

## Outcomes Measurement in Learning Disabilities Nursing: Learning Event 23<sup>rd</sup> October 2015 Summary Report

The Northern Ireland Action Plan<sup>1</sup> sets out the action required around outcome measurement in Learning Disabilities Nursing as follows:

The Collaborative will:

- Develop and agree a process of measuring and demonstrating the outcomes of nursing practice.
- Link with the Regional Key Performance Indicators (KPIs) project to consider the introduction of relevant KPIs within settings where registered nurses - learning disabilities work.
- Ensure that key themes and issues identified via patient experience measures (locally and regionally) inform, improve and develop the practice of registered nurses - learning disabilities.

In order to further progress this requirement, the Collaborative agreed to organise a Learning Event to provide an opportunity to examine/explore a number of ways of measuring Learning Disabilities nursing outcomes and reach a consensus about the way forward for this specific requirement of the action plan.

This short report seeks to provide the reader with an overview of the event and a summary of the key messages as a result of group work on the day.

### The Learning Event

The Learning Event which was funded and hosted by the Clinical Education Centre took place on the 23<sup>rd</sup> September 2015. It was agreed this was not a one off event but rather an opportunity to hear about a range of outcomes tools and use information and discussion from the event to inform the Collaborative how best to progress the above action.

The Event provided an opportunity for the audience to hear about a range of outcomes tools to:-

- increase their awareness of the various evidenced based outcome tools available to measure the contribution of Learning Disabilities nursing
- contribute to the discussion/debate which will inform the work of the NI Collaborative in progressing this key action from the NI Action plan.

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<sup>1</sup> [http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan\\_NOTES.aspx](http://www.nipec.hscni.net/RegionalCollaborativeforNIActionPlan_NOTES.aspx)

Nominations were agreed locally by the Collaborative representative and a number of other key stakeholders were specifically invited by the Chair of the Collaborative. The full to capacity audience comprised 71 participants from a range of key organisations. Ms Molly Kane, Nurse Consultant PHA chaired the day which was opened by Dr Glynis Henry. A programme for the day can be viewed at Appendix 1.

The morning session was specifically designed to include a number of speakers' covering a range of perspectives and outcomes tools used by nursing as follows:

- Care Planning and Patients Outcomes RQIA inspection findings RQIA perspective: W. McGregor, Mental Health & Learning Disabilities Inspector RQIA
- Nursing Objectives with Impact Professor O. Barr, Head of School Ulster University
- Using the Health Equalities Framework (HEF) in a uni-professional context. D. Atkinson, LD Nurse Consultant
- Learning from the Pilot of the HEF in the BHSCT - Opportunities and Challenges Sister R. Brennan, BHSCT
- Key Performance Indicators (KPIs). Professor C. McArdle, Chief Nursing Officer
- Specialist Intervention Specific outcomes tools. Dr. L. Taggart, Reader, Ulster University
- Outcomes: are we hitting the target and missing the point? S. Rogan, Advanced Practitioner & Team Manager & Dr. H. Hanna Consultant Child & Adolescent Psychiatrist in Intellectual Disability
- Outcomes STAR, H.McCarroll, ASD Co-ordinator NHSC

### **Group work**

The afternoon session provided an opportunity for the audience to participate in group work to reflect on what they had heard during the morning session, offer their perspective and to tease out practical aspects of outcomes measurement within learning disabilities nursing. At registration participants were randomly assigned to a group. There were four work stations as follows:

- (1) Nursing Care Planning
- (2) Key Performance Indicators (KPIs).
- (3) Health Equalities Framework (HEF)
- (4) Moving Forward

Each group had the opportunity to contribute to each workstation using table mats which posed a number of questions about the particular area/topic. The participants fully engaged in all aspects of the day and the group work has yielded a rich source of information to help inform the Collaborative in how to progress this particular action. Full transcripts of the notes of the feedback recorded via table mats can be provided on request. Information gathered has been collated and the key messages stemming from the analysis of the feedback is as follows:

## Summary Findings

### (1) Nursing Care Planning

It was reported that the use of nursing care plans varies across settings. It was recognised that user involvement in the nursing care planning process is not as would be expected and care plans were not viewed as person centred as they should be. It was reported that opportunities for person centred focused objectives lies with the Learning Disabilities Nurse completing them and there is a need to re-invigorate Learning Disabilities Nurses to develop and apply person centred nursing care plans in practice.

