West Hertfordshire Hospitals NHS
NHS Trust

Public Board Meeting 29 March 2012

West Hertfordshire Nursing Quality Indicators Report (October 2011 – January 2012)

Presented by: Natalie Forrest, Director of Nursing

1. Introduction

This report sets out the performance of the Trust in the delivery against agreed Nursing Quality Indicators for the period October 2011 – January 2012.

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 from October 2011 to and inclusive of January 2012 and 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 avoidable 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 (Excludes 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'.

Summary of monthly data collection Oct 2011 – Jan 2012

Quality Indicator	Oct 2011	Nov 2011	Dec 2011	Jan 2012	RAG Rating
Slips, Trips & Falls that have resulted in harm (over 65yr) per 1000 bed days	0.15	0.3	0.17	**0.42**	R:any increase A:no change G:any decrease
Commode audit	**95%**	**99%**	**95.4%**	**94%**	R: < 95% A: 95%-99.9% G: 100%
Hand Hygiene audit (Nurses)	**100%**	**100%**	**100%**	**100%**	R: < 90% A: 90%-99.9% G: 100%
Hospital Acquired Pressure Ulcers Grade 1&2	**G1=2 G2=11**	**G1=6 G2=15**	**G1=8 G2=23**	**G1=12 G2=26**	R: >15 A: 10-14.9 G: 15
Hospital Acquired Avoidable Pressure Ulcers Grade 3&4	**G3=1 G4=0**	**G3=1 G4=0**	**G3=2 G4=0**	**G3=1 G4=0**	R: > 1.0 A: 1.0 G: 0
Medication Errors	**20**	**15**	**16**	**12**	R:any increase A:no change G:any decrease
Failure to Rescue	**10**	**27**	**23**	**38**	R:any increase A:no change G: any decrease
Nutrition	**64.2%**	**80.5%**	**65%**	**79%**	R: < 80% A: 80% -89.9% G:90%
Number of Complaints (wards areas)	**42**	**32**	**27**	**21**	R:any increase A:no change G:any decrease
Normal Deliveries	**50.7**	**52.6**	**51.8**	**55.8**	R:< 55% A: 55-59.9% G: 60%

RAG rating has been used to identify compliance

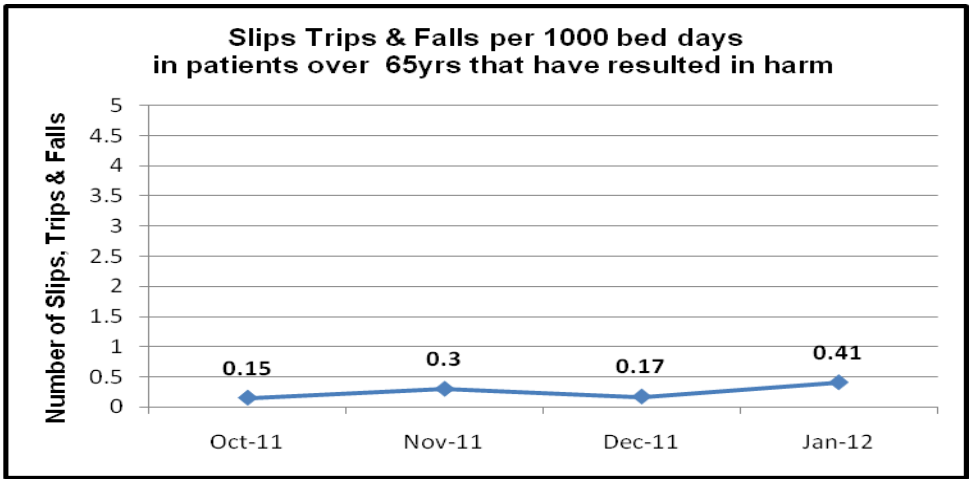
Target Not reached	R
Working Towards Target	A

