



West Yorkshire
Critical Care & Major Trauma
Operational Delivery Networks



South Yorkshire
and Bassetlaw
Critical Care Operational Delivery Network

Delirium Benchmarking & Quality Improvement

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Purpose of talking about benchmarking today.....

- ▶ To set the scene for today
- ▶ Where are we now?
- ▶ Where do we want to be?
- ▶ How do we get there?

Significance of Benchmarking

Clinical benchmarking is a “systematic process in which current practice and care are compared to, and amended to attain, best practice and care” (DH, 2010).

Units should work with other units within their network, and nationally, to share learning, disseminate best practice, quality improvement and for benchmarking (GPICS 2022)

Whilst individual units perform best practice audits, the ability to compare beyond individual units and highlight performance in relation to others can be useful to drive improvements (NHSE 2022), facilitate sharing of best practice, reduce variation, and improve patient outcome

Since September 2023 established benchmarking forum with representation from units across four North East & Yorkshire Critical Care Networks



1. North of England Critical Care ODN
2. West Yorkshire Critical Care ODN
3. North Yorkshire & Humberside Critical Care ODN
4. South Yorkshire & Bassetlaw Critical Care ODN

West Yorkshire Critical Care Network

- Airedale NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale & Huddersfield NHS Foundation Trust
- Harrogate & District NHS Foundation Trust
- Mid Yorkshire Teaching Hospitals NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Nuffield Health Hospital Leeds

South Yorkshire & Bassetlaw Critical Care Network

- Barnsley NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Rotherham NHS Trust
- Sheffield Teaching Hospitals NHS Trust

North of England Critical Care Network

- City Hospitals Sunderland NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- Gateshead Healthcare NHS Foundation Trust
- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- North Tees & Hartlepool NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- South Tyneside NHS Foundation Trust

North Yorkshire & Humber Critical Care Network

- Hull & East Yorkshire NHS Trust
- York Teaching Hospital NHS Foundation Trust
- North Lincolnshire & Goole NHS Foundation Trust

Benefits and purpose of having a structured approach to quality measurement and service improvement

- providing a systematic approach to the assessment of practice
- promoting reflective practice
- providing an avenue for change in clinical practice
- ensuring pockets of innovative practice are not wasted
- reducing repetition of effort and resources
- reducing fragmentation/geographical variations in care
- providing evidence for additional resources
- facilitating multidisciplinary team building and networking
- providing a forum for open and shared learning
- being practitioner led, and giving a sense of ownership
- accelerating quality improvement

Methodology



The Benchmarking Wheel (RCN, 2017)

