National Confidential Enquiry into Patient Outcome and Death

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NCEPOD

Outline of the session

- What is a confidential enquiry?
- Method and impact of NCEPOD
- An overview of one of our studies
- How might you use our recommendation?

NCEPOD supporting bodies

- Royal College of Emergency Medicine
- Association of Anaesthetists
- Association of Surgeons
- Royal College of Anaesthetists
- Royal College of Radiologists
- Royal College of Ophthalmologists
- Royal College of Surgeons Eng
- Faculty of Public Health Medicine of RCP
- Lay Representatives
- Royal College of Psychiatrists
- Faculty of Intensive Care Medicine
- Royal College of Pathologists
- Royal College of Obs & Gynae
- Royal College of Physicians
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Royal College of Surgeons Edinburgh
- Royal College of Physicians & Surgeons Glasgow
- Faculty of Dental Surgery of RCS

Structure

- 15 Non-clinical staff
- 8 Clinical Co-ordinators
- 550+ Local Reporters
- 100+ Ambassadors
- 1000++ Clinicians and case reviewers

Method

- Case selection
- Questionnaires – organisational and clinical
- Case note requests – copies of selected notes anonymised and used by **case note reviewers** to assess the quality of care
- Qualitative and quantitative data analysis – thematic review
- Report – data, key findings, recommendations
- Implementation tools

Report style

- Narrative
  - Tells the story*
  - Puts the tables and figures into context
  - Appeals to the non-academic reader
  - Written by clinicians – edited by a non-clinician and reviewed by a panel of lay representatives among others
- Case studies
  - ‘Crimewatch reconstructions’
  - Good training scenarios

*
Trisha Greenhalgh: not stories or numbers but stories and numbers

Report and supporting materials

- Full report
- Summary report
- Summary sheet
- Infographic
- Recommendation check-list
- Audit toolkits
- Presentations slide sets available
- Local presentations
- Fishbone diagrams
- Commissioners' guide
- Videos
- Social media

Reports

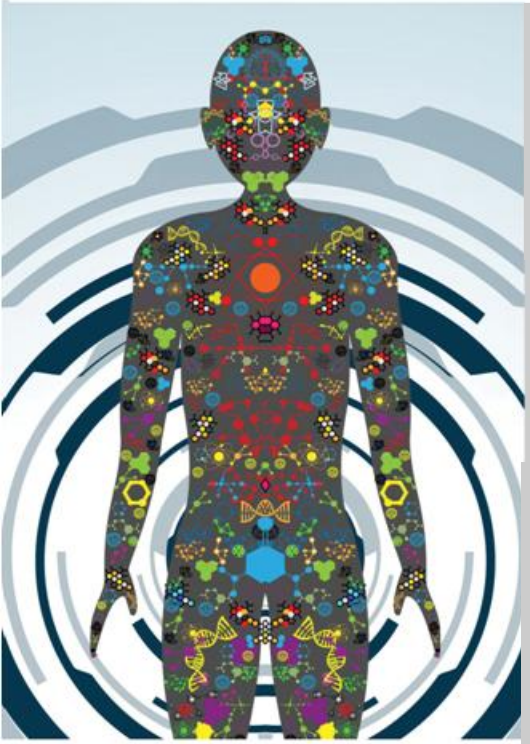

The Report of the National Confidential Enquiry into Perioperative Deaths
Who Operates When?
FUNCTIONING AS A TEAM?
WHO OPERATES WHEN?


On the Right Course?

Impact

There is a need for designated Level 1 trauma centres and a verification process needs to be developed to quality assure the delivery of trauma care

National Confidential Enquiry into Patient Outcome and Death



Treat as One

Bridging the gap between mental and physical healthcare in general hospitals

@ncepod
#MH

NCEPOD

Aim

To explore the overall quality of mental and physical healthcare provided to patients with significant mental health conditions who are admitted to a general hospital.