Target Reached	G

3.1 Slips, Trips & Falls

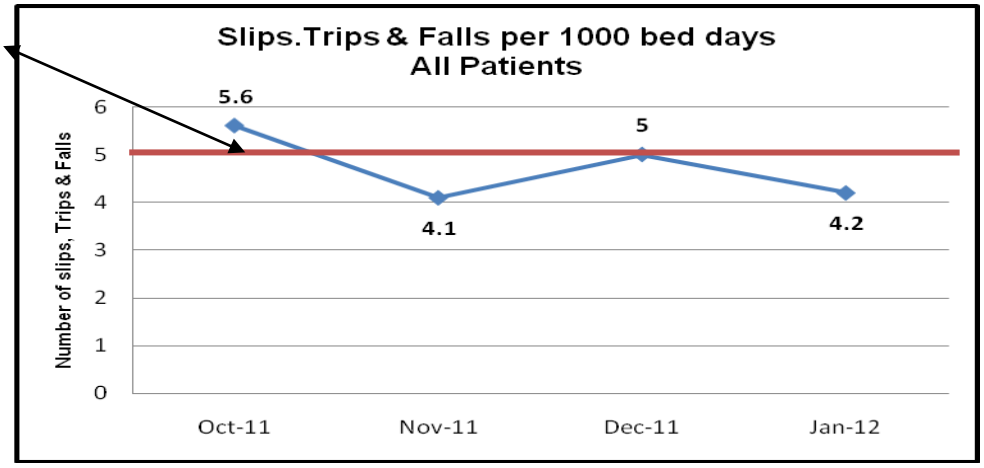
A Patient fall with injury is an unplanned / unintentional descent to the floor with injury, regardless of the cause.

- The number of reported falls in the over 65yr olds resulting in harm has increased in the last quarter. This may be due to the increase in activity with the opening of additional beds in the surge unit and use of Cardiac Catheter Lab to cope with the winter bed pressures.



- Hourly rounds continue to be used in all the ward areas in an attempt to reduce the number of falls.

National Patient Safety Agency ***Average 4.9 falls*** *per 1000 bed days*



- Some of the falls have been as a result of patients walking around the ward area either with bare feet or wearing their anti emboli stocking without wearing any slippers/shoes.

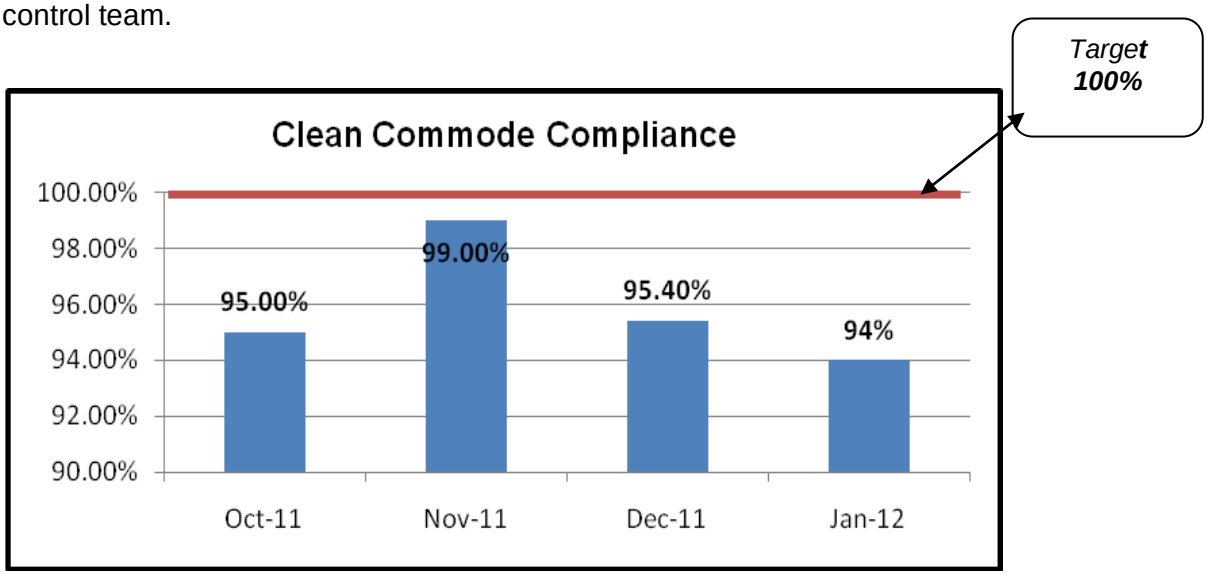
- The Trust does supply disposable slippers to those patients admitted with no indoor footwear but the compliance by patients to wear these slippers is poor. The Trust is

looking at different design of slipper to improve patient compliance and so reduce the risk of falls caused by wearing no footwear.

