

Mary Muir

Clinical Development Manager

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Mary Muir: Mary has 31 years experience of working in a variety of health care settings as a nurse, clinical manager and specialist advisor. Mary then transferred into the commercial sector and worked as clinical specialist, national manager for specialist therapy and recently has been promoted to clinical development manager responsible for the clinical excellence agenda for Huntleigh UK. She is naturally ambitious, enthusiastic, motivated and confident person who has a desire for continual professional growth and development. Using a consultative approach, dedication and excellent communication skills Mary is committed to exceeding established objectives through focus, innovation and adaptability.



Mary enjoyed a long tenure as the National Back Exchange conference coordinator and executive representative until 2007. As a Back Care Advisor she developed, established and facilitated the implementation of a Trust wide minimal handling strategy, bariatric policy and a competency based educational programme to promote a proactive approach to the management of risk within manual handling. Within this role she also published Adult and Paediatric Patient Care Information Leaflets and Intensive Care Unit Spinal Care Protocols in the Use of Slide Sheets in the Risk Assessments at Work: Practical examples in the NHS (1997).

Her current position as Clinical Development Manager allows her to work in partnership with key opinion leaders in clinical practice to drive the clinical excellence agenda forward tailored to meet the individual needs of patients and staff. Mary has presented at international, national and regional conferences on topics associated with back care, management of bariatric patients, critical care, spinal injuries and falls prevention programmes.

Clinical Excellence in Practice – Count or be Accountable

Globally all healthcare systems are concerned with monitoring and improving the quality of care that they deliver, as demonstrated by the establishment of the NHS National Institute for Clinical Excellence, the Australian National Institute for Clinical Studies and high profile reports.

Considerable financial and philosophical effort has been expended on the audit and evidence-based practice agenda including the prevalence and management of MSD's, pressure ulcers and patient falls to name but a few. Global statistics vary greatly due to the lack of access, differences in diagnostic / assessment tools, unreported statistics and thresholds. Whilst few would disagree with the notion of delivering care based on information about what works, there remain significant challenges about what prevalence data and evidence is, and thus how practitioners use it in the decision-making process regarding clinical practice. Does knowing the prevalence in the care setting change behaviour, practice, and patient outcomes?

This presentation will cover the current failings of routine audit, the missing links between best practice and counting and propose a new approach to meaningful data management which would add to the debate about evidence and argues for the use of a broader foundation in the implementation of patient-centred care. Against a background of financial constraints, risk reduction, increased managerialism, and research evidence these factors appear to have assumed pre-eminence - why? It is far more important to address trends against expected outcomes within a local population than focus on incidences. Evidence related to quality outcomes, safety, patient experience and cost efficiency would represent an indication of those areas that deliver 'gold standard' care and those that would benefit from targeted and measured intervention.

In summary, the delivery of effective, patient-centred care will only be realized when a broader definition of what counts is embraced.

Practice development ¹ underpinned by critical social science is advocated because it focuses on achieving sustainable change through practitioner enlightenment, empowerment and emancipation and an associated culture and context of care, rather than focusing only on technical practice development and data collection.