



**Energise for
Excellence in Care**



Content of Presentation

- E4E – What is it?
 - Who is involved
- Context
 - Why the case for change?
 - What are the challenges?
 - What needs to be done?
- Vision – Shared
- Who its aimed at?
- How will this be delivered
 - Work-streams
 - Link to other work
- Outputs/Outcomes
- Progress to date



Energise for Excellence In Care – what is it?

- A quality framework for nursing and midwifery that aims to support the delivery of safe and effective care, creating positive patient and staff experiences that build-in momentum and sustainability
- An approach underpinned by ‘social movement’ thinking and principles



Energise for Excellence in Care – what is it?

- a national programme sponsored by CNO
- led by SHA Chief Nurses
- SHA Deputy CNOs National Working Group
- regional E4E Working Groups focused on implementation
- for launch Spring 2010

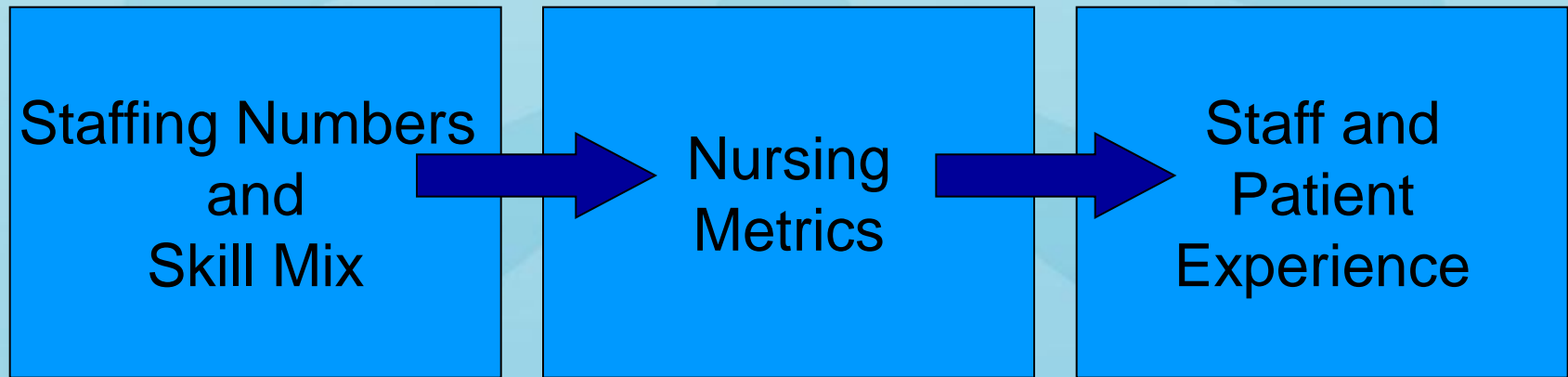


Why now? the case for change...

- high quality care – we are failing.....
 - Mid Staffordshire Foundation Trust
 - Birmingham Children's Hospital
 - Six-lives: the provision of public service to those with learning disabilities
 - and others.....
- expectations of experience
- need to find the right things to do to achieve maximum impact
- need to take the team with us – effective leadership
- Boorman Report



Quality the “Organising Principle”



Co-production	Subsidiarity	Clinical Ownership	Alignment
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making it real...



“... I am afraid to go out alone now in case I fall”

“...very slow to get the help I needed once in the community I felt no-one wanted to bother with an 80 year old”

“...hope I do not fall again it was a very frightening and caused me to lose my confidence”

In a Trust of 800 beds there are around 24 falls per week, associated Health costs are £92,000per year

Hip # estimated to double by 2050 hip fracture which occurs in approximately 60,000 people a year costs the NHS approximately £1.7 billion and is associated with 14,000 deaths annually



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Excellence in Care



making it real...



