ABHB Vision

The vision statement for the Aneurin Bevan Health Board is:

- **Working with you for a healthier community**
- **Caring for you when you need us**
- **Aiming for excellence in all we do**
ABHB Priorities

Our priorities (Draft) for Quality and Patient Safety are:

• **Patients and service users experience high quality care**
  We will care for patients equally with compassion, dignity and respect to ensure that fundamental standards of care are always provided.

• **Safe care**
  We will provide the safest healthcare possible in a clean, orderly environment, and we will prevent needless deaths, pain or suffering.

• **Efficient services**
  We will use our resources carefully to ensure that we provide the best value to patients.

• **Making the most of our staff**
  We will ensure our staff are trained and educated to improve the way we provide services. We will share learning openly and celebrate success.

• **Promoting health**
  We will work actively with the community to promote healthy lifestyles and prevent illness.

• **Integrated care**
  We will work across professional and organisational boundaries to help people with chronic conditions, and to look after people when they become unwell.
ABHB Aims – Reducing Mortality and Harm

• **Aim:** To have a RAMI in line with top performing UK organisations and eliminate seasonal and weekly variation in RAMI by June 2013.

• **Aim:** To establish the Global Trigger Tool as a measure of patient harm and reduce adverse events per 1000 patient days to 10 by June 2013.
ABHB Risk Adjusted Mortality Index (2010 rebasing)
Adverse Events per 1000 Patient days (from the GTT)

![Graph showing adverse event rate per 1000 patient days for ABHB Nevill Hall Hospital](image1)

![Graph showing adverse event rate per 1000 patient days for ABHB Royal Gwent Hospital](image2)
High Level Actions for Reducing Mortality

• Mortality and Harm Group reviews Mortality and Harm data and triangulates with other data to identify further ways to reduce mortality

• Mortality Audit piloted and final format in place, reviewing all deaths in acute care

• Driver diagrams developed for mortality and harm and used to describe actions being undertaken to reduce mortality and harm
High Level Actions for embedding GTT

• Further training given to GTT auditors

• Adverse Events per 1000 patient days reported to Mortality and Harm Group and Quality and Patient Safety Committee as part of Quality Dashboard

• Pilot to be run of GTT audit for RGH and NHH including exchange of auditors, to develop common standards and approach across ABHB
ABHB Harm reduction Driver Diagram

Objective
- Reduce harm (adverse events per 1000 patient days) to 10 by June 2013.

Location
- Enhanced Recovery after Surgery
- "Reduce Patient Falls in Hospital and Intermediate Care"
- "Reduce Pressure Damage"
- Improve Medicines Management
- "Reduce HCAI"
- VC
- UTIs
- Identifying Depression in a Hospital Setting
- 1st Episode Psychosis
- Improve Care for people with Dementia

Primary Drivers
- Risk Assessment
- TCAB
- Reduce Inappropriate use of Antipsychotics
- Medicine Reconciliation
- Mist and Close
- Positive Patient ID
- Peripheral Lines Bundle Insertion and Maintenance Bundle
- CAUTI Initiation and Maintenance Bundles
- Case Identification
- Appropriute Intervention
- Early Diagnosis and Identification
- Information in Canons and Patrons

Secondary Drivers
- Falls Bundle
- Hand Hygiene
- Daily Rounds
- Real-Time Document
- Hand time
- Skin Bundle
- Hourly Rounds
- 3-monthly review for patients with dementia

Action
- Surface: Reception moving Incontinence Nutrition & Fluids
Committee Structure

- The 1000 Lives plus Steering Group directs and monitors the implementation of the mortality and harm reduction driver diagrams, ensuring that a whole systems approach is taken.

- The Mortality and Harm Group develops and reviews the mortality and harm reduction driver diagrams, and receives exception reports from the steering group.

- The Quality and Patient Safety Committee monitors the high level measures for each high level aim, and their primary drivers through the Quality Dashboard.

- The Board monitors the high level measures for each high level aim.
Quality Dashboard

• The components of Quality in ABHB are Patient Experience, Patient Safety, Clinical Effectiveness and Efficiency.

• The Quality Dashboard will ultimately contain data on the high level measure for each component of quality and the outcome measure for each primary driver, but is still in development as high level measures for all the components and measures for all the primary drivers are not in place.

