Patient Driven Care
Reducing mortality & harm in
Cardiff & Vale University Health Board
Driver Diagram

- Leadership for QI
  - WalkRounds/Patient Safety Fridays
  - Mortality & Harm Reviews
  - Build Skills Capacity & Capability

- Ventilator bundle
  - IPC Action Plans
  - Central & Peripheral Line Insertion & Maintenance Bundles
  - Urine Catheter insertion & maintenance bundles
  - SSI Bundle

- Healthcare Acquired Infections
  - Ventilator acquired Pneumonias
  - Clostridium Dificile, MRSA & MMSA
  - Blood stream infections
  - Catheter Associated UTI
  - Surgical site infections
  - Early Warning Scores & Rapid Response

- Sepsis/RRAILS
  - Early Warning Scores & Rapid Response

- VTEs
  - First episode psychosis
  - Depression
  - Dementia

- Heart Failure
  - WHO Checklist
  - High risk medications & Warfarin Reconciliation

- Stroke care
  - HAT assessment, prevention and treatment
  - Pathways and Bundles

- Falls Prevention
  - Patient Stories
  - Faculty

- Transforming Maternity Services
  - Transforming Care
  - SKIN Bundle

- ERAS
  - Medicines Management

- Transforming Maternity Services
  - Surgical Errors
  - Pressure Ulcers
  - Medicines Management
  - Pressure Ulcers
  - Transforming Care

- Reduce Mortality, Harm, Variation and Waste

- Stroke care
  - Transforming Maternity Services
  - Medicines Management
  - Pressure Ulcers
  - Transforming Care

- Heart Failure
  - Transforming Maternity Services
  - Medicines Management
  - Pressure Ulcers
  - Transforming Care

- Falls Prevention
  - Transforming Maternity Services
  - Medicines Management
  - Pressure Ulcers
  - Transforming Care

- ERAS
  - Transforming Maternity Services
  - Medicines Management
  - Pressure Ulcers
  - Transforming Care
Patient Safety Friday WalkRounds
Progress in 2011

- Restructured in January to host two WalkRounds each Friday, each with an Executive Director, Independent Board Member and scribe
- 62 WalkRounds have taken place to date and a further 13 are scheduled – a 79% increase on WalkRounds in 2010
Patient Safety Friday WalkRounds Progress in 2011

- Executive action log and updates taken to Board meeting, now monitored by Quality & Safety Committee; Divisional action logs produced for and considered at Quality & Safety groups
- Focus on Fundamentals of Care and patient dignity when visiting wards
- WalkRounds also arranged to areas who have won and been nominated for awards to learn from their achievements
- Nurse Director and Chair have joined WalkRounds on over 50% of Patient Safety Fridays. Chief Executive, Medical Director and Vice Chair have each attended over 25%.
Patient Safety Friday WalkRounds in numbers (up to 31/10/11)

• **115** WalkRounds to date, all with Board member participation, meeting over **300** front line staff
• **106** different wards/clinical areas/services across **24** different geographical sites
• **3** papers updating progress on WalkRounds taken to Board meeting/Q&S committee with **165** executive actions completed and **24** actions outstanding
• **13** further WalkRounds scheduled up to December
• **30** venues already identified for WalkRounds in 2012
Patient Safety Friday WalkRounds

### WalkRounds by Month

- Oct-11: 7
- Sep-11: 6
- Aug-11: 8
- Jul-11: 7
- Jun-11: 6
- May-11: 6
- Apr-11: 6
- Mar-11: 6
- Feb-11: 6
- Jan-11: 6
- Dec-10: 6
- Nov-10: 6
- Oct-10: 6
- Sep-10: 6
- Aug-10: 6
- Jul-10: 6
- Jun-10: 6
- May-10: 6
- Apr-10: 6
- Mar-10: 6
- Feb-10: 6
- Jan-10: 6
- Dec-09: 6
- Nov-09: 6

### WalkRounds by Location

- UHWA: 57
- UHL: 23
- Whitchurch: 6
- St David's: 6
- PCIC Community Services: 6
- Mental Health Community Services: 5
- Rookwood: 3
- CRW/West Wing: 3
- Lansdowne: 2
- Schools: 1
- Nursing Homes: 1
- HMP Cardiff: 1
- Barry Hospital: 1

### WalkRounds by Division

- Children & Women: 11
- Clinical Diagnostics & Therapeutics: 14
- Dental Services: 2
- Medicine: 19
- Mental Health: 17
- Primary, Community & Intermediate Care: 16
- Specialist Services: 14
- Surgical Services: 17
- Other: 5
Risk Adjusted Mortality Index

