

Auckland District Health Board

Professor Andrew Jull
Nurse Advisor Quality & Safety

Past measurement approaches

- Self-reporting summaries via incident systems
 - Associated with under-reporting internationally
- Occasional hospital surveys
 - Too infrequent for improvement approach
 - Non-routine & requiring effort
- Releasing time to care safety crosses
 - Do not show change over long periods

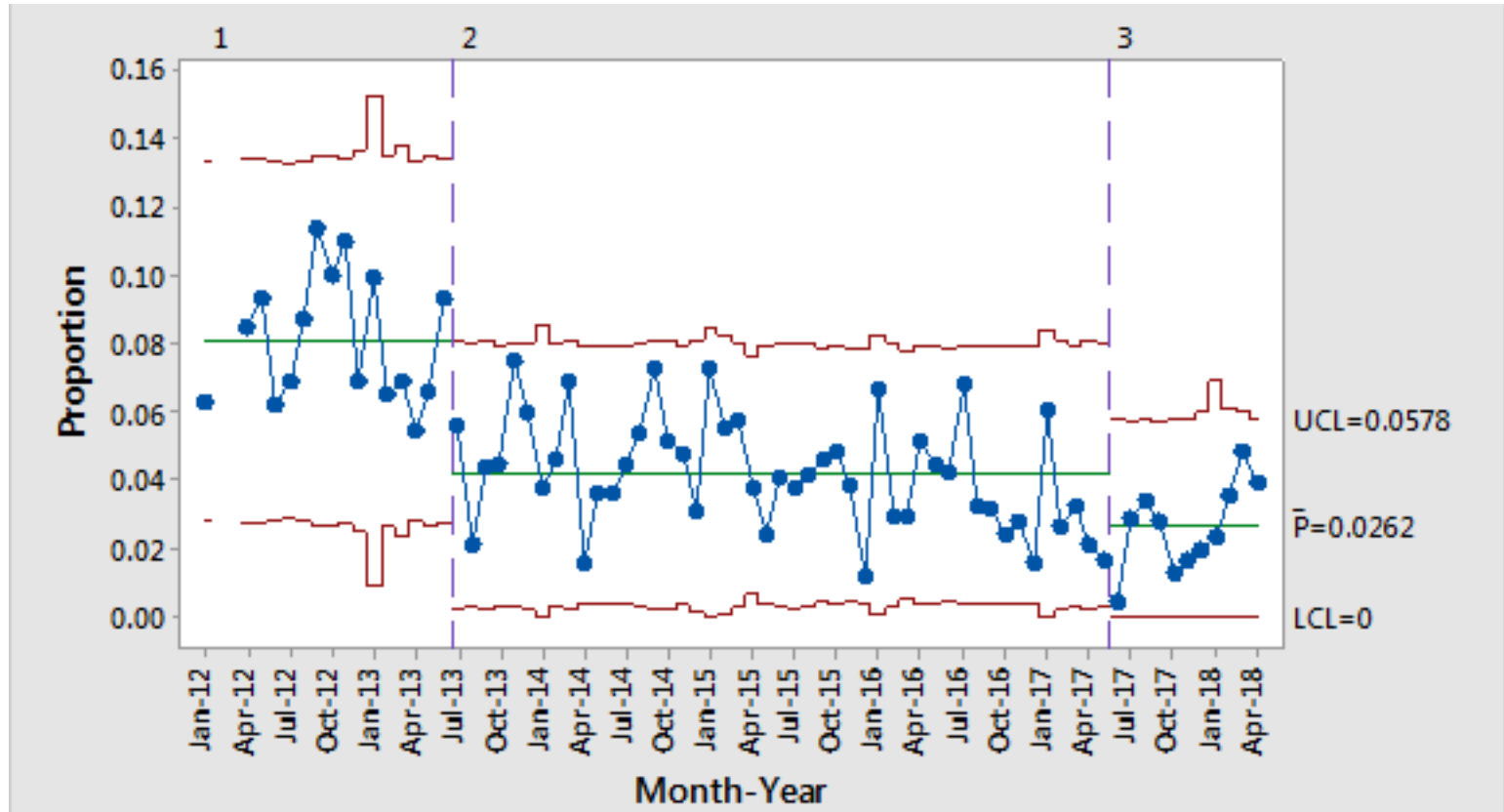
Current measurement approach

- Random sample first Wednesday each month
- Sample drawn from midnight census
 - Sample size based on ward size
 - Average sample 5 patients per ward
 - List automatically generated & sent to ward printers
 - Have reserves on each list
 - All wards bar agreed exceptions
- Measure process & outcome markers

Key lessons

- Phase implementation
 - Don't try to do it all at once
- Use organisational resources
 - Get help to generate random sample & reports
 - Automate where you can
- Report performance back to wards
 - But only compare process markers
 - Report outcome marker by hospital, not ward
- Focus on what you can control

Average HA-PI prevalence



What actions

- Governance Steering Committee
- Project manager support for 1 year
- Policy revised based on bundle
- Standardised assessment & care planning
- High specification foam mattresses
- Easier access to support surfaces
- Adverse Event review of Stage 3+ HA-PI
- CONCEPT ward
- Continuous focus