

Commissioning for Quality & Innovation (CQUIN)

The following suite of schemes are goals relating to improvements in the quality of patient care which the Trust has agreed with commissioners (with the exception of specialised commissioners) as part of the Trust's 2012-13 contract. In line with guidance issued by the Department of Health, a proportion of the Trust's income is dependent upon achievement of these goals. If all goals are achieved, this will result in an additional 2.5% of contract income in 2012-13. The first four goals are those that are mandated by the Department of Health.

Summary of 2012-13 CQUIN Goals for Royal Devon & Exeter NHS Foundation Trust agreed with NHS Devon, on behalf of all commissioners*ⁱ

Goal Number	Goal Name	Description of Goal	Goal weighting (% of CQUIN scheme available)	Quality Domain (Safety, Effectiveness, Patient Experience or Innovation)
1	Venous Thrombo-Embolism (VTE) Risk Assessment	Proportion of all adult patients who have had evidence of a Venous Thromboembolism and bleeding risk assessment carried out within 24 hours of admission using the national tool	5%	Safety
2	Patient Experience	A composite indicator, calculated from the responses to 5 questions from the National Adult Inpatient Survey. Each of these 5 questions describes a different element of the Trust's ability to respond to the personal needs of patients: <ul style="list-style-type: none"> • I felt involved in decisions about care & treatment • Hospital staff were available to talk to about worries or concerns • There was privacy when discussing treatment or condition • I was informed about medication side effects • I was informed who to contact if worried about condition after leaving hospital 	5%	Patient Experience
3	Dementia	A three part CQUIN scheme, with the aim of improving awareness and diagnosis of dementia, using case finding, assessment & investigation, and referral in an acute hospital setting. The	5%	Effectiveness and Patient Experience

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		<p>CQUIN scheme incorporates each of the following:</p> <ul style="list-style-type: none"> (a) the proportion of all patients aged 75years or above, admitted as an emergency inpatients who are asked the dementia case finding question within 72 hours of admission or who have either a clinical diagnosis of delirium on initial assessment or a known diagnosis of dementia. (b) The proportion of all patients aged 75 years or above, admitted as emergency inpatients who have either scored positively on the case finding question or have a clinical diagnosis of delirium, who are reported as having had a dementia diagnostic assessment including investigations (c) The proportion of all patients aged 75 years or older, admitted as an emergency inpatient who have had a diagnostic assessment (in which the outcome is either “positive” or “inconclusive”) who are referred for further diagnostic advice or follow up 		
4	Patient Safety Thermometer	<p>The collection of data on patient harm using the NHS Safety Thermometer harm measurement instrument (developed as part of the QIPP Safe Care national work stream” to survey all relevant parties in all relevant NHS Providers in England on a monthly basis.</p> <p>This CQUIN will requirement monthly surveying of all appropriate patients to collect</p>	5%	Safety and Patient Experience

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		data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE). Data is submitted to the Information Centre monthly.		
5	End of Life Care	<p>The aim of the National End of Life Care Strategy is to provide people in their last year of life with the opportunity to discuss options for their care and for any recorded wishes to be widely available to those caring for them.</p> <p>The CQUIN schemes requires the production and delivery of a plan for implementation of the NICE Quality Standards for End of Life Care, as described in National End of Life Care Quality Assessment (ELQuA) tool. This will include access to Adastra within A&E, AMU and Oncology unless contraindicated by the ELQuA.</p>	15%	Effectiveness
6	Antibiotic Prescribing	<p>Antimicrobial stewardship is the appropriate use of antimicrobials to maximize clinical outcome while minimizing unintended consequences, such as Clostridium difficile infection and antimicrobial resistance e.g. MRSA, ESBL and carbapenemase producing organisms.</p> <p>Misuse of an antibiotic includes unnecessary use in patients with no clear bacterial infection, incorrect dose or duration of therapy, delayed administration in a critically ill patient, spectrum of activity too broad or too narrow and failure to review an antibiotic prescription when microbiology results become available. There is evidence to show that such misuse may result in prolonged illness, increased length of hospital stay/costs, and a greater risk of death. Appropriate and prudent antimicrobial use has</p>	8%	Safety and Effectiveness

