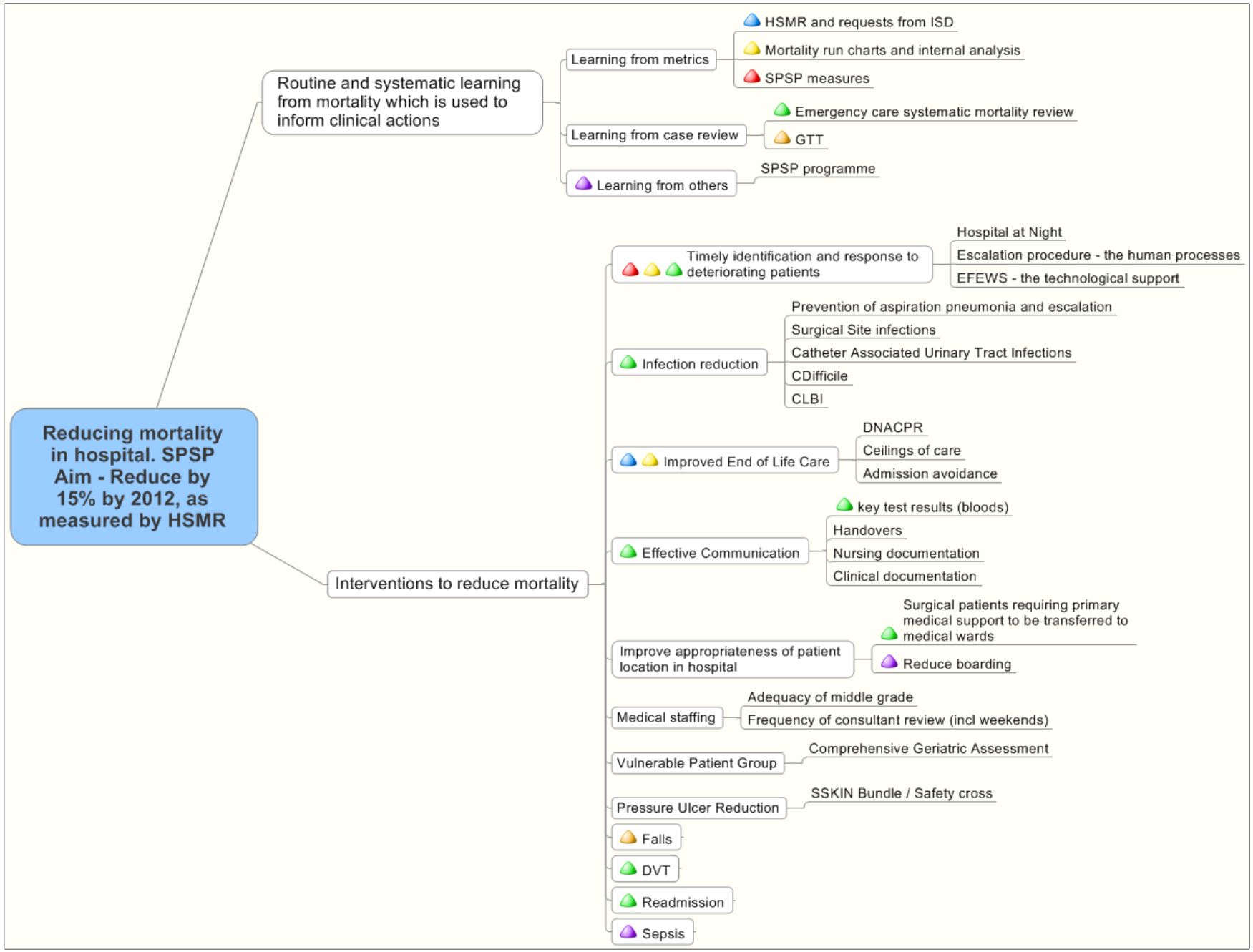
Preventing Harm Action Plan (V5, October 2011)



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Routine and systematic learning from mortality which is used to inform clinical actions

No.	Issue to be resolved	Specific actions	Date added	Responsible officer	Date for completion	Progress on 19 August 2011
1.	Establishment of regular, systematic mortality audit and feedback mechanisms **(Box 4 death analysis)**	1.1 Emergency Care Directorate (ECD) to undertake repeat Box 4 audit for November 2010	October 2010	Robert Cargill	1/4/2011	Underway Completed – report in progress
		1.2 ECD to consider Box 4 analysis vs <5% chance of death analysis methodologies and to consider which to adopt. **(<5% paper)**	January 2011	Robert Cargill	March 2011	Clinical governance forum 9/3/2011 Agreed to complete with Box 4
		1.3 Systematic mortality review to be a standing item on Emergency Directorate Clinical Governance meeting	October 2010	Robert Cargill	October 2010	Complete
		1.4 2nd Box 4 audit on deaths in November 2010	March 2011	Robert Cargill	August 2011	June 2011 – analysis underway
		1.5 Results of 2nd Box 4 death analysis – identification of new themes to the action plan	**October 2011**	**Robert Cargill**	**December 2011**	
	Feedback to individual clinicians **(Box 4 death analysis)**	1.6 CD for emergency care to feedback on Box 4 analysis.	October 2010	Robert Cargill	January 2011	Completed but will continue with subsequent Audits
		1.7 MD to feedback on analysis of patients with <5% of dying **(<5% paper)**	October 2010	Gordon Birnie	January 2011	Completed but will continue with subsequent Audits June 2011 – Completed
		1.8 2nd Box 4 audit on deaths in November 2010	**October 2011**	**Robert Cargill**	**January 2012**	
2.	Further data requests	2.1 Request data from ISD on general	December	Gordon	January 2011	Received

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		medical / geriatric admissions, diagnostic coding contributing to neurological and gastrointestinal groups	2010	Birnie		Conclusion recoding between general medicine and geriatrics will not influence HSMR. Further analysis of diagnostic subgroups unlikely to be productive
		2.2 Request for a top 20 list of conditions with the greatest adverse effect on HSMR	**October 2011**	**Gordon Birnie to Richard Dobbie**	**November 2011**	Received 21/9/11. Issue identified of differences in coding between the sites – especially LRTI – see coding issues below
		2.3 Further data request for the top 20 causes of death across all sites in Scotland and expected number of death with J 189 and J181	**21/9/11**	**Gordon Birnie to Richard Dobbie**	**November 2011**	
		2.4 Request list of patients with <5% chance of dying	December 2010	Gordon Birnie	January 2011	Received – see item 5
		2.5 Request that ISD create an HSMR for the 'virtual' Fife hospital – especially important with the move to a single site 2012 (HSMR dec 2010**)**	December 2010	Gordon Birnie / Roger Black ISD	March 2011	Agreed Reminded – June 2011 Data received July 2011 – shows that there is no outlier data for the combined Fife Hospitals to date.
		2.6 Request to ISD for update on the virtual Fife HSMR and to consider how the HSMR will be reported from January 2012 onwards	October 2011	Gordon Birnie to Roger Black / Richard Dobbie	November 2011	Received 21/9/11
		2.7 Further data request to identify length of stay of those dying in Fife Hospitals following admission based on site of origin of the admission. Designed to look transfers in from community hospitals and nursing homes and identify if there is an issue to transferring the very frail to die in	July 2011	ISD	October 2011	October 2011 – no analysis received - Richard Richard Dobbie reminder Received 21/9/11 – There does not appear to be evidence of 'admission to die' from nursing

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		hospital.				homes. However there are a number of young admissions to QMH (but not VHK) who die in the community following a short admission – ISD asked to identify the patients
		2.8 Request that ISD undertake and HSMR analysis on teaching hospitals for their 'native population' vs tertiary referrals (HSMR Meeting oct 2010)	**October 2010**	**Gordon Birnie / Roger Black**	**March 2011**	**Agreed** **Review of the whole HSMR underway to address this issue, plus hospital of attribution and identification of co-morbidity.** **October 2011 – this analysis has not been seen – reminder to Roger black**
		2.9 Feedback data issues identified from further analysis of HSMR to ISD 1. Hospital of attribution of death – transfers to tertiary centres attributed to DGHs. 2. Non 'standard sites' – none of the Fife hospitals is a 'complete' DGH – validity of using a virtual Fife HSMR 3. Variation in HSMR between elective and non elective care (~25%). 4. Definition of co-morbidity – this is based on previous admissions with comorbidity. Better co-morbidity data is available in the GP systems. If community systems are effective in keeping patients out of hospital this will tend to drive up the HSMR as patients will only be admitted in the very final phases of illness.	May 2011	Gordon Birnie	28th June 2011	Feedback to HIS HSMR meeting. ISD considering redesign of the HSMR.