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.

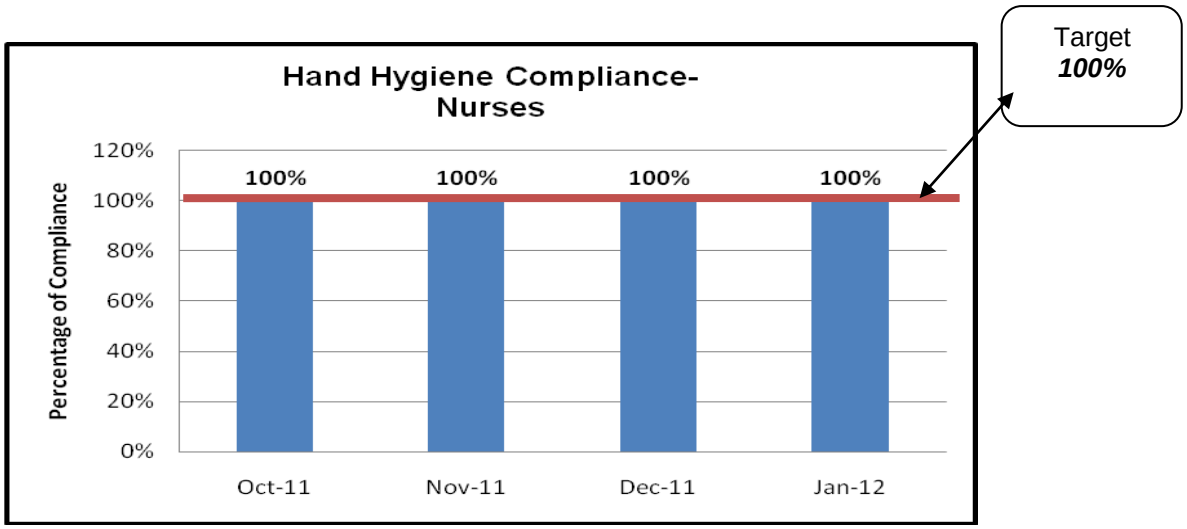


- Infection control team work alongside staff to check and demonstrate the correct process for cleaning commodes to ensure standards are kept consistent across the Trust.

3.3 Hand Hygiene Compliance - Nurses

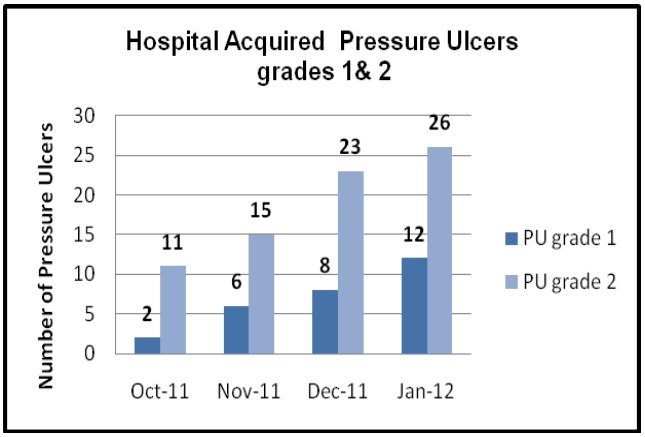
The target for nurses hand hygiene is 100%; the Infection Control Team continues to audit all areas for compliance.

