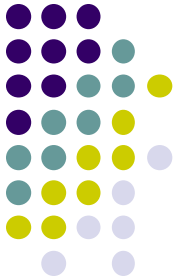
Quality Care in Perioperative Nursing

Standards and Audit

BARNA Education [2021]

Session outcomes :



- Explore meaning of ‘quality’ in modern NHS
- Examine quality initiatives at :

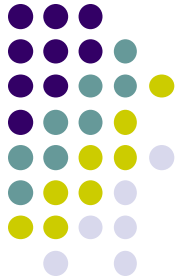
  a. Government level : national directives

  b. NHS Trust level : clinical governance

  c. Local unit level : unit standards/audit

  d. Perioperative practitioner : **your** role in delivering quality care

Quality : a definition



- Quality is a degree or standard of excellence relating to :
  - Product
  - Service

- Quality in health care is **service** directed

What are the essential element needed to create quality products?

Rolls Royce Luxury

Pay your money : gets your choice!

- Open market
- Products designed and manufactured to appeal to targeted market sectors
- Quality spectrum : luxury – practical ??

It does the job

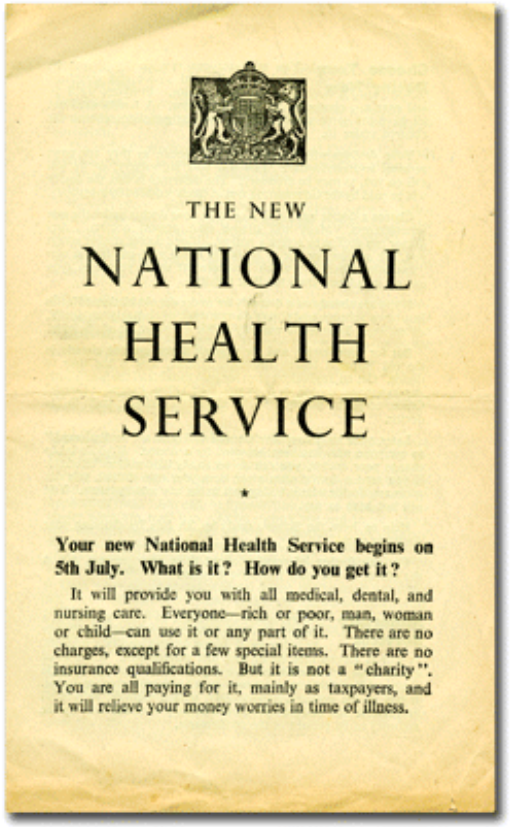
Health care is a service industry

- Quality in health care is **service directed** towards delivery of safe, effective care for **all individuals** largely within a state controlled **national health care system.**

- NHS is a nationalised industry : patients cannot buy into 'quality' [unless they access private health care]
- Should this make any difference to delivery of 'safe, effective care'.

NHS : born 1948 : free at the point of delivery : a nationalised service industry

In 1948 life was simple:



THE NEW

NATIONAL HEALTH SERVICE

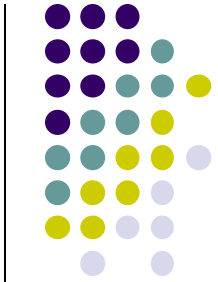
*

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

- Patients had low expectations
- High degree of trust in medical/ nursing professions
- Few complaints
- Few drugs
- Few treatments
- Nursing structures ensured safe levels of clinical supervision
- Standard setting / audit not required

Fast forward : 70+ years on…..



- Patient expectation high
- Patients better informed via media, internet
- Want equal part in planning care
- Demand choice
- New technology, treatments and rising costs
- New drugs
- New issues
  - Obesity
  - Covid

- NHS and Social Service spending for 2020/21
  £160.9 billion plus £20.9 billion for Covid

- Complaints
  - 113,241 new written complaints from April 2019-March 2020
  - Cost NHS billions of pounds

- Future : obesity challenge : projected at £9.7 billion for NHS by 2050

How will quality in NHS be sustained?

