Clinical Audit Awards 2013

- 4th year
- Over 100 entries
- Sharing good practice
- Nominees and winners selected by panel
Clinical Audit Awards 2013

- Patient safety
- Creating or improving efficiencies
- Local improvements following national clinical audit
- Partnership working
- Sustained improvement
- Gold award
Patient safety
Audit of SLaM Guidelines for Rapid Tranquillisation (2007-11)

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin Baggaley</td>
<td>Project lead</td>
</tr>
<tr>
<td>Shubhra Mace</td>
<td>Pharmacy lead</td>
</tr>
<tr>
<td>Andy Cantrell</td>
<td>Auditor</td>
</tr>
</tbody>
</table>
South London and Maudsley NHS Foundation Trust
Rapid Tranquillisation

NICE defines rapid tranquillisation as the use of medication to calm or lightly sedate the patient, reduce the risk to self and/or others and achieve an optimal reduction in agitation and aggression, thereby allowing a thorough psychiatric evaluation to take place and allowing comprehension and response to spoken messages throughout the intervention.
### Acutely disturbed or violent behaviour in Adults

#### Abridged Trust Guidelines

*Start with*

- **Non-drug measures**
  - e.g. De-escalation, time out, placement, etc. (as appropriate)

*Then*

- **Offer Oral drug treatment**
  - Consider the following as first-line treatment options: *Treat a physical illness if necessary or treat a psychiatric condition if necessary*
  - Consider an antipsychotic if NOT already taking a regular oral or depot antipsychotic:
    - Lorazepam 1-2mg or
    - Promethazine 25-50mg or
    - buccal midazolam 10-20mg (unlicensed)
    - Olanzapine 10mg or
    - Risperidone 1-2mg or
    - Quetiapine 100-200mg
    - Haloperidol 5mg (last resort, pre-treatment ECG required)

*If that doesn’t work after 45-50 minutes (wait longer with promethazine), try*

- **Further oral drug treatment, as above**
  - Combine sedatives and antipsychotics, if necessary:
    - Consider IM treatment if two oral doses fail or sooner if the patient is placing themselves or others at significant risk.
    - Lorazepam 4-8mg
    - Promethazine 25-50mg
    - Olanzapine 10mg
    - Aspirin 1.7-3mg
    - Haloperidol 5mg
    - Lorazepam + haloperidol or
    - Promethazine + haloperidol (last resort + ECG)

*If that doesn’t work after 30-60 minutes, try*

- **Further IM drug treatment, as above (including combinations)**

*If that doesn’t work after 30-60 minutes, try*

- **Intravenous (IV) Treatment**
  - Diazepam 10mg over at least 5 minutes
  - Repeat after 5-10 minutes if insufficient effect (up to 3 times)

*If that doesn’t work after 15 minutes*

Seek expert advice from the consultant or senior clinical pharmacist on-call.

### Safety Measures

*We follow trust guidelines for further details*

#### Always have available for immediate use

- Flumazenil
- Facilities for mechanical ventilation
- Pulse oximeter
- Sphygmomanometer
- Thermometer

### For all patients receiving parenteral treatment, monitoring consists of:

- Temperature
- Pulse
- Blood pressure
- Respiratory rate
every 5-10 minutes for 1 hour, then half hourly until the patient is up and about

#### Patients who refuse to have their vital signs monitored or who remain too behaviourally disturbed to be approached should be observed for signs of:

- Pyrexia
- Hypotension
- Overstimulation
- General physical deterioration

### For patients who are fully sedated (very deep sleep or unconscious), also monitor

- Oxygen saturation (by pulse oximetry)
- Ensure airway is clear
- Nurse to remain with patient until they are up and about

### For all IM antipsychotics, it is strongly recommended to have a

- Pre-treatment ECG
Rapid Tranquilisation, audit results, sustained improvement over a 4 year period

- RT documented in patient notes
- De-escalation attempted prior to RT
- Debriefing post - RT

Patient safety

Guy’s and St Thomas’ NHS Foundation Trust

Guy’s and St Thomas’ NHS Foundation Trust
# Falls Risk Assessments - Use of Stratification Tool

