

TRUST BOARD MEETING – 24 November 2011

Title of the Paper:	Measuring Quality- Nursing & Midwifery Quality Indicators	
Agenda item:	178/11	
Author:	Natalie Forrest, Director of Nursing	
Trust Objective:	Strategic Objective 2- Improved rating Annual Health Check	
Key issues Increase in number of grade 1&2 pressure ulcers following intensive training of staff and reductions in the number of normal births.		
Purpose To provide the Trust Board with information and data on key quality indicators within in patient services		
Risk Implications for the Trust (<i>including any clinical and financial consequences</i>):		Mitigating Actions (<i>Controls</i>):
Potential limited compliance with CQC Outcome 5 Meeting Nutritional Needs.		Regular monitoring and corrective actions to achieve required level of compliance
Level of Assurance that can be given to the Trust Board from the report [significant, sufficient, limited, none]: Sufficient with plans for improvement identified		
Links to CQC, BAF CQC Outcomes		
Legal Implications: None		
Recommendation to the Trust Board: For information and noting		

West Hertfordshire Nursing Quality Indicators Report (June – September 2011)

1. Introduction

This report sets out the performance of the Trust in the delivery against agreed Nursing Quality Indicators for the period June - September 2011.

2. Background

The initial Nursing Quality Indicators report was presented to the Board in March 2011 and agreement reached on the core quality indicators and targets that would be set across all divisions providing in patient services.

2.1 This paper will report on the Nursing Quality Indicators measured across the Trust during June, July, August and September and the initiatives used to maintain /improve the quality of nursing so enhancing the patients experience during their stay in hospital.

Quality Indicator	Data Definition	Measure definition
Slips , Trips & Falls that have resulted in harm (over 65yr)	Reduction in number of falls sustained by people over 65 years of age, resulting in harm.	Physical injury occurs by age band per thousand bed days
Commode Audit	Zero tolerance to any unclean commode	Clean commodes
Hand Hygiene Audit (Nurses)	Zero tolerance to non compliance	95-100% compliance
Hospital Acquired Pressure Ulcers	All patients with a newly developed pressure ulcer following admission to WHHT	50% reduction in grade 1&2 pressure ulcers Zero tolerance to grade 3&4 pressure ulcers
Medication Errors	Reduction in the number of medications omitted	Reduction in number of omitted medications
Failure to Rescue	Cardiac/respiratory arrest (Excluding ITU, A&E & CCU)	Reduction in number of cardiac/ respiratory arrests
Nutrition	All patients have their weight recorded	90% Compliance
Complaints	To identify and reduce the number of complaints	Reduction in the number of complaints made
Normal Deliveries	To increase the 'normal birth rate' within West Herts.	Increase in the number of 'normal deliveries'.

2.2 Monthly data collection of the agreed quality indicators commenced October 2010.

2.3 **Monthly data collection June – Sept 2011**

Quality Indicator	June-11	July-11	Aug-11	Sept-11	RAG Rating
Slips, Trips & Falls that have resulted in harm (over 65yr) per 1000 bed days	2.5	2.3	1.6	2.8	R: any increase A: no change G: any decrease
Commode audit	99.6%	97.8%	99%	99%	R: < 95% A: 95%-99.9% G: 100%
Hand Hygiene audit (Nurses)	98%	98%	99%	99%	R: < 90% A: 90%-99.9% G: 100%
Hospital Acquired Pressure Ulcers Grade 1&2	18	23	22	34	R: >15 A: 10-14.9 G: 15
Hospital Acquired Avoidable Pressure Ulcers Grade 3&4	1 grade 3 3	0	1 grade 3 1 grade 4	0	R: > 1.0 A: 1.0 G: 0
Medication Errors	32	32	38	23	R: any increase A: no change G: any decrease
Failure to Rescue	18	23	17	11	R: any increase A: no change G: any decrease
Nutrition	67.5%	59%	53%	59%	R: < 80% A: 80% -89.9% G: 90%
Number of Complaints (wards areas)	27	22	29	33	R: any increase A: no change G: any decrease
(Maternity Target) Number of Normal Deliveries	60.7%	59.0%	53.3%	51.4%	R: >54.9% A: 55%-59.9% G: 60%

