

Mid Cheshire Hospitals



NHS Foundation Trust

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ENDOSCOPY SERVICES

“Turning it Around”

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MEET THE TEAM



Mid Cheshire Hospitals **NHS**
NHS Foundation Trust

Team of the Month

Congratulations to
**Endoscopy Nursing and
Scheduling Teams**

for being named as Team of the Month for
April 2017

Tracy Bullock
Chief Executive

Dennis Dunn MBE
Chairman



THE ISSUE



- ❑ Complaint from a patient who had undergone an endoscopy procedure and was concerned and distressed that they felt that they were unable to withdraw consent during the procedure.
- ❑ The formal complaint procedure was followed and staff met with the patient and relatives to address the issues and concerns raised
- ❑ The team have implemented a number of local and national interventions to ensure patients fully understand the process around withdrawal of consent and to ensure high levels of patient satisfaction and safety going forward.

THE ISSUE cont...



- ❑ Learning has been shared nationally and locally. There has been a real focus on education and spreading awareness, both through patient consultation and patient information, by informing patients how to withdraw consent, and making this information as accessible as possible via national information leaflets, locally displayed information and discussions with healthcare professionals whilst taking consent prior to the endoscopy procedure.
- ❑ There is an ethos, in Endoscopy, of taking proactive steps to continually improve the service provided to users of the service and their relatives and carers. The nurses in the Unit are passionate about the quality of care delivered, and the senior nurses endeavour to create an environment in which this is encouraged. The patient is always at the centre of the service, and although receiving complaints can be unpleasant, the Unit strives to turn any negativity into a positive outcome going forward.

THE AIMS



- ❑ To educate and empower patients
- ❑ To improve patient experience and allow them to feel in control.
- ❑ To inform patients, and educate staff in the endoscopy unit, about processes and procedures around consent
- ❑ To disseminate learning as widely as possible (both internally and externally).
- ❑ To avoid any further incidents in relation to withdrawal of consent going forward
- ❑ To ensure high levels of patient satisfaction around consent and withdrawal of consent

This is a compelling example of how patient feedback can be used to inform change and improve experience for future patients.

WHAT WE DID NEXT ?

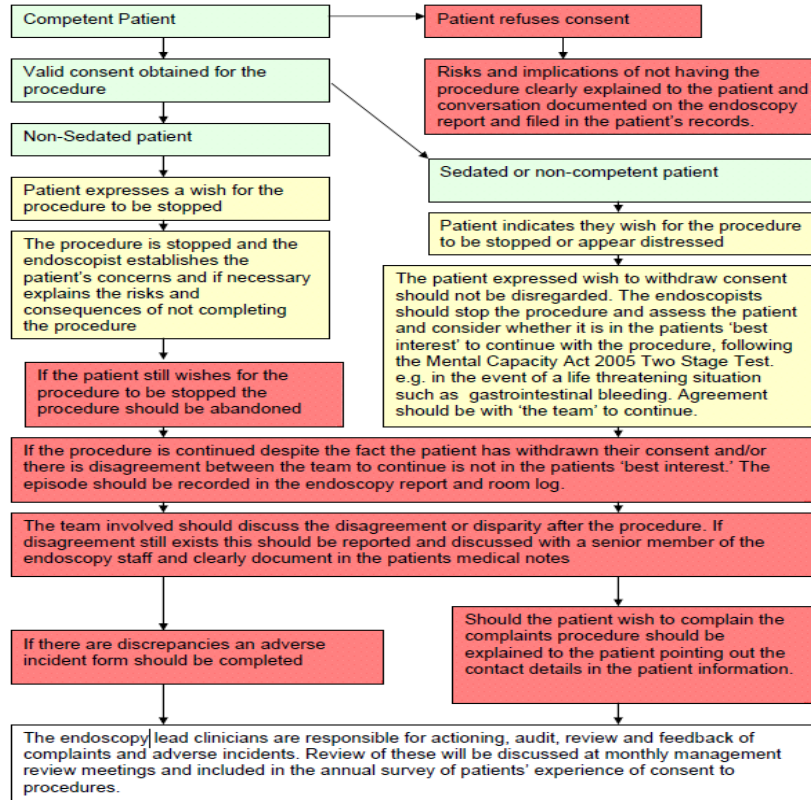


- ❑ Question added in response to patient complaint regarding withdrawal of consent (Q1.10)
 - ❑ 1.10. Was it clearly explained to you how to withdraw your consent during the procedure?

As a result:

- ❑ Flow chart in all procedure rooms
- ❑ SOP created
- ❑ EIDO leaflet change
- ❑ Q to remain in annual patient survey for ongoing monitoring

Guidance for Withdrawal of Consent for Adult Endoscopy Procedures
Summary:



The endoscopist will ask you to lie on your left side and will place a plastic mouthpiece in your mouth.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube in your nostrils.

If at any time you want the procedure to stop, raise your hand. The endoscopist will end the procedure as soon as it is safe to do so.

The endoscopist will place a flexible telescope (endoscope) into the back of your throat. They may ask you to swallow when the endoscope is in your throat. This will help the endoscope to pass easily into your oesophagus and down into your stomach. From here the endoscope will pass into your duodenum.

The endoscopist will be able to look for problems such as inflammation or ulcers. They will be able

- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is sterile so the risk is low but let the endoscopist know if you have a heart abnormality or a weak immune system. You may need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.
- Making a hole in your oesophagus, stomach or duodenum (risk: 1 in 2,000). The risk is higher if there is an abnormal narrowing (stricture) which is stretched (dilated). You will need to be admitted to hospital for further treatment which may include surgery.
- Damage to teeth or bridgework. The endoscopist will place a plastic mouthpiece in your mouth to help protect your teeth. Let the endoscopist know if you have any loose teeth.
- Bleeding from a biopsy site or from minor damage caused by the endoscope. This usually



Thank you for listening



Any questions ?