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heidi Jensen</td>
<td>Project lead</td>
</tr>
<tr>
<td>Steve Walters</td>
<td>Audit analysis/report</td>
</tr>
</tbody>
</table>
Guy’s and St Thomas’ NHS Foundation Trust
Guy’s and St Thomas’ NHS Foundation Trust
Guy’s and St Thomas’ NHS Foundation Trust

Falls and Fractures April 2010 - Sep 2012

- launched care plan
- MDT review of falls and fractures
Guy’s and St Thomas’ NHS Foundation Trust

The graph shows the trend of different factors over the years 2008-09 to 2011-12:

- **Compliance with use of STRATIFY assessment tool**: Initially high, it shows a steady increase over the years.
- **Placement of red cards above beds**: Remains relatively stable with a slight increase.
- **Availability of equipment**: Shows a significant increase over the years.
- **Monthly average falls with harm (as a % of monthly average total falls)**: Shows a steady decrease over the years.

The data indicates improvements in compliance and availability, while the placement and harm factors remain relatively consistent.
Patient safety

Nottingham CityCare Partnership
Environmental Infection Prevention and Control Audit

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Clarke</td>
<td>Project lead</td>
</tr>
<tr>
<td>Fiona Branton</td>
<td>Service head</td>
</tr>
<tr>
<td>Julie Clifford</td>
<td>Data collection</td>
</tr>
<tr>
<td>Rebekah Shaw</td>
<td>Data collection</td>
</tr>
<tr>
<td>Jude Robinson</td>
<td>Data collection</td>
</tr>
<tr>
<td>Zoe de Lacy</td>
<td>Data collection</td>
</tr>
<tr>
<td>Diane Holmes</td>
<td>Data collection</td>
</tr>
</tbody>
</table>
Nottingham CityCare Partnership
Nottingham CityCare Partnership
Nottingham CityCare Partnership
Nottingham CityCare Partnership

[Bar chart showing percentages of sites with various features over three years (2010-11, 2011-12, 2012-13). Features include sites with sluice(s), handwash sink has no plug and no overflow, hopper unit for disposing bodily fluids, deep cleaning sink and drainer are stainless steel, water on hand wash sink does not run directly into outlet, liquid soap available in wall mounted dispenser, cleaning products stored off floor in locked cupboard (COSHH 2002).]
Patient safety

And the winner is...
Patient safety

South London and Maudsley NHS Foundation Trust

Audit of SLaM Guidelines for Rapid Tranquillisation (2007-11)
Creating or improving efficiencies
Creating or improving efficiencies

Dorset County Hospital NHS Foundation Trust

Dorset County Hospital NHS Foundation Trust
Anti-embolism stockings – size selection in elective hip and knee replacement patients

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Woodsford</td>
<td>Project lead</td>
</tr>
<tr>
<td>Surgical Admissions Lounge</td>
<td>Data collection</td>
</tr>
<tr>
<td>Ridgeway Ward</td>
<td>Data collection</td>
</tr>
<tr>
<td>Suzanne Yates</td>
<td>Audit support</td>
</tr>
<tr>
<td>Pamela Ellis</td>
<td>Project guidance</td>
</tr>
</tbody>
</table>
Dorset County Hospital NHS Foundation Trust
Creating or improving efficiencies

The Pennine Acute Hospitals NHS Trust
The implementation of an integrated care pathway (ICP), shifting prescription patterns in alcohol withdrawal management to a new symptom-triggered approach

Jay Murdoch  
Project lead
The Pennine Acute Hospitals NHS Trust
The Pennine Acute Hospitals NHS Trust

Number of days to complete detox

- Number of days to complete detox pre change
- Number of days to complete detox post change

Number of days to complete detox

1 4 7 10 13 16 19 22 25 28 31 34 37 40 43 46 49
Number of milligrams of Chlordiazepoxide
Reduction in peritoneal dialysis (PD) peritonitis infection rates by combining clinical audit and quality improvement methods

