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Using trigger tools to monitor the effectiveness of nursing interventions

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The Patient

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Strategic context

- High Quality Care for All: Next Stage Review (DH 2008); Equity and Excellence; Liberating the NHS White Paper (2010)
  - Patient safety
  - Effectiveness of care
  - Patient experience
- Trust Board
  - **Patient Safety is No. 1 priority – Putting Patients First**
  - Quality accounts – measurement for improvement
- Organisational capacity, capability, leadership

Clinical leadership

- Taking responsibility for what happens in our practice.
- Learn from patients to form an evidence base for improvements.
- Engage front-line staff to take measures to keep healthcare environments safe and efficient.
- Build a continuous improvement culture from Ward to Board.

What do patients want?

- Don’t kill me.
- Don’t harm me.
- Treat me right first time.
- Be nice to me.
- Make me feel safe and cared for.
- How do we measure the above ?

Use of Global Trigger tool

- NT & HP signed up 2009 LIPS III
- Designed by NHSi
- Meaningful to patients, staff and stakeholders
- Measurable over period of time

Our system level aim

- Reduce HSMR by 15%.
- Reduce MRSA bacteraemia by 50% .
- Reduction in rate of harm by 75% in each directorate.
- Reduce falls by 15%.
- Develop quality tool to enable measurement of patient experience.

How did we do it ?

Trust roll out of GTT and bi annual mortality review

- Orthopaedics
- Surgery
- Gynaecology
- Medicine / Rehab

- All teams led by consultant and senior nurse, meet monthly and review 10 sets of discharged patients HCR.
- Twice yearly mortality review with trust staff and commissioners.

PDSA changes for triggers

- **EWS trigger** – roll out of revised EWS / PEWS/ MEWS
- **Falls trigger** –implementation of FRAT 1&2
- **Lab results** – raised clinical awareness of tool
- **Drug omissions** – RN development days with real example case studies
- **Drug prescription** – undergraduate development days with real example case studies
- D**ocumentation** – revised health care record

The health care record

- HCR held by each individual discipline.
- No joined up narrative, therefore patient safety risk identified.
- T & F group established to review, 39 page document *now* 9 pages plus 9 pages of RMS critical assessments, in which all MDT write contemporaneously and in chronological order.

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Adult Core Admission Document

Name:
Address:
DOB:
CRN/ Hospital No:
NHS Number:

Speciality: .....
Ward / Department: .....
Date of admission: ..... Time of admission: .....
Summary Care Record: ☐ Accessed ☐ Not available
Copy added to Healthcare record: ☐ Yes ☐ No
If yes, please record in attached document section below
Planned date of discharge: ..... Actual date of discharge: .....

Core document also includes the following healthcare documentation:

Attached Document Title	HCR Number	Date added	Signature / Print name (BLOCK CAPITALS) / Designation
Adult core admission risk assessments	HCR211		

Transfer details

Date of transfer	Hospital / Department / Ward	Consultant:

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Adult Core Admission Document

Name:
Address:
DOB:
CRN/ Hospital No:
NHS Number:

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NHS

Adult Core Admission Document

Name:
Address:
DOB:
CRN/ Hospital No:
NHS Number:

Basic Personal Information

Family name: ..... Title: ..... Forename: .....
Permanent home address: .....
..... Telephone number: .....
Post code: ..... Mobile number: .....
Current address (if different from above): .....
Post code: ..... Telephone number: .....
Previous address: .....
Preferred name: ..... Previous names: .....
Date of birth:..... Age: ..... Gender: ☐ Male ☐ Female
Marital status: ..... Occupation: .....
Religion: ..... Ethnicity: .....
Are there concerns about the patient's capacity? ☐ Yes ☐ No
Advance decision? (e.g. Lasting Power of Attorney, Living Will, Jehovah Witness) ☐ Yes ☐ No
Please state type: ..... Where is it held? .....
Court of protection in place ☐ Yes ☐ No

Service Information

NHS Status

☐ UHNT ☐ UHH ☐ JCUH ☐ Friarage ☐ Other .....

Source of admission:

☐ Emergency A&E ☐ GP ☐ Self referral/Open access
☐ Waiting list ☐ Domiciliary visit ☐ Outpatients ☐ Ambulatory

Social Service Status

☐ Not known ☐ Closed ☐ Active

Mental Health Act Status:

☐ Detained Start date: ..... ☐ Informal Start date: .....
☐ 117 Aftercare

GP Information

GP name: ..... Surgery: .....
Address: .....
Post code: ..... Email: .....
Telephone number: ..... Fax number: .....

Safety Issues

If person poses a risk to self, staff or others, please give details: .....
.....

