

## Greater Glasgow and Clyde NHS Board

### Board Meeting

October 2010

Board Paper No. 10/42

**Dr Brian Cowan, Board Medical Director**  
**Andy Crawford, Head of Clinical Governance**

### 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

#### NHS Greater Glasgow and Clyde Target statement

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 ASD 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.

#### Successes

There are four notable success areas to highlight in this report.

Firstly, that ward 43 have become the first acute receiving ward in NHS GG&C to achieve six consecutive data points demonstrating high reliability (95% {+ 5%}) in medicine reconciliation at admission. This has been expected given the major redesign work the team have completed and is significant given that it is over the periods of the new junior doctor intake in August. Another major factor to be recognised is that ward 43 created a prescriber led reconciliation model (rather than pharmacy led model).

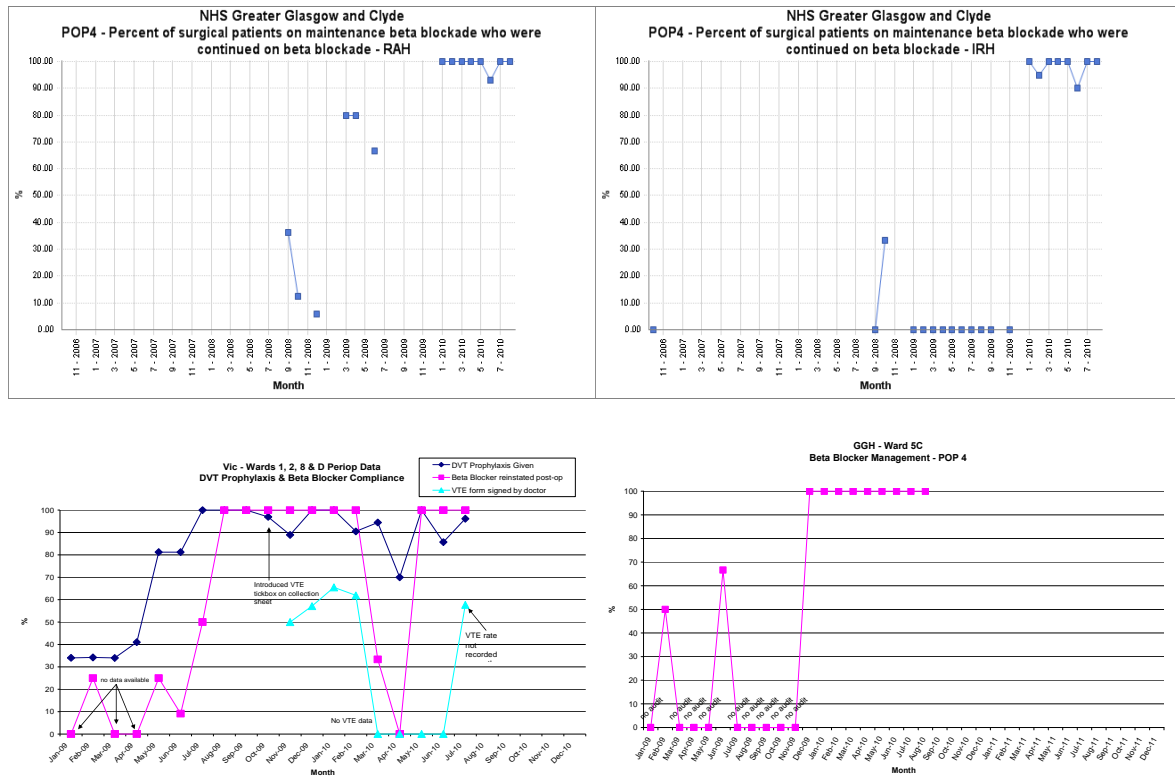
Secondly, the areas not previously showing the required level of high reliability have now been all been successful so the Board will progress to the next point on the national SPSP assessment trajectory (subject to IHI confirmation).

Thirdly, that the start-up programme has been accelerated and it is now expected that all adult ward and theatre teams will be working within the programme by Easter 2011. This is six months earlier than originally planned.

