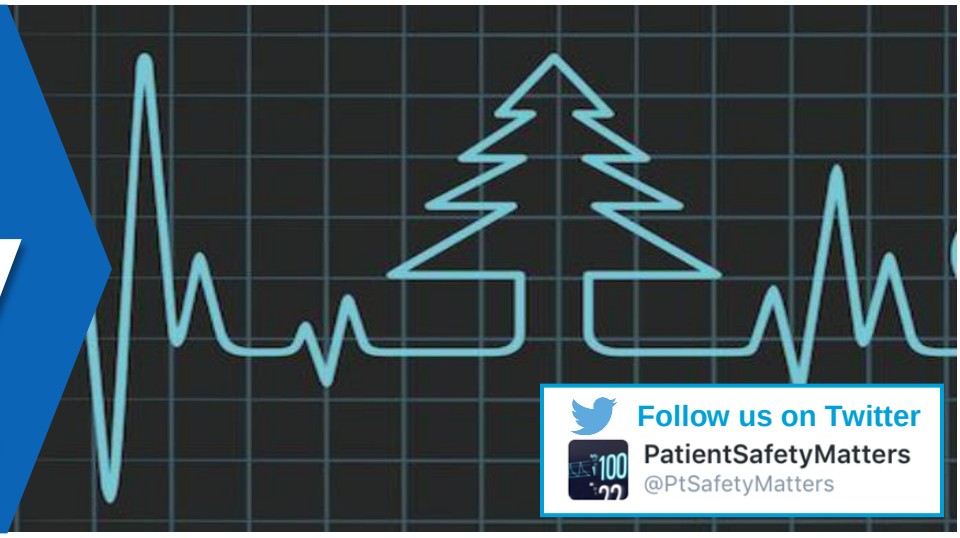
Patient Safety Matters



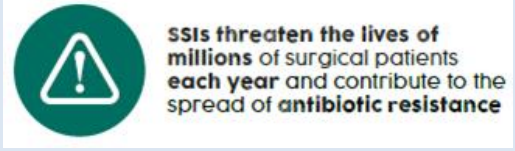
PROMOTING A CULTURE OF SAFETY AND QUALITY AMONGST JUNIOR DOCTORS ISSUE 10 - December 2016

Stop infections after surgery

The global guidelines for the prevention of surgical site infections (SSIs) were published on 3 November 2016. They include a list of 29 recommendations; 13 recommendations for the period before surgery, and 16 for preventing infections during and after surgery. They range from simple precautions such as ensuring that patients bathe or shower before surgery and the best way for surgical teams to clean their hands, to guidance on when to use antibiotics to prevent infections, what disinfectants to use before incision, and which sutures to use.

What's the problem?

Patients develop infections when bacteria get into incisions made during surgery.



What's the solution?

A range of precautions – before, during and after surgery – reduces the risk of infection.

BEFORE SURGERY

- Ensure the patients bathe or shower
- Do not shave patients
- Only use antibiotics when recommended
- Use chlorexidine alcohol-based antiseptic solutions to prepare skin
- Surgical scrub technique: hand wash or alcohol based handrub

DURING SURGERY

- Limit the number of people and doors being opened
- Ensure all surgical equipment is sterile and maintain asepsis throughout surgery

AFTER SURGERY

- Do not continue antibiotics to prevent infection – this is unnecessary and contributes to the spread of antibiotic resistance
- Check wounds for infection and use standard dressings on primary wounds

Mr Michel Zar
Specialty Doctor, Trauma and Orthopaedics

Further Reading

Allegranzi, B, Zayed, B, Bischoff, P et al. New WHO recommendations on intraoperative and postoperative measures for surgical site infection prevention: an evidence-based global perspective. Lancet Infect Dis. 2016; (published online Nov 2.)http://dx.doi.org/10.1016/S1473-3099(16)30402-9.

Allegranzi, B, Bischoff, P, de Jonge, S et al. New WHO recommendations on preoperative measures for surgical site infection prevention: an evidence-based global perspective. Lancet Infect Dis. 2016; (published online Nov 2.)http://dx.doi.org/10.1016/S1473-3099(16)30398-X.

WHO. Report on the burden of endemic health care-associated infection worldwide. World Health Organization, Geneva; 2011http://apps.who.int/iris/bitstream/10665/80135/1/9789241501507_eng.pdf. ((accessed Oct 9, 2016).)

Which of the following are effective means of VTE prophylaxis?

Answers on the last page. Send us your pictures!

Pharmacy

Helen Holdsworth (Deputy Chief Pharmacist)

Oral chemotherapy

Just a reminder that oral chemotherapy should **not** be prescribed for patients on admission. Many of these agents are individually dosed for patients and are often given for specific, short courses. They may increase the risk or severity of infections and should not be continued in patients admitted with an acute infection.

