

Patient Safety Report

The Patient Safety Report shows information up to the end of **September 2010**.

Key

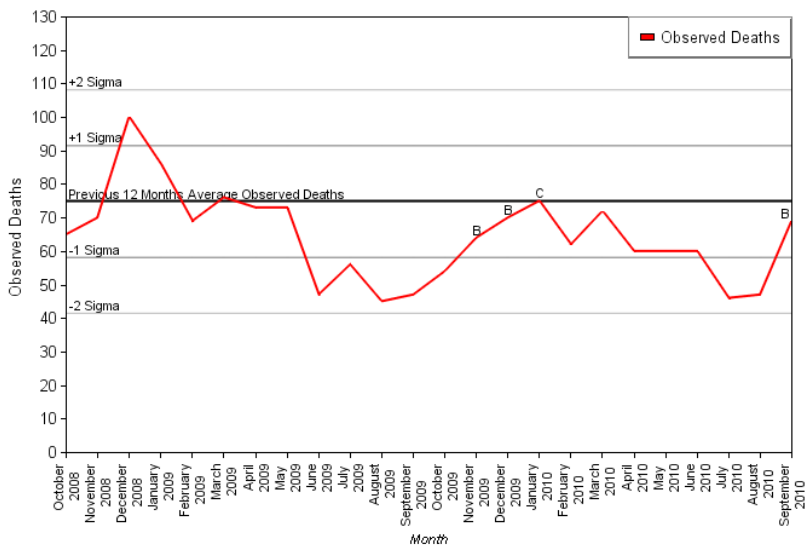
↑	Improvement
→	No Change
↓	Deterioration

G	Green	No Concerns
A	Amber	Limited Concerns
R	Red	Significant Concerns

1. Mortality

Trustwide Mortality: Risk Adjusted Mortality 2008 figures will be used until April 2011 to correspond with our Quality Account 2010-11. **G** ↑

Mortality Trending



Risk Adjusted (2008) Directorate Drilldown (July-September 2010)

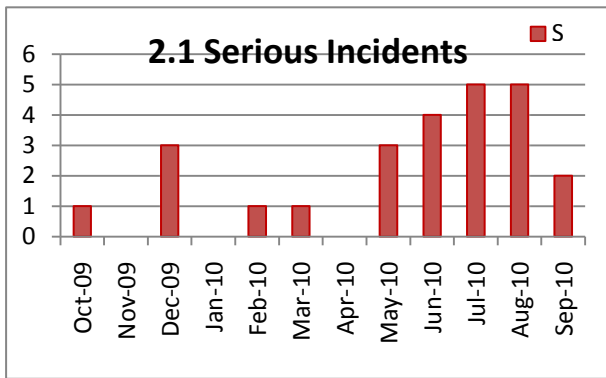
Directorate	Included Spells	Trust	Peer	Performance
Medicine	2,210	68	73	
Surgery	1,510	47	70	
Womens & Childrens	502	0	38	

2. Incident Reporting Data

There were 243 incidents reported in September resulting in 26 patient harm events and 4 near misses/hazards. Of the patient harm, the largest results (12) were attributable to injury to skin or tissue (including Pressure Ulcers). A full report is produced on a quarterly basis for Patient Safety Committee.

2.1 Serious Incidents (SI)

Total Open SI incidents (09/11/2010) = 27	Overdue SI final reports = 6	R →
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September 2010
2 Serious Incidents reported

1. Possible outbreak of C-Dif. 3 cases identified on same ward within a 3 week period.
2. Bronchoscope contamination. Possible decontamination failure after an environmental mycobacterium was identified (non tuberculosis)

