

Meeting of:
Lanarkshire NHS Board
August 2010

Lanarkshire NHS Board
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SUBJECT: CLINICAL GOVERNANCE

1. PURPOSE

This purpose of this paper is to provide a progress report to Lanarkshire NHS Board on quality assurance, with a focus on the Scottish Patient Safety Programme.

2. MONTHLY REPORT TO THE BOARD ON QUALITY ASSURANCE

2.1 NHS Quality Improvement Scotland Activity

The following activity has taken place in relation to QIS peer review visits, QIS Standards, SIGN guidelines and NPSA alerts.

SIGN Guidelines

The SIGN Council has informed Health Boards that it will no longer be printing large numbers of hard copies of guidelines from this autumn. This decision reflects both concerns about the environmental and cost impact of printing. Within Lanarkshire SIGN guidelines are already primarily distributed electronically.

National Patient Safety Programme (NPSA)

The following NPSA alerts have been received and circulated; these are advisory for NHS Scotland:

- NPSA/2010/RRR014 - Reducing treatment dose errors with low molecular weight heparins

2.2 Other Reviews and Inspections

Mental Welfare Commission End of Year Meeting

The Mental Welfare Commission's visiting programme is one of the main ways in which the Commission carries out its statutory responsibilities. The Commission meets with patients, staff, relatives, advocates and any other interested parties. During the course of the year the Commission carried out themed visits across Scotland and the key findings from these visits are discussed at the End of Year Meeting both in relation to national issues and findings for NHS Lanarkshire.

A separate paper to this Board meeting provides feedback on the Mental Welfare Commission End of Year Meeting as well as the annual report on Forensic Services.

UPDATE ON SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

3. PURPOSE

The purpose of this report is to provide an update on NHS Lanarkshire's progress against the Scottish Safety Patient Programme (SPSP). The report takes account of the self assessment framework, demonstrating that all key changes have been implemented. Progress is demonstrated using SBAR format, outlining key areas of improvement in process

and outcome measures, while identifying challenges and demonstrating organisational learning.

4. CONTENT/SUMMARY OF KEY ISSUES

Introduction

The work streams to be reported on are as follows:

- Critical Care
- General Ward
- Medicines Management
- Peri Operative
- Leadership

Success of activity is monitored through a measurement framework where we aim to achieve 95% process reliability. In tandem, monitoring of associated clinical outcomes is undertaken on an ongoing basis by frontline clinical staff, as well as by work stream groups to target and further drive improvement. Clinical ownership of data remains essential for driving improvement.

5. TIMELINES FOR SPSP IMPLEMENTATION

Good progress is being made across all work streams and is being spread across the three acute hospitals, maternity services, attached hospitals and GP hospitals, as appropriate. NHS Lanarkshire now has a self assessment score of 3 and is focusing on achieving a score of 3.5. While behind the national trajectory, this still puts NHS Lanarkshire in a very good position as one of the highest performing Scottish NHS Boards.

6. SPSP TIMELINES

Table 1

Score	Definition	SPSP target dates	NHS Lanarkshire Dates (Actual/ predicted)
2.5	Improvement noted (using run chart rules) in process and/or outcome measures for pilot populations in all five work streams	Apr 09	Met July 09 report
3.0	All key changes in all five work streams have been implemented in the pilot populations. Sustained Improvement noted (using run chart rules) in process and outcome measures in one to three pilot populations	Jul 09	Met April 10 report
3.5	Sustained improvement (three months without sliding backwards) is noted in process and outcome measures for pilot populations in all five work streams. Spread (including testing, training, communication, etc.) of all key changes is underway beyond the pilot populations	Jan 10	Making excellent progress towards this and awaiting confirmation from IHI as to whether same achieved.
4.0	Spread (including testing, training, communication, etc.) of all key changes has been achieved in one to three (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas	Jan 11	To be determined
4.5	Spread (including testing, training, communication, etc.) of all key changes has been achieved in all (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas	Jan 12	To be determined
5.0	Spread has been achieved in all five (breadth) work streams with 100% penetration (depth) into the applicable clinical areas and has been sustained (no backward slipping in the outcome measures) for a minimum of three months	Dec 12	To be determined

Some examples of sustained improvement within the General Ward work stream are contained within appendix 2: (similar examples are available for the critical care and peri operative work streams as contained in appendix 1).

7. DATA MANAGEMENT

Compliance monitoring is undertaken using run charts to demonstrate same or deviance from this. Improvements are noted in pilot populations (using run chart rules) and/or outcome measures for all five work streams and this data displayed in all wards (acute hospitals) and relevant clinical departments.

Measurement is used to drive improvement by enabling clinicians to determine the direct impact their interventions are having on patient care and outcomes. Currently, this is entered at the clinical frontline with reports received directly. Charge nurses and other senior users have access to the intranet and can view local reports on any measure, demonstrating compliance for a ward or department over a particular date range as specified by the user. The senior users disseminate this information to other colleagues if necessary. Data is viewed in run charts to enable real time irregularities or trends to be identified and organisational learning to be conducted. At this stage in the programme, we have excellent examples of compliance and outcomes, with only few individual measures, not demonstrating sustained improvement.

