

Improving patient and staff experiences of acute care

Nursing Older People, March 2015

What is the Quality Mark?

The Quality Mark is a voluntary, subscription-based quality-improvement programme for hospital wards.

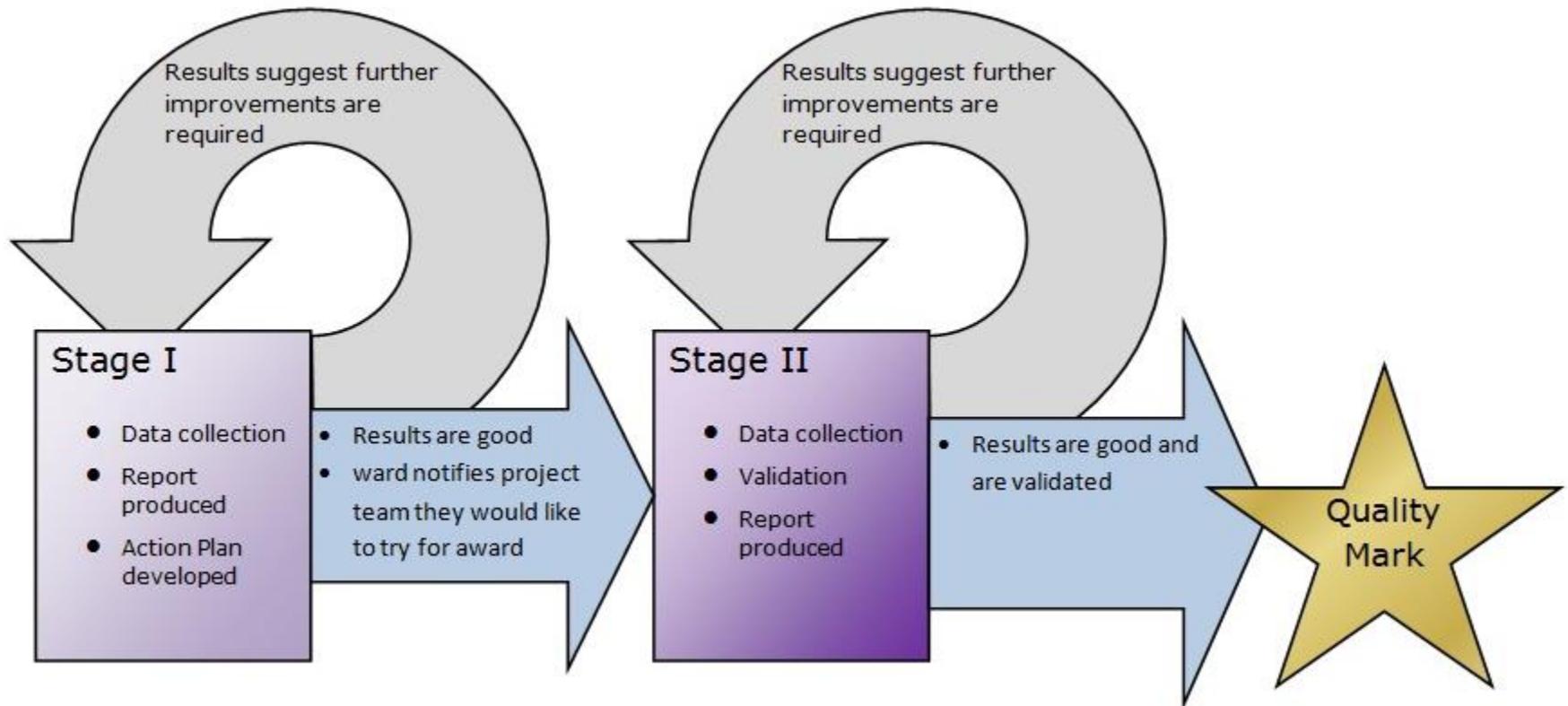
- Focus on the care provided for people over the age of 65
- Demonstrate the commitment made by the hospital, the ward and the staff to identify and carry out improvements and achieve a consistent quality of care for older people.

