

CYFARFOD BWRDD IECHYD PRIFYSGOL UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 th November 2015
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mortality and Harm – Using Data for Quality Improvement
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Dr Philip Kloer, Medical Director and Director of Clinical Strategy
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Philip Kloer, Medical Director and Director of Clinical Strategy

Pwrpas yr Adroddiad (dilewch fel yn addas) Purpose of the Report (delete as appropriate)		
Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
	✓	

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>Hywel Dda University Health Board's highest priority is to provide safe, high quality services within our resources. Our established quality and safety framework provides the Board and our patients and public with the assurance that our services are safe. We are committed to the transparent publication of a wide range of quality markers, safety indicators and mortality data and we constantly review our performance against best practice.</p> <p>The measurement of mortality statistics to help learn about the care we provide is well recognised. The extent to which statistics and in particular the use of single figures and data sets actually help our learning and identify problems of care is highly questionable. As stated below, these statistics may not be a meaningful measure of quality of care. Therefore we have to develop a number of different ways to measure quality of care from mortality statistics. This paper sets out the main areas we are developing and intending to use to replace single data sets such as the Risk Adjusted Mortality Index (RAMI).</p> <p>It must be remembered that the measurement of mortality statistics and mortality reviews is only one area by which the Health Board measures the quality of care in addition to other means, outcomes and in particular the assessment of patient experience.</p>
<p><u>Cefndir / Background</u></p> <p>In June 2014 Professor Stephen Palmer published his report and independent review of the risk adjusted mortality data 'RAMI' for Welsh Hospitals considering to what extent these measures provide valid information. Amongst his many conclusions was the fact that there are major problems in trying to derive any meaning from (Risk Adjusted Mortality Index) 'RAMI' in Wales and that the data are 'not a meaningful measure of quality of care.'</p> <p>It is important to consider the conclusions that Professor Palmer came to. He has made a number of recommendations as to how Health Boards should use clinical data effectively for</p>

quality improvement.

- National peer reviewed audits of clinical specialties are an important driver for clinical quality improvement.
- The use of condition specific mortality statistics at a UHB level is important to track changes in outcomes.
- There is a critical role in the review of hospital records and case note reviews.
- The accuracy and depth of coding (how we report our patient episode in hospital) is important and fundamental to developing any useful measurement of the quality of care. This requires the full participation of clinicians.

Asesiad / Assessment

Responding to Palmer Providing Board Assurance

Professor Palmer's report provides the Board another opportunity to review the use of this information and how the Health Board can use it to help drive improvements in patient care. The four specific areas he identified are part of our routine improvement activity.

Since the publication of this report learning from mortality and harm indicators has been a considerable part of the work of the Quality, Safety and Experience Assurance Committee (Quality and Safety Committee previously). Through this Committee the Board has received an understanding and assurance of the work being undertaken to implement the recommendations from the Palmer report and the actions being taken to ensure continuous improvement.

QSEAC is monitoring a number of actions to address issues raised in a number of indicators. These papers and action plans can be found on the Health Board's website via the following links:

- Public Board 28 May 2015 SBAR - Quality Indicators at Glangwili Hospital SBAR
<http://www.wales.nhs.uk/sitesplus/862/opendoc/266881>
<http://www.wales.nhs.uk/sitesplus/862/opendoc/266882>
- QSEAC 20 October 2015 Item 11. SBAR - 2015 Action Plan in response to Quality Indicators at Glangwili General Hospital with updates enclosed within the Action Plan
<http://www.wales.nhs.uk/sitesplus/862/page/83821>

National Clinical Audits

The Clinical Audit Department for Hywel Dda UHB monitors participation of all National and Local Clinical Audits carried out across the Health Board, including community, Primary Care and Mental Health & Learning Disability Audits. This also includes the monitoring of all NCEPOD studies.

The Department works with auditors, managers and clinicians to ensure that all national audit is supported, monitored and reported. Clinical Audit Facilitators are assigned a number of national audit projects that they are responsible for monitoring in addition to the offering of

