2 November 2012

ERAS: Measurement of outcome

Presenter: Mike Davidge
Functional outcome

Patient experience

Measurement of outcome
Outcomes and processes

Input → Process → Outcome

Measurement of outcome
Measurement is a process

1 Decide aim
2 Choose measures
3 Define measures
4 Collect data
5 Analyse & present
6 Review measures
7 Repeat steps 4-6

Measurement of outcome
Choose measures

1 Decide aim

2 Choose measures

3 Define measures

4 Collect data

5 Analyse & present

6 Review measures

7 Repeat steps 4-6

“Choose measures appropriate to your aim ...”

So don’t just ...
- Use what data is available
- Accept everyone’s pet measure

Measurement of outcome
Driver diagram

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Drivers</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| Improve outcomes for people undergoing major surgery | Assessment Care Bundle- maximising physical and functional status | • Nutritional screening  
• Optimisation of nutritional status  
• Monitoring and optimisation of Haemoglobin  
• Management and optimisation of Pre-existing co-morbidities |
| | Immediate Care Bundle  
Maximising physical and functional status whilst preparing patient for surgery | • Physiotherapy assessment  
• MDT assessments/referrals  
• MDT ERAS care pathway commenced  
• Patient education  
• Anaesthetic assessment; CPx testing |
| | Intra-operative Bundle  
Reducing the stress response to surgery and promoting homeostasis | • Nausea and vomiting prophylaxis  
• Optimal analgesia and anaesthetic (limit/avoid opioid usage)  
• Limit usage of drains, NG Tubes and catheters. Promote Laparoscopic approach  
• Goal directed fluid therapy  
• Carbohydrate loading pre-operation  
• Avoid bowel preparation (where appropriate)  
• Encourage post-operation nutrition |
| | Post-op Bundle-  
Patient centred and goal orientated specialist care following surgery | • Mobilisation within 6hrs post operatively if practical  
• Optimise gut function  
• Appropriate analgesia, aim for oral analgesia for discharge home  
• Optimal fluid balance and daily weights  
• Early enteral or oral nutrition within 12 hours of surgery |
| | Discharge and follow-up Bundle  
Timely discharge planning that supports the patient in a safe discharge and monitors care post-operatively to detect potential complications | • Predicted Date of Discharge achieved by the patient  
• Discharge needs confirmed with family/social services following surgical intervention  
• Patient follow up post discharge  
• Appropriate MDT follow up post discharge |

Measurement of outcome
Steps in the process

1. Collect data
2. Analyse & present
3. Review measures
4. Collect data
5. Analyse & present
6. Review measures
7. Repeat steps 4-6

Understanding what you put in

Learning from what you can get out

“Data has no meaning apart from its context”

Measurement of outcome
Collect

1 Decide aim
2 Choose measures
3 Define measures

4 Collect data

- How are you going to ensure you get the right data?
- How will you get hold of data already collected?
- How will you collect data items that you don’t currently collect?
- Plan to test with the next patient

Measurement of outcome
Top tips

- Look at what you currently have for data collection before reinventing the wheel
- Initial introduction to the Model for Improvement for all relevant trust members
- Get committed team with representation from all relevant areas
**Entering data**

<table>
<thead>
<tr>
<th>ID</th>
<th>Admission (DD/MM/YYYY)</th>
<th>Operation (DD/MM/YYYY)</th>
<th>Nutr tool</th>
<th>Pt weighed</th>
<th>TP Screen</th>
<th>DP &amp; ref's made</th>
<th>Co asses</th>
<th>ERAS exp to pt</th>
<th>Health\Risk asses</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>1</td>
<td>21/11/2010</td>
<td>22/11/2010</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>05/11/2010</td>
<td>06/01/2011</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>05/11/2010</td>
<td>08/11/2010</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>08/11/2010</td>
<td>08/11/2010</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>10</td>
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<td>09/11/2010</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Yes** means we have completed this item for this patient and it is documented  
**No** means we have not completed this item for this patient or it is not documented  
**N/A** means this item is not relevant to this patient

**Conclusion**: If you can’t find out whether the item occurred, enter **No** and write in Comment field
“Data collection can be easily incorporated into daily roles with commitment from a team and quickly starts to provide a basis for change”

Kylie Crook
Acute stroke programme lead, Aneurin Bevan HB
Analyse

1 Decide aim
2 Choose measures
3 Define measures

5 Analyse & present
6 Review measures
7 Repeat steps 4-6
4 Collect data

“The type of presentation you use has a crucial effect on how you react to data”
What does this data tell us?

Given two different numbers, one will always be bigger than the other!
Run charts

Measurement of outcome
Run chart look familiar?

Measurement of outcome
It is a waste of time collecting and analysing your data if you don't take action on the results.