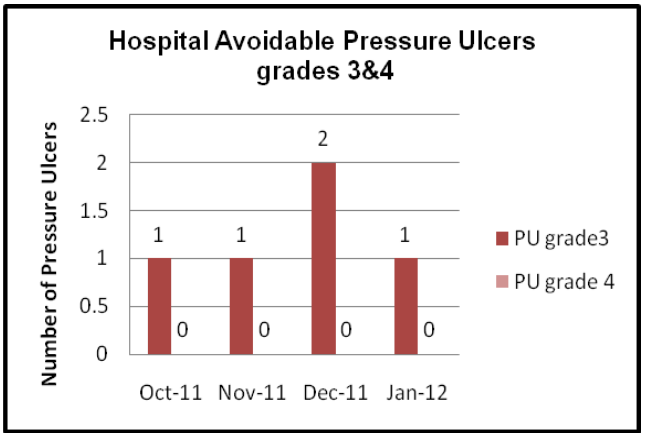
- All areas are achieving this target with the Trust overall compliance running consistently at 100%.



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.





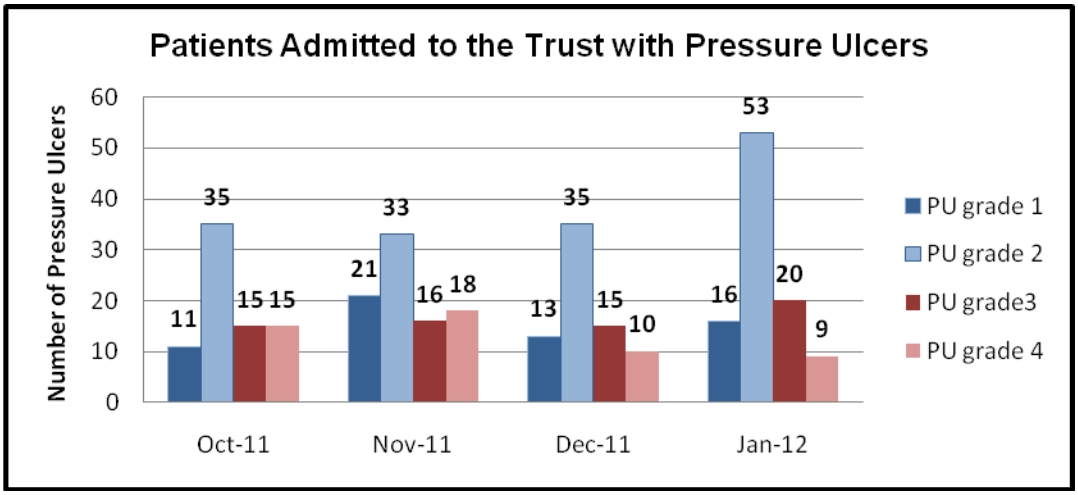
- The TVNS has noted a slight rise in grade 2 hospital acquired facial pressure ulcers caused by BIPAP masks and ET tubing in ITU. The ties used to hold the tubes in place has been changed to reduce the occurrence of these.

- The increase in garde 2 pressure ulcers in January is consistent with the seasonal variation noted at this time of year

- There has been an increase in the return rate of the weekly reporting forms across all areas (16 of 23 areas achieved 100% returns with the remaining areas achieving 75% compared with an average of 50 % - 60% returns in previous months)

- The number of hospital acquired avoidable grade 3 pressure ulcers has reduced in January and there has been consistently good compliance with hospital acquired avoidable pressure ulcers grade 4 remaining at zero.

- Following a request at the last Trust Board Meeting to include the number of patients admitted to the Trust with pre-existing pressure ulcers, this data is detailed below for October 2011 – January 2012.



