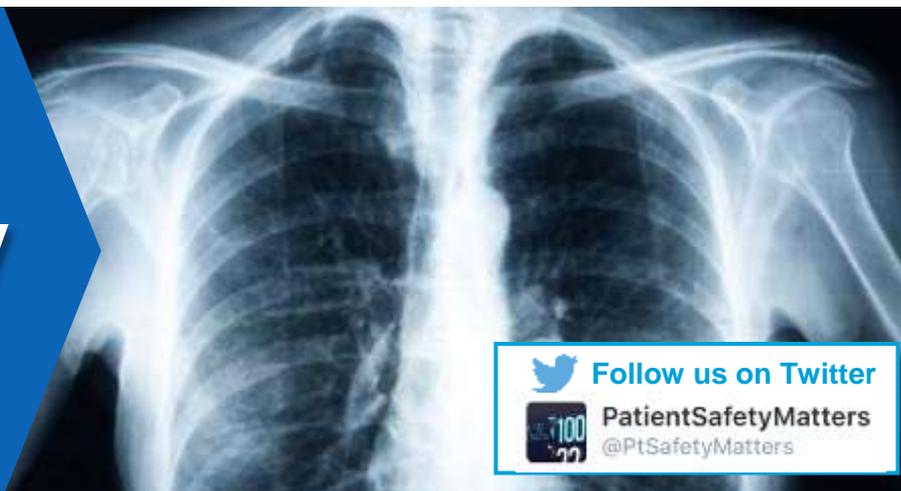


# Patient Safety Matters



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PROMOTING A CULTURE OF SAFETY AND QUALITY AMONGST JUNIOR DOCTORS

ISSUE 24 – March 2018

## Message from the Chief Executive

I recently attended a Junior Doctors Forum and heard first hand some of the daily challenges our junior doctors are facing working in the pressured environment that most of the NHS is currently feeling. This has built on the insight provided by the Chief Registrar, Ru Rupesinghe, who I work closely with and I want you to know how much I appreciate the amazing contribution you make to both our team and importantly, our patients. Following the Bawa Garba case which I am sure you are familiar with, I know all junior doctors particularly will feel vulnerable but please let me reassure you, I will not condone any action or approach that seeks to unfairly blame or use members of staff as scapegoats for failures in care.

I appreciate that all staff who have seen the Bawa Garba case will be concerned about their vulnerability if faced with a similar situation and whilst we do not know all the circumstances that surround this case it would be wrong for me to comment further. However, I can assure you that when things go wrong, or nearly go wrong in our organisation our priority is to learn from these and try to avoid similar events occurring again, putting in support where appropriate.

It is vital that any review or investigation is conducted in an open, non-judgemental and supportive way. To do it in any other way would negate its effect and can also deter people reporting genuine concerns or highlighting the times when things do not go to plan. The lessons learnt can then be disseminated across the organisation to ensure that we continue to strive to be the safest place for our patients to be treated and for our staff to work.

Feedback and incident reporting is vital to ensuring we do this with purpose and the role of exception reporting is a key element of this, not just to provide you individually with safer working practices or environment but to help ensure we establish this for everyone, including importantly our patients. I encourage all junior doctors to make full use of exception reporting to highlight their concerns to the Guardian of Safe Working. If in doubt seek advice.

**Patrick Crowley**, *Chief Executive*, York Teaching Hospital NHS Foundation Trust

## The IGNAZ App – for junior doctors

The IGNAZ smartphone app has been developed within the Trust to provide junior doctors with access to the latest key clinical information from Staff Room in an easy and simple way. The app is available to download on Staff Room: <http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/postgraduate-education/the-ignaz-app-for-junior-doctors> or if you would like to suggest any clinical content please contact [Jocelyn.matthews@york.nhs.uk](mailto:Jocelyn.matthews@york.nhs.uk)



## Benzodiazepines and suicide risk

## Pharmacy

NHS England has issued a reminder which seeks to raise awareness of potential suicide risks associated with benzodiazepine prescribing and withdrawal.

