Wessex Patient Safety Collaborative

The Patient Safety Support Fund

A small amount of funding to support Wessex staff with their patient safety initiatives.

Benefits
- “Too small” became possible
- 13 really varied projects across Wessex
- Projects now starting to deliver and show impact
- Staff well being and patient safety
- We discovered new people and connected
- Generated real motivation and energy

Showcasing 5 projects – rapid fire – interested? – please make contact
Wessex Patient Safety Collaborative
Connecting and sharing across Wessex to improve patient safety

Cancer and Clots
Simon Freathy, Venous Thromboembolism Specialist Practitioner, HEW QI Fellow, NIHR CLAHRC Wessex Research Intern.
Portsmouth Hospitals NHS Trust

A brief description of our project

The challenge:
• Increase awareness of the risks of cancer associated thrombosis.

The solution to be tested:
• To identify current patient knowledge and to raise awareness about the risks of cancer associated thrombosis with staff and patients.

The plan:
• Develop Clots and Cancer awareness card with user input and collect feedback around current awareness.
• Deliver staff awareness update sessions with results.
Cancer and Clots / Portsmouth Hospitals

Blood Clots and Cancer: What You Need to Know

1 in 5 people living with cancer will develop a blood clot (thrombosis).
Active cancer and chemotherapy are linked to an increased risk of blood clots. If you get a Cancer Associated Thrombosis (CAT for short), treatment will help prevent further clots.

Signs to look out for:
- Swelling or pain in your leg
- Swelling or pain near your PICC line
- Warmth or redness of your leg
- Unexplained shortness of breath
- Chest pain, especially if breathing deeply
- Blood being produced when you cough.

Any of these signs and symptoms may indicate that you have a clot.
YOU SHOULD CONTACT YOUR ACUTE ONCOLOGY UNIT
023 9228 6000 x3316

Portsmouth Hospitals NHS Trust

Were you already aware of the information provided on this card?

- 86% felt more confident in what to look out for and what to do.
- 93% felt important to know about clots.
- 6% felt overwhelmed by amount of information.
- 1% would rather not know risks.

What you can do to reduce the risk of blood clots:
- Keep as mobile as you are able.
- Walk around the house and garden; use stairs.
- Stand up and walk on the spot every hour.
- If you are unable to walk, circle your ankles and raise your legs from the knee every hour during the day.
- Stay well hydrated.
- Unless you are told to limit fluid, aim to have 6-8 drinks every day.
- Water, squash, tea, coffee, juice and fizzy drinks all count.

For more information and advice visit Cancer Research UK at http://bit.ly/1Q7QNP4

- 96% would follow the prevention advice.
Not HAPU’ning - Pressure ulcer elimination @ HHFT
Hampshire Hospitals NHS Foundation Trust
Arlene Wellman - Associate Director Nursing (Clinical Standards)

A brief description of our project
The challenge: 352 Hospital Acquired Pressure Ulcers in previous year

Solution to be tested:
• 50% reduction of avoidable grade 2 pressure ulcers by March 2017
• Elimination of avoidable grade 3 and 4 pressure ulcers by March 2017

The plan:
• 95% of adult inpatients to be risk assessed within 2 hours of admission
• 95% of adult inpatients at high risk to have a care plan in place within 2 hours
• 95% of staff (in areas caring for adult inpatients) will be assessed as competent in pressure damage prevention
Not HAPU’ning - Pressure ulcer elimination @ HHFT
Hampshire Hospitals NHS Foundation Trust

Process

- Baseline audit of training assessment, documentation and provision of care
- Work streams initiated based on findings
- Rapid Spread Methodology for review and implementation of new pathways
- Cascade training – pathways, documentation, photography
- Re-audit of documentation and care

Results

Next steps

Moisture and continence
Dissemination
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A common language across healthcare: using NEWS to identify the physically deteriorating resident in care/nursing homes

NHS West Hampshire Clinical Commissioning Group

Matthew Richardson; Acting Deputy Director of Quality

The challenge: Recognising and escalating physical deterioration in care homes is challenging and the quality of clinical response can be variable

The solution to be tested: Making National Early Warning Scores (NEWS) accessible to care homes and the wider community could provide a common framework and language to manage residents at risk of deterioration

The plan: A multi-organisation project with care home staff at the heart to develop NEWS into a community recognition and escalation tool.
A common language across healthcare

- 60yr old, normal baseline NEWS = 1
- Suddenly felt nauseous / tired and asked to go to bed
- RN called by carers as this was unusual
- RN carried out a full set of vital signs
- NEWS above baseline = 6 – 7
- 999 transfer
- Treated and discharged within 24 hrs

“The tool gives me the confidence to speak to others about my concerns”

100% of staff felt the tool had helped to achieve earlier escalation & intervention from GP’s, Out of Hours or the Ambulance Service
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Improving Fluid balance documentation through electronic education.  
Becky Bonfield, AKI Clinical Nurse Specialist  
University Hospital Southampton NHS Foundation Trust

A brief description of our project

The challenge:
• To improve fluid balance documentation.

The solution to be tested:
• Would a fluid balance learning package that standardises and formalise education improve fluid balance documentation?

The plan:
• To design an electronic fluid balance documentation learning package.
The process.
• Develop standards for fluid balance that are agreed trust wide
• Develop the electronic fluid balance documentation package.

The outcomes.
• An interactive fluid balance elearning package developed.
• 10% of nursing staff have accessed training in the last 3 months (in addition to face to face learning)

Any next steps you are planning
• Improve uptake of the course.
• Spread the word of the availability
• Measure the impact on patients
• Feedback to ward managers re staff completion
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Safety Learning Screen Project
Simon Freathy, Venous Thromboembolism Specialist Practitioner, HEW QI Fellow, NIHR CLAHRC Wessex Research Intern.
Portsmouth Hospitals NHS Trust

A brief description of our project

The challenge:
• Improve the timely dissemination of Patient Safety learning.

The solution to be tested:
• The use of networked screens in staff rooms and areas to allow timely dissemination of Patient Safety learning.

The plan:
• Screens located in 5 varied staff areas.
• ‘Watch Out’ notices used to display information in a standardised format.
• Feedback collected and changes made.
Safety Learning Screens / Portsmouth Hospitals

Will you change your practice as a result of viewing the screens?

- 36% of staff would not have seen safety learning information if not seen on screens.
- 89% have learnt something from viewing the screens.

Comments:
- This should be mandatory learning.
- Excellent way to get messages out.
- I will change my practice because of this.
- I’m on my break and shouldn’t have been disturbed.