Improvement case study

Improving compliance with lying and standing blood pressure recording on Albert ward at St Mary's Hospital.

KPI 1 multi-factorial assessment to optimise safe activity (MASA) quality score with a focus on improving compliance with lying and standing blood pressure on a busy London inpatient ward.

1. Short summary of the area you needed to address

Albert ward is a surgical rehabilitation ward for adults post-vascular and trauma surgery based at St Mary's Hospital.

The ward has a high proportion of older patients who are at a high-risk for falls. Many of the patients have multiple co-morbidities and are starting to mobilise for the first time post-surgery. The ward's compliance rate with lying and standing blood pressure readings for patients over 64 (before the project began) was around 6%.

2. What did you want to achieve?

We hoped to deliver a statistically significant improvement in the number of patients receiving a high MASA quality score.

To achieve this, we aimed to increase rates of LSBP readings on Albert ward for patients over 64 from 6% to 50%.

The project team also aimed to improve detection, management and awareness of orthostatic hypotension leading to a reduction in falls and improved patient safety on Albert ward.

3. Who was involved?

> Safe mobility and falls prevention clinical fellow/project lead
> Ward matron
> Falls champion
> Clinical practice educator
> Doctor
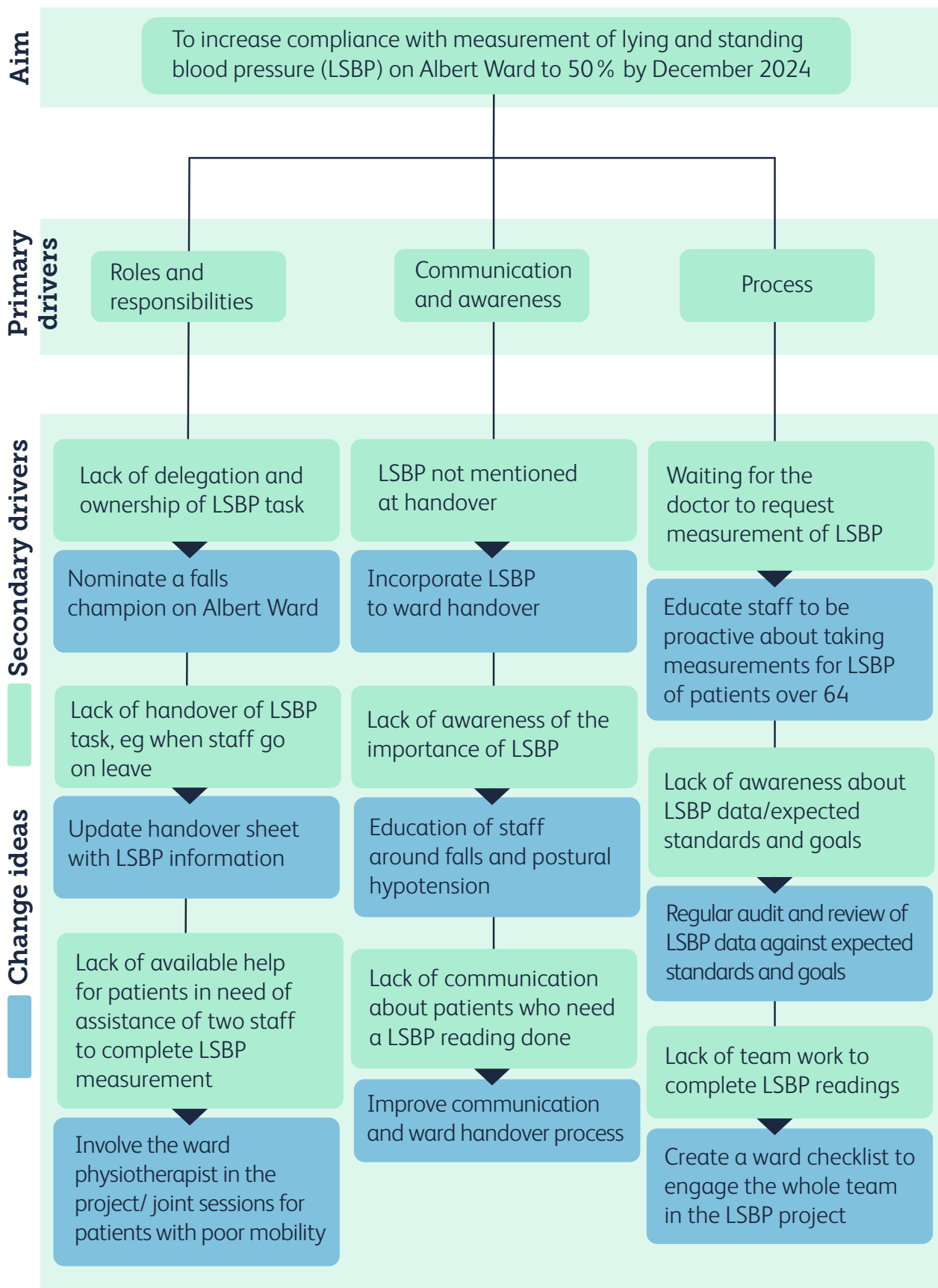> Physiotherapist.