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		5. Effect of 'shifting the balance of care' – admission of the walking wounded / development of community services. Reduction in acute beds in fife of ~ 90. 6. Effect of onsite hospices at QMH and VHK 7. Coding				
3.	Analysis of patients with < 5% chance of dying **(<5% paper)**	3.1 Request case records and collated information	January 2011	Gordon Birnie	December 2010	Complete
		3.2 Write paper for the Clinical Governance Committee	January 2011	Gordon Birnie	January 2011	Complete
		3.3 Present paper to the Clinical Governance Committee.	January 2011	Gordon Birnie	February 2011	Complete – conclusion – whilst this work confirmed some of the themes identified in the box 4 work, it was generally felt that the methodology of the box 4 analysis was better and more reflective of general care.
		3.4 Add recommendations to the Composite action plan	February 2011	Gordon Birnie	February 2011	Complete
		3.5 Circulate paper to Directorate teams	February 2011	Gordon Birnie	January 2011	January 2011
		3.6 Present information at Directorate Clinical Governance meeting	February 2011	Gordon Birnie	March 2011	Complete
		3.7 Feedback to individual clinicians	March 2011	Gordon Birnie	May 2011	Complete
4.	Patients in A and E waiting in front resuscitation > 1 hour to be assessed who subsequently died	4.1 A&E staff to review care of 4 patients who died in front resuscitation with a delay of > 1 hour in first assessment	12/1/2011	Gordon Birnie / Colin Dewar	ASAP	13/1/11 Resolved as a data entry issue – ¾ met by team as standby for out of hospital cardiac arrest 1 assessed immediately

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	(Derek Bell Jan 2010) Patients in A and E waiting in front resus > 1 hour to be assessed who did not die – variation in timing over periods of peak activity (Derek Bell Jan 2010)	6.2 A&E staff to review patients care	24/1/11	Gordon Birnie / Colin Dewar	ASAP	Complete – Delays in paperwork at peak times. Work continuing in Emergency Care stream to improve A & E performance
5.	Coding issues in patients with < 5% chance of dying **(<5% paper)**	5.1 MD to discuss with ISD representative 5.2 coding of respiratory deaths varies between the two site – VHK using pneumonia – unspecified organism QMH lower respiratory tract infection – unspecified organism. Also VHK using UTI as cause of death. - Alterations to coding methodology in QMH in april to more closely reflect VHK coding - ? effect. - request top 20 primary diagnoses for every Scottish site - discuss with coding staff	19/1/2011	Gordon Birnie / Roger Black / Richard Dobbie Requested from ISD	21/1/2010 25/10/11	ISD to review use of 'prior morbidity' and to consider use of SPARRA data
6.	Review of accuracy of coding	6.1 Assess a sample of coded patients against a clinicians view of the correct coding	Feb 2011	Heather Shearer and Robert Cargill	August 2011	Cohort of deaths within the Mortality review were assessed and only minor inaccuracies in coding identified. Greatest differences appear to be in classification of which diagnosis is primary – impact of this to be explored.
		6.2 Review work in Ayrshire and Aran 6.3 Implement VHK process of coding at QMH (removing re-work)Update	 April 2011		 April 2011	Taken forward in ** Complete

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7	Development of mortality statistical control charts	7.1 Devise a methodology for tracking mortality by clinical areas in a more timely manner than HSMR Focus on - Understanding variation - pareto principles	Feb 2011	Heather Shearer		Key sources of information identified. Methodology and tools being explored and tested. Tools identified (SPSS) training arranged.