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		<p>many components</p> <p>The intention of this CQUIN will be to raise the profile of this issue within the Trust and drive improved audit scores.</p> <p>This CQUIN scheme incorporated three distinct elements</p> <ul style="list-style-type: none"> (a) The proportion of antimicrobial prescriptions with stop / review date specified on the prescription (b) The proportion of antimicrobial prescriptions with an indication specified on the drug chart (c) Compliance with guidelines or documentation of reason for use of alternative antibiotic agent 		
7	Scoping and Implementation of High Impact Innovations	Assessment of scope to implement the high impact innovation contained within the "Innovation, Health and Wealth" paper, published by the Department of Health. The Trust will respond to the "Digital by Default" High Impact Innovation by implementing an Observation Decision Support System	11%	Innovation
8	Accident & Emergency Patient Flows	This CQUIN schemes involves the assessment of tests of change resulting from the action plan agreed between the Trust and NHS Devon for the improvement of A&E performance, and the subsequent development and delivery of an agreed improvement plan.	15%	Effectiveness and Patient Experience
9	Early Supported Discharge for Stroke	The continued delivery of the agreed service and a reduction of 4 days in the average acute length of stay for stroke patients compared to a 2009/10 baseline	12%	Effectiveness and Patient Experience
10	Nutrition and Hydration	Patients are starved ("nil by mouth") prior to surgery/anaesthesia in order to empty the stomach to avoid	11%	Effectiveness and Patient Experience

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		<p>aspiration of gastric contents into the lungs, and to empty the bowel prior to bowel surgery. However, appropriate food and drink pre- and post-surgery can improve recovery time, patient experience and post operative outcomes.</p> <p>Through monitoring more closely compliance with recommended timeframes for nil by mouth, the content of this CQUIN scheme is designed to reduce the incidence of daycase patients who need to stay overnight following their procedure. More widely it will serve to reduce the length of stay for those admitted as inpatients through optimising their recovery period.</p> <p>Recent NICE guidance identified better nutritional care as the 4th largest potential source of NHS cost saving and nutrition and hydration are one of the SHA Chief Nurse's 8 'high impact' clinical areas yielding huge cost savings if performance is improved. Having focussed in 2011-12 on improving - nutrition/hydration initial assessment rates, the focus for 2012-13 will be to ensure that these are converted into action. This might include ensuring that the needs identified in assessments are acted upon by the ward teams and/or that onward referral to specialists within the hospital are made.</p> <p>This will support a reduction in the length of stay, improvement in health at the point of transfer to other services and a potential reduction in the superspell length of stay.</p> <p>This two part CQUIN scheme incorporates assessment of the:</p>		

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		<p>(a) Proportion of Patients for whom there is compliance with recommended timeframes for “nil by mouth” for patients who require elective orthopaedic surgery (both daycase and inpatient surgery), and for paediatric and adult orthopaedic surgery</p> <p>(b) Proportion of patients for whom treatment plans triggered by nutritional assessment are fully and correctly implemented</p>		
11	Nosocomial Pneumonia	<p>Work undertaken at Royal Berkshire NHS Trust to reduce incidence of Hospital Acquired Pneumonia, has identified the significant and positive impact of implementation of two initiatives - raising the bed heads to 30 degrees, and the rolling out of their naso-gastric tube care bundles. Both of these measures were rigorously monitored to ensure compliance.</p> <p>This three part CQUIN scheme incorporates measurement of the:</p> <p>(a) Proportion of beds with heads up positioning in identified “high risk” groups</p> <p>(b) Proportion compliance with Naso-gastric Tube Placement Bundle</p> <p>(c) Proportion compliance with Naso-gastric Tube Management Bundle</p>	8%	Safety
Totals:			100.00%	

ⁱ a separate suite of CQUIN schemes have been agreed with South West Specialised Commissioning Group