

Case study #4

Nursing beyond the call of duty

At Netcare, our value of **TRUTH** provides the basis for open and honest communication. In healthcare, this is essential to treating patients with dignity, no matter how difficult the truth may be.

In January 2009, a patient underwent an unplanned Nephrectomy (the removal of a kidney) at Netcare Milpark Hospital and awoke in After Care after the five-hour procedure. Khetiwe Tshabangu, an on-duty nurse, had been told by the patient's family that he was not aware a kidney had been removed.

In a letter commending Khetiwe's dedication and compassion, the patient wrote: "I do not think I would have made it through the next couple of days if it was not for the dedication and care of this staff member. Khetiwe Tshabangu was able to talk me through all my fears, not only with compassion and from a nursing point of view, but by sharing her own experience of survival with one kidney. Her gentle but encouraging firmness enabled me to regain my strength."

Khetiwe went beyond the call of duty, visiting and working with the patient in breaks and over her lunch times, even visiting him when he had recovered sufficiently to be moved to a general ward and checking up on him after release. For this, Netcare Milpark Hospital awarded Khetiwe Carer of the Month as well as the quarterly winner in March 2009.

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Clinical governance report



Clinical governance report – SA

Netcare prides itself on providing world-class, high quality patient care. Ensuring safer patient care requires that healthcare organisations institute clinical governance processes and systems in which excellent clinical care can flourish.

This report describes some of the systems and processes adopted by Netcare to ensure the highest standards of clinical governance and more importantly the outcomes achieved.

Coordination

Netcare has developed a comprehensive approach to clinical governance, guided by executive structures and hospital clinical governance committees.

The Quality Assurance and Clinical Risk Audit Committee is a Board governance committee, chaired by an independent non-executive director. Refer to page 79 for the committee's terms of reference. Other committees include the Quality Assurance Committee, the Infection Prevention Steering Committee, and the Medical Advisory and Ethics Committee.

Netcare's clinical governance strategy is based on clinical effectiveness and clinical practice, clinical risk management, patient experience, and professional development management and training. Our main focus is on standardising care as far as possible, keeping staff and medical practitioners informed, and measuring outcomes to ensure the best possible quality and safest patient care.

Accreditation

The international accreditation programme run by the UK-based CHKS Healthcare Accreditation and Quality Unit (HAQU) was continued at a further six of our facilities during 2009. Linksfield, Pretoria East, Krugersdorp, Union, Clinton and Garden City hospitals were all accredited in that period, and Christiaan Barnard Memorial, Greenacres, Umhlanga, Parklands and The Bay hospitals maintained their accreditation status with CHKS.

As part of this quality accreditation process, the hospitals must meet a number of stringent quality service criteria. Ongoing standards and quality evaluations are also performed on an annual basis.

These accreditations form part of a wider drive to implement an internationally acclaimed quality accreditation programme that will allow Netcare to benchmark itself against the world's finest healthcare standards.

Clinical effectiveness and safety The “Best Care... Always!” campaign – a new approach to infection prevention

Netcare continues to apply an internationally accepted methodology for reporting overall Healthcare Associated Infections (HCAIs). The number of patients developing HCAIs in Netcare's hospitals has decreased to 2.06 patients per 1 000 patient days for the year ended 30 September 2009, compared to 2.33 patients per 1 000 patient days in the prior year.

Netcare will be playing an active role on a representative national task team in driving the “Best Care...Always!” campaign. It is a patient health and safety initiative to support southern African healthcare organisations implement specific, internationally recognised, evidence-based interventions in patient care. Our mission is to support and drive the implementation of best care for every patient, always.

The campaign is modelled on the successful “100 000 Lives” campaign, championed by the Institute for Healthcare Improvement in the USA, and the Canadian “Safer Healthcare Now” initiative.

