Views from advanced and specialist nurses on national, regional and local nursing measures

An RCN survey

Views from advanced and specialist nurses on national, regional and local nursing measures

Contents

Authors

Mehreen Chandan and Lynne Currie, Project managers: Evaluating and Improving Quality, Standards and Innovation Unit, RCN Learning and Development Unit.

RCN Legal Disclaimer

1. Introduction

This survey was undertaken as part of the nursing measurement workstream within the RCN Quality, Standards and Innovation Unit (QSIU). The aim was to explore the advanced and specialist nurse views of national, regional and local nursing measures. An online survey was undertaken in October 2011 using the QuestBack system. It was sent out to 11,790 advanced and specialist nurses and achieved a response rate of 4.67% (n=551).

The findings of the QSIU survey support the conclusions of a recent rapid appraisal of nursing metrics (Griffiths et al, 2008). The appraisal recommends that nursing indicators or measures must be sensitive to nursing, recognise the nursing contribution, and must lie within nursing's area of responsibility and authority. In addition, Griffiths et al argue that organisations need to provide an infrastructure and clear organisational support for effective data collection and feedback. In maintaining a commitment to measurement, organisations need to make clear not just the initial burden of data collection, but also show how this information adds value in efforts to improve patient care.

Aims and objectives

The key aim of the survey was to determine the views of advanced and specialist nurses on current nursing measures in use. The objective was to identify:

- which national, regional and local measures were being used by nurses
- which measures nurses found most useful and the reasons why
- which measures nurses found least useful and the reasons why
- whether, and how, nurses received feedback on the measures being used
- whether nurses believed there were any gaps in measurement and, if so, how these gaps might be filled
- whether, and how, nurses sought formal patient evaluation of their nursing service
- how much time nurses spent on collecting data to support the measures being used.

Definitions

Table 1 lists the definitions used throughout this report.

Table 1: Definitions		
Terms	**Definition**	**Source**
Measure	A mechanism to assign a quantity or quality of care by comparison to a criterion	NHSIII, 2008
Indicator	A summary measure, describing in a few numbers as much detail as possible about a system to help understand, compare, predict, improve and innovate	NHSIII, 2008
Metric	Any set of data	NHSIII, 2008
Benchmark	An externally agreed comparator to compare data performance between similar organisations and systems	NHSIII, 2008
Guideline	Systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances	Field MJ and Lohr KN, 1992
Data	Information that is fed into indicators. Without context and comparators, data rarely has any significance	NHSIII, 2008
Audit	A quality improvement process aimed at improving patient care and outcomes through a systematic review of care against explicit criteria and the implementation of change	Morrell and Harvey, 1992

2. Method

Data collection tool

Data was collected through the use of a 45 item questionnaire which was developed and piloted internally at the RCN. The completion of the online survey was estimated to take between 20 to 40 minutes. A copy of the questionnaire can be found in Appendix 1.

Target population

RCN members working as advanced and specialist nurses across the UK were the target population. The sample was identified through a search of the RCN membership database using the following criteria:

- all nurses salaried at band 6 and above
- all nurses working as a clinical nurse, a community matron, a nurse consultant, a midwife consultant, a nurse practitioner, a sister or a charge nurse
- the four countries of the United Kingdom
- the five key nursing and midwifery areas: acute and critical care; long-term conditions; first contact, access and urgent care; family and public health; and mental health and psychosocial care.

Sample population

The search identified a total of 11,790 nurses who met the above criteria, and these nurses were sent an email outlining the purpose and a link to the survey. In addition, a number of advanced and specialist nurses were invited to complete the survey as a result of RCN members sending us the names of nurses who were not members of the RCN.

Timescale

The survey was carried out from 3 to 31 October 2011, with two reminders being sent out. Each reminder was sent out after every ten days of fieldwork.

Response rate

We achieved a response rate of 4.7%, with 551 of the 1,790 nurses completing the survey. Full demographic information on respondents can be found in Appendix 2.

