Introduction

• My name is Loretto Grogan, Project Officer, Nursing and Midwifery Planning and Development Unit in Dublin South, Kildare and Wicklow

• Delighted to have the opportunity to present at your conference today
Overview of presentation

• What are Nursing & Midwifery Quality Care-Metrics (QCM)
• Context and background to their introduction
• Children’s Metrics
• Achievements to date and moving forward
• National research study
• Your input for the future of QCM
What are Nursing and Midwifery Quality Care-Metrics

Measures of the quality of Nursing and Midwifery clinical care processes in healthcare settings in Ireland, aligned to evidenced-based standards and agreed through national consensus (HSE, 2015)

A systematic method of measuring care provided by nurses and midwives
Donabedian’s Conceptual Model for Evaluating Quality of Care

**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.
What are Nursing and Midwifery Quality Care-Metrics

Metrics measure process leading to outcomes

many outcomes, by their nature, are delayed, and if they occur after care is completed, information about them is not easy to obtain….it is not possible to say precisely what went wrong unless the antecedent process is scrutinized’ (Donabedian, 1988)
Measurement for Quality

• By measuring care, we aim for ‘Quality Improvement’, which is defined as the ‘combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, commissioners, providers and educators – to make changes that will lead to:
  • Better patient outcomes.
  • Better experience of care.
  • Continued development and supporting of staff in delivering quality care.’
Measurement for Quality

• Information and measurement are central to improving the quality of care

• Analysis of data relating to your service provides information that can be used to drive improvement and support assurance on the quality of care

• Supports the identification of areas requiring improvement
One piece of the Quality Jigsaw

- Metrics provide one aspect of an assurance mechanism to indicate the safety and quality of care within organisations.

- Additional factors in a quality governance framework should include structural and outcome data and qualitative evidence.
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

• Adverse media attention – Leas Cross, Ennis Report, Galway Report, Tallaght Report, Lourdes inquiry all highlighted negligence in patient care

• Professional concerns re: Nursing Practice
The Challenges

• **Wealth of information already in use** - How can we ensure consistency in data collection and analysis

• How do we make it meaningful and available to frontline staff

• How do we **avoid staff drowning in a sea of data**?
Background

• 2010 - Irish Association of Directors of Nursing & Midwifery meeting

• Chief Nursing Officer
  – Mandie Sunderland Heart of England NHS Foundation Trust
  – Now Nottingham NHS Foundation Trust

• 2011 QCMs were introduced in North West using Test Your Care Database to house and analyse data.

• 2012 Irish QCMs were developed and implemented across 3 regions of the HSE
  – North West
  – North East
  – Dublin North

• 2013/4 – NMPD research evaluations X 2
Evaluation of Metrics

Two research evaluations to determine the impact of Nursing & Midwifery Metrics in the Irish context have been undertaken:


‘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)
Launch of QCMs May 2015
<table>
<thead>
<tr>
<th>ACUTE SERVICES</th>
<th>OLDER PERSON SERVICES</th>
<th>MENTAL HEALTH SERVICES</th>
<th>INTELLECTUAL DISABILITY SERVICES</th>
<th>MIDWIFERY SERVICES</th>
<th>CHILDREN'S SERVICES</th>
<th>PUBLIC HEALTH NURSING/COMMUNITY SERVICES</th>
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<tr>
<td>Assessment Pressure Ulcer Falls</td>
<td>Assessment Pressure Ulcer Falls Restraint</td>
<td>Provision of Information</td>
<td>Provision of Information</td>
<td>Midwifery Documentation Midwifery Assessment Midwifery Care Plan NMFI Guidance</td>
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<td>Nursing Documentation Nursing Assessment Nursing Care Plan NMFI Guidance Discharge Planning Invasive Medical Devices</td>
<td>Nursing Documentation Nursing Assessment Nursing Care Plan NMFI Guidance Discharge Planning Invasive Medical Devices</td>
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<td>Delivery Suite Documentation Partogram Monitoring in Labour Consent Documentation - Post Delivery Midwifery Theatre Antenatal and Postnatal Patient Observations IMEWS Patient Experience</td>
<td>Nursing Documentation Nursing Assessment Nursing Care Plan NMFI Guidance Discharge Planning Invasive Medical Devices</td>
<td>Nursing Documentation Nursing and Midwifery Assessment Nursing and Midwifery Care Plan NMFI Guidance</td>
</tr>
<tr>
<td>Patient Observations NEWS Patient Experience Environment</td>
<td>Service Users Experience</td>
<td>Environment</td>
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<td></td>
<td>Patient Observations Vital Signs</td>
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</table>
QCM Process