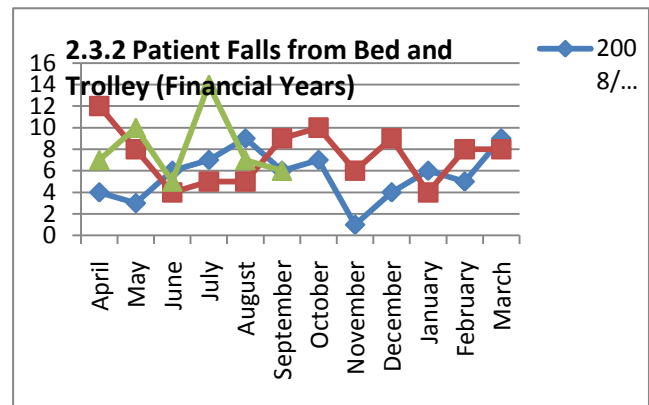
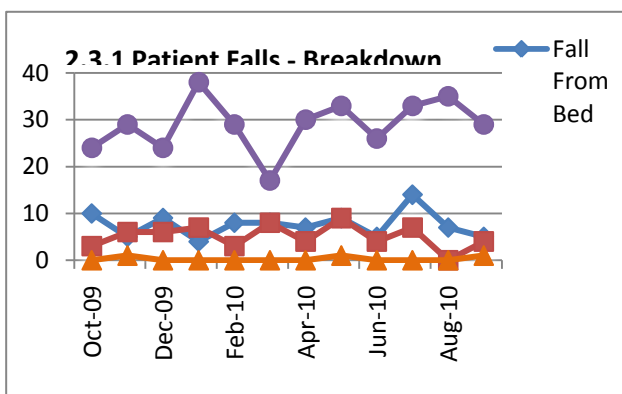
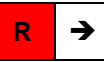
2.2 Never Events

There were no 'Never Events' reported for September 2010



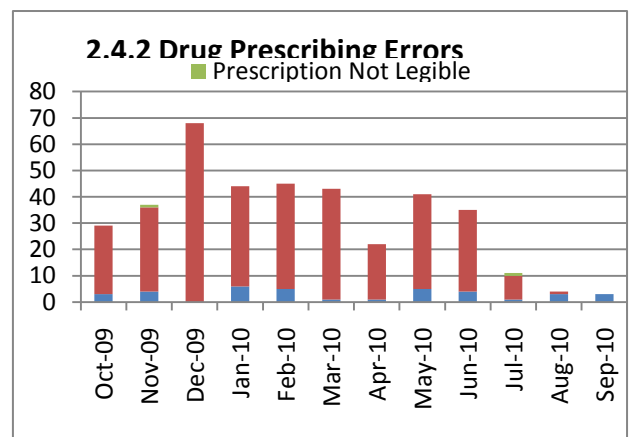
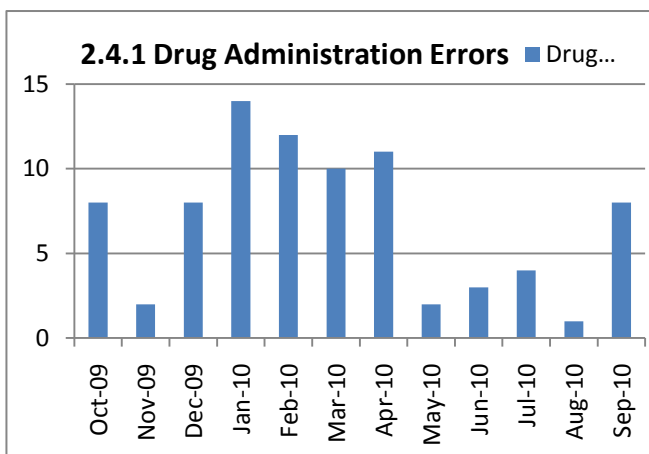
2.3 Patient Falls

There were 5 reported falls from beds. These are currently under investigation.



2.4 Safer Medication

There continues to be a time delay in pharmacy interventions being uploaded to the Datix electronic reporting system. It is hoped that the uploading of the paper forms onto the Datix electronic system will be complete by November 2010.

