

Chief Executive's Statement

I am pleased to welcome you to our Quality Accounts 2015.

Now in their sixth year, Quality Accounts continue to provide a truly objective metric for us, and others, to gauge the quality of our 59 hospitals and the services they provide against a broad range of criteria.

The past year has seen another step change in the way healthcare providers are externally challenged on the quality they provide. Following a spate of high profile controversies around patient safety, the Care Quality Commission, the UK's health regulator, has introduced a new inspection regime designed to raise standards.

No healthcare provider can afford to be complacent and whilst I believe BMI's hospitals provide safe and effective care, we should always be striving for improvement.

To this end we recently introduced a new Quality Strategy, which articulates how we will provide the best possible care and strive for continual improvement, and live up to our brand promise to be "serious about health, passionate about care". Its four core themes – safety, clinical effectiveness, patient experience and quality assurance – provide our staff with the platform to consistently deliver the care patients, their insurers, and commissioners expect and deserve.

BMI hospitals have been enthusiastic participants in the pilot programme of the new CQC inspection regime for private providers, and to ensure our facilities are prepared we have developed a self-assessment tool to enable hospitals to compare their perceptions of themselves with those of the external inspectors. The rigorous inspection process itself also underpins the sharing of best practice between hospitals which further drives improvement and consistency.

BMI Healthcare strives to provide the best care but the ultimate arbiters of whether we succeed are our patients. We are committed to monitoring every aspect of the care we provide, and the results of the detailed questionnaires we ask patients to complete inform improvement. We aim to provide a consistent, high quality patient experience and an environment that empowers our consultants to excel. Providing a dependably high quality of care requires constant focus on improvement; the most recent independent research conducted for BMI shows that over 98% of our patients rate their care as excellent or very good.

The information available here has been reviewed by the Clinical Governance Board and I declare that as far as I am aware the information contained in these reports is accurate. Finally I would like to thank all the staff whose application, professionalism and ceaseless commitment to improvement is recognized here and in the positive experiences of the patients we care for. Since I joined BMI late last year, I have witnessed this firsthand on my many visits to our hospitals and I am committed to ensuring we build on that success.



Jill Watts, Group Chief Executive



Hospital Information



BMI Mount Alvernia Hospital is situated in Guildford Surrey. The hospital is part of BMI Healthcare with a nationwide network of hospitals and clinics performing more complex surgery than any other private healthcare provider in the country. Our commitment is to quality and value, providing a wide range of acute surgical and medical services for both elective and urgent care patients, within a friendly and professional environment. Our vision is to be part of a Group that creates a world of consumer led care, where individuals choose our extensive health and well-being services throughout their lives, and in doing so help improve the health of the nation.

Accommodation is provided in 73 individual rooms, 2 double rooms, all with the comfort of en-suite facilities, satellite television and telephone. There is also a 6 bay ambulatory care unit for those patients undergoing minor procedures. These facilities, combined with the latest in technology and on-site support services, enable our consultants to undertake a wide range of procedures from routine investigations to complex surgery.

The Pharmacy Department provides both inpatient and outpatient services.

The theatre suite comprises 3 main theatres, with an 8 patient recovery bay, offsite TSSU together with supporting areas. The Ambulatory Care Unit comprises 2 endoscopy/minor ops theatres, 6 patient recovery bays, consulting room, treatment room, reception and waiting room.

The Consulting Room Suite has 11 consulting rooms including dedicated ENT, ophthalmic and cardiology rooms, 2 nurse treatment rooms are also available along with a registration desk, 2 waiting areas one with a coffee shop .

The Imaging Department provides a comprehensive range of diagnostic imaging services including all types of general x-rays, digital screening, mammography, bone densitometry, a full

ultrasound service including Doppler. The department also has a state of the art 128 slice CT scanner, a 1.5 Tesla MRI scanner. A Nuclear Medicine Department provides a Gamma Camera and a mobile PETCT service.

A dedicated physiotherapy service provides clinical specialty trained physiotherapists to both in and outpatients. The hospital also provides a full range outreach service, which includes hydrotherapy treatment, in GP surgeries and gymnasiums across the Guildford area.

Consultant led care is supported by caring and professional medical staff, with a dedicated registered medical officer (RMO) covering the twenty four hour period. The nursing service is led by the Director of Nursing and Senior Sister. There is a senior nurse on duty at all times, in order to support the co-ordination of a seamless service for patients utilising the service.

Our latest figures indicate that during February and April 2015 between 13.5% and 17% of our patient group were NHS patients.

BMI Healthcare is registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008. BMI Mount Alvernia is registered as a location for the following regulated services:-

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening

The CQC carried out a comprehensive inspection of the hospital on 12 and 13 November 2014, as part of a pilot programme of inspections in independent healthcare settings. The inspection considered the following areas:

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

As the inspection was part of the pilot programme the hospital did not receive an overall rating. However, the report confirms that there were several areas of outstanding practice identified. The Hospital has prepared an action plan to address the four areas where additional compliance actions were requested. These relate to:

- Notification of serious incidents to the CQC (action complete)
- Amendment to the statement of service document to ensure it accurately reflects any limitations in service provision (action partially complete)
- The formal arrangements in place to support patients living with dementia or learning difficulties (action partially complete)
- Strengthen feedback mechanisms following serious incident investigation (action complete)

BMI Mount Alvernia has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed, and where appropriate action is taken to continuously improve the quality of care provided. This is through the work of the Clinical Governance Committee and the Medical Advisory Committee.

