Scottish Patient Safety Programme in Primary Care

Data Reporting

This document sets out the data reporting arrangements for SPSP in Primary Care from January 2015 and provides guidance for using the electronic data reporting template sent to NHS boards.

The document comprises three sections:

1. Data reporting guidance for SPSP in Primary Care – see page 2
2. A flowchart showing the sequence of data reporting activity, step by step, for Programme Managers – see page 4
3. The programme's overarching Measurement Plan (November 2014) – see page 5.

Section 1

Data reporting guidance for SPSP in Primary Care

SPSP PC Data Toolkit: Each practice to use the Data Collection sheet (paper tool) to complete compliance with the 10 samples of care bundles per month. Data to be entered onto the **SPSP PC Data Toolkit**. At the far right hand side of the Data Toolkit is the 'Overall Data Table' for reporting how many of the 10 samples have complied with every aspect of the patient care bundle.

The information from the Data Toolkit should be forwarded to your board's Programme Manager for monthly collation.

SPSP PC Reporting Template:

SPSP-PC will confirm which version of Excel your board is using (SPSP-PC version is 2007) and can provide a compatible version.

Safety Climate Survey (SCS) – SPSP-PC can provide the number of practices registered for the SCS and can let you know how many SCS have been completed within your NHS board.

Trigger Tools – Note the number of practices that have completed at least one Trigger Tool review and have submitted reflection sheets and then how many have completed this twice.

Area of focus (care bundle):

Month: should be entered in date format – always from the 1st of the month, for example, '01/04/13' for 1st April 2013. Start from the month when you have data available.

'Spotlight Practice' provides optional columns for including data from a practice that has introduced changes and demonstrates improvement, which you may want to share.

'Number of patients reviewed' = the total number of patient notes sampled for that specific care bundle.

'Number of patients with bundle complete' = the total number of patient notes that demonstrates 100% compliance with all aspects of the care bundle.

Advice on sampling (20%) practices

If 100% of your board's practice information can be provided this data should be submitted under 'All Available Data' (or even if you have less than 100% of board's data but it has been aggregated this can be provided under 'All Available Data'). If there is no access to aggregated data from practices, a sample of data from 20% of practices should be provided. We recommend randomly selecting the practices – once selected continue to report on these same practices for the following year.

At 'NHS Blank' please replace the word 'blank' with your NHS board name.

Spread = the number of practices signed up to LES (or number of practices in the board) and '# areas engaged' = the number of practices reporting data.

Annotation: you can include relevant text for the run charts (for example, if you have introduced a change within the practice) which will appear on the run chart - it defaults above the data point and will appear on each of the 4 run charts to the right. Individual charts can be selected for printing out.

Only the top chart will produce a median line, which will appear automatically, but not until 6 points of data have been entered. There is a drop-down option next to the blue 'Board' box if you'd like to show the 20% sample or spotlight practice with a median line.

To the far right of each area of focus is a table which allows you to report on the level of improvement across the board or sample. You can select from a drop-down box for the following:

Not enough data for assessment (less than 6 months) = Practices are starting to report data

No change = reporting data but no improvement noted

On target = (meeting 95% or above target) not classed as improvement but not noted as failure to improve – 'ticks the box' for achievement of point on the scale

Improvement = Six consecutive monthly points above the median on a run chart (shift) or five consecutive monthly points increasing on a run chart (trend)

Sustained improvement = Six consecutive monthly points above the median on a run chart (shift) followed by a further three points above the median (sustained) – nine data points in all

Sustained improvement on target = achieved sustained improvement and meeting 95% or above target

Deterioration = Six consecutive monthly points below the median on a run chart (shift) or five consecutive monthly points decreasing on a run chart (trend)

Sustained deterioration = Six consecutive monthly points below the median on a run chart (shift) followed by a further three points below the median (sustained) – nine data points in all.

Improvement Summary: if you click on this tab at the foot of the template it will take you to a summary of the areas of focus, which will automatically populate from the data entered. Click on the cell next to red 'Enter Review Month' where there are drop-down options to see the improvement status for month selected.

