Practice statistics logbook for ODPs

Keeping accurate records of your practice is an essential part of professional development. John Gray explains how to use a practice development logbook within the rules of the Data Protection Act.

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Abstract
This paper discusses the reasons for an ODP to maintain a practice statistics logbook (PSL) of their practice and what data should be stored in it. It examines what a PSL is, and what information can be gained from it. Compliance of the PSL with the Data Protection Act 1998 is covered, as is the question of how a PSL can contribute to an ODP's continuing professional development by meeting the Health Professions Council's standards as a form of evidence for continuing professional development.

Key words
Practice, statistics, logbook, CPD, Data Protection Act, anonymity

Reference
Gray J (2007) Practice statistics logbook for OPDs. *Technic* **?(?)**: ?-??.

Introduction

What is a practice statistics logbook?

The central idea behind a practice statistics logbook (PSL) is to store information about an ODP's daily practice – to gain 'real time' statistical data. Using this data, an ODP can assess their own practice and adjust it as necessary in order to improve their standards of care and in turn benefit the end user (the patient).

Some ODPs may believe they don't need to update skills in certain areas and if they have to carry out duties in areas where they don't usually work then they can 'get by'. Surely patients deserve better than just 'getting by' – they deserve the best practice we can give them.

A PSL would normally be stored in electronic format and can be used to measure any number of aspects of practice. For the purpose of this paper and to avoid over-complicating matters, just one aspect of practice will be discussed: an ODP's intravenous (IV) cannulation failure rate. Do bear in mind though, this is just one of many examples, and a PSL can be extended to measure other aspects of practice, such as statistics for on-call , equipment use, extended roles and surgical speciality.

Why use a practice statistics logbook?

Before ODPs contemplate diversification of practice, they should look at their fundamental practice shortfalls and concentrate on keeping their skills in these areas updated. A PSL can help to show up immediate shortfalls in such fundamental practice areas. The ODP can then use this information to prioritise ironing out these shortfalls. Setting precedence for continuing professional development (CPD) activities will not be as flexible, but it will give a more efficient system to update these base skills.

The Data Protection Act 1998 – the principles

All healthcare professionals have a duty to maintain patient confidentiality, we

	A	B	C	D	E	F
1	STATISTICS	No	%	18/3/07		
2						
3	TOTAL CASES	294		11:17 AM		
4	ADULTS	249	84.69			
5	CHILDREN	45	15.31			
6	AIRWAY MAINT	27	9.184			
7	IV CANNULATION	97	32.99			
8	IV CANNULATION					E-Mail support
9	FAILURE RATE	5	5.155			
10	RAPID SEQ. IND.	4	1.361	Paed/Adult	SPECIALITY	ANAES
11	ENT	0	0			
12	GENERAL	2	0.68	Adult	Ophthalmics	GA LMA IPPV
13	GYNAE/OBS	144	48.98	Adult	Ophthalmics	LA Sedation
14	ORTHOPAEDICS	5	1.701	Adult	Ophthalmics	LA Sedation
15	GU	2	0.68	Adult	Ophthalmics	GA LMA IPPV
16	VASCULAR	0	0	Adult	Ophthalmics	GA LMA
17	MAXFAX	0	0	Adult	Ophthalmics	LA Sedation
18	DENTAL	0	0	Adult	Ophthalmics	GA ETT IPPV
19	COMMUNITY	0	0	Adult	Ophthalmics	GA ETT IPPV

Fig.1: Screen grab from the practice statistics logbook spreadsheet using Microsoft Excel

also have a duty to comply with the provisions of the Data Protection Act 1998. It has eight principles (Pt 1. Sch. 1), which we have to comply with when we are storing or manipulating personal data. The only principle we are going to deal with is principle three, because if you can avoid using 'personalised' data then the other seven principles do not come into effect. Thus, the intention is to minimise the data to such an extent that it is no longer classed as personal data.

In order to comply with the third principle of the Data Protection Act 1998 (Part 1. Schedule.1):

'*Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.*'

It is necessary to establish what personal information (if any) would be required as an absolute minimum to achieve the results required by a PSL.

The Data Protection Act 1998 (Pt 1. Sect 1.) states that: '*"personal data" means data which relate to a living individual who can be identified–*
(a) from those data, or
(b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller, and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual;'

Gathering statistical data about one's practice should be limited to practice details rather than patient details. Since statistical data from the PSL is real time and achieved over a period of time then the date of the actual event is unimportant. The patient's personal details, such as name, address, date of birth and hospital index numbers, are all irrelevant for the purposes of practice and because the example PSL is for anaesthesia-related practice, it can be regarded as unnecessary to have the operation details.

