



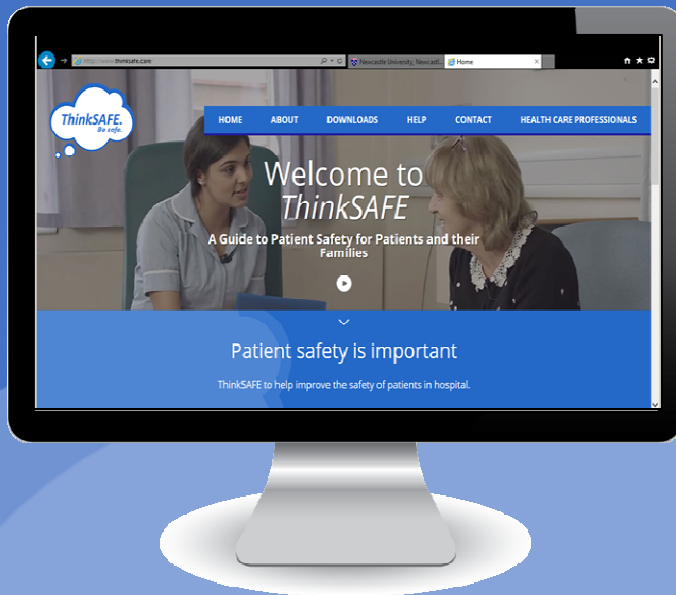
# The *ThinkSAFE* Implementation Package

## Supporting patients and staff to improve patient safety

Susan Hrisos, Yasmin Khan, Dave Green, Anna Richardson, Joanne Stout



# What is *ThinkSAFE*?



<http://www.thinksafe.care>

Twitter: @PSafetynewc

- Collaborative improvement of patient safety in hospital
- Grounded in service user & healthcare staff experience
- Underpinned by evidence, best practice & theory
- Supports service user/ professional interactions

# Knowledge

# Capability

### Patient Safety Guidance

- **Video** (8mins run time)
  - Demonstrates actions
  - Behavioural barriers<http://www.thinksafe.care>
- **Laminated Card**
- **Detailed Tip Sheet**

### Healthcare Logbook

- A5 Folder or mobile App  
<http://www.thinksafe.care>
- Integral tools & information
- Patient Safety guidance
- Question prompts & Tips

Strengthening the Foundation

### Staff Support

- **Training session**
  - Evidence & theory-based
  - Workbook: planning & rehearsal
- **Video**
  - Discussion of staff concerns
  - Reassurance
- **E-learning package**
  - Self-guided
  - Reflective practice

# Opportunity

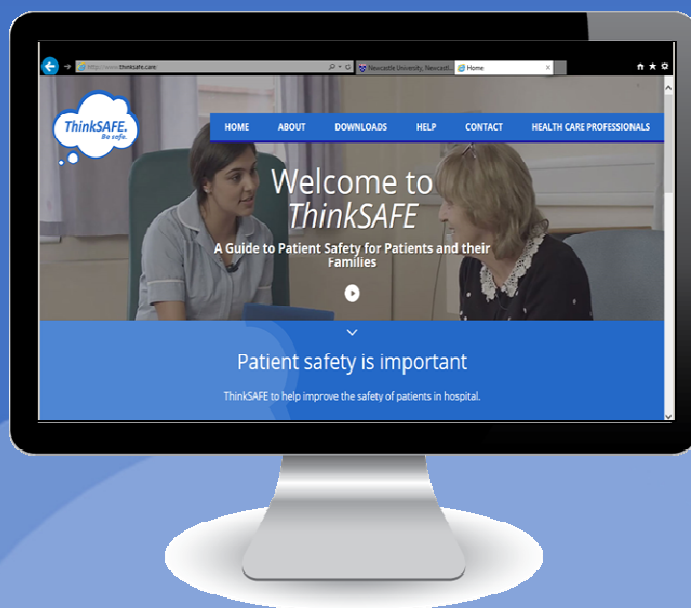
### Time to Talk

- **Opportunity**
- **Confidence**
- **Collaborative Culture**

# Safety.



# Implementation Package



<http://www.thinksafe.care>

Twitter: @PSafetyNewc

- **Dedicated website**
  - *Free resources*
- **Implementation Manual**
  - *Step by step guide*
  - *Implementation readiness*
  - *Monitoring & evaluation*
- **Detailed case studies**
  - *Five implementation Trusts*