- Weekly Deaths Review Group every Friday – 25% lowest RAMI
  - Medical Director
  - Assistant MD for Innovation and Improvement
  - Assistant Director Patient Safety And Quality
  - Quality and Safety Improvement Manager
  - Head of Clinical Coding + other clinical coders
  - Clinical Audit Team

- Combining Global Trigger Tool & Deaths reviews
- Halves the number of notes reviewed, increases medical involvement in GTT, potential to increase organisational learning, includes all hospitals in UHB potentially more triggers and events found in this cohort.
- Mortality & Harm Workshop held on 16th September run by Medical Director, with presentations from Mike Davidge and representatives from Emergency Unit, Resuscitation Team, Palliative Care and ICU
RAMI – original and updated after coding completed
Adverse Events on patients with lowest RAMI

Number of adverse events
Cardiff and Vale University Health Board - UHW

June 06 – Sept 2010 = random sample from discharges and deaths

Sample from 25% patients with lowest RAMI

No data Oct 2010 – Aug 2011
Heart Failure Re-admissions

Note review for 2011

- Most admissions <24 hours are coding problems
- Re-admissions 1-29 days can be due to diagnostic re-admissions
- 68 notes for the first quarter being reviewed to see how well the seven heart failure care interventions were applied to that cohort
Transforming Care Progress in Trauma & Orthopaedics

Aims of Transforming Care
- Increase the amount of time in direct care to 70%
- To reduce adverse events by 50%
- Increase patient satisfaction to at least 95%
- Increase staff satisfaction to at least 95%

Direct Care Time
- All three wards have increased direct care time:
  - West 3, UHL before: 41% after: 79%
  - West 5, UHL before: 41% after: 70%
  - B6s, UHW before: 42% after: 69%

As well as increasing time spent in direct care the number of interruptions has reduced by 40%, making processes safer
Transforming Care Progress in Trauma & Orthopaedics

Reduce Adverse Events

• All three wards have gone 200+ days between ward acquired pressure ulcers.
• The days between falls are also reducing through intentional rounding and real time documentation.
• Patient observations more reliably performed.
• Handovers more efficient.
Transforming Care Progress in Trauma & Orthopaedics

Patient Satisfaction - surveys are given out to all patients on discharge and suggestions acted upon

Overall Patient Satisfaction

- Target 95%
- Transforming Care began


Transforming Care for Trauma and Orthopaedic Patients

Helen.Luton@wales.nhs.uk

The transforming care programme has brought together transforming care at the bedside and releasing time to care with 4 key objectives. Three wards within the trauma and orthopaedic directorate have been involved in the Transforming care work read on to learn more about their fantastic results.

Aims of Transforming Care:
To increase direct care time to 70%
To reduce adverse events by 50%
To increase staff satisfaction to 95%
To increase patient satisfaction to 95%

WOW Savings in £’s, time and motion
Thanks to the well organised ward module wards are more efficient and cost effective as stock levels are managed more effectively using visual management systems and the 5S methodologies. The directorate has saved over £1000 in pharmacy costs by re-organising cupboards and stock kept on the ward. Time has also been saved by improving communication on the wards, 5 days have been saved over a year by improving handovers.

Dynamap stations have saved 50 days

Congratulations to Staff
Staff on wards B6 south UHW, West 3 and West 5 UHL have increased the time they spend with patients by transforming care on their wards. Staff almost doubled the amount of time spent with patients than before transforming care started. B6 before 42% now 69% West 3 before: 41% now 79% and West 5 before 41% and now 71%
Catheter Bundle Progress in Trauma & Orthopaedics

Using an insertion and maintenance bundle, catheter care is more reliable and safer, reducing the cases of Catheter acquired UTI.
Falls – in patient

- Falls prevention and management Procedures developed in collaboration with Care Provider sector and resources in consultation with older people
- Promotes the interdependency of falls management; restraint and specialling
- Procedures contain resources and flow-charts
- Compliance audits for in-patient falls assessments show significant improvement
- Intentional rounding and slipper exchange: testing in progress
Falls – community

- Outcome measures informed by consultation with older patients, public and carers
- Pathway screens patients who attend unscheduled care with a fall and communicates falls risk to Primary Care
- Cardiff East Locality Team trailblazed and tested pathway during 2010-11
- Significant result: no re-referrals for falls
- Pathway commencing across UHB from 1\textsuperscript{st} November 2011
- GPs assess and modify risks for patients
Cardiff East Locality Team Falls progress

