**Audit Tool**

**Haematology audit template**

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| --- | --- |
| **Date of completion**  | (To be inserted when completed) |
| **Name of lead author/participants** | (To be inserted) |
| **Specialty** | Haematology |
| **Title** | **An audit of compliance with the British Committee for Standards in Haematology (BCSH) guideline on the use of prophylactic factor replacement for children and adults with Haemophilia A and B.** |
| **Background** | The BCSH has published guidelines on the use of prophylactic factor replacement for children and adults with Haemophilia A and B. This includes guidance on who should receive prophylaxis, when and how it should be introduced and how to monitor the efficiacy. This audit will review compliance of current practice with this BCSH guideline for adults. |
| **Aim and objectives** | To assess the use of prophylaxis in adults with severe and moderately severe haemophilia A and B To assess the implementation of population pharmacokinetic modelling in the dosing of prophylaxisTo assess the way that prophylaxis is prescribed and its effects monitored in clinical practice |
| **Standards and criteria** | 1. Prophylaxis should be offered to any person with haemophilia who has sustained 1 or more spontaneous joint bleeds**.**
2. Prophylaxis should aim prevent all bleeds,
3. A pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen.
4. The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency.
5. PWH receiving prophylaxis should undergo detailed musculoskeletal assessment at least annually by an appropriately trained physiotherapist using a validated objective scoring system.
6. Review of patient’s general condition should include Health Promotion
 |
| **Method** |

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| --- | --- | --- | --- |
| **Patient details – Name/DOB/NHSno** |  |  |  |
|  |  |  |  |
| **Diagnosis**  | Severe <1iu/dlModerate 1-3iu/dlmoderate 4-5iu/dl |  |
| Standard | **Standard met Y/N/n/a** | **Comments** |
| Prophylaxis should be offered to any person with haemophilia who has sustained 1 or more spontaneous joint bleeds**.**  |  |  |
| Prophylaxis should aim to prevent all bleeds (i.e Annual Bleed Rate should be 0) |  |  |
| A pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen |  |  |
| The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency |  |  |
| PWH receiving prophylaxis should undergo detailed musculoskeletal assessment at least annually by an appropriately trained physiotherapist using a validated objective |  |  |
| Review of patient’s general condition should include Health Promotion |  |  |

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| **Results** | (To be completed by the author) |
| **Conclusion** | (To be completed by the author) |
| **Recommend-ations for improvement****Action plan** | (To be completed by the author – attached action plan proforma) |
| **Re-audit date** | (To be completed by the author) |
| **Reference** |   |

**Data collection proforma for adult patients**

**Guideline on the use of prophylactic factor replacement for children and adults with Haemophilia A and B**

 **Audit reviewing practice**

Patient name:

Hospital number:

Date of birth:

**List of investigations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient details – Name/DOB/NHSno** |  |  |  |
|  |  |  |  |
| **Diagnosis**  | Severe <1iu/dlModerate 1-3iu/dlmoderate 4-5iu/dl |  |
| **Standard** | **Standard met Y/N/n/a** | **Comments** |
| Prophylaxis should aim to prevent all bleeds (i.e. Annual Bleed Rate should be 0) |  |  |
| Prophylaxis should be offered to any person with haemophilia who has sustained 1 or more spontaneous joint bleeds**.** |  |  |
| A pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen |  |  |
| The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency |  |  |
| Review of patient’s general condition should include Health Promotion |  |  |

**Haematology audit template**

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| --- | --- |
| **Date of completion**  | (To be inserted when completed) |
| **Name of lead author/participants** | (To be inserted) |
| **Specialty** | Haematology |
| **Title** | **An audit of compliance with the British Committee for Standards in Haematology (BCSH) guideline on the use of prophylactic factor replacement for children and adults with Haemophilia A and B.** |
| **Background** | The BCSH has published guidelines on the use of prophylactic factor replacement for children and adults with Haemophilia A and B. This includes guidance on who should receive prophylaxis, when and how it should be introduced and how to monitor the efficiacy. This audit will review compliance of current practice with this BCSH guideline. |
| **Aim and objectives** | To assess the timing of introduction of prophylaxis in children with severe and moderately severe haemophilia A and BTo assess the implementation of population pharmacokinetic modelling in the dosing of prophylaxisTo assess the way that prophylaxis is introduced and its effects monitored in clinical practice |
| **Standards and criteria** | 1. All children with severe haemophilia should receive primary prophylaxis.
2. Primary prophylaxis should be considered for all children with factor levels of 1-3 iu/dl.
3. Prophylaxis should be offered to any CWH who has sustained 1 or more spontaneous joint bleeds.
4. In a child with SH or moderate haemophilia with a level 1-3iu/dl, primary prophylaxis should be started before or immediately after the first joint bleed or severe soft tissue bleed. To minimise the potential for joint damage, this will usually be around 12 months of age and certainly before 24 months
5. Prophylaxis which is commenced at a reduced frequency should be escalated to full prophylaxis as soon as possible and immediately in the presence of any breakthrough haemarthrosis.
6. When introducing a child to prophylaxis the psychosocial needs and social circumstances of the child and their family/carers should be addressed and supported by the haemophilia MDT.
7. Prophylaxis should aim prevent all bleeds
8. Pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen.
9. The nature and frequency of breakthrough bleeding should be carefully documented and monitored. The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency.
10. PWH receiving prophylaxis should undergo detailed musculoskeletal assessment at least annually by an appropriately trained physiotherapist using a validated objective scoring system.Review of patient’s general condition should include Health Promotion
 |
| **Method** |

