Triangulating Your Data For A Rich Picture Of Safety

Welcome, the call will begin at 14:00
Agenda

• Welcome and introductions
• What do we mean by triangulation?
• Understanding different sources of safety data
• Tips for data triangulation
• Bringing it all together
What do we mean by triangulation?
What do we mean by triangulation?

• Different data sources for one specific measure / issue
• Different types of display of data for one measure
• Different measures related to one broader topic
• Different cuts of the data: by setting, specialty etc
Understanding different sources of safety data

- Incident Reporting:
  - Adverse Events
  - NRLS
  - Complaints / PALS

- Administrative Data:
  - HES
  - Risk adjusted
  - HSMR
  - Readmissions
  - LOS

- Case Note Review:
  - Global Trigger Tool
  - National Audits

- Point of Care Surveys:
  - NHS Safety Thermometer
  - Local Audits
  - Safety Cross
<table>
<thead>
<tr>
<th></th>
<th>Research</th>
<th>Admin Data</th>
<th>Adverse Event</th>
<th>Safety Thermometer</th>
<th>Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>7 - 12% prevalence (category II-IV)</td>
<td>0.3% prevalence (all categories)</td>
<td>67,848 reports each year (category III-IV)</td>
<td>8.3% prevalence (category II-IV)</td>
<td>Included in GTT as harm as a count (no prevalence data available)</td>
</tr>
<tr>
<td>Admissions (inpatient spells)*</td>
<td>Sheffield Group</td>
<td>Incident Reporting 2012/2013</td>
<td>NHS Safety Thermometer 2012/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No. of Incidents reported</td>
<td>Proportion of patients with a new pressure ulcer</td>
<td>Rate per 1000 patients</td>
<td>Cat 2 included</td>
</tr>
<tr>
<td>129,471</td>
<td>The Newcastle Upon Tyne Hospitals NHS Foundation Trust</td>
<td>500</td>
<td>0.6%</td>
<td>6.2</td>
<td>Yes</td>
</tr>
<tr>
<td>130,084</td>
<td>Sheffield Teaching Hospitals NHS Foundation Trust ***</td>
<td>243</td>
<td>0.2%</td>
<td>1.9</td>
<td>Yes</td>
</tr>
<tr>
<td>132,010</td>
<td>Central Manchester University Hospitals NHS Foundation Trust</td>
<td>842</td>
<td>0.6%</td>
<td>0.4</td>
<td>Yes</td>
</tr>
<tr>
<td>120,798</td>
<td>Oxford University Hospitals NHS Trust</td>
<td>5</td>
<td>0.2%</td>
<td>2.1</td>
<td>Yes</td>
</tr>
<tr>
<td>120,015</td>
<td>Imperial College Healthcare NHS Trust</td>
<td>22</td>
<td>0.0%</td>
<td>0.2</td>
<td>No</td>
</tr>
<tr>
<td>95,286</td>
<td>Cambridge University Hospitals NHS Foundation Trust</td>
<td>153</td>
<td>0.2%</td>
<td>1.6</td>
<td>Yes</td>
</tr>
<tr>
<td>76,503</td>
<td>University College London Hospitals NHS Foundation Trust</td>
<td>222</td>
<td>0.3%</td>
<td>2.9</td>
<td>Yes</td>
</tr>
<tr>
<td>99,491</td>
<td>Guy's and St Thomas' NHS Foundation Trust</td>
<td>80</td>
<td>0.1%</td>
<td>0.8</td>
<td>Yes</td>
</tr>
<tr>
<td>95,589</td>
<td>King's College Hospital NHS Foundation Trust</td>
<td>147</td>
<td>0.2%</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>71,962</td>
<td>University Hospitals Birmingham NHS Foundation Trust **</td>
<td>501</td>
<td>0.7%</td>
<td>7.0</td>
<td>Yes and Grade 1</td>
</tr>
</tbody>
</table>

* Extrapolated figures based on full years HES (2011/12) admissions (inpatient spells) for Sheffield group organisations and NHS ST national data for financial year 2012/13

** Issue with National Safety Thermometer data validation process of HSCIC (only one data point showing)

*** Median taken from latest figure on Safety Thermometer Webtool

**** Community reporting of pressure ulcers is proportionally higher than Acute reporting (Acute 80 & Community 717)
What can we learn from each data source?