Data analysis

More than half the questions (23 questions) were open-ended and subject to thematic analysis to support the identification of the key categories that emerged. The data tables were formed using Excel tables for the thematic analysis. All data tables can be found in the appendices and include, where appropriate, the number of respondents who failed to answer a question, or who answered 'none', 'not applicable' or 'unsure'. In addition, the data provided in the tables is a percentage of the respondents who answered each individual question. This is not always the same as the number of respondents who completed the survey, as some respondents provided more than one response to the open-ended questions.

3. Findings

National measures

Of the 345 respondents who reported using national measures, the top three measures identified were:

- NHS/Department of Health-related measures (50%, n=173)
- NICE/SIGN-related measures (33%, n=112)
- guidelines and guidance from professional organisations and associations (23%, n=78).

The national measures identified as 'most useful' were:

- NICE/SIGN guidance (26%, n=64)
- DH/NHS measures (19%, n=47)
- professional organisation/association guidance (15%, n=36).

The main reasons given for usefulness were that they:

- provided a framework for delivering evidence-based practice (30%, n=70)
- helped drive patient safety and quality and improvement (20%, n=45)
- supported benchmarking and auditing (13%, n=31).

The national measures identified as 'least useful' were: DH measures (39%, n=33), and NICE/SIGN guidance (35%, n=29). The reasons given included:

- failure to provide useful information (23%, n=19)
- failure to reflect patient experience (13%, n=11)
- not seen as relevant to nursing practice (12%, n=10).

Of the 345 respondents identifying the use of national measures, only three in ten reported receiving feedback (40%, n=168). The ways in which feedback was provided included:

- reports (15%, n=27)
- audits (15%, n=27)
- internet/online/emails (13%, n=24)
- data analysis/statistics (11%, n=19)
- meetings (9%, n=17%).

Of the 345/551 respondents identifying the use of national measures, two in three (63%, n=216) reported some changes in practice as a result of measurement.

Regional measures

Of the 137 respondents who identified using regional measures, three in ten (30%, n=41) identified regionally developed measures but did not provide any specifics in terms of what these measures covered. Compliance against national guidance was reported by one in four (26%, n=35) respondents who identified using regional measures; whilst 21% (n=29) identified topic-specific regional measures (Table 10).

Overall, 87 respondents (16%) identified regional measures as being 'most useful'. The measures reported as being 'most useful' included:

- regionally developed guidance/measures (22%, n=20)
- DH/NHS measures/targets (12%, n=12)
- all regional measures identified (12%, n=12).

The top three reasons nurses found regional measures useful were that:

- they supported the implementation of evidence-based practice (40%, n=33)
- they provided a mechanism for benchmarking (16%, n=13)
- they were patient-centred (6%, n=5).

From the 137 respondents identifying regional measures, one in eight (13%, n=18) identified these as 'least useful'. It may be reasonable to suggest this is due to the relatively small number of respondents who said they were using regional measures.

Of those respondents who reported using regional measures, less than half (48%, n=66) reported receiving feedback on performance against measures. This finding is concerning and is higher than the number of respondents who reported lack of feedback on national findings. It may be that the lack of feedback provided by organisations appears to exacerbate nursing perceptions that measurement only adds to the burden of nursing workload, rather than driving improvements in patient care.

One in four (23%, n=124) respondents reported that using regional measures did lead to changes in nursing practice. This finding is concerning given the exhortations that measurement is a mechanism to drive improvements in patient care.

The low levels of reported regional measures in use may reflect a lack of understanding or awareness, on the part of nurses about regional measures.

Views from advanced and specialist nurses on national, regional and local nursing measures

Local measures

Overall, two in five (43%, n=237) respondents identified using local measures in their daily nursing practice. The top three local measures identified were:

- measures and audits where the topics were identified (65%, n=154)
- implementation of guidance/standards (31%, n=74)
- policies, protocols, checklists and audits (14%, n=33).