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr David Lewis &amp; Helen Hannay</td>
<td>Project leads</td>
</tr>
<tr>
<td>Joanne Martin</td>
<td>Community PD nurse</td>
</tr>
<tr>
<td>Alison Hughes</td>
<td>Community PD nurse</td>
</tr>
<tr>
<td>Clare Teal</td>
<td>Community PD nurse</td>
</tr>
<tr>
<td>Janet Hegarty</td>
<td>Consultant Renal</td>
</tr>
<tr>
<td>Chinari Subudhi</td>
<td>Consultant Microbiologist</td>
</tr>
<tr>
<td>Lesley Lappin</td>
<td>PD Unit Manager</td>
</tr>
<tr>
<td>Azri Nache</td>
<td>Quality Improvement Fellow</td>
</tr>
<tr>
<td>Robert Nipah</td>
<td>Quality Improvement Fellow</td>
</tr>
</tbody>
</table>
Salford Royal NHS Foundation Trust
Salford Royal NHS Foundation Trust
Creating or improving efficiencies

And the winner is...
Creating or improving efficiencies

The winners are...
Creating or improving efficiencies

Dorset County Hospital NHS Foundation Trust & Salford Royal NHS Foundation Trust
Local improvements following national clinical audit
Local improvements following national clinical audit

London Ambulance Service
NHS Trust
# Ambulance Service Cardiovascular Quality Initiative in the London Ambulance Service

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanna Day</td>
<td>Clinical Audit Manager</td>
</tr>
<tr>
<td>Gurkamal Virdi</td>
<td>Assistant Head of Clinical Audit &amp; Research</td>
</tr>
<tr>
<td>Fionna Moore</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Mark Whitbread</td>
<td>Consultant Paramedic</td>
</tr>
<tr>
<td>Neil Thomson</td>
<td>Assistant Medical Director</td>
</tr>
<tr>
<td>Rachael Donohoe</td>
<td>Head of Clinical Audit &amp; Research</td>
</tr>
<tr>
<td>Gurkamal Virdi</td>
<td>Assistant Head of Clinical Audit &amp; Research</td>
</tr>
<tr>
<td>Fionna Moore</td>
<td>Medical Director</td>
</tr>
</tbody>
</table>
London Ambulance Service NHS Trust
London Ambulance Service NHS Trust
Local improvements following national clinical audit

University Hospital Southampton NHS Foundation Trust
Improving the occupational health management of low back pain among NHS staff using repeated national audit

<table>
<thead>
<tr>
<th>Jean Piernicki</th>
<th>Local operational roll-out of improvement plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy Anderson</td>
<td>Local audit data collection</td>
</tr>
</tbody>
</table>
Local improvements following national clinical audit

Salford Royal NHS Foundation Trust
# National Audit of Dementia – Thinking About Dementia

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neil Connor</td>
<td>Project manager</td>
</tr>
<tr>
<td>Janice McGrory</td>
<td>Project lead</td>
</tr>
</tbody>
</table>
Salford Royal NHS Foundation Trust

![Bar chart showing the comparison between 2011 and 2012 organisational audit results for Standards compliant, Actions in process to become compliant, and Non compliant categories.]
Local improvements following national clinical audit

And the winner is...
Local improvements following national clinical audit

University Hospital
Southampton NHS Foundation Trust

Improving the occupational health management of low back pain among NHS staff using repeated national audit
Partnership working
Partnership working

Virgin Care (Community Services, Surrey)
The prevention and management of pressure damage in community settings

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Sears</td>
<td>Project lead</td>
</tr>
<tr>
<td>Carol Cross</td>
<td>Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>Jenny Hindley</td>
<td>Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>Julie Stalbow</td>
<td>Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>Annie Christie</td>
<td>Matron</td>
</tr>
<tr>
<td>Kathleen Ely</td>
<td>Chief Nurse/Director Healthcare Governance and Performance</td>
</tr>
<tr>
<td>Wendy Newnham</td>
<td>Deputy Chief Nurse</td>
</tr>
<tr>
<td>Carol Cross</td>
<td>Tissue Viability Nurse Specialist</td>
</tr>
<tr>
<td>Jenny Hindley</td>
<td>Tissue Viability Nurse Specialist</td>
</tr>
</tbody>
</table>
Virgin Care (Community Services, Surrey)
National 'Safety thermometer census' monthly data displaying 'new' pressure damage within community hospitals nationally and locally
(National average 1.4% local average 0.4%)

Virgin Care (Community Services, Surrey)
National 'Safety thermometer census' monthly data displaying 'new' pressure damage within community settings nationally and locally (National average 1.8% local average 1.5%)