Regional Clinical Quality Assurance Groups monitor and analyse trends and ensure that the quality improvements are operationalised. There has been development of shared learnings across hospitals and regions.

At Corporate level the Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs for NHS patients. There are additional external reporting requirements for CQC, Public Health England (Previously HPA) CCGs and Insurers.

BMI is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES-equivalency and submit this to PHIN for publication. The data is made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>. This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

1. Safety

1.1 Infection prevention and control

The focus on infection prevention and control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the Infection Prevention and Control nurse based at BMI Mount Alvernia. The hospital is also supported by a lead Infection Control Nurse Consultant who provides expert advice and participates in the mandatory training sessions provided.

The hospital has an Infection Prevention and Control Committee which meets on a quarterly basis. The committee includes representation from all ward and department areas, and is also attended by an Infection Prevention and Control microbiologist from the local NHS foundation Trust.



During 2014/15 the Hospital reported: -

- 0 cases of MRSA bacteraemia cases/100,000 bed days
- 0 cases of MSSA bacteraemia cases /100,000 bed days
- 0 cases of E.coli bacteraemia cases/ 100,000 bed days
- 0 cases of hospital apportioned Clostridium difficile in the last 12 months.

Surgical site infection (SSI) data is also collected and submitted to Public Health England for Orthopaedic surgical procedures. The rates of infection for the period January 2014 to March 2015 are:

- Hips – 0 reported cases
- Knees – 0 reported cases

Infection control environmental audits are completed throughout the year with findings reported back to the relevant team/department and Clinical Governance Committee with any recommendations for improvement. Progress on recommendations is monitored through the Infection Prevention and Control Committee.

Bare Below the Elbows & Hand Hygiene Audit

BMI Mount Alvernia conducts monthly auditing of hand hygiene on the basis of the Five Moments WHO directive. Each department will have Link personnel who complete the assessments on different staff group. For the past year Mount Alvernia has been auditing both Hand Hygiene and Bare Below the Elbows and now have an overall compliance of 93.79% across all departments. Strict adherence to our Clinical Uniform Policy of Bare Below the Elbows is being audited. Staff that breach compliance are addressed at the point of concern or

through action plans and staff meetings providing a cohesive approach to both WHO 5 moments and our Bare Below the Elbows policy.

- Hand hygiene workshop is being held monthly as part of the Mandatory Infection Prevention & Control Training where hand hygiene technique with both hand washing and alcohol gel management is being assessed. Competencies for hand hygiene are provided to all members of staff.

Sharps Awareness & Compliance Audit

External audit was carried out on 27 April 2015 by Daniels Healthcare Representative. Annual Sharps audit was conducted as required by BMI in line with EU Directive 2010/32/EU. All the wards and other departments where sharps are in use were audited. It is an annual check to assess compliance in the use of sharps containers. The general findings and recommendations are highlighted to all Heads of the Departments. Areas for improvement included proper assembly and closure of sharps containers and this was feedback to all areas as a reminder. As a result of this audit, action plan had been taken in retraining all staff on Sharps Awareness and Waste Management and all departments will be audited in six months' time by the IPC Lead to check for compliance.

QIT IPS Environmental Cleanliness Annual Audit

All clinical departments are involved in IPS QIT environmental audits on an annual basis. The audits cover general IP&C management as well as cleanliness, hand hygiene, PPE, waste, sharps, and linen management, standard precautions etc. Each section is given a percentage score and then an overall score is calculated. Action plans are requested for areas where improvement is required. Each department is audited using the IPS QIT tools for environmental compliance.

Saving Lives / High Impact Interventions / Care Bundles

High Impact Care Bundles are being completed on a monthly basis for the prevention of Surgical Site Infection. In appropriate clinical areas, audits are conducted for the insertion and ongoing management of patient with Urinary Catheter, Peripheral cannula and central venous lines. Results are fed back to Clinical Governance monthly meeting BMI Mount Alvernia undertakes monthly saving lives/ high interventional care bundle audits on a monthly basis. Table 1 indicates the results for October to March 2015.

Table 1: Care Bundle Audit for October 2014 to March 2015

Care Bundles	Oncology	Wards	Theatres	OPD	Physio	Radiology
Peripheral Insertion	100%	100%	100%	NA	NA	100%
Peripheral Ongoing	100%	100%	NA	NA	NA	NA
CVL Insertion	NA	NA	100%	NA	NA	NA

CVL Ongoing	100%	NA	NA	NA	NA	NA
Catheter Insertion	NA	100%	100%	NA	NA	NA
Catheter Ongoing	NA	100%	NA	NA	NA	NA
SSI Pre op	NA	NA	NA	NA	NA	NA
SSI Intra op	NA	NA	100%	NA	NA	NA
SSI Post op	NA	100%	NA	100%	NA	NA

The audit confirms 100% compliance in all departments from October 2014 - March 2015.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly. The patient's opinion on the cleanliness of their facilities are sought through the patient satisfaction questionnaire and reported on a monthly basis. Table 1 and 2 below provide an indication of the results from the most recent questionnaire.

