Breakout session: Quality Control

What does that mean for the Scottish Patient Safety Programme?

Alison Hunter
Alison Redpath

Supporting better quality health and social care for everyone in Scotland
What *can* SPSP quality control?

**Quality Control**
*(maintain quality and know when it slips)*

- Embed mechanisms into teams/services so they can detect variation from agreed standards/desired quality

High-level Quality Management System Framework (working draft 2)
What *does* SPSP quality control?
What?  How?  What for?
But...... 2011-2012
Data is submitted

Data is shared

Data is reviewed

Boards can offer context

Feedback is provided
Reducing measures

SPSP Acute Adult - no. of measures for national reporting

- 2011: 90
- 2014: 50
- 2018: 10
Data management

- How do we get it?
- How do we work with it?
- What do we do with it?
- How do we share it?
<table>
<thead>
<tr>
<th>Measure Status Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Change</strong></td>
</tr>
<tr>
<td>No shifts or trends, as defined below, on the run chart.</td>
</tr>
<tr>
<td><strong>Improvement</strong></td>
</tr>
<tr>
<td>Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all below the extended median (a shift) or 5 consecutive data points are all decreasing (a trend)</td>
</tr>
<tr>
<td><strong>Sustained Improvement</strong></td>
</tr>
<tr>
<td>The most recent median is at a lower level than the baseline New median drawn when 9 consecutive data points on the run chart are all below the extended median (a sustained shift)</td>
</tr>
<tr>
<td><strong>Sustained Improvement &amp; Meeting Aim</strong></td>
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<tr>
<td>There is a sustained improvement with the most recent median achieving the aim</td>
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<tr>
<td><strong>Meeting Aim</strong></td>
</tr>
<tr>
<td>No change but performance has been at aim level since baseline period</td>
</tr>
<tr>
<td><strong>Deterioration</strong></td>
</tr>
<tr>
<td>Within the most recent 12 data points on the run chart, 6-8 consecutive data points are all above the extended median (a shift) or 5 consecutive data points are all increasing (a trend)</td>
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<tr>
<td><strong>Sustained Deterioration</strong></td>
</tr>
<tr>
<td>The most recent median is at a higher level than the baseline New median drawn when 9 consecutive data points on the run chart are all above the extended median (a sustained shift) OR if the baseline median was zero then 6 consecutive or 7 out of 12 points above zero</td>
</tr>
<tr>
<td><strong>Not enough data to make assessment</strong></td>
</tr>
<tr>
<td>Not enough data has been reported to allow assessment for improvement from baseline (This means enough to produce a baseline plus six points, in general this means 18 data points for an outcome measure and 12 for a process measure)</td>
</tr>
<tr>
<td><strong>No recent data</strong></td>
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<tr>
<td>Data has not been reported for 12 months or more, so no assessment can be made</td>
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</table>
Aggregating the data

Total rate of Cardiac Arrest for 16 hospitals which have reported consistently from Mar '13 to Mar '19

Baseline Median 1.86

Current Median 1.36
Reduction from Baseline = 27%
Data for learning

Cardiac Arrest Rate in 21 Scottish Hospitals
most recent 12 months of data available as at June 2019

Rate per 1000 discharges

Total deaths and live discharges
An example – Pressure Ulcers

Total rate of Pressure Ulcers (2-4) for 22 Scottish hospitals which have reported consistently from Jan '15 to Mar '19

- 2013: no data
- 2014: incomplete data
- 2015: complete data but questionable fidelity
- 2016: doubling of median
- 2018: robust data & sustained improvement
Current data QC challenges – sepsis mortality

Sepsis (A40 & A41) - number of patients - NHS Scotland

- Number of patients
- Median
When do we move from QI to QC and QA?
Dear Colleague

NEXT STEPS FOR ACUTE ADULT SAFETY – PATIENT SAFETY ESSENTIALS AND SAFETY PRIORITIES

1. This letter sets out a set of ten patient safety essentials to be implemented everywhere in NHSScotland. NHS Boards are expected to put in place arrangements to ensure that staff are supported to deliver these measures reliably and consistently to all patients who could benefit.

2. The Scottish Government is responsible for ensuring that the necessary resources and support are in place to ensure implementation.

CEL 19 (2013)
02 September 2013

Addresses

For action
Chairs
Chief Executives
Medical Directors
Nurse Directors

“The emphasis should now shift from testing and spread towards one of sustainable universal implementation which requires different approaches to ensuring and assuring the continued provision of these interventions as standard work in all clinical areas”
Discussion

• Reflections on what you’ve heard

• Lessons from your own work in this area

• How might you apply this in your own organisation?

• What can we learn from you?