

QUALITY OUTCOME MEASURES

Mental Health

Service Improvement Managers

KEY DRIVERS (1) QUALITY

- **Quality strategy 2011** (draft for consultation)
 - Safety ; effectiveness and patient /client focus (3 main headings for quality in NI)
 - Measuring the improvement; raising the standards (strategic goal 3)
 - Set of outcome measures with quality indicators (obj. 5)



KEY DRIVERS (2) RELEASING TIME TO CARE

“The Releasing Time to Care Programme has made a great impact on ward processes, staff motivation and patient safety and experience of care. However currently the range and extent of measurable outcomes from the Programme remain unclear. There is a need for a set of standardised metrics and a system for a consistent approach to monitoring outcomes from the Programme.”

“Report on the Impact and Sustainability of the Programme across Trusts in the East of England, NHS” Deborah Halliday, Jan 2010



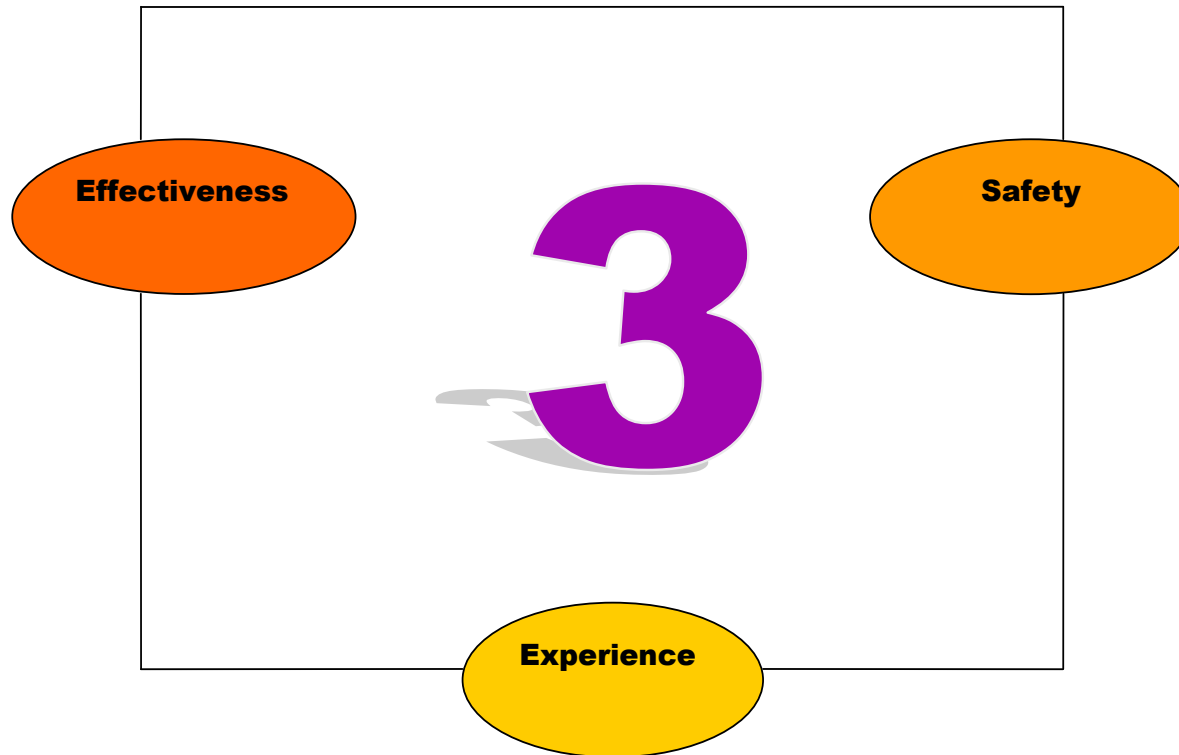
DARZI – DEFINITION OF QUALITY

- Patient Safety – the safety of the treatment and care provided to patients
- Patient/ Carer Experience – the broader experience patients and their carers have of the treatment and care they receive
- Effectiveness – the effectiveness of the treatment and care provided to patients

(High Quality Care for All: NHS Next Stage Review Final Report, DOH, 30th June 2008)



QUALITY INDICATORS FRAMEWORK



DOMAIN 1 PATIENT EXPERIENCE

- Ward Environment
- Positive Staff Attitudes
- Patient Involvement in Care Planning