Table 1: Bathroom Cleanliness Score

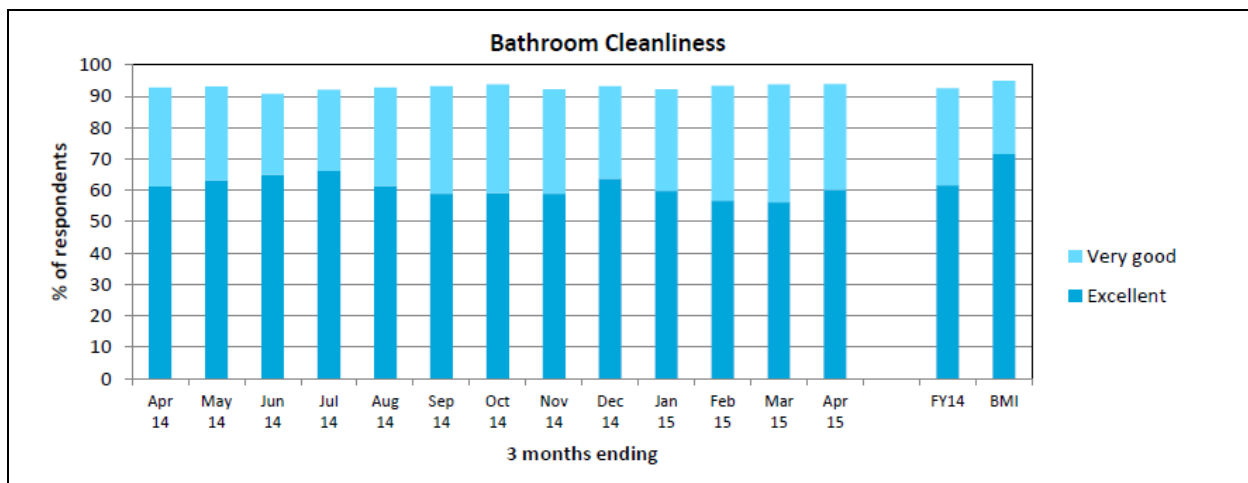
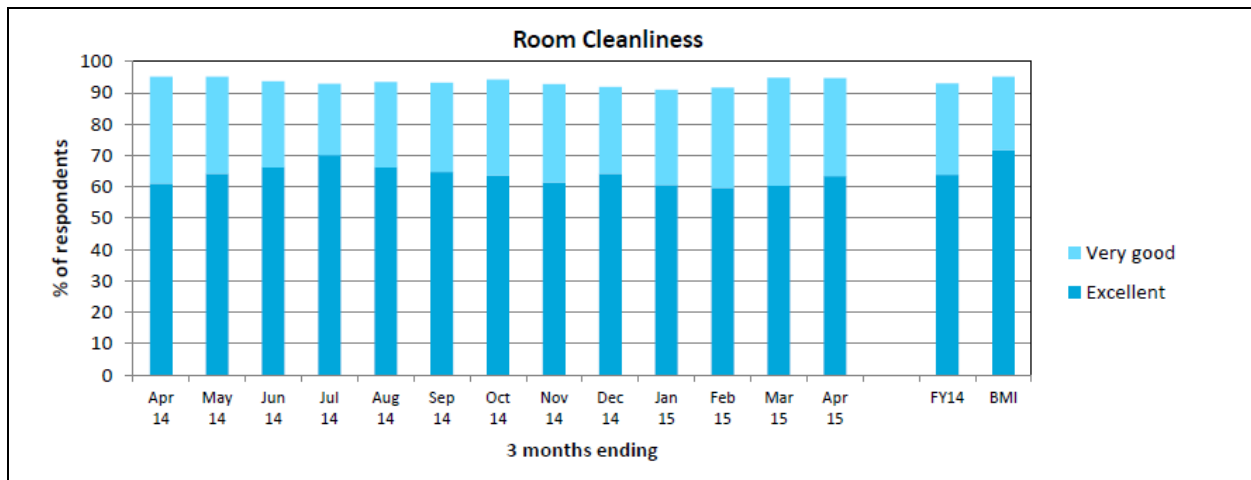


Table 2: Room Cleanliness Score



1.2 Patient Led Assessment of the Care Environment (PLACE)

We believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers and hold the service to account. In 2012 the Patient Environment Action Team (PEAT) inspections had been in place for a few years. In 2013, this has been replaced with the Patient Led Assessment of the Care Environment (PLACE) audit and Mount Alvernia Hospital actively participates in this National assessment.

