

EDITORIAL

The last gleanings editorial focused on change and uncertainty. Since this was published in April 2007 much has changed and uncertainty has waned.



The Regional Multiprofessional Audit Group (RMAG), Clinical Resource & Efficiency Support Team (CREST), and the Northern Ireland Audit Advisory Committee (NIRAAC) have merged to form a single group known as the Guidelines and Audit Implementation Network (GAIN). Unusually, our new acronym is fit for purpose. The main aim of GAIN is to facilitate 'gain' in the quality and effectiveness of social care in Northern Ireland through the funding of regional audit and guidelines projects.

GAIN will not duplicate the work of NICE but rather will fund projects with specific local relevance but which are not part of the NICE programme. The DHSSPS already has an agreement with NICE, whereby the Department reviews and endorses all NICE guidance for local implementation. There is however considerable potential for the development of guideline and audit projects specifically tailored to need which has been highlighted in

Northern Ireland. Current initiatives like the Service Frameworks have already generated a significant number of ideas. Project topics can also arise from Priorities for Action, ministerial initiatives, Public Enquiries, RQIA reports and the like. Equally, GAIN must leave room for ideas generated on the ground by health and social care professionals working in the Trusts. Clearly the Network will have to prioritise activity in the incoming year as it is quite likely that demand for funding will far exceed supply.

GAIN consists of a Strategic Committee, an Operational Committee and the Medical Devices Committee. As the name suggests the Strategic Committee, Chaired by Dr Tom Trinick is responsible for charting the overall direction of the Network. The Medical Devices Committee, chaired Mrs Elizabeth Qua is responsible for the evaluation of devices taking account of risk, safety, quality and variation in user practices. The Operational Committee is charged with topic selection and seeks to ensure transparency, consistency and even-handedness in the decision making process. The selection procedure is exactly the same irrespective of the source of the idea although, as GAIN must be responsive to a volatile

environment, there is the facility to fast track decisions about specific audit or guideline requests.

As Gleanings has become part of the NI Health & Social Service landscape we decided to retain the name and indeed the format. The publication will continue to be a significant weapon in our dissemination armoury and each edition will report examples of good regional audit and guideline initiatives. We would also like to encourage more informal correspondence on any aspect of health and social care delivery and so, letters, short articles and diary updates as well as the more formal description of projects will be encouraged. We hope that gleanings will contribute to the ongoing dialogue between practitioners, managers and administrators which will ultimately benefit our clients and patients.

Professor Robin Davidson
Chairman Operational Committee



Membership of GAIN

GAIN is made up of three Committees, the Strategic Committee, Chaired by Dr Tom Trinick, Consultant Chemical Pathologist at the Ulster Hospital and Co-Chaired by Dr David Stewart, Medical Director of the

Regulation & Quality Improvement Authority.

The Operational Committee Chaired by Professor Robin Davidson, Consultant Clinical Psychologist and Medical Devices

Committee Chaired by Mrs Elizabeth Qua, Principal Nurse at the DHSSPS.

Membership is made up as below, however, there are still some significant gaps and if you feel you are able to fill that gap, then please contact the Office (information at the back of this magazine).

STRATEGIC COMMITTEE MEMBERSHIP

Name	Designation	Organisation
Dr Thomas Trinick (Chair)	Consultant Clinical Pathologist	South East HSC Trust
Dr David Stewart (Vice Chair)	Medical Director	RQIA
Professor Robin Davidson	Consultant Clinical Psychologist	Belfast HSC Trust
Dr Maura Briscoe	Senior Medical Officer	DHSSPS
Miss Nicola Porter	Guidelines & Audit Manager	GAIN
Dr David McManus	Medical Director	NI Ambulance Service
Ms Gill Smith	Senior Manager	Southern HSC Trust
Mrs Martine McNally	Governance Manager	Northern HSC Trust
Dr Maurice O'Kane	Director – Research & Development	Western HSC Trust
Dr Anne Marie Telford	Public Health Consultant	HSCA
Mrs Christine Murphy	Audit Standards & Guidelines Manager	Belfast HSC Trust
Dr Sean McGovern	Consultant in A&E Medicine	South East HSC Trust
Mrs Anne Witherow	Nursing	Western HSC Trust
Mr Joseph Feeney	Staff Officer	DHSSPS
Mr Richard Graham	Dentist	Clogher Valley Clinic
Ms Paddie Blaney	Chief Executive	NIPEC
Sean Holland	Social Services	DHSSPS
VACANT	Pharmaceutical Services	

OPERATIONAL COMMITTEE MEMBERSHIP

Name	Designation	Organisation
Robin Davidson (Chair)	Consultant Clinical Psychologist	TMR Health Professionals
Thomas Trinick	Consultant Clinical Pathologist	South East HSC Trust
David Stewart	Medical Director	RQIA
Miss Nicola Porter	Guidelines & Audit Manager	GAIN
Karen Campbell	Deputy Director	DHSSPS
Margaret Allen	Practice Manager	GP Practice
Damien Carson	Consultant Anaesthetist	South East HSC Trust
Denis Morrison	Director of Pharmacy Services	NHSSB
Gary McVeigh	Consultant Physician	Belfast HSC Trust
Hall Graham	Primary Care Advisor	RQIA
Kieran Morris	Consultant in Blood Transfusion	NIBTS
Patrick Convery	AHP Manager	Western HSC Trust
Elizabeth Qua	Principal Nursing Officer	DHSSPS
Robert Thompson	GP Advisor	SHSSB
Stanley Craig	Consultant Neonatologist	Belfast HSC Trust
Terry Bradley	Medical Advisor	EHSSB
Thomas King	GP	Belfast Practice
Julian Johnston	Co-Chair of Standards & Guidelines Committee	Belfast HSC Trust
Joseph Feeney	Staff Officer	DHSSPS
Richard Graham	Dentist	Clogher Valley Clinic
Brian Patterson	GP	British Medical Association
George Russell	Deputy Principal Officer	DHSSPS
Christine Smyth	Social Services	DHSSPS

