



2 November 2012

ERAS: Measurement of outcome

Presenter: Mike Davidge

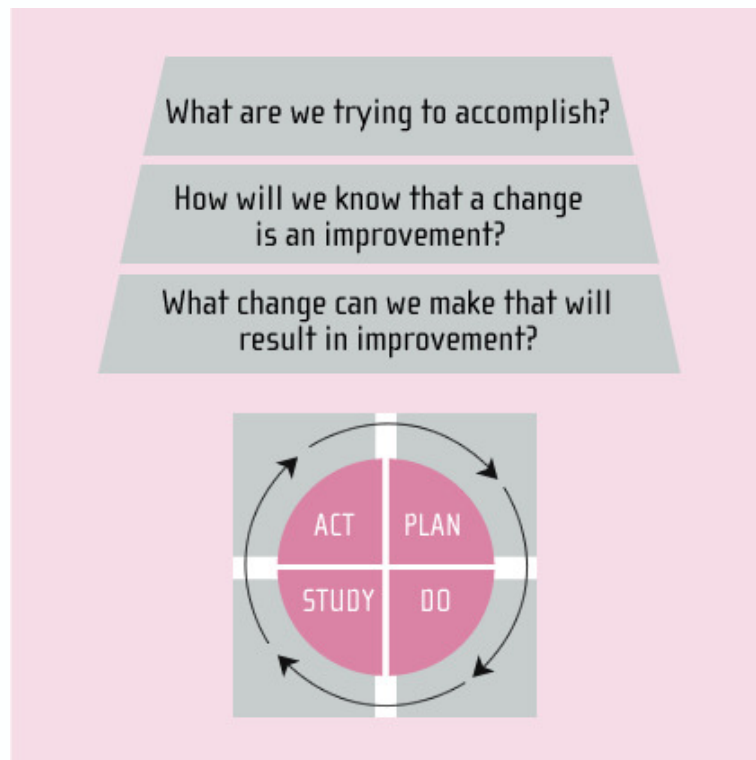
*Functional
outcome*



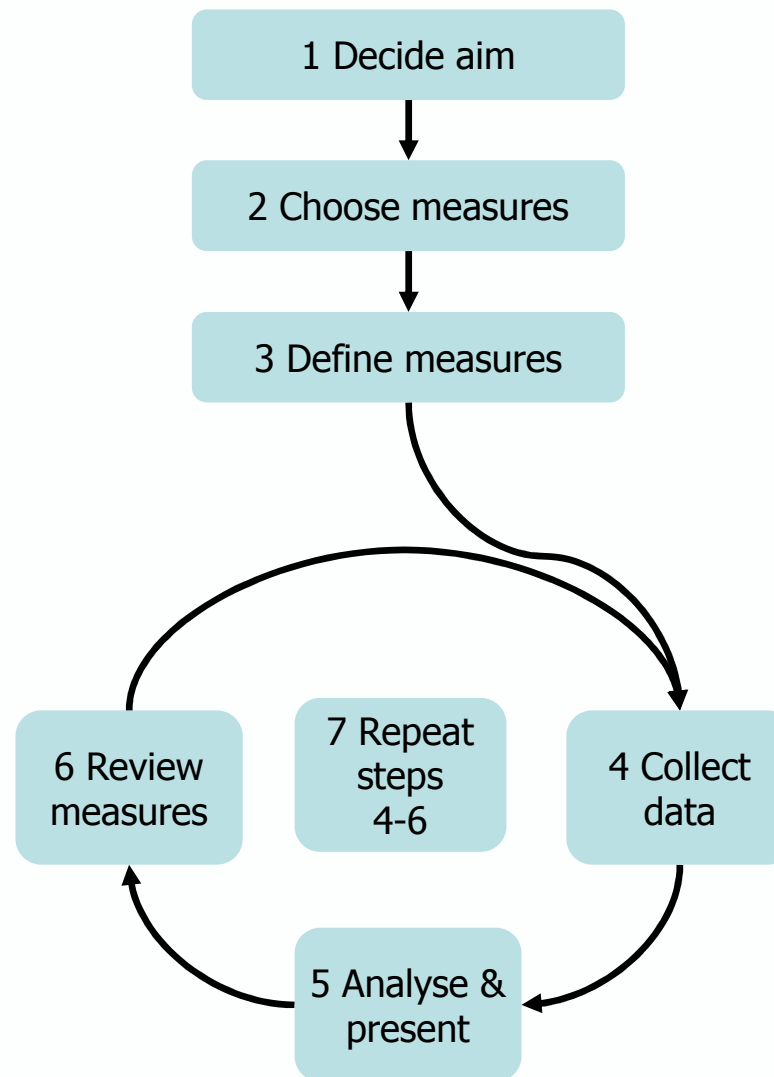
*Patient
experience*



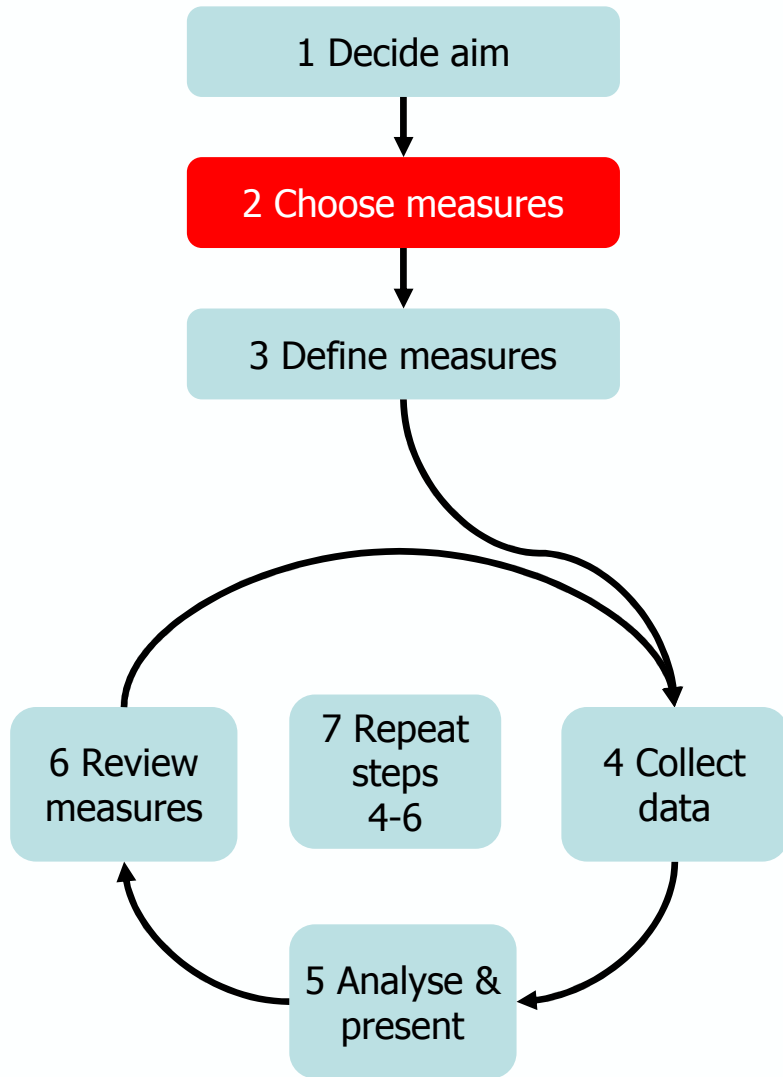
Outcomes and processes