The QM gathers data from various sources to ascertain whether the ward is 'elder-friendly':

- Feedback from patients, staff, ward leaders, governors, hospital management and observations of care on the ward

Produces a report on the ward's achievements and areas for action

Quality Mark Process Model



Premise for the Quality Mark?



The following should be in place for high quality care to be supported:

The senior management team makes the care of older people a priority for the whole hospital and leads from the top on this issue;

The ward manager has the authority to manage the ward in a way that meets the needs of older people and has the necessary back-up from responsive hospital support services to achieve this;

The ward staff team is led, enabled and equipped to deliver care that is adapted to the particular needs of frail, older people;

The above come together so that older patients, and their families and carers, report a positive experience of care.

Background



Reports over several years focus on failure to meet basic care standards for older people

Most essential care in hospital is experienced on the ward

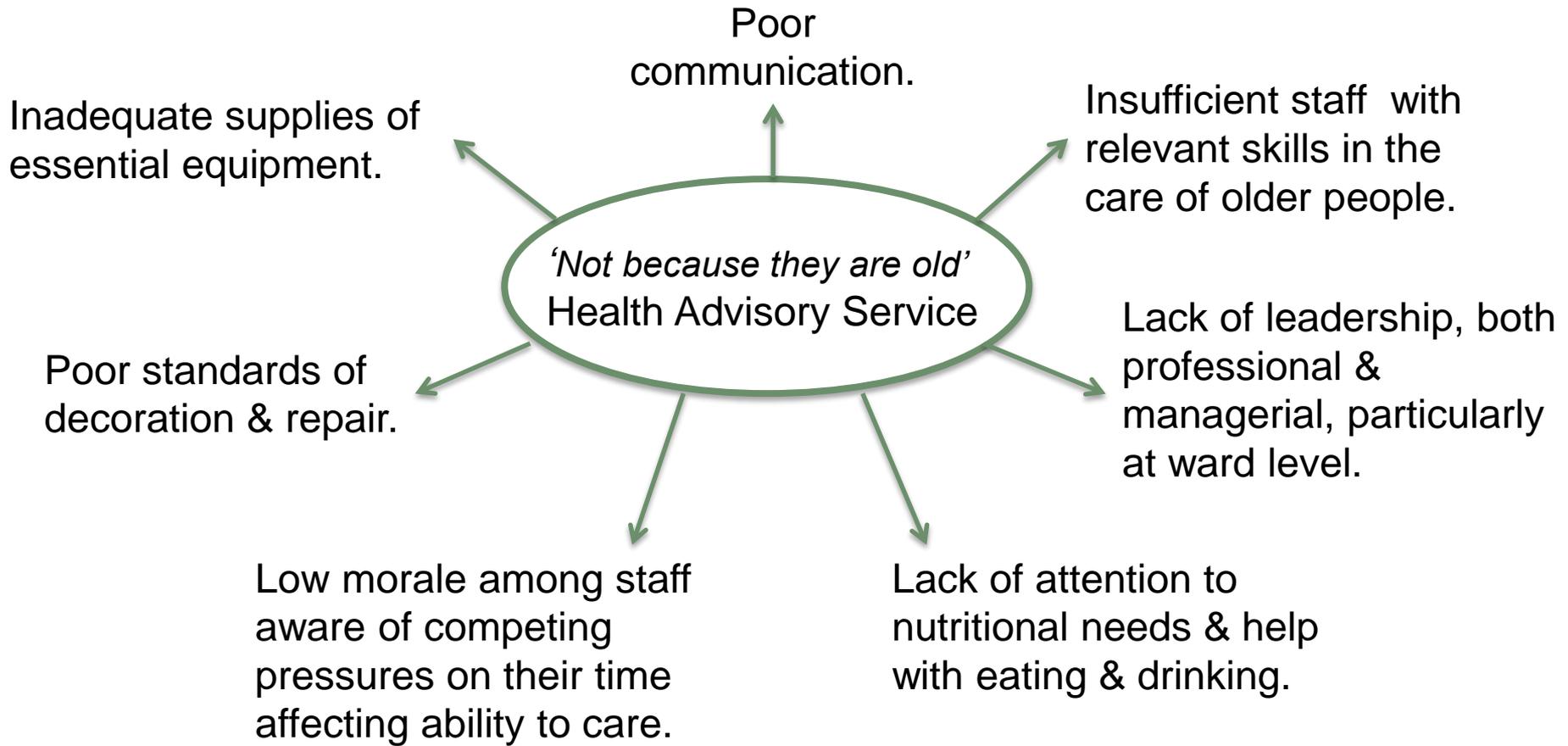
Recent studies of care delivery report high variation in quality *within and between wards in the same hospital*:

"Dignity in Care" Tadd et al *PANICOA* study
Care provision is variable both between and within wards.

CQC *Dignity and Nutrition* report
High levels of variation in care quality between wards.

National Audit of Dementia Round 1
Examples of excellent, person centred care and of task based approaches or refusal of care observed on the same wards, or wards in the same hospital

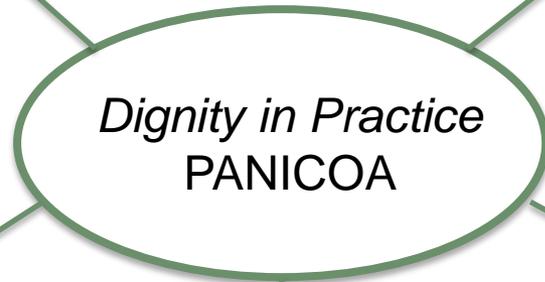
1998



2011

Failure to recognise older people as main users of hospital services.

Lack of organisational focus on care continuity and dignity.



Lack of knowledge & training in needs of older people & people with dementia.

Care delivered in a task based way.

Cultures that depersonalise patients & staff.

Aim of the Quality Mark

- Recognise achievement of “elder-friendly” wards
- Support and encourage wards to improve quality of care provided
- Encourage continued focus on delivering dignified and person centred care
 - use of an improvement cycle measuring progress
 - repeated collection of information relating to care and how the ward is supported in care delivery

The Quality Mark and Dignity

- Dignity concepts underpin all aspects of care assessed in the Quality Mark process
- Each question asked of patients, ward staff, Ward Managers and Lead Consultants has been mapped onto at least one of the Help the Aged/Picker Institute indicators of dignity in care:
 - Autonomy
 - Communication
 - Eating and Nutrition
 - End-of-life care
 - Pain
 - Personal Hygiene
 - Practical Assistance/Personal Care
 - Privacy
 - Social Inclusion

For example:

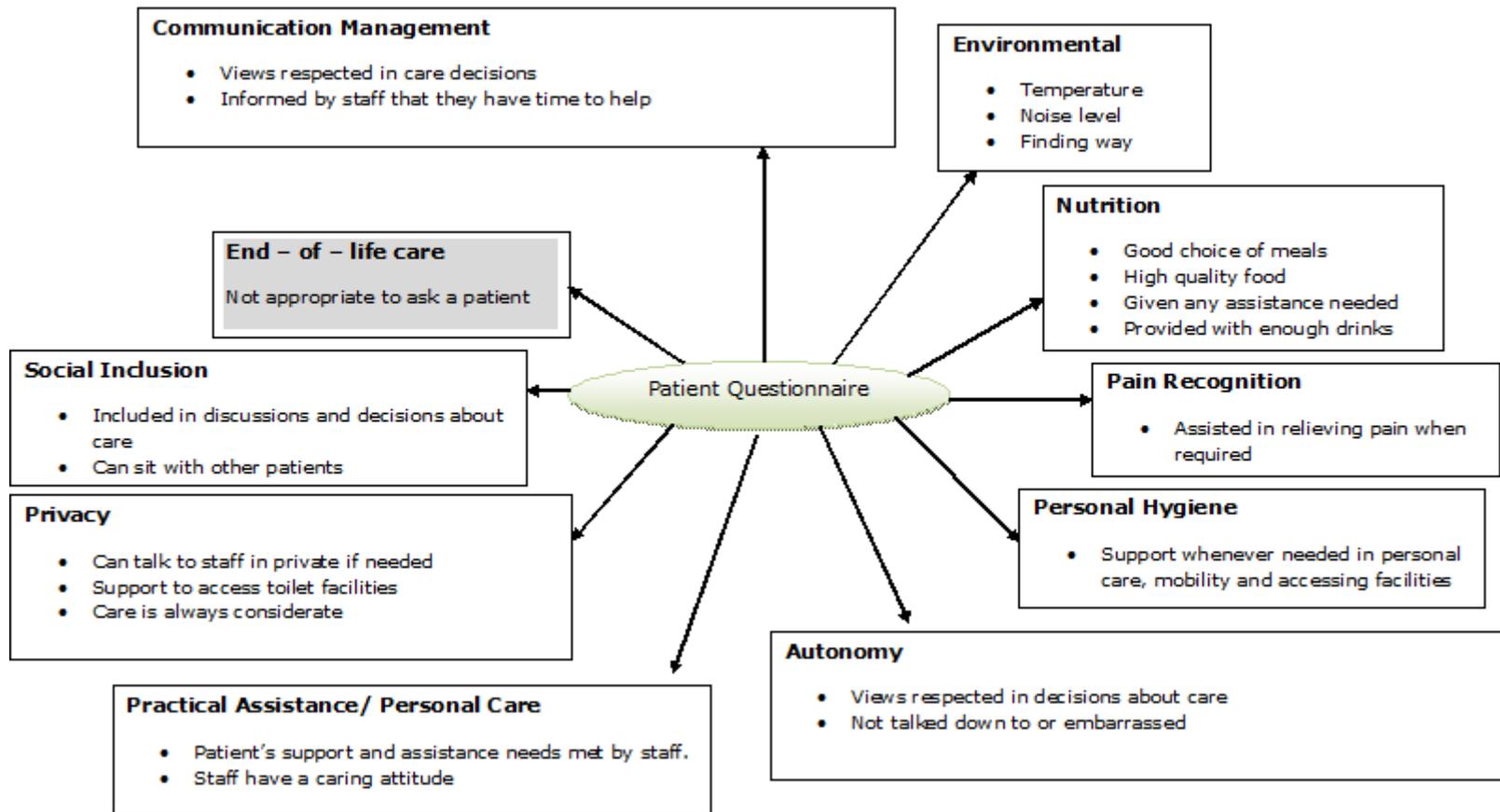
Patient questionnaire asks about:

- Comfort
- Supportive care
- Getting help when needed
- Respect for privacy and dignity – care and treatment that avoids embarrassment and takes account of personal decisions
- Food and support for eating and drinking

Staff questionnaire asks about:

- Morale, leadership and teamwork.
- Support services and resources provided for care.
- Time to provide essential care and support.
- Training and supervisions which enables them to respond to specific care needs.

