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Improving fundamental care in hospitals: how priority setting drives research

Working with patients, public and service to identify priorities

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PPI Champion

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Collaboration for Leadership in Applied Health Research and Care (Wessex)

Rationale for Priority Setting

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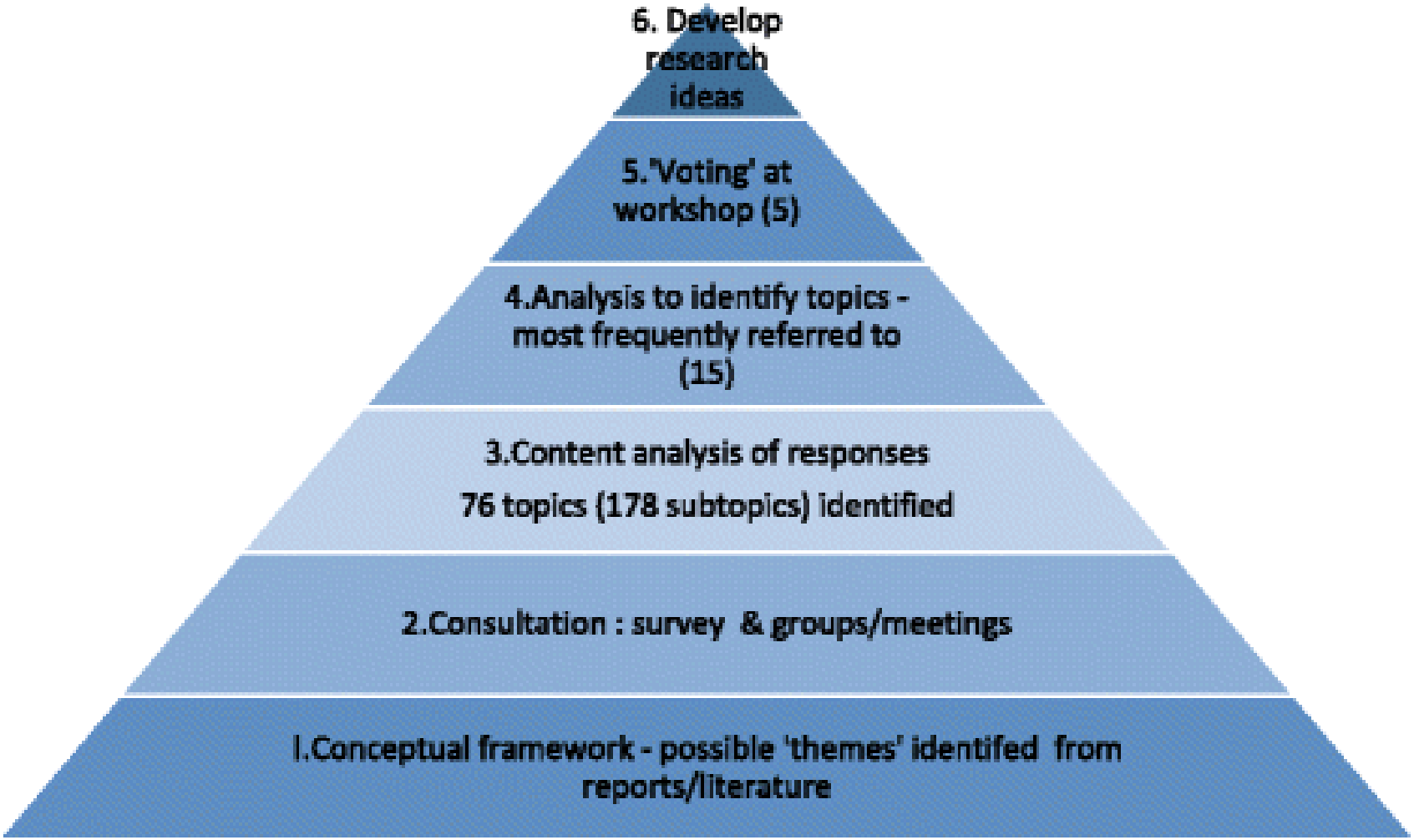
- CLARHC funding for 3 years of research
- Theme and staff set, but scope for theme project
- Adapted existing methods for priority setting
- Identify & prioritise issues for research to improve fundamental care in hospitals

Methodology



Fundamentals of Care

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- Nursing theory – Activities of Daily Living
- Department of Health – Essence of Care
- Patients perspective – measuring patient experience
- Effective delivery – staff view of what is most important to deliver care well
- Organisational factors – staffing, management, resources
- Outcomes/metrics – measuring the effect of what has been done

