



South Devon Healthcare NHS Trust

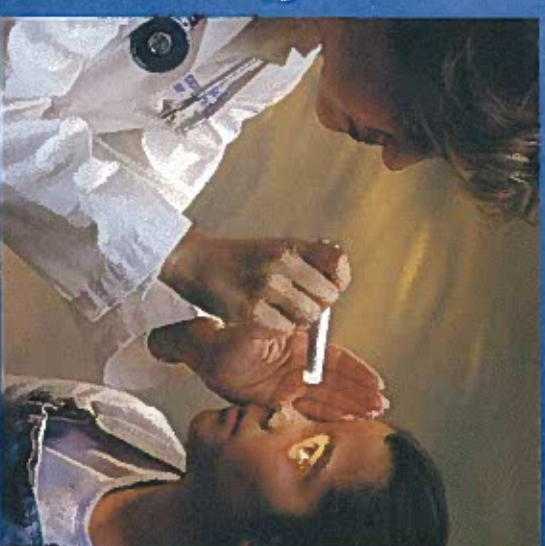
# Quality Accounts 2011/12

Improving quality through partnership



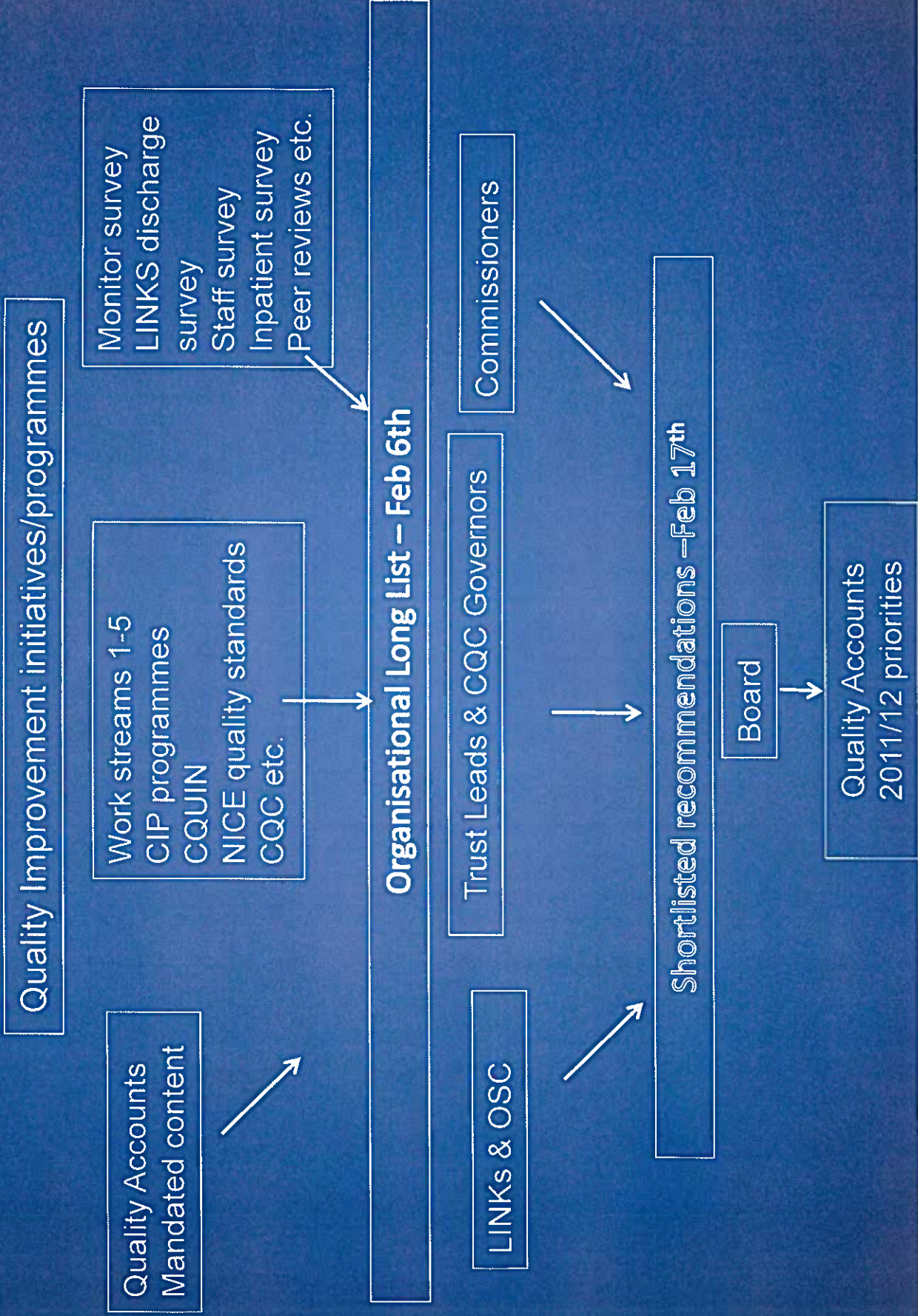
# Quality Account

- Annual report to public from SDHCFT about the quality of services we provide.
- Quality
  - Patient safety
  - Clinical effectiveness
  - Patient safety
- Enhance transparency, accountability & provide assurance
- Continue to build quality





# Setting priority areas





# Quality Account 11/12

## Look Back

- Performance against 5 agreed priority areas
  - Productive ward
  - Intentional rounding
  - End of Life Care
  - Enhanced recovery
  - Care & compassion





# Productive ward

Aim: To improve ward processes and release time to care using the Productive Ward methodology