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Current challenges

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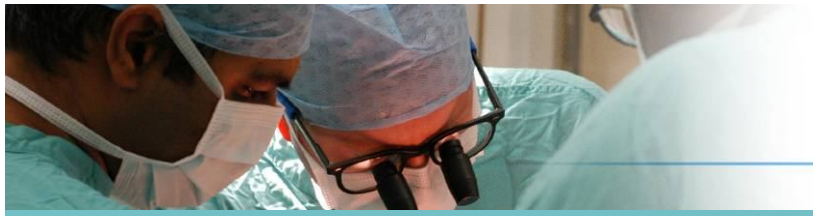

Challenges for nurses

- **Clostridium difficile**
- Pressure sores
- Safeguarding
- Falls
- Nutrition
- Patient experience
- Keeping all of the plates spinning !!!

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Using nursing metrics and triggers

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Using evidence

Measurement is important

It helps us to understand and demonstrate the impact of improvements

So how did we do ??

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PEQS tool

Date		**Ward**		
Reviewer 1			**Patient ID Number:**	
Reviewer 2				
	Criteria	**Enter 1 or 0**	**Comments**	**Review**
	First Impressions			
1	Does the ward look clean and tidy?	1		
2	Is equipment clean and tidy?	1		
3	Is the uniform policy/dress code observed?	1		
4	Are first impressions good?	1		
	Sub-total	100%		
	Nursing Evidence			
5	Are observations timely and complete?	1		
6	Have medications been timely and complete?	1		
7	Is the fluid balance chart complete and accurate?	1		
8	Is the nursing documentation complete and accurate?	1		
	Sub-total	100%		
	Patient Experience			
9	Has the patient been treated with dignity and respect?	1		
10a	Has nursing communication been good?	1		
10b	Has medical communication been good?	1		
11	Would the patient recommend this hospital to others?	1		
12	What single thing could we do to improve the patient stay in our hospital?			
	Sub-total	100%		
	Quality Score	**100%**		

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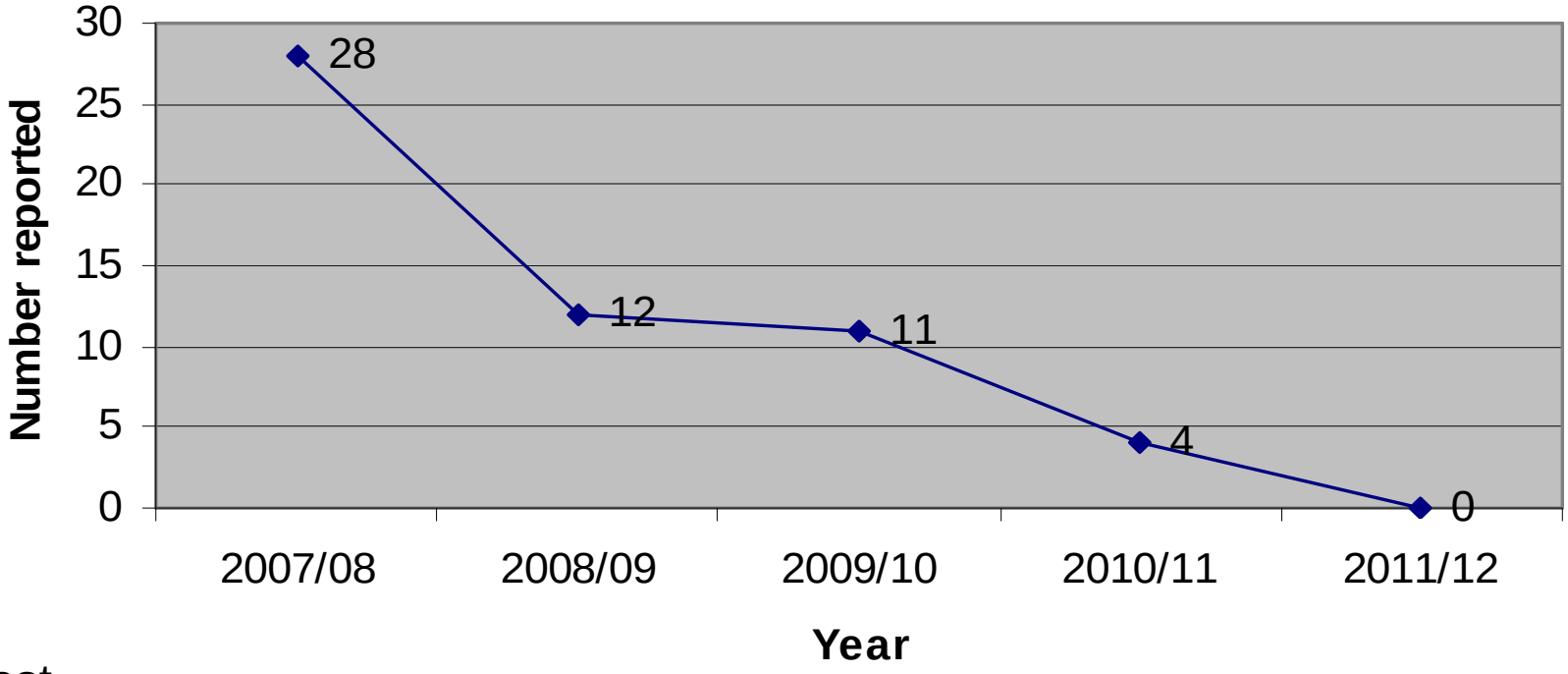
First impressions	
Does the ward look clean and tidy	96
Is equipment clean and tidy	72
Is the uniform policy/dress code observed	100
Are first impressions good	100
First impressions total score	**92**
Nursing evidence	
Are observations timely and complete	88
Are medications timely and complete	96
Is fluid balance timely and complete	92
Is documentation timely and complete	100
Nursing evidence total score	**94**
Patient experience	
Has the patient been treated with dignity and respect	96
Has nursing communication bee good	96
Has medical communication been good	96
Would the patient recommend our hospitals	96
Patient experience total score	**96**
Total quality score	**94**