Study population

Patients aged 18 + admitted to a general hospital for physical healthcare during the study period:

- Detained under mental health legislation during their admission to hospital

and/or

- Coded by ICD10 coding for a diagnosis of a listed mental health condition

Population

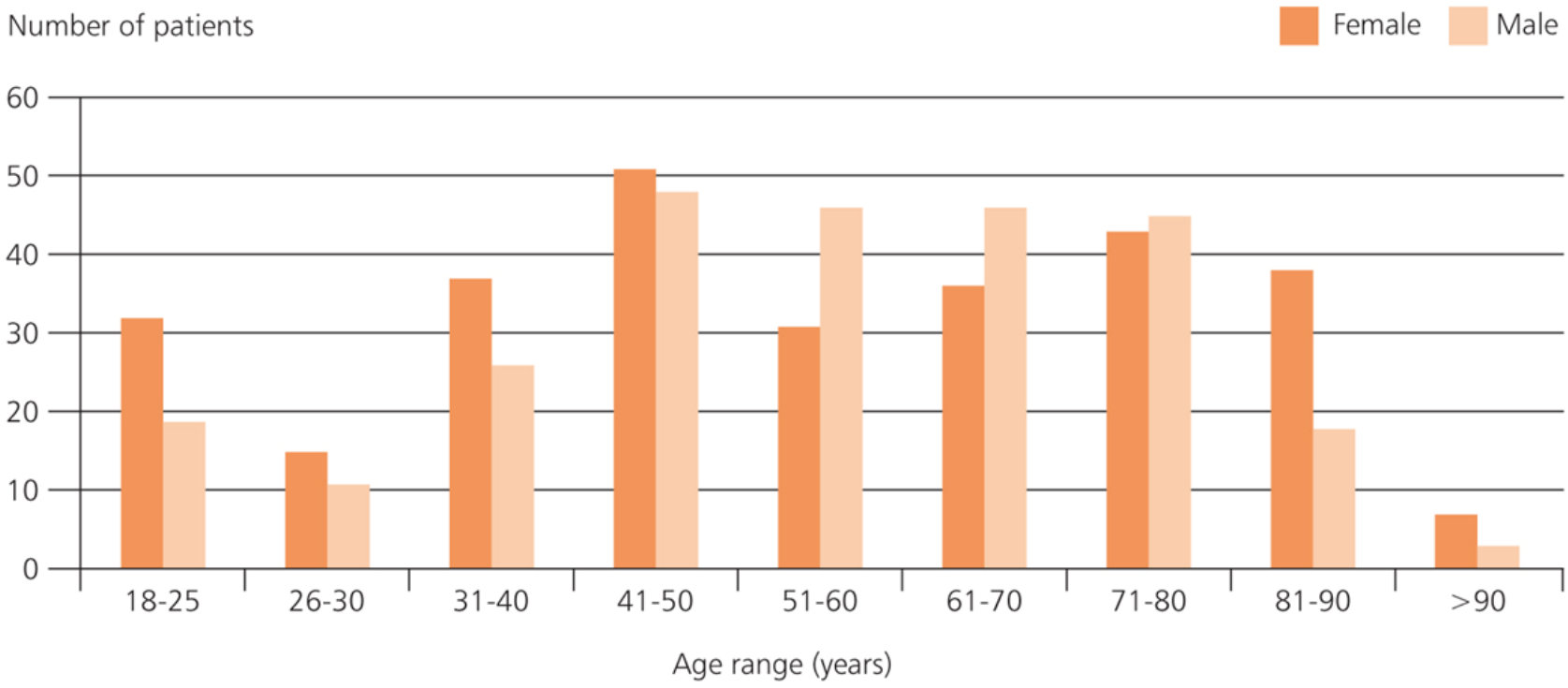


Figure 2.1 Age and gender

Physical health conditions

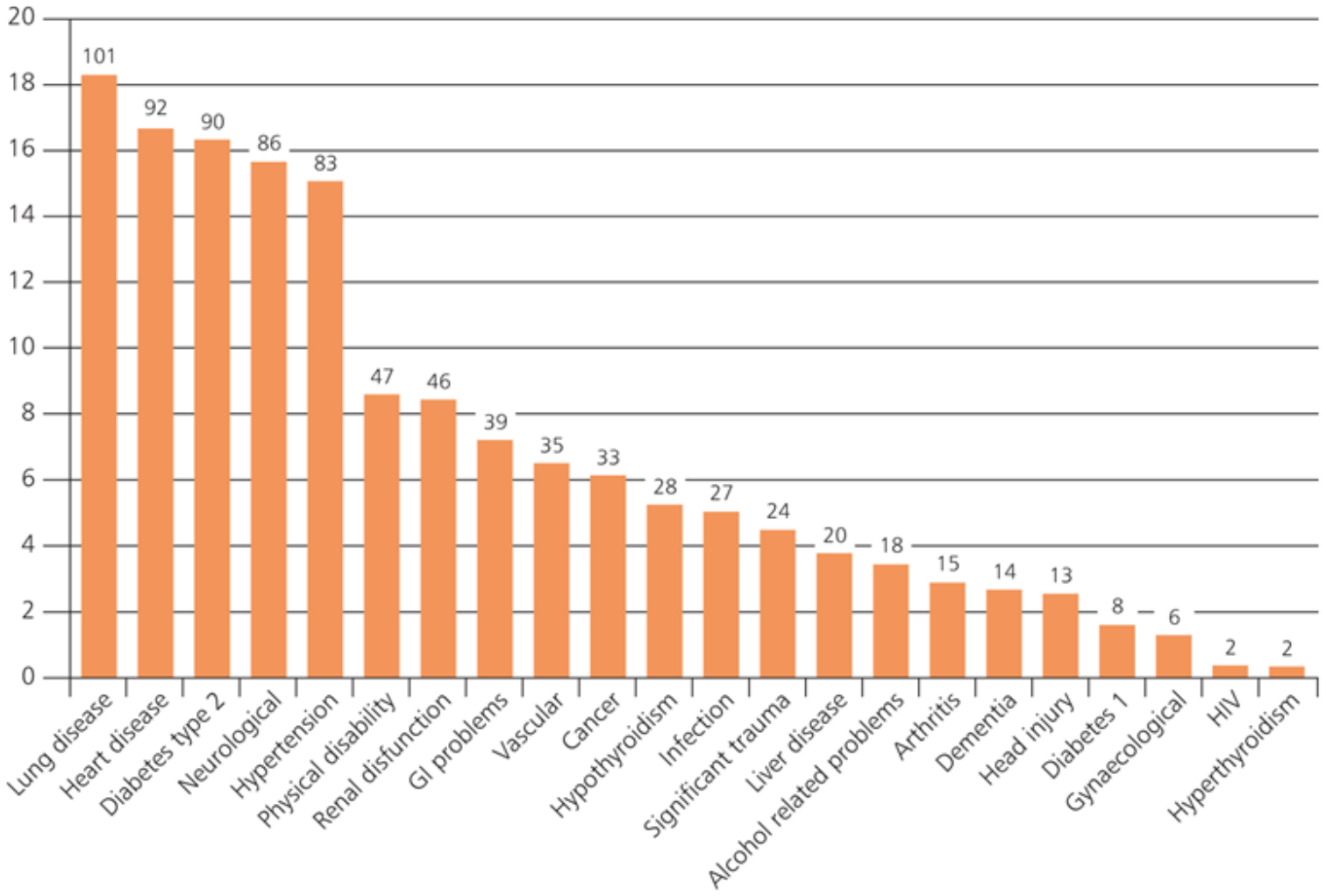


Figure 2.3 Type of physical co-morbidity present at admission