**Question 1**
Where will the measures be reviewed?

**Question 2**
When (how frequently) will we review them?
Learning from your data – step 1

Look at each of the bundle compliances first
What strategy do you need to adopt for each?
Bundle compliance

(B2) % of pts complying with Immediate Care Bundle

Identify individual items to work on

(B3) % of pts complying with Intra-operative care bundle

Any individual items always zero

(B4) % of pts completing Post Operative Care Bundle

Prioritise individual items to work on

Measurement of outcome
Learning from your data – step 2

For each bundle drill down to see where you need to focus
Recent review of bundle 2

Measurement of outcome
Drilling down

% pts with thromboprophylaxis screening complete
from Nov 2010 to Jun 2012

Measurement of outcome
% pts achieved 4 walks daily after surgery

from Nov 2010 to Jun 2012

Measurement of outcome

Change things if not working
Don’t despair …

Measurement of outcome

% pts complying with Intra-operative care bundle B3
from Nov 2010 to Apr 2012

Months

% patients

Measurement of outcome
Learning from your data – step 3

Have a look at your outcomes
Are there any changes? Would you have expected any given the progress on bundle compliance?
Post-op Length of stay

**Length of stay - In Hospital**

- Median

**Immediate care**

<table>
<thead>
<tr>
<th>Days</th>
<th>05/11/2010</th>
<th>05/12/2010</th>
<th>05/01/2011</th>
<th>05/02/2011</th>
<th>05/03/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**Immediate care bundle**

- % patients over time

**Discharge**

<table>
<thead>
<tr>
<th>Weeks</th>
<th>05/11/2010</th>
<th>05/12/2010</th>
<th>05/01/2011</th>
<th>05/02/2011</th>
<th>05/03/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of pts completing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measurement of outcome**
Summary

Step 1: Look at each of the bundle compliances first
   *What strategy do you need to adopt for each?*
   *Sort One item; Any at zero; prioritise*

Step 2: For each bundle drill down to see where you need to focus

Step 3: Have a look at your outcomes
   *Are there any changes? Would you have expected any given the progress on bundle compliance?*
7 Steps to measurement

- Works for patient experience data too
- Qualitative – patient stories and interviews
  - Identifying the issues
- Quantitative – surveys and questionnaires
  - Tracking changes in identified issues over time
ERAS UK Member Survey: Patient Experience

Emma Jones; Research Physiotherapist, Yeovil Hospital
NHS Patient Experience Framework

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework identifies those elements which are critical to the patients’ experience of NHS services.

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;

- **Coordination and integration of care** across the health and social care system;

- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, shared decision making, care and health promotion;

- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;

- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;

- **Welcoming the involvement of family and friends**, on whose behalf patients and service users rely, in decision-making and demonstration of awareness and accommodation of their needs as care-givers;

- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning and support to ease transitions;

- **Access to care** with attention for example, to time spent waiting from admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

This framework is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence-based definition of a good patient experience. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.

Patient experience in adult NHS services: improving the experience of care for people using adult NHS services

Patient experience in generic terms

Clinical Guidance

Methods, evidence and recommendations

February 2012

Commissioned by the National Institute for Health and Clinical Excellence

Gateway reference number 17
Survey Results

- Nurses (12)
- ERAS Nurses (12)
- Surgeons (10)
- Anaesthetists (2)
- AHP (1)
- Researchers (3)

All surgical specialties
- Other
- Anaesthesia
- Gynaecology
- Urology
- Colorectal
- Orthopaedics
What are the benefits of capturing this data?

- What went well what went not well (6)
- Learning what it feels like (6)
- What is most important to patient (3)

- Quality of care and Service Improvement (21)
- Compliance of patients (2)
- Compliance of professionals (1)
- Adjust treatments (2)
- Less complaints (1)
What methods do you use to capture patient experience?

- Inpatient survey (2)
- Patient experience questionnaire (2)
- PROMS (2)
- Feedback from patients (2)
- Audit - non-specific (3)
- Patient satisfaction at discharge (3)
- Patient comment cards (3)
- Patient feedback survey at discharge (3)
- Telephone survey after discharge (5)
- Questionnaires - non specific (9)
- Patient diary during stay (9)
Do you think your methods reflect patient experience?

Yes - the questionnaires are anonymous (4)
No - We do not know what is important for a good or bad experience (2)
I don’t know – Not enough data to judge this (9)
  - Survey, questionnaires and diaries often not completed (4)
  - Bias: patients know the staff (3)
  - Are patients honest about us when they are in hospital? (3)
Yes – because it’s all subjective (1)
No – because it’s all subjective (1)
The way forward

- We need to develop new methodology to capture this complex phenomenon
- Staff need to have time to consider and discuss the results of the surveys
- Ownership at ward and local level
- Incorporating patient views – what do they think an experience is?
- Ensure we hear all voices – catch the vulnerable population
- Ensure that what we measure can lead to improvement
- Foster a forum for discussion
Conclusions

“Clinicians’ views about outcome may not always be in the best interest of the patient”

Patient Experience

“What patients want may not be what we perceive they want”

“Patient Experience is probably the only thing that matters”