The initial focus is on intensive care units, targeting five interventions to significantly reduce the morbidity and mortality of patients in acute care hospitals, to:

- Prevent ventilator-associated pneumonias (VAP);
- Prevent surgical site infections (SSI);
- Prevent central line (catheter related) bloodstream infections (CLI);
- Prevent catheter-associated urinary tract infections (CA UTI); and
- Promote antibiotic stewardship in intensive care units.

The campaign is being rolled out in all Netcare intensive care units in collaboration with the physicians working in these units. We anticipate being able to report improvements in patient outcomes in the following year.

Incident management

Our incident management system aims to drive best practice initiatives to reduce adverse events and outcomes. For example, improvement targets are set in all of management’s balanced scorecards for the various risk factors that are inevitably present in healthcare environments. All reported incidents are captured and monitored on the Incident Management Reporting System, a central database.

Theatre incidents

In 2008, we recorded a total of 0.07 wrong procedures per 1 000 theatre cases. Following a drive to reinforce “surgical pause”, which is a final check in the operating room before the patient is anaesthetised, we have reduced the incidence to 0.03 per 1 000 theatre cases during 2009.

Medication errors

Medication errors of 1.81 per 1 000 patient days in 2008 have been reduced to 1.34 per 1 000 patient days for 2009. Medication errors leading to adverse outcomes were 0.03 per 1 000 patient days.

Falls

Patient falls decreased significantly from 1.03 per 1 000 patient days (2008) to 0.8 per 1 000 patient days in 2009. Falls leading to adverse outcomes were 0.07 per 1 000 patient days.

Mortality

The World Health Organisation considers hospital death rates to be one of the most important quality measures of a healthcare system. Netcare’s average crude mortality rate¹ has remained stable at around 1.1% of total inpatient admissions. This compares favourably with international benchmarks:

- 1.0% to 3.0% – Department of Health, USA; and
- 3.4% to 13.6% – various National Health Service (NHS) Trust hospitals, with the average for England being 8.5%.

Clinical outcomes

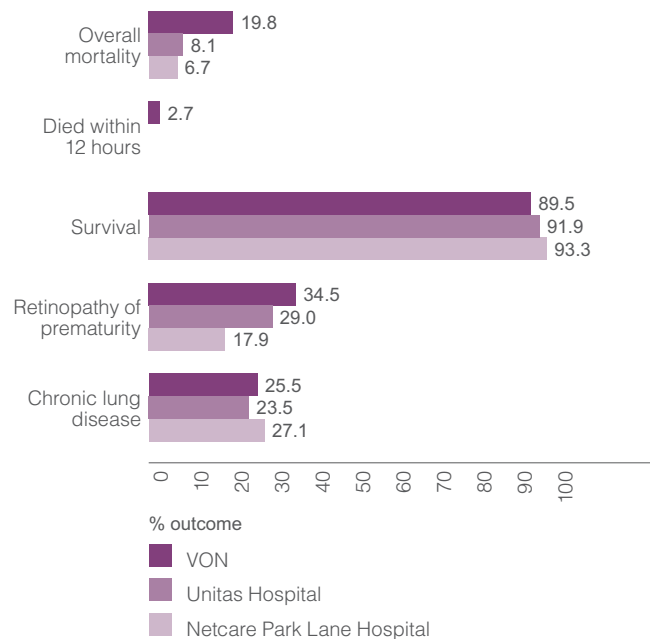
Vermont Oxford Network

Vermont Oxford Network (VON) is a non-profit voluntary collaboration of international healthcare professionals based in the United States. The organisation is dedicated to improving the quality and safety of medical care for newborn infants and families through a coordinated programme of research, education and quality improvement projects.

VON specifically focuses on very low birth weight (VLBW) infants (below 1 501g) because of the difficulties involved in treating them.

All Netcare hospitals with neonatal units benchmark themselves against the international norms recommended by VON. At the time of preparing this report, Netcare’s overall results for 2008 were not available. However, the graph below compares certain 2008 outcome statistics for VLBW infants in neonatal units from two of our larger hospitals with the VON international statistics for 2008. These statistics confirm that our neonatal care compares well with the best in the world.

