

Case Study: NHS North East

Helping NHS North East ensure its providers meet mortality targets



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Yvonne Evans, Acting Strategic Head of Patient Safety, North East

Background

NHS North East is responsible for ensuring that quality and improvement targets are met and that all NHS organisations in the region are providing good quality services to meet the needs of local communities.

Following the recommendations made in the 2006 report commissioned by former Chief Medical Officer Sir Liam Donaldson, Safety first: a report for patients, clinicians and healthcare managers, the SHA set up a patient safety action team which has developed a strategy with nine objectives – one of which is reducing mortality.

The SHA has also set up a regional patient safety strategic forum. The idea behind the forum is that it is SHA-wide encompassing all of the SHA hospital trusts. It is chaired by one of the trust chief executives and looks at areas that are of concern throughout the North East.

Starting point

The SHA realised that although individual trusts were working with CHKS, the SHA didn't have an overall picture, so in March 2009 it decided to work with CHKS to help it monitor regional mortality.

CHKS currently provides intelligence through a combination of its online monitoring tools and expert consultancy. CHKS helps the SHA produce a quarterly HES-based mortality report and the SHA has access to the CHKS Insight mortality tracker.

Yvonne Evans is Acting Strategic Head of Patient Safety, North East. She says that the supporting consultancy work has been excellent and that CHKS takes a multidisciplinary approach to supporting the SHA. CHKS is working with

the SHA to refine mortality indicators and has helped to identify a number of themes that may warrant further investigation.

Service response

Yvonne explains that initially the mortality reports were presented at the patient safety strategic forum. *"We then wrote to outlying trusts encouraging them to look at the data. This helped us and the relevant PCTs begin a dialogue with individual trusts where there were areas of concern and at the same time identify areas of good practice that could be shared,"* she says.

One example where good practice was shared was in the treatment of venous thromboembolism. The SHA asked CHKS to look specifically at treatment codes relating to venous thromboembolism so that it could identify outliers. The trusts that were doing well from a clinical perspective were shown to be treating the condition at the right time.

Acute kidney injury and self-harming were other areas where the SHA asked CHKS to drill down to individual trust level so that it could get a region-wide analysis of the trends.

Resources used and benefits

The SHA had made a commitment to following the recommendations set out in Safety first: a report for patients, clinicians and healthcare managers. The regional patient safety strategic forum was part this commitment as well as the decision to use CHKS intelligence to ensure the SHA could have a "helicopter view" of mortality throughout the region. The SHA has been able to address specific issues relating to mortality and ensure that best practice is followed throughout the region.

Working with CHKS has also meant that the SHA has been able to engage with experts who can offer their views on mortality in the region. One such individual is Clinical Effectiveness Specialist Advisor Tony Roberts, who is seconded to the North East Quality Observatory System (NEQOS). He focuses on issues involving evidence-based care, clinical guidelines and the use of Statistical Process Control methods to guide improvement opportunities by looking at variation in outcomes and processes of care. Yvonne believes this has added an extra dimension to the SHA's strategy for reducing mortality in the North East.

The results speak for themselves. When you compare mortality across the North East over a 12 month period up to June 2010 from June 2009 the in-hospital mortality rate has remained stable whilst the risk adjusted mortality index fell by 10 points. Improved scrutiny and discussion of factors influencing mortality statistics has resulted in improvements in the recording of clinical data and organisations throughout the North East are working together to influence patient care

Benefits of the programme

Process

- NHS North East has been able to engage with experts in the region
- Organisations throughout the SHA are working together to improve safety
- Recording of clinical data has been improved
- Evidence-based information help to inform the patient safety action team.

People

- Clinicians and clinical coders are working together to improve recording of clinical data
- NHS North East is bringing information to the clinicians which then helps to develop their skills in its use and interpretation.

Information

- The SHA has access to evidence-based, benchmarked indicators which enable outcomes to be put into context and provide direction on key areas of variation for subsequent review
- The SHA is able to improve the quality of information through clinical engagement.

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