NHS
Institute for Innovation and Improvement

Releasing Time to Care

The Productive Community Hospital™

Knowing How we are Doing

Version 1

This document is for executive, project and clinical leaders

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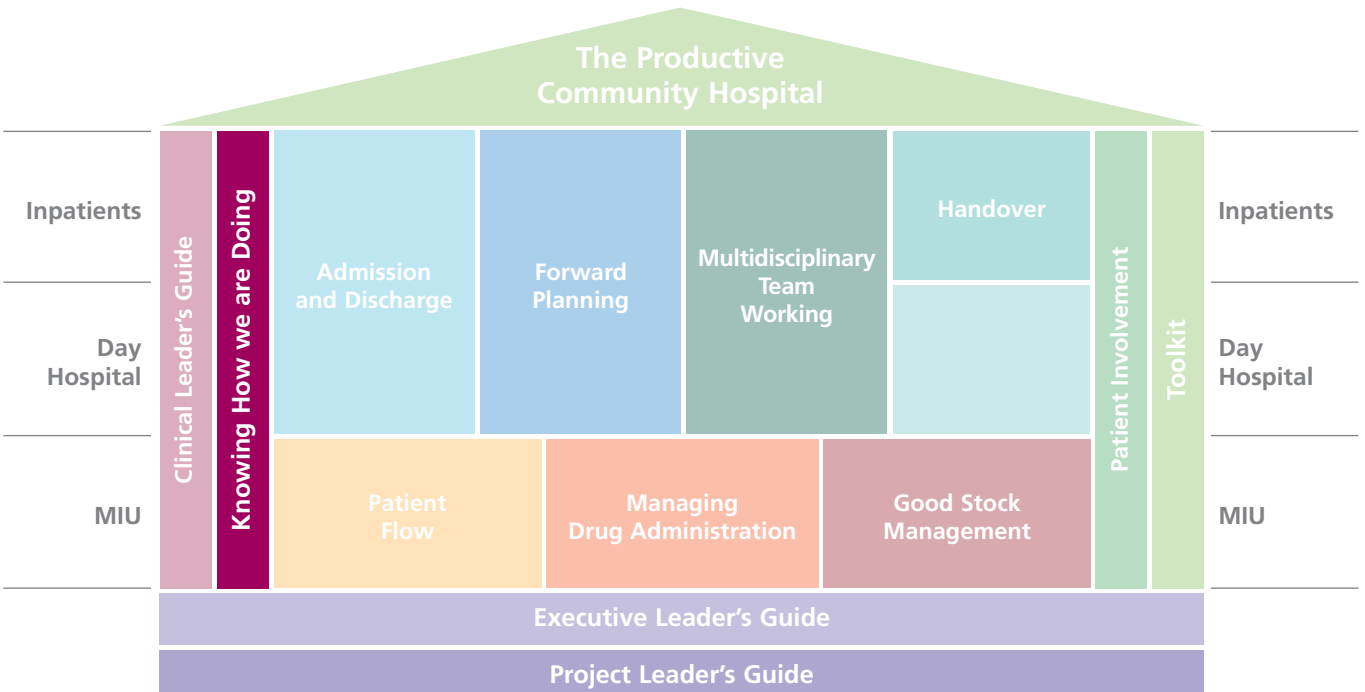
Contents

These modules create
The Productive Community Hospital



Knowing How we are Doing

This module will enable the community hospital staff to understand how they are doing, at a local level, in key areas of performance.

It will outline why performance measurement is important and how to undertake it.

It will include practical tips on collecting and displaying information for staff and patients and a guide to reviewing the results and acting upon them.

What is it?

An approach to measure and track how the clinical area is doing against the core objectives of The Productive Community Hospital. It focuses on three clinical areas: Minor Injuries Units (MIUs), Inpatients and Day Hospitals.

It will help you and your team see whether the changes you are making are helping you to achieve your vision for your clinical area, as well as the overall strategic priorities of the organisation (see Executive Leader's Guide).

Why do it?

- to understand how we are doing against the core objectives
- to positively recognise the impact of changes made
- to promote the use of facts to drive continuous improvement
- to understand and resolve issues in a team environment.

Who does what?