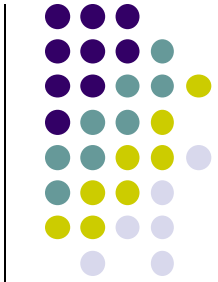
History of quality agenda in NHS

Dates	Government quality initiatives	Detail
1990's Conservative government	Tory government created 'internal market' in 90's to improve standards of care	Hospitals became Trusts with more autonomy over finance and services. Hospitals units held own budgets and created standards and audit devices which everyone shared.
1997 New Labour takes over : many new initiatives	New Labour [1997] sought to modernise NHS to enable it to deliver care in 21st century. ***The New NHS : Modern : Dependable*** ***DoH 1998***	Despite reforms inequality of provision : prolonged waiting times : bureaucracy : underfunding - meant that NHS needed new direction under Labour Bristol Royal Infirmary [report 2001] a springboard for change
10 year plan under New Labour	1998 : First Class Service 1998 : Clinical Governance strategy adopted 2002 : NHS Plan 2008 : High Quality for All : Darzi report 2009 : NHS Constitution New Labour created agencies to set targets & audit performance →	Focus on quality / personalisation of service / more power to patients and clinicians / preventative medicine / safe safe systems • National Institute of Clinical Excellence [NICE] • National Service Frameworks • National Patient Safety Agency [NPSA] • Healthcare Commission [formerly CHI]
2010 Conservative Liberal Coalition	Quality Agenda ongoing Culture of **Clinical Governance** established. Government institutions rebranded	• NICE continues as **NICE** • National Service Frameworks now **NHS England** • NPSA now **NHS Improvement** • Healthcare Commission now **Care Quality Commission CQC**
To date	**Clinical governance** is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which **clinical** excellence will flourish (Department of Health) 14.12.2020	NHS Improvement and NHS England work together to lead NHS in England. They commission services, maintain standards, set long term plans for provision of health care.

Care Quality Commission [CQC]

- Took over from the Healthcare Commission in 2009
- Monitors, inspects, regulates services to ensure they meet fundamental standards of quality and safety
- Sets out what outstanding care looks like
- Takes action if poor care standards are found
- Carries out range of inspections and visits
- Inspects hospitals, GP practices, care homes

NICE National Institute for Health and Care Excellence



NICE's role is to improve outcomes for people using the NHS and other public health and social care services. This is achieved by:

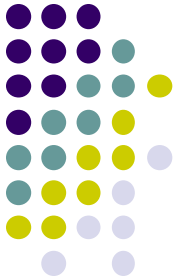
- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
- Providing a range of information services for commissioners, practitioners and managers across health and social care.

Nice develops guidance on ALL aspects of health care provision. Specific to perioperative care :

- Perioperative care in adults [2020]
- Hypothermia : prevention and management in adults having surgery [2016]

www.nice.nhs.uk

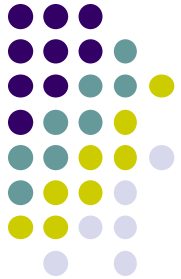
Professional associations standards & guidelines



- NMC : The Code [2018] the fundamental code of conduct for all nurses
- AfPP : Standards & Recommendations for Safe Perioperative Practice [2016]
- RCoA [2019] Guidelines for the provision of anaesthesia services for post-operative care [GPAS] : Guidelines for the Provision of Postoperative Care
- RCoA : [2012] Raising the Standard : a compendium of audit recipes for continuous quality improvement in anaesthesia [3rd edn.]
- RCoA & Difficult Airway Society [2011] : National Audit Project : Major complications of airway management in the United Kingdom [NAP4]
- Association of Anaesthetists [2013] Immediate Post Anaesthetic Recovery
- Association of Anaesthetists [2018] The Anaesthesia Team 2018
- BARNA : Standards of Practice [2011]
- WHO [2008] Safe Surgery Saves Lives
- American Society of PeriAnesthesia Nurses : Standards of PeriAnesthesia Nursing Practice 2021-2022

