

Pneumonia

Project aim

Our project aim is to reduce mortality to expected level i.e. from 19.6% to 15.3% by March 2020 (based on Dr Foster Data from reporting period Nov17-Oct18)

Timeline for delivery

From: February 2019

To: March 2019

Measures

- Reduction in Community and Hospital acquired pneumonia mortality rate (% of patients who died)
- Reduction in aspiration pneumonia mortality rate (% of patients who died)
- Ensure Antibiotic administration within 2 hours of presentation as per Pneumonia pathway
- Oxygen prescribed within 1 hours of admission
- Chest x-ray within 4 hours of admission

Tests for change

- Develop PAHT specific pathway with a supporting evidenced based 'care bundle'
- Early review of all patients in ED and MAU to ensure compliance against pneumonia care bundle
- Improve the recording of co-morbidities for pneumonia patients - link in with Reporting and Recording programme



Project team

- Dr Awad Elkarim (Project Lead)
- Chetna Patel (Project Manager)
- Dr. Caroline Ellis (Junior Doctor)
- Tracey Murray (Speech & Language Therapist)
- Mr. Jonathan Refson, Jo Ward and Phil Holland (Programme Triumvirate)
- Dr Andy Morris (Executive Sponsor)

Results

Success measures		Performance and progress tracker							Trend
Measure	Trajectory Vs Actual	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
Oxygen prescribed within 1 hour of attendance	Trajectory					10.00%	20.00%	30.00%	
	Actual					0.0%	4.76%	0.0%	
Chest x-ray within 4 hours of attendance	Trajectory	42.9%	42.9%	42.9%	42.9%	42.9%	61.1%	67.9%	
	Actual	84.6%	82.6%	83.3%	80.0%	42.9%	64.0%	82.4%	

Learning and next steps

Establishing the root causes for higher than expected mortality rates has proven to be more difficult than first expected due to multi-factorial nature care provided in and out of hospital and they it is recorded locally and reported nationally, which is why our next steps is to look in detail with key care providers and stakeholders.

