Healthcare Organization Commitment

Contact Details

Name
Joanne Matthews

Phone
(013) 162-3472

Email
joanne.matthews1@nhs.net

Position
Head of the Scottish Patient Safety Programme

Organization Name
Scottish Patient Safety Programme (SPSP)

Organization Address
1 Gyle Square
Gyle Crescent
Edinburgh, Scotland EH12 9EB
GB

Commitment Details

Commitment Name
The Scottish Patient Safety Programme (SPSP) is a unique national initiative that aims to improve the safety and reliability of healthcare and reduce harm, whenever care is delivered.

What Patient Safety Challenge does your Commitment address?
Challenge 1 - Culture of safety

How Many Hospitals Will This Commitment Represent
300
Commitment Summary
The programme is broken down into six distinct areas:

Acute Adult where the aims are:
Improving reliable care delivery, communication and care planning
Reducing harm and mortality in hospitals

HAI where the aims are:
Application of standard infection control precautions (SICPs) in all care settings
Achieving reliable systems and processes around the reduction of healthcare acquired infections (HAIs)

Primary Care where the aims are:
Improving safety across the community and across the interface
Reducing harm from high risk medicines

Maternity and Children which covers paediatric and neonatal care and the aims are:
Improving outcomes for babies, children and their mothers
Increasing women’s satisfaction of their experience of care

Medicines where the aims are:
Taking a whole system approach to the safer use of medicines
Optimising medication reconciliation and reducing harm from high risk medicines

Mental Health and the aims are:
Improving risk assessment and safety planning
Reducing harm from restraint and seclusion

Furthermore there are two further areas of work which straddle the entire programme, these are Medicine and Hospital Acquired Infections (HAI).

Commitment Description & Detail
Each area of work has its own specific steps but all follow the Breakthrough Series Collaborative Model. This means that there are regular Learning Sessions across the country, regular Webex’s, giving opportunity to share best practices and data.

Pilot projects are trialled and tested in one geographical area and then rolled out nationally, often they will be labelled as “Care Bundles”. Care Bundles give a step by step guide on how to deal with a specific issue or how to avoid a specific issue. An example of this is the work around reducing Catheter Associated Urinary Tract Infections (CAUTI).

Action Plan
SPSP is led and co-ordinated nationally, supporting implementation within NHS boards through local teams within hospitals, GP practices, mental health inpatients units and,
community pharmacies. The programme is delivered through a collaborative approach based on the Breakthrough Series Collaborative Model, using national learning sessions to bring NHS boards together to share and learn from each other interspersed with action periods where local teams test and implement changes using improvement methodology – The Model for Improvement, to bring about improvements in care provision.

**Commitment Timeline**

Whilst SPSP does not have a target figure for number of lives saved there are aspirational aims, which are: Further improve the safety of people in acute care by ensuring 95% of people are free from harm in the following areas; cardiac arrest, CAUTI, pressure ulcers and falls Reduce Hospital Associated Mortality Reduce (HSMR) by 20%. Other areas of work have set goals; for example the overall aims of the Maternity Care strand are to: • increase the percentage of women satisfied with their experience of maternity care to > 95% by the end of 2015, and • reduce the incidence of avoidable harm in women and babies by 30% by the end of 2015. Avoidable harm is defined by the further sub aims to: • reduce stillbirths and neonatal mortality by 15% • reduce severe post-partum haemorrhage (PPH) by 30% • reduce the incidence of non-medically indicated elective deliveries prior to 39 weeks gestation by 30%