

Heart Failure

The Scottish Patient Safety Programme – Acute Adult Progress & Plans

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Healthcare is dangerous!

The Telegraph

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NHS hospitals more dangerous than bungee-jumping

Hospital acquired infections or medical errors are more likely to cause death than extreme sports such as high-altitude mountaineering and bungee-jumping, research has found.

By Laura Donnelly, Health Correspondent


12:37AM BST 29 Jun 2008


 Comment

The risks from infection, mistakes over drugs and failings in care mean that nearly one in 100 patients admitted to an NHS hospital will die an avoidable death, compared with one in 1,000 of those taking part in dangerous sports.

The findings define health care as a "hazardous activity" for patients and compare it unfavourably with air travel and the nuclear power industry, both of which carry a one in 100,000 risk.

The research, which was compiled by the NHS National Patient Safety Agency and the health care charity, the Health Foundation, reveals that up to 104,000 patients die each year as a result of poor infection


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Health
News »

Drug Errors
PVC Infection
Urinary Tract
Infection
Hospital Acquired
Pneumonia
Falls
Renal Failure
Anticoagulation

How does that compare?

- Less than one death per 100,000 encounters (very safe)
 - Nuclear power
 - European railroads
 - Scheduled airlines
- One death in less than 100,000 but more than 1,000 encounters (regulated)
 - Driving
 - Chemical manufacturing
- More than one death per 1,000 encounters (dangerous)
 - Bungee jumping
 - Mountain climbing
 - Health care

If 99.9% were okay...

- 37,000 cash machine errors per day
- 84 unsafe landings per day, one crash every five days
- 2 babies given to the wrong parents every day...