Outcome statistics for VLBW infants in neonatal units



¹ Crude mortality rate equates to the total number of inpatient deaths divided by the total number of inpatient admissions.

Medibank Emergency Department outcomes based database

Medibank software has been installed in all Netcare's emergency departments. The different modules in the Medibank system enable us to track a patient from an incident, through pre-hospital care and into the emergency unit, to ICU and through to discharge.

This registry of outcomes-based data allows for more effective monitoring of clinical outcomes and supports the management of patients admitted to Netcare's emergency and trauma units.

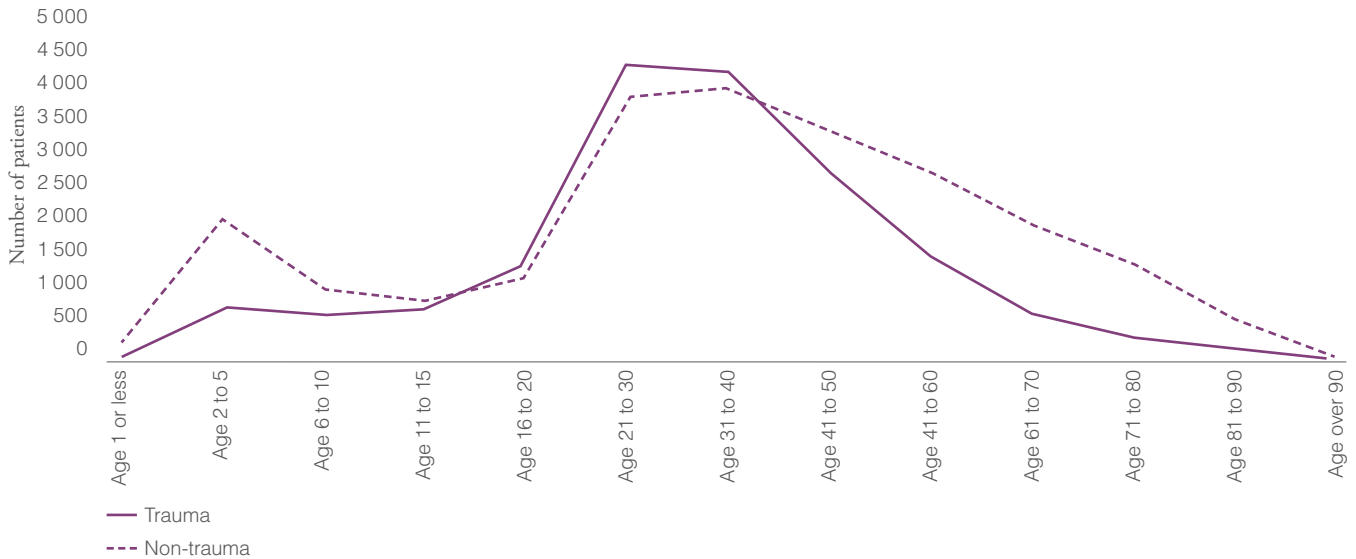
Netcare is the largest SA group participating in the Medibank data collection system, which contains a large aggregation of emergency department data. There are currently 32 Netcare emergency units participating in the Medibank data collection process.

Data extracted from the database for the period 1 January 2006 and 31 May 2009 is indicated below.

Age distribution analysis

The graph below indicates that patients in the age group of 15 to 40 make the most visits to Netcare emergency departments.

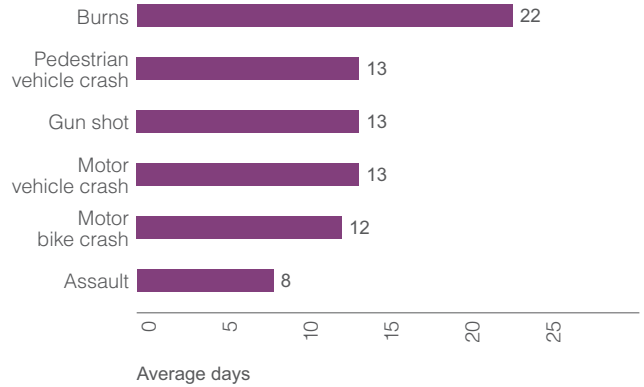
Number of emergency department visits per age group



Average days in hospital

The following graph displays the average days spent in hospital classed by the reason for admission, reflecting only incidents that result in longer terms of hospitalisation.

