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# An approach to Quality Improvement



# Presentation Outline

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- Key Definitions
- An approach to Benchmarking
- First Do No harm – Quality Improvement Process
- Why Do It?
- The challenges
- Benchmarking Summary
- The Far North Quality and Benchmarking Group –  
‘The journey so far’.
- Conclusions



# Key Definitions

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- Benchmarking
- Key Performance Indicators
- Performance Measurement
- Quality
- Quality Improvement
- Validity
- Reliability



# Key Definition Benchmarking

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A **process** through which **practices** are **analysed** to provide a **standard** measurement ('benchmark') of **effective** performance within an organisation.



# An Even Better Definition

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A way of **not only** doing the **same things better** but of discovering **new, better** and **smarter** ways of doing things and in the process of discovery, **understanding why** they are better or smarter.

Derived from SCHE Enhancement Committee, (2009), in Analytic Quality Glossary



# Benchmarks

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Benchmarks are also used to **compare performance** with other organisations and with other sectors.

Hefce Website Glossary, (2011)



## Definition - Key Performance Indicator

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A performance or key performance indicator (KPI) is a measure of performance.

Gift and Mosel (1994)



## Definition - Performance Measurement

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Performance Measurement is the process used by an organisation to establish the parameters to measure if programs are reaching the desired results.

Gift and Mosel (1994)





# Definition - Quality

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According to the Health Foundation UK

“Quality is essentially very simple; it is the ‘degree of excellence’ in healthcare”.

- **Safe**
- **Effective**
- **Person-centred**
- **Timely**
- **Efficient**
- **Equitable.**



## Definition – Quality Improvement

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Quality Improvement is the combined and unceasing efforts of **everyone**. Healthcare professionals, patients and their families, researchers, payers, planners and educators to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.

Quality and Safety in Healthcare (2007)



# Validity in Benchmarking

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Is the extent to which an assessment actually measures what it is intended to measure and provides sound information supporting the purpose(s) for which it is used.

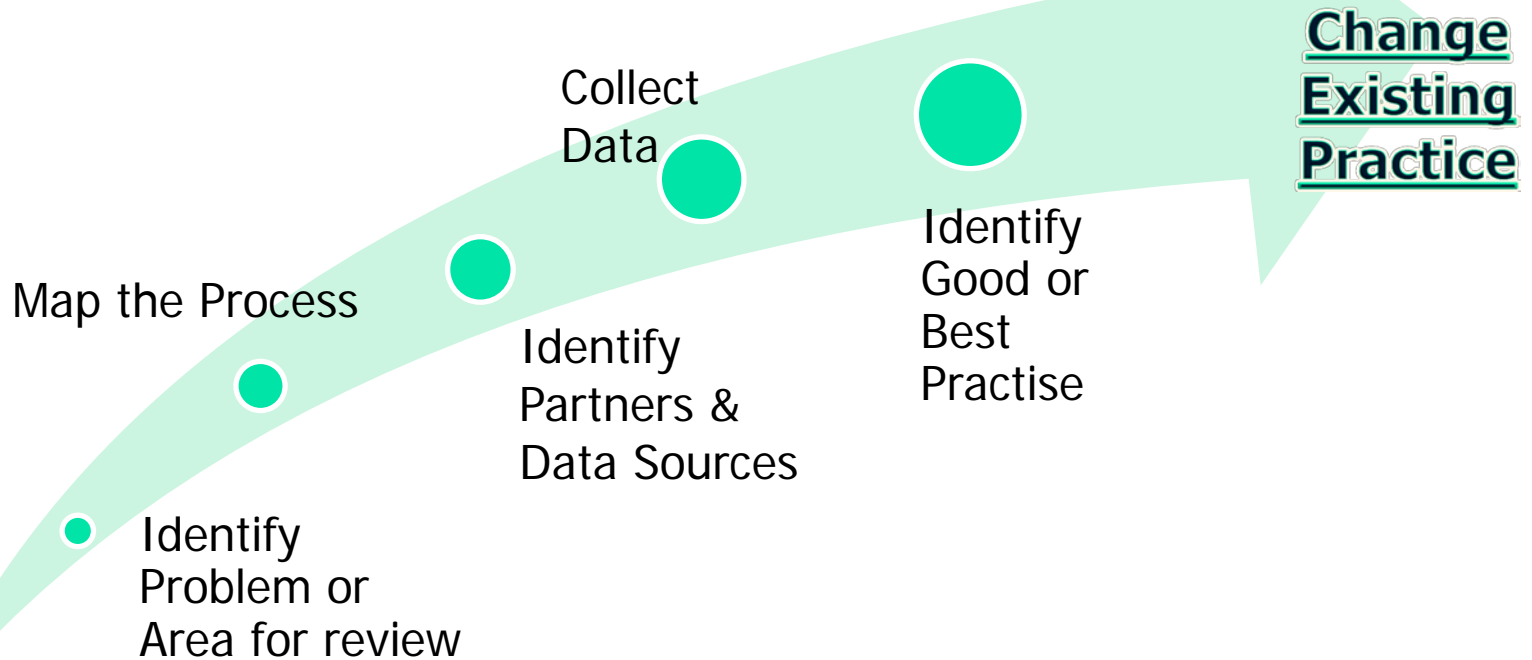


# Reliability

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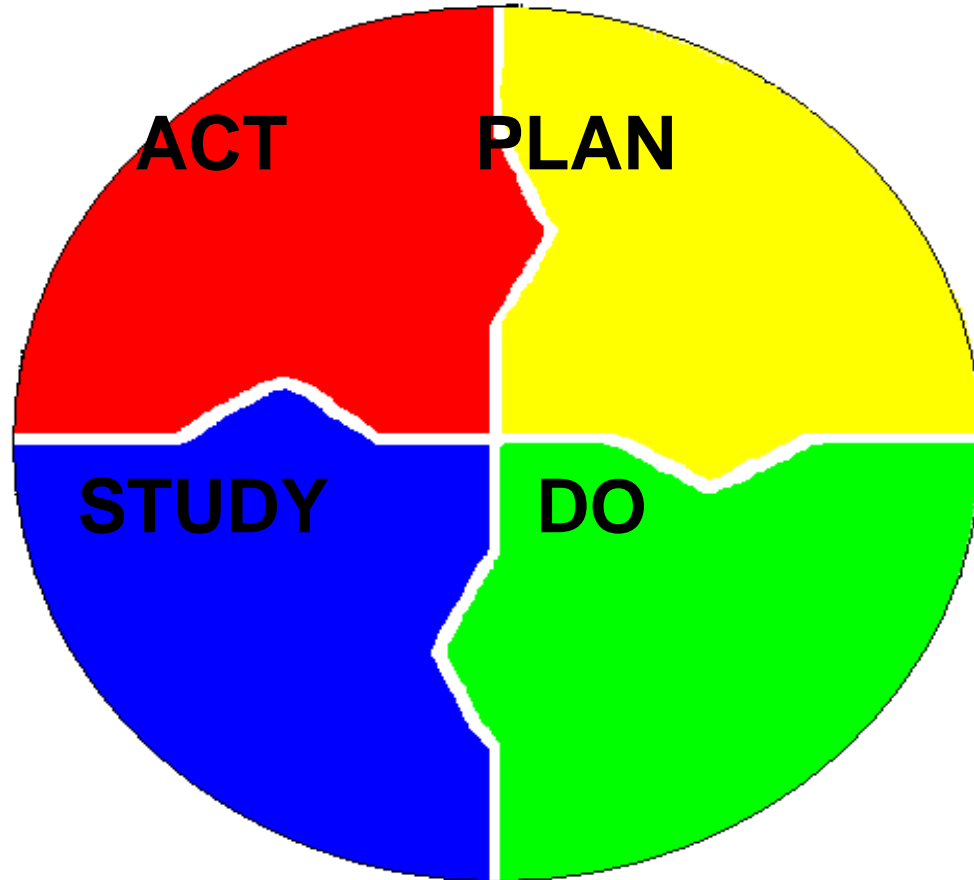
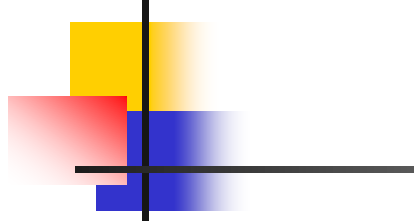
- Reliability is an indication of how consistently we are able to measure the intended target and the extent to which scores are (relatively) free of error.
- Low reliability means that scores should not be trusted for decision-making.

# Benchmarking an Approach



Gift and Mosel (1994)

# Quality Improvement Process



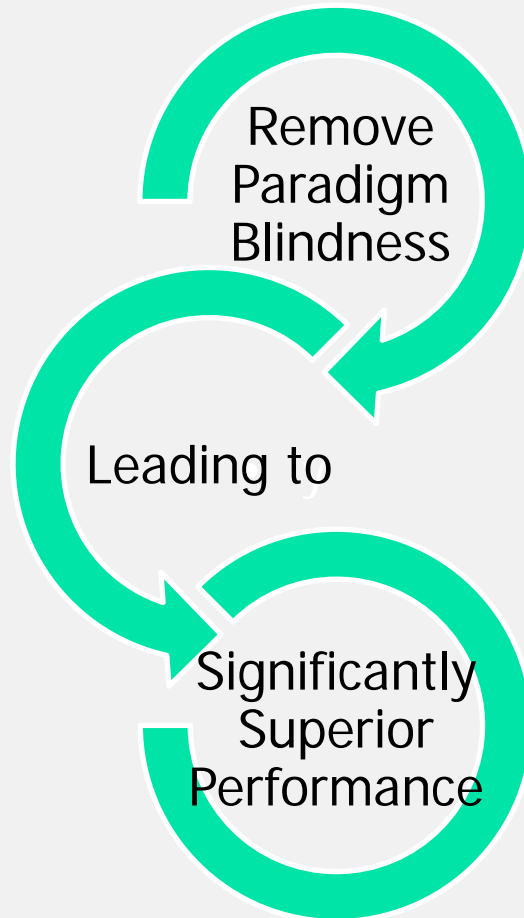
# Why Do It?

(The Whole Thing – Circular/ongoing/continuous)

- External comparisons
- Part of a large, long-term improvement approach
- Helps to set realistic and relevant targets
- Anticipate business issues and trends
- React to problems as they arise
- Challenges complacency
- Up-skills staff
- Highlights the need for change.