Pre-workshop engagement

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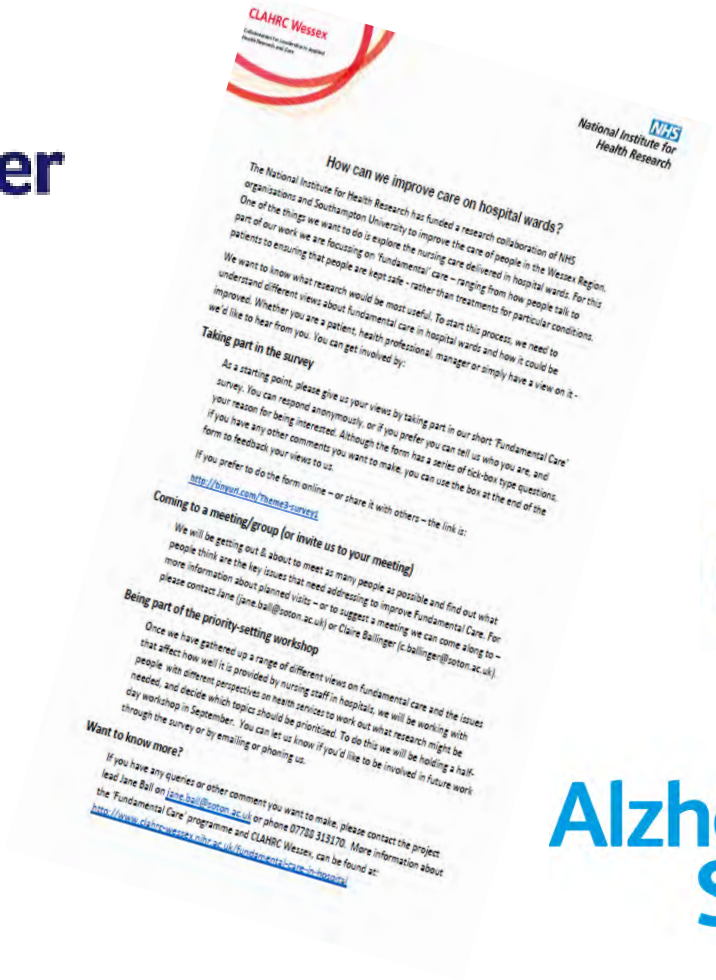
Dorchester age UK


CLAHRC Wessex

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How can we improve care on hospital wards?

The National Institute for Health Research has funded a research collaboration of NHS organisations and Southampton University to improve the care of people in the Wessex Region. One of the things we want to do is explore the nursing care delivered in hospital wards. For this part of our work we are focussing on 'fundamental' care – ranging from how people talk to patients to ensuring that people are kept safe - rather than treatments for particular conditions.

We want to know what research would be most useful. To start this process, we need to understand different views about fundamental care in hospital wards and how it could be improved. Whether you are a patient, health professional, manager or simply have a view on it - we'd like to hear from you. You can get involved by:

Taking part in the survey

As a starting point, please give us your views by taking part in our short 'Fundamental Care' survey. You can respond anonymously, or if you prefer you can tell us who you are, and your reason for being interested. Although the form has a series of tick-box type questions, if you have any other comments you want to make, you can use the box at the end of the form to feedback your views to us.

If you prefer to do the form online – or share it with others – the link is:

http://tinyurl.com/fcwes3-survey1

Coming to a meeting/group (or invite us to your meeting)

We will be getting out & about to meet as many people as possible and find out what people think are the key issues that need addressing to improve Fundamental Care. For more information about planned visits – or to suggest a meeting we can come along to – please contact Jane (jane.ball@soton.ac.uk) or Claire Ballinger (c.ballinger@soton.ac.uk).

Being part of the priority-setting workshop

Once we have gathered up a range of different views on fundamental care and the issues that affect how well it is provided by nursing staff in hospitals, we will be working with people with different perspectives on health services to work out what research might be needed, and decide which topics should be prioritised. To do this we will be holding a half-day workshop in September. You can let us know if you'd like to be involved in future work through the survey or by emailing or phoning us.

Want to know more?

If you have any queries or other comment you want to make, please contact the project lead Jane Ball on jane.ball@soton.ac.uk or phone 07788 313170. More information about the 'Fundamental Care' programme and CLAHRC Wessex, can be found at:

