DRAFT April 2009 PD

Pathway Governance Guides No 1:
Community Acquired Pneumonia (CAP).

Good Governance Institute

www.good-governance.org.uk

What is this guide? Who is it for?
This is the first in a series of guides targeted at NHS Board members and planners of health care improvement. It is intended to improve the quality of care by reducing variation and increasing reliability of timely, cost effective treatment when patients transfer from one part of the healthcare system to another

What is community acquired pneumonia (CAP)?
Pneumonia is an infection of the lung tissue, which can be acquired in the community or in the hospital. Community-acquired pneumonia can be a life threatening infection and is one of the commonest reasons for emergency admission of adults to hospital. From a population of 100,000 people 10 adults will present to hospital with CAP every month and 2 of them may die within 30 days. Prompt administration of effective treatment, within 4h of presentation reduces mortality. Moreover, a very simple clinical score can be used to triage patients on arrival at hospital into three risk groups: low (risk of death <2%), intermediate (risk of death 5 to 10%) and high (risk of death 20 to 30%). About 1/3 of patients admitted to hospital are in the low risk group and at least half of these should be managed at home. Conversely about 1/3 of patients are in the high risk group and may require high dependency or intensive care.

What are the benefits of improving reliability of care for CAP?
1. Reduce unnecessary deaths.
2. Reduce unnecessary admissions.
   a. Improve capacity and flow
   b. Reduce Hospital Acquired Infection because patients with CAP are at high risk of acquiring *Clostridium difficile* infection in hospital
3. Improve patient information, timeliness and equity of care

What is the advantage of using a care bundle approach to treatment?
The Care Bundle focuses the clinical team on the essential care that must be delivered within 4h of presentation to hospital. Evidence shows that following the Care Bundle will prevent two unnecessary deaths and six unnecessary admissions every winter in a population of 100,000 people.

The rest of the guide:
Overleaf you will find the care bundle for CAP with a link to the supporting evidence. Development of the bundle, measures for improvement and testing in Scottish hospitals was funded by the Health Foundation as part of their EWQ Initiative. From June 2009 SNAP-CAP will be co-ordinated by Scottish Antimicrobial Prescribing Group via Antimicrobial Management Teams (AMTs) in each Health Board. Below is a series of questions that board members might ask their AMT to ensure that they are making the most of this opportunity to improve reliability of care for patients with CAP.

Key Questions	Plausible answers	Unacceptable answers
1 Is our AMT enabling effective communication between front line staff and SAPG?	1 At least one member of AMT and one member of front line staff participates in monthly teleconferences and compares progress with teams from other Boards	1 Participation in the teleconferences is inconsistent and participants have little information to report
2 Do our hospitals have in place the SNAP CAP care bundle? If not what is estimated date of implementation?	2 Implemented last month, posters on the walls in all Acute Admissions Areas, reminder cards issued to all junior staff, monthly email feedback to all staff set up	2 To be reviewed by Clinical Governance committee next month followed by Medicine & Cardiovascular Group the next month
3 Are measures for improvement being recorded on the SNAP-CAP Extranet?	3 Data about one patient entered this month. Staff have agreed a target of at least 5 patients a month	3 No data entered or gaps of >3 months in data entry
4. Do we know how many admissions we have with CAP and how many we have been included in audits?	4 AMT is receiving regular updates on discharges from Medical Records and ISD and comparing with a register of patients audited.	4 No evidence

This programme is based on work undertaken on behalf of the RCPE & funded by the Health Foundation.
This guide is produced by the Good Governance Institute and sponsored by SAPG

DRAFT April 2009 PD

Community Acquired Pneumonia Care Bundle

Definition: Apply the Care Bundle to new cases of CAP, those cases showing symptoms and signs of lower respiratory tract infection and confirmed by new shadowing on chest x-ray.

