



Quality & Safety

A column by Maureen Flynn

Introducing nursing and midwifery metrics



THIS month we focus on metrics. The central driver for initiating the development and implementation of nursing and midwifery metrics is to generate real time data to monitor care and promote a culture of quality and patient safety.

Nursing and midwifery metrics were devised in a collaborative initiative between three Nursing and Midwifery Planning and Development (NMPDU) Units (HSE North West, Dublin North and Dublin North East). Core metrics were developed across acute, mental health, intellectual disability, older persons, children's and midwifery services. As part of the implementation process, two evaluations were conducted by the NMPDs.

NMPDU HSE Dublin North East's 'Evaluation on the Development and Implementation of a Nursing and Midwifery Metrics System in the HSE Dublin North Healthcare Services' provides evidence on how metrics provide an appropriate methodology of monitoring compliance with legislative and professional standards and quality indicators – see *sample monthly measures for selected metrics on the Table above*. Six themes emerged from the evaluation.

Theme one: Effective leadership and robust governance systems are critical in delivering high-quality care, ensuring patient safety and facilitating staff development.

Theme two: Metrics supported improved communication and included; use of information, feedback, transparency and accessibility of results at all levels of the organisation from patient to board.

Theme three: metrics were viewed as a useful approach for demonstrating compliance with national standards and quality indicators such as those from HIQA, HSE, Mental Health Commission, early warning scores and the NMBI. Metrics identified continual professional development needs of staff.

Theme four: metrics made a significant contribution to gaining greater insight into quality of care and acted as a catalyst to encourage engagement of all staff.

Theme five: Metrics contributed to posi-

Metric care indicator	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Med. storage and custody	66% ↑	90% ↑	95% ↑	93% ↓	86% ↓	71% ↓	92% ↑	92% →	91% ↓	97% ↑	89% ↓	61% ↓
Medication administration	87% ↑	92% ↑	93% ↑	87% ↓	92% ↑	91% ↓	92% ↑	95% ↑	95% →	95% →	93% ↓	91% ↓
Patient observations (NEWS)	77% ↑	83% ↑	87% ↑	86% ↓	87% ↑	88% ↑	89% ↑	92% ↑	92% →	92% →	91% ↓	89% ↓
Tissue viability	80% ↑	79% ↓	79% →	83% ↑	91% ↑	93% ↑	96% ↑	95% ↓	95% →	95% →	97% ↑	96% ↓
Falls assessment	72% ↑	81% ↑	84% ↑	84% →	87% ↑	87% →	90% ↑	93% ↑	92% ↓	90% ↓	90% →	87% ↓
Nursing documentation	62% ↑	74% ↑	77% ↑	82% ↑	82% →	87% ↑	86% ↓	89% ↑	87% ↓	90% ↑	88% ↓	87% ↓
Patient experience	72% ↑	78% ↑	87% ↑	85% ↓	86% ↑	90% ↑	91% ↑	91% →	91% →	92% ↑	93% ↑	89% ↓
Provision of information	30% ↑	45% ↑	58% ↑	64% ↑	72% ↑	81% ↑	77% ↓	86% ↑	88% ↑	82% ↓	85% ↑	82% ↓
Total	73% ↑	81% ↑	84% ↑	84% →	87% ↑	88% ↑	90% ↑	92% ↑	92% →	92% →	91% ↓	88% ↓

tive outcomes including transparent information to identify issues of concern and to prompt changes in practice. They also provide the service user and families with information on care and treatment.

Theme six: a positive experience of using the TestYourCare system – more favourable than previous paper-based audit systems.

The evaluation highlights the potential for metrics to assist the development of strategic leadership capabilities alongside the establishment of a common language to articulate standards of care.

NMPD HSE North West undertook an evaluation of the impact of 'Medication Management Metrics' (storage, custody and administration) on the delivery of nursing and midwifery care across the region. The objectives of the evaluation were to: (i) investigate the impact of the nursing and midwifery 'medication management metrics' in regard to safe and effective care; (ii) examine the experiences of patients with a specific focus on how their nursing and midwifery care needs are met; and (iii) examine the experiences of staff with regard to the implementation of this initiative within the workplace.

Key findings related to: (i) engagement

with multidisciplinary parties; (ii) staff experiences; (iii) person-centred care, (iv) effective care and systems of use. The impact of collaboration with medical colleagues was strongly identified. The way forward for measuring outcomes of care undoubtedly lies in every member of the multidisciplinary team being responsible for the part they play in what happens to patients, understanding the impact their action or inaction will have on patient outcomes. Finally, the evaluation provided a comprehensive overview of the contribution of metrics to inform potential patient safety issues.

There is an opportunity for all nurses and midwives to seek to use metrics in: promoting improvements in care delivery; incorporating the experiences of patients and family; and enhancing understanding of the central role of nurses and midwives in the delivery of safe, effective and person-centred care.

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See pages 44-45 for more on this topic



About the HSE Quality and Safety Division: The Quality and Patient Safety (QPS) Division of the Health Service Executive (HSE) was established in January 2011, on the appointment of the National Director, Dr Philip Crowley. The role of the QPS Division is to provide leadership and be a driving force by supporting the statutory and voluntary services of the HSE in providing high quality and safe services to patients, their families and members of the public.

