



Greater Glasgow and Clyde NHS Board

Board Meeting

February 2012

Board Paper No. 12/01

Board Medical Director
Head of Clinical Governance

Scottish Patient Safety Programme Update

Recommendation:

Members are asked to:
Review and comment on

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

NHS Greater Glasgow and Clyde Aim 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 (SPSP) will contribute to this aim.

Our SPSP aim is to achieve full implementation of the core programme in NHS GG&C 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 achieve implementation of Paediatric SPSP meeting the national medium term goals by March 2012.

We will also develop and fully describe SPSP style improvement programmes in Primary Care, Mental Health services and Obstetrics in 2011/2012.

1. New Developments

This Board update will focus on three new developments for SPSP.

Improved Data Management

The need to efficiently gather data on clinical process improvements within and across clinical teams has been a persistent challenge for the programme. The Acute Services

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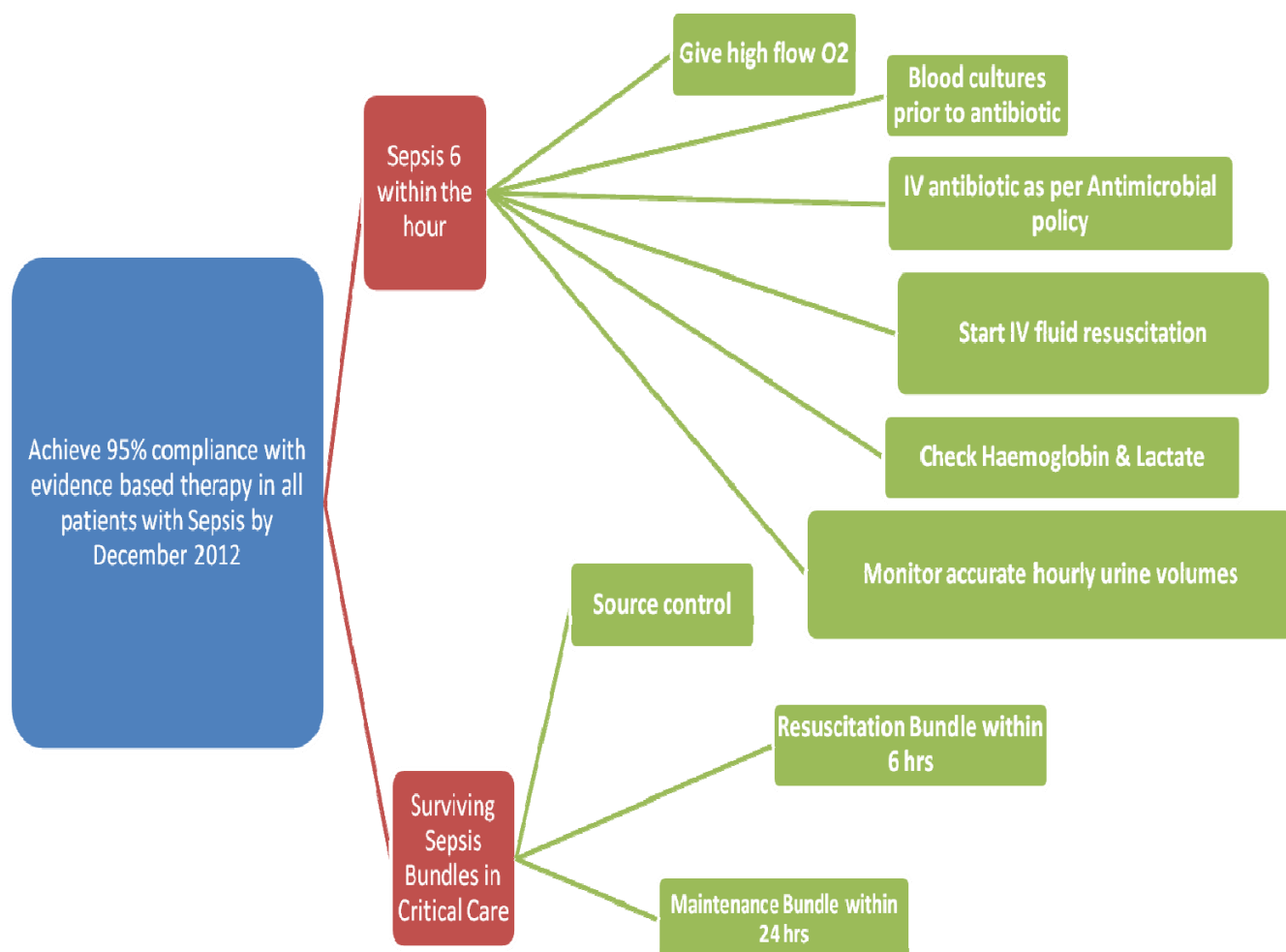
Division has recently engaged with Lanarkshire Health Board to secure use and further development of software that facilitates collection and aggregation of data. LanQIP (Local Area Network Quality Improvement Portal) has been developed to capture quality measures from the Leading Better Care Clinical Quality Indicators, Better Together Programme and The Scottish Patient Safety Programme. This new portal will replace the current Excel spreadsheet process used by teams for the input and storage of SPSP measurement data. The rapid roll out is now well underway. In the last few weeks LanQIPs has been implemented in six acute hospital sites, with the two remaining locations due to commence later in February. This means we are on track to have all bedholding areas trained to use the system by the 1st March. In the short term it is predicted that the implementation of this system may cause some variation in the rates of data submission from the programmes clinical teams. However this should be a very temporary shortfall more than compensated by the data management benefits.

