

009: DEVELOPMENT OF CLINICAL PERFORMANCE INDICATORS WITH A NEUROSCIENCES SPECIALIST UNIT

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Objective:

Devise a process to capture accurate credible clinical data via clinical performance indicators.

The Trust's Clinical Indicators Project was undertaken in order to find a proactive approach to measuring clinical performance. This research project employed a systematic methodology to ensure that a strong evidence base underpinned the development. This included:

- Analysis of the literature, to determine indicator types and to identify desirable attributes for clinical indicators.
- Undertaking research to provide an appraisal of national and international models of clinical indicator development.
- Undertaking a mapping exercise in order to identify clinical / improvement current clinical indicator developments in the Trust, which will form a starting point for future activity.
- Outline current clinical governance activity and propose a framework for clinical indicators which reflects key dimensions of organisational need and involves all clinicians in the process.
- Provide an overview of how IMT can support this development.
- Examine critical change implementation issues and offer guidance on this issue.
- Work with individual specialties to develop two neurological specific indicators.

Methods:

Development of a clinical indicator within a clinical effectiveness cycle was done through a process of inform, change and monitor.

- Incident reporting process revealed an increase in the numbers of slips, trips and falls with all in-patients and more specifically with neurology patients.
- The first part of the clinical effectiveness process determined that we needed to collate evidence around the subject area of slips, trips and falls to assist in the development of a baseline audit tool. Areas of concern related to age, diagnosis, medication, if the patient had fallen in the previous four weeks and length of stay.
- Clinical audit was undertaken to determine the following issues in relation to slips, trips and falls: age, gender, GCS, medication, length of stay, date/time of accident, location, witnessed, treatment required, skin broken, fractures, patient shocked, examined by medical staff, length of stay increased, and staff mix on duty.
- Evidence based recommendations were made.
- Recommendations were implemented.

Results:

- The following Clinical indicators were agreed as a basis of continuous monitoring
 - *"% of Slips trips and falls of all patients as a % of all patients"*
 - *"% of Slips trips and falls of neurology patients as a % of all neurology patients."*
- The clinical indicators are now monitored on a quarterly basis. A trend analysis in the near future will allow us to agree acceptable limits. Regular monitoring will allow us to trigger an audit if numbers exceed the agreed limits.
- Re-audit revealed that we needed to develop the recommended risk assessment tool.
- We developed the risk assessment tool and established a system to monitor compliance.
- We developed another clinical indicator:
 - *"% of patients who have received a slips, trips and falls risk assessment as a % of all newly admitted patients."*
- There should be a correlation between the indicators e.g. a reduction in risk assessments may result in an increase in slips, trips and falls.

Conclusion:

A basket of 27 clinical indicators have been developed and 21 clinical indicators are now being reported on a quarterly basis. Twenty-two clinical indicators were developed in conjunction with all specialties within the Trust and a further five clinical indicators have been adopted from the Key Performance Clinical Indicators which all Trusts report on nationally.

A great deal of work has already been undertaken to develop these indicators. However greater maturity will only be achieved when we have robust data collection streams; statistical reliability and effective benchmarking with similar units. Whilst these issues are being addressed it is estimated that it will be achieved within time scales of two to five years.