Mental health conditions

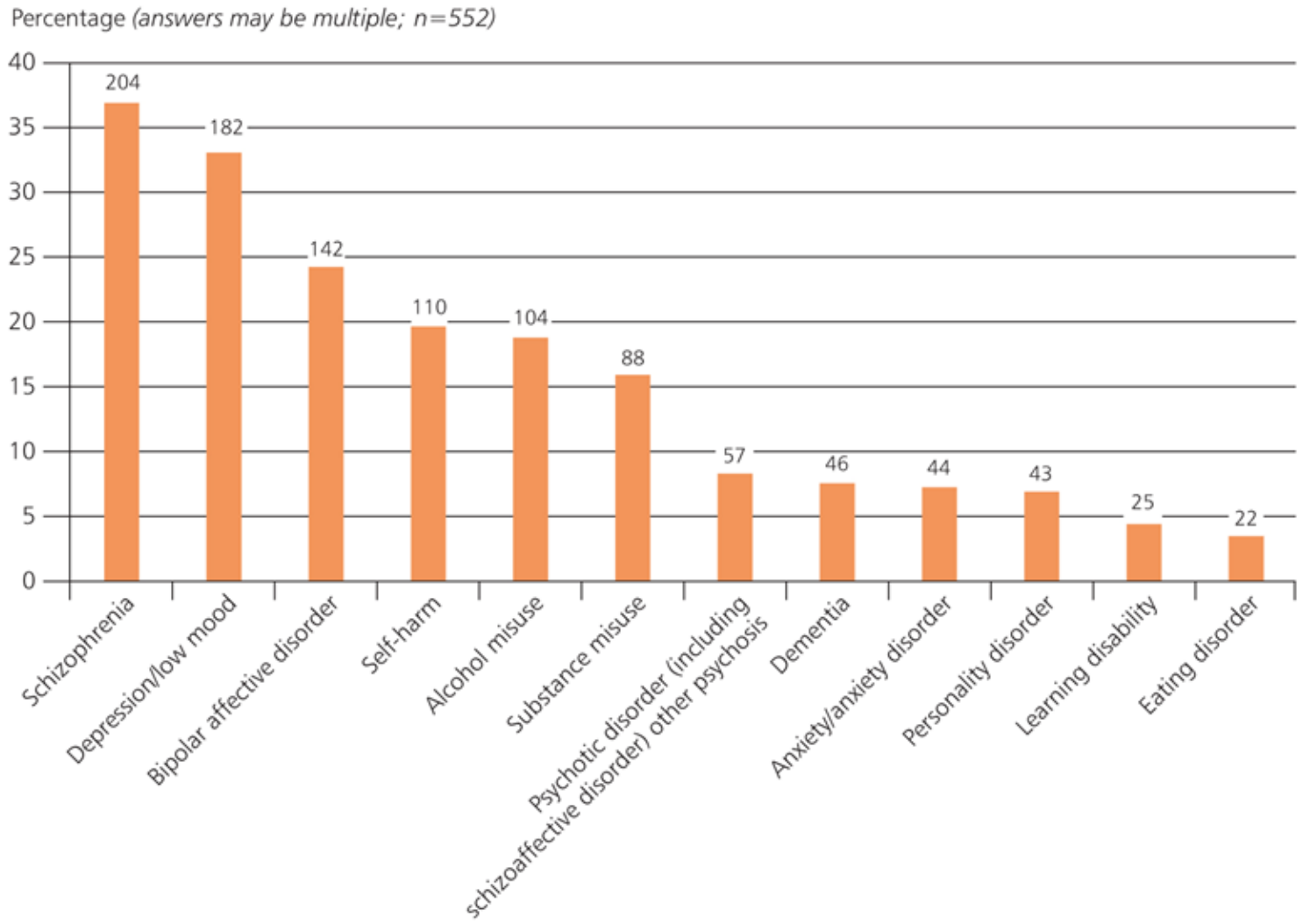


Figure 2.4 Mental health conditions documented in the study sample

Presentation to hospital

- 351/552 (63.6%) via the emergency department
- 80/552 (14.5%) via a GP referral