# Benchmarking Why do it?







# Clinical Areas of Benchmarking

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- Health and Safety
- Infection Control
- Medication Errors
- Pressure Injuries
- Challenging Behaviours
- Prophylactic Antibiotic Usage
- Multi Resistant Organisms



## Workforce Areas of Benchmarking

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- Staff Accidents/Adverse events
- Sick Leave Analysis
- Workload Monitoring – analysing occupancy, resident dependency levels and staff ratios

**Other areas of interest are:** Average length of stay and age on admission.



# Challenges

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Scope of benchmarking

Clear definitions

Data collection (tools  
and reliability and  
skills to understand  
the data)

Competition



# Challenges

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- Finding suitable partners
  - Difficulties in comparing data
  - Resource constraints (time, finance and expertise)



# Challenges

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Stuck in analysis

Achieving comparability

Risk to Reputation

Resistance





# Benchmarking Summary

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**What is it?**

A systematic approach through comparative analysis, process review, design and adaptation leading to superior performance.



# Benchmarking Summary

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Why do it?

Healthcare is a learning industry requiring superior performance to improve the quality of our services and the safety of our customers.

Benchmarking is one way to achieve this.



## The Far North Quality and Benchmarking Group

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Referred to as FNQG:

- A small group of aged care providers operating in the Mid and Far North
- A mixture of not-for-profit and for profit providers
- In existence for 15 years (since 1999)
- Only added targets in 2004.





## Terms of Reference - Benchmarking

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The TOR are detailed in our handbook:

- Members (number and location)
- KPI's (members agree and set quality indicators, definitions, criteria and parameters)
- Action plans are set for non-performance i.e. not achieving targets consistently
- Formulas for calculation
- Targets/goals are reviewed annually
- Meetings scheduled 3 monthly



## Terms of Reference - Quality issues

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- Members assist and support one another
- Facilitate a common and shared approach to develop 'best practice'
- Shared processes, procedures, quality audit tools, education, etc



# Recent Changes and Improvements

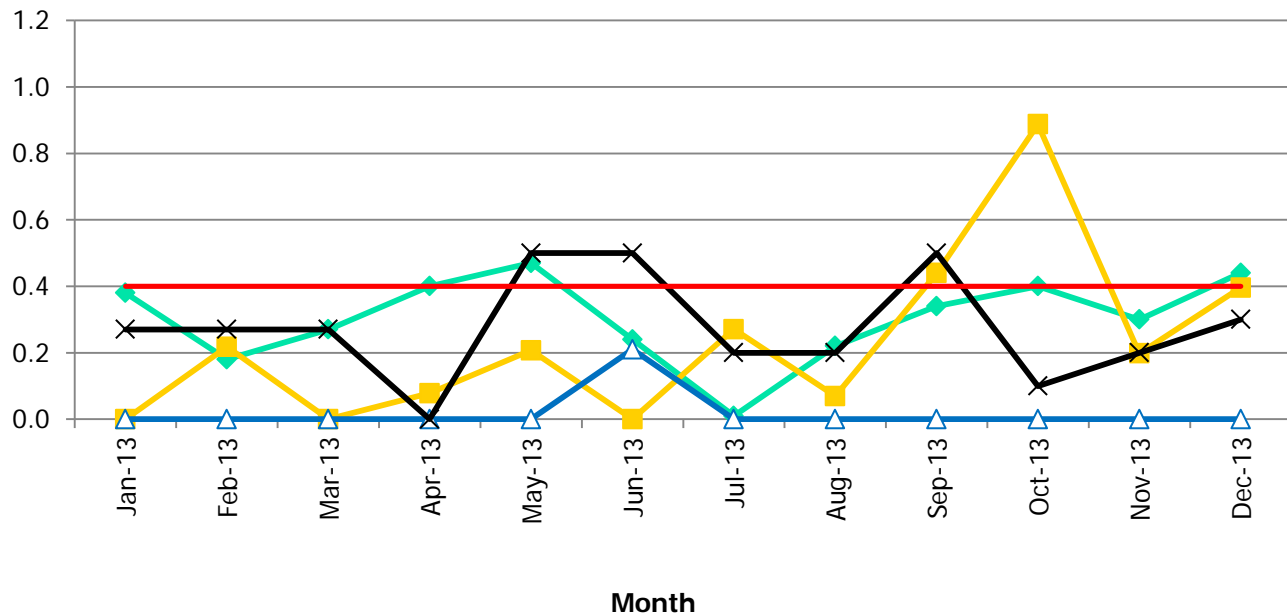
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- Working more closely with Northland District Health Board and the 'First Do No Harm Project'
- Opening up our programme to additional providers
- Re-designing some aspects of our reporting i.e.
  - 1000 bed days
  - using the Severity Assessment Codes (SAC) for reporting adverse events
  - Reporting Falls and Pressure Injuries into the regional tool for comparison against other facilities.

