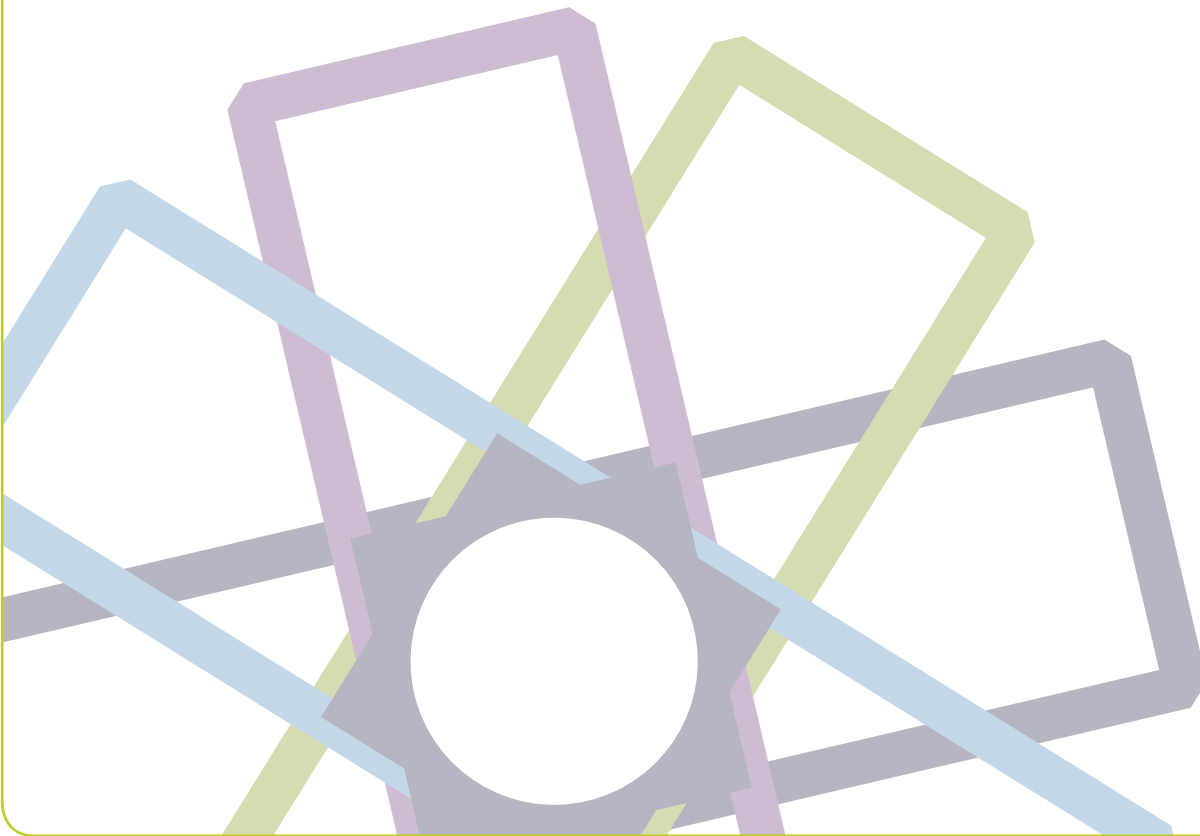


Patient Safety Theme

Summary of current activities



What is the Oxford AHSN?

