

Greater Glasgow and Clyde NHS Board

Board Meeting

December 2012

Board Paper No. 12/50

Board Medical Director
Head of Clinical Governance

Scottish Patient Safety Programme Update

1. Summary of Actions for Board Members

Members are asked to:

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

2. Programme overview: Autumn Harvest Visit Feedback

This following section provides the feedback report from the visit by the SPSP National Team as part of the national review this autumn. It is shared with the Board acknowledging that we still have many challenges in meeting our safety aspirations but this represents the feedback from independent observers in recognising the progress our staff have made.

Date of visit: 8th, 9th & 10th October 2012

Board Contact: Andrew Crawford

Faculty Lead: Carol Haraden

Faculty members: Jason Leitch, Alison Hunter, Jane Ross, Marion McLoone & Susan McGaff.

The purpose of this visit is to

- Collate learning of good practice from the first phase of the Scottish Patient Safety programme
- Identify areas of success and factors leading to that success.
- Look at spread of interventions within Boards
- Identify themes for focus of the next phase of the programme

Overall Summary

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1. The complexity of the board size was evident from discussions with the clinical teams and the Patient Safety co-ordination teams – over 300 wards and 7 Intensive Care Areas. The Preoperative work stream was an example of the complexity with 10 Sites, 12 Surgical Speciality groupings and 50 Theatre Teams.
2. Evidenced of extreme enthusiasm and motivation for Patient Safety and Quality Improvement within NHS Greater Glasgow & Clyde
3. Extremely well thought out and planned Safety team structure to support the clinical teams with clear conduits to seek support and guidance. A close relationship with each of the SPSP Programme Managers and the Clinical Risk Management teams.
4. Passionate leadership who are aware of the demands on clinical staff passionate to deliver excellent clinical care whilst trying to balance the competing demands of multiple data collection, recording and reporting

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Leadership

Outcome	Success	Challenges
<p>Provide the Leadership System to Support the Improvement of Safety and Quality Outcomes in your Board</p>	<p>Several Meetings across the three days with all members of the leadership team. The Leadership team were demonstratively engaged with the Safety work.</p> <p>NHS Greater Glasgow & Clyde has seen significant success with SPSP. A significant level of improvement expertise has been developed within the Board to support the significant level of spread required.</p> <p>Ownership of the changes by clinical teams has been a key factor to support this success and a good number have been exposed to training such as SPSP Fellowship, Improvement Adviser & Improvement Science in Action Participants.</p> <p>The use of data to drive improvement and the focus on patient outcomes within SPSP has been another vital element behind this success and there is an appetite within NHS GG&C to use this methodology to improve care in areas outside the original drivers of SPSP.</p> <p>NHS GG&C are able to share great stories of clinical and leadership engagement on Leadership walk rounds.</p> <p>We had extensive discussions around the concept of “a <i>revolving door</i>” with west of Scotland acute health care delivery expanding and the ability to deliver contracting. The service is able to deliver currently but moving forward challenges will present themselves.</p> <p>The Board are developing a diagnostic tool to help identify areas of</p>	<p>NHS GG & C are challenged by the breadth of spread required within their clinical areas and are approaching this by</p> <ul style="list-style-type: none"> • Identification of priority areas. Currently medicines reconciliation and Early Warning Scoring are areas of focus. Though they have recently had major success within Glasgow Royal Infirmary • Supporting Directorate middle management in greater programme contribution • Identification of late adopters and increased direction from leadership in these areas • Sustainability of Spread with depth and penetration of such a complex health care system • One aspect that will absolutely support the challenges expressed here is the dedication of the leadership team met by the visiting SPSP team • NHS GG&C are also challenged by the development of the programme in to areas such as Mental Health, Paediatrics, Maternal Safety and Primary Care and the alignment of SPSP with other improvement work such as Leading Better Care. This is a common theme across all Health Boards and one we need to explore further

success and challenge and a better understanding of the influencers behind this.