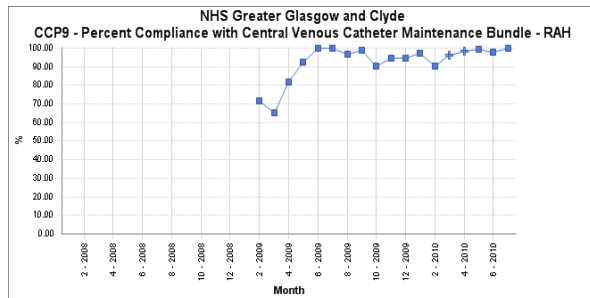
Fourthly, we were asked by the national team to support improved engagement of medical staff leadership. The national target was to identify 100 doctors over a 100 day period across Scotland. As a result of our local efforts we were able to identify 75 doctors who have taken on key roles in the programme over recent months.

The Board was previously assessed by the national technical partners, Institute for Healthcare Improvement, as generating one of the highest proportions of required measures that demonstrated improvement against run chart rules (source: measures map presented to last meeting of SPSP National Steering Group). In this assessment five areas were highlighted as areas which had not met this requirement.

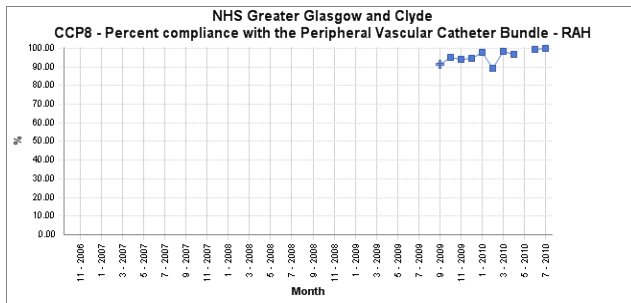
The first area was the maintenance of beta-blockade for patients receiving surgery but a number of programme areas are demonstrating sustained improvement in their continuation of beta blockade processes. The following charts show evidence of this improvement in the Royal Alexandra Hospital, Inverclyde Royal Hospital, Victoria Infirmary, and Gartnavel General Hospital.



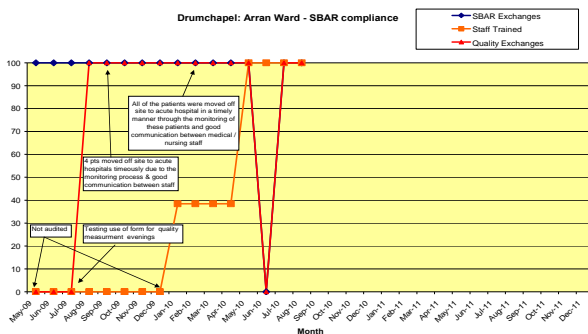
The second area identified was central line maintenance care within the boards Intensive Therapy Units (ITU). The following chart displays evidence of the achievement of this improvement within the ITU at The Royal Alexandra Hospital.



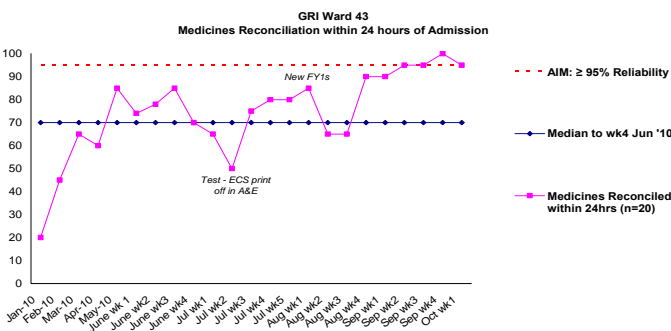
The third area identified involves correct maintenance care of Peripheral Venous Cannulas in ITU. The following chart demonstrates the improvement achieved by the ITU at The Royal Alexandra Hospital.



The fourth area was in regards to the use of quality SBAR communication deployed with the General Ward Work Stream areas. The following chart displays improvement in a team at Drumchapel Hospital.