MEDICAL DEVICES COMMITTEE MEMBERSHIP

Name	Designation	Organisation
Mrs E Qua (Chair)	Principal Nurse	DHSSPS
Mrs June Champion	Co-Director Risk & Governance	Belfast Trust
Dr Damien Carson	Consultant Anaesthetist	South Eastern HSC Trust
Dr Paul Kerr	Consultant in A&E Medicine	Southern HSC Trust
Mr Brian McIvor	Director Capital Projects & Diagnostic Imaging	RSS
Mr Alan Denham	Medical Device Section	DHSSPS
Mr Eddie Kearney	Hospital Technician	Belfast HSC Trust
Dr Paul Megarity	GP	Bloomfield Surgery, Bangor

Annual Work Plan for 2008

AUDITS

Project Title	Project Lead
Incidence and Epidemiology of Paediatric Brain Injury in NI	Mark Linden Belfast HSC Trust
Reducing Hospital Acquired Infection and Improving Central Catheter Line Care in Neonatal ICUs in Neonatal ICUs	Stanley Craig Belfast HSC Trust
Audit of the Application of Methotrexate Policy/Guidelines IV Fluid Use in Hospitalised Children	Angela Carrington Medicines Governance
The Use of Intravenous Immunoglobulin (IVIgG)	Mike Smith Southern HSC Trust
Liverpool Care Pathway for the Dying	Kieran Morris NIBTS
Audit of Cancer Patient Information	Kiran Kaur
Regional Audit of Care Patterns for Patients Diagnosed with Pancreatic and Periampullary cancer	Danny Sinclair NICAN Anna Gavin NI Cancer Registry
MEWS Scores for Patients Admitted to ICU	John Trinder South Eastern HSC Trust

GUIDELINES

Project Title	Project Lead
Regional Discharge Protocol for Patients C Difficile Infection	Hugh Webb South Eastern Trust
Treatment of Hyperkalaemia in Adults	Gary McVeigh Belfast HSC Trust
Management of Hyponatraemia	Ian Young Belfast HSC Trust
Good Practice Guidelines for the Management of People with a Learning Disability (with Cognitive impairments/with disabilities) in Secondary Care Settings	Maurice Devine South Eastern HSC Trust
Development of Regional Guidelines on the Prevention, Management and Treatment of Mastitis	Janet Calvert Health Promotion Agency
Management of Severe Pre-Eclampsia and Eclampsia	Harmini Sidhu Southern HSC Trust

Northern Ireland Cancer Registry

The N. Ireland Cancer Registry has received grants from the Regional Multiprofessional Audit Group. Work funded also by the Health and Social Services Boards and Research and Development Office has resulted in the publication of nine regional audits on the process, care and outcomes for patients diagnosed with major cancers 1996 and 2001. Studies were

undertaken in collaboration with clinicians and the reports have been discussed at the NICaN disease specific working groups with a view to implementation of their recommendations. The Registry is currently preparing reports on melanoma and lung cancer covering the year of diagnosis 2006 and will within the next year produce reports on colorectal, breast, prostate

cancers which will enable comparisons of service ranges between 1996, 2001 and 2006.

Further details of these reports are available on the Registry webpage at www.qub.ac.uk/nicr

Dr Anna Gavin
Director, N Ireland
Cancer Registry, QUB

Standards & Guidelines Committee, Belfast HSC Trust

In 2006, a Standards and Guidelines Committee was established in the Royal Hospitals. Its remit was to obtain, develop, manage, approve, disseminate, store, implement, follow-up and review clinical policies, standards and guidelines.

Then in October 2007, the Standards and Guidelines Committee of the Belfast Health and Social Care Trust was formed with the mission statement of:-

“To collect, produce and maintain evidence based standards and guidelines for all aspects of the management of BHSCT patients and to act as a primary driver for the dissemination, implementation and audit of those standards and guidelines.”

The Committee’s work can be distilled in the diagram below.



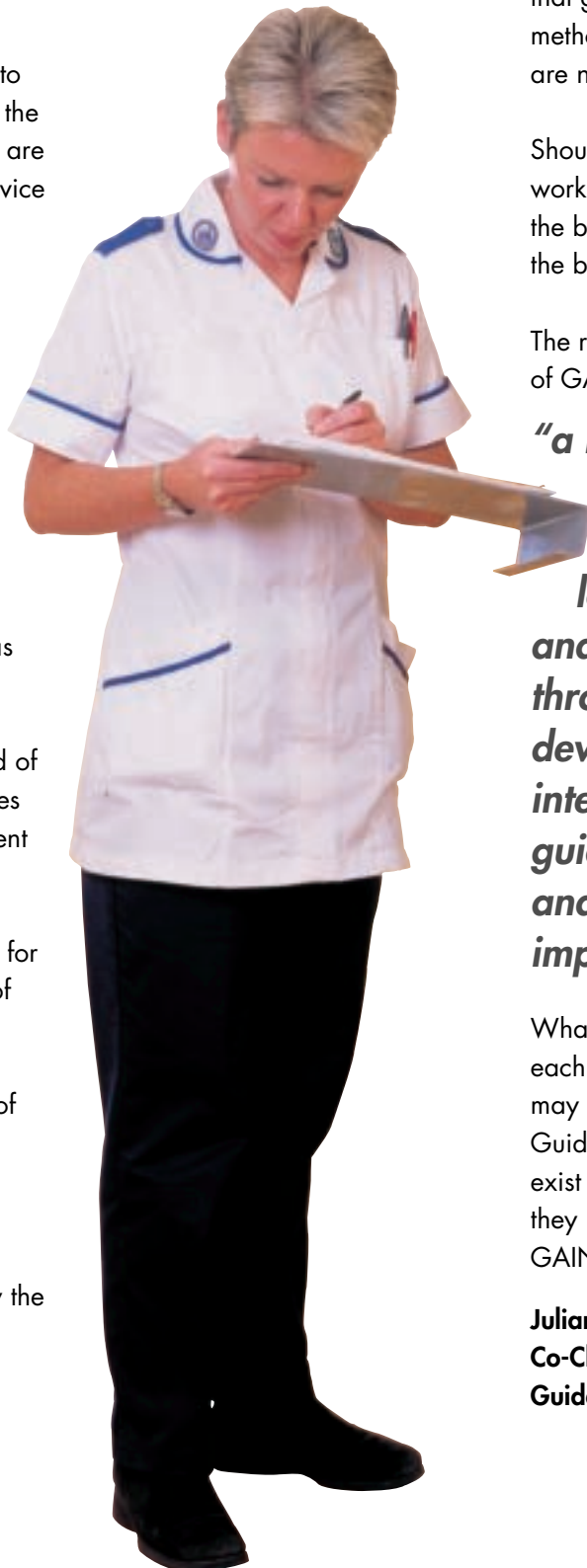
On a more practical level, our aim is to provide the methodology to produce the simple, patient specific, user friendly guidelines that clinicians need, (especially at 3 o’clock in the morning when they need to find out the best and safest way of treating hyperkalaemia!). The committee aims to provide guidance to those developing guidelines to ensure that the presentation of the evidence required to inform key decisions in clinical practice is presented in a format that is simple, accessible and flexible; good quality and accurate information underpinning clinical decision and making high quality, safer, patient care.