# Examples of 2013 Benchmarking Graphs

## Falls with Injury

% of Falls for Occupied Bed Days

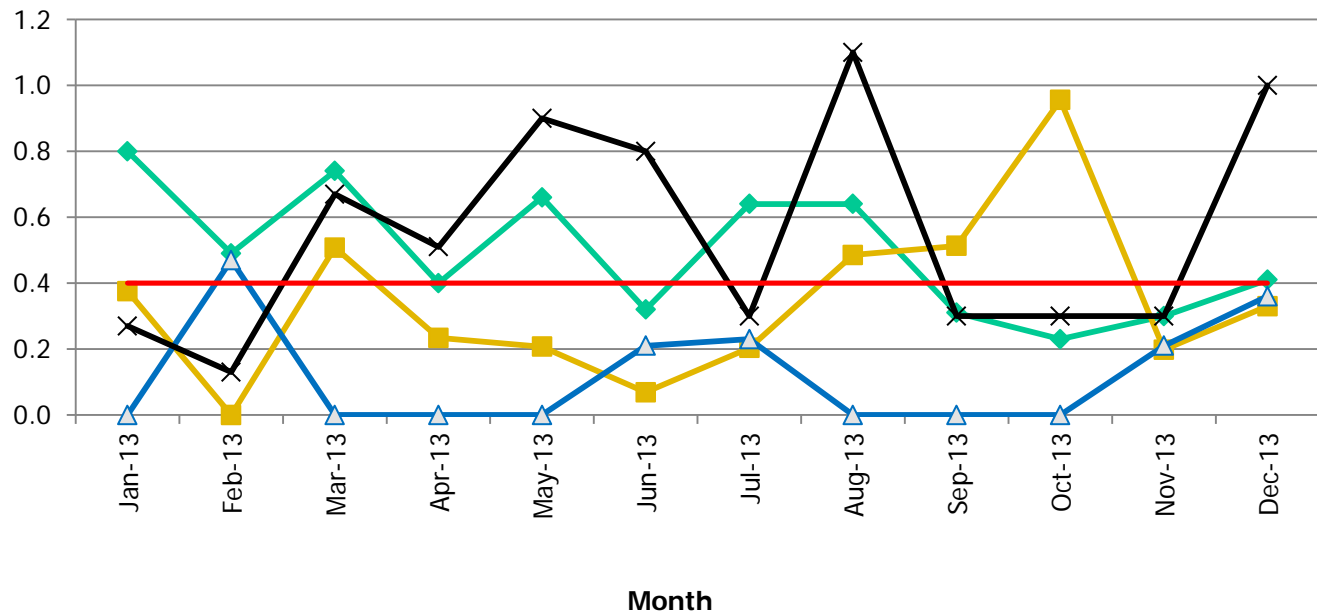


◆ Switzer    ■ Kerikeri    ▲ Kaeo    × Kaikohe    — Target

# Health and Safety

## Falls Non-Injury

% of Falls for Occupied Bed Days



Switzer

Kerikeri

Kaeo

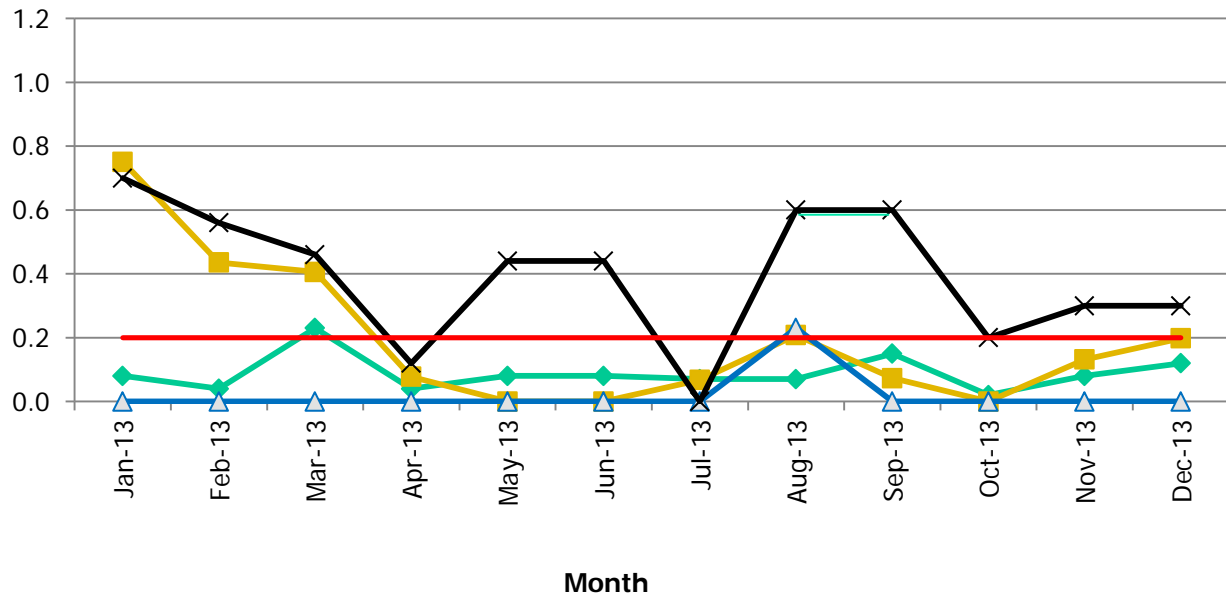
Kaikohe

Target

# Health and Safety

## Hospital Skin Tears

% of Acc/Inc for Occupied Bed Days

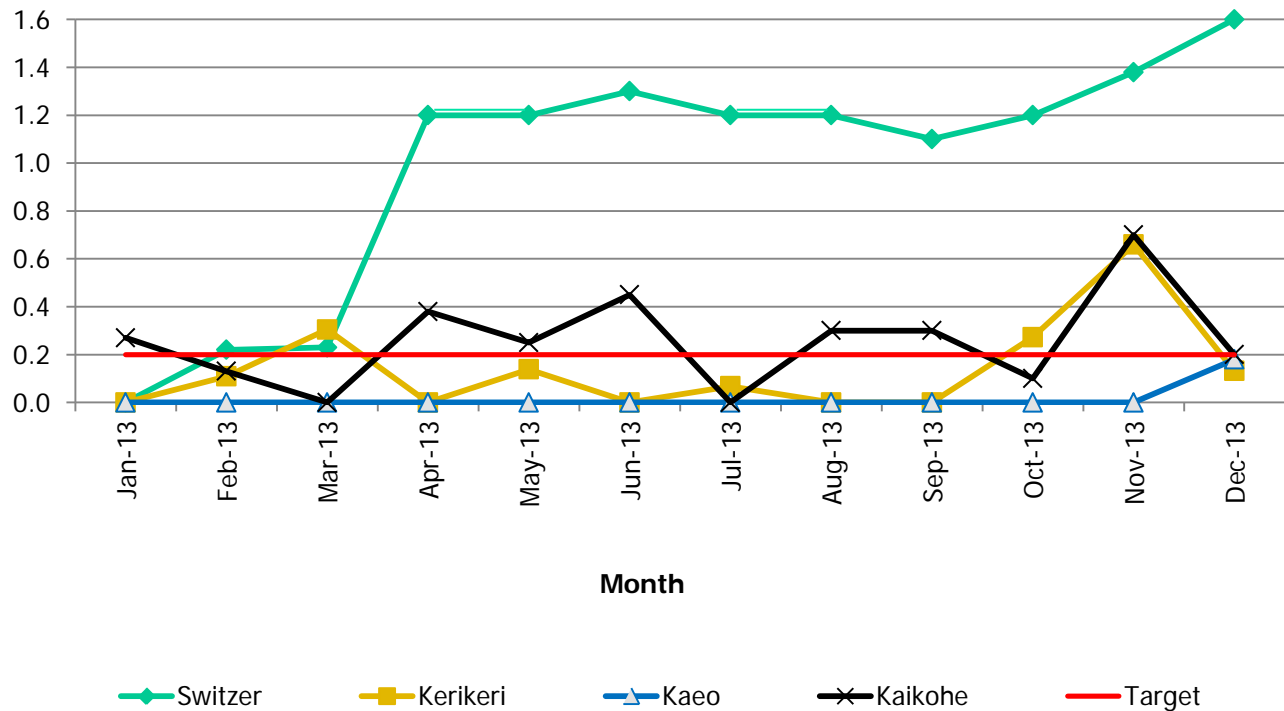


Switzer Kerikeri Kaeo Kaikohe Target

# Health and Safety

## Challenging Behaviour

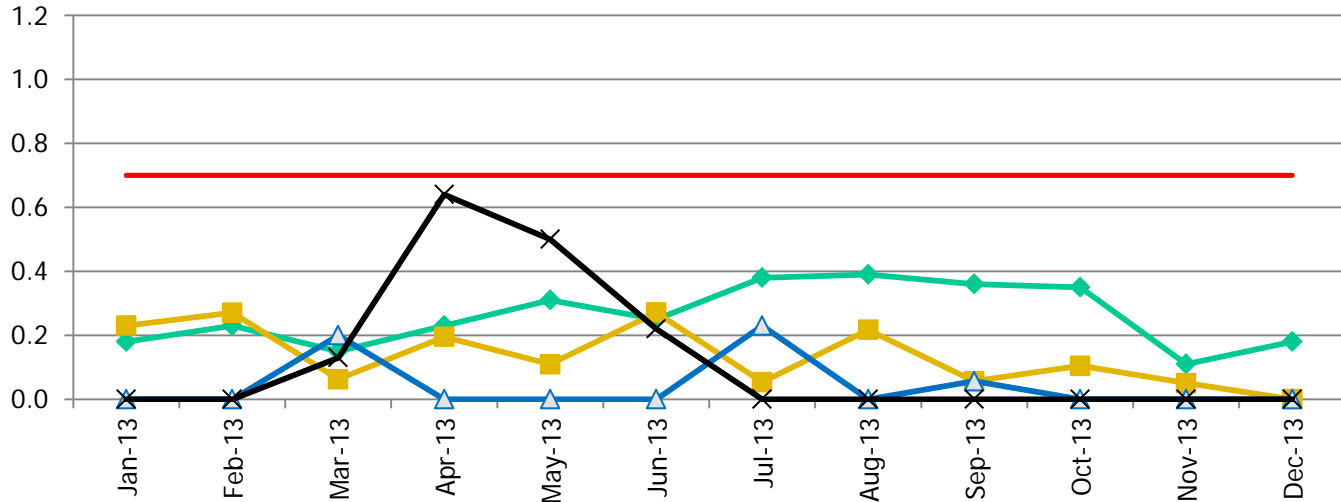
% of Acc/Inc for Occupied Bed Days



# Health and Safety

## Near Miss

% of Misses for Occupied Bed Days