The fifth and most challenging area demonstrating improvement is around the process of medicines reconciliation on admission at ward 43 (Acute Medical Receiving Unit), GRI.



**Operational definition:** Medicines Reconciliation is collecting an accurate list of patient's medicines on Admission and documenting in the 'Medicines Reconciliation' page of the unitary case record, whether each medicine is to continue, stop or be amended. Measures apply at transition point i.e. prior to transfer from ward 43

The Consultant led team, with clinical pharmacy support, in ward 43 have redesigned the medicine reconciliation process and we have been expecting this outcome. We should also note that the team in the RAH have been showing sustained reliability over a number of data points too and should not be too far from six consecutive data points in high reliability.

100 Docs in 100 days – This development in the programme was introduced in response to reports of a lack of medical engagement. The National team introduced an aim to recruit 100 new doctors to the programme work within 100 days. All boards were asked begin to address this issue by introducing medical staff to the programme and ensuring that they became involved in pushing forward the work.

The support team have been assessing the medical engagement now being encouraged through the phase 4 spread within NHS GG&C. The following is a breakdown of this review detailing where engagement is being pursued.

- 13 Medical leads introduced to the programme through their inclusion in identified phase 4 peri-operative teams.

- 12 Consultants are involved with the work in the medicines management stream at the medical receiving unit at the GRI.
- 40 Junior Doctors in medical dept at GRI Meds Management have been engaged in developing the medicines reconciliation work.
- 4 Paediatric Consultants are actively involved in progress in the work within phase 1 teams for the paediatric safety programme.
- 1 Consultant Neonatologist has begun studying the programme work via the official SPSP fellowship programme.
- 5 Consultant Cardiologists have been engaged to progress the work being introduced via the Congestive Heart Disease (CHD) care bundle.

### **Escalation Issues**

In reviewing the following table of how each of SPSP elements are spreading in Acute Services Division the ASD Clinical Governance Forum has selected two areas for recent focus; Central Venous Catheter (CVC) Care and Peripheral Venous Cannula (PVC) Care. In both instances new proposals were created to extend the reliable practice models for both types of line beyond the initial sites into other hospital areas Theatre and Accident Emergency.

### **Elemental Spread Table**

The following table is a new uprooting development. This is to help provide a view of how the introduction of new teams, and the accelerate roll out of reliable practice models for each element is affecting the progression towards the overall target numbers and increases in teams demonstrating compliance achievement.

Scope of spread questions: (n) = number of teams entered in last report.

<b>Element</b> (Core care bundles, from all work streams, for spread to all appropriate areas)	<b>No of Active teams</b> (The number of wards/ depts, within the program actively engaged in working on the care bundle)	<b>No's reliably sustained</b> (The number of wards/ depts with a process compliance rate held at 90 – 100% for a consecutive 6 month period)	<b>Total Target Wards/ Depts No's</b> (The total no's of wards/ depts where the care bundle process is felt to be relevant in improving patient safety)	<b>Element Impact</b> (Any associated outcomes linked to the program work)	<b>Added Non – SPSP Spread Process</b> (Spread of the core work - this is out with the planned SPSP phased spread)
Peripheral Venous Cannula	<b>91</b> <b>(52)</b>	<b>14</b> <b>(9)</b>	<b>250</b>	No change in SAB numbers	<i>Board wide role out of PVC care plan</i>
Hand Hygiene (Opportunities)	<b>91</b> <b>(52)</b>	<b>28</b> <b>(21)</b>	<b>317</b>	Board observed previous reduction in Cdiff and MRSA rates	<i>Infection control monitoring programme.</i>
Early Warning Scoring System	<b>77</b> <b>(38)</b>	<b>17</b> <b>(7)</b>	<b>227</b> (Exclusion suggested for theatres and critical care areas due to intensive nature of patient observation)	None observed	<i>Clinical Quality Indicators</i>