Data Management is a strength within NHS Lanarkshire. We have had numerous visits from other NHS Boards to demonstrate how we manage our data and more recently we have been visited and consulted with in relation to the SPSP Extranet replacement. Within NHS Lanarkshire, our current system, which is built using a Sequel (SQL) server - a relational database, has been improved by the development of a web based portal. This portal has enabled us to take the strategic view of beginning to integrate data management for our major quality initiatives. Stage 1 has included the inclusion of SPSP, Clinical Quality Indicators, Healthcare Associated Infection and Better Together. This fits very neatly with *NHS Scotland's Quality Strategy, Quality Ambition 3* which aims to provide appropriate treatment at the right time to those who need it and eradicate harmful variation. The strategy states that a key delivery mechanism will be to '*apply information from quality data to drive consistently better care.*' The new web based Healthcare Quality Improvement Portal is being implemented on a staged basis commencing mid August 2010 at Monklands Hospital. It will then be spread to other inpatient sites on an incremental basis.

Healthcare Quality Improvement Portal Home Page

Component	Relevant Measures	Status	Change
% Unadjusted inpatient mortality	AHO2 All other programme measures	Variable	Mortality rates continue to demonstrate variability with peaks during the winter months. HSMR data has now been circulated by ISD
Adverse event rate	AHO3	Variable	Adverse event rates are also somewhat variable as identified in feedback and comments. There are some data differences noted between our own database and the Extranet and these will be realigned accordingly.



8. HIGH LEVEL SPSP AIMS

The Scottish Patient Safety Alliance agreed the following high level SPSP aims:-

- Reduce mortality by 15%
- Reduce adverse events by 30%

9. PROGRESS WITHIN WORK STREAMS

SITUATION

9.1 Critical Care

All relevant SPSP measures have been implemented in the three acute hospital adult critical care units. Measures such as Central Line Insertion Bundle are being spread into appropriate areas such as theatres, HDU and renal.

BACKGROUND

Critical care has excellent ownership and this is driving their improvements and progress with the implementation of care bundles, and outcomes as noted in infection rate reductions. Surveillance nursing staff who have been responsible for assisting with testing, implementation, spread and data management have not had their non recurring funding renewed. This could pose a risk to the management of the programme in the critical care areas and discussions are ongoing to minimise any risk to the programme.

Within Critical Care, shifts in positive outcomes have resulted in infections being exceptions and consequently these are treated as adverse events and are individually reviewed, should these arise.

ASSESSMENT

Critical Care Summary highlights

Component	Relevant Measures	Status	Change
Central Line Insertion Bundle	CCP3 CCP9 CC02	Sustaining within Critical Care and spreading to other relevant areas	Implemented in all three critical care units, and being spread to theatres and renal. CL insertion bundle at, or above, target in all three units. All units at target with maintenance bundle. <i>NO central line infections at Hairmyres since November 2008 and over same time period, only three isolated central line infections at Monklands and two isolated infections at Wishaw.</i>
Ventilator Associated Pneumonia (VAP)	CCP2 CCP1 CCP7 CC01	Sustaining	Compliance with bundle at goal in all units. Variation remains with ALOS on mechanical ventilation – all sites. Reintubation rates fairly stable. <i>Nil VAPs Wishaw for 10 months, with nil for 5 months Monklands and 6 months Hairmyres - individual isolated prior to these timescales.</i>
Glucose Control	CC06	Sustaining	All at goal.
Hand Hygiene	CCP4 CC02 CC04 CC08	Sustaining	Excellent compliance and innovation noted with corresponding low infection rates.
PVC	CCP8 CC04	Sustaining	At or near goal in all three critical care units. <i>No ICU acquired SABs at Monklands since May 2008 with last isolated case having been transferred into unit (and nil since June 2009 Hairmyres, with last isolated case at Wishaw in January 2010.</i>
Daily Goals	CCP6	Sustaining	Daily goals sheet in place in all three areas and compliance good. However measured along with MDR (CCP5) for run charts. As it is this area that is affecting compliance, because senior staff consider it essential that the nurse in charge of the unit and not just the nurse at the bedside is present to demonstrate compliance, it would be helpful if these measure were reported separately.
Multidisciplinary Rounds	CCP5	Spread Planned	Compliance with MDT rounds challenging because as above, senior staff consider it essential to have nurse in charge of the unit there as opposed to nurse at the bedside.
Central Venous Catheter Maintenance Bundle (HPS)	CCP9 CC02	Sustaining and Spreading	Excellent compliance on all three units and being spread to renal and HDU as relevant. <i>Infection rates excellent as per Central Line Insertion Bundle above.</i>

RECOMMENDATION

Critical care has embraced SPSP and continues to make excellent progress across a range of measures in all three units. Discussions taking place regarding ongoing funding for surveillance nursing staff.