- Incident Reporting
  - Adverse Events
  - NRLS
  - Complaints / PALS

- Administrative Data
  - HES
  - Risk adjusted
    - HSMR
    - Readmissions
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- Case Note Review
  - Global Trigger Tool
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- Point of Care Surveys
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Perfect Safety Measurement?
Tips for data triangulation
1. Choose a small number of measures to use together
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Remember:

Ensure your measures are linked to your aim; be guided by what you need, not by what you can get

Have a mix of process, outcome and balancing measures; a family of measures

Wherever possible, look at measures on the same page

Think about patient centred measures and measures from different settings
2. Understand your different data sources

- Adverse Events
  - NRLS
  - Complaints / PALS

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Incident Reporting
Administrative Data
Case Note Review
Point of Care Surveys
2. Understand your different data sources

Acute Kidney Injury Outcome Measures
Data Source: HES Inpatient dataset 2013-2015, EQ Programme AKI data report (Clarity Informatics)

Select Trust from the drop-down box:

- HES counts vs LIMs counts (6 months to June 2015)
- Inpatient mortality rate - AKI coded in any diagnostic position
- Inpatient mortality rate - AKI coded as one of Top 6 diagnosis

Rate of AKI admissions requiring Renal Replacement Therapy

Average length of stay for AKI admissions

Rate of AKI admissions requiring admission to ITU

Data not available for this Trust
2. Understand your different data sources

Remember:

Different data collections were designed for different purposes and should be viewed in an appropriate context.

No data is ‘bad’ data, everything can provide useful knowledge.

Multidisciplinary discussions of multiple datasets provides the best insight.
3. Focus on trends over time and patterns in the data
3. Focus on trends over time and patterns in the data

Safety Thermometer (improvement)

HES data (administrative)

NRLS data (incident reporting)
3. Focus on trends over time and patterns in the data
3. Focus on trends over time and patterns in the data

Remember:

Worry less about absolute numbers and look at how trends are similar or differ

Think back to your understanding of data sources to help you understand differences or similarities when using them together

Look at the data from different ‘angles’ by using different plots or different cuts

We’re not doing research; don’t worry about ‘controlling’ the data
4. Use qualitative information as well as numbers
4. Use qualitative information as well as numbers

Remember:

Data is most effective if you can tell a story with it
5. Be clear about what you want from the data and your expectations from the start

Incident reporting to be encouraged. Used as a measure of culture and expected to go up.

One audit to be undertaken at the beginning to identify focus areas.

Improve coding: this measure will go up.

Sample used to reduce burden, won’t give us in depth information but will be used to track improvement.
5. Be clear about what you want from the data and your expectations from the start

Remember:

You know your system and processes best; work with your analysts to get a view of what you expect to happen, for example, at different times of the year, or in relation to specific improvement work.

Each time you review refreshed data ask the question “is this what we expected to happen”.

Think back to tip 1; by linking your measures to your goals you will be much more able to articulate your expectations.
Bringing it all together
Via the safety thermometer – a monthly point prevalence audit of all pressure ulcers, including hospital acquired ulcers. The results indicate a very low level of new pressure ulcers with performance better than the national average.

The Essentials of Care Audit Programme (ECAP) continues to focus attention on the importance of the tissue viability risk assessment and results show that 98.4% of patients have risk assessments for tissue viability completed within 6 hours of admission or transfer to a ward, representing a 0.4% improvement on 2012-13 performance.
Thank You

Upcoming Calls

Developing a Measurement Strategy - 25th November 2015 - 2:00pm

Making Safety Visible: improving the measurement and monitoring of safety - 8th December 2015 - 11:00am

Making the most of your NHS Safety Thermometer data - 1st February 2016 - 11:00am

Measurement for boards: past, present and future - 22nd February 2016 - 11:00am