MRSA bacteraemia

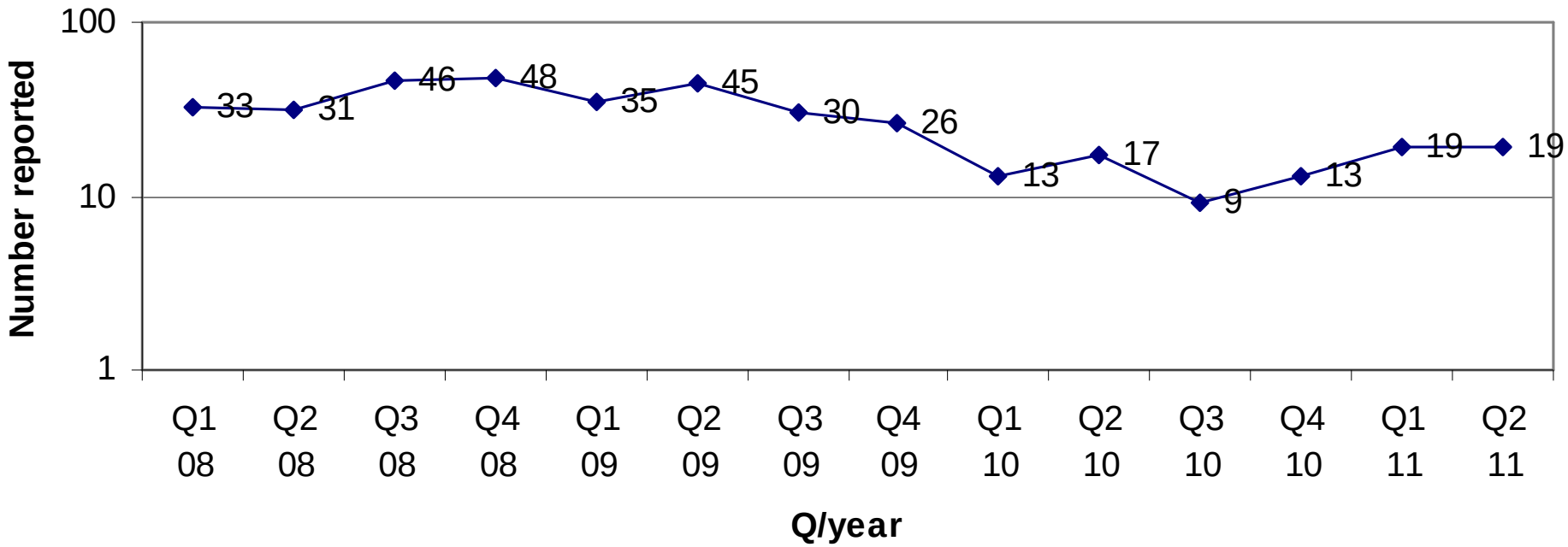


Cost

2007/8 £139k; 2008/9 £59k; 2009/10 £54k; 2010/11 £20k;

So far 2011/12 £0k at 6-months.

