

Quality Improvement: *Practical clinical care.*

Guide for use of grid.

Objective

To evaluate and objectively quantify the quality of practical clinical care provided (technical care/ patient care activities).

This observation grid can be used as

- A regular service evaluation (bi-annual)
- To identify training needs
- Follow up training

This tool allows

- Evaluation by service or by specific criteria provided
- Identification of weaknesses in knowledge or competence
- Identification of unsafe practices
- A contribution to the global view of the quality of the care provided within the service

This tool does not allow

- To determine if health systems data is collected, collated or analysed
- Prevalence of disease to be noted
- Following of case management
- To determine if care is provided according to policy

(The above can be achieved through an evaluation of the 'curative care' and with a 'patient file review')

An effective patient care activity is one that fits criteria such as:

- Safety of the patient, materials, staff is assured
- Respect of hygiene and an aseptic technique is utilised at all times
- All necessary material is prepared before the activity is begun
- The objective of the care is achieved
- The comfort of the patient is assured
- Effective communications skills are utilised

Quality Improvement: *Practical clinical care* - Methodology

To Begin:

Before an evaluation takes place, evaluators need to be chosen according to their skills and expertise. They must understand and agree on the use of the grid and the reasons behind the evaluation. It must also be decided:

- Which healthcare providers will be observed?
- How many healthcare providers will be observed?
- Which care /activity will be observed?
- How many care/ activity?
- Which evaluators will evaluate which services?
- Who, when and how will the data be collated and analysed?

These will need to take into account the context and the size of the structure. The team also need to be aware of the local culture (for example: more evaluators are required for bigger structures, female evaluators may be required for female staff, maternity or paediatrics, etc.).

All the personnel of the structure need to be aware of the evaluation and the reasons behind it; as do the patients involved.

Which healthcare providers and how many?

All those staff, from all services, who conduct patient care activities¹ should be included in the evaluation. The size and type of structure and the number of staff need to be taken into consideration in order to plan time for the evaluation accordingly.

For services where the staff is 6 or less, all must be evaluated.

For large healthcare structures it will not be possible to evaluate all staff; choose a percentage of the staff from each service by a random selection.

Actual selection

This should be conducted randomly; there are many ways this can be approached. Commence with a list of all staff in the service that conduct patient care activities; allocate them a number – this number is used throughout the evaluation.

An example of random selection:

The service has 20 staff who conduct patient care activities, they are numbered 1-20; it is decided to evaluate 10 of them.

Divide the number of staff by the number of evaluations that have be chosen to be conducted; $20/10 = 2$

Draw lots (in a box, place numbers 1-20) to choose a number between 1 and 20; number 3 is drawn.

Start with staff n° 3 and then systematically take every 2nd staff member (No: 5, 7, 9....) until a total of 10 staff are selected; if necessary return to the beginning of the list.

Which patient care activity and how many?

The patient cares /activities should be diverse and reflect the main activities of the service. It is possible also to choose according to other criteria such as, most prevalent diseases, severe/urgent cases or specific population group.

A total of 4 patient care activities per caregiver are recommended – depending on: the number of patients per day, patient consent, etc.

¹ Any technical activity involving a patient – changing a dressing, taking blood, giving medication, physiotherapy, etc.

Scoring system

The grid is made of 10 criteria.

5 criteria are scored on a scale 0 – 1 – 3 or 0 – 2 – 3.

5 criteria (“safety”, “efficiency”, “hygiene”, “asepsis” and “transmission of information”) are scored with negative values as any inaccuracy may put the patient’s life in danger.

The comments section is useful to note:

- Specific improvement needed, suggested.
- Additional criteria, such as final diagnosis.
- Problems with the process, grid, etc.

Data collation

The data from this evaluation is collated on three different tables allowing analysis of the data according to criteria, to service and to care/activity.

1. Summary and analysis table of observation per caregiver

Transcribe the data collected on the individual “rating form per caregiver on to this first table; one rating form per activity and one table per caregiver. Then calculate the percentages.

Although the object of this evaluation is the global quality of patient care conducted within the service, if a caregiver is noted to be unsafe in his practice further individual assessment is required and action needs to be taken.

2. Summary and analysis table of observation performed per service

This table collates the data of all the healthcare providers from the service. Transcribe the results from the column “total score /criteria” of table 1 ‘Summary and analysis table of observation per healthcare provider’ into the column “healthcare provider” of this table; a different column for a different caregiver. Calculate the percentages. Use different tables for different services; more than one table per service may be needed.

