QUALITY IMPROVEMENT STRATEGY

Context

To attract patients to Wrightington, Wigan and Leigh NHS Trust the services, treatment and care that is offered to our patients must not purely meet National requirements of being provided within agreed timescales and financially being at, and preferably below the National tariff; the treatment and care that is provided must be patient centred, recognised as being a quality service that ensures consistent delivery of evidence based standards and most importantly is viewed as being safe.

Almost exactly one year ago the Trust Board made a commitment to put Quality on a par with Finance and Performance as such it forms the central theme for the IBP. They also challenged us to reduce total hospital SMR from 114 to 100. We decided to attempt to achieve this by introducing "Care Bundles" based on the Institute for Healthcare Improvement (IHI). Preventing Harm to 5 Million Patients programme. Progress has been slower than we would have liked. The only care bundle we are monitoring compliance with is for Ventilator Acquired Pneumonia on ICU. All the other toolkits have been distributed and partially implemented but we have lacked the resource to collect data and monitor compliance.

We have had considerable success in reducing the incidence of MRSA bacteraemia and Clostridium difficile infection. This was achieved by a high profile campaign lead by the CEO

The Quality team now has a new manager, Richard Sachs. A number of senior clinicians and members of the executive have attended a variety of quality events hosted by the NHS Institute of Innovation and Improvement and the IHI.

Quality Strategy January 2008

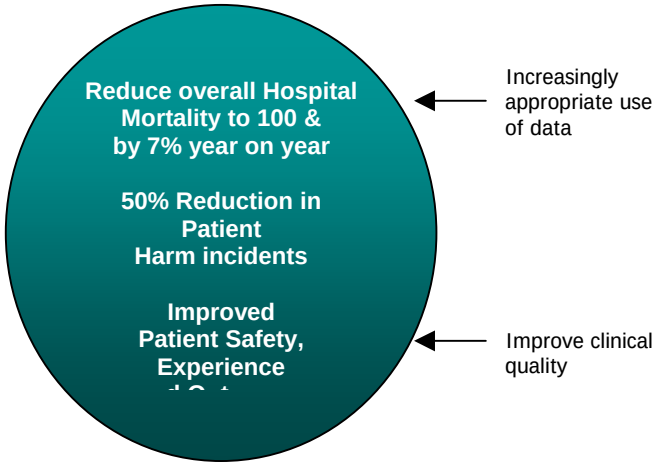
The Trust has reviewed its objectives and re-emphasised it's commitment to the Quality & Safety Agenda. Within this are described two strategic objectives:

Strategic Aims

1. Reduce SMR across all specialities to a maximum of 100 by 31st March 2009 and 7% PA thereafter.

2. Reduce instances of harm as measured by the Global Trigger Tool by 50 % by 31st March 2009 .

These are illustrated with the associated projects and anticipated outcomes in the driver diagram below:



Early Warning Systems and outreach teams
High Impact Intervention programmes
-How to Guides (Surgical Care; Ventilator bundle, pressure ulcers, Infection control)
Safe Handover and 'Hand offs'
Engaging Clinicians

Mortality Reviews & lowering SMR particularly MI # NoF
Readmission Rates
Adverse Events Rates/global trigger tool
MRSA, Clostridium Difficile and surgical site infection rates
Pressure Ulcer incidence
CVP line infections
VAP
Drug incidents

To achieve the above, the following projects will be undertaken.

Use of Global Trigger Tool

The Global Trigger Tool will be implemented from 1st March 2008. A team has been identified incorporating nursing and pharmacist input with the supervision being provided by the Divisional Chairs of Medicine , Surgery and Clinical Support. Common patterns of error/harm will be identified and become the subject of further specific projects once themed analysis has been undertaken.

The number of errors identified will be recorded on a run chart, which will be converted to a Statistical Process Control chart when sufficient data has been gathered. Results to be reported to the Trust Board monthly.

Keith Griffiths will sponsor this project at executive level.

IHI Care bundles/initiatives

A number of the IHI Care Bundles are now part of the new Advancing Quality Initiative being rolled out by the SHA. (see appendix 3) We will therefore concentrate on collecting data to measure compliance with the pathways for Myocardial Infarction, Heart failure, Community Acquired Pneumonia , and elective hip and knee replacement. We will however also continue to monitor progress with the other projects included in the table below.

