Clinical Audit – Hillingdon Tissue Viability Service

Title

Patient Reported Outcome Measures (PROMS) Hillingdon Complex Wound Clinic. Rolling Quarterly audit.

14th February 2014

Project Members

Lisa Glennon- data analysis
Tissue Viability Team– data collection
Patients – completed the audit tool

Background / Rationale

Patient Reported Outcome Measures (PROMS) measure quality from the patient’s perspective. The High Quality Care for all the NHS next stage final review paper (Department of Health DOH 2011) outlined the strategy to ensure quality is at the heart of all care provision in the NHS. A previous pilot audit was undertaken to test the audit tool and appropriate adjustments were made to this accordingly. The audit measures four areas of quality provision from the patient’s perspective, measured at initial assessment and at their four week appointment. This audit is now a rolling quarterly audit for Tissue Viability (TVT) and will also be rolled out to other service lines as appropriate.

The audit is linked to
CQC Outcomes 1,2,4,6,8,10, 11, 12, 16

Aims & Objectives

• Determine the clinical objective/outcome of the patient attending at first assessment and measure if objectives were met at 4 week appointment,
• Determine the expectations regarding dignity and respect at first assessment and whether their expectations were met at 4 week appointment.
• Determine expectations regarding prevention of infection at first assessment and whether their expectations were met at 4 week appointment
• Determine if appropriate any non-paid carer’s needs

Criteria & Standards
Methodology
A simple questionnaire was developed to capture four key areas (see Appendix 1). The questionnaire was printed by Clinical Governance to allow scanning for data analysis. All new patients attending the Complex Wound Clinic (CWC) from August to October 2013 inclusive were given the questionnaire to complete at their first appointment. If carer’s needs were identified the patient/carer was given an information leaflet and access to the Carer’s Handbook to read if required. The questionnaire was then completed by the patient at their four week appointment. Once all the patients had attended their 4 week appointment (approx. mid December 2013), the forms were sent to Clinical Governance for analysis and the report written by the Tissue Viability Team (TVT).

Abstract
Key Results
35 new patients attended the CWC between May 2013 and July 2013 completing the questionnaire again at 4 week appointment.

Question 1. Objectives/ Clinical outcomes from service
What are your expectations/objectives/outcome regarding your treatment from the service (tick all that apply) eg reduction of pain, odour, irritation, healing wound, improved mobility.

• Pain reduction – 21 (60%) patients stated they wanted reduction in pain at First Assessment and more patients 20 (95%) stated that this objective had been met at 4 week appointment.
• Healing wound – 32 (91%) patients stated they wanted a healing wound at First Assessment and 29 (91%) stated that this objective had been met at 4 week appointment.
• Reduction in odour - 6 patients stated they wanted a reduction in irritation at First Assessment and more patients n=10) stated that this objective had been met at 4 week appointment.

Question 2. Expectations regarding care and dignity from service
What is important to you whilst receiving your treatment ( tick all that apply) eg Kind caring/ courteous staff, involved in decision making, being listened to, having privacy, being treated as an individual.
Kind caring/courteous staff – 33 (94%) patients stated at First Assessment that kind
caring/courteous staff was important to them and 33 patients (100%) stated this was
achieved by week 4 appointment.

Privacy - 21 patients stated at First Assessment that having privacy was important to
them. However more patients, (n=26) stated this was achieved by week 4 appointment.

Being Listened to – 27 patients stated at First Assessment that being listened to was
important to them. However more patients (n=28), stated this was achieved by week 4
appointment.

Being treated as an Individual – 27 patients stated at First Assessment that being
treated as an individual was important to them. More patients (n=29) stated this was
achieved by week 4 appointment.

Question 3. Prevention of Infection
Prevention of infection is very important to us. What do you expect to enable good infection
prevention precautions? (Tick all that apply) eg Good hand washing, use of regular alcohol
gel, clean room/facility, clean procedure trolley, changing gloves as appropriate.

• Good hand washing – 34 (97%) patients stated at First Assessment that appropriate
hand washing was an expectation for prevention of infection. 33 patients (97%) stated this
was achieved by week 4 appointment.

• Clean Room/facility - 30 patients stated at first assessment that having a clean
room/facility was important to them, more patients (n=31) stated this was achieved by 4 week
appointment.

• Changing Gloves as Appropriate - 31 patients stated at First Assessment that
changing gloves as appropriate was an expectation for prevention of infection and more
patients (n=32) stated this was achieved by week 4 appointment.

Question 4 Unpaid carers.
5 (14%) patients stated they had an unpaid family member as a carer. 3 patients stated they
would like further information regarding support and advice 4 patients stated at 4 week
appointment that their carer had received this information and would contact agencies to
support them.