SITUATION

9.2 General Ward

SPSP is undertaken in all three acute hospitals and maternity services (the latter as relevant), with some associated (Older Peoples Services) hospitals taking part in relevant aspects of the programme.

BACKGROUND

The General Ward work stream continues to make excellent progress with increasing bundle compliance and improved clinical outcomes. This has been challenging given the scale of this work stream and improvements are particularly notable in infection rates outcomes and contributing process measures. We continue to integrate, wherever possible, all our major quality programmes. We are making excellent progress with ward safety briefings in all relevant areas, attached hospitals and maternity services and moving to mental health. These are being utilized to focus on all SPSP process and outcome measures and other patient safety issues such as falls, variable dose medications, equipment etc. We have a calendar of Safety Brief alerts, which means that major safety themes and messages are circulated to all staff on a weekly basis to be added to their safety brief and should be discussed at every brief for one week. These alerts are retained in the SBAR structured safety brief report folder so that all staff can review these (see *example below*) Quality Progress Boards are in place throughout all wards and clinical departments within the three acute hospitals. These demonstrate progress in terms of

inactive, testing, implementing and sustaining against all aspects of the SPSP. Alongside these, run charts are displayed showing outcome data. Safety briefs include the review of this data and determine actions to drive improvement.

Safety brief alert / theme of the week




SAFETY BRIEF



Omitted Medicines/Missed Doses

1. Medicines reconciliation – process of obtaining an up-to-date and accurate medication list, documenting any changes, discrepancies or deletions and prescribing this accurately on the cardex.
2. All patients must have a documented drug history and the medicines that are to continue must be transcribed onto the medicine cardex.
3. Medicine not available on ward (marked 4 on cardex) – order from pharmacy during working hours. Out of hours contact other ward area (use borrowing book), emergency cupboard and/or on call pharmacist for supply/advice. Always check ward stock as another strength may be available.
4. Allergy status must be documented on the cardex.

ASSESSMENT

General Ward Summary Highlights

Component	Relevant Measures	Status	Change
Early Warning Scoring System	GWP1 GW01 AH02	Existed Pre- Collaborative	Compliance remains excellent. <i>Variation in relation to crash call rates and this indistinct correlation remains under review</i>
Hand Hygiene Bundle	GWP5 GWO4	Spreading	Excellent progress and compliance at Monklands and Wishaw and continuing spread within Hairmyres. Now demonstrating maternity on Extranet and also reaching goal. Staff hand hygiene compliance % prominently displayed beside hand gel outside all clinical departments to drive improvement. <i>CDI results remain excellent.</i>
Rapid Response	GWP4 GW01 AH02	Existed Pre- Collaborative	Hospital Emergency Care Teams (HECT) in place. <i>Reduction in calls to HECT on all sites, especially Monklands.</i>
Peripheral Vascular Bundle	GWP10 GW02	Spreading	Making good progress with the spread of PVC bundle <i>Excellent SAB results at Monklands and only very small numbers now at Wishaw and Hairmyres.</i>
Safety Briefing	GWP6 AHO2 AH03	Spreading	All sites at target These are now being used as a main vehicle for the review of run charts and actions as well as other core questions and topics. Impressive MDT working in areas.
SBAR	GWP8 AHO2 AH03	Spreading	SBAR is used as a communication tool with HECT regarding ill or deteriorating patients and this is the measure we will begin to report on the Extranet. Reporting has been challenging as SBAR is now incorporated into the 'way we do things' within NHS Lanarkshire e.g. our culture - now features on much of our documentation.

RECOMMENDATION

Given the size of this work stream progress is really good. SPSP Clinical Facilitators have begun to make a significant impact and they are working steadily and closely with senior nurses, charge nurses, infection control teams and all relevant clinical staff to progress and embed SPSP.

SITUATION

9.3 Peri operative

BACKGROUND

Good progress made in this work stream and especially successful has been the Surgical Pause, which is conducted in every theatre. This is also occurring in some cases during day surgery or before patients are anaesthetised, which gives patients confidence in their immediate and ongoing healthcare. The surgical pause will begin to be structured using the SBAR format. Excellent progress now being made regarding surgical brief and work moving to debrief.

ASSESSMENT

Peri operative Summary highlights

Component	Relevant Measures	Status	Change
Surgical Brief	POP7	Implementing	Making progress given slow start. Great dialogue about this and beginning to get real surgeon buy in.
Antibiotic Prophylaxis	POP2	Spreading	Excellent progress, slight dip below target at Monklands, otherwise at target.
Skin preparation/Hair Clipping	POP6	Sustaining	100% compliance. Fully spread and no razors available.
Normothermia	POP5	Spreading	Compliance near / at target at three sites.
DVT Prophylaxis	POP1 AH03	Spreading	All sites at target.
Beta Blockers	POP4	Testing	Compliance variable and dip at Wishaw Potential recording issue. Monklands demonstrating sustained improvement.
Blood Glucose (Diabetic Patient's Only)	POP3	Spread planned	Undertaken for majority of patients, however, problems continue with emergency admissions.
Surgical Pause	AH03	Sustaining	Excellent progress and fully spread.