- % patients who have falls history taken
- % patients who have their fall logged on central falls register
- % patients who complete a basic falls risk assessment using an agreed risk assessment tool
- % patients who receive the full Assessment Bundle
- % patients who complete the initial screening using an agreed tool
- % patients who are provided written and oral information about falls prevention

Graphs show data from Nov 2010 to Sep 2011.
Rapid Response to the Acutely Ill Patient

- Sepsis Bundle is being piloted on B6 FRaME, UHW
- RRAILS safety briefing held daily
- Sepsis Bag introduced containing all the necessary kit that is used in the event of a Sepsis infection
- Working with Pharmacy to ensure drug levels are kept well stocked
- Early Warning Scores on Patient Status Board
- Plans to design proforma based on SBAR to be completed by ward and response team
- Plans to develop SEPSIS Bundle stickers to be used in patient’s medical notes
Stroke Bundle Progress

Most processes and bundles are reliable and meeting expected standards. Bed pressures and patients outlying in and from the stroke ward provide one of the biggest challenges to timely access to care. A new build to be commissioned from early in 2012 will assist.
Stroke Bundle Progress

% compliance with First Hours bundle
Stroke patients
from May 2010 to Sep 2011

% compliance with First Days bundle
Stroke patients
from May 2010 to Sep 2011

% compliance with First 3 Days bundle
Stroke patients
from May 2010 to Sep 2011

% compliance with First 7 Days bundle
Stroke patients
from May 2010 to Sep 2011
SKIN Bundle
Progress in 2011

• 7 Cohorts commenced, with over 40 wards now involved in the programme, including Paediatrics, Maternity, Mental Health and the Emergency Unit
• Also mentoring teams in England, Scotland and Northern Ireland as part of SPN “Pass it On” Collaborative
• Intranet resource page established to support wards
• Further engagement with Independent Sector - 3 nursing homes collectively caring for over 200 residents have signed up
• Roll out into the Community with District Nursing teams
SKIN Bundle – Intranet Resource Page

The SKIN Bundle was developed in St Vincent’s Medical Centre Florida USA in 2004. It was introduced to Wales through the Transforming Care programme via the all-Wales 1000 Lives Campaign and is supported by the Welsh Government.

A ‘bundle of care’ is a structured way of improving the processes of care and patient outcomes. It is a small straightforward set of evidence based practices which when performed collectively and reliably have been proven to improve patient outcomes. The power of a bundle comes from the body of science behind it and the emphasis put on consistent execution. A bundle is a package of interventions that healthcare workers know must be followed for every patient, every time.

The SKIN bundle is an acronym and composed of four elements:

- **Surface** – attend to the surface on which the patient lies or sits
- **Keep** patients turning and moving
- **Increased** moisture management and incontinence
- **Nutrition** – optimise nutrition and hydration

It is a systematic approach to care delivery which has been shown to reduce pressure damage and deliver on all aspects of practice indicator 12 of the Fundamentals of Care. The introduction of the bundle across the UHB has been designed to deliver sustainable changes in practice.

If you require any more information on the SKIN Bundle, please contact a member of the team:

**Gemma Ellis**, Consultant Nurse/Honorary Senior Lecturer Cardiff University
**Alison Evans**, Sister Critical Care (seconded to support the introduction of the SKIN bundle across the UHB)
**Siân Rowlands**, Clinical Governance Manager for Primary, Community & Intermediate Care
**Joy Whitlock**, Quality & Safety Improvement Manager
SKIN Bundle – Intranet Resource Page

Following the learning sessions, documents needed to implement the roll out can be found here, along with additional information to support staff with the prevention, detection and treatment of pressure areas:

- Safety Cross
- SKIN bundle audit tool
- SKIN Bundle communication tool for pressure ulcer prevention
- Worksheet for testing change / PDSA blank
- Worksheet for testing change / PDSA example
- Pressure Ulcer productivity calculator
- All Wales Bladder & Bowel Care Pathway
- All Wales Faecal Systems

- Team Assessment Scale
- NICE pressure ulcer information for patients, families, carers and the pub
- NICE quick reference guide - the prevention and treatment of pressure u

- Storyboard rounding
- Template for team presentations

- Dressing Selection Guidance Poster
- Final Quick Treatment
- Cardiff & Vale UHB Pressure Ulcer Risk Assessment, Prevention and Tre
SKIN Bundle – Engagement with Nursing Homes

The SKIN Bundle, shown to reduce pressure damage, is an acronym and is comprised of four elements:

- **Surface**
- **Keep Moving**
- **Incontinence/increased moisture**
- **Nutrition**

It aims to ensure all patients at risk of developing pressure damage are identified and that prevention strategies are reliably implemented.