Conclusion
The results of this audit are very positive demonstrating the Tissue Viability Team are
providing high quality clinical services for patients with complex wounds in Hillingdon. The
team are meeting the patient’s clinical outcome objectives which have also been previously
demonstrated in the several Outcomes Audits (HPCT 2006, HPCT 2007, HPCT 2008, 2009,
2010, CNWL HCH 2011b CNWL 2012b). The team are also providing dignity and respect
and courteous, personalised and individual care and ensuring patient safety in prevention of
infection.

Recommendations
Continue to undertake the PROM audit quarterly. Suggest to other services to adopt tool as
appropriate to capture patient experiences and objectives of care provision.
No Quality Action required.
Limitations

There continues to be difficulty collecting the data regarding patient’s carers since many patients do not appreciate/identify that their family members are non-paid carers. This will be addressed in future audits and the audit tool may be changed accordingly.

Some of the patients tend to tick all the objectives being achieved at 4 week appointment even though these were not identified and ticked by them as an objective at first assessment. This is most likely because the patient realizes at the four week appointment that these objectives have been met and often delighted at the results of the interventions. Consequently at the 4 week appointment the numbers are higher than at first appointment for some of the objectives.

Results

35 patients attended for first appointment and four week appointment between August - October 2013 and completed the questionnaire. Patients completed the questionnaire themselves with help from carer/family or staff if required.

Q1. Objectives/Clinical Outcomes from Service.

First Appointment - What are your expectations/objectives/outcomes regarding your treatment from the service. Patients were asked to tick all that apply. 21(60%) patients stated they wanted the pain reduced, 32 (91%) stated they wanted a healing wound and 12 (34%) patients stated they wanted to improve mobility eg walking. Patients could tick as many objectives as they wanted.

Number of patients = 35

<table>
<thead>
<tr>
<th>Objective</th>
<th>Frequency/Number</th>
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<tbody>
<tr>
<td>reduce pain</td>
<td>21</td>
</tr>
<tr>
<td>healing wound</td>
<td>32</td>
</tr>
<tr>
<td>reduce odour</td>
<td>6</td>
</tr>
<tr>
<td>reduce swelling</td>
<td>18</td>
</tr>
<tr>
<td>Improve functions and quality of life Mobility eg. Walking</td>
<td>12</td>
</tr>
<tr>
<td>reduce irritation</td>
<td>13</td>
</tr>
</tbody>
</table>

Q1. Objectives/Clinical Outcomes from Service.

4 week appointment. Were your expected clinical outcomes regarding your treatment from the service achieved?

Reduce pain

21 patients stated they wanted reduction in pain at First Assessment and 20 patients (95%) stated that this objective had been met at 4 week appointment.

<table>
<thead>
<tr>
<th>Reduced Pain</th>
<th>Number/Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>95%</td>
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</table>
Healing Wound
32 patients stated they wanted a healing wound at First Assessment and 29 (91%) stated that this objective had been met at 4 week appointment.

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<thead>
<tr>
<th>Objective</th>
<th>Number/Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing wound</td>
<td>29</td>
<td>91%</td>
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</table>

Reduction in odour
6 patients stated they wanted a reduction in odour at First Assessment. More patients (n=10) stated that this objective had been met at 4 week appointment.

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<thead>
<tr>
<th>Objective</th>
<th>Number/Frequency</th>
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<tbody>
<tr>
<td>Reduce odour</td>
<td>10</td>
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</table>

Reduction in Swelling.
18 patients stated they wanted a reduction in swelling at First Assessment. More patients (n=19) stated that this objective had been met at 4 week appointment.

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<tr>
<th>Objective</th>
<th>Number/Frequency</th>
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<tbody>
<tr>
<td>Reduce Swelling</td>
<td>19</td>
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</table>

Improve function eg mobility and walking
12 patients stated they wanted an improvement in mobility eg walking at First Assessment and 9 (75%) stated that this objective had been met at 4 week appointment.

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<th>Objective</th>
<th>Number/Frequency</th>
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<tbody>
<tr>
<td>Improve function</td>
<td>9</td>
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</table>

Reduction in Irritation.
13 patients stated they wanted a reduction in irritation at First Assessment and 11 patients (85%) stated that this objective had been met at 4 week appointment.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Number/Frequency</th>
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</thead>
<tbody>
<tr>
<td>Reduce irritation</td>
<td>11</td>
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</tbody>
</table>

Q2 Expectations regarding Care and Dignity from service.
First Assessment. What is important to you whilst receiving your treatment. Patients were asked to tick all that apply. 33 (94%) patients stated that having kind/courteous staff was important, 27 (77%) stated that being listened to was important and 27(77%) stated that being treated as an individual was important. Patients could tick as many objectives as they wanted.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Frequency/Number</th>
</tr>
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<tbody>
<tr>
<td>Kind caring/courteous staff</td>
<td>33</td>
</tr>
<tr>
<td>Involved in decision making</td>
<td>30</td>
</tr>
<tr>
<td>Having privacy</td>
<td>21</td>
</tr>
<tr>
<td>Being listened to</td>
<td>27</td>
</tr>
<tr>
<td>Being treated as an individual</td>
<td>27</td>
</tr>
<tr>
<td>Nothing</td>
<td>0</td>
</tr>
</tbody>
</table>
Q2 Expectations regarding Care and Dignity from service.
4 Week Appointment. Were your expectations regarding care and dignity from the service achieved?

