Measuring the Quality of Care in Mental Health Services Using Nursing Metrics

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What are Quality & Safety?
What do we know about quality & Safety?

• National data form
  – Service user feedback
  – Incident reports
  – Risk registers
  – MHC reports
  – HSE Best Practice Guidance
Medicines incidents (Q2 retrospective) by stage of medicine management process
Context

- Nursing is the largest workforce in Mental Health Services
- Economic downturns – increase in demand and decrease in resources
- How can we assure ourselves, the public, our DoN & regulatory bodies of the quality of the services we supervise?
- Services must ensure that a preoccupation with finances and strategic objectives does not cause insufficient focus on the quality of patients care

Challenge

- How can we make care indicators a reality?
- How can we ensure consistency in data collection and analysis across the region as we have a wealth of information already in use
What are nursing metrics?

• Nursing Metrics are an agreed standard of measurement for nursing care where care can be monitored against agreed standards or benchmarks
  » Foulkes (2011)

• Metrics can identify areas where processing are working well and identify areas for improvement
Why Use Nursing Metrics

• Collecting nursing metric data provides opportunities for nurses to deliver a standard of care that is safe, evidenced based and congruent with legislative and national policies.

• Establishing good processes will inevitably improve the standard of care and create good outcomes for patients.

• Metric data will identify areas of good practice which must be celebrated, it will also identify areas where improvement is required.
Benefits of Metrics

- M – Measurement of Standards
- E – Engagement of Staff
- T – Timely Information
- R – Results = Openness & Transparency
- I – Improvement for Service Users
- C – Culture Change
- S – Shared Learning
Nursing Metrics

• Nursing Metrics provides a framework for how nursing care can be measured and how performance can be managed

Definition:
An agreed standard of measurement for nursing care where care can be monitored against agreed standards or benchmarks
What use Nursing Metrics?

• Legislation, policy and standards are applied in practice and monitored through a process of review by Senior Nurse Managers in the organisation.

• Supports Patient Safety, high quality care and continuous improvement objectives relevant to the organisation.

• This system will provide opportunities for nurses and midwives to deliver a particular standard of care that is safe, evidence based and congruent with legislative and policy imperatives.

• The data is real time data and results are fed back in local ward reports and organisation reports and allows managers to take action and address any development / education needs that have been identified.
• The process is ongoing and will provide monthly data so patterns/trends will emerge
• This system will provide invaluable information to CNM’s on achievement of a quality of care to patients and will highlight areas for improvement
• This system will prepare participating units to comply with MHC’s inspections and prepare them for external registration inspections in the future
• Meets ABA’s legislative and professional guidelines
## Test Your Care

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## Nursing & Midwifery Planning & Development

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Changing practice to support service delivery
Mental Health Quality Care Metrics Project
Mental Health Quality Care Metrics

- Need to critically review the utility of the existing suite of metrics and identify other relevant new metrics
Workstreams

WORK-STREAMS

Nursing and Midwifery Quality Care-Metrics standardised across seven workstreams

- Children’s Services
- Intellectual Disability Services
- Public Health Nursing Services
- Older Person Services
- Mental Health Services
- Acute Services
- Midwifery Services
Four Phases of Study Design

Phase 1
- A systematic literature review to identify metrics that have been used in the respective fields and the indicators for same.

Phase 2
- A two-round online Delphi survey to develop consensus on ‘what’ metrics to measure.

Phase 3
- A two-round online Delphi survey to develop consensus on indicators for prioritised metrics i.e., ‘how’ to measure the prioritised metrics.

Phase 4
- A face-to-face consensus meeting with representative group to review the findings and build consensus on metrics and indicators.
### Methodology for QCM Development

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<th><strong>Informed by:</strong></th>
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<td>Evidence</td>
<td>Systematic review</td>
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<tr>
<td>Nursing and Midwifery Expertise</td>
<td><em>eDelphi survey</em></td>
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<tr>
<td>Priorities in Practice</td>
<td>Work-stream consensus meeting</td>
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### *eDelphi Survey*

The target population will be all nurses and midwives working in all areas.