The Newcastle upon Tyne Hospitals

NHS Foundation Trust



South Tees Hospitals

NHS Foundation Trust



City Hospitals  
Sunderland

NHS Foundation Trust



Our dedicated collaborators in the  
development of the  
ThinkSAFE Implementation Package



Northumbria Healthcare

NHS Foundation Trust





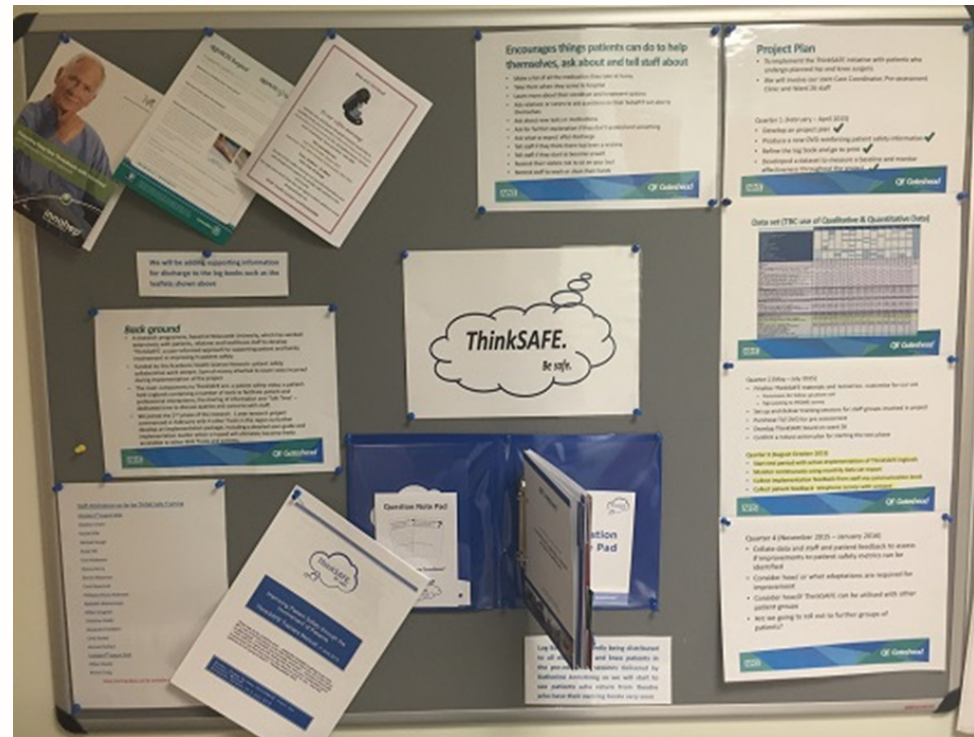
# *ThinkSAFE* Project



Anna Richardson, Ward Manager,  
Joanne Stout, Project Clinical Lead,  
Gateshead Health NHS Foundation Trust.

# Our approach to implementing ThinkSAFE

- Project implemented on an elective orthopaedic surgery ward.
- Patients selected for project all undergoing joint replacement surgery.
- Total logbooks handed out 235.
- 167 patients have had surgery.



# Making our logbook bespoke

**You are invited!**



**To our coffee morning!**

Arthritis Care and Queen Elizabeth Hospital would like to cordially invite you to attend a **Coffee Morning** on the fourth Wednesday of each month at the Springfield House, Durham Road, Gateshead, Tyne and Wear NE9 2BW.

Time: 10:00am - 11:30am  
Cost: free of charge

The aim of the coffee morning is to provide information and self-management support for people with arthritis in the community.

