Whittington Health NHS

Effective Care Work Stream
(Six monthly update)
April – September 2011

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1.0 The Effective Care Committee 2011

1.1 Constitution

The Effective Care Work Stream committee reports to the Quality Committee providing assurance to them on all matters relating to the trust's clinical audit and effectiveness agenda.

The following sub-committees report to the Effective Care Committee:

- Clinical Audit and Effectiveness Committee
- Clinical Guidelines Committee
- AHP and Nursing Forum

1.2 Purpose

- To agree, steer and oversee the effective care work stream agenda
- To ensure that the effective care sub-committees have up to date, relevant terms of reference which are followed
- To ensure that the Quality Committee is provided with regular effective care report as per the annual planner, plus any exception reports

1.3 Meetings 2011

The Effective Care Committee officially convened in late May 2011. It comprises a core membership of the Director of Audit and Effectiveness, Assistant Director of Nursing for Clinical Governance, replaced in November 2011 by the Assistant Director of Research, Innovation and Quality, and the Clinical Governance Manager.

Other staff from within and outside the organisation will be co-opted to attend the meeting to provide information or reports as necessary.

It should be noted that due to organisational, directorate and line management restructuring, the Effective Care Committee did not meet in September and October 2011. There have been 3 meetings of this group to date.

2.0 Sub-committee: Clinical Audit and Effectiveness (CAEC)

The Clinical Audit and Effectiveness Committee meets bi-monthly and will report into the Effective Care Committee. The current terms of reference are available on request to the Clinical Governance Manager. It's primary function is to develop and maintain effective structures and processes to promote, co-ordinate and disseminate clinical audit activity throughout the trust.

(**Appendix 1)** provides a six monthly update summary by speciality from Q1 and Q2 of the clinical governance year.

For note: this update refers to clinical audit within the hospital setting.. A meeting with the Assistant Director of Governance has been convened in early December to discuss the inclusion of community audit activity and to agree a more effective and robust communication and engagement strategy with community members.

2.1 Membership and work of the CAEC

The Clinical Audit and Effectiveness Committee provides an ideal forum for information sharing and progress monitoring in relation to local and national audit and NCEPOD studies.

Membership comprises all clinical audit leads, a senior nursing representative and Clinical Governance Department representatives. Chaired by the Director of Audit and Effectiveness, additional membership subsequent to April 2011 includes the Clinical Governance Manager for community services.

In the past six months, the committee has had three meetings which have seen clinical audit lead presentations pertaining to audit activity contained in Appendix 1, the routine provision of feedback to members from other relevant committees including the Clinical Quality Assurance and Governance Board and membership approval of the new Clinical Audit Policy 2011.

Action plans from completed national audit and NCEPOD study reports will also come through the CAEC in the first instance however this has not been necessary thus far as projects are either ongoing or work on action plans underway. An NCEPOD study update for the first six months of the clinical governance year is shown below.

2.2 NCEPOD six monthly study update

Since its inception NCEPOD has moved from reviewing the care of surgical patients and now covers all specialties. This is reflected in the wide range of studies currently ongoing. NCEPOD also look at near misses rather than just death and have increased the number of reports published each year.

NCEPOD is currently undertaking two studies, both of relevance to the Whittington:

- **Cardiac arrest procedures**
- **Bariatric surgery**

We have achieved 100 percent of relevant case submission and are fully up to date with all requirements.

A new study on Alcohol Related Liver Disease (ARLD) is planned for November/ December 2011. An expert group has met to determine the themes of the study and are now designing the study protocol and questionnaires.

Recent reports published:

- **Paediatric surgery (November 2011)**

New report. Awaiting a paediatric and surgical representative to review report recommendations. Relevant Divisional Directors to nominate.

- **Emergency and elective surgery in the elderly (late 2010)**

Compliance against recommendations assessed by multidisciplinary team. Dr Rosaire Gray leading on the action plan.

3.0 Sub-committee Clinical Guidelines Committee (CGC)

The Clinical Guidelines committee meet monthly on the last Wednesday of the month and will report into the Effective Care Committee. The current terms of reference are available on request to the Clinical Governance Manager. The primary function of the CGC is to ensure that Whittington Health delivers safe, high quality patient care, by ensuring that clinical staff follow up to date, clinical guidelines based on evidence or known best practice.

