



Quality
accounts
2009

BMI Healthcare

THE CONSULTANTS' CHOICE

About

BMI Healthcare

BMI Healthcare, the acute private hospital division of General Healthcare Group, is the largest independent provider of private health care in the UK.





BMI Healthcare has over 60 hospitals throughout the UK, each having an enviable reputation for providing excellent medical and surgical facilities supported by state-of-the-art equipment and a high standard of nursing care.

BMI hospitals see over 250,000 in-patient and 1,000,000 out-patient visits each year, and perform more complex surgery than any other independent private health care provider in the country. Nearly half the procedures undertaken for patients are of a major or complex nature.

BMI hospitals attract consultants from a wide range of specialties, most of whom have extensive experience gained within the NHS. Supported by BMI Healthcare's high calibre staff, they are able to

undertake a wide range of procedures from routine investigations to the most complex, high acuity cases such as cardiac and neuro surgery.

Each hospital has an experienced doctor on-site 24 hours a day to support patient care and a fully qualified nursing, clinical and support team plus diagnostic and treatment technology relevant to the patient procedures undertaken.

BMI Healthcare is committed to providing a consistent, high quality service to local communities. In patient satisfaction surveys, 98.5% of patients said they would recommend BMI, and 100% of patients recognise the high quality of care provided by their BMI hospital.

Chief Executive Officer statement

Now in its 40th year, I am delighted to say that BMI Healthcare is as committed to being at the forefront of quality today as it was back in 1970 when our predecessor company made its bow in the UK healthcare arena.



Our commitment as a healthcare organisation has always been to best quality, best practice and best outcomes in everything we do. Most importantly, our aim is always to reflect this commitment to quality in the experience of the patient.

It is our belief that all healthcare organisations should strive for similar goals – although for BMI Healthcare quality remains a journey rather than a destination. It was therefore interesting that Lord Darzi's NHS Next Stage Review made accountability for quality such a key tenet of health delivery.

Lord Darzi's review requires all healthcare providers working on behalf of the NHS to publish quality accounts from April 2010. As a provider of services to the NHS throughout the country, BMI Healthcare will of course fulfil this requirement. However, by publishing these accounts

now, we are hoping to stimulate discussion on the content of quality accounts and make our own contribution to this.

The core of our business remains with the private patient. By publishing this statement of our quality principles and outcomes we are demonstrating our ongoing pledge to providing quality services for patients, however their treatments are funded.

In common with the quality accounting methods outlined in Lord Darzi's review, BMI Healthcare's 2009 Quality Accounts will follow the three core indicators: **Safety, Effectiveness and Patient Experience.**

To meet the high standards BMI Healthcare and its patients demand requires constant vigilance and attention

to detail. But it also requires teamwork and professionalism - something which BMI staff, both clinical and administrative, deliver constantly. We are fortunate to have such committed and professional people and we are indebted to them for the dedication and skill they bring to their work, and to enhancing the patient experience.

BMI Healthcare is delighted to present these first Quality Accounts and I commend them to you.

Adrian Fawcett

Adrian Fawcett, Chief Executive Officer
General Healthcare

Group Medical Director

A quality narrative

As the UK's largest supplier of acute surgical services, BMI Healthcare has been at the forefront of the drive to improve clinical and non-clinical service standards across the independent acute provider sector. It has called for and contributed to regulation in a positive way, improved its reporting protocols and welcomes the opportunity to demonstrate its commitment to high quality patient care and continuous improvement through these quality accounts.

Improved reporting alone, however, cannot improve quality performance. Each of our hospitals adheres to the strict, multi-professional clinical governance framework we have in place. Our strategy incorporates the use and review of evidence-based clinical quality information; compliance with and achievement of national standards and quality assurance processes; the continuing effective development of our people; and a methodology to monitor and respond to feedback and complaints from patients, employees, clinicians, local communities and other stakeholders.

All of which fits perfectly with the new requirements for quality accounting to be adopted for providers of services to NHS patients in 2010. BMI Healthcare is conscious that it is chiefly answerable to its patients. It believes all healthcare providers should be open to the closest

scrutiny and the production of quality reports such as this are a positive step-forward in our hospitals' accountability to their customers.

Our patients have a justifiable expectation of the highest quality, safe and effective service. Similarly, patients should know in advance of their treatment that the services they are going to use will be of the highest quality – both clinically and non-clinically. They should know that the consultant treating them and the nurse caring for them have fulfilled the most rigorous eligibility criteria, have up to date skills, and have had their performance regularly reviewed.