National community settings 'new' pressure damage
Our district nursing 'new' pressure damage
Virgin Care (Community Services, Surrey)
Partnership working

And the winner is...
Virgin Care (Community Services, Surrey)
Sustained improvement
Sustained improvement

Guy’s and St Thomas’ NHS Foundation Trust
Falls Risk Assessments - Use of Stratification Tool

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heidi Jensen</td>
<td>Project lead</td>
</tr>
<tr>
<td>Steve Walters</td>
<td>Audit analysis/report</td>
</tr>
</tbody>
</table>
Guy’s and St Thomas’ NHS Foundation Trust
Guy’s and St Thomas’ NHS Foundation Trust
Guy’s and St Thomas’ NHS Foundation Trust

Falls and Fractures April 2010 - Sep 2012

- launched care plan
- MDT review of falls and fractures
Sustained improvement

South London and Maudsley NHS Foundation Trust
Audit of SLaM Guidelines for Rapid Tranquillisation (2007-11)

Martin Baggaley | Project lead
Shubhra Mace   | Pharmacy lead
Andy Cantrell  | Auditor
Rapid Tranquillisation

NICE defines rapid tranquillisation as the use of medication to calm or lightly sedate the patient, reduce the risk to self and/or others and achieve an optimum reduction in agitation and aggression, thereby allowing a thorough psychiatric evaluation to take place and allowing comprehension and response to spoken messages throughout the intervention.
Acutely disturbed or violent behaviour in Adults

Abridged Trust Guidelines

Start with:
Non-drug measures
e.g. De-escalation, time out, placement, etc. (as appropriate)

Then:
Offer Oral drug treatment;
Consider an antipsychotic if NOT already taking a regular oral or depot antipsychotic:
- Lorazepam 1-2mg or
- Promethazine 25-50mg or
- bucal midazolam 10-20mg (unlicensed)
- Olanzapine 10mg or
- Risperidone 1-2mg or
- Quetiapine 100-200mg
- Haloperidol 5mg (last resort, pre-treatment ECG required)

If that doesn’t work after 45-60 minutes (wait longer with promethazine), try

Further oral drug treatment as above:
Combine sedatives and antipsychotics, if necessary:
Consider IM treatment if the oral doses fail or sooner if the patient is placing themselves or others at significant risk.

Intramuscular (IM) Treatment

- Lorazepam 4.5mg
- Promethazine 25-50mg
- Clozapine 10mg
- Aripiprazole 5mg
- Haloperidol 5mg

IM promethazine is a useful option in a benzodiazepine tolerant patient.

IM clozapine AND IM benzodiazepine administration should be separated by at least 2 hours.

Haloperidol should be the last drug considered.
High incidence of acute dystonia; ensure IM promethazine is available pre-treatment ECG required.

If that doesn’t work after 30-60 minutes, try

Further IM drug treatment as above (including combinations)

Intravenous (IV) Treatment

- Diazepam 10mg over at least 5 minutes
  (Have flumazenil to hand)
- Repeat after 5-10 minutes if insufficient effect (up to 3 times)

If that doesn’t work after 15 minutes
Seek expert advice from the consultant or senior clinical pharmacist on-call

Safety Measures

Always have available for immediate use:
- Flumazenil
- Facilities for mechanical ventilation
- Pulse oximeter
- Sphygmomanometer
- Thermometer

For all patients receiving parenteral treatment, monitoring consists of:
- Temperature
- Pulse
- Blood pressure
- Respiratory rate
  every 5-10 minutes for 1 hour, then half hourly until the patient is up and about.

Patients who refuse to have their vital signs monitored or who remain too behaviourally disturbed to be approached should be observed for signs of:
- Pyrexia
- Hypotension
- Overstimulation
- General physical deterioration

For patients who are fully sedated (very deep sleep or unconscious), also monitor
- Oxygen saturation (by pulse oximetry)
- Ensure airway is clear
- Nurse to remain with patient until they are up and about

For all IM Antipsychotics, it is strongly recommended to have:
- Pre-treatment ECG
Rapid Tranquilisation, audit results, sustained improvement over a 4 year period

- RT documented in patient notes
- De-escalation attempted prior to RT
- Debriefing post - RT
Rapid Tranquilisation, Haloperidol use over a 4 year period

