



Greater Glasgow and Clyde NHS Board

Board Meeting

18 August 2009

Board Paper No. 09/ 38

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Scottish Patient Safety Programme Update

Recommendation:

Members are asked to:

Review and comment on the progress achieved by NHS GG&C in implementing the Scottish Patient Safety Programme

1. Introduction

NHS GG&C is currently implementing the Scottish Patient Safety Programme as part of its commitment the key strategic priority of safeguarding patients receiving care. The SPSP approach focuses on improving safety by increasing the reliability of healthcare processes in Acute care. This is achieved by front line teams testing and establishing more consistent application of clinical or communication processes.

The success of this activity is monitored through a measurement framework and supported by a visible commitment to safety from organisational leadership. This is linked to an overarching set of improvement aims which are currently stated as follows;

- **Mortality: 15% reduction**
- Ventilator Associated Pneumonia: Reduction
- Central Line Bloodstream Infection: Reduction
- Crash Calls: 30% reduction
- Surgical Site Infections: 50% reduction (clean)
- **Adverse Events: 30% reduction**
- Blood Sugars w/in Range (ITU/HDU): 80% or > w/in range
- MRSA Bloodstream Infection: 50% reduction
- Harm from Anti-coagulation: 50% reduction in ADEs

Implementation has been structured around a number of phases. Phase 1 launched in January 2008 involved 9 wards. In June 2008 a further 22 wards became involved in Phase 2. Phase 3 is currently being established and a further 60 wards are being prepared.

2. Key Points for attention

The following sections provide a basic summary of programme implementation across NHS GG&C.

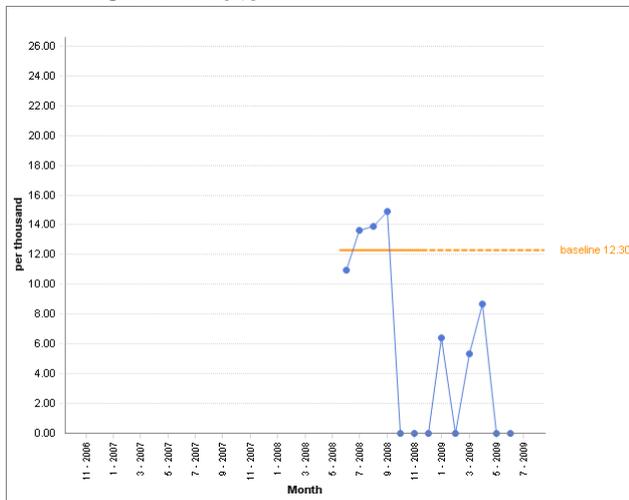
2.1 Progress in Phase 1 Front Line Pilot Teams

The phase 1 Front Line Teams working on Critical Care and General Ward packages are maintaining tempo that keeps NHS GG&C in line with the published SPSP timeline for the each work-streams. In the general wards process reliability is being observed across the elements of the work-stream however the teams are seeking to expand application of SBAR and briefings across the fuller multidisciplinary team. In peri-operative teams compliance issues appears to be related to the data measurement system as opposed to poor processes. For example all areas are reporting that razors no longer used for hair removal but are unable to show this through the data.

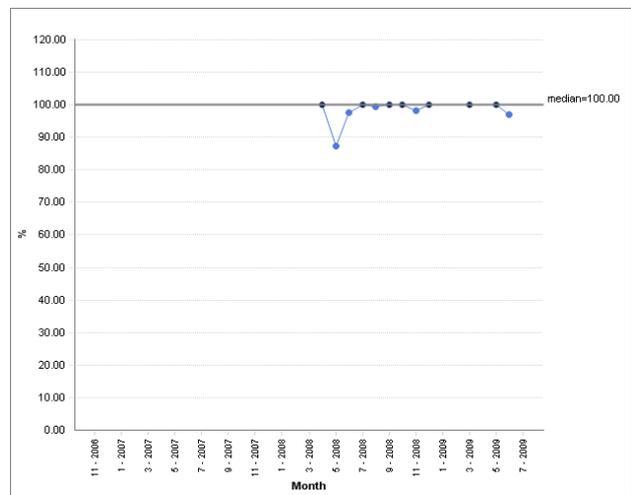
The following tables illustrate some of the reliability levels currently being observed in phase one.

The following two charts illustrate a high level of compliance with implementing a set of preventative measures reducing Ventilators Associated Pneumonias (VAP) in ITUs. In the Royal Alexandra Hospital ITU staff have been able to significantly improve compliance levels (the baseline data is missing but it is recognised the initial levels would have been perhaps as low as 50%). The team leader believes this is associated with the observed drop in VAP numbers.