Quality accounts will better inform patients and, in the specific case of NHS patients, commissioner choice. Quality accounts will also allow providers such as BMI Healthcare to be transparent about the clinical effectiveness of its

service, to report where things have gone awry – more importantly to report what procedures and processes are in place to avoid repetition of adverse incidents – and to chart continuing progress along the quality journey.

Our people, too, have a reasonable expectation of quality, which is why BMI Healthcare is committed to their training and continual professional development, both for their, and their patients' sakes.

Standards for quality and best practice evolve continuously. BMI Healthcare remains committed to achieving and exceeding compliance with those standards in both healthcare and management practice.

Prof. Duncan Empey

Professor Duncan Empey FRCP,

Medical Director, General Healthcare

Safety

The area of patient safety is central to a high quality experience of independent hospital treatment and care.

In this section, BMI Healthcare uses amongst others the following sub-indicators:

- n Medication errors
- n Infection rates

The reports serve to illustrate BMI Healthcare's commitment to a safer environment for its patients. Charts cover the three-year period from April 2006 to March 2009 unless otherwise indicated.

Medication errors

Our pharmaceutical management processes ensure that all medicines are procured, stored, dispensed and administered in accordance with the Medicines Act 1968 and in line with National Minimum Standards and professional guidelines..

BMI Hospitals comply with NMC guidelines for the administration of medicines. All medicines are administered by a medical practitioner or a registered nurse against a valid order.

The pharmaceutical arrangements of all hospitals are inspected locally by Care Quality Commission inspectors to ensure adherence to regulations regarding Medicine Management.

BMI Healthcare actively participates in national reporting procedures for any adverse occurrences related to medicines to support continuous monitoring and learning.

In the period covered, examples of medication errors leading to adverse outcomes reduced dramatically. From a high of 0.045 incidences per 100 patients in 2006/7, the rate has steadily declined to 0.026 per 100 patients in 2008/9.

The impact of continuing training of BMI Healthcare staff in medicines administration is the key reason for this improvement. Better reporting protocols introduced in recent times make this decline in medication error leading to adverse outcome more noteworthy.

(Fig 1.11)

Further proof of BMI Healthcare's drive to reduce medication errors can be seen in the dramatic decline in medication errors reported with no adverse outcome.

(Fig 1.12)

For the year April 2008 to March 2009, the general trend downwards in the number of medication errors leading to adverse outcome continues.

(Fig 1.13)

Fig 1.11 - Medication errors

Adverse outcome (rate)

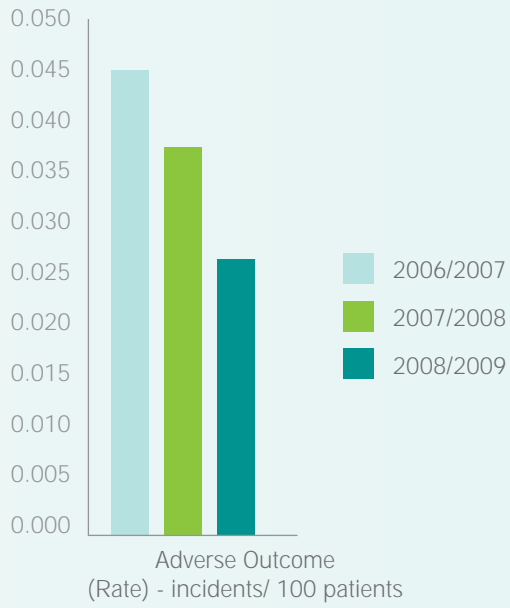


Fig 1.12 - Medication errors

No adverse outcome (rate)

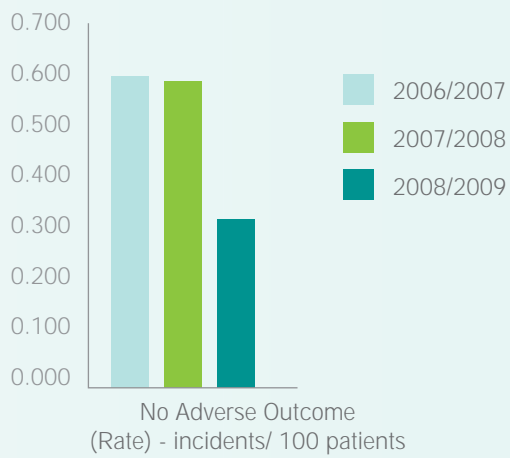


Fig 1.13 - Medication errors

Adverse outcome (rate)



Infection prevention and control

The focus on this continues under the leadership of the Group Head of Infection Prevention and Control in liaison with the link nurses in individual BMI hospitals. All staff attend mandatory training to ensure the highest possible standards to minimise the risk of infection for all patients. The Group also participated in the national hand washing awareness campaign with the use of light boxes to demonstrate effectiveness.

