Measuring the Fundamentals of Nursing & Midwifery Care through Metrics

Ciara White
NMPDU Metrics Project Officer
Dublin South, Kildare & Wicklow
Context

• Nursing and Midwifery is the largest workforce in Health Services
• Economic downturns – increase in demand and decrease in resources
• Increased risk that patient safety & quality of care provided will be jeopardised
• How can we assure ourselves, the public, CEO’s & regulatory bodies of the quality of the Nursing & Midwifery services we supervise?
• Adverse media attention – Leas Cross, Ennis Report, Galway Report, Tallaght Report, Lourdes inquiry all highlighted negligence in patient care
• Professional concerns re: Nursing Practice
Mid Staffordshire Findings

- Universal ban on agency staff
- No mechanism for monitoring complaints
- Lack of Nursing staff
- Staffing levels low
- Bureaucratic system
- Imbalance in skill mix
- Financial stability main priority
- ‘Beds per Nurse’ were calculated instead of ‘Patients per Nurse’
- Focus on healthy finances rather than on health of patients
- Increased numbers of patients going through the system
- The disorganisation of reorganisation

Office of the Nursing & Midwifery Services Director

Health Service Executive
Impact on Current Irish Healthcare

HSE will make savings despite €280 overspend – “Howlin”

National Moratorium on recruitment – Nursing Vacancies remaining vacant

Recruitment paused

Ban/Reduction on using agency

Employment Control Framework

Workforce calculated on beds per nurse

Bureaucratic system

Ban/Reduction on overtime

Unaffordable expenditure level

Reduction on public service numbers and cost of delivering, ‘HSE’

Major pressure on finances

Health Service Restructuring/Reconfiguring

Reorganisation
- Work
- Service integration
- Redeployment of current staff

‘HSE’
What are Quality Care-Metrics?

Care-Metrics are process performance quality indicators which provide a framework for how fundamental nursing care can be measured.

(Foulkes, 2011)
Why Use Nursing Quality Care-Metrics?

- Collecting nursing quality care-metrics 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.

- Metrics data will identify areas of good practice which must be celebrated, it will also identify when the quality of care falls below the required standard and improvement is needed.
Why Use Nursing Quality Care-Metrics?

- Services must ensure that an increased focus on finances and meeting strategic objectives does not cause divergence from the quality of patient care.

- To ensure DON’s have evidence of safe, quality care.

- To help ensure DON’s can identify areas where support may be needed, e.g. Educational, performance management, resources.
Some Challenges

• How can we ensure consistency care-metrics data collection and analysis across the region as we have a wealth of information already in use?

• How can we make the information meaningful for the staff in the clinical areas, action change, and avoid drowning in a sea of data?
Donabedian’s Conceptual Model for Evaluating Quality of Care (1966)

**Structure**
How care is organised. The stable elements of organisation and infrastructure that comprise a health delivery system.

**Process**
What is done – the actions that are taken and how they are carried out. Includes the interaction between patient and providers.

**Outcome**
The end-results of care
Background of Nursing and Midwifery Metrics

- Concept of metrics originated from the business arena. The American Nurses Association has compiled a database of nursing quality indicators for over 20 years.

- Within the NHS, Chief Nursing Officer Mandie Sunderland introduced metrics in 2009 in the Heart of England Foundation Trust, aimed at increasing patient safety and promoting quality care following an increase in complaints, falls, pressure ulcers and medication management issues.

- Following implementation, results indicated significant improvements across quality of nursing care provision in all areas.
Services Implementing Nursing & Midwifery Metrics

- Acute Services
- Midwifery Services
- Children’s Services
- Mental Health Services
- Intellectual Disability Services
- Older Person’s Services
- Public Health Nursing/Community
  due to commence
# A Core Set of Metrics for Measurement and Monitoring of Standards of Care

