Defining the fundamentals of care – A blueprint for quality

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Background
In 2014, reports from patients, families, staff, and regular auditing indicated a diverse degree of variability in the delivery of basic or fundamental aspects of care, such as making sure that patients’ safety is monitored, receive adequate nutrition, have their pain well managed, and are cared for in a consistently clean environment. At that time there was limited understanding of how well we were delivering the basic aspects of care, and there was no coordinated or systematic measurement in place.

Aim
To develop an evidence-based, organization-wide care evaluation and improvement programme to promote the ward driven delivery of safe, consistent, high quality patient care.

Developing a Patient and Whānau/Family Centred Care Standards (PWCCS) Programme

A multi-disciplinary steering group with independent chair and cultural and consumer representation oversaw the programme development. A quality improvement nurse specialist managed the one year project with the nursing executive.

A multi-method approach was used to define the fundamentals of care and identify gaps and priorities for improvement:

1. Literature review:
   - Staff interviews (n = 20 senior staff)
   - Thematic analysis of patient and family feedback (n = 581 items of feedback)
   - Stocktake of current activity
   - Baseline ward audit (n = 19 wards)

2. An overarching framework was developed based on nine fundamental aspects of care (called care standards). Best practice indicators and measures were developed for each fundamental aspect in consultation with the steering group and relevant expert groups. Local, national, and professional guidelines; and literature relating to similar programmes, fundamentals of care, and patient centred information standard.

A systematic evaluation framework consisting of a 6 monthly peer review process for wards, a centralised results reporting system, and supporting improvement cycle was developed.

A graded results recognition and reward system was established to achieve celebration of improvement.

Making care visible
Completed review forms are entered into an electronic organisational audit database using a dedicated data entry system. The data and results from relevant audits are collated using the Qlikview business intelligence tool to provide centralised reporting.

Measuring the fundamentals of care

Patient and Whānau Centred Care Standards & monthly Ward Review and Evaluation Process

- Pre-Review Questionnaire
  - Change Nurse, complete, discussed at ward review. Consists of:
    • Reflection on previous review and progress update
    • Basics checks and highlights

- Part A: Patient Questionnaire
  - 5 patients (or whanau) per area
  - Complete 40 yes/no type questions & audit
  - e.g. Does staff address you by your preferred name?

- Part B: Ward Observation
  - 10 “Signature” observations of ward environment, patient staff interactions, staff questions, documentation (21 observation types per ward)
  - e.g. Quality indicator by 4-6 earlier

- Part C: Ward Management
  - Reviewer (Nurse Manager) interview with Charge Nurse Manager (21 interview questions)
  - e.g. There is a record of staff mandatory training

- Part D: Nursing audit studies
  - 20 audit studies linked to care standards, automatically incorporated in final results
  - e.g. Falls & A/R audit studies

- Reviewer comments
  - Additional freedeed feedback from patients, staff or observations
  - e.g. Patient stated “was really impressed by the ward”

- Part B: Meeting
  - Charge Nurse meets with Team.
  - Discusses results and make progress plan.

Improving care

Ward results
Two reviews have now been completed:

<table>
<thead>
<tr>
<th>Wards</th>
<th>4</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>Review 1: June July 2015</td>
<td>117</td>
<td>152</td>
</tr>
<tr>
<td>Review 2: Dec 2015</td>
<td>110</td>
<td>158</td>
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</table>

We compared results of the 27 wards who participated in both reviews:

- There was a significant difference in the overall results between June 2015 (n=1, 10-DR) and December 2015 (n=5, 16-DR; t=2.559, p = .017).

Using a paired sample t-test these results indicate that for the 27 repeat wards, Part A, B, C and overall demonstrated significantly improved results from time 1 (June 2015) to time 2 (Dec 2015), while Part D was significantly worsened (t=-4.519, p = .000).

Figure 3: Part B: Ward Observation

- Observation - Episodes of care
- Observation - Patient Environment and Bed Space
- Patient Environment and Bed Space

<table>
<thead>
<tr>
<th>Observation</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>t</th>
<th>df</th>
<th>Sig (2-tailed)</th>
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</thead>
<tbody>
<tr>
<td>Part A: Patient Questionnaire</td>
<td>115</td>
<td>90</td>
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<tr>
<td>Part B: Ward Observation</td>
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<td>121</td>
<td>3.37</td>
<td>26</td>
<td>.001</td>
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<tr>
<td>Part C: Ward Management</td>
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<td>139</td>
<td>2.59</td>
<td>26</td>
<td>.017</td>
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<tr>
<td>Part D: Nursing audit results</td>
<td>141</td>
<td>136</td>
<td>2.79</td>
<td>26</td>
<td>.010</td>
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</table>

74% of wards improved their overall result, five of the nine standards significantly improved and 20 of the 40 patient questions significantly improved. A 5% reduction in variation in results suggests greater consistency in care.

Figure 4: Part C: Ward Management

- Observation - Staff & parent involvement
- Observation - Staff & parent involvement
- Observation - Staff & parent involvement

Organisational improvement activity arising from PWCCS

- a-vital electronic monitoring
- Nurse led ward round in acute stroke
- Focus on hand hygiene
- Sleep promotion/ noise reduction on wards

Local improvement activity arising from PWCCS

- Ps say call bells answered promptly 82.0%
- Ps say familiarised with ward on admission 77.0%
- Ps say staff do everything to manage pain 83.3%
- Ps say offered assistance with mobility 87.0%
- Ward management results 83.0%

Lessons learned

- Introducing care standards provides clarity of expectations and a shared language for everyday discussion and activity on quality of care
- Staged implementation allows time to support wards to put required processes and systems in place to deliver and monitor quality care
- Ward and staff engagement grows with each review round
- Resources are required for ongoing governance, coordination and development; ward support, IT and data management, and review/system time
- Programme needs to be flexible and responsive to change.

Key messages

- The PWCCS programme provides a comprehensive overview of quality at ward level, not previously visible. It ties together information from a number of quality programmes enabling a more coordinated approach to practice development and quality improvement
- The programme has been positively received. Our patients and whānau tell us they appreciate the opportunity to provide feedback. Reviewers tell us they enjoy the time to talk with patients. Our nursing staff valued having a regular, systemised review, and the results are increasingly used to highlight areas for local improvement.

Next steps

The PWCCS programme continues to undertake peer reviews every 6 months and has expanded into specialty patient areas such as ED, Maternity and Mental Health. The third review (June 2016), involving 43 wards, is currently being analysed. The programme aims to extend to acutepatient and community settings. A ward accreditation programme offering a pathway to excellence for interdisciplinary ward teams is being developed which will incorporate the PWCCS programme. Charge Nurse Manager and reviewer feedback will be sought at the completion of the next review.

Jenny Parr is a member of the International Learning Collaborative