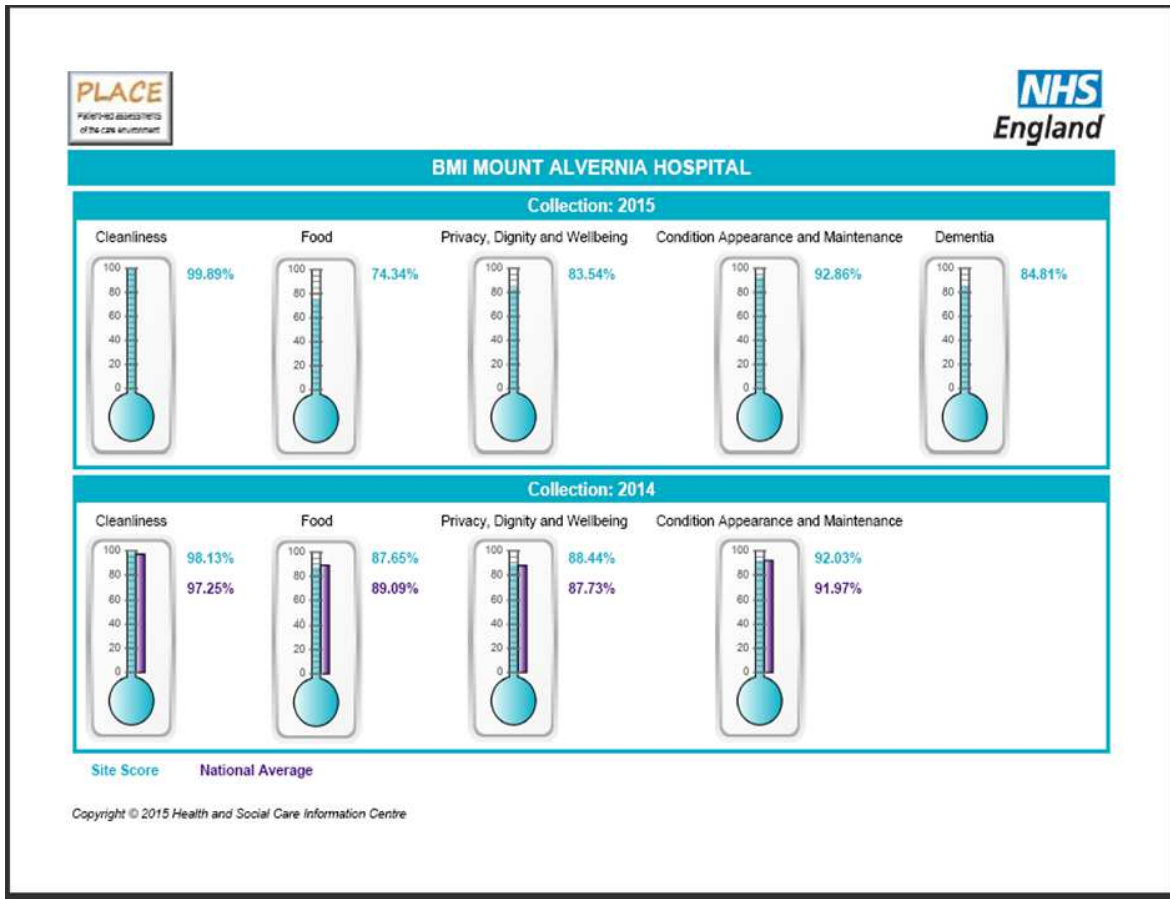
PLACE assessment provides motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

On the 6th March 2014 Mount Alvernia carried out the annual PLACE assessment, which is aimed at assessing the quality of the patient environment from the patient perspective. The assessments involve patients and staff who assess the hospital and how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff perform in their job roles.

Three service users, who had been patients with us, participated and provided us with the patient's perspective of the healthcare environment in Mount Alvernia. The patient assessors evaluated the hospital and the environment, providing feedback on how Mount Alvernia supports patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment.

The PLACE results show how hospitals are performing nationally and locally. The results show how hospitals are performing nationally and locally. Below are the results of the PLACE audit from 2014-2015.

Table 3: PLACE Audit results 2014/15



The 2015 PLACE audit was undertaken on the 7 May 2015. In order to maintain some continuity, two of the assessors invited had participated in the previous audit. The assessors were pleased to see that recommendations from previous audit had been implemented. They commended the hospital in being receptive and implementing actions from the previous audit.

This included replacement of carpets in clinical areas: Removal of apron/gloves from the ward corridors which improves the aesthetic feel of the ward. They pleased to note that the hospital has now improved level of privacy on admission: moved to macerators system and has a planned programme of painting around the hospital.

The patient assessors proposed a quarterly assessment focusing on specific areas in order to carry out a more detailed review. This proposal has been agreed by managers and will commence in September 2015.

1.3 Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including, BMI Mount Alvernia. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and were the Runners up in the Best VTE Patient Information category.