Two New Programmes Themes

At the end of January the SPSP national team hosted an event to launch two new programme components - Venous Thromboembolism (VTE) and Sepsis improvement collaboratives. Given the very recent introduction the Acute Service Division is still to fully resolve detail on leadership, scope, support and coordination. In the meantime and number of local clinical leads, working with SPSP support, have already begun to test and develop ideas aiming to improve reliability of the linked clinical processes. In the meantime we offer some background information (further details can be accessed at <http://www.knowledge.scot.nhs.uk/sepsisvte.aspx>)

Sepsis – Sepsis can affect a person of any age and is a serious condition. It occurs when the body's normal reaction to inflammation or a bacterial infection goes into overdrive. The terms blood poisoning, septicaemia and septic shock are often used to refer to sepsis. The Scottish Trauma Audit Group recently concluded a study and offered the following description of the extent of the problem. Sepsis is the leading cause of death in ICU. Over 200,000 cases of sepsis occur every year in the UK. Severe sepsis can increase the chance of mortality up to 50%. The incidence of sepsis is rising.

At the event a driver diagram (see below) was presented, which outlines the reliability aims for the associated clinical process. The work is being “championed” nationally by Professor Kevin Rooney (ICU consultant at the Royal Alexandra Hospital, Paisley) and the session was attended by clinical leads from Greater Glasgow & Clyde. Discussion between the SPSP Programme Lead and Sepsis Programme Manager is now underway to begin detailed planning implementation of the work and identifying the resources needed for support.



Venous Thromboembolism – VTE is defined as Deep Vein Thrombosis with or without Pulmonary Embolism. Deep vein thrombosis (DVT) is a common disease, often asymptomatic, but presenting with clinical symptoms in about 1 per 1,000 people per year in the general population. The deep veins of the lower limbs are affected most commonly, but thrombosis may affect other sites. Complications include pulmonary thromboembolism (PE) and post-thrombotic syndrome (PTS). A number of studies continue to highlight the significant contribution of DVT/PE to morbidity and mortality. Despite the evidence in support of the efficacy of thromboprophylaxis for venous thromboembolism (VTE) in hospitalised patients there is incomplete implementation of recommendations. This applies particularly to patients with medical illnesses, but also to those admitted to surgical wards. Venous thromboembolism is likely to be an escalating public health problem due to the prominence of age as a risk factor and the increasing age of the population.

The improvement aim is 15% reduction in mortality through improved delivery of evidence based care in preventing of venous thromboembolism with a process target of 95% of adult admissions in pilot wards by Dec 2012 & 95% of all adult hospital admissions by Dec 2014.

VTE is already an improvement focus within NHS GG&C ASD, which links the SPSP Peri operative work stream with the work of the NHS GG&C Thrombosis Committee. This new programme will be integrated into the existing scheme of activities. A driver diagram and package of measures was presented at the event as follows.

JOINT COLLABORATIVE – VENOUS THROMBOEMBOLISM DRIVER DIAGRAM