Average days in hospital by reason for admission



Patient experience

Patient-centred care is the core of clinical governance. Through the use of our customised Customer Interaction Relationship Management Information Technology (CIRMit) software system, we are facilitating timeous recording, effective escalation of information requests and thorough resolution of all queries.

During the year we introduced a new patient satisfaction scorecard in our hospitals and emergency departments, with more than 25 000 questionnaires completed by our patients on a monthly basis. All aspects of our service are rated, from admission to nursing care. Our current patient satisfaction score is measured at 88%.



Clinical governance report – UK

General Healthcare Group (GHG) works within a robust clinical governance framework to provide an environment in which our hospitals can continually improve the quality of care. Our strategy incorporates the use and review of a number of measures, including evidence-based clinical quality information, compliance with and achievement of national standards and quality assurance processes, the continued effective development of our staff, and a methodology to monitor and respond to feedback and complaints from our patients, employees, clinicians, local communities and other stakeholders.

Standard setting

Health regulation

The principal regulators for the BMI hospitals in England is the Care Quality Commission (CQC), the Scottish Care Commission for our three hospitals in Scotland, and the Health Inspectorate for Wales for our one hospital in Wales. The CQC assumed the role of the Healthcare Commission and the Commission for Social Care Inspection from 1 April 2009. Refer to the Healthcare sector and regulatory overview on pages 58 and 59 for further details.

GHG published its first set of Quality Accounts during the year. These will become mandatory from April 2010, following Lord Darzi's NHS Next Stage Review that requires all healthcare providers working on behalf of the NHS to publish Quality Accounts. GHG's first set summarise activities and successes against three quality domains – safety, effectiveness and patient experience.

The frequency of inspections at our hospitals has decreased year-on-year owing to the risk-based model adopted by the CQC. Their regulations require that six-monthly provider visits are carried out by the CQC across all our hospitals. These visits assess progress for actions required from previous CQC inspections and provider visits, compliance with National Minimum Standards and corporate policy, and best practice principles. Reports and action plans are generated, and copies are submitted to the CQC and the GHG Clinical Governance Board for review.

As inspections are risk based, attention is paid to standards that the CQC have assessed as potentially non-compliant from the hospitals' annual self-assessment submission, with the result that fewer standards are assessed at each visit. This focused approach has led to a marginal increase in the number of assessed core standards not fully met.

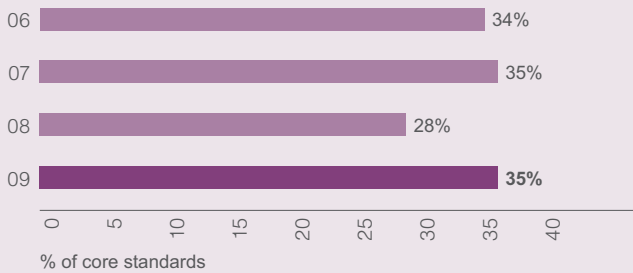
National guidelines

Published national guidelines are assessed for applicability and, when relevant, are communicated to our hospitals for implementation through well-established structures.

Evidence-based practice

Significant progress has been made in reviewing corporate policies and in managing them to ensure that they are based on the best available evidence, consistent in format and current, and can be easily adapted for implementation at local hospital level. All corporate policies are published on the corporate intranet for easy access for all staff.

Core standards assessed but not fully achieved



Implementation

Equipment

We continue to develop our services and prioritise capital expenditure to ensure our hospitals are able to implement the necessary evidence-based guidance and national guidelines. Our procedure for commissioning equipment requires that all staff that will operate the equipment are trained and their competency assessed to ensure the safety of patients and staff.