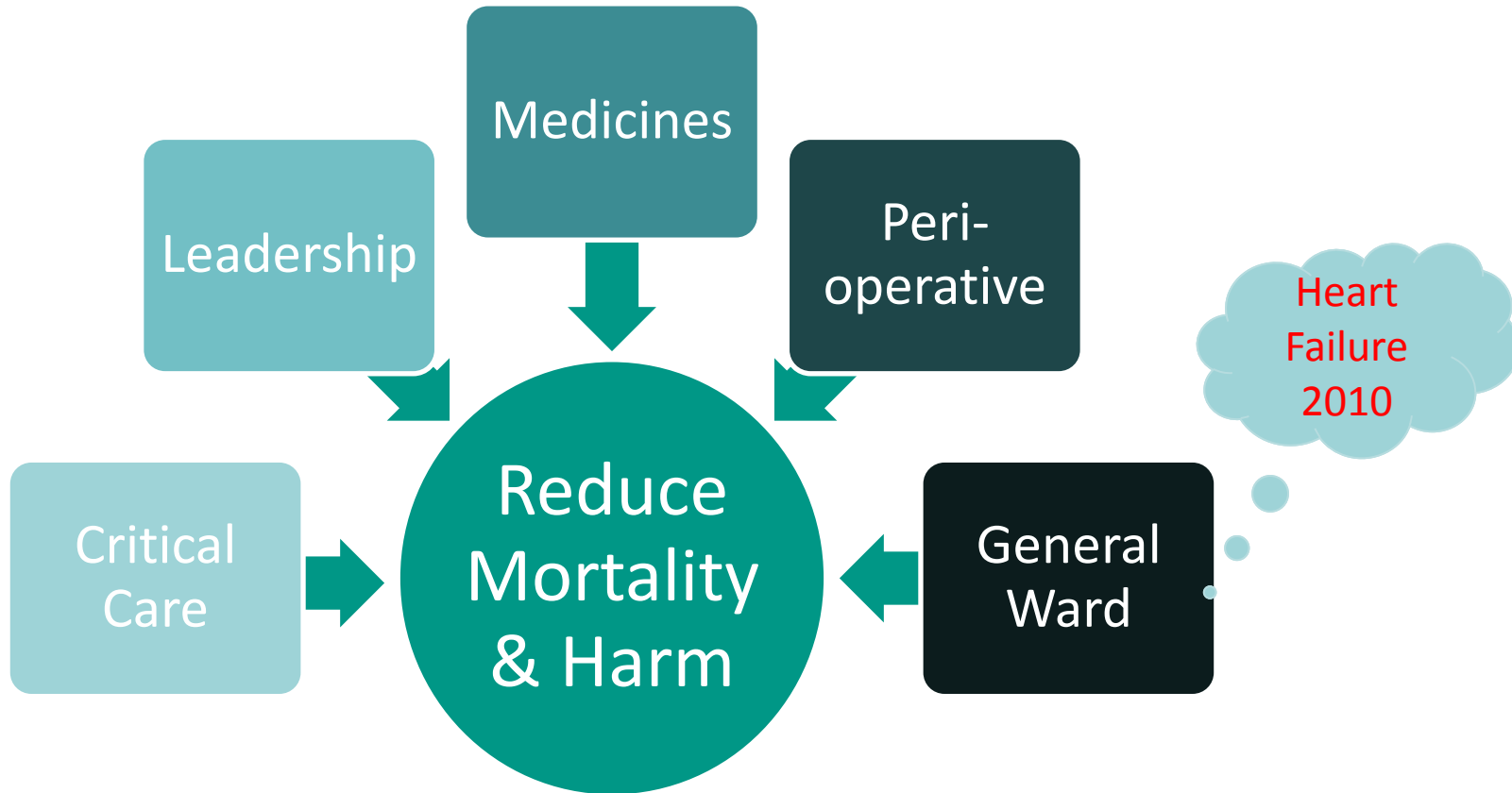


The Scottish Patient Safety Programme

"The Scottish Patient Safety Programme, marks Scotland as a leader, second to no nation on earth, in