<table>
<thead>
<tr>
<th>Acute Services</th>
<th>Older Persons Services</th>
<th>Mental Health Services</th>
<th>Intellectual Disability Services</th>
<th>Midwifery Services</th>
<th>Children’s Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Storage and Custody</td>
<td>Storage and Custody</td>
<td>Storage and Custody</td>
<td>Storage &amp; Custody</td>
<td>Storage &amp; Custody</td>
<td>Storage &amp; Custody</td>
</tr>
<tr>
<td>Drug Prescription</td>
<td>Drug Prescription</td>
<td>Drug Prescription</td>
<td>Drug Prescription</td>
<td>Drug Prescription</td>
<td>Drug Prescription</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>Medication Administration</td>
<td>Medication Administration</td>
<td>Medication Administration</td>
<td>Medication Administration</td>
<td>Medication Administration</td>
</tr>
<tr>
<td>Assessment</td>
<td>Assessment</td>
<td>Assessment</td>
<td>Assessment</td>
<td>Assessment</td>
<td>Assessment</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>Pressure Ulcer</td>
<td>Pressure Ulcer</td>
<td>Pressure Ulcer</td>
<td>Pressure Ulcer</td>
<td>Pressure Ulcer</td>
</tr>
<tr>
<td>Falls</td>
<td>Falls</td>
<td>Falls</td>
<td>Falls</td>
<td>Falls</td>
<td>Falls</td>
</tr>
<tr>
<td>Nursing Documentation</td>
<td>Nursing Documentation</td>
<td>Nursing Documentation</td>
<td>Nursing Documentation</td>
<td>Nursing Documentation</td>
<td>Nursing Documentation</td>
</tr>
<tr>
<td>Nursing Assessment</td>
<td>Nursing Assessment</td>
<td>Nursing Assessment</td>
<td>Nursing Assessment</td>
<td>Nursing Assessment</td>
<td>Nursing Assessment</td>
</tr>
<tr>
<td>Nursing Care Plan</td>
<td>Nursing Care Plan</td>
<td>Nursing Care Plan</td>
<td>Nursing Care Plan</td>
<td>Nursing Care Plan</td>
<td>Nursing Care Plan</td>
</tr>
<tr>
<td>NMBI Guidance</td>
<td>NMBI Guidance</td>
<td>NMBI Guidance</td>
<td>NMBI Guidance</td>
<td>NMBI Guidance</td>
<td>NMBI Guidance</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>Discharge Planning</td>
<td>Discharge Planning</td>
<td>Discharge Planning</td>
<td>Discharge Planning</td>
<td>Discharge Planning</td>
</tr>
<tr>
<td>Invasive Medical Devices</td>
<td>Invasive Medical Devices</td>
<td>Invasive Medical Devices</td>
<td>Invasive Medical Devices</td>
<td>Invasive Medical Devices</td>
<td>Invasive Medical Devices</td>
</tr>
<tr>
<td>NEWS</td>
<td>NEWS</td>
<td>NEWS</td>
<td>NEWS</td>
<td>NEWS</td>
<td>NEWS</td>
</tr>
</tbody>
</table>

- **Acute Services**
- **Older Persons Services**
- **Mental Health Services**
- **Intellectual Disability Services**
- **Midwifery Services**
- **Children’s Services**
What Care-Metrics are currently Being Measured across Mental Health Services?

- Medication Management — storage & custody, drug prescription, medication administration
- Nursing Assessment — pressure ulcer, falls, restraint
- Provision of Information
- Nursing Documentation — nursing assessment, nursing care plan, NMBI guidance, discharge planning, invasive medical devices
- Patient Experience
## Example of Pressure Ulcer Assessment Care-Metric

(All answers will be Yes/No/N/A)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Pressure Ulcer risk assessment was conducted within 6 hours of admission/transfer to the unit/ward and was dated, timed and signed by the assessing staff member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. There is evidence of a reassessment of pressure ulcer risk in accordance with organisational policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If the individual is identified at risk, a care plan with pressure ulcer prevention measures is evident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If identified as at risk, a daily skin inspection has been recorded on the care plan/ skin inspection chart</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If a pressure ulcer is present, the grade is recorded on the relevant documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Metrics Process

- Each service nominates a lead
- Services choose Metrics Data Collectors
- Metrics to be collected agreed within services
- Metrics are measured monthly in each location
- Random sample size of 25%
- Data inputted through ‘Test Your Care’ web based system
- Results are displayed real time online and accessible by CNM, ADON, Director of Nursing/ Midwifery
- Reports are printed monthly and displayed on Ward Communication Boards
- Results show achievement in reaching standards
- Areas of risk are identified using Traffic Light system
- Action plans are drawn up where improvement is needed to meet the standard (Orange and Red)
Reporting on Metrics