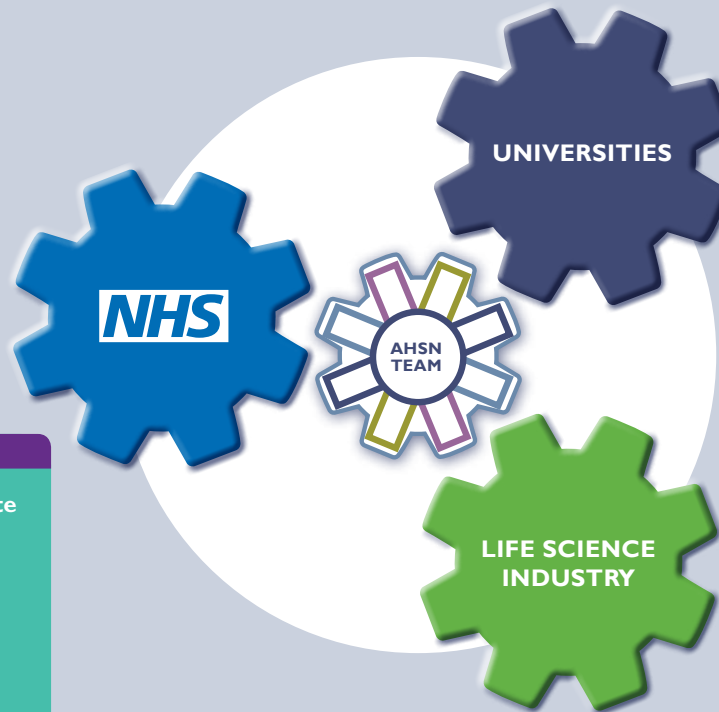
Oxford Academic Health Science Network is a partnership of NHS providers, commissioners, universities and life science companies to improve health and prosperity in Bedfordshire, Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire. Success comes from collaborative working by the partners and stakeholders across the region.



3 Million People

Our 7 programmes and themes facilitate shared work across all partners:

- Best Care Clinical Networks
- Clinical Innovation Adoption
- Research & Development
- Wealth Creation
- Patient and Public Involvement, Engagement and Experience
- Informatics
- Patient Safety



Benefits of collaboration across the whole system:

- Leverage clinical and management best practice and expertise to improve outcomes
- Share clinical evidence and benchmarking
- Scale innovation adoption
- Learn from each other – clinical standards, models of care, commercial models
- Enable data sharing, operational, patients and research to improve outcomes
- Share evaluation knowledge
- Share clinical and management resources
- Improve region's attractiveness for commercial research
- Make region more attractive for inward investment and product development
- Make the region healthier

Accelerating health and economic gains by working together

What the Oxford AHSN and the Patient Safety Theme are doing:

Healthcare brings great benefits – but all investigations and treatments also carry some risk. Failures and errors sometimes occur in bringing care to people. Studies throughout the world have shown that some patients experience some kind of harmful event during their care and that these can be serious. Safety is relevant to every aspect of healthcare – in hospital, community, primary care and, not least, in our homes. Our aspiration is to make healthcare as safe as it can be.

Patient Safety is one of the seven programmes and themes of the Oxford AHSN and is also a feature of all 15 AHSNs in England. The importance of patient safety is reflected across a great deal of the work of the programmes and critically, in the work of the individual NHS organisations – the stakeholders in and partners of the AHSN. The Patient Safety Theme helps bring this work together with the Best Care Clinical Networks and Clinical Innovation Adoption programmes.

The Oxford AHSN Patient Safety Theme is focusing on a number of clinical projects. It also acts as an umbrella and coordinating centre for patient safety across the region.

The principle aims are to:

- Develop safety from its current narrow focus on hospital medicine to embrace the entire patient pathway
- Develop and sustain clinical programmes with our partners
- Develop initiatives to build safer clinical systems across the Oxford AHSN
- Collaborate and support sister safety programmes both nationally and internationally

This short document illustrates the work being done across the AHSN to improve patient safety in all areas – acute hospitals, mental health services, community services, primary care and care homes, and to raise awareness of the importance of patient safety in the widest context. The grid overleaf shows 30 projects that have a focus on patient safety; these are clinically led, evidence based and region wide.

The following pages provide a short summary of the work being done. For further information on the Patient Safety Theme, the Best Care Clinical Networks and Clinical Innovation Adoption programmes and other Oxford AHSN programmes and themes **please contact** Dr Jill Bailey, Head of Patient Safety, Oxford AHSN jill.bailey@oxfordhealth.nhs.uk **and please visit:** www.patientsafetyoxford.org and www.oxfordahsn.org.

