Quality improvement using Nursing Data

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The old ways of audit and quality improvement

- Manual audit
- Small patient sample
- Often has a bias towards best practice in selecting patient sample
- ?reported online / submitted in spread sheet to email address
- Collated and then distributed to distribution list
- Events being reviewed are now 1+ months in areas (often more)
- Action can be taken to improve but…
  - Hard to know if the sample is reprehensive of the whole – its easy to select your "best" sample
  - Improvement wont show in the data for 2 months (next months data is already partially completed)

Designing a nursing report from the EPR

Our design for a nursing audit report:

- Large scale audit, every patient, on every ward, every month
- Offer both in month view and longitudinal view of data for clinical areas
- Provide both the numerator and denominator on a drill down page, with access to individual staff reports and patient level reports.
- Open access – every member of staff from director of Nursing to staff nurse has access at the same time.

Numerator v Denominator make a difference

- Performance of falls assessment metric looks poor:

MetricName		Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
% of moving handling assessments within 6hrs from admission		100.0%	60.0%	-	0.0%	33.3%	0.0%	33.3%	50.0%	57.1%	12.5%	0.0%	-	0.0%

- However…

Aug			Sep			Oct		
Numerator	Denomin…	Performa…	Numerator	Denomin…	Performa…	Numerator	Denomin…	Performa…
3	9	33.3%	2	4	50.0%	4	7	57.1%

- The script behind the metric only selects primary admission wards, and this down stream ward receives so few admissions direct from ED as to make the number meaningless.
- Metric Calculation:

% of patients who have a falls assessment (any field) within 6 hours of admission onto the primary ward. Excluding <16 years and Maternity patients, and 0 day LOS.

Constructing your logic to each metric

- Carefully construct logic to each metric

- Do all patients count, on all wards? E.g. basic admission assessment only counts if you are the primary ward – therefore secondary wards do not have this metric in the same volume as admitting wards.

- What about transfers between 00:00-06:00 – should they count in ward A and B or just ward B?

- What about patients who deteriorate and are moved? E.g. cardiac arrest to ITU?

- What about patients who are off pathway e.g. Maternity TFC in Adult IP areas

- What about assessments specific to unique areas – e.g. MUST assessment in adult IP areas, but iNUT in Renal areas.

Metrics

Site		Division		Ward Grouper		Ward

MetricGroup	MetricName	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022
End of Life	% of patients with documented CPR status	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Escalation, Recognition and management of the sick patient	% of NEWS scores > 7 with repeated NEWS scores done in next 1.5 hrs	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Falls Management	No of post fall assessments	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Falls Management	% of falls assessments within 6hrs from admitting ward	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Falls Management	% of moving handling assessments within 6hrs from admission	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Infection Prevention & Control	% of patients screened on day 7 for covid - All Orders	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Infection Prevention & Control	% of patients screened on day 3 for covid - All Orders	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Lines & Devices	% of patients with a VIP score recorded on a day they are given any IV medication	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
		96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Medication Safety	% of drugs administered late without reason documented	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Medication Safety	% Positive medication Identification	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Medication Safety	% Positive Patient Identification	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Nutrition Management	% of patients with a nutrition assessment documented within 6 hours of admission	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
		96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Pain Management	% of moderate or severe pain scores with analgesia given within +/- 60 mins	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Pain Management	% of pain assessments with in 6 hrs of admission	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Pain Management	% of patients with pain score recorded once daily	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Patient Experience	TF Confidence	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Patient Experience	TF Respect	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Patient Experience	TF Looked After	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Patient Experience	TF Clean	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Patient Experience	Overall	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Pre Operative Pathway	% of Ops with ward nurse completed pre-op checklist	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Pre Operative Pathway	% of Ops with theatre nurse completed pre-op checklist	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Skin Integrity	% of patients who have a Waterlow score completed within 6 hours of admission	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-
Skin Integrity	% of bodymaps completed for WaterlowScores > 10	96.2	98.4	96.1	95.0	96.0	97.6	97.3	94.5	94.1	96.7	95.8	97.7	-