Detained under mental health legislation

Table 4.25 Detained at any point – clearly documented

Clear documentation	Number of patients
Yes	50
No	15
Total	**65**

History of smoking status

Table 2.10 History of smoking status recorded

Smoking status	Number of patients	%
Ex-smoker >5 years	170	41.2
Current smoker	164	39.7
Ex-smoker <5 years	48	11.6
Never smoked	31	7.5
Subtotal	**413**	
Unknown	111	
No data	28	
Total	**552**	

Care refused by the patient

Table 5.1 Challenges in care due to refusal by the patient

Patient refused	Number of patients	%
Nutrition	44	28.6
Interventions	43	27.9
Investigations	41	26.6
Physiological observations	40	26.0
Assessment	30	19.5
Medications	23	14.9
Hydration	22	14.3
Fluid balance	7	4.5
Other	24	15.6

Answers may be multiple; n=154

- Mental health was a contributing factor in 136/149 (91.3%) patients

Surgery/intervention as a result of a mental health condition

Table 5.9 Surgery/intervention a result of mental health condition e.g. self-harm

Intervention due to MH condition	Number of patients	%
Yes	16	12.5
No	112	87.5
Subtotal	**128**	
Insufficient data	7	
Total	**135**	

- Room for improvement in consent in 24/109 (22.0%) cases reviewed

Overall quality of care

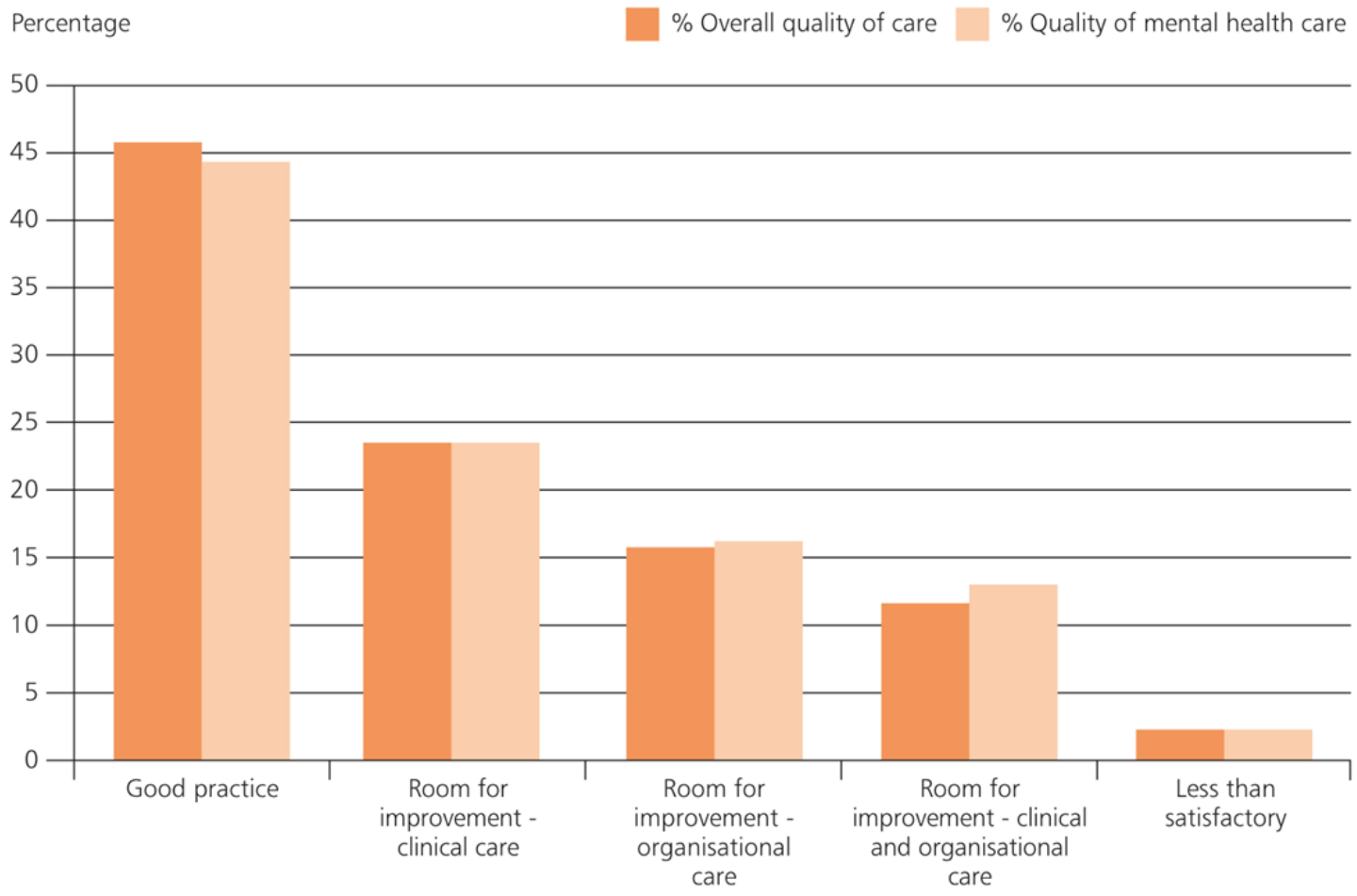


Figure 8.1 Overall quality of care and overall quality of mental healthcare – reviewers' opinion

Patient AB

- 55 year old patient - Severe mental illness
- Multiple suicidal attempts - medications in a safe
- Mental health team found safe broken and empty blister packs.
- Patient was lying unresponsive on the floor.
- After treatment for overdose of her medications, found that she was unable to stand or walk
- X- rays confirmed fracture of the thigh bone (femur)