HA C-difficile

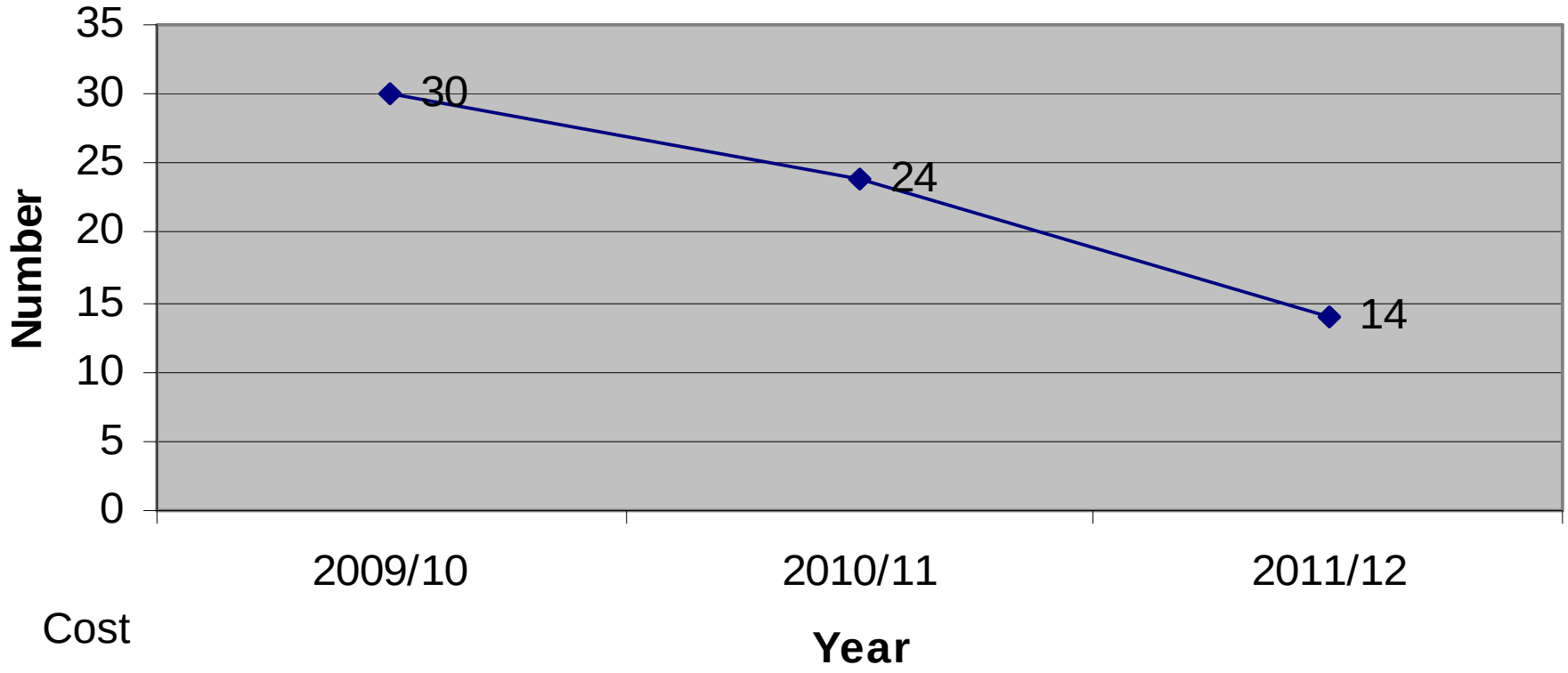


Cost

2008/9 £782k; 2009/10 £637k; 2010/11 £257k;

So far 2011/12 £188k at 6-months. No more than 21 in next 6-months / Penalty £4m

Inpatient fractures



Cost

2009/10 £359k; 2010/11 £287k;