Key Points for others

- NHSGG&C have a strategy to manage ongoing measurement in areas that have achieved sustained improvement.
- The diagnostic tool for management of spread in large Boards is being tested and the national team are keen to hear about the progress of this
- Very evident multidisciplinary engagement with safety work.
- Education across safety for all levels from Fy1-ST within the Medical field. Also linking with the Nursing schools, AHP educators and NES within the West Deanery in the wider educational discussions
- Ground breaking Medicines testing

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Critical Care - Royal Alexandria Hospital

Outcome	Success	Challenges
<p>Improve Critical Care Outcomes (Reduce mortality, infections and other adverse events)</p>	<p><u>Central Line Blood Stream Infections</u> in the lifetime of SPSP this unit has improved from 1 event per month to almost never. They examine each event for causes and learning. and can name the patients behind each data point.</p> <p><u>Delirium</u> – There is a growing awareness of the harm caused by delirium and the team are looking at assessment and treatment</p> <p><u>Ventilator Associated Pneumonia (VAP)</u> – There has been a significant drop in events. Reintroduction of monitoring of tracheal cuff pressure is thought to be behind some of there improvement and greater use of naso-jejunal feeding to reduce gastric residue has been implemented to further reduce risk. The team has challenges with good tooth brushing both in patient compliance and sourcing appropriate toothbrushes. The team can tell the story behind every patient with VAP.</p> <p><u>Reintubation rate</u> The team have examined their data behind reintubations and as a result have tested and implemented a T piece trial sticker. They now have a reliable process for this and value it as a decision prompt.</p> <p><u>Multi-Disciplinary Rouonds</u> Their multidisciplinary round includes the consultant, trainee, nursing staff and pharmacist. They include a formal afternoon formal round. Daily Goals are completed on the morning round but not formally reviewed later in the day</p> <p><u>Length of Stay</u></p>	<p>There are still occasional episodes of VAP. The team have suspended the use of Chlorhexidine and are focusing instead on high quality oral hygiene, including dental review. This together with work on delirium should improve their outcomes and could inform the improvement nationally as many ICUs are challenges with this.</p> <p>They have a reliable process for setting goals on the multidisciplinary round in the morning and may wish to look at a formal review of these goals on the afternoon round</p> <p>The High Dependency units across NHS GGC demonstrate similar challenges to other Health Boards. With 9 HDUs and all open units the challenge is communication and the safety work specific to that area. The current SPSP measures are a blend of Critical Care and General Ward as is applicable to improving the care for patients in that area.</p>

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	<p>The team have seen a 1.1day reduction on LOS with reduced variation</p> <p><u>Mortality</u> They have seen a 12% drop in mortality in the face of 1% increase in Apache score.</p> <p>The ICU team at RAH were the first in Scotland to demonstrate reliability in all process measures and have developed checklists to support many procedures including adult and paediatric intubations.</p> <p>In Inverclyde the senior charge nurse is testing a process for use of SBAR prior to transfer of critically ill patients</p> <p>Spread & Reliability of interventions There is good spread and reliability of intervention in Glasgow and Clyde Intensive Care Units</p> <p>Key Points for others Visible medical and nursing leadership is supporting their improvement work.</p> <p>An understanding and interrogation of their process and outcome data is impressive.</p> <p>The use of forcing functions such as checklists and T piece sticker has improved reliability of multiple processes.</p> <p>Strong Leadership and linkage of Process and Outcome successes</p>	
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General Ward incorporating medicines management

Outcome	Success	Challenges
<p>Improved general ward outcomes (Reduced infections, crash calls, pressure ulcers, AE in CHF and AMI patients)</p>	<p>NHS Greater Glasgow & Clyde has seen significant success with SPSP. A significant level of improvement expertise has been developed within the Board to support the significant level of spread required.</p> <p>Ownership of the changes by clinical teams has been a key factor to support this success and a good number have been exposed to training such as SPSP Fellowship & IHI Improvement Adviser.</p> <p>The use of data to drive improvement and the focus on patient outcomes within SPSP has been another vital element behind this success and there is an appetite within NHS GG&C to use this methodology to improve care in areas outside the original drivers of SPSP.</p> <p>NHS GG&C are able to share great stories of clinical and leadership engagement on walk rounds.</p> <p>The Board are developing a diagnostic tool to help identify areas of success and challenge and a better understanding of the influencers behind this.</p> <p>The visiting teams were also very impressed with the fantastic work undertaken within the acute assessment unit of GRI. Specifically around the communication and flow between the A&E and upstream wards and in particular the Safety of Medicines.</p> <p>They had also demonstrated a marked reduction in PVC Insertion that was working towards the overall Infection reduction</p> <p>Fantastic evidence of improvement work within the Renal Unit of</p>	<p>NHS GG & C are challenged by the breadth of spread required within their clinical areas.</p> <p>NHS GG&C are also challenged by the development of the programme in to areas such as Mental Health, Paediatrics, Maternal Safety and Primary Care and the alignment of SPSP with other improvement work such as Leading Better Care.</p> <p>NHS GG&C have also begun adoption of LanQuip Data collection system which has had challenges. The system does not offer the flexibility that is required for board wide reporting though does allow local data entry. Currently the local teams are using a combination of local excel sheets & LanQuip. The teams are planning to discuss local NHS GG&C modifications to LanQuip to make it fit for purpose within the Board.</p> <p>Spread & Reliability of interventions</p> <p>The Visiting Teams saw great evidence of spread and emerging reliability of improvement within the General Ward elements of the programme. What was also evident across all the safety work within NHS GG&C was the drive to work across SPSP work streams and other safety initiatives currently in place?</p> <p>The discussions that took place around:</p>