Measurement is a process



Choose measures

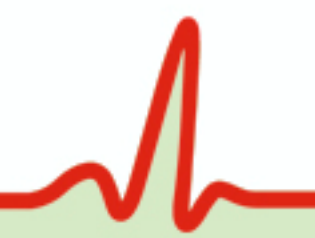
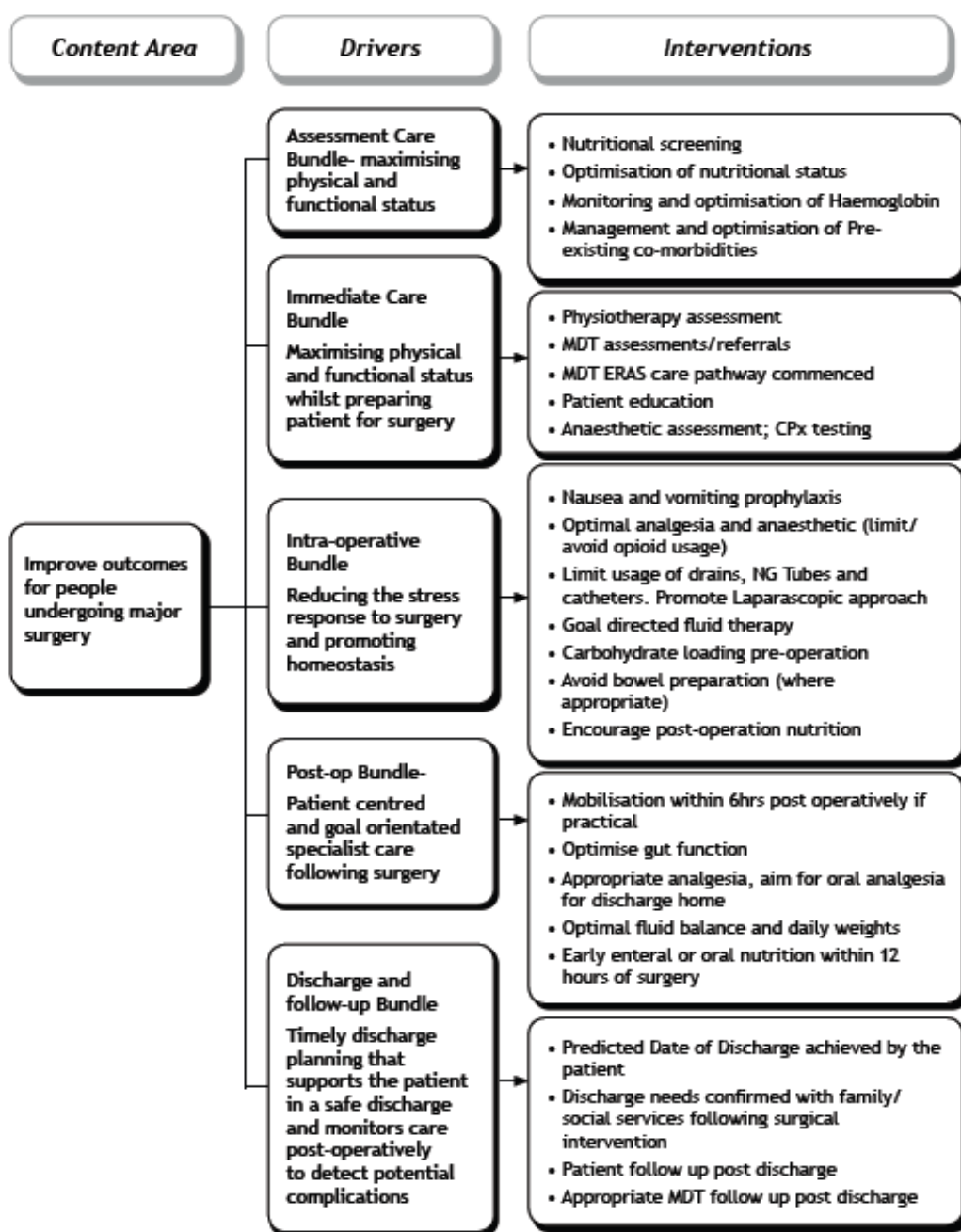


“Choose measures appropriate to your aim ...”

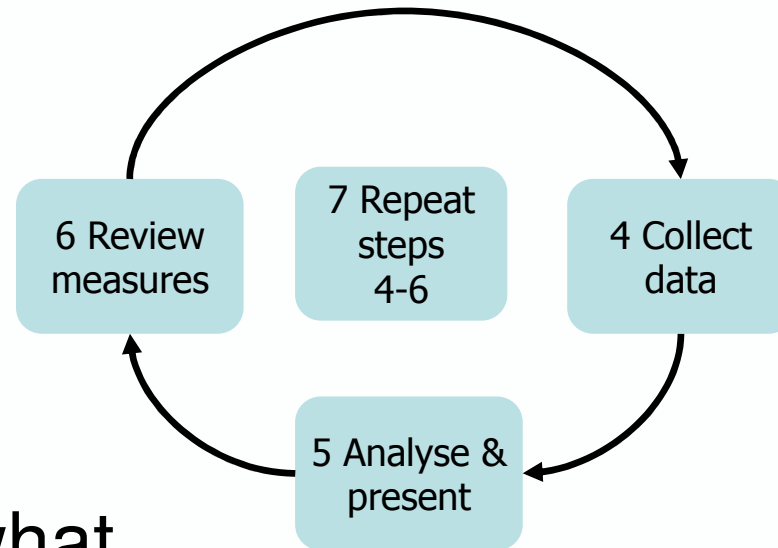
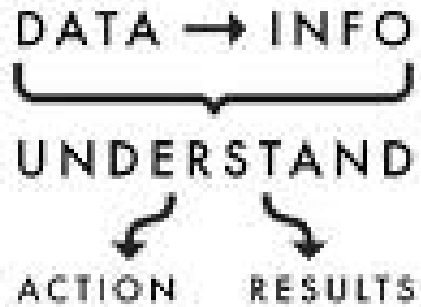
So don't just ...