RECOMENDATION

The peri operative work stream making very good progress. It would be helpful to this work stream if more of the processes could be linked to outcome measures as this would motivate them to see that the measures they are putting in place are improving clinical outcomes.

SITUATION

9.4 Medicines Management

BACKGROUND

This is still our biggest challenge within NHS Lanarkshire in relation to SPSP. We do not consider that the national standalone work stream approach has been conducive to promote medicines management as everyone's business - not just a pharmacy one. We are now formally linking in with our other work streams. The work stream Executive Sponsor has been very helpful in helping us focus on some of the challenges we have faced. We are planning a medicines awareness / alert week which will be very high profile in terms of

communication. One of our Medical champions has been excellent and we are grasping every possible opportunity. The safety brief continues to be used as a main vehicle to get the medicines message across.

ASSESSMENT

Medicines Management Summary highlights

Component	Relevant Measures	Status	Change
Medication Reconciliation	MMP1 AH03	Spreading	Medicines reconciliation still challenging as there is an over reliance on Pharmacy. SPSP clinical facilitators are assisting with education re same. Improvement noted at Monklands and Hairmyres A & E departments and receiving units and in Monklands in Medical receiving and ITU.
FMEA	MMP2 AH03	Implementing	Repeat / recalculated FMEA at Wishaw demonstrating improvement with a decrease of 46% and 30% at Monklands
Anticoagulation	MMP3a, b and c AH03	Spread planned	Progress good re anticoagulant management and INR results are excellent and are being sustained.

RECOMMENDATION

Further work is required to ensure reliability in medicines reconciliation. This is mainly due to being seen as a pharmacy issue and we intend that the formal linking with other work streams will be helpful. Tests of change are ongoing and new initiatives being tested (chart above). Focusing on using safety brief to drive ownership and improvement. High profile campaign will be undertaken.

SITUATION

9.5 Leadership

Thirty four executive leadership walk rounds have been undertaken to date. These are viewed by staff as very successful with excellent representation from Executive and Non Executive Directors. Walk rounds are scheduled at two per month for this calendar year. Emerging themes remain HAI, storage, clinical environment and small equipment issues. Data is being entered to demonstrate actions completed on an ongoing basis now. However, % of actionable items remains challenging to track and maintain. Very good relationships with PSSD to resolve Estates issues.

Quarterly Leadership work stream meetings are scheduled to enable direction to be given to the work streams and practice to be shared as relevant.

10. COMMUNICATION

A communication plan has been formed, which focuses on creating a high and sustained profile. Other initiatives include:-

- SPSP on FirstPort
- Regular computer screensaver
- Surgical brief alerts / themes
- Awareness and engagement events, which have seen excellent attendance within NHS Lanarkshire
- Pulse – regular features
- Newspaper articles

- Public website – SPSP banner
- Surgical pause DVD
- Medicines Campaign.

11. CONCLUSIONS AND NEXT STEPS

NHS Lanarkshire continues to progress very well with the programme, however, capacity is becoming challenging. The fixed term release of two senior Charge Nurses on a part time basis has had a significant impact on the programme, enabling ongoing improvement, sustainability and spread. This support is still essential and discussion is ongoing regarding the feasibility of an extension to their funding.

There is a significant commitment to ensure integration of all relevant quality improvement programmes to ensure staff at the clinical frontline do not receive mixed messages and that they are well informed about NHS Lanarkshire's strategic direction. This builds strong foundations for the quality strategy implementation and monitoring via the web portal. NHS Lanarkshire has received numerous visits from other NHS Boards regarding both their success with the programme and their data management.

As a next stage, SPSP is spreading into paediatrics, with the Executive Sponsor and Clinical Lead identified. A local launch event will be undertaken and the Executive Sponsor has been extremely helpful in this regard. There has also been a move by NHS QIS to begin to test CHD Heart Failure Bundles and further discussion is required in relation to this. Caution will be required in terms of capacity as the programme extends.

The Board is asked to note the content of the paper, any risks identified, the actions required, and to receive further reports.

12. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:

Dr Alison Graham, Medical Director, 01698 206318, or

Diane Campbell (for update on Scottish Patient Safety Programme), Patient Safety Manager, 01698 258784

Pam Milliken (for update on Clinical Governance), Head of Clinical Governance and Risk Management, 01698 245034

16 August 2010

Appendix 1 Individual examples of improvement

The following tables are highlight examples relevant to each work stream and demonstrate, as possible, the relationship between process and outcome as taken from the 120+ SPSP run chart measures submitted by NHS Lanarkshire to IHI.