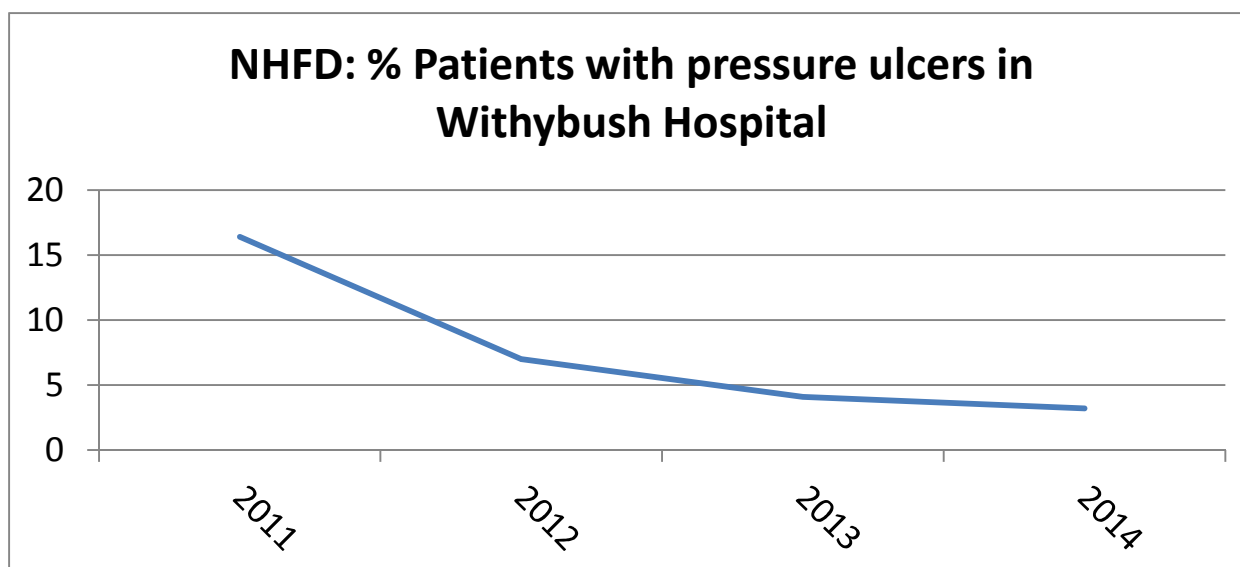
further support from the team. One of the primary aims of the Department is to ensure that all audits carried out include a robust action plan for implementing recommendations. These action plans are scrutinised by Clinical Audit Support Committees.

Bi monthly Audit meetings are conducted at all four main hospital sites. Shared learning and outcomes from national and local audits are discussed at these forums as well as feedback given to proposed action plans.

The Clinical Audit Department is integrating with the Service Improvement Team and links are being developed to ensure that audit recommendations/outcomes are being implemented effectively.

Specific work into some key national audits has been undertaken:

- **HIP FRACTURES:** The Orthopaedic team at Withybush General Hospital hold monthly meetings to address the outcomes of the National Hip Fracture Database audit. With support from the Clinical Audit Department the team has in past years dramatically reduced the number of pressure ulcers by targeted approach from the clinical team as well as improving the quality of collected data. The group continues to meet and influences process decisions at other sites.



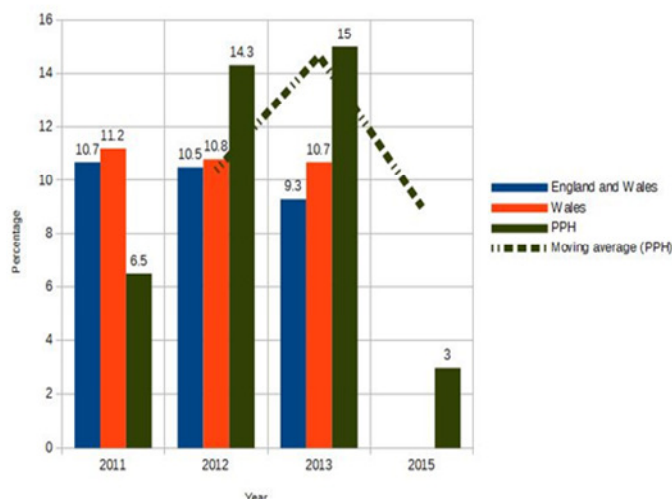
- **STROKE:** Sentinel Stroke National Audit Programme data is reviewed on a regular basis by a Health Board wide Stroke Steering Group. Real time data is also used to supplement the quarterly reports produced by SSNAP and clinical improvements are being made with regards to Stroke Services such as the establishment of an acute stroke unit at Prince Philip Hospital.
- **MYOCARDIAL INFARCTION AND CHRONIC HEART FAILURE:** A Cardiac Services Programme Group was set up to address data collection issues surrounding the mandatory national cardiology audits. This group has worked to identify resource needs as well as the best approach to ensure full participation across the Health Board. We are developing a mechanism to ensure that data is captured in a consistent manner across the Health Board.
- **INFLAMMATORY BOWEL DISEASE:** The Service Improvement Team have worked with clinicians to support a business case for an increase in the number of IBD nurses

in order to meet recommendations made in the National IBD audit report. Progress is being made and financial projections are being drawn up in a co-ordinated effort with both the Finance and Medicines Management Departments.

