**NHS**

**Royal Cornwall Hospitals**

**NHS Trust**

# Patient Safety:

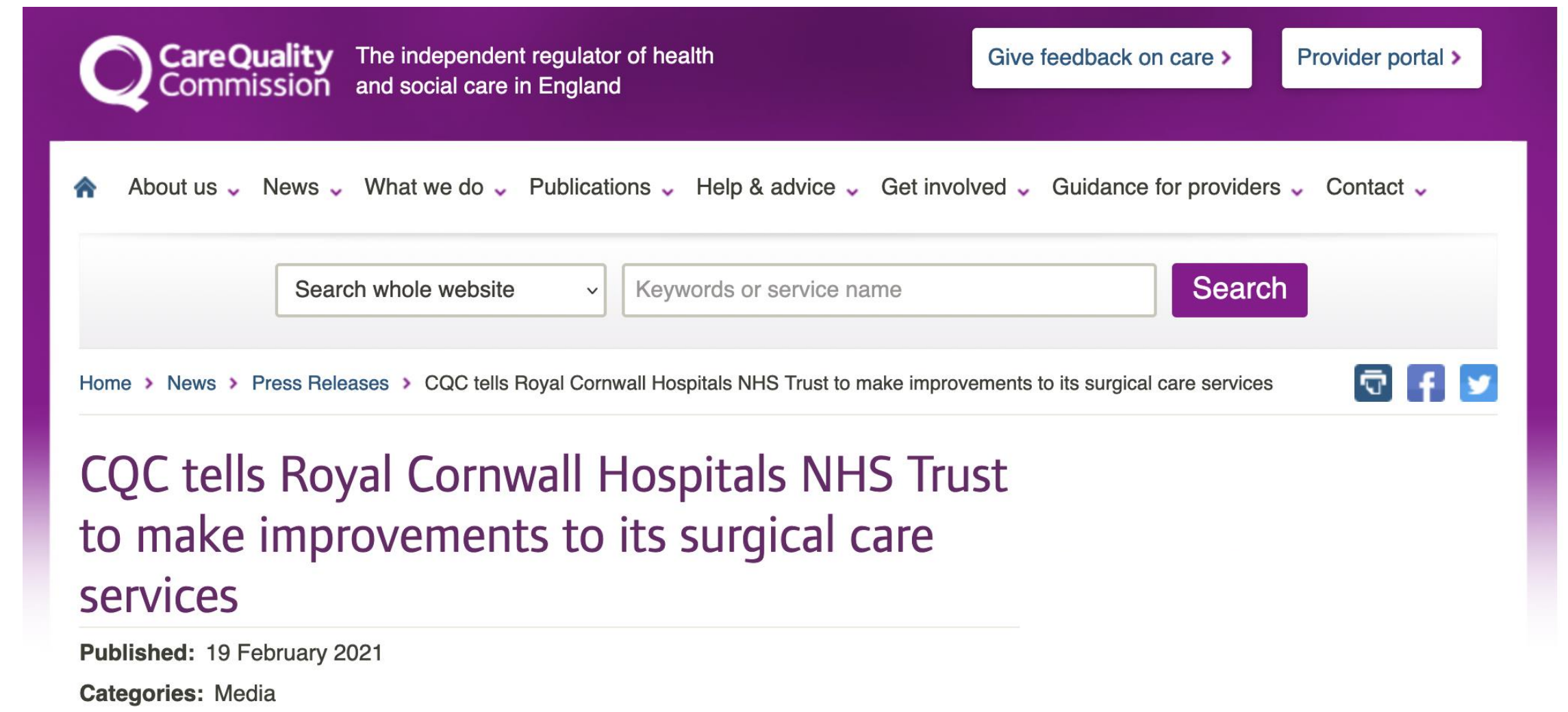How lessons learned in theatre can be transferred to the ward.

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# Introduction/Aims

- Our Trust has made significant improvements to surgical care following Care Quality Commission requirements.[1]

- Medical wards had experienced patient safety incidents and newly implemented processes in surgery could have crossover benefits.

- Following guidance from NHS England National Safety Standards for Invasive Procedures (NatSSIPS),[2] Local Safety Standards (LocSSIPs) were developed for four procedures in acute medicine:

    - Lumbar puncture.
    - Midlines insertion.
    - Pleural procedures.
    - Abdominal paracentesis.



CQC tells Royal Cornwall Hospitals NHS Trust to make improvements to its surgical care services

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# Challenges/Methods

- **Theatres vs the Medical Wards: the challenges:**

  - Unpredictable clinical need driven invasive procedures.
  - Non sterile and constantly shifting physical environment.
  - More junior staff undertaking procedures.
  - Larger pool of procedure operators with different competencies.
  - Less controllable consumables, training and paperwork.
  - High turnover of daily staff area with unpredictable team.

- **Rather than a single strategy multiple areas were targeted:**



*Fig 1: Domains targeted to improve safety performance.*

# Methods

**Documentation**:

Formalisation of procedural documentation including:

- Operator competency register.
- Trainer competency register.
- Simulation training register.
- Consumable sign out register.

**Consent and Patient Information Standardisation:**

- Procedure specific pre-populated consent forms developed.
- Patient procedure specific information packs created.

**Governance**:

- Development of LoSSIPS policy that united all aspects of safety system.
- Creation of annual rolling audit process and reporting of key events through DATIX and departmental governance meetings to ensure standards maintained.

Documentation

Consent and Information

Governance

# Methods

**Checklists:**

Standardised procedure specific check lists created including:

- Adapted for single operator ward based procedures.
- Sign in, time out and sign out preserved.
- Specific procedural information.
- Equipment list.
- Post procedure care handover and instructions.

**Environment and Equipment:**

- Specific procedure rooms identified with appropriate facilities.
- Procedure equipment packs created with restricted access to competent operators.
- New stores control system implemented with consumables issued on a named patient basis.

**Education and Training:**

- Creation of list of authorised competent clinicians.
- Increase in formalised training with learning outcomes, competency sign-off process, simulation of skills and record keeping.
- Identification of competent trainