an average BMI increase of 1.18 (kg/m²) from admission to discharge.

EDE-Q



Overall, patients who completed the programme demonstrated reduced eating disorder symptomatology and symptoms from admission to discharge.

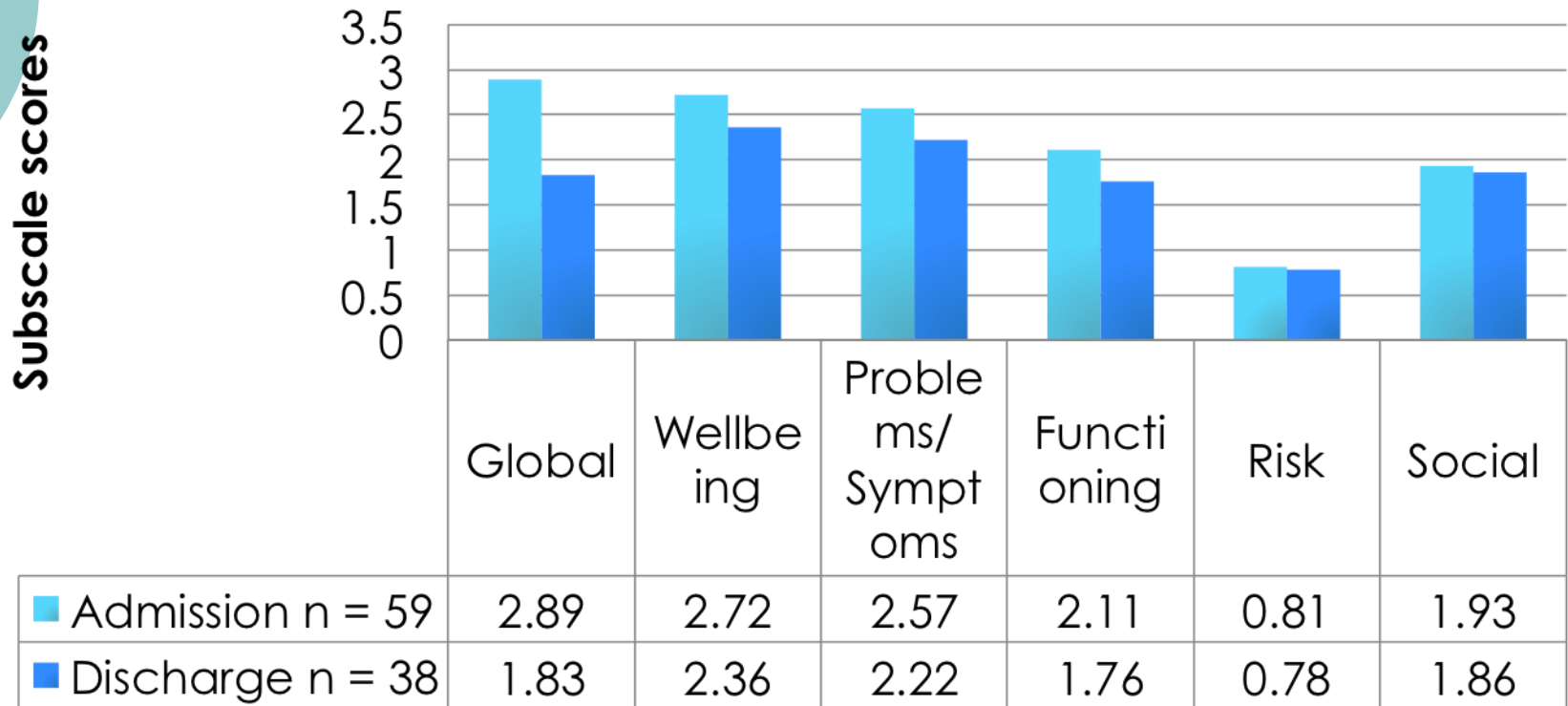


CORE-OM Questions

- Patients are required to rate how they have felt in the last week using a five-point scale ranging from 'not at all' to 'all the time.'
- Examples of statements:
 - I have felt terribly isolated
 - I have felt able to cope when things go wrong
 - I have felt panic or terror
 - I have been able to do most things I needed to