The Information Commissioner (n.d.) states: '*If data has been stripped of all personal identifiers such that the data controller is no longer able to single out an individual and treat that individual differently, the data cease to be personal data.*'

The example PSL data provided in this article has been stripped of all personal identifiers and therefore no longer contains personal data. If the information within the PSL cannot be minimised to non-personal data, then the compiler should comply with the other seven principles of the Data Protection Act 1998. They should also inform their employer of their intentions and notify the Information Commissioner's Office (ICO – see below) because the PSL would be regarded as CPD activity and so to a certain extent out of the working environment and you may not be covered by you employers jurisdiction as a data controller.

The Information Commissioner's Office

'*The Information Commissioner's Office is the UK's independent authority set up to promote access to official information and to protect personal information.*' (ICO n.d. a)

The ICO (n.d. b) states that 'Under the [Data Protection] Act [1998] every organisation (data controller) that processes personal information (personal data) must notify the Information Commissioner's Office, unless they are exempt. Failure to notify is a criminal offence.'

The ICO (2001) gives the definition: '*Personal data means data which relate to a* ***living*** *individual who can be identified from those data or from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller.*'

If the reader is in any doubt if they are exempt from notification, then they can use the self-assessment guide (ICO 2001), which will clarify their position. The ICO (2001) also states that 'Data controllers who are exempt from notification may choose to notify voluntarily.'

Setting up the practice statistics logbook

Imagine an ODP is trying to find out what their IV cannulation failure rate is. Accurate collection of this information could improve the ODP's practice over time and also benefit patients. Suppose the failure rate for IV cannulation is 4%, but then suddenly over a short period of time this failure rate climbs to 20%. With this information the individual can start to investigate the reason behind the change and rectify the problem, and hopefully lower their failure rate once again. The ODP would set their own percentage limits based on their current practice. This of course will benefit end users, as they will be cannulated the absolute minimum number of times necessary and at minimum resource cost. Without this information, the ODP would probably continue their practice as if nothing was wrong. Not only would the ODP be putting patients through added unnecessary trauma, they would also be contributing to the added costs of running the health service.

Most statistical information only requires very simple calculations and should be within the reach of most ODPs. Using the right computer programs to set up the PSL alleviates the problems of calculations. To find the IV cannulation failure rate, the overall cannulation rate is required – this is easy. Every time the procedure is carried out the relevant information is logged in the PSL: size of cannula, age group of patient, site of cannulation, success or failure and reason for failure. With this information, three statistical events have been produced: overall rate, success rate and failure rate. From this additional information it can be established if enough IV cannulations are being performed to keep skills up to par.

Keeping a running log of practice enables the ODP to investigate the reasons behind any increase in failure rate, because the reasons for failure have also been logged. For example, is there a pattern of events that can be linked to this increase in failure rate?

How accurate is accurate?

An important issue, particularly around anonymised data, is the question of verifiable authenticity. If your data doesn't require personal information in a practice logbook, how can it be proved that it has not been falsified? As a healthcare professional, an ODP is considered trustworthy and honest and on the basis of that one would expect ODPs to maintain an accurate and true PSL. There is no point in falsifying information to give yourself a lower virtual failure rate. Nobody (apart from the data collecting ODP) should be interested in the actual failure rate; the interest should lie in whether or not the individual has changed their own practice to

lower the failure rate. Second-party interest should only come about during continuing professional development (CPD) audit or the ODP's individual performance review (IPR).

To maintain an accurate PSL the individual should be looking at updating it as soon as possible after the event. More time between the event and the recording leads to ever increasing inaccuracies of the facts. Leaving the PSL for days or even weeks and months will lower the accuracy of the data that is input. It will also lead to statistical information being available too late, which could lead to the stagnation of practice.

Does a PSL meet HPC standards for CPD?

The Health Professions Council (HPC) has laid down five standards that have to be fully met in order to pass the assessment criteria when your profile and evidence of CPD activities is called up for audit. As far as the PSL is concerned, we are only concerned with standard two, three and four, as the other two standards deal with the CPD process as a whole.

