

IMPROVING OUR ED NURSING METRICS AFTER E CARE

What is METRICS?

- The Nursing Metrics is a National Clinical Audit completed by every department monthly.
- The Metrics measure our standard of record keeping for the core activities that we undertake for our patients.
- It is vital that they demonstrate our professionalism and give an accurate record of our patients care.
- These provide a range of patient quality, safety and experience data which allow us to monitor our standards of care.
- Each ward / department must complete 25 Metrics a month.

What is E Care?



The Cerner Millennium Electronic Care Record System (CRS) was introduced in May 2018. It has been a challenging time for all involved!

NEGATIVE
Impact of
E care on the
Majors
Department
Nursing
Metrics

Emergency Department Nursing Metrics - Majors				NHS Milton Keynes University Hospital	
File Year	Month	20180319 July 2018	02	Key Compliance	Key Metric
SECTION 1 - OUTCOMES					
Indicator	Target	18-19	Count	Major	2
1.1 Number of Missing completed or active discharge on RED	0		0		
1.4 Friends and Family Test response rate	15%		1%		
1.5 Friends and Family Test % of respondents who would recommend the service	95%		56%		
1.6 Nursing documentation forms returned	25		25		
SECTION 2 - ASSESSMENT PROCESS					
Indicator	Target	18-19	Count	Major	2
KEYS TO KEY / LAB REQ			25		
14	Was the correct testing / paneling been ordered and input for patient?	95%	35%		
15	Was the patient's laboratory tests ordered correctly based on the clinical need?	95%	96%		
16	Was the patient's laboratory tests ordered correctly based on the clinical need and the patient's condition?	95%	92%		
17	Was the patient's HED notes been documented?	95%	100%		
18	Was the patient's HED notes been documented?	95%	58%		
19	Was the patient's acute notes been documented?	95%	43%		
20	Was the patient's acute notes within 18 minutes of acute notes documented?	95%	96%		
21	Was the patient's acute notes completed in time?	95%	1		
22	Was the patient's acute notes completed in time?	90%	100%		
23	Was the patient's acute notes completed in time?	90%	100%		
24	Was the patient's acute notes completed in time?	90%	10%		
25	Was the patient's acute notes completed in time?	90%	10%		
26	Was the patient's acute notes completed in time?	90%	10%		
27	Was the patient's acute notes completed in time?	90%	25%		
28	Was the patient's acute notes completed in time?	90%	35%		
29	Was the patient's acute notes completed in time?	90%	80%		
30	Was the patient's acute notes completed in time?	90%	1		
31	Was the patient's acute notes completed in time?	90%	7		
32	Was the patient's acute notes completed in time?	90%	15%		
33	Was the patient's acute notes completed in time?	90%	0		
34	Was the patient's acute notes completed in time?	90%	100%		

NEGATIVE
Impact of
E care on
Observation
Unit Nursing
Metrics

Emergency Department Nursing Metrics - Observation Unit															
File Year	2017/2018														
Month	July 2018														
<table border="1"> <tr> <th colspan="2">Key Compliance</th> </tr> <tr> <td>100-100%</td> <td>Green</td> </tr> <tr> <td>90-100%</td> <td>Yellow</td> </tr> <tr> <td>80-90%</td> <td>Orange</td> </tr> <tr> <td>70-80%</td> <td>Red</td> </tr> <tr> <td>Below 70%</td> <td>Dark Red</td> </tr> </table>				Key Compliance		100-100%	Green	90-100%	Yellow	80-90%	Orange	70-80%	Red	Below 70%	Dark Red
Key Compliance															
100-100%	Green														
90-100%	Yellow														
80-90%	Orange														
70-80%	Red														
Below 70%	Dark Red														
SECTION 1 - OUTCOMES															
Indicator	Target	18-19	OU												
1.1 Number of complete triage at RED	0	0	0												
1.2 15% of end of Family Triage rate	15%	1%	1%												
1.3 95% of end of Family Triage of response to who used to command of the practice	95%	58%	58%												
1.4 Having documentation form returned	25	25	25												
SECTION 2 - ASSESSMENT PROCESS															
Indicator	Target	18-19	MORNING 9 CASHIER	OU											
01	Was the patient seen a RTAP	Count	19	19											
02	Was the NPII score been assessed?	90%	100%	100%											
03	Was there documented evidence that a completed score has checked observation results?	90%	100%	100%											
04	Was the patient seen a NPII score greater than 5, is there evidence of recorded?	90%	100%	100%											
05	Was the patient seen a PAIN score above 4?	Count	8	8											
06	Was the PAIN score recorded in the system?	90%	25%	25%											
07	Was the patient seen a PAIN score?	90%	8%	8%											
08	Was the patient identified as having a PAIN score for assessment?	Count	0	0											
09	Was the PAIN score recorded in the system? Is the appropriate action taken? Is the patient seen?	90%	0%	0%											
10	Was the patient seen for assessment in the last 15 minutes?	90%	24%	24%											
11	Was the patient seen for assessment in the last 15 minutes?	90%	64%	64%											
12	Was the patient seen for assessment in the last 15 minutes?	90%	57%	57%											
13	Was the patient seen for assessment in the last 15 minutes?	90%	5%	5%											
14	Was the patient seen for assessment in the last 15 minutes?	90%	0%	0%											
15	Was the patient seen for assessment in the last 15 minutes?	90%	32%	32%											
16	Was the patient seen for assessment in the last 15 minutes?	90%	33%	33%											
17	Was there any Nursing or other observations taken in the system during the shift?	Count	0	0											
18	Was there any Nursing or other observations taken in the system during the shift?	90%	4%	4%											
19	Was there any Nursing or other observations taken in the system during the shift?	90%	48%	48%											