- Use what data is available
- Accept everyone's pet measure

Driver diagram



Steps in the process



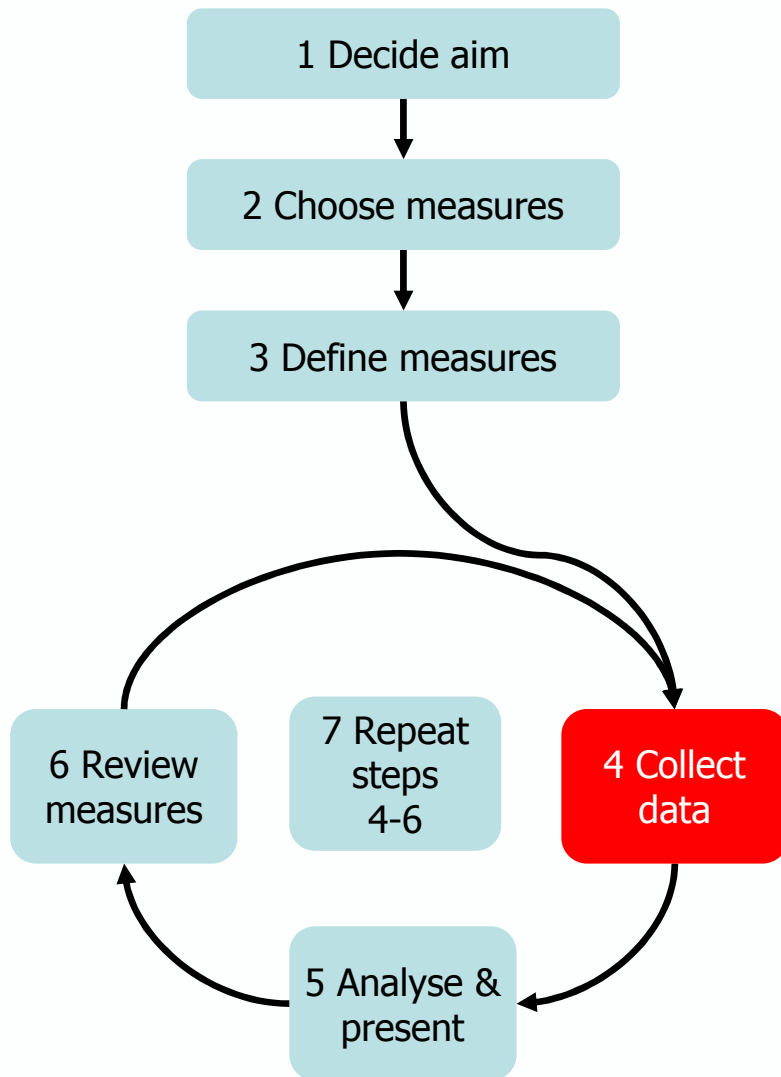
Understanding what you put in



Learning from what you can get out

“Data has no meaning apart from its context”

Collect



- How are you going to ensure you get the right data?
- How will you get hold of data already collected?
- How will you collect data items that you don't currently collect?
- Plan to test with the next patient

Top tips

- Look at what you currently have for data collection before reinventing the wheel
- Initial introduction to the **Model for Improvement** for all relevant trust members
- Get committed team with representation from all relevant areas

Entering data

| | ID | Admission (DD/MM/YYYY) | Operation(DD/ MM/YYYY) | Nutr tool | Pt weighed | TP Screen | DP & refs made | Co asses | ERAS exp to pt | Health/ Risk asses |
|----|----|---------------------------|---------------------------|-----------|---------------|--------------|----------------------|-------------|----------------------|--------------------------|
| 5 | | | | | | | | | | |
| 6 | 1 | 21/11/2010 | 22/11/2010 | Yes | Yes | Yes | Yes | Yes | Yes | es |
| 7 | 2 | 05/11/2010 | 06/01/2011 | Yes | Yes | Yes | Yes | Yes | es | es |
| 8 | 3 | 05/11/2010 | 08/11/2010 | Yes | Yes | Yes | Yes | No | es | es |
| 9 | 5 | 08/11/2010 | 08/11/2010 | Yes | Yes | Yes | Yes | N/A | es | es |
| 10 | 7 | 08/11/2010 | 09/11/2010 | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

Yes means we have completed this item for this patient
and it is documented

No means we have not completed this item for this patient
or it is not documented

N/A means this item is not relevant to this patient

Conclusion: If you can't find out whether the item
occurred, enter **No** and write in Comment field



Message for Others

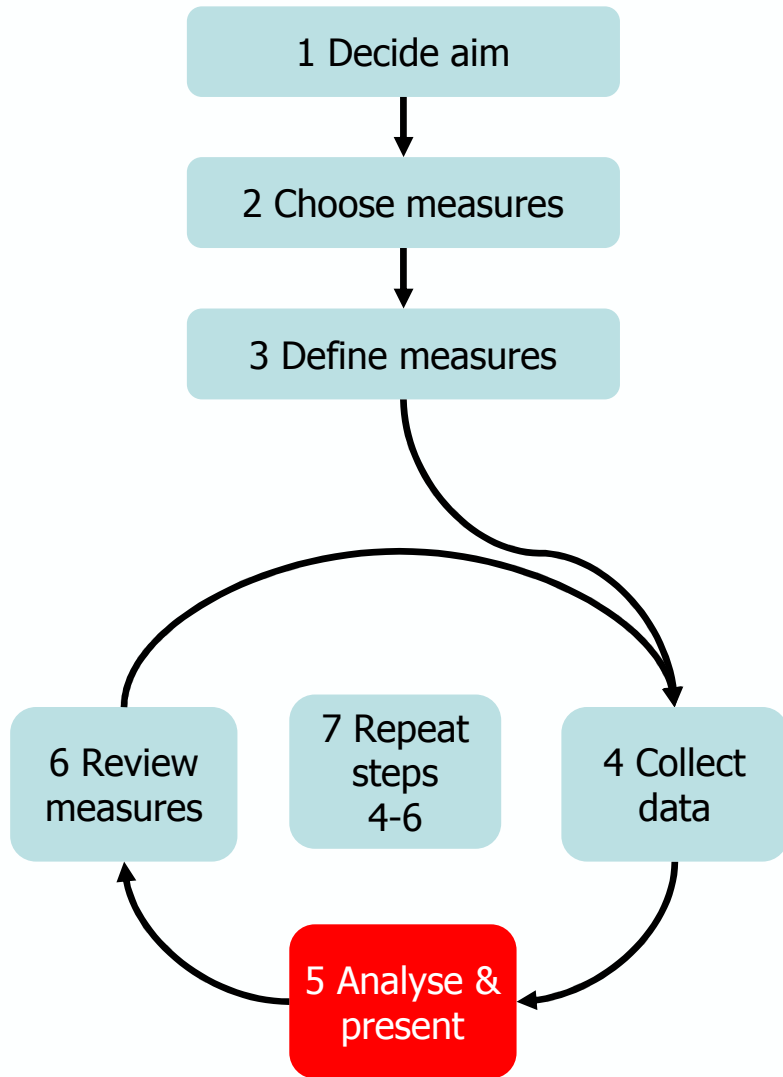


“Data collection can be easily incorporated into daily roles with commitment from a team and quickly starts to provide a basis for change”