http://www.clahrcwessex.nihr.ac.uk/fundamental-care-programme

My Health My Way

Alzheimer's Society | Leading the fight against dementia

Short-list

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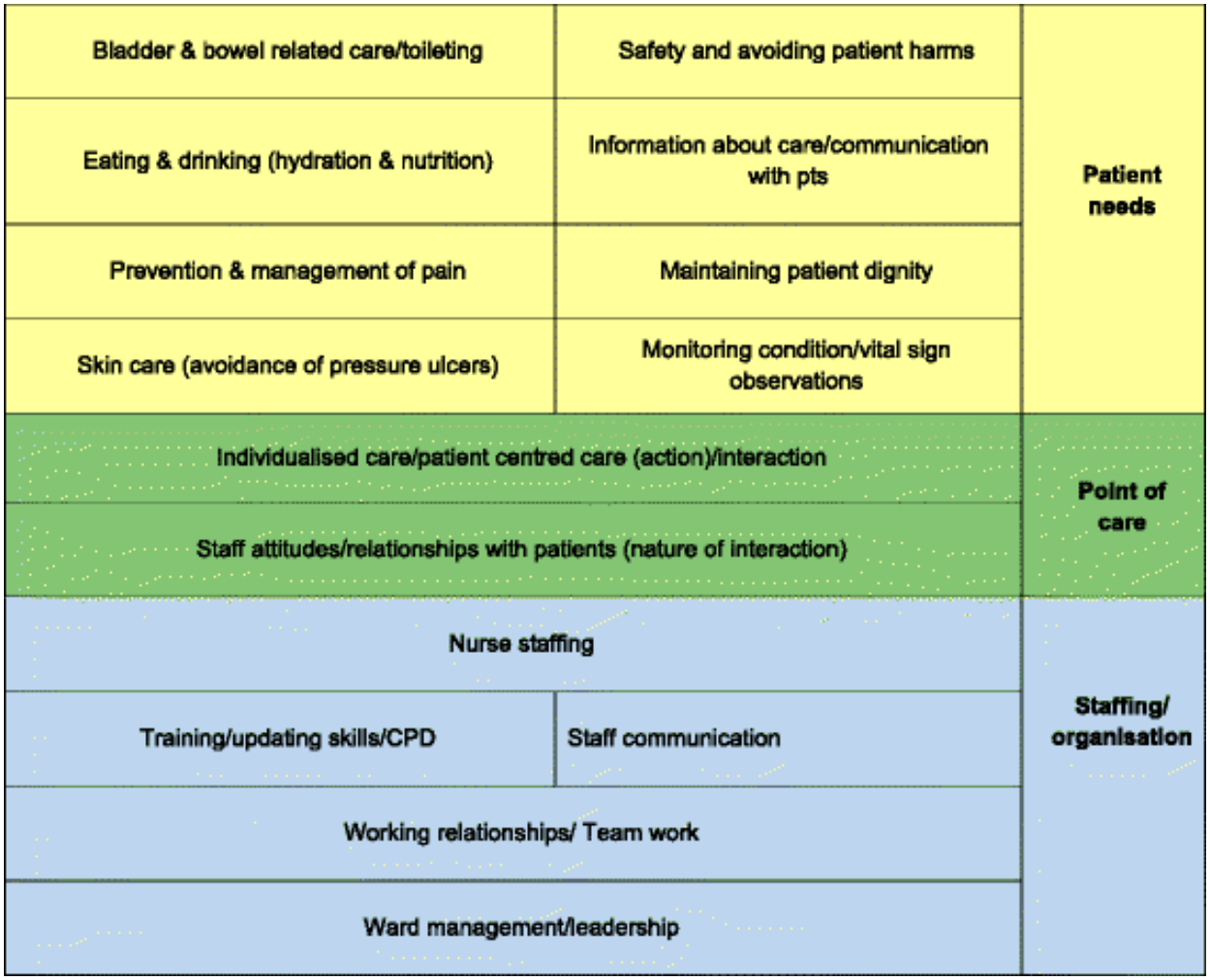

Workshop

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The Priorities

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- 1. Nurse staffing
- 2. Individualised patient care
- 3. Staff communication
- 4. Staff attitudes and relationships with patients
- 5. Information about care/communication

What next…

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Funded & supported by NHS National Institute for Health Research

UNIVERSITY OF Southampton

Mapping Research to Priorities Nurse staffing research: programme overview

Professor Peter Griffiths Senior investigator NIHR

Workforce Research Group / NIHR CLAHRC Wessex

How to respond to priorities….?

- Mapping existing research to priorities
- Identify evidence gaps
- Develop future research

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Welcome

Mid Staffordshire NHS Foundation Trust provides healthcare for people in Stafford, Cannock, Rugeley and the surrounding areas, serving a local population of over 300,000 people.

The Trust manages two Hospitals, at Stafford and Cannock.

Latest News

'Mid Staffs Stars' Launched by Trust to Recognise Outstanding Staff

22 June 2011

The Trust has launched an awards scheme - Mid Staffs Stars to recognise and reward best practice at both its hospitals

Read

Becausewecare

400 to 1200 excess deaths?

Visiting a Patient? | How to Find Us | Our Vision | Feedback | Fundraising

We welcome visitors and appreciate that your support can play a vital role in your relative or loved ones recovery.

Most of our wards have a two hour visiting slot in the afternoon and again in the evening. Please check the times for each ward below.

Help us to fight infections, use the alcohol gel to clean your hands before you enter and after you leave the ward.

- Visiting Times
- Parking
- Facilities

Children's Web Page

If you are coming in to hospital and are staying on the Shugborough Ward, you can find out what to expect.

