COMMUNICATING PERFORMANCE DATA

Every month, trust boards are presented with trust-wide performance indicators as part of the drive to maintain performance and demonstrate care delivery standards.

It is vital that care indicators and the data generated by them are ‘owned’ and understood by staff at all levels, not only to raise awareness but also to help and support them to improve their own areas.

The recent National Nursing Research Unit report State of the Art Metrics for Nursing recognises that nurses ‘must have responsibility for actions that lead to outcome in terms of legitimate authority, self-perception and sphere of practice’. It also states: ‘There must be sufficient knowledge to inform remedial action’ (Maben and Griffiths, 2008).

Frontline staff are genuinely interested in clinically governed care, but need governance-related data to be presented in a meaningful and comprehensible way. By holding up a mirror to wards and departments, we enabled them to see what was and was not working well and to identify support needed to make improvements.

Presenting data based on the care indicators as a list of numbers might not be the best way to communicate performance, and the gaps in performance to individual practitioners. We therefore decided to present the data in the form of spidergraphs – a visual reporting tool (Fig 1, p.13). Also known as radar charts, these illustrate the gaps between current and desired performance with the aim of showing at a glance how each specialty/ward was performing against a range of care indicators. Bar charts showed performance against single indicators over time (Fig 2).

The categories are relevant to staff who, until recently, might not have received detailed monthly reports on patient falls, medication errors or nutrition assessment, for example. We found clinical staff were genuinely interested in patient safety, experience and clinical outcomes. Where they saw how they were performing against the indicators, healthy learning and change began to take place.

In areas that were struggling to perform, the problem was frequently associated with leadership issues – for example the wrong staff mix, staff anxieties about caring for high-risk and high-dependency patients, capacity pressures or even having the right person in the wrong job.

Taking time to look at a simple spidergraph enabled us to find causes and solutions.

THE PROCESS

Each indicator chosen was complemented with the following:

- An evidence base;
- A list of patient, staff and organisational benefits from using care indicators;
- A range of criteria for measurement;
- Visual products for reports for individual wards (Figs 1 and 2 show dummy data); and
- Visual products for corporate reporting.

Each indicator is measured on a monthly basis for 50% of patients in each ward area. Immediate feedback is given to ward staff, followed up by both a pictorial spidergraph and a historic look-back to view progress.

Over time, the number of patients being monitored by indicators achieving high compliance may be reduced. The greater the compliance with each indicator criterion, the fuller the colour of the spidergraph.

OUTCOMES

As the support and involvement of staff at all levels grew, so did confidence. This led to better compliance with the indicators. Further indicators could then be developed.

With the addition of support measures around indicators, for example supportive falls plans or campaigns to reduce HCAIs, positive results emerged. These included over 90% compliance with risk assessments, a reduction in reported falls of 26%, and compliance with the monitoring and management of infection prevention and control hygiene measures which helped in the achievement of MRSA and C. difficile markers.

CONCLUSION

Our experience in developing, implementing and encouraging the ownership and adoption of indicators by practitioners has been a highly positive experience in fostering the drive to improve and maintain quality.

In particular, we feel the delivery of data in a purely visual, easily understandable form has been a key part of this success.

The recent publication of more than 200 new indicators – a key outcome of Lord Darzi’s report High Quality Care for All – will make the dissemination of indicator data more vital than ever in our attempts to measure the quality and benchmark our work against our peers (Department of Health, 2008).

REFERENCES