An added and very significant benefit - if we aim to do this for all staff throughout the Province, there will be greater uniformity in treatment regimes which will bring an implicit safety aspect for trainees moving between our hospitals.

In more detail, within its terms of reference, this committee has the following roles:-

- Support Service Groups (SG) and clinical teams to develop evidence based Policies/Guidelines.
- Receive Policies/Guidelines from appropriate sources (DHSSPSNI, NICE, NPSA, etc.)
- Translate Policies/Guidelines into a format suitable for implementation.
- Prioritise Policies/Guidelines for implementation in the BHSCT.
- Resolve tensions between authors, appraisers and other interested parties.
- Manage the dissemination of Policies/Guidelines throughout the BHSCT.
- Advise and promote the best methods of implementation of these Policies/Guidelines throughout the BHSCT.
- Support Service Groups in identification of resources required to implement Policies/Guidelines.
- Advise the Policy Committee of implementation priorities.
- Guide a process of harmonisation of legacy Policies/Guidelines across the whole BHSCT – this will be viewed as a unifying process leading to one set of policies trust wide.
- Maintain a database on all Policies/Guidelines coming into the BHSCT.
- Archive material to satisfy the requirement to identify the temporal context for BHSCT policies, standards and guidelines when satisfying requests by the courts for information regarding compliance with these standards.

- Manage the presentation of clinical guidelines to all staff of the BHSCT in a format that is easily accessible.
- Promote and maintain an up to date Clinical Guideline Intranet Library (CGIL).
- Work closely with the Multi-disciplinary audit committee to ensure that audits to support the implementation of guidelines are prioritised in the relevant service areas.
- Liaise with the DHSSPSNI, Regional groups, other Trust committees, offices within the Medical and Nursing directorates (education, patient safety and risk), service governance groups and other relevant parties.
- Formulating policies on Hyponatraemia, Hyperkalaemia, Administration of Insulin, Correct site surgery, Antibiotic prescribing, C. Difficile management, Consent, Death certification and Venous Thromboembolism.



To date the committee's work has revolved around:-

- Establishing a unified method of writing policies and guidelines and promoting good document control rules.
- Formulating the ground rules for administering management of policies.
- Creating an Intranet library of policies
- Complying with NICE technology appraisals and Clinical Guidelines issued by the DHSSPSNI
- Harmonization of the legacy policies and, significantly

As the Committee has worked through these issues, it has brought into focus the regional nature of most of this work. It is likely that a similar and significant amount of effort and indeed duplication is being expended in each of the 5 Trusts in the Province. It is also likely that good ideas and innovative methods of solving difficult problems are not being shared throughout.

Should some kind of sharing the workload and good ideas not be to the benefit of all? What would be the best forum for this sharing?

The remit of the Strategic Committee of GAIN is to be

“a representative multidisciplinary team to promote leadership in safety and quality care through the development and integration of regional guidelines and audit and their implementation”.

What are the equivalent bodies in each of the other 4 Trusts? They may not be called 'Standard and Guidelines Committees', but do they exist under another name? Should they not work together under GAIN?

**Julian R Johnston
Co-Chairman Standards and Guidelines Committee**

CREST launch guidelines on Management of Lymphoedema

A double celebration for lymphoedema sufferers in Northern Ireland

On Friday 1st February 2008 at the Tullyglass Hotel in Ballymena, Chief Medical Officer, Dr Michael McBride, formally launched the CREST Guidelines for the Diagnosis, Assessment and Treatment of Lymphoedema as well as the Lymphoedema Network for Northern Ireland.

Lymphoedema is a swelling of body tissue due to failure in the lymphatic system and can affect people of all ages. It can be congenital or can develop as a result of cancer or its treatment or due to trauma or chronic infection. It is thought that somewhere in the region of at least 2.5 to 3 thousand people in Northern Ireland suffer from this chronic and incurable condition.

This launch signals the culmination of several years work by patients and professionals to raise awareness of lymphoedema and address a lack of services for those suffering from the condition.

The CREST Guidelines will be key in ensuring that clinical practice is standardised for all patients, offering advice to all professionals on how patients with this condition should be managed from diagnosis through management and ongoing care throughout their lives.