A total of 167 respondents identified local measures as 'most useful', with three in ten (31%, n=49) of these specifically identifying local policies. One in five (19%, n=31) identified protocols, checklists and audits as useful. Nurses reported local measures as being useful because they support:

- improvements in quality and safety of care (17%, n=27)
- improvements across an individual's practice (12%, n=20)
- integration/cohesion of service and care delivery, and effective utilisation of resources (11%, n=18).

Of the 70 respondents (13%) identifying local measures as 'least useful', one in ten (11%, n=8) identified benchmarking/audit measures as being the least useful. The top two reasons for why local measures were seen as least useful were: they are irrelevant and impractical (42%, n=27) or they are a waste of time (17%, n=11).

Two in three (62%, n=148) of the 237 respondents who identified using local measures reported receiving feedback. This finding is better than above (in relation to national and regional measures). However, this finding needs to be considered with some measure of caution as only one in four (27%, n=148) of the total number of respondents reported receiving feedback.

The findings on feedback suggest that organisations need to be better at providing formal, systematic feedback on performance against measures in order to support nurses to make improvements in patient care. Organisational failure to provide such feedback will continue to reinforce a negative perception that measurement only serves to add to nurses' workloads and fails to provide any benefits for patients.

Out of the 237 respondents who identified local measures, three in four (72%, n=171) reported changes in practice as a result of using local measures. Two in five (43%, n=237) respondents reported local measures used in their day-to-day nursing practice. Local measures appear to fare better than regional measures, but still lag behind national measures in terms of recognition.

The findings on local measures reveal room for improvement across a number of areas. There should be an understanding and identification of local measures, plus a clear understanding why data is being collected through local measures and how it is being used. There is also a need for senior management to provide feedback on the collection of data as it will help improve nursing practices, improve safety and the quality of care for patients.

Formal patient evaluation

Nearly three in five (57%, n=314) respondents reported undertaking a formal patient evaluation of the services they provided. Nurses sought formal evaluation through:

- paper-based patient questionnaires (65%, n=243)
- patient feedback forms (12%, n=46)
- audit (9%, n=32).

In reporting how they used the findings from these evaluations, respondents identified:

- non-specific improvement (35%, n=193)
- dissemination/reporting findings (11%, n=39)
- improving patient experience (7%, n=31).

Use of audit

Four in five (80%, n=444) respondents reported undertaking audits. The main ways in which nurses used their audit findings were:

- non-specific improvement (35%, n=193)
- disseminating/reporting findings (11%, n=50)
- improving patient experience (9%, n=39).

Gaps in measurement

One in eight respondents (12%) identified gaps in measurement. The top three gaps were:

- patient satisfaction measures (14%, n=10)
- education and training measures (10%, n=7)
- measures assessing the value of the specialist nurse (9%, n=6).

When the respondents were asked to indicate what type of measures might be useful in addressing these gaps, they reported the need for:

- audits (24%, n=33)
- measurement tools (13%, n=18)
- activity data (5%, n=7).

Change interventions

Approaching three in five (56%, n=310) nurses identified changes in their nursing practice as a result of using measures to address gaps. These included interventions aimed at changing the organisation and management of care (74%, n=230), a range of non-specific interventions (13, n=40), and changes to an individual's nursing practice (9%, n=29).

Data collection activities

One in seven respondents reported spending time on data collection activities. Nearly half reported spending up to one hour a day on data collection (48%), with one in three spending between one to two hours (34%), and one in ten spending two to three hours (10%) each day.

4. Discussion

The findings on national, regional and local measures indicate room for improvement across a number of factors, not least a greater understanding of which measures are being used, where, and why.

One reason for the high levels of nurses not reporting the use of any measures may be because nurses are not involved in any kind of measurement activity in their day-to-day work. This is surprising as respondents are working as specialist and advanced nurses; measurement activity should be recognised as a routine part of their daily practice.

Alternatively, the under-reporting of measures in use may be exacerbated by the lack of feedback, as evidenced by the low levels of reported feedback. Feedback should be a two-way process and nurses need to be better at finding ways of ensuring their measurement and improvement activities are reported up the management chain. In addition, in the absence of organisational feedback, nurses could also be more assertive in challenging the lack of information they receive in relation to their performance against the measures they are being asked to use and collect data on.

