

Adoption and spread

The National Patient Safety Improvement Programme (NPSIP) is in a unique position to identify and support the spread and adoption of effective evidence-based practice across England. This workstream facilitates and accelerates the pace of adoption making sure that the whole system can benefit from these interventions.

In 2019/20 the programme is supporting the spread and adoption of four priority interventions, and will also identify evidence-based interventions that will help inform future priorities.

2019/20 priority interventions:

- Emergency Department Safety Checklist
- Chronic obstructive pulmonary disease (COPD) Discharge Care Bundle
- Emergency Laparotomy Care Bundle
- PReCePT



Emergency Department Patient Safety Checklist

The emergency department (ED) patient safety checklist is a simple time-based framework that outlines clinical tasks that need completing for each patient in the first hours of their admittance to an ED. It aims to standardise and improve the delivery of basic care in EDs, improve resilience during periods of crowding, improve the safety and clinical outcomes of patients, and improve ED performance against Best Practice Tariffs.

The checklist was developed and tested by University Hospitals Bristol NHS Foundation Trust with the support of the West of England (WoE). Following significant improvements to clinical performance scale-up was supported across the region.

The checklist was proven to improve clinical processes including:

- Hourly monitoring of vital signs
- Calculating early warning scores
- Hourly pain scoring and management
- Administration of medication

For more information please visit improvement.nhs.uk/resources/emergency-department-ed-patient-safety-checklist and www.weahsn.net/our-work/improving-patient-safety/the-deteriorating-patient/emergency-department-ed-safety-checklist/



COPD Discharge Care Bundle

COPD is the second most common lung disease in the UK with an estimated 1.2 million people living with the condition. The British Thoracic Society (BTS) developed a COPD Discharge Care Bundle with the aim of improving care and reducing readmissions for patients admitted with an acute exacerbations of COPD (AECOPD).

In 2014 Kent Surrey and Sussex (KSS) commenced a programme aiming to increase the number of patients with AECOPD receiving a discharge care bundle. From 2014-2018 there was a significant downward trend in both length of stay (6.2 to 5.5 days) and hospital mortality (4.7% to 3.4%) across the region.

For more information please visit [www.kssahsn.net/what-we-do/our-news/news/Documents/A0 COPD Poster v3.pdf](http://www.kssahsn.net/what-we-do/our-news/news/Documents/A0COPD%20Poster%20v3.pdf)

COPD Discharge Care Bundle elements

1. Review patients' medication and demonstrate use of inhalers
2. Provide written self-management plan and emergency drug pack
3. Assess and offer referral for smoking cessation
4. Assess for suitability for pulmonary rehabilitation
5. Appropriate follow-up call within 72 hours of discharge

PReCePT (Prevention of Cerebral Palsy in PreTerm Labour)

One per cent of all births take place before 30 weeks and 10% of these babies develop a form of cerebral palsy. To reduce the chance of cerebral palsy timely administration of magnesium sulphate to women at risk of premature labour is recommended.

The PReCePT project was developed by the WoE and rolled out to all five acute trusts providing maternity services using a quality improvement approach.

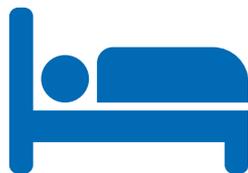
A quality improvement toolkit and various resources to support staff and raise awareness of administering magnesium sulphate in preterm deliveries was created as part of the project. Based on strong evidence, successful scaling up of PReCePT is likely to prevent several hundred cases of cerebral palsy per year.

For more information please visit improvement.nhs.uk/resources/precept/ and www.weahsn.net/precept

[@PReCePT_MgSO4](https://twitter.com/PReCePT_MgSO4)



Hundreds of babies each year could benefit from PReCePT



Mean length of stay for emergency laparotomy decreased from 20.1 days during year one to 18.9 days during year two

Emergency Laparotomy Care Bundle

Approximately 30,000 emergency laparotomies are performed annually with a mortality rate of about 15% within 30 days of surgery. The high average length of stay for these patients costs the NHS in England about £650 million per year.

The Emergency Laparotomy Care Bundle aims to improve standards of care for patients undergoing emergency laparotomy surgery, and reduce mortality rates, complications and hospital length of stay.

Between 2015-2017, 14,809 patients in 28 hospitals in KSS, WoE and Wessex, benefited from the Emergency Laparotomy care bundle. The 6-point care bundle reduced risk-adjusted mortality rates from a baseline of 5.3% to 4.5% post implementation. Mean length of stay decreased from 20.1 days during year one to 18.9 days during year two.

To find out more information please visit improvement.nhs.uk/resources/emergency-laparotomy/ and emergencylaparotomy.org.uk/
[@ELCSavingLives](https://twitter.com/ELCSavingLives)

Emergency Laparotomy Care Bundle components:

1. Check NEWS/lactate. Start resuscitation with fluids and oxygen. Escalate if appropriate.
2. Carry out sepsis assessment. If septic, complete sepsis 6 including antibiotics within one hour.
3. Knife-to-skin within six hours of decision to operate.
4. Use cardiac output monitored goal-directed fluid therapy intraoperatively and for six hours post operatively.
5. Critical care for all patients postoperatively.
6. Consultant led care throughout.