



Working with people to provide a positive experience of care using 'Special Measures' -Audits

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Deputy Director of Nursing

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Context

- **We own and run 4 hospitals:**

Epsom Hospital

Sutton Hospital

St Helier Hospital

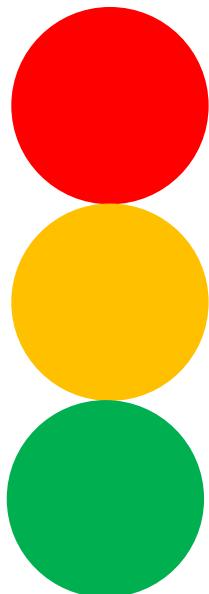
Queen Mary's Hospital for children

We also have nine renal centres throughout the area, as well as the Elective Orthopaedic Centre (EOC)

Background

- Continued high number of C.difficile across the Trust in 2011 / 2012
- Risk of breach of annual target
- All assurances in use at time not making significant impact
- Our Chief Nurse introduced special measures tool

Special Measures Audit Tool



- Measuring ward based clinical practice
- Commenced with wards who had either C.difficile case or bacteremia then as quality audit
- Strong leadership
- Clear feedback to staff
- Sharing and agreeing actions

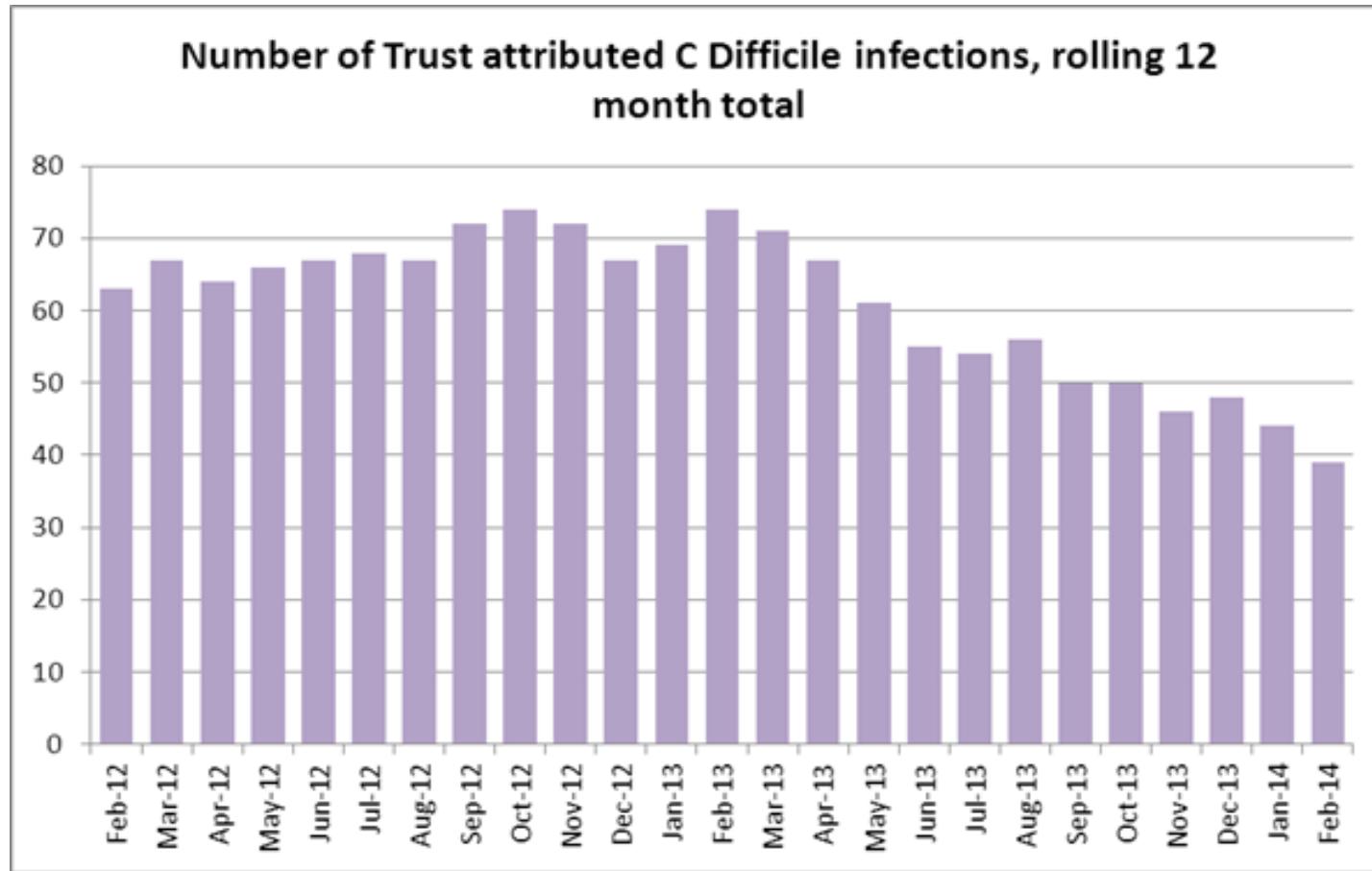
Infection Control

AUDIT SCORES FOR WARDS IN INFECTION CONTROL SPECIAL MEASURES

> 85%	Compliant
76% to 84%	Partial Compliance
< 75%	Minimal Compliance

Week	Date Special Measures undertaken	Reason for special measures	Date Special Measures stopped	Management of pts with diarrhoea	Number of patients with diarrhoea and number compliant with all 8 standards	Commode Cleanliness	Bedpan cleanliness	Other equipment cleanliness	Daily documentation of cleaning book Chirclean record Bedpan washer record	Peripheral Cannulae	Number of patients with peripheral cannulae and number compliant with all 6 standards	Urinary Catheter Care	Number of patients with urinary catheters and number compliant with all 3 standards	Patient hand hygiene wipes	Staff hand hygiene undertaken	Staff hand hygiene correct technique used	Overall% compliance	For wards in special measures date of last confirmed Cdiff infection
1	27/11/2012			0%		0%	100%	100%	100%	60%		33%		80%	30%	30%	53%	03/12/2012
1	04/12/2012			0%		100%	100%	60%	0.0%	20%		33%		0%	80%	60%	45%	05/12/2012
2	04/12/2012			40%		75%	100%	50%	100%	60%		33%		60%	50%	40.0%	61%	
2	11/12/2012			0%		100%	100%	100%	66%	40%		33%		10%	40%	10%	50%	
3	11/12/2012			75%		100%	100%	90%	100%	0%		100%		70%	70%	50%	76%	
1	18/12/2012			40%		0%	89%	50%	66%	0%		100%		100%	40%	30%	52%	18/12/2012
4	18/12/2012			0%		100%	100%	80%	100%	40%		100%		80%	60%	20%	68%	
3	19/12/2012			0%		100%	75%	60%	66%	60%		100%		70%	40%	40%	61%	
2	24/12/2012			0%		60%	100%	60%	0%	75%		0%		90%	80%	70%	54%	