So far 2011/12 £167k at 6-months. No more than 6 in next 6-months

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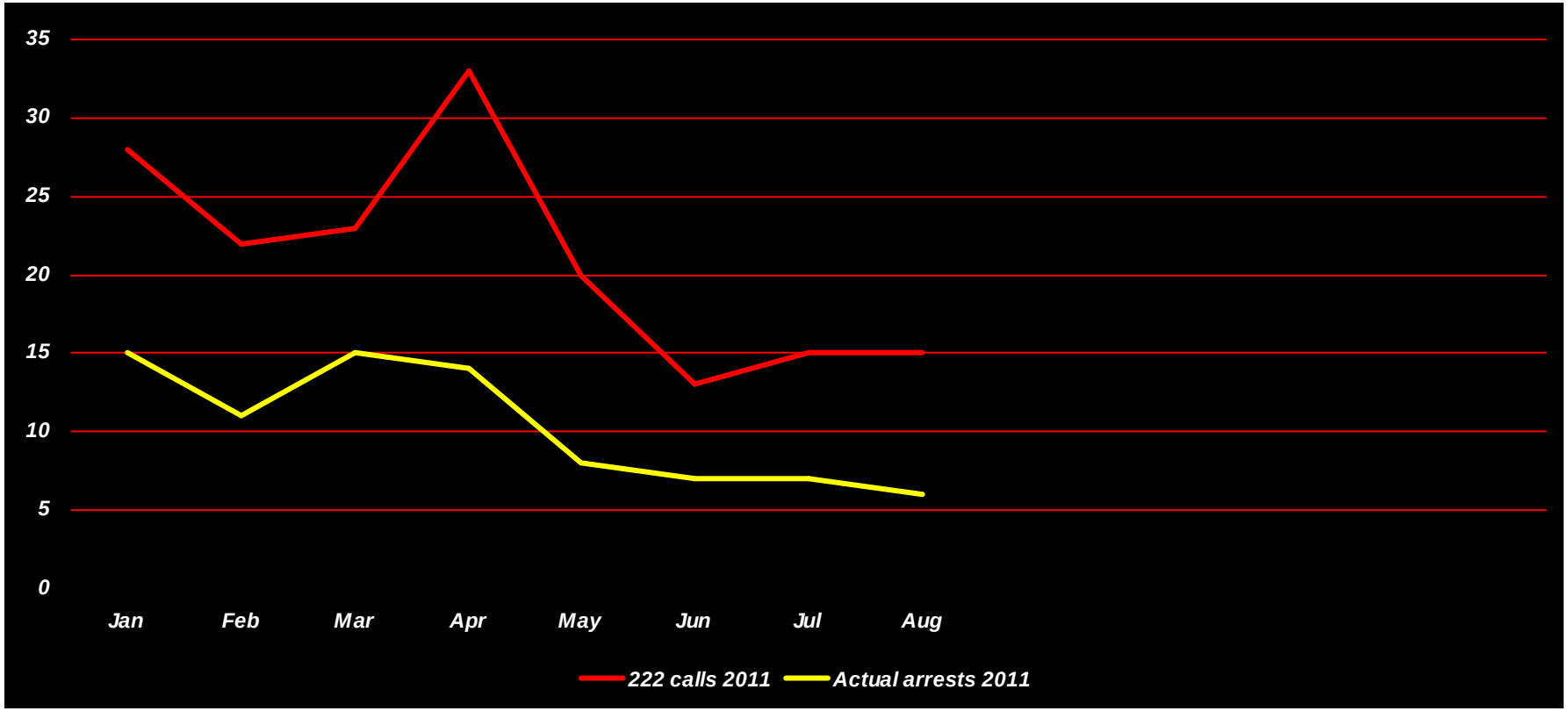
Cardiac arrests (deteriorating patient)



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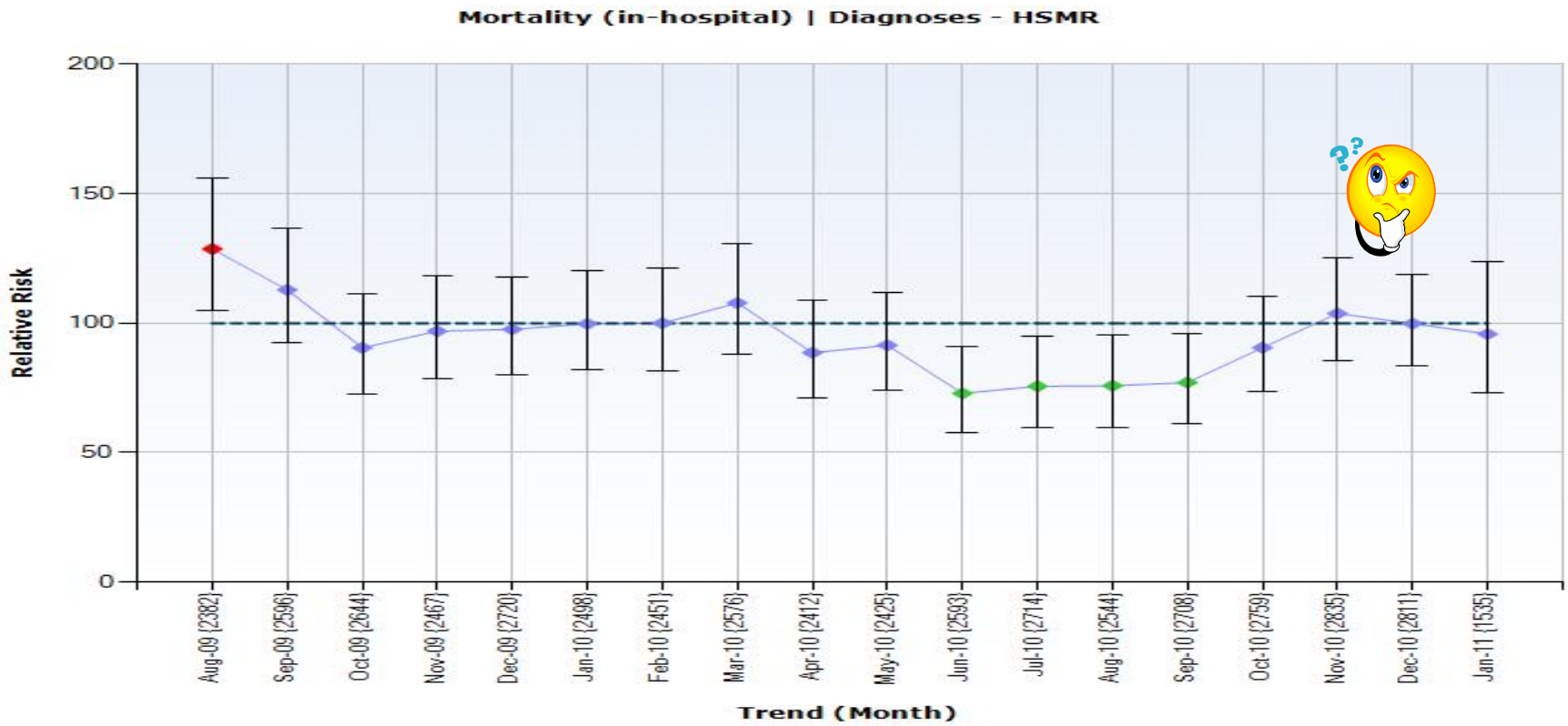
Mortality - HSMR



