Measuring the Fundamentals of Nursing and Midwifery Care through Metrics

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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
- Imbalance in skill mix
- Staffing levels low
- Bureaucratic system
- Focus on healthy finances rather than on health of patients
- ‘Beds per Nurse’ were calculated instead of ‘Patients per Nurse’
- Increased numbers of patients going through the system
- Financial stability main priority

The disorganisation of reorganisation
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
- Ban/Reduction on overtime
- Unaffordable expenditure level
- Workforce calculated on beds per nurse
- Bureaucratic system
- Reduction on public service numbers and cost of delivering, ‘HSE’
- Major pressure on finances

Reorganisation
- Work
- Service integration
- Redeployment of current staff

Employment Control Framework

Restructuring/Reconfiguring

‘HSE’
What are Metrics?

Nursing and Midwifery Metrics are process performance quality indicators which provide a framework for how fundamental nursing care can be measured.

(Foulkes, 2011)
Why Use Nursing and Midwifery Metrics?

- Collecting nursing and midwifery metrics data provides opportunities for nurses and midwives 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 and Midwifery 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/M have evidence of safe, quality care.
- To ensure DON/M’s can identify areas where support may be needed, e.g. Educational, performance management, resources.
Some Challenges

- How can we ensure consistency in nursing & midwifery 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
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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 2008 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.
What Metrics are Being Measured across Services?

**Acute Hospitals**
- Medication Storage & Custody, Medication Administration, Pressure Ulcer Assessment, Falls Assessment, Nursing Documentation, NEWS / Observations, Pt Experience

**Community Hospitals - Older Persons Services**
- Medication Storage & Custody, Medication Administration, Pressure Ulcer Assessment, Falls Assessment, Nursing Documentation, Restraint, Environment

**Mental Health Services**
- Provision of Information, Medication Storage & Custody, Medication Administration, Nursing Documentation, Pt Experience

**Intellectual Disability Services**
- Provision of Information, Medication Storage & Custody, Medication Administration, Nursing Documentation, Personal Plan, Environment

**Maternity Services**
- Delivery Suite, Theatre, Medication Storage & Custody, Medication Administration, postnatal and antenatal

**Children’s Services**
- Medication Storage & Custody, Medication Administration, Nursing Documentation, Vital Signs
Example of a Pressure Ulcer Metric

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<tr>
<th>Pressure Ulcer Assessment</th>
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<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>
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<td>2. There is evidence of a reassessment of pressure ulcer risk in accordance with organisational policy</td>
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<td>3. If the individual is identified at risk, a care plan with pressure ulcer prevention measures is evident</td>
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<td>4. If identified as at risk, a daily skin inspection has been recorded on the care plan/ skin inspection chart</td>
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<td>5. If a pressure ulcer is present, the grade is recorded on the relevant documentation</td>
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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 an IT system
- Results are fed back to DON/M & CNM/CMM’s
- Reports are printed monthly and displayed on Ward Communication Boards
- Results show achievement in reaching standards
- Areas of risk are identified
- Action plans are drawn up where improvement is needed to meet the standard
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
Developing Nursing & Midwifery Metrics - NMPD Role

- Establishment of Clinical Expert Teams for development and review of metrics and Standard Operating Procedures for each Metric
- Examine Evidence Base (national, international, organisational policies and standards)
- Consult with external agencies and relevant interested parties
- Develop Guiding Framework for Implementation of Metrics
- Test, Pilot, Review and Evaluate
- Sign off Core Metrics and SOP’s
Implementing Nursing & Midwifery Metrics
Directors of Nursing and Midwifery Role

- NMPD support available
- Directors of Nursing and Midwifery determine **Metrics Implementation and Governance Plan** for their organisation
- **Implementation Teams** for Data Collection
- **Data Collection** Process
- **Reporting** Process
- **Action Plans and Governance**
  - Feedback and disseminate findings
  - Education/Support/Quality Initiative
  - Review Process and Evaluation
Feedback on how Metrics has Improved Patient Care

- Good results are raising morale
- Poorer results provide incentive to improve
- Staff have greater awareness of Standards
- Nursing assessment documentation and care planning improvements
- Patient Experience
  - Knowing staff on duty
  - Patient education sessions
- Medication Management
  - Patient Pods
  - Printed individualised Prescription Kardex
  - Individualised blister packs for each patient
Summary

Why Undertake Metrics?

- Provides valuable information to managers in understanding how well their individual wards or units are managing the delivery of safe, quality patient care.

- Promotes staff engagement and accountability for the quality of their services.

- Provides assurance to Directors of Nursing and Midwifery that care is provided in line with current best evidence and congruent with national and organisational policies.
Benefits of Metrics

- Measurement of Standards
- Engagement of Staff
- Timely Information
- Results = Openness & Transparency
- Improvement for Service Users
- Culture Change
- Shared Learning
Next Steps  NMPDU Dublin South, Kildare & Wicklow

- A national group (ONMSD) is convening to lead on the development of a national framework to support services measure metrics data.

- Following its establishment, local governance will be developed to progress this work within the region.

- Expressions of interest welcome from services to ciara.white1@hse.ie
Thank You for Listening

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Nursing and Midwifery Metrics

References