its commitment to reducing harm to patients, dramatically and continually."

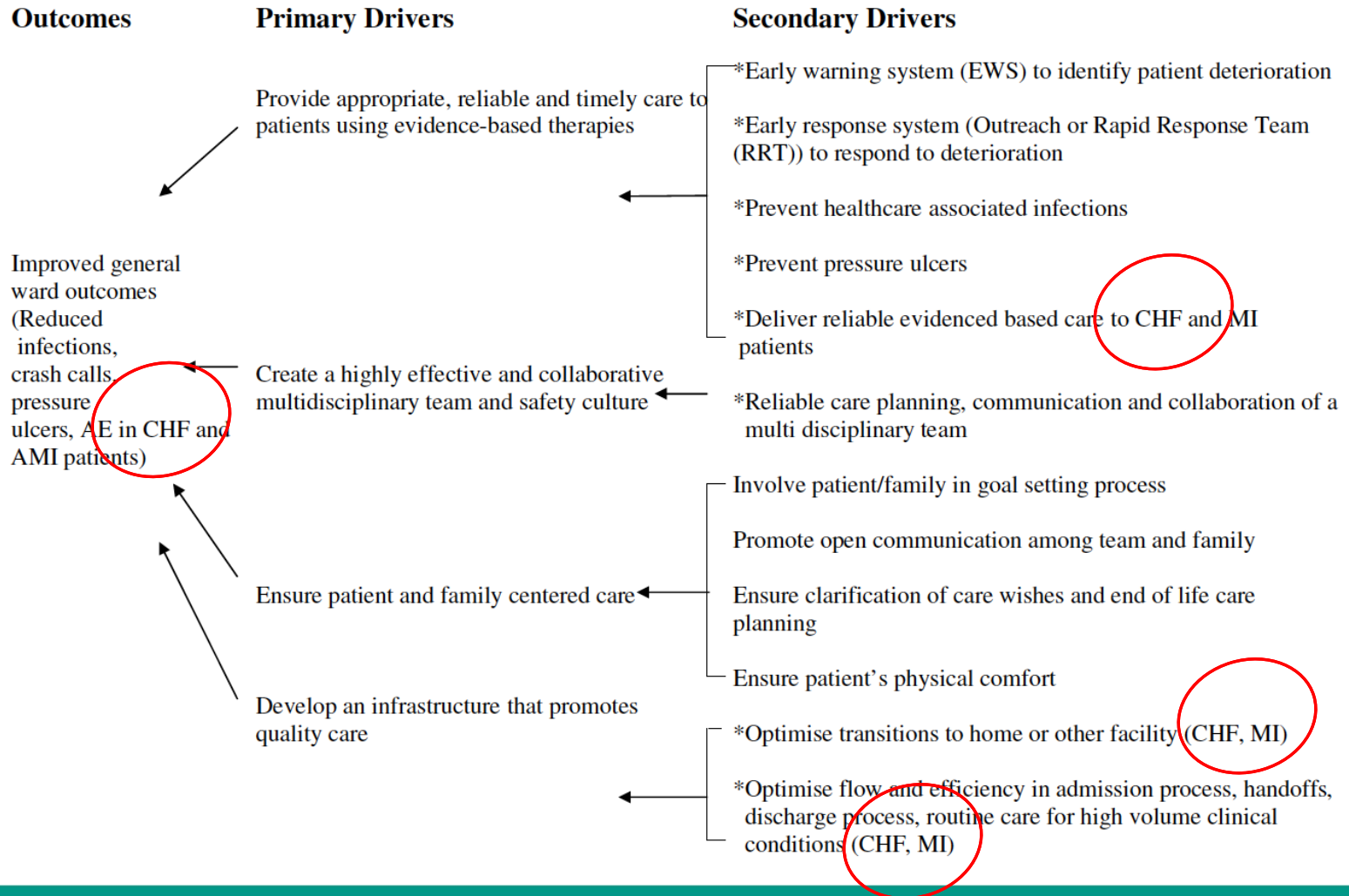
Donald Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement

SPSP – Acute Adult 2008



Scottish Patient Safety Programme

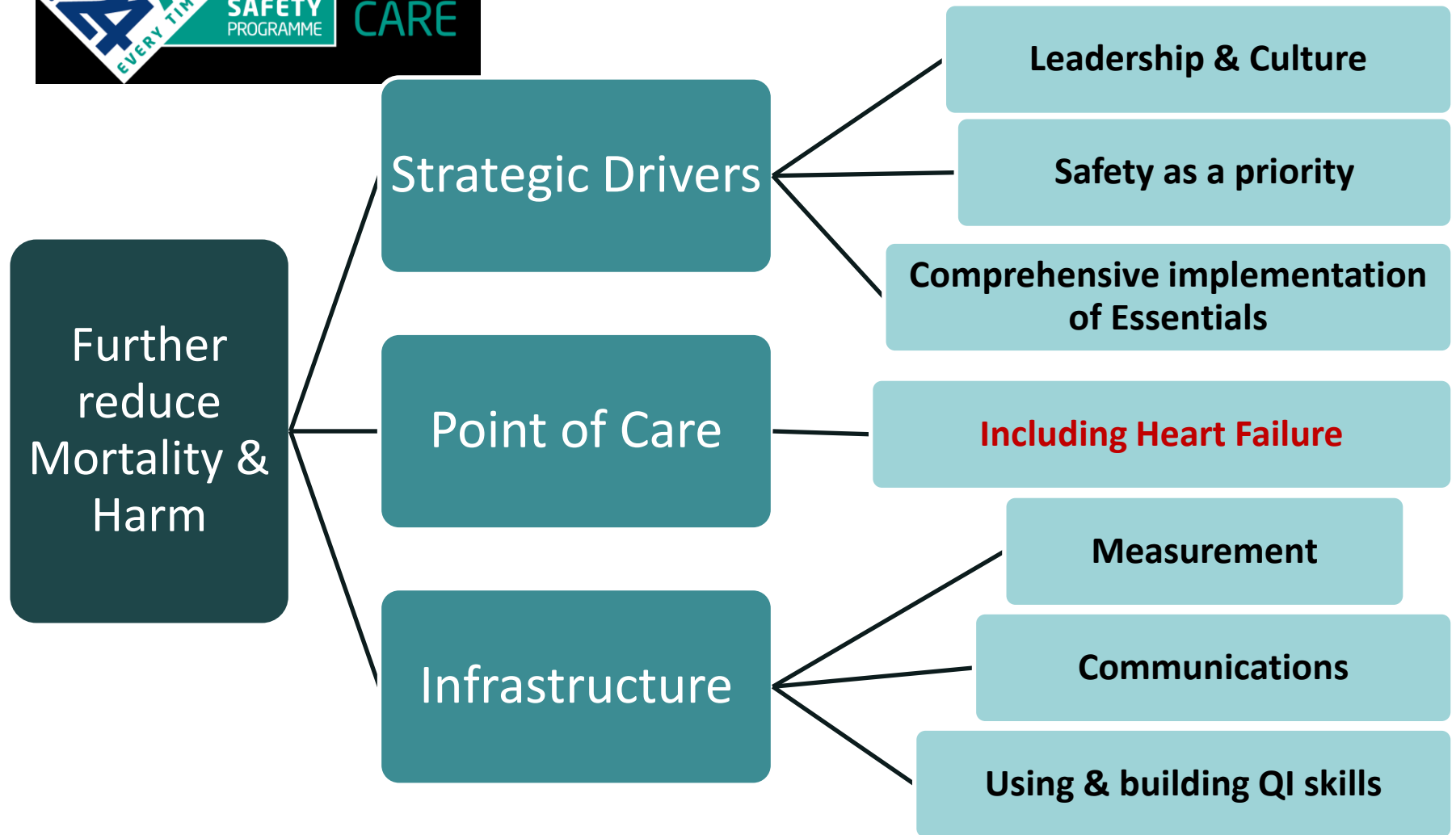
General Ward Care Driver Diagram and Change Package