BMI Healthcare reports infection rates to the Care Quality Commission and participates in the national Health Protection Agency infection surveillance projects.

Due to healthcare media coverage of infections (especially MRSA and Clostridium difficile) one of the most frequently asked questions from patients is: "How likely is it that I will get an infection in one of your hospitals?" From our results we are able to reassure them that due to effective pre-admission assessment and the high standard of clinical care delivered during and after their surgery, the risk is significantly lower than in the NHS.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly.

MRSA Bacteraemias

BMI Healthcare has a robust system for the monitoring of healthcare acquired infections and there have been no reported MRSA Bacteraemias in the last 12 months, compared with latest NHS reports which show a range of 0.82 to 1.34 infections per 10,000 bed days.

Clostridium difficile

BMI hospitals reported a range of zero (in three separate months) to 0.37 incidences of Clostridium Difficile per 1,000 bed days in the year to February 2009. (Fig 1.21)

Clinical indicators

Deep Vein Thrombosis (DVT)

We believe that pre-operative assessment and provision of prophylaxis is vital to minimise complications. One of the areas we concentrate on is the prevention of DVT and rates of DVT incidence in BMI hospitals have shown a steady decline over the last three years. (Fig 1.22)

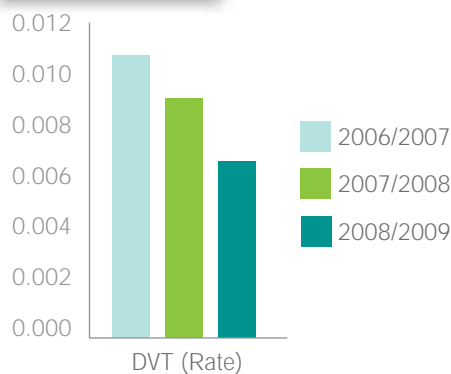
Pulmonary embolism

DVT can lead to Pulmonary embolus so our efforts with reduction in DVT have resulted in a similar decline in the rate of pulmonary emboli has also been reported (Fig 1.23)

Fig 1.21 - Clostridium difficile per 1000 bed days

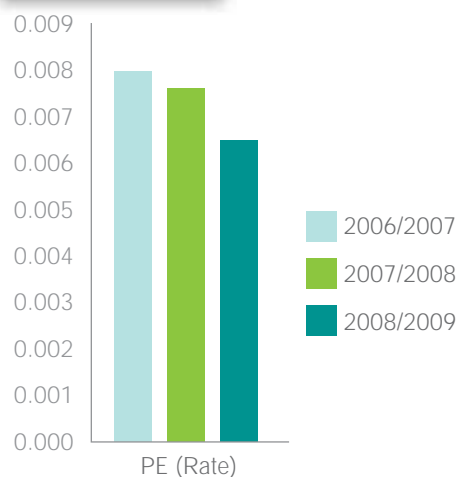


Fig 1.22 - DVTs



Rates per 100 patients

Fig 1.23 - PEs






BMI Healthcare reports infection rates to the Care Quality Commission and participates in the national Health Protection Agency infection surveillance projects.

Effectiveness

BMI Healthcare, in common with other providers of acute healthcare in the independent sector, not only focuses on the immediacy of service delivery but also on its contribution to the growth and development of a high quality health system in the UK. Through a commitment to a programme of clinical governance, BMI Healthcare remains accountable to patients, their doctors, other healthcare agencies and itself for the scope and standard of the care it delivers.



Every BMI hospital/facility has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committees in each hospital. At corporate level the clinical governance board has an overview and ensures that there is corporate learning and quality improvement.



General Healthcare Group initiated a clinical indicator project in 2007. This is now a joint development in conjunction with all other independent sector providers, the Department of Health, the Care Quality Commission and the NHS Information Centre.

The project will provide individual organisations with benchmarking information to drive performance improvement; ensure that the sector is meeting the information requirements of its key regulatory and commissioning

stakeholders; lead the development of UK-wide standards and measures for healthcare performance; gather robust information about independent sector performance that is comparable with the NHS.

The project will get underway during 2009.

Transfer of regulation to the Care Quality Commission (CQC) following the disbanding of the Healthcare Commission (HCC) took place on 1 April 2009.