Standards two to four basically state that your CPD must contain a mixture of learning activities, must contribute to the quality of your practice and service delivery and that the service user must benefit from your CPD activities. Table 1 illustrates the HPC (2006a) standards and some of the reasons why a PSL would meet the HPC (2006b) assessment criteria and be a major contribution to your CPD activities. The PSL should be partnered with a summary of direct actions that have or are to be taken in the future and entered as evidence, cross-referenced on your CPD profile with the three main standards for CPD.

A practice statistics logbook example

Figure 1 illustrates a section of the example PSL. It shows the statistics frame, which is situated, to the left of the Microsoft Office Excel worksheet and a partial view of the input data. Since August 2006 a total of 294 cases have been carried out. The information stored in this PSL (remember they may be different for another ODP with a different working role) is:

- Age group
- Speciality
- Anaesthetic,
- 'User-defined' data
- 'User-defined' data
- Infusions
- Airway maintenance
- Rapid sequence Induction
- Cannulation
- IV cannulation failure reason.

As you can see, there is no place to put patient's name, date, hospital number or even the operation. This data is irrelevant, because the statistics being measured are total cases, whether adult or paediatric, airway maintenance, IV cannulation and failure of IV cannulation, surgical speciality mix and possibly two user-defined areas of practice.

Every time the PSL is opened the data is automatically placed in alphabetical order, so there is no true sequence of

Table 1: The standards for CPD, published by the HPC – with indications of how a practice statistics logbook can contribute to registrants CPD

CPD standard	Contribution to CPD
One The HPC (2006a) states that a registrant 'must maintain a continuous, up-to-date and accurate record of their CPD activities'.	There is no reason why an accurate and true PSL cannot be used to create part of an ODP's CPD activities, because it can form a good portion of the CPD summary.
Two The HPC (2006a) states that a registrant 'must demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice'.	The PSL can be classed as a work-based learning activity, which forms a basis for one of the three activities required to fully meet standard two in the assessment criteria (HPC 2006b).
Three The HPC (2006a) states that a registrant 'must seek to ensure that their CPD has contributed to the quality of their practice and service delivery'.	A PSL, together with a written summary of it showing that the ODP has reviewed and reassessed their practice to 'improve the quality of their work' (HPC 2006b), will fully meet the assessment criteria. If the PSL has shown not to improve practice because it has not been necessary or action needs to be taken in the future to improve their practice then this will also meet the assessment criteria as long as the ODP can show consideration for this in their statement. (HPC 2006b)
Four The HPC (2006a) states that a registrant 'must seek to ensure that their CPD benefits the service user'.	By giving an explanation to the assessor of how the PSL has benefited service users, either directly or indirectly (HPC 2006b) the PSL will meet the assessment criteria for standard four.
Five The HPC (2006a) states that a registrant 'must present a written profile containing evidence of their CPD upon request'.	The ODP's PSL can be an important part of a finished CPD profile and can give a good foundation on which to base future CPD activities.

events. This is to ensure complete anonymity in order to comply with the Data Protection Act 1998.

The left-hand column of figures in the statistics box indicates the total occurrences, the right-hand column depicts the statistic as an overall percentage. Looking at the IV cannulation failure rate, it shows that no action is needed to adjust working practice. A 5% failure rate in IV cannulation could be deemed an acceptable level, but it could be concluded that the mix of surgical specialities needs to be investigated. The on-call commitment requires skill in all surgical specialities and to keep up the skills for the on-call commitment, the statistics indicate that an update of skills in general, ENT, genitourinary and vascular disciplines is required.

The example PSL also includes a basic accuracy monitor determined by how many times the PSL is altered over a period of time.

Conclusion

A PSL that contains practice-based information (rather than personal patient information) in order to gain real time data to find any shortfalls in an individual's practice can serve as a useful tool. If the information can be used to improve the ODP's standard of care then it is an even more worthwhile tool. End users (patients) will ultimately benefit from this improvement. A PSL can also be used as a useful reference tool during the ODP's IPR.

A PSL completed on a daily basis takes very little effort to maintain and with modern computer technology, auto-complete techniques used by computers means very little time is consumed in carrying out this task.

A PSL presented with evidence in the form of a written summary over the two-year period of registration, cross-referenced with the HPC's standards within the CPD profile, will become an integral part of an ODP's CPD profile for audit purposes. CODP

How to obtain a PSL

A free copy of the example PSL, specifically designed for anaesthetics, but which can be easily altered to meet most practice requirements, is available. Email the editor, who will forward your details. It is for general circulation, provided the basic format is not changed. John Gray is now designing a scrub practitioner's PSL.

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