The new clinical arrangements, also formally launched today in the form of a 'Lymphoedema Network', will provide health care organisations with better systems for detecting lymphoedema, for treating patients with the condition and for raising a greater awareness among those who may be at risk of developing it.

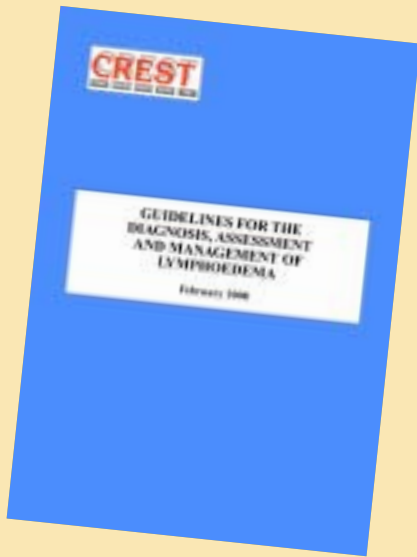
The new arrangements, is the result of many months of work involving service users, the Department of Health, health Trusts and Boards. Service users involved in the process will speak at the event today.



Dr Michael McBride, Chief Medical Officer for Northern Ireland and Dr David Stewart, Medical Director of RQIA with members of the Lymphoedema Working Group.



Dr Michael McBride, Chief Medical Officer for Northern Ireland with Lymphoedema Group members.



Sharing Excellence, Leading Quality

The Northern Ireland audit of policies, The Northern Health and Social Care Trust hosted its first Sharing Excellence Awards on 10 March 2008 in the Rosspark Hotel, Kells. The Awards highlighted quality initiatives which have improved services or patient and client care.

Winning top place in the oral presentation category was the Podiatry Team in Antrim and Ballymena for its service improvement project. Other projects and initiatives highlighted at the event were: Nurse Practitioner Led Family Planning Clinic; Using a Teledentistry Approach in the Management of Patients with Oral Pathology in the Community Dental Service; Effective People Make Effective Organisations – The Medical Secretarial Handbook; From Here to There – Transition through Education to Adult Life for Young People with a Disability; Catering Services – Consulting, Involving and Informing Users; and the H.U.N.N.I. Breastfeeding Peer Support Project – A Collaborative Approach to Working with Mums for Mums.

The winning project in the poster presentation category was the Child's Voice at Child Protection Case Conference. Other poster presentations included: Nurse Led Bowel Management Service; Community Mental Health Teams – Developing Services for Patients;

Use of a Medical Assessment Unit in Managing Patient Flow; An Outreach Programme for Angina Patients; and Managing Workload in Clinical Biochemistry using a Computerised Minimum Retesting Interval.

Jim Stewart, Trust Chairman was one of the judges. He praised the staff for their dedication in improving the quality of care provided by the Trust and said,

“Quality is important to staff, and that this is evident from the interest in this event. Submissions were of high quality and provide further evidence of the work being undertaken by staff on a day-to-day basis to improve service quality whether they are involved in direct patient/client care or work in support services.”

Gary Lucking, Senior Associate, NHS Institute for Innovation and Improvement was the guest speaker at the event. He gave a presentation about Innovation and Improvement – Methodologies that Deliver.

Further information regarding any of the quality initiatives including audits which were presented at the event, can be obtained from Ruth McDonald in Governance and Patient Safety

(ruth.mcdonald@northerntrust.hscni.net)



The main features of the network are:

- The development of new and more accessible diagnosis, assessment and treatment services across Northern Ireland;
- The development of more public and health care professional awareness of lymphoedema;
- More involvement of service users in the planning and development of services;
- Improved research into lymphoedema and the burden of this condition here in Northern Ireland;
- Better coordination and standardisation of services across Northern Ireland.

Dr Angela Garvey, a palliative care consultant, who has led the development of the new arrangements said that Northern Ireland was now in a much stronger position to identify and manage patients with lymphoedema.

Launch of CREST Launch of the Neuropathic Pain Guidelines

On Thursday 24th April 2008, Dr Michael McBride, DHSSPS, Chief Medical Officer for Northern Ireland, launched the CREST Guidelines on the Management of Neuropathic Pain at an event in the Hilton Hotel, Templepatrick.

Almost two years from conception to publication, these evidence-based guidelines were produced by a group of healthcare professionals who work with patients suffering chronic pain in community and hospital-based pain management services. Mr Steven McBride, Policy and Campaigns Manager for Arthritis Care, Northern Ireland and Chair of the Chronic Conditions Alliance, provided a robust patient perspective that was a most valuable contribution to the final document.

Northern Ireland has the highest prevalence of chronic pain in the United Kingdom with 19% of the population suffering. For this reason



Left – Right: Dr Jim McMullan, GP, Dr David Hill, Dr Pamela Bell, Dr Tom Trinick Chair, GAIN Strategic Group, Dr Shane McCarney Guideline Development Group, Senior Clinical Psychologist

the Guideline Development Group, under the Chairmanship of Dr Pamela Bell, decided that this guidance should be directed, not at experts in the field, but at those who see patients in community and primary care settings. To this end, the guidance defines neuropathic pain (Pain arising as a direct consequence of a lesion or disease affecting the somatosensory system

– Neuropathic Pain Working Group, 2006), lists common causes of neuropathic pain and provides examples of simple tools that may assist diagnosis.

Initial treatment options are discussed. These include non-pharmacological interventions, such as physiotherapy, occupational therapy and clinical psychology, as well as options for first line drug treatments. Advice on assessment at follow-up visits stresses the importance of addressing quality of life issues, sleep and mood as well as pain assessment.

The guidance includes information on referral to specialist pain clinics and outlines the various treatments (pharmacological, interventional and pain management programmes) that may be offered.