Month

◆ Switzer

■ Kerikeri

▲ Kaeo

× Kaikohe

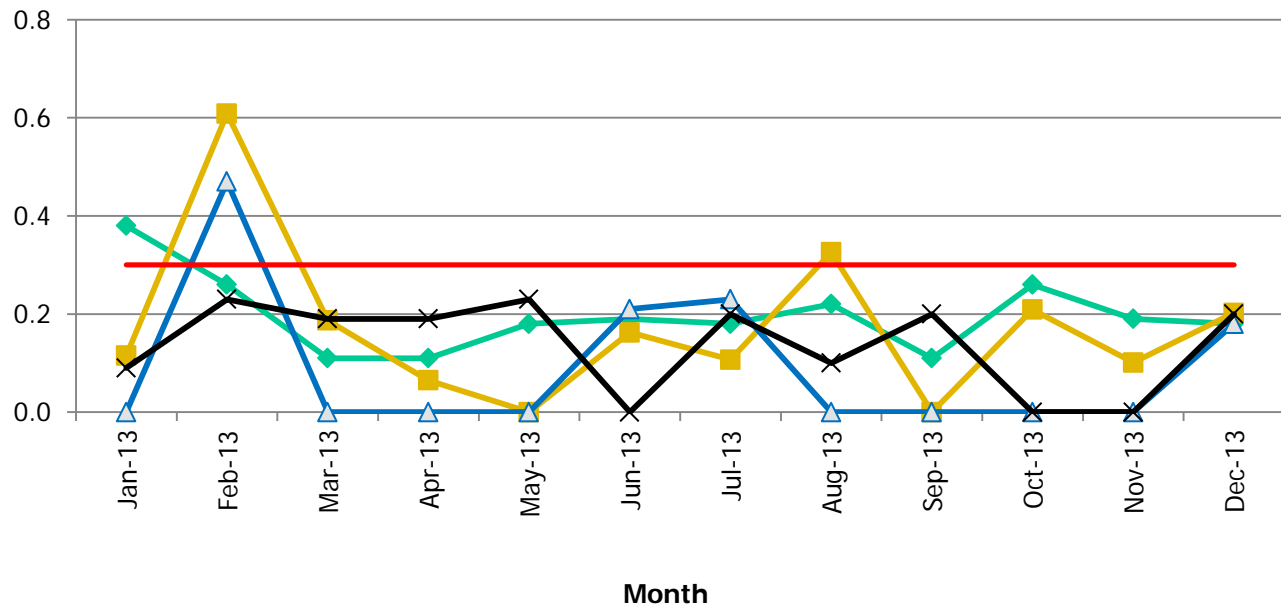
— Target



# Infection Control

## Urinary Tract

Number of Infections as % Beddays



Switzer

Kerikeri

Kaeo

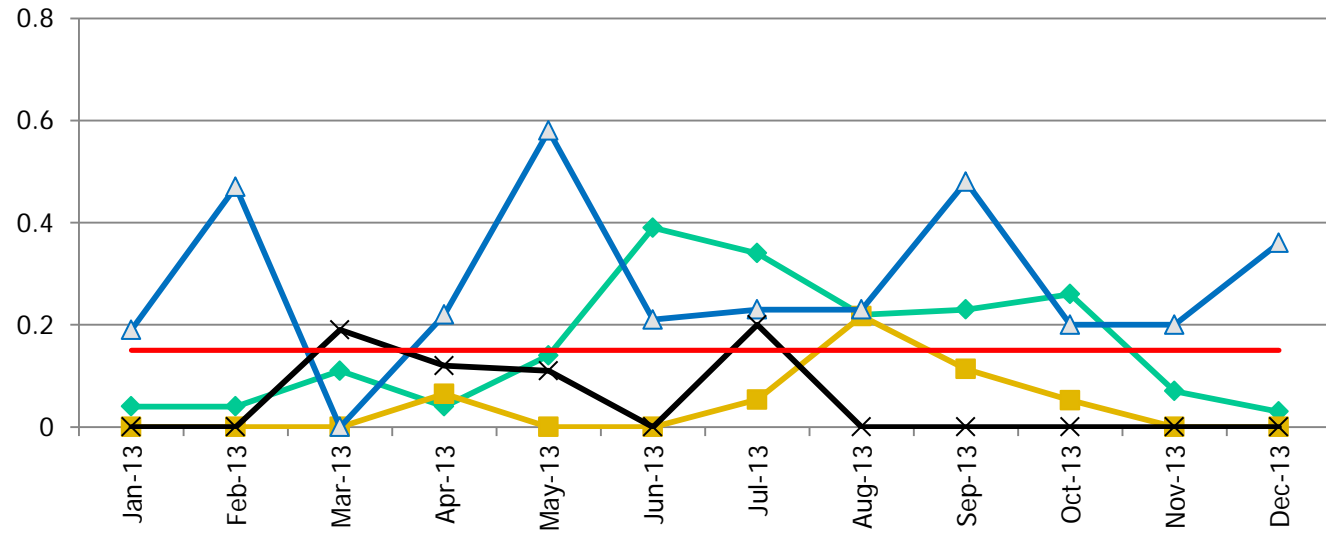
Kaikohe

Target

# Infection Control

## Lower Respiratory Tract

Number of Infections as % Beddays



Switzer

Kerikeri

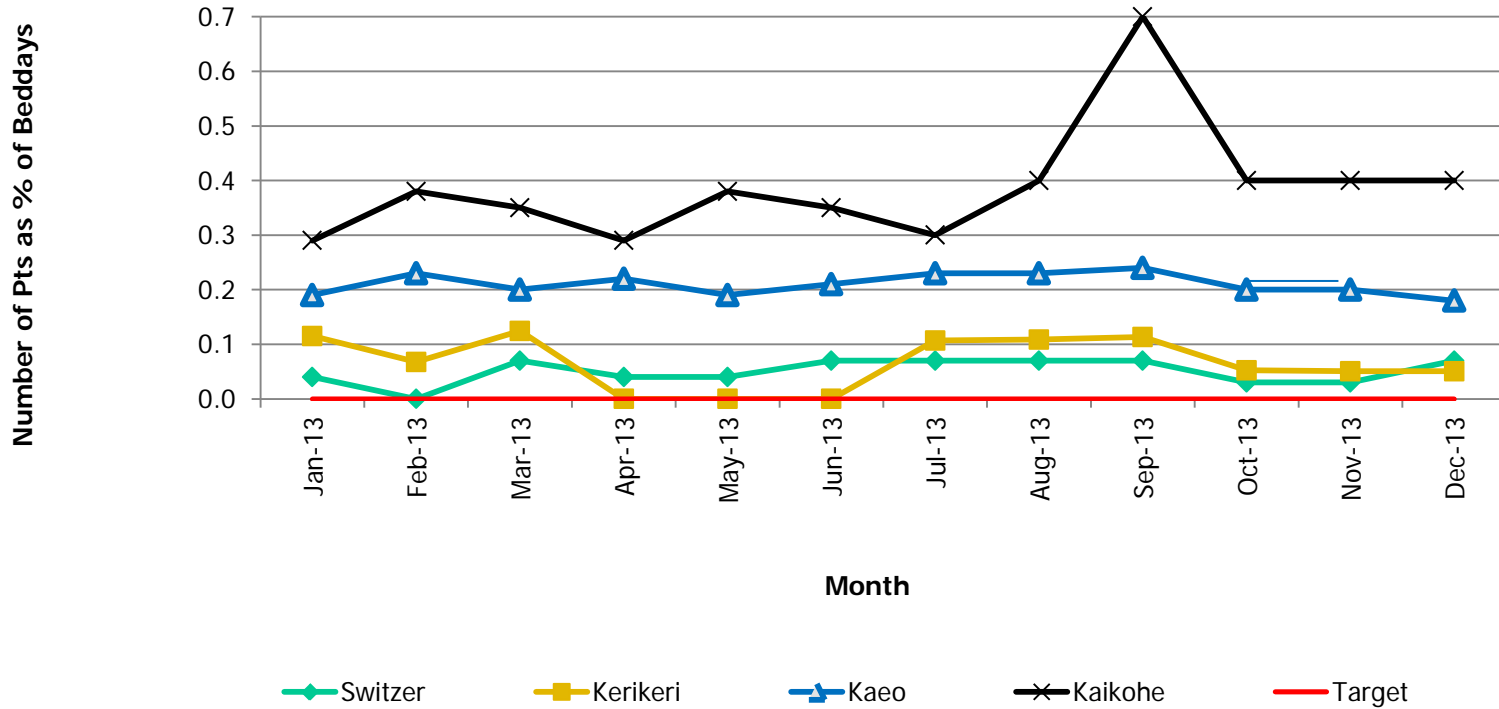
Kaeo

Kaikohe

Target

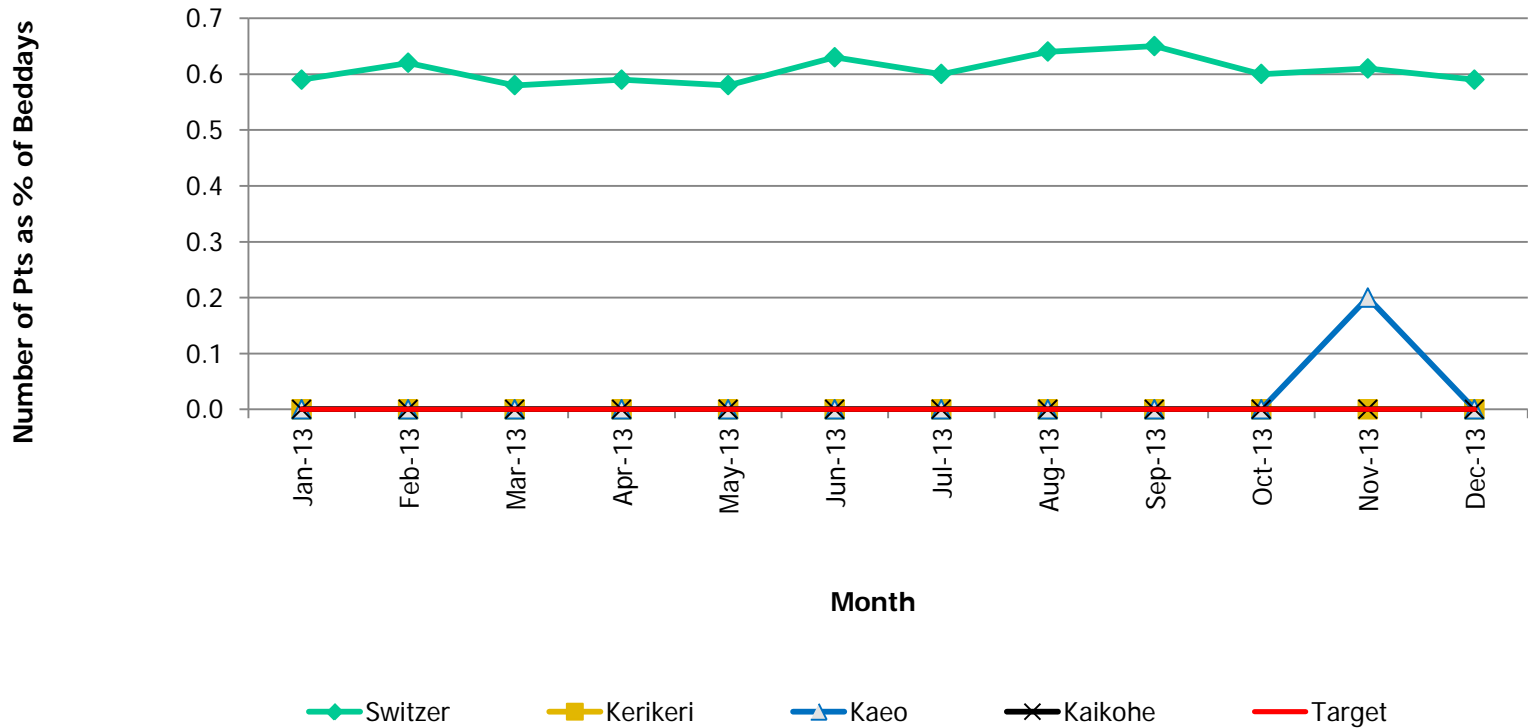
# Infection Control

## Prophylactic Antibiotics Since admission



# Infection Control

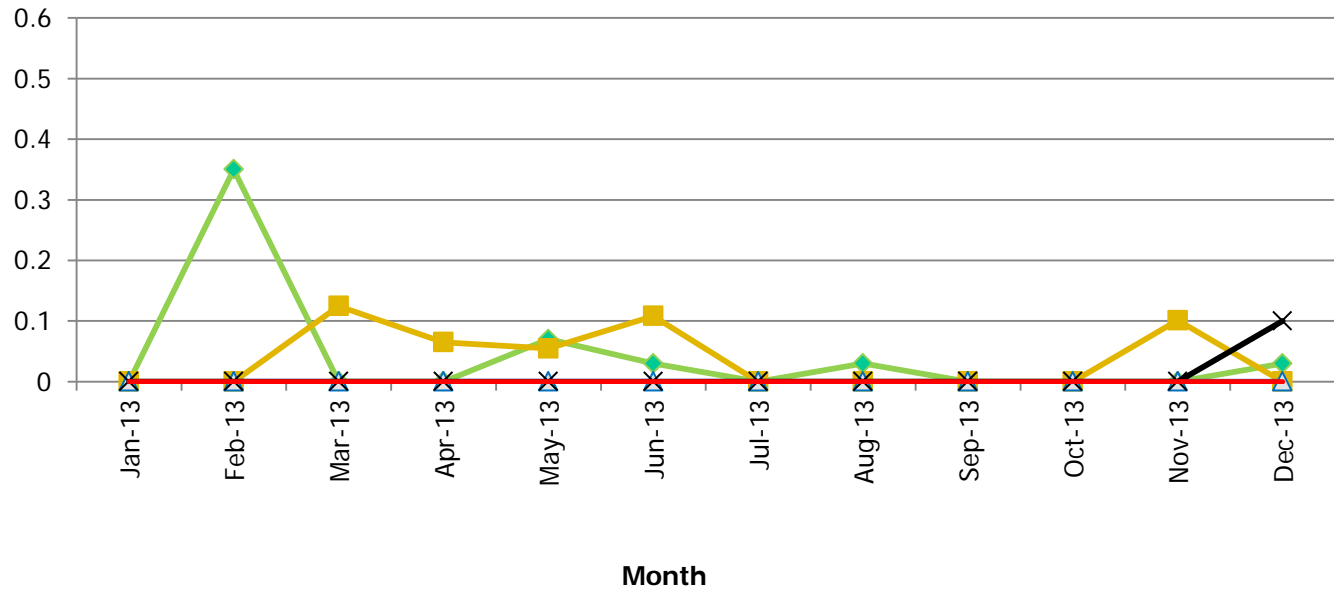
## Multi Resistant Organisms Since admission