Process for Nursing & Midwifery Quality Care-Metrics

- Collect Care-Metrics Monthly
- Enter Data Electronically
- Run and Print Reports
- Devise Improvement Action Plans
- Work with staff to implement changes and meet standards
- Analyse Trends & Present Findings

Framework for Nursing & Midwifery Quality Care-Metrics

Office of the Nursing & Midwifery Services Director

Health Service Executive
<table>
<thead>
<tr>
<th>A registered nurse/midwife is in possession of the keys for Medicinal Product Storage</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tr>
<td>All Medicinal products are stored in a locked cupboard or locked room</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>All medication trolleys are locked and secured as per local organisational policy and open shelves on the medication trolley are free of medicinal products when not in use</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A Drug Formulary is available on all Med Trolleys</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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progress: 0/51
<table>
<thead>
<tr>
<th><strong>The Individual’s Name, Date of Birth and Healthcare Record Number are on each page/screen and the admission date and time are recorded</strong></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The presenting complaints/reason for admission/attendance is recorded</strong></td>
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<tr>
<td><strong>Next of Kin/Family support details are recorded</strong></td>
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<tr>
<td><strong>Past medical/surgical history are recorded</strong></td>
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<tr>
<td><strong>The Allergy Status is clearly identifiable on relevant nursing documentation</strong></td>
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<tr>
<td><strong>Infection Status/Alert is recorded</strong></td>
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</tbody>
</table>

progress: 0/51
| The Individual’s Name, Date of Birth and Healthcare Record Number are recorded on each page | Yes | No | N/A |
| Vital Signs are assessed as per nursing plan of care | | | |
| Vital signs are dated and timed using the 24 hour clock | | | |
| Temperature, Pulse and Respiratory Rate are recorded and other appropriate nursing observations as dictated by individual plan of care | | | |
| There is evidence of an increase in frequency of monitoring and escalating actions and recording of results in response to the detection of abnormal physiology | | | |
| Deterioration in condition was communicated to the appropriate medical and nursing personnel and escalated as appropriate | | | |
| 24 hour cumulative balances are evident on all fluid balance charts | | | |
Reporting on Metrics

(RAG) Agreed Standard Measurement Score

90%-100% = Green
80%-89% = Amber
79%-0% = Red
# Test Your Care Report

<table>
<thead>
<tr>
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<td>Pressure Ulcer</td>
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<td>Falls Assessment</td>
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<td>100%</td>
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<tr>
<td>MDA Drugs</td>
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<td>100%</td>
<td>100%</td>
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<td>100%</td>
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<td>81%</td>
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<td>Discharge Planning</td>
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<tr>
<td>Invasive Medical Device</td>
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<td></td>
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<tr>
<td>Restraint Monitoring</td>
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<td>0%</td>
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<tr>
<td>Environment</td>
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<td>82%</td>
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### Test Your Care Report

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<td>NEWS/ Observations : Name and HCRN</td>
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</tr>
<tr>
<td>NEWS/ Observations : Vital signs 12 hourly</td>
<td>100%</td>
</tr>
<tr>
<td>NEWS/ Observations : NEWS Dated 24 HR Clock</td>
<td>100%</td>
</tr>
<tr>
<td>NEWS/ Observations : RR, O2, Hb, BP, HR, T, AVPU</td>
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</tr>
<tr>
<td>NEWS/ Observations : 24hr Total Fluid Balance Chart</td>
<td>100%</td>
</tr>
<tr>
<td>NEWS/ Observations : NEWS Score Total daily</td>
<td>100%</td>
</tr>
<tr>
<td>NEWS/ Observations : Escalation Protocol Used</td>
<td>100%</td>
</tr>
<tr>
<td>NEWS/ Observations : Increase in Monitoring</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Storage and Custody : RGN/RNN holds keys</td>
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</tr>
<tr>
<td>Medication Storage and Custody : Meds in locked room/cupboard</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Storage and Custody : Trolleys locked, no open meds</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Storage and Custody : Drug Formulary available</td>
<td>100%</td>
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<tr>
<td>Invasive Medical Devices : Site daily assessment</td>
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<tr>
<td>Invasive Medical Devices : Clinical Indication Urinary Cath</td>
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<tr>
<td>Discharge Planning : Evidence of D/C Planning</td>
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<tr>
<td>Discharge Planning : Predicted Date of Discharge</td>
<td>100%</td>
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<tr>
<td>Discharge Planning : Individual/Family Involvement</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs : MDA's checked am &amp; pm</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs : Two Signatures in Drug Register</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs : MDA Cupboard Locked &amp; Keys</td>
<td>100%</td>
</tr>
<tr>
<td>MDA Drugs : MDA Keys Separate</td>
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<tr>
<td>Medication Administration : Name and HCRN</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Administration : ID Bond/ Photo ID</td>
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<tr>
<td>Medication Administration : Allergy Status</td>
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<tr>
<td>Medication Administration : Omission Codes</td>
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<tr>
<td>Medication Administration : No unsecured meds</td>
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<td>Medication Prescription : Generic Name</td>
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<tr>
<td>Medication Prescription : Start Date</td>
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</tr>
<tr>
<td>Medication Prescription : Capital Letters</td>
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</tr>
<tr>
<td>Medication Prescription : Dose Correct No Alchoh</td>
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Nursing & Midwifery Quality Care-Metrics – Governance Flow Chart