Appendix 2 provides a list of all guidelines approved by the CGC in Q1 and Q2.

Appendix 3 provides a list of NICE publications for Q1 and Q2 and percentage relevance to Whittington Health.

3.1 Membership and work of the CGC

Chaired by the Director of Audit and Effectiveness, membership of this group comprises senior consultant representation from surgery, medicine, anaesthetics and the emergency department, a senior nurse representing paediatrics, a senior pharmacist, clinical librarian and the Clinical Governance manager.

The committee will ratify all new and significantly updated clinical guidelines, support clinical teams in the development and implementation of clinical

guidelines where appropriate, identify areas of need where guidelines do not currently exist, and commission appropriate clinicians to develop them. The group will also receive relevant guideline responses from the National Institute for Clinical Excellence (NICE) and advise on action if any implementation barriers are noted. The current arrangement is that the Clinical Governance Manager for Community Services will feedback to the group on any relevant public health guidance.

In September 2011, the usual committee ratifying agenda was suspended to enable the committee to review the overall guideline management process and to also receive a presentation from IM&T on the forthcoming intranet document management system.

4.0 Sub-committee: Nursing and AHP Forum

This group is currently evolving in line with the new ICO and management/ committee structures. Veronica Shaw, Assistant Director of Nursing for Clinical Governance gave the Effective Care Committee a brief update of the potential workings of this group in June and circulated the original terms of reference.

Subsequently however, within the context of the ICO and the requirement for the delivery of high quality patient centred care, across a diverse range of services; the future of The Forum has been explored in consultation with the membership, led by Senga Steel and Claire Topping.

An embryonic agenda will be suggested and a date for the first meeting proposed (December 2011).

Once the forum is fully established, it will feed into the Effective Care Committee and this will be reflected in subsequent reports.

Appendix 1

Six-monthly clinical audit update by speciality
(April – Sept 2011)

The clinical audit programme is driven by national audits, with processes in place for initiating additional audits as a result of identification of local risks and incidents. During the first six months of the clinical governance year, national audit has continued as a priority for all specialities. Additionally, the organisation has excelled in the number and quality of local audit undertaken within the hospital setting.

Anaesthetics (Clinical audit lead: Dr Gnanie Panch)

In the Anaesthetic department all consultants take a proactive role in organising the content and structure of audits. Three meetings were held during the first six months of the clinical governance year and further aspects of care were presented at departmental meetings. A theatre utilization and causes for delays and under utilization was audited over 4 weeks to identify areas of practice that could be improved. This led to improvements in trauma lists whereby an anaesthetist attends the orthopaedic surgical trauma meetings to find out the order of the list and prepare for an early start at 08.30 hours promptly. The start times have improved and the next cycle is planned to evaluate the improvements.
An audit of obstetric service was conducted to measure compliance with the CNST requirements for epidural analgesia provision, category 1 caesarean sections and adherence to protocols. The epidural service provision was found to be 85% within 30 minutes of request and compliance with category 1 caesarean reaching national targets.
Intensive care unit activities; Infection risk, transfers, delay at discharge from ICU to wards has also been audited. The transfer of patients to wards when patients were ready for discharge to wards remains a problem due to bed shortages. The infection risks, compliance with protocols for CVP line insertion, ventilator associated infection risks have been better than the incidence observed at a previous audit by 15%.

Critical Care (Clinical audit lead: Sister Mai Sturgess)

Nursing and medical staff take an active role in deciding programme content with the supervision of the consultants and senior nursing staff. Completed audits and reports are sent to the Clinical Governance department regularly. Completed audits thus far include; sedation in ITU, critical care enteral

feeding bundle and a review of microbiology investigations and treatment in ITU.
Furthermore. an audit on the enteral feeding bundle shows that on the whole, guidelines are being adhered to. Recommendations for improvement include the inclusion of tick box in the nursing documentation that confirm staff have checked for coiling under NG risk assessment. Ongoing education is also required to ensure that staff continue to adhere to all aspects of guidelines.
Other ongoing audits in the Critical Care Department are: Admission reason for patients with tracheostomy and Suctioning mechanically ventilated patients via endotracheal tube or tracheostomy

Emergency Department (Clinical audit lead: Dr D Carmichael)

The Emergency Department has a structured programme of audit activity, which has been designed to reflect national / college / trust requirements and local concerns. All junior doctors are required to take part in the audit programme. In all cases practice points are disseminated to all ED staff and national and regional audits are being repeated to evaluate change in practice. National audit is a integral part of the ED audit programme. Two national audits have already been completed: loss of consciousness in children is one example. Concurrently 3 CEM audits are ongoing as is the regional audit for the trauma audit research network (TARN).