Process for sending Reporting Template

The template should be sent to hcis.spsp-pcdata@nhs.net on a bimonthly basis (six times a year).
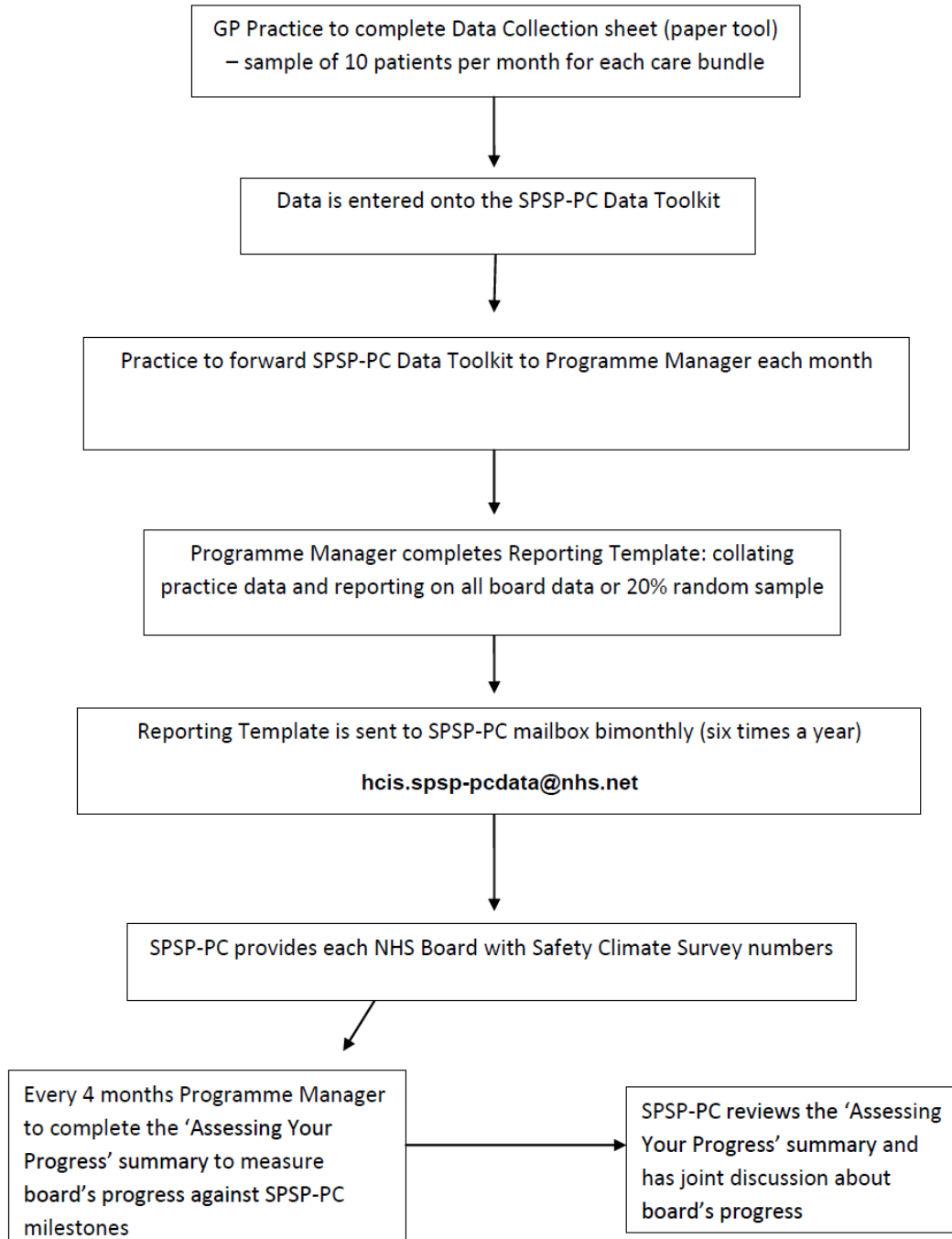

TIPS:
If you are copying data from one part of the template to another, please do not use the 'cut and paste' option – only '**copy and paste**' values as cutting data will impact on the whole template.