More effective methods of feedback would lead to a broader understanding of the value and usability of the measures nurses are being asked to use and collect data on. Effective feedback and reporting would also help assure both nurse managers and individual nurses that the time spent on supporting national, regional and local measures has value and does lead to improvements in the quality and safety of patient care. It can also strengthen the case for effective communication, promote a greater understanding and appreciation of the work undertaken by specialist and advanced nurses, and highlight how their work improves patient and organisation outcomes.

The low levels of reported feedback can also be linked to the low levels of reported improvements or changes in practice. In the absence of feedback, nurses cannot be expected to know where to target their interventions for improvement. Effective feedback can be used to highlight areas where nurses are performing well, to showcase improvements that are a benefit to patients and health care organisations and, subsequently, lead to an improvement in nurse morale and job satisfaction.

As a result of the limited feedback reported by nurses and their perceived lack of understanding of the utility of the measures they are being asked to collect data for, it is understandable that nurses negatively report unnecessary data burden as part of their everyday work. To counteract this, there must be an organisational commitment to ensuring that nurses are made aware of the reasons for the implementation of measures together with planned systematic feedback on results (including on any patient care improvements that have been achieved following the implementation, and evaluation of the measures used).

5. References

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Appendix 1: Questionnaire

1. **Are you...?**

❏ Male   ❏ Female

2. **Are you...?**

❏ 18 – 24   ❏ 45 – 54

❏ 25 – 34   ❏ 55 – 64

❏ 35 – 44   ❏ 65+

3. **Please indicate your area of practice:**

❏ Long-term care   ❏ Acute and critical care

❏ Family and public health   ❏ Mental health and psychosocial care

❏ First contact, access and urgent care

4. **Please identify which sector you work in:**

❏ NHS acute care   ❏ NHS tertiary care

❏ NHS community care   ❏ Independent

❏ NHS primary care   ❏ Other (please specify)

5. **Please identify the organisation you work for:**

6. **Please identify the country you work in:**

❏ England   ❏ Wales

❏ Scotland   ❏ Northern Ireland

7. **If you answered 'England' to Q9, please indicate which region you work in:**

❏ South East   ❏ Eastern region

❏ South West   ❏ North West

❏ London   ❏ Northern

❏ East Midlands   ❏ Yorkshire and Humber

❏ West Midlands

8. **Please tell us how long have you been working as a nurse:**

❏ 1 – 5 years   ❏ 16 – 20 years

❏ 6 – 10 years   ❏ 20+ years

❏ 11 – 15 years

9. **Please tell us how long you having been working as a specialist nurse:**

❏ 1 – 5 years   ❏ 16 – 20 years

❏ 6 – 10 years   ❏ 20+ years

❏ 11 – 15 years

10. **Please indicate the length of time spent in your current specialist nursing role:**

❏ 1 – 5 years   ❏ 16 – 20 years

❏ 6 – 10 years   ❏ 20+ years

❏ 11 – 15 years

11. Please identify your educational qualifications (tick all that apply):

❏ BSc ❏ PhD

❏ MSc ❏ None of the above

❏ MPhil ❏ Other (please specify)

12. Please list all your professional qualifications

13. Which of the following categories apply to you? (Please tick one box)

❏ Full-time worker

❏ Part-time worker

❏ Other (Please specify)

14. If you answered 'part time' or 'other' in Q13, please tell us how many hours you work each week:

15. Are you a member of any of the RCN forums or networks?

❏ Yes

❏ No

16. If you answered yes to Q15, please list the RCN forums/networks are you a member of:

17. Do you request any formal evaluation of your service from your patients?

❏ Yes

❏ No

18. If you answered yes to Q17 please tell us how you request formal patient evaluation of your service:

19. Do you undertake regular audits of your service?

❏ Yes

❏ No

20. If you answered yes to Q19, please tell us how you use your audit results:

21. Please identify any national measures you are currently using in your day-to-day nursing practice (if none, please type none):