More Info

Patient Opinion | iWantGreatCare | Staffordshire Prepared

Stafford Hospital
Weston Road
Stafford
ST16 3SA
Tel: 01785 257731

Cannock Chase Hospital
Brunswick Road
Cannock
WS11 5XY
Tel: 01543 572757

Designed and developed by South Staffordshire Health Informatics Service

Evidence for the association between nurse staffing levels and patient outcomes

- ***"...compelling..."***
  - (UK Royal College of Nursing, 2010)
- ***"...overwhelming..."***
  - (US Joint Commission, 2005 p105)

NICE Safe staffing guideline (SG1) 2014

- *“There is a lack of high-quality studies exploring and quantifying the relationship between registered nurse and healthcare assistant staffing levels and skill mix and any outcomes”*

Key gaps

- High quality studies *quantifying* the relationship between registered nurse and HCA staffing levels / skill mix in a UK context
  - Staffing *levels*
  - Direct *linkage* (cause / effect)
- Toolkits / staffing methodologies
- Approaches to organizing care delivery
- Non safety outcomes
- Organisational policies / practices / procedures

Our ongoing research programme

Does missed care mediate the relationship between staffing levels and outcomes?

- Secondary analysis of cross sectional data from RN4CAST
- Nurse reported clinical 'care left undone' partially accounts for the relationship between low nurse staffing levels and increased mortality
- Supports 'missed care' as a nursing indicator
- (PhD study, Jane Ball @ Karolinska Instutet – submitted for publication)

Nurse staffing levels, missed vital signs observations and mortality in hospital wards (HS&DR 2015-2017)

- modelling the consequences and costs of variations in nurse staffing and skill mix at ward level
- explores the effect of specific staffing levels on different ward types
- Improve *causal* inference
  - because it measures prospect relationships
  - by measuring a key *mechanism (timely observation)*
- *Missed care as a possible quality indicator?*
- *Headline finding mortality & missed vital signs observations are increased when patients are exposed to staffing below planned level for ward….*

Shift patterns (NIHR CLAHRC studentship)

- Association between nurse shift patterns (including 12 hour shift)
  - Job performance (measured by vital signs compliance)
  - Sickness / absence
  - Costs

  Shows rates of nurse sickness / absence increased with more 12 hour shifts… using objective data for the fist time,,

  Has implications for costs and nurse well being

  Effect on job performance coming soon (completing summer 2017)

Nurse staffing and Quality of Interactions

- A secondary analysis of data from the study "Creating Learning Environments for Compassionate Care" (pilot trial – HS&DR funded)
- Is there and association between nurse staff levels / skill mix and the quality of *interpersonal care*…
- *Headlines*
  - *Negative interactions increase when staffing levels are lower*
  - *While the negative interactions are not associated with any particular staff group findings suggest that problems rise sharply when skill mix is low*

Modelling the costs and consequences of using the Safer Nursing Care Tool (Shelford Tool HS&DR funded – End 2018)

- Determine the costs / consequences of staffing to tool recommendations
- Model the feasibility & costs of different approaches to setting base staffing levels
- Explore flexible staffing models to meet varying patient need
- Provides a first independent validation of the tool

Implementation, impact and costs of policies for safe staffing in acute trusts (PRP funded, reports end 2018)

- Describe how post Francis safe staffing policies have been implemented locally & nationally
- Determine the associated costs of policy implementation :
  - Mixed methods study using a national survey, routine data and in-depth analysis in 4 case study trusts…
  - Includes economic evaluation & realist evaluation to generate theory about policy implementation
    - *"What works, for whom, in what respects, to what extent, in what contexts, and how?"*

Conclusions

- Staffing research was NOT a priority for future CLAHRC projects

Sources / additional info – recent papers from Southampton team (post NICE)