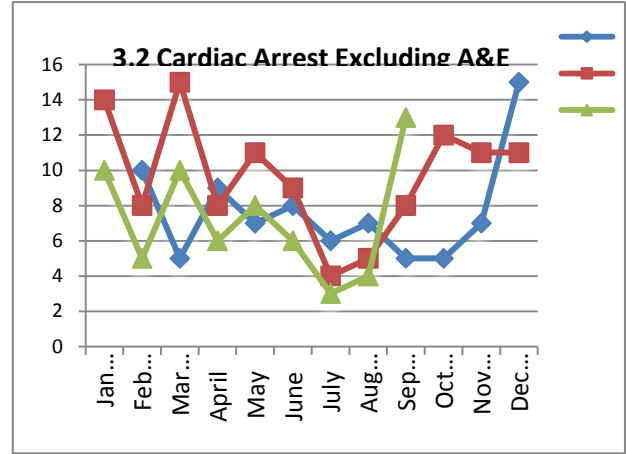
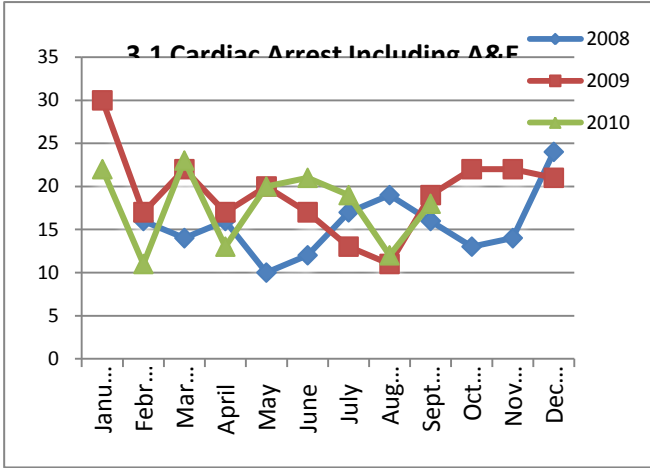


3. Cardiac Arrests

There were 13 cases of in patient cardiac arrests in September. This makes a total of 65 (Jan-2010 to September 2010) compared against the same period last year of 82 (Jan-2009 to September 2009).

The increase in cardiac arrests in September can be explained by 5 cases of very short VF or asystole which were resolved within 1–2 minutes. All 5 patients survived. 2 were in cath lab, where arrhythmias are expected due to the nature of the procedure. The patients were defibrillated immediately and survived. The 1 in theatre was a momentary episode of asystole following induction of anaesthesia.

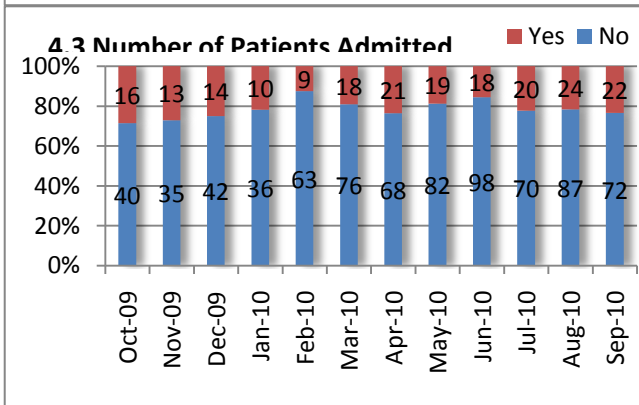
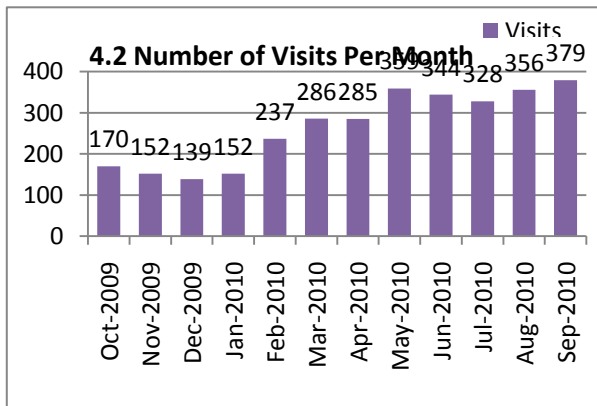
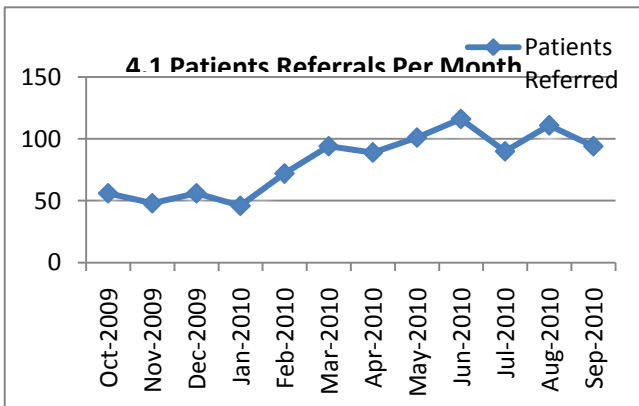
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4. Outreach/Patients at Risk (PAR)