Kylie Crook

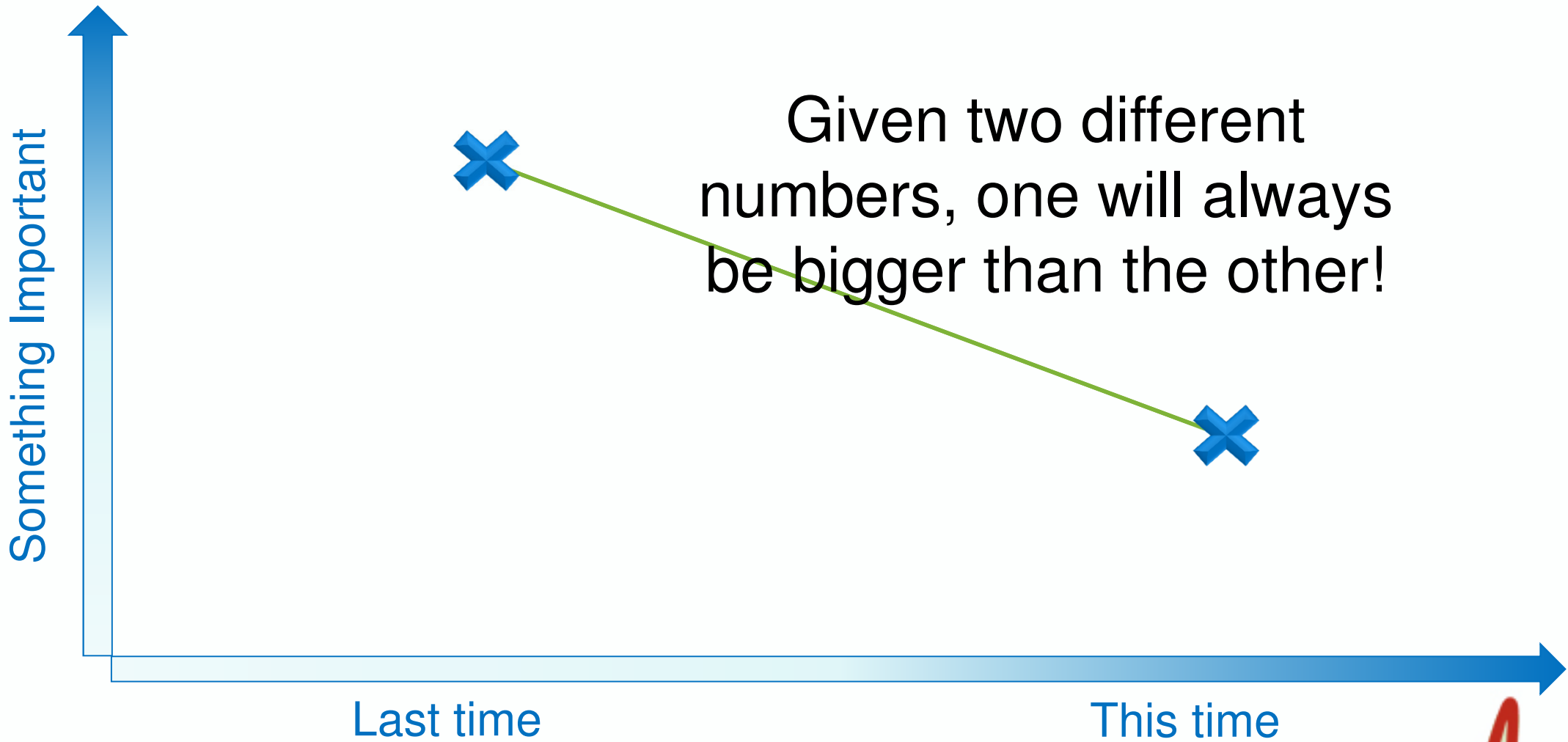
Acute stroke programme lead, Aneurin Bevan HB

Analyse



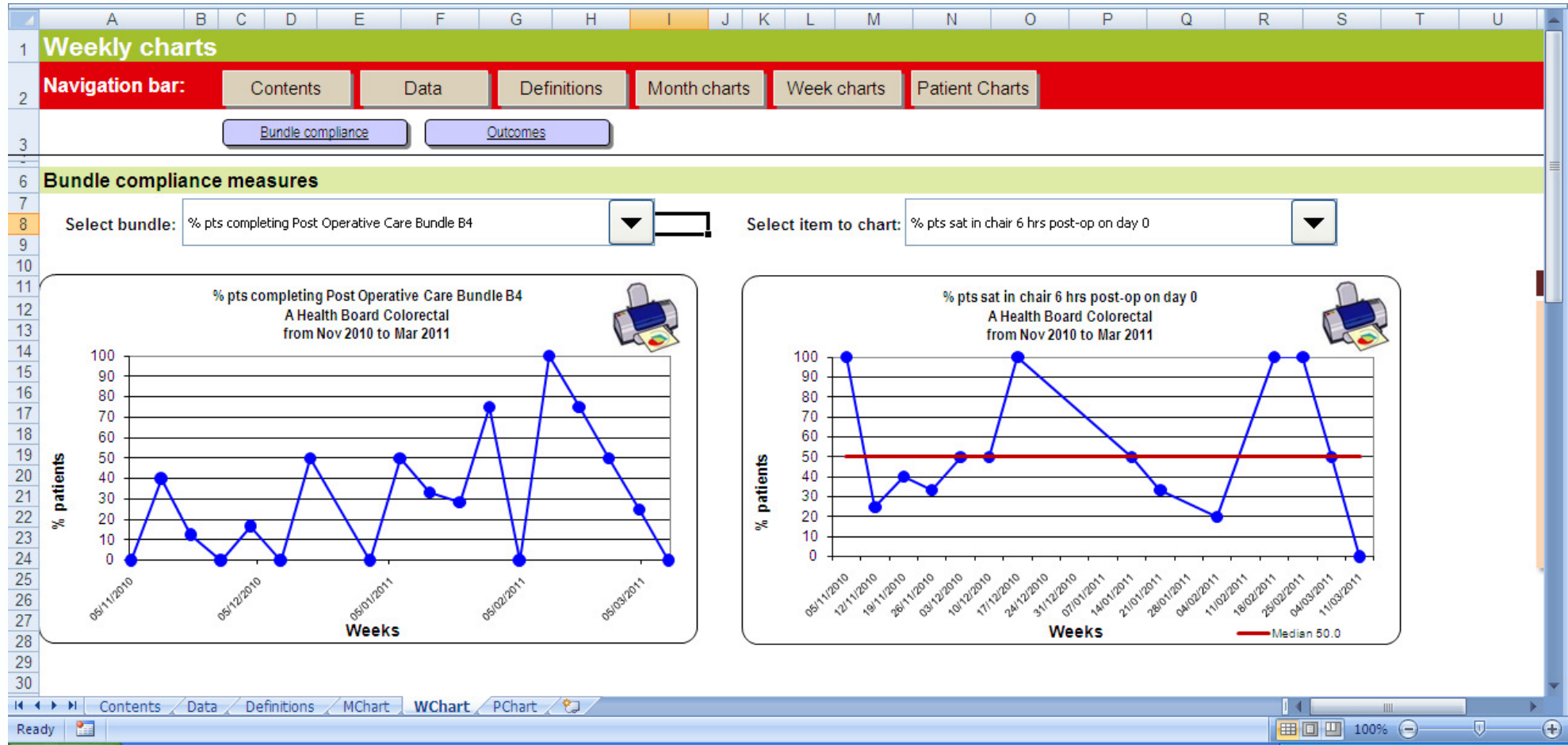
"The type of presentation you use has a crucial effect on how you react to data"

What does this data tell us?



Given two different numbers, one will always be bigger than the other!

Run charts



Measurement of outcome

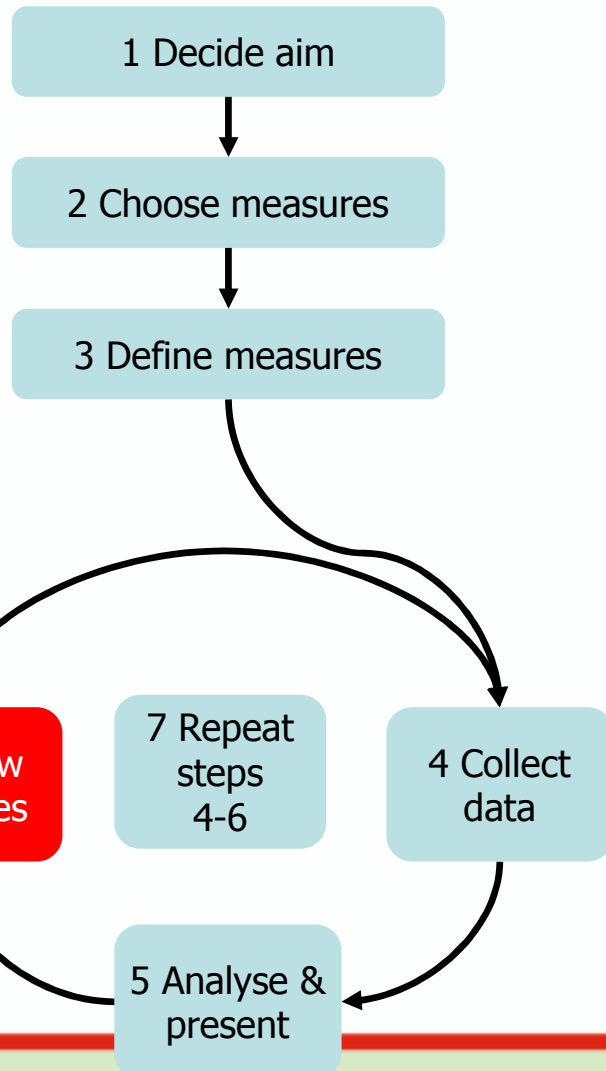
Run chart look familiar?