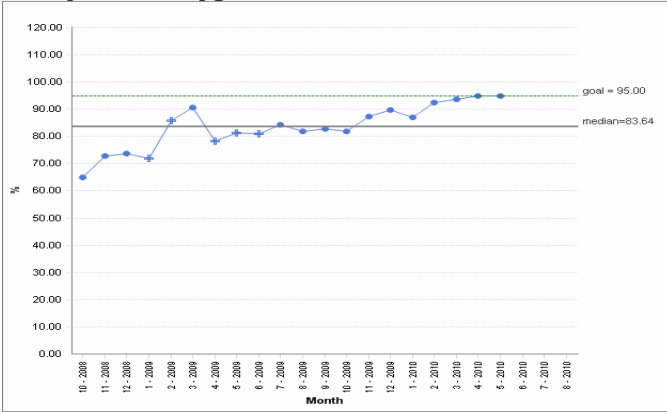
Table 1: High level Critical Care Measures (Examples)

Process Compliance Measure	Outcome Measure per 1000 bed days																																																																																																																		
<p>Hairmyres Central line insertion bundle</p> <table border="1"> <caption>Hairmyres Central line insertion bundle - Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>12-2008</td><td>95</td></tr> <tr><td>1-2009</td><td>95</td></tr> <tr><td>2-2009</td><td>100</td></tr> <tr><td>3-2009</td><td>95</td></tr> <tr><td>4-2009</td><td>90</td></tr> <tr><td>5-2009</td><td>100</td></tr> <tr><td>6-2009</td><td>100</td></tr> <tr><td>7-2009</td><td>100</td></tr> <tr><td>8-2009</td><td>95</td></tr> <tr><td>9-2009</td><td>100</td></tr> <tr><td>10-2009</td><td>100</td></tr> <tr><td>11-2009</td><td>100</td></tr> <tr><td>12-2009</td><td>100</td></tr> <tr><td>1-2010</td><td>90</td></tr> <tr><td>2-2010</td><td>95</td></tr> <tr><td>3-2010</td><td>100</td></tr> <tr><td>4-2010</td><td>95</td></tr> <tr><td>5-2010</td><td>95</td></tr> <tr><td>6-2010</td><td>95</td></tr> <tr><td>7-2010</td><td>95</td></tr> <tr><td>8-2010</td><td>95</td></tr> </tbody> </table>	Month	Compliance (%)	12-2008	95	1-2009	95	2-2009	100	3-2009	95	4-2009	90	5-2009	100	6-2009	100	7-2009	100	8-2009	95	9-2009	100	10-2009	100	11-2009	100	12-2009	100	1-2010	90	2-2010	95	3-2010	100	4-2010	95	5-2010	95	6-2010	95	7-2010	95	8-2010	95	<p>Hairmyres central line Infections</p> <table border="1"> <caption>Hairmyres central line Infections - Data</caption> <thead> <tr> <th>Month</th> <th>Infections per thousand</th> </tr> </thead> <tbody> <tr><td>11-2008</td><td>0</td></tr> <tr><td>12-2008</td><td>0</td></tr> <tr><td>1-2009</td><td>0</td></tr> <tr><td>2-2009</td><td>0</td></tr> <tr><td>3-2009</td><td>0</td></tr> <tr><td>4-2009</td><td>0</td></tr> <tr><td>5-2009</td><td>0</td></tr> <tr><td>6-2009</td><td>0</td></tr> <tr><td>7-2009</td><td>0</td></tr> <tr><td>8-2009</td><td>0</td></tr> <tr><td>9-2009</td><td>0</td></tr> <tr><td>10-2009</td><td>0</td></tr> <tr><td>11-2009</td><td>0</td></tr> <tr><td>12-2009</td><td>0</td></tr> <tr><td>1-2010</td><td>0</td></tr> <tr><td>2-2010</td><td>0</td></tr> <tr><td>3-2010</td><td>0</td></tr> <tr><td>4-2010</td><td>0</td></tr> <tr><td>5-2010</td><td>0</td></tr> <tr><td>6-2010</td><td>0</td></tr> <tr><td>7-2010</td><td>0</td></tr> <tr><td>8-2010</td><td>0</td></tr> </tbody> </table>	Month	Infections per thousand	11-2008	0	12-2008	0	1-2009	0	2-2009	0	3-2009	0	4-2009	0	5-2009	0	6-2009	0	7-2009	0	8-2009	0	9-2009	0	10-2009	0	11-2009	0	12-2009	0	1-2010	0	2-2010	0	3-2010	0	4-2010	0	5-2010	0	6-2010	0	7-2010	0	8-2010	0																								
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Table 2: High level General Ward Measures