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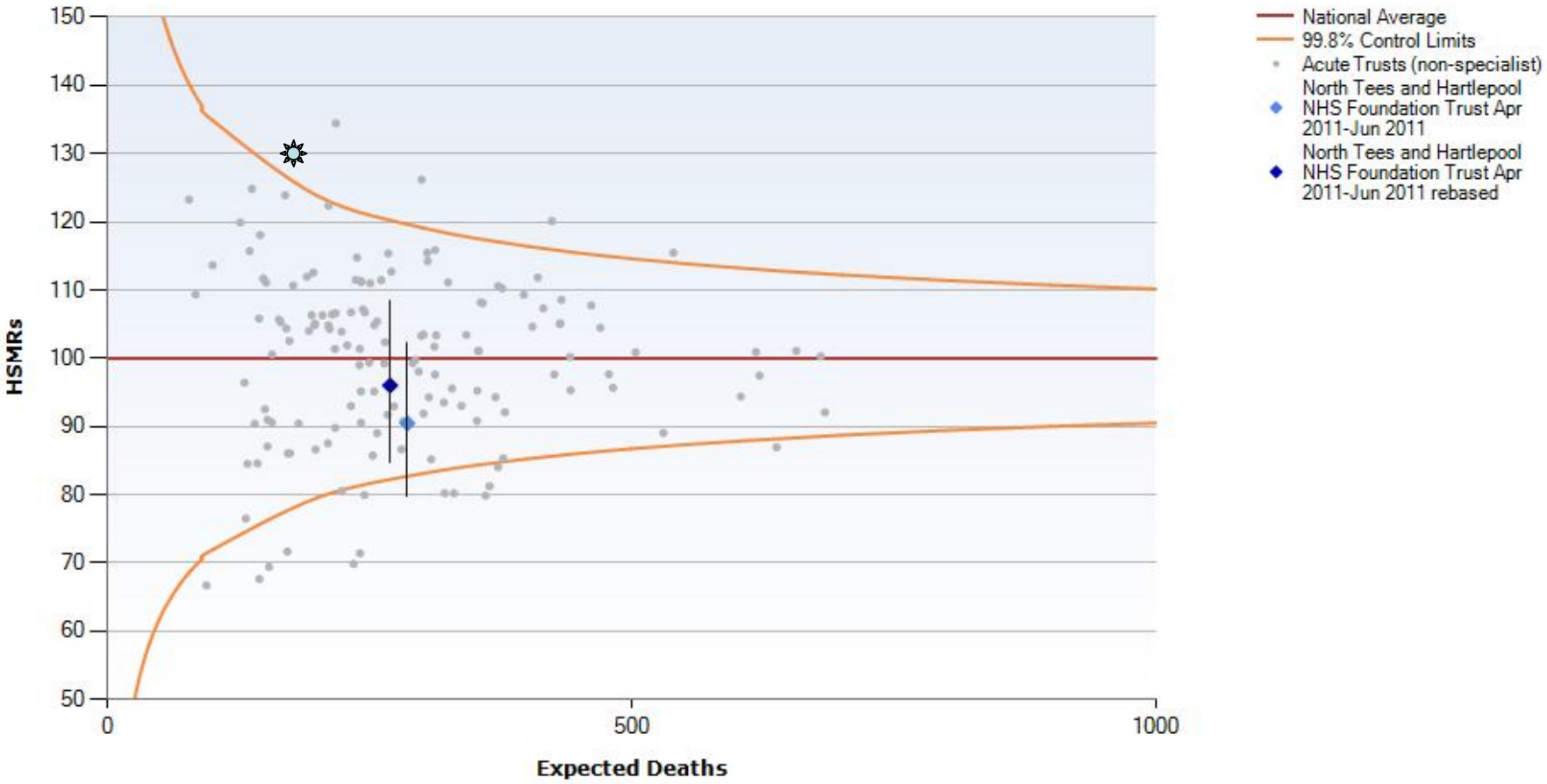
