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Ward Assessments of Need: CQUIN target and Audit.

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- It is well documented that people with learning disabilities have complex health needs.
- Communication difficulties combined with a lack of staff awareness of this patient group's specific needs makes them very vulnerable in an acute setting (Mencap, 2007)
- In 2008 UHBristol specialist nurses developed a Dependency and Risk assessment to prompt and help ward staff in assessment of a patients needs. This was piloted on several wards and received positive feedback.

- The aims of the assessment were;
- To identify areas of risk for patients early on in an admission and to act accordingly.
- To provide evidence for additional resources and reasonable adjustments to care.
- To empower wards to feel confident in assessing patients needs when no Liaison service is available.
- To flag any concerns about vulnerable adults or capacity.

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- The document consists of questions about;
- Level of support needed for ADL's
- Communication
- Behaviours and anxieties
- Safeguarding
- Capacity
- Awareness of risk
- Additional sensory and health considerations
- Involvement of other services

- As well as assessment the document also contains recommendations and suggestions for adjustments to care.
- Additionally there is a form for documenting when adjustments to staffing are required to keep a patient safe, and why.

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- It was decided to open the assessment up for use trust-wide and in April 2009 UHBristol agreed to a CQUIN target with NHS Bristol to ensure that at least;

"70% of Patients with a LD, admitted for greater than 48hours and known to the LD team will have a Risk assessment completed for them by the trust"

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- Making the assessment a ‘target’ meant that it became a more important document to hospital staff.
- To support the CQUIN an audit was required to evidence this data collection.
- This audit also enabled us to see how ‘used’ the document was.

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- The responsibility for this Audit was placed with the LD nurses.
- Audit Aim;

"Is the trust completing a Dependency assessment for ≥70% of patients with a Learning Disability admitted for longer than 48h?"

Standards

- We weren't aware of any other example of this tool so did not have set targets for best practise to achieve.
- 70% was chosen as it seemed a realistic starting point, however our aim was for 100%
- Exceptions had to be those with LD that were not known to our team (as we could not audit them). Or if a diagnosis was unclear.
- Alert systems aided us in knowing when someone with LD had been admitted and not referred. Meaning this data was not lost and helped reduce bias.
- 48hours was chosen as this should ensure that our team would become aware of their admission by this time.
- We had to be realistic with what we could achieve with less than 1 x FT post, while still meeting our other objectives

Methodology

- The audit and CQUIN target were discussed at matron and sister's meetings and the responsibilities of the wards explained.
- Data was initially collected via a retrospective case-note audit, however this proved to be more time consuming than collecting the data as we went along (as all patient were known to the team anyway).
- A shared file was created whereby all LD nurses could enter the assessment date when viewed on the ward.

- We predicted that approximately 80 patients would be eligible for the assessment over the following year (based on previous inpatient referral data).
- Each referral was allocated a data number and information relating to eligibility for assessment was anomalously recorded on an excel datasheet (LD/not LD, length of admission etc….)
- When we were alerted to an admission we would document the date the assessment had been completed.
- If it had not been completed we would prompt the ward or joint work with them to complete it and then document the date on the data collection sheet.

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- This data was fed back monthly to a data analyst who would report to NHS Bristol on the % achieved.
- Only English patients were included on the CQUIN reporting, but all nationalities were audited (therefore data results are not the same).

Results

- Of 143 patients known to the team over the period (April 2009 – March 2010) 74 should have had an assessment completed for them according to the inclusion criteria.
- Of these 74 patients, 60 received it (81%)
- This supports the reported 84.6% by the data analyst for the CQUIN target (slight difference is due to aforementioned exclusion criteria).

Conclusion

- In conclusion the audit demonstrated that the CQUIN target was being achieved, but most importantly that over 80% of patients with a LD were receiving this assessment of their specific needs.

Discussion

- Difficulties met have been the increase in referrals from wards through greater awareness and via a growing alert system
- Staffing was reduced over this period which made it difficult to focus on training wards to take on this document.
- Most assessments have had to be joint between the ward and LD specialist nurses -meaning they have been very time intensive.
- Only one ward would consistently initiate the assessment themselves. However other wards would with prompting.

Actions

- To address these difficulties training and support needs to be to bigger groups of ward staff, rather than 1:1 as usually occurs. A rolling programme is being organised to teach nurses how to use the Ax.
- Reiteration of the wards responsibility in completing the assessment to senior staff is needed. Attendance at Matron and Sisters meetings is being organised for this.
- Wards appreciate doing the assessment jointly (especially if we know the patient well), and this should continue as required/possible.

Timescales

- These actions should be completed over the period April 2010 – March 2011.
- Information relating to completion of assessment should continue to be gathered and re-audited for this period.
- We should aim to improve on 2009/2010.

The Next Year…..

- UHBristol has agreed a CQUIN target with NHS Bristol that;

  "75% of individuals known to have a learning difficulty on admission to the hospital, with stays over 48 hours, to have a completed risk assessment and necessary adjustments to care are documented in ward care plan."

References

- Mencap (2007) Death By Indifference. Mencap:London