

Demonstrating the link between quality and finance

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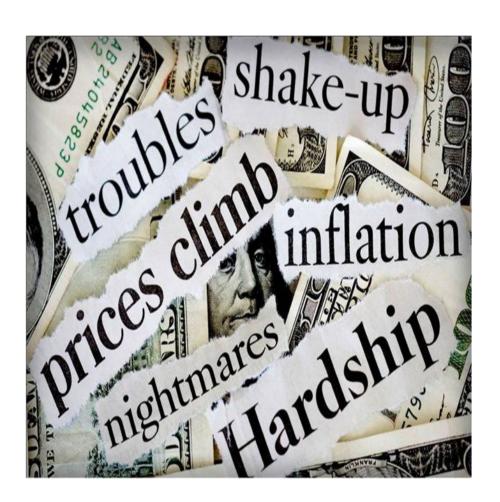
2ND November 2011



Healthcare Environment

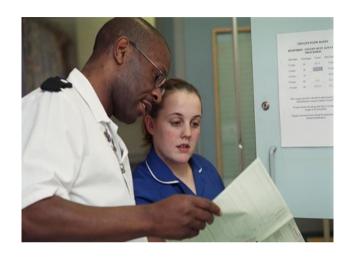


- Quality and safetyImprovement
- •£20 billion efficiency plans
- Reduce cost



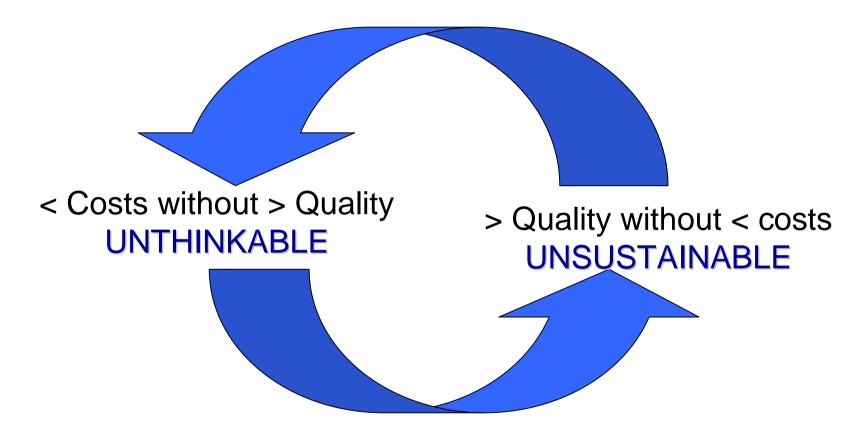
Clinical Context

- Poor quality is costly
- •Nursing workforce largest single workforce
- Personal & moral responsibility to engage
- •Eliminate inconsistencies
- Better to get involved than be done unto









We can BOTH reduce costs AND improve Quality





Get Staffing Right

Deliver Care

Measure Impact

Patient Experience

Staff Experience

Safer Nursing
Care Tool (AUKUH)
HURST
PANDA
Birth Rate+
E Rostering

Productive Care
Safety Express
High Impact Actions
Essence of Care
NW Care Indicators

Productive Care
Safety Express
High Impact Actions
Nurse Sensitive
Outcome Measures

Real-time Monitoring
Experience
Based Design
Single Sex
Accommodation
Patient Stories

Actions
Real-time
Monitoring
Health and
Well Being

Call to action...



- 1.Believe it both / and
- go and look at the evidence yourself
- 2. Share the problem with front line clinicians
- go and get their ideas / listen to them
- 3. Focus on the vital few actions with the greatest impact
- agree our ambitions for the High Impact Actions

UCLH Approach



- Get Everyone Involved
- Make Life Simple
- Keep Patients Safe
- Spend Money Wisely
- Use the Evidence



"To succeed, our QEP programme must be an integral part of day-to-day management, led by Clinical Leaders and implemented by Operational staff" Sir Robert Naylor QEP Launch Event, January 2010

Five aspects



Get everyone involved

Communicate with everyone We will only succeed with deep levels of engagement

Make life simple Simplify our processes Reduce waste and duplication Free up time (esp. clinical time)

Keep Patients Safe Safer care is cheaper Reduce harm – falls, infections, ulcers

Use the Evidence

Implement evidence based solutions comprehensively

Spend Money Wisely We take major purchasing decisions each day, getting the best value for everyone

What was different to previous years...



