Improving quality care delivery and protecting children's rights in hospital through data driven audit processes

Introduction

The health care regulator for England, the Care Quality Commission (CQC) has recently adopted a model of children's hospital inspections based on an independent report prepared by a well-known English paediatrician, Dr Sheila; Shribman, the former National Clinical Director for children, young people and maternity at the English Department of Health. This initiative is designed to ensure that Hospital services, which provide care to sick children and their families are safe, effective, caring, well led and responsive to their needs

Dr Shirbman's report, which has been adopted by the CQC, recommends major changes to the way in which inspections of children's hospital services are conducted. Principally this new inspection process is based on a more effective use of data. Her comprehensive 89 page report to the CQC entitled "Getting it right for children & young people (including those transitioning into adult services): a report on CQC's new approach to inspection", was completed in March 2014 and can be read online via:

http://www.cqc.org.uk/sites/default/files/20140331%20Dr%20Sheila%20Shribman%20report%20to%20CIOH%20re%20inspection%20of%20CYP%20services....pdf

Background

Analysis of pertinent data is crucial in assessing whether care provided to sick children is delivered with compassion by competent children's professionals including nurses, who are expert communicators, and who have the courage and commitment to be an advocate for sick children and their families. In assessing whether children's hospital services are fulfilling their obligations to families, both qualitative and quantitative data is needed before an accurate assessment can be made. In this context, it is important to stress that hard quantitative factual data will rarely give the full picture of what is happening in a children's unit. Therefore, due regard of qualitative data from key stakeholders should be considered before any audit of a service is undertaken. It is however important in the context of gathering qualitative data to remember that the plural of anecdote is actually anecdotes and not data!

The CQC relies on the gathering of data through a system of intelligent monitoring which examines 150 sets of data or indicators when conducting hospital inspections of children's services. Glasper 2014) These include data from

- Staff.
- Patient surveys.
- Mortality rates.
- Hospital performance information such as waiting times and infection rates.

This intelligent monitoring process is a key principle of hospital services inspections. These inspections begin with a listening event in which service users i.e. children and their family members are invited to talk with CQC staff about their experiences of using the hospital services. Additionally and several weeks before the inspection, the group of inspectors and the lead inspector meet to discuss the comprehensive data pack provided by the hospital. This allows the team to focus on the areas that might appear weak in the analysis of the data data pack. Thus, the primary function of the hospital inspection is to triangulate data from the data pack with evidence sourced on the ground by the inspectors and their specialist advisers. This evidence will be sourced from interviews, observations and scrutiny of records and other written evidence. .
(CQC 2014 http://www.cqc.org.uk/public/hospital-intelligent-monitoring)

Health care regulators such as the English CQC are committed to ensuring that children and young people who use the services of hospitals receive optimum care and health outcomes, through the implementation of their evidence based approach to

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Emeritus Professor Alan Glasper from the University of Southampton discusses how children's nurses can enhance care delivery using pertinent data from a variety of sources to assess if children's hospitals are safe, effective, caring, well led and importantly responsive to the need of sick children.

hospital inspections. It is important to stress that those professionals who undertake hospital inspections recognize the complexities of these services for children and their families. In essence, when seeking to assess the quality and safety of the care provided to sick children and their families it is important to analyze data, which provides the evidence that the service is:

- Safe.
- Effective.
- Caring.
- Responsive to people's needs.
- Well-led.

Additionally many children's nurses will be familiar with the 6 Cs', a strategy supported by the English Chief Nurse which explains the role of nurses in delivering high quality, compassionate care, aimed at achieving excellent health and wellbeing outcomes. These also underpin the ethos of service delivery to children and young people, based upon:.

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf

Despite their numerical size a as proportion of health service users in most countries, it is Shribman's belief that the needs of sick children are often ignored in the adult centric focused orientation of many general hospitals. Importantly children, young people and their families find it challenging to make their voices heard and to be involved in decisions about their health. Worryingly multidisciplinary team members are not adequately prepared to cope with the complexities of caring for sick children and some staff have limited experience of working with them, especially in areas such as disability and mental health. (Glasper 2012)

The importance of care staff acknowledging the vulnerability of the sick child and in recognizing the signs of the deteriorating child is crucial and exemplified and perhaps reflective of Florence Nightingales (1859) famous quotation that "Children :they are affected by the same things as adults but much more quickly and seriously" (p 72)

Getting hospital inspections right for children and young people

To prepare her report, Dr Shribman led a team consisting of clinical experts and existing regulatory staff with the prime aim of constructing a methodology to ensure that inspections or audits of services for children in English hospitals accurately measure the safety and effectiveness of care delivery to sick children, young people and their families.

Her report contains no less than 73 recommendations, which are designed to more accurately reflect the true status of an individual clinical area. The English regulator has accepted in full or in part 70 of these recommendations demonstrating that it recognizes the complexity of inspecting hospital services for children, young people and their families.

The new and improved system of inspecting children's hospital services has already been successfully piloted at Liverpool's Alder Hey children's hospital in England. Furthermore, the English health care regulator is confident that the Shribman recommendations have played a major part in helping them to more fully understand and assess the care that is delivered to children, young people and their families in hospital. This is particularly pertinent when evaluating care delivery from during transition from children is to adult services. Importantly word wide, such inspection processes need to perceived by the children's nurses and other professionals who work in these clinical areas to be proportional, legitimate and conducted by people with the authority and confidence to do so.

It is beyond the scope of this paper to consider all 73 of Dr Shibman's recommendations but the five CQC domains and some of the associated key lines of enquiry (KLOE's) will be discussed.