There is a useful learning module on run chart rules [Introduction to Statistical Process Control (SPC)] in the QI hub:
http://www.qihub.scot.nhs.uk/scormplayer.aspx?pkgurl=/elearningmodules/Introduction%20to%20SPC/&height=800&width=1010

Section 2

SPSP-PC Data Reporting Flow Chart

GP Practice to complete Data Collection sheet (paper tool) – sample of 10 patients per month for each care bundle

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Data is entered onto the SPSP-PC Data Toolkit

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Practice to forward SPSP-PC Data Toolkit to Programme Manager each month

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Programme Manager completes Reporting Template: collating practice data and reporting on all board data or 20% random sample

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Reporting Template is sent to SPSP-PC mailbox bimonthly (six times a year)

hcis.spsp-pcdata@nhs.net

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SPSP-PC provides each NHS Board with Safety Climate Survey numbers

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Every 4 months Programme Manager to complete the 'Assessing Your Progress' summary to measure board's progress against SPSP-PC milestones → SPSP-PC reviews the 'Assessing Your Progress' summary and has joint discussion about board's progress

Scottish Patient Safety Programme in Primary Care Measurement Plan

November 2014 (Phase 1)

Ambition

The overall ambition of the Scottish Patient Safety Programme in Primary Care (SPSP-PC) is to reduce the number of events which cause avoidable harm to people from healthcare delivered in any primary care setting.

1.0   Introduction

The Scottish Patient Safety Programme in Primary Care (SPSP-PC) aims to improve the quality of care in all primary care settings by 2016 with 95% of primary care clinical teams developing their safety culture and achieving reliability in 3 high-risk areas by 2016.
The overall aim of the programme is to reduce the number of events which cause avoidable harm to people from healthcare delivered in any primary care setting and at the interface with acute care.

The programme will inform and support the implementation of a range of interventions to improve the safety of healthcare delivered in primary care and has a 3-year implementation plan (2013-2016).

This programme comprises three workstreams to ensure patients receive appropriate and safe care in the primary care setting. The three workstreams provide a menu of options from which NHS boards select elements to implement with improving reliability over the duration of the programme. The programme has been implemented initially within General Medical Services (Phase 1). This measurement plan reflects only interventions introduced within Phase1 of the programme and will be updated when interventions are implemented in other Primary Care settings in later phases.

2.0   Overview of SPSP-PC Data Collection Strategy

The SPSP-PC Data Collection Strategy currently focuses on the following areas:
- Safety Culture Measures – staff safety climate survey and Trigger Tool
- Process Measures
- Outcome Measures
- Balancing Measures.

3.0   Measuring Safety Culture

A positive and strong safety culture is essential to improve and assure patient safety. Building a safety culture is therefore strongly promoted as an important activity for all NHS organisations. It is arguably even more desirable for UK primary care as the majority (90%) of health care is delivered in this setting.

The term 'safety climate' refers to the measurable components of safety culture. Safety climate provides a snapshot of culture at a given moment in time. The terms 'culture' and 'climate' are often used interchangeably.

3.1   Safety climate survey

The safety climate survey requires the workforce to complete the self report questionnaire anonymously on an annual basis. Participants' scores are aggregated to provide a 'snapshot' of the overall safety climate and of those factors known to be important aspects of safety climate in the workforce, for example perceived effectiveness of team working, leadership or communication systems. The generated report provides an opportunity for the whole practice team to meet and discuss openly how they can improve their safety culture: it allows issues to be raised and prioritised for action.

Staff Safety Climate Survey (GP-SafeQuest)

GP-SafeQuest is a 30 item, validated questionnaire specifically designed to be used by all members of primary care teams in UK settings. It measures perceptions of safety climate in five domains: Leadership, Teamwork, Communication, Workload and Safety Systems. A major benefit is that it is also suitable for non-clinical and non-management staff groups who are often excluded from other safety climate studies.

3.2 Trigger Tool

A trigger tool (structured case review) is a simple checklist for a number of selected clinical 'triggers'. A reviewer looks for these triggers when screening medical records for patients who may have been unintentionally harmed. The trigger tool facilitates the structured, focused review of a sample of medical records by primary care clinicians. Each 6-monthly review can take less than 2 hours to complete.

4.0 Measures

4.1 Process Measures

- The process measures are different for each workstream as they relate to the intervention to be implemented through small tests of change
- Each workstream will need a set of process measures that covers the spectrum of issues identified on the driver diagram
- Once a process has been improved, practices will need to continue to collect data to assess sustained improvement but the frequency of reporting can be reduced once there is evidence that the change has been implemented reliably.

4.2 Outcome Measures

While it is accepted that each process measure should have an outcome measure, these will require consideration and development in discussion with local collaboratives.