CREST Secretariat, DHSSPS -Gary Young, Laura Wright and Joe Feeney

Dying, Death & Bereavement



Left – Right: Dr Michael McBride, Chief Medical Officer (CMO), DHSSPS; Dr Pamela Bell, Consultant in Anaesthesia and Pain Medicine -MPH, Belfast and Chair of CREST Neuropathic Pain sub group, Dr David Hill, Dean, Faculty of Pain Medicine, College of Anaesthetists RSCI.

The Clinical Resource Efficiency Support Team (CREST), established in 1988 with the aim of promoting clinical efficiency and ensuring the highest possible standard of clinical practice in Northern Ireland, has now amalgamated with two of our regional audit groups to become GAIN (Guidelines and Audit Implementation Network). The chair of the Strategic Advisory Committee for this group, Dr Tom Trinick also spoke at the conference, giving his assurance that GAIN would audit the effectiveness of the guidance.

Copies of the Guidance may be obtained from Joseph Feeney, CREST Secretariat, Room D1, Castle Buildings, Stormont, Belfast, BT4 3SQ. Alternatively you may visit the CREST website at www.crestni.org.uk or the GAIN website at: <http://www.gainni.org>

The Northern Ireland audit of policies, procedures and practices in the hospital and hospice setting commenced in October 2006 following a successful funding bid to RMAG and included all acute legacy trusts and the five hospices across the province. The local area bereavement coordinators collected the data from nominated representatives across all relevant wards and services as follows:

- Demographics including profile of deaths across acute and hospice settings and post mortem information (41 sites)
- Organisational data relating to facilities, governance arrangements and existing policies and procedures to support appropriate dying, death and bereavement practices (40 hospital and hospice sites)
- Arrangements for transfer and release of deceased patients which included 15 hospital porters services and 5 hospitals with contracted Funeral Directors
- Information relating to the organisation and availability of chaplaincy services across all hospitals and hospices (28 hospital and 4 hospice services)
- The provision of specialist palliative care teams and their role in bereavement care across all 12 acute sites
- The practices of all 12 operational mortuary services including availability of policies and procedures and training

pertaining to death and bereavement

- Ward and hospice practices relating to care of the dying, death and bereavement including policies and procedures, availability of patient information, environment and facilities, training and support and interfacing with other related services. (145 site visits)
- Generic staff questionnaires to all clinical staff and relevant support staff to assess the appropriateness of the environment, training provision and support available to aide best practice in care of the dying and the bereaved (1632 responses giving response rate of 40%).

All data and information collected was audited against published good practice guidelines, gold standards documents and DHSSPS policies. The results of the audit have informed the development of the Northern Ireland Bereavement Strategy which will be published by the DHSSPS later this year. The findings will be presented to each HSC trust by the area bereavement coordinators. The audit report is currently being finalised and will be formally published and launched in autumn 2008.

Debbie Schofield
Clinical Audit Manager, South Eastern Trust (Ulster Hospital)



NICE Clinical Guideline 64: Antibiotic Prophylaxis against Infective Endocarditis (March 2008)

This clinical guideline issued by National Institute for Health and Clinical Excellence (NICE) has made important recommendations regarding the use of antibiotic prophylaxis against infective endocarditis.

In summary, this guideline recommends that *antibiotic prophylaxis solely to prevent infective endocarditis (IE) should not be given to people at risk of IE undergoing dental and non-dental procedures.*

This NICE guidance and recommendations are now effective in Northern Ireland.

The basis to support this recommendation is:

- There is no consistent association between having an interventional procedure, dental or non-dental, and the development of IE;
- Regular tooth brushing almost certainly presents a greater risk of IE than a single dental procedure because of repetitive exposure to bacteraemia with oral flora;
- The clinical effectiveness of antibiotic prophylaxis is not proven;
- Antibiotic prophylaxis against IE for dental procedures may lead to a greater number of deaths through fatal anaphylaxis than a



strategy of no antibiotic prophylaxis, and is not cost effective;

- Patients should not be offered chlorhexidine mouthwash as prophylaxis against infective endocarditis as this has not been proven to be effective.

Infective endocarditis is a rare condition with significant morbidity and mortality. It may arise following bacteraemia in a patient with a predisposing cardiac lesion. In an attempt to prevent this disease, over the past 50 years, at-risk patients have been given antibiotic prophylaxis before dental and certain non-dental interventional procedures.

In the absence of a robust evidence base, antibiotic prophylaxis has been given empirically to patients with a wide range of cardiac

conditions including a history of rheumatic fever. The efficacy of this regimen in humans has never been properly investigated and clinical practice has been dictated by clinical guidelines based on expert opinion.

Recent guidelines by the British Society for Antimicrobial Chemotherapy (Gould et al. 2006) and the American Heart Association (Wilson et al. 2007) have challenged existing dogma by highlighting the prevalence of bacteraemias that arise from everyday activities such as tooth brushing, the lack of association between episodes of IE and prior interventional procedures, and the lack of efficacy of antibiotic prophylaxis regimens.

Against this background, the Department of Health, in 2005, asked NICE to produce a short

clinical guideline which would give clear guidance on best clinical practice for prophylaxis against IE in patients undergoing dental and certain non-dental interventional procedures. The full guideline can be found at www.nice.org.uk. This new guidance is also contained in the current edition of the British National Formulary (BNF 55, March 2008).