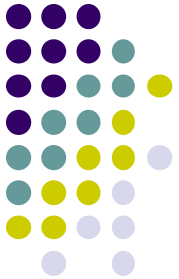
Seven Pillars of Clinical Governance

Clinical Effectiveness



- Is the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients
- Includes clinical audit, clinical outcome measurement, quality improvement, service evaluation and benchmarking data
- Is a key component of patient safety….promotes healthcare that is up to date, effective and consistent
  - Improved patient outcomes and value for money
  - Patient centred approach
  - Use of evidence based practice
  - **Standard setting and audit**

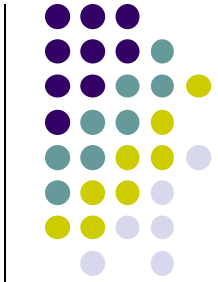
Local unit level : Standard Setting



- Standard setting involves asking basic questions about practice
- What do we do?
- How do we know that what we do works?
- How can we improve what we do?
- How do we know we have improved?

'quality assurance is about describing, measuring and taking action' *Marr + Giebing [1994]*

What is the evidence for what we do?

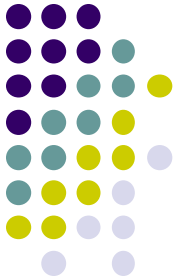


- Written guidelines : procedures : protocols : policies all define '**best practice'** derived from evidence :

  e.g. checking the anaesthetic machine
  gloving procedures
  handwashing
  setting up invasive monitoring
  discharging patients from PACU

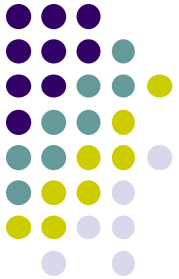
- Evidence for best practice : research papers : expert opinion : government directives : guidelines and standards from professional perioperative associations

How do we measure what we do? Design standard statements



- Standard ‘a baseline against which to monitor quality and effectiveness’ [Sale 2001]
- Standard setting derives from guidelines : protocols : policies
- Protocols describe how practice should be performed
- Standards translate the protocol into being a **measurable** statement which may be audited
- **Audit** : ‘does the level of performance of a task measure up to the set standard?’

Guidelines, Policies & Protocols
Is there a difference?



Guidelines

Standardise care
Flexible
Allow judgement
Allow responsibility
Guides
Not fixed

Policies

A form of guidelines
Reliant on

- experience,
- tradition
- current practice

Assist decision making

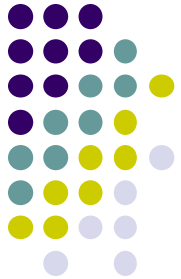
Protocols

Written plan
Specific
Rigid
Quick fix for policies
Quickly outdated
Assist decision-making

Swatton 2004

Indicator : allow analysis of performance
Criteria : allow analysis of performance
Outcomes : are the changes, benefits or other results that happen as a result of your activities

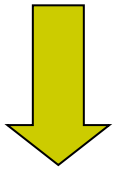
Standards
for all aspects of perioperative care



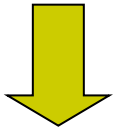
- **Management** [staffing levels, sickness, utilisation of theatres, current policies, training]
- **Environment** [cleanliness, heating, facilities]
- **Personal** [appropriate dress]
- Care given along **pathway** [checking procedure, patient dignity, equipment, pressure sores, swab count, diathermy, laser, tourniquet]
- **Documentation** [legible, complete, detailed, accurate, confidential]
- **Manual handling** [brakes on bed, transfer policies, use of aids, adequate staff]
- **Post operative care** [ABC prioritisation + skilled care, monitoring pain management, discharge planning, handover]

Define practice : Analyse work activity
Examine problem area

Search for evidence : literature : research : guidelines
Write policy as guideline or protocol to define good practice

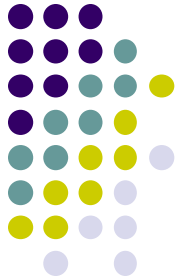


Write standard to measure the performance of above



Audit the performance of the standard

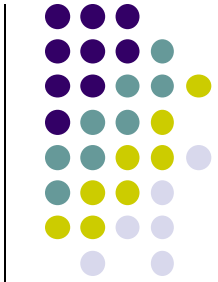
Benchmarking
Comparing practice in order to standardise 'best practice'