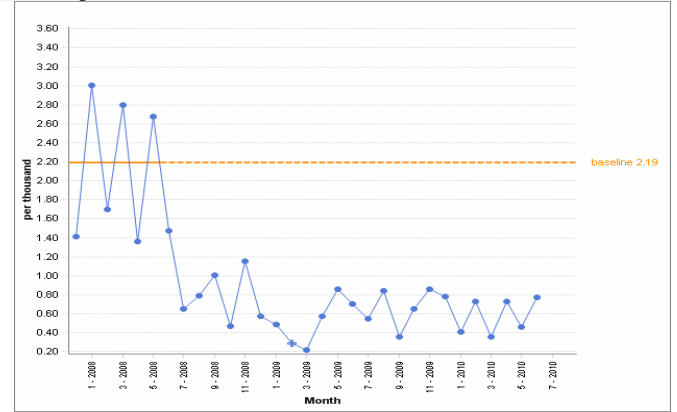
Process Compliance Measure

Hairmyres Hand Hygiene

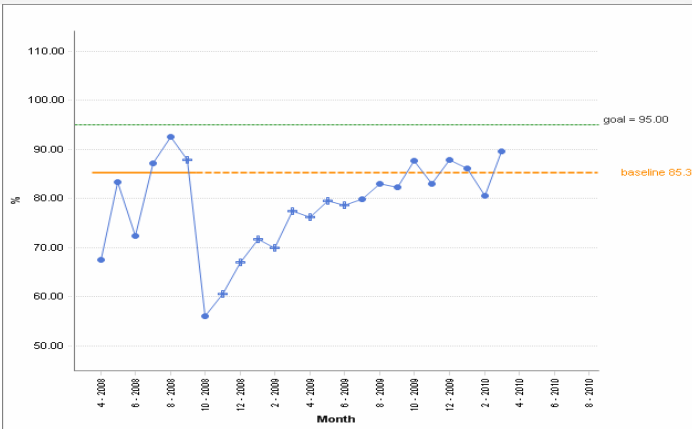


Outcome Measure per 1000 bed days

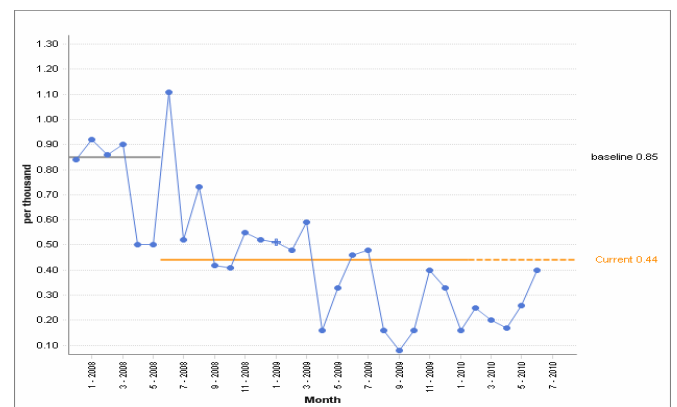
Hairmyres CDI



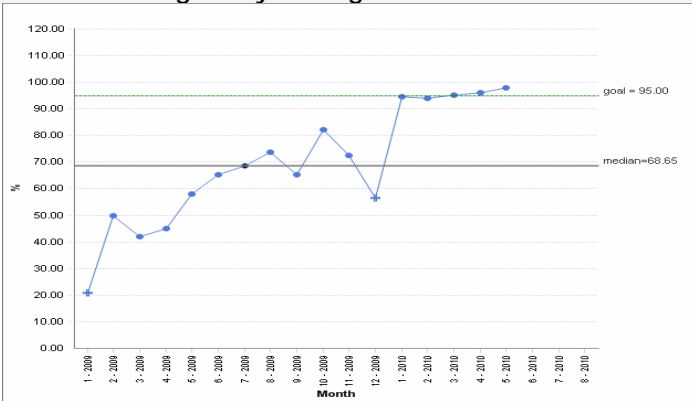
Monklands PVC Insertion



Monklands Staph aureus Bacteraemia (SABs)

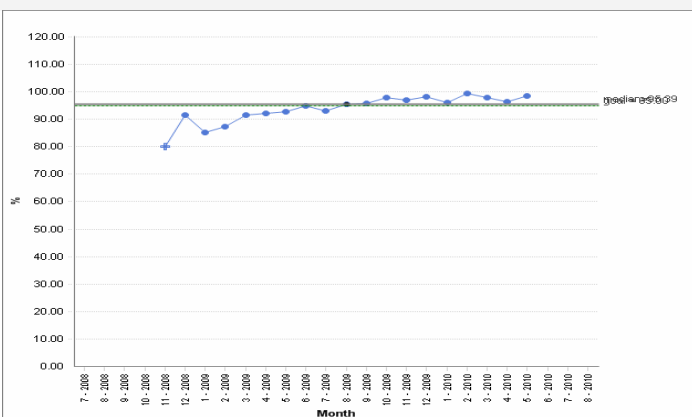


Wishaw % using Safety briefings



Safety Briefings carried out across inpatient areas within the acute and associated hospitals. These are used as a vehicle to drive improvement in all relevant safety and quality outcomes, as well as providing an opportunity to communicate key messages to staff. Safety briefings, wherever possible, involve the entire MDT.