Adults and children with structural cardiac defects at risk of developing infective endocarditis

Healthcare professionals should regard people with the following cardiac conditions as being at risk of developing infective endocarditis:

- Acquired valvular heart disease with stenosis or regurgitation _ valve replacement
- Structural congenital heart

disease, including surgically corrected or palliated structural conditions, but excluding isolated atrial septal defect, fully repaired ventricular septal defect or fully repaired patent ductus arteriosus, and closure devices that are judged to be endothelialised

- Previous infective endocarditis
- Hypertrophic cardiomyopathy

Patient Advice

Healthcare professionals should offer people at risk of infective endocarditis clear and consistent information about prevention, including:

- The benefits and risks of antibiotic prophylaxis, and an explanation of why antibiotic prophylaxis is no longer routinely recommended
- The importance of maintaining good oral health
- Symptoms that may indicate infective endocarditis and when to seek expert advice
- The risks of undergoing invasive procedures, including non-medical procedures such as body piercing or tattooing

Prophylaxis against infective endocarditis

Antibiotic prophylaxis against infective endocarditis is not recommended:

- For people undergoing dental procedures
- For people undergoing non-dental procedures at the following sites:
 - Upper and lower gastrointestinal tract
 - Genitourinary tract; this includes urological, gynaecological and obstetric procedures, and childbirth
 - Upper and lower respiratory tract; this includes ear, nose and throat procedures and bronchoscopy

Chlorhexidine mouthwash should not be offered as prophylaxis against infective endocarditis to people at risk of infective endocarditis undergoing dental procedures.

Infection

Any episodes of infection in people at risk of infective endocarditis should be investigated and treated promptly to reduce the risk of endocarditis developing. If a person at risk of infective endocarditis is receiving antimicrobial therapy because they are undergoing a gastrointestinal or genitourinary procedure at a site where there is a suspected infection, the person should receive an antibiotic that covers organisms that cause infective endocarditis.

Information reproduced from CDO News Spring/Summer 2008



Northern Ireland Prison Service Goes International

Helen Hirst, Senior Prison Pharmacist and I recently had the opportunity to attend the International Forum on **Quality and Safety in Healthcare 2008, in Paris**. This turned out to be the largest forum to date with some 2000 delegates from over 50 countries.

So, phrase books at the ready and euros in hand, off we went to spread some **"entente cordiale"**.

We were delighted to have the opportunity to present some of the work that had been undertaken within Prison Healthcare at this international conference. This took the form of the work carried out in the Implementation and Evaluation of the In-Possession Medication Policy within the Northern Ireland Prison Service (NIPS).

In 2006, we had been successful in gaining RMAG funding to audit this work across the 3 prison healthcare establishments.

The In-Possession Medication Policy was introduced in 2005 as a result of the increasing prison population. Medication was rigidly designated as abusable or non-abusable and prisoners were only allowed to keep a 7 days supply of non-abusable medication. The majority of medication was administered by healthcare staff dose by dose up to 4-times per day. This affected the quality of patient care as patients were not getting medication at an appropriate time and were dependent on staff availability. This created a high risk and the system



(From left to right) Helen Hirst, Senior Prison Pharmacist and Janet Haines-Wood, Clinical Governance Manager, Northern Ireland Prison Service.

also prevented prisoners taking responsibility for their own medication as would be the case in the community and led to an inability to manage medicines on release.

The audit gave us the opportunity to assess compliance with the Policy, to determine the level of awareness and knowledge of self-medication within the NIPS and to identify new risks that had entered the system as a result of introducing the policy.

The audit met all of its objectives and the resulting action plan has led to a review and update of the In-Possession Medication Policy that includes a section on drugs that can be dangerous in overdose, common triggers for a new risk assessment, spot audit checks and storage information.

Helen Hirst, Senior Prison Pharmacist more than ably, both presented the work and answered the resulting questions following the presentation.

This Conference demonstrated that patient safety is a global issue. It provided an exciting opportunity to hear, worldwide what work other countries are involved in to support the movement for health care improvement.



And finally, a little view from my hotel window!!

And finally, finally, our thanks to RMAG for the funding to carry out this audit.

Janet Haines-Wood
Clinical Governance Manager,
Northern Ireland Prison Service

Stormont Banquet

In recognition for the important work that has been undertaken over the last 20 years for the Regional Multiprofessional Audit Group (RMAG), the Northern Ireland Audit Advisory Committee (NIRAAC) and CREST, a dinner, sponsored by the Minister was held to acknowledge the efforts and commitment given by members past and present in the Long Gallery in Parliament Buildings on 20 September 2007.

Our thanks and appreciation to each and every one for their dedication, support and hard work over the years.



Drs Glenda Mock and Philip McClements who both worked tirelessly to ensure the efficient running of CREST, NIRAAC and RMAG.



Past members of CREST, RMAG & NIRAAC

An Audit Of The Introduction Of The Integrated Care Of The Dying Pathway In The Western Health And Social Care Trust, Northern Ireland.

Background

The Integrated Care Pathway (ICP) is a framework which aims to transfer the Hospice model of best practice for dying patients into the acute hospital setting. The initiative has been the innovation of Dr John Ellershaw, Consultant in Palliative Medicine at the Royal Liverpool University Hospital Trust. The ICP framework incorporates key recommendations identified within Clinical Governance reports and the National Institute for Clinical Excellence (NICE) guidelines, which encourage the development of a structured systematic approach to improve patient care. The ICP provides a structured framework, which permits health care professionals to audit the quality of care they deliver to dying patients.

Variable		Frequency Base R/V	Frequency Post R/V
Age	Median Range	68 (43-88)	75 (53-90)
Gender	Male Female	16 (80%) 4 (20%)	10 (50%) 10 (50%)
Number of Hours on Pathway	Median Range		50 (5-332)
Primary Diagnosis	Malignancy Non Malignancy	18 (90%) 2 (10%)	12 (60%) 8 (40%)

Figure 1 Demographics (n=20)

This is achieved through a process of continuous evaluation and benchmarking against other service providers to demonstrate good practice and continuous improvement.