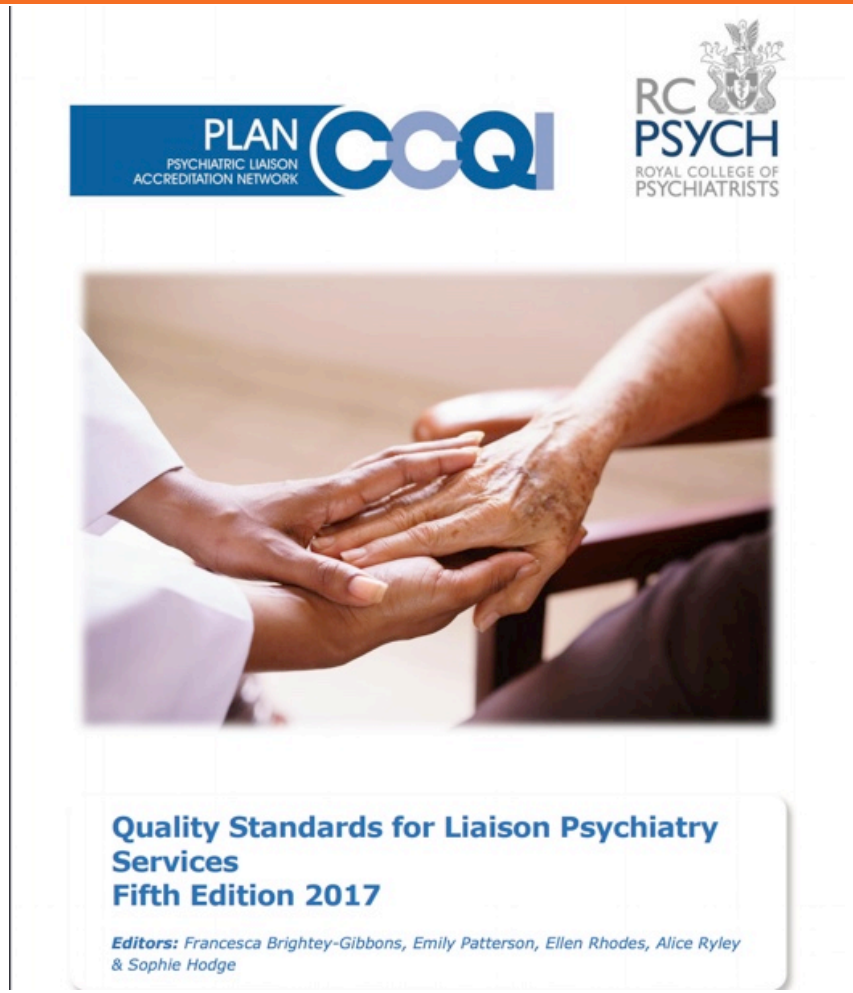
Patient CD

- 35 year old admitted with alcohol withdrawal seizures
- Better by next morning but needs ongoing care
- Still on oxygen
- Requesting to go out for a smoke every 15 minutes
- Wants to self-discharge from hospital

Table work

- What are the design issues that need to be considered for the mentally unwell patient in this scenario?:
  - What is the easiest design issue to fix?
  - What would be the most challenging?
- How are these issues considered when a patient with a mental health condition attends a physical health hospital?
- What do you think is the key design solution when designing a hybrid hospital for the future?

Psychiatric Liaison Accreditation Network (PLAN)



https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/psychiatric-liaison-accreditation-network-plan/plan-standards

Psychiatric Liaison Accreditation Network (PLAN)

Domain 2: The liaison team has access to appropriate facilities for conducting high risk assessments within the emergency department

Standard 22.1

- The liaison team has access to facilities and equipment for conducting high risk assessments.
- The facilities should be located within the emergency department

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/psychiatric-liaison-accreditation-network-plan/plan-standards

Psychiatric Liaison Accreditation Network (PLAN)

- Have at least one door which opens outwards and is not lockable from the inside