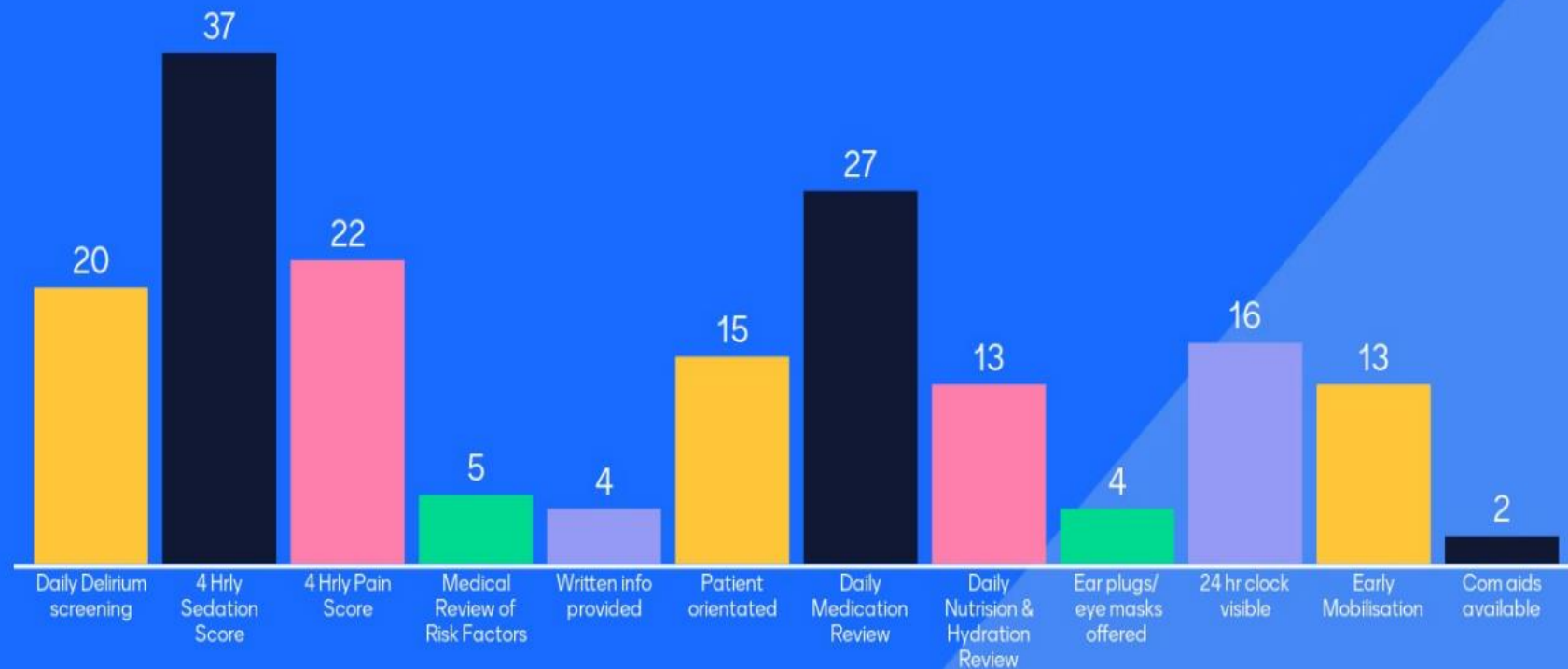
1. Identified that delirium was a priority area of practice
2. Expert input from MDT, developed Task & Finish Group, patient stories
3. Improve delirium prevention and management in critical care
4. Identified what elements of delirium prevention / management we could measure
5. What was the best practice / evidence around these elements - NICE Guidance / GPICS
6. Audit/scoring matrix developed - easy to use, objective
7. Score compliance current practice at unit level - snap shot of 5 patients. Validated by clinical team
8. Scores submitted by units to network who developed dashboard to compare results. Results shared at network and regional level
9. Share examples of good practice.....today

Delirium Benchmarking Tool

	Care Element	1	2	3	4	5	% when element of care was performed
1	Has the patient been screened for delirium using confusion assessment method (CAM-ICU) or Intensive Care Delirium Screening Checklist (ICDSC) at least daily and if changes or fluctuations in behaviour occur? (NICE 2010) (Appendix 1).						0%
2	Is the Richmond Agitation-Sedation Scale (RASS) or Riker sedation agitation scale documented as a minimum of 4 hourly? (GPICS 2022) (see Appendix 2)						0%
3	Has pain been assessed as a minimum of 4 hourly using a standardised tool for critical care? (NICE 2010)						0%
4	Has a medical review of risk factors for delirium been completed & documented on admission? (See Appendix 3 for risk factors) (GPICS 2022)						0%
5	Is there evidence that written information about Delirium has been offered to the patient (and/or relative) (GPICS 2022)						0%
6	Have strategies been implemented & documented to facilitate patient orientation (clear and concise, repeated verbal reminders of day, time, location & identification of individuals (ICS/FICM 2019).						0%
7	Has a daily medication review taken place? (NICE 2010)						0%
8	Is there evidence of a daily (MDT) review of nutrition and hydration status? (e.g. Ward round) (NICE 2010)						0%
9	Is there documentation that earplugs and/or eye masks been offered to patients at night? (NICE 2010)						0%
10	Is there a 24 hour clock visible to the patient? (NICE 2010)						0%
11	Has the patient been mobilised within the last 24 hours or, documented as to why not if contraindicated? (NICE 2010)						0%
12	Does the patient have communication aids available if required? (glasses, hearing aids, letter boards, electronic aids)						0%
	Total Compliance						0%

Results from Menti.com - before it went off line!
Compare to the results on slide 9.

Which 3 elements of the benchmark do you think your unit is most compliant with ?