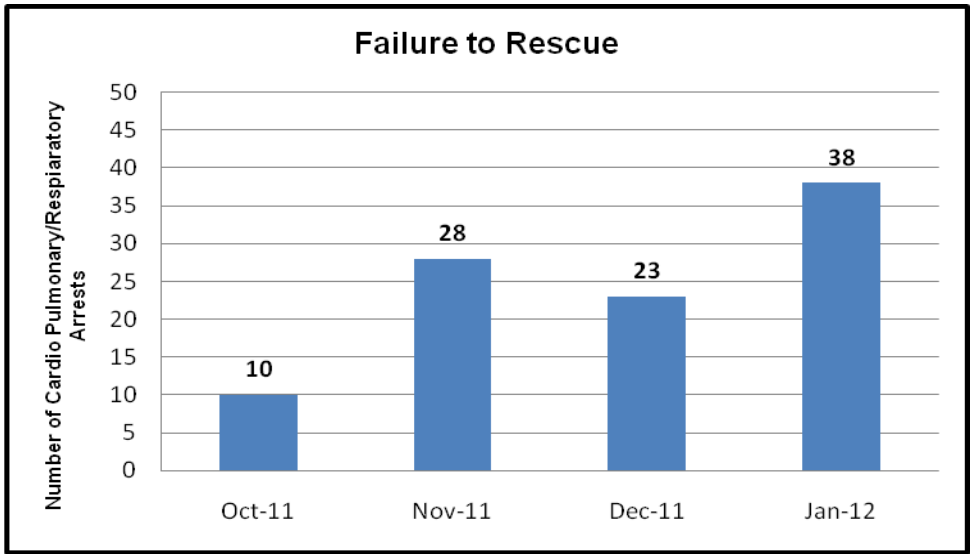
3.5 Failure to Rescue

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 NEWS (National Early Warning Score) chart was launched on 22nd August 2011 by the critical care team. The NEWS chart enables the nurse to record the patient's 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.

- The critical care outreach team have received a significant increase in referrals made by nursing staff since the introduction of the NEWS chart; the escalation advice given on the NEWS chart has empowered nurses to take appropriate action and refer patients to the doctor and outreach team at the earliest sign of a patients condition deteriorating.

- The NEWS chart is being altered to ease the recording of observations taken and the documentation of the action taken. There will be clear instruction indicating exactly how to complete the chart .The word escalation is being replaced by the word reporting in the escalation instructions as some staff were unclear about its meaning. These changes should further improve the nurses' compliance to clearly document the patients' observation.

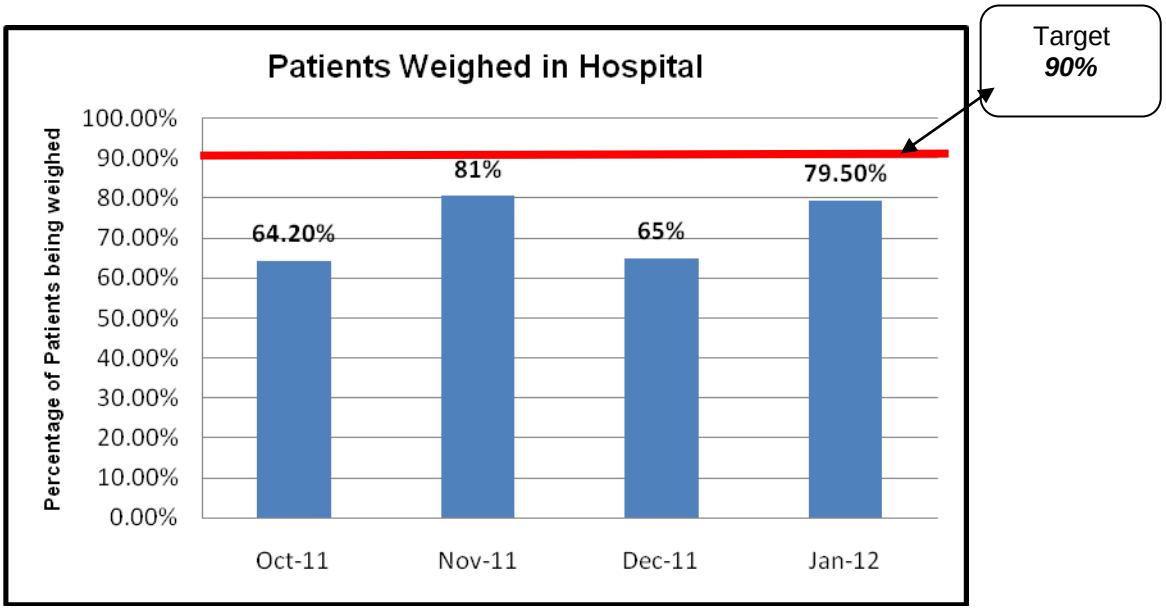


The Productive Ward Team is tasking all ward areas to complete the 'Ward Patient Observation Module' by the end of March 2012. This module covers various aspects including monitoring and recording observations, identifying staff that are competent to take and record patient observations and to whom should they report their findings and to escalate the NEWS results to the doctors and outreach teams as appropriate, according to the early warning score.