3. Summary and analysis table of observation performed per care/activity

This table collates data of all the healthcare providers from all services. The results of specific cares, chosen prior to the beginning of the evaluation, noted on table 1 ‘Summary and analysis table of observation per healthcare providers are transcribed into this table.

Analysis

An Acceptable Level of Performance (ALP)² had been determined at 75% (this percentage is agreed across all evaluation tools); results beneath this ALP are deemed to reflect unsafe care practices

A ‘**root cause analysis**’ needs to be undertaken to ensure identification of the real problems and implementation of correct solutions.

For example, a low result in hygiene is noted and as a lack of knowledge is assumed to be the problem, infection control training is given. However, no improvement is noted at a subsequent evaluation. In contrast, a **root cause analysis** is undertaken and the fact of the presence of only one hand basin in the ward is highlighted as an issue. An extra hand basin is installed and hand alcohol solution is provided and an improvement is noted.

A variety of actions may need to be implemented to improve the situation such as training activities, adjustment of supply, clinical mentoring and reorganisation of management, staffing or building structure.

By analysing these charts separately and together, a global picture of the service can be obtained. It is possible to identify:

- The global rate of effective patient care activities
- Specific problem areas (i.e vital signs, dressings, venipuncture, injections, etc.)
- Which cares/activities need to be addressed first in which service

² ALP = NPA in French “Niveau acceptable de performance”

Quality Improvement: *Practical clinical care* - explanation of the 10 criteria used.

Safety:

The patient: physical and psychological aspects considered before, during and after the activity – respecting age and condition. The correct care is conducted for the right patient at the right time.

The Materials: Expiration dates are respected for medications and equipment. Condition of material is noted and if disrupted, it is not used and problem is reported.

The staff (self/colleagues): awareness of health and safety issues such as, lifting, fire hazard, slips and falls, etc.

Hygiene:

Understanding and respect for 'standard precautions'

- Hand washing,
- Use of protective equipment
- Safe handling/disposal of medical waste
- Safe handling of blood/body fluids
- Personal hygiene
- Safe handling of sharps

Asepsis:

Understanding of and respect for all the rules of asepsis.

Efficiency / Result:

The objective of the activity is achieved in an effective manner. The correct care is delivered to the right patient at the right time.

Transmission of information:

Information on the delivery of the care, the outcome and the patient concerns/desires/needs is documented in a clear, concise and timely manner – both written and oral.

Comfort:

Physical and psychological support is provided before, during and after the activity.

This includes, but is not limited to, provision of pain relief and postural positioning of the patient.

Attitude/interpersonal relationship:

Effective communication skills are utilised. Consent is obtained and confidentiality is respected. Understanding of the procedure and the process is assured. Opportunity for patient/family education is provided.

Preparation of material:

All material necessary for the care is assembled prior to commencement. The material is organised and transported at the same time.

Chronology of the action:

Care conducted in a clear logic manner.

Material saving:

Material is consumed economically during the care (activities) – this is appropriate for the material and the patient (syringes and gloves are not 'saved'). Low levels of stock are reported.

Quality Improvement: *Practical clinical care* - rating form per healthcare provider.

Healthcare provider number:

Service:

Date:

1. Safety.		
Safety is not guaranteed - 4	Partial security – no major risk 2	Security is assured at all times 3

Comments:

2. Hygiene.		
Errors or Important omissions - 4	Moderate level of hygiene preserved 2	Good level of hygiene 3

Comments:

3. Asepsis.		
Errors or Important omissions - 4	Unconscious errors 2	Good respect of aseptic technique 3

Comments:

4. Efficiency/result.		
No efficiency - 3	Insufficient 1	Total efficiency 3

Comments:

5. Transmission of information.		
No transmission - 3	Transmission is incomplete 1	Transmission is complete 3

Comments:

6. Comfort.		
Errors or Important omissions 0	Good level of comfort 2	Comfort is assured 3

Comments:

7. Attitude/interpersonal relationship.		
Inept 0	Partially adapted 2	All elements present 3

Comments:

8. Preparation material.		
Errors or Important omissions 0	Most material is prepared 1	All material is prepared 3

Comments:

9. Chronology of actions.		
No chronology (logical sequence) 0	Errors or Important omissions 1	Ordered plan of action 3

Comments:

10. Material saving.		
Not economical 0	Partially economical 1	Appropriate level of economy 3

Comments:

Quality Improvement: *Practical clinical care.*
Summary and analysis table of observation per healthcare provider

Healthcare provider number:
 (Do not put healthcare provider name)

