



Royal College
of Nursing

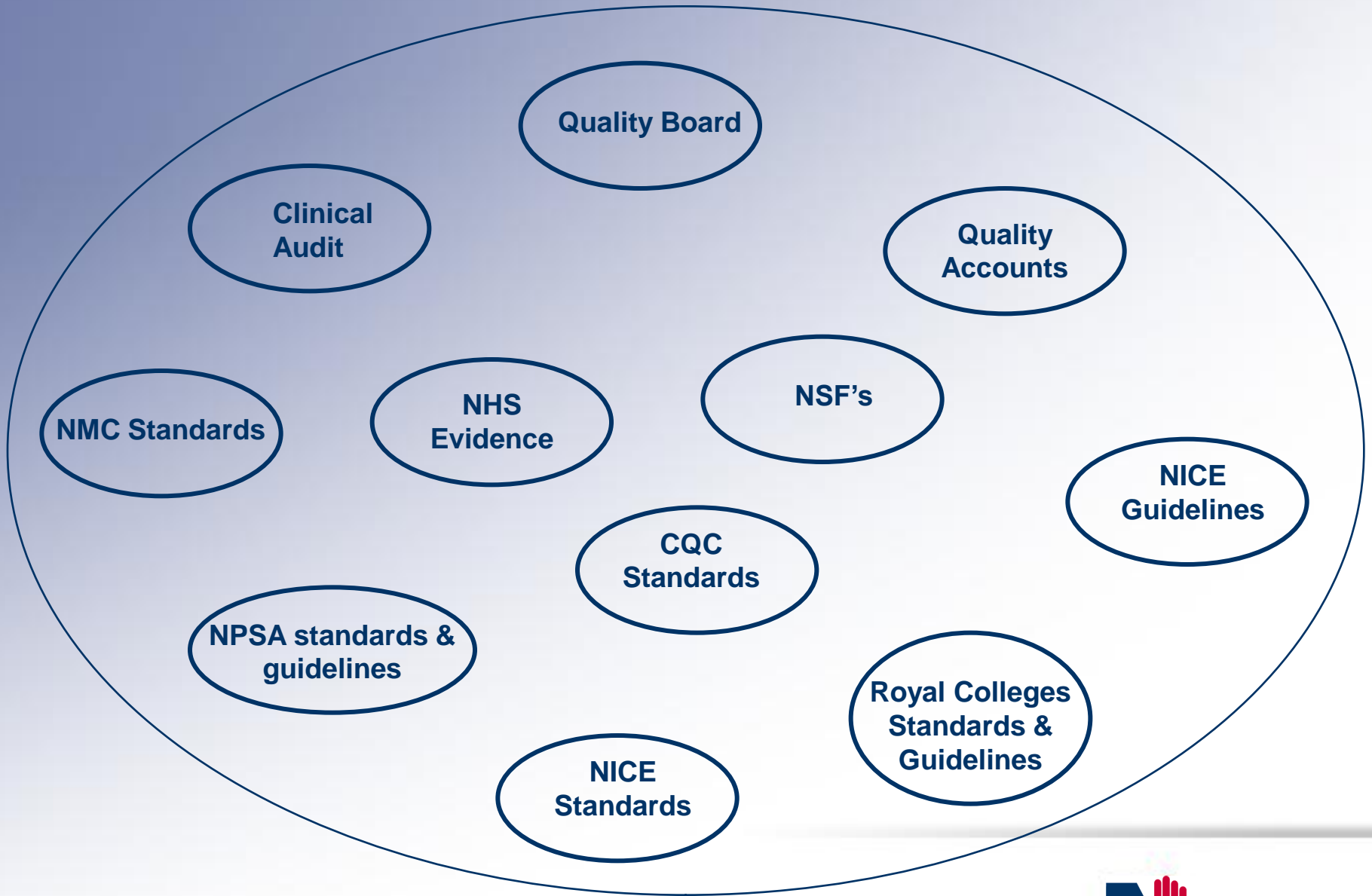
National Clinical Audit from a nursing perspective: addressing challenges and issues involved in engagement

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Quality of care

....is the degree to which health care services for individuals and populations increase the likelihood of desired **health outcomes** and are consistent with **current professional knowledge.**

Institute of Medicine Lohr KN, editor(s). Medicare: a strategy for quality assurance. Vol. 1. Washington, DC: National Academy Press; 1990. p. 21.