We hope very much that you can spare a short while to come along and join us.

RSVP: Cecilia Coulson on 07525833980  
E mail: [ceciliaC@arthritiscare.org.uk](mailto:ceciliaC@arthritiscare.org.uk)

**QE Gateshead**  
Says it best in our logo

**ARTHRITIS CARE**

**AQUACEL SURGICAL**

A patient's guide to AQUACEL® SURGICAL dressing. Hints, tips, and your questions answered.

**What kind of dressing have I been given?**

After your operation, the incision made by the surgeon was closed and covered with an advanced AQUACEL® Surgical cover dressing. This dressing consists of two main components - AQUACEL® dressing covered with conformable, waterproof DuckDerm® Extra Thin dressing.

**Why have I been given this dressing?**

AQUACEL® Surgical cover dressing is flexible, adding mobility and enabling you to move freely, because it is waterproof and bacteria proof. It protects your incision from heat, healing, and it allows you to shower or bathe. It also absorbs any post-operative bleeding from the incision while it heals.

**What should I expect from this dressing?**

The release of blood or fluid from your incision immediately after your operation is completely normal. AQUACEL® dressing absorbs this by getting in contact, so the dressing may expand slightly. Some discoloration of the dressing is also normal.

The images show normal dressing application and fluid absorption.

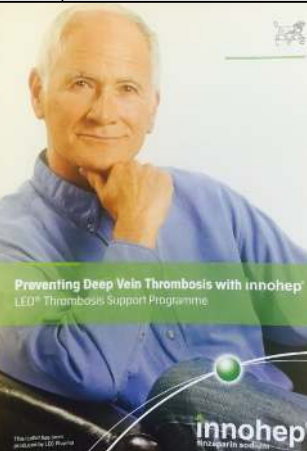
**Reasons you should contact the hospital for advice regarding your wound:**

- Wound begins to ooze blood or any other fluid
- The skin around the wound becomes red, spreading outwards and is constantly hot
- You experience unusual pain or colour
- The wound dressing has moved and the wound is visible

If your decision to undertake with this dressing you can contact the Convolet Customer Care Line on 0800 200 770 (24/7) or 0800 940 920 (9am-5pm).

**Convolet**

**Preventing Deep Vein Thrombosis with innohep®**  
LED® Thrombosis Support Programme



**innohep**  
Receptor in development

**QE Gateshead**  
Doing what others can't do

**Reducing Patient Falls whilst in Hospital:**  
Advice for Patients, Carers and Relatives

**Gateshead Health NHS**  
With Foundation Trust

**Caring for you**

**Preventing Venous Thromboembolism on Discharge from Hospital**

**QE Gateshead**  
Doing what others can't do

**Carers are welcome here**

We welcome the Carers of our patients in the ward. We would like to work in partnership with you.

If you are a Carer, please ask for a Carer's Passport and let the staff know who you are.

**I am a Carer**  
I am the main Carer for my patient and this card enables me to visit them outside of visiting hours.

**QE Gateshead supports John's Campaign**  
[www.johnscampaign.org.uk](http://www.johnscampaign.org.uk)

**JC**

# Our Staff's experience

'Patient involvement is key to ensure patients feel in control of their care. We must embrace & welcome questioning.'



'It is very important to share information between patients and staff.'