Ellen

Aged 76

Wife of Harry,

Mother,

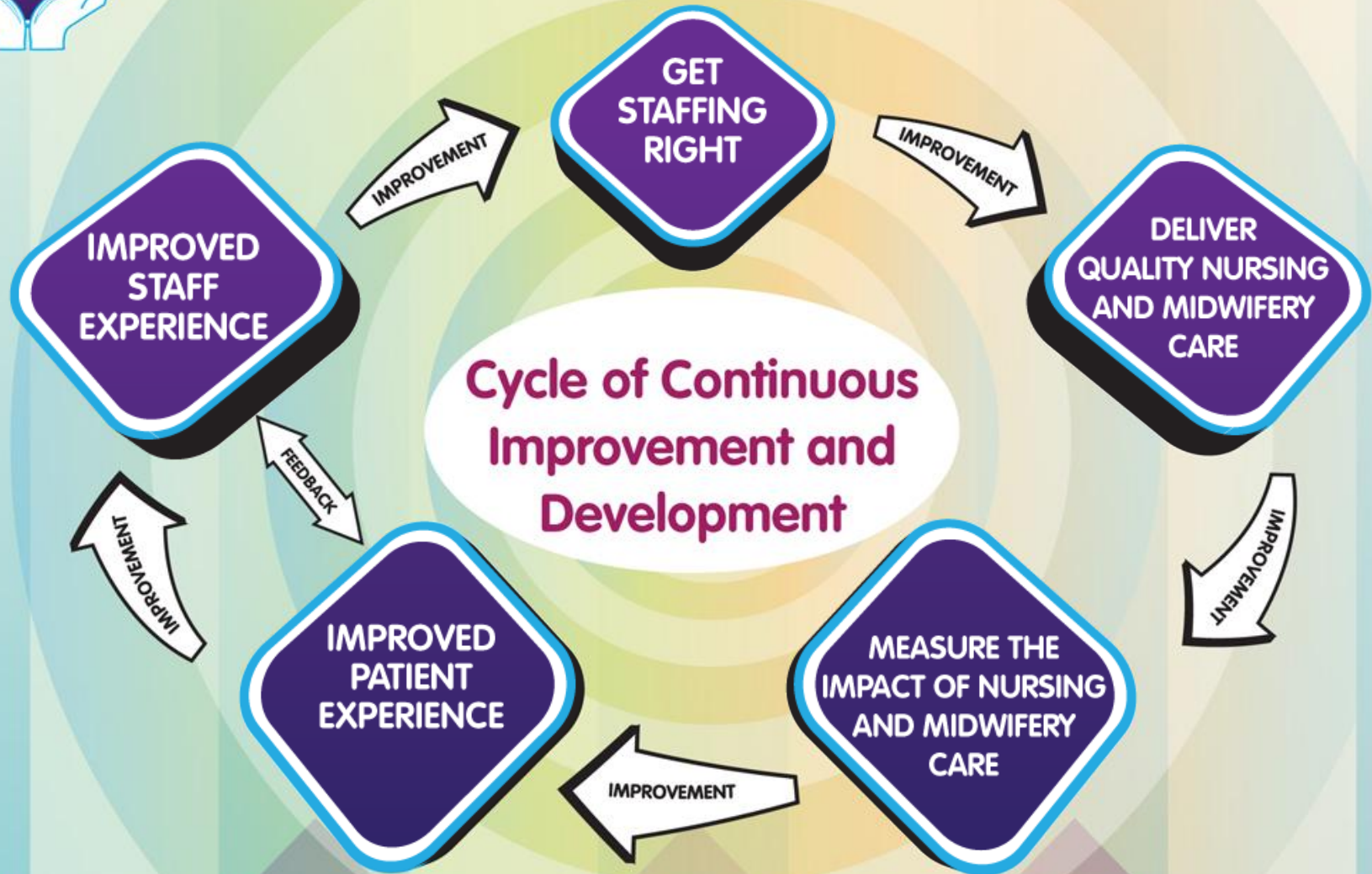
Grandmother,

Fractured femur and....

(1 acute Trust (209 patients Grade 1-4) = £1.3m)



Energise for Excellence in Care



CLINICAL LEADERSHIP

OWNERSHIP

ENGAGEMENT

ACCOUNTABILITY



What's in the domains?

- Staffing Levels and Skill Mix – validated tools to design staffing establishments using dependency and acuity; AUKUH Safer Nursing Care Tool, PANDA – paediatric tool, HURST, Birth Rate Plus
- need to develop community tool
- Deliver Quality Care – Essence of Care, NHS Northwest Process Measures, Releasing Time to Care, Experience Based Design, HIA



Domains cont'd

- Measure Impact of Care – Nurse Sensitive Indicators
- Patient Experience – need real-time indicators
- Staff Experience – need real-time indicators

It's not all new... it's the impact of doing them all that matters...it's a " bundle"



CLINICAL CARE

- How do I assure my Board of Directors about the quality of clinical care?
- How do we assure commissioners about it?
- How do we assure patients?