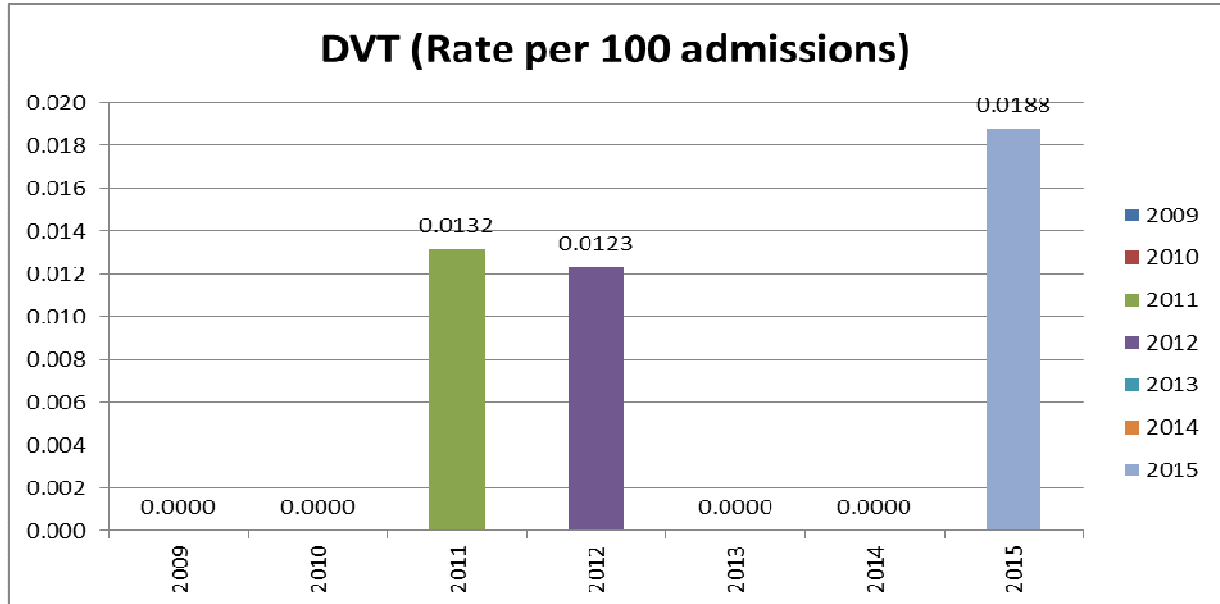
We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown that the hospital consistently achieves 100% compliance with VTE assessment.

BMI Mount Alvernia reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible.

1 incident of VTE was reported at Mount Alvernia between 1 April 2014 and 31 March 2015.

The table below details the DVT rate per 100 admissions.

Table 4: VTE Rate



2. Effectiveness

2.1 Patient reported Outcomes (PROMS)

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs is a Department of Health led programme.

Mount Alvernia currently provide information on hernia, hips, knees and veins, however, there is currently insufficient data to provide statistically significant health gain data between pre-operative and post-operative questionnaire. Participation in the programme is led by the pre-assessment nursing team

For the current reporting period, the tables below demonstrate the health gain between Questionnaire 1 (pre-operative) and Questionnaire 2 (post-operative) for patients undergoing

Key Facts

April 2014 to December 2014, provisional data (published 14 May 2015)

Adjusted average health gain for Provider - BMI MOUNT ALVERNIA HOSPITAL (NT455)

NOTE: Table 1 and Table 2 only display data at England and Provider level

Table 1: Pre-operative participation and linkage

	Eligible hospital procedures	Pre-operative questionnaires completed	Participation Rate	Pre-operative questionnaires linked	Linkage Rate
All Procedures	17	38	223.5%	16	42.1%
Groin Hernia	8	21	262.5%	7	33.3%
Hip Replacement	9	9	100.0%	9	100.0%
Knee Replacement	0	8	0.0%	0	0.0%
Varicose Vein	0	0	0.0%	0	0.0%

Table 2: Post-operative issue and return

	Pre-operative questionnaires completed	Post-operative questionnaires sent out	Issue Rate	Post-operative questionnaires returned	Response Rate
All Procedures	38	22	57.9%	10	45.5%
Groin Hernia	21	17	81.0%	*	*
Hip Replacement	9	*	*	*	*
Knee Replacement	8	*	*	0	*
Varicose Vein	0	0	0.0%	0	0.0%

Groin hernia, hip and knee replacement. The tables indicate that the hospital has reported to have received more pre-operative questionnaires back than eligible episodes. This is probably due to sub-contracting between providers, with the questionnaire being filled out at your hospital and the operation carried out at another provider.

2.2 Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new, evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

ERP is based on the following principles:-

1. All Patients are on a pathway of care
 - a. Following best practice models of evidenced based care

- b. Reduced length of stay*
- 2. Patient Preparation
 - a. Pre Admission assessment undertaken*
 - b. Group Education sessions*
 - c. Optimizing the patient prior to admission – i.e HB optimisation, control co-morbidities, medication assessment – stopping medication plan.*
 - d. Commencement of discharge planning*
- 3. Proactive patient management
 - a. Maintaining good pre-operative hydration*
 - b. Minimising the risk of post-operative nausea and vomiting*
 - c. Maintaining normothermia pre and post operatively*
 - d. Early mobilisation*
- 4. Encouraging patients have an active role in their recovery
 - a. Participate in the decision making process prior to surgery*
 - b. Education of patient and family*
 - c. Setting own goals daily*
 - d. Participate in their discharge planning*

At Mount Alvernia a working party with representation from theatre, physiotherapy, nursing and pre-assessment was set up to support implementation of the programme, which has been launched in orthopaedics. The programme will be rolled out into the other specialties over the next year.

Initiatives introduced to support the implementation include the 'five day rule'. This rule allows for the relevant pre-assessment to take place within appropriate timescales and provides patients with realistic expectations as to their length of stay and recovery programme.