22. Which of the national measures you have identified in Q21 do you find the most useful in your day-to-day nursing practice (if none, please type none):

23. Could you please tell us the reasons why the national measures you have identified in Q22 are most useful in to you in your day-to-day nursing practice (if none, please type N/A):

24. Which of the national measures you have identified in Q21 do you find least useful in your in your day-to-day nursing practice (if none, please type none):

25. Could you please tell us the reasons why the national measures you have identified in Q24 are least useful to you in your day-to-day nursing practice (if none please type N/A):

26. Please identify any regional measures you are currently using in your day-to-day nursing practice (if none, please type none):

27. Which of the regional measures you have identified in Q26 do you find most useful in your day-to-day nursing practice (if none, please type none):

28. Could you please tell us the reasons why the regional measures you have identified in Q27 are most useful to you in your day-to-day nursing practice (if none please type N/A):

29. Which of the regional measures you have identified in Q26 do you find least useful in your in your day-to-day nursing practice (if none, please type none):

30. Could you please tell us the reasons why the regional measures you have identified in Q29 are least useful to you in your day-to-day nursing practice (if none please type N/A):

31. Please identify any local measures you are currently using in your day-to-day nursing practice (if none, please type none):

32. Which of the local measures you have identified in Q31 do you find most useful in your day-to-day nursing practice (if none, please type none):

33. Could you please tell us the reasons why the local measures you have identified in Q32 are most useful to you in your day-to-day nursing practice (if none please type N/A):

34. Which of the local measures you have identified in Q31 do you find least useful in your in your day-to-day nursing practice (if none, please type none):

35. Could you please tell us the reasons why the local measures you have identified in Q34 are least useful to you in your day-to-day nursing practice (if none please type N/A):

36. Thinking about the national, regional and local measures you have identified in previous questions, do you receive any feedback or reporting about the data collected to support these measures?

❒ Yes

❒ No

37. Please list the ways you receive feedback/reporting on national measurement data:

38. Thinking about the regional measures you have identified in previous questions, do you receive any feedback or reporting about the data collected to support these measures?

❒ Yes

❒ No

39. Please list the ways you receive feedback/reporting on regional measurement data (if none please type N/A):

40. Thinking about the local measures you have identified in previous questions, do you receive any feedback or reporting about the data collected to support these measures?

❒ Yes

❒ No

41. Please list the ways you receive feedback/reporting on local measurement data (if none please type N/A):

42. Thinking about the national measures you have identified could you please tell us whether the findings arising from these measures have led to changes to your day-to-day nursing practice:

43. Thinking about the regional measures you have identified could you please tell us whether the findings arising from these measures have led to changes to your day-to-day nursing practice:

44. Thinking about the local measures you have identified could you please tell us whether the findings arising from these measures have led to changes to your day-to-day nursing practice:

45. Please identify which interventions, if any, have led to changes in your day-to-day nursing practice (if none, please type none):

46. Please identify any areas of practice that are not covered by any of the national, regional or local measures you have identified in previous questions (if none, please type none):

47. Please indicate which measures you think might be useful in assessing the quality of practice you have identified in Q42 (if you identified none, please type none):