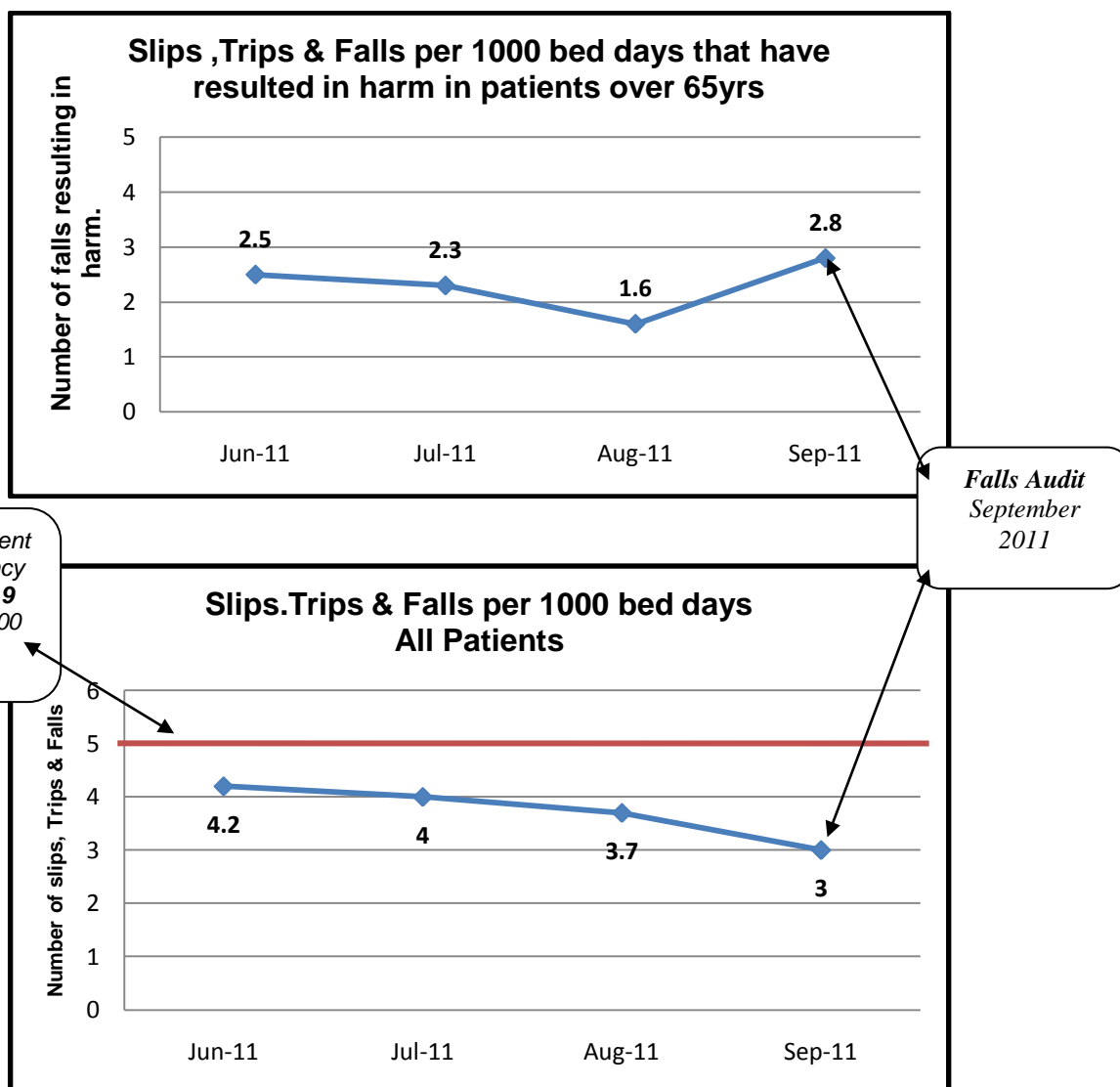
The RAG rating system has been used to identify compliance.

Target not reached	R
Working towards Target	A
Target Reached	G

3.1 Slips, Trips & Falls

A Patient fall with injury is an unplanned / unintentional descent to the floor with injury, regardless of the cause.

- The number of reported falls in the over 65yr olds resulting in harm showed a gradual decrease from June to August .There was an increase in September that has been identified in the falls audit as potentially due to a reduced compliance with completion of the falls care plan and pathway.
- Majority of falls occur when the patients were walking out to/from the toilet.