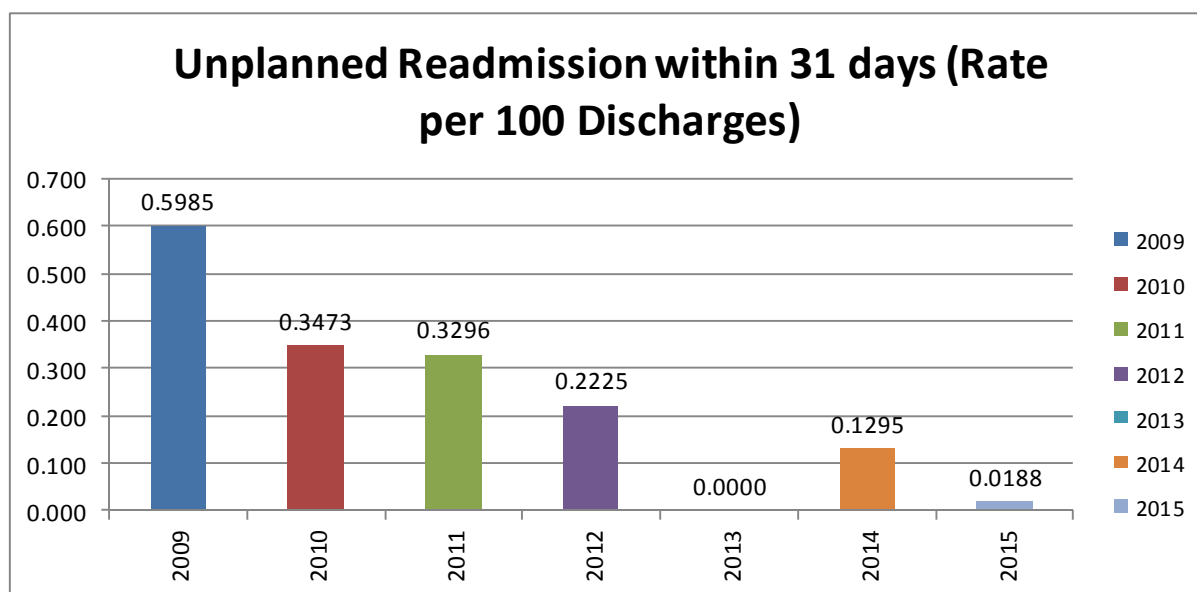
2.3 Unplanned Readmissions within 31 days and unplanned returns to theatre.

Unplanned readmissions and unplanned returns to theatre are normally due to a clinical complication related to the original surgery. Each case is reviewed and presented at the Clinical Governance Committee in order to identify and disseminate any learning and agree actions arising. During the period 2014/15 there was:

- One case of Unplanned re-admission
- Three cases of Unplanned return to theatre

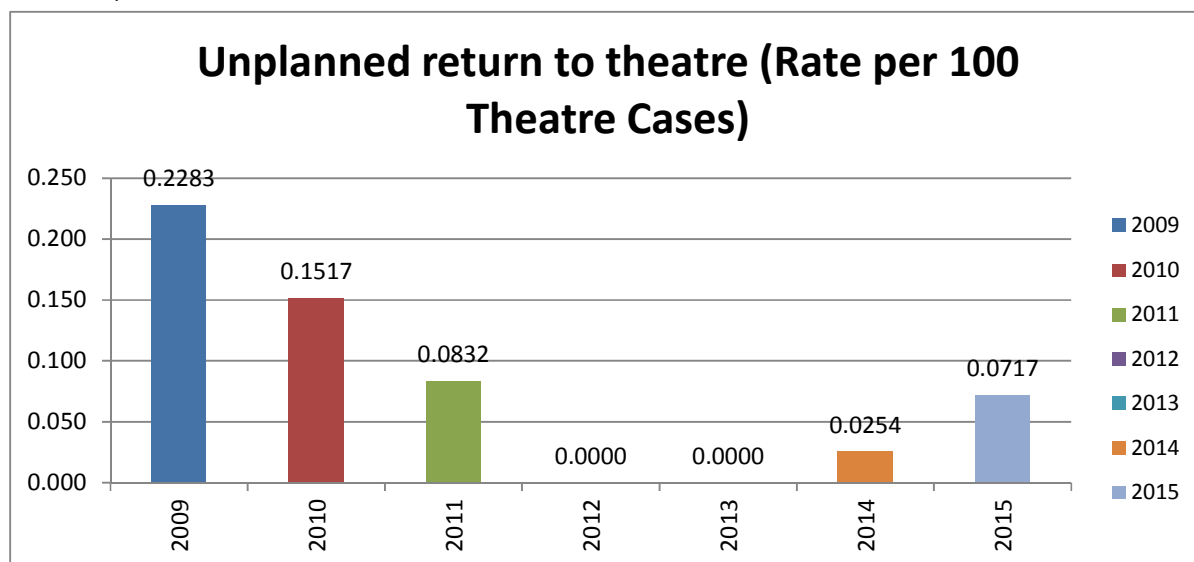
Table 6 indicates an overall reduction in the number of cases of unplanned re-admission when compared with the previous five years.