Service:

Date:

CRITERIA ⤵	Score for each patient care /activity				Total score /criteria	Maxi score /criteria	% ³	Comments
	Care 1 *[]	Care 2 []	Care 3 []	Care 4 []				
Safety								
Hygiene								
Asepsis								
Efficiency/result								
Transmission of information								
Comfort								
Attitude								
Preparation of material								
Chronology of action								
Material saving								
Total obtained /consultation (patient care) (A)								
Maximum score /consultation (patient care) (B)								
(A/B x 100) = %								

*Patient care/activity. Collate on the table 'Summary and analysis table of observation performed per care/activity'

³ [Total score per criteria divided by (maximum score per criteria x number of consultations) X 100].

Quality Improvement: *Practical clinical care.*
Summary and analysis table of observation performed per service.

Project:

Service:

Date:

CRITERIA ①	Score for each healthcare provider – in the same service				Total score /criteria	Maxi score /criteria	% ⁴
	Healthcare provider 1	Healthcare provider 2	Healthcare provider 3	Healthcare provider 4			
Safety							
Hygiene							
Asepsis							
Efficiency/result							
Transmission of information							
Comfort							
Attitude							
Preparation of material							
Chronology of action							
Material saving							
Total obtained / Healthcare provider (C)							
Maximum score /Care (D)							
(C/D x 100) = %							

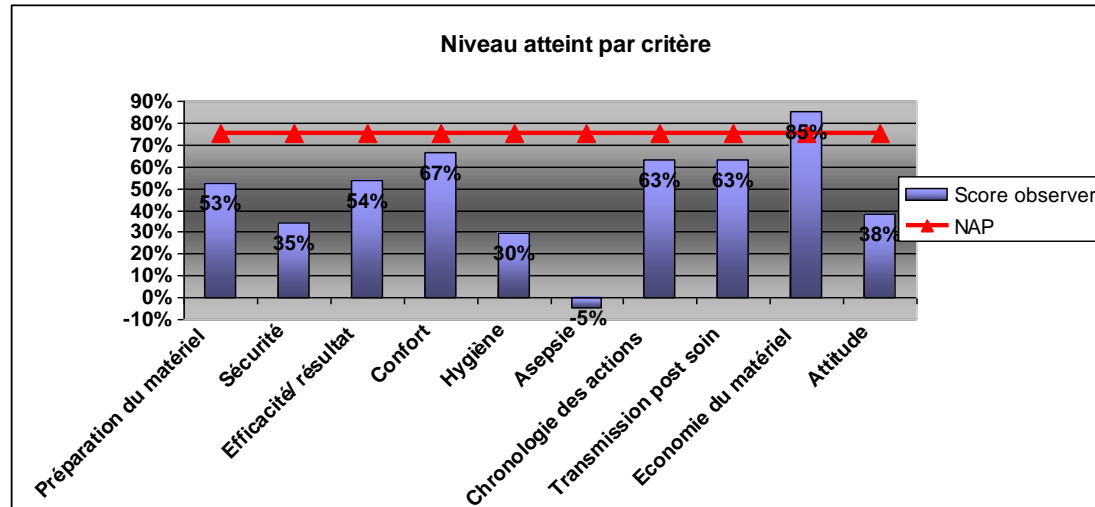
⁴ [Total score per criteria divided by (maximum score per criteria x number of consultations) X 100].

Quality Improvement: <i>Practical clinical care.</i> Summary and analysis table of observation performed per care/activity													
	Care 1 * []	Care 2 []	Care 3 []	Care 4 []	Care 5 []	Care 6 []	Care 7 []	Care 8 []	Care 9 []	Care 10 []	Total / Criteria	Total max/ Criteria	%
Total number of times specific care/activity was observed													
Criteria	Scores												
Safety													
Hygiene													
Asepsis													
Efficiency/result													
Transmission information													
Comfort													
Attitude													
Preparation of material													
Chronology of action													
Material saving													
Total for all the healthcare provider (E)													
**Total maximum for care (F)													
% for specific care (E/F X 100) = %													

*Patient care/activity (dressing, venipuncture, injection, etc). Found on table 'Summary and analysis table of observation per caregiver'

** Maximum score per care X number of times the care/activity was undertaken

Examples:



In this example it is evident that there is a problem with asepsis – this should be the first issue addressed. With this evaluation it is also possible to note that there is a problem with vital signs and injections – those activities that require more skill. Further investigation is required as it is not possible to analyse data by only reviewing the numbers; variables such as the context and significant events need to be taken into account.