- BALL, J. E., GRIFFITHS, P., RAFFERTY, A. M., LINDQVIST, R., MURRELLS, T. & TISHELMAN, C. 2016. A cross-sectional study of 'care left undone' on nursing shifts in hospitals. *Journal of Advanced Nursing, n/a-n/a.*
- BARKER, H. R., GRIFFITHS, P., MESA-EGUIAGARAY, I., PICKERING, R., GOULD, L. & BRIDGES, J. 2016. Quantity and quality of interaction between staff and older patients in UK hospital wards: A descriptive study. *Int J Nurs Stud, 62, 100-107.*
- BLOMBERG, K., GRIFFITHS, P., WENGSTROM, Y., MAY, C. R. & BRIDGES, J. 2016. Interventions for compassionate nursing care: a systematic review. *International Journal of Nursing Studies. , in press.*
- DALL'ORA, C., BALL, J., RECIO-SAUCEDO, A. & GRIFFITHS, P. 2016. Characteristics of shift work and their impact on employee performance and wellbeing: A literature review. *International Journal of Nursing Studies, 57, 12-27.*
- DALL'ORA, C., GRIFFITHS, P., BALL, J., SIMON, M. & AIKEN, L. H. 2015. Association of 12 h shifts and nurses' job satisfaction, burnout and intention to leave: findings from a cross-sectional study of 12 European countries. *BMJ Open, 5.*
- GERMACK, H. D., GRIFFITHS, P., SLOANE, D. M., RAFFERTY, A. M., BALL, J. E. & AIKEN, L. H. 2015. Patient satisfaction and non-UK educated nurses: a cross-sectional observational study of English National Health Service Hospitals. *BMJ Open, 5.*
- GRIFFITHS, P., BALL, J., DRENNAN, J., DALL'ORA, C., JONES, J., MARUOTTI, A., POPE, C., RECIO SAUCEDO, A. & SIMON, M. 2016. Nurse staffing and patient outcomes: Strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence Safe Staffing guideline development. *International Journal of Nursing Studies, online early http://dx.doi.org/10.1016/j.ijnurstu.2016.03.012.*
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- GRIFFITHS, P., DALL'ORA, C., SIMON, M., BALL, J., LINDQVIST, R., RAFFERTY, A. M., SCHOONHOVEN, L., TISHELMAN, C., AIKEN, L. H. & RN4CAST CONSORTIUM 2014. Nurses' shift length and overtime working in 12 European countries: the association with perceived quality of care and patient safety. *Med Care, 52, 975-81.*
- LINDQVIST, R., SMEDS ALENIUS, L., GRIFFITHS, P., RUNESDOTTER, S. & TISHELMAN, C. 2015. Structural characteristics of hospitals and nurse-reported care quality, work environment, burnout and leaving intentions. *J Nurs Manag, 23, 263-74.*
- MURRELLS, T., BALL, J., MABEN, J., ASHWORTH, M. & GRIFFITHS, P. 2015. Nursing consultations and control of diabetes in general practice: a retrospective observational study. *Br J Gen Pract, 65, e642-8.*

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Improving Fundamental Care in Hospitals

Lisette Schoonhoven

Professor of Nursing

Collaboration for Leadership in Applied Health Research and Care (Wessex)

The priorities

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1. Nurse staffing
2. Individualised patient care
3. Staff communication
4. Staff attitudes and relationships with patients
5. Information about care/communication

Evidence

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- Lack of evidence
- Common sense solutions without evaluation
- Incomplete implementation
- Lack of theory

Fundamental care

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Is generic across medical conditions and care settings

Serves next to all people in their lifetime

Synonyms: essential care, basic care

Fundamental care is not simple and easy

- Complex interplay between physical, psychosocial and relational elements (Kitson et al 2013)
- Example: elimination

Physical	Psychosocial	Relational
Use of devices and equipment to support elimination	Self-esteem, dignity, humiliation	Respect and support to maintain sense of dignity and self esteem

Patient centred care

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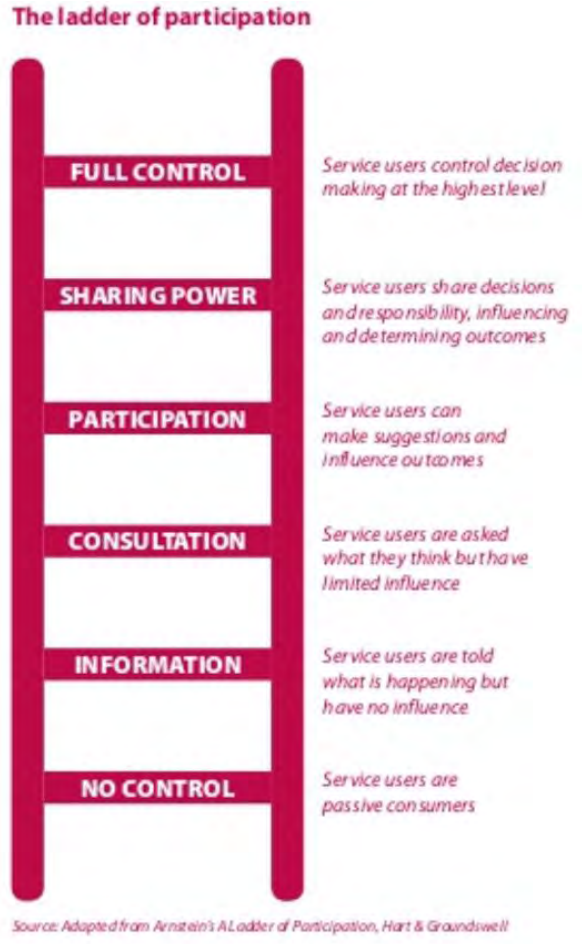