Imaging (Audit lead: Dr Diane Murray)

Several of the registered audits from the 2011-2012 audit programme have already been completed with four additional audits being added to the programme. Completed audits include:
An audit of the use of the new imaging "hot seat" which showed a good or excellent rating of 77% although highlighted some logistical and timing issues, which have since been addressed.
A re-audit of the quality of gynaecology ultrasound reports to GPs following introduction of new reporting protocols. This showed a significant improvement in quality, with 93% of reports giving a clear conclusion and 85% giving guidance on further management where appropriate. This was discussed and fed back to reporters to ensure maintained improvement.
A Royal College of Radiology (RCR) audit of CT colonography compared with colonoscopy findings showed CT colonography had sensitivity of 91% and specificity of 100% for significant lesions (>1cm) which exceeded the college standard.
A national RCR audit was published benchmarking departmental performance for liver biopsy outcomes. This demonstrated local high compliance with consent procedures and post procedural documentation and low complication rate.

Medicine (Audit lead: Dr Michela Rossi)

The Department of Medicine has a structured programme of clinical audit with projects grouped under the subheadings of; Acute Medicine, Cardiology, Chest Medicine, COOP, Diabetes/Endocrinology, Gastroenterology and Rheumatology. The department continues to be active in national audits. For all audits undertaken, there is a structured approach to the registration, completion and collation of projects with completed audit report forms recommending changes required with a named lead. Regular mortality reviews within each Speciality are now also undertaken.

Completed projects are presented monthly at the Medical Audit Sessions which are well attended by junior and senior staff (average attendance 40-50 staff). Medical audit evaluation of each presentation is provided by the PGC. Average overall performance rating in 2011 so far has been very good at 4.4 out of 5 (5=excellent).

An example of a regular yearly audit completed and presented is looking at the management of diabetic emergencies (diabetic ketoacidosis and hyperglycaemic hyperosmolar state). This audit has been undertaken on yearly basis since 2008. The Whittington Guideline has been regularly updated to improve areas which have been suboptimally managed. Consistent improvements in management of these life threatening conditions have been seen.

Oncology and palliative care (Audit lead for palliative care: Dr A Kurowska. No current Oncology lead due to staffing issues within the department)

Palliative care

The Hospital Palliative Care Team has been significantly understaffed during the first six months of the clinical governance year. It has been difficult to maintain the service as a consequence. However, despite this the following national audits have been completed; The National Liverpool End of Life Pathway audit was completed and the data submitted in July 2011. The outcome for the Whittington is awaited.

The National Council for Palliative Care Minimum dataset 2011 was completed and the data submitted in September 2011 The outcome for the Whittington is awaited.
The 5th annual Palliative care patient satisfaction survey will be carried out in December 2011

Orthopaedics (Audit lead: Mr Charalambos Charalambides)

The ongoing review of surgical site infection for both hip and knee prosthesis and hemiarthroplasty has continued to be a key component of the orthopaedic audit programme during the first half of the governance year. Collaboration with the Microbiology department is fundamental to achieving appropriate review.
The hospital continues to submit ongoing data to the National Hip Fracture Database (NHFD) and National Hip Registry in line with the Department of Health's recommendations for Trust Quality Account National Audit. From January 2012, the NJR plan to extend it's remit to include shoulder and elbow procedures.
Local projects completed thus far include: a review of minimally invasive operative technique for late stage Freiberg's Disease: Up to 4 year follow-up, A clinical versus radiological diagnosis for Morton's neuroma and an audit of suture fixation of Akin osteotomy.