Initiatives for Improvement

- E care experts focused on 1:1 training
- An enthusiastic Metrics Team of Educators and Data Collectors
- Introduction of the RCN Competency Framework for ED Nursing





Date: / / **MRN:**

Staff Member:

Resus trolley and grab bag / Area safety

Resus trolley checked for last 28 days	Yes	No	N/A
Daily 02 and suction check	Yes	No	N/A
Daily clean and stock of area	Yes	No	N/A
Patient in gown (documented if not)	Yes	No	N/A
Name and allergy band	Yes	No	N/A
Nurse introduced themselves by name/board up to date	Yes	No	N/A
Monitored appropriately (alarm limits adjusted)	Yes	No	N/A

Recognising the Deteriorating Patient

1 1 hourly observation or as indicated	Yes	No	N/A
2 RIN check	Yes	No	N/A
3 NEWS score	Yes	No	N/A
4 > 5- (or concerned) nurse escalates appropriately	Yes	No	N/A
5 Pain Score	Yes	No	N/A
6 Analgesia within 30 mins	Yes	No	N/A
7 Sepsis pro-forma	Yes	No	N/A
7a Treatment within 1 hour if sepsis +ve	Yes	No	N/A

Nutrition and Hydration

8 FBC chart	Yes	No	N/A
9 FB cumulative 10 indication	Yes	No	N/A
11 MUST (if in dept >8hrs)	Yes	No	N/A
11a Cannula extension and dressing clean	Yes	No	N/A
16 Evaluation of care within last hour	Yes	No	N/A
18 Social History	Yes	No	N/A
18a If social problems identified - issues addressed	Yes	No	N/A
19 In department >4 hours / Plan/OTA?	Yes	No	N/A
19a Patient summary completed	Yes	No	N/A
We Care up to date/ Nurse rounding	Yes	No	N/A

Falls

14 Falls assessment	Yes	No	N/A
15 Care plan if required	Yes	No	N/A
12 Waterlow score	Yes	No	N/A
13 >1 0 appropriate actions taken?	Yes	No	N/A
20 Drug errors	Yes	No	N/A

Modified Metrics to include RCN ED Nursing Competencies

Patient Experience

Patient and relatives able to ask about care	Yes	No	N/A
Patient and relatives understand plan of care	Yes	No	N/A
Patient and relatives comfortable i.e. pillow, chair, drink been offered	Yes	No	N/A
Call bell within reach	Yes	No	N/A
Nurse priorities work load	Yes	No	N/A
Effective time management i.e. had breaks	Yes	No	N/A
Good team work (ensures colleagues are OK)	Yes	No	N/A
Good communication (written and verbal)	Yes	No	N/A
Good hand overs	Yes	No	N/A

RCN Competencies

1.2.3 Feedback to others about their professional behaviour	Yes	No	N/A
1.2.4 Alter pace of work according to urgency of the clinical situation or demands of the emergency care setting	Yes	No	N/A
1.3.2 Demonstrate a positive attitude to learning and the development of self and others	Yes	No	N/A
1.3.3 Promote multi-professional team working	Yes	No	N/A
1.3.4 Build a professional relationship with students and/or other professionals on attachment	Yes	No	N/A
1.3.5 Act as a role model to others, projecting a professional image at all times	Yes	No	N/A
2.2.4 Demonstrate the ability to work effectively in a team	Yes	No	N/A
2.2.5 Demonstrate the ability to lead a small team	Yes	No	N/A
3.2.1 Demonstrate effective communication with colleagues both internal and external to the emergency care setting	Yes	No	N/A
3.2.2 Demonstrate effective communication with partner agencies	Yes	No	N/A
3.2.3 Demonstrate effective communication with patients of all ages and their families/ carers/significant others, including regular updates on care plans	Yes	No	N/A
4.2.1 Demonstrate skill in managing, supervising and supporting colleagues on a shift basis	Yes	No	N/A
4.2.2 Manage patient flow and implement strategies to reduce delays	Yes	No	N/A
8.2.1 Engage with patients/carers to inform service development	Yes	No	N/A