Executive leader	eg, director, director of nursing or head of service Responsible for ensuring Board level sign up, high level leadership, authorisation of staff time investment and backfill, visible support to clinical teams and spread throughout the PCT
Project leader	eg, improvement facilitator, site lead, matron Responsible for the successful planning, implementation and timing of The Productive Community Hospital programme
Clinical leader	eg, ward or department manager or other member of the multidisciplinary team (MDT) Responsible for the implementation at clinical area level and ensuring the involvement of all the MDT

Measurement

What should we measure?

There are different types of measures that you will use to understand your clinical areas performance.

The measures reflect The Productive Community Hospital core objectives:

- patient safety and reliability of care
- efficiency of care delivery
- patient experience
- appropriateness of the care given

Types of measure

Baseline measurement:

- this is a measurement of your clinical area's performance before any changes are made

Benchmark:

- this is a measurement of your performance against others. This may be a measurement against national data or more locally within your trust

Review measurement:

- by repeating the measures after you have made a change you will be able to assess the impact of that change

Problem solving

If you see your clinical area performance against a measure is not acceptable you may wish to undertake some further mapping and measurement to understand the cause of the issue. This makes sure that you target your improvement effort in the right area.

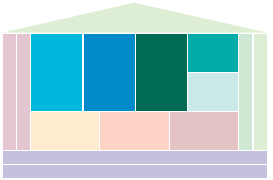
Performance is tracked against the four core objectives of The Productive Community Hospital:

KEY MEASURE	CORE OBJECTIVES	KEY MEASURE
• Rate of pressure sores • Rate of falls • Rate of Healthcare Associated Infections	Improved patient safety and reliability of care	• Rate of Functional Improvement (FI) • Rate of inappropriate admission / attendance • Rate of direct care to OBD*/attendance • Referral on to other care
• Patient satisfaction survey	Improved patient experience	• Rates of pay costs to OBDs/attendance • Rate of non-pay costs to OBD/attendance • Average LoS*/no. of attendances • OBDs from delayed discharges
	Improved appropriateness of care	
	Improved efficiency of care delivery	

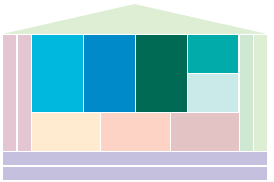
This provides you and your community hospital team with a balanced scorecard.

*OBD - Occupied bed days
*LoS - Length-of-stay

The measures in detail - inpatient measures

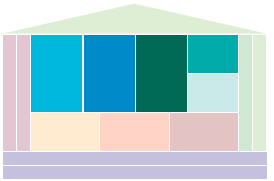


Core objective	Measure	Definition	Data source
Improved appropriateness of care	1. Functional improvement outcomes	Average rate of improvement of all patients based on a functional assessment score between admission and discharge	Ward data from each patient's medical record (anonymised)
Improve patient safety and reliability of care	2. Rate of falls	Number of falls of patients in a month, expressed as a rate of 1000 OBDs	Ward data
Improve patient safety and reliability of care	3. Rate of MRSA and C Diff infections	Number of newly diagnosed infections reported, expressed as a rate of 1000 OBDs	Ward or infection control
Improve patient safety and reliability of care	4. Rate of pressure sores	Number of pressure sores present in a month, expressed as a rate of 1000 OBDs	Ward data



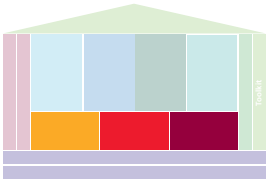
Core objective	Measure	Definition	Data source
Improved appropriateness of care	5. Direct care	Rate of direct care to attendance. Ratio of direct care to indirect care	Ward data/direct care audit
Improving efficiency of care delivery	6. Average length of stay	Average stay for top three patient types	Ward/hospital data
Improved appropriateness of care	7. Rate of inappropriate admission	Rate of patients admitted outside the admission criteria expressed a number per 1000 admissions	Ward data
Improving efficiency of care delivery	8. Rate of delayed discharges	Rate of delayed discharges expressed as a rate of days per 1000 OBDs	Ward/hospital data
Improving efficiency of care delivery	9. Utilisation of non-pay costs	Non-pay costs per OBD	Trust data
Improving efficiency of care delivery	10. Utilisation of human resources	Pay costs per OBD	Trust data
Improving efficiency of care delivery	11. Patient satisfaction	Patient satisfaction for themed questions	Ward data