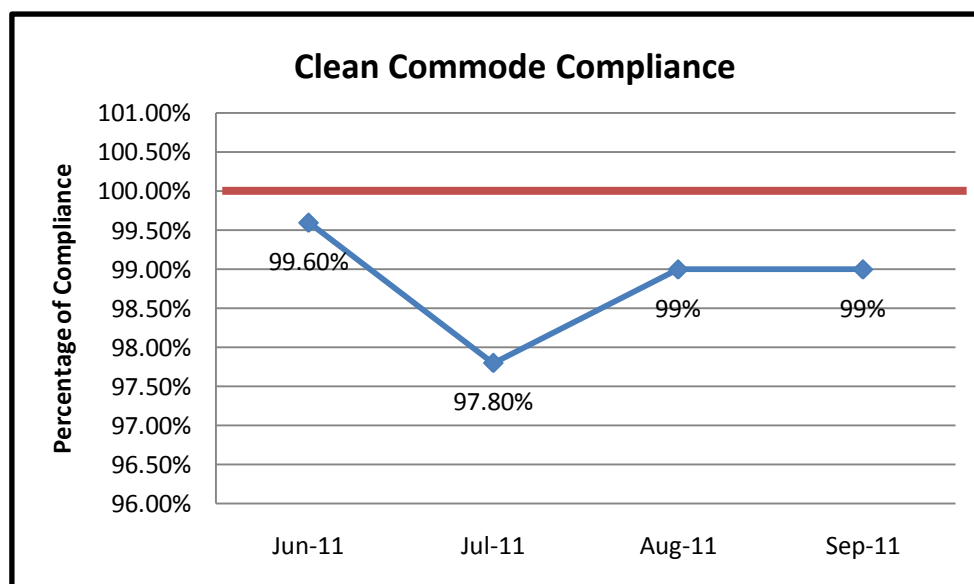


- Hourly rounds continue to be used in all the ward areas in an attempt to reduce the number of falls.
- The roll out of the 'falls care pathway' across the ward areas has heightened staff awareness in the planning of appropriate care for those patients identified at risk of falling but there is a need to improve on compliance with completion of the falls care plan and pathway.

3.2 Commode Audit

All commodes must be left in a clean condition ready for use after each patient use.

- The Infection control team audits the wards every week for non compliance for clean commodes.
- Those areas not achieving 100% are being audited twice weekly by the infection control team.

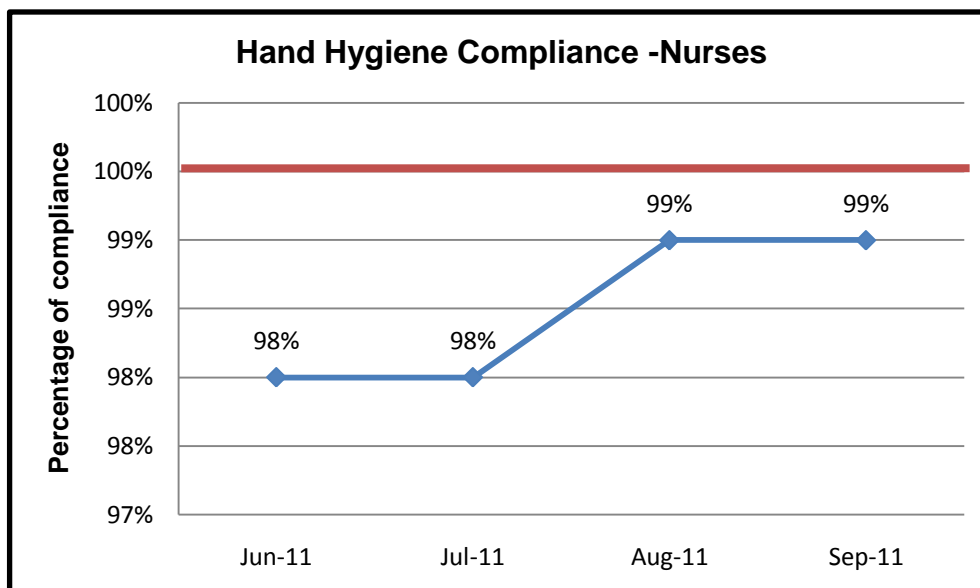


Target
100%

3.3 Hand Hygiene Compliance - Nurses

The target for nurses hand hygiene is 100%; the Infection Control Team continues to audit all areas for the compliance.