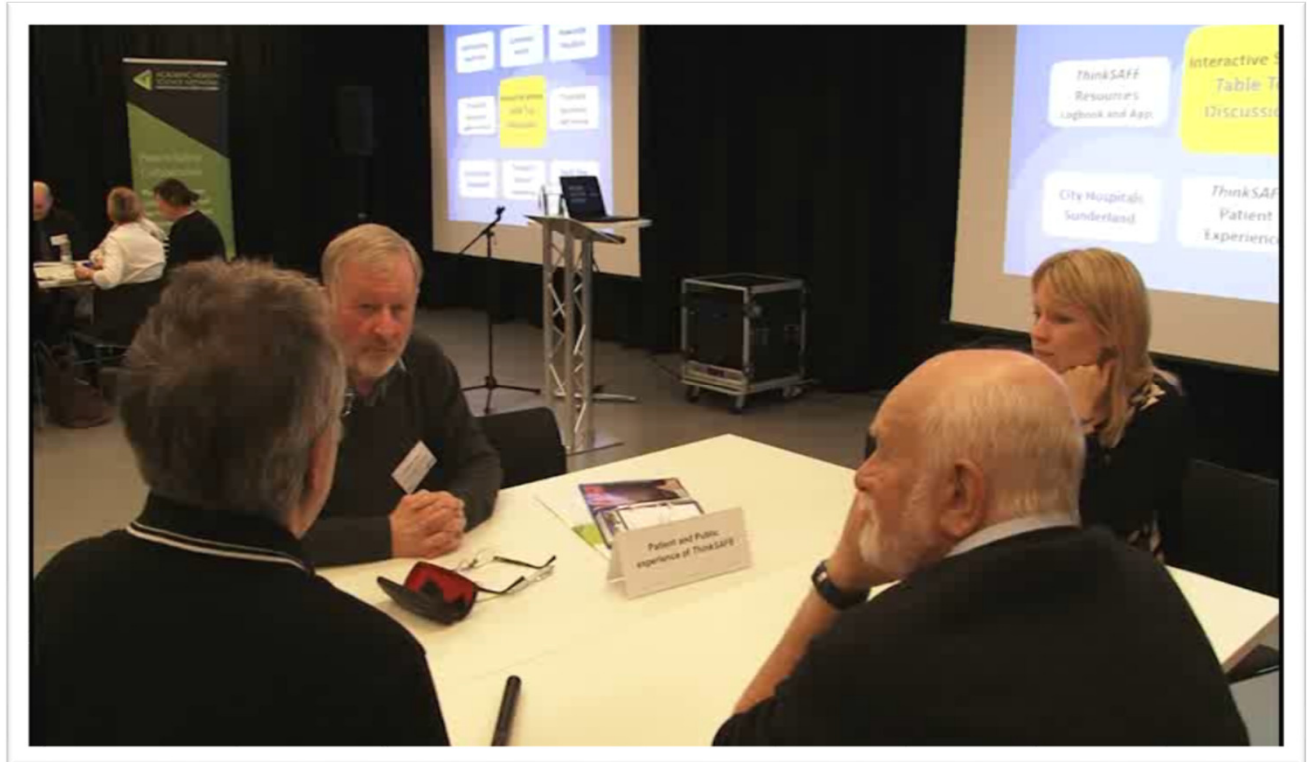
'It is essential to empower patients to be involved in their care.'