There were 94 patients referred to the Outreach Team during September 2010. 379 visits were made to these patients. 22 were admitted to a higher level of care, the remaining 72 were managed within the ward environment. The PAR service currently now operates 7 days per week from 08:00 to 20:00

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5. VTE Risk Assessment Compliance

The CQUIN target is 90%. VTE risk assessments are an unvalidated 63% for September (against 51% in August) with a further increase expected in October.

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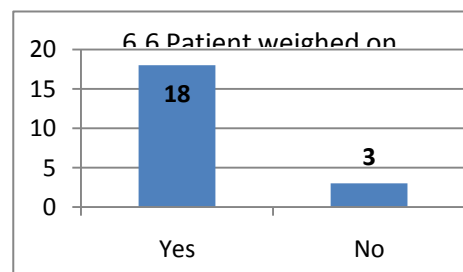
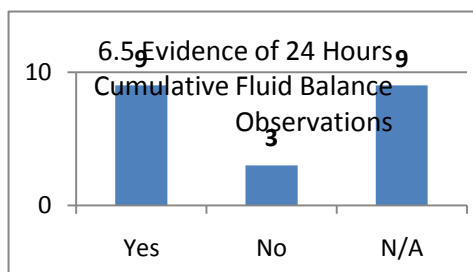
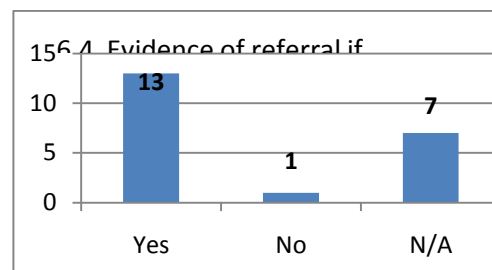
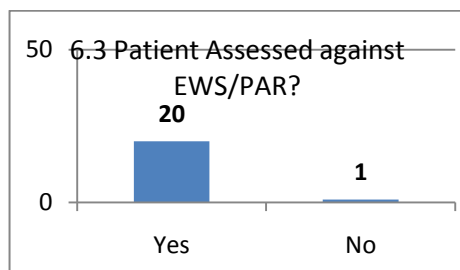
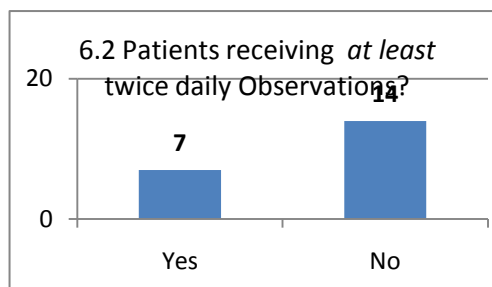
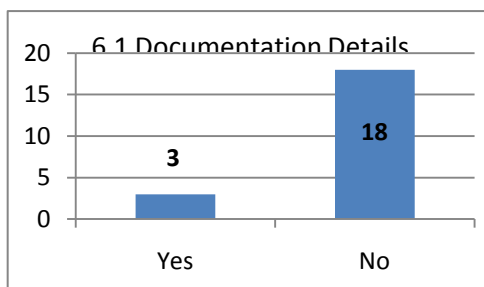
6. Patient Observations

The data for this project is collected from the **NPSA - Getting the basics right** chart checker. 4 wards are currently involved in this project (Shuttleworth, Reginald Hart, Richard Wells and Elizabeth Ward). Revised observation charts with a more sensitive PAR score are currently being introduced Trustwide. This should see an improvement in the results.

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21 patients were measured in September (results only received from Reginald Hart and Elizabeth wards for September – no returns from Shuttleworth or Richard Wells Ward. This is being addressed).



7. Pressure Ulcers

September 2010: 6 hospital acquired (HA) pressure ulcers were reported in September. There were 3 grade 3 incidents reported for September which are subject to a full root cause analysis.

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