

King's



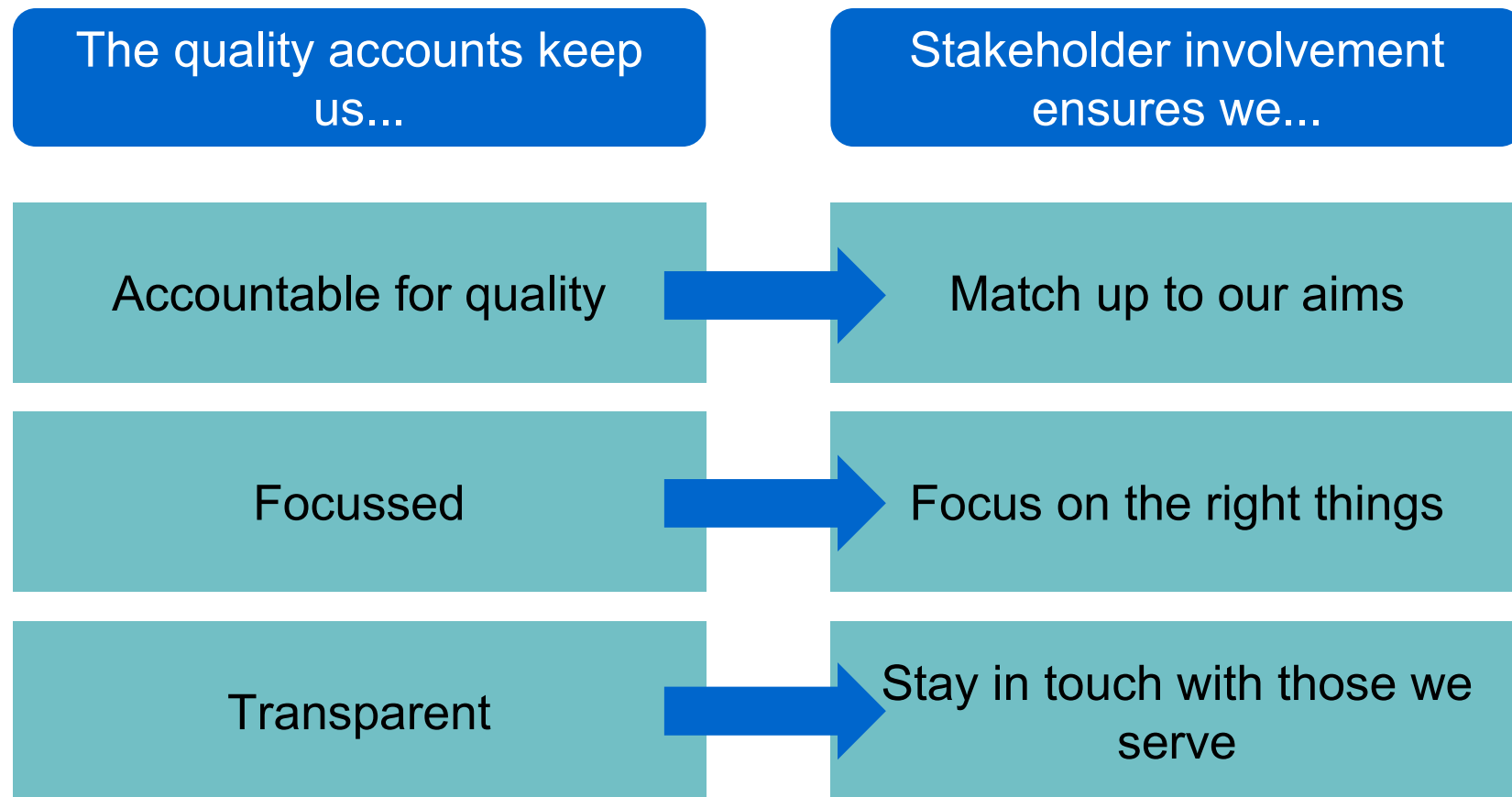
Quality Priorities & Accounts

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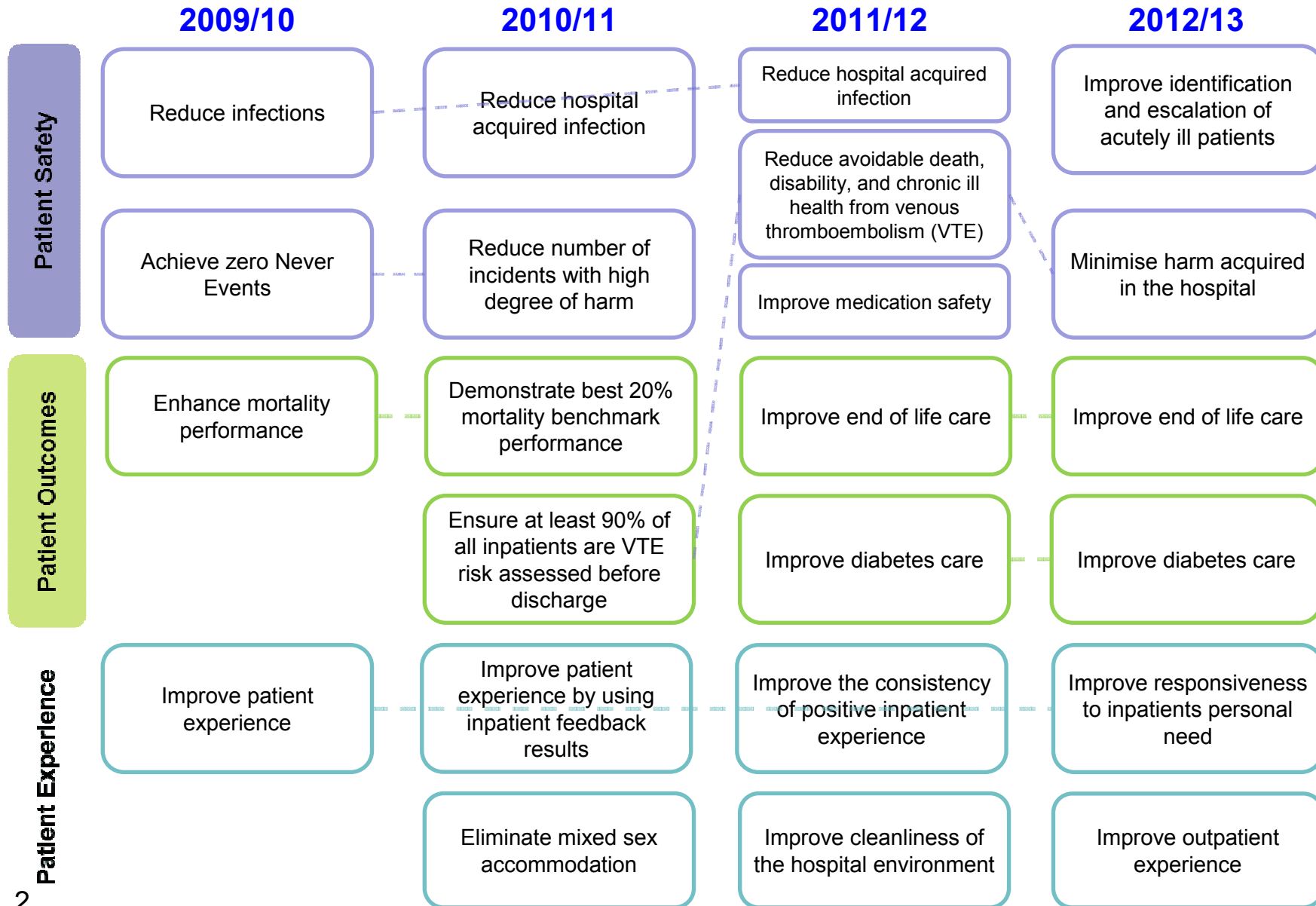
Making King's First Choice for patients and staff

Quality priorities & accounts

Every year, we develop our Quality Priorities in collaboration with our stakeholders, and publish Quality Accounts based on these.