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	<p>The Western Infirmary. Work which was pushing the boundaries of clinical safety and examining the epidemiology and prevalence of renal disease and therapeutic care. Very evident was the strong leadership with the Scottish Renal Registry work in continuing the Renal Developments. This work was especially evident around early intervention and patient involvement with the clinical decision making. The visiting team had the opportunity to meet a renal patient from the department with his immediate family to really understand the person centeredness of the units care values.</p> <p>Key Points for others NHSGG&C have a strategy to manage ongoing measurement in areas that have achieved sustained improvement.</p> <p>The diagnostic tool for management of spread in large Boards is being tested and the national team are keen to hear about the progress of this.</p> <p>Medicines Reconciliation work within GRI and the E-form solution is leading the way in the national Medicines safety work</p> <p>The Beatson centre have championed a process of managing PVC maintenance beyond the arbitrary 72hr rule which is currently being explored and through stringent monitoring 4 – 6 hrly of a venflon site managing to safely maintain venous access with reduced infection and greater patient comfort.</p>	<ul style="list-style-type: none">• A national Medicines Kardex• Improved access to ECS for improved Medicines Safety• The use of Datix for reporting of VTE/DVT and the learning from instances
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Peri-operative

Outcome	Success	Challenges
<p>Improved peri-operative Outcomes (Reduced peri-operative adverse events: infections, cardiovascular events)</p>	<p>Visible engagement and leadership, both nursing and medical, has supported the high level of spread and reliability with the surgical brief and pause.</p> <p>The surgical pause is performed immediately prior to operation and nurses are empowered to enforce this – ‘no pause, no paint’,</p> <p>This has had good medical buy in as it is seen to prevent issues such as the lack of correct equipment during surgery.</p> <p>An extra pause has been implemented for emergency Caesarean Section after delivery of the baby and this is felt to be an essential extra step</p> <p>The work on SPSP started in the Gynaecology Theatre and spread quickly due to regular staff rotation.</p> <p>Scepticism has been overcome with 1:1 conversations with the medical lead in theatres.</p> <p>For future work, the team would like to explore amending and expanding the surgical checklist in line with the WHO document.</p> <p>They are also planning to explore the existing processes around blood glucose management for diabetic patients</p>	<p>A recent event has caused the team to look again at timing of pause but the team are clear that the existing process has worked well to date and they should not over react to this single event.</p> <p>Measurement is increasingly onerous and felt to be limiting capacity for further improvements. The team were encouraged to sample 5 patients weekly and report quarterly and test the best system to collect this data and assure themselves of continuing reliable performance.</p> <p>Debriefing is felt to be of real value but has proven very challenging to design a reliable process for this due to workflow</p>

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Paediatrics at Royal Alexandria Hospital

Outcome	Success	Challenges
	<p>Safety huddles are well embedded and are multi-disciplinary in nature. The visiting team were very grateful for the opportunity to sit in on the morning brief where they saw wide use of an SBAR handover which includes input from both medical and nursing staff.</p> <p>The use of highlighter by pharmacist on prescription sheet alerts nursing staff to drug prescriptions that have been checked, and importantly, those that have not.</p> <p>Use of SBAR for escalation of sick children. A system has been developed to allow measurement of the quality of these exchanges. Data collection tool is populated by senior doctors and nurses and supports training and improvement.</p> <p>Patient & family feedback is visible everywhere in a variety of formats. The SCN and here team collect 'what matters to me' information and display clearly to reinforce patient centred care.</p> <p>This ward has recently changed the appearance of their entry door which is now truly welcoming. The changes were based on patient comment.</p>	