• A short commentary is included on the progress with the measure, and the actions to be taken forward in the next few months.

• A rolling action plan updates the action taken since the last Quality Dashboard.
Measurement System

- ABHB has used the extranet to report and monitor all its measures, with the data collected from all areas and aggregated by the Clinical Audit/Measurement for Improvement Department.

- However, the breadth and depth of the spread of quality improvement activity means that the Department is no longer able to deal with the volume of data.

- A measurement system is required that will allow data entry in all areas at different levels in the organization, with the ability to produce run charts/SPC charts for the areas, as well as to aggregate the data to Divisional and ABHB levels.
Leadership Walkrounds

Cumulative count of walkarounds across Aneurin Bevan Health Board Acute, Community and Mental Health Hospitals
Leadership Walkrounds

Achievements
• Independent Members involved
• Spread from Acute to Community and Mental Health
• Ongoing programme of walkrounds
• Action Plans from each walkround
• Spread Walkrounds to Hospital Departments
• Locality Director walkrounds in Monmouthshire GP practices

Challenges
• Follow up of agreed actions

Next Steps
• Spread Walkrounds to Primary Care
Progress in Mini-Collaboratives
Critical Care

Achievements

• Central Line Infections >300 days between
• MDT rounds & daily goals
• Hand Hygiene
• Patient diaries tested at RGH and spread to NHH
• Implementing SKIN Bundle at NHH
• Volunteers to take forward PVC bundle

Challenges

• Couple of instances of VAP in long stay patients or patients with spinal injury – exploring experience of other units using VAP Bundle with these patients

Next Steps

• Spreading the Central Line Maintenance Bundle to ward areas
• Ongoing involvement in RRAILS use on wards
Deteriorating Patients

Achievements

- Deteriorating Patients Steering Group
- Updated Observation Policy
- Monthly MEWS audit carried out by Outreach Team

Next Steps

- Implement revised MEWS Observation Sheet
Rapid Response to Acute Illness (RRAILS)

% compliance with admission bundle by week

SAU

% compliance with Recognition bundle by week

SAU

% compliance with Response bundle by week

SAU

% compliance with Sepsis Six bundle by week

SAU
Rapid Response to Acute Illness (RRAILS)

Achievements

• Being tested on Surgical Assessment Unit (RGH) and 4/3 (NHH)
• Admission, Recognition, Response & Sepsis 6 Bundles to be part of MEWs Observation Documentation – PDSAs carried out to test this
• RRAILS 2 minute safety briefings in place
• Data collection in place

Challenges

• Implementation on wards currently without Outreach Support
• Waiting for revised Observation / MEWS charts to be printed

Next Steps

• White Boards indicating patients status at a glance
• Review of Catheterisation Policy to include info regarding catheterisation of deteriorating patients
• Discussion with Medicine Directorate regarding RRAILS
• Awareness raising day in 2011
HCAI – Central Lines (CVC)

- Nevill Hall Hospital
- Royal Gwent Hospital
HCAI – Central Lines (CVC)

Achievements

• 95% reliable process for insertion and maintenance bundles at RGH and NHH intensive care units
• >300 days since central line infection
• Use of bundles in theatres

Challenges

• Spreading Maintenance bundles to other areas
• Measurement in other areas

Next Steps

• Spread of Maintenance Bundles to Ward areas, proforma being devised for use
HCAI – Catheter Associated Urinary Tract Infection (CAUTI)

CAUTI Maintenance Bundle compliance data for Wards C5E, 4/1 and 4/2

NB - incomplete data for some elements of the bundle has reduced compliance. Wards now auditing all elements of the bundle.
HCAI – Catheter Associated Urinary Tract Infection (CAUTI)

Achievements
• Currently testing on 4/1, 4/2 (NHH), C5E (RGH) & St Woolos
• Measurement data entered to spreadsheet & feedback to wards
• Nursing Home piloting maintenance bundle

Challenges
• Audit of all elements of the bundle
• Initially testing maintenance bundle before insertion bundle

Next Steps
• Measurement at Nursing Home
HCAI – Peripheral Vascular Cannulae (PVC)