# Medication Errors

## Pharmacy Error

Number of Errors as % Beddays



Switzer

Kerikeri

Kaeo

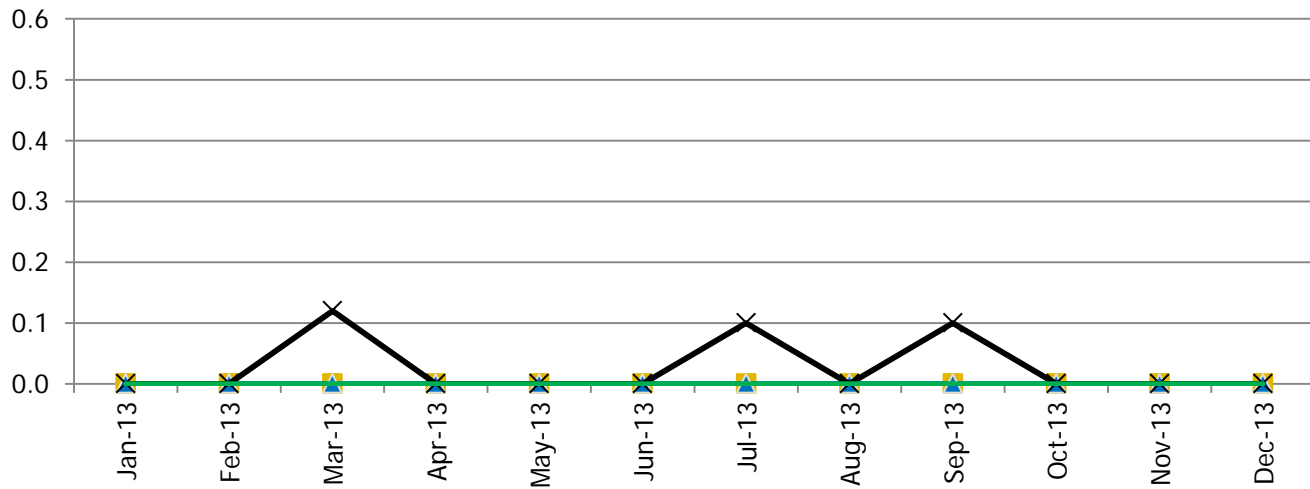
Kaikohe

Target

# Medication Errors

## Administered Incorrectly (route, form, preparation)

Number of Errors as % Beddays



Switzer

Kerikeri

Kaeo

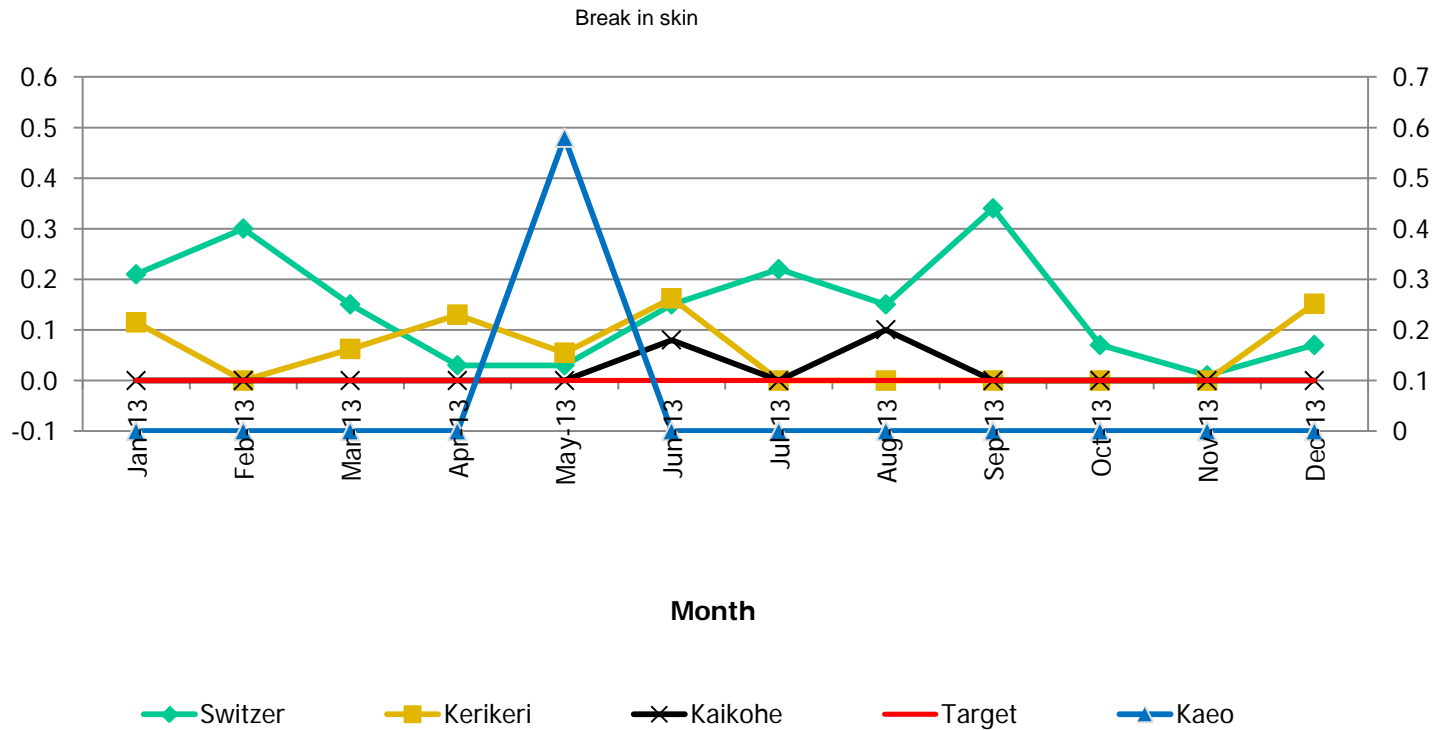
Kaikohe

Target

# Pressure Injuries

## Pressure Area - Acquired here (2)

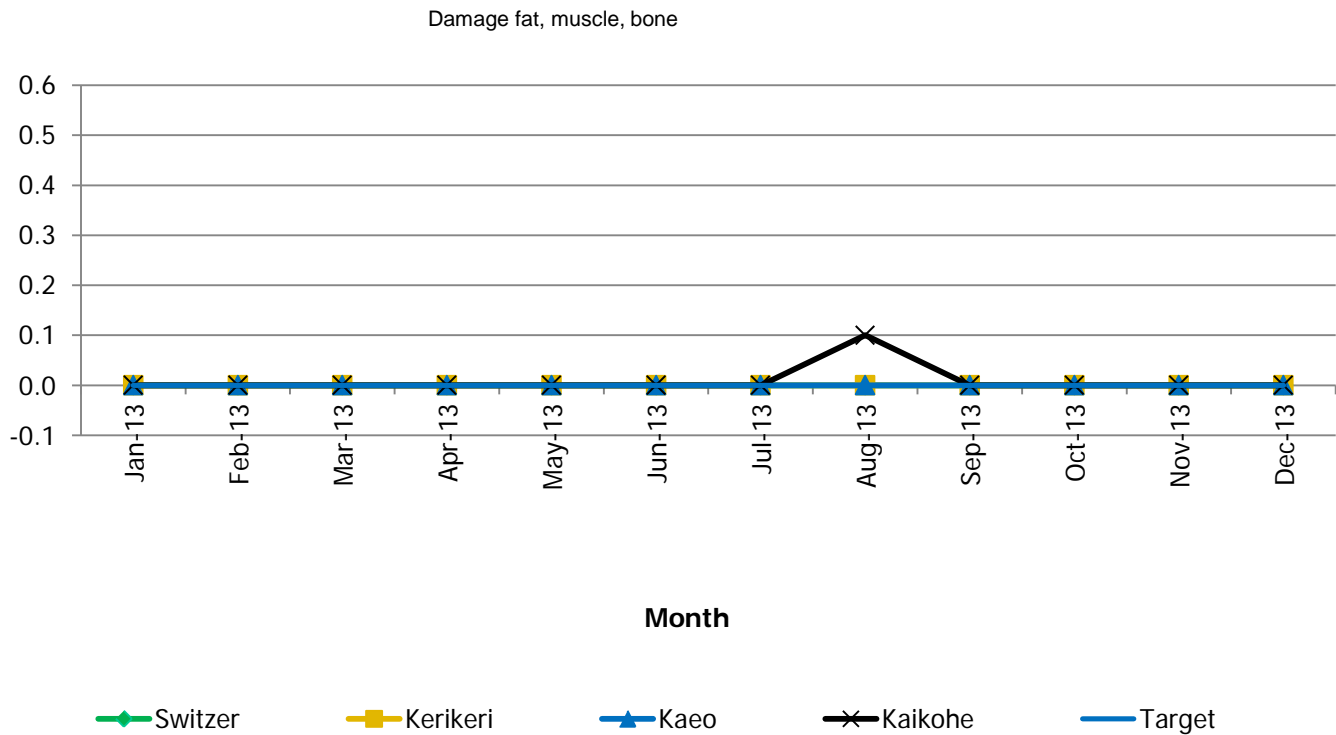
Number of Pressure Areas as % of Beddays



# Pressure Injuries

## Pressure Area - Acquired here (4)

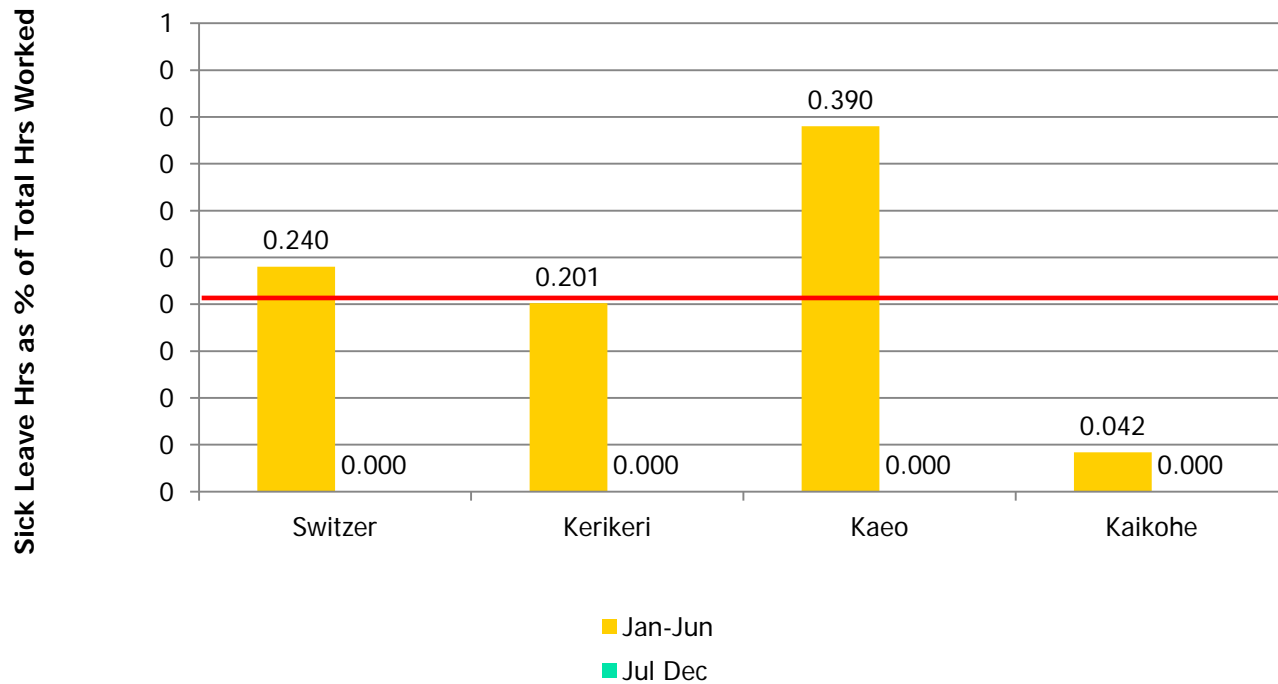
Number of Pressure Areas as % of Beddays





