



**July 2022** 

## Welcome to the Patient Safety Newsletter...

This month's shout out goes to Emma Reeve and the Responsive Services (RS) team in Brighton and Hove, who on 11/04/2022 set up a 4 week proof of concept "project" with the IC24 Roving GP service. Collaborative working was the focus in order to assess and stabilise patients, and once they were stabilised their ongoing treatment will be picked up by the core Responsive Services team or other healthcare services as required. The service will support patients at risk of deterioration and at risk of hospital admission, including patients already on the RS caseload and those being referred in as admission avoidance. The project aimed to established if having direct links with medical support would increase ability to manage higher acuity of patients within the community setting. A really great piece of work and we'll look forward to hearing the full evaluation!

Best Wishes,

Debbie, Charlotte, Hannah and Mary Jo

#### **Time is Tissue**

Critical limb ischaemia (CII) is an acute or chronic condition caused by a severe blockage in the arteries of the lower extremities, which reduces blood flow and perfusion to the legs.

Acute limb ischaemia is a sudden decrease in limb perfusion usually resulting from an embolism, thrombosis, or trauma. This is a clinical emergency which may result in limb loss or even life. The patient may present with pain, pallor (colour change), paraesthesia's (abnormal sensation to the limb), perishingly cold, pulseless and paralysis.

Needs immediate action.

Chronic limb ischaemia also known as peripheral arterial disease (PAD) is a chronic condition caused by atherosclerosis, hardening, and narrowing of the arteries over time due to a plaque build-up. A patient may present with intermittent claudication, pain, or numbness in the feet, absent or diminished pulse, discolouration to extremities, tissue loss or dry gangrene. If any signs of decline patient need's a vascular assessment i.e., doppler and referral to vascular. If patient systemically unwell or presents with wet gangrene that consider a dmission into acute.

### **Medical devices**

Medical Devices are working with Patient Safety to try and identify the issues with the Genius 2 and 3 thermometers. Please encourage staff to report using Datix and to return the device to EME for calibration and testing to help investigate the issue. Loan units can be arranged. Spot checks were also done in two ICUs, and it was found that the probelens on some of the Genius thermometers were not clean, with visible earwax indicating the cover was not used and smearing on the lens. The lens must be cleaned with Medipal Alcohol Disinfectant wipes only,

available from the PPE store, and allowed to dry before use. Please see the Medical Devices Page under the heading Training, Thermometer Training and download the file Cleaning and Decontamination of Genius Thermometers. There is also a file for Genius 3 Tips and Tricks.



#### **Patient Safety News Flash!**

Please do continue to contact The Patient Safety Team if you are interested in the upcoming investigation training (includes incidents and complaints) by emailing Debbie Johnson: deborah.johnson16@nhs.net or the team inbox: sc-tr.patientsafetyteam@nhs.net



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#### **The Patient Safety Strategy**

Implementing the new Patient Safety Strategy is under way at SCFT. Since it's publication the Patient Safety Team have been preparing for the new ways of working that the strategy implementation will require for us at SCFT. The strategy is being led by the National Patient Safety Team who have set time frames and provided guidelines for implementation of the different aspects. Recently, we reviewed each element of the strategy to identify the key actions required to fulfil the most ambitious elements of the strategy. There are lots of exciting changes ahead that will benefit all those affected by patient safety issues and incidents, patients and staff. The Patient Safety Team want to ensure that staff are fully involved, supported with these changes and kept up to date—so please look out for any announcements! More information about the strategy and plenty of other useful information can be found here.

#### **Professional Nurse Advocates**

The Professional Nurse Advocate (PNA) role was commissioned by Ruth May CNO in March 2021 and was introduced as a strategy to help staff following the recent unprecedented times of the previous 2 years. PNAs advocate and encourage clinical teams to lead on quality improvement, which in turn improves patient care. The course they undertake provides the tools for staff to become more self-aware, and the skills to be able to listen, support and challenge individuals to improve their ability to cope and manage in stressful situations, promoting an emotionally intelligent style of leadership (Proctor, 1988). To find out more please contact Julia Fairhall- Assistant Director of Nursing -Julia.fairhall@nhs.net or Sctr.communitypnanetwork@nhs.net.

# Mascot of the month— A Community Spirit

"Lily the <u>Penge East Station Cat</u> brought joy to so many people, she helped people to connect and her presence provided a sense of community. A human that knew her particularly well is the head of <u>Patient Safety Learning</u>, a charity and independent voice for improving patient safety. Patient Safety Learning has set up <u>the hub</u>, which just like Lily, creates a community for all those passionate about pa-

tient safety and provides networking opportunities and support. It is free to join and provides powerful combination of tools, resources, stories, ideas, case studies and good practice to anyone who wants to make care safer for patients. It is also increasingly being used as an informal source of research, collecting insights and perspectives from the 'patient safety front line' from both staff and patients. In her local area Lily was well known to thousands of people and through that brought people together. Currently, the hub has over 2,800 members from 980 different organisations and 78 different countries, showcasing a community that has come together for patient safety. Having a shared interest brings about that sense of community and can create a wonderful environment, whatever the shared interest is!"