The measures in detail - day hospital measures



Core objective	Measure	Definition	Data source
Improved appropriateness of care	1. Functional improvement outcomes	Average rate of improvement of all patients based on a functional assessment score between admission and discharge	Day hospital data from each patient's medical record (anonymised)
Improved appropriateness of care	3. Direct care	Rate of direct care to attendance. Ratio of direct care to indirect care	Day hospital data/ direct care audit
Improving patient experience	2. Patient satisfaction	Patient satisfaction for themed questions	Day hospital data
Improving efficiency of care delivery	4. Average length of stay	Average number of attendances for each programme of care	Day hospital data
Improving efficiency of care delivery	5. Utilisation of non-pay costs	Non-pay cost/attendance	Trust data
Improving efficiency of care delivery	6. Utilisation of human resources	Pay costs/attendance	Trust data

The measures in detail - MIU measures



Core objective	Measure	Definition	Data source
Improve patient safety and reliability of care	1. Missed fracture rate	Rate of fractures missed by MIU staff as expressed per 1000 X-rays. Number of days since last missed fracture	MIU data from radiologist feedback or PACS
Improved appropriateness of care	2. Rate of onward referral	Patients referred on for care due to unavailability of skill or resource as rate per 1000 attendances	MIU data
Improving patient experience	3.Patient satisfaction	Patient satisfaction for themed questions	MIU data
Improved appropriateness of care	3. Direct care	Rate of direct care to attendance. Ratio of direct care to indirect care	MIU data/direct care audit
Improved appropriateness of care	5. Rate of inappropriate attenders	Inappropriate attenders are those patients who could have received their care from an alternative service	MIU data
Improving efficiency of care delivery	6. Utilisation of non-pay costs	Non-pay cost/attendance	Trust data
Improving efficiency of care delivery	7. Utilisation of human resources	Pay costs/attendance	Trust data
Improving efficiency of care delivery	8. Average length of stay	Average length of stay in the department by month	MIU data


COMMUNITY
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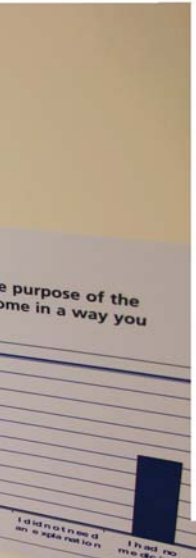
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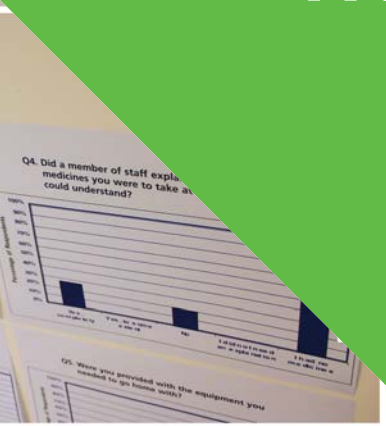
How will we do it?



How will we do it?

Understand your baseline

- assess what data and data sources are currently available to you
- collect the data using the measures outlined on pages 10-13
- collate the data using the Scorecard, example on page 18
- display the measures on a communication board which is visible to everyone
- use a regular review meeting to discuss clinical area performance and agree how to react to the data
- regularly update and review the measures and take action on what the data tells you
- review again how the clinical area is now using performance information

Example templates are available in the Toolkit, PCH Measures Self Assessment, Knowing How we are Doing Tool 3.

What will you use the data for?
The data will provide you with a baseline from which you can prioritise use of The Productive Community Hospital modules and measure the impact of the changes you implement. You can identify clinical and efficiency improvements from the modules in The Productive Community Hospital initiative.