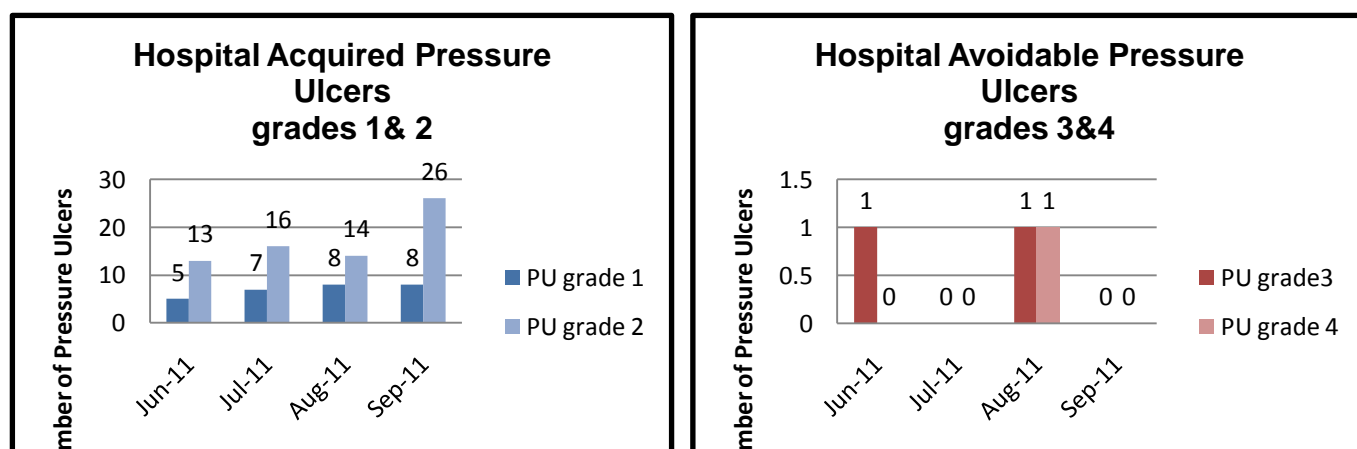
- The majority of areas are achieving this target with the Trust overall compliance currently running at 99%.



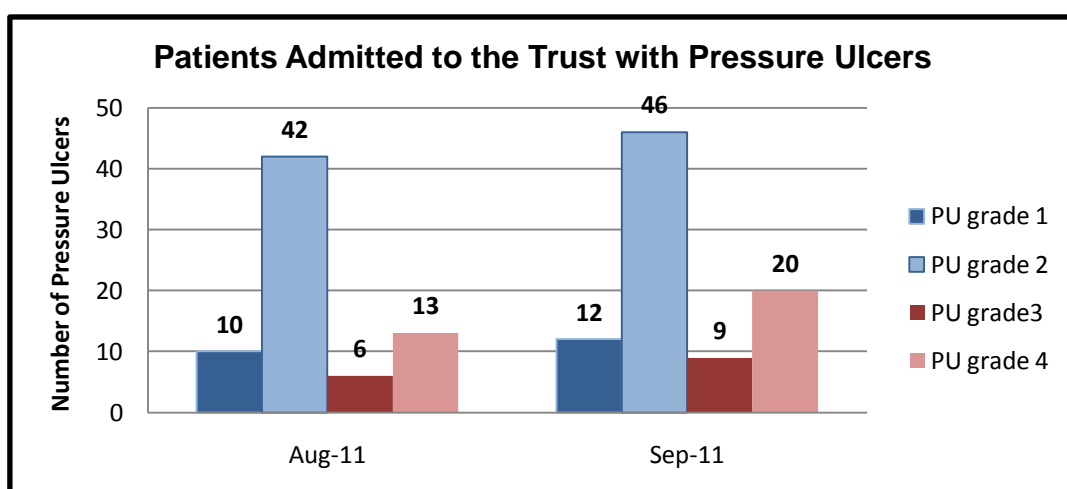
Target
100%

3.4 Hospital Acquired Pressure Ulcers

The Tissue Viability Team (TVT) collects the pressure ulcer data weekly. The data collated refers to the number of pressure ulcers (PU) rather than the number of patients with pressure ulcers.



