IMPROVING THE CARE PROVIDED TO PATIENTS UNDERGOING A CHEST DRAIN INSERTION OR PLEURAL ASPIRATION

NCEPOD reviewed the care of adults admitted to hospital between 01/01/2024 and 31/12/2024 and had a chest drain inserted, or a pleural aspiration undertaken.

Care was reviewed using:

978 clinician questionnaires

563 sets of case notes

173 organisational questionnaires

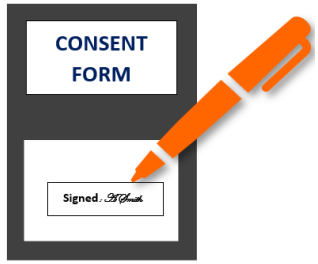
697 healthcare professional survey responses and 45 patient surveys.

www.ncepod.org.uk

NCEPOD

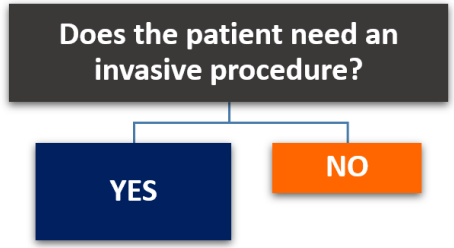
Procedure specific consent forms would ensure all patients are better informed

Written consent was documented in only 314/563 (55.8%) patients. Use of procedure-specific consent forms was limited, being present in only 68/173 (39.3%) hospitals.



24/7 decision makers may stop patients having unnecessarily invasive procedures

With better decision-making, 82/563 (14.6%) patients could have had a less invasive approach.



Easy access to skilled clinicians out of hours would provide safe clinical practice



Only 62/173 (35.8%) hospitals had an escalation protocol for complex or high-risk patients out of hours.

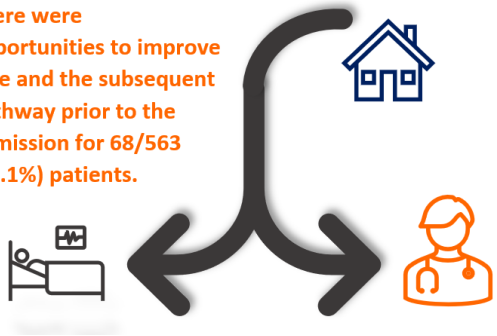
A clear plan can support pain management and the monitoring and removal of a chest drain.

106/440 (24.1%) patients had no documented post-procedure plan and where there was one, important elements, including drainage targets, monitoring plans and pain management, were frequently omitted.



Alternative pathways increase the number of patients treated during normal working hours

There were opportunities to improve care and the subsequent pathway prior to the admission for 68/563 (12.1%) patients.



Embedding national safety standards would promote consistent care



Procedure safety checklists (LocSSIPs) were only documented in 182/526 (34.6%) cases reviewed.