Our Priorities in context



Stakeholder Event 1

Explanation of the event & its purpose

Review of 2012/13 priorities & progress

Explanation of candidate priorities for 2013/14

Stakeholders invited to comment on candidate priorities & make suggestions

Priority	Objective	Target for first 6 months	Results	Status
Improve the identification and escalation of acutely ill patients	<ul style="list-style-type: none"> To improve the identification and escalation of acutely ill patients by establishing a consistent performance framework across the organisation. 	<ul style="list-style-type: none"> Launch Trust scorecard Consolidate Trust initiatives / committees Pilot root cause analysis process Implement 'Wardware' observations tool 	<ul style="list-style-type: none"> On target On target – divisional reporting system in place In place 9 wards 	On target
Minimise harm acquired in hospital	<ul style="list-style-type: none"> Use & broaden the use of the NHS Safety Thermometer & Safety Express 	<ul style="list-style-type: none"> Maintain progress in falls/pressure ulcers 90% venous thromboembolism (VTE) assessed 90% appropriate prophylaxis 75% written information 6 wards with Safety surveys 10 wards on Safety Express 	<ul style="list-style-type: none"> 95.4% 94.7% 77% Yes Yes 	On target
Improve diabetes care	<ul style="list-style-type: none"> Build on existing work to meet National Institute for Clinical Excellence quality standards for diabetes 	<ul style="list-style-type: none"> Increase specialist presence Link practitioner scheme Performance framework Progress towards e-insulin sheet & associated blood glucose meter for active decision making Improved insulin safety 	<ul style="list-style-type: none"> Dedicated consultant & specialist nurse Scheme prepared to start in 2013 Diabetes dashboard in place Manual electronic record of blood glucose; no meter Improved 2010-2011 (error-free insulin prescription rises from 78.0% to 86.2%; error-free insulin management rises from 74.1% to 79.8%) 	At risk

Priority	Objective	Target for first 6 months	Results	Status
Improve end of life care	<ul style="list-style-type: none"> To build on the work in 2011/12 to improve the coordination of care we give to patients as they approach end of life and achieve the locally agreed CQUIN¹ target. 	<ul style="list-style-type: none"> - 90% discharge letters in 2 days to enable handover of end of life care - Education and training on end of life care - 'Amber care bundle' in 5 areas 	<ul style="list-style-type: none"> - 96.2% - Weekly teaching, - Reached 5 areas 	
Improve responsiveness to inpatients' personal needs	<ul style="list-style-type: none"> To use a similar framework to 2011/12 to achieve the locally agreed CQUIN¹ target for the 'responsiveness to personal needs' composite indicator. 	<ul style="list-style-type: none"> - Identify 3 weakest wards & improve by 3% on basket of survey questions - Identify further 3 wards to focus on 	<ul style="list-style-type: none"> - 5% improvement - Identified Kinnier Wilson, David Marsden & Dawson 	
Improve outpatient experience	<ul style="list-style-type: none"> To roll out an Outpatient feedback survey and achieve focused improvement on key issues identified from our National Outpatient Survey results. 	<ul style="list-style-type: none"> - Launch outpatient survey in Suites 1, 3, 5, 6 & 7 - Agree targets for future uptake 	<ul style="list-style-type: none"> - Launched in these areas - Agreed 	

¹CQUIN = 'Commissioning for Quality and Innovation', a payment framework by which a portion of income providers receive from commissioners is dependent on achieving certain quality targets.



Quality Priorities for 2013/14

Outcome of first stakeholder meeting

Strong support for:

- Effective nursing and medical assessment of inpatients
- Management of the acutely unwell patient

Some interest in:

- Surgical safety checklist

Less support for:

- There may be overlap between nurse assessment and **patient falls**. Perhaps falls could be added into the assessment priority if adopted?
- **Diagnostic test result communication** would be likely to be difficult to measure positively:
 - Might be hard to get meaningful data
 - Might be very expensive to measure
- There was little interest in putting forward **VTE**, because:
 - Good historical performance
 - Other avenues to measure

Strong support for:

- **Dementia:** *focus would be linked with primary care; makes sense*
- **COPD:** *helps to support integrated care and public health*
- **Alcohol:** *supports patient health and wellbeing*

Some interest in:

- **Cancer staging:** *large numbers of patients presenting acutely*
- **Mental Health of adults with physical illness:** *relates to effective assessment*

Less support for:

- **Acute Kidney Injury** (no comments)
- **Glaucoma** (no comments)

Strong support for:

- **Outpatients:** *would impact on a large number of patients*
- **Discharge:** *improving information to patients families and carers*

Some interest in:

- **AMUs:** *good scope for improvement*

Less support for:

- **Diabetes:** *felt this would belong in patient outcomes*
- **National CQUIN priority questions** (no comments)

Patient Safety

Management of the acutely unwell patient

Surgical Safety Checklist

Patient Outcomes

Dementia

COPD

Patient Experience

Outpatient Experience

Discharge