Objectives

The ICP was introduced in September 2006 across the three hospital sites, Altnagelvin, Tyrone County and Erne hospitals, within the Western Health and Social Care Trust (WHSCT) in Northern Ireland,



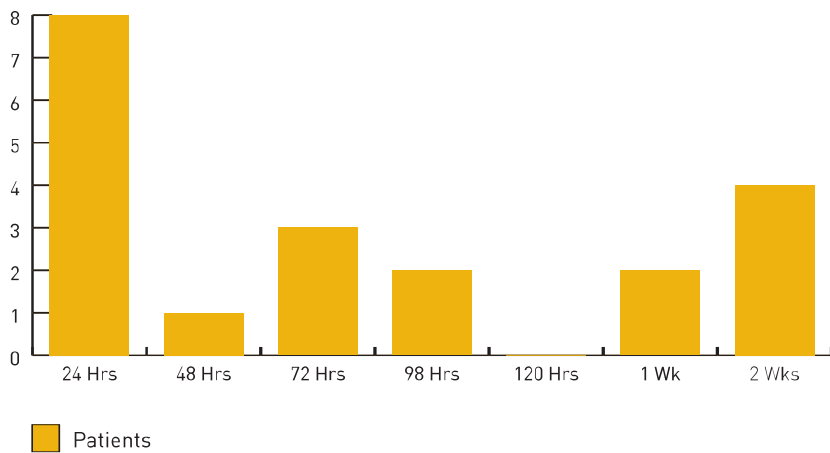


Figure 2 Length of Time on the Pathway

to support and enhance the care of dying patients and their families. This audit aims to examine changes in end of life care as a result of the implementation of the ICP. The hospitals audited in this study were Tyrone County and Erne Hospital.

Method

Two audits were carried out using the proformas provided from the Royal Liverpool University Hospital Audit Team. Prior to the introduction of the ICP, a retrospective audit of documentation of end of life care of 20 patients known to the Specialist Palliative Care Team was carried out (Base Review). A further retrospective audit of the first 20 patients on the ICP was carried out (Post Review) and results from the two audits were compared (figure 1) also the length of time the patients were on the pathway (Post Review) was recorded (figure 2).

Results

Since the introduction of the ICP, documentation in end of life care and communication between the multidisciplinary team, the patients and families has improved. With

respect to symptom control, there is evidence of improved prescribing, but emphasis still needs to be placed on the necessity for anticipatory prescribing. Communication with General Practitioners still needs to improve, and the audit also highlighted a lack of written information on bereavement for families.

Recommendations

The use of the ICP should be continued as a means of improving documentation and care for dying



patients in the acute hospital setting. Ongoing education of staff in the use of the pathway should continue, and re-audit performed to identify further improvements and deficiencies. A bereavement booklet is necessary and as a result of this initiative has now been developed within the Western Trust. The favourable results of this audit have supported the extension of the ICP to all acute and care of the elderly wards within both hospitals. Consideration is being given to the use of an e-learning package to facilitate staff training in the use of the ICP.

Reference

Ellershaw, J. & Wilkinson, S. (1997), *Care of the Dying: A Pathway to Excellence*, Oxford: Oxford University Press.

Florence Sharkey: ICP Co-ordinator
Florence.Sharkey@westerntrust.hscni.net

Dr Frances Robinson: Consultant in Palliative Care
Frances.Robinson@westerntrust.hscni.net

Acknowledgements

Annette McCullagh - Audit Co-Ordinator.



Gain Conference 2008 – Changing For the Better

The first GAIN Conference was held on Wednesday 12 March 2008 at the Rosspark Hotel, Kells, Ballymena. This was a truly exciting and informative day with many distinguished speakers keeping us updated on the latest local, national and even international audit and guideline information.

The morning session included speakers such as:

- Dr Michael McBride, Chief Medical Officer for Northern Ireland
- Dr Tom Trinnick, Chairman of GAIN Strategic Committee
- Professor Patrick Morrison, NICE Representative
- Mr Frank Harsent, Chief Executive of Salisbury Foundation Trust

- Mr Martin Ferris, Clinical Audit & Effectiveness Unit, Sheffield Primary Care Trust
- Dr David Stewart, Vice Chairman of GAIN Strategic Committee

Whilst the afternoon session saw the Guidelines in the Use of Laboratories being launched. This included Consultants from all over Northern Ireland who had worked tirelessly over the last few years to bring this guideline together. The speakers included:

- Dr Kieran Fitzpatrick, Consultant Anaesthetist, Belfast HSC Trust
- Dr Robert Cuthbert, Consultant Haematologist, Belfast HSC Trust
- Dr N Damani, Consultant Microbiologist, Northern HSC Trust

- Dr Mike Ryan, Consultant Chemical Pathologist
- Dr David Edgar, Consultant Immunologist

This was followed by the reporting of four regional audits that had been undertaken and completed over the last 18 months.

These were:

- Regional Audit on Consent, Nicola Porter GAIN Manager
- Regional Audit of Diabetes, Florence Brown, Diabetes UK
- Regional Respiratory Audit, Judy Bradley, Belfast HSC Trust
- Regional HIV Audit, Say Quah, Consultant GUM Medicine

Feedback from the conference showed that it was overall extremely well received with many people wishing to see Martin Ferris return to the province to share more of his wit and knowledge with us.

I would like to take this opportunity to thank each person who took part in the Conference and made it the success it was.

If you have any issues you would like raised at future conferences or areas covered that have not been looked at before then please contact me through the GAIN Office. Copies of the presentations are available on the website at

www.gain-ni.org

Nicola Porter



Dr Tom Trinnick, Chairman of GAIN Strategic Committee, Professor Robin Davidson, Chairman of GAIN Operational Committee, Dr Kieran Fitzpatrick, Consultant Anaesthetist, who chaired the Laboratory Guidelines Session with Dr N D amani, Consultant Microbiologist, Southern HSC Trust Session with Dr N Damani, Consultant Microbiologist, Southern



Dr Robert Cuthbert, Consultant Haematologist, Belfast HSC Trust



Dr Mike Ryan, Consultant Chemical Pathologist, Southern HSC Trust



Dr Mike Ryan, Consultant Chemical Pathologist, Southern HSC Trust with Dr David Edgar, Consultant Immunologist, Belfast HSC Trust



Dr Kieran Fitzpatrick, Consultant Anaesthetist, Belfast, HSC Trust



Delegates listen as the afternoon progresses ??