However the regulatory framework will not change for the sector. Following risk assessments by the CQC, a high proportion of BMI hospitals are being advised that they will not have a planned inspection in the current year.

The sub-indicators of clinical effectiveness used in this report are:

- n Average length of stay
- n Adverse outcomes
- n Unplanned transfers
- n Return to theatre
- n Readmissions within 31 days

Average length of stay

As medical technology and clinical quality continues to advance, the average length of hospital stay for BMI Hospital patients gets shorter. Average length of stay fell to 2.98 days in 2008 from 3.01 days in 2007. (*Fig 2.11*)

Adverse outcomes

There is a year on year reduction in the number of reported adverse outcome clinical incidents. (*Fig 2.21*)

A training drive on incident reporting increased the number of non-adverse (near miss) reported incidents recorded. This has enabled hospitals to analyse trends and take action to address any issues identified which leads to a minimisation of risk of recurrence and is helping to drive down the overall number of adverse incidents. (*Fig 2.22*)

Unplanned transfers

BMI Healthcare's acquisition of seven hospitals from Nuffield Hospitals in 2008 led to an increase in the number of unplanned transfers out of BMI Hospitals. However as *Fig 2.31* shows, the overall rate of transfer in the last year has reduced. The majority of the small overall number of transfers out that do occur are for the provision of critical care which cannot be provided at all BMI hospitals. All hospitals work within the local Critical Care Networks and have transfer agreements and protocols in place to ensure smooth and rapid transfers to ensure patients receive the level of treatment they require as quickly as possible. (*Fig 2.31*)

Return to theatre

All surgery carries a risk of complications and these may result in an unplanned return to theatre. The total number of unplanned returns to theatre increased in 2008/2009 as a result of the hospital acquisitions. However, as *Fig 2.41* demonstrates, there is a continuing reduction in the rate of unplanned returns to theatre indicative of fewer complications

Readmissions within 31 days

Unplanned re-admissions are due to a clinical complication related to the original surgery and it is therefore pleasing to report that the rate of unplanned readmissions within 31 days to BMI Hospitals has shown a decrease of around 40 per cent between the years 2006/7 and 2008/9. (*Fig 2.51*)

Every BMI hospital/facility has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committees in each hospital.

