



ACCORD Hospice

An Audit of the use of Oxygen Therapy within a Hospice

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Introduction

Oxygen therapy within a hospice environment varies according to the needs of individual patients and the nature of their problems. In general terms this is a safe treatment, however it has been recognised that there is a potential for serious harm if oxygen is not administered and handled properly. An internal audit of practices within Accord Hospice took place in April 2009 and six months later the National Patient Safety Agency published a rapid response report regarding the safe use of oxygen within hospitals. Taking both pieces of work into consideration it became apparent that procedures and practices relating to oxygen therapy within the hospice should be reviewed to ensure delivery of safe and effective care to our patients.

Methods

An audit tool produced by Help the Hospices (2009) to test the standards required for hospices to provide medical gases for patients requiring them was utilised to examine both practice and procedures. Seven sub- topics within the audit tool were utilised:-

- ④ Standard Operating Procedures
- ④ Personnel
- ④ Ordering and Receipt
- ④ Storage
- ④ Prescribing
- ④ Administration
- ④ Decontamination

The audit tool allowed three responses - Yes, No or N/A and was supported by a set of Excel workbooks and worksheets, with the analytical formulae already incorporated. The initial audit was carried out in April 2009 and repeated in September 2009.

Results

Sub Topic	Initial Audit (April 2009)	Repeat Audit (September 2009)
Standard Operating Procedures	0% compliance No standard operating policy (SOP)	100% compliance SOP based on current. best practice now in place. May be adopted on an area wide basis.
Personnel	0% compliance (80% N/A) No documented evidence of staff training	100% compliance Nursing & medical staff have received training in all aspects of oxygen therapy
Ordering and Receipt	85% compliance O2 cylinder dusty & rusty	100% compliance SOP
Storage	54% compliance (43% N/A) O2 cylinder stored in unventilated area near to combustible substances	100% compliance Safe cylinder storage and labelling now in place
Prescribing	0% compliance No evidence of prescription charts	100% compliance Oxygen now prescribed in all situations
Administration	25% compliance No standard operating policy (SOP) No documented evidence to support oxygen therapy.	100% compliance SOP
Decontamination	50% compliance Only decontamination policy for concentrator in place	100% compliance Full decontamination policy in in place with mostly single use items being utilised

Conclusion

In the initial audit several deficiencies in practice were highlighted including standard operating procedures, storage, staff training and prescribing. Actions were taken to address these issues and the second audit showed compliance with procedures had greatly improved. A standard operating policy based on current best practice is now in place and staff training issues have also been addressed. This relatively simple audit has resulted in improved safety and higher standards of care being delivered to patients requiring oxygen therapy within Accord Hospice. It has also been proposed that this policy be adopted by the local joint hospice medicine management committee.

References

Help the Hospices (2009) Medical Gas Audit Tool
<http://www.helpthehospices.org.uk/members/login/governance/clinical/national-audit-tools-group/download-audit-tools/>

National Patient Safety Agency (2009) Rapid Response Report NPSA/2009/RRR006 - Oxygen Safety in Hospitals
<http://www.npsa.nhs.uk/>