Paediatrics and Neonatology (Audit lead: Dr Wynne Leith)

The paediatric department has a structured programme of clinical audit activity with strong clinical leadership. Audits are undertaken in relation to both neonatal and paediatric care.
The department contributes to a number of national programmes including the ongoing Diabetes UK submissions (to be replaced in 2011/2012 with National Paediatric Diabetes Audit (NPDA)), cancer research (data submitted annually) and the British Paediatric Surveillance Unit (BPSU) monthly returns from all consultants.

A number of high quality clinical audits have been completed during the past six months and these include: a paediatric sickle cell pain management audit, a review of prophylactic antibiotics in children undertaking MCUG and an extremely interesting service improvement project which was also presented to a recent CAEC meeting.
In all audits, practice is altered and relevant guideline(s) updated as required.

Pathology and Infection Control (Audit lead: Dr Dhili Arul)

The pathology department is made up of four disciplines, each with their own audit schedules. There is a quarterly audit meeting and each discipline is required to present at three out of four meetings, to all the other disciplines.

Histo/cytopathology:
Regular rolling audits are conducted as part of clinical pathology accreditation (UK) Ltd (the group that sets medical laboratory standards as well as inspecting all laboratories to ensure that the standards are met). In addition to these, the five consultants aim to carry out at least one audit each per year. So far this year a number of audits have been completed, examples are listed below:
An audit of the colorectal resections for 2010 showed that the department is reaching and surpassing the RCPath standards. These findings were commended by a national authority in this field. An audit of liver biopsy quality undertaken jointly with radiology showed that there is little difference in the biopsy quality between 16G and 18G needle. A re-audit of the “histological reporting of cervical neoplasia” – showed that we have improved in our adherence to the RCPath standards. A skin resection audit 09/10 and re-audit 10/11 demonstrated that it was preferable for skin cancers to be removed by dermatologists and not by GP’s. Indications for referral to a dermatologist were fed back to the GP’s.

Microbiology / Infection Control:
Ward and outpatient based Infection prevention and control audits occur at regular intervals covering areas such as urinary catheter management, antimicrobial prescribing, hand hygiene and MRSA screening compliance. The results are disseminated widely each month via an Infection prevention and control (IPC) dashboard with red, amber and green ratings. Wards and outpatient areas are contacted within the same day if audit results are concerning.
There has been a steady improvement in IP and C audit compliance over the 18 months since the dashboard was introduced. An annual IPC award for the clinical areas with the most improved or most consistent practice has provided focus for continued improvement.

Haematology:
Examples of completed clinical audits carried out by the haematology department in the last six months are as follows: .Proportion of thalassaemia patients who have developed new iron-related complications within the last 12 months; VTE: appropriateness of prescribing Tinzaparin prophylaxis to inpatients (This audit is carried out on a rolling basis); a VTE risk assessment in patients admitted to hospital is completed every week and reported every month to our Strategic Health Authority. Furthermore a National comparative re- audit of bedside transfusion has also been completed.

Biochemistry:
An audit on CA-125 was presented in July. We participated in the regional audit for Tumour markers and practice at the Whittington was generally in line with other hospitals within the region, especially taking into account our status as a DGH. Unfortunately we were not able to participate in the regional audit for Vitamin D, but we will review the findings when they are published and our practice in the light of them. Since the 3rd regional audit has been announced as covering porphyrins, we have moved that off the internal schedule and replaced it with faecal reducing substances. We have also changed the plan for auditing FOB to auditing CEA requests as we seem to see more (and more inappropriate) requests for CEA.

Pharmacy (Audit lead: Caroline Edwards)

The pharmacy department audit programme can be grouped into four main areas: evaluation of service provision, clinical evaluation, medicine safety and auditing of antimicrobial activity .