RAH ITU VAP Rate

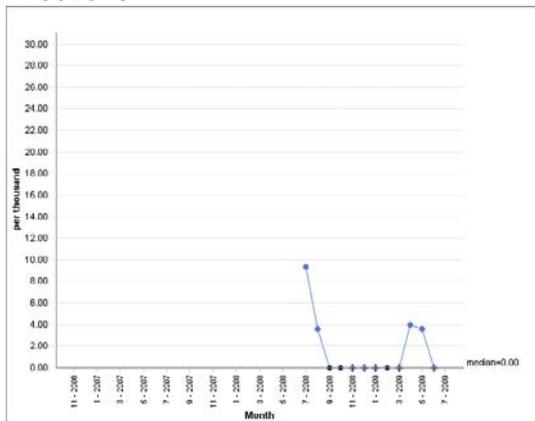


RAH ITU VAP bundle compliance

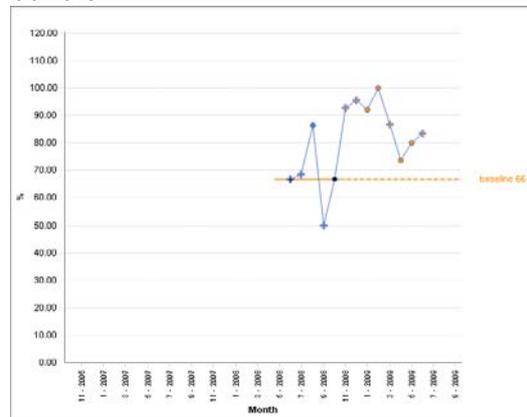


The following charts illustrate reduction in the rate of central line bloodstream infections that produced a period of over 200 days without such an infection in the ITU at Glasgow Royal Infirmary. Although the reliability levels shown in the second chart are not consistent as observed for VAP bundle there is a statistically significant positive shift from the baseline.

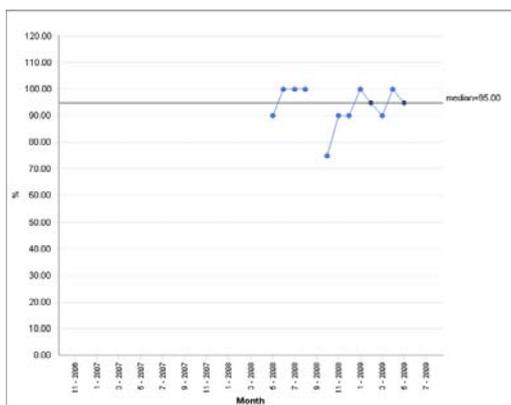
GRI ITU rate of central line bloodstream infections



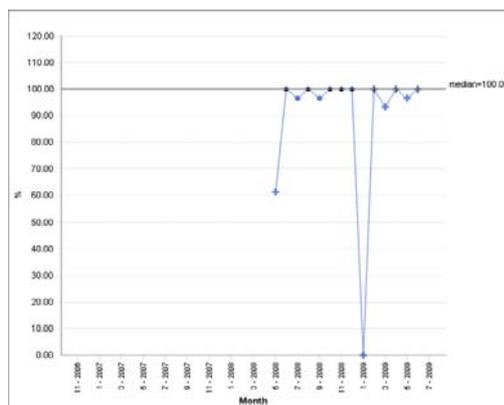
GRI ITU rate of compliance with central line bundle



The next two charts are from the general ward work-stream. It is known that reliable completion of Early Warning Scoring charts is a problematic area but here the team from the Royal Alexandra Hospital show that they can generate much improved levels of reliable completion. Again the baseline is missing but from audit studies it is understood that this can be as low as 40% in some areas. The second chart illustrates a new communication practice to ensure all staff on duty are aware of any key safety issues – the daily safety briefing. Again the team have been able to generate high levels of reliability.



RAH general ward pilot - Rates of completion of early warning scores



GRI general ward pilot – rates of completion of daily safety briefing

2.2 Measurement strategy

The full deployment of the measurement strategy around phase two teams continues to be a challenge. A full breakdown of the measures available on the Extranet at 13th July 2009 is shown below.

Phase One Hospitals

- the GRI submitted 100% (43/43) of applicable measures to the Extranet.
- the RAH submitted 100% (43/43) of applicable measures to the Extranet.

Phase Two Hospitals

- the IRH submitted 79% (33/42) of measures to the Extranet. This is an increase of 20% since last report
- the VIC submitted 70% (30/43) of measures to the Extranet. This is an increase of 1% since last report
- the SGH submitted 81% (35/43) of measures to the Extranet. This is an increase of 12% since last report
- the GGH/WIG submitted 79% (34/43) of measures to the Extranet. This is an increase of 3% since last report

Initial plans have not progressed as anticipated so further focus on phase two teams is required to reconfirm a timeline to completion. A gap analysis is being developed to provide the necessary prediction of requirements to complete within the next three months.

Sustainability of measurement support has been highlighted as a programme risk so a new approach to measurement support is being developed with phase three to minimise the expected challenges. This is just being rolled out so it will be a few months before phase three is included in the routine update reports on progress.

EMBARGOED UNTIL DATE OF MEETING.

2.3 Progress against SPSP assessment scale

The underlying position for Phase 1 implementation in NHS GG&C has been agreed with SPSP appointed advisors (IHI) to have reached 2. We are still seeking to demonstrate data confirming sustained improvement or reliability in the peri-operative work-stream to progress to the next point on the scale. However feedback from SPSP national team remains positive and encouraging of the approach and progress made in NHS GG&C.

2.4 Spread plan

A number of phase three teams have begun working after completing the preparatory work of identifying members and attending training. It is expected that the target of 60 new teams started before the end of 2009 will be achieved.

2.5 Leadership

The Leadership Action Plan is being well maintained however further communication will be issued to Directors following observations of limitations in the data flow regarding walk-round actions. Walk-rounds continue to be well received by clinical staff and considered useful by directors.

2.6 Learning collaborative

The fifth national event for the SPSP has been announced and will take place on Monday 16 and Tuesday 17 November 2009 in the SECC. Following up on feedback from staff attending the last national event the two day conference will be targeted towards new teams as they appear to get most from the experience.

We have received one intimation of an application to the next cohort of the SPSP Fellowship following recent promotion of the information on this opportunity. Further reminders have been issued to the services to ensure we can take advantage of the chance to improve leadership capability for quality improvement.