Clinical governance

👉 ‘a process to improve patient care through the regular review of care against clear standards, and the implementation of change’

Currie L et al (2003) Clinical Governance: A resource guide. London. RCN

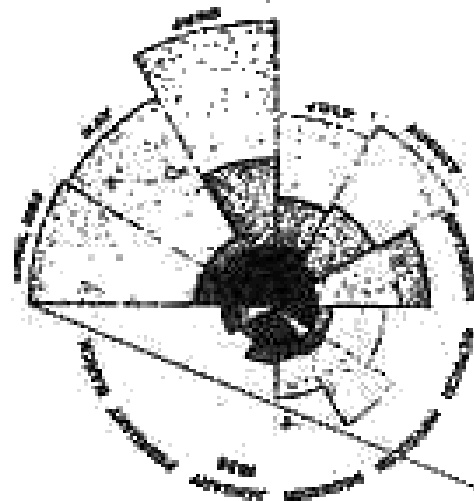
Current context that nurses are working in



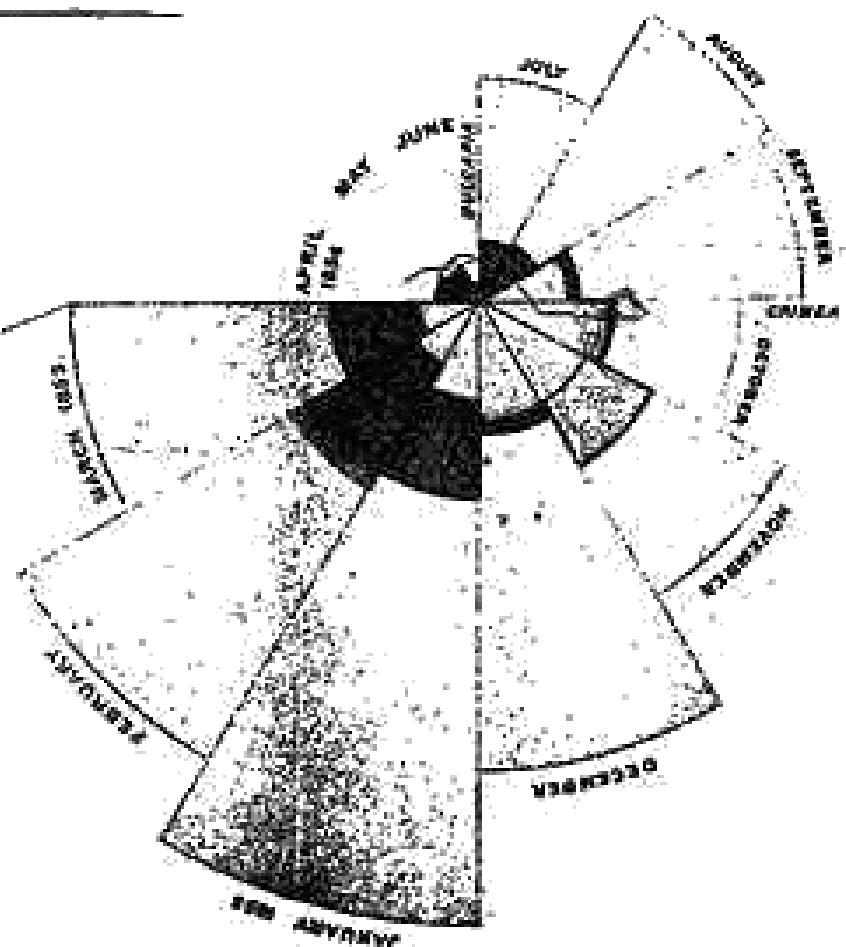
Florence Nightingale

DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST

2.
APRIL 1855 TO MARCH 1856



1.
APRIL 1854 TO MARCH 1855



The Areas of the Blue, red, & black wedges are each measured from the centre as the common vertex