Project	Clinical Champions	Executive sponsor	Project Lead	Timeframe
Advancing Quality	Divisional Chairs	C Chandler	Patient safety lead (to be appointed)	Starts May 2008
Global Trigger Tool	Divisional Chairs	K Griffiths	Patient Safety Lead	Commenced
SMR Reduction	Divisional Chairs / Clinical Directors	A Foster	C Chandler	Ongoing
Ventilator Bundle – 100% compliance	R Saad		J Barrett	Ongoing
Reduction in HCAI	R Nelson/Divisional Chairs	G Harris	L.Barkess-Jones	Ongoing
Reduction in surgical site infections		G Harris	Angela Kelly	Oct 2008
Zero central line infections – 100% compliance to central line bundle		G Harris		Oct 2008
Board Safety Walkabouts	Executive team	A Foster		Ongoing
Minimise surgical complications		C Chandler		Oct 2008
Compliance with MEWS scoring	R Saad	G Harris		Ongoing. Ward to Board
Pressure sore Audit		G Harris		Ongoing .Ward to Board
High Alert Medications	K Pendry	C Chandler	C Sharrock	Ongoing
Introduction of safe handovers –	P Bliss/P Harris	G Harris		Ongoing

SBAR				
Reduction in medication errors	K Pendry	C Chandler	C Sharrock	

Analysis of Deaths

The Hospital Standardised Mortality Ratio has increased during the year rather than fallen as planned. This has lead to greater emphasis being focussed on this aspect of our quality agenda. With the establishment of a Mortality Task Force lead by the CEO. a launch event for all senior clinicians is taking place on May 9th. The largest number of deaths are among emergency medical admissions. Experience gained elsewhere shows that improving observations (see Appendix 1) increasing the availability of Critical Care Outreach and ensuring that patients are cared for on the right specialty wards all contribute to reducing mortality rates.

The number of deaths are now being monitored on a weekly basis (approx 30 per week). The consultant under whose care the patient is registered at discharge is being asked to create a discharge letter (copy to the Task Force) any unexpected deaths will be analysed using the Global Trigger Tool. Emerging themes will be identified and may form the basis of further initiatives.

We will also take the opportunity to question whether the place of death was appropriate and whether those patients whose death was expected were being managed on the "End of Life Pathway".

Fractured neck of femur pathway monitoring

It is recognised that the death rate among patients admitted with a fracture neck of femur is higher than expected (SMR= 124). A working party of Orthopaedic Surgeons, Anaesthetists and Geriatricians has been established. Two new Geriatricians have been appointed, one with a special interest in Orthogeriatrics. All deaths (average 1 per week) are now reported monthly and are reviewed at the Musculo Skeletal Division audit meeting. If any deviations from the care pathway / delays are identified these are reported as clinical incidents

Advancing Quality Update

Advancing Quality (AQ) aims to reduce mortality, re-admission rates, complications in procedures and the time patients spend in hospital. Safety, quality and efficiency are paramount. It also has the potential to significantly reduce costs, allowing health economies to reinvest their savings in improving facilities and care. Based on an extrapolation of the reported benefits in the USA, a successful AQ programme is anticipated to deliver the following approximate annual benefits for patients, and organisations, in the North West region:

- Reduction of avoidable deaths by 141
- 159 complications avoided
- 248 readmissions avoided
- 20,811 hospital days avoided

Initially, five clinical areas have been selected for the programme, which are high volume/value and are relevant to a large part of the local population:

(i) Acute Myocardial Infarction
(ii) Coronary Artery Bypass Grafts
(iii) Community Acquired Pneumonia
(iv) Heart Failure
(v) Hip & Knee Surgery

The skills and experience that are considered necessary to deliver the desired outcomes include:-

- Methodologies and tools to enable disciplined adherence to best practice pathways;
- The ability to encourage and assure standardisation and consistency of clinical values designed to align the interests of all of the key players around the interests of patients;
- Demonstrate through practical experience that the pursuit of quality can save money.