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NHS





The Chosen 7

- Falls Assessment
 - Food & Nutrition
 - Pain Management
 - Pressure Area Care
 - Medication Prescribing & Administration
 - Patient Observations
 - Infection Prevention & Control
-Plus Resuscitation Trolleys and Controlled Drug checks



Developments for each indicator include:

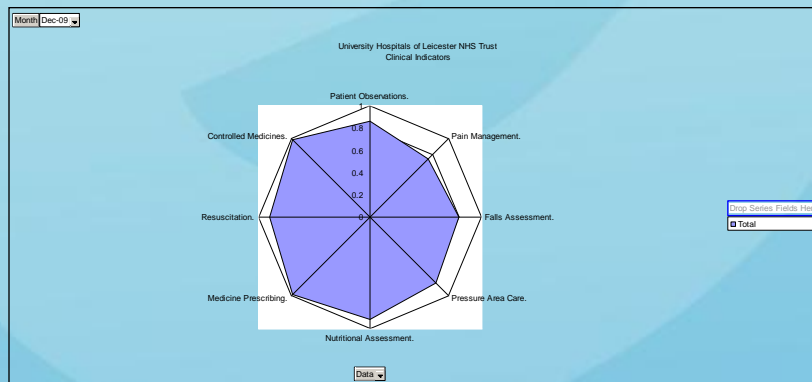
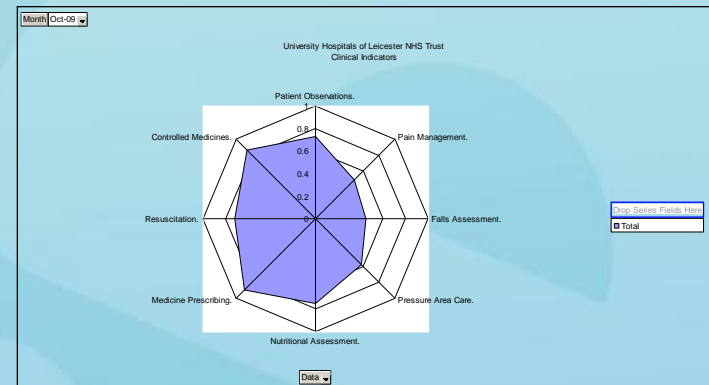
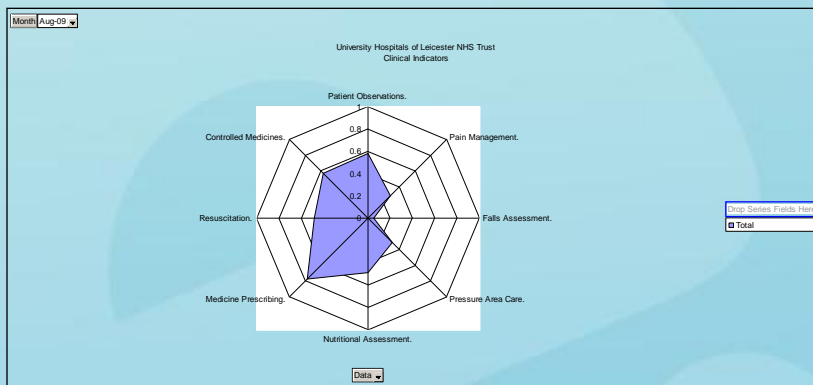
- Rationale
- Evidence base
- National guidance
- Patient Experience
- Key criterion for measurement (4-6)
- Product tool/report



