

# Patient Safety Matters



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PROMOTING A CULTURE OF SAFETY AND QUALITY AMONGST JUNIOR DOCTORS

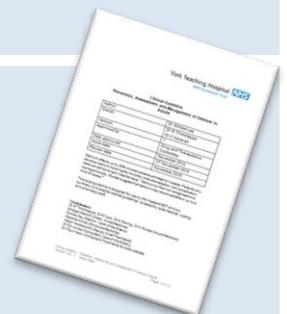
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*“Delirium is characterised by a **disturbance of consciousness** and a **change in cognition** that develop over a **short period of time**. The disorder has a tendency to **fluctuate during the course of the day**, and there is evidence from the history, examination or investigations that the delirium is a direct consequence of a **general medical condition, drug withdrawal or intoxication**.”* Diagnostic & Statistical Manual IV

**Delirium affects up to 30% of older patients** admitted to hospital. Patients who develop delirium have **higher mortality**, **institutionalisation**, and **complication rates** as well as **longer hospital stays**. Delirium is often not recognised and managed poorly. Studies suggest that **delirium may be preventable in up to a third of cases**.

- The priority in managing these patients is to identify and treat the underlying cause where possible.
- The [Delirium Guidelines](#) on the Trust intranet provide more detail and suggest non-pharmacological strategies for managing delirium.
- We will be trialling a Delirium Pathway on AMU in York soon.
- For more information why not check out the [Royal College of Psychiatry](#) or the [European Delirium Association](#)?



William Lea, Clinical Leadership Fellow (William.lea@york.nhs.uk)

## CAUTION – patients on long term steroids

Following a recent incident please can I remind all of you of the **risks of abruptly discontinuing regular oral steroids**.

Patients on as little as 5 mg of Prednisolone or 1mg Dexamethasone long term may well be **steroid dependent** even without having a prior diagnosis of Addisons.

Like any other patient with Addisons Disease you need to think about increasing the dose if the patient is unwell with a co-existent illness, giving parenteral hydrocortisone if the patient is unable to take oral steroids and being aware that stopping the steroids abruptly may precipitate an Addisonian crisis.

*David Humphriss, Consultant Physician, Scarborough Hospital*

**IF IN DOUBT DISCUSS WITH YOUR SENIOR**

## PHARMACY

*Helen Holdsworth (Deputy Chief Pharmacist)*

**Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin**

In view of reports of **serious bleeding** events in patients taking **miconazole and warfarin**, we are considering further measures to minimise the risk of potentially serious interactions between miconazole and warfarin.

Reminder for healthcare professionals:

- Miconazole, including the topical gel formulation, can enhance the anticoagulant effect of warfarin—if miconazole and warfarin are used concurrently, the anticoagulant effect should be carefully monitored and, if necessary, the dose of warfarin reduced
- Patients should be advised to tell their doctor or pharmacist if they are receiving warfarin before using products that contain miconazole (including those available without prescription), and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nosebleeds or blood in the urine.

## Stories to learn from...

**Always write prescriptions clearly...**

A patient received a dose of **16.5mg oramorph** but the prescription **intended to say 5mg**. The prescription was poorly written and the date 17/6/16 was across the date and dose section meaning the dose was read as 16.5mg. You may think the dose should have been queried but this is a good example of how **prescription can be misinterpreted**.

**Consider alternative routes of administration to prevent missed doses...**

A patient was admitted to AMU as their **peg had fallen out**. They were usually on **Sodium valproate syrup for epilepsy** which was prescribed on the drug chart. However, as **there was no PEG two doses were missed and the patient had a seizure**.

Be aware that in some cases the IV dose is different, though in this case a straight switch to IV would have been appropriate – contact your friendly pharmacist for advice.

## UPDATE FROM CONFERENCES

### Patient Safety Conference York:

The second annual Patient Safety Conference organised by York Teaching Hospitals NHS Foundation Trust was held on 21st June 2016. Yet again a huge success, and in a bigger venue at York University to accommodate demand, this year's conference was entitled "Enhancing Patient Safety through Learning and Improving". The conference was attended by a whole range of health care professionals, and for many it was their first time at such an event. Attendees listened to talks from both internal and external speakers. The agenda included Human factors/ ergonomics in patient safety (Sue Hignett, Professor of Healthcare Ergonomics and Patient Safety, Loughborough University), DNA CPR decision making (Stephen Evans, Hempsons Lawyers), Situational Awareness, Safety Huddles and Incident Reporting, as well as a number of spotlight sessions on a range of topics in the afternoon. The vast number of posters displayed in the Exhibition Hall really showcased the hard work and ongoing efforts of colleagues within the Trust. Improving patient safety requires ideas and determination from all staff members, irrespective of their training level or prior experience. To me, that's what made this conference so special, because so many attendees of various backgrounds appeared engaged, positive about improving patient safety and more empowered to make changes within their workplace.

### Patient Safety Congress Manchester:

The Patient Safety Congress 2016 was held in Manchester on 5th-6th July. Diane Palmer (Deputy Director for Patient Safety), alongside a group of representatives from the Junior Doctor Safety Improvement group attended. The sessions were split into a number of streams including human factors, leadership, patient experience, as well as best practice talks, and were delivered by a number of important/ influential speakers. York Teaching Hospital had a total of 5 posters accepted to the conference. A key highlight of the event was the opportunity to network with other junior doctors and discuss plans to expand and collaborate our groups. We have returned with new ideas, fresh motivation to continue our work and hopeful to recruit more junior doctors into the team next year.

**Dr Amy Hicks**, *Foundation Year 1 Doctor, York Hospital*



The Improvement Academy is funded by the Yorkshire and Humber Academic Health Science Network (AHSN). There are 15 national AHSNs which were created in May 2013 following a Lord Darzi report in 2008 which recognised the need for commitment to continuous improvement in the quality of care provided for patients in the NHS. The AHSNs purpose is to create and harness a strong, purposeful partnership between patients, health services, industry, and academia to achieve a significant improvement in the health of the population. They will support knowledge exchange networks to build alliances across internal and external networks and actively share best practice. All NHS organisations in the Yorkshire and Humber are members of the AHSN and therefore have access to the support, training and resources provided by the Improvement Academy.

- Visit [www.improvementacademy.org](http://www.improvementacademy.org) for more information
- There are free online courses for quality improvement
- The academy hosts free courses and seminars – check out the website!

**Not sure where to start or how to carry out an improvement project?**

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## GROUP REPRESENTATION

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

- DNACPR
- EPMA (Electronic Prescribing)
- HIPCG (Infection Prevention)
- Admission Proforma Group
- Deteriorating Patient Group
- Serious Incident Group
- Mortality Steering Group

**Contact [PatientSafetyMatters@york.nhs.uk](mailto:PatientSafetyMatters@york.nhs.uk) for more information or if you want to get involved.**

## EDITORIAL TEAM

William Lea, Diane Palmer (Patient Safety), Helen Holdsworth (Pharmacy), Donald Richardson (Quality Improvement), Liz Jackson (Patient Safety), Elaine Vinter (Media & Communications)

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