The aim is for Wrightington, Wigan and Leigh NHS Trust to be participating in the Advancing Quality programme by the summer of 2008.

Funding

The monies set aside for the programme by the SHA are .01% of PCTs budget funded from growth in 2007/08. The first incentive reward payments will be made to organisations in October 2009. Details of the reward mechanism are in the process of being finalised, however it is important to note that this is an incentive scheme, and there are no plans to penalise providers.

Future actions

- Senior introductory meeting to establish data set – May 12th 2008
- Portal training – May 2008
- Establish the mechanisms, processes and systems to retrieve, validate and report on the data
- Formulation of communication programme and identification of clinical champions
- Development of EPR to support quality metric

Dash Board

A "Dash Board" of results will be designed and published on the screensaver of all Trust PCs. The following may be included:

- Intranet posted clocks such as the one now in existence for MRSA bacteraemia and expanded to incorporate such measures as time since last VAP

- Ward to Board Report (See Appendix 1)
- Trust Board Key indicators which could incorporate:

  - Number of C. Diff cases in previous month with trend over previous 6 months
  - Number of deaths in patients with fractured neck of femur in last month with trend
  - Number of deaths from acute MI in last month with trend

Project Lead: Tony Rich supported by the Quality Analyst
Exec sponsor: Andrew Foster

Quality Improvement Leads

A team to support the Trust's commitment is to be established within the Nurse Director's Directorate. This will provide facilitation and project support to the initiatives and work closely with the Nurse Director/Medical Director to monitor improvements.

Patient Involvement

A patient (probably a member or governor) will be invited to sit on the Quality Board.

Governance Structure

A governance framework has been established by the Quality Board (replacing the Clinical Governance and Standards Committee). This Board will report directly to the Governance and Risk Committee, from where it will report to the Trust Board (see Appendix 3).

The monitoring will be overseen in a number of strands via the Quality Board with input from the Quality & Safety Team. At a more local level the SIT teams will oversee progress. The attached (see Appendix 2) identifies the work streams and tools required for successful implementation.

