

INVERCLYDE OUTLIER EXPERIENCE

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INTRODUCTION

> Why me?

> What happened

> Our process in response to the data

➤ Conclusions, suggestions & general advice

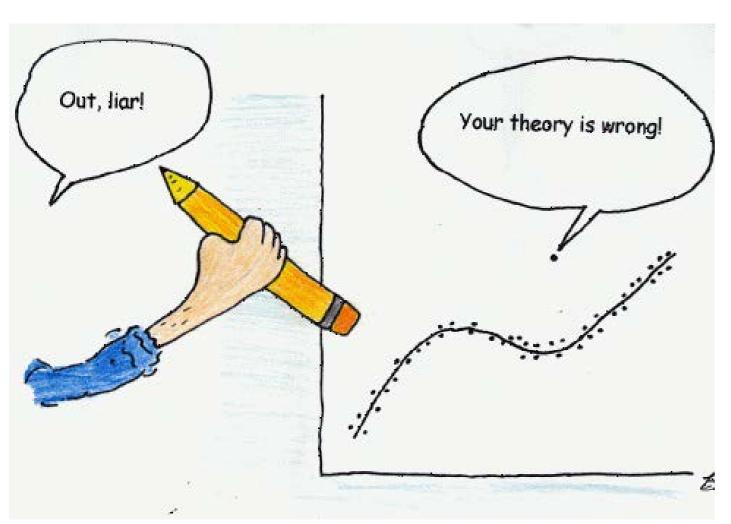
STAG CLINICAL LEAD



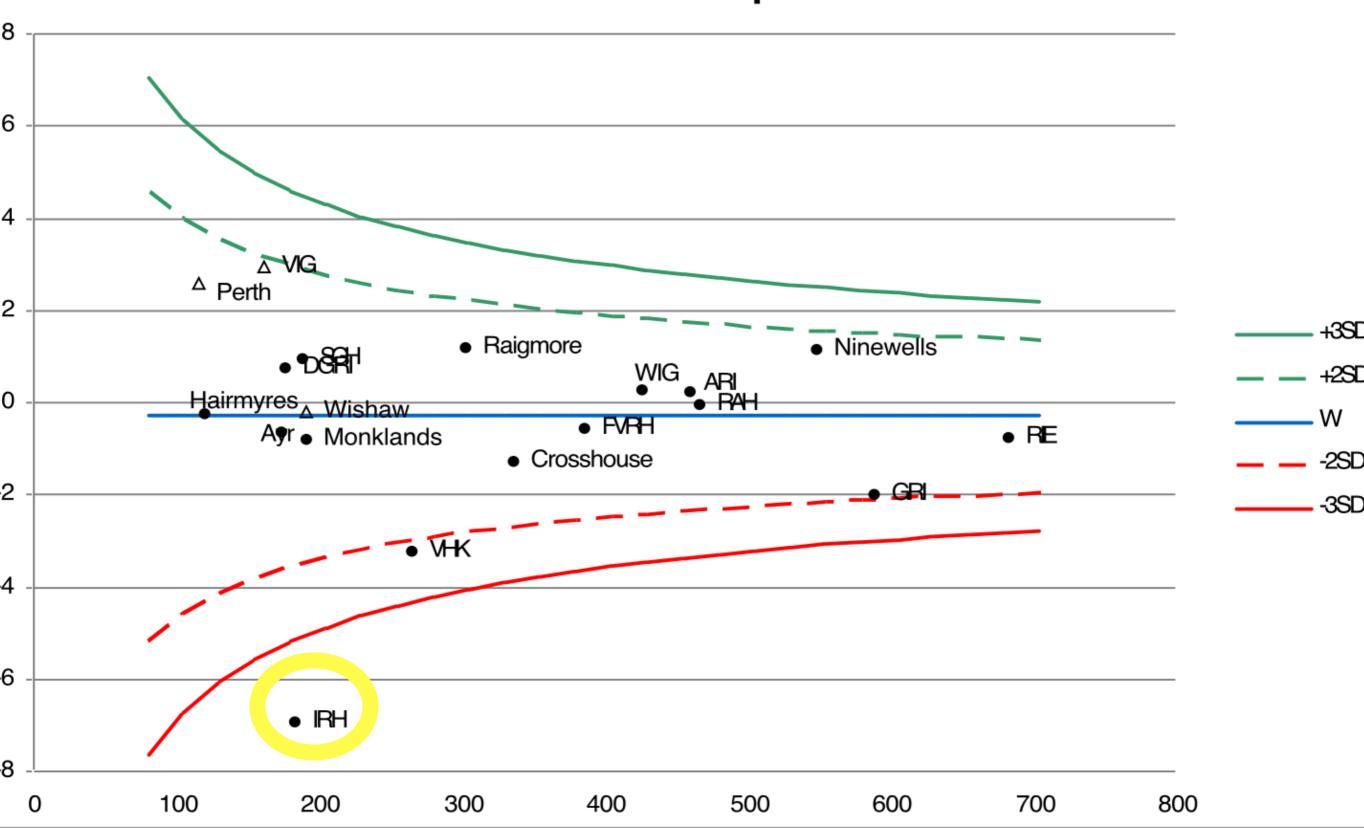
OUR PROBLEM

- ➤ Higher mortality
- > Few cases
- > Historical data

Natural variation, bad luck or problem??



Survival rates STAG hospitals 2013-2014



66

Houston, we have a problem

-Jim Lovell, Apollo XIII



Lies, damned lies, and statistics

-Mark Twain*

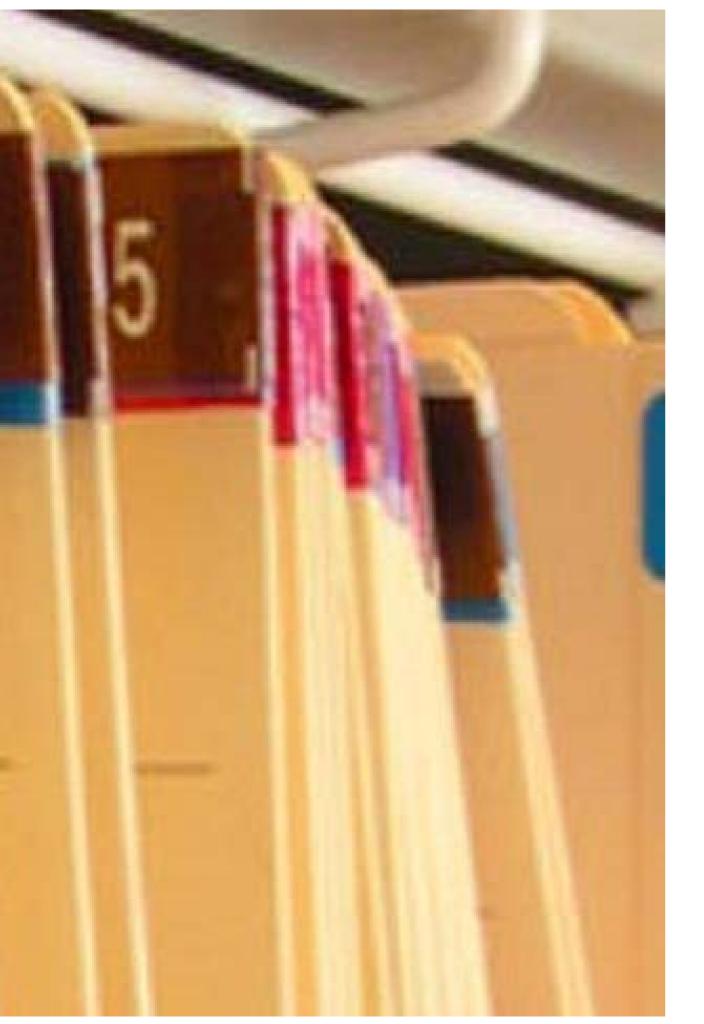


To be forewarned is to be forearmed

-unknown

RELIABILITY OF DATA

- Local & regional STAG QC
 - > Quick
 - > Accessible
- Statistical analysis
 - Funnel plot
- Concrete outcome measures



CASE REVIEW

- ➤ All unexpected deaths
 - ➤ n=15 over 2years
- Multi specialty review
- ➤ ED and inpatient care
 - > Derioration acted on
 - ➤ Thromboprophylaxis
 - > Timely antibiotics
- STAG QIs for major trauma



CASE REVIEW

> Low tech

➤ Limitations of PS12

➤ No glaring errors

Recurrent themes or learning points?

RESULTS

- Detailed analysis of studied group
- > Review of individual clinical cases
- Clinical learning points / reflections
- > Recommendations
 - > Clinical
 - Logistical
 - Organisational / aspirational

SHARING IS CARING

Open & honest

Trauma specific MDM

Hospital and board CG groups

STAG governance visit





TAKE HOME MESSAGES

- No surprises and no fear
- Trust the data validation
- Use easily accessible clinical information
- Quick fix or marginal gains?
- Harness the interest to share what you learn
- Positive experience and driver for change