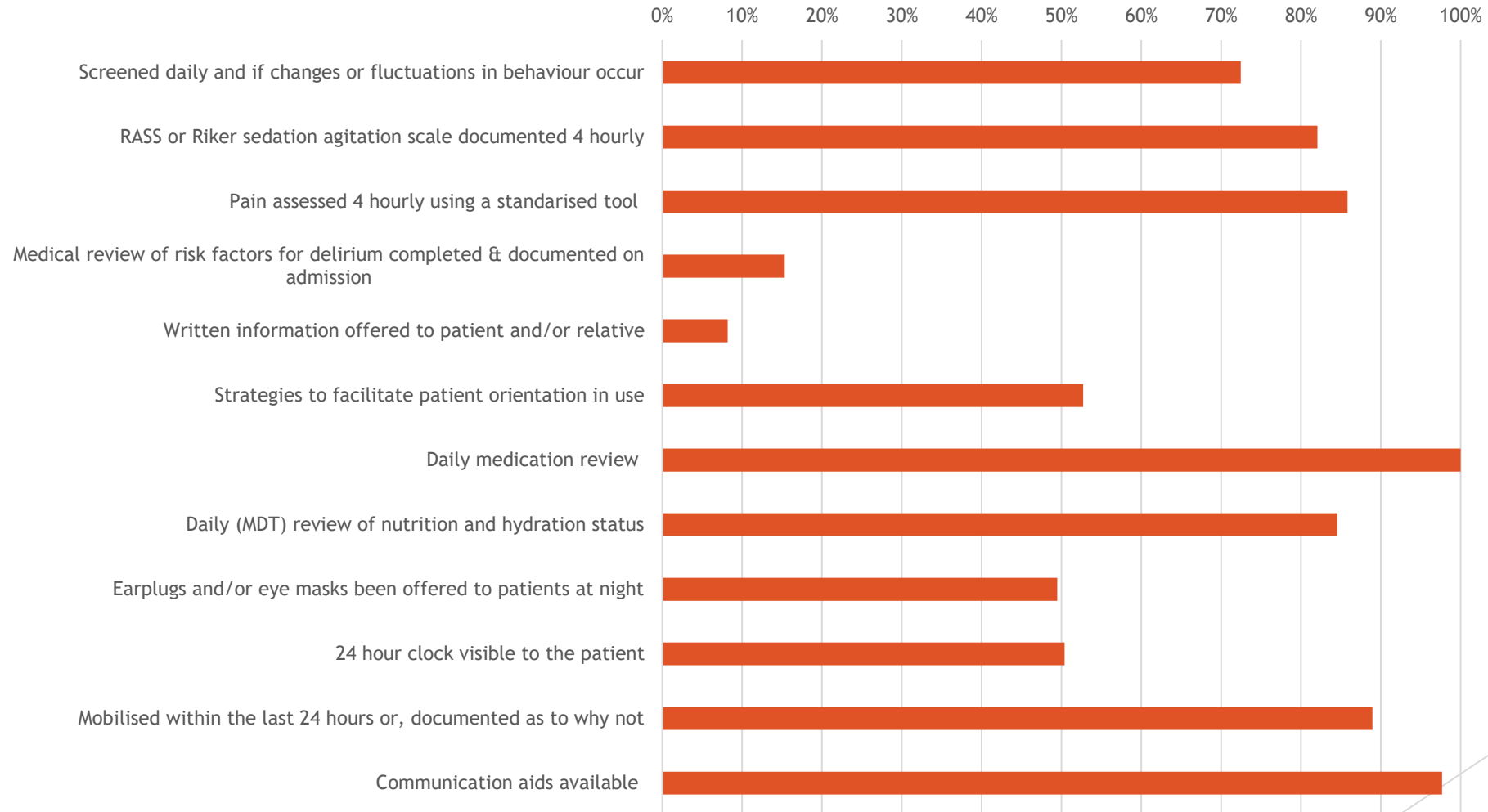


This was the next question....

Which 3 elements of the benchmark do you think your unit is least compliant with ?

Have a think....and compare your thoughts to results on next slide?