Cardiff and Vale University Health Board provide three free learning sets which:
- Teach teams the key healthcare improvement skills necessary to introduce the Bundle;
- Provide teams with tools to adapt to reflect the individual needs of their patient population;
- Reflect the core elements of the Bundle by providing sessions on pressure damage grading and nutrition;
- Give an opportunity to share ideas and celebrate success.

Sign up to the SKIN Bundle

Be part of the SKIN Bundle to reduce pressure damage in Care Homes.

Three homes have signed up so far, don’t get left behind!

If you are interested in learning more about the SKIN Bundle work and pressure damage prevention, please contact:

Siân Rowlands
Clinical Governance Manager
Cardiff and Vale University Health Board
Phone: 029 2055001
Email: sian.rowlands@wales.nhs.uk

The safety cross tool is also given to teams to allow simple measurement of pressure damage so that teams can effectively capture their improvement journey.
SKIN Bundle – Progress on Wards

Days between skin damage on B2

% Compliance with use of the SKIN bundle on A4

Date
% Compliance with SKIN bundle
Target Compliance 95%

Days between skin damage on B2
Values → Mean (15.0) → Lower (0.0) → Upper (53.0)
SKIN Bundle - Progress over 2½ years

Critical Care UHL

Skin bundle introduced May 2009

172 days

134 days since last hospital acquired pressure damage
• Cardiff & Vale UHB is the first Maternity Service in Wales to implement the Transforming Care Programme. Two clinical areas completed the first phase in March 2011.

• Benefits from the programme are evident in the ward areas and include:
  • Well Organised Ward - incorporating the use of PSAG boards.
  • Team focus with a contribution from all staff, including pharmacy.
  • Increase in time spent at the bedside following introduction of efficiency measures, such as labelling drug cupboards to reduce time wastage.
  • Audit results displayed for staff to demonstrate improvements in standards e.g. safety & reliability, staff attendance, patient satisfaction.
Transforming Maternity Services – Mini Collaborative

Multi-disciplinary 1000 Lives Plus Directorate working group set up in Cardiff & Vale UHB includes, Midwives, Obstetrician, Anaesthetist and Haematologist. This team have taken the mini-collaborative work forward.

Progress to date:

4 care bundles have been introduced:

- Admissions Bundle
- Recognition Bundle
- Response Bundle
- Sepsis Six bundle
Admissions Bundle

• All women admitted to Cardiff and Vale UHB maternity unit have a full set of observations on admission and a plan for the frequency of observations is made and communicated to all clinical staff via the patient status at a glance board (PSAG). A booking BMI is recorded in the woman’s handheld notes and a DVT risk assessment is recorded on the PSAG board.

• DVT risk assessment for use in childbirth has been developed by Cardiff & Vale staff and has been adopted across Wales for use.
Recognition Bundle

- Women are risk assessed using a track and trigger system (Maternity Early Warning Score Chart) and changes to maternal risk status are escalated appropriately. Women are screened for severe sepsis if found to be at risk. Communication is via an SBAR format and documentation has been adapted to incorporate this.

- Cardiff & Vale UHB staff introduced an Obstetric Alert course in 2008 to aid maternity staff in the recognition of the critically ill woman and deteriorating condition. Winners of a National Safety Award in 2010.
The Maternity Early Warning Score (MEWS) chart was introduced in Cardiff and Vale UHB in 2007 and is used throughout all stages of pregnancy, which is unique to Cardiff & Vale University Health Board. The benefits of this initiative have reduced clinical incidents relating to the non-recognition of the critically ill woman and improved outcomes for mother and baby.

The cardiac arrest team have access to the maternity unit and are familiar with the location of the department.
Sepsis Six Bundle

The aim is to treat women with severe sepsis with oxygen, fluids and antibiotics within 1 hour of diagnosis. Since the introduction of the bundle, compliance has been 100%.

Challenges:
• The Bundle is based on the non-pregnant population and diagnosis of sepsis in pregnancy can be difficult because the ‘normal’ parameters alter.
• An audit has been completed to inform and adapt the bundle to ensure that the clinical needs of pregnant women are met. This work will be shared at the next All Wales learning session on 24th November.
• The presence of a Blood Gas Analyser on the Delivery suite, which includes lactate analysis, is crucial to the implementation of the sepsis recognition tool and a bid has been submitted to procure this piece of equipment.
• The Directorate team have identified challenges in the IT infrastructure to support data collection and realise that the success of intervention is dependent upon accurate information.
Data Collection of Bundle Compliance