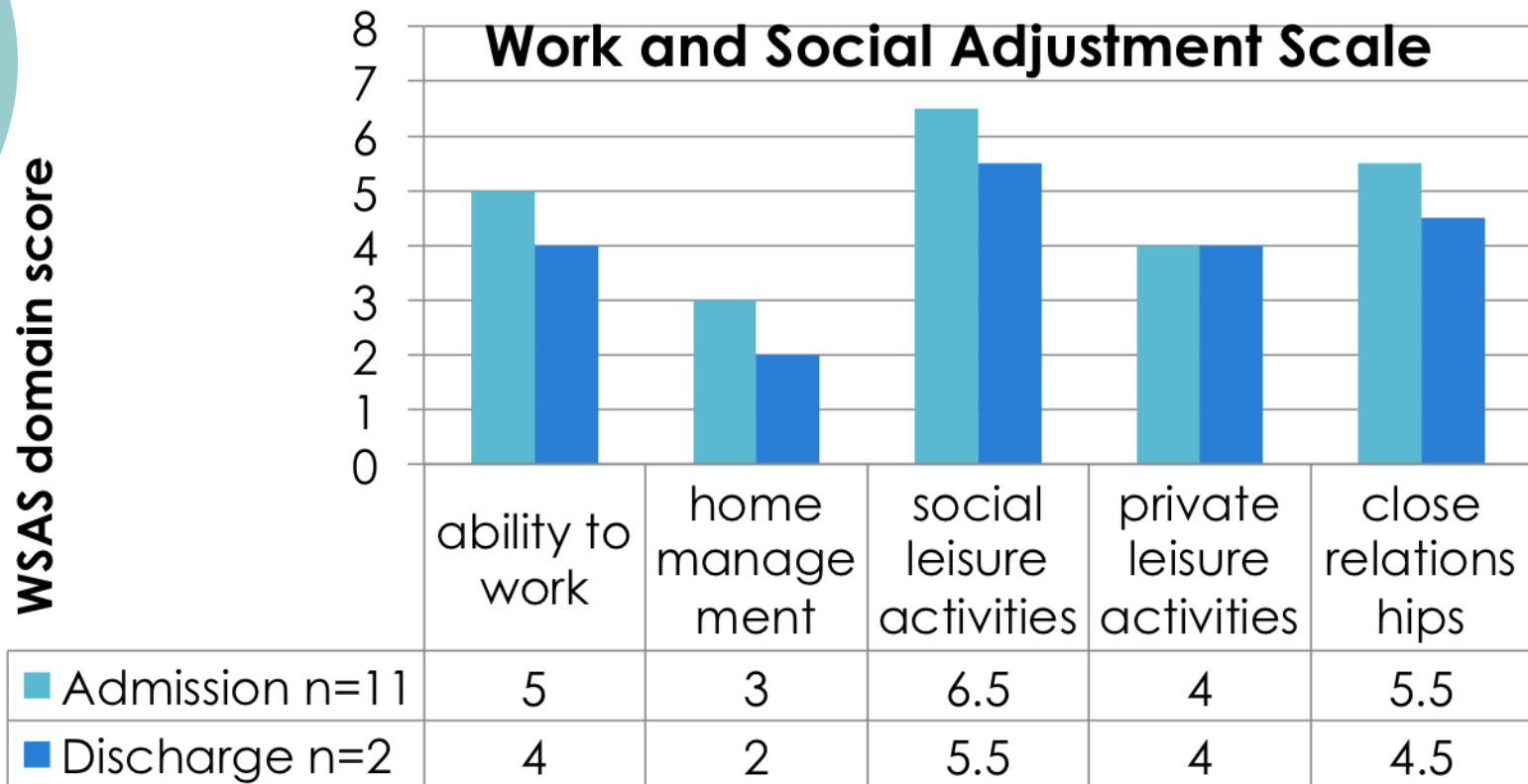
CORE-OM

Clinical Outcomes in Routine Evaluations



As a whole, completers displayed fewer depressive symptoms in relation to wellbeing, problems/symptoms, functioning, risk and social impairment from admission to discharge.

WSAS



Improvement of social and occupational functioning from admission to discharge