

Implementation of Lead Nurse monitoring visits to promote continuous quality improvement

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Introduction

Supporting a network of geographically dispersed satellite dialysis units in order to promote compliance with clinical practice is challenging. In order to focus on continuous quality improvement (CQI)¹ and patient safety a targeted supportive approach was introduced in 2018 by means of Lead Nurse monitoring visits using a purpose built monitoring tool.

Objectives

- Perform a minimum of four Lead Nurse monitoring visits in all units across the network of dialysis units by the end of 2018
- Provide dialysis unit specific action plans to promote CQI
- Recognise/share areas of good practice.

Methods

Application of the purpose built monitoring tool (Table 1) was utilised to provide a consistent and focussed review of critical elements of the haemodialysis process for example;

- Haemodialysis clinical practice² including the connection of and disconnection of haemodialysis.
- Infection prevention/control including Hand Hygiene³, cleaning of equipment and the use of Personal Protective Equipment.
- Patient records including dialysis prescriptions, referral and admission, care plans, Waterlow⁴ Scores and Manual Handling Assessments.
- Medicines management⁵ including checking, administering and recording of medications.

Immediate dissemination of the monitoring visit findings and development of local unit specific action plans were used to drive CQI. Collation of results into a central database were also performed to allow analysis of trends, areas of best practice or identification of risk. The use of a risk-based approach would then act as a trigger for further unannounced audits/inspections.

Results

To date 48 monitoring visits demonstrate an average score of 91% (Range 78% - 98%)(Graph 1). This weighted scoring system produces a visual display of the results "Red, Amber and Green" (RAG). The RAG display of results provides a clear view of good practice and areas for CQI. Although outcomes from monitoring visits have been reflective of those from subsequent International Standard Organisation (ISO 9001/2015) audits it was apparent that the clinics would be unable to close some of the actions before the next monitoring visit was due to take place. In light of this it was decided that the monitoring visits would only be performed twice a year for each clinic with 2 additional Lead Nurse support visits in between the full monitoring visits. The hand hygiene audits yielded average scores of 89% in quarter 1 and 88% in quarter 2.

Conclusion

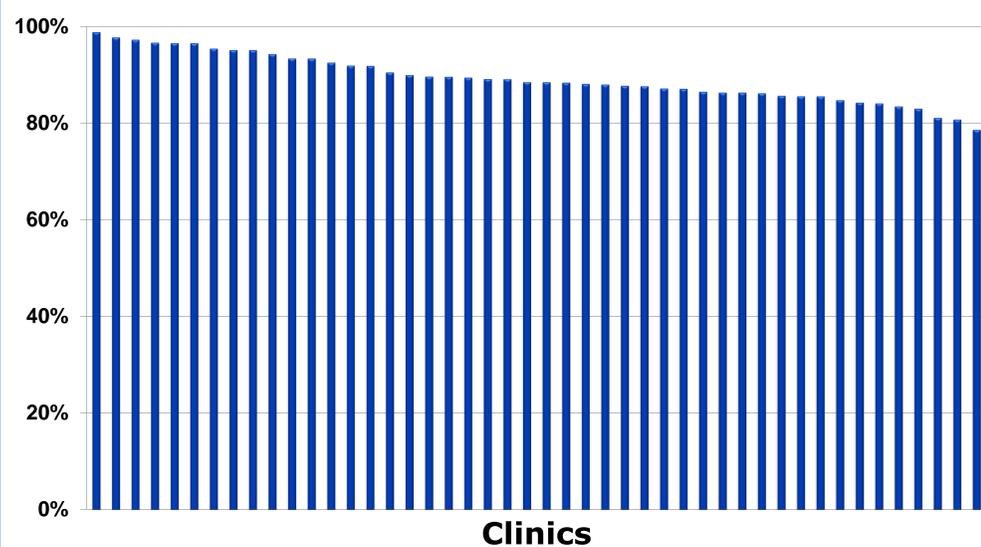
With the change in the frequency of the completion of full monitoring visits we are at present unable to identify if any positive changes are occurring as a result of this new approach. We have however been able to ensure that each clinic receives the same consistent approach and have identified assurance through consistently high scores in certain areas. Early results have identified several areas for CQI which will have a positive impact on patient care, patient safety, and enhanced compliance with critical elements of the haemodialysis process. Further data is required in order for the process to be fully reviewed but overall the feedback from clinics receiving these visits has been very positive.

References

- ¹ The Health Foundation (2013) Quality improvement made simple What everyone should know about health care quality improvement. London: The Health Foundation.
- ² Nursing & Midwifery Council (2016) The Code. Professional standards of practice and behaviour for nurses and midwives. London: NMC.
- ³ World Health Organisation (2018) *Clean Care is Safer Care*. Available at <http://www.who.int/gpsc/5may/background/5moments/en/> (Accessed 24th July 2018)
- ⁴ Waterlow, J. (2005) *Pressure Ulcer Prevention Manual*. Available at: <http://www.judy-waterlow.co.uk/the-waterlow-manual.htm> (Accessed 24th July 2018)
- ⁵ Nursing & Midwifery Council (2015) Standards for Medicines Management. London:NMC.

FRESENIUS MEDICAL CARE		Clinic's Monitoring Tool	
Questionnaire Revision Number	2:2018.6	0.00% of key questions answered.	
Clinic Name			
Review Date			
Type of Monitoring Visit	Lead Nurse Monitoring Visit		
Reviewers Name		Comments	
Nurse In Charge During Inspection			
Nurse In Charge Designation			
Number of FMC Nursing Staff on duty.			
Total Number of Nursing Staff on duty			
Question	Criteria Met		
Section A - Facility Environment			
2	Question 2	Are sharps safely handled and discarded?	
3	Question 3	Is there a clear separation between clean and dirty processes and areas?	
Section B - Compliance With Prescription			
4	Question 4	Validate 5 prescriptions and compare with realized treatment	
5	Question 5	Is the dialysis prescription being followed correctly with any differences documented.	
6	Question 6	Drug charts are signed and up to date, staff are observed correctly checking and administering drugs	
Section C - Hygiene			
7	Question 7	Are personal protective equipment's applied correctly	
8	Question 8	Is the cleaning of the station between shifts correctly applied?	
9	Question 9	Perform hand hygiene audit?	
Section D - VND Risk Management			
10	Question 10	The vascular access is apparent, easy to observe, uncovered (blanket, clothes)	

Table 1 Section of Lead Nurse Monitoring Tool



Graph 1 Lead Nurse Monitoring Visit Score per Clinic