- **DIABETES (INPATIENTS)** Clinical teams have been working to improve on results from the National Diabetes Inpatient Audit (NADIA). Focussing on the results from the audit has led to many improvements in the care of diabetes in hospital, including patient identified as being diabetic on the end of beds, stamps in notes, protocols and guidelines. The graph below shows how the audit provided a focus for improvement on hypoglycaemia and the impact on the reduction of severe hypoglycaemic events in Prince Philip Hospital.

Severe Hypos

Chart 2: Percentage of Patients having severe hypoglycaemic events
Source: National Diabetes Inpatient Audit (2011 - 2013), DPP Project Data (2015)



- Severe hypos cause the highest mortality and morbidity
- 2012 and 2013, PPH had more patients experiencing minor hypo than England and Wales average
- Considerable drop from 15% in 2013 to 3% in 2015

An ongoing staff training programme has been set up to improve skills and knowledge in the care of patients with diabetes in hospital. In addition to this the “THINK Glucose” Campaign has been developed to optimise inpatient care for patients with diabetes initiates and implements a local programme of audits to address key issues.

Mortality Measures within Clinical and Diagnostic Groups

The Health Board commissioned specific reports from CHKS on mortality data from acute surgical patients and emergency medical services in the acute hospitals, to provide assurance that the board is operating safely.

Acute Surgery

- The clinical lead for surgery has worked with the surgical services and information experts from both CHKS and Hywel Dda to better understand the information from

CHKS, and help inform CHKS about service configuration so that this can be factored into their calculation.

- The indicators give a picture that suggests improvement in some indicators such as an improvement in non-elective surgical mortality rate within 30 days since 2013, with other areas highlighted for improvement. The surgical lead has reviewed the report in conjunction with the National Emergency Laparotomy Audit (NELA) and is working with 1000 Lives to undertake a focussed programme of improvement work in this area at GGH.

Emergency Medical Services

- The Board's acute hospitals have a high level of emergency admissions for the older age groups but across its hospitals a comparatively lower mortality rate for these age groups.
- The Health Board has the highest emergency medical admissions in Wales in the 75 – 84 age group but crude mortality rate is the lowest in Wales at 8.3%. (Range 8.3% to 9.4%)
- The Health Board has the second emergency admission rates in the over 84 year olds and the second lowest mortality rate at 14.3%. (Range 13.5% to 17.3%)

However, an analysis by individual hospital shows that both Glangwili and Prince Phillip hospitals are above the Welsh mortality rate for the 85 plus age group with a rate of 16% and 15% respectively. (Range 11% to 22%)

An analysis by ICD conditions shows that the Board compares less favourably than the peer for patients with a discharge diagnosis of Septicaemia; Myocardial Infarction; Heart Failure; Stroke.

This led to further work, examples of which are provided below.

Stroke – The national clinical audit from the Royal College of Physicians of London allows the stroke team to look at process and early outcome measures. This tool enables them to review each patient that passes through our service and identify where care can be improved. Stroke teams have reviewed deaths and identified a high number of haemorrhagic strokes presenting at GGH compared to other hospitals. These types of strokes are associated with a higher mortality rate. Further work is now on-going to see investigate the cause for the levels of haemorrhagic stroke at GGH.

Pneumonia and sepsis – Following respiratory specialist investigation, this has been integrated into the work of the Rapid Response to Acute Illness team. This work has followed the National 1000lives+ methodology and uses process measures to improve the ability of the acute hospital staff to respond to acute illness in hospital such as sepsis. Their work is published and reports to the Quality and safety subcommittee of the board. The NEWS early warning system is in use throughout the Health Board has contributed to the recently reported Wales-wide reduction in deaths from Sepsis.

Myocardial Infarction (MI) / Heart Failure – The Cardiac team and Clinical Lead in GGH are reviewing the information provided in the latest CHKS report, in conjunction with information from National Clinical Audits.

End Of Life Care – This group has reviewed current End-Of-Life-Care services in secondary care and identified areas of good practice. They have developed a plan to expand this practice equitably across all sites. Withybush Hospital is piloting an end of life care development facilitator and they have applied to be a RCP Future Hospitals demonstration site for End of Life care. The AMBER care bundle for EOL care will be also be piloted in two wards each in Glangwili and Withybush.

