Measuring Quality in District Nursing

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What is quality in district nursing

- What does it mean to you as clinicians?
- What does it mean to patient’s, their families, and the wider public?
- What does it mean to commissioners of care?
Measuring quality

1. Patient outcomes (functional ability/independence/re-enablement)
2. Patient satisfaction (experience of healthcare services)
3. Risk reduction / patient safety
4. Healthcare efficiency (getting the most from staff expertise or effort)
5. Healthcare effectiveness (achieving stated objectives – not necessarily focused on patients, some will be directed to enhancing the healthcare system itself)
6. Working in ethical ways
7. Practising in ways that utilise and enhance professional expertise
8. Meeting auditor standards or benchmarks

(adapted from Emslie and Hancock, 2008)
Measuring quality

• Crucial for ensuring that care is consistent, safe and results in a positive patient experience and outcome.

• Focuses everyone's attention on what matters.

• Enables services to benchmark and improve care.
Moving forward with quality

Productivity

Evaluation and Innovation

Patient safety

Care outcomes

Patient experience
Productivity

• Productivity – service level agreements on the number of DN patient contacts.

• Financially driven incentives.

• CQUINS targets (Commissioning for Quality and Innovation).
Productivity

• Productivity measurements have their place in a world where resources are limited.

• Diluted the district nursing skill mix as focus shifted to undertaking tasks.

• Targets alone do not equate to quality.
Patent safety

- Quality measures must include patient safety.
- England: monthly snapshot audit of all patients to identify percentages of people with avoidable key harms:
  1. Pressure ulcers
  2. Venous thrombosis's
  3. Falls
  4. Catheter associated urine tract infections
Patient safety

**Advantages**

- Reinforces the notion to all of “harm free care”.
- Offers safe guards and transparency.
- Focuses attention on key areas for improvement.
- Works well alongside other measurements of quality.

**Limitations**

- Deemed to be within the control of nursing staff to prevent.
- Not the best indicators of high quality safe community care.
- Its only a starting point which will develop as the community nursing evidence base advances.
Patient experience

• Listening to what patients really feel about the care they receive is paramount.
• Otherwise the quality of care to the most vulnerable people in society risks going unobserved.
• QNI report (2011) showed wide inconsistencies in peoples experiences of community care.
Patient experience

- “Families and friends” test.
- Important but subjective.
- Offers one element of measuring quality but can’t be used in isolation.
Care outcome measures

• Did the person achieve the best outcome possible given their situation?
• Moving away from measuring processes of care (i.e. many recent CQUINS targets such as offering smoking cessation advice)
Care outcome measures

**Advantages**

• Drive forward improvements:

1. The percentage of leg ulcers healed within 12-24 weeks of referral.

2. The percentage of patients on a end of life pathway that die in their preferred place of care (DH

**Disadvantages**

• Many patients we support at home with complex conditions have multiple medical and psychosocial needs.

• Limited evidence base exists.

• The risks of game playing – measuring a narrow group of outcomes can lead to a disproportionate use of community resources
Moving forward with quality

- The problems with measuring what we do using paper based systems.
- Embracing technology to make everyone's work easier, reduce errors and duplications.
- Clinicians need to ensure they are involved in decision making processes as they are the ones who know the solutions.
Conclusion

• Quality underpins everything we do as District Nurses.
• But we have not been good at articulating what we do and how it benefits patients.
• As we get wiser at demonstrating quality we will be better able to use our existing resources more wisely and demonstrate how effective we are.
References


• Queens Nursing Institute (2011) *Nursing people at home: the issues, the stories, the actions.* London: The Queens Nursing Institute.