Evaluation of Service Provision (examples of completed work Q1 and Q2)
An audit of the Urgent Care Centre and an assessment of whether a Pharmacy Satellite would improve the service currently available .
The audit illustrated that this would not be currently viable but will be re-audited at a later date.
A re-audit of the Pharmacy dispensing process using COWS (computer on wheels service). Results pending .
Pharmacy interventions audit is ongoing currently in the pre- electronic prescribing period to evaluate the impact of electronic prescribing, due for roll out in 2012 .
This illustrates that our main focus during the last 6 months has been on improving delays in discharge medication delivery , the roll out of electronic prescribing and evaluation of services to outpatients and the urgent care centre

Clinical Evaluation
There have been a wide range of audits undertaken thus far this year in this area including on going VTE assessments (multidisciplinary), readmission of patients with VT and treatment evaluation.
We have also audited the use of cardiac arrest boxes and adrenaline vials for anaphylaxis treatment and rationilised the contents of the cardiac arrest box and replaced vials with pre-filled syringes in cardiac arrest and anaphylaxis to improve speed of delivery and reduce medication errors .
In the Care of the Elderly patient group we are auditing the use of antipsychotics in line with guidance from the MHRA . This is a national audit.

Medicine Safety
The multidisciplinary Medicines Safety group has highlighted areas for improvement using Datix reports involving medication.
Areas highlighted for improvement: Insulin prescribing, missed doses, IV therapy and TTAs (discharge medication) .
An ongoing audit is underway looking at the response to on call queries received by pharmacists, questioning were they appropriate and timely for maximum patient safety .

Auditing of Antimicrobial Activity is of a multidisciplinary nature and co-ordinated by the Lead Pharmacist and Consultants for Antimicrobials.
There are ongoing weekly antimicrobial ward audits (compliance with CQC requirements) but the following have also be audited in the last 6 months:
The use of a timestrip to indicate when gentamicin levels should be taken;
Staff knowledge of penicillin allergies - this has resulted in a information pocket card for medical , nursing and pharmacy staff

Surgery (Audit lead: Mr Dugal Heath)

The department has recently finalised the NICE led national audit of the management of the open abdomen which is to investigate the occurrence of intestinal fistulae with and without negative pressure wound therapy (NPWT).
Anonymised data on all patients with an open abdomen between 1st January 2010 - June 30th 2011 has been collected. The project was led by Mr Hasan Mukhtar working with the Clinical Governance Manager. All Whittington cases were submitted.
Additionally, the department continues to contribute all patients operated to the National Bariatric Surgery Register run by the British Obesity and Metabolic Surgery Society and also contribute to the database for the European Accreditation Council in Bariatric Surgery (EAC-BS) as part of the Trust's application to be a bariatric centre of excellence.
An NCEPOD study looking at patients having undergone bariatric surgery commenced in April 2011. At the time of writing this report all data has been submitted. Local audit continues within the department and will be incorporated in the annual audit summary.

Therapies, Allied Health professional (AHP) (Audit leads: Kyriacos Shiamtanis/ Wendy Martinson)

AHP comprises of the following professional groups; Nutrition and Dietetics Occupational therapy; Physiotherapy; Podiatry; Speech and Language therapy and Discharge planning.

There are currently 38 active audits. In total 23/38 (61%) have been completed at the six monthly interval and of which

- 8/38 have been fully completes with actions plans in place.
- 9/38 have completed the audit cycle and plane to re-audit on a regular basis
- 6/38 have been completed and awaiting reports
- 9/38 are ongoing
- 3/38 are no longer applicable

An example of a recently completed audit for nutrition is summarised below:
The Nutrition and Dietetics department have been carrying out nutrition round audits for a number of years. The participants audit both nutritional information on admission and during their hospital stay if > 7 days. Written feedback is provided to the nurse in charge at the time of the audit. From January to June 2011 there have been 54 nutrition rounds carried out with 959 patients reviewed. This initiative aims to enhance the quality of care for the patient and ultimately the patient experience. It is highly prevalent in today's climate given that 1 in 3 adults admitted to hospital are at risk of malnutrition and this risk is significantly higher in the elderly population particularly those over 85 years of age (BAPEN screening week 2010). Malnutrition costs the NHS 13 billion annually but the cost to the individual patient is greater affecting the morbidity and mortality.