- ‘Patient Status at a Glance Boards’ are used to record the bundle data.
- **Staff training** has been key to ensuring accuracy of data collection, staff have undergone **one to one** training from the Directorate 1000lives team to assist them in collecting the data at the end of each shift.
- Data collection has commenced on the antenatal ward which has 10 inpatient beds. Lessons learnt from this service development will inform the introduction of data collection on the 44 bed maternity ward for all postnatal admissions.
- The plan is to roll out to the postnatal ward within 3 months.
- A reliable outcome measure of compliance with the bundles is the number of women transferred to critical care for on-going care. This outcome is reported on the Maternity dashboard and a decrease in the number has been noted.
VENTILATOR ACQUIRED PNEUMONIA PROGRESS

CENTRAL VENOUS CATHETER (CVC) SURVEILLANCE

The time period for this report is based on the insertion date. Therefore only records with the insertion date completed have been included for analysis. Patients that have not been on Critical Care for over 48 hours or have not had a line in situ for over 48 hours have also been excluded.

A total of 752 forms were received for January - December 2010. 751 (99%) of forms could be utilised for data analysis.

Table 1.1 Overall HELICS defined CVC infection rate for Cardiff and Vale University Health Board for the period 01/01/2010 - 31/12/2010

<table>
<thead>
<tr>
<th>Number of HELICS CVC infections</th>
<th>Number of critical care catheter days**</th>
<th>HELICS CVC infection rate*** (per 1000 critical care catheter days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3481</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* Where microbiological and clinical signs provided enable an infection to be deemed either as HELICS CVC infection or as a locally defined CVC associated infection

** Only catheter days up to discharge of patient from critical care are included. Number of critical care catheter days calculated = removal date - insertion date + 1 (unless the insertion date precedes the admission to critical care date i.e. insertion date is replaced by admission to critical care date, or if the removal date succeeds discharge date from critical care then removal date is replaced by discharge date)

*** Calculation of HELICS CVC infection rate = total number of HELICS CVC infections / number of critical care catheter days * 1000
Medicines Management
Safe Medication Practice Group

Audits completed/in progress
• Omitted and delayed medicines
• Preventing fatalities from medication loading doses
• Dosulepin use in Primary Care/dental treatment

Work on IV fluid/electrolyte replacement therapy
• Poor record keeping
• Few patients weighed
• Sodium prescribed probably excessive
• Potassium prescribed inadequate
• Apparent under use of dextrose 4% saline 0.18% solutions
Urinary Catheter Care Bundle

- **Situation:** Pilot project has shown good results. Time to spread!!!
- **Background:** Pilot undertaken in Medical and Orthopaedic wards.
- **Assessment:** Plan for spread needed. ? Mini collaborative approach ?drop in sessions for champions to spread the work ?a launch date for site by site rollout?  
- **Response:** 1. Identify champions to start the spread/rollout, 2. devise educational sessions that meet the needs of staff and the organisation in challenging financial times. 3. Produce duplicate copy insertion bundle paperwork to promote effective communication between hospital and community. 4. Spread!!
Theory to Practice – Our Experience With Catheter Care Bundles

Helen Bonello, Patient Safety Coordinator for Medicine & Vince Saunders, Infection Prevention & Control Nurse Specialist

Introduction

It is widely recognised that invasive devices such as urinary catheters can expose patients to a higher risk of developing a catheter associated urinary tract infection (CAUTI). As well as being expensive, CAUTI contributes to increased morbidity, mortality, prolonged hospital stays, plus pain and distress for patients.

Aims

Our aim is to reduce CAUTI by implementing evidence based practice in the form of a care bundle. As part of the 1000 Lives Plus Campaign nursing staff, health care support workers and infection, prevention and control nurse specialists have been involved in developing and implementing a catheter care bundle on two pilot wards. The bundle is designed to assist staff to deliver care based upon the best available evidence leading to the delivery of a quality and safe service. The bundle is based on four evidence based components of care, which are:

• Avoid unnecessary urinary catheters.
• Insert urinary catheters using aseptic techniques.
• Maintain urinary catheters based on recommended guidelines.
• Review urinary catheters necessity daily and remove promptly.

Methods

The two pilot wards were supported by a multi-professional group. Several versions of the bundles were discussed and adapted to meet the organisations needs. PDSA cycles were used to demonstrate a reliable and sustained change in practice. Staff feedback via PDSA cycles guided how we met their educational needs (fig2). It also facilitated practical changes to the documentation which in turn led to ward ownership.