Measurement of outcome

Review

It is a waste of time collecting and analysing your data if you don't take action on the results



Question 1

Where will the measures be reviewed?

Question 2

When (how frequently) will we review them?

Measurement of outcome



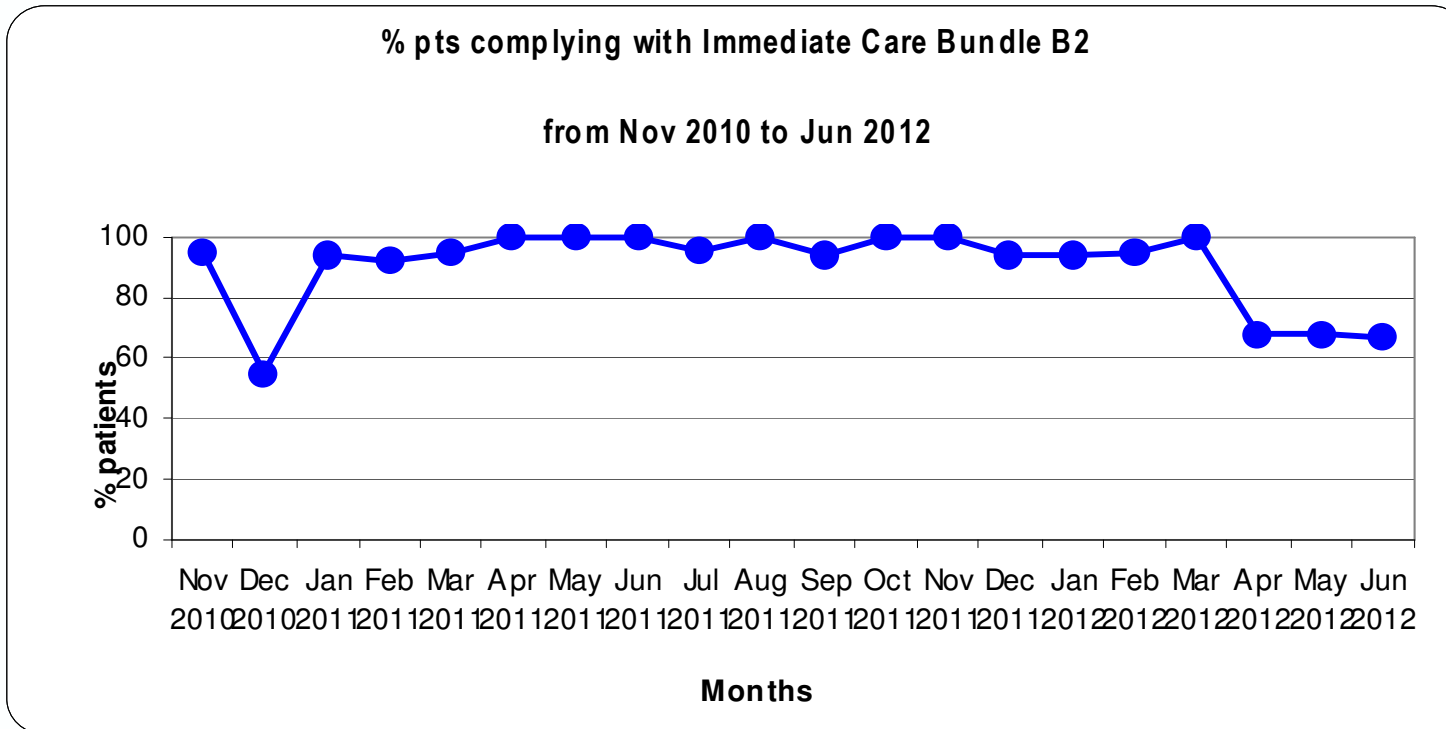
Learning from your data – step 1

Look at each of the bundle compliances first
What strategy do you need to adopt for
each?