Gill Harris
Director of Nursing & Patient Services
28th April 2008

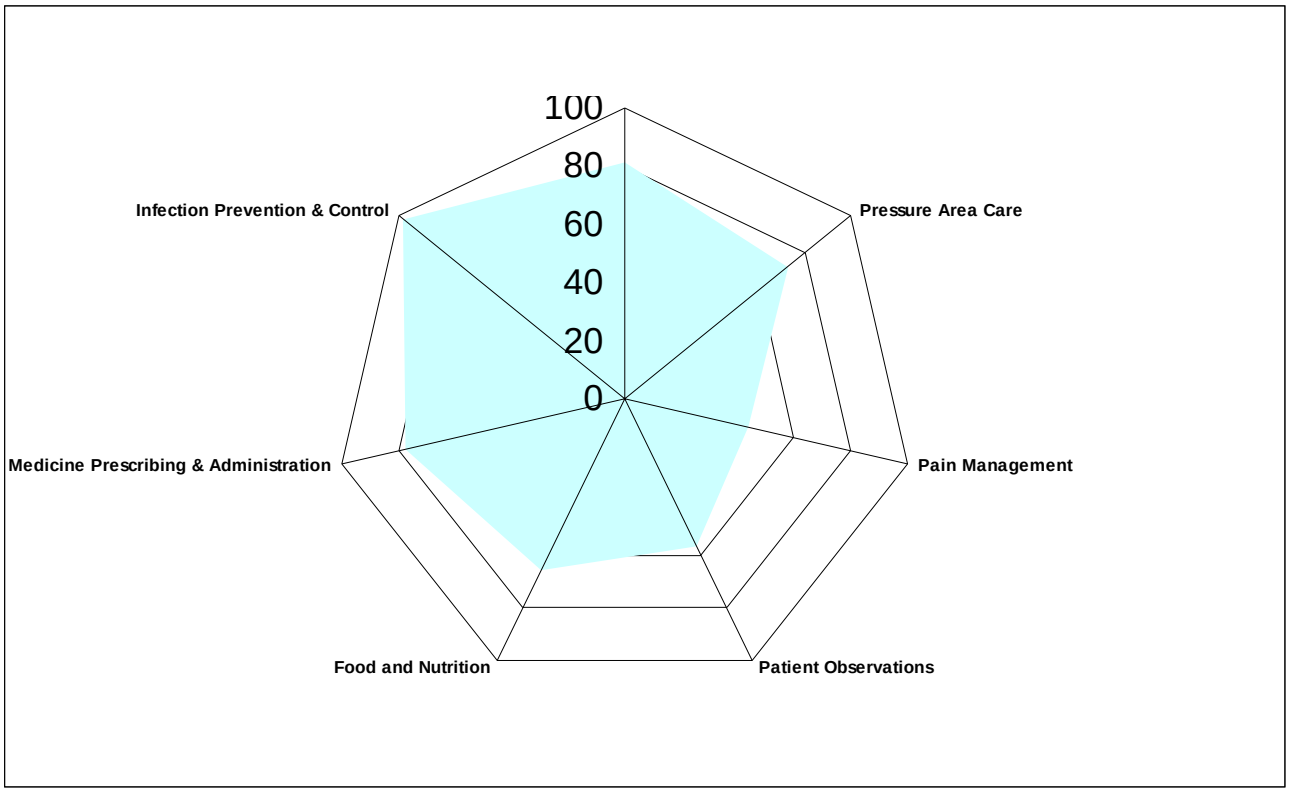
Chris Chandler
Medical Director

Appendix 1

Examples of Board to Ward reports

Quality Results for Medical Ward 29.04.08

Care Indicator	Compliance %
Falls Assessment	81.48
Pressure Area Care	72.13
Pain Management	43.37
Patient Observations	56.16
Food and Nutrition	65.22
Medicine Prescribing & Administration	77.27
Infection Prevention & Control	98.15



Appendix 2

GOVERNANCE & RISK COMMITTEE

QUALITY BOARD

Leadership & Culture

System & Process
- Address strategic priorities, culture and infrastructure for patient safety
- Engage key stakeholders
- Communicate & build awareness
- Establish, oversee & communicate system & aims
- Track, measure & improve systems over time
- Support staff & patients/families impacted by medical errors
- Align systems & incentives
- Redesign reliability
- Best in class

Tools
- Patient safety climate survey
- Review of Governance/Board agendas – where does patient/staff safety sit?
- Risk Management Strategy – "just blame culture"
- New post – patient quality safety
- Review of matron role and introduction of quality safety matrons in Divisions
- Getting the "Board on Board"
- Patient safety leadership walk rounds
- Patient involvement
- Engaging medical staff
- SBAR communication tool
- Patient safety briefings
- Root cause analysis
- Risk assessment (FMEA)
- Incident reporting
- Improvement & reliability models

Monitoring

System & Process
- Dr Foster
- Readmission within 28 days of discharge
- Adverse events
- Adverse incident reporting systems
- High impact interventions and "How to Guides...(surgical site infection ventilator acquired Pneumonia etc)
- Recognising the patient at risk of deterioration outside of high care areas
- Pressure ulcer > Grade 2
- Ward to Board reports

Tools
- Dr Foster
- CHKS data
- Saving Lives audit
- Datix – web based incident reporting system
- Monthly pressure ulcer report

Quality Initiatives

System & Process
- Implement "how to" guides
- Patient safety leadership walk rounds
- Governance leadership
- Boards on board
- Global trigger tool
- Align strategy, project measures and outcome
- Team working
- Engage all clinicians
- Improvement capability and capacity in Patient Safety Team

Tools
- Rapid response teams – MEWS, Outreach
- Simulation/drills
- Patient safety leadership walk rounds
- IT infrastructure
- "Hand offs"/safe handovers
- Electronic prescribing
- Electronic patient record
- Innovations in planned care, evidence base practice
- Optimising patient flow
- Move the Dot (hospital mortality rate)
- Multidisciplinary teamwork