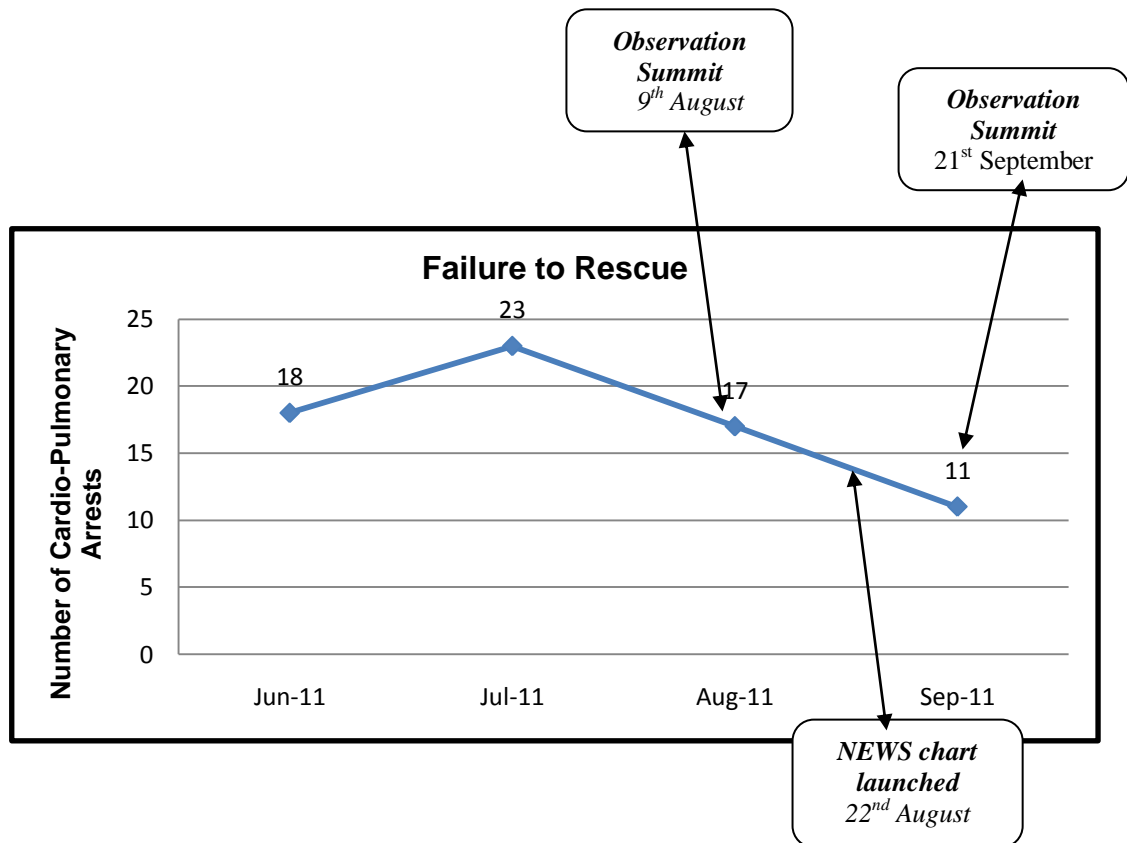
- The Pressure Ulcer reduction project continues to be implemented across the Trust by the TVT. The aim of this project is to reduce the incidence of grade 1&2 PU by 50%. So far the results show an increase in the number of grade 2 pressure ulcers reported. This may be due to the increased awareness of staff following instruction given by the TVT on correct identification of the cause of tissue damage.
- A grade 4 pressure ulcer was reported in September but has been investigated and deemed to be unavoidable and will therefore not be counted against the CQUIN target for 2011/12.
- Following a request at the last Trust Board Meeting on the Quality Indicators to include the number of patients admitted to the Trust with pre-existing pressure ulcers, this data is detailed below for August & September.



3.5 Failure to Rescue

This indicator refers to the 'deteriorating' patient. Clinical deterioration can occur at any time during a patient's illness. Failure to recognise this deterioration and act appropriately may result in cardio-respiratory arrest.