Kind caring/courteous staff
33 patients stated at First Assessment that kind caring/courteous staff was important to them and 33 patients (100 %) stated this was achieved by week 4 appointment.

Involved in Decision Making.
30 patients stated at First Assessment that being involved in decision making was important to them and 22 patients (73 %) stated this was achieved by week 4 appointment.

Having Privacy
21 patients stated at First Assessment that having privacy was important to them. However more patients, (n=26) stated this was achieved by week 4 appointment.

Being Listened to
27 patients stated at First Assessment that being listened to be important to them. However more patients, (n=28) stated this was achieved by week 4 appointment.

Being Treated as an Individual.
27 patients stated at First Assessment that being treated as an individual was important to them. However more patients, (n=29) stated this was achieved by week 4 appointment.

Q3 Prevention of Infection.
First Assessment. Prevention of infection is very important to us. What do you expect to enable good infection prevention precautions? (Tick all that apply). Patients could tick as many expectations as they wanted.
34 (97%) patients stated that appropriate hand washing was expected, 30(86%) patients stated that a clean room/facility was an expectation and 31 (89%) patients stated that changing gloves as appropriate was an expectation.

Number of Patients = 35

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Frequency/Number</th>
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<tr>
<td>Appropriate Hand Washing</td>
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<tr>
<td>Regular use of alcohol gel</td>
<td>31</td>
</tr>
<tr>
<td>Clean Room/facility</td>
<td>30</td>
</tr>
<tr>
<td>Clean surface/trolley</td>
<td>31</td>
</tr>
<tr>
<td>Changing gloves as appropriate</td>
<td>31</td>
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</table>

Q3 Prevention of Infection.
4 week appointment. Did you feel that there were good infection prevention precautions taken at ALL times? (Relate to first assessment objectives and tick all that were ticked/apply)

Appropriate Hand washing
34 patients stated at First Assessment that appropriate hand washing was an expectation for prevention of infection. 33 patients (97%) stated this was achieved by week 4 appointment.

Regular Use of Alcohol Gel
31 patients stated at First Assessment that regular use of alcohol gel was an expectation for prevention of infection and 30 patients (97%) stated this was achieved by week 4 appointment.

**Clean Room/Facility.**

30 patients stated at First Assessment that a clean room/facility was an expectation for prevention of infection. More patients (n=31) stated this was achieved by week 4 appointment.

**Clean Surface/Trolley**

31 patients stated at First Assessment that a clean procedure/trolley was an expectation for prevention of infection and 26 (83%) stated this was achieved by week 4 appointments.

**Changing Gloves as Appropriate**

31 patients stated at First Assessment that changing gloves as appropriate was an expectation for prevention of infection and more patients (n=32) stated this was achieved by week 4 appointment.

**Q4 Do you feel you have a non-paid carer e.g. wife, husband, children?**

First Assessment (n=35)

- 5 (14%) patients answered yes and 27 (77%) patients stated no.

First Appointment

4b. Does he/she have access to support groups?

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<th>4b</th>
<th>Frequency</th>
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<tr>
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<td>No</td>
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<tr>
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<td>0</td>
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</table>

If no would they like information regarding this?

3 patients stated they would like information regarding support groups.

<table>
<thead>
<tr>
<th>4b</th>
<th>Frequency</th>
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</thead>
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<td>Yes</td>
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<tr>
<td>No</td>
<td>4</td>
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<tr>
<td>Unsure</td>
<td>0</td>
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</table>

4 week appointment

Q4b If you requested information regarding support groups for your carer did you receive this?

4 patients stated they did receive information they requested

Q4c Is he/she involved in decision making about your health?

3 patients stated their carer was involved in decision about their health.

<table>
<thead>
<tr>
<th>4a</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Yes</td>
<td>3</td>
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</table>
No patients stated they would like their carer to be more involved with decisions regarding their health. At four week appointment 1 patient stated that their carer was more involved with decision making regarding their care.

**4c and 4d Do you believe their needs are met e.g. respite care, counselling, education?**
1 patient stated at first assessment that their carer’s needs were not met. 1 patient stated at first appointment that they would like further information regarding this and 2 patients reported on the questionnaire that their carer did not want any information. No patients stated at the 4 week appointment that their carer had received support.