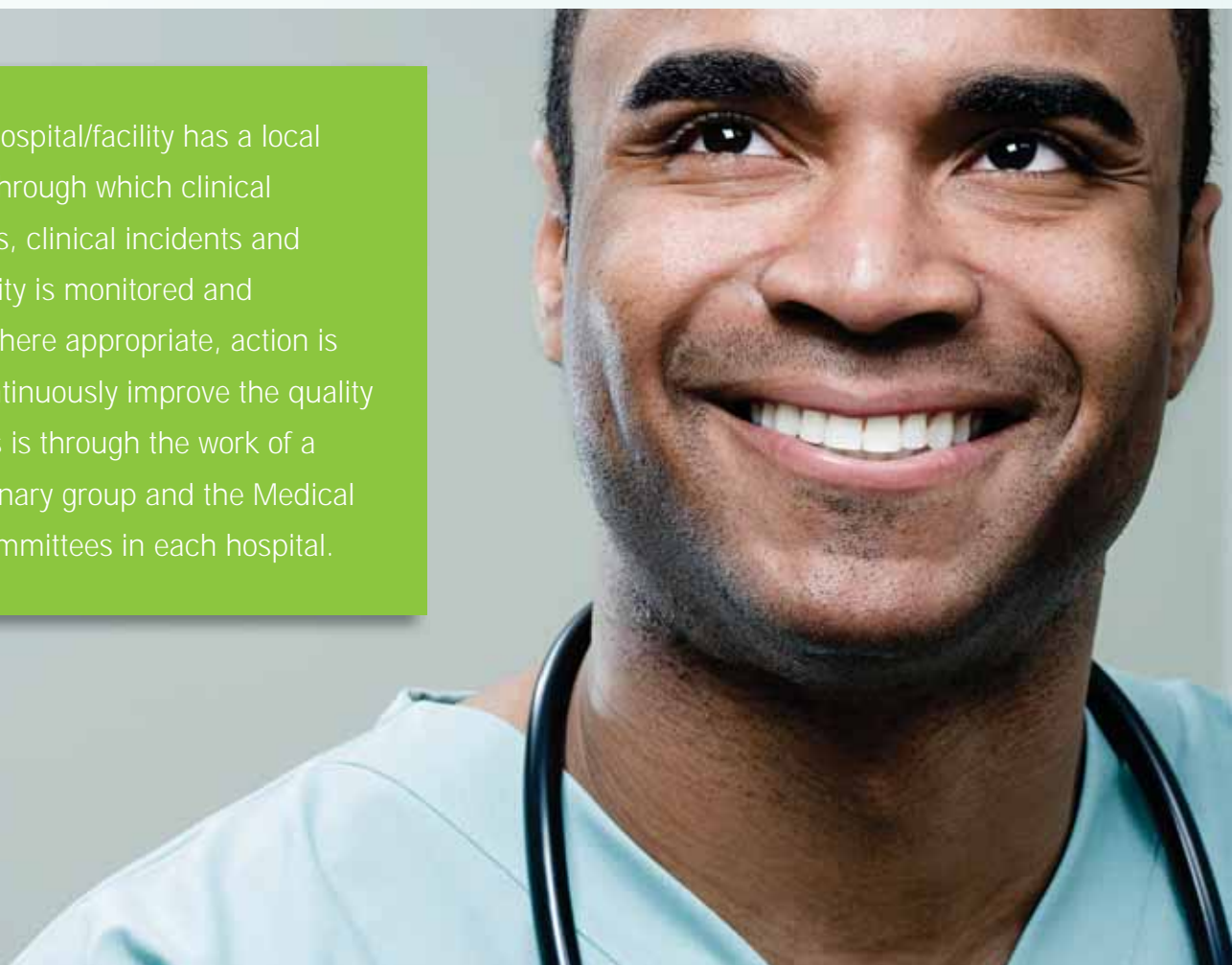


Fig 2.11 - Average length of stay

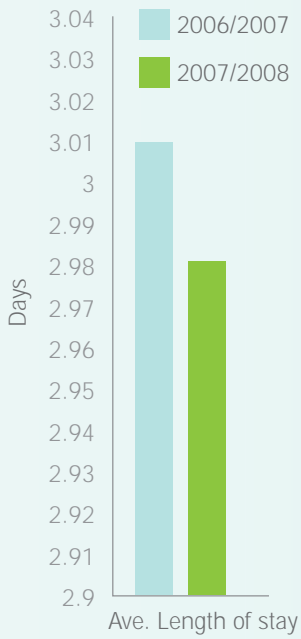


Fig 2.22 - No adverse outcomes

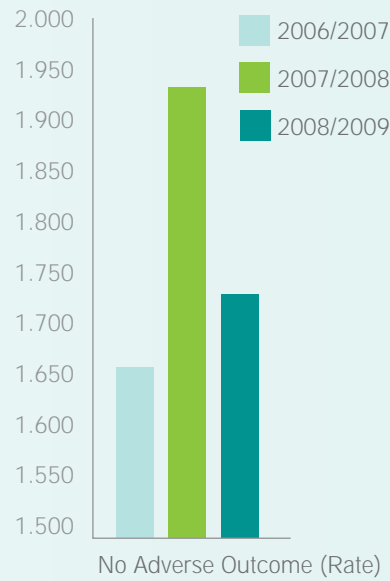


Fig 2.32 - Unplanned transfers to NHS hospitals (Rate)

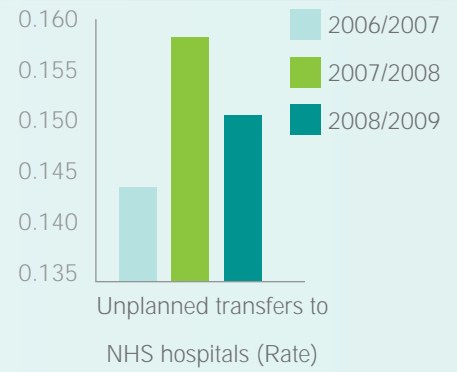
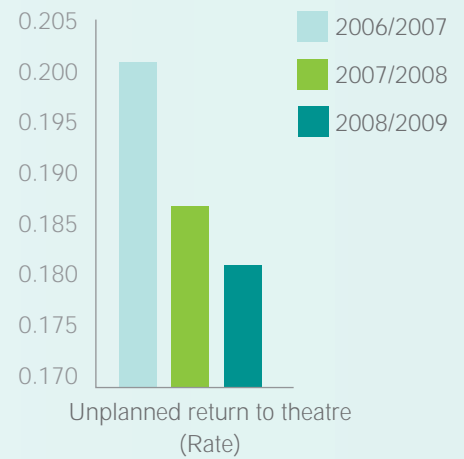