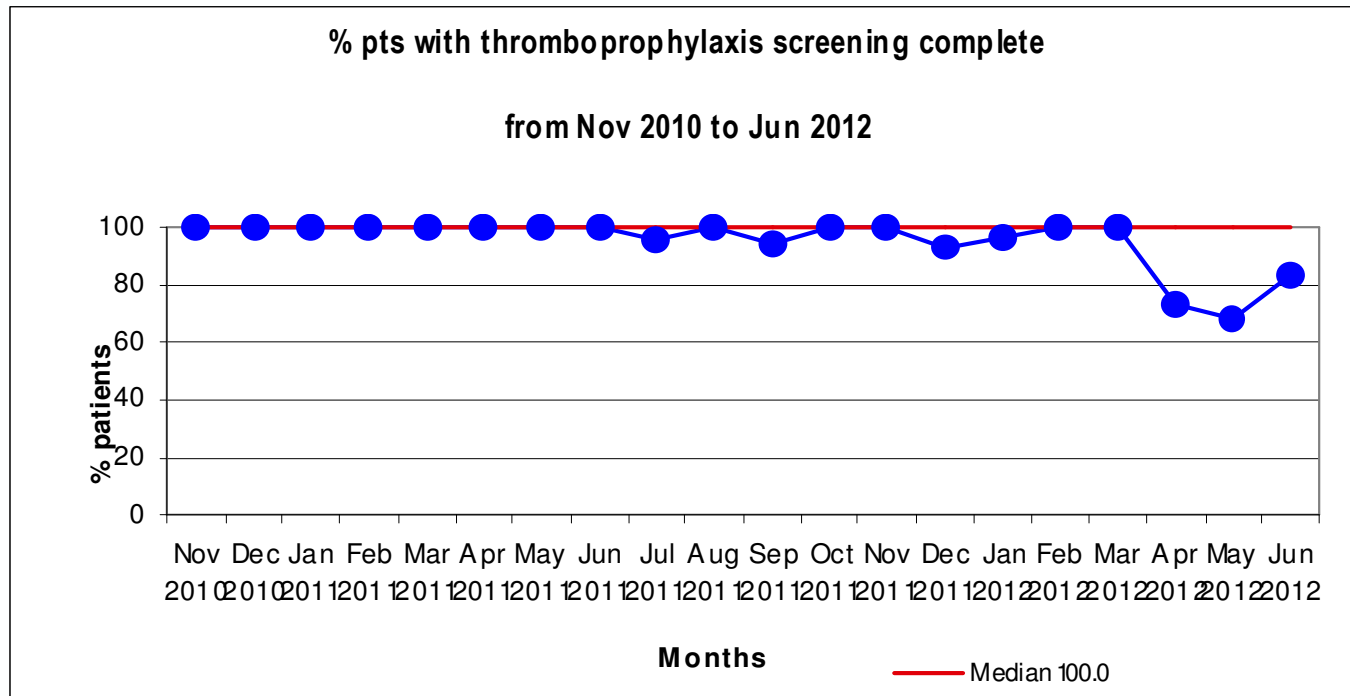
Learning from your data – step 2

For each bundle drill down to see where you need to focus

Recent review of bundle 2



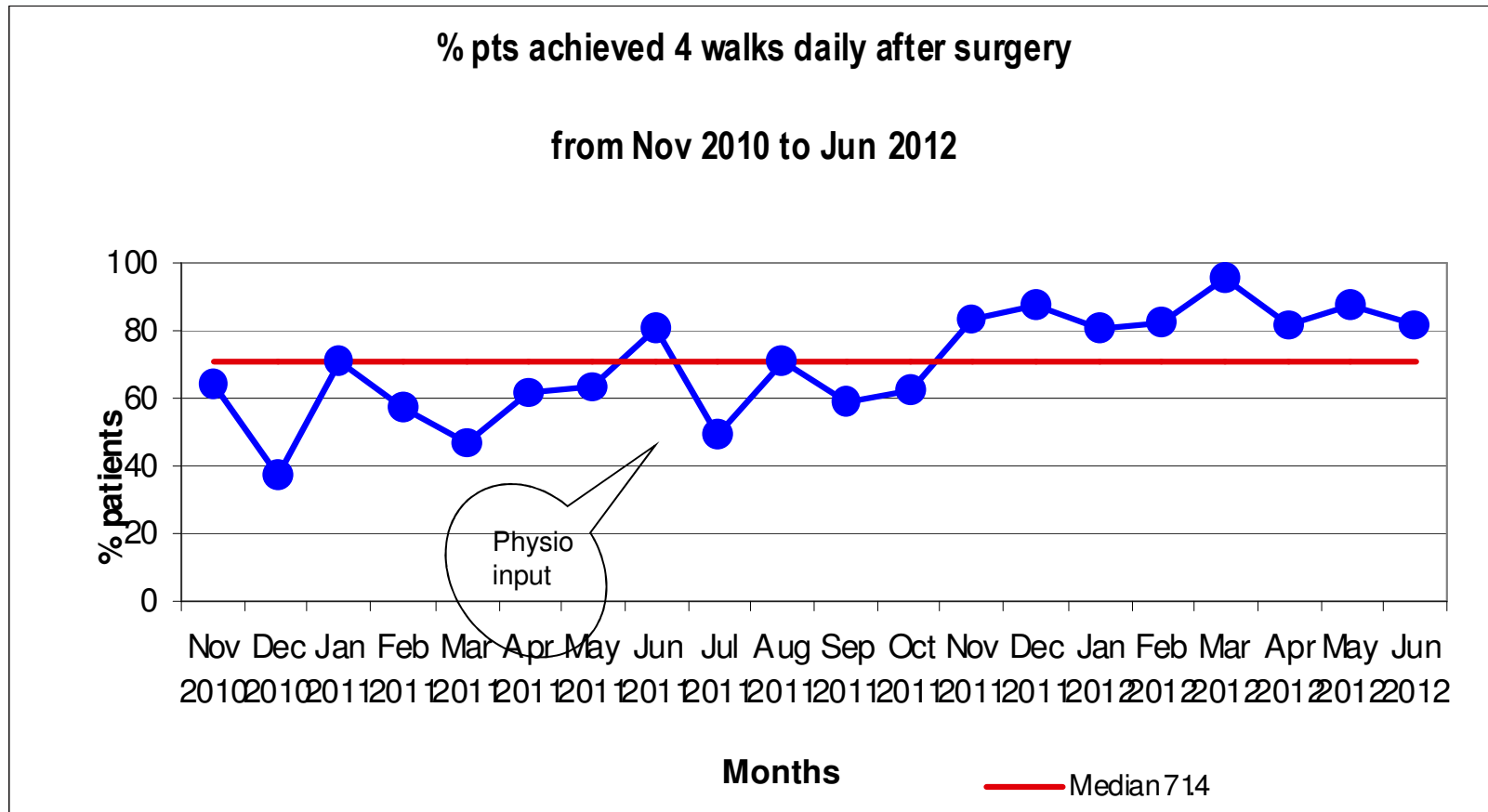
Drilling down



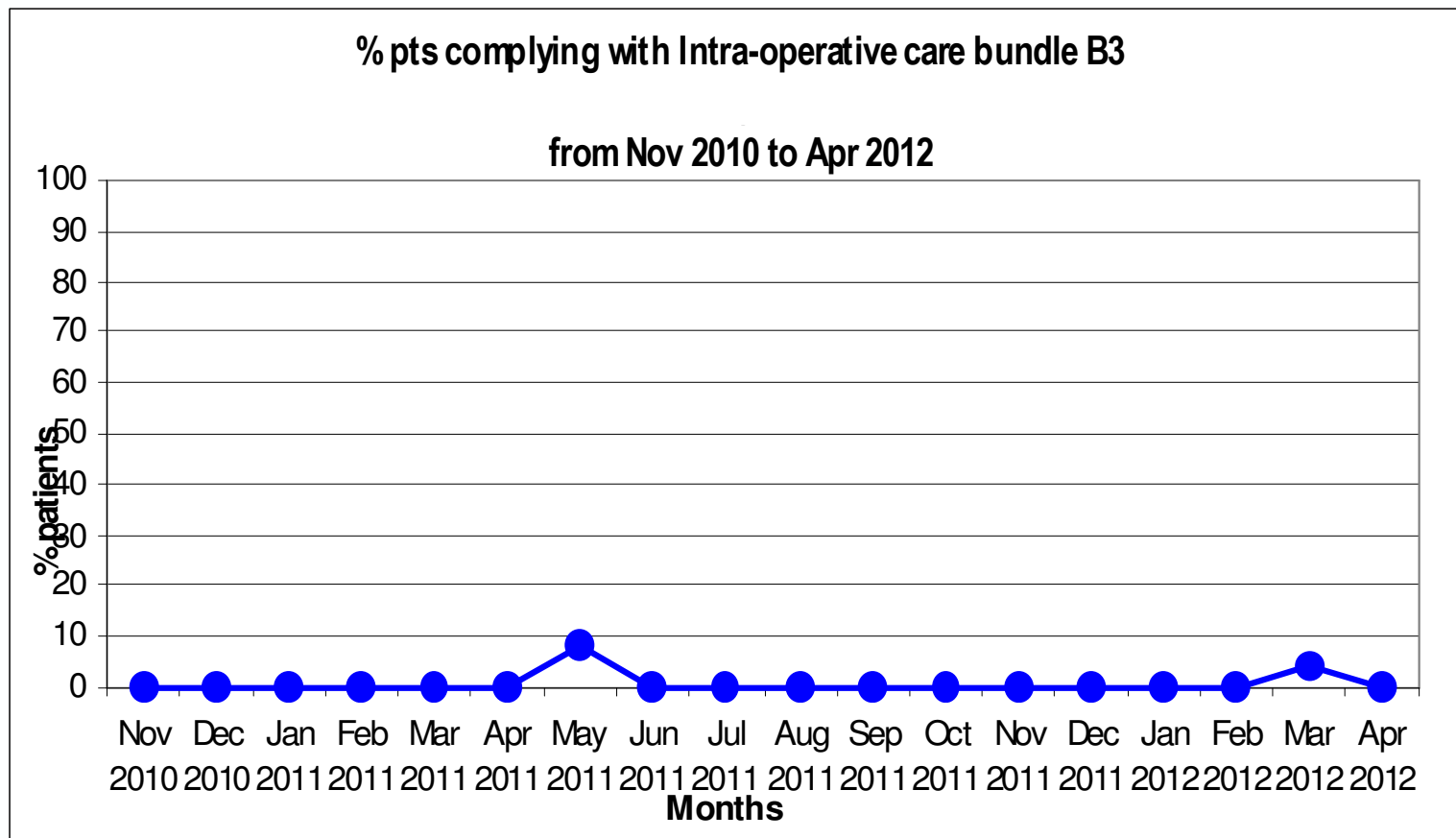
Measurement of outcome



Change things if not working



Don't despair ...