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| --- | --- | --- | --- |
| **Patient details – Name/DOB/NHSno** |  |  |  |
| **Diagnosis**  | SevereModerate1-3iud/lmoderate4-5iu/dl |  |
| Standard | **Standard met Y/N/n/a** | **Comments** |
| All children with severe haemophilia should receive primary prophylaxis.  |  |  |
| Primary prophylaxis should be considered for all children with factor levels of 1-3 iu/dl. |  |  |
| Prophylaxis should be offered to any CWH who has sustained 1 or more spontaneous joint bleeds.  |  |  |
| In a child with SH or moderate haemophilia with a level 1-3iu/dl, primary prophylaxis should be started before or immediately after the first joint bleed or severe soft tissue bleed. To minimise the potential for joint damage, this will usually be around 12 months of age and certainly before 24 months |  |  |
| The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency |  |  |
| When introducing a child to prophylaxis the psychosocial needs and social circumstances of the child and their family/carers should be addressed and supported by the haemophilia MDT.  |  | Evidence of MDT involvement with family/child |
| Prophylaxis should aim to prevent all bleeds (i.e. Annual Bleed Rate should be 0) |  | No of bleeds if no |
| A pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen |  |  |
| PWH receiving prophylaxis should undergo detailed musculoskeletal assessment at least annually by an appropriately trained physiotherapist using a validated objective scoring system |  |  |
| Review of patient’s general condition should include Health Promotion |  |  |

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| **Results** | (To be completed by the author) |
| **Conclusion** | (To be completed by the author) |
| **Recommend-ations for improvement****Action plan** | (To be completed by the author – attached action plan proforma) |
| **Re-audit date** | (To be completed by the author) |
| **Reference** |   |

**Data collection proforma for child patients**

**Guideline on the use of prophylactic factor replacement for children and adults with Haemophilia A and B**

Patient name:

Hospital number:

Date of birth:

**List of investigations**

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| **Patient details – Name/DOB/NHSno** |  |  |  |
|  |  |  |  |
| **Diagnosis**  | Severe <1iu/dlModerate 1-3iud/lmoderate 4-5iu/dl |  |
| Standard | **Standard met Y/N/n/a** | **Comments** |
| All children with severe haemophilia should receive primary prophylaxis.  |  |  |
| Primary prophylaxis should be considered for all children with factor levels of 1-3 iu/dl. |  |  |
| Prophylaxis should be offered to any CWH who has sustained 1 or more spontaneous joint bleeds.  |  |  |
| In a child with SH or moderate haemophilia with a level 1-3iu/dl, primary prophylaxis should be started before or immediately after the first joint bleed or severe soft tissue bleed. To minimise the potential for joint damage, this will usually be around 12 months of age and certainly before 24 months |  |  |
| The nature and frequency of breakthrough bleeding should be carefully documented and monitored, with systems in place for the clinical team to be alerted to changes in bleeding frequency |  |  |
| When introducing a child to prophylaxis the psychosocial needs and social circumstances of the child and their family/carers should be addressed and supported by the haemophilia MDT.  |  | Evidence of MDT involvement with family/child |
| Prophylaxis should aim prevent all bleeds (i.e. Annual Bleed Rate should be 0) |  | No of bleeds if no |
| A pharmacokinetic analysis using sparse sampling and a validated PopPK software should be offered to patients when choosing a prophylaxis regimen |  |  |
| Review of patient’s general condition should include Health Promotion |  |  |
| The nature and frequency of breakthrough bleeding should be carefully documented and monitored. Any suspected bleeds on a prophylactic regimen should prompt a clinical review |  |  |
| Adherence to prescribed prophylaxis should be recorded contemporaneously, with systems in place for the clinical team to be alerted to changes in bleeding frequency. |  |  |
| The acceptability of a prophylactic regimen should be discussed with each patient, considering the impact of both haemophilia and prophylaxis on their quality of life, performance of daily activities and physical activity levels |  |  |

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| **Audit action plan**An audit of compliance with the BSH guideline (name of guideline) |
| **Audit recommendation** | **Objective** | **Action** | **Time scale** | **Barriers and constraints** | **Outcome** | **Monitoring** |
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