DOMAIN 1 PATIENT EXPERIENCE

Quality Indicator	Measure	Evidence Source
	1. Greeting on admission	Patient survey/complaints/ focus groups
Positive Staff attitudes	2. Given privacy & treated with respect	Patient survey/complaints/ focus groups
	3. Given time to discuss concerns	Patient survey/complaints/ focus groups
	1.Calm ward atmosphere	Patient survey/complaints/ focus groups
Ward Environment	2 Cleanliness	Audits
	3.Patient satisfaction with ward cleanliness	Patient survey/complaints/ focus groups
	1.Signed care plan	Safety indicators audit
Patient Involvement in care planning	2. Patient satisfaction with their involvement in care planning	Patient survey/complaints/ focus groups
	3. Copy of care plan given	Safety indicators audit



DOMAIN 2 PATIENT SAFETY

- Zero Untoward Incidents
- Safe and Supportive Observations
- Robust Risk Assessment and Risk Management Planning



DOMAIN 2 PATIENT SAFETY

Quality Indicator	Measure	Evidence Source
	1. Initial risk assessment completed	Safety indicators audit
Robust risk assessment	2. Patient feels safe	Patient survey/complaints/ focus groups
	3. Evidence of review of risk	Safety indicators audit
	1. Reduction of self harm	Audit (RTC measures)
Zero Untoward Incidents	2. Reduction of unplanned absence	Audit (RTC measures)
	3.Reduction of Violence /Aggression	Audit (RTC measures)
	1. Goal specific Observation	Audit
Safe & supportive obs	2. Reviewed regularly	Audit
	3.Process of Observation is explained to the patient	Patient survey/complaints/ focus groups
	1. Personal programme of choice/Therapeutic activities	Evidence in care plan



DOMAIN 3 CLINICAL EFFECTIVENESS

- Person Centred Therapeutic Interventions
- Discharge Planning
- Promoting Recovery



DOMAIN 3 CLINICAL EFFECTIVENESS

Quality Indicator	Measure	Evidence Source
	1. Personal programme of choice/Therapeutic activities	Evidence in the patients care plan – MD/Uni-disciplinary
Person-centred Therapeutic Interventions	2. Patient satisfaction with therapeutic interventions	Patient survey/complaints/ focus groups
	3.Improved clinical outcomes for the patient	Use of CORE/HoNOS
	1. Patient involved in discharge planning	Patient survey/complaints/ focus groups/ Audit: Patient signs discharge plan and is given a copy
Discharge planning	2. Estimated date of discharge given on admission/during the assessment phase	Patient Survey/Ward Team Meeting Audit
	3. 7 day follow up planned [and discharge pack given]	Monthly PFA return
	1. Recovery/Support action plan/WRAP	Audit of clinical notes
Promotes recovery	2. Reduced re-admissions	Audit of admission data
	3. Reduced length of stay	Audit of LOS data



Quality Indicators

Ward 1 January 2011

Domains	Quality Indicators	Measures	Evidence Source	Result Jan. 2011
		1. Greeting on admission	Patient views	94%
	Positive Staff attitudes	2. Given privacy & treated with respect	Patient survey	69% 88%
		3. Given time to discuss concerns	Patient survey	88%
		1.Calm ward atmosphere	Patient views	
Patient experience	Ward Environment	2 Cleanliness	Audits	
		3.Patient satisfaction with ward cleanliness	Patient survey	100%
		1.Signed care plan	Safety indicators audit	
	Patient Involvement in care planning	2. Patient satisfaction with their involvement in care planning	Patient views	87%
		3. Copy of care plan given	Safety indicators audit	
		1. Initial risk assessment completed	Safety indicators audit	
	Robust risk assessment	2. Patient feels safe	Patient views	88%
		3. Evidence of review of risk	Safety indicators audit	
		1. Reduction of self harm	Audit (RTC measures)	10% (1 yr.)
Patient safety	Zero Untoward Incidents	2. Reduction of unplanned absence	Audit(RTC measures)	16.66%
		3.Reduction of Violence /Aggression	Audit(RTC measures)	50% increase
		1. Goal specific Observation	Audit	
	Safe & supportive obs	2. Reviewed regularly	Audit	
		3.Process of Obs explained to patient	Patient views	
		1. Personal programme of choice/Therapeutic activities	Evidence in care plan	
	Person-centred Therapeutic Interventions	2. Patient satisfaction with therapeutic interventions	Patient survey	75%
		3.Improved therapeutic outcomes for patient	Use of CORE/HONUS	
		1. Patient involved in discharge planning	Patient views	50%
Clinical effectiveness	Discharge planning	2. Estimated date of discharge given	Safety indicators audit	
		3. 7 day follow up planned	Monthly return	100%
		1. Recovery/Support action plan	Audit	100%
	Promotes recovery	2. Reduced re-admissions	Audit	
		3. Reduced length of stay	Audit	21.5 days