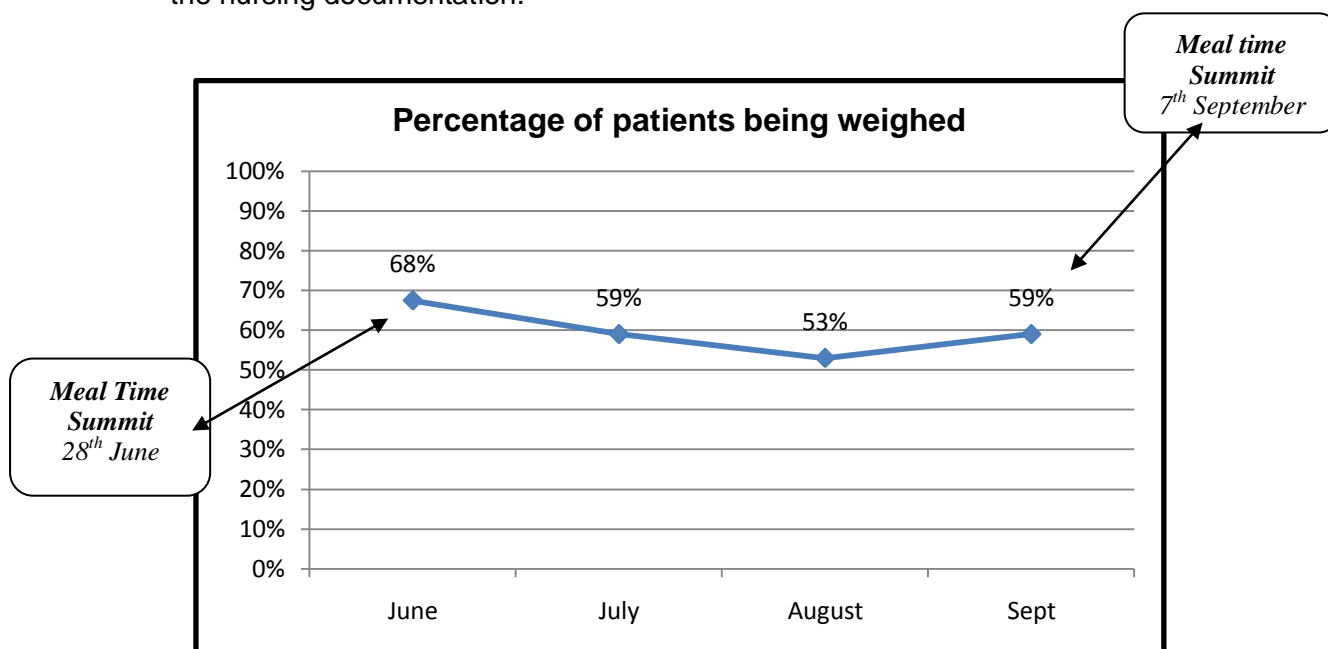
- The critical care team reviewed the observation recording chart to develop the NEWS (National Early Warning Score) chart. The NEWS chart enables the nurse to record the patients vital signs and then triggers the nurse to act appropriately to the severity of the deterioration in the patients' condition and so improve patient outcome.
- Prior to the launch of the NEWS chart on 22nd August 2011, the outreach team promoted the NEWS chart and gave teaching sessions to all wards on how to complete the chart, instruct staff about the escalation of care table and how to contact the outreach team for help and advice.
- In September the out reach team recorded a slight increase in the number of referrals made to them to review deteriorating patients for advice, which could be due to the teaching sessions in August.



- The Releasing Time to Care (RTTC) project nurses held 'Observation Summits' in August and September, well attended by all grades of nurse. There were discussions on the equipment used to record the observations and who/ when these observations were recorded and there was further promotion of the NEWS charts and the escalation of care.

3.6 Nutrition

- The nutritional specialist nurse continues to monitor results of the number of patients being weighed each month across the Trust. Every month the Housekeeper on the ward randomly selects 10 patients and checks how many have a weight recorded in the nursing documentation.



- The number of wards now auditing patient weight have increased to 19 which has resulted in a slight drop in the percentage of patients weight being recorded, as the new areas embed this practise.
- The Nutritional Specialist Nurse has planned an intense training programme for the Care of the Elderly wards targeting all aspects of nutrition from screening the patient on admission, appropriate referral to dietitian & completion of fluid, food and nutritional care plans. This will take place over 16 sessions during November enabling all staff the opportunity to attend.
- The Nutritional Specialist Nurse has recruited 'mealtime volunteers' to help the wards at mealtimes. These volunteers will have undergone a period of training and will be expected to be involved in the whole process of meals from preparing the patient for their meal, giving out the meals and help those patients that have difficulty feeding themselves. The training was performed by the Nutritional Nurse Specialist, a dietitian and a speech and language specialist. There has also been a good response from Trust employees who have volunteered a lunch time to assist wards at mealtimes- these staff will also under go training.
- The Malnutrition Universal Screening Tool ('MUST') has now been trialled successfully on 2 wards within the Trust. The MUST tool will be rolled out to all wards across the Trust in 2012 following training by Nutritional Specialist Nurse.