48. Do you collect any measurement data during your day-to-day nursing practice?

❒ Yes

❒ No

49. Please record how much time each day you spend on data collection:

❐ 0-1 hour

❐ 1-2 hours

❐ 2-3 hours

❐ 3-4 hours

❐ 4+ hours

50. Please let us have any other comments you would like to make about current measures in use in your organisation:

Appendix 2: Demographic profile of respondents

Table 2 – Advanced and specialist nurse demographic profile				
Demographic categories	**N**	**Sub-categories**	**N**	**%**
Gender	542	Male	73	14
		Female	469	86
Age	551	25-34 years	47	9
		35-44 years	159	29
		45-54 years	251	46
		55-64 years	93	17
		65+ years	1	>1
Area of practice	540	Acute and critical care	218	40
		Long-term care	139	26
		First contact, access and urgent care	81	15
		Family and public health	56	10
		Mental health and psychosocial care	46	9
Sector of care	551	NHS Acute care	304	55
		NHS Community care	81	15
		NHS Primary care	55	10
		NHS Tertiary care	29	5
		Independent	14	3
		Other	68	12
Country working in	548	England	466	85
		Scotland	52	10
		Wales	23	4
		Northern Ireland	7	1
Number of years as a nurse	551	1-5 years	9	2
		6-10 years	35	6
		11-15 years	80	15
		16-20 years	69	13
		20+ years	358	64
Number of years as a specialist nurse	543	Less than 1 year	10	2
		1-5 years	152	28
		6-10 years	189	34
		11-15 years	124	23
		16-20 years	41	8
		20+ years	27	5
Number of years working in current role as specialist nurse	548	Less than 1 year	24	4
		1-5 years	213	38
		6-10 years	202	36
		11-15 years	71	12
		16-20 years	24	4
		20+ years	14	6
Educational qualifications	548	BSc	323	59
		MSc	135	25
		MPhil/PhD	8	2
		None of the above	89	16
		Other (please specify)	170	31

Work status	549	Full-time	424	77
		Part-time	120	22
		Other, please specify	5	1
Number of hours worked (part-time participants)	108	Less than 20 hours	14	13
		20-30 hours	86	80
		30 + hours	3	3

Table 3 – Membership of forum committees					
RCN forum committees		**Other forum committees**		**Geographic committees**	
(n=329)		**(n=90)**		**(n=38)**	
RCN Advanced Practitioners	32%	Respiratory nurses	22%	Northern	39%
RCN Emergency Care	9%	Sexual health	19%	Hampshire	21%
RCN Pain and Palliative Care	8%	Cardiovascular Nurses	16%	Greater Glasgow	15%
RCN Women's Health	7%	Research Society	13%	Lothian	10%
RCN Education	6%	Alcohol and substance misuse	8%	Aylesbury	8%
RCN Society of Orthopaedic and Trauma Nursing	6%	Quality Improvement Network	7%	Salisbury and South Wiltshire	5%
RCN National Rheumatology Nursing	6%	Rehabilitation and intermediate care nursing	7%	Sutton and Merton with Mid-Surrey	3%

Appendix 3: National measures tables

Table 4 - National measures identified by nurses (n=345)			
All categories	**Sub-categories**	**N**	**%**
Department of Health/NHS measures/targets	Department of Health	39	11
	Cancer	21	6
	National Service Frameworks	18	5
	CQUIN	14	4
	Scottish guidelines	10	3
	Total	**173**	**50**
NICE/SIGN guidelines/guidance	**Total**	**112**	**33**
	Royal College of Nursing	8	2
	Pain Society Guidelines	5	1
	Nursing and Midwifery Council	5	1
	Total	**78**	**23**
Technical details	**'None', not applicable' and 'unsure'**	**176**	**32**
	Failed to answer	**31**	**5**
	Participants who provided answers	**345**	**63**

Table 5 – National measures perceived as 'most useful' (n=249)		
All categories	**N**	**%**
NICE/SIGN guidelines/guidance	64	26
NHS/Department of Health measures/targets	47	19
Professional organisation guidelines/guidance	36	15
'None', 'not applicable' and 'unsure'	**232**	**42**
Failed to answer	**70**	**13**
Participants who provided answers	**249**	**45**

Table 6 – Reasons why national measures perceived as 'most useful' (n=231)		
All categories	**N**	**%**
Framework for delivering evidence based practice	102	44
Drives patient safety and quality improvement	46	19
Benchmarking/measuring/auditing	31	13
Informs/validates individual nursing practice	23	10
Reduces variations in practice and supports consistency and timeliness	16	7
Supports patient-centred care	13	6
'None', not applicable' and 'unsure'	**238**	**43**
Failed to answer	**82**	**15**
Participants who provided answers	**231**	**42**