Lessons from Life – NHS Tayside

SPSP – Acute Adult 2013



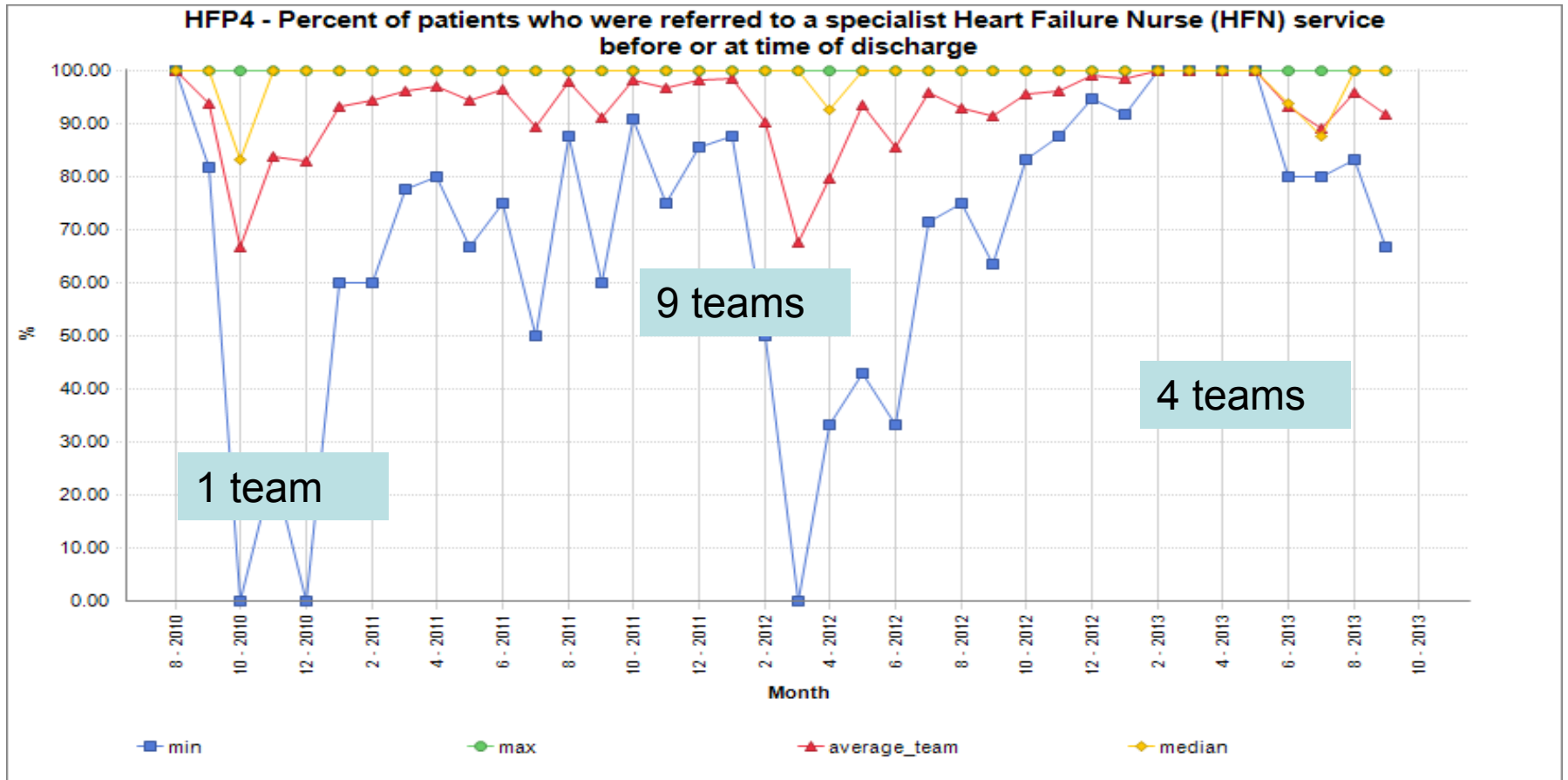


SPSP Aims (10 safety essentials)