Improving fundamental care

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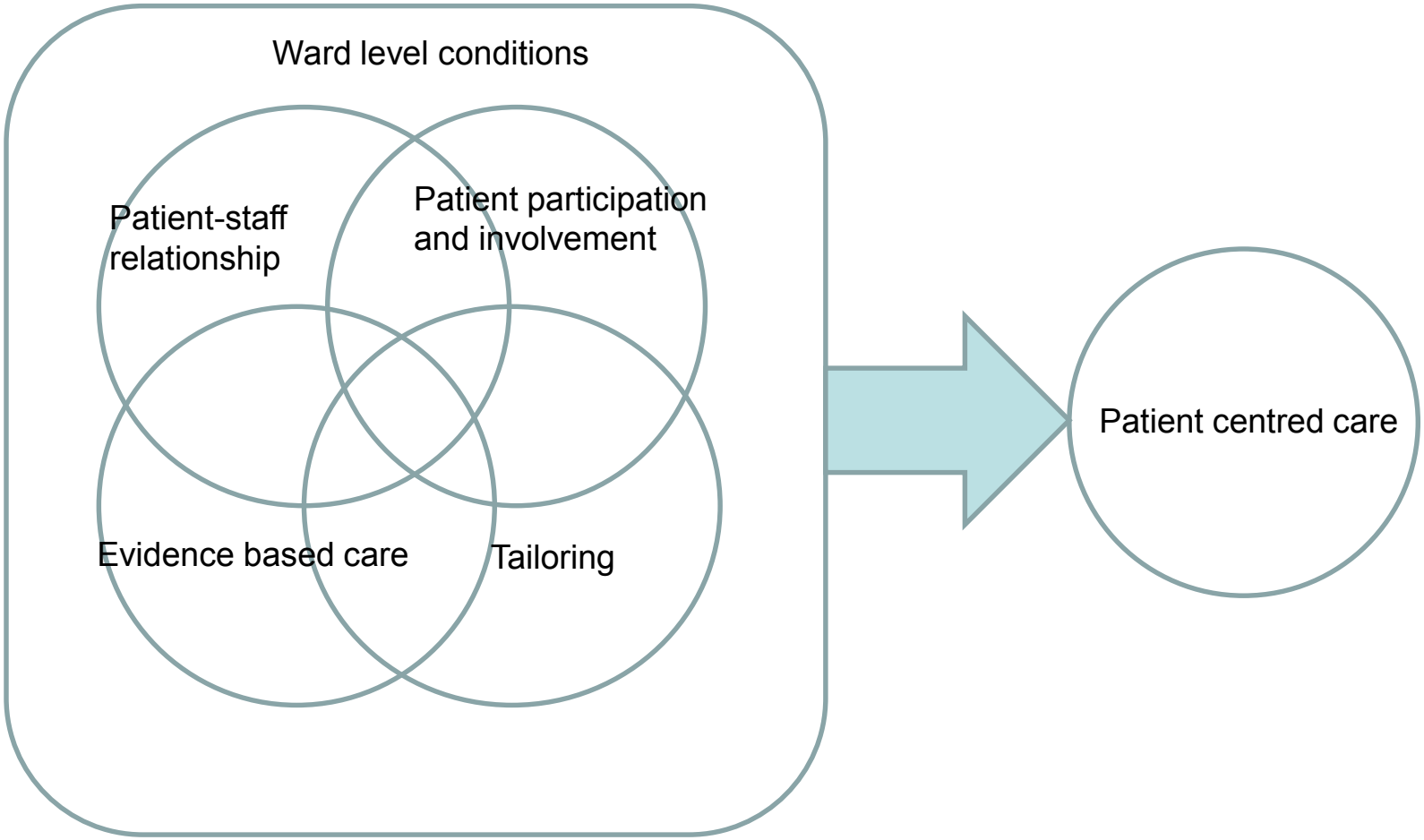

Poor fundamental care associated with adverse outcomes

Pressure ulcer prevention
1. Range of fundamental care activities
2. Major burden
3. Expertise

Creating Learning Environments for Compassionate Care (CLECC)