The pilot wards were supported to collect their own data using the 1000 Lives Plus devised Safety Briefing form. Data captured includes the number of catheters in-situ, the number of patients whose catheter care was compliant with the insertion and maintenance bundles respectfully and the number of catheter associated infections identified on a daily basis. In addition a Safety Cross (fig1) is in place at ward level to display incidence data i.e. days between CAUTI.

Results

The true incidence of CAUTI is unknown within the organisation. However, base line data has indicated that although rates were low there was a need to demonstrate that effective catheter care was being delivered in practice. By implementing an insertion and maintenance bundle we have raised the profile of evidence based catheter care. Incidence data on one of the pilot wards has shown days between CAUTI have increased from 13 to 116 days over a seven month period. Also compliance with the insertion bundle (fig 3) has reached reliability with 100% compliance seen since March 2011. Compliance with the maintenance bundle (fig 4) is a mean average of 78% compliance over 21 weeks.

Conclusions

Our aim is to reach reliability with the maintenance bundle and to share our experiences from the pilot wards to assist this initiative in being rolled out across Cardiff and Vale UHB.

References

### Peripheral Venous Cannula Bundle

<table>
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<th>Mark insertion site</th>
<th>MAINTENANCE</th>
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<tbody>
<tr>
<td>Date of insertion:</td>
<td>R L</td>
<td>Date</td>
</tr>
<tr>
<td>Reason for insertion:</td>
<td></td>
<td>VIP Score: remove if 2 or above</td>
</tr>
<tr>
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</tr>
<tr>
<td>Aseptic Insertion:</td>
<td></td>
<td>pm</td>
</tr>
<tr>
<td>Hand hygiene, PPE, skin prep, dressing</td>
<td></td>
<td>Cannula still required? Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>am</td>
</tr>
<tr>
<td>Lot No:</td>
<td></td>
<td>pm</td>
</tr>
<tr>
<td>Size/Colour:</td>
<td></td>
<td>Dressing clean and intact? Yes/No</td>
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<td>Inserted by</td>
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</tr>
<tr>
<td>Contact No.</td>
<td></td>
<td>PVC procedures performed aseptically Yes/No</td>
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<td>Removed by- PRINT name:</td>
<td>pm</td>
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<td>Date removed:</td>
<td>Sign:</td>
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</tbody>
</table>

*Note: The table structure and columns are designed for tracking and monitoring the insertion and maintenance of peripheral venous cannulas, ensuring proper care and documentation.*
Peripheral Venous Cannula Bundle

- **Situation:** Piloted within Medicine
- **Background:** Evidence and information provided by PVC mini-collaborative and internal C&V group.
- **Assessment:** Lack of awareness amongst other health care colleagues.
- **Response:** Bundle to be launched within the generic risk assessment booklet in the next few weeks. Champions needed to raise the profile of it within their areas.
Infection Prevention & Control

**Clostridium difficile - Cardiff and Vale Jan 06 - August 11**

Numbers of Clostridium difficile in inpatients aged 66+ in Cardiff and Vale University Health Board for the period 01/04/2011 to 31/08/2011 - progress against baseline year (April 2010 - March 2011)
Infection Prevention & Control

MRSA BACTERAEMIA - CARDIFF AND VALE JAN 08 - AUGUST 11

Numbers of MSSA bacteraemias in Cardiff and Vale University Health Board for the period 01/04/11 to 31/08/2011 - progress against baseline year (April 2010 - March 2011)
Faculty For Quality Improvement

Established in January 2010 the ambition for the Faculty is:

“to play a major role in fostering a quality improvement culture by creating a dynamic environment where excellence comes as standard”

Key to the Faculty’s success is harnessing the tremendous potential and energy of our staff; particularly by engaging, encouraging and empowering them. As a result, the Faculty for Quality Improvement (FQI) embraces everyone, whatever their role, on the basis that every member’s contribution is essential to care quality.

The Strategy was approved by the UHB board in June 2011 and the Faculty will be launched in the UHB on Friday 18th November 2011
Faculty For Quality Improvement

The Faculty’s aims are:

1. Increase the quality, reliability and effectiveness of care (Best Care)

2. Develop a culture of 'continuous improvement' through developing a programme to support capacity and capability in healthcare improvement methodology and delivery at the coal face and in the educational settings (Best Place to Work)

3. Build and maximise collaborative relationships with partnership organisations that seek to advance and promote innovations in promoting and delivering health care (Best Health)

4. Add value and improve efficiency by focussing efforts that tackle Harm, Waste and Variation (Best Value)
Faculty For Quality Improvement

Eliminate harm, variation and waste

Develop a culture of continuous improvement and capacity building

Increase quality reliability and effectiveness of care

Collaborative and partnership relationships, to advance and promote innovation

Best for Patients & Citizens

Best health

Best value

Best care

Best place to work

Adapted from AQuA Alliance 2010
Faculty For Quality Improvement

The Faculty will:

• Support staff, giving them confidence and practical advice, enabling them to test their ideas and turn them into action.