(RAG) Agreed Standard Measurement Score

90%-100% = Green
80%-89%  = Amber
79%-0%    = Red

Aim to have all services green for each Metric
# TestYourCare Report

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of Information</td>
<td>60%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
<td>80%</td>
</tr>
<tr>
<td>Medication Storage and Custody</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Administration</td>
<td>74%</td>
<td>76%</td>
<td>81%</td>
<td>76%</td>
<td>91%</td>
<td>93%</td>
</tr>
<tr>
<td>Nursing Assessment</td>
<td>83%</td>
<td>97%</td>
<td>92%</td>
<td>80%</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Nursing Care Plan</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
</tr>
<tr>
<td>NMBI Guidance</td>
<td>96%</td>
<td>92%</td>
<td>100%</td>
<td>92%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Discharge Planning</td>
<td>40%</td>
<td>47%</td>
<td>17%</td>
<td>73%</td>
<td>64%</td>
<td>75%</td>
</tr>
<tr>
<td>Total</td>
<td>80%</td>
<td>84%</td>
<td>83%</td>
<td>84%</td>
<td>87%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Demo of TestYourCare

Test Your Care

www.testyourcare.com
‘Evaluation on the Development and Implementation of a Nursing and Midwifery Metrics System in the HSE Dublin North Healthcare Services’

Cusack et al., 2014

• “Previously we reacted to incidents as they occurred but metrics helped to improve the system so that incidents didn’t occur” (SN)

• ‘Listening to the views of the service users through the patient experience metrics enables the voice of the service user to be heard at all levels’ (CNM2)

• ‘when HIQA came… they noted that nurses on the wards had a real awareness of implementing standards and had quality improvement plans in place and felt the displaying of these results were really positive’ (DON)

http://www.hse.ie/eng/about/Who/ONMSD/NMPD U/NMPDDN/
Next Steps in Nursing & Midwifery Quality-Care Metrics

- Ms. Anne Gallen anne.gallen@hse.ie
  Director NMPD North West
- National Project Lead on behalf of the ONMSD
- Working with Project Officers in each NMPDU Nationally (8).
Objectives of the Group

- Approve and recommend a suite of standardised Quality Care-Metrics for the nursing and midwifery profession.

- Facilitate the development of an ICT platform to enable usage of the Quality Care-Metrics

- Approve and recommend a standardised operating framework to support services who wish to introduce the Quality Care-Metrics.
Work Streams

• This work will be operationalised through seven work-streams.

• Each work-stream will have a Lead and a co-lead who will act as facilitators to a group of key national clinical expert stakeholders.

• Work stream leads and co-leads will be Project Officers from the NMPDU’s

<table>
<thead>
<tr>
<th>Work-Stream 1</th>
<th>Work-Stream 2</th>
<th>Work-Stream 3</th>
<th>Work-Stream 4</th>
<th>Work-Stream 5</th>
<th>Work-Stream 6</th>
<th>Work-Stream 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>Midwifery</td>
<td>Children</td>
<td>Older Person</td>
<td>Community Public Health Nursing</td>
<td>Mental Health</td>
<td>Intellectual Disability</td>
</tr>
</tbody>
</table>
Work Stream Objectives

- Develop a suite of standardised Quality Care-Metrics for the nursing and midwifery profession aligned to the seven work-streams.
- Aim to agree and develop a minimum of 4 metrics per work-stream over a 12 month period.
- Development and use of a standardised framework to support services who wish to introduce the Quality Care-Metrics.
- Guide, support and enable the development and usage of an ICT platform within clinical services for Directors of Nursing/Midwifery or identified lead person who wish to use the Quality Care-Metrics.
- Provide the required support to enable evaluation of the metrics.
Expected Outcome

National Standardised Quality Care-Metrics for Each Work Stream
Summary - Why do Metrics?

M: Measurement of Compliance with Standards
E: Engagement of Staff
T: Timely Information
R: Results = Openness & Transparency
I: Improvement in Practice
C: Culture Change
S: Service User Involvement
Thank You for Listening

Nursing & Midwifery Metrics Project Officer
NMPDU Palmerstown

ciara.white1@hse.ie
01- 6201737, 087- 6458059
Nursing and Midwifery Quality Care-Metrics

References