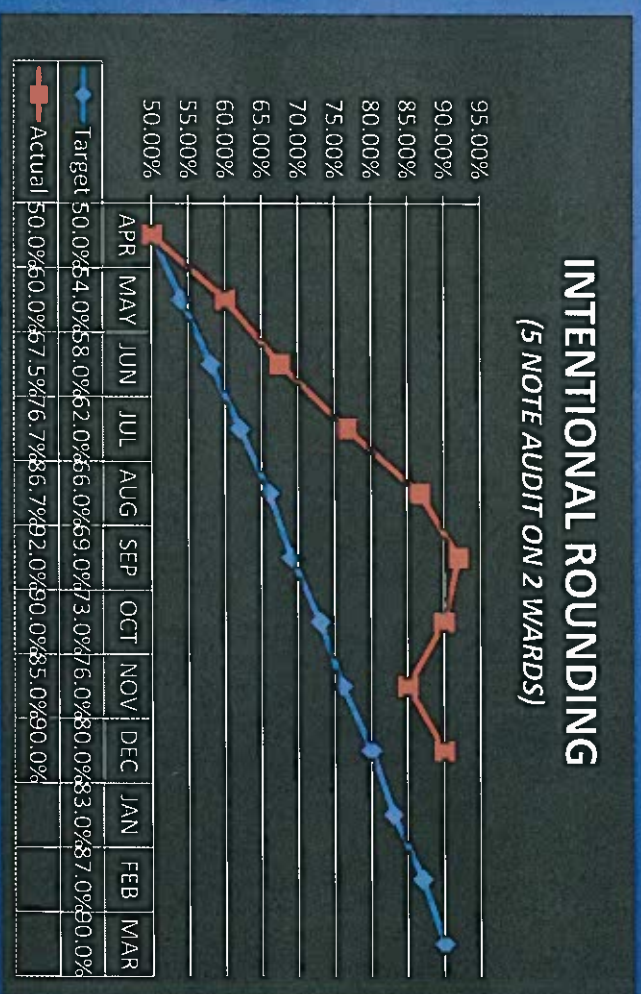
- Areas of work this year have included nursing shift handover processes, ward drug rounds, well organised wards
- Measures of improvement – setting baselines, use of safety crosses
- 46 out of 58 modules completed by Jan 12 – On target to complete



# Intentional rounding

Aim: To undertake intentional rounding on identified high risk patients within the first 24 hour period with the aim of achieving 90% compliance

- Two wards  
Ainslie & George Earle
- Concept now spread  
to other wards
- From 12/13 will form  
part of Ward Performance  
Dashboard & monitored  
through 'WIG'





# Enhanced recovery

Aim: To embed enhanced recovery across the hospital

- Set up system for data collection & enhanced recovery processes with teams
- Measuring performance & action plans for improvement