Securing leadership and engagement through medical and corporate directors leading strands and CEO sponsorship Sharing knowledge through delivering master classes, external visits, trust-wide mobilisation events, improvement network

Building expertise by training clinical staff to use lean techniques and establishing a team of experts to support improvement

Changing the mindset of teams from a focus on growth to delivery of cost reductions

The QEP Programme Office has provided an improved programme management and reporting structure, co-ordinates strands and supports the work taking place at local level across the Trust

...so how did we do last year?



- We met our target to save £32m
- We are treating more patients than ever before
- Agency spend down by 75%
- Quality indicators are performing well
 - Mortality rates among the best in the country and at a record low for the Trust in-year
 - Patient satisfaction levels are up
- Evidence of improved productivity
 - •length of stay, theatre and outpatient utilisation
 - •increased rates of *pre-11am* discharge across all areas



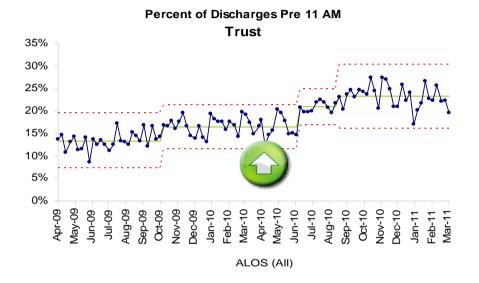


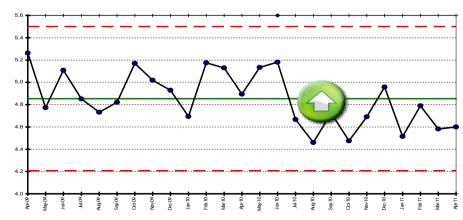
Ward Efficiency

- Reductions in length of stay trust-wide
- Enabled introduction of the HASU
- Pre-11 reductions, third step-change

How?

- Visible, energetic clinical leadership
- Robust project management
- Effective metrics
- Attention & involvement
- Ward of the week
- Sharing what works

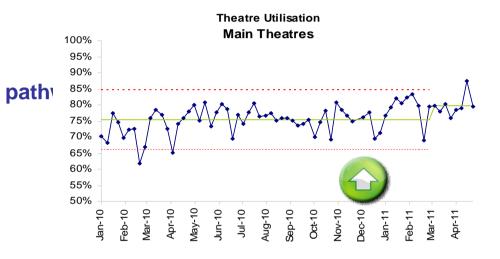






Other areas of clinical service redesign

- Theatre utilisation and TPOT principles
- Enhanced Recovery transforming the elective
- Ward Improvement Programme
 - Intentional rounding
 - Safety crosses
 - Focus on liberating clinical time









Agency bill slashed

- Monthly agency spend has reduced 75% from £2m to £0.5m per month
- Saved £9m last year



How?

Corporate level

- Set the ambition
- Built the bank; 1,000+ staff
- Big communications campaign
- Drove down time to recruit

Local Level

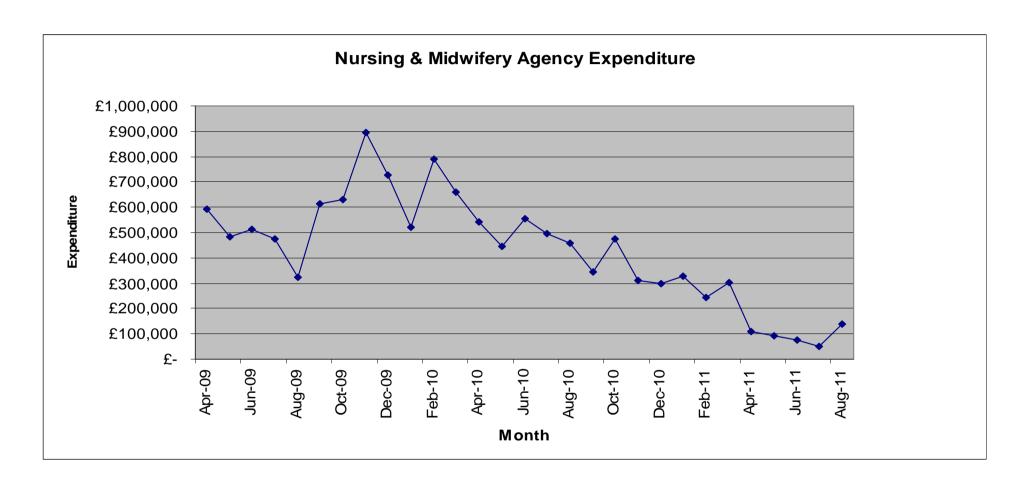
- Engaged clinical leadership
- Strong local action
- Nursing leadership driving change
- Better planning, effective controls