• Develop training programmes in improvement techniques to enable staff to develop skills in improvement science.

• Harness the expertise of academic partners, including Cardiff University, to ensure staff at all levels have access to leading edge thinking and support.

• Work with research and academic partners to “bridge the gap” between academic and NHS services.

• Ensure public health issues are central to the work of the Faculty through close links with the Welsh Branch of Public Health Research.
Faculty For Quality Improvement

What difference will the Faculty make?

• Putting quality and safety above all else
• Investing in our staff through training and development to make sure they have the right tools to do their jobs well
• Always looking at ways of improving services, getting rid of waste, harm and variation
• Focusing on prevention, improving health, addressing inequality and making wellness and well-being priorities
• Working collaboratively with all our partners and stakeholders, including staff, patients, their carers and families
Hospital Acquired Thrombosis

Audit

- The UHB has collected audit data for 1 year
- These results were presented at each Thrombosis and Anti-Coagulation Group meeting and cascaded through the Divisions
- The results highlighted that there were pockets of good practice across the UHB but that work to achieve consistent compliance with the UHB Risk Assessment Tools was still required.
Hospital Acquired Thrombosis

To help achieve more consistent compliance across the UHB several actions are being taken forward:

• Improve internal communication and awareness by developing a Thrombosis and Anti-Coagulation Intranet page which will include:
  – Risk Assessment Tools
  – Information
  – Education Tool
  – Prevention tips
  – Intervention methods
  – Contact details

• Develop robust data collection system to ensure that progress with compliance can be measured and monitored

• Develop links with the Ward Dashboard to highlight daily or monthly compliance with the UHB Risk Assessment Tools

• Improve patient communication and awareness by include information about Hospital Acquired Thrombosis on the UHB internet and update the Plasma screens in patient areas on a regular basis
Extended thromboprophylaxis

- The UHB undertook a 3 month pilot of patient self administration of Enoxaparin. The pilot was identified due the lack of guidelines or education in place to support nurse facilitation of patient administration.

- The initial pilot commenced in January 2011 and results highlighted:
  - 93% of patients found that the assessment process was structured and easy to understand
  - 80% patients indicated they were very confident at self administering
  - 67% felt that the initial district nurse visit was important
  - The pilot has to date saved **130 hours** of District Nursing Time

- Following the success of the initial pilot the project will be expanded into Gynaecology and a triplicate pathway introduced.
PVC Bundle in Haematology

PVC and CAUTI bundles are being tested in a few areas. Roll-out plans will align to Transforming Care/SKIN Bundle.
First Episode Psychosis – Why this as a target?

- 2009/10 AOF included a requirement to develop EIP services in Wales… but this was “not advanced systematically”
- Interventions exist (bundles) which can improve outcomes and save lives but are rarely offered e.g. family intervention in psychosis
- IT Mental Health Core Group and Clinical Reference Group reinforced development of EIP services as a national priority
- Expert clinical group developed an intelligent target under chairmanship of Mary Burrows
- Congruent with ‘other end of the telescope’ perspective developing in Wales
First Episode Psychosis
AOF 2010 - 11

• Each HB to have an identified lead officer for EIP/FEP services development.
  – To be supported by a national network/collaborative
  – Share good practice & standardise measures/training/guidance
• Each CMHT to identify a lead EIP care coordinator who will be trained and equipped to deliver:
  – Prospective implementation of measurement of DUP early after diagnosis (first 6 months) for all new FEP patients in CMHTs using standardised methodology. Use of DUP, PANSS, GAF, MANSA, Service Engagement Scale, as part of routine initial assessment.
  – Retrospective case audit in each CMHT for all clients (last 12 months) with a diagnosis of psychosis who meet EIP acceptance criteria.
First Episode Psychosis Progress in Cardiff & Vale UHB

- Key challenge of establishing client group across geographical region
  - 7 CMHT’s
  - No reliable process for establishing client group – we just don’t know who they are!