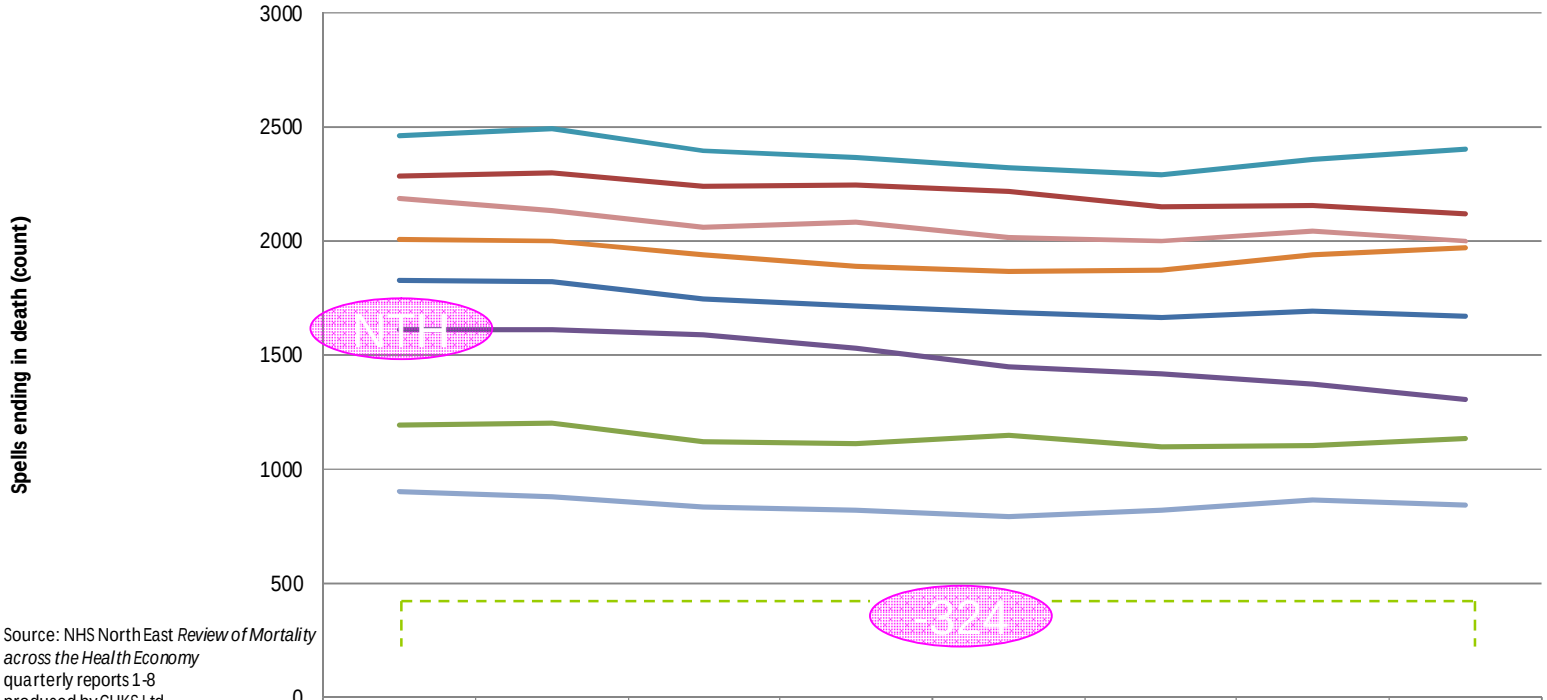
Mortality - benchmark