In addition the Medical Director and Nursing Director have engaged senior multi-professional clinicians in a focus on improving our processes and outcomes in relation to Hospital Acquired Thrombosis (HAT) and Healthcare Associated Infection (HCAI). This work will involve leadership medical, therapies, nursing and medicines management teams in collectively working to reduce rates of healthcare associated infections and thrombosis, and also improve associated process measures including risk assessment and handwashing.

Mortality Case Note review

Since February 2010, the Health Board has had a continuous review of case notes of people who have died. To date at Bronglais General Hospital 91%, and at Withybush General Hospital 88% of cases have been reviewed. Of these, 6.3% of were referred for further examination. The learning from these reviews is highlighted to clinical teams as well as a monthly report to the Chief Executive, the Health Board Executive and management teams. This process is evolving in line with the national mortality review process.

Routine case note reviews in Carmarthenshire were temporarily stopped by the previous Operational team and Medical Director in 2014 due to operational pressures. A more in depth review of selected surgical and medical case notes was undertaken during this period under the direction of the former Medical Director. This involved an initial review by two Associate Medical Directors of cases who had died and who had a high RAMI score (ie a low predicted chance of dying). A further more detailed review of the same cases was undertaken by a third Associate Medical Director who took advice from a range of senior colleagues from different specialties. The review provided assurance that there was no significant harm or avoidable mortality identified in the cases reviewed.

The hospital site leads are setting up Task and Finish groups to put in place the processes required to restart the weekly mortality review process in Carmarthenshire by 11th January 2016 in line with the evolving national case note review process. It has been considered that the in-depth review process, and speciality specific review provide a significant level of assurance, and that efforts are best targeted at restarting the case note review process rather than reviewing all cases in 2015.

As can be seen in the links to the papers above, Quality, Safety & Experience Assurance Committee are monitoring actions plans across a range of indicators to ensure that there is a continuous improvement in care.

Quality Metrics Reported To the Board

The Quality, Safety & Experience Assurance Committee, on behalf of the Board, discusses and monitors a suite of indicators at its regular meetings to provide assurance to the Board on the safety of services. These indicators are published in a prominent place on the Health Board's internet site. In addition to this, the UHB publishes our information in line with Welsh

Government's publication scheme.

Coding is the classified interpretation of clinical notes to provide routinely collected clinical data. Adjusted mortality markers use coded interpretation of patients notes to infer whether the patient was dying avoidably or not. The Health Board has had in depth analysis and investment into coding services and is 98-100% compliant within three months of leaving the hospital and achieved 100% compliance for the year end position. The Health Board was a finalist in the CHKS Data Quality Award for its clinical coding.

Harm 2 Study

A three year research project led by Dr Sharon Mayor from Cardiff University involves a longitudinal measure of harm across NHS Wales. The Health Board reviewed data for Bronglais General Hospital and Withybush General Hospital (Glangwili and Prince Philip data has yet to be received). The Health Board is starting to triangulate the study findings with the information from DATIX and our mortality reviews information. The harm research provides an unbiased external scrutiny which has been useful to validate where we are and what we thought we knew from our existing systems and processes.

Hywel Dda University Health Board's highest priority is to provide safe, high quality services. The information provided by Professor Palmers report has been adopted by the clinical teams and helped engage the teams and steer the focus of the work.

Argymhelliad / Recommendation

The Board is asked to **CONSIDER** this report and **ENDORSE** the current approach in using data for quality improvement purposes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

Standard 2.1 Managing Risk and Promoting Health and Safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

Amcanion Strategol y BIP:
UHB Strategic Objectives:

Hywel Dda University Health Board's highest priority is to provide safe, high quality services within our resources.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base:

Review of the use of risk adjusted mortality data in NHS Wales. Professor Stephen Palmer June 2014

Rhestr Termiau:
Glossary of Terms:

Explained in report

Partïon / Pwyllgorau â
ymgynhorwyd ymlaen llaw y
Cyfarfod Bwrdd Iechyd Prifysgol:
Parties / Committees consulted
prior to University Health Board

Contributions from Associate Medical Directors

Meeting:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / VFM:	N/A
Risg / Cyfreithiol: Risk / Legal:	Paper for information explaining how the Palmer report has been used within the Health Board
Ansawdd / Gofal Claf: Quality / Patient Care:	Hywel Dda University Health Board's highest priority is to provide safe, high quality services within our resources
Gweithlu: Workforce:	N/A
Cydraddoldeb: Equality:	Not required paper for information explaining how the Palmer report has been used within the Health Board