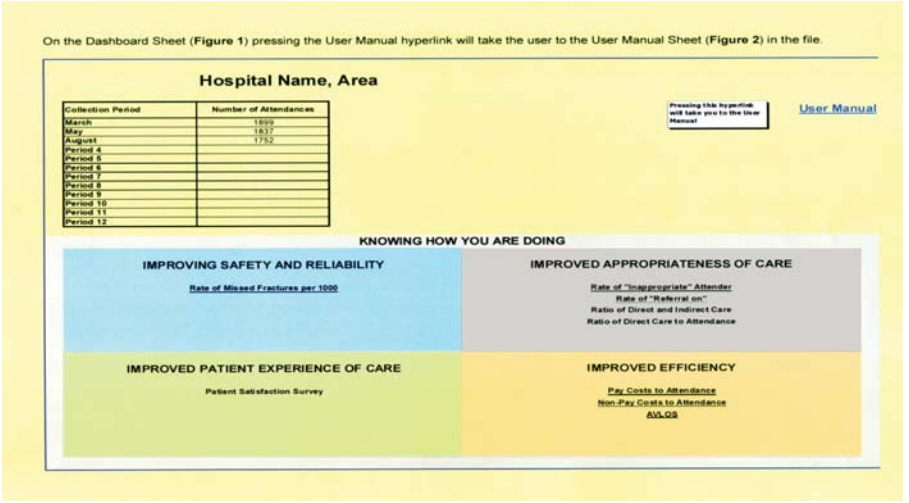
Assess availability of data

Answer the questions in the table below.

What do we currently measure?	• is there any performance data displayed in the clinical area? eg, infection rates, patient surveys etc
Why do we measure it?	• have we been asked to measure these? • was there a problem in this area?
Where does the data come from?	• is it collected by nursing staff? • is it collected by the trust and handed to the department manager • other
Who is responsible?	• who collects it? • who displays it? • who is responsible for good or bad performance?
What do we do with it?	• is the information displayed for all the staff to see? • do we use the data to help us figure out why something has gone wrong? • do we keep the old information?

Collecting information to establish your baseline performance (Scorecard measures)

This is a screenshot of the Scorecard which supports the implementation of The Productive Community Hospital and is available at **www.institute.nhs.uk/productive communityhospital** and in the Toolkit, Knowing How we are Doing Tool 4.


On the Dashboard Sheet (**Figure 1**) pressing the User Manual hyperlink will take the user to the User Manual Sheet (**Figure 2**) in the file.

Hospital Name, Area

Collection Period	Number of Attendances
March	1899
May	1837
August	1752
Period 4	
Period 5	
Period 6	
Period 7	
Period 8	
Period 9	
Period 10	
Period 11	
Period 12	

Pressing this hyperlink will take you to the User Manual

User Manual

KNOWING HOW YOU ARE DOING

IMPROVING SAFETY AND RELIABILITY	IMPROVED APPROPRIATENESS OF CARE
Rate of Missed Fractures per 1000	Rate of "Inappropriate" Attender Rate of "Referral on" Ratio of Direct and Indirect Care Ratio of Direct Care to Attendance
IMPROVED PATIENT EXPERIENCE OF CARE	**IMPROVED EFFICIENCY**
Patient Satisfaction Survey	Pay Costs to Attendance Non-Pay Costs to Attendance AVLOS

Begin to collect data about your clinical area

The operational definitions of the measures appear in the appendix. This will tell you:

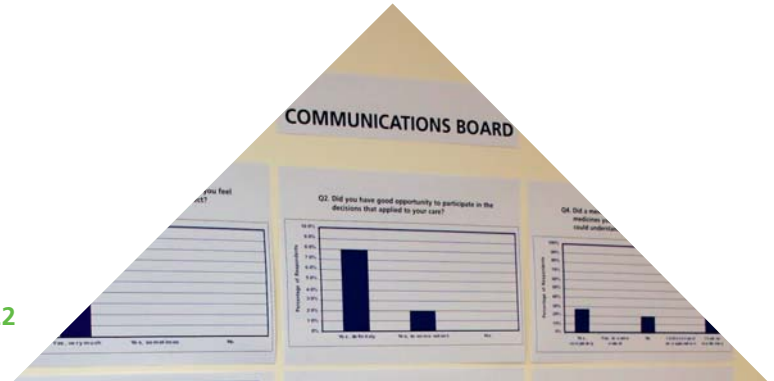
- how and when to collect the data which will create the metric
- the operational definition of the measure.