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Table 7 – National measures perceived as being 'least useful' (n=84)

All categories	N	%
NHS/DH measures/targets	29	35
NICE/SIGN guidelines/guidance	11	13
All mentioned	5	6
Professional organisation guidance	3	4
'None', 'not applicable' and 'unsure'	**389**	**71**
Failed to answer	**-**	**14**
Participants providing answers	**84**	**15**

Table 8 – Reasons given why national measures perceived as being 'least useful' (n=83)

All categories	N	%
Failure to provide useful information	19	23
Failure to capture patient experience	11	13
Not relevant to day-to-day nursing practice	10	12
Cost to public	7	8
Lack of implementation of measures	6	7
'None', 'not applicable' and 'unsure'	**368**	**67**
Failed to answer	**99**	**18**
Participants who provided answers	**83**	**15**

Table 9 – Reported feedback on national measures (n=180)

All categories	N	%
Reports produced	27	15
Audits	27	15
Internet/online/emails	24	13
Data analysis/statistics	19	11
Meetings	17	9
DH/Government agencies/databases	14	8
Feedback mechanism	13	7
Peer review	10	6
Managers/colleagues	10	6
Seminars/study days/conferences	5	3
Networks	5	3
Journals	4	2
Professional organisations/charities	4	2
Newsletters	4	2
'None', 'not applicable' and 'unsure'	**313**	**63**
Failed to answer	**58**	**11**
Participants who provided answers	**180**	**37**

Appendix 4: Regional measures tables

Table 10 – Regional measures identified by nurses (n=137)

All categories	N	%
Regionally developed guidance/measures	41	30
Compliance measures against national guidance/central targets	35	26
Topic specific measures	29	21
Activity data	9	7
Regionally developed audits	8	6
Cancer-related measures	5	4
'None', 'not applicable' and 'unsure'	**362**	**65**
Failed to answer	**52**	**10**
Participants who provided answers	**137**	**25**

Table 11 – Regional measures perceived as 'most useful' (n=87)

All categories	N	%
Regionally developed guidance/measures	20	22
DH/NHS measures/targets	12	12
All regional measures identified	12	12
Compliance/benchmarking measures	8	8
Other	35	48
'None', 'not applicable' and 'unsure'	**401**	**73**
Failed to answer	**63**	**11**
Participants who provided answers	**87**	**16**

Table 12 – Reasons why regional measures perceived as 'most useful' (n=81)

All categories	N	%
Provides a framework to deliver evidence-based practice	33	40
Allows performance benchmarking	13	16
Measures are patient-centred	5	6
Supports cost-effective care	4	5
'None', 'not applicable' and 'unsure'	**397**	**72**
Failed to answer	**72**	**13**
Participants who provided answers	**81**	**15**

Table 13 – Reported feedback on regional measures (n=79)

All categories	N	%
Meetings	24	25
Feedback mechanism	19	20
Reports	15	16
Benchmarking/dashboards	4	6
'None', 'not applicable' and 'unsure'	**377**	**68**
Failed to answer	**79**	**14**
Participants who provided answers	**95**	**17**

Appendix 5: Local measures tables

Table 14 – Local measures identified by nurses (n=237)		
All categories	**N**	**%**
Local measures and audits (topics identified)	154	65
Local implementation of guidance/standards/policies/protocols/checklists	74	31
Locally measures and audits (topics not identified)	33	14
'None', 'not applicable' and 'unsure'	**260**	**47**
Failed to answer	**54**	**10**
Participants who provided answers	**237**	**43**

Table 15 – Local measures perceived as 'most useful' (n=167)		
All categories	**N**	**%**
Local measures and audits	49	31
All measures identified	31	19
As before/as above	26	15
Guidelines/guidance	18	11
Patient-centred measures	5	1
Other	38	23
'None', 'not applicable' and 'unsure'	**319**	**57**
Failed to answer	**65**	**12**
Participants who provided answers	**167**	**30**