The blue wedges measured from the centre of the circle represent area for area the deaths from *Fraxinella* or *Misgonychia Zymotica* diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes

The black line across the red triangle in *Novr* 1854 marks the boundary of the deaths from all other causes during the month

In October 1854, to April 1855, the black area coincides with the red, in January to February 1855, the blue coincides with the black

The entire areas may be compared by following the blue, the red & the black lines enclosing them



NCI WARD-LEVEL REPORTING...

Warding System													
A		B		C		D		E		F		G	
Care indicators	Criteria	Ward 1		Ward 2		Ward 3		Ward 4		Ward 5		Ward 6	
		Score	Rating	Score	Rating	Score	Rating	Score	Rating	Score	Rating	Score	Rating
1. Patient Characteristics	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Patient acuity/mix	25	A			25	A	25	A	25	A	25	A
	C. RSI	25	A	25	A	25	A	25	A	25	A	25	A
	D. Staff to patient ratio	25	A	25	A	25	A	25	A	25	A	25	A
	E. Resources for high patients	25	A	25	A	25	A	25	A	25	A	25	A
	F. Delivered as advised	25	A	25	A	25	A	25	A	25	A	25	A
2. Risk Management	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Patient acuity/mix	25	A			25	A	25	A	25	A	25	A
	C. Patient care/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	D. Care of high patients/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	E. Teamwork/communication	25	A	25	A	25	A	25	A	25	A	25	A
	F. Analysis of incidents and efficiency	25	A	25	A	25	A	25	A	25	A	25	A
3. Staff Resources	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Staff to patient ratio	25	A	25	A	25	A	25	A	25	A	25	A
	C. Care of high patients	25	A	25	A	25	A	25	A	25	A	25	A
	D. Patient care/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	E. Staff to patient ratio	25	A	25	A	25	A	25	A	25	A	25	A
	F. Care of high patients/dependency	25	A	25	A	25	A	25	A	25	A	25	A
4. Team Work & Governance	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Staff to patient ratio	25	A	25	A	25	A	25	A	25	A	25	A
	C. Care of high patients	25	A	25	A	25	A	25	A	25	A	25	A
	D. Patient care/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	E. Teamwork/communication	25	A	25	A	25	A	25	A	25	A	25	A
	F. Analysis of incidents and efficiency	25	A	25	A	25	A	25	A	25	A	25	A
5. Patient Governance	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Patient acuity/mix	25	A	25	A	25	A	25	A	25	A	25	A
	C. Patient care/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	D. Care of high patients	25	A	25	A	25	A	25	A	25	A	25	A
	E. Teamwork/communication	25	A	25	A	25	A	25	A	25	A	25	A
	F. Analysis of incidents and efficiency	25	A	25	A	25	A	25	A	25	A	25	A
6. Medication Management	A. Demographics	25	A			25	A	25	A	25	A	25	A
	B. Patient acuity/mix	25	A	25	A	25	A	25	A	25	A	25	A
	C. Patient care/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	D. Care of high patients	25	A	25	A	25	A	25	A	25	A	25	A
	E. Teamwork/communication	25	A	25	A	25	A	25	A	25	A	25	A
	F. Analysis of incidents and efficiency	25	A	25	A	25	A	25	A	25	A	25	A
7. Infection Control Measures	A. Hand hygiene	25	A	25	A	25	A	25	A	25	A	25	A
	B. Infection control	25	A	25	A	25	A	25	A	25	A	25	A
	C. Care of high patients/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	D. Care of high patients/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	E. Care of high patients/dependency	25	A	25	A	25	A	25	A	25	A	25	A
	F. Infection control	25	A	25	A	25	A	25	A	25	A	25	A