Wishaw % observations recording respiratory rate



Wishaw % observations identified as risk that have appropriate interventions

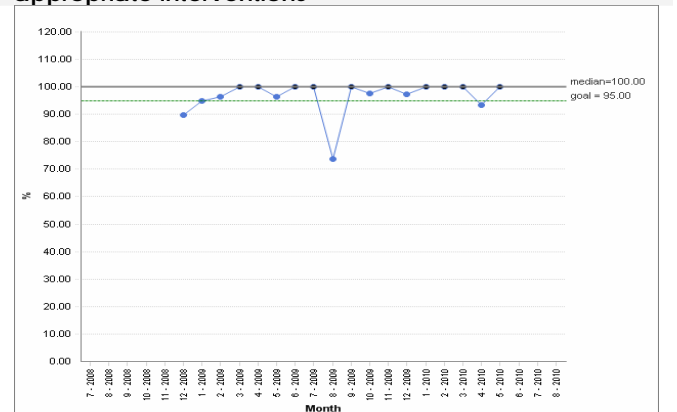


Table 3: High level Medicines Measures (not including related outcome measures)

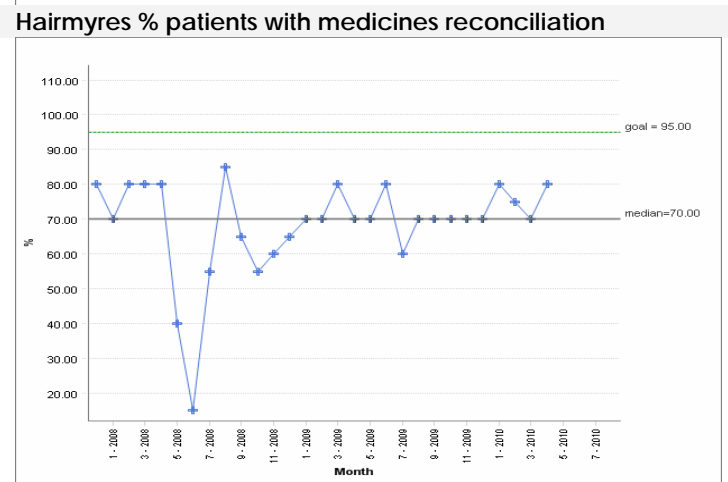
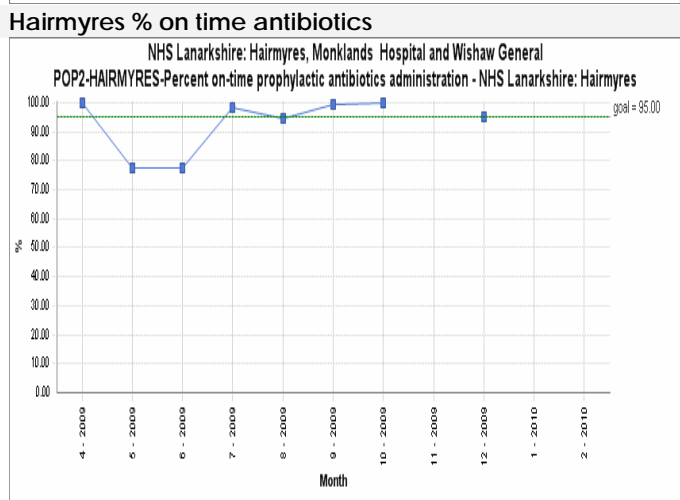
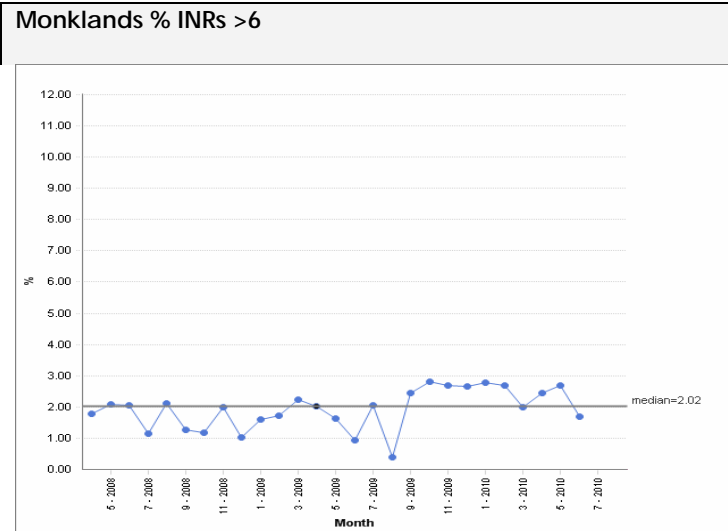
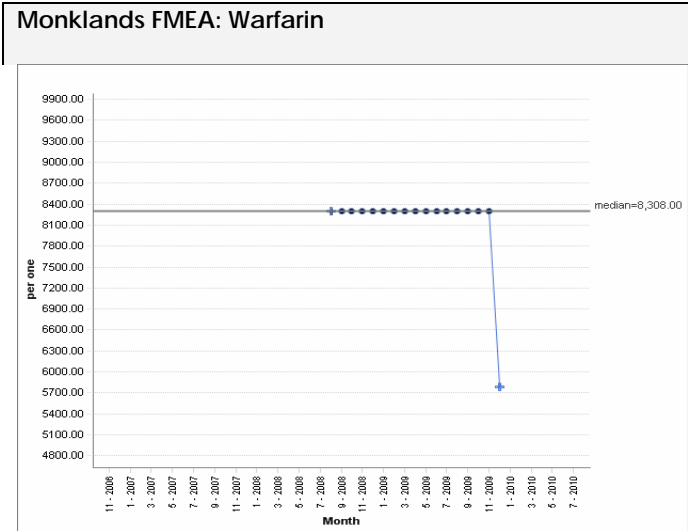
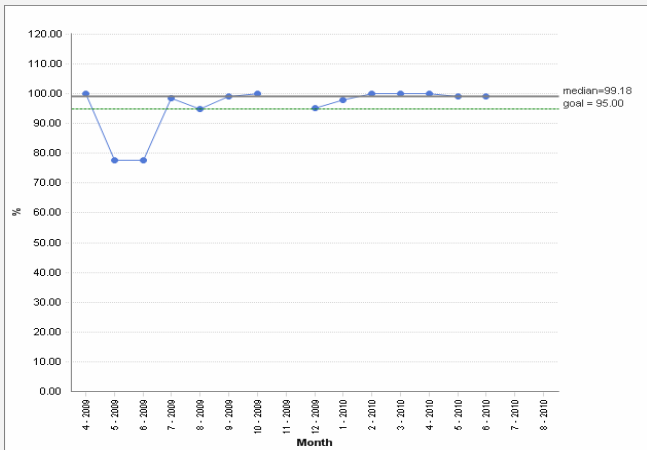
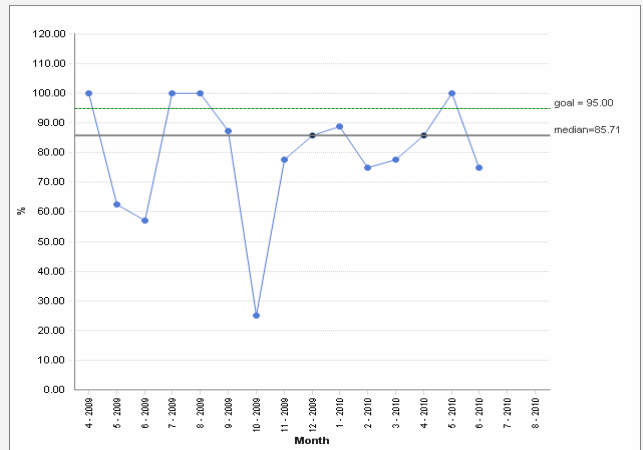