Achievements

• Currently testing on wards 1/2 (NHH), D7E (RGH)
• Accepted as part of SPN ‘Pass it On’ programme working with Tayside in Scotland to test, implement and spread PVC bundle
• Some measurement initiated

Challenges

• Chloroprep expensive, currently spreading use of Clinelle wipes
• Coordination of implementation of bundles across wards, community starting with CAUTI before PVC

Next Steps

• To spread to Paediatrics, ITU and Theatres
• Cannulation Policy to be approved at Clinical Forum
Hand Hygiene

% compliance with hand hygiene - ABHB Royal Gwent Hospital - pilot and spread wards

% compliance with hand hygiene - ABHB Nevill Hall Hospital ICU, Pilot and Spread Wards

% compliance with hand hygiene - ABHB St Woolos Hospital

% compliance with hand hygiene - ABHB County Hospital

% compliance with hand hygiene - ABHB Caerphilly District Miners Hospital

% compliance with hand hygiene - ABHB Chepstow Hospital
Hand Hygiene

Achievements

• Reaching High Compliance across ABHB
• Hand Hygiene Audits across all acute wards (weekly audits)
• Hand Hygiene Audits spread to community hospitals and departments
• Over 4000 hand hygiene opportunities audited each month
• Measurement and feedback system in place
• Graphs displayed on each ward
• ‘Bare below the elbow’ incorporated into ‘Hand Hygiene Policy’

Challenges

• Reliability of audit data – IPACT team carrying out validation audits to confirm hand hygiene compliance

Next Steps

• ‘Bare below the elbow’ audit data to be analysed and feedback to wards
Infection Rates – MRSA / C Difficile

MRSA infection rate - ABHB Nevill Hall Hospital - Healthcare Acquired MRSA Bacteraemias

MRSA infection rate - ABHB Royal Gwent Hospital - Healthcare Acquired MRSA Bacteraemias

Clostridium difficile infection rate - GHNT Nevill Hall Hospital

Clostridium difficile infection rate - GHNT Royal Gwent Hospital
CDifficile – Antibiotic Stewardship

Is the Antibiotic used consistent with ABHB guidelines?

- NHH Hosp
- RGH Hosp

Q3a Is the antibiotic consistent with trust guideline?
Target 95%
CDifficile – Antibiotic Stewardship

Achievements

• Monthly Audit of Antibiotic usage
• Antibiotic Pharmacist and Consultant Microbiologist carry out audit and speak to medical/nursing staff re: antibiotics each month
• Antibiotic Medication Stop Policy Updated
• Audit data feedback to nursing and medical staff

Challenges

• Involvement of Consultant in audit at RGH

Next Steps

• Medication Stop Policy to Clinical Forum for Approval, then implement this into pharmacy practice
Medicines Management - Reconciliation

Achievements
• Medicines reconciliation across wards in RGH
• NHH Medicine and Surgery using reconciliation form
• Reconciliation form in clerking packs

Challenges
• Surgical reconciliation form not part of clerking packs yet at NHH

Next Steps
• Further spread of reconciliation
Meds Management – High Risk Meds – Warfarin & Insulin

Achievements

- Patients with high INR visited daily to optimise treatment
- All Wales Warfarin chart in place
- Insulin prescribing chart on all wards at NHH and some at RGH
- Insulin policies for surgery currently being revised
Transforming Theatres

Achievements
• Work on Patient Safety/Surgical Complications already in place from SPI2 and 1000 Lives Campaign, with data collection using ORMIS
• Successful workshops and process to choose pilot theatres
• Work already in place on efficiency in operating theatres

Challenges
• Clinical Engagement

Next Steps
• Start implementation in pilot theatres
• Refine process for safety briefings and WHO checklist
Surgical Complications

Achievements
• 95% reliability reached in most areas
• Hand hygiene audits now carried out in theatres
• Anaesthetists administering prophylactic antibiotics
• Measurement via ORMIS system at RGH, NHH, CDMH & St Woolos
• WHO Checklist implemented in all surgical units

Challenges
• Outcome measurement of SSI difficult
• WHO Checklist process reliability

Next Steps
• Audit of temperatures in Caerphilly Hospital
• Consultant lead reviewing WHO checklist
Surgical Complications
Process Measures
Surgical Complications – SSI joint replacement - outcome measures

