Developing a Paediatric Component of the Scottish Patient Safety Programme

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6 Dimensions of Quality

- Safe
- Timely
- Patient Centred
- Effective
- Efficient
- Equitable

Adverse Events in Hospital

- 3.7% Harvard 1991
- 16.6% Australia 1995
- 10.8% London 2001

50% PREVENTABLE

3 million bed days in UK

£1 billion per annum in UK

NHS SCOTLAND

SCOTTISH PATIENT SAFETY ALLIANCE

Making acute care safer in NHS Scotland

EVERY PATIENT EVERY TIME

SCOTTISH PATIENT SAFETY PROGRAMME

Scottish Patient Safety Alliance- Key Partners

- Scottish Government
- NHS Scotland
- QIS
- Royal Colleges and Professional bodies
- World leading experts on patient safety
- Patients
- NHS Education
- HPS

Scottish Patient Safety Alliance

- Scotland developing a whole healthcare system approach
- A strategic priority for NHS Scotland
- An explicit and tested approach to improving patient safety
- Building on foundations laid through audit, clinical effectiveness and clinical governance
- Alignment with wider NHS QIS Patient Safety work

Building on experience

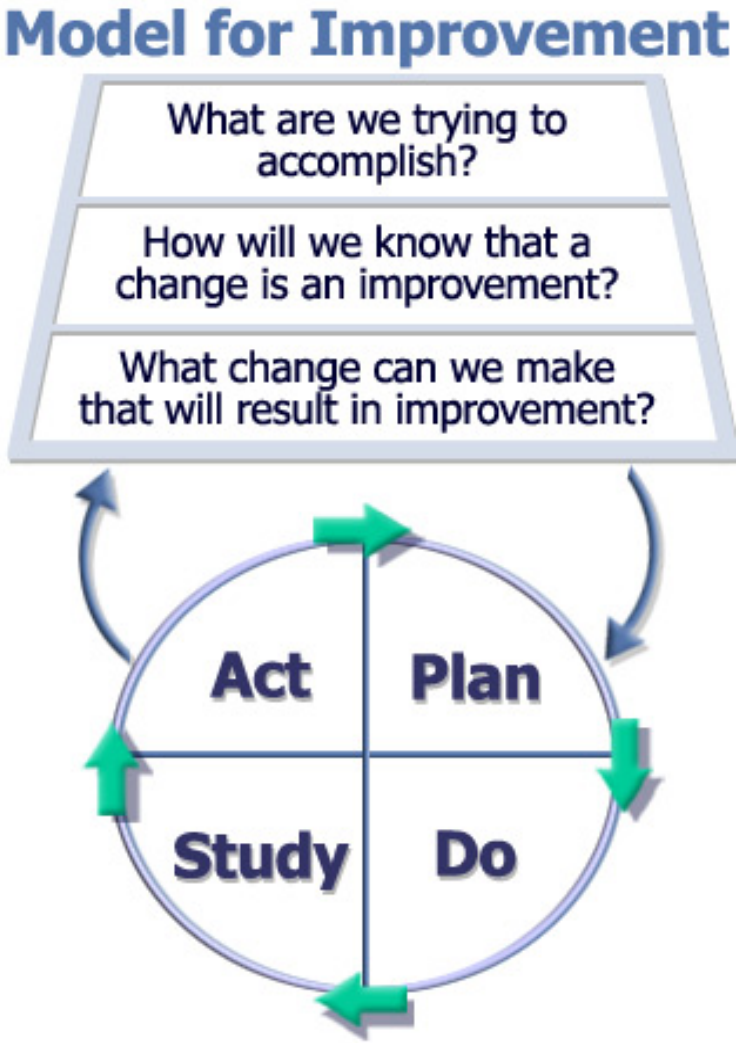
- Tried and tested interventions
- Improve safety and reliability of Boards and a safety focused culture
- Capacity and capability for improvement methodology
- Spread and sustainability

Outcome Aims

- 15% reduction in mortality
- 30% reduction in adverse events
- Reduce healthcare associated infections
- Reduce adverse surgical incidents
- Reduce adverse drug events
- Improve critical care outcomes
- Improve the organisational and leadership culture on safety
- Data for improvement

Associated benefits

- Reductions in length of stay
- Reduction in complaints
- Cost benefits
- Care is given in the right place at the right time and in the right way
- Increased improvement capability amongst staff



The Improvement Guide, API

Scottish Patient Safety Programme

- Care Bundles
- Global Trigger Tool

Care Bundles	Change Package Element
Critical Care	**Establish infrastructure** **•Daily goal sheets *** **•Daily multi-disciplinary rounds *** **Infection Prevention** **•Ventilator bundle * with adaption** **•Central line bundle *** **•General infection prevention practices *** **•Glucose control (ITU then to HDU)**
General Ward	**Risk Identification and Response** **•Rapid response (Outreach) teams *** **•Early warning system * Children's one** **Infection Prevention –MRSA * with adaption** **Reliable care for Congestive heart failure** **Communication and Teamwork** **•Safety briefings *** **•Communication tools (e.g. SBAR) *** **•Prevention pressure ulcers**
Leadership	**Infrastructure to support safety *** **Walkrounds *** **Safety a strategic priority ***
Medicines Management	**Reconciliation *** **Anticoagulation , Insulin,** **Conduct an FMEA on a high risk medication process**
Perioperative	**DVT Prophylaxis** **Continuity of Beta blockers** **SSI bundle *** **Team culture – briefings ***

