

The Corporate Nursing & Midwifery Service Review process.

Presented by Les Porter

Developing a new process.

Starting point.

- Seven year history of ward review.
- Using a purchased audit tool.

Aim. Develop a new process to provide:

- Up to date accessible information.
- Ownership with hospital wide involvement.

Identifying best practice

Who were involved:

- **Chief nurse**
- **Deputy chief nurse.**
- **Audit team.**
- **Senior trust staff including:**

**Infection control, Risk management,
Critical care, Dietetics, tissue viability,**

Identifying best practice

From:

- **Trust policies.**
- **Essence of care, Benchmarks of best practice**
- **Standards for better health.**
- **Saving lives.**
- **Nice guidelines.**

Review scope.

Ward Leadership

- Records & Information
- Infection control.
- Environment
- Risk Management

Inpatient Care

- Admission, Assessment & Care planning
- Nutrition & Food
- Risk Management
- Care of the terminally ill patient.
- Physical care
- Orientation & Information
- Record keeping.
- Discharge.
- Care of the deceased patient

Validation process.

Will the process deliver information needed?

- *Trialed on three wards..... Yes*



How do we ensure consistent information?

- *Each question has clear instructions to the auditor..... Yes*



Credibility?

- *Each question is referenced to identified best practice..... Yes*



Question example

Question: *Has the patient a nutrition screen?*

Source: *Patient records.*

Advice to auditor: *Check records for completion of nutritional screening within 24 hrs of admission. Only score yes if completed in specified time frame.*

Themes: *Benchmarks for Safety, Nutrition & food.
Standards for better health C15b*

Methodology.

- **Observation of environment.**
- **Interviews with Ward manager and staff**
- **Observation of practice.**
- **Interviews with ten patients per area.**
- **Review of all nursing documentation**

Review results.

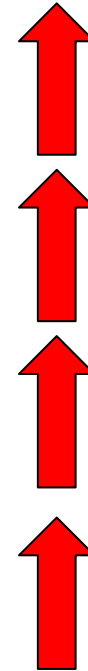
- Each domain given a percentage score.
- Score is colour coded to reflect “traffic lights”
- **White** area 0-55%.....Immediate action.
- **Red** area 55-70%.....Fair.
- **Amber** area 70-85%.....Good
- **Green** area 85-100%.....Excellent.

Review results

- **Results produced on final day of review**
- **Information sent to where it is needed and can be acted upon swiftly. (audits main body)**
- **Review graphs available on the hospital intranet**
- **Themed results dispatched electronically. Currently nine categories**

HOSPITAL TUST BOARD

1 WHITE SCORE / 4 RED DOMAINS



REVIEW PROCESS



ALL RESULTS

**CHIEF NURSE
DEPUTY CHIEF NURSE
DIVISIONAL MANAGERS
LEAD NURSES
MODERN MATRONS
WARD MANAGER**

Escalation criteria

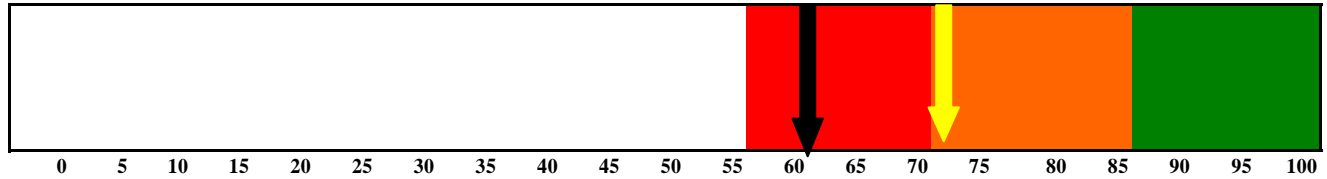
One white or four red domains.

- **Hospital trust board informed.**
- **Discussed at divisional board meetings.**
- **Action plans devised by divisions.**
- **Re-audited within one month.**

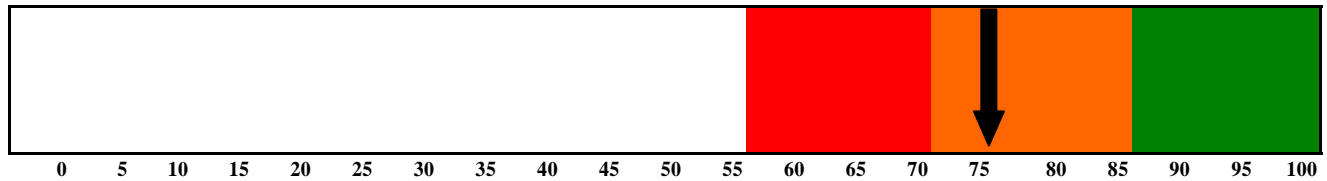
WARD XX LEADERSHIP

61% 72%

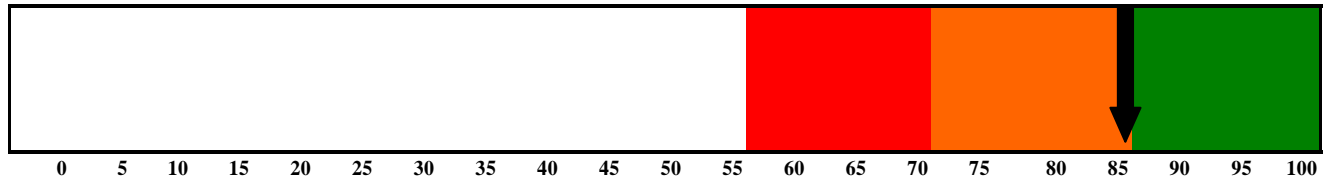
**RECORDS &
INFORMATION**



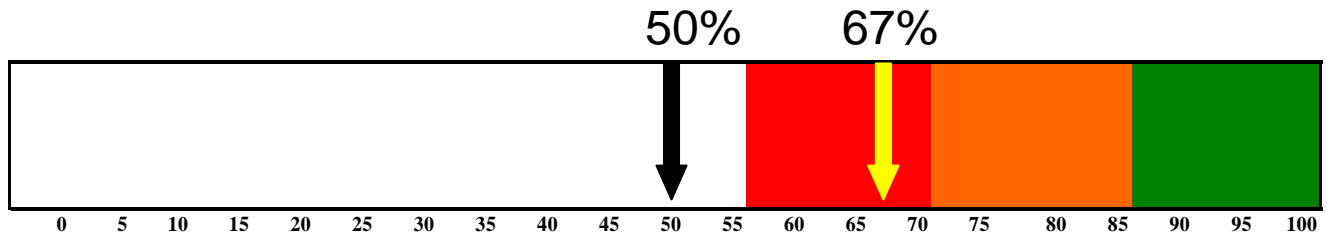
**WARD
ENVIRONMENT**



**INFECTION
CONTROL**



**RISK
MANAGEMENT**



FAIR
GOOD
EXCELLENT

55 - 70%
70 - 85%
85 - 100%

RE - AUDIT



Progress so far.

- **Twenty areas reviewed.**
- **Three areas requiring second review.**
- **All three areas demonstrated improvement on second review.**

What next?

- **Annual review of the review process.**
- **Create review process with the A & E department.**
- **Raise awareness of the process and outcomes.**

Any Questions?