Table 4: High level Perioperative Measures (not including related outcome measures)

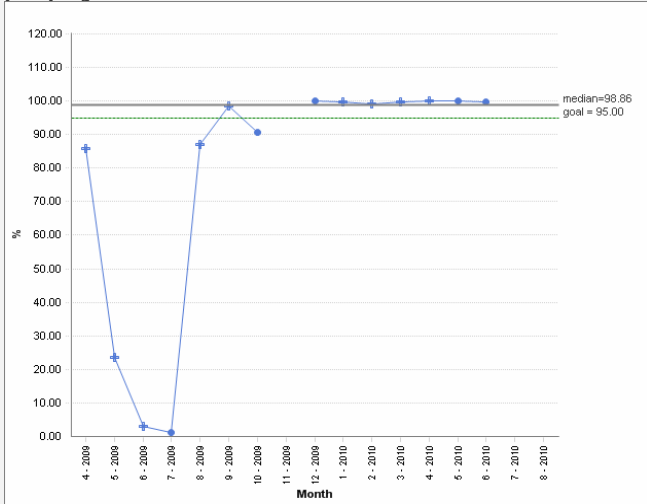
Hairmyres% on time prophylactic antibiotics



Wishaw % known diabetics with glucose control



Monklands % eligible patients receiving DVT prophylaxis



Wishaw % patients with peri operative briefings

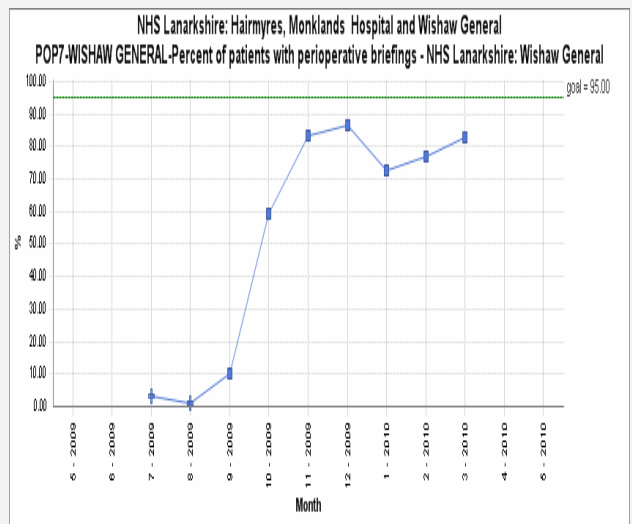


Table 5: High level Leadership Measure (not including related outcome measures)

Total Number of Executive walk rounds