- **Haloperidol used**
- **Haloperidol above recommended dose**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of haloperidol administrations</td>
<td>25</td>
<td>20</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sustained improvement

West Middlesex University Hospital NHS Trust
Sustaining a chronic obstructive pulmonary disease (COPD) discharge care bundle on the respiratory ward in an acute district general hospital

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobby Mann</td>
<td>Clinical lead</td>
</tr>
<tr>
<td>Dr Essam Ramhamadany</td>
<td>Executive sponsor</td>
</tr>
<tr>
<td>Sandy Wilson</td>
<td>Project manager</td>
</tr>
<tr>
<td>Leonel Flores</td>
<td>Respiratory nurse</td>
</tr>
<tr>
<td>Almie Mngadi</td>
<td>Ward sister</td>
</tr>
<tr>
<td>Ward nurses</td>
<td>Respiratory ward</td>
</tr>
<tr>
<td>Leny Eapen</td>
<td>Ward sister</td>
</tr>
<tr>
<td>Jane Marriot</td>
<td>Patient representative</td>
</tr>
<tr>
<td>Jessica Wilson</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Junior doctors</td>
<td>Respiratory ward</td>
</tr>
<tr>
<td>Haidee Venturina</td>
<td>Ward sister</td>
</tr>
</tbody>
</table>
West Middlesex University Hospital NHS Trust

West Middlesex University Hospital

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) DISCHARGE CARE BUNDLE

Summary — This care bundle is a group of evidence-based items that should be delivered to all patients being discharged from the hospital following an Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD). The care bundle aims to improve quality of care, patient experience and minimise the risk of re-hospitalisation. To ensure the bundle can apply to all we have prepared a combination of actions and documents to facilitate the discharge process.

Inform the COPD CNS of all COPD patients within **24 hours of arrival** including patients discharged. Bleep 668.

CARE BUNDLE STEPS All required documents are included in package.

1. **If patient is a smoker offer smoking cessation assistance**
   - Accepted
   - Declined
   - N/A
   - Not done
   - If not, why not?

2. **Written COPD patient information given including:**
   - British Lung Foundation Self Management Book
   - Oxygen alert WALLET card
   - Information about the Breathe Easy Group
   - Completed
   - Not done
   - If not why not?

3. **Satisfactory use of inhalers demonstrated and understood:**
   - Please assess during medication rounds. Observe the patients using the device(s). (Refer to pharmacist or CNS if extra support is needed).
   - Completed
   - Not done
   - If not why not?

4. **Outpatient follow-up appointment made and given to patient:**
   - Patient should see respiratory medical specialist or respiratory nursing specialist (or community respiratory matron) within 1 month of discharge. (Appointment should be scheduled and patient made aware of location, time and date).
   - Completed
   - Not done
   - If not, why not?

Place the fixed referral form(s) in the plastic sleeve during the patients stay, at discharge place with the COPD Discharge Checklist in the “Completed” COPD Care Bundle Box located on Osterley 2.

Care bundle components are based on:
- NICE COPD guidelines 2004
- A Patient Experience Survey CLAHRC team April 2009
- Systematic Literature Review supported by CLAHRC April 2009

80 TO
Patient COPD Safe Discharge Checklist
To be completed by nurse with the patient.
Note: Ensure phone call scheduled for 48-72 hours post discharge. (6)
- Nurse (initials) [ ]
- Checklist [ ]
- Completed [ ]
- Date: ______/____/____
Sustained improvement

And the winner is...
Guy’s and St Thomas’ NHS Foundation Trust

Falls Risk Assessments - Use of Stratification Tool
Gold award
South London and Maudsley NHS Foundation Trust

Audit of SLaM Guidelines for Rapid Tranquillisation (2007-11)

Patient safety and sustained improvement
Gold award nominees

Guy’s and St Thomas’ NHS Foundation Trust

Falls Risk Assessments - Use of Stratification Tool

Patient safety and sustained improvement
And the winner is...
South London and Maudsley NHS Foundation Trust
That's it for the Clinical Audit Awards 2013

Congratulations to all who won and were nominated. Please can nominees and winners gather for photographs at the front of the room.
Promoting quality for better health services

Clinical Audit Awards 2013