Indicators of dignity and development of patient questionnaire



Further development of the patient questionnaire

- We took the Picker indicators and developed a series of statements related to the quality of care. E.g:
 - “The food is excellent”
 - “Staff let me know that they have time for me”
 - “I can always get help when I need it, with...”
- The questionnaire went through several iterations and item analysis to clarify wording and eliminate overlap and repetition
- Patients are asked to respond on a 5 point scale, ranged from Strongly Agree to Strongly Disagree
- This generates a score
- A score of 75 or above indicates mostly positive responses
- Details of the breakdown of responses are also provided, along with comments
- Other questionnaires are scored in the same way

How the information comes together – nutrition example:



- A large number of patients do not agree that they can ask for help needed e.g. at mealtimes
- Staff do not agree that they have enough time to ensure assistance
- Ward Manager feedback on rota shows staffing levels are met
- Observations of care show lack of communication taking place – assistance is “task-based” not “person-centred”, interruptions occur

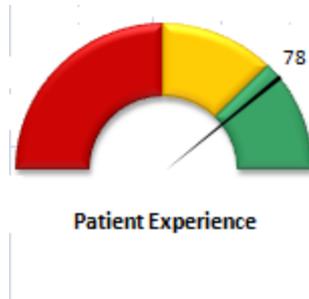
Action planning:

- The ward team decides to promote a focus on communication:
 - Taking all opportunities to greet and interact with patients
 - Making sure information about personal care needs and preferences is accessed and understood
 - Emphasis on anticipating need
- Achieves better understanding of the level of need for assistance
- Detailed information for use in planning shifts, volunteer input
- Better interactions overall - better environment for patients and staff

Ward reports:

- The report presents a summary of all the data collected (contextual information, overall ward results, etc.)
- Achievement is represented through:

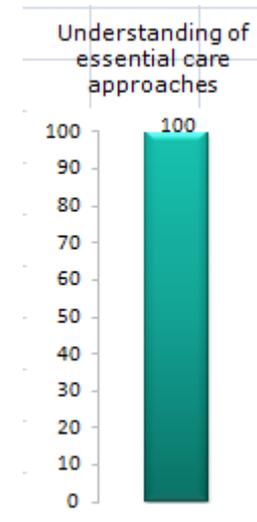
Speedometer charts



Symbols

*	Areas of Achievement:
~	Areas for Improvement:
!	Areas of Concern:

Bar charts



See [ward summary scores](#)

Comments from patients via questionnaire:



Positive:

- Excellent caring staff but need more staff! Too many patients who need help and care. Noisy confused patients at night, violent with staff.
- Although staff are overworked, they always had time to attend to my needs, and explained to me everything I asked, and helped me overcome fears..
- I am completing this for my mother, who is 90, has dementia, and is too ill to leave her bed. She is well cared for, with dignity, kept clean and comfortable. Staff are always willing to give me information on her condition.
- When I arrived on the ward, I had no appetite. With help and encouragement by the staff and the very nice presentation of the food, I began slowly to eat the very nice food provided.

Comments from patients via questionnaire:



Negative:

- I need help with cutting food as I have only one functioning arm and I have had to point this out on a number of occasions.
- I COULD NOT EAT THE FOOD AT ALL. I lived on sandwiches and other things brought in by my family. It always had a strange smell and never looked appetising. In fact, some of the meals looked disgusting.
- Had buzzer taken away at night and nurse said "That will teach you a lesson".
- The length of time taken to answer buzzers can be distressing especially with regard to toileting. I was left sitting on a commode for over 30 minutes on one occasion, and when a nurse did come I was told "no-one ever died from sitting on a commode" and was given a lecture with finger pointing and made to feel very small.

Feedback from Ward Managers and staff



“MDT meeting allowed for honest and open conversation about the services delivered”

“I believe that most patients and relatives like to see improvements being made and feel that this is an opportunity to have their say, whether it is good or bad”

“All the staff are very proud of their achievements so far and have the momentum to continue to strive for further improvement. Teams have taken real ownership of their ward environments and the services they currently deliver.”

Progress and next steps



- So far, 119 wards have participated in Stage I of the Quality Mark
- Stage II has higher requirements:
 - Second complete data set with higher minimum response rate
 - Additional questions about response to complaints
- The first awards of the full Quality Mark were made to five wards in April 2014, and so far 35 wards have achieved the Quality Mark.

More information...

www.wardqualitymark.org.uk

