Dementia in Hospitals collaborative

Measurement Framework

June 2021

Contents

1. How to use this Measurement Framework

Measures are essential to help teams to learn if the changes they are testing are leading to an improvement. The measures contained in this framework are the core measures for all teams to collect using the data collection template provided by Healthcare Improvement Scotland. This will allow us to measure improvement in the key areas across all collaborative teams.

In addition to these measures, teams should collect other measures which would demonstrate impact against their specific project and change ideas. Healthcare Improvement Scotland can support teams to develop data collection tools to collect these additional measures if required.

To learn more follow the link: The Improvement Journey - Measurement (NHS Education for Scotland)

1.1 Why measure?

This measurement framework is intended to be used alongside the Dementia in Hospitals Change Package to measure the impact of key change ideas. Measurement helps you to:

- Recognise the variation that exists within your system and processes
- Work out whether your changes are making an improvement, and
- Tell your improvement story.

1.2 Choosing measures

This measurement framework contains measures for assessing and improving Person Centred Care Planning for people with dementia in hospitals. It can be used alongside other measurement systems e.g. Excellence in Care, incident reporting systems and assurance reporting systems.

An improvement project should have a small family of measures that track the progress of the project over time. These should include:

Outcome measures: to tell the team whether the changes it is making are helping to achieve the stated aim. For example a measure of reduction in use of PRN medication.

Process measures: to tell the team whether things that have to be done to achieve the desired outcomes are happening reliably. For example, a measure about having 'What Matters to You' conversations.

Balancing measures: to check for possible consequences elsewhere in the system.
For example a staff experience measure.

When planning your data collection you will need to consider:

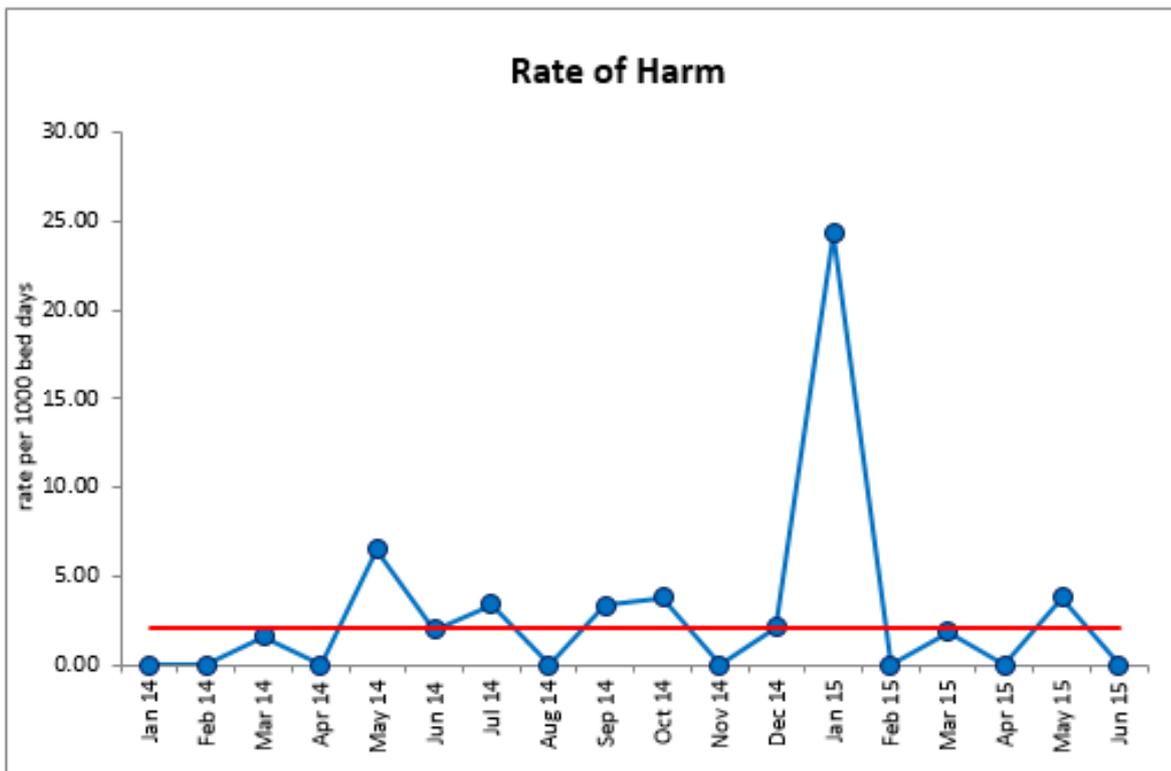| Collecting your data	Displaying your data
Who will collect the data?	What chart type you will use?
What data will you collect?	How will you share / use your data?
When will you collect the data?	
How will you collect/record the data?	

1.3 Sampling

Measuring for improvement relies on small sample sizes, often referred to as 'just enough' data to learn from. When it is not possible to access a larger data set, it is suggested you use a 'random sample' method to select 5 records per week at random to review, no more than 20 per month.

1.4 Presenting your data

Run charts are an excellent way to present your data to help you to understand what is happening in your service. They are used to distinguish between random variation (variation that affects all processes, people and outcomes equally) and non-random variation, which could be due to the changes you have introduced. The data collection tool provided by Healthcare Improvement Scotland will automatically generate run charts for you as you enter data.

Example run chart

2. Dementia in Hospitals collaborative measures

	Outcome measures			
No	**Name of measure**	**Purpose of measure**	**Operational Definition**	**Data Collection Guidance**
1	**Provision of meaningful activity**	Providing activities that are meaningful (meet the person's needs and wishes) is an important outcome of a person centred approach to care planning. This can reduce stress and distressed behaviour as well as the use of PRN psychotropic medications.	Percentage of patients within the ward who have meaningful activities recorded within their care plan daily. **Numerato**r: The number of patients within the ward who have engagement with meaningful* activities documented within their care plan daily (previous three consecutive days) **Denominator**: Total number of care plans reviewed (10 inpatients, every two weeks). This measure will be presented as the percentage compliance and will be calculated as : numerator/denominator x100 **Inclusion criteria:** All patients in the ward **Exclusion Criteria**: In the event that a patient was unable to participate in meaningful activity in the preceding 3 days due to factors such as being unwell or not present on the ward (e.g. due to appointments elsewhere), they should be excluded and another patient's notes selected in their place *Activity will be considered 'meaningful' if it has been identified as important to that person through the person centred care planning process	Data collected in Excel workbook supplied by Healthcare Improvement Scotland

Process Measures

No	Name of measure	Purpose of measure	Operational Definition	Data Collection Guidance
2	Person centred care plan in place	High quality nursing care plans are essential to the provision of safe, effective and person centered care. Patient involvement in their individual care and treatment is also a key principle underpinning current mental health legislation and care plans should evidence that this is happening (Scottish Government 2003).	Percentage of people in the ward who have: • A documented person centred plan of care which shows patient and / or carer involvement • Individualised goals identified, or under development • A plan of care related to their assessed needs. It will be an all or nothing measure. Care plans require to have all aspects of the above definition to be compliant. **Numerator:** The number of patients who have a nursing care plan concordant with the above criteria **Denominator:** The number of care plans reviewed The measure will be presented as the percentage compliance and will be calculated as: numerator/denominatorX100 Inpatient settings - The submission will be monthly and based on 10 patients every two weeks	Data collected in Excel workbook supplied by Healthcare Improvement Scotland

Published June 2021

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or email his.contactpublicinvolvement@nhs.scot