## Two targets:

- 90% of patients on an enhanced recovery pathway are admitted on day of surgery for all pathways (Exc. colorectal )
- 50% of patients are discharged on or before the intended median post operative day length of stay

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Target	90.0%	90.0%	90.0%	90.0%
	790	727	742	
	813	769	792	
Actual	97.2%	94.5%	93.7%	

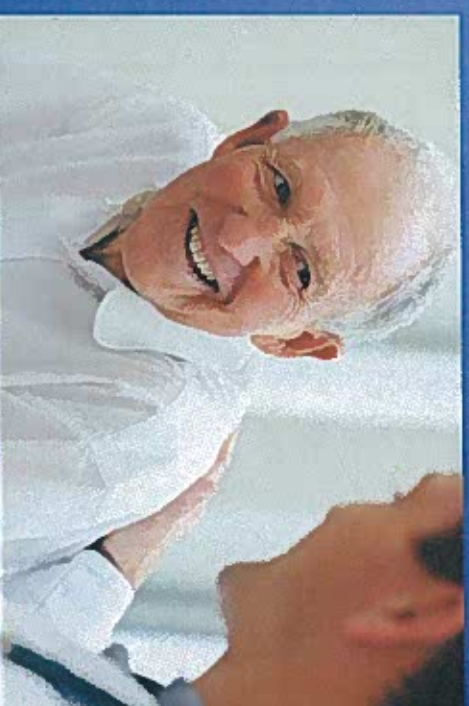
	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Target	50.0%	50.0%	50.0%	50.0%
1	550	546	604	
2	859	818	968	
Actual	64.0%	66.7%	62.4%	



# End of Life Care

Aim: To monitor compliance and outcomes against the community wide end of life rapid discharge pathway

- Database of patients referred to the Hospital Palliative Care Team nearing end of life
- Root cause analysis of the care of these patients
  - Identify areas of good practice
  - Areas for further investigation & improvement
- Actions taken forward internally and via EoL CPG

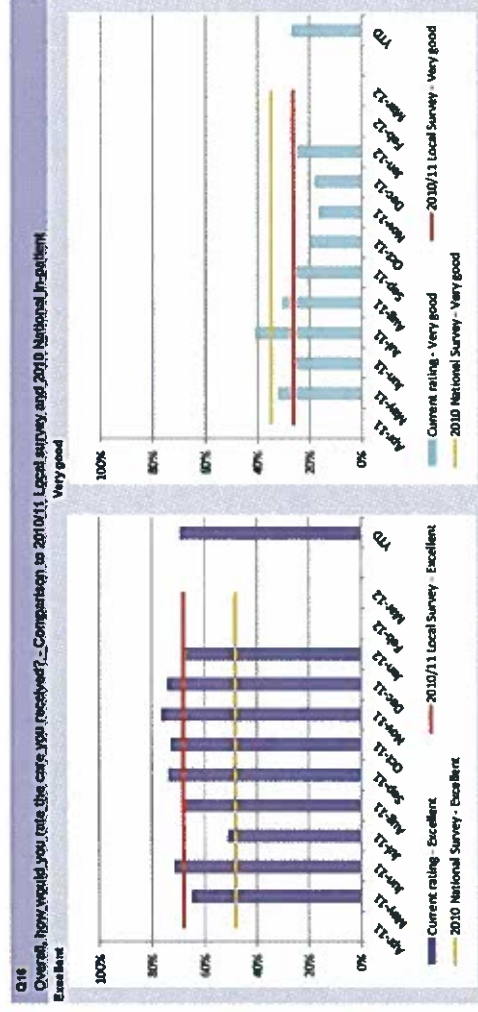




# Care and compassion

Aim: To measure care and compassion of older people in Torbay Hospital in response to the 2011 Health Ombudsman report...

- Real time patient feedback surveys – Working with Us Panel
- National inpatient & outpatient surveys
- Observations of care





# Focus for today

Debate & recommending 3-5 priorities

## Patient safety

- Productive ward (Year 2)
- Safety Thermometer (Free from Harm)
- Medicine management

## Patient experience

- End of Life Care (Route to Success)
- Way finding
- Carers
- Patient letters

## Clinical effectiveness

- Enhanced recovery in medicine (Sepsis)
- Clinical research (Patient participation)
- Transition of care for young people