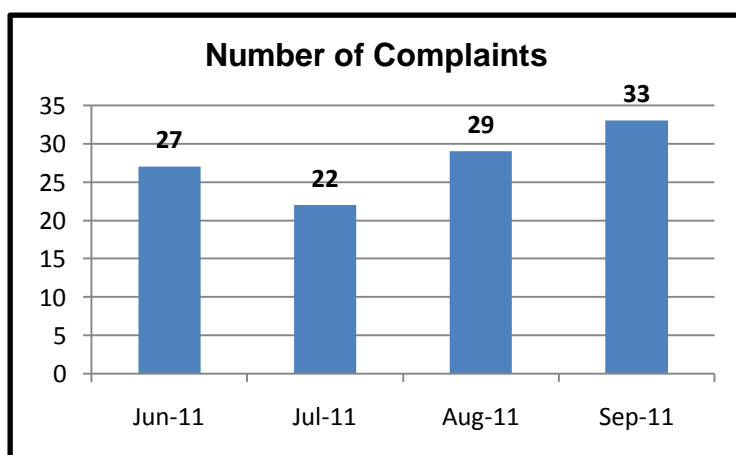
As a result of the nutritional summits a Standard Operating Procedure (SOP) for mealtimes was formulated. This procedure has been processed into laminated posters that are now displayed in the ward areas to ensure all staff across the Trust follows the same processes at mealtimes and the gold standards for nutrition.

- Seven drinks a day
- Patients to make their meal choice using the full size menu only (staff will then complete the menu cards)
- All members of ward staff to be available to deliver/ assist meals
- Patients to eat meals uninterrupted
- Red tray/ beaker/ jugs to highlight assistance with feeding required.

3.7 Complaints by Ward

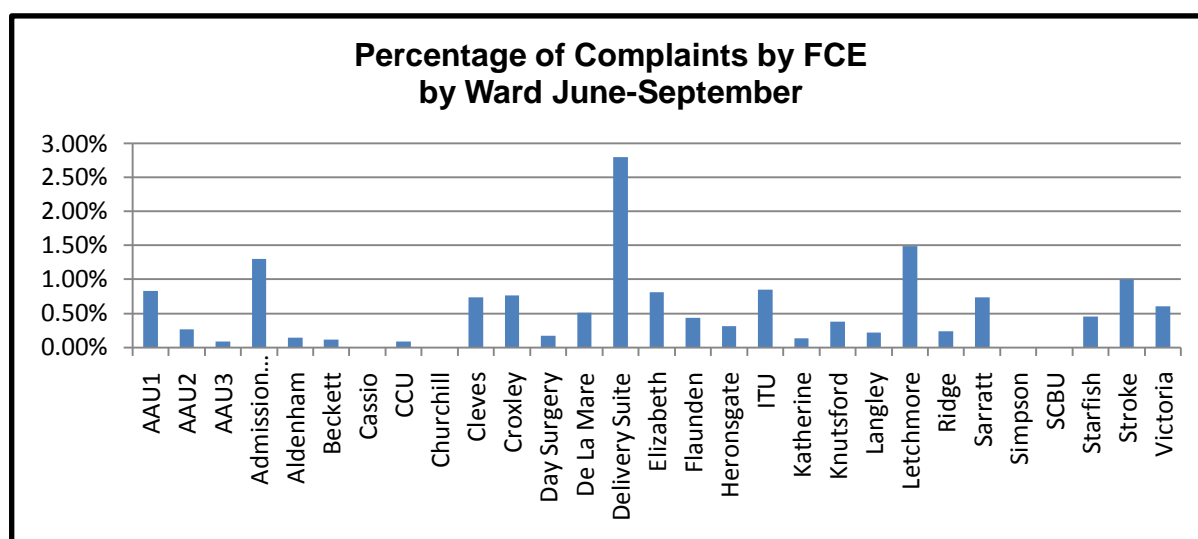
The data for this indicator is provided by the complaints department and shows the number of complaints from June to September.

This quality indicator identifies trends in complaints and wherever possible to find ways to resolve/reduce the incidence of these, to improve the overall service we provide our patients and their relatives/visitors.



There were 111 complaints made during the period June-September. The number of complaints has remained fairly static each month with a slight increase reported in August.

The distribution of these complaints in the inpatients areas are shown in the following graph.



The number of complaints made against each ward/department has been shown as a percentage against the finished consultant episode (FCE) from that ward/department .