Fig 2.41 - Unplanned return to theatre



All Rates calculated per 100 patients discharges

Fig 2.21 - Adverse outcomes

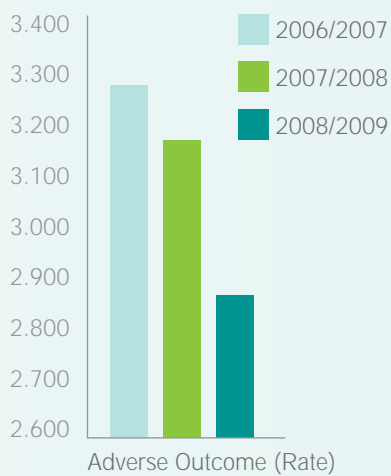


Fig 2.31 - Total unplanned transfers

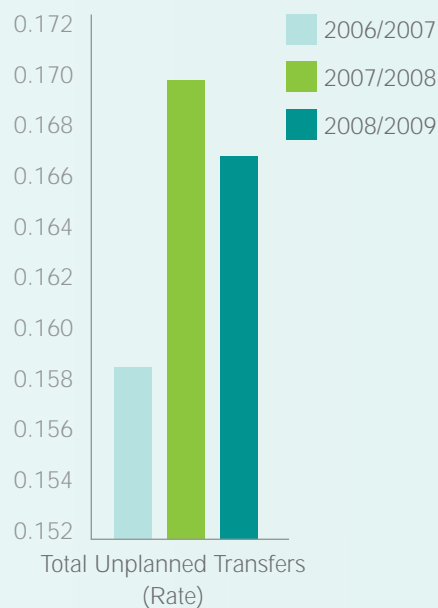
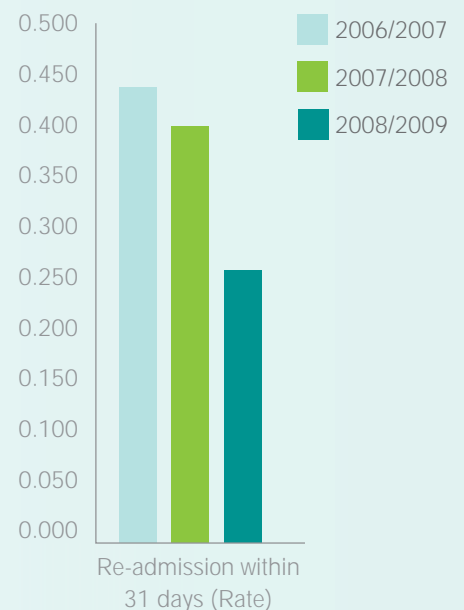


Fig 2.51 - Re-admission within 31 days



Patient experience



Patient satisfaction scores for overall quality show the majority of patients believe they receive excellent quality of care and service. In all, 98.5 per cent of patients said they would recommend BMI hospitals.



The sub-indicators in this section of the report are:

- n Patient reported outcomes
- n Cancelled operations
- n Complaints
- n Overall patient satisfaction

Patient reported outcomes

There are a number of patient reported quality of life surveys in use in healthcare. As many are generic, BMI Healthcare took the view that they would not provide data related to procedures undertaken at a BMI Hospital. The company therefore piloted procedure specific surveys for 18 months 2007-2008 for all hip and knee replacements in four hospitals. Results for hip operations are shown in Fig 3.11.

Oxford Hip and Knee Questionnaires were used. These are research based validated tools measuring disability – the higher the score the worse the disability. The patient completes the questionnaire pre-operatively and at 3, 6 and 12 months post-op.

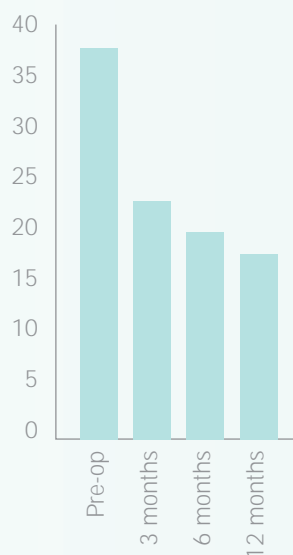
The incremental improvements are benchmarked against published research data. BMI Healthcare outcomes were on the whole better than the published data. (Fig 3.11)

The pilot showed that operationally the system worked and that the data received was useful. Full implementation of this will commence in the new financial year to include analysis on hernia and varicose vein, cataract surgery as well as hip and knee replacement, procedures.