Other suitable care bundles

- Peripheral vascular catheter
- Establish daily goals
- Prophylactic antibiotics
- Patient temperature during operation

Developing a Global Trigger Tool for Children

GTT - Background

- Under reporting of adverse events by conventional methods
- Triggers first described in 1970’s
- Refined in 2000’s to develop a “global trigger tool”
- Quantifies harm not error
- Tool for improvement

Definitions

- Harm
  - “unintended physical injury resulting from or contributed to by medical care that requires additional monitoring, treatment or hospitalisation or that results in death”
- Adverse event severity

Rules and Methods

- Small random sample of discharged patients with >24hour stay (20 per month)
- Review team
  - 2 reviewers
  - 1 medic
- Maximum 20minutes per case note
- Record triggers and assess harm
- Plot on control chart

The “UK” Paediatric Global Trigger Tool

- Developed from adult tool
- NHS Institute of Innovation and Improvement/GOSH
- English paediatric centres
- Scotland recently invited

PAEDIATRIC GTT SMALL TEST OF CHANGE (cycle 3 & 4) February 2009 Name of Trust:

Paediatric Global Trigger Tool (UK version)

Trigger		Trigger Present ✓	AE 1=yes 0= no	Brief description with severity rating if AE (E-I)
	General care module			
PG 1	Early warning score or baseline observations missing or incomplete OR score/observation requiring response			
PG 2	Pressure sore or tissue damage			
PG 3	Readmission to hospital within 30 days			
PG 4	Unplanned admission			
PG 5	Cranial Imaging			
PG 6	Respiratory/Cardiac arrest/crash call			
PG 7	Diagnostic imaging for embolus/thrombus +/- confirmation			
PG 8	Complication of procedure or treatment			
PG 9	Transfer to higher level of care (inc admission to specialist unit, ICU/HDU)			
PG10	Hypoxia O_2 sat <85%			
PG 11	Cancelled elective procedure/delayed discharge			
	Surgical care module			
PS 1	Return to theatre			
PS 2	Change in planned procedure			
PS 3	Surgical site infection			
PS 4	Removal/Injury or repair of organ			
	Intensive care module			
IP 1	Readmission to ICU or HDU			

HIGEST SCORING ADVERSE EVENT – Tick One only		
Category E:	**Contributed to or resulted in temporary harm to the patient & required intervention**	
Category F:	**Contributed to or resulted in temporary harm to patients& required initial or prolonged hospitalisation**	
Category G:	**Contributed to or resulted in permanent patient harm**	
Category H:	**required intervention to sustain life**	
Category I:	**Contributed to the patient's death**	

* Some Adverse Events will be picked up by more than one trigger – don't record same Adverse Event twice (even if it appears on form more than once)

SUMMARY			
Patient identifier		No of triggers	

Adverse Event (AE) = measure of harm

Trigger		Trigger Present ✓	AE 1=yes 0= no	Brief description with severity rating if AE (E-I)
	Medication module			
PM 1	Vitamin K given (except for routine neonatal dose)			
PM 2	Naloxone given			
PM 3	Flumazenil given			
PM 4	Glucagon or glucose ≥ 10% given			
PM 5	Chlorphenamine given			
PM 6	Anti-emetic given			
PM 7	IV Bolus ≥ 10ml/kg colloid or crystalloid given			
PM 8	Abrupt medication stop			
	Lab test module			
	Haematology			
PL15	Thrombocytopenia (<100)			
PL1	High INR (>5) or aPTT >100 sec			
PL 2	Transfusion			
PL 3	Abrupt drop in Hb or Hct (>25%)			
	Biochemistry			
PL 4	Rising urea or creatinine (>2x baseline)			
PL 5	Na^+ <130 or >150			
PL 6	K^+ <3.0 or >6.0			
PL 7	Hypoglycaemia (<3mmol/l)			
PL 8	Hyperglycaemia (>12mmol/l)			
PL 9	Drug level out of range			
	Microbiology			
PL 10	MRSA bacteraemia			
PL 11	C. difficile			
PL 12	Vanc resistant enterococcus			
PL 13	Nosocomial pneumonia			
PL 14	Positive blood culture			
PO 1	Other (specify)			

SUMMARY			
Date of admission		Reviewers ID	

“UK” Discussion – February 2009

- Representative from NHS Lothian and NHS GG&C
- Issues with:
    - Randomisation
    - Definitions
    - Limits
    - Additional triggers
    - Microbiology
- Await edited/final GTT and definitions
- Further data collection

Next Steps (England)

- Further data collection
- Web portal for data entry and analysis
- Investigate neonatal trigger tool
- National and local launch