% of surgical patients with SSI - ABHB Royal Gwent Hospital - Hip & Knee SSIs

% of surgical patients with SSI - ABHB Nevill Hall Hospital - Hip & Knee SSIs
Enhanced Recovery After Surgery

Achievements

• ERAS used Colo-rectal Surgery at RGH since 2008
• MDT led by Surgeon & Anaesthetist, inc. nursing/physio/dietetics
• 15/17 elements implemented
• LOS reduced from 9 to 6/7 days
• Surgical Care Practitioner at Pre-Assessment Clinics
• Follow up of patients post discharge
• Early post-op feeding/mobility enables early discharge
• Carbohydrate Loading on ABHB Formulary
• Altered anaesthetic technique to help with pain relief
• Daily visits by surgical teams to support ward staff
Enhanced Recovery After Surgery

Challenges

• Measurement
• Resources

Next Steps

• In time, spread of ERAS to other surgical specialties
• Project Steering group and project manager
Hospital Acquired Thrombosis

RGH Surgical Thromboprophylaxis

% receiving DVT prophylaxis - ABHB Royal Gwent Hospital - pilot and spread theatres

Month

% patients
Hospital Acquired Thrombosis

Achievements
• Risk assessment tool being tested in Pre-assessment Clinic in General Surgery and one orthopaedic surgeon
• Risk Assessment Tool slightly altered following PDSAs
• Education regarding the Risk Assessment Form
• Anticoagulation nurses measured DVT incidence
• Consultant Surgeon annual Audit of Post-Operative VTE
• HAT steering group in place reporting to Thrombosis Committee

Challenges
• Different Prescribing Practices
• Differing issues for Vascular Surgery

Next Steps
• Health Board audit to be carried out across Medicine and Surgery re: use of Thromboprophylaxis and Risk Assessment Tool
• Incidence of HAT within 30 days of admission to be derived using Betsi Cadwaladr Methodology
• Spread use of Risk Assessment to Medicine
Transforming Care

Achievements

• Ward staff engagement
• Most acute wards have introduced
  – Hourly Rounds
  – Real-time documentation
  – Quiet Times
• Being piloted in community hospitals
• Champions across ABHB supporting implementation of Transforming Care
Transforming Care

Challenges

• Daily Patient Goals
• Improving standard of real-time documentation
• ABHB Target – all 5 elements in pilot areas by Dec 10
• ABHB Target – all 5 elements on all wards by Dec 11

Next Steps

• To set up Measurement System
• Releasing Time to Care – waste walks
• Productive Ward

Insert name of presentation on Master Slide
Skin Bundle

Achievements

• Staff engaged on wards
• Education for all wards
• Education for community hospitals re SKIN BUNDLE
• Monthly pressure damage prevalence data collection
• Safety Calendars being used to record pressure damage

Challenges

• Target – to implement SKIN bundle in all acute areas by Dec 10
• To implement SKIN bundle reliably
• Use of Trolleys in MAU is a pressure damage risk

Next Steps

• Once SKIN bundles are in place will be able to convert prevalence data collection to actual incidence of pressure damage
• Extend education eg. MAU, A&E, Theatres
• Waterlow form to include ‘Grade of Pressure Damage’ and ‘BMI’
Chronic Heart Failure

This is Nevill Hall Data taken from the National CHF Audit Database. Originally auditing only those patients referred to the Heart Failure Service, from Dec 09 a representative sample of ALL patients with CHF were included.
Chronic Heart Failure

Achievements
• Heart Failure Service achieving high compliance rates for drivers
• Specialist Nurses and Audit Dept working together for National CHF Audit at NHH
• Spread audit data collection to patients not referred to Heart Failure Service
• MDT team including cardiac consultant and GP leads taking part in mini-collab
• CHF content lead visit to Medicine Directorate Meeting

Challenges
• Ongoing Measurement - primary and secondary care

Next Steps
• CHF Steering Group being set up – initial meeting in December
• Initial PDSA using Sticker in casenotes
• Involvement of Stakeholders eg. Pharmacy
• Spread of drivers to Primary Care
• Spread of drivers to patients not referred to Heart Failure Service
• Spread of drivers to Royal Gwent Hospital
Acute Stroke Care