Oxford Academic Health Science Network

Patient Safety Projects from the Patient Safety Theme, Best Care and Clinical Innovation Adoption Programmes

Acute kidney injury

1

Sepsis

2

Maternity – reduce never events

3

Improving returns to psychiatric wards

4

Pressure damage

5

Asthma management in emergency departments

6

Mental health – improve serious incident reporting

7

Improve antibiotic prescribing for children

8

Better dementia care in care homes

9

Improving scanning for lung cancer

10

Fragility fractures

11

Improve training for diagnostic radiologists

12

Improving prostate scanning

13

Catheter acquired UTI

14

Falsified medicines

15

Improve flu immunisation uptake

16

Reducing still births

17

Intermittent pneumatic compression

18

Improve variation reduction in outcomes for children

19

Biosimilars Reducing the cost of medicines

20

Maternity – improve guidelines for safer care

21

Gestational diabetes monitoring

22

Atrial fibrillation and anticoagulation

23

Alcohol dependency

24

Maternity – pre term babies born in Level 3 units

25

Enhanced medication use reviews in the community

26

Information governance agreements

27

Better medication reviews

28

Falls prevention and care bundles

29

NHS Improving Quality training programme

30

No.	Preventing deaths from acute kidney injury
1	<p>Acute kidney injury is associated with 100,000 deaths a year. It could be preventable in some patients.</p> <p>A planned hydration project at 3 residential homes in East Berkshire focuses on reduction of UTIs. Our partners at Great Western Hospitals NHS FT, Swindon, aim to reduce mortality from acute kidney injury by ensuring the implementation of the acute kidney injury care bundle within 24 hours of alert.</p> <p>Oxford University Hospitals NHS FT is assessing whether an electronic acute kidney injury care bundle reduces progression of the disease and what its impact is on length of stay and mortality. There are also plans for an electronic medication review. An acute kidney injury care bundle is also being developed by Oxfordshire Primary Care Services for use by autumn 2016.</p> <p>For further information contact katie.lean@oxfordahsn.org</p>
No.	Improving treatment of sepsis
2	<p>Sepsis harms many patients and is encountered by many healthcare professionals.</p> <p>A regional survey identified the work being done on sepsis and the work that stakeholders wish to undertake.</p> <p>A regional stakeholders group is focusing initially on the delivery of the Sepsis Six bundle of therapies aimed at reducing mortality (particularly intravenous antibiotics within the first 60 minutes of diagnosis). It is recognised that a standard language around sepsis is required across the patient pathway. Data capture across the region aims to provide a more robust picture of the burden of sepsis and to measure improvements in managing patients with sepsis.</p> <p>For further information contact katie.lean@oxfordahsn.org</p>
No.	Reducing swab retention in maternity units
3	<p>This project aims to reduce cases of swab retention to zero by November 2018 in the maternity department at Oxford University Hospitals.</p> <p>Retained swabs can lead to fever, infection, pain, haemorrhaging, psychological problems and are considered errors that should not happen. A reliable process of handover of swabs from delivery suite to theatres when women are transferred for a manual removal of placenta, suturing or examination under anaesthetic was implemented on 1st February 2016.</p> <p>For further information contact katie.lean@oxfordahsn.org</p>
No.	Improving returns to psychiatric wards
4	<p>AWOL aims to reduce failure to return to acute psychiatric wards by 50% using methods laid down by the Institute for Health Improvement.</p> <p>Oxford Health NHS FT is leading on the project, and five of seven of its participating wards have achieved and sustained this 50% reduction. The remaining two continue to work towards this target.</p> <p>Teams from Berkshire Healthcare and Central and North West London NHS FT took part in an Oxford AHSN quality improvement training programme with NHS Improving Quality (NHSIQ). Berkshire Healthcare has started a project on Bluebell Ward, Prospect Park, and return-on-time rates are now at 91% from a baseline of 20%.</p> <p>For further information contact jill.bailey@oxfordhealth.nhs.uk</p>