4.3 Balancing Measures

Balancing measures are used where there are concerns that working on one area of the system might have negative consequences elsewhere. The balancing measure is a way of monitoring this and identifying early on if these negative unintended consequences are occurring so that remedial action can then be taken. For example, through closer monitoring of high risk medications such as warfarin, patients may be subject to increased blood testing.

5.0 Frequency of Reporting

For improvement work, the aim is to report data as frequently as possible as this enables changes to be quickly identified. Practices will complete sampling using a monthly data reporting toolkit to measure compliance with bundles, which can be collated monthly within boards. Boards will forward their Reporting Template and 'Assessing Your Progress' report to SPSP-PC for joint review and reporting feedback.

SPSP-PC Data Timetable

Frequency	Data	Collected/Completed by
1 x month	High Risk area of focus/Care bundle data	GP/Nurse Practitioner
1 x month	Collation of monthly practice data on Reporting Template	Programme Manager
1x 4 months	'Assessing Your Progress' joint review	Programme Manager
1 x 6 months	Trigger Tool	GP/Nurse Practitioner
1x 12 months	Safety Climate Survey	All practice team
1x 12 months	Annual Information Proforma	Programme Manager

6.0   Summary and Review

The approach and usefulness of the data being collected should and will be constantly reviewed. There will be the flexibility both to add additional approaches if it becomes clear there is a gap and also to remove measures if these are clearly not helping to identify harm or assess whether the changes being made are reducing harm. Furthermore the aim of this work is not to add a significant data collection burden to already busy and stretched teams. Therefore the amount of time taken to collect the relevant data will also be kept under review.

7.0   Challenges

- The Data and Measurement, Reporting and Assessment Group acknowledges that the development of a measurement framework is an iterative process and will require ongoing review as SPSP-PC expands into Phase 2.

- Whilst it is accepted that each process measure should have an outcome measure, these will require consideration and development in discussion with local collaboratives.

- For boards collating 100% of practice data, achieving 95% compliance with care bundles poses a challenge.

- There is a requirement to balance data burden with low sampling where 10 patients per practice may be too few to demonstrate sustained improvement.

- It is likely that local adjustment to the care bundles can impact on levels of compliance.

- Guidance on sampling (20%) practices: if 100% of your board's practice information can be provided, this data should be submitted under 'Board' (or even if you have less than 100% of board's data but it has been aggregated this can be provided under 'Board'). If there is no access to aggregated data from all practices, a sample of data from 20% of practices should be provided. We recommend randomly selecting the practices – once selected continue to report on these same practices for the following year.

Safety, Culture and Leadership

Develop a safety culture that engages with patients to support the delivery of safe and reliable care in primary care teams

Primary Driver	Aims/Goals	Process Measures	Outcome Measures
Promote a culture of reflective learning and improvement	Achieve 95% of practice teams undertaking Safety Climate Survey on annual basis	% of practice teams completing safety climate survey % of practice teams submitting action plan	Improvements in Scottish Safety Culture from March 2013–16

Measure Name	Completion of the online Safety Climate Survey by all practice staff
Measure Type	Process/Percentage
Measure Description	% completion of survey
Numerator	Numerator for this measure is the number of practices which complete the survey
Denominator	Denominator for this measure is the number of practices registered to take part in survey
Sampling Plan	All practice staff complete the survey once every 12 months
Reporting Frequency	All staff to discuss results and make improvements based on these once every 12 months
Numeric Goal	95% of practices in Scotland completing the survey every 12 months by 2016

Develop a safety culture that engages with patients to support the delivery of safe and reliable care in primary care teams

Primary Driver	Aims/Goals	Process Measures	Outcome Measures
Promote a culture of reflective learning and improvement	Achieve 95% of practice teams undertaking 2 Trigger Tool reviews on annual basis	% compliance with Trigger Tool Reviews	Improvements in Scottish Safety Culture from March 2013–16

Measure Name	Completion of patient record review (Trigger Tool)
Measure Type	Process/Percentage
Measure Description	% completion of Trigger Tool
Numerator	Numerator for this measure is the number of practices which submit Trigger Tool reviews
Denominator	Denominator for this measure is the number of practices registered to undertake Trigger Tool Reviews
Sampling Plan	All practices to submit review sheets every 6 months
Reporting Frequency	Trigger Tool review sheets submitted every 6 months
Numeric Goal	95% of practices undertaking the trigger tool review process, using a random sample of 25 patient records every 6 months

(The above safety and leadership measures will include additional programme interventions as these are introduced, for example Leadership Walkrounds and Learning from Significant Event Analyses (SEAs).

