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**Key performance indicator improvement in rehabilitation with frequent audit and feedback mechanisms**

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**Objectives/aim**

This study tested the effects of a sustained and frequent program of audit and feedback on adherence to acquired brain injury (ABI) rehabilitation CPGs in an inpatient setting

**Methods**

Using a periodic service review method, rehabilitation care was audited fortnightly for 46 weeks against ten published ABI rehabilitation guidelines. Auditing included medical record review, staff and patient / family interview. Fortnightly, feedback sessions were provided to clinicians which summarised the observed clinical adherence to the guidelines, and using positive behaviour feedback strategies, the facilitator encouraged them to assess and adjust their own performance. At the completion of intervention, audit and feedback was withdrawn. After this 3-month break, n=20 randomly selected cases were audited to determine if adherence was maintained following withdrawal.

**Main findings**

23 audit/feedback cycles led to an improvement from 34% to 96% adherence to CPG observable criteria. This 54% improvement in adherence was both clinically and statistically significant (p=0.0001). Following the 3-month withdrawal period, adherence had reduced (although not to baseline levels). Full details of the indicators more susceptible to the withdrawal of feedback will be discussed. Intensive audit and feedback improves clinical adherence to rehabilitation CPGs in a busy inpatient service. To achieve sustainable change in practice we recommend that audit and feedback is incorporated into usual rehabilitation, and thus, becomes the responsibility of clinicians rather than researchers