No.	Reducing harm from pressure ulcers – pressure damage
5	<p>Pressure ulcers cause patients to suffer pain and infection. In extreme cases, they can result in plastic surgery, amputation or even death. There is a considerable financial cost to the health economy and it can prolong hospital stays. Most of the harm associated with pressure ulcers is known to be avoidable with good care.</p> <p>This work aims to ensure all people receiving care in the participating sites remain free from harm as a result of acquired pressure damage by March 31 2018. It also aims to establish a set of best care guidelines.</p> <p>The first aim of this group is to improve the reliability of skin assessment, including skin inspection, to 100% in the project areas.</p> <p>For further information contact cindy.whitbread@oxfordahsn.org</p>
No.	Improving asthma management
6	<p>This project being undertaken by the newly established Respiratory Clinical Network will identify and address variations in treatment of asthma at emergency departments and will report back in January 2017.</p> <p>For further information contact richard.jerrett@oxfordahsn.org</p>
No.	Mental health – reporting of serious incidents
7	<p>This project is looking at strengths and weaknesses in serious incident investigation across the Oxford AHSN region. Staff are being interviewed and documents reviewed to assess what works well and what can be improved.</p> <p>Berkshire Healthcare NHS FT has carried out interviews and a review of incidents, and Central and North West London NHS FT is starting its interviews and review.</p> <p>Once all the trusts have completed their interviews and reviews, the areas for improvement will be identified and training will start.</p> <p>For further information contact jill.bailey@oxfordhealth.nhs.uk</p>
No.	Improving antibiotic prescribing for children
8	<p>This project aims to produce revised guidelines on the prescribing of antibiotics to children and have them adopted across all trusts.</p> <p>Antibiotics are the most common form of medicine given to children. Many are administered unnecessarily for viral infections. There is evidence that growing resistance to antibiotics is linked to prescribing practices.</p> <p>The revised guidelines have been drawn up following a review of paediatric prescribing guidelines across the region for a range of childhood conditions and following work with microbiologists, pharmacists and paediatricians from each trust.</p> <p>The project also plans to explore the hosting of the revised common guidelines on a smartphone app.</p> <p>For further information contact tim.gustafson@ouh.nhs.uk</p>

No.	Better dementia care
9	<p>A high proportion of people living in care homes have dementia and may also have other mental and physical health needs. Recognition of this full range of complex needs can be difficult for the largely untrained workforce in care homes.</p> <p>Training and support programmes aim to help staff recognise and understand needs and provide tailored care. They promote person-centred care and social interaction alongside anti-psychotic review in order to reduce patient deaths and improve quality of life for patients in care homes. Success will be judged by the percentage of care home care plans incorporating a person-centred approach in July 2017.</p> <p>For further information contact fran.butler@oxfordahsn.org</p>
No.	Improving scanning for lung cancer
10	<p>This project will implement and monitor common guidelines for medical imaging in lung cancer diagnosis to reduce variation in diagnosis methods, improve diagnosis accuracy, reduce cost and reduce times between referral and treatment.</p> <p>For further information contact jenni.lee@ouh.nhs.uk</p>
No.	Reducing hip fractures
11	<p>Improve the quality of life of people with osteoporosis by optimising the prevention of secondary osteoporotic fragility fracture.</p> <p>By implementing a fracture liaison service, it is estimated that 1,654 fractures will be prevented per year. This would equate to £13.4M savings across the region can be achieved in acute, community and social care services.</p> <p>For further information contact sue.ikin@oxfordahsn.org</p>
No.	Improving training for diagnostic radiologists
12	<p>This project aims to improve skills among radiologists, and therefore patient safety, by gaining accreditation for professional development from the Royal College of Radiologists, trialling it in one location and then rolling it out across the region.</p> <p>For further information contact jenni.lee@ouh.nhs.uk</p>
No.	Improving prostate scanning
13	<p>This project is implementing and monitoring common guidelines for scanning in prostate cancer diagnosis to reduce unnecessary biopsies, reduce referral-to-treatment times, and standardise reporting. The first report on improved outcomes is due in February 2017.</p> <p>For further information contact jenni.lee@ouh.nhs.uk</p>