Challenges identified by the participants to improving the quality of care planning were as follows: time, change management, culture, risk management i.e. what patient objectives are versus the professionals view.

It was recognised that use of nursing care plans with the community is particularly difficult. Over the last few years with the emergence of integrated care teams and the Northern Ireland Single Assessment Tool (NISAT) Trusts have actively implemented MDT care plans. It was reported MDT care plans do not easily facilitate the extraction of nursing assessment, planning, intervention and evaluation. Participants also identified a need to challenge senior managers, to support the use of Nursing Care Plans.

Participants suggested that care plans should be more “user friendly” and person centred although recognised that in some case this is difficult as care plans are electronic which may not facilitate an easy to read approach.

There was also a desire to ensure that realistic goals are identified as “discharge” is not necessarily a realistic goal.

**Good practice example:** SEHSCT have translated care plans into Easy Read and are therefore more accessible for service users.

There was a general consensus that the Learning Event has been helpful in refocusing Learning Disabilities Nurses in the importance of care plans in demonstrating outcomes and articulating the contribution of the Learning Disabilities Nurse.

It was reported that after today some participants suggested they would highlight and make reference to care planning at team meetings. One table mat had the following documented “Need change in culture and belief in what we do as Learning Disabilities Nurses”

### (2) Key Performance Indicators

Potential indicators of good nursing practice included the following

- Health checks – reduction of health inequalities (x 4)
- Epilepsy management and epilepsy care plans
- Medication monitoring/compliance
- Assessment of mental health needs
- Assessment of nutritional needs
- Assessment of health assent (ie) BMI B/P

- Evidence of Behaviour support plans

Participants reported that current KPI's used in acute setting may be more relevant to Learning Disability in-patient settings or community based services. There was a view that KPIs should focus on the unique role of the Learning Disabilities Nurse and emphasise the Bio-psycho-social underpinnings of nursing and the role of the Learning Disabilities Nurse within that.

There was a general consensus that KPI's for Learning Disabilities Children's services would differ from Learning Disabilities Adult service or at least may have a difference emphasis. There was general agreement that there is no process in place to measure or report KPI's.

As the discussion focused on Nursing KPIs there was limited discussion on MDTs KPIs as a result there was no consensus on what these might be.

### **(3) HEF**

There was a recognition that HSC Trusts/Organisations are using different outcome tools within a range of services as demonstrated at the Learning Event. General feedback that the HEF was very useful and particular reference was made to the fact it had no upper age limit which was viewed as helpful. It was also felt its use will help to protect the Learning Disabilities Nursing as a profession. Participants particularly liked the "health and wellbeing" focus of the HEF.

In terms of using it locally it was reiterated that there is a need for regional approach led by the DHSSPS to its introduction and implementation to ensure it becomes embedded. There is also recognition that application of the HEF at a regional level will require strong nursing leadership locally particularly as Learning Disabilities Nurses work in MD teams. Colleagues made specific reference to the need for training and education for the Learning Disabilities Nursing workforce to support its implementation. There was some concern voiced as to how it can be used and introduced as Learning Disabilities Nurses work in MD Teams.

The HEF and Outcomes STAR particularly resonated with participants. The Outcomes STAR was viewed as being particularly person centred and STAR can be used for different aspects of care. Those working in Children's Learning Disabilities services are awaiting HEF for children's with anticipation.

General consensus that one size does not fit all settings and therefore there needs to be a range of outcomes tools available to use. Outcome tools need to be person centred and based on the needs of people with Learning Disabilities. General view that the outcomes tools currently used are dictated from "above" and this does not always ensure the best outcomes for the patient.