Measure	Reported as	Operational definition	Data source
Pressure sores	Rate of pressure sores	A pressure sore is diagnosed based on the following definition: A pressure ulcer is an area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and/or a combination of these. The number of pressure sores present in a month is divided by the number of occupied beds days (OBDs) in a month and expressed as a rate per 1000 OBD. Only those pressure sores acquired during the current inpatient stay are counted.	Ward level
Falls	Rate of falls	The definition of a fall is: "any event when the patient unexpectedly came to rest on the ground, floor or another lower level". The number of falls by a patient in a month is divided by the number of OBD in a month and expressed as a rate per 1000 OBDs.	Ward level
Hospital infections	Healthcare Associated Infection (HAI)	An HAI is a reportable infection to the Health Protection Agency (HPA). The number of cases of MRSA and Cdiff reported to the HPA in a month is counted: and the number of MRSA and Cdiff in a month, divided by OBD in a month, shown as a rate per 1,000 OBDs. Counting of each month commences on the first day of the month and the patients already infected on the 1st will be recounted for rate purposes.	Ward level and infection control

Displaying your data on a communication board

Why do this?

- displaying your data and findings will be valuable in maintaining interest in the work you are doing
- it is a great way to showcase your clinical area's commitment to improving care and the plans that you have developed together
- it is also very interesting for patients, relatives, clinicians and managers
- even if your results are disappointing, do not be tempted to hide them! It demonstrates that the team recognises improvement potential, and are taking actions. This will also help improvement implementation in the longer term



Where to locate the communication board?

Things to consider:

- open and transparent management of information:
  - **not** in an office or other restricted area: having this out in the open shows your commitment
- functional:
  - is it easy to view and is there space around it to have a team discussion?
- integrated with other clinical area data:
  - no duplication/conflict with other clinical area data
- remember to consider:
  - making it easy to update the information
  - can it be fixed to the wall that you have chosen?

What should be included on the communication board?

Print charts and graphs from the Scorecard.

You will have other data that you need to collect to test the specific changes that you identify. Display these in simple charts.

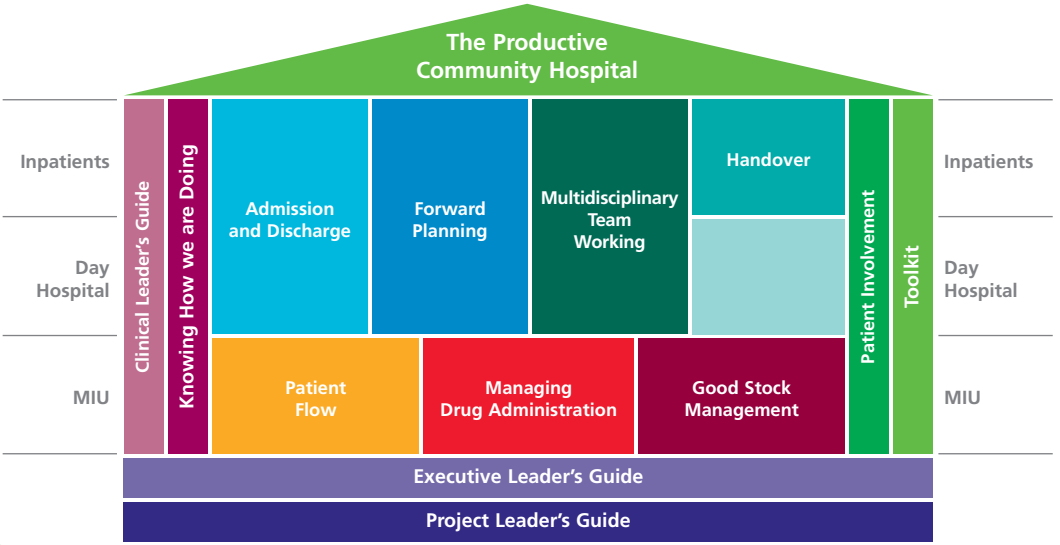
Include other items relating to the data:

- how you are going to review the data
- what action you are taking
- where the data comes from (so others can collect it when you are not there)

Take action

Review the modules

The information you have collected will help you identify the priority areas for improvement and which module to do first.