The British Association for Psychopharmacology recommends that when prescribing benzodiazepines the potential for dependence should be considered and the risk of dependency balanced against the benefits of short or intermittent use. **All patients who are receiving benzodiazepines for extended periods of time should be reviewed by their prescriber on a regular basis.**

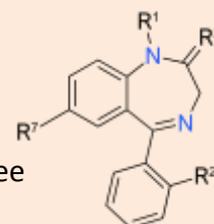
Whilst the majority of prescribing initiated within the Trust is for short term use, our policy is to issue a maximum of 5 days supply on discharge. Patients on long term benzodiazepines should be reviewed in primary care. Please consider this when prescribing benzodiazepine for your patients.

For more information on the risks and benefits of benzodiazepines see

<https://www.bap.org.uk/docdetails.php?docID=77>

For guidance on best practice in the management of benzodiazepine withdrawal please see

<https://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal#!scenario>



## Dosing of Oseltamivir (Tamiflu) in renal impairment

With the influenza season continuing just a reminder that the dose of oseltamivir should be reduced in patients with renal impairment if the EGFR is below 60ml/min

The treatment dose is usually 5 days, whilst the prophylaxis dose is daily for 10 days

eGFR(ml/min)	Treatment (5 day course)	Prophylaxis (10 day course)
>60	75mg twice a day	75mg daily
30-60	30mg twice a day	30mg daily
10-30	30mg once a day	30mg every other day
<10	Not recommended ( no data available)	
Haemodialysis patients	30mg after each dialysis session	30mg after each second dialysis session

Thanks to Helen Holdsworth for these pharmacy messages.

**Helen Holdsworth**, Deputy Chief Pharmacist, [helen.holdsworth@york.nhs.uk](mailto:helen.holdsworth@york.nhs.uk)

## Patient Safety Alert

The design of oxygen cylinders has changed over recent years with the intention to make them safer to use, typically removing a plastic cap, turning a valve and adjusting a dial before oxygen starts to flow. To reduce the risk of fire valves must be closed when cylinders are not in use, many now have integral valves and require several steps to operate. Cylinders can also be carried in special holders that can be out of the direct line of sight and hearing of staff caring for the patient. **An unintended consequence of these changes is that patient safety incidents have occurred when staff believe oxygen is flowing when it is not, and/or may be unable to turn the oxygen flow on in an emergency.** There has been over 400 incidents nationally in the last 3 years involving incorrect operation of oxygen cylinder controls. When the cylinders were checked oxygen supply was not running as staff had failed to notice the oxygen cylinder was not turned on.



**Please can all staff who use or may use oxygen cylinders ensure that they are up to date with their mandatory medical gas training (e-learning package available via learning hub) and staff are aware of the correct use of and how to operate cylinder controls.**

# Writing the DNACPR form communicating the DNACPR Decision

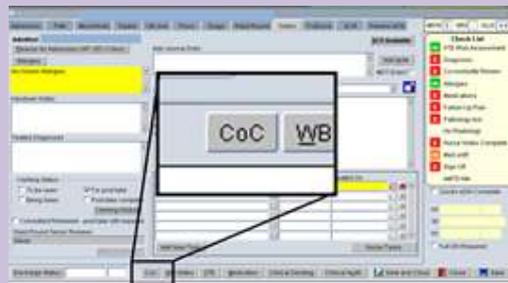
1. Ensure the carbonated copy is below the original when writing the DNACPR form.



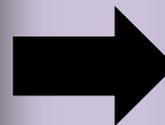
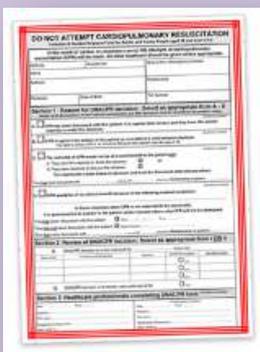
2. Complete a mental capacity assessment, if patient lacks capacity

3. Complete DNACPR sticker and place in medical admission notes

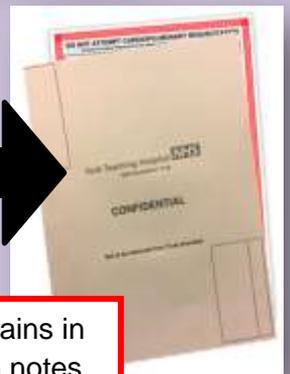
4. Complete ceiling of care and whether there is a DNACPR on inpatient care record on CPD.