These agents should not be given until the dose has been confirmed by an Oncology / Haematology consultant or registrar and they have confirmed that it is appropriate for therapy to continue. The dose confirmation should be written in the patient's notes.

Here is an example from a recent incident report;

Patient normally on hydroxycarbamide 1 gram daily prescribed by a haematology doctor. Prescribed as 3 capsules daily (= 1.5g), no strength for capsules on prescription and total dose not on prescription. No involvement of Haematology Team regarding if appropriate to administer, patient received 4 doses.

Discovered on patients drug chart that Ibrutinib had been prescribed by a junior doctor on patients admission. The drug was not given by nursing staff until reviewed by a haematology consultant.

If chemotherapy has been supplied from the hospital pharmacy it will have a bright yellow label on stating that this is oral chemotherapy and should not be prescribed before review by an oncologist or haematologist. However; you would never prescribe anything unless you knew what it was, would you?

There is a list of common chemotherapy drugs available on staff room (link below). Once Electronic Prescribing Medicines Administration (EPMA) goes live there will be a warning highlighting to medical staff that a drug is chemotherapy and should not be prescribed.

http://staffroom.ydh.yha.com/clinical-Directorate-Information/medicines-management/medicines-matters/issue-55-oral-chemotherapeutic-agents-april-2014/view

Poor handwritting

We joke about doctors poor handwriting but all prescriptions should be written clearly. The medicines code states;
'Write clearly and in permanent black ink. Each individual letter must be legible'.

In the example to the left, the patient was a surgical outlier on a medical ward, the nursing staff were unable to read the prescription and the patient missed 2 doses. Contacting the doctor for clarification was also difficult as the signature was illegible and there was no contact number.

Medusa

Medusa is a national database which provides advice on the prescribing and administration of injectable medicines. As a Trust, we contribute to Medusa and therefore obtain free access to it. To access Medusa, there is a link on the home page of staffroom, where it has been added as a grey quick link at the bottom of the page. This link will take you directly into Medusa without the need for a log in or password: http://medusa.wales.nhs.uk/?ID=88ee820bba9de45e80d8c39d8241695b1794

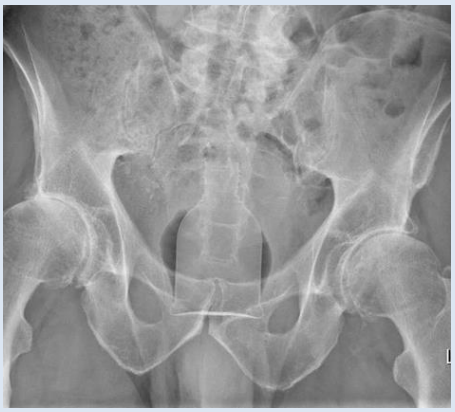
REMINDER Conference abstract submissions

York Medical Society Founder's Prize
17/3/2017
Deadline for submission: 9/1/2017
http://www.yorkmedsoc.org/
Email: ymsenquiries@yahoo.co.uk

Patient Safety Congress, Manchester
4-5/7/2017
Patient Safety Awards: open for submission
Poster competition: not opened yet
https://www.patientsafetycongress.co.uk/

Case Report

A male patient presented to ED unable to remove a foreign object after inserting it himself into his rectum. A general surgical opinion was sought as the ED staff were unable to retrieve it. The patient was taken to theatre for an examination under anaesthetic and removal of foreign object. Radiological images indicated that there was a 7cm diameter bottle made of hard plastic 5cm from the anal verge (see x-ray). Despite attempts to remove the bottle with a variety of instruments (Rampley's, Littlewood's, Kocher's and Allis forceps), it could not be moved due to the tough plastic and the rounded shape preventing any purchase from being obtained. Manual/digital extraction was not possible as the pelvic outlet was only just wide enough to fit the bottle through and not the bottle and fingers. An obstetric opinion was sought and eventually, two Vulsellum cervical graspers were used to puncture the plastic bottle on opposite sides allowing for extraction without the need for a laparotomy. The patient made a good postoperative recovery and was discharged the following morning.



Discussion/reflection: When reflecting on this case, a number of points are evident. We are all here for the benefit of our patients and sometimes the best option is to ask for help. In this case, we wanted to avoid performing a laparotomy/enterotomy and wanted to exhaust more conservative options before committing to a more invasive procedure.

The scrub nurse suggested trying some Obstetric instruments but as the general surgeons were not used to them, the decision was made to ask for an Obstetric opinion and help in theatre. Calling Obstetrics for a male patient is not usually done however; they do have expertise in removing large objects from small places! Overall, with a truly multidisciplinary approach, this patient had a good outcome and avoided major surgery.

Take home points:

- Always do the best for your patient and asking for help is very often the best thing to do
- Listen and communicate with your colleagues
- Be aware of the wider picture and be prepared to take a step back to avoid tunnel vision
- The best solution for your patient may not be the most obvious one – sometimes out-of-the-box thinking is required.