Scoring System															
> 95															
85 - 94															
< 85															
Care Indicators		Criteria		Ward 1		Ward 2		Ward 3		Ward 1		Ward 2		Ward 3	
		Score	Rating	Score	Rating	Score	Rating	Score	Rating	Score	Rating	Score	Rating	Score	Rating
1	Patient Observations	A Documentation	85	A	85	A	89	A	89	89	A	89	A	89	A
		B Twice daily recording	75	R											
		C EWS	95	G											
		D 24h cumulative fluid balance	87	A											
		E Referrals for 'at risk' patients	92	A											
		F Weighed on admission	78	R											
2	Pain Management	A Documentation	96	G	91	A	91	A	91	91	A	91	A	91	A
		B Pain status on admission	92	A											
		C Pain status according to protocol	92	A											
		D Care plans for patients requiring analgesia	92	A											
		E Reassessmen in accordance with care plan	90	A											
		F Analgesia administration and efficacy recorded	86	A											
3	Falls Assessment	A Documentation	95	G	92	A	92	A	92	92	A	92	A	92	A
		B Risk assessment on admission	87	A											
		C Care plans for 'at risk' patients	90	A											
		D Further assessment for 'at risk' patients	90	A											
		E Bed rail assessment for 'at risk' patients	96	G											
4	Tissue Viability Assessment	A Documentation	98	G	92	A	92	A	92	92	A	92	A	92	A
		B Risk assessment on admission	92	A											
		C Care plans for 'at risk' patients	92	A											
		D Reassessment in accordance with care plan	87	A											
		E Evidence of interventions for 'at risk' patients	91	A											
5	Nutritional Assessment	A Documentation	98	G	93	A	93	A	93	93	A	93	A	93	A
		B Assessment on admission	88	A											
		C Weighed on admission	92	A											
		D Care plans for 'at risk' patients	92	A											
		E Reassessment in accordance with care plan	92	A											
		F Care plans for special dietetic requirements (MUST)	96	G											
6	Medication Assessment	A Documentation	96	G	90	A	90	A	90	90	A	90	A	90	A
		B Omission codes	92	A											
		C Allergy identification	86	A											
		D Administration in accordance with legible prescription	86	A											
7	Infection Control Assessment	A Alcohol gel	95	G	96	G	96	G	96	96	G	96	G	96	G
		B Hand Hygiene audits	94	A											
		C Care plan for patient with alert organism / condition	94	A											
		D Care plan for patients with invasive devices	98	G											
		E Uniform policy	98	G											



University Hospitals of Leicester NHS Trust Governance & Risk Management Committee Nursing Indicators August to December 2010