Table 6: Unplanned Re-admissions



However, there is a slight increase in the number of unplanned returns to theatre, indicated in table 7, when compared to the previous two years.

Table7: Unplanned Return to theatre



The information within table 6 and 7 confirm the incidents of both re-admission and unplanned return to theatre remain very low, however, in order to identify any learning and areas for improvement, all cases are reviewed and if necessary investigated and appropriate actions taken to minimise the risk of recurrence.

Patient experience

3.1 Patient satisfaction

BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party. The overall quality of care is rated as 97.3%. Table 7 provides an overview of satisfaction scores in certain areas from the March 2014 and 2015 survey with overall annual comparison.

Table 7: Patient satisfaction survey results 2014/15

Year	March 2014	March 2015	Average Rating/ total responses
Overall impression of administration process	97.1%	94.7%	94.8%
Nursing	92.6%	90.4%	94.9%
Accommodation	90%	94.7%	91%
Catering	88.5%	94.4%	88.9%
Discharge Procedure	81%	84.9%	86.9%
Quality of Nursing Care	92.6%	90.4%	94.9%
Privacy and Dignity	99.3%	100%	99.7%
How did we compare to your expectations?	97.2%	96.9%	97.7%
No. of responses	151	99	718

At Mount Alvernia, we are constantly striving to improve the levels of satisfaction patients experience. The table above show some variances in the scores when compared to the same period last year. The Patient Experience Committee has convened in order to review data from the questionnaire on a monthly basis in order to identify and agree actions to drive improvements.

Actions on going or to be implemented during 2015/16 include:

- Introduction of a customer care training programme
- Seek engagement of service users
- Promote the completion of the satisfaction surveys
- Sub group focusing specifically on Catering
- Ensure responsive approach to all complaints
- Consider learning from other BMI sites

- On-going maintenance and repair programme i.e. rooms, car park

3.2 Complaints

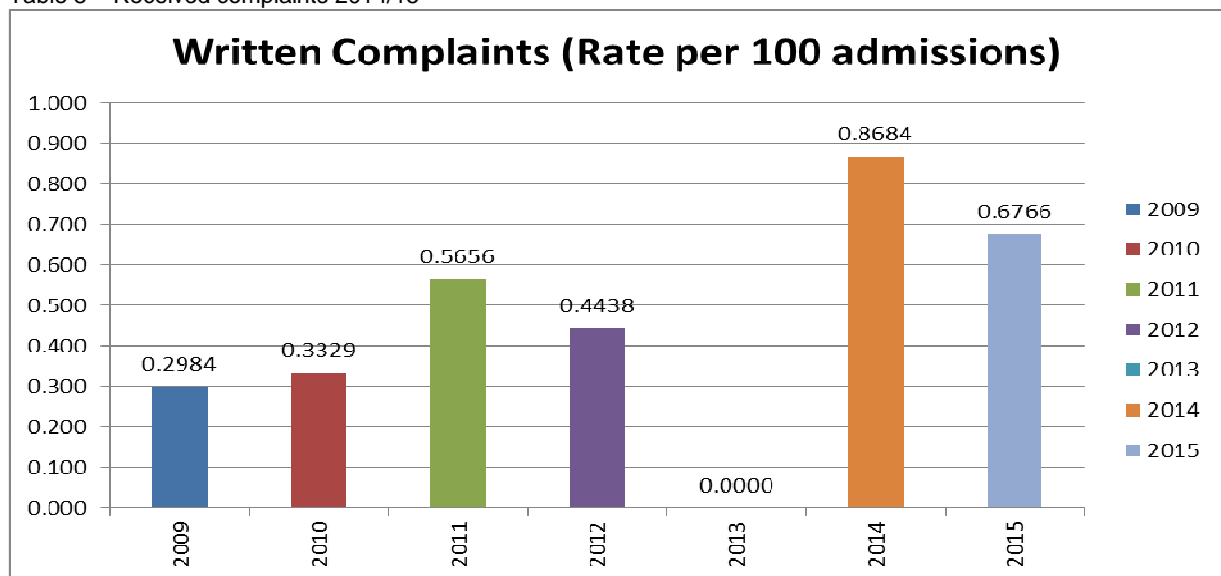
In addition to providing all patients with an opportunity to complete a satisfaction survey BMI Mount Alvernia actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

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.

Table 8 – Received complaints 2014/15



During 2014/15, Mount Alvernia received a total of 36 written complaints. This equates to a total of 0.68 per 100 admissions. All complaints are fully investigated by the relevant head of department or Quality and Risk Manager. Any recommendations identified during the investigation are discussed at the Clinical Governance Committee.

Changes implemented following the review of complaints during this period include:

- Customer care training
- Communications with patients and between departments

4. CQUINS

During 2014/15 BMI Mount Alvernia had no CQUIN targets set. However, the hospital participated in the Family and Friends questionnaire the outcomes of which were reported to the local CCG. Consideration was also given to the scores within the patient satisfaction report.

5. National Clinical Audits

BMI Mount Alvernia participates in the National Joint Registry audit and all joint replacements data is submitted to this.

During 2014 the hospital undertook a total of 158 operations (108 hip procedures and 50 knee procedures). The overall consent rate for the year was 95%.