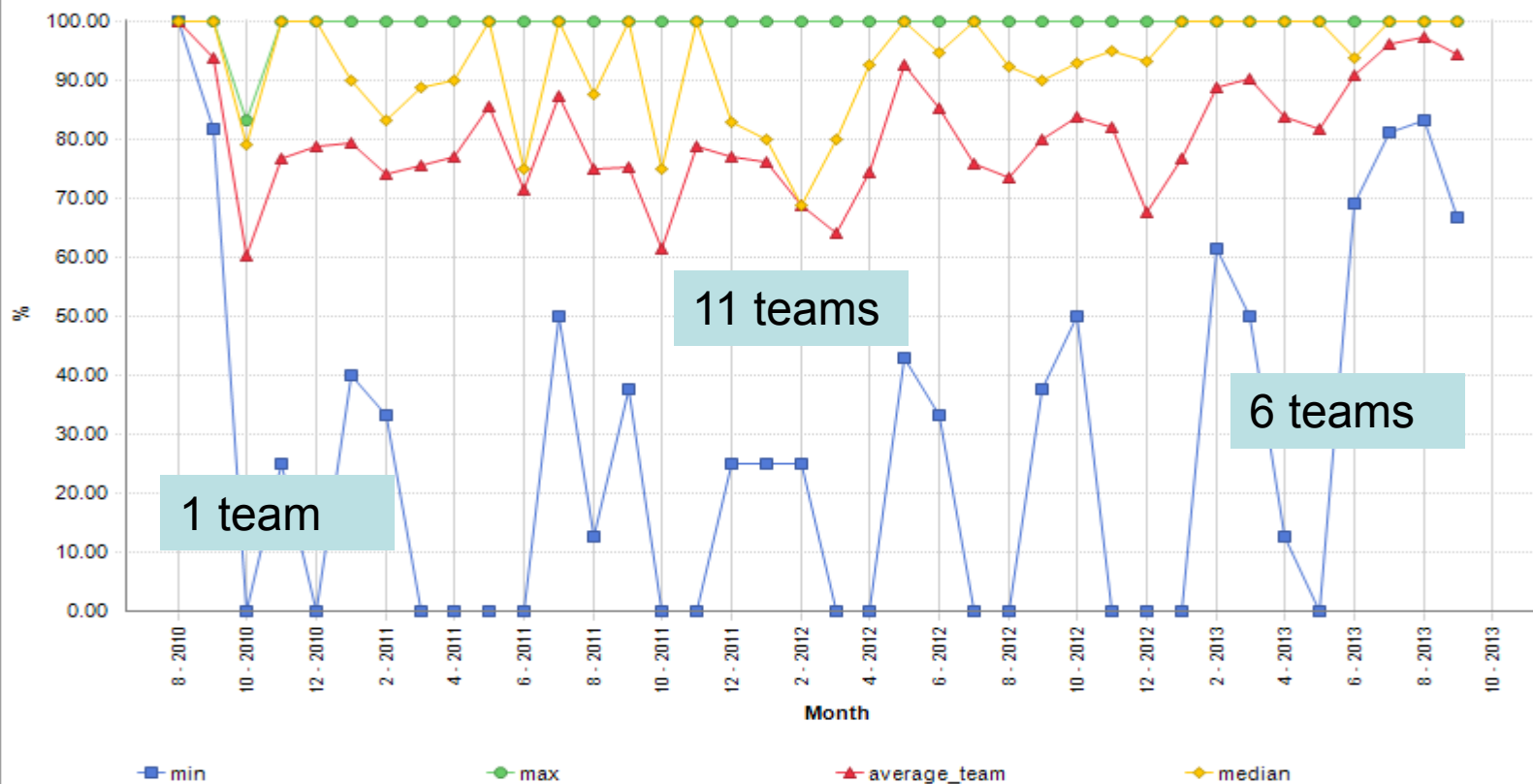


Where are we now...

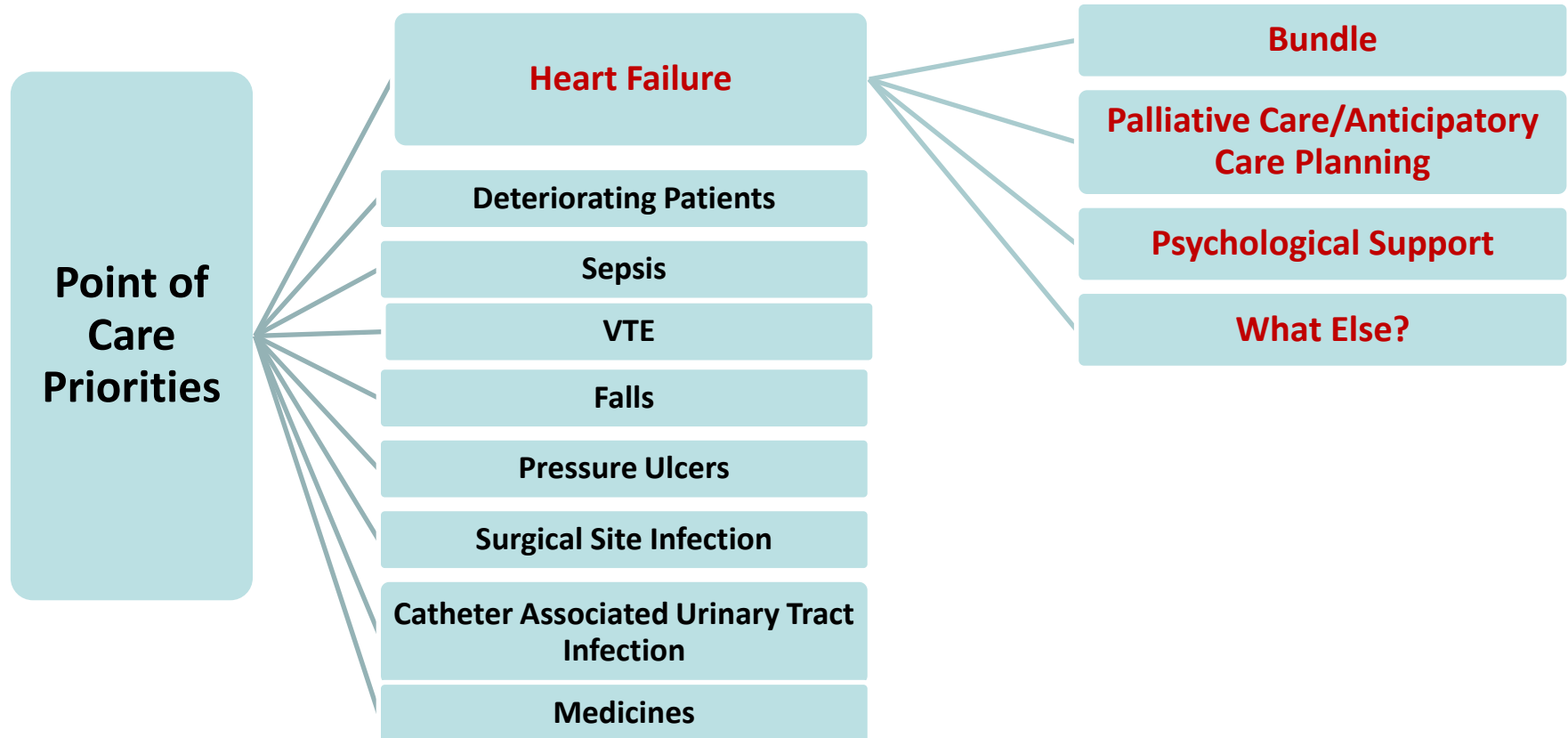
1. Current Data
2. Point of Care Priority
3. Heart Failure Hub