4. What did you do?

Project activities included:

> Health promotion and raising awareness about the project (ward display, posters, presentations)
> Training on LSBP for ward staff
> Stakeholder engagement and recruiting a Falls champion on the ward
> Regular audit of LSBP compliance
> Monthly review of Qlik view data on LSBP compliance with the project team
> Implementing change ideas on a trial basis and gaining feedback on feasibility in practice.

Quality improvement methods and models supported project activities including:

> Plan Do Study Act (PDSA) cycle
> Root cause analysis
> Driver diagram (fig. 1 on page 2)

First trial commenced during the month of August 2024 and project was concluded in October 2024.

Fig. 1: Driver diagram

Aim

To increase compliance with measurement of lying and standing blood pressure (LSBP) on Albert Ward to 50 % by December 2024

Primary drivers

Roles and responsibilities

Communication and awareness

Process

Secondary drivers

Change ideas

Lack of delegation and ownership of LSBP task

Nominate a falls champion on Albert Ward

Lack of handover of LSBP task, eg when staff go on leave

Update handover sheet with LSBP information

Lack of available help for patients in need of assistance of two staff to complete LSBP measurement

Involve the ward physiotherapist in the project/ joint sessions for patients with poor mobility

LSBP not mentioned at handover

Incorporate LSBP to ward handover

Lack of awareness of the importance of LSBP

Education of staff around falls and postural hypotension

Lack of communication about patients who need a LSBP reading done

Improve communication and ward handover process

Waiting for the doctor to request measurement of LSBP

Educate staff to be proactive about taking measurements for LSBP of patients over 64

Lack of awareness about LSBP data/expected standards and goals

Regular audit and review of LSBP data against expected standards and goals

Lack of team work to complete LSBP readings

Create a ward checklist to engage the whole team in the LSBP project

5. What was the outcome of your improvement work?

The project goal of increasing compliance with LSBP readings for patients on Albert ward from 6 % to 50 % in 3 months was achieved. This achievement was evidenced by ward level data on LSBP compliance rate: (fig.2)

6. What impact have the changes you implemented had on patient care?

Patient care has improved as a result of the project, reducing the risk of falls for patients over the age of 64.

Our staff also reported an increased in confidence and awareness of the importance of measuring lying and standing blood pressure.

7. What did you learn?

The project team introduced a checklist on Albert ward to enhance communication and planning of LSBP readings.

Following feedback from staff, the checklist was adapted to suit the context on Albert ward and the team decided to complete LSBP readings when weighing patients as they felt it led to improved efficiency as similar tasks were completed together.

Shared decision making and open communication during project meetings was really important as it helped motivate and engage the team in the improvement process.
Monthly review of LSBP data helped the team to monitor progress and discuss challenges.

8. Author's name and contact details and any links for more information about your improvement project

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Team members: Marta Calvo Hernandez (ward matron) Fraya Nebrija (Falls Champion)

Fig. 2

Patients over 64 with a standing and lying BP recorded in the ward – % compliance

*Mean and control limits calculated on full dataset within recalculation window, higher is better