Nursing & midwifery agency expenditure







N&M Temporary Staffing



£2m reduction in 2011-12 in N&M agency spend compared to last year

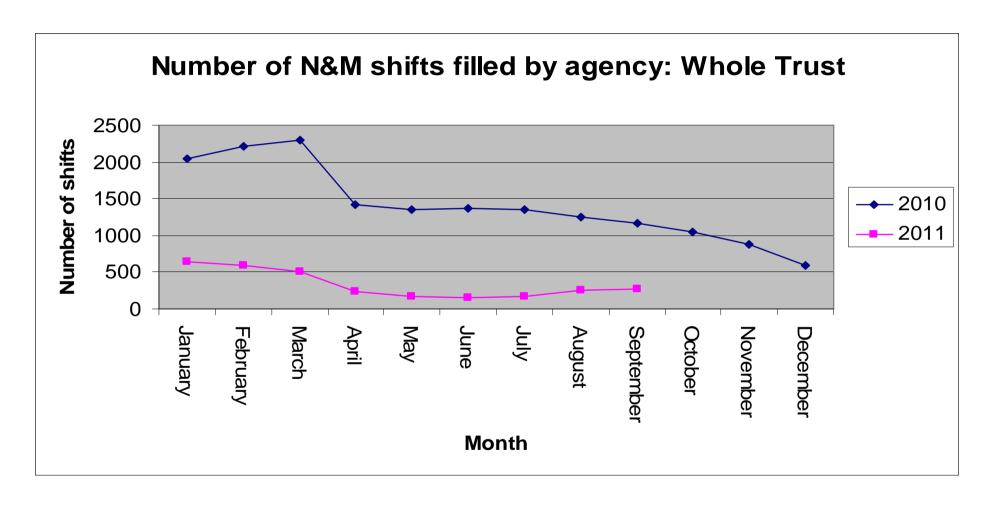
77% reduction in average monthly N&M agency spend in 2011 compared to 2010

Only 4 (of 76) areas using agency as of 1st July 2011

Ambition to deliver zero agency usage in N&M by Christmas 2011

Agency usage







8 High Impact Actions





Eight High Impact Actions by Nurses and Midwives



No avoidable pressure ulcers

Potential saving - £1000 - £24,000

Reducing the no. of falls
30% are preventable
Potential saving – £33,000 pa

Caesarean Sections
Potential saving - £900/CS
Reduce LOS by 2d

Reduce Sickness to <3%

Potential savings for NHS

£ 555 million

Reducing Urinary Tract Infections

Potential saving - £1 122/pt

Support pt. choice to die at home

Potential savings from reduced complaints

(approx 50% accor with and of life care)