Risk assessment

All our activities and working environments are assessed for risk and scored to ensure that any actions required to reduce risk are prioritised. Populating the corporate risk register continues since its inception in 2008, a system which is providing improved risk management information.

Competent staff

Our staff continue to undergo annual mandatory training in a number of key skills such as life support and manual handling. In addition, individual staff needs are identified through appraisals, personal development plans and training needs analyses. These are used to assist in planning and providing relevant education and training to ensure that every staff member is suitably skilled to deliver the required standards of care. The company has piloted and is now rolling out an e-learning package for mandatory training. This has provided consistency in the content and standard of delivery, as well as providing cost-effective flexibility for staff to complete the modules at appropriate times. Staff complete a test at the end of each module. The reporting system on this package is also providing improved training records which are used to demonstrate compliance and facilitate appropriate management of non-compliance. It is expected that all hospitals will have gone live on this system by the end of April 2010. Practical components are being devised for certain modules such as moving and handling training.

A corporate programme for root cause analysis and incident investigation has been developed and is being rolled out at hospitals. This will help improve the quality of response to incidents and facilitate more effective implementation of appropriate action to minimise recurrence.

Clinical effectiveness and safety

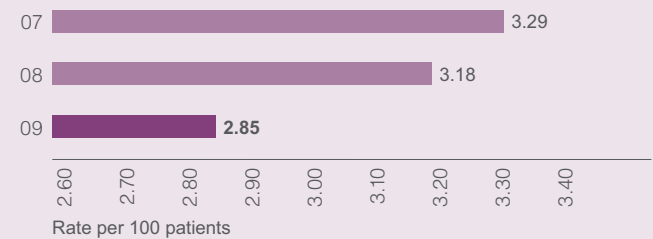
Every hospital and facility has a local framework which supports the monitoring and analysis of clinical effectiveness, clinical incidents and clinical quality. We have an entrenched culture of reporting all untoward clinical and non-clinical incidents, and potential incidents. This data is entered onto the electronic reporting system, Sentinel, and each incident is investigated and action taken to prevent recurrence. The main sub-indicators of clinical effectiveness are:

- Adverse outcomes;
- Unplanned transfers out;
- Unplanned returns to theatre;
- Unplanned readmissions within 31 days; and
- Mortality.

Adverse outcomes

We have recorded a year-on-year reduction in the number of reported adverse outcome clinical incidents.

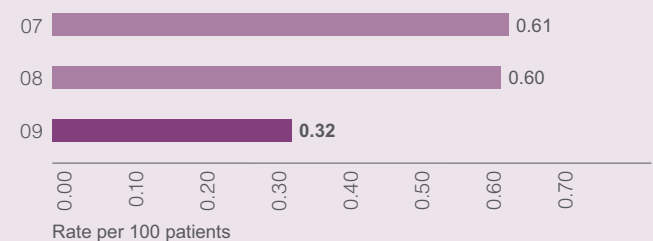
Adverse outcome clinical incidents



A training drive for incident reporting increased the number of non-adverse (near miss) reported incidents recorded. This has provided better data for hospitals to analyse trends and take action to address any issues identified that will lead to reduction in recurrence. This is helping to drive down the overall number of adverse incidents.

Medication errors

Medication errors – no adverse outcome



Hospital acquired infections

BMI hospitals report infection rates to the CQC and participate in the national Health Protection Agency infection surveillance projects. All staff attend mandatory training to ensure that the highest possible standards are maintained to minimise the risk of infection for all patients. GHG also participated in the national hand washing campaign with the use of light boxes to demonstrate effectiveness.