In terms of obstacles to the implementation of outcomes measurement tools the following were identified under the headings of strategic, organisational and individual

- Strategic  
Lack of strategic vision  
Need for training and support to implement  
Training should be included on the Education Commissioning Group (ECG) plan- at regional level

- Organisational  
Organisations are too target driven and a sense they are gathering data that is never used  
Organisations have purchased certain tools and therefore insist they must be used  
Difficulty incorporating new tools /outcomes measures into existing documentation
- Individual  
Learning Disabilities Nurses are already using a variety of tools  
The profession are still not well enough informed and require more information  
Working in MD Teams can be a challenge for Learning Disabilities Nurses in using outcomes measurement tools specific to their role

#### Opportunities

- There are clear benefits in the use and application of outcomes tools as when integrated into care of each individual patient/client such tools facilitate the measurement of change. “*Outcomes tools should help shape person centred care planning*”. The HEF has specific “health focus” so therefore viewed as positive for patients in reducing health inequalities.

#### Next steps

Repeatedly there was an identified need for a regional approach to the implementation of Outcomes Tools in Learning Disabilities nursing services. A number of participants suggested that education and training regarding nursing outcomes tools should be covered in pre-post registration education.

#### Conclusion

- There are clear benefits in the use and application of outcomes tools as when integrated into care of each individual patient/client such tools facilitate the measurement of change.
- Potentially the use of Outcomes tools offers opportunity to help shape person centred care planning and evidence the contribution of the Learning Disabilities Nurse.
- General consensus that one size does not fit all and therefore there should be a range of outcomes tools available to use ranging from person centred care plans to regional KPIs. (*Development of a Framework*)
- Outcome tools should be selected on their relevance to the needs of patients/clients with Learning Disabilities.
- There was an agreement for a regional approach to the implementation of Outcomes tools in Learning Disabilities nursing services.
- There is recognition that working in MD Teams and the challenges of extracting the nursing contribution to care from that environment can be a barrier for Learning Disabilities Nurses.
- Strong professional leadership and support at organisational and policy level is required to ensure that Learning Disabilities Nurses are enabled to apply outcome tools and KPIs which can facilitate the extraction of nursing input

- Implementation of outcomes tool should be supported by relevant education and training

### **General Feedback**

Feedback and evaluation for the Learning event was extremely positive. 92% of participants indicated that the event met their learning objectives, 90% indicated that the content of the event was applicable to their practice and 94 % indicated that the learning Event was either Excellent, Very good or Good. Participants indicated that if the Collaborative was to arrange other Learning Events, they would be keen to attend.

## Appendix 1



### Programme

#### Outcomes Measurement in Learning Disabilities Nursing: Learning Event 23<sup>rd</sup> October 2015

Venue: Lecture Theatre, Clinical Education Centre, Craigavon Area Hospital. BT63 5QQ.

Time	Topic	Speaker	Title
9.15-9.30	Welcome and introductions	Dr Glynis Henry	Head of Clinical Education Centre
9.30 – 9.50	Care Planning and Patients Outcomes RQIA inspection findings	Wendy McGregor	Mental Health & Learning Disabilities Inspector, RQIA
9.50 – 10.10	Nursing Objectives with Impact	Professor Owen Barr	Head of School, Ulster University
10.10 – 10.30	Key Performance Indicators	Professor Charlotte McArdle	Chief Nursing Officer
10.30 -10.50	Tea/ Coffee		
10.50 – 11.10	Specialist outcome measurement tools	Dr. Laurence Taggart	Reader, Ulster University
11.10– 11.30	Outcomes: are we hitting the target and missing the point?'	Siobhan Rogan & Dr Heather Hanna	Advanced Practitioner and Team Manager. Consultant Child & Adolescent Psychiatrist in Intellectual Disability
11.30 – 11.50	Outcome Star	Heather McCarroll	ASD Co-ordinator NHSCT
11.50 – 12.20	Using the Health Equalities Framework (HEF) in a uni-professional context  Learning from the Pilot of the HEF- Opportunities and Challenges	Dave Atkinson & Rhona Brennan	Independent Nurse Consultant  Ward Sister Muckamore Abbey Hospital
12.20-1.00	Panel discussion Question & Answer Session		
1.00 – 1.45	<b>Lunch</b>		
1.45- 3.10	Café Style - Facilitated Discussion		

3.10 – 3.45.	Feedback
3.45 – 4.00	Summary and close Dr Glynis Henry Head of Clinical Education Centre