Capability

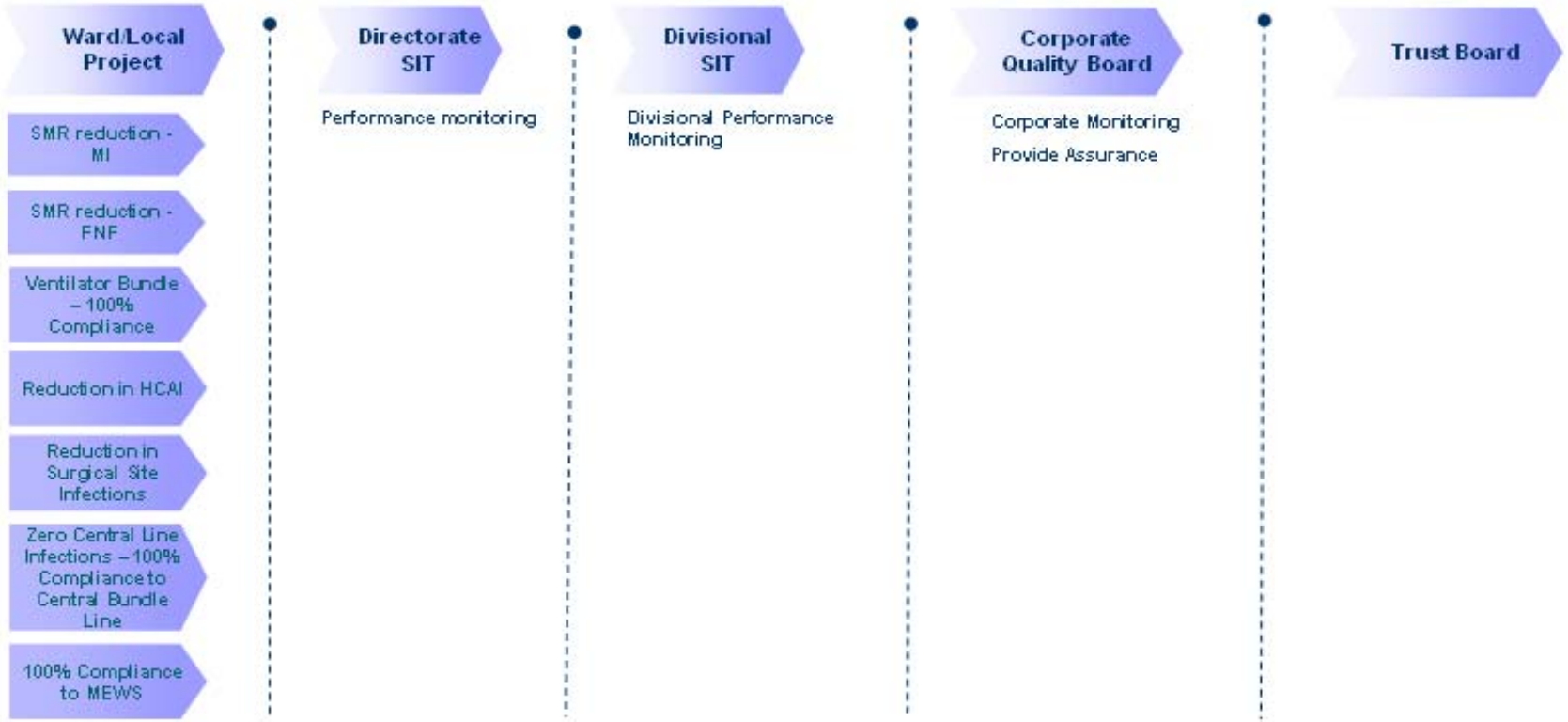
System & Process
- Development leaders in improvement methodologies
- Right first time
- Culture of incident & near miss reporting & risk assessing
- Documentation
- Teamwork and engage all staff
- Leadership & management development
- Incentives
- Performance indicators
- Individual outcome improvement objectives

Tools
- Improvement methodology/PDSA training
- NHSLA accreditation
- Team working tool
- Interqual
- Development of incentives
- Performance indicators/balanced scorecard
- Patient safety climate survey

NHS Wrightington, Wigan and Leigh NHS Trust

Appendix 3

GOVERNANCE STRUCTURE



NHS Wrightington, Wigan and Leigh NHS Trust

Appendix 3

GOVERNANCE STRUCTURE (Cont)