Patient reported outcome measurement for bariatric surgery was also launched in March 2008. Initial returns will be reported in the next financial year.

Fig 3.11 - Hip replacement clinical outcomes 2007

Average reductions in disability scores over post-operative period





Cancelled operations

The measure to report cancelled operations/procedures was introduced in 2006 /2007. Since introduction, BMI Hospitals have seen an increase in the number of operations / procedures cancelled due to clinical reasons. (Fig 3.21)

We believe that this increase is due mainly to more diligent reporting. However, a focus on the development of more effective pre-assessment strategies should reduce these rates materially.

Similarly, operations/procedures cancelled for non-clinical reasons increased substantially in 2009 (Fig 3.22). However, the numbers were significantly skewed by severe adverse weather experienced in the UK in February 2009. (Figs 3.21 & 3.22)

Fig 3.21 - Operation/ procedure cancelled (clinical reasons)

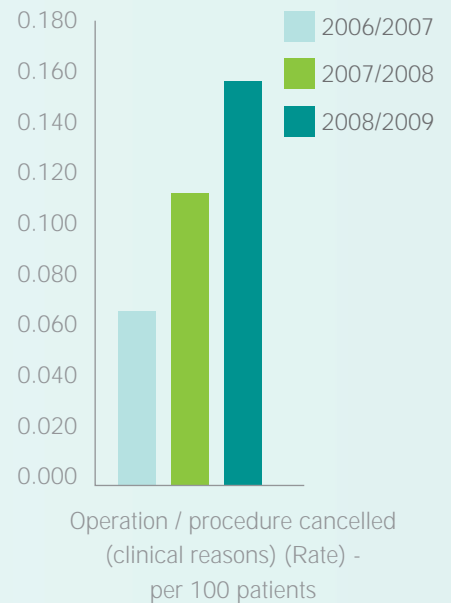
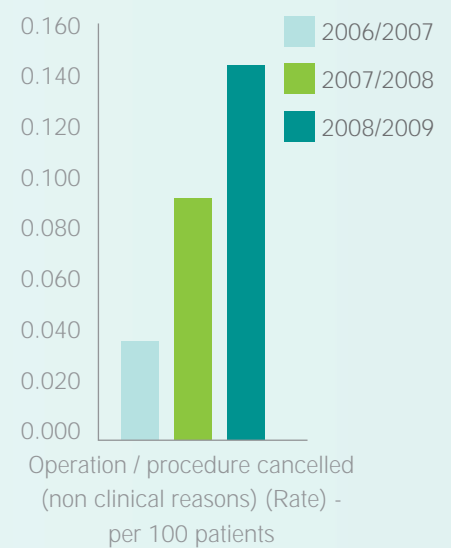


Fig 3.22 - Operation/ procedure cancelled (non clinical reasons)



Complaints

In addition to providing all patients with an opportunity to complete a satisfaction survey administered by an independent company. (see 3.4), BMI Healthcare actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

Stage 1: Hospital resolution

Stage 2: Corporate resolution

Stage 3: Patients can refer their complaint to independent adjudication if they are not satisfied with the outcome at the other 2 stages.

Every complaint is thoroughly investigated and the patient receives a written response. Stage 3 complaints are administered for the whole independent sector by the Independent Sector Complaints Adjudication Service (ISCAS)

In the year to March 2009, BMI Hospitals received 1559 complaints. Just 20 escalated to Stage 2 and only four to Stage 3. This low escalation rate demonstrates BMI Healthcare's effectiveness and commitment to resolving issues at a hospital level.

(Fig 3.31)

Patient satisfaction

At BMI Healthcare every patient is asked to complete a survey. A total of 46,600 surveys were completed in the year to March 2009. The NHS carries out an annual patient satisfaction survey of all patients, with the latest having 76,000 respondents. Therefore, BMI Healthcare enjoys a significantly higher response rate by number of patients treated.

There are ongoing efforts to increase the response rates for patient satisfaction surveys to ensure that the results are representative and meaningful. Hospitals receive monthly reports, which are analysed to identify areas, which require action to improve the quality of care delivered.

BMI Healthcare has undertaken a corporate focus on operational excellence, which includes the need for cost effectiveness. This has resulted in changes to staff ratios and structures within hospitals. Patient satisfaction is carefully monitored to ensure that any changes do not adversely affect quality of care.

