

Patient Safety First Campaign: update for Trust Board September 2009

Early in 2009 the Trust Board agreed to take an active part in the Patient Safety First Campaign. This involved: -

- Making a public statement by the Chief Executive that the Trust Board puts patient safety first
- Initiating patient safety leadership walkrounds by executive team members
- Using the Institute for Health Improvement's Global Trigger Tool to audit a sample of the medical records of inpatients on a regular basis
- Taking on at least one other strand of the Patient Safety First Campaign's work programme

Progress to date:

- 1) The Chief Executive made a public statement of the trust's commitment to patient safety in the Trust Board open meeting and in an article in the Link. The Clinical Risk Committee was redesignated the Patient Safety Committee and the terms of reference were amended
- 2) Patient safety walkrounds were organised to start in June, and have done so. A mechanism to feed input from these walkrounds to the Executive Team meeting was set up. However although 11 walkrounds have been scheduled to date, only 2 have taken place. Others were cancelled due to competing pressures. A system of feedback from the walkrounds to the Executive Team meetings is planned, but execution has been deferred owing to the additional work required for pandemic flu planning. The two walkrounds that did take place were welcomed by the staff on the wards concerned, and identified specific areas for further work to improve safety on the wards concerned
- 3) The Global Trigger Tool was used for initial audit of 50 consecutive patient deaths undertaken by the Director of Nursing, the Medical Director and the Director of Planning and Performance. This identified 3 instances in which feedback was given to the relevant clinical teams, and confirmed that the areas of concern identified by the Global Trigger Tool are an issue at the Whittington Hospital.

The Global Trigger Tool was then used by the Director of Audit and Effectiveness and by Dr Bielawski and Dr Mitchell to audit 20 patient deaths in care of the elderly medicine. One instance was found in which clear lessons could be learned to improve patient care, and feedback was given to the team concerned.

- 4) a) The Surgical Safety checklist, recommended by the WHO has been successfully introduced at the Whittington by Dr Ahmed Chekairi and Jennifer Johnson and is now in regular use in theatres along with pre-operative team briefings. The checklist is being amended to more closely reflect the perceived risks. Since its introduction there have been no instances of wrong site surgery in the trust.

- b) Introduction of a new drug chart on the care of the elderly wards (due for wider roll out shortly) has reduced risks associated with prescribing. In addition updated local guidance for managing in-patient anticoagulation have been published. A new initiative "Think Glucose" is starting, designed to improve management of blood sugar control in diabetic in-patients
- c) Continuous monitoring of ventilator acquired pneumonias and central line infections started in ITU in July 2009. Since this monitoring started no new infections of either type have occurred
- d) NPSA "never events" have been included on the trust quality dashboard, and none have occurred in the few months since this started.

Further work will be dependent on identifying the resources needed to move the programme forward. In particular specific time is required from executives (one hour per month each) to contribute to the patient safety walkrounds, and from a patient safety manager to ensure that the Global Trigger Tool audits are carried out systematically and that actions identified are taken forward. In the recent past the work on pandemic swine flu and on the introduction of the new risk management software have necessarily distracted some staff from other patient safety issues.

It is proposed that the post of Director of Audit and Effectiveness is reviewed with a view to converting it to a Director of Patient Safety. It is proposed that consideration is given to designating a post as a Clinical Patient Safety Manager to support this important initiative.

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