  - NB. PLAN recommends that assessment facilities have two doors to provide additional security. All new assessment rooms must be designed with two doors.
- Have an observation panel or window which allows staff from outside the room to check on the patient or staff member but which still provides a sufficient degree of privacy

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/psychiatric-liaison-accreditation-network-plan/plan-standards

Psychiatric Liaison Accreditation Network (PLAN)

- Only include furniture, fittings and equipment which are unlikely to be used to cause harm or injury to the patient or staff member. For example, sinks, sharp edged furniture, lightweight chairs, tables, cables, televisions or anything else that could be used to cause harm or as a missile are not permitted
- Be appropriately decorated to provide a sense of calmness

https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/psychiatric-liaison-accreditation-network-plan/plan-standards

Psychiatric Liaison Accreditation Network (PLAN)

- Have a ceiling which has been risk assessed. Teams will be asked to provide a copy of the risk assessment, and demonstrate appropriate changes made to the ceiling to reduce the risks identified.
- Not have any ligature points.
- Have a panic button or alarm system (unless staff carry alarms at all times)

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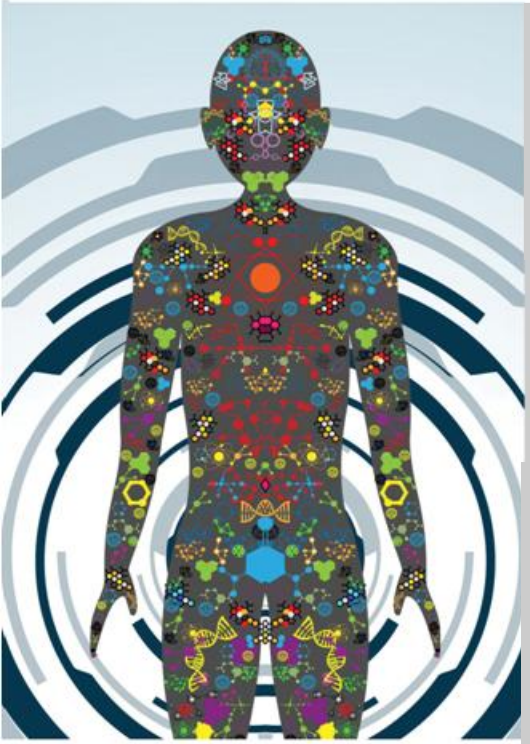

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Thank you

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