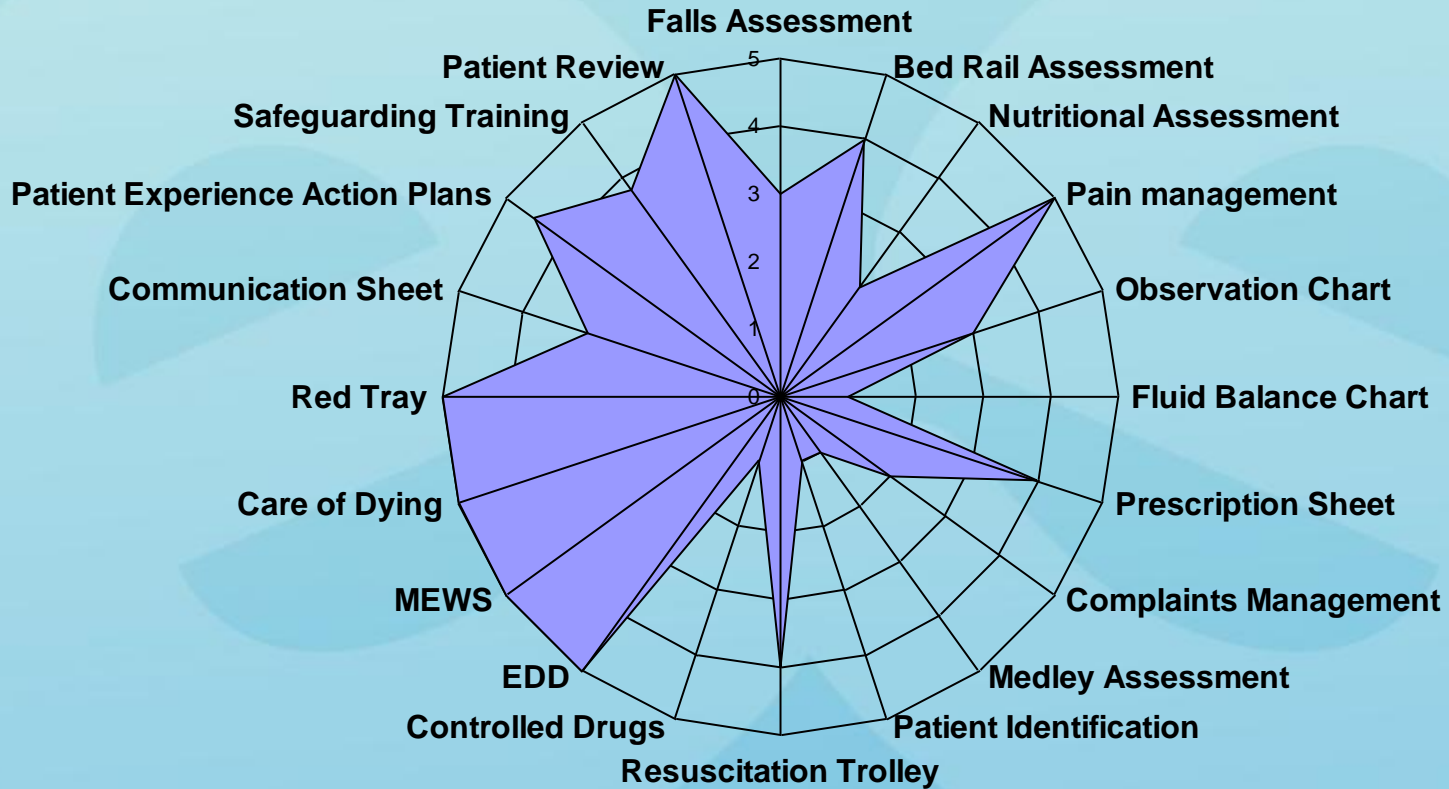


Month 2010	Obs	Pain	Falls	TV	Nut	Med Pre	Resus	CD
Aug	58	29	5	31	49	77	48	57
Oct	73	49	45	58	75	89	72	86
Dec	86	74	80	84	92	98	90	98

Cumulative scores across all dimensions are shown. Significant improvements noted post re-launch of Falls Risk Assessment. New documentation folders, and revised nursing documentation now in use. Patient information booklet now launched and Coroner study day arranged for January 2010.



Hope Ward





Indicator Criterion;

- ❖ All patients will receive a nutritional assessment on admission to the trust which will be dated and signed by the assessing staff member
- ❖ All patients will be weighed on admission to hospital
- ❖ Care plans demonstrating nutritional support interventions will be evident for all patients identified at risk
- ❖ Patients will be re-assessed as required in accordance with care plan documentation
- ❖ All risk assessment documentation will provide details of ward, patient name and date of birth, hospital number and date
- ❖ Care plan documentation highlighting dietetic referral will be evident for all those patients meeting referral criterion

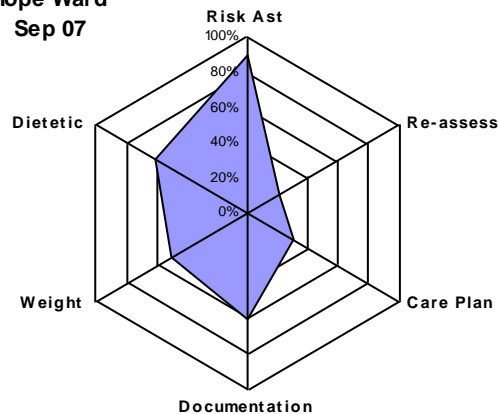
Indicator Management;

- ❖ Clinical monitoring period - monthly
- ❖ Minimum of 50% of all ward patients
- ❖ Monthly reports to clinical wards/Matron
- ❖ Reports to governance committees

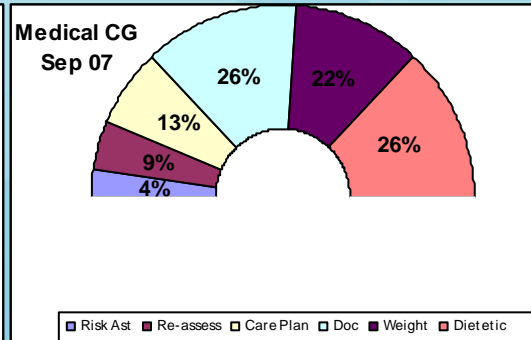
Linked Outcomes;

- ❖ NHSLA/NICE/NPSA compliance
- ❖ Tissue viability/skin integrity
- ❖ Reduced length of stay
- ❖ National in-patient survey feedback

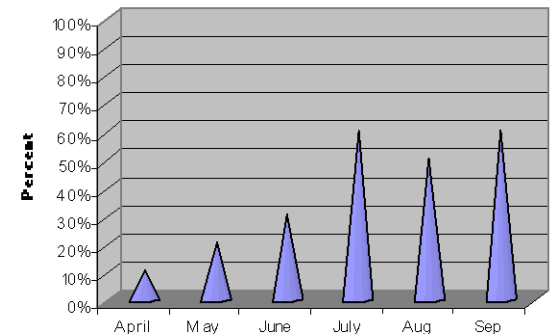
Hope Ward
Sep 07



Medical CG
Sep 07



Trust Average 2007



Indicator Reference:

- ❖ Protected Mealtimes – Better Hospitals Food Programme 2004
- ❖ Food & Nutritional Care in Hospitals – Council of Europe 2003
- ❖ Patients Nutritional Care in Hospital – Royal College of Nursing 2005
- ❖ Standards for Better Health – Healthcare Commission (C3, C4b, C15a,b)