All wards will be expected to audit compliance and to share results with all team members and good practice across wards/departments, resulting in the improvement of patient outcomes.

3.6 Nutrition

- The nutrition 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.



- As the wards embed the practice of weighing their patients every week the percentage of patients weight being recorded is starting to improve.

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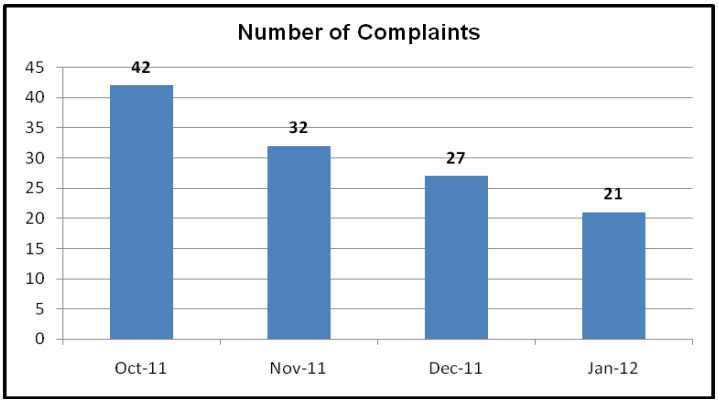
3.7 Complaints by Ward

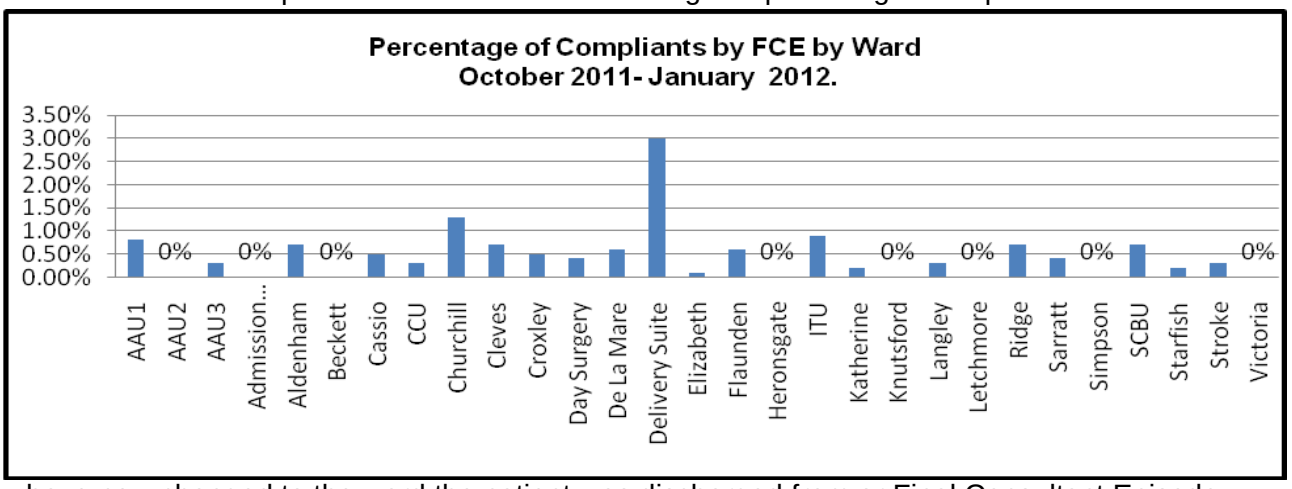
The data for this indicator is provided by the complaints department and shows the number of complaints from October 2011 to January 2012.

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.



The gradual decrease in the number of complaints noted from October 2011 –January 2012 is consistent with the normal trend for this time of year.