<b>Element</b> (Core care bundles, from all work streams, for spread to all appropriate areas)	<b>No of Active teams</b> (The number of wards/ depts, within the program actively engaged in working on the care bundle)	<b>No's reliably sustained</b> (The number of wards/ depts with a process compliance rate held at 90 – 100% for a consecutive 6 month period)	<b>Total Target Wards/ Depts No's</b> (The total no's of wards/ depts where the care bundle process is felt to be relevant in improving patient safety)	<b>Element Impact</b> (Any associated outcomes linked to the program work)	<b>Added Non – SPSP Spread Process</b> (Spread of the core work - this is out with the planned SPSP phased spread)
SBAR Communication Tool	<b>84 (45)</b>	<b>2</b>	<b>317</b>	None observed	<i>Spread method for theatres may not be appropriate to use SPSP measurement methods?</i>
Safety Briefings	<b>84 (45)</b>	<b>10 (6)</b>	<b>250</b> (Exclusion noted in theatre teams due to surgical briefing work)	None observed	
Ventilator Associated Pneumonia	<b>9</b>	<b>3</b>	<b>9</b>	↓ Patients with diagnosed VAP	<i>All ITU areas in core programme</i>
Central Venous Catheter Insertion	<b>17</b>	<b>4 (1)</b>	<b>17</b> (Need to identify other areas this bundle is applicable)	↓ Patients with diagnosed Central Line Related Blood Stream Infection	<i>?Spread to Accident and Emergency, theatre areas and any appropriate inpatient ward areas</i>
Central Venous Catheter Maintenance	<b>17</b>	<b>3</b>	<b>17</b> (Need to identify other areas this bundle is applicable)	↓ Patients with diagnosed Central Line Related Blood Stream Infection	<i>?Spread to Accident and Emergency, theatre areas and any appropriate inpatient ward areas</i>
Daily Goals	<b>17</b>	<b>4</b>	<b>17</b> (Need to identify other areas this bundle is applicable)	↓ Average length of stay (GRI)	
Multi Disciplinary Rounds	<b>17</b>	<b>4</b>	<b>17</b> (Need to identify other areas this bundle is applicable)	↓ Average length of stay (GRI)	
Glucose Management	<b>9</b>	<b>3</b>	<b>9</b>		

<b>Element</b> (Core Care bundles, from all work streams, to be spread to all appropriate areas)	<b>No of Active teams</b> (The number of wards/ depts actively engaged in working on the care bundle)	<b>No's reliably sustained</b> (The number of wards/ depts with a compliance rate held at 90 – 100% for a consecutive 6 month period)	<b>Total Target Wards/ Depts No's</b> (The total no's of wards/ depts where the care bundle process is felt to be relevant in improving patient safety)	<b>Element Impact</b> (Any associated outcomes linked to the program work)	<b>Added Non – SPSP Spread Process</b> (Spread of the core work - this is out with the planned SPSP phased spread)
Surgical Brief	<b>33</b> <b>(18)</b>	<b>12</b>	<b>73</b>	None observed	<i>Board wide spread as S&amp;A directorate policy</i>
Surgical pause	<b>33</b> <b>(18)</b>	<b>12</b>	<b>73</b>	None observed	<i>Board wide spread as S&amp;A directorate policy</i>
Antibiotic Prophylaxis	<b>33</b> <b>(18)</b>	<b>5</b>	<b>67*</b>	None observed	
Hair Clippers	<b>33</b> <b>(18)</b>	<b>3</b>	<b>67*</b>	None observed	
Temperature Control	<b>33</b> <b>(18)</b>	<b>7</b>	<b>67*</b>	None observed	
Perioperative Glucose Control (diabetics)	<b>33</b> <b>(18)</b>	<b>1</b>	<b>67*</b>	None observed	
Deep Vein Thrombosis Prophylaxis	<b>48</b> <b>(33)</b>	<b>4</b>	<b>85*</b> (Theatres, ITU and HDU areas)	None observed	
Beta Blockade Continuation	<b>48</b> <b>(33)</b>	<b>4</b>	<b>63*</b>	None observed	
Medicines Reconciliation (admission)	<b>12</b>	<b>1</b> <b>(0)</b>	<b>250</b> (Exclusion noted in theatre teams as done by surgical wards)	None observed	

