

Performance Exception Report

Indicator:

Number of falls - 50% reduction

Issue:

The number of falls has increased during year to date particularly on Cedar and Oak wards.

Proposed Actions:

The three ward managers from Oak, Cedar and Elm ward are leading a service improvement project to focus on reducing falls. This includes launching a "call dont fall" initiative. This includes increasing the amount of information we give to patients and their families reagrding how they might help in reducing falls whilst in hospital.

The DNS has disussed this with the clincial leads and explained that falls is not purely a nursing issue it is a multidisciplinary issue. It has bene requested that medical teams review patients on clincial review that have fallen or could potentially fall (acording to risk assessment). James McKeivith consultant has now become involved in the preventing falls working and is currently loking at medications, night sedation and dsicussing with consultant colleagues if there are any further interventions that we need to look at to prevent falls within the trust.

Assessing Improvement:

The service improvement project iwaas further presented to the executive team on the 12th November 2014. the presenation from the ward managers highlighted the significant amount of work that is underway to educate and support patients and families in preventing falls. it was acknowledged that despite the increase in falls we are one of the bext trusts in the incidence of falls that incur harm as the majority of the falls in LHCH are classified as no harm or minor harm.

The emphasis on preventing falls continues with weekly meetings occuring with Ward Managers , ADNS and the Governance & Safety Lead. Meeting to be arranged between Dr McKeivith and Helen Martin to discuss any further actions/involvement to be taken by medical staff. Call dont fall campaign in evidence on wards with bedside leaflets, posters and warning triangles being utilised. Fall alarms being trialled on Elm Ward.

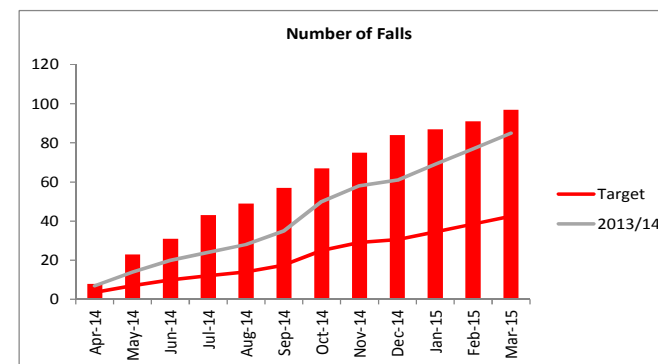
Expected Date of Performance Delivery:

2014- 2015

Rating	Target	Actual	Period
Red	43	97	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Increased numbers of falls can lead to harm for patients. All falls year to date have been mainly no harm with a small number relating to minor harm. The psychological impact of a fall on a patient is not measured but must also be considered. Falls that do incur harm can lead to increased length of stay for patients and impact on their general health.

Falls are monitored through our quality contract with commssioners and is one of our priorities set out in the quality account.

Executive Lead:

Sue Pemberton

Performance Exception Report

Indicator:

Medication Errors

Issue:

The number of medication errors reported in March was above the monthly target and rated red in month and YTD.

The breakdown of medication error categories for March was as follows:

Given at wrong rate	2 (12.5%)
Wrong dose dispensed	2 (12.5%)
Wrong dose prescribed	2 (12.5%)
Expired drug	1 (6.25%)
Mislabeled	1 (6.25%)
Wrong dose administered	1 (6.25%)
Wrong drug dispensed	1 (6.25%)
Wrongly prescribed and administered	1 (6.25%)
Other drug error	5 (31.25%)

The number of medication errors leading to harm to patients is very small with 15 recorded as minor or no harm, 1 as moderate harm and 0 as severe harm or death.

Proposed Actions:

All medication errors are reviewed by the medications safety group and sent to the directorates for review. This is where any learning will be shared and actions agreed.

Assessing Improvement:

The DON is due to meet with newly appointed chair of the medications safety group to discuss the priorities for 2015/16 and to agree the measures for improvement.

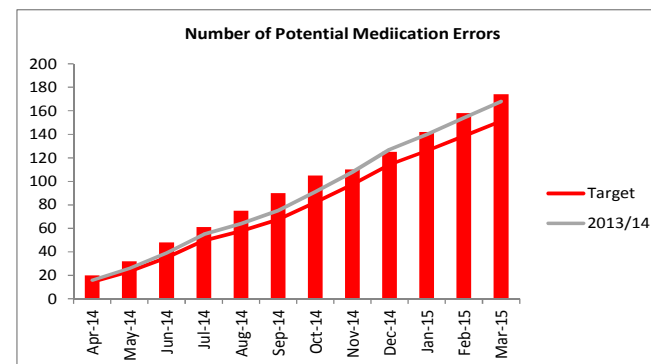
Expected Date of Performance Delivery:

Improvement targets to be agreed.

Rating	Target	Actual	Period
Red	151	174	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Reducing medication errors is a key quality objective for the Trust and forms part of the refreshed quality strategy for 2015/16.

Executive Lead:

Sue Pemberton

Performance Exception Report

Indicator:

Number of in-hospital deaths - 4% reduction

Issue:

IN MONTH ABOVE TARGET -

March 2015 13 deaths compared to target of 10

On review of the 13 deaths the findings are:

5 Patients requiring palliative care

4 Patients who developed post procedure complications

3 PPCI patients requiring resuscitation procedures

1 Patient awaiting outcome from post mortem

The mortality reviews for the above patients will be processed with any learning from these deaths discussed at the relevant audit days.

Proposed Actions:

None -there was a high number of palliative care patients within the number of total deaths. we will continue to review all deaths as part of the mortality review process

Assessing Improvement:

Monitor learning and outcomes from mortality review process

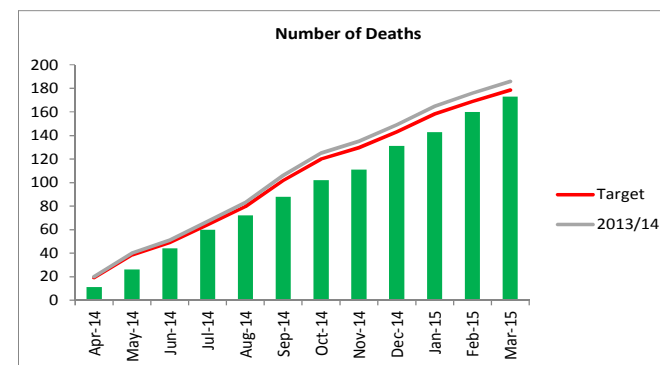
Expected Date of Performance Delivery:

On going

Rating	Target	Actual	Period
Red	10	13	Mar-15

PERFORMANCE

Historic Data:



Impact:

The trust has a robust process for reviewing all deaths.

Executive Lead:

Sue Pemberton