

TRUST BOARD MEETING - DECEMBER 2008

Title of the Paper:	Quality Indicators & Nursing Metrics
Agenda Item:	200/08
Author:	Gary Etheridge, Director of Nursing & Patient Services
Trust Objective:	Strategic Objective 2 - Improved Rating with Annual Health Check (SFBH Core Standards - contribute to: C1a, C4a, C14c, D1)
Key Issues: The use of Quality Indicators to measure nursing care provision within clinical areas was implemented as a measurement tool within the Trust in June 2008. The recent report <i>State of the Art Metrics for Nursing: a Rapid Appraisal (Kings College London 2008)</i> , commissioned by the Chief Nursing Officer, England, reviewed the status of the evidence base on Nursing Metrics and offers a set of recommendations which will frame future development of Nursing Metrics within the Trust.	
Purpose: This paper informs the Board on progress to date in implementing Quality Indicators, and identifies future development of Nursing Metrics to inform and drive safe, effective and compassionate nursing care.	
Risk Implications for the Trust (<i>including any Clinical and Financial Consequences</i>):	Mitigating Actions (<i>Controls</i>):
Insufficient resource/infrastructure to support accurate and timely data collection and collation.	Identification of a set of Quality Indicators which can be realistically measured, utilising existing information available.
Level of Assurance that can be Given to the Trust Board from the Report Sufficient.	
Links to Key Line of Enquiry (KLOE 1 - 5) N/A	
Recommendation to the Trust Board Trust Board members are asked to note the contents of the report.	

Public Board Meeting: 18th December 2008

Quality Indicators & Nursing Metrics

Presented by: Gary Etheridge Director of Nursing & Patient Services

1. Purpose

This paper informs the Trust Board on progress to date in implementing Quality Indicators, and identifies future development of Nursing Metrics to inform and drive safe, effective and compassionate nursing care.

2. Background

The prioritisation of quality within the Next Stage Review of the NHS and the commitment to hold Trusts accountable for and reward quality of care, promises a renewed but relentless focus on quality care provision.

The recent report *State of the Art Metrics for Nursing: a Rapid Appraisal* (Kings College London, 2008), commissioned by the Chief Nursing Officer, Department of Health, reviews the status of the evidence base on Nursing Metrics and provides a road map and set of recommendations for taking nursing forward, and how they will improve quality, focusing on safety, effectiveness and compassion.

Indicators facilitate an understanding of a system and how it can be improved, monitoring performance against agreed standards or benchmarks. They provide a mechanism whereby care providers can be accountable for the quality of their nursing services. The key purpose is to turn valid data into actionable information, which will have a positive impact on quality care provision.

Feedback on performance provides frontline staff with information on trends, emerging problems and success. Feedback can also help Senior Nurses articulate nursing contribution and challenges in tangible terms when negotiating resource to sustain and support quality.

3. Implementation of Quality Indicators & Nursing Metrics

3i Current Position

Within the Trust the following Quality Indicators have been collected since June 2008:

Number of patients who have acquired pressure ulcers for the first time over the previous month
Number of patients who have acquired MRSA for the first time over the previous month
Number of Patients who have acquired C. diff for the first time over the previous month
Number of MRSA Bacteraemias
Medication errors
Number of patient falls
Short-term sickness % defined as lasting less than seven days
Number of formal written complaints

A quality scorecard, using red highlighted areas identifies any variances in best practice. The numbers act merely as a prompt for further investigation and patterns can then be identified.

The Director of Nursing meets monthly with Divisional Heads of Nursing/Midwifery and Matrons, to discuss challenges, share best practice and identify actions which will improve quality of care.

3ii Future Direction

Building on the Trust's existing performance and reporting framework, and in alignment with the recommendations from the report '*State of the Art Metrics for Nursing*, a review of existing Quality Indicators will be undertaken in conjunction with Senior Nurses at an away day planned for early January 2009.

The above report identifies a number of potential Indicators, which are associated with variation in the quality of nursing. 'Front runners' have emerged based on strength of evidence or strength of opinion supporting the evidence. These Indicators are categorised under the headings: Safety, Effectiveness and Compassion.

Safety

- Failure to Rescue
- Healthcare Associated Pneumonia
- Healthcare Associated Infections
- Pressure Ulcers
- Falls

Effectiveness

- Staffing Levels and Patterns
- Staff Satisfaction
- Staff Perception of the Practice Environment

Compassion

- Experience of Care (Patient - reported)
- Communication (Patient - reported)

Whilst it is reassuring that the Trust currently collects and collates information in relation to five of the recommended Indicators, a preliminary review indicates the need to explore in more depth the ability to measure Failure to Rescue; Healthcare Associated Pneumonia; Staff Satisfaction and Staffing Levels and Patterns.

4. Conclusion

Whilst Indicators cannot provide a complete picture or a complete solution, they can provide a powerful mechanism to incentivise quality by making the contribution of nursing more visible in the healthcare system.

Most important, feedback on performance that is based on important measures of nursing can improve nursing care quality by providing frontline staff with information on trends, emerging problems and successes.

Nursing Metrics can also potentially empower the public to choose between care options using Indicators based on an aspect of health services which clearly matters to them as much as it matters to the profession: the quality of nursing care.

5. Recommendation

Trust Board members are asked to note the contents of this report.

Gary Etheridge
Director of Nursing & Patient Services