5. Whilst the patient is in hospital file both original DNACPR form and copy in front of medical admission notes.



## Transfer between care settings



Whether the patient is going home, to a hospice or to a care home the original form goes with the patient in the red bordered envelope

The copy remains in front of brown notes when patient goes

Anne Garry, Consultant in Palliative Medicine, [anne.c.garry@york.nhs.uk](mailto:anne.c.garry@york.nhs.uk)

## New online Human Factors Training

### What is Human Factors?

Human Factors is an integral part of the wider patient safety movement and is concerned with;

*'enhancing healthcare effectiveness through an understanding of the interactions between human and tasks, teams, equipment, workspaces, environments ... and the systematic application of that knowledge in the healthcare settings'* (Fletcher 2015, after Catchpole, 2012).

This includes subject areas such as understanding healthcare system design, relevant policies and procedures, teamwork or how the environment might affect a practitioner's ability to undertake everyday tasks.

Human Factors is an established scientific safety discipline used in many safety-critical industries such as aviation and railways. A Human Factors approach can help us understand how patient safety issues arise and inform effective improvements.

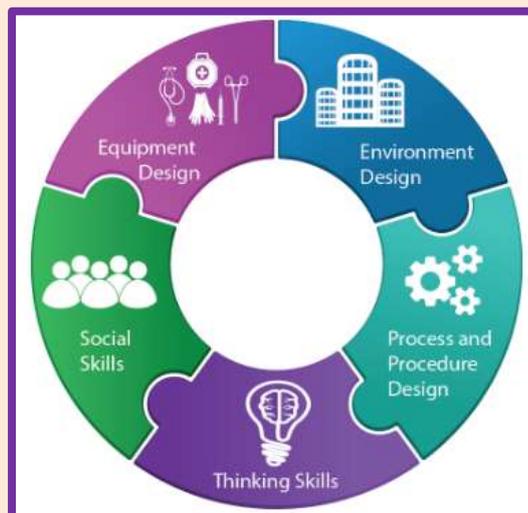
### Why have the Improvement Academy developed Human Factors courses?

In the NHS, a Human Factors approach to healthcare now underpins current thinking around patient safety and quality improvement science, but there is a gap in the practical and accessible training for healthcare staff. The Improvement Academy has developed a suite of accessible Human Factors training to meet the needs of local healthcare organisations.

**Bronze Level e-Learning** is entry level training suitable for all staff groups. It comprises six modules which take under two hours to complete. You will receive a certificate on completion.

The training can be accessed via the improvement academy website;

<http://gitraining.improvementacademy.org/>



## Junior Doctors Safety Improvement Group

Concerned about Patient Safety? You can make a difference! Joining the Junior Doctor Safety Improvement Group will give you the opportunity to get involved in multiple projects on various aspects of patient safety.

**15th May 2018 17:15–19:00**

Video link between

**Boardroom, York Hospital and Orchard room, Scarborough Hospital**

## 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
- Deteriorating Patient Group
- Patient Experience Steering Group
- VTE Committee

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

## Editorial Team

William Lea (Improvement Fellow, Deputy Chief Editor), Ruwani Rupesinghe (Chief Registrar), Laura Bamford (Dental Core Trainee), Liz Jackson (Patient Safety), Helen Holdsworth (Pharmacy), Sarah Pearson (FY1 Doctor), Donald Richardson (Quality Improvement, Chief Editor)

Email [PatientSafetyMatters@york.nhs.uk](mailto:PatientSafetyMatters@york.nhs.uk) if you have any comments or would like to contribute.

Check out [www.yorkhospitals.nhs.uk/patientsafetymatters](http://www.yorkhospitals.nhs.uk/patientsafetymatters) for more information