

Dorothy House Inpatient Nursing Review Quality of Care Audit



Measuring how well we meet the physical, psychological and social needs of patients and their carers within the last 48 hours of life.

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INTRODUCTION

- **IPU Review of nursing service 2008 prior to reviewing bed capacity.**
- **Our group's remit to measure the quality of care given by nursing team on the Inpatient Unit**
 - Any gaps in our care?
 - How effective are we?
(Assessment/planning/documentation)
 - Sense of complacency? (previous positive patient/carer feedback)
 - Desire to know the quality of our care in last 48 hours of life by asking carers 'Did we get it right'?



AIMS AND OBJECTIVES

- To discover carers' views on the quality of nursing care given to patients in the last 48 hours of life in the In-patient Unit.
- To measure the standard of care given to patients and their carers at this time.
- To receive at least 20 responses



METHOD

- Questionnaire compiled – 13 questions, 11 of which were based on Essence of Care Benchmarks:-
 - Communication (across all Benchmarks)**
 - Privacy & Dignity**
 - Safety**
 - Principles of self care**
- Permission Slip given to all carers of all patients admitted over an 8 month period – option given to accept/decline to take part.



METHOD

- Records kept on spreadsheet to ensure audit trail of those accepting/declining to participate.
- Questionnaire sent to carer with SAE (to Administrator) 6 weeks after death of patient.
- Covering letter informing the carer of purpose of survey and reassuring them that no obligation to take part.
- Record kept on computer database detailing when sent and returned.

ISSUES

- **SENSITIVITY /CONTROVERSY OF TOPIC**
 - Relatively untried method of discovering the quality of care given at end of life.
 - Agreement obtained from local Ethics Committee.
 - Consultations with Clinical Audit Support Group to ensure careful/appropriate wording of questions.
 - Timing of questionnaire problematical – uncertainty about when would be the ‘right’ time.
 - Anonymity of questionnaires – patient’s unique computer number needed for audit purposes.



PROBLEMS

- **MAINLY LOGISTICAL**

- Main carer identified?/relationship ascertained?/correct address? (may not be the person who brought patient in)
- Patient's preferred name given (to ensure inclusion on accompanying letter?)
- Permission slip given to carer – documenting when done
- Returned Permission slips going astray
- Not all patients' details entered in Spreadsheet (for administrator's use)



PROBLEMS

- Keeping nursing staff motivated to ensure survey continued
 - Good communication essential
 - Lots of encouragement!
- Some members of nursing staff felt it inappropriate to hand out permission slips on admission (especially when known terminal care)
- A few slips therefore not handed out



RESULTS

- Number of admissions in 8 month period = 154
- Number of deaths = 66
- Number not included (various reasons) = 36
- Number of questionnaires sent out = 30
- Number of responses = 23 (77%)

RESULTS – see questions

Percentage of 'always' responses

Question:-

- 1 (Privacy & Dignity) = 100%
- 2 (Preferred name) = 91%
- 3 (Response time) = 91%
- 4 (Number of checks) = 96%
- 5 (Response to changes) = 91%
- 6 (Ability to discuss) = 100%
- 7 (Planning care) = 90%



RESULTS

Percentage of 'always' responses

Question:-

- 8 (providing care) = 86%
- 9 (cultural/religious) = 71%
- 10 (communication) = 95%
- 11 (carers' needs) = 100%
- 12 (timing) = 57% timing satisfactory
- 13 (comments) = 16 comments



CONCLUSIONS

- All carers were always able to discuss any changes with the nurses
- All carers felt that the nurses identified and attended to the patients needs sensitively
- All carers said that the nurses always respected the patient's privacy and dignity
- Only 2 carers (9.5%) said they did not always feel involved in providing care



CONCLUSIONS

- 1 carer (4.5%) said that the patient's cultural/spiritual/religious beliefs were not always respected (although they were 'most of the time')
- 57% said timing of questionnaire was satisfactory, 19% unsatisfactory and 24% unsure.



RECOMMENDATIONS

- **Feedback to the IPU Nursing Staff where scope for improvement :-**

- Identifying cultural/spiritual/religious beliefs
- Ensuring those carers who wanted to provide care were invited to do so.

For future survey (possibly in 3 years' time)

- Reconsider timing
- Improve logistics by having a daily co-ordinator
 - tracking slips out and in
 - tracking patient deaths and generating form for audit secretary



ANY QUESTIONS?