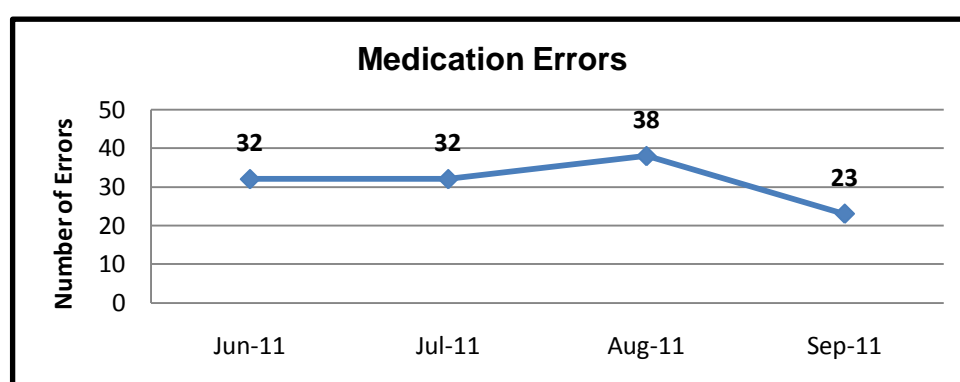
The complaints department records the main theme of each complaint, the 5 most frequent occurring themes were: all aspects of clinical treatment (47), admission and discharge (16), communication/information to patient (13), attitudes of staff (11) and delay/cancellation in appointments (2).

The next report will identify themes specific to nursing staff as the complaints department have added further details to their criteria for the 'compliant themes'. This will enable the nursing staff to address those that are pertinent to them.

The nursing staff have developed and are now using 'transfer forms' to assist in the transfer of patient information from ward to ward when a patient is being transferred to reduce the potential for information being missed or not communicated to the receiving ward.

3.8 Medication Errors

The medication errors data is obtained from Datix and collated by the divisional risk leads.



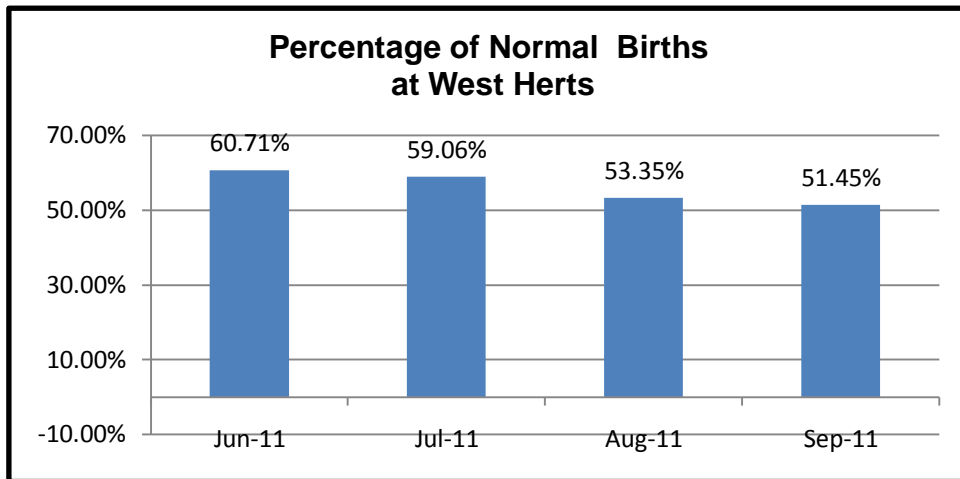
The number of medication errors reported across the Trust remains unchanged. Each medication error had a different cause and not all are nurse related. This quality indicator will be replaced with data on omission in medication following the launch of the new Medication chart in 2012.

This new medication chart will allow pharmacy to audit and report the omissions in medication in more detail; and will enable the nursing staff to review and make appropriate actions.

3.9 Normal Births

A new Quality Indicator 'Normal Births' has been added to this report. The data is obtained from the maternity division. A 'Normal Birth' is one where a woman has a spontaneous vaginal delivery of their baby without the need for any instrumental or surgical intervention. For women, the benefits of a normal birth include improvements in morbidity rates and for those women delivering in hospital a quicker return home to their families. The reduction in the level of unnecessary interventions also results in a reduction of unnecessary complications.

The data reports the percentage of 'normal births' of babies being delivered within the Trust and in the Community of West Herts against a target rate of 60% and above. The maternity unit is currently investigating the reason for the reduction in normal births and subsequent reports will be able to describe actions to improve.



4. Conclusion

This report demonstrates a reduction in the number of patients that we failed to rescue, maintenance of the infection control standards and a continued improvement in grade 3 and 4 pressure ulcers.

Focused action will be on falls and grade 2 pressure ulcers for the next quarter with the challenge of sustaining the improvements achieved above.

5. Action for the Board

The Board is asked to receive this report and agree the focus for the next quarter.

Natalie Forrest
Director of Nursing
November 2011