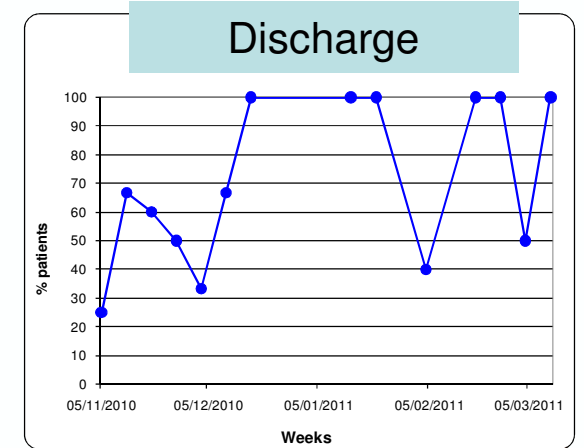
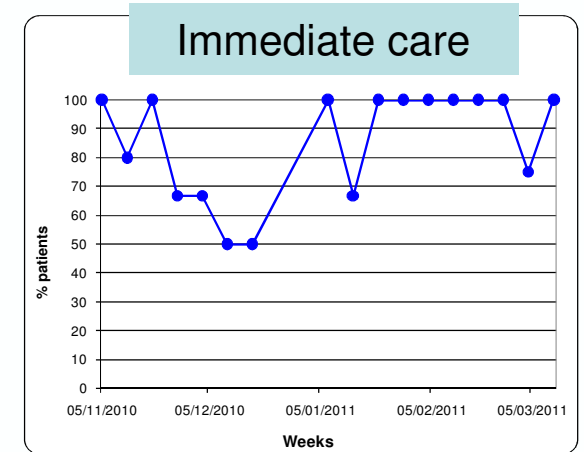
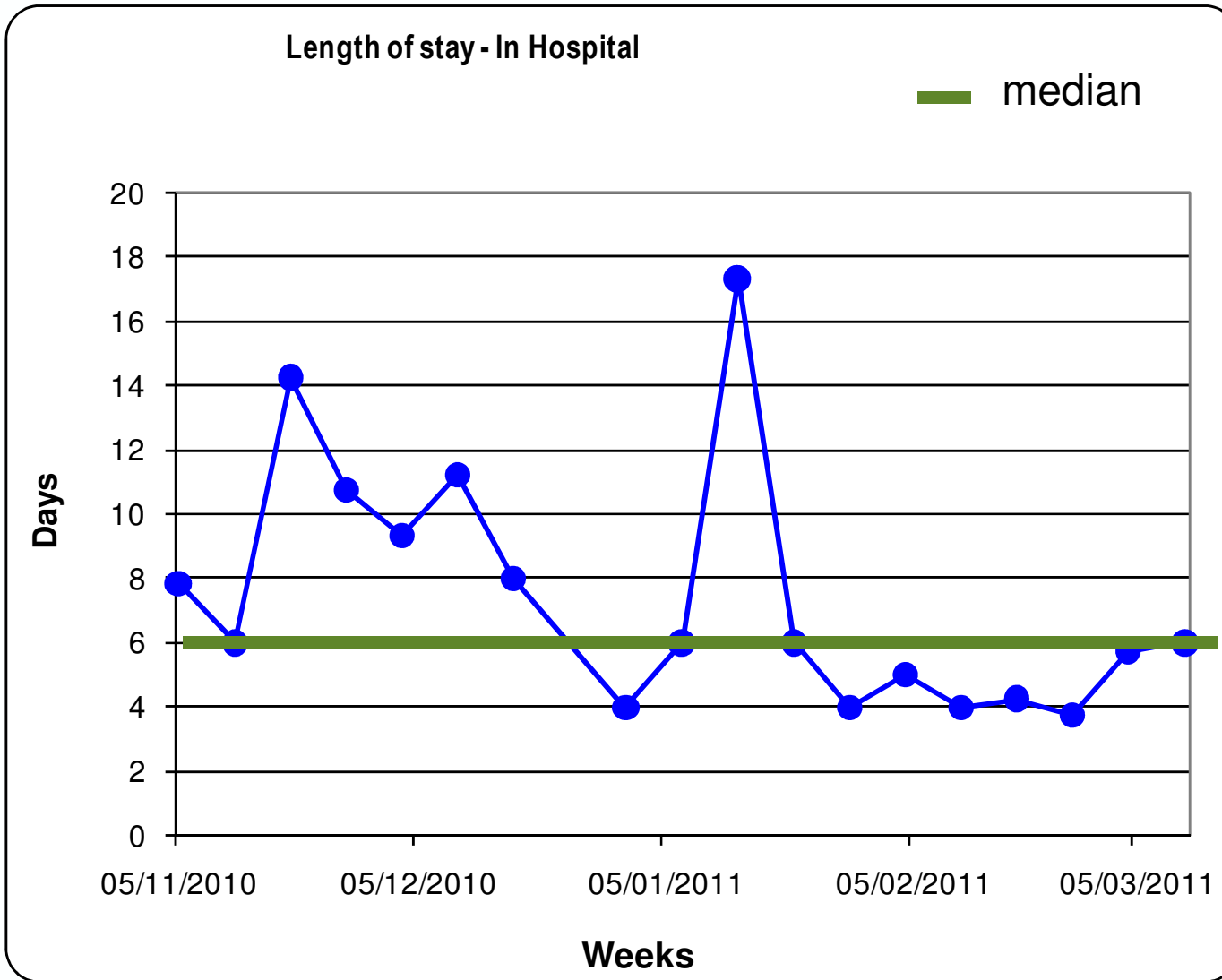


Learning from your data – step 3

Have a look at your outcomes

Are there any changes? Would you have expected any given the progress on bundle compliance?

Post-op Length of stay



Summary



Step 1: Look at each of the bundle compliances first

What strategy do you need to adopt for each?