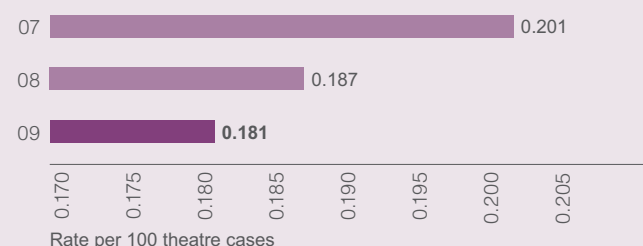
BMI rates for infections acquired in our hospitals is 0.6% of all admissions. This includes Surgical Site Infections (SSI), bacteraemias and catheter associated urine infections (September 2008 to August 2009). The UK National Audit Office reported NHS rates to be 8%. BMI has not had any MRSA bacteraemias acquired in any of our facilities in the last 12 months. The NHS rate is 0.79 per 10 000 bed days.

Clostridium difficile rates also remain very low with the average rate for all age groups at 0.09 per 1 000 bed days. The NHS rate is 0.52 per 1 000 bed days.

Return to theatre

All surgery carries a risk of complications and these may result in an unplanned return to theatre. We are pleased to report a reduction in the rate of unplanned returns to theatre which indicate that fewer complications occurred.

Unplanned return to theatre



Readmissions within 31 days

Unplanned readmissions are due to clinical complications relating to the original surgery. Again, we are pleased to report a decrease of around 40% between the periods 2007 and 2009.

Patient experience

Complaints

Complaints are managed with an emphasis on rapid resolution and recognising the opportunity to put things right for the complainant. This assists in retaining customers, preventing recurrences and improving patient experience.

BMI hospitals actively encourage feedback, both formal and informal. Patients are supported through a robust complaints procedure, with three possible stages:

- Stage one: hospital resolution;
- Stage two: corporate resolution; and
- Stage three: patients can refer their complaint for independent adjudication if they are not satisfied with the outcome of the previous two stages.

Every complaint is thoroughly investigated and the patient receives a written response. The Independent Sector Complaints Adjudication Service administer stage three complaints for the whole independent sector.

Patient satisfaction

Measuring patient satisfaction is administered by an independent agency, Howard Warwick Associates. They focus on increasing the number of return visits to our facilities and providing the best representative data possible. Group Quality and Risk managers support our facilities in focusing on areas of dissatisfaction, and in taking action to improve the patient experience.

Patient satisfaction scores for overall quality show that the majority of patients believe they receive excellent quality of care and service. In all, 99% of patients said they would recommend BMI hospitals.

Review of monitoring outcomes

Hospital level

Reports are generated as part of monitoring activity, which are analysed and reviewed by a multi-disciplinary Clinical Governance Committee. This committee assesses whether the remedial actions taken are appropriate and sufficient. These reports are then provided to the Medical Advisory Committee for final review and action, where this requires the involvement of the consultants.

Corporate level

Corporate level reports are generated to enable benchmarking adverse hospital incident rates, for example, in relation to other GHG hospitals. A Clinical Governance Management Report is produced monthly and contains data such as:

- The number of CQC requirements not met by due date;
- Serious untoward incidents;
- Stage two and three complaints;
- Trends for patient satisfaction;
- Infection rates;
- Incident rates;
- Health and safety issues; and
- Clinical speciality issues.

These are reviewed monthly by the Group Governance Board, chaired by the Group Medical Director. Other members include the Group Clinical Governance Director, Chief Nursing Director, and the Group Clinical Leads for Pathology, Pharmacy, Imaging, Physiotherapy, and Health and Safety.

A review of all data is undertaken and appropriate action is taken at corporate level to address any issues of concern. Feedback is provided to all hospitals through our Clinical Governance Bulletin.

The trend of decreasing reported adverse and non-adverse incidents demonstrates some degree of success in our clinical governance initiatives. However, we recognise the need to continually improve on the quality and safety of care delivered.

GHG has been a leading participant in developing a sector-wide project for submitting clinical indicators that will enable benchmarking against the rest of the independent sector and, in the longer term, the NHS. Testing of the system is under way and the first reports should be accessible in the first quarter of 2010.