Independent Healthcare Providers Network

IHPN Share & Learn Community of Practice Quarterly Roundup

Issue: Dec 2023

Welcome

Welcome to the fifth IHPN Share & Learn Community of Practice (CoP) Round Up which intends to keep you up to date with learning outcomes following the IHPN Share & Learn meetings. **Please share with Governance Leads, Pre-Operative Assessment, Theatre, Ward, Tissue Viability Teams**.

IHPN Share & Learn CoP

The IHPN Share & Learn CoP consists of a small number of representatives from the Independent Sector who come together to discuss an incident in a safe environment, sharing ideas, best practice and learnings right across the sector. The meetings are scheduled to take place every quarter and aims to improve patient safety by sharing learnings widely.

IHPN Share & Learn Webpage

IHPN have developed a webpage for the Share & Learn CoP. Here you will find copies of this Round Up and other valuable resources that are shared within the meetings. Please use this link to access the webpage.

Share & Learn Report

IHPN have created a '12 months on' report before the end of the year to evaluate if the CoP is beneficial to the sector and to establish if there has been any impact on patient safety across the sector. Key themes are highlighted within the report such as a desire to continue the CoP and a need to embed shared learnings in the wider sector. The full report can be found here.

Welcome!

As the fifth Round Up for IHPN Share & Learn we hope you find this update useful, please feel free to share with your Patient Safety, Clinical Governance and Heads of Department colleagues !

New Share & Learn updates this quarter

Find enclosed recent learnings identified at the meeting held in December 2023.

Dates for your diary

2024 dates for the Share & Learn CoP have been shared with CoP members .

Extending the invite across all sectors

If you would like to be invited to the CoP please contact Linda.Jones@ihpn.org.uk.

Medical Colleagues

The CoP would welcome hearing from any medical colleagues that would be interested in joining or presenting a case study during the meetings. Please get in touch with Linda.Jones@ihpn.org.uk.

Feedback to IHPN

IHPN would be very keen to hear about any changes you have made to practice since receiving these share and learn updates. We would be delighted to be able to demonstrate that the group is contributing to turning the dial on patient safety. Please get in touch with linda.jones@ihpn.org.uk if you would like to share any changes you have made following any outcomes of the Share & Learn Community of Practice.

To learn more about the Share & Learn CoP please email info@ihpn.org.uk.

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Etienne and Beverly Wenger-Trayner 2015

Background

The case study related to a 61 year old lady who had been suffering from severe arthritis to her left hip for a couple of years which was impacting upon her daily life.

Decision agreed with patient to be listed for a total hip replacement.

Identified as having eczema & rashes from the eczema which was under control at pre-assessment. The eczema flared up on lower back on the day before operation.

Identified as MRSA+ during pre-assessment –MRSA suppression therapy prescribed pre-operatively.

BMI – 27.

Braden Pressure Ulcer Risk Assessment tool did not identify patient as a risk of pressure ulcer at pre-assessment.

Patient underwent a total hip replacement under spinal and sedation.

Day 1

3.40pm

- Patient taken to theatre for surgery.
- Surgery was carried out - lateral lying using a posterior approach under spinal anaesthetic.
- Theatre checklist identified eczema & rashes from eczema.
- Surgical duration 65 mins.

5.40pm

- Patient taken to recovery.
- Wound check every 5 minutes and documented.
- No documentation in relation to pressure areas/spinal site being checked.

6.30pm

- Patient returned to ward.
- Nothing documented in relation to pressure areas being checked.

10.30pm

- Patient stood and walked.

10.50pm

- A “blister” was noted on her lower back “about 12-13cm long – vertical in appearance, 4-5cm wide”.
- Pressure areas not assessed until 22:50 pm as documented on the risk assessment.
- “Patient reported not having any idea regarding blister”.

Post Operative Outcomes

- Patient remained in hospital for a further 3 days before being discharged home.
- Wound was categorised as a "blister".
- Patient required dressing changes at local practice every day/every other day for two months then carried out daily dressings herself for another 2 months (4 months post-surgery in total).
- Wound required antibiotics and delayed wound healing attributed to MRSA colonisation.
- The wound currently remains red and there is scarring.

The Braden Risk Assessment Tool

The Braden Risk Assessment Tool used prior to surgery did not trigger a pressure ulcer risk for the patient. The Braden Scale has a moderate predictive validity for pressure ulcer risk assessment and has been found to be more suitable for the mean age of <60 years, hospitalised patients, and the caucasian population. However, when assessing the same patient for pressure ulcer risk using the Purpose T and Waterlow tools the patient triggered a level of risk.

- **Learning:** The Braden Risk Assessment Tool in use for the surgical patient group did not identify risk as it does not highlight the risk of surgery on potential pressure damage.

Pre-operative Assessment and Admission process

Patient identified as having eczema & rashes from eczema particularly in her lower back at pre-assessment. Eczema identified as stable in PAC so theatres/ward were not notified. However, the eczema flared up the day before operation.

- **Learning:** Review current communication processes in place to escalate areas of concern in regard to a patient to appropriate personnel such as wards/theatres/Consultant.
- **Learning**: Skin integrity to be risk assessed, checked and documented on admission.
- **Learning:** Appropriate skin prep for wound and spinal site to be considered for use in patients with eczema.

Pre-Operative Testing

Patients BMI – 27

- **Learning:** Undertake HbA1c test at pre-assessment if considered appropriate for patient and in line with national guidance.

Staff training/competencies

There are no formal competencies or training in place for staff. Staff highlighted a lack of confidence in being able to identify and classify a pressure ulcer. This was evidenced by the term "blister" throughout the medical records and incident report.

- **Learning:** It is NICE recommendation that staff involved in assessment and diagnosis of pressure ulcers undergo relevant training.
- **Learning:** Ensure any current local training includes identification of pressure injuries, use of appropriate documentation/ assessment tools.
- **Learning:** Training for clinical staff in risk assessing patients for the risk of developing a pressure ulcer, managing patients at risk of developing pressure ulcers and identifying, classifying and managing pressure ulcers.

Tissue Viability Expertise

Lack of expertise (no Tissue Viability Nurse) leading to seeking advice from colleagues without formal Tissue Viability qualifications.

- **Learning:** Review access for staff to seek advice from a Tissue Viability practitioner to support complex wound management.

Pressure area care

An incontinence pad was used to cover the back support despite policy advising against this. Pressure area checks did not appear to take place on removal of the back support used.

- **Learning:** Consider a pressure area campaign to raise awareness.
- **Learning:** Consider auditing this process within the organisation.

Pressure area documentation

There are a lack of robust documented records of pressure area checks being carried out in theatre and on return to the ward.

- **Learning:** Consider barriers/enablers to pressure area checks such as staffing resources, hip dislocation, physiotherapy intervention and timing etc.
- **Learning:** Full body check to be undertaken and fully documented within the recovery and ward area.
- **Learning:** Consider auditing this process within the organisation.