- Identify local problem & analyse practice
- Find other units & compare how they deal with problem. What is their practice?
- As a result of local collaboration, decide on best practice
- 'Benchmark' the chosen 'best practice' and introduce it into your units – share best practice
- Essence of Care [government led benchmarking exercise - hygiene - food - nutrition [2002]

Standard statement

The SMART principle



- Standard statement is designed to measure activity
- Standards need to be SMART
  - **S = specific**
  - **M = measurable**
  - **A = achievable**
  - **R = realistic**
  - **T = timely**

Broad standard statement broken down into specific, **measurable** criteria

Imagine climbing up a tree..

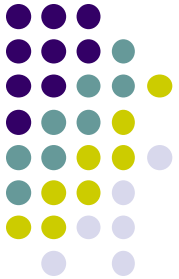
Twig : detailed, measurable indicator :
'Patient warming system will be positioned + ready for use for all DHS patient using Orthotec Table'

Small branch : measurable detail :
'Heat loss from DHS patients positioned on Orthotec Table will be minimal'

Major branch : greater focus :
'in orthopaedic patients heat loss will be minimal'

Tree trunk: broad statement :
'all perioperative patients will maintain normothermia'

Every Standard Statement comprises Structure, Process and Outcome



Structure [ingredients] for quality standard :

- Skilled highly trained workforce
- Manpower
- Equipment
- Disposables
- Management directives
- Operational policies : protocols

Process

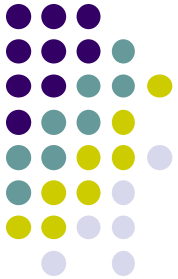
- How the above are used to produce good outcome for patient

Outcome

- Best outcome [safety, comfort for patient]

Donabedian's 'standard' model

used to frame standard statement

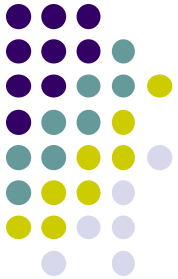


To bake a quality cake – you need ingredients [structure] : cooking [process] to achieve an excellent outcome [delicious cake!]

Each defined standard statement will be made up of smaller criteria/indicators

Structure	Process	Outcome
Resources: staff	Allocation	Clinically safe
Training : staff	Up to date	Skilled : safe
Facilities: environment	Appropriate	User friendly
Equipment	Working	Safe – good outcomes

PACU : Standard of Care



Rationale : to ensure safety of patient discharge from PACU

Standard statement: The discharge criteria will be used correctly for all patients prior to discharge from PACU

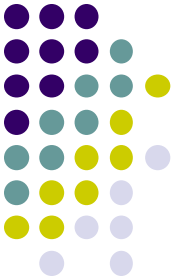
This simple standard statement is made up of 3 criteria [indicators]

Structure	Process	Outcome
1. Staff will have knowledge of rationale for safe patient discharge	Staff will demonstrate knowledge of the importance of correct discharge procedures to ensure patient safety	Staff will make appropriate decisions about when to safely discharge patient
2. Discharge criteria forms will be available by each bedside	Discharge criteria forms will be used for all patients prior to assess suitability for discharge	Nurse will have immediate access to discharge form
3. Staff will have undertaken a two hour study session on using discharge criteria forms	Staff will demonstrate knowledge of how to use discharge criteria form	Discharge criteria forms will be used correctly to enable safe discharge of patient

Standards are devised to be audited…

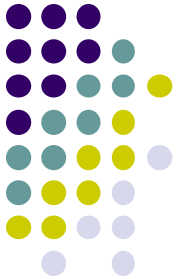
- Audit measures standard of practice
- Recommends changes
- Practice re-audited

Audit design



- **Retrospective** : looks back to documentation, PCA forms, epidural charts, theatre care plans ….
- **Concurrent** : direct observation of practice : handwashing, handover, suctioning oropharynx …
- **Questionnaire / interview :** gauges opinions around any aspect of practice
- **Data :** may be qualitative [verbal] or quantitative [numerical]

How would you audit these criteria /indicators?