- **ROUND 1**: Consensus on Metrics
- **ROUND 2**: Consensus on Indicators

**Have Your Say!**
Phase 1: Systematic Literature Review

- Comprehensive search for published literature
- Using routine scientific databases
- Supplemented with searches (a) for relevant clinical practice guidelines (b) professional body websites and (c) search of School of Nursing and Midwifery research activities
- Relevant data, including metric(s) and their respective indicators will be extracted
- Metrics identified at this stage will inform the round 1 instrument for the first of the two Delphi studies.
Phase 2 and 3: Delphi Technique

Multi-phase process designed to combine opinion into group consensus.
Delphi Technique

- Obtain consensus on the opinions of experts (panel members) through series of structured questionnaires.
- Online questionnaires to experts over successive rounds.
- Responses from each round fed back in summarised form to the participants who are given an opportunity to respond again to the emerging data.
Ethical Considerations

- Ethical approval obtained from NUI Galway
- Information sheets for interested participants
- Consent for face to face consensus meeting
Phase 2: Round 1 Delphi

- Short questionnaire-seeking participant demographic data and the rating instrument containing metrics identified in the systematic review
- Any further ‘new’ metrics (as ‘free-text’ option and not requested to score) important or relevant for inclusion
- Participants rating using a 9-point Likert scale i.e., 1-3 = not important, 4-6 = unsure of importance and 7-9 = important
Phase 2: Round 1 Findings

- Participants n=315
- 16 Metrics
  - Included metrics from Mental Health Metrics SOP e.g. Medication Administration (rated 95.86% Very Important)
  - New metrics e.g. Use of psychotherapy/non pharmacological therapeutics i.e. talk therapies (86.21% rated Very important in Round 1)
Analysis

Metric included:

• If 70% or more of participants scores it as 7-9

• And less than 15% of participants score it as 1-3
Phase 2: Round 2 Delphi

- Participants who responded to round 1 were presented again with all of the metrics after analysis of responses from round 1.
- Additional metrics identified by participants in round 1 were included in round 2.
- For each metric retained from round 1, the rating results (percentages), for each metric are presented.
- Participants are asked to re-rate the importance of each metric with knowledge of (their, if possible) and the overall group’s previous rating for that metric.
- Participants will be asked to rate metrics identified newly from round 1 (where that metric was identified by two or more respondents).
- All ratings will use the same Likert-type scale used in round 1.
Phase 2: Round 2 Findings

- Participants n=250
- 20 metrics
- New metrics e.g. Management of violence & aggression (91.85% of mental health nurses rated very important); Recovery based care (92.70% of mental health nurses rated very important)
- Care of dying metric from Round 1 not rated very important by enough mental health nurses to be a final metric in Round 3.
Phase 3: 2 Round Delphi

• A two-round Delphi

• *Indicators* for prioritised metrics identified in the systematic review will be fed through a second two-round Delphi process

• Identical methods for metrics

• At the end of **Phase 3** we will have identified ‘how’ to measure the prioritised metrics.
Round 3 - Where We Are Now!
N= 183 participants
8 Metrics

1. Care Plan & Assessment
2. Assessment & Management of Risk
3. Physical Care
4. Service User Experience
5. Recovery Based Care
6. Communication
7. Management of Violence & Aggression
8. Medication Management
Phase 3: Round 3 Findings

- 80+ indicators to measure 8 metrics
- E.g. **Metric**: Care Plan & Assessment **indicator**: The service user has consented to have information shared with family/carer (91.8% rated very important)
Phase 4: Face-to-Face Consensus Meeting

- Participants at this meeting will be representative of work stream key stakeholders with consideration to grade & geographical representation
- Will review the findings from the Delphi & build consensus on metrics and respective indicators
- Prioritised metrics & associated indicators will be discussed along with those that have not been prioritised and those for which there is uncertainty
Contact Details

- Mentalhealthmetrics@nuigalway.ie

Thank you for your attention.
Questions??
Sincere thanks to the mental health metrics steering group and to all the mental health nurses who have completed the surveys to date.