Complaints were recorded against the ward where the patient was initially admitted but with the majority of patients admitted via A&E to AAU this method misrepresented AAU as the area with most complaints. The criteria for recording complaints against a particular area

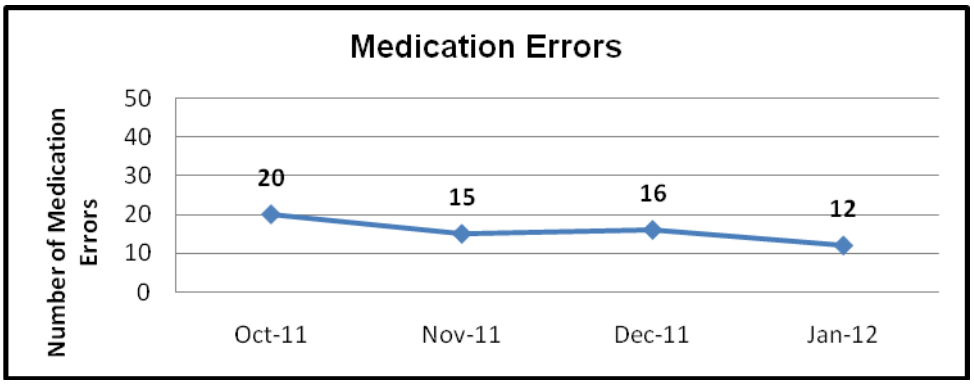


have now changed to the ward the patient was discharged from or Final Consultant Episode (FCE). This shows a better representation of wards /departments receiving complaints.

The top three commonly reported complaints were communication, discharge arrangements and clinical care. All three types of complaints occurred in two of the three areas with the highest percentage.

3.8 Medication Errors

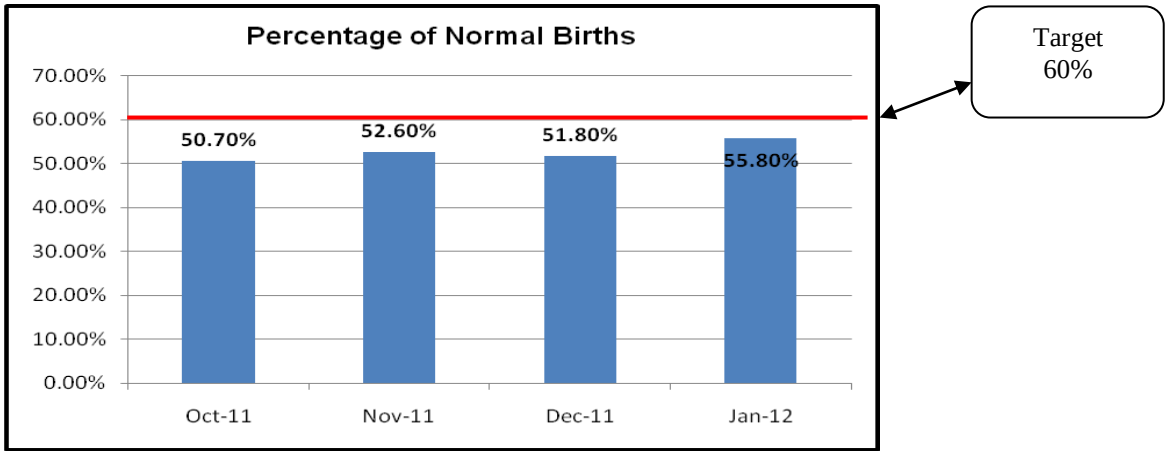
The medication errors data is obtained from Datix and collated by the divisional risk leads.



The number of medication errors reported across the Trust remains unchanged. Each medication error had a different cause and not all are nurse related therefore this quality indicator will be replaced with data on ommission in medication following the launch of the new medication chart in May 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 take appropriate actions to improve practice.

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 Hertfordshire against a target rate of 60% and above.



4. Conclusion

This fourth report demonstrates some improvements in practice and reporting despite the unprecedented level of emergency activity experienced by the Trust in the latter half of the period of this report.

The information presented in this report will continue to be shared with the nursing and midwifery workforce and actions to improve performance identified and progressed.

Natalie Forrest
Director of Nursing
March 2012