WY & SYB Delirium Benchmarking Compliance - January 2024



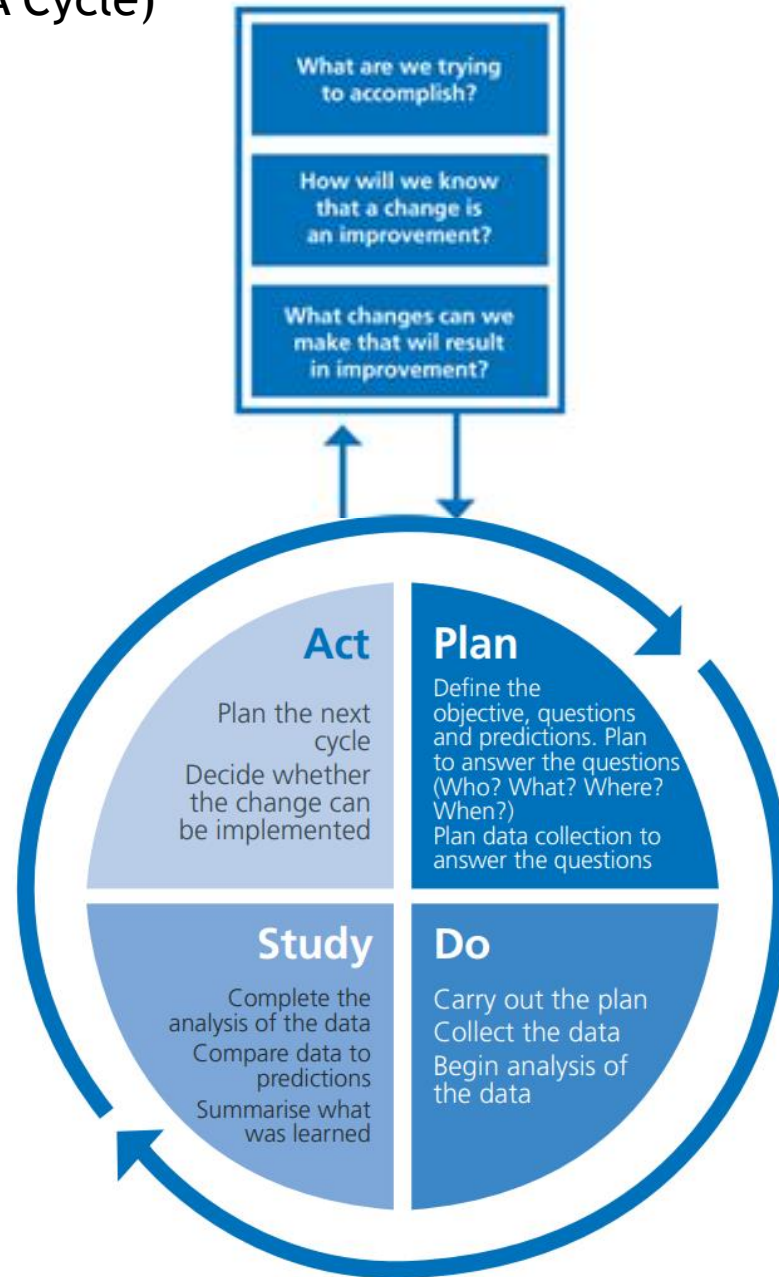
What now....where do we go from here?

10. Action Plan

- ▶ Plan what you are going to do now to improve your evidence and scores.
- ▶ Identify the training, education, communication and documentation which staff will need to implement on a daily basis to ensure they are meeting the benchmark.
- ▶ Arrange formal and informal information sharing sessions, develop display boards, hold team meetings and so on.
- ▶ The key is to network and ensure that the benchmark is met and everyone understands what is expected of them in order to obtain the best possible achievable practice.
- ▶ Set dates for reviews.
- ▶ A named, lead person/s must be responsible and act as the driver to maintain progress. The success of benchmarking...and quality improvement.... in an organisation often rests with the determination and skills of this individual.

Improvement Models : Making that change

Plan, Do, Study Act (PDSA Cycle)



Menti.com - questions were to be..

Think of a change in practice or a change in the way something was done? Why was it a success?

Think of a change in practice or a change in the way something was done? Why wasn't it a success?

Making the change happen..

- Why is there a need for change
- Right time?
- Keep it simple
- Leadership and involvement
- Fits with other priorities of unit / trust
- Knowing what makes a difference and how to show that
- Training and education
- Making change stick
- Keeping people informed

Over to you....



We will reaudit delirium benchmark in July 2024 & January 2025.



Any Questions?

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