- Decision to utilise existing electronic record system - PARIS

- Sampling frame
  - All new referrals to all teams April-Sept 2010
  - Inclusion criteria
    - “Any psychotic difficulties”
    - Excluded: Not new referral (duplicate records -reopened/existing client/sectorised)
    - Although majority of client fall within age group 14-35 – decision to include presentations across full age-range covered by 2nd care
First Episode Psychosis Progress in Cardiff & Vale UHB

• Develop protocol to identify clients with psychotic difficulties
• 2 methods
  – Electronic searches (H O’S and AV)
  – Identification of all Care Co-ordinators /case loads in ALL teams
    • Asked to indicate YES/NO to simple question
    – “Any psychotic difficulties”
• Results from 7 teams covering 97 care co-ordinators
• Total number of clients = 17
• Expect 67/annum in C&V
• Over 6 months expect 33-34
• Identified 17, i.e. 50%
First Episode Psychosis – Progress

Results fall into 3 areas:
• Descriptive
• extent to which Intelligent Targets met service outcomes

Results (April – Sept 2010)
• Total referrals – 2612
• Average per month – 435
• Average per team – 373

Descriptive Data
Gender and age

<table>
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<tr>
<th></th>
<th>Males</th>
<th>Female</th>
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<td>19-44</td>
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<tr>
<td>Average Age</td>
<td>32.5</td>
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</table>
First Episode Psychosis – Progress

Intelligent Targets: duration of untreated psychosis
• Mean = 4.4 months
• Median = 2 months
• Range = 0 (<1 month) to 24 months – Robustness of DUP data?

Timely & Appropriate Management
• Compliance with NICE Guidelines
• Anti-Psychotic Prescribing
  • Offered = 100%  Received = 94%  Reviewed = 94%
• Health Screening - Offered = 47%  Carried out = 47%

NICE Psychological Treatments
• CBT for Psychosis  Offered = 23.5%  Provided = 6%
• Family intervention for psychosis  Offered = 6%  Provided = 0%

Meaningful employment/education
• 1 person has 1 day voluntary work
First Episode Psychosis – Progress

Service Outcomes (n=17)

Number of Admissions
• Median = 1  Range = 0.3

Average Length of Admission (weeks)
• Mean = 4, median = 2  Range = 0-20

Service Outcomes for 17 EI clients

Cost of Inpatient Services
• Total number of weeks admission = 71
• Cost/week = £769
• Estimated cost of 17 EI clients/annum (i/p costs) = £54599
• Average cost/client/annum = £3211
First Episode Psychosis – Progress

FEP Target 2010-11 and 2011-12

2010/11 establish baseline normative data
• Appoint a lead officer for EI/FEP
• Measure DUP
• Measure service engagement, social functioning, mental state, access to NICE recommended interventions

2011/12 targets based on baseline normative data…but probably
• Reduce DUP to median of 3 months
• 60% of FEP clients to be in meaningful employment or education after 3 years
• Improved access to NICE recommended treatments, engagement rates, better symptom profiles…
• Improvements to physical health monitoring and interventions
First Episode Psychosis – Summary

- Appear to meet target for DUP (<less than 3 months) – although questionable data due to methodologies employed. Requires triangulation.
- Good compliance with NICE anti-psychotic prescribing, including reviewing medication
- Health screening = 50%
- Low rates of psychosocial interventions, i.e. CBT = 1/20, family interventions = nil
- Average admission = 1 month
- 2/3 detained
- 25% clients account for 50%
Patient Stories

- 650 patient stories have been listened to and services improved as a consequence.
- Patient stories are presented at Board level and at the Quality and Safety Committee to keep the patient at the forefront of our work within the UHB
- Stand alone workshops are available for all members of staff to attend so that they understand the “power” of a patient’s story/experience
- Safety and quality of patient care is being enhanced and improved through patient stories
Further information is available from:

- Patient Safety WalkRounds – Paul Nash
- RAMI – Joy Whitlock
- Transforming Care in T&O – Helen Luton
- Falls – Amanda Ryan
- SKIN Bundle – Gemma Ellis, Alison Evans & Siân Rowlands
- Transforming Maternity Services – Mary Coakley & Ann Morgans
- Urinary Catheter Care Bundle – Helen Bonello
- Faculty – Maureen Fallon
- Thrombosis – Cari Randall
- First Episode Psychosis – Andrew Vidgen & Helen O’Sullivan
Key contacts for Cardiff & Vale University Health Board

Joy Whitlock, Quality & Safety Improvement Manager (Key Contact)
Ruth Walker, Executive Director of Nursing (Executive Lead)
Dr Graham Shortland, Executive Medical Director (Executive Lead)
Fiona Jenkins, Executive Director of Therapies & Health Science (Executive Lead)
Dr Sharon Hopkins, Executive Director of Public Health (also covering Mental Health and Primary and Community Care) (Executive Lead)
Robert Williams, Assistant Director Patient Safety & Quality