

Patient Safety and Health Care Improvement

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Given wrong results

Delayed diagnosis

Not identifying patient at risk of deterioration

Delays assessing patients with mental illness

Prescribing error

Complications in drug monitoring

Wrong drug dispensed to patient with allergy

Malfunctioning equipment

Dispensing error

Deep vein thrombosis

Delayed decision to refer

Delayed assessment

Wrong site surgery

Complications in drug monitoring

Inaccurate medical record

Wrong drug prescribed

Malfunctioning syringe driver

In pain medication

Inadequate safety netting advice

Wrong drug administered

Insulin given to wrong patient in error

Delayed diagnosis

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1 in 33



aims to determine the **frequency, burden and preventability of healthcare associated harm** in primary and emergency care settings, and to develop and **implement interventions to improve patient safety** in priority areas.



We use mixed methods research techniques to **generate learning from patient safety incidents reports** submitted to the England and Wales National Reporting and Learning System **to empirically inform quality improvement initiatives and projects to improve patient safety.**



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Medication error, fall

Inaccurate medical record

Wrong drug prescribed

Malfunctioning syringe driver

Delay in pain medication

Inadequate safety netting advice

Wrong drug administered

Vaccine given to sibling in error

Delayed diagnosis

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Not identifying patient at risk of deterioration

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Delays assessing patients with mental illness



Patient groups

- Older adults
- Vulnerable children
- Vulnerable adults
- Mental health problems
- Opiate-replacement therapy
- Children in general practice
- Older adults in nursing homes
- Adults with dementia
- End of life patients

Specialties

- General practice
- Ambulatory dentistry
- Community pharmacy
- Physiotherapy
- Neonatology
- Paediatrics
- Palliative medicine

Topics of interest

- Deep vein thrombosis
- Radiotherapy errors
- Pressure ulcers
- Warfarin
- Bogus healthcare workers
- Mortuary errors
- Adverse drug reactions
- Polypharmacy
- Strong opiates

**What are your
priorities?**

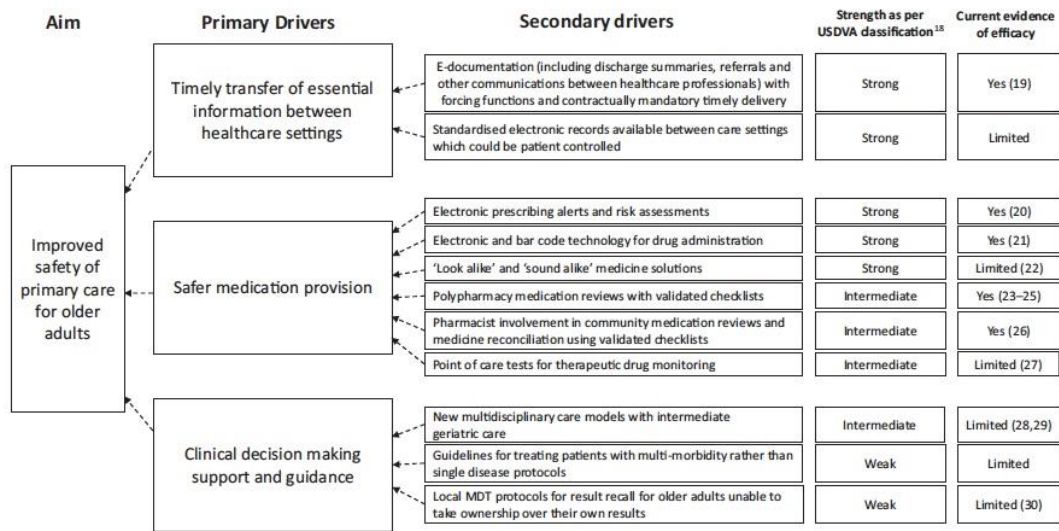


Figure 1. Driver diagram to show potential interventions to improve the safety of primary care for older adults.

We use quality improvement tools to summarise research findings to work with frontline healthcare professionals to co-produce quality improvement plans for practice and care improvement.

Patient ID: _____ Completed: _____ Profession: _____
 Date: _____ Authorised by: _____ Profession: _____

Please consider whether any problems identified might be due to or exacerbated by prescribed medicines: antipsychotics, antidepressants, anti-epileptics/mood stabilisers, benzodiazepines, hypnotics. When completed, pass to pharmacist or prescriber.