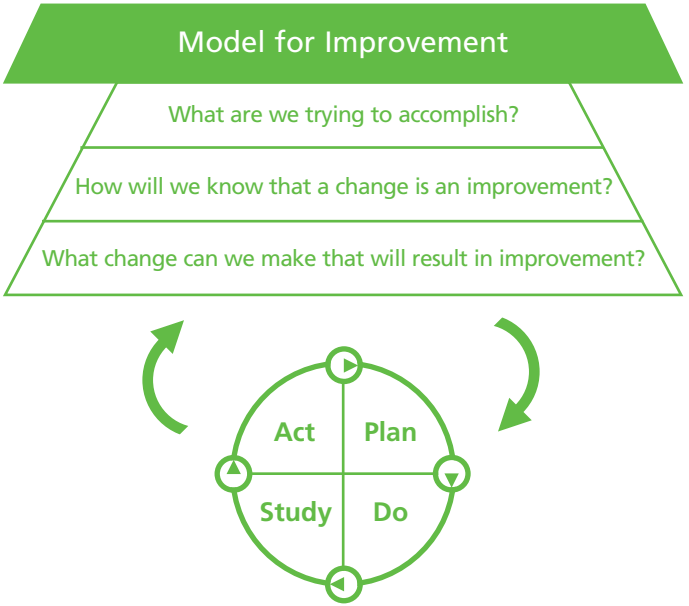


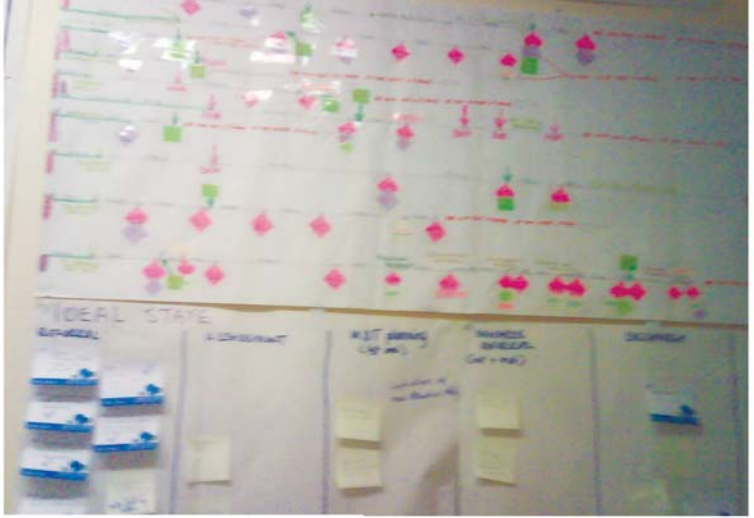
What are you aiming for?

Review other opportunities for improving performance.

Be clear about what you are trying to achieve before you start, set up any additional measures and take a baseline.

Use the Plan, Do, Study, Act (PDSA) cycle to plan your actions. See page 25 of the NHS Institute Improvement Leaders' Guide *Process Mapping, analysis and redesign*. **www.institute.nhs.uk/improvementleadersguides**




IDEAL STATE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NHS Care Records Service
NHS

Review

Review meeting

What is it?	A regular, routine meeting to: • discuss performance against goals • plan actions against issues *This should be held around the communication board so that performance is clearly visible to all*
Suggested agenda	• welcome/update on actions from previous meeting • review charts and discuss changes • agree actions required • assign new actions and deadline • confirm next scheduled meeting
Why do it?	• everyone has a stake in how the department performs • promotes improved and consistent communication between ward staff • promotes cohesive teamwork to achieve department objectives • encourages ownership of and responsibility for problems and solutions

How to introduce it

The review meeting needs structure to be successful:

- agree:
  - who will attend
  - how often
  - set a time limit for the meeting
  - use a visible agenda to keep the meeting on track
  - a system to communicate outputs with members who are not available
- the review meeting needs **defined responsibilities** to be successful
- agree who will:
  - collect data
  - update the charts
  - be responsible for performance
  - chair the meeting and keep it on time
- have a checklist initially, to ensure it is running smoothly

Review meeting checklist

Be on time	• show respect for colleagues
Be factual	• base discussions on what we know to be true, not what might have happened • look at the measurements to determine whether we are improving
Be prepared	• update the board prior to the meeting • let someone know beforehand if we can't get it done
Be concise	• don't go into details – get to the point • keep the meeting short
Drive to action	• don't move on until we know what needs to be done and who will do it
Be prepared to go and see	• if it is important enough to be discussed in the meeting, then it is important enough to go and see the problem

Communication before a meeting

Before you hold your first meeting it is a good idea to let the team know what is going to happen and what you expect of them, This will:

- help ensure that your first review is successful
- set the standard for how you want the meeting to run
- build enthusiasm

Why bother?

- preparation is the key to success…
- negates the need for distracting questions ('why are we here?' etc.)
- reduces anxiety about what will happen so that you can concentrate on outputs

What are you trying to achieve?