The results in this rolling audit are similar to previous PROMS audits.

**Conclusions**

The results of this audit are very positive demonstrating the Tissue Viability Team are providing high quality clinical services for patients with complex wounds in Hillingdon. The team are meeting the patient’s clinical outcome objectives which have also been previously demonstrated in the several Outcomes Audits (HPCT 2006, HPCT 2007, HPCT 2008, 2009, 2010, CNWL HCH 2011, CNWL HCH 2012, CNWL HCH 2013). The team are also providing dignity and respect and courteous, personalised and individual care and ensuring patient safety in prevention of infection.

**Recommendations**

Continue to undertake the PROM audit quarterly. Suggest to other services to adopt tool as appropriate to capture patient experiences and objectives of care provision. Determine if there is a more appropriate method of capturing carer's needs in a future audit.

No Quality Action required.

**Presentation**

Business team to add findings on the CNWL HCH web site for patients/family to view.

**References & Appendices**
See below Appendix 1
Patient ID

Patient Related Outcomes Audit Tissue Viability

1. Objectives/Clinical outcomes from service:
What are your expectations/objectives/outcomes regarding your treatment from the service (Tick all that apply)
- [ ] Reduce pain
- [ ] Reduce Odour
- [ ] Reduce Swelling
- [ ] Healing Wound
- [ ] Reduce irritation
- [ ] Improve mobility e.g. walking

2. Expectations regarding care and dignity from service:
What is important to you whilst receiving your treatment (Tick all that apply)
- [ ] Kind caring/courteous staff
- [ ] Involved in decision making
- [ ] Having privacy
- [ ] Being listened to
- [ ] Being treated as an individual
- [ ] Nothing

3. Prevention of Infection:
Prevention of infection is very important to us. What do you expect to enable good infection prevention precautions (Tick all that apply)
- [ ] Appropriate hand washing
- [ ] Use of regular alcohol gel
- [ ] Clean/room facility
- [ ] Clean Surfiacy
- [ ] None
- [ ] Changing gloves as appropriate

4. Support for non-paid carers/family

4a. Do you feel you have a non-paid carer e.g. wife, husband, children?
[ ] Yes [ ] No [ ] Unsure

If Yes continue to answer question 4b-4d

4b. Does he/she have access to support groups?
[ ] Yes [ ] No [ ] Unsure

If no would they like information regarding this?
[ ] Yes [ ] No [ ] Unsure

4c. Is he/she involved in decision making about your health?
[ ] Yes [ ] No [ ] Unsure

If no, would you like them to be more involved?
[ ] Yes [ ] No [ ] Unsure

4d. Do you believe their needs are met e.g. respite care, counselling, education?
[ ] Yes [ ] No [ ] Unsure

If no, would he/she like some information regarding this?
[ ] Yes [ ] No [ ] Unsure

Date of Assessment: ____________________________

1
Review Appointment (4 weeks later)

1. Objectives/ clinical outcomes from service

Were your expected clinical outcomes regarding your treatment from the service achieved? (Relate to first assessment objectives and tick all that apply)

- Reduce pain: Yes  No
- Healing wound: Yes  No
- Reduce odour: Yes  No
- Reduce swelling: Yes  No
- Reduce exudate: Yes  No
- Mobility eg walking: Yes  No
- Social eg swimming: Yes  No
- Reduce irritation: Yes  No
- Other (please state):____________ Yes  No

There were no objectives

2. What were your expectations regarding care and dignity from service achieved? (Relate to first assessment objectives and tick all that apply)

- Kind caring/ courteous staff:  
- Involved in decision making:  
- Being listened to:  
- Having Privacy:  
- Being treated as an individual:  

3. Prevention of Infection

Did you feel that there were good infection prevention precautions taken at ALL times? (Relate to first assessment objectives and tick all that apply)

- Good hand washing: Yes  No
- Use of regular alcohol gel: Yes  No
- Clean room/facility: Yes  No
- Clean procedure trolley: Yes  No
- Changing gloves as appropriate: Yes  No

4. Support for non-paid carers/family (if appropriate)

4a. If your carer requested information regarding support groups did you receive this? Yes  No
4b. If you requested your carer to be more involved in decision making about your health, has this now happened? Yes  No
4c. If you requested information regarding your carers needs being met eg counselling, respite care, education, did you receive this? Yes  No

If yes has your carer managed to get some support if required egg respite, counselling, education? Yes  No
Quality Improvement Action Plan

Project Title:

<table>
<thead>
<tr>
<th>Service/Ward/Team Action Date</th>
<th>Action Required</th>
<th>Person(s) Responsible</th>
<th>Due Date</th>
<th>Action Status</th>
<th>Outcome/Changes in practice</th>
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Actions should be **Specific, Measurable, Achievable, Realistic and Timely.**