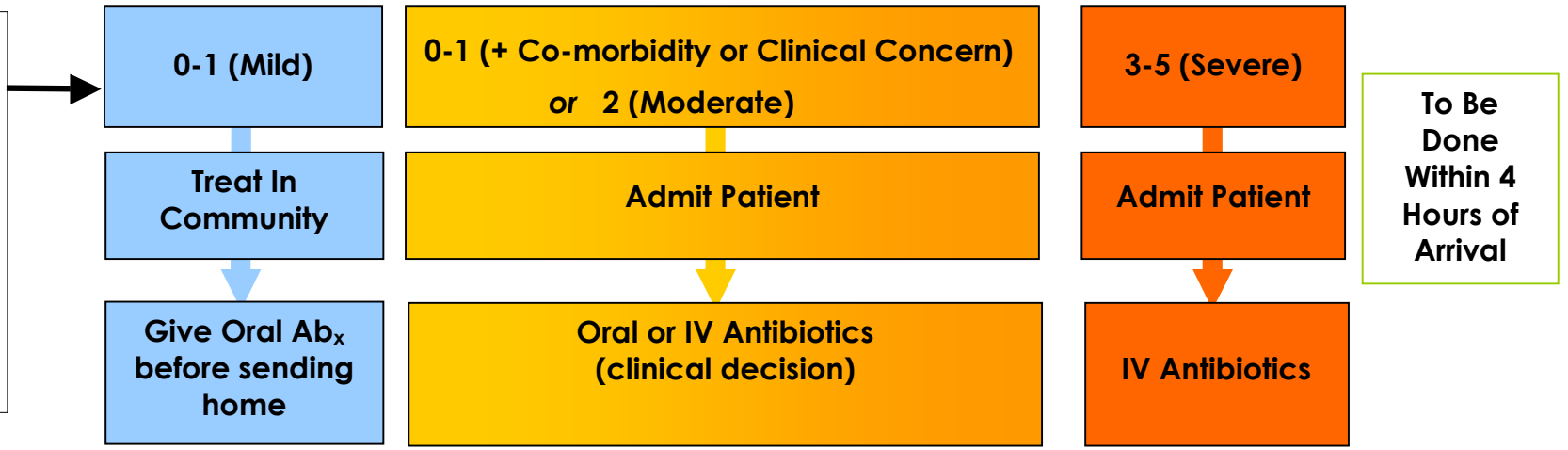
FOR ALL PATIENTS ON PRESENTATION

(1) OXYGENATION - To be assessed during first 4hrs of care. If required, oxygen supplemented to maintain saturations between 94% - 98% (between 88% - 92% for patients with a risk factor for hypercapnia).

(2) DERIVE & RECORD CURB65 SCORE

Score 1 for each

- ☐ New Confusion
- ☐ Urea > 7mmol/l
- ☐ Resp. Rate ≥ 30/min
- ☐ Low Blood Pressure
  systolic <90mmHg
  and / or
  diastolic ≤60mmHg
- ☐ ≥ 65 years old



(5) FIRST DOSE ANTIBIOTIC WITHIN 4 HRS OF ARRIVAL FOR ALL PATIENTS- Prescribe according to local guidelines.

ESSENTIAL ELEMENT OF CARE

PATIENT INFORMATION WITHIN 4 HOURS OF ARRIVAL – Provide patient/family/carer with verbal and written explanation of diagnosis and treatment plan.

I 2009 PD

Good Governance Institute

NHS Boards: Pathway Governance Guides:

Community Acquired Pneumonia (CAP).

This is the first in a series of guides targeted at NHS Board members , Commisoners and planners of health care improvement. It is intended to improve the level of debate and challenge in funding decisions to ensure that patients receive cost effective treatment with minimum disruption and confusion when patients are referred on from one part of the healthcare system to another

NEW
Version 8.1
11/08
good-governance.org.uk

Key Elements:	Progress Levels: NO	1: Basic level - Principle Accepted	2: Basic level agreement of commitment and direction	3: Early progress in development	4: Firm progress in development	5: Results being achieved	6: Maturity - comprehensive assurance	7: Exemplar
1. Board understand the care pathway and care bundles that make a difference	NO	National targets and local priorities agreed with stakeholders and plans in place.	Purpose debated and agreed; priorities and drivers established.	Purpose is affirmed in public and internal documents.	Board has mechanism for adding and removing services and/or care settings.	Evidence that national targets and local priorities are being met and strategy review in place.	Annual debate on purpose and impact scheduled by Board in light of achievement of purpose in year.	Success has allowed Trust/Board to redefine/extend its role.
2. Strategic annual agenda cycle with all agendas integrated encompassing activity, resources and quality	NO	Annual cycle of Board activity established.	Board papers required to consider clinical, finance, HR, H&S etc. implications.	Annual cycle of Board activity in place; reporting format and strategic prioritisation in place.	Cycle of Business is tested for strategic balance.	Agendas established but dynamic to changing priorities.	Clarity of action and follow up in place. Improvement framework in place.	Trust/Board is recognised for joined up decision taking and adding value
3. Board seek assurance that key processes and clarity of handover and outcome is included in commissioning / planning processes	NO	Board has understood and recognised role of assurance framework	Assurance Framework covers activity, quality and resources are aligned to targets, standards and local priorities	Control mechanisms in place for all elements of the Assurance Framework	Assurance Framework is focused on key business issues; operational risk is managed at point of delivery	High risk sensitivity demonstrated throughout Trust/Board	Annual audit of follow up of SUIs, complaints etc. Board assured Assurance Framework reflects priority issues	Board confident through evidence that it has assurance of all systems across the health economy
4. Decision taking supported by intelligent information	NO	Information requirements spelt out.	Information processing and analysis focussed on priorities.	Intelligent information for Boards, stakeholders and regulators.	Boards take decisions based on evidence.	Board agendas time reduced through improved use of information	Decision taking improved through timely information	Evidence-based decision taking in place.

Developed by GGI under license from the Benchmarking Institute. Further copies available from j.bullivant@ihm.org.uk, 07775524390

Further information is available from….