Emergency Department Nursing Metrics - Majors

Fin Year: 2018/2019
Month: January 2019
Q4

Key Compliance: Blue 95%, Green 90-94%, Red 85%, Grey Not Applicable

SECTION 1 - OUTCOMES				
Indicator	Target 18-19			Majors
1.1 Number of Nursing complaints received triaged at RED	0			0
1.4 Friends and Family Test response rate	15%			
1.5 Friends and Family Test % of respondents who would recommend the service	95%			
1.6 Nursing documentation forms returned	25			25

SECTION 2 - ASSESSMENT PROCESS				
Indicator	Target 18-19	Monthly Change		Majors
WOUND TENDENCY / DRAIN BAG				
Q1 Has the nurse (nurse / path) been checked and agreed to assess the patient for the past 24 hours?	Count	↓		25
Q2 Has patient observation been undertaken every hour or as indicated?	95%	↓		88%
Q3 Has there documented evidence that a registered nurse has checked observation result?	95%	↓		96%
Q4 Has the patient's NEWS score been documented?	95%	↓		100%
RECOGNISING THE DETERIORATING PATIENT				
Q5 Has the patient had a NEWS score greater than 5 in three evidence of escalation?	95%	↑↑↑		83%
Q6 Has the patient's pain score been documented?	95%	→		100%
Q7 Has the pain relief given within 30 minutes of pain score documented?	95%	↓		91%
Q8 Has the Spinal Screen been completed in 1 hour?	95%	↓		100%
Q9 Is the patient on a Fluid Balance chart?	Count	↔		1
Q10 Has the Fluid Balance cumulative total been completed?	90%	↓		100%
Q11 NUTRITION & HYDRATION	90%	↓		8%

Emergency Department Nursing Metrics - Observation Unit

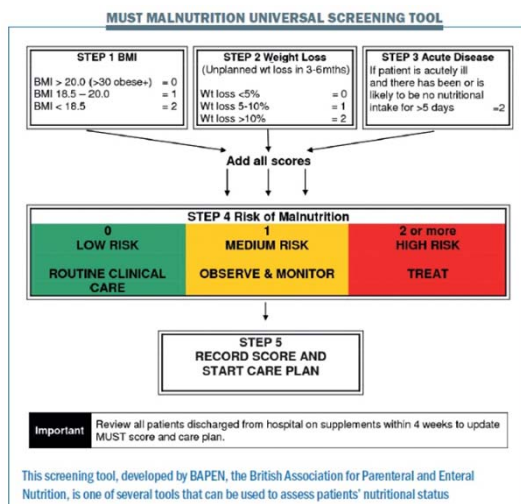
Fin Year: 2018/2019
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Q4

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SECTION 1 - OUTCOMES				
Indicator	Target 18-19			OU
1.1 Number of complaints triaged at RED	0			0
1.4 Friends and Family Test response rate	15%			
1.5 Friends and Family Test % of respondents who would recommend the service	95%			
1.6 Nursing documentation forms returned	25			25

SECTION 2 - ASSESSMENT PROCESS				
Indicator	Target 18-19	Monthly Change		OU
Q1 Does the patient have a DTA?	Count	▲		16
Q2 RECOGNISING THE DETERIORATING PATIENT				
Q3 Has the NEWS score been documented?	90%	→		100%
Q4 Has there documented evidence that a registered nurse has checked observation results?	90%	▼		96%
Q5 If the patient has a NEWS score greater than 5, is there evidence of escalation?	90%	→		100%
Q6 FLUID BALANCE CHART				
Q7 Is the patient on a Fluid Balance chart?	Count	→		1
Q8 Has the Fluid Balance cumulative total been completed?	90%	→		100%
Q9 NUTRITION				
Q10 Has the patient got a MUST score?	90%	▲		43%
Q11 Has the patient identified as having a MUST score 1 or more?	Count	▼		1
Q12 If the MUST score is greater than 1, has appropriate action been commenced e.g. Food chart, red tray etc.	90%	→		100%

Malnutrition Universal Screening Tool (MUST) identifies adults who are malnourished, at risk of malnutrition or obese.



Invested in Scales and Height Sticks

Coming soon ...



Trolley scales which will send measurements via Wi-Fi to E care