No.	Reducing catheter – acquired urinary tract infections
14	<p>Oxford University Hospitals NHS FT, Oxford Health NHS FT and Great Western Hospitals NHS FT are working together to reduce the number of unnecessary urinary catheterisations. These procedures are used to drain the bladder and collect urine. They can lead to infections in the urethra and bladder that have to be treated with antibiotics.</p> <p>The trusts aim to reduce catheter-acquired urinary tract infections by promoting best practice, standardising procedures, improving training and increasing the use of portable bladder scanners.</p> <p>The lessons of the project will be shared across the region during 2016/17.</p> <p>For further information contact hannah.oatley@oxfordahsn.org</p>
No.	Identifying falsified medicines
15	<p>Falsified medicines account for 1% of all medicines in the developed world and pose a serious health risk.</p> <p>Hospitals are working with Aegate – a company that operates systems to verify the authenticity of medicines – to install a new medicines authentication system by September 2016.</p> <p>The system has been piloted in the Oxford University Hospitals NHS FT and in community pharmacies.</p> <p>For further information contact lindsey.roberts@ouh.nhs.uk</p>
No.	Improving uptake of flu vaccine
16	<p>This project is tackling considerable variation in uptake of flu immunisation across the Oxford AHSN region with a programme of activities in areas where the uptake is low.</p> <p>A key activity has been improving uptake of the flu vaccine for children (currently provided for ages two to four and school years one and two). This reduces the spread of flu amongst children, their families and other members of the community. It results in reduced GP appointments, fewer complications associated with flu, reduced use of antibiotics and fewer hospital admissions.</p> <p>For further information contact tim.gustafson@ouh.nhs.uk</p>
No.	Reducing still births
17	<p>This project starts in June 2016 and will pilot a new ultrasound protocol to improve the identification of babies that are small for their stage of development in the womb. It will identify variation in practice and aims to significantly reduce the risk of still birth. Initial findings will be published in September 2017.</p> <p>For further information contact katherine.edwards@obs-gyn.ox.ac.uk</p>

No.	Preventing deep vein thrombosis
18	<p>Inflatable sleeves – known as intermittent pneumatic compression (IPC) – have been shown to reduce the risk of deep vein thrombosis and reduce deaths among immobile stroke patients.</p> <p>In April 2014, only one stroke unit was using IPC sleeves. This project has led other units to begin using the sleeves, closing the gap between the estimated number of patients in the region who are eligible for them and the number receiving them.</p> <p>For further information contact hannah.oatley@oxfordahsn.org</p>
No.	Reducing variation in children’s care
19	<p>The Children’s Clinical Network is looking at the reasons for variations in admission rates, length of stay and, in one case, treatment and diagnosis, of common childhood conditions identified in its 2015 report into paediatric care in the Oxford AHSN region. The 2015 update report is to be published shortly. It has also begun work to address variation through education and harmonisation of guidelines.</p> <p>For further information contact tim.gustafson@ouh.nhs.uk</p>
No.	Reducing the cost of medicines
20	<p>This project aims to bring substantial savings to the local NHS on the cost of drugs for treating auto-immune and inflammatory disorders such as adult rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and psoriasis, Crohn’s disease and ulcerative colitis.</p> <p>The drugs currently in use are among the most expensive in the NHS. The use of drugs with similar properties (biosimilars) are just as effective for patients but could cost 20 – 50% less.</p> <p>For further information contact lindsey.roberts@ouh.nhs.uk</p>
No.	Safer maternity care
21	<p>This project aims to introduce common guidelines around the use of Syntocinon (a drug for starting or stimulating labour and for preventing heavy bleeding post-birth), the interpretation of recordings of fetal heartbeat and uterine contractions, and pathology studies of the placenta.</p> <p>This will reduce variation in practice and reduce risk of childbirth complications. A report on the effect of the new guidelines is due in February 2017.</p> <p>For further information contact katherine.edwards@obs-gyn.ox.ac.uk</p>
No.	Monitoring diabetes in pregnancy
22	<p>Gestational diabetes is a condition that affects women in pregnancy. It develops after 28 weeks and usually disappears after the birth. Increasing numbers of women need clinical monitoring for gestational diabetes.</p> <p>This project has devised a telehealth system to cope with increasing demand. It was deployed at the Royal Berkshire Hospital last year where it led to a 26% reduction in clinic visits for women using the remote monitoring system, and a 50% reduction in time spent on administrative and clerical tasks by the diabetes midwives. It is being deployed in all hospitals across the region.</p> <p>More work will be done on the app to allow it to be rapidly adopted across the UK and commercialised for overseas use.</p> <p>For further information contact lauren.davis@oxfordahsn.org</p>

