



Greater Glasgow and Clyde NHS Board

Board Meeting

February 2010

Board Paper No. 10/10

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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

Safeguarding patients receiving care is a key strategic priority for NHS GG&C. As part of the way NHS GG&C will demonstrate this commitment it is participating in the Scottish Patient Safety Programme (SPSP).

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

2. Board Level Aim

A revised version has recently been approved by NHS GG&C Clinical Governance Committee as follows:

The overall NHS GG&C aim is to ensure the care we provide to every patient is safe and reliable and the local implementation of the Scottish Patient Safety programme will contribute to this aim.

Our SPSP aim is to achieve full implementation of the core programme in Acute Services Division by the end of Dec 2012. (The core programme includes improved staff capability in all wards, creation of reliable processes for every relevant element in every ward.)

We will also develop and fully describe SPSP style improvement programmes in Paediatrics and Mental Health services in 2010, then in Primary Care and Obstetrics in 2011.

3. Key Points for attention

3.1 Reliability in pilot teams

Reliability is described as process performance at 95% (+- 5%) that is sustained each month over a period of six months. In effect teams need to demonstrate that an action or process is observed to have performed over 90% of the occasions when it was expected.

In the General Ward work-stream a pilot team has completed reliable implementation in four out of five of the elements in their work-stream.

The unresolved element relates to the use of a structured communication tool (SBAR). The team are using the tool but the challenge is one of creating an effective measurement arrangement that can function at the level of a single ward. Discussion with SPSP national advisors has confirmed acceptance of our test of new measurement approach and this is being progressed at Glasgow Royal Infirmary

In the Critical Care team work-stream a pilot team has completed reliable implementation in five out of eight of the elements in their work-stream.

There is underlying reliability in central line management but data gaps are hampering the ability to show sustained reliability over six continuous months. The implementation of peripheral lines is now being progressed using the reliable process design from general ward work-stream.

In the Peri-operative work-stream a pilot team has completed reliable implementation in four of seven elements in their work stream.

The successful elements relate to theatre practice and reflect the main challenges being on reliability of process, and associated measurement challenges, from pre-operative care in the ward through theatre, recovery and further care in the ward.

In the medicines management work-stream two teams have reported a 20% improvement in the risk rating of the medicine management process for anticoagulants. A number of systemic obstacles to medicines reconciliation are being resolved such as improved access to Emergency Care Summary and creation of new kardex that also reduces paper work. We have observed that some teams are able to generate a process that works well at times but are not sustaining reliability.

Overall improvement, using run chart rules, has been observed in over three quarters of the measures across all work streams.

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3.2 Spread plan

The spread target for 2010 established by ASD is for 90 new ward teams formally commencing in the programme during 2009. The Medical Director has approved initial development of support structure and response from the Directorates indicates that target will be met. It is also noted that as a result of planning two Directorates and one hospital will have all adult in-patient wards/theatres working in the core-programme by the end of this year.

An implementation plan for the Paediatric work-stream in Women and Children's Services is now almost complete and linking in to the national support arrangements. Clarity over local leadership roles and providing additional education for pilot teams is currently being resolved but there is significant staff interest and enthusiasm. The development of a local Mental Health programme continues to progress steadily with a number of staff attending a training event in mid-February.

3. Key Forthcoming Milestones

<u>Actions</u>	<u>Responsible</u>	<u>Aim to Complete</u>
Engage with Directorates to confirm and sign off participating wards (NB Phase four target is 90 additional wards)	HoCG	April 2010
<i>Update: Progressing well, initial indications of exceeding target are positive</i>		
Progress the identified improvements in Global Trigger Tool (GTT) process that will produce 100% increase in detected adverse event levels by July 2010	HoCG	July 2010
<i>Update: A number of bias problems have been rectified, improved feedback on GTT to reviewers and services now also in place.</i>		
Preparation of support arrangements for Phase four	HoCG	May 2010
<i>Update: Agreement on improved support secured and now working to secure staff into roles. Training calendar being worked up to enhance team capability.</i>		