- stimulate staff engagement and interest
- set the context - Knowing How we are Doing is the cornerstone of The Productive Community Hospital
- smooth running of meeting by planning ahead
- focus on meeting outputs by setting your expectation of a participative action meeting
- build the desire within the team to try and stick at it

How to prepare staff for their first meeting

- What works best?
  - face-to-face communication
  - provide briefing material that staff can take away and consider prior to the meeting
- Suggested things to include in your briefing/discussions:
  - what you are trying to achieve
  - what is in it for staff, patients etc.
  - how this will move the clinical area forward
  - what staff need to do - contribute, come up with ideas, take on actions
  - proposed agenda and timing

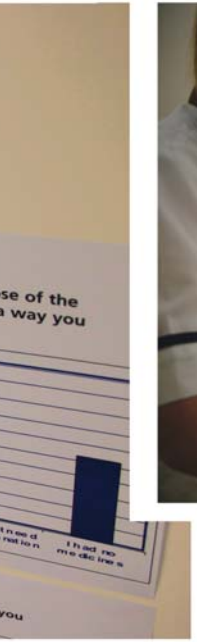
What to do if...

What to do if...

What if this happens?	Ideas on what you can do
I have the data for a measure but it is not defined in quite the same way as the definition	• use the data you have if it is able to tell you what you need to know about yourarea's performance
I have no data for a measure and do not know where to start collecting it	• talk to your project leader and seniors managers. You may have to enlist the support of the finance and information departments to help you
I can get the data but it does not come to me regularly	• agree with the people concerned that it must come to you in a timely way. You may need to enlist the executive leader to support you to do this
No person wants responsibility for the data updates	• rotate the responsibility • assign one chart per person for update - this will spread the work between the team and encourage active involvement outside the meeting
Issues causing measure to decline are outside clinical area control	• talk to the other people or department influencing the performance of the measure • invite them to the review meeting to discuss ways to resolve the issue

What if this happens?	Ideas on what you can do
Chart updates begin to fall behind	• check that availability of data is not hindering chart update • rotate responsibility for chart update – this will also encourage more staff involvement
Enthusiasm for measure collection and review appears to be slipping	• look back at your baseline measures to see how far you have come • ensure results from improvements are communicated, so that everyone appreciates the link between measurement and positive change • remember to celebrate success as you drive for improvement
You have a problem finding source data	• ask for help from your project leader, clinical leader or support team. It may be necessary to escalate to the senior team


HOSPITALS
4 HOSPITALS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NHS Institute for Innovation and Improvement

Staff from our improvement partners

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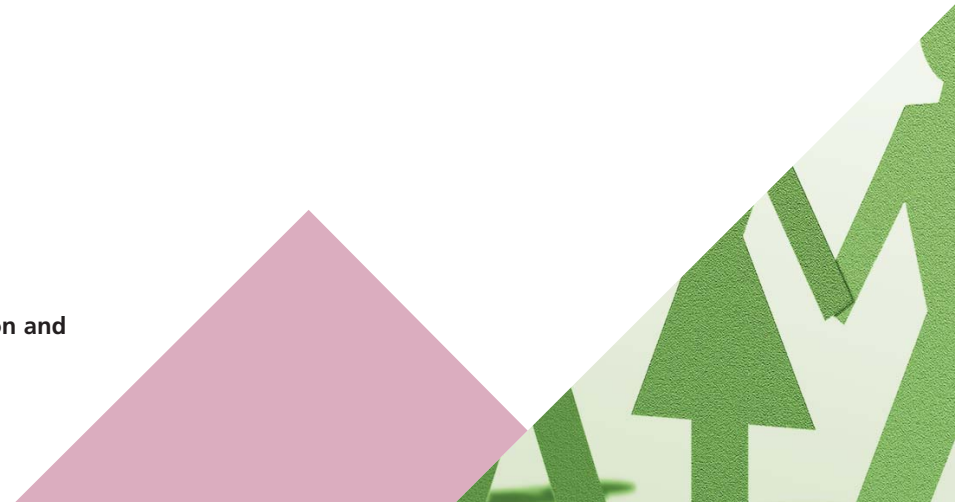
Website: For more information please visit www.institute.nhs.uk/productivecommunityhospital

Contact the Productive Community Hospital team: productivecommunityhospital@institute.nhs.uk



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