Measuring impact is key to ensuring services are effective and efficient and to demonstrate the impact they have on patients and the wider society.

Using impact analysis to measure healthcare

In this article...

- Why impact analysis is needed
- How organisations can use impact analysis
- Steps for implementation

There are methods of impact analysis that can measure qualitative outcomes as well as quantitative targets and outputs. Often the outcomes that are difficult to quantify present the truest story of an organisation’s impact, particularly in healthcare, and measuring even something as intangible as improvement in quality of life is possible and a real indicator of impact. The reasons for carrying out impact analysis are outlined in Box 1.

The need for impact analysis

As budgets shrink and nurses are expected to do more with less, there is a need to ensure that the work they do is efficient, effective and has the required impact on patients. NHS England’s national nursing strategy envisages a nursing workforce providing a positive experience for patients and nurses, promoting independence and high-quality care. The proposed six action areas include impact measurement (Cummings and Bennett, 2012).

In 2012, the Public Service Act came into force. This requires all English and some Welsh bodies, including local authorities, NHS trusts, housing associations and fire services, to consider how the services they commission or procure may have a social, economic and environmental effect on the surrounding area (Social Enterprise UK, 2012). This is not a new idea – it has been used in the voluntary sector for many years – but healthcare has been slow to adopt it; now that budgets are being squeezed, more emphasis is being placed on effectiveness and efficiency.

Taylor and Bradbury-Jones (2011) remark on the change of focus in research with the emphasis on “what counts”. They suggest that, since nursing is a practical...
Particular care needs to be taken when choosing a tool; they are used in a variety of settings, work in different ways and measure different types of outcomes. It is useful, therefore, to discuss their efficiency with a team that has already used them or an impartial analyst not connected with particular tools. It is important to keep in mind that a tool suitable for one project may not be the best fit for another. Box 2 outlines a number of tools used in healthcare impact analysis.

**Implementing impact analysis**

When considering how impact analysis is to take place, it is also important to consider what will be required from team members. Impact analysis is essential in proving the significance of a team or project, but care must be taken that unfair demands are not put on team members. It is important that the whole team understands the importance of impact analysis, but it must not stand in the way of patient care or the aims of the project. Embedding impact analysis correctly will minimise disruption to the workforce, engage them in ownership of the end result and ensure that hard work is minimised as data is collected as the project progresses. Nurses understandably resent time spent in front of computers when they ought to be caring for patients, so care must be taken to ensure they do not spend time analysing when they should be nursing.

Impact analysis is about enabling teams to work more efficiently, so the process itself should be kept as lean as possible. Although they may be doing the analysis themselves, their unique relationship with patients makes nurses best placed to gather information from them. This should not require any extra time if nurses know what questions to ask. Conversations can take place between the patient and nurse while the treatment is happening and be fed back later.

**Results of analysis**

Information can be presented in a variety of ways; a cost to impact ratio is the simplest way of demonstrating the social/health impact compared with the cost of the project or service, but this does not provide the whole picture.

Adding colour to the story by using case studies aids understanding of the significance of the project. An impact analysis report should include an explanation of how information was gathered, justifying what was included and what was omitted. For example, a Social Return on
Nursing Practice
Discussion

BOX 2. EXAMPLES OF IMPACT ANALYSIS MODELS

Social Return on Investment
A reading group for mental health service users in a community centre could use the Social Return on Investment (SROI) tool (www.thesoernetwork.org). A ratio is calculated between what project costs and service user benefits; for example, every £1 invested, may yield £6.75 in benefit as perhaps service users experience a better quality of life, and increased confidence and independence. The SROI tool is rigorous but is not easy to personalise the results to particular client groups.

Ecco
Ecco (www.eccosolutions.co.uk) is a client management system that can be used in the management of long-term conditions. For example, to promote health among people with diabetes; weight, BMI and HbA1c can be inputted in the system (along with other results) as well as particular challenges patients face and their long- and short-term health goals and how they plan to achieve them. On subsequent visits, these subjects can be further discussed and changes logged. Patients can access the program from home as it is web-based (and secure). As a system, it promotes patient-centred practice, enabling patients to take control and see their progress. Anonymised results can be taken from the program as a means of demonstrating corporate as well as individual impact.

Rickter Scale
The Rickter Scale (www.rickterscale.com) is quick to use and suitable for short interventions, such as a “know your blood pressure” event in a supermarket. It helps to scale individuals’ knowledge or concern about health issues.

Investment report might determine that a lymphoedema service yields £10 of value for every £1 invested. However, this figure should not be taken alone (as tempting as that might be), but should be part of the report, looking at what contributed to the outcomes, and how this was indicated, as well as the narratives of service users.

Implementing change and next steps
The aim of impact analysis is to use the information gathered as a bid for funding or to demonstrate to stakeholders or the media the value of a project. Each result will provoke questions – how could it have been done more effectively? Could the project have been done differently and had a greater impact, or had the same impact but by spending less money? How can efficiency be increased? Or how should efficiency be rewarded?
Impact analysis provides a living document – it provokes questions and demands answers. The end result of every impact analysis is evaluation, which should always lead to a commitment to making changes, working more efficiently and achieving better results – similar to the nursing process.

Conclusion
Impact analysis shows the social, economic and environmental value of a service or project. When used properly, it is an efficient way of demonstrating how aims and objectives have been met, how lives or communities have been changed, and where improvements can be made to increase efficiency.
Impact analysis is a good measure of effectiveness and a driver for doing more with less. When embedded properly, it does not interrupt the activity of the team, but improves morale as successful working is recognised.
Healthcare has been late to catch up with impact analysis but, as efficiency and value for money is increasingly required, it is becoming indispensable. With recent changes in legislation and a growing requirement for measurable results in nursing strategy, it is a vital tool to demonstrate patient outcomes as well as efficiency and cost-effectiveness.

References

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