HFP1 - Percent compliance with Heart Failure Bundle



Point of Care Priorities



Driver Diagram

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
Deliver reliable, evidence-based care for patients with heart failure (HF) secondary to LVSD	Expert review during admission	<ul style="list-style-type: none"> Review and confirmation of the diagnosis and aetiology Further investigations to exclude reversible causes Review of medications for potential interactions, side effects and unnecessary drugs Consideration of DVT prophylaxis and the need for long term anticoagulant therapy Use of intravenous and oral diuretics Consideration of device therapies (ICD, CRT) Consideration of advanced heart failure therapies (LVAD, transplant) Consideration of palliative care involvement
	Evidence based drugs prescribed during in-patient stay	Consideration or prescription of evidence based drugs <ul style="list-style-type: none"> ACE inhibitor Beta blocker (or ivabradine if not tolerated/contraindicated and in sinus rhythm), MRAs (mineralocorticoid antagonists) Angiotensin receptor blocker
	Referral to specialist Heart Failure Nurse service before or at time of discharge	Care package that address all of the following: <ul style="list-style-type: none"> Smoking cessation advice and counselling activity level diet, including salt intake discharge medications self-care - weight monitoring, oedema monitoring adjusting diuretics advice on what to do if symptoms worsen regular blood chemistry checks optimisation of drug therapy consideration of device therapies (ICD, CRT) links to patient support groups



Making it all happen...