Mr Terence Lo, Vice Chair of the Junior Doctors Safety Improvement Group
Specialist Registrar in General Surgery

Statistical Process Control

9th February 2017 - The Improvement Academy is running a full day practical session in York on how to produce and plot SPC in Healthcare. This is designed to support managers and analysts in the Yorkshire & Humber providing hands-on experience of designing and developing SPC charts. To register follow the link below.

http://www.improvementacademy.org/training-and-events/2017/02/09/statistical-process-control-spc-in-healthcare/

Institute for Healthcare Improvement

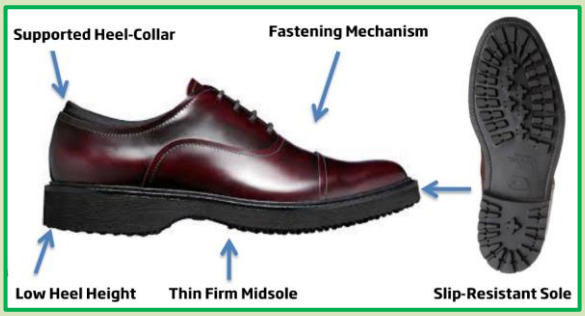
International Forum on QUALITY & SAFETY in HEALTHCARE
26 - 28 April 2017 | London

Institute for Healthcare Improvement BMJ

Join over 3,000 colleagues in London for 3 days of ideas, innovation and inspiration. The International Forum aims to empower and encourage participants to be actively involved in shaping the future of healthcare. For further information and to register your place visit http://internationalforum.bmj.com/. Early bird rates are available until the 30th January 2017.

Appropriate Footwear for patients

Footwear influences balance and the subsequent risk of slips, trips, and falls. The requirement for safe, well-fitting shoes varies, depending on the individual and their level of activity. Current opinion is that **well-fitting footwear is key to aiding balance and postural stability.**



Non-slip bed socks can be issued to patients that do not have suitable footwear available provided these can be worn comfortably.

This should be a **temporary arrangement** until suitable footwear is available. Where non-slip bed socks are being worn, it is important that regular skin checks are undertaken by removing the socks frequently and inspecting feet and ankles for signs of swelling or pressure damage.

Further information can be found in the Slips, Trips and Falls Policy on Staff Room http://staffroom.ydh.yha.com/policies-and-procedures/clinical/a-z-list-of-clinical-policies/a-z-integrated-documents/slips-trips-and-falls-policy-patients

Quality Improvement Training

Organisational Development & Improvement Learning (ODIL)

The Trust ODIL Team teach tools and techniques that help staff learn about how they can look at the way they run their service and make positive changes using improvement methodology. The following opportunities are available;

Introduction to Quality Improvement
This half day session provides a basic awareness and understanding of Quality Improvement thinking, tools and techniques. It will provide sufficient understanding to mobilise change in your area.

Quality Improvement Workshop
This workshop of Quality Improvement tools and techniques supports staff leading or driving small improvement projects or change ideas. The workshop is designed so delegates can mobilise change by applying the exercises and thinking to their own improvement project/change idea. Delegates will return to their group to share their learning through the delivery of a 10 minute talk 5-6 months later.

For more information or to add your name to the waitlist for these courses, visit the ODIL page on Staffroom http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/organisational-development or e-mail the ODIL team at: ODIL.Request@york.nhs.uk

VTE prophylaxis - Answers

A – Anti-embolic stockings are designed for pre & post-operative use and for recumbent (bed-ridden) patients to assist in the prevention of blood clots, **B** – Flowtron® Excel is a clinically proven, effective, non-invasive, mechanical prophylaxis system designed to reduce the incidence of DVT. **C** – Seasons Greetings!

Send your 'spot diagnosis' pictures to PatientSafetyMatters@york.nhs.uk

Group Representation

We are working to **empower** and **support** junior doctors to attend and **contribute** to Trust level meetings. Junior doctors and groups will benefit! The following groups are looking for junior representation:

- **EPMA (Electronic Prescribing)**
- **HIPCG (Infection Prevention)**
- **Point of Care Testing Committee**
- **Admission Proforma Group**
- **Deteriorating Patient Group**
- **Patient Experience Steering Group**

Contact PatientSafetyMatters@york.nhs.uk for more information or if you want to get involved.

EDITORIAL TEAM

William Lea (Improvement Fellow), Diane Palmer (Patient Safety), Michel Zar (Specialty Doctor Trauma and Orthopaedics), Laura Bamford (Dental Core Trainee), Helen Holdsworth (Pharmacy), Donald Richardson (Quality Improvement), Liz Jackson (Patient Safety), Elaine Vinter (Media & Communications)
Follow us on Twitter @PtSafetyMatters
Email PatientSafetyMatters@york.nhs.uk if you have any comments or would like to contribute.
Check out www.yorkhospitals.nhs.uk/patientsafetymatters/ for more information