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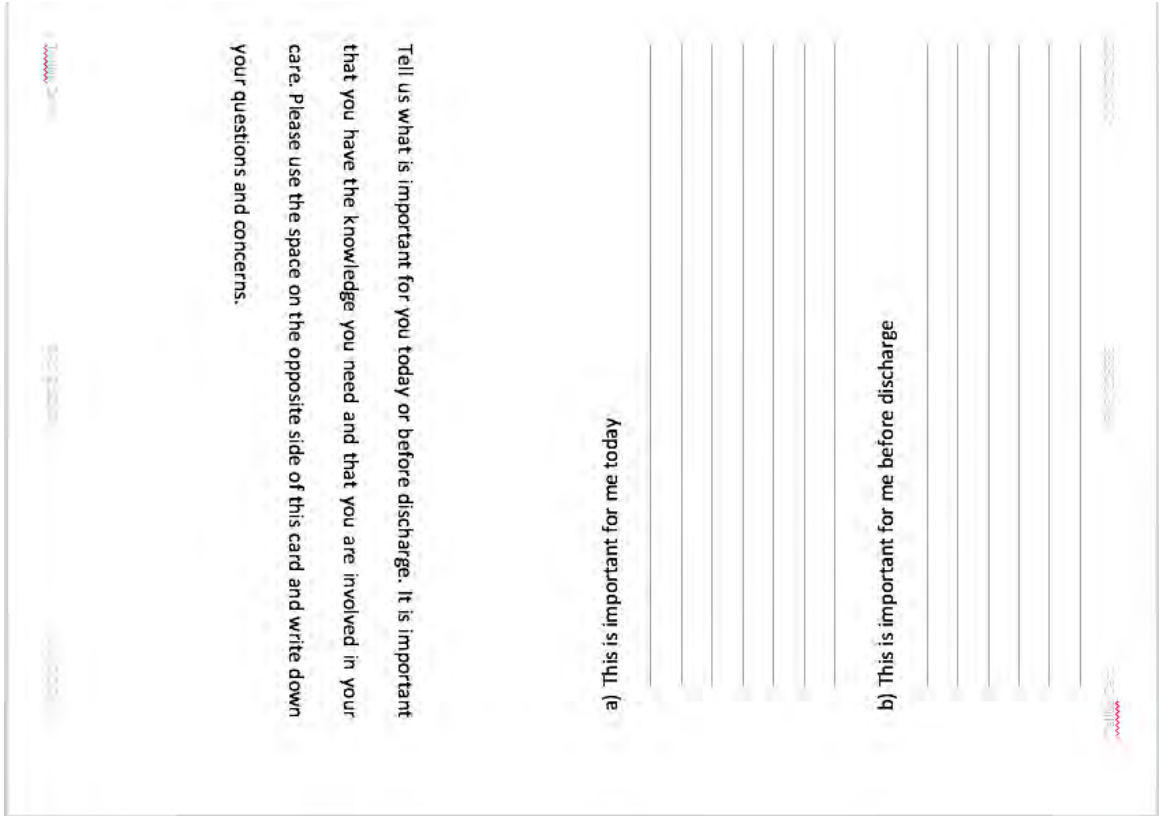
- Focus on developing leadership and team practices that enhance team capacity to provide compassionate care
- Aims to develop and embed sustainable manager and team practices:
  - Dialogue
  - Reflective learning
  - Mutual support
- 3 month training programme
  - Practice educator will facilitate
  - Classroom training
  - Training on the job (cluster discussions, reflective discussions)
  - Monthly ward manager action learning sets

Tell-Us card

- Uncomplicated, structured tool to invite patients to write down their goals/preferences for care

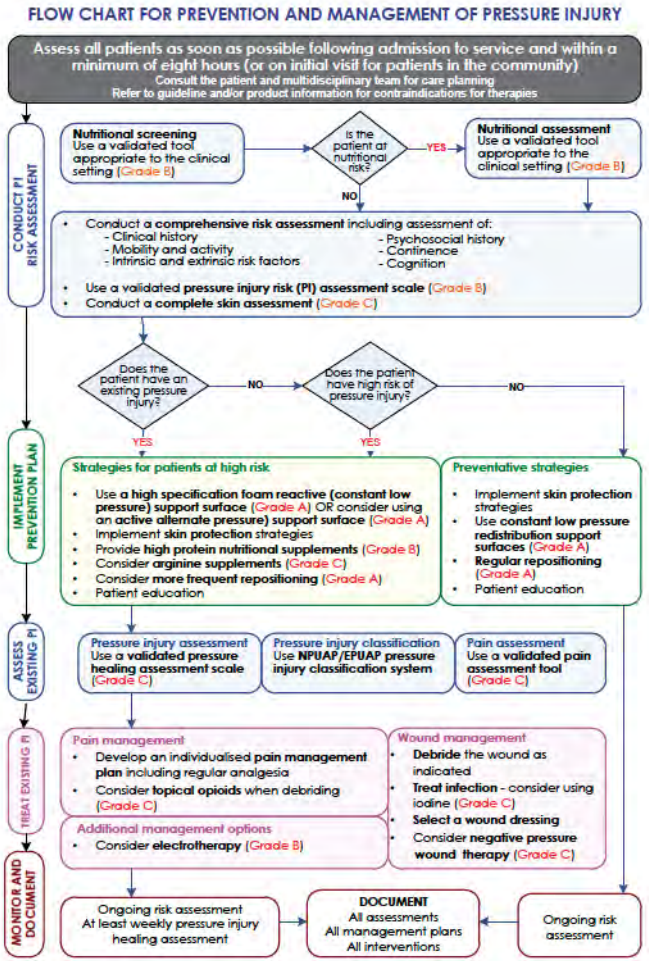

Tell us what is important for you today or before discharge. It is important that you have the knowledge you need and that you are involved in your care. Please use the space on the opposite side of this card and write down your questions and concerns.