*\*Paediatric theatres are not included in total numbers for Theatre Bundles as these elements have not been confirmed as part of the core work stream programme yet with the exception of surgical brief and pause*

**EMBARGOED UNTIL DATE OF MEETING.**

**Developing Staff Quality Improvement Capability**

SPSP National Learning session 7 will take place at the SECC on the 16<sup>th</sup> and 17<sup>th</sup> of November. The event will be held as 2 separate days. There will be a “Back to Basics” session running alongside new programme work such as Paediatrics, CHD and Mental health on the 16<sup>th</sup> of November. The 17<sup>th</sup> will be work stream based and aimed at more experienced and developed teams. NHS GG&C staff will be well represented on both days.

2 board employees have been given SPSP fellowship places. Ann McLinton, Practice Education Facilitator at the Beatson Oncology Centre and Dhullipala Anand, Consultant Neonatologist at Yorkhill RHSC both begin their fellowship course this year.

Improvement Advisor Course – This course is due to commence in November and the Board has two staff in the first cohort.

Science of Improvement 3 day course was held in Dundee on September 29<sup>th</sup> – 31<sup>st</sup> with 13 NHS GG&C staff attending.

NES have recently approached NHS GG&C to seek commitment to a project exploring curriculum development and delivery models on knowledge improvement approaches and techniques targeted at those in local leadership and facilitator roles.

**Paediatric Programme Update**

Current status;

- 3 General ward teams
- 1 Theatre team
- 1 Critical care team

The teams have begun to introduce the core work to their areas but some have been slower in starting than others. The general ward teams have begun regular networking support meetings. Ward 15 at RAH has achieved compliance targets in 2 bundles. All theatres are introducing the use of surgical brief and pause. There is good medical staff engagement in all the paediatric teams.

In August 2010, 13 walk rounds took place. No actions had a timescale of August 2010 for completion, therefore 0 actions due to be completed this month have been completed.

**National Trajectory Tracking Aug 10**

NHS GG&C are currently at level 2.5 against the national trajectory.

The next level (level 3) states requirements as:

“All key changes in all five work streams have been implemented in the pilot populations. Sustained improvement noted (using run chart rules) in related process and outcome measures in one to three pilot populations”.

**We have now met the conditions for level three in the national assessment trajectory and are awaiting confirmation from IHI.**

Assessment of conditions being met:

<b>Work-stream</b>	<b>Implementation complete</b>	<b>Further support actions</b>
<b>Critical Care</b>	<b>Achieved</b>  RAH ITU has now completed sustained process reliability for all 8 elements. Related outcomes for central infection, VAP and 80% blood sugars in range all showing sustained improvement.	Nil required

**EMBARGOED UNTIL DATE OF MEETING.**

<p><b>General Ward</b></p>	<p><b>Achieved</b></p> <p>Three general wards have has now completed sustained process reliability for all 5 elements.</p> <p>There are no related outcome measures which are available and directly related to processes in this ward.</p>	<p>Nil required</p>
<p><b>Peri-Operative</b></p>	<p><b>Achieved</b></p> <p>The general theatre pilot team at GRI have now completed sustained process reliability for all elements</p> <p>There are no related outcome measures which are available and connected to processes in this theatre.</p>	<p>Nil required</p>
<p><b>Medicines Management</b></p>	<p><b>Achieved</b></p> <p>The acute receiving team at GRI have now completed sustained process reliability for medicines reconciliation.</p> <p>There are no related outcome measures which are available and connected to processes in this ward.</p>	<p>Nil required</p>
<p><b>Leadership</b></p>	<p><b>Achieved</b></p> <p>All elements in the leadership action plan have been met. Walk-rounds are continuing but problems with data flow on actions being completed in time being addressed.</p>	<p>Directorate teams continuing to improve feedback on actions identified and completed in agreed timescales.</p>