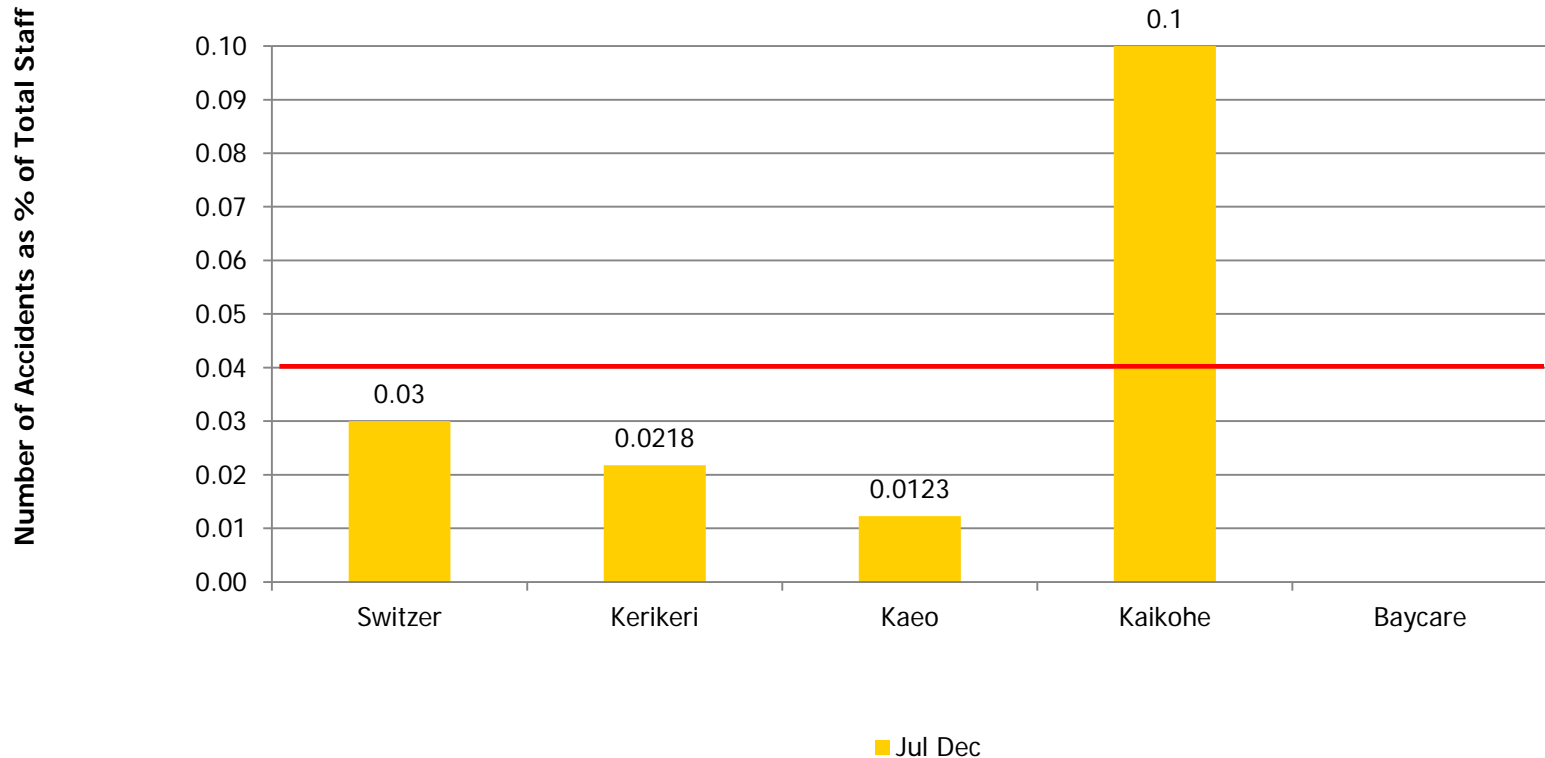
# Workload Monitoring

## Sick Leave (target 2.5)



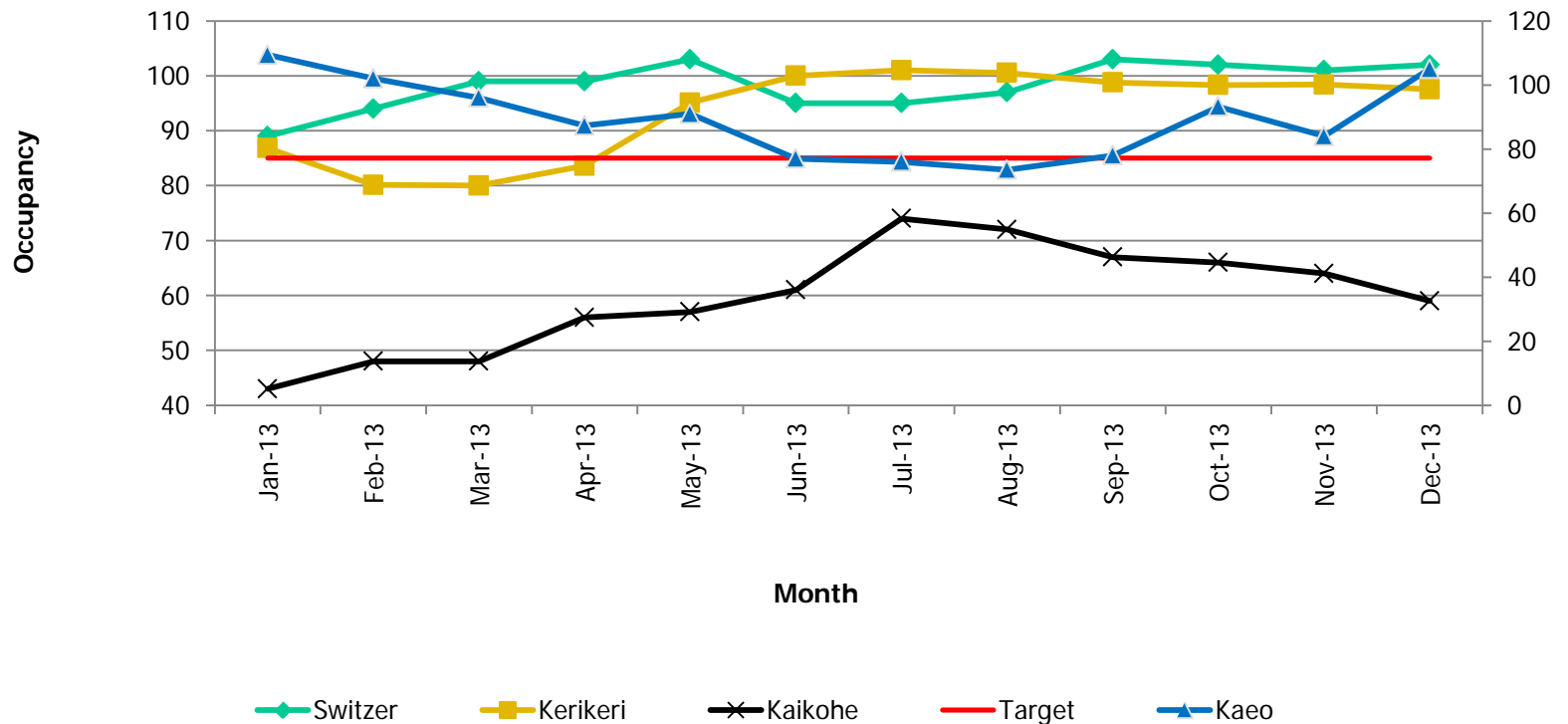
# Workload Monitoring (H&S)

