Pleural Procedures– Info for Local Reporters

Introduction

Diseases of the pleura are common and the demand for diagnosis and treatment is increasing.

Pleural procedures (especially chest drain insertion) have been associated with patient safety incidents frequently enough to have been the subject of a first patient safety alert in 2008, which set out best practice for chest drain insertion. It also highlighted the importance of learning from local incident reporting data.

However, recent evidence suggests that little has changed to reduce the number of patients harmed due to chest drain insertion with concerns also being raised regarding the training and experience of those tasked to deal with emergency out of hours pleural interventions. Urgent and emergency procedures performed out of hours are often done in the most complex and high-risk patients but are more likely to be done by less experienced staff.

This study will explore the patient pathway including indication for treatment, details and timing of the procedure, pre-procedure safety, consent, correct use of equipment, and complications of the procedure. Organisational data will explore staff training, out of hours and compliance with the recommendations of the two national patient safety alerts. Local incident reports and investigations will also be collected to ensure themes are identified and lessons are learned from local reporting systems.

Aim and objectives

Overall Aim

To identify areas for improvement in the quality of care for patients undergoing pleural procedures.

To review the incident investigations relating to ‘pleural procedures (chest drains)’ and associated lessons learned.

To identify patient safety incidents that have not been reported.

Objectives

Organisational issues

- Protocols, standards, safety procedures and the use of guidelines for chest drain insertion in the emergency department, acute medicine and critical care
- Training in chest drain insertion and the retention of skills, including the record/ monitoring of staff competency
- Record of staff competency re: chest drains insertion
- Access to ultrasound, recording/ preservation/sharing of images
- Audit of standards/guidelines
- Presence of a dedicated pleural service and access (hours/areas of the hospital)
- Mechanism for incident reporting and sharing of learning

Clinical issues

To explore and investigate areas for improvement in the following areas:

- The initial recognition of the need for a pleural procedure
- The decision-making process for chest drain insertion – experience/ specialty/ training of decision maker
- Consent for chest drain insertion
- Department / location of chest drain insertion
- Timing of procedure / Out-of-hours procedures/ delays
- Peri-procedure investigations (use of ultrasound), processes and care provided
- Procedure complications
- Post-procedural care (days following chest drain insertion)
- Documentation of the procedure

Participating hospitals

All hospitals in England, Wales, Northern Ireland and Jersey, which admit and treat patients who require insertion of chest drains (including independent hospitals where applicable).

Methods of data collection

Identifying the patient population

We will identify a sample of patients who were admitted to hospital and had a chest drain inserted during their hospital stay through completion of a spreadsheet, which will be disseminated to our Local Reporters to populate with basic details about patients who fit the criteria to participate in the study.

National data opt out: From the 1st August 2022, organisations in England need to comply with the national data opt-out. If you are returning a spreadsheet to NCEPOD after this date, prior to returning the data to us, please check the listed patient NHS numbers against the National spine and remove the details of any patients who have opted out.

Please note, because of GDPR regulations, we are no longer able to collect clinician details without consent. When entering clinical team details please do not enter clinician names – please only use the name/specialty of the team or a clinician code (this can be a PAS code or any other that would help you identify the clinician and allow us to select cases across a range of clinicians).

We would be grateful if you could return your completed, password protected patient identifier spreadsheet to ncepod@nhs.net Please then phone the office with the password to open the spreadsheet on 0207 251 9060.

A maximum of 8 patients will then be selected at each hospital to be in the study.

For each included patient, we will aim to collect the following data:

1) Clinician questionnaire

Clinician Questionnaires (CQs) will be uploaded to our online system, which Local Reporters can assign to the named clinician responsible for the patients' care when they were discharged from hospital. Instructions will be provided to pass the questionnaire on to most appropriate clinician (should it not be the named person).

2) Case notes

Case notes will be requested for each patient selected for the study, for the whole episode of care. Notes requested will include: admission details, emergency department notes, investigations, prescription/ drug chart, details of any procedures including operation notes, clinical annotations, nursing notes, discharge summary and correspondence.

The case notes will be anonymised and reviewed at meetings of the case reviewer panel where a multidisciplinary, multispecialty group of reviewers will assess the notes and complete the Reviewer Assessment Form (RAF), which captures their views on the quality of care provided.

This group will include emergency medicine clinicians, anaesthetists, advanced nurse practitioners/advanced clinical practitioners, general nurses, cardiothoracic surgeons, respiratory physicians, general physicians, radiologists, acute physicians, critical care physicians and resident doctors.

For each hospital participating in the study, there will also be:

Hospital organisational questionnaire

This questionnaire will collect data on the service provided to patients undergoing pleural procedures. Local Reporters will be able to invite multiple clinicians to complete the questionnaire.

Further information about the study and the protocol, including frequently asked questions, can be found on our website: https://www.ncepod.org.uk/pleural.html or please contact the office on 0207 251 9060 or by email to pleural@ncepod.org.uk.

We will also be collecting data for this study via the following data sources, which are not linked to the data collected for the case review/ clinician questionnaire:

- **Patient survey**
  We have an online anonymous patient survey (currently under development) that will collect information on the experiences of patients who have had a chest drain inserted. To help us reach as many patients as possible, we are asking for a study contact (a senior respiratory clinician) in each participating hospital to be nominated, to help distribute the survey. Further information will be provided. Please check the study page for more information

- **Clinician survey**
  We are collaborating with the Pleural Team at Guys & St. Thomas NHS foundation Trust to collect data on the confidence and competences of trainee and consultant doctors in inserting chest drains. Data has been collected in General Medicine, and this will be extended to collect data from the Emergency Department and Critical Care. Further information will be provided. Please check the study page for more information