Patient satisfaction scores for overall quality show the majority of patients believe they receive excellent quality of care and service (Fig 3.41). In all, 98.5 per cent of patients said they would recommend BMI hospitals. (Fig 3.41)

Fig 3.31 - Written complaints

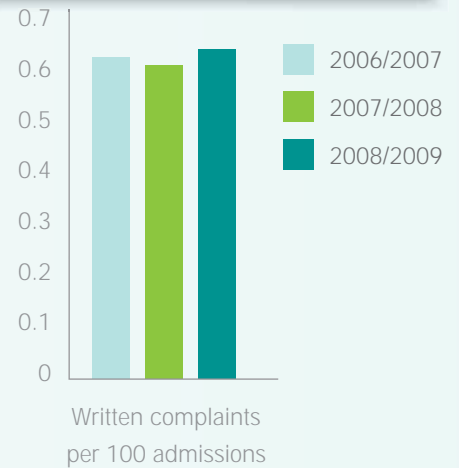
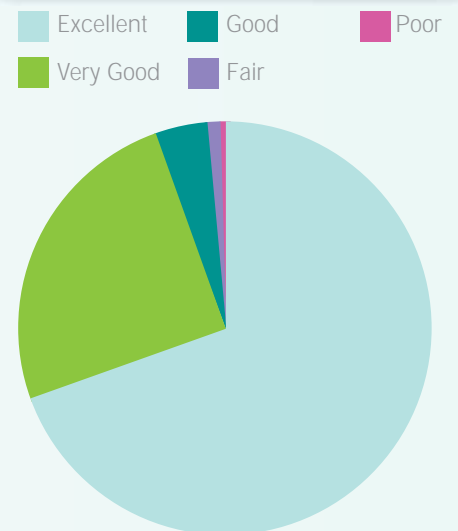


Fig 3.41 - Patient satisfaction



Hospitals

Albyn Hospital
[Aberdeenshire](#)

Bath Clinic
[Somerset](#)

Bishops Wood Hospital
[Middlesex](#)

Brighton Consulting Rooms
[West Sussex](#)

Chatsworth Suite
[Derbyshire](#)

Chelsfield Park Hospital
[Kent](#)

City Medical
[London](#)

Fawkham Manor
Hospital
[Kent](#)

Fernbrae Hospital
[Angus & Dundee](#)

Fritzroy Square
[London](#)

Goring Hall Hospital
[West Sussex](#)

Marylebone Consulting
Rooms
[London](#)

McIndoe Surgical Centre
[West Sussex](#)

Mount Alvernia Hospital
[Surrey](#)

Ross Hall Hospital
[Glasgow](#)

Sarum Road Hospital
[Hampshire](#)

Shirley Oaks Hospital
[Surrey](#)

St Edmunds Hospital
[Suffolk](#)

The Alexandra Hospital
[Cheshire](#)

The Beardwood Hospital
[Lancashire](#)

The Beaumont Hospital
[Lancashire](#)

The Blackheath Hospital
[London](#)

The Castle Consulting Centre
[Nottinghamshire](#)

The Cavell Hospital
[Middlesex](#)

The Chaucer Hospital
[Kent](#)

The Chiltern Hospital
[Buckinghamshire](#)

The Clementine Churchill
Hospital
[Middlesex](#)

The Droitwich Spa Hospital
[Worcestershire](#)

The Duchy Hospital
[Yorkshire](#)

The Edgbaston Hospital
[West Midlands](#)

The Esperance Hospital
[East Sussex](#)

The Foscote Hospital
[Oxfordshire](#)

The Garden Hospital
[London](#)

The Hampshire Clinic
[Hampshire](#)

The Harbour Hospital
[Dorset](#)

The Highfield Hospital
[Lancashire](#)

The Huddersfield Hospital
[West Yorkshire](#)

The Kings Oak Hospital
[Middlesex](#)

The Lancaster Hospital
[Lancashire](#)

The Lincoln Hospital
[Lincolnshire](#)

The London Independent
Hospital
[London](#)

The Manchester Lifestyle
Hospital
[Manchester](#)

The Manor Hospital
[Bedfordshire](#)

The Meriden Hospital
[Warwickshire](#)

The Oxford Clinic
[Oxfordshire](#)

The Paddocks Clinic
[Buckinghamshire](#)

The Park Hospital
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Hospital
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The Priors Hospital
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The Somerfield Hospital
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The South Cheshire Private
Hospital
[Cheshire](#)

The Winterbourne Hospital
[Dorset](#)

Thornbury Hospital
[South Yorkshire](#)

Three Shires Hospital
[Northamptonshire](#)

Werndale Hospital
[Carmarthenshire](#)

Woodlands Hospital
[County Durham](#)



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