Structure	Process	Outcome
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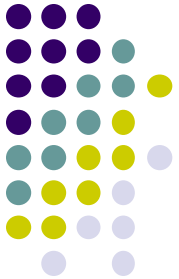
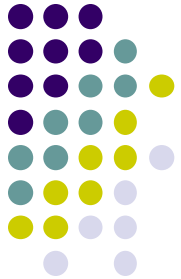
What happens to audit?



- Audit results determine if practice meets minimum requirement
- If not – question why not? Insufficient staff, inadequate training, equipment problem ..?
- Act to improve performance!
- Date set for re-audit after suitable time period
- Regular review and develop standards in respect of latest evidence ….

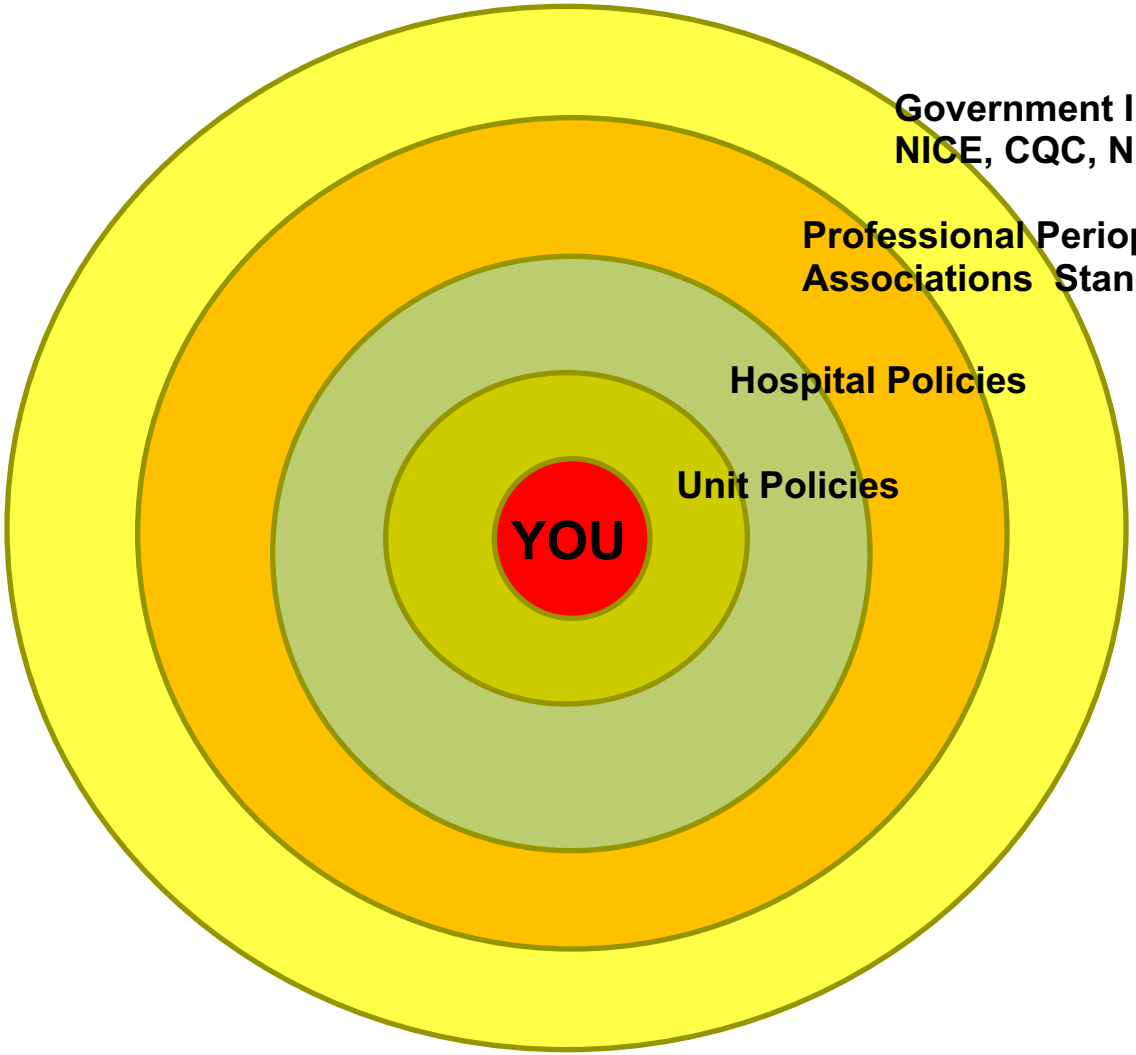
Quality and YOU



- Do you know where your local standards are found?
- Do you understand and act on these?
- Is there any area of practice that you consider not up to a good standard?
- How would you set about changing this?
- How are you accountable for providing care of the highest standard?

Quality can only be achieved through individual attention and group effort

Quality comes down to YOU!



To ensure patient safety & well being during surgery it is essential for practitioners in this high risk area to promote **quality care** :

Acting within an **ethical** Code of Practice

Acting within A **quality** framework standards + protocols

Ensuring that **risk** management strategies are followed

Ensuring good **communication** [& documentation among team]

Acting within **Professional** Scope of Practice: **accountability**

Ensuring that practice is **evidence** based from latest research

Best practice outcomes:
Protect the patient from harm
Protect the practitioner from litigation

Useful resources

- Berwick, D., & Fox, D.M., [2016] Evaluating the quality of medical care : Donabedian's classic article 50 years later. *Milbank Q.* 2016 Jun: 94[2] :237-241
- Bernthal L [2005] 'Assuring quality services', in Woodhead K & Wicker P. *A Textbook of Perioperative Care* London: Churchill Livingstone pp.55-69
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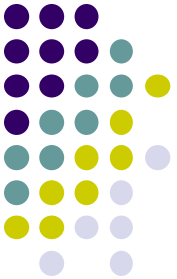