## Staff Accidents (target 0.02)



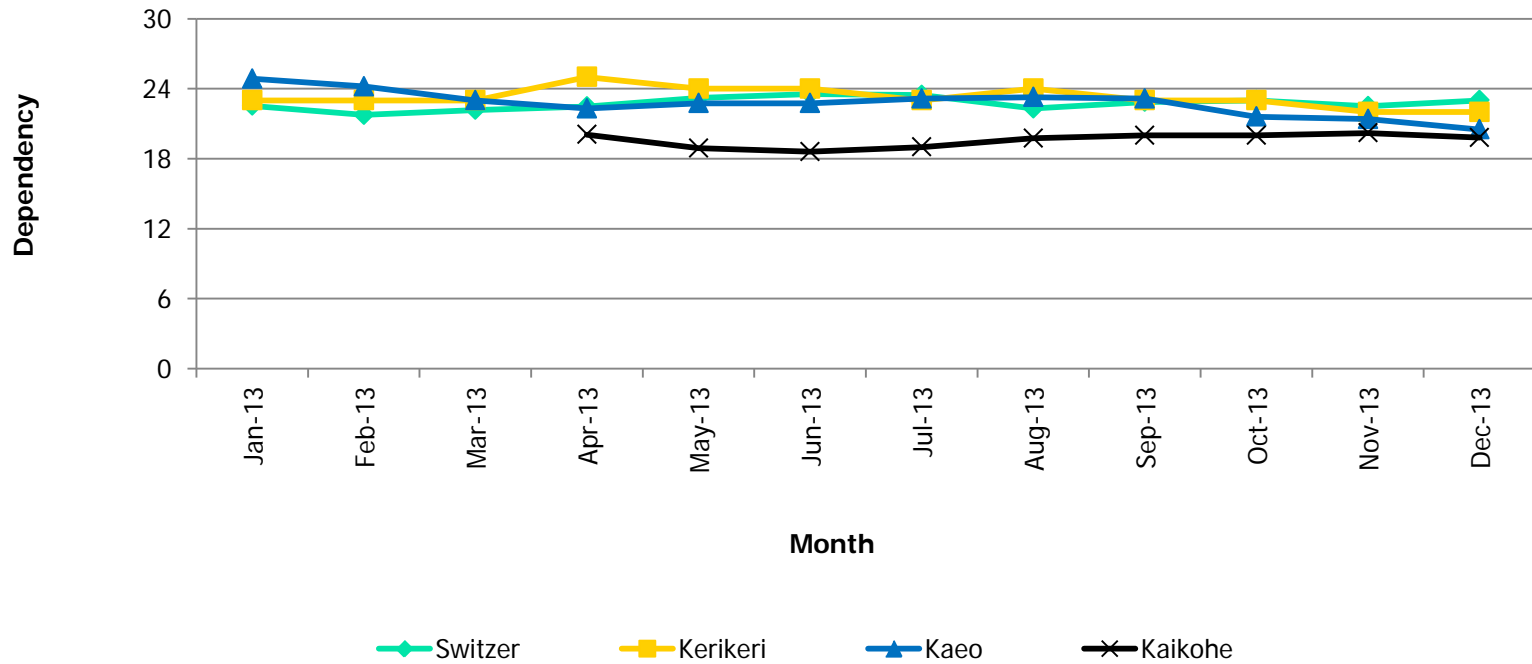
# Workload Monitoring

## Rest Home Occupancy



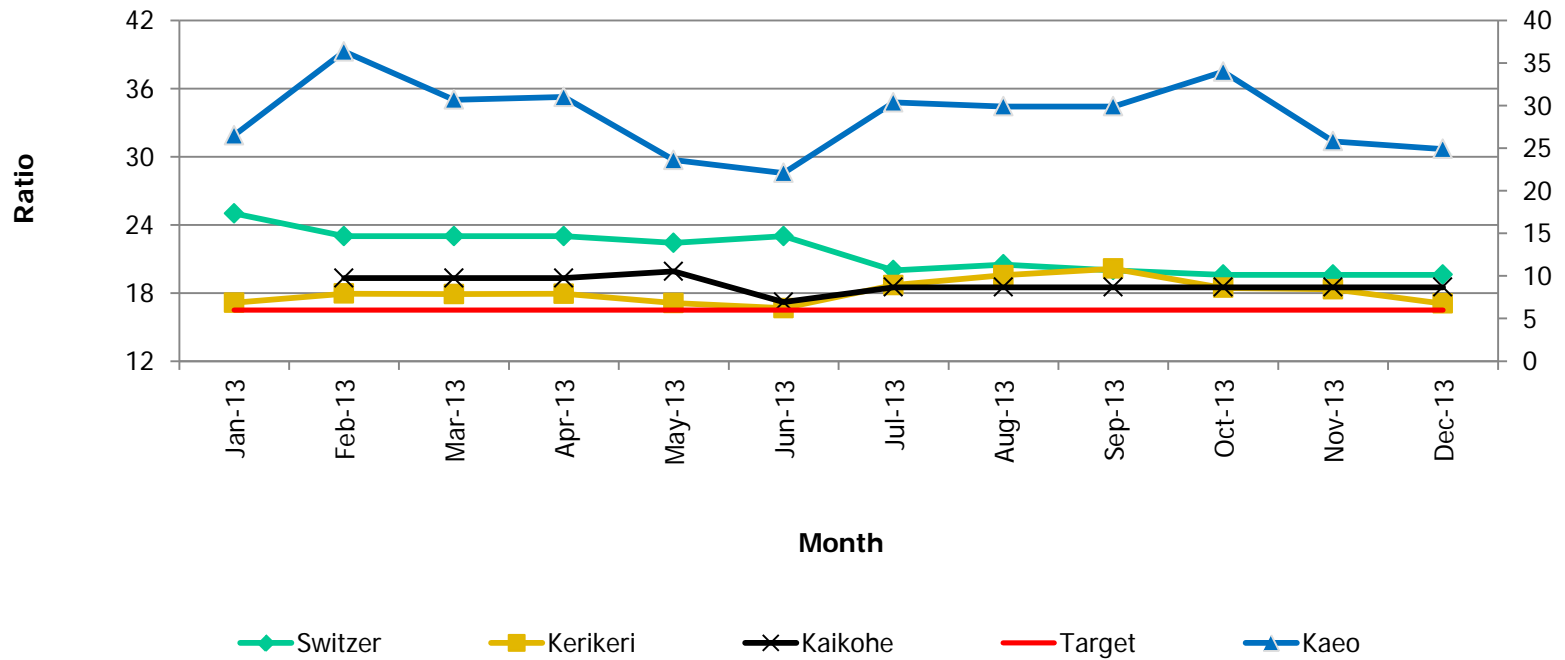
# Workload Monitoring

## Hospital Average Dependency



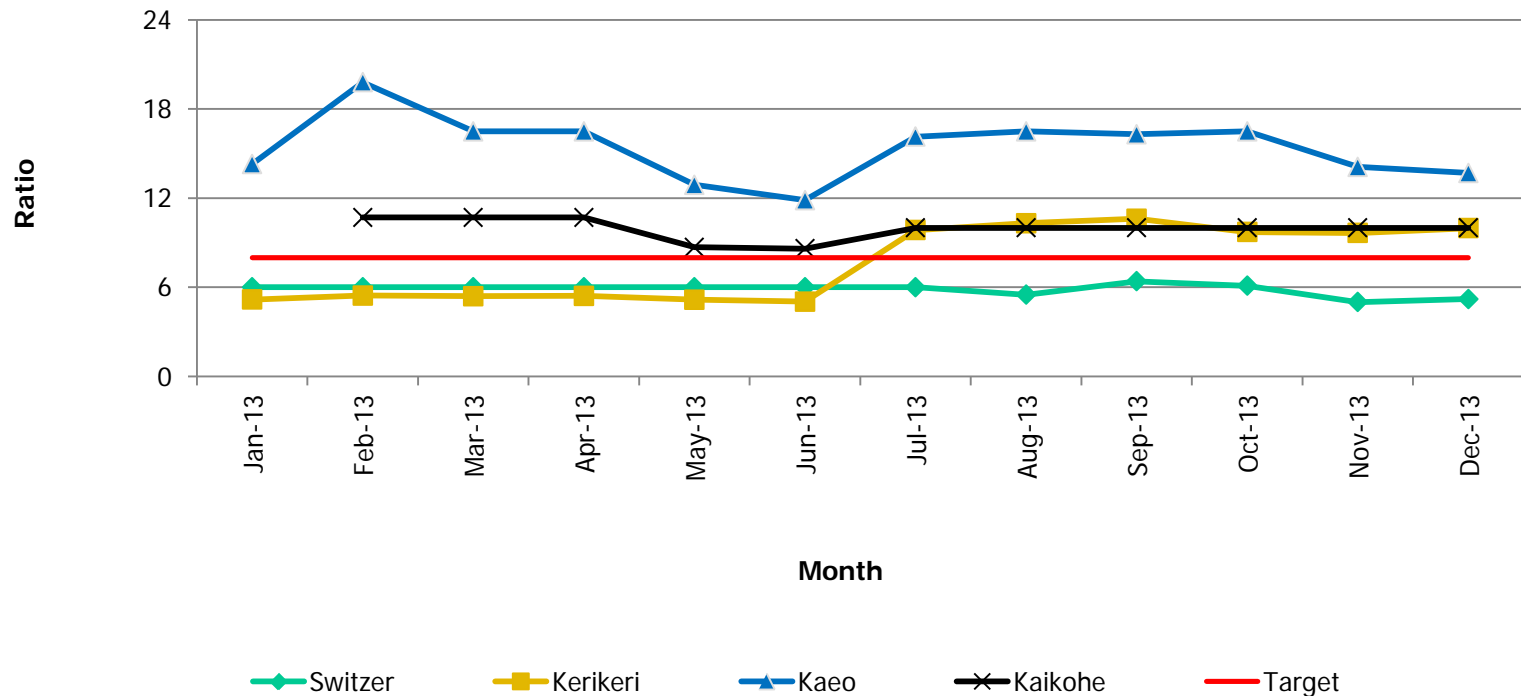
# Workload Monitoring

## Hospital Staff Ratio Caregivers & Enrolled Nurses (16.5)



# Workload Monitoring

## Hospital Staff Ratio Registered Nurses (8)





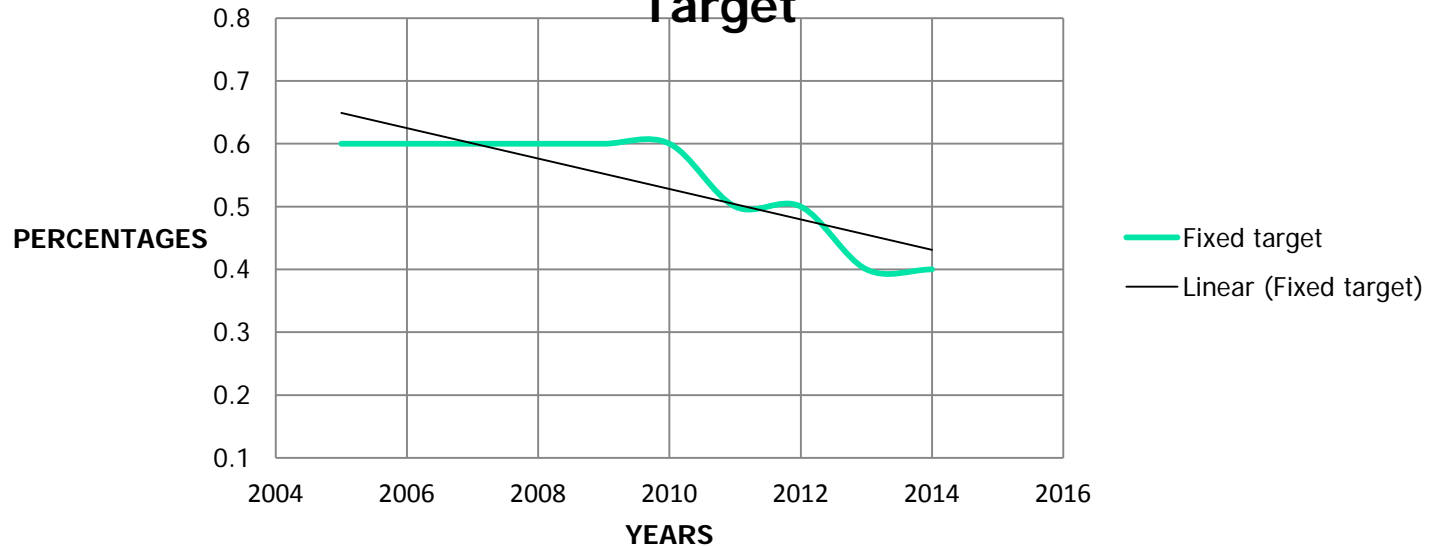
# Monitoring Improvements and Trends

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# Reducing Falls Target

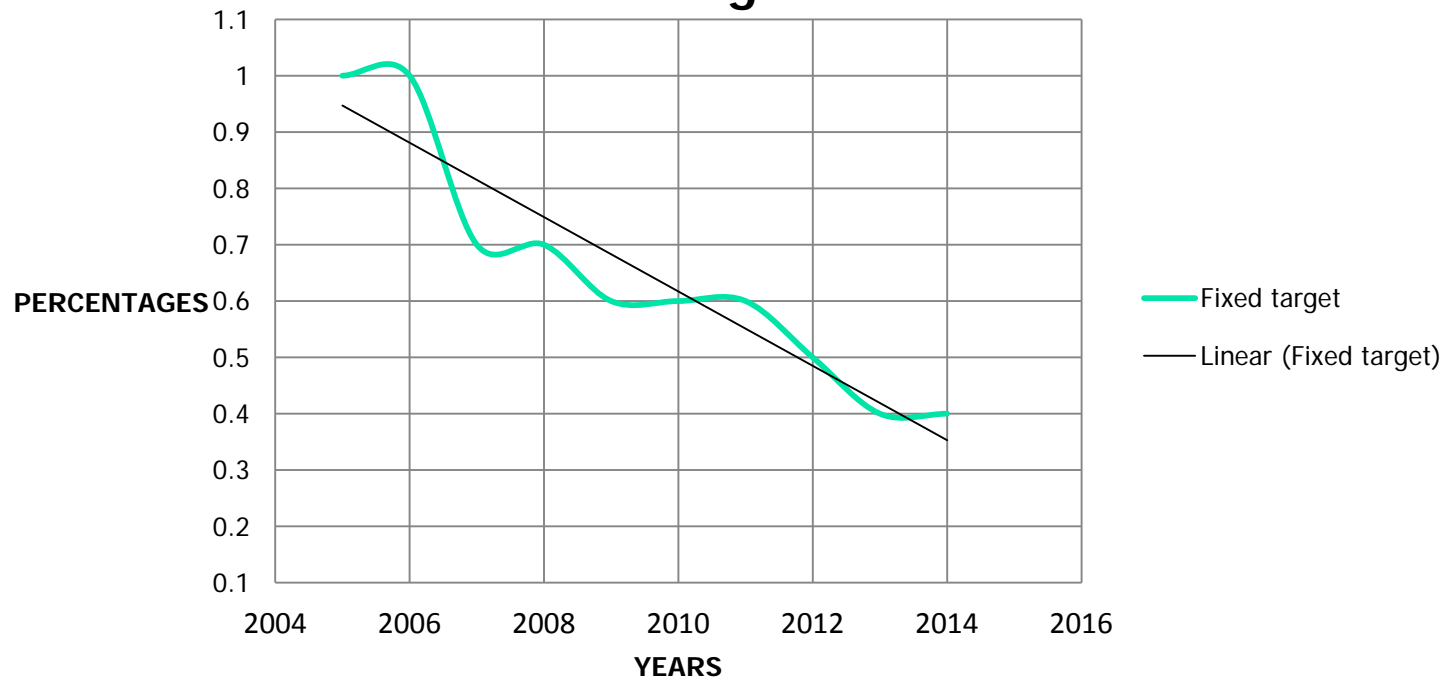
**Steady downward trend of 'Falls with Injury' Target**





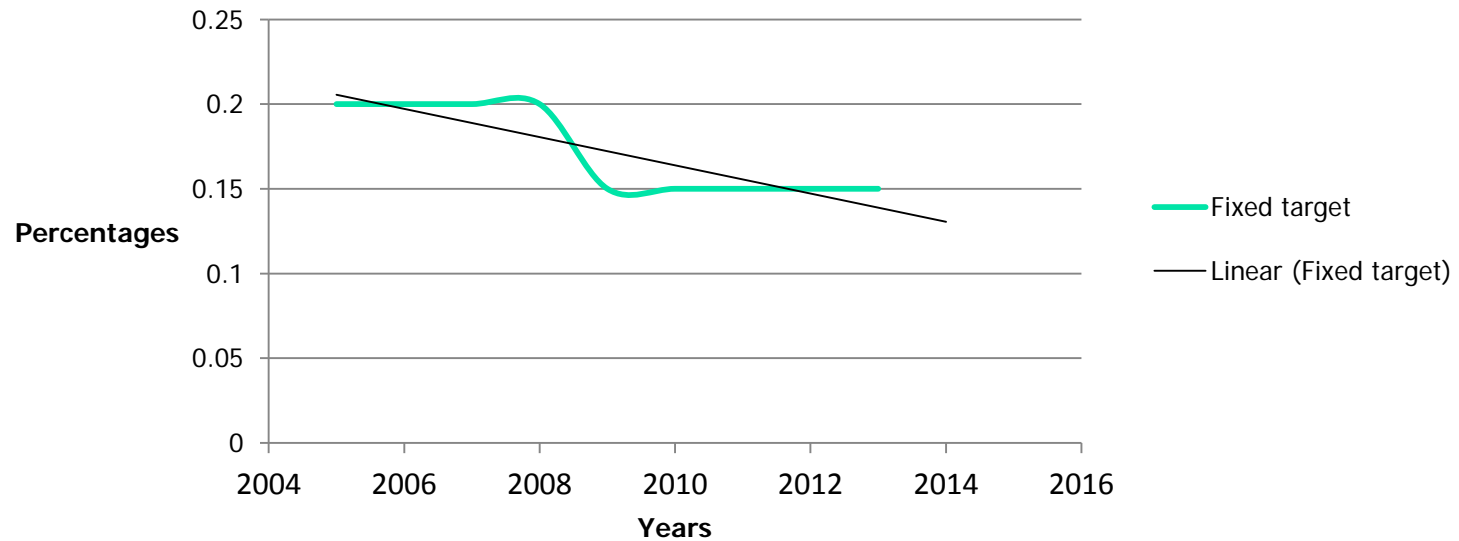
# Reducing Falls Target

**Steep downward trend of 'Falls non Injury' Target**



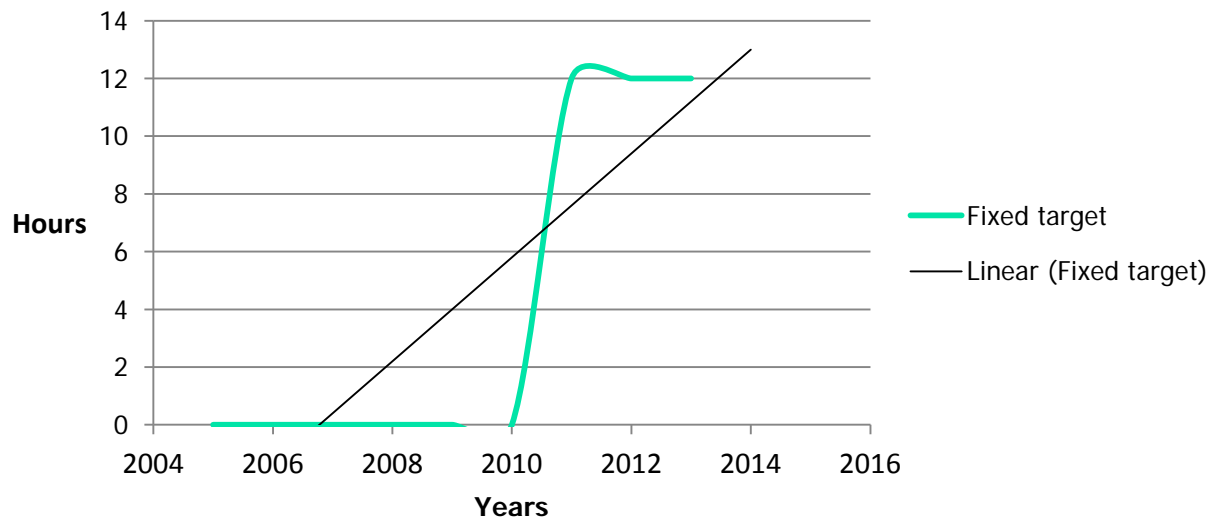
# Respiratory Infection Trends

## Downturn / levelling trend of Lower Respiratory target



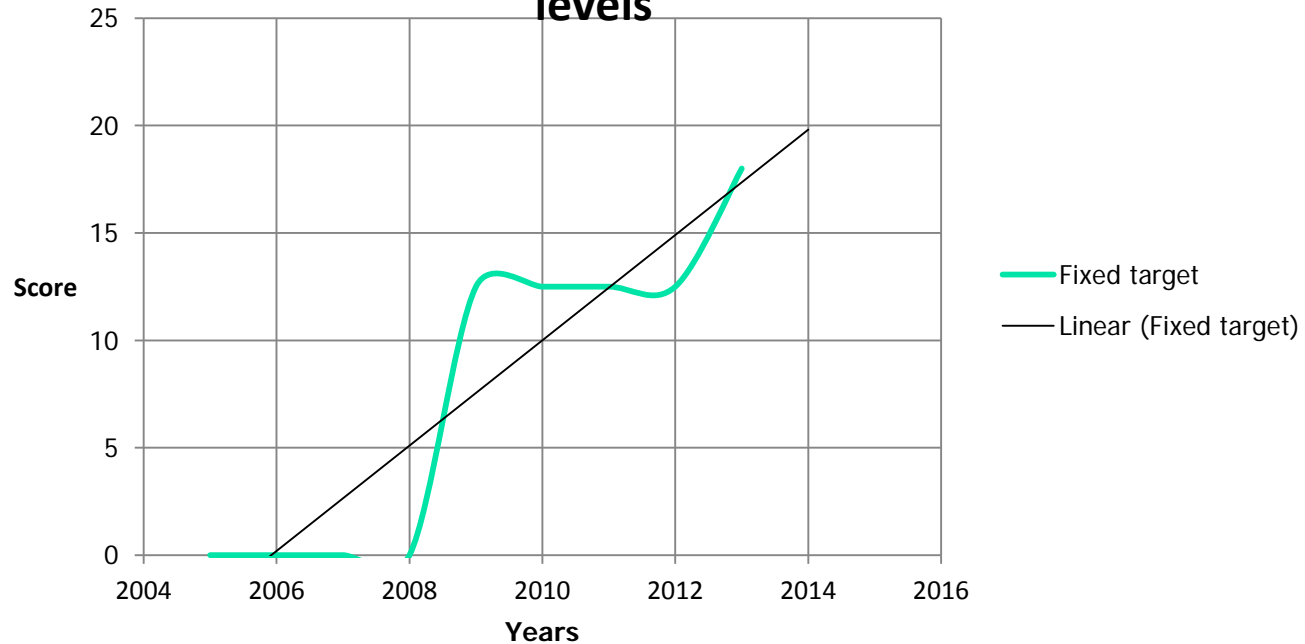
# Staffing to the Guidelines

## 'Staff Ratio RH' Enrolled Nurses and Health Care Assistants - Hours per week per client



# Rest Home Dependency Levels Rising

**Upward trend of Rest Home 'Average dependency levels'**





# Conclusions

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- Benchmarking is a vital part of a learning organisation
- It promotes higher performance by identifying areas for improvement
- It sets challenges to improve performance



# Conclusions

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- It increases organisational understanding of strengths and weaknesses relative to competitors
- Improvement agendas will be focused on real needs
- Strengthens professional relationships and builds trust.



# Successful Benchmarking

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In practice, we have found that the main requirements for success are:

- A strong and active commitment from senior management to lead and implement the benchmarking process
- A willingness to change and adapt based on the benchmarking findings
- Our competitors attitudes are constantly changing and we are seeing a more collaborative approach

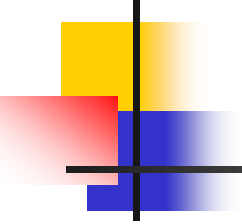


# Successful Benchmarking

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- An openness to new ideas, creativity and innovativeness in your application to existing processes
- A continuous benchmarking effort from all in the group, and most importantly
- **A willingness to share information with each other.**





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We have been actively and positively encouraged by Northland District Health Board to make this presentation and thank them for the opportunity.

Thank you.