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IDEAS AND INFLUENCES

Inspiring ideas and career influences

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In 2005 I applied for a Florence Nightingale Foundation Leadership Scholarship. At the time I was director of nursing at East Somerset NHS Trust (now Yeovil District Hospital Foundation Trust). I was delighted to be successful at interview and the bursary award for my scholarship year gave me the opportunity to pursue my interest in healthcare improvement.

Late in 2005, I was appointed director of nursing at The North West London Hospitals NHS Trust. Following the Healthcare Commission Report (2005) into ten maternal deaths at the trust between 2002 and 2005, I was keen to understand the factors involved in reducing hospital mortality.

In December 2004 the Institute of Health Improvement (IHI) in Cambridge, Massachusetts had launched a campaign called *Saving 100,000 Lives* (IHI, nd). I was captivated by this campaign, as it brought together for me a set of ideas that crystallised my desire to be part of an initiative for healthcare improvement that was relevant and purposeful to my new organisation, role and professional practice.

The unique combination of the prestigious leadership scholarship, which entailed a generous bursary, and the campaign launched in the US allowed me to visit and focus my attention on learning more.

During 2006 I arranged to visit the IHI and was fortunate enough to spend time with the president Professor Don Berwick and CEO Maureen Bisognano. They and colleagues at the Institute were generous with their time and continued to enthuse me about the campaign and its achievements. I also visited two hospitals in the US, which were among the 3,000 hospitals across the country that had signed up to the campaign, to understand better how it worked in practice.

The concept was simple: to sign up to the implementation of six interventions as part of the campaign. These are outlined by McCannon (2006) and summarised below in Box 1.

Box 1: *Saving 100,000 Lives* campaign interventions

Deploy rapid response teams to patients at risk of cardiac or respiratory arrest

Deliver reliable evidence based care for myocardial infarction

Prevent adverse drug events

Prevent central line infections

Prevent surgical site infections

Prevent ventilator associated pneumonia



Through the use of care bundles

The more I learned and studied about the campaign, the more the concept captured my imagination. I reflected on my inspirational visits during my trip to the US and I realised then that the concept of using care bundles to reduce hospital mortality was something I wanted to pursue.

Back at work, I looked at the trust's mortality data using the Dr Foster Intelligence Hospital Standardised Mortality Ratio (Dr Foster Intelligence, nd). I also spent time talking to colleagues, medical and nursing, and the trust board about the findings of my scholarship visit and the possibility of establishing a mortality reduction programme, with the goal of increasing public confidence in the quality of patient care.

After significant planning, we developed care bundles for eight conditions, three of which were used in the *Saving 100,000 Lives* campaign. These were targeted to cover the conditions that were responsible for the largest number of deaths in the trust (Box 2).

Box 2: Care bundles used to reduce in-hospital mortality

Central venous catheter/line asepsis

Stroke

Ventilator acquired pneumonia

Heart failure

Surgical site infections

Chronic obstructive pulmonary disease

Methicillin resistant staphylococcus aureus infections

Diarrhoea and vomiting

The programme was measured over a year, from April 2007 to March 2008 – and the results were significant. The trust's Hospital Standardised Mortality Ratio went from 89.6 to 72 within the period. While the original figure of 89.6 was significantly below the England average of 100, the final figure of 72 meant the trust had the lowest mortality rate of any trust in the country that year. What the figure means is that 72% of the trust's patients who might have been expected to die, given the patient case mix and the known complications of conditions the patients were diagnosed with, had died during the year. This amounted to 255 fewer patient deaths than would have been expected.

The results were the outcome of an inspiring programme from the IHI adapted and worked on by some of the most fantastic clinicians it has been my privilege to work with. The most satisfying moment for me came in February 2010 when I was on the acute admission assessment unit at Northwick Park Hospital and a brand new foundation year junior doctor asked me where he could find one of the diarrhoea and vomiting care bundles for use on a patient he had just admitted. That was the moment I realised that it had become 'the way we worked' and not just a concept led by the few!

This article is about how a set of ideas or principles has defined my work and had a major influence on who I am as a clinician. The scholarship and the programme of mortality reduction work it allowed me to undertake through studying the *Saving 100,000 Lives* campaign has had a truly significant impact on my professional practice and career.

Once the results of our programme were identified I was privileged to be asked to present at a conference in the UK. There I met the excellent Professor Sir Brian Jarman, who took a keen interest in my work. He helped, encouraged and supported me in publishing the results in the *British Medical Journal* in 2010 (Robb, 2010).

Box 3: Key influences

The Institute for Healthcare Improvement (IHI) *Saving 100,000 Lives* campaign

Don Berwick, past president, and Maureen Bisognano, current president and CEO, IHI

The Florence Nightingale Foundation Leadership Scholarship

The inspiration and motivation from this work has led to a number of wonderful opportunities to present across the UK and internationally. Also, in 2009, I was awarded an honorary doctorate by the University of West London in recognition of the contribution this work has made to the body of healthcare knowledge and nursing leadership. This was an incredible honour, for which I am forever grateful. This year I was invited by the chief medical officer Sir Bruce Keogh to be part of his advisory group for the review of mortality in 14 NHS trusts, as commissioned by the prime minister.

None of the above would have come about without the inspiration of the initial *Saving 100,000 Lives* campaign. The catalyst was gaining the Florence Nightingale Foundation Leadership Scholarship. As such, when the opportunity came to apply for the CEO position at the Foundation I was motivated to apply. I wanted so much to open up the world of possibility that had been presented to me, so that others could pursue their professional interests and have the chance to examine evidence that could improve healthcare for patients and service users here in the UK.

It is always important to have a goal to improve your leadership and your career by pursuing knowledge and using evidence to improve practice. For me the opportunity came through scholarship and I would encourage others to consider how they too can translate a set of inspirational ideas into practice for the benefit of our patients.

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