

A close-up photograph of a healthcare professional's hands, wearing white gloves and blue scrubs, drawing liquid from a small glass vial into a large blue syringe. The syringe has markings for 5, 10, 15, 20, 25, and 30ml. The background is a blurred clinical setting. The text 'Improvement for quality outcomes' is overlaid in white on the left side of the image.

Improvement for quality outcomes

HCAHealthcare uk

Putting patients **first**

Every healthcare provider wants to give their patients the best possible care. Achieving the very best patient outcomes for our patients means that providers like ourselves need to have an unrelenting focus on quality improvement.

To improve, we must be open to feedback, listen and learn from our own colleagues and our partners across the NHS, Care Quality Commission and government, as well as the wider healthcare ecosystem. We appreciate that this isn't always easy, not least when many providers face pressures. This is why we've prepared this short collection of case studies, to share our experiences of how we've tackled different situations, and to contribute to the ongoing conversation on healthcare improvement.

We've captured five different case studies, which look at how we've improved:

● Genomics

Bringing experts together to drive effective care:

In our clinical trials unit, the Sarah Cannon Research Institute (SCRI), we have established a genomic review board with NHS partners to drive genomic testing into day-to-day cancer treatment.

● End of life care

Providing holistic care to patients and families:

Unlike many independent sector providers, we deliver care in the last days of life. We looked to the NHS to learn and ensure that we fully meet patient care needs.

● Blood transfusions

Using technology to drive safer care:

We are passionate about the correct use of technology to augment the care we give. That's why we've introduced bar coded administration of blood transfusions to improve patient safety.

● Mammogram review

A less invasive, more accurate approach:

We've redesigned our mammogram review service to be more responsive to patient needs and perform better than the national average repeat mammogram.

● Leadership skills

Embedding safety into every day practice:

We believe that delivering safe care is everyone's responsibility. In 2017, we introduced a patient safety certificate (open to HCA UK and external colleagues) to advance leadership skills in this field.



Genomics - Bringing experts together to drive effective care



Our challenge

Genomics offers new opportunities for breakthroughs in medical science. Yet across our organisation and many other providers it does not always form part of everyday medicine. Many experts are disparately located, both geographically and organisationally, which can hinder coordination of expert input needed to advance genomics.

Our improvement

We recognised that we could do something about this through our research body, the Sarah Cannon Research Institute (SCRI) where we'd been practising genomic medicine. Our centre's leadership team introduced the new initiative of a genomic review board, which focused on building the professional relationships and partnerships the specialty needs.

This board works collaboratively with the NHS and academic partners to introduce genomics into day-to-day clinical practice. Membership is made up of doctors and specialists from across the NHS and independent sector. Patients are referred by a genetics coordinator based at SCRI who presents the patient's case history and genetics to the board. Forming a multidisciplinary team, this board brings together leading experts to review complex patient cases. Recommendations regarding patient care are fed back to referring doctors in the NHS and independent sector.

Our results

To date we've performed genomic review for over 2,000 patient cases. The biggest improvement we've seen is expanding the access for patients, both from independent and NHS providers, to drugs and treatment based on how their biology will best respond. For our colleagues both in the NHS and at HCA UK, this board has been particularly valuable in building a culture of collaboration. Working together has provided ongoing learning experiences and the development of relationships, which can help to advance genomics. This model of working helps make genomics an accessible specialty for ourselves and other providers contributing to the sustainability of our respective organisations.

“We bring together leading experts to review complex patient cases and make recommendations for patient care back to referring doctors in the NHS and independent sector.”

Dr Tobias Arkenau, Executive Medical Director,
Sarah Cannon Research Institute

End of life care - Providing holistic care to patients and families



Our challenge

Traditionally, NHS providers have more appropriately met holistic care needs than the independent sector. At HCA UK, many of our patients require complex care. Every one of our patients has different ways of coping and meeting spiritual needs can provide great support during difficult times. In recent years we and others have learnt a lot from the NHS, and have invested in the necessary skills to provide holistic care.

Our improvement

Since 2011 we've introduced and expanded a robust multi-faith chaplaincy and spiritual care service led by an in-house Spiritual Care Coordinator. We have grown this to include accredited healthcare chaplains who provide pastoral, spiritual and religious care to patients of faith and those of none. Chaplains visit inpatient wards regularly and offer a 24-hour on-call service 365 days a year at no cost to patients. We've created this unique model of working within the independent sector by collaborating with NHS multi-faith chaplaincy teams through service level agreements.

Sadly, some patients will pass away whilst in our care. The cessation of the Liverpool Care Pathway meant we had to consider how we developed individual care in the last days of life. As part of the holistic approach to patient care, we've ensured that we provide appropriate support during this difficult time, which fully encompasses

the patient's belief system and cultural needs. Family and friends of bereaved patients have access to our supportive care service when they need it.

Our results

By investing in skills, we've made vital improvements to meet the holistic care needs of our patients. Patients, families and friends who have used the service, through qualitative feedback, expressed how valuable the service has been to their care. Knowing that their spiritual needs can be met provides comfort and confidence regarding the care that they will receive. Many of our colleagues are from NHS backgrounds, or like our doctors, still work in the NHS. By investing in skills we've improved our service, meaning our clinicians know our patients are fully cared for.

“We have embraced national best practice to ensure our patients benefit from supportive care which meets their spiritual and cultural needs with dignity and respect.”

Lorraine Hughes, Chief Nursing Executive

Blood Transfusions - Using technology to drive safer care



“We’ve found the benefits of barcoding innovation to be so effective at improving safety that we’ve introduced it to specimen collection and other areas of practice.”