a) This is important for me today

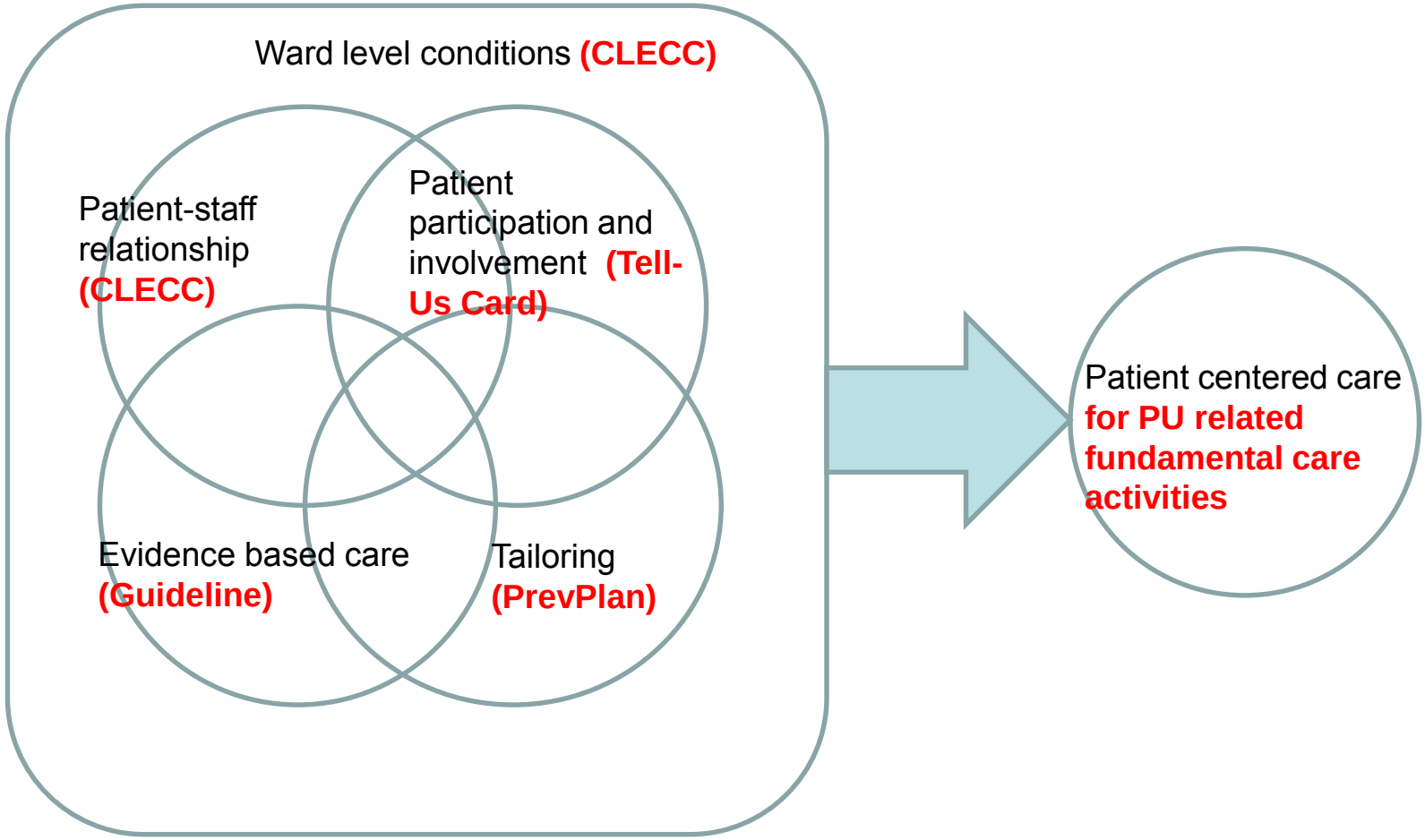
b) This is important for me before discharge

Tailoring

- Use of algorithm to support decision making
- Include risk factors
- Patient's needs and preferences are missing



Intervention



Methodology

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- **Work package 1:** To adapt PrevPlan and the Tell-Us Card to ensure they incorporate patient preferences with guideline recommendations for pressure ulcer prevention and deliver a care plan that can be used by patients, carers and nursing staff in the UK context.
  - Extending Prev-Plan: mobility, skin care, continence and nutrition
  - Developing patient information
  - Co-development of interventions (working groups)
    - *Gaining understanding*
    - *Testing prototypes*
    - *Polishing final version*

Methodology

- **Work package 2:** To determine the feasibility and acceptability of the combined use of CLECC, PrevPlan and the Tell-Us Card to patients, carers and nursing staff.
  - 2 trusts, 6 wards
  - 3 months implementation period
  - Observations, surveys, interviews

Methodology

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- **Work package 2:** To determine the feasibility and acceptability of the combined use of CLECC, PrevPlan and the Tell-Us Card to patients, carers and nursing staff.
  - Outcomes:
    - Patient perception of patient-centredness of care
    - Nurses' perception of patient-centredness of care
    - Quality of staff-patient interactions
    - Relevant fundamental care activities
    - PU & Cost (secondary)

- Project will run until end of 2018

Team

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- **Ms Jane Ball**
- **Professor Jackie Bridges**
- **Ms Ewa Crunden**
- **Dr Lisa Gould**
- **Dr. Sue Green**
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- **Dr. Jo Hope**
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Questions?

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