Office of Nursing & Midwifery Services Director – Ms. Mary Wynne National Governance Group

ONMSD National Lead - Anne Gallen + 8 NMPD Project Officers

Work-streams

Outcome:
National Nursing & Midwifery Quality Care-Metrics for each Work Stream
Benefits of Metrics

• Provide a powerful platform to incentivise quality and to drive improvements in care processes which will inevitably improve the standard of care and create good outcomes for patients.

• Provides opportunities for nurses to deliver a standard of care that is safe, evidenced based and congruent with legislative and national policies.

• 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.
QCM – What's next

WELCOME TO QUALITY CARE-METRICS

Nursing and Midwifery Quality Care-Metrics is a new quality initiative in the HSE that is designed to systematically measure the care provided by nurses and midwives and improve the health and wellbeing of patients and service users.

A MESSAGE FROM ANNE GALLEN
QCM – What's next

- HSELandD
- Enhance TYC functionality
- Develop Nursing & Midwifery Clinical Dashboards
- Education – focus on undergrad / post grad / and CPD
The aim of this study is to critically review existing metrics, identify other relevant metrics, and develop additional priority metrics and associated indicators, which can be applied to measure the quality of the care process.
QCM National Research Project Process

Involves:

• HEI’s conducting a systematic review to identify existing metrics, as well as other relevant new metrics and associated indicators

• the outcomes of this review will be fed back to participants in a four round electronic Delphi survey

• this iterative process will be used to generate consensus and to inform the next stage of metric development, working towards one common metric system for nursing and midwifery in Ireland
QCM National Research Project Participation

- Individuals interested in participating should register their interest to the research team at child.metrics@ucd.ie with their name, e-mail address, location, and grade
- On receipt of this information, the research team will forward further information and instructions
- Participants will also be recruited through snowball sampling, whereby registered participants will be asked to forward the invitation to others
- The first Delphi survey instrument will be e-mailed to participants when ready (April/May)
QCM National Research Project Participation

Participants will be asked to:

– rate the list of metrics according to how important they are for your practice

– rate the list of indicators according to how important they are for your practice

– add any ‘new’ metrics that have not been captured and that you consider important or relevant for your practice
The success of the study, ultimately, will be determined by
– the number of nurses recruited to the study
– along with the proportion of participants who respond to each round of the Delphi survey

We would greatly appreciate as many nurses working in Children’s services to register their interest at child.metrics@ucd.ie
QCM National Research Project
Core Project Team

• Children’s Workstream Working Group: Broad representation from Children’s Services. Chaired by Susanna Byrne, Director NMPD Dublin South Kildare and Wicklow (DSKW)

• Academic Lead: Dr Maria Brenner, Associate Professor in Children’s Nursing, Trinity College

• Research Assistant: Dr Catherine Browne, UCD

• Project Lead: Loretto Grogan, NMPD DSKW
Benefits of Metrics

- M: Measurement of Standards
- E: Engagement of Staff
- T: Timely Information
- R: Results = Openness & Transparency
- I: Improvement in Practice
- C: Culture Change
- S: Shared Learning
Quality Care-Metrics

Thank you for your time and attention

loretto.grogan1@hse.ie