Nicola Porter, Guidelines & Audit Manager

It would like to welcome you to the first Edition of GAIN's magazine – Gleanings. We have decided to continue with the name Gleanings as it is certainly the most appropriate name for what the magazine seeks to achieve by publishing the excellent audit and guideline work undertaken by each one of you.

Although over the past year there have been many changes within the health community the need for clinical audit and guideline development has not waned, in fact it has increased.

As we laid RMAG, NIRAAC and CREST to rest, GAIN arose like a Phoenix out of the ashes as a stronger single entity which will continue to take forward the excellent audit and health professionals have undertaken year on year. It is our hope that GAIN as a single entity will lead to improved coherence of the regional audit and guideline service.



then hoped that later in the year at least one audit facilitator will be appointed to help manage current audits.

The website www.gain-ni.org includes the rolling audit calendar, published audit guideline reports as well as a summary of the framework for NICE guidelines. We are currently working on generating a 'library' database of audits and guidelines. This work will be ongoing but we will keep you updated.

In the coming weeks GAIN hope to appoint a secretary to assist with the general day to day running of an ever increasing workload. It is

The main issue that has been on everyone's mind recently has been when will GAIN be sending out applications for next year's funding!

The funding calendar will look like this:

September

Call for Applications

December

GAIN will assess and award funding for projects

January

Applicants will be informed if they have been successful or not

April

Funding will be allocated to successful applicants.

This will be the process for every year, however, priorities will be considered throughout the year.

This magazine is your magazine; use it as a forum for you to show off your hard work as well as advertise any up and coming conferences or training sessions.

Nicola

National Institute of Clinical Excellence (NICE)

The link between the Department of Health, Social Services & Public Safety and NICE has been in place for 18 months. Under this arrangement, the Department, assisted by local experts, reviews new NICE guidance for its applicability to the Health and Social Care sector in Northern Ireland. The aim being to ensure that patients across Northern Ireland have access to the same range of up-to-date medical treatments as their counterparts in the rest of the UK.

To date, the Department has endorsed 25 NICE technology appraisals and 8 clinical

guidelines. A full list of NICE guidance endorsed by the Department can be found on the Department's website at www.dhsspsni.gov.uk. There are also 6 public health guidelines under review at present.

Of course, NICE guidance provides useful benchmarking standards for clinical audit. Indeed, to support audit, and guidelines implementation, all of the Institute's guidance now comes with an audit support package. This includes ready-to-use audit criteria, definitions, data source suggestions, and advice on data collection tools. The Institute has produced a guide

'Using NICE Audit Support' to help in using the support packages.

The link with NICE also allows local healthcare professionals to be full participants in the Institute's Interventional Procedures programme which supports NHS innovation through facilitating the safe and managed introduction of new surgical and other procedures in the Service.

Gerard Collins
Deputy Director, Standards & Guidelines Unit, DHSSPS

Patient and Public Involvement in the area of Audit

In the realm of audit, as in other service areas, Patient and Public Involvement (PPI) is beginning to come to the fore. Adopting a partnership approach to involving patients, carers and the wider public can greatly enhance the overall quality of care delivered to individuals. It also provides health care professionals with a richness that comes from working closely with individuals who have a personal understanding of the specific aspects arising from having 'walked' in a patient's or carer's shoes.

In light of this a Patient Audit Panel for Cancer Services is being established through the Northern

Ireland Cancer Network (NICaN) in conjunction with GAIN. This work highlights audit as an important aspect of such partnership working.

This aim of this project is two fold

- i) To establish a rolling programme through which PPI Representatives can be trained in audit processes
- ii) To establish a group of appropriately trained PPI Representatives who will consequently be accessible to take part in regional audits

The Patient Information Audit headed by Danny Sinclair (NICaN)

further sets out the need to establish such a panel. It is also recognised that, following the Cancer Services Framework, it will be vital that PPI Representatives are available to be part of auditing standards established as a result of the Framework.

It is anticipated that initial training will be available by early 2009.

Any queries should be directed to **Janis McCulla**
Regional Co-Ordinator Patient and Public Involvement
Northern Ireland Cancer Network
Tel: 028 9056 5860

Upcoming Events

NICE 2008: Annual Conference
3-4 December 2008, Manchester.
Conference information can be accessed through the NICE website at www.nice.org.uk

Clinical Audit & Improvement 2009
4-5 February 2009, Savoy Place London. Conference information can be found on www.healthcare-events.co.uk

If you would like to be kept up to date with events happening locally, nationally and internationally please email the GAIN Office.

Resources

Guidelines & Audit Implementation Network
www.gain-ni.org

Irish Society for Quality & Safety in Healthcare
www.isqsh.ie

National Institute of Clinical Excellence (NICE)
www.nice.org.uk

Healthcare Quality Improvement Partnership (HQIP)
www.hqip.org.uk

Department of Health (NI)
www.dhsspsni.gov.uk

Department of Health
www.doh.gov.uk

General Medical Council
www.gmc-uk.org

Healthcare Events
www.healthcare-events.co.uk

Northern Ireland Practice and Education Council for Nursing and Midwifery
www.nipec.n-i.nhs.uk

Royal College of Nursing
www.rcn.co.uk

Contact Details

GAIN Office
Room C4.17
DHSSPSNI
Castle Buildings
Stormont
BELFAST BT4 3SQ

Tel: (028) 9052 0629
Email: gain@dhsspsni.gov.uk or
nicola.porter@dhsspsni.gov.uk
Web: www.gain@dhsspsni.gov.uk

ISBN 978-1-906805-00-5