Benefits of National Clinical Audit for Nursing

- National comparison
- Potential to benchmark more widely and consistently
- Overall benefit: enables local teams to have their hard work and effort recognised at local level

Flipside

- 👉 National nursing audit may duplicate local work causing even more work because of the need to dovetail national with local initiatives
- 👉 Inherent concern about data collection as an end point. There is a strong nursing culture around collecting data as part of the QI cycle and as the first step to implementing improvement actions and then re-auditing

Challenge for Data Gathering

- ➡ The more that nursing data gets integrated into the electronic patient record then data gathering will become more streamlined and less of a burden for nurses

Meeting nurses needs

- ➡ easy to access
- ➡ rapidly available results
- ➡ sharing best practice
- ➡ benchmarking
- ➡ changes in practice
- ➡ improved local care

Getting started

- decision making devolved to clinical level
- the organisation is committed to quality improvement
- there is active patient/client/carer involvement
- standards are based on the best possible evidence
- leadership, collaboration and teamwork are central
- implementation takes place through facilitation



Multi-Dimensional Considerations in Changing Clinical Practice and Improving Patient Care

- ☞ The nature of evidence
 - *research*
 - *clinical experience*
 - *patient experience*
 - *local information*
- ☞ The context of implementation
 - *culture*
 - *leadership*
 - *evaluation*
- ☞ The use of facilitative methods
 - *purpose*
 - *role*
 - *skills and attributes*



Quality Improvement Hub



The RCN Quality Improvement Hub is a resource designed to hold a number of Quality Improvement tools, for example audits, in a single 'container'. All of the tools in the hub are of particular relevance to nurses or nursing, but the whole healthcare team will be involved in working together to ensure that best practice is achieved and maintained in response to data collected using the tools.

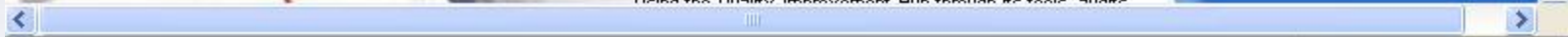
The Quality Improvement Hub system also gives participants immediate access to reports of their data alongside that of the group as a whole. This means that users can get a good feel for how their practice compares with that of others working in the same field.

Participants are also encouraged to share experience and best practice with others through the on-line forums; by accessing best practice guidelines through the RCN and by using the interactive information resource at the RCN Learning Zone.

Some areas of the Quality Improvement Hub can be accessed openly by anyone who is interested in the information offered and the clinical areas being covered. However, areas which relate to data collection, analysis and specialist support are restricted to appropriate users and are made secure by the additional step of user id and password control.

Using the Quality Improvement Hub through its tools, audits

- Participants' Zone
- Public and Patients
- Contact Us
- Links



The information required has changed, please review before continuing.

1-4 Doppler Assessment

Doppler and ABPI calculated on first assessment

For left leg:

- Calculated
- Not Calculated

* If calculated, what measurement (abpi)?

For right leg:

- Calculated
- Not Calculated

* Why was the right leg ABPI not calculated?