# Andy's Story

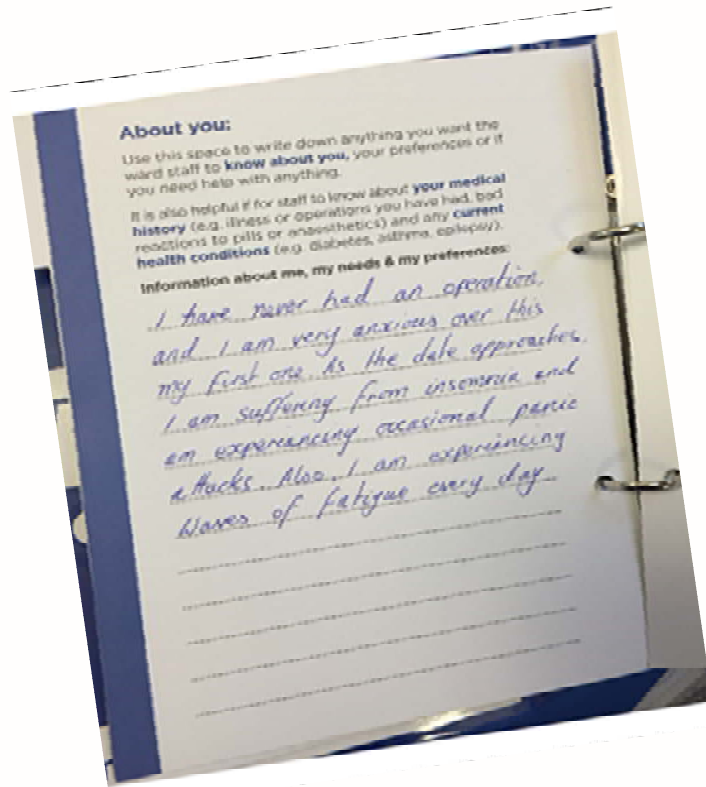


*Andy: a 61yr old gentleman who had a right knee replacement at the Peter Smith Surgery Centre in Sept 2015.*

- 'you know what is going to happen'
- 'you feel part of what went on'
- 'it's an interaction between the doctors, nurses....'
- 'it's not you and me, it's us!!'
- 'it's us going to get this done together'
- 'don't be frightened to ask'
- 'You'll heal quicker if you understand!'



# Responding to patient experience



- Overall the patient experience for the project was positive as you have just watched.
- Unfortunately we only were able to view the comments in this logbook post operatively .....
- *Lessons learnt:* At pre assessment we now signpost patients to contact relevant people to discuss their concerns or to visit the ward.
- We now plan to introduce *ThinkSAFE* on another surgical ward and within the IBD service. We are excited of its potential use for IBD patients during the transition from children's services to adults.
- We are continuing to monitor metrics such as patient safety incident and F&FT.

# External report of patient experience

Safe Care team & *ThinkSAFE* referenced in our CQC report published late February 2016!



|  |                      |
|--|----------------------|
| <p><b>Care Quality Commission</b></p> <p><b>Gateshead Health NHS Foundation Trust</b><br/><b>Queen Elizabeth Hospital</b><br/><b>Quality Report</b></p> <p>Saltwell Road, Gateshead, Tyne and Wear NE8 4PL Date of inspection visit: 29 September to 2 October 2015<br/>Tel: 0191 482 0000 Website: www.qegateshead.nhs.uk Date of publication: 24/02/2016</p> <p>This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.</p> |                      |
| <b>Ratings</b>   |                      |
| <b>Overall rating for this hospital</b>  | <b>Good</b> ●        |
| <b>Urgent and emergency services</b>   | <b>Good</b> ●        |
| <b>Medical care</b>  | <b>Good</b> ●        |
| <b>Surgery</b>   | <b>Good</b> ●        |
| <b>Critical care</b>   | <b>Good</b> ●        |
| <b>Maternity and gynaecology</b>   | <b>Outstanding</b> ☆ |
| <b>Services for children and young people</b>  | <b>Good</b> ●        |
| <b>End of life care</b>  | <b>Good</b> ●        |
| <b>Outpatients and diagnostic imaging</b>  | <b>Good</b> ●        |

## Surgery

We saw evidence of information from patient experience (PCE) and the associated action plan, which included evidence of all new, planned falls with harm and new pressure ulcers. The results were displayed on boards on all wards and there were no repeat. Monitoring took place during routine meetings followed by communication sharing with wards and departments.

There were three urinary tract infections, two new venous thromboembolisms (VTEs) from July 2014 to July 2015 reported. Safety thermometer information showed 86.7% from this care.

Pressure ulcer data was provided over a twelve month period. 57 were graded at level two, 16 at level three and 14 at level four. These figures incorporate all medical wards including cardiology, gastroenterology and general medicine.

There were no new pressure ulcers reported at grade two during the same period and only 2 at grade three. Ward 9 showed an increase in May 2015 to June 2015 in falls incidents and investigations had showed that one complete patient fell 12 times, all recorded as harm free. There were six instances of patient harm from falls on Ward 9 in the 12 months to July 2015.

We found work had been carried out to minimise the risk of falls for patients by using fall pads, monitors, non-slip socks, and the use of a new falls risk assessment, which identified those at risk of falling by placing a "falling star" sticker on the patient name board.