- Dowdles W & Whiteside J [2006] 'An audit of analgesia after day case gynaecological laparoscopic surgery *JPP* 16 [5] pp 241-243
- Eby, K., [2019] The essential guide to writing SMART goals. www.smartsheet.com/blog/essential-guide-writing-smart-goals [accessed 3.03.21]
- Kilbey J [2001] 'Standard setting and quality assurance', *Professional Nurse,* 16 [7] pp.1237-1239
- Kleinbeck SVM & McKennett M [2000] 'Challenge of measuring intraoperative patient outcomes', *AORN* 72 pp.845-853
- Nightingale S & Stevens E [2006] 'A review of theatre practice through 'Essence of Care' benchmarking *JPP* 16 [5] pp 231-232
- Wood J [2004] 'Clinical Supervision' *British Journal of Perioperative Nursing* 14[4] pp 151 – 156

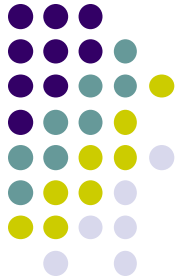
Monitoring temperature in the theatre



Example: Recently there have been several incidents where patients have been found to be hypothermic on arrival in the PACU. The theatre manager is worried about this and calls a meeting of all perioperative staff. It is decided that a standard should be devised which will be audited to ensure that this situation is rectified.

Consider the process and implications of writing a standard and auditing practice

Ineffective Pain Management



A recent general audit on pain management has been conducted in a small regional district hospital. Patients from all surgical specialities were questioned about their degree of satisfaction with pain management in the PACU. 77% of them reported they remembered having pain which caused them distress. The Chief Executive of the trust is very concerned and has asked the Theatre Manager to consider writing a standard to improve this situation. The manager has consulted a multi-disciplinary team comprising : anaesthetists : PACU staff : acute pain nurse to devise this standard.

This problem has many dimensions. How would you go about developing this standard?