

# Summary statement of measurements



## **The Quality Mark for Elder-Friendly Hospital Wards**

# What is measured by the Quality Mark data collection tools?

## 1) The Patient Questionnaire measures the experience of older patients

**All patients aged 65 or over who have stayed on the ward for 2 nights or more are given the opportunity to complete a questionnaire, once they are well enough to do so (medically fit).**

*Questionnaire responses are scored and measure the extent to which:*

Patients are satisfied with their comfort.

Patients are satisfied with their nutrition and hydration.

Patients are satisfied with the supportive attitude of the staff on the ward.

Patients are satisfied with the assistance they receive with daily care needs.

Patients are satisfied with consideration of and respect for privacy and dignity.

Patients would be happy for a close friend or relative to be treated on the ward.

## 2) PIE Observations involve observing and reflecting on the quality of care interactions

**Observers from a neighbouring ward are invited to carry out observations, focussing on interactions between staff and older patients with memory or cognitive problems.**

*Observers provide feedback to the staff team on the quality of care interactions and provide constructive examples of person centred care observed. The observations are not scored, but the ward team take this information into account in planning improvements to care delivered on the ward.*

## 3) The Staff Questionnaire measures the experience of ward staff

**Staff who are regularly rostered on to the ward are asked to complete a questionnaire.**

*Questionnaire responses are scored and measure the extent to which:*

Staff are satisfied with morale, leadership and teamwork.

Staff are satisfied with the support services and resources provided for care.

Staff are satisfied that they have enough time to provide essential care and support.

Staff are satisfied that they receive training and supervision which enables them to respond to specific care needs.

Staff would be happy for a close friend or relative to be treated on the ward.

Staff would encourage a close friend or relative to work on the ward.

#### **4) The Ward Manager's Questionnaire and the Lead Consultant's Questionnaire measure the experiences of ward leaders**

**The Ward Manager and a Lead Consultant associated with the ward each complete a questionnaire**

*Questionnaire responses are scored and demonstrate the extent to which:*

The Ward Manager is satisfied with morale, leadership and teamwork.

The Ward Manager is satisfied that they have enough time to provide essential care and support to patients.

The Ward Manager is satisfied that they have enough time to support staff.

The Ward Manager is satisfied with the support and resources provided to the ward by the hospital.

The Ward Manager is satisfied with the ward access to specialist care input and support.

The Ward Manager would be happy for a close friend or relative to be treated on the ward.

The Ward Manager would encourage a close friend or relative to work on the ward.

The Lead Consultant is satisfied with morale, leadership and teamwork.

The Lead Consultant is satisfied that they have enough time to provide essential care and support to patients.

The Lead Consultant is satisfied that they have enough time to support staff.

The Lead Consultant is satisfied with the support and resources provided to the ward by the hospital.

The Lead Consultant would be happy for a close friend or relative to be treated on the ward.

The Lead Consultant would encourage a close friend or relative to work on the ward.

#### **5) The multidisciplinary team provide feedback via the Multidisciplinary Team Questionnaire**

***A meeting is held at which staff from different disciplines working on the ward collectively complete this questionnaire.***

*Questionnaire responses are scored and measure the extent to which:*

A representative multidisciplinary group of staff are satisfied with team dynamics.

A representative multidisciplinary group of staff are satisfied and confident that the team is adequately supported.

A representative multidisciplinary group of staff are satisfied that the team as a whole has a good understanding of essential care approaches.

A representative multidisciplinary group of staff are satisfied that staff members have received appropriate training and supervision.

A representative multidisciplinary group of staff are satisfied that the team is adequately staffed and skilled to provide appropriate levels of care during days, nights and weekends.

**6) Information about staffing on the ward is gathered by the Staff Off-Duty**

***The Ward Manager submits an off-duty showing the total ward staffing by qualified and unqualified nursing staff over four weeks within the data collection period.***

*Staffing data are compared with locally agreed minimum staffing levels and the RCN guidance on Safer Staffing levels. This information is not scored, but is collected to provide context to the ward's results and demonstrates measurement of the following:*

The ward meets the minimum staffing levels set locally for qualified and unqualified staff, including weekday and weekend shifts.

**7) The Environmental Checklists measure the quality of the physical environment as it relates to the needs of older people**

***Ward leaders and lay representatives (e.g. patient/public Governors or equivalents) separately complete a checklist on the ward's physical environment***

*Questionnaire responses are scored and measure the extent to which:*

Ward signage is sufficient and appropriately designed for use by older people.  
Ward flooring is appropriate for use by older people.  
Bed/ rest areas are appropriately designed for use by older people.  
Toilet and bathing facilities are accessible and appropriately designed for use by older people.  
The ward has physical aids/ space to promote and maintain independence for older people.

**8) The Governor's Ward Ratings gather information on the perspective of visitors to the ward**

***A team of 2-3 hospital governors including public/patient governors, or other lay representatives, e.g. non executive directors or LINKs/Healthwatch members, visit the ward and complete a brief questionnaire.***

*Questionnaire responses are scored and measure the extent to which:*

Governors agree that patients appear comfortable.  
Governors agree that patients appear well cared for.  
Governors agree that staff appeared attentive to patients.  
Governors are satisfied with impressions of the ward as a visitor.  
Governors are satisfied with the quality of meals and how they are served.

**9) The Hospital Management Questionnaire collects information on the wider organisational context**

***Senior management complete a questionnaire on hospital level resources and governance supporting elder-friendly care***

*Questionnaire responses are scored and measure the extent to which:*

The hospital has champions and specialist teams supporting good quality care for older people.  
The hospital has access to specialist services supporting good quality care for older people.  
The hospital provides accessible information about care for older people.  
The hospital procedures for governance and information review support good quality care for older people.  
The hospital has pathways and guidelines supporting good quality care for older people.  
The hospital has a training strategy supporting good quality care for older people.

**10) Action planning on the ward**

***Responses and scores from the measurements listed are fed back to the ward in the form of a report booklet highlighting areas of lower and higher performance.***

*The ward submits an action plan based on the report which demonstrates:*

An understanding of the results reported.  
The ward's commitment to improving quality of care experienced by older people.