Table 16 – Reasons why local measures perceived as 'most useful' (n=126)		
All categories	**N**	**%**
Supports improvements in quality and safety of care	27	17
Supports improvements across an individual's practice	20	12
Supports integrated/cohesive service and care delivery and effective utilisation of resources	18	11
Relevance and applicability	14	9
Benchmarks/measures performance against standards and targets	13	8
Improved multi-professional disciplinary communication/record keeping/documentation	10	6
Supports delivery of evidence-based care	4	3
Supports the development of local guidance	3	2
Supports teaching/educational/professional development needs	3	2
Improved cost effectiveness	2	1
None specific use	12	7
'None', 'not applicable' and 'unsure'	**354**	**64**
Failed to answer	**71**	**14**
Participants who provided answers	**126**	**22**

Table 17 – Methods of feedback received on local measures (n=163)		
All categories	**N**	**%**
Meetings	53	33
Feedback mechanism	22	13
Reports	17	10
Internet/intranet/email	14	9
Dashboards/measures	9	6
'None', 'not applicable' and 'unsure'	**299**	**63**
Failed to answer	**77**	**14**
Participants who provided answers	**175**	**32**

Appendix 6: Other measures

Table 18 - Methods for obtaining patient evaluation (n=314)

All categories	N	%
Paper-based patient survey/questionnaire	243	65
Patient feedback forms	46	12
Audit	32	9
Through other questionnaires used with patients	11	3
Postal survey	7	2
Telephone survey	5	1
Online polling	4	1
Patient focus groups	4	1
Requested formal evaluation	**314**	**57**

Table 19 – How audit results are used (n=441)

All categories	N	%
None specific improvement	193	35
Disseminating/reporting	50	11
Improving patient experience	39	9
Securing, managing and utilising resources	31	7
Monitoring compliance against national level standards	30	7
Improving patient safety	29	7
Demonstrating effectiveness of nurse-led services/nursing role	25	6
Developing local guidance/protocols/policies/action plans	17	4
Staff training/education/continuing professional development	17	4
Improving multidisciplinary working	11	2
Benchmarking/comparison	11	2
Referrals	11	2
Commissioning purposes	8	2
Identifying and taking action to fill gaps in services	7	2
Performance/appraisal review	6	1
Those answering the question	**444**	**81**
Those who failed to answer the question	**107**	**19**
Those who do not undertake audits	**3**	**1**

Table 20 – Gaps in measurements (n=69)

All categories	N	%
Patient satisfaction	10	14
Education/training	7	10
Value of advanced and specialist nurses	6	9
Audit	3	4
Funding	3	4
Feedback	2	3
Monitoring	2	3
NICE	1	1
'None', 'not applicable' and 'unsure'	**363**	**66**
Failed to answer	**119**	**22**
Participants who provided answers	**69**	**12**

Table 21 – Measures identified to fill gaps (n=140)		
All categories	**N**	**%**
Audits	33	24
Measurement tools	18	13
Activity data	7	5
Formal patient feedback	4	3
'None', 'not applicable' and 'unsure'	**274**	**50**
Failed to answer	**137**	**25**
Participants who provided answers	**140**	**25**

Table 22 – Interventions which led to changes (n=310)		
All categories	**N**	**%**
Organisation and management of care	230	74
Non-specific interventions identified	40	13
Changes to individual practice	29	9
Changes in structure/resourcing of care provision	23	7
Education and training	21	7
Patient evaluation of aid involvement/participation in care	17	6
Failed or negative change/interventions	13	4
Managing, supervising, mentoring staff	9	3
Planned intervention (not yet implemented)	6	2
Changes in multidisciplinary working	4	1
'None', 'not applicable' and 'unsure'	**241**	**44**
Failed to answer	**-**	**-**
Participants who provided answers	**310**	**56**

Table 23 – Time spent daily on data collection	
Hours spent data collecting	**%**
0-1 hour	48
1-2 hours	34
2-3 hours	10
3-4 hours	4
4 + hours	4

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