Acute Trust HSMRs Apr 2011-Jun 2011

The background points show the most recent rolling 12-month HSMR for each acute non-specialist trust in England. Use the controls below to toggle between the current and rebased values.



Count of Deaths (All inpatient spells) for Acute Hospital Trusts in the North East NHS Quarter 3 2008/09 to Quarter 2 2010/11



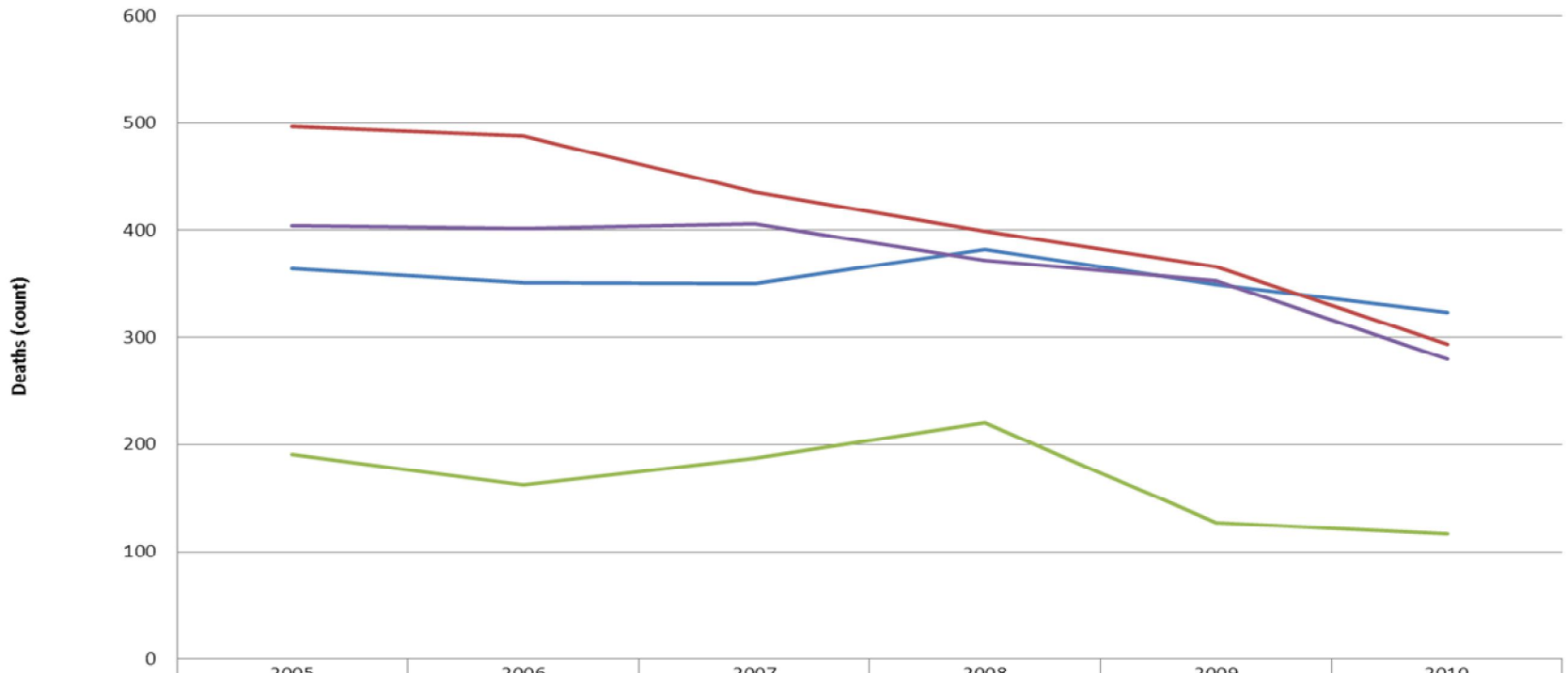
Source: NHS North East *Review of Mortality across the Health Economy* quarterly reports 1-8 produced by CHKS Ltd

	08/09 Q3	08/09 Q4	09/10 Q1	09/10 Q2	09/10 Q3	09/10 Q4	10/11 Q1	10/11 Q2
City Hospitals Sunderland	1825	1819	1745	1717	1689	1662	1693	1674
County Durham and Darlington	2283	2296	2239	2244	2214	2151	2159	2120
Gateshead Health	1190	1201	1117	1110	1147	1097	1107	1135
North Tees and Hartlepool	1610	1613	1588	1528	1447	1414	1371	1306
Northumbria Healthcare	2463	2489	2398	2365	2321	2287	2360	2403
South Tees Hospitals	2008	1998	1942	1886	1866	1869	1939	1969
South Tyneside	903	878	835	823	789	819	864	843
The Newcastle upon Tyne Hospitals	2183	2132	2058	2080	2015	2001	2042	2000

Each quarter reports figures for the previous 12 months

Cause of population deaths in hospital

Source: Public Health Mortality File



	2005	2006	2007	2008	2009	2010
Cancer	364	351	350	382	349	323
Circulatory	497	488	435	399	365	294
Respiratory	191	162	187	220	127	116
Other	404	402	406	371	352	280

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Thank you; we believe using triggers saves lives …..