Is the hospital/clinical environment safe?

In this domain the CQC examine five discrete KLOE's all of which are related to safe practice

1. Is there a track record of the hospital or clinical area learning from errors and making adjustments and improvements to care delivery?
2. How is incident reporting monitored? In these first 2 KLOE's, inspectors will look at among others, safety monitoring data, safety dashboards, safety thermometers and minutes of any safety meetings. This will include infection control data and an analysis of Datix reporting which is the Incident reporting and adverse events reporting system used by many hospitals (http://www.datix.co.uk/products-services/modules/uk-and-europe/

incident-reporting/)

3. Child safeguarding, medicine management systems, records management, cleanliness and hygiene, mandatory training and safety audits.
4. Patient risk assessment. Predominantly inspectors and specialist advisers will examine optimal staffing levels, and inspect staff rotas Crucially auditors should investigate staffing in its widest context ranging from overall numbers through to skill mix and measures of dependency To guide them they will refer to the UK Royal College of Nursing nurse staffing models for differing departments within children's services, which was updated in 2013. http://www.rcn.org.uk/__data/assets/pdf_file/0004/78592/002172.pdf . The RCN believes that these staffing standards are the minimal essential requirement for all providers of services to babies, children and young people in hospital and measures of sick child acuity linked to objective and measurable standards of staffing are strongly recommended,e.g Great Ormond Street Hospital have developed the PANDA acuity model . Panda is a Paediatric Acuity and Dependency scoring tool based on the English Department of Health criteria for paediatric high dependency and ward intensive care. The tool is used to score patients twice a day and to then calculate ward staffing levels based on the RCN Guidance for staffing children's wards. http://www.institute.nhs.uk/hia_-_other_submissions/other_submissions/paediatric-acuity-and-nursing-dependancy-assessment-panda-tool.html
5. Planning for potential risks. Inspectors will examine seasonal illnesses planning and major incident plans to ascertain how prepared the hospital is to deal with unusual events such as a school bus crash.

Are the hospital services effective?

In this domain the CQC examine six discrete KLOE's all of which are related to effectiveness.

1. Evidence based care and treatment: In this context inspectors will examine protocols, models of pain relief and assessment, nutrition and hydration and the use of technology.
2. Patient outcomes: Here inspectors will examine what audits have been conducted (e.g. ACCN policy audit), audit result action plans. Clinical governance meeting reports etc.)
3. Competent staff: This aspect on the audit inspection is predicated on the reality that the care the child receives in hospital is only ever as good as the children's nurses (or doctor etc.) who delivers it! So in this context inspectors and their specialist advisers' check on staff training, annual appraisals and now for doctors and nurses revalidation.
4. Multidisciplinary team working.
5. Availability of information especially that which is patient centered.
6. Consent: here inspectors seek assurances that assent and consent is obtained in the appropriate manner.

Is the service being provided to children and their families caring?

In this domain the CQC examine three discrete KLOE's all of which are related to caring.

1. Kindness, dignity and respect and compassion: here inspectors will examine local family feedback from "the friends and family test "and other mechanisms. They will observe how staff members interact with children and their families and actually interview families to corroborate information.
2. Patient and family involvement in care: here inspectors will investigate how families are helped to maximize their availability of services e.g. through the use of interpreters.
3. Emotional support: Inspectors will seek evidence that families are empowered to cope with child illness. E.g. to manage a newly diagnosed diabetic child.

Is the service being provided to children and their families responsive to their needs?

In this domain the CQC examine four discrete KLOE's all of which are related to how responsive the service is.

1. Service planning: this part of the inspection audit examines how the service liaises with its local community to ensure that is providing the right services for the population. The team will interview senior managers, stakeholders and health commissioners to solicit evidence that this is being done.
2. Equality and diversity: Principally this part of the inspection concentrates on groups of children such as those with complex disabilities to ensure that there are no barriers to them receiving optimum care delivery.
3. Timely access: This is to ensure that sick children get the right care at the right time!
4. Concerns and complaints: here the auditors examine how complaints about the service are processed and managed.

Is the service being provided to children and their families well led?

In this domain the CQC examine five discrete KLOE's all of which are related to investigating if the service is well led at all care delivery points.

1. Vision and strategy: Here the auditors seek evidence that all staff members understand the corporate strategy of the hospital.
2. Governance: here the inspectors examine the hospital risk register and clinical and internal audits. Importantly they examine the success of the "board to the ward "communication strategies.
3. Leadership and culture.

4. Patient and public and staff engagement: Here among others whistleblowing polices are examined and triangulated through staff interview.
5. Service innovation and improvement.

Conclusion

The key thrust of inspections or audits of children's services rely on valid and reliable data. Key lines of enquiry should be used during any inspection of services for sick children. There is no doubt that children's nurses, paediatricians and other health care professionals will increasingly rely on data when auditing the efficacy of their care delivery. Perhaps they should be inspired by the 1939 Hollywood movie The Wizard of Oz. Readers may recall that on her way to the Emerald City, Dorothy meets and befriends:

- The scarecrow who wants a brain,
- the tin woodsman who desires a heart
- and the cowardly lion who is in need of courage.

In contemporary practice, children's health care professionals need:

- A brain to understand data and generate best evidence and to become competent in care delivery.
- A heart to deliver care which is compassionate.
- Courage to communicate to the multi–disciplinary team their commitment to be an advocate for sick children.
- And importantly like Dorothy, the leadership qualities necessary to get the job done!

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