No.	Diagnosing and treating irregular heart beat
23	<p>Atrial fibrillation is the most common form of irregular heart beat and is a leading cause of strokes and death. Many people in the Oxford AHSN region are living undiagnosed with the condition or are not receiving the anticoagulant drugs that would reduce stroke risk.</p> <p>This project aims to increase awareness of atrial fibrillation among the general population, raise diagnosis rates, maximise the number of patients receiving anticoagulants, and reduce the risk of recurrent strokes.</p> <p>For further information contact hannah.oatley@oxfordahsn.org</p>
No.	Reducing alcohol-related hospital stays
24	<p>This project is looking at ways to reduce alcohol-related hospital admissions and stays. More than 22% of people in England consume alcohol above higher risk levels. Alcohol harm costs £21 billion a year including £3.5 billion to the NHS.</p> <p>Work is underway in the Slough area, including the local clinical commissioning group, Frimley Health NHS FT, local authorities, police and voluntary services to understand alcohol-related referrals.</p> <p>This includes the impact on Wexham Park Hospital, looking at what others are doing including a pilot scheme at Frimley Park Hospital, understanding ambulance transfers, reviewing services and service quality, and identifying gaps in service.</p> <p>For further information contact sue.ikin@oxfordahsn.org</p>
No.	Improving survival rates for premature babies
25	<p>The number of extremely premature babies being born in level 3 units – those with the whole range of medical and neonatal care – has increased following a review that found inefficiencies in referrals to level 3 units before birth.</p> <p>It is estimated that the changes could increase survival rates of premature babies by 5.2%, the equivalent of four babies a year in the Oxford AHSN region, and save the NHS across the region almost £25,000 a year.</p> <p>For further information contact katherine.edwards@obs-gyn.ox.ac.uk</p>
No.	Reducing hospital readmissions
26	<p>This project worked with six NHS trusts, 400 community pharmacists and the web-based pharmacy information service PharmOutcomes to help patients make the most of their medicines and avoid readmission to hospital.</p> <p>Patients who would benefit from extra help are referred to community pharmacists for advice on taking their medication, on side effects and on other support available. The aim is to reduce hospital readmissions due to medication by 50%.</p> <p>For further information contact lindsey.roberts@ouh.nhs.uk</p>

No.	Sharing data
27	<p>Clinicians will be able to improve patient care if they can analyse and interpret information or data intelligently.</p> <p>An agreement has been drawn up that sets standards on how information should be shared between partners in the Oxford AHSN area.</p> <p>Partners in the Oxford AHSN region are now signing up to this information governance framework and its impact on accessing data has been immediate. Training programmes will be developed to help partners to gain maximum value from the framework, and GP federations will be approached about information-sharing from primary care. Work will also take place with patient groups to devise a common consent approach for patient contacts, and a reference group, drawn from patients and local information governance representatives, will be established.</p> <p>For further information contact: katie.james@oxfordahsn.org</p>
No.	Better medication reviews
28	<p>New training on improving medication use reviews with patients has been opened up to community and hospital pharmacists, GPs and practice nurses. The training is based on cognitive behaviour therapy. It involves identifying barriers to taking medication, mutual decision-making and generating options between pharmacist and patient.</p> <p>This will ensure many more patients' needs are more thoroughly considered and they receive a service more tailored to their personal needs and health beliefs. It will improve adherence to medication, improve outcomes for patients and make medication more cost-effective.</p> <p>For further information contact lindsey.roberts@ouh.nhs.uk</p>
No.	Fall prevention
29	<p>This project is reviewing falls in acute, mental health and community hospitals across the region and developing a strategy to prevent them based on best practice. The aim is to share this best practice through events held across disciplines and across the region and promote a consistent approach to prevention of falls.</p> <p>For further information contact lauren.davis@oxfordahsn.org</p>
No.	Improving quality through training
30	<p>Staff from a range of disciplines across the region have completed a six-day quality improvement programme held in collaboration with NHS Improving Quality (NHS IQ). The NHS IQ programme aims to improve outcomes for patients by providing expertise on improvement and change.</p> <p>A follow-up day is planned at which participants will share data on their projects and build on their knowledge and skills.</p> <p>For further information contact jill.bailey@oxfordhealth.nhs.uk</p>



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