Interventions to reduce mortality

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8.	Ensure identification and escalation of care for patients with deteriorating FEWS. **(Box 4 death analysis)**	8.1 Strengthening of HAN handovers to identify patients with deteriorating FEWS. **(HSMR dec 2010)**	October 2010	Robert Cargill	January 2011	Consultant input to HAN handovers identified.
		8.2 Develop electronic recording and collation of FEWs data	December 2010	Robert Cargill	March 2011	Electronic FEWS system testing on VHK site in progress.
		8.3 Arrange meeting with RC and critical care team to agree methodology for escalating a raised FEWS **(HSMR dec 2010) / (HSMR dec 2010)**	November 2010	Gordon Birnie	December 2010	Meeting cancelled by weather but held January 2011
		8.4 Develop proforma to standardise the assessment, treatment, review and escalation of a high FEWS.	January 2011	Robert Cargill / Emergency care access team	March 2011	Standard Operating Procedure developed; deadline for comments 24/8/11 **? complete and incorporated into FEWS chart**
		8.5 Rollout SOP for FEWS	August 2011	Robert Cargill / Emergency care access team	April 2012	**Progress ?**
		8.6 Monitor compliance with SOP for FEWS	August 2011	Robert Cargill / Emergency care access team	Start in phase with rollout ? March 2012	
9.	Surgical patients requiring primary medical support to be transferred to medical wards **(Box 4 death analysis)**	9.1 Develop systems with the bed coordinators to prioritise transfer of these patients to medical wards	October 2010	Yvonne McCallion	March 2011	Completed

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		9.2 Monitor effectiveness of prioritisation of transfer	**October 2011**	**Yvonne Mcallion**	**March 2012**	
10.	Inconsistent recording of 'ceilings of care'. **(<5% paper)**	10.1 Write to Colin Selby as chair of the resuscitation Committee to consider extension of the current 'DNAR' policy and to consider how to strengthen education.	19/1/11	Gordon Birnie / Colin Selby	20/1/11	Reply received – national system in place for DNAR - difficult to identify a mechanism to make this happen reliably.
		10.2 Discuss with CDs – do we need to take this further ?	**October 2011**	**Gordon Birnie**	**November 2011**	
11.	Patient Falls	11.1 Fife Bone Health and Falls Strategy	26/5/11	? Fife Falls and Bone Health MCN		Standardised Risk Assessment and Action Plan for all patients to be completed within 24 hours of admission and daily thereafter. Compliance measured as part of the Charge Nurses Quality Indicators. Nursing Documentation project focused upon mechanisms to improve assessment delivery and governance.
		11.2 Action Plan to deliver Strategy	26/5/11	? Fife Falls and Bone Health MCN		
		11.3 Fife Falls and Bone Health MCN	26/5/11	? Fife Falls and Bone Health MCN		
		11.4 Toolkit for the Prevention and Management of Falls	26/5/11	? Fife Falls and Bone Health MCN		
		11.5 Falls Champions Training	26/5/11	? Fife Falls and Bone Health MCN		
		11.6 Intentional Rounding	26/5/11	Fife Falls and Bone Health MCN		Intentional Rounding – testing and implementing in a number of wards Testing REI Tool
		11.7 All Patient Falls reported on the NHS Fife Incident /Near Miss Reporting form	26/5/11	? Fife Falls and Bone Health MCN		
		11.8 All falls resulting in a fracture head injury or major harm reviewed using the Rapid Response Review Tool	26/5/11	? Fife Falls and Bone Health MCN		

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		11.9 Update on Progress	**October 2011**	**Gordon Birnie Caroline Inwood**	**November 2011**	
11.	Pressure Ulcers	12.1 Safety Cross	26/5/11	Tissue Viability Team		Safety Cross implemented in 11 wards QMH/VHK also in community hospitals **<u>Update Oct 21</u>** **Safety Cross in all areas excluding QMH MHDU and ward 9; VHK MHDU, ward 15 and CCU. Being introduced to these areas week beginning 24 October 2011.**
		12.2 SSKIN Bundle Care Bundle	26/5/11	Tissue Viability Team		SSKIN Bundle implemented in 7 wards QMH/VHK **<u>Update Oct 21</u>** **SSKIN bundle now implemented in 10 wards VHK / QMH**
						All Grade 2 , 3 and 4 Pressure Sores reported on Datix **<u>Update Oct 21</u>** **Tissue Viability Specialist Nurse commenting / updating on Datix reports** Testing all Grade 3 and 4 pressure sores