Totals for the hospital are detailed in the table below.

Table 9: Hip and Knee data

Totals for this hospital	2014	Year to date: 2015
Total completed ops	158	77
Hip procedures	108	46
Knee procedures	50	31
Ankle procedures	0	0
Elbow procedures	0	0
Shoulder procedures	0	0
NJR consent rate	95%	93%

Progress on a number of indicators are monitored centrally throughout participating BMI hospitals and the findings are as follows:

Table 10

Indicator 1 - Hospital Consent Rate	Indicator 2 - Hospital Data Linkability	Indicator 3 - Hospital Standard Revision Rate - SRR (Hips)	Indicator 4 - Hospital Standard Revision Rate - SRR (Knees)	Indicator 5 - Hospital Standard Mortality Rate - SMR (Hips)	Indicator 6 - Hospital Standard Mortality Rate (Knees)
GREEN	AMBER	GREEN	GREEN	GREEN	GREEN

Overall, compliance is good. Indicator 2 relates to the ability to link the patient back to their NHS number. This is not possible when they are admitted privately, but is recognised as an area for improvement in the future.

6. Research

No NHS patients were recruited to take part in research.
Not involved in any National Research trials currently

7. Priorities for service development and improvement

- Continue to develop and monitor outcomes relating to the Enhanced Recovery Programme
- Improve utilisation of the ambulatory care (ACU) facility
- Introduce a high dependency (HDU) unit
- Work in partnership with Guildford and Waverley CCG and General Practitioners in order to increase Choose and Book referrals
- Education of staff in dementia care in order to support patients who may have this diagnosis but coming to MAH for treatment or surgery for other problems.
- Bariatric service
- Strengthen the 'On call' service for Oncology patients who have urgent care needs out of hours

8. Mandatory Quality Indicators

8.1 The value of the summary hospital-level mortality indicator (SHMI) for Mount Alvernia Hospital for the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
1	Oct 2012 – Jun 2014	0.9987	1.1849	0.58345

8.2 Mount Alvernia patient reported outcome measures scores for
(i) Groin hernia surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	0.0786	0.278	-0.112

* The BMI Mount Alvernia Hospital considers that this data is as described for the following reasons: Insufficient data less than 30 patients

(ii) Varicose vein surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	-7.395	-1.957	-12.571

* The BMI Mount Alvernia Hospital considers that this data is as described for the following reasons: Insufficient data less than 30 patients

(iii) Hip replacement surgery

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	21.542	28.6	9.714

(iv) Knee replacement surgery during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
*	Apr 14 – Sept 14	16.641	24.429	5.833

* The BMI Mount Alvernia Hospital considers that this data is as described for the following reasons: Insufficient data less than 30 patients

8.3 (i) The percentage of patients aged 0-14 readmitted to a hospital which forms part of BMI Mount Alvernia within 28 days of being discharged from a hospital which forms part of the hospital during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
n/a	Apr 11 - Mar 12	11.45	14.35	7.96

BMI Mount Alvernia does not currently provide care for paediatric patients.

8.3. (ii) The percentage of patients aged 15 or over readmitted to a hospital which forms part of BMI Mount Alvernia within 28 days of being discharged from a hospital which forms part of the hospital during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
n/a	Apr 11 – Mar 12	10.01	14.51	5.54

BMI Mount Alvernia does not currently provide care for paediatric patients.

8.4 The BMI Mount Alvernia responsiveness to the personal needs of its patients during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
93.7%	2013-2014	68.7	85	54.4

8.5 The percentage of patients who were admitted to BMI Mount Alvernia and who were risk assessed for venous thromboembolism during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
100%	Apr 14 – Jan 15	95	100	87

8.6 The rate per 100,000 bed days of cases of C difficile infection reported within BMI Mount Alvernia amongst patients aged 2 or over during the reporting period.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Apr 13 – Mar 14	14.7	37.1	0

8.7 The number and, where available, rate of patient safety incidents reported within BMI Mount Alvernia during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Number of patient safety incidents reported

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Oct 13 – Sep 14	20	139	0

Rate of patient safety incidents reported (Incidents per 100 Bed Days)

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Oct 13 – Sep 14	3.589	7.496	0.0245

Number of patient safety incidents that resulted in severe harm or death

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score

	reporting periods)			
0	Oct 13 – Sept 14	40.2	97	0

Percentage of patient safety incidents that resulted in severe harm or death (Incidents per 100 Admissions)

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
0	Oct 13 – Sept 14	0.3	2.4	0.0

8.8 The percentage of staff employed by BMI Mount Alvernia during the reporting period, who would recommend the hospital as a provider of care to their family or friends.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
71.8%	2014	64.58	96.43	33.73

This data indicates that staff consider BMI Mount Alvernia to be above the average for recommendation as a health care provider to friends and relatives.

7. Non-Mandatory Quality Indicators

9.1 The percentage of patients who received care as inpatients or discharged from A & E during the reporting period, who would recommend the Mount Alvernia as a provider of care to their family or friends.

Unit	Reporting Periods (at least last two reporting periods)	National Average	Highest National Score	Lowest National Score
72%	Jun 13 – Jan 14	66.23	94.38	35.63