Key outcomes from the audit (January – June 2011)
The audit has demonstrated 83% to 97% of our adult patients are screened within 48 hours of admission to hospital, with 66% to 85% screened within 24 hours.
8%-12% of patients were identified as medium risk of malnutrition on admission and 5% to 12% identified as high risk.
It was identified for those patients in hospital >7 days there was % nil by mouth inappropriately

Actions of the audit occur during the audit process as this is an ongoing audit process with an significant impact on the patient experience.
In view of the greater than average % of our patient population presenting with a medium risk of malnutrition, we have developed a medium/high risk nutrition core care plan.
If a ward has performed poorly the ward is re audited and action plans put in place.
There are plans for the nutrition round audit data to be included in the ward quality indicators

Urology (Audit lead August 2011, Mr Sudanshu Chitale)

Mr Sudanshu Chitale became the new audit lead in August 2011, replacing Mr Barry Maraj. Prior to this appointment and during much of the preceding audit year, the Urology department had suffered from a period of instability, primarily due to junior doctor illness and staffing issues. This has inevitably had a significant affect upon pre August 2011 audit activity and reporting. However, the department have continued to submit data to the British Association of Urological Surgeons on an ongoing basis (laparoscopic surgery and urological cancers). In addition, three month activity data continues to be submitted as part of regional audit for the North Central Rotation in Urology

Since Mr Chitale's appointment, the Urology department have already completed two mandatory audits: consent audit and documentation audit the results of which are being analyzed.

Women's Health (Audit leads: Miss C Biswas/ Mr Ashfaq Khan)

The Department of Women's Health continues with a structured approach to identifying and undertaking clinical audit. The audit lead role continues to be shared between two consultants, one overseeing obstetric related projects and the other, gynaecology and fertility related areas. Included in this speciality programme are innumerable CNST related audits in addition to other local and mandatory audit. The department has continued this audit year to submit data to all relevant national agencies including CEMACH, British Colposcopy Society and national QA.

During the first six months of the clinical governance year almost 40 obstetric audits are underway, nearing completion. An audit tool is now appended to all new and amended local clinical guidelines, in line with CNST requirements The Maternity and Audit Guidelines Group continues to meet regularly to ensure that clinical audit and the monitoring of the guidelines and findings of relevant reports are at the forefront of practice. The group is Chaired by the obstetric audit lead.

Gynaecology audits completed thus far include a review of total laparoscopic hysterectomies, consent audits for outpatient hysteroscopy and for gynaecological procedures and the management of high grade disease in young women.

Appendix 2

Clinical guidelines approved at the Clinical Guidelines Committee (Q1 and Q2)

New or significantly amended clinical guidelines

- Oxygen therapy and saturation monitoring in NICU
- Acute gout
- Chronic gout
- Blood Policy – Prescription to administration
- Blood/blood products Management of patients who refuse transfusion
- Inpatient management of patients with Parkinson's Disease
- Consent to post mortem examination and retention of tissue
- Overdose, deliberate self-harm and alcohol intoxication in young people under 18
- Safe Procedural Sedation for Adults
- Commencing Respiratory Support in The Emergency Department
- Diabetes and elective surgery: How to manage glycaemic control

Existing guidance reviewed with minor change

- C. difficile guideline
- Community acquired pneumonia guideline
- Antimicrobials in bacterial infections in adults
- Hypoglycaemia management for adult inpatients with diabetes
- Use of continuous positive airway pressure for hospital inpatients
- Immunisation of long term inpatients on paediatric ward and SCBU
- Sedation protocol for children aged one month to twelve years.
- Asymptomatic heart murmurs in the neonatal period
- Rickets due to vitamin D deficiency
- Gentamicin guidelines for paediatrics and neonates.

Appendix 3

NICE guidance published (Q1 and Q2) and relevance to Whittington Hospital*

* A meeting has been convened to discuss the inclusion of community relevant NICE guidelines activity and to agree a more effective and robust communication and engagement strategy with community members

Summary

There are currently six NICE guideline programmes. During Q1 and Q2 of the governance year 2011, NICE have published a total of 51 guidelines.

Publications (April – September 2011 inclusive)

Type	Number of publications
Clinical guidelines	9
Technology appraisals	16
Interventional procedures	21
Medical technologies	4
Cancer Service guidelines	0
Public health guidance	1
Total:	**51**

Relevance to local practice

Type	Relevance	% relevance
Clinical guidelines	6/9	67%
Technology appraisals	6/16	37%
Interventional procedures	2/21	9%
Medical technologies	1/4	25%
Cancer Service guidelines	0	0
Public health guidance	1/1	100%
Total:	**16/51**	**31%**