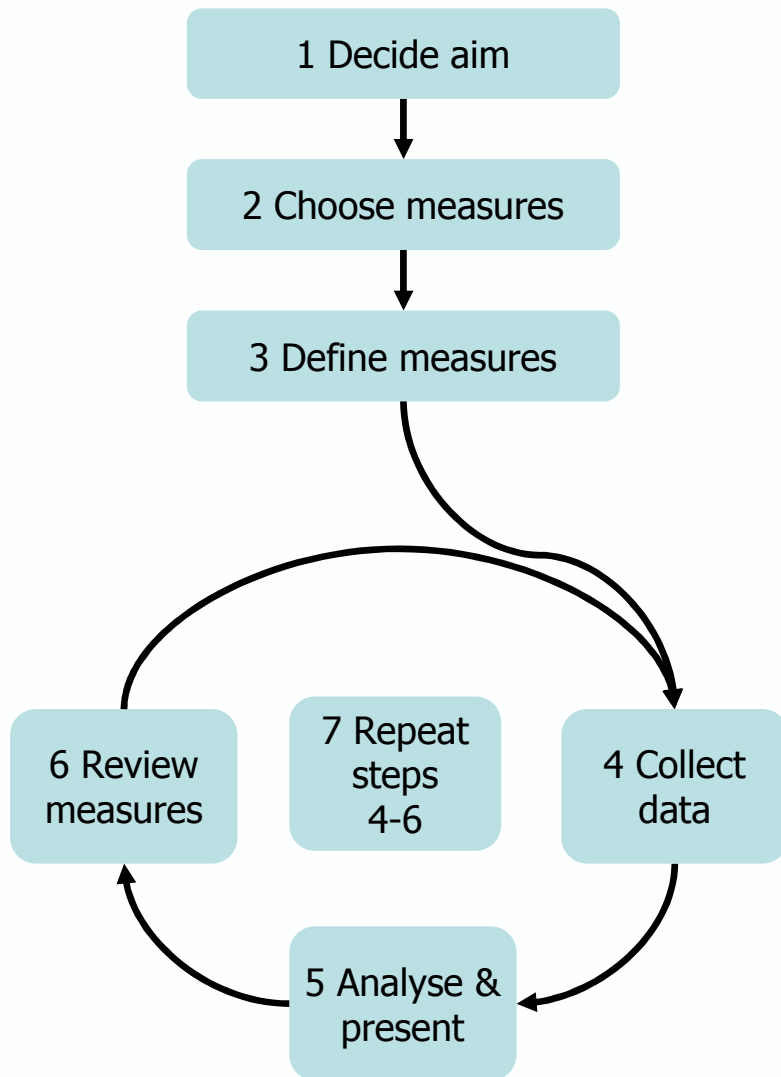
Sort One item; Any at zero; prioritise

Step 2: For each bundle drill down to see where you need to focus

Step 3: Have a look at your outcomes

Are there any changes? Would you have expected any given the progress on bundle compliance?

7 Steps to measurement



- Works for **patient experience** data too
- **Qualitative** – patient stories and interviews
 - *Identifying the issues*
- **Quantitative** – surveys and questionnaires
 - *Tracking changes in identified issues over time*



ERAS UK Member Survey: Patient Experience

Emma Jones; Research Physiotherapist, Yeovil Hospital

The NHS Framework

NHS Patient Experience Framework

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services.

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

This framework is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence based definition of a good patient experience. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.



NHS

NCGC National Clinical Guideline Centre

Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

Patient experience in generic terms

Clinical Guidance

Methods, evidence and recommendations

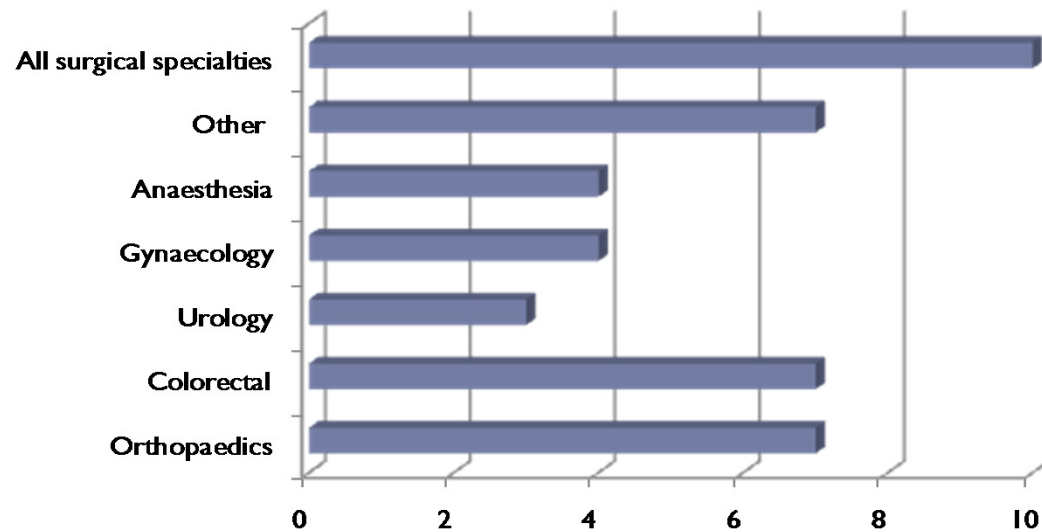
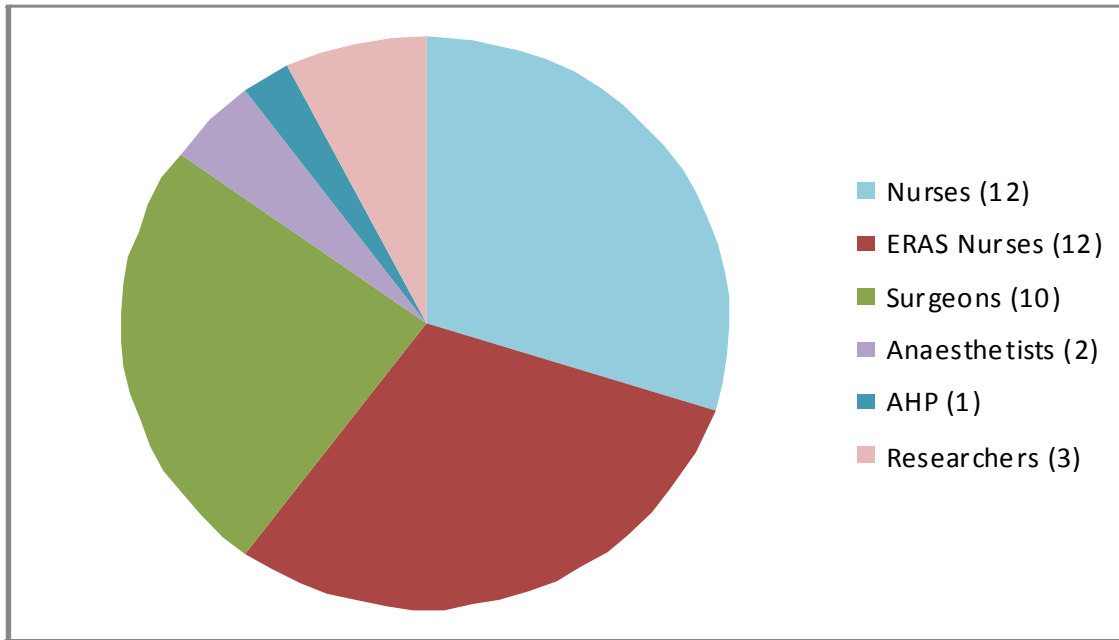
February 2012

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Gateway reference number 172



Survey Results



The way forward

- ▶ We need to develop new methodology to capture this complex phenomenon
- ▶ Staff need to have time to consider and discuss the results of the surveys
- ▶ Ownership at ward and local level
- ▶ Incorporating patient views – what do they think an experience is?
- ▶ Ensure we hear all voices – catch the vulnerable population
- ▶ Ensure that what we measure can lead to improvement
- ▶ Foster a forum for discussion



Conclusions

“Clinicians’ views about outcome may not always be in the best interest of the patient”

“What patients want may not be what we perceive they want”

Patient Experience

“Patient Experience is probably the only thing that matters”