5	27/12/2012			20%		100%	100%	100%	100%	40%		75%		70%	100%	80%	79%	
4	28/12/2012			50%		75%	100%	70%	66%	60%		33%		100%	80%	80%	71%	
3	02/01/2013			n/a		66%	77%	60%	66%	0%		75%		90%	70%	50%	62%	
5	03/01/2013			25%		100%	85%	40%	66%	55%		80%		70%	80%	50%	65%	
6	04/01/2013		04/01/2013	100%		100%	100%	90%	100%	50%		100%		70%	80%	70%	86%	
						Compliant score altered from > 90% to > 85% (see key above)												
6	08/01/2013			0%		100%	100%	66%	100%			100%		100%	50%	50%	77%	
4	08/01/2013			n/a		60%	100%	90%	100%	100%		100%		100%	90%	80%	91%	
1	15/01/2013			50%		60%	100%	60%	100%	0%		56%		90%	80%	60%	67%	05/01/2013
1	15/01/2013			n/a		75%	100%	60%	100%	50%		100%		20%	50%	30%	65%	14/01/2013
1	16/01/2013			0%		0%	88%	90%	0%	0%		50%		60%	50%	20%	36%	15/01/2013
7	17/01/2013			44%		100%	100%	80%	66%	80%		100%		80%	60%	40%	75%	
1	18/01/2013			20%		100%	100%	90%	100%	33%		n/a		100%	63%	38%	71%	15/01/2013
2	22/01/2013			0%		100%	100%	100%	33%	33%		100%		100%	80%	70%	72%	
1 (again)	22/01/2013			n/a		100%	100%	40%	100%	33%		100%		80%	80%	80%	76%	20/01/2013
2	22/01/2013			66%		100%	100%	50%	100%	0%		100%		70%	60%	50%	70%	
2	23/01/2013		23/01/2013	80%		100%	100%	80%	100%	75%		100%		100%	90%	80%	91%	
2	24/01/2013			0%		100%	100%	90%	100%	0%		100%		90%	90%	70%	74%	
3	29/01/2013			50%		100%	100%	80%	100%	25%		0%		50%	70%	60%	64%	
3	29/01/2013			25%		100%	100%	90%	100%	33%		75%		100%	60%	50%	73%	
3	31/01/2013		31/01/2013	100%		75%	100%	40%	66%	75%		100%		100%	90%	70%	82%	
4	05/02/2013			50%		100%	86%	70%	100%	40%		100%		100%	70%	70%	79%	
4	05/02/2013		05/02/2013	50%		100%	100%	100%	100%	20%		100%		100%	70%	70%	81%	
10 post action plan	07/02/2013			0%		25%	100%	80%	66%	60%		100%		100%	90%	90%	71%	
11 post action plan	12/02/2013			100%		25%	100%	80%	66%	33%		80%		100%	80%	70%	73%	

Our Progress



Communicating progress-our audience

- Our staff
- Trust executive committee
- Trust board
- Patients, carers and loved ones
- External stake holders
 - Healthwatch
 - Local Representatives Panel

Communicating progress

- Trust Executive board members undertook special measures audit
- Trust executive board monthly paper
- Senior team brief
- E-update
- Trust website
- Matron /Ward Manager meeting

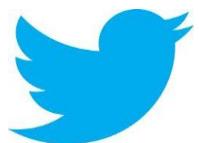
Are we providing a positive experience of care for patients?

Way forward

- Embed tissue viability special measures audit
- Embed nutrition special measures audit
- Implement and embed documentation special measures audit



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