A 'ThinkSAFE' project was in progress within the pre assessment unit and TIS addressing falls risk. Falls prevention information was held within the patient logbook, which was created with the specialist falls nurse.

Pressure damage was the most commonly reported incident on Ward 14. The new evidence of the implementation and sharing of action plans with the multi-disciplinary team. Multiple staff groups had been involved in the work including the senior management, Practice Development Team and Trauma Viability Forum (TVF). All attended weekly meetings to review pressure damage audits.

## Cleanliness, infection control and hygiene

Infection control information was visible in all ward and patient areas.

100. The ward manager and the joint care coordinator attended most meetings to answer questions and offer support. They were able to signpost patients to the appropriate clinical pathway.

## Are surgery services responsive?

100. The joint care clinic was attended by a multi-disciplinary team, which included an orthopaedic physiotherapist, a nurse, and the joint care coordinator to provide a 'one-stop' clinic.

There were steps in place available for Green Group patients to allow their pre-assessment to take place immediately after their outpatient consultation.

The trust worked in partnership with other trusts to improve financial sustainability.

## Surgery

We were responsive to good because:

The hospital had an escalation policy and procedure to deal with busy times and rotations and ward managers held weekly meetings to monitor bed availability.

The Emergency Admissions Unit provided a rapid assessment of patients through identified care pathways. The service was responsive to the needs of patients living with dementia and learning disabilities. Ward 9 wards had dementia champions. There was access to an independent mental capacity advocate (IMCA) for when best interest decisions were required.

Patients were treated based on national guidance and enhanced recovery fast track pathways were used. Therefore worked closely with the nursing teams on the ward and staff told us they had good access to physiotherapy, occupational therapists, and speech and language therapists.

Complaints were handled in line with the trust policy and discussed at monthly staff meetings. The highlighted that training needs and learning was identified as appropriate.

**Service planning and delivery to meet the needs of local people**

The trust was actively working with commissioners to provide an appropriate level of service based on demand, complexity and sustainability requirements. This included changes to secure and surgery activity.

To ensure services were cost effective the trust introduced items used to measure and identify areas of waste. Satellite clinics opened from Raydon, Worsley, and Washington to enable closer to home access to services for patients.

The joint care clinic was attended by a multi-disciplinary team, which included an orthopaedic physiotherapist, a nurse, and the joint care coordinator to provide a 'one-stop' clinic.

There were steps in place available for Green Group patients to allow their pre-assessment to take place immediately after their outpatient consultation.

The trust worked in partnership with other trusts to improve financial sustainability.

The trust used the latest safety thermometer and performance control, which included evidence of all new, planned falls with harm and new pressure ulcers. The results were displayed on boards on all wards and there were no repeat. Monitoring took place during routine meetings followed by communication sharing with wards and departments.

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## Cleanliness, infection control and hygiene

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# 'In 2016, the NHS must harness the power of staff and patients.'

*'The health service exists to improve the health and lives of millions of people every year.'*

**At the heart of this process is the individual interactions between our staff and the public.**

*Our task is to make these interactions, of which there are hundreds of millions each year, better reflect the lives of people and deliver better outcomes.'*



**Rob Webster**

Chief executive of the NHS Confederation

*In the Guardian Healthcare Network, 19<sup>th</sup> January 2016*



# The *ThinkSAFE* Implementation Package

## Supporting patients and staff to improve patient safety

**Project team:** Dr Susan Hrisos, Professor Richard Thomson, Ms Yasmin Khan, Mr Dave Green  
**NHS Trust collaborators:** City Hospitals Sunderland, Northumbria Healthcare, Newcastle Hospitals,  
QE Gateshead, South Tees Hospitals

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# Acknowledgements

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- **Mr Peter Walsh (CEO) & Dr Angela Brown (Trustee)**, *AvMA*
- **Dr Mike Casselden**, *former WHO Patient Safety Champion*
- **Mr Dave Green**, *Public Participant & ThinkSAFE team member*
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- **Annie Laverty**, *Director of Patient Experience, NHCT*