| Problem | Actions / Notes |
|---|--|
| 1 Vital Signs | |
| Heart rate | bpm No / Yes |
| Irregular rhythm | No / Yes |
| BP lying/sitting | mmHg No / Yes / Worse |
| BP standing | mmHg No / Yes / Worse |
| Weight/BMI | Kg kg/m ² No / Yes / Worse |
| - Change since last recording | Less / Gains Date diary date last recorded / / |
| Girth (waist circumference) | cm No / Yes |
| - Change since last recording | cm Decreases / Increases / No change |
| Temperature (tympanic/oral/axilla/rectal) | °C No / Yes |
| Oxygen saturation | % No / Yes |
| ECG | No / Yes Date last recorded / / |
| 2 Observations of Problems | |
| Hand tremor affecting drinking or ADLs | No / Yes / Worse If Yes, ADL score |
| Tongue tremor | No / Yes / Worse If Yes, ABMS score |
| Feet shuffling | No / Yes / Worse If Yes, Barnes' score |
| Abnormal movements at rest | No / Yes / Worse If Yes, ABMS/Barnes' score |
| Posture abnormal | No / Yes / Worse |
| Gait abnormal on walking | No / Yes / Worse |
| Balance/co-ordination poor, affects any ADLs | No / Yes / Worse If Yes, ADL score |
| ANY bleeding/bruising/nosebleeds | No / Yes / Worse |
| Feeding the child | No / Yes / Worse |
| Cognitive decline (memory or concentration problem) | No / Yes / Worse Date last recorded / / |
| 3 Reports of Potential Problems | |
| CNS: Any convulsions (even if epileptic) | No / Yes / Worse |
| Behaviour problems | No / Yes / Worse |
| Self-harm | No / Yes / Worse Risk assessment date / / |
| Physical violence to people or objects | No / Yes / Worse If yes, risk assessment date / / |
| Aggression (including verbal) | No / Yes / Worse If yes, risk assessment date / / |
| Irritability | No / Yes / Worse |
| Agitation, anxiety, nervousness | No / Yes / Worse |
| Restlessness or pacing | No / Yes / Worse If yes, Barnes' score |
| Hyperactivity | No / Yes / Worse |
| Panic attacks | No / Yes / Worse |
| Confusion | No / Yes / Worse |
| Mood fluctuations – high or low moods | No / Yes / Worse |
| Low energy, weakness, fatigue, apathy | No / Yes / Worse |

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West Wales Adverse Drug Reaction Profile

Prof Sue Jordan
Swansea University

We evaluate the development, testing and implementation of patient safety interventions to understand how and in what contexts they can improve outcomes.


Royal College of General Practitioners
Contents 

Reporting and learning from patient safety incidents in general practice

A practical guide




Blame-free learning from patient safety incidents

Dr Evans' colleagues were surprised that she had made such a mistake and initially appear critical of her for trying to do the 'right thing' at once. However, towards the end of the meeting it was acknowledged that any of them could have been in the same situation.

In this next clip, they start to think about the sequential steps involved from ordering an ECG to its review.




Royal College of General Practitioners
Patient Safety and Quality Improvement in Primary Care – Module 1

Case study 1 – Olivia

Olivia is a 28 year old woman who uses the depot contraceptive injection. She has been using this for six months and has come for her first injection. She usually sees the contraceptive nurse but her clinic is full today and Olivia has been advised into a free appointment with the GP Registrar, Paul, who has never given a depot injection before.

Paul is aware that the practice is having a tough time today. It's the middle of the school holidays and they were a bit short on doctors to start with, not helped when a GP who should have been there all day phoned to say that she had been working all night and wouldn't make it in. Reception are leaving their hats out trying to rebok her appointments and Paul's trainee is running 45 minutes late. Paul is finishing his training soon and wants to stand on his own two feet.

Paul takes a brief history, satisfying himself that Olivia's injection is due and she is happy to have the next one. He goes to the cupboard, checks the expiry date and carefully gives an IM injection in the upper outer quadrant of her right buttock. After Olivia has left the room Paul picks up the box to enter the batch number and expiry date on the computer. To his horror, he realises that he has given her an injection of depo-provera instead of depo-primov.

What factors led up to this error and which categories did they fall into – patient factors, staff factors or system factors?

Please type your response in the box below and click 'Submit'.

Open your text here

We train the workforce to recognise, report and learn from patient safety incidents through e-learning courses, national seminars, and practical 'how to' guides.



AWTTC

All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwtg a Thocsiclog Cymru Gyfan



Canolfan
PRIME Cymru
Wales **PRIME**
Centre



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OPEN PEDIATRICS™



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Improving end of life care delivered by GP out of hours services

Huw Williams



Improving the safety of anticoagulation services at Cardiff and Vale UHB (...and Wales)

Sian Rowlands



Development and adaptation of the PISA methods for application in Turkey

Sabiha Denizeri



Patient safety priorities in primary care dentistry

Eduardo Enseldo-Curasco



Patient safety priorities in community pharmacy

Khalid Muhammed

We **build capacity and capability of health service researchers to investigate patient safety** (postgraduate students, clinical academics, post-doctoral fellows) and **partner with organisations to advance their patient safety agenda.**

How can you get involved?

- ✓ **Take a course on patient safety in primary care** on the Royal College of General Practitioners e-learning site (accessible to all): <http://elearning.rcgp.org.uk>
- ✓ Read our academic outputs and **design an improvement project informed by our national-level analyses of patient safety incident reports** for priority issues in primary care.
- ✓ Submit an **expression of interest for MPhil / PhD study** of patient safety
- ✓ Seek **methodological input to develop your research** proposals
- ✓ Undertake a **secondment with the PISA group**

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