(Choose an option) ▼

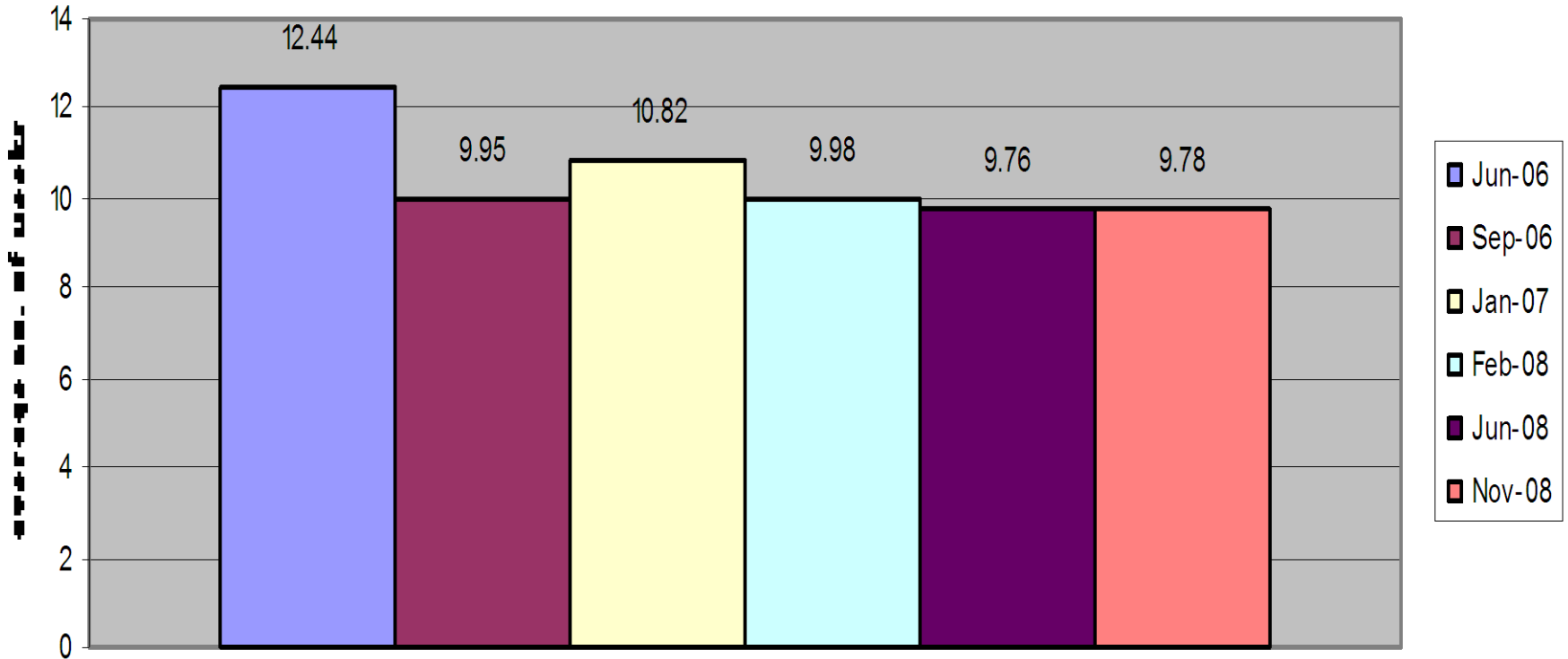
- (Choose an option)
- Delay in assessment
- Equipment not available
- Patient non-compliant
- Trained staff not available
- Not enough time
- Standard local practice
- Alternative technique used
- Not documented

< previous

res

next >

How many weeks from the original assessment date did the index ulcer take to heal



Identifying Themes and Indicators



Ethical and legal integrity

Accountability and responsibility

Record keeping, reporting and monitoring

Equality and diversity

Communication

Leadership

Safety

Technical skills

Care and treatment

Education and training

Advocacy

Empowerment

Dignity

Humanity

Co-ordination, integration and continuity

Clinical reasoning

Patient involvement in care

Evidence based practice

Person centred care

Multi-disciplinary and multi-agency working

Contributing to an open and responsive culture

Relevance to stakeholders

Something that will meet everyone's needs

Patients and
users



Healthcare teams
and individual nurses

Educators

Commissioners

Our contemporary challenge is...

- ➔ How do we begin to measure these themes?