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						being investigated using REI approach Establishing communication between hospital and community settings and following up patients on discharge or transfer back to hospital Reporting compliance via Extranet Aim to have all wards in QMH/VHK using the Safety Cross and SSKIN bundle by end 2011 **<u>Update Oct 21</u>** **Safety Cross will be implemented across VHK and QMH prior to GHMS move into Phase 3. SSKIN bundle will be further rolled out following move**
13.	Surgical Site Infections	13.1 SPSP	26/5/11	Peri-operative Work Stream		Implemented in all theatres and now spreading to Endoscopy
		13.2 Surgical Site Prevention Bundle	26/5/11	Peri-operative Work Stream		
14.	Catheter Associated Urinary Tract Infections	14.1 Catheter Associated Urinary Tract Infection Bundle Insertion and Maintenance Bundles Safety Cross used to report locally	26/5/11	General ward workstream		Implemented in 3 wards in the Community Hospital in GNF CHP Testing in Ward 11 VHK

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						No Infection rates collected
15.	Nosocomial Pneumonia	15.1 Ventilator Acquired Pneumonia Prevention Care Bundle in place for ventilated consider adopting elements of this for use in General Ward areas	26/5/11	General ward Critical care Workstreams		No action agreed on this
16	Prevention of aspiration pneumonia and escalation of care for patients with pneumonia **(<5% paper)**	16.1 Directorates asked to consider if aspiration is inevitable in the very frail, to consider proactive physiotherapy in vulnerable patients (PEG), use of alternative anaesthetic techniques in the vulnerable to prevent post operative aspiration.	19/1/11	Gordon Birnie / Clinical directors	March 2011	
17.	Vulnerable Patient Group Frail Elderly 75 + Long Length of Stay	17.1 Comprehensive Geriatric Assessment	26/5/11			In place on VHK site 5 days per week cover. 7 days per week cover at QMH. Not reaching 100% cover on all over 65's admitted at present. Aim to improve assessment rate when all admission on one site.
18.	**Assessment, diagnosis and management of sepsis**	**Implementation of best practice statement** **1. Convene group** **2. Agree action plan** **3. Implement** **4. Monitor**	**October 2011**	**Gordon Birnie**	**January 2012** **October 2012** **November 2012** **November 2012**	
19.	**Quality of handovers – surgery to medicine, psychiatry to medicine**	**Memo to all OD consultant staff** **Establishment of Geriatric liaison service to Stratheden Hospital.**	**September 2011** **October 2011**	**Gordon Birnie** **Stella Clark**	**September 2011** **Jan 2012**	Complete

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		Expansion of old age psychiatry liaison service at VHK as QMH wards transfer. **Reduce inappropriate transfer of patients from Stratheden to OD. SC to raise at the ambulance liaison meeting, RC to instruct staff in OD.**	**October 2011** **October 2011**	**Stella Clark** **Stella Clark and Robert Cargill**	**November 2011** **November 2011**	
20.	**Adequacy of middle grade medical cover – college recommendations for cover at ST3+**	**20.1 Review of medical cover.** **20.2 Enhancement of consultant presence on site 8am to 9.30 pm 24/7**	**October 2011**	**Robert Cargill**	**January 2012**	3 acute care physicians employed to cover acute care during normal working hours. Existing consultant job plans renewed to provide cover to 9pm
21.	**Frequency of consultant review during the week and weekends.**	**22.1 Review current practice**	**October 2011**	**Robert Cargill**	**January 2012**	

This action plan draws together various related streams of work which have similar or related recommendation – the source of the issue or the action is shown in bold and there maybe more specific analysis or data within the source document.