Dr Cliff Bucknall, Chief Medical Officer

Our challenge

Administering blood transfusions is complex and errors can happen. Indeed, NHS England recognise unintentional transfusion of ABO-incompatible blood components as a never event.

Historically, we’ve performed transfusions by two nurses who jointly administered bloods. Documentation of transfusion from paper records against our electronic patient record system was completed retrospectively. Both time consuming and resource heavy, reliance on manual checks opened potential for human error. Following safety concerns voiced by our nurses, we recognised the need to improve.

Our improvement

As HCA operates on both sides of the Atlantic we looked to our American colleagues for lessons in resolving this. We learnt that they had introduced electronic barcoding to administer transfusions, creating a safe, closed-loop system. This removed retrospective manual checking, as a handheld scanner was used to perform multiple safety checks that integrated with electronic patient records.

Recognising the benefits of this innovation, we worked to ensure it fully met regulatory requirements. We modified our transfusion equipment to include a handheld scanner and laptop, whilst utilising existing barcodes on patient wrist bands, and blood products. Blood transfusions are now performed by a single nurse who scans patient wristbands against blood barcodes, confirming details in our electronic patient record. Verification is completed electronically by a computer using barcode technology. To minimise change for our nurses, we integrated barcoding with our existing patient record system, whilst a full education programme supported roll out.

Our results

Since implementation we’ve seen real safety improvements. For our patients there is the benefit of increased accuracy, providing more confidence in our systems. Only having one nurse administering transfusions allows other nurses more time for patient care. Electronic auditing also takes place which supports nurse education. This means we can track transfusion anomalies, tightening up our safety. Multiple checks can be done at once to provide a service-wide view to confirm how safe our transfusions are.

Mammogram review - A less invasive, more accurate approach

Our challenge

Historically images of our patients' mammograms would be reviewed during audit by an individual radiographer who would perform a mammogram. Whilst in line with the UK's national breast screening programme, often patients could be required to undergo repeat mammograms. This was due to the mammograms not being technically adequate for reporting purposes and abnormalities being missed. Regrettably, some patients could be exposed to more radiation and discomfort, as well as increased treatment times.

“We are continually exploring new ways to improve the service we deliver to provide our patients with the best possible care.”

Steve Dixon, Director of Quality Assurance

Our improvement

Upon conducting a review of our breast units by our Breast Cancer Board, we discovered we weren't providing the responsive service our patients expect. A new action plan was implemented which focused on harnessing collective skills through team working. Now we bring together teams of radiographers to review mammograms as a panel who collectively assess the quality of the mammogram in line with NHS guidelines. An educational programme which benchmarks against key clinical standards was introduced to support colleagues. We also updated technology, replacing our mammography plates.

Our results

Improving this service has reduced the need for repeat mammograms to below 3 per cent. This provides a better patient experience, as many don't need to go through the additional time and discomfort of repeat attendance. Exposure to radiation is also minimised. During panels we capture breast data, benchmarking this against our own quality framework. This helps our specialists to continuously develop the service to be as responsive as possible.

Panel working also supports ongoing learning amongst colleagues, who can learn the latest techniques from each other, reducing repeat mammograms. More accurate imaging means quicker results and faster treatment times. For our service as a whole it has enabled us to place our resources where our patients need them most.



Leadership skills - Embedding safety into every day practice



“The multidisciplinary nature of the programme allowed rapid cross-pollination of ideas between different hospitals and professional groups.”

Timothy Cross,
Director of Clinical Information & Analytics

Our challenge

In the last decade the understanding of the importance of patient safety has grown significantly in healthcare. Nevertheless, improving the current state of safety across our sector remains a key priority for all involved in health and care. Engaging frontline healthcare staff to recognise, understand and find solutions to the problem of avoidable harm, requires the development of leadership within all levels of healthcare organisations. To help achieve this we've developed a Patient Safety Certificate for health professionals in leadership roles.

Our improvement

The programme is designed to equip healthcare leaders with the knowledge, skills and practical insights to improve the effectiveness of their clinical and managerial leadership in the area of patient safety. The course faculty includes leaders and experts in patient safety with modules geared to provide a full understanding of harm in healthcare and identify when change is needed. It is open to colleagues from the NHS and independent sector in nursing and governance roles.

Understanding the culture and language of safety is a central objective of this course. We deliver this through modules taught by campaigners affected by failings in patient safety. We've found this to be powerful at humanising what adverse harm means; moving safety away from a concept into a real experience. Delegates also undertake a project specific to their own area of practice, ensuring they can embed and operationalise safety into their practice.

Our results

Following this course, we've found that colleagues have a better understanding on how to deliver safer care. The multidisciplinary focus of our courses ensures that safety can be built into the very eco-system of our organisation. Delegates have been able to take their learning and share it with their teams, promoting the adoption of good practice into daily operations. This helps foster a culture which recognises that safety is everyone's responsibility. By collectively developing leadership skills, we can keep advancing the importance of safety for the patients attending our hospitals and facilities.

About HCA Healthcare UK

We are the country's largest provider of privately funded healthcare with 800,000 patient interactions every year. From complex and urgent care, to primary care, outpatient and day-case treatment, we provide care across our network of hospitals, facilities and key NHS partnerships.

Our network

Blossoms Healthcare
HCA UK at The Wilmslow Hospital
HCA UK at University College Hospital
Leaders in Oncology Care
London Bridge Hospital
Roodlane Medical
Sarah Cannon Research Institute
The Christie Private Care
The Harley Street Clinic
The Lister Hospital
The Portland Hospital
The Princess Grace Hospital
The Wellington Hospital

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