RGH Acute Stroke Data

Achievements

- Achieving 100% compliance with bundles at RGH and NHH
Stroke Care - TIA

Achievements

- RGH & NHH have 5 day rapid access TIA clinics
- Referral Pack/Patient leaflet/GP Information
- ABCD² Scores being used by GPs to identify appropriate referral pathway
- Clinic sees 100% of lower risk patients
- Measurement system in place
- Engagement of medical staff who take part collecting data
- Monthly meetings to feedback data and problem solve

Challenges

- Weekends/bank holiday clinic cover

Next Steps

- Ongoing work to engage GPs
- Improve data collection
Achievements

- Stroke Rehabilitation Wards across five localities: Glyn Mynach, Ruperra, Cedar, Caerwent, Ysbytty Aneurin Bevan
- About to start measurement across three localities
- Already measurement data from Blaenau Gwent
- Fortnightly feedback of progress to Stroke Board members
- Rehabilitation subgroup/Bundles group in place to implement drivers

Challenges

- Engaging medical and nursing staff

Next Steps

- ANP to visit all Stroke Rehab Wards across ABHB
- Data collection from all Stroke Rehab wards by January 2011
- Version 9 of Stroke database to measure delay in rehab beyond day 8
Reducing Harm from Falls

Achievements
• Full team from ABHB attended the mini-collaborative
• Good work on falls prevention already in place in many areas
• Meeting to determine approach across the 5 different Local Authority areas

Challenges
• Duplication of data entry between existing falls registers and data required for mini-collaborative

Next Steps
• Start small tests of change to implement care bundles
• Collect data before next mini-collaborative meeting
• Put in place system to allow central data collection, without duplication of effort
Mental Health – Improving Care for People with Dementia in General Hospitals

Achievements
• Team of key staff attended the mini-collaborative
• Met with representatives from general care to determine approach to taking forward work

Challenges
• Moving forward before the “How to Guide” is in place
• Engagement with the General Service when people with dementia are seen so widely across all services

Next Steps
• Establishing full team for the mini-collaborative, working across all sectors
• Gaining clinical engagement in the mini-collaborative
Early Intervention in First episode Psychosis

Achievements
• Early Intervention Team already in place – was set up in September 2008
• Pilot of all the proposed measures undertaken by the team from April 2010
• Data base developed for the pilot with NLIAH
• Data recorded on 36 new referrals

Challenges
• Availability of CBT training
• Refining some of the operational definitions for the measures

Next Steps
• Providing treatment closer to early symptoms without stigmatising people unnecessarily
Mental Health – Identifying Depression in Hospital Settings

Achievements
• A full team attended the first mini-collaborative for this area
• The Clinical Lead is Divisional Director, with additional clinical support
• A meeting has been arranged to gain clinical engagement from the teams for the chronic conditions where co-morbid depression can lead to poorer outcomes and determine the areas where the pilot projects will be initiated

Challenges
• Low level of liaison psychiatry service in place

Next Steps
• Gain clinical engagement from the teams for the chronic conditions where co-morbid depression can lead to poorer outcomes
• Determine the areas where the pilot projects will be initiated
• Develop the measurement process for the process and outcome measures
Mini-collaboratives Starting in 2011

- Acute Coronary Syndrome
  - Executive lead agreed
  - Leads identified
- Medicines Management (Antipsychotics)
  - Lead identified, stakeholders being contacted
- Patient Identifiers
  - Mini-collaborative attendees identified
- Maternity Care
  - Some work already ongoing regarding original 1000 Lives Campaign Drivers
Maternity Services

Achievements

• MEOWS patient observation system in place
• Safety Briefings at staff changeover
• SBAR used at ward hand-over and during telephone contacts, also for transfer of patients between CDMH and UHW
• SSI bundle – most components in place
• DVT prophylaxis policy in place
• Hand Hygiene audits being carried out

Challenges

• Audits being carried out but no ongoing measurement system
• Safety Briefings at weekends

Next Steps

• Use of Sepsis 6 Bundle for obstetric patients – meeting with RRAILS champions
• To update the Caesarean Section Pathway to include SSI wound care