Safer Medicines

Provide Safe and Effective Medicines Management in Primary Care

	Primary Driver	Aims/Goals	Process Measures	Outcome Measures	Balancing Measures
Improve medicine management processes and reduce harm from medicines	Safe and reliable prescribing, monitoring and administration of high risk medications	Achieve 95% compliance with warfarin prescribing and monitoring bundle by December 2016	% compliance with warfarin prescribing and monitoring bundle	Improvement in combined % of INRs within range per practice/board according to local guideline (for example reduction in combined % of INRs <1.5 and > 5.0/6.0)	Number of INR tests per 1000 population carried out per quarter

Measure Name	Compliance with warfarin bundle
Measure Type	Process/Percentage
Measure Description	% compliance with bundle
Numerator	Number of patients who received all elements of the bundle
Denominator	Number of patients sampled
Sampling Plan	To collect data on 10 random samples of patients being prescribed the relevant high risk drug
Reporting Frequency	Monthly reporting of data
Numeric Goal	95% compliance with warfarin bundle

Provide Safe and Effective Medicines Management in Primary Care

	Primary Driver	Aims/Goals	Process Measures
Improve medicine management processes and reduce harm from medicines	Safe and reliable prescribing, monitoring and administration of high risk medications	Achieve 95% compliance with disease modifying anti-rheumatic drugs (DMARDs) such as Methotrexate and Azathioprine prescribing and monitoring bundle by December 2016	% compliance with DMARDs (Methotrexate and Azathioprine) prescribing and monitoring bundle

Measure Name	Compliance with DMARDs bundle
Measure Type	Process/Percentage
Measure Description	% compliance with bundle
Numerator	Number of patients who received all elements of the bundle
Denominator	Number of patients sampled
Sampling Plan	To collect data on 10 random samples of patients being prescribed the relevant high risk drug
Reporting Frequency	Monthly reporting of data
Numeric Goal	95% compliance with DMARDs bundle

Provide Safe and Effective Medicines Management in Primary Care

	Primary Driver	Aims/Goals	Process Measures
Improve medicine management processes and reduce harm from medicines	Accurate medication list is maintained in the electronic primary care medical record and communicated appropriately to patients and care providers	Achieve 95% compliance with medicines reconciliation bundle by December 2016	% of medicines reconciled for patients at discharge

Measure Name	Compliance with medicines reconciliation measures
Measure Type	Process/percentage
Measure Description	% compliance with bundle
Numerator	Number of patients who received all elements of the bundle
Denominator	Number of patients sampled
Sampling Plan	To collect data on 10 consecutive Immediate Discharge Documents (IDDs) from the following sample of patients: • All patients who have been discharged from an acute medical admission • All patients over 75 years of age who have been discharged from an inpatient stay from anywhere (eg surgical/medical admission)
Reporting Frequency	Monthly reporting of data
Numeric Goal	95% compliance with medicines reconciliation measures

Safety at the Interface

To provide safe and reliable patient care across the interface and at home

Provide safe and reliable patient care across the interface and at home	Primary Driver	Aims/Goals	Process Measures
	Implement safe and reliable systems for communication across interfaces of care	Achieve 95% compliance with outpatient communication bundle by December 2016	% compliance with outpatient communication bundle

Measure Name	Compliance with set of interventions for timely, clearly communicated and implemented treatment plan following attendance at outpatient department
Measure Type	Process measures
Measure Description	% compliance with each intervention
Numerator	Number of patients who received all elements of the bundle
Denominator	Number of patients sampled
Sampling Plan	To collect data on 10 patients per month where the letter from the outpatient department contains a change in the management plan
Reporting Frequency	Monthly reporting of data
Numeric Goal	95% of patients (who have a change in management plan) receive a timely, clearly communicated and implemented treatment plan following attendance at outpatient clinic

(The above 'Safe and Reliable Patient Care across the Interface' measures will include additional programme interventions as these are introduced, for example Results Handling and Falls Bundles, etc.)

All measures require to be coded to allow matching across the Data Collection Toolkit and Reporting Template.