Stop

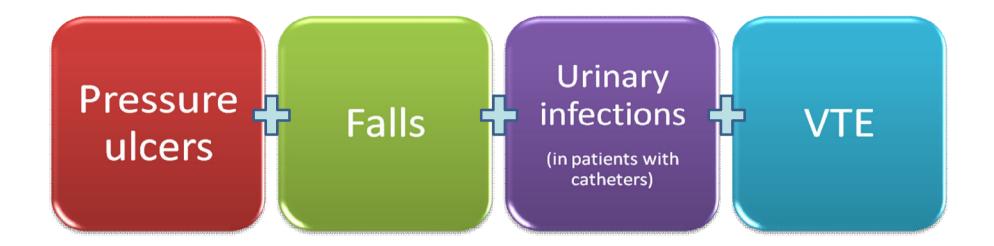
Poten

All have significant benefits for the patient as well as improving productivity





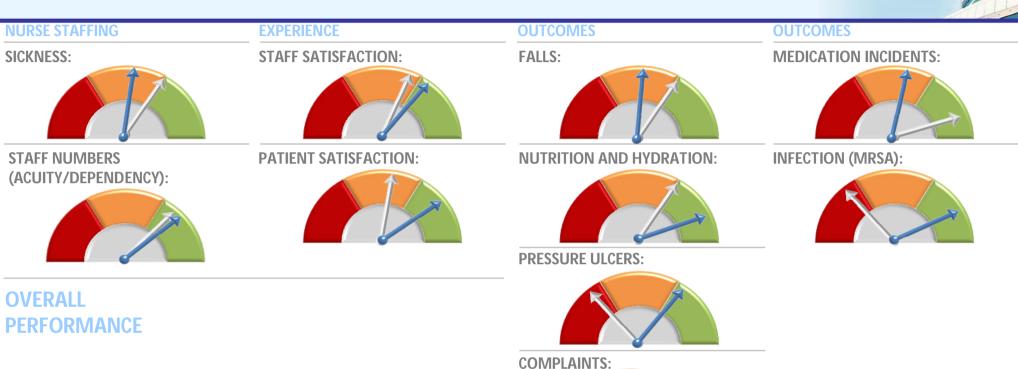
Absence of harm from



Harmfreecare



T 09 - care thermometer







Public Display



HIA-Your skin matters



An estimated 4-10% of patients admitted to an acute hospital develop a pressure ulcer

They are indicators of the quality of nursing care

Major cause of sickness, reduced quality of life and morbidity

Associated with a 2-4-fold increase in risk of death in older people in intensive care units

Substantial financial costs



HIA-Your skin matters

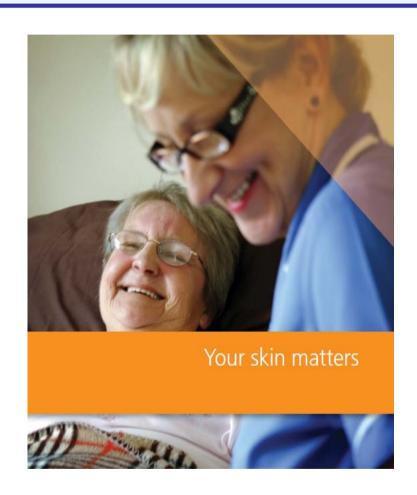


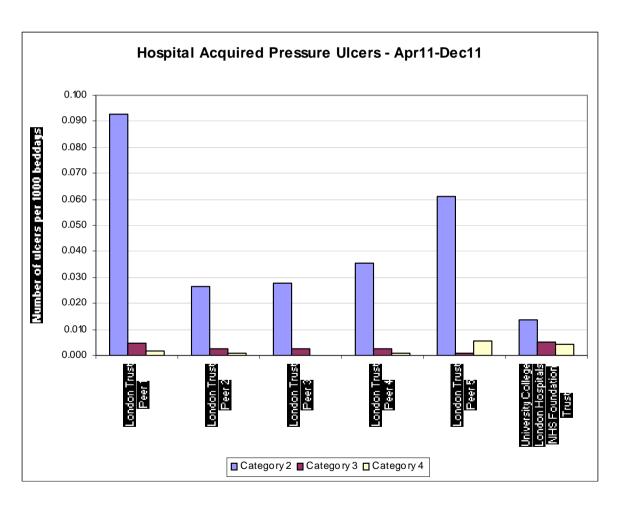
common
painful
devastating
can be life threatening
impact on their quality of life
affect others (family, work,
healthcare teams)
costly (affect work life)



UCLH-Our call to action









"Keep the pressure off' Campaign"



Our ambition



To <u>eliminate</u> all hospital acquired pressure ulcers by 2012 (UCLH Corporate Objective)

How we will achieve this



Social mobilisation approach to change using UCLH Quality Improvement Framework

Making it personal; eradication requires personal commitment & motivation

Creating a culture where pressure ulcers are regarded as avoidable and not inevitable.

Continue benchmarking with others

Eliminating all blocks to success – equipment, bed contract, elimination of agency nurses & midwives

Measure the impact using ward care thermometer & trajectories

Focus on prevention

Introduce SSKIN bundle

Patient empowerment—creating contracts with each patient

Learning from Root Cause Analysis

Roll Out plan



- Roll out plan facilitated by expert lead
- Started with 9 identified pilot wards/departments
- All pilot wards received performance overview of pressure ulcers 2010/11 and identified key issues
- Planned spread of good practice
- Roll out to remaining 27 clinical areas - now



Roll out of the SSKIN bundle



Skin – a thorough, frequent skin assessment; needs to start in A&E and pre-assessment

Surface – is the patient on the right mattress

Keep moving - patients need to move or be moved

Incontinence – fluid needs to be kept away from skin to prevent moisture

lesions; no wet beds!

Nutrition – keep patients well fed and hydrated

Compliance to the skin bundle needs to be consistent without deviation







"Quality is the overarching principle of the NHS"

David Nicholson 2009, 2010, 2011