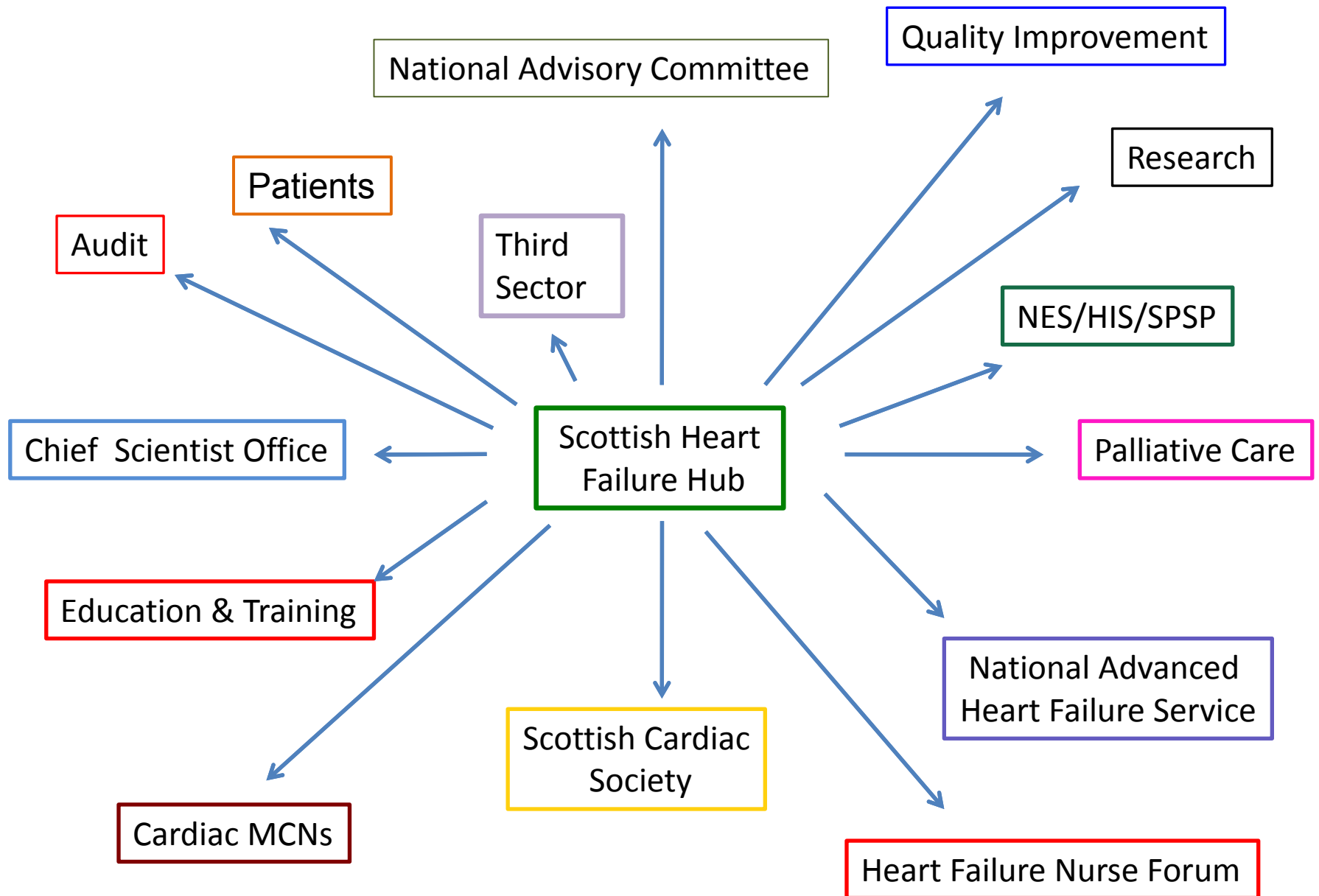
The Heart Failure Hub

- Quality Improvement Strategies (Including Implementation of the SPSP HF bundle)
- Ensuring strong links to existing palliative and end of life care networks in
- Improving information and monitoring of heart failure services
- Hospital coding for heart failure (to allow patients with reduced and preserved heart failure provision to be distinguished)
- Identify and share or develop models of care to support (urban and remote and rural; primary, secondary and tertiary care; diagnostic pathways; outpatient clinic models; genetics of heart failure)
- Training and education – Different approaches to training and education of healthcare professionals will be considered.
- Improving the provision of psychological support for patients with heart failure



SPSP Infrastructure

- Bi- monthly WebEx
 - Next on 13th December 10 -11 a.m.
- Learning Sessions – topic specific
 - Ensuring Success in Heart Failure – 28th Feb 2014
 - Every 6 months
- Support from national team
 - Small but perfectly formed!
 - Supporting & assessing progress in Boards
 - We're here to help, we need your help
 - A Community Site on the Knowledge Network





Ensuring Success in Heart Failure in Scotland 2014

- Building of previously successful meetings
- Less of a talking shop!
- More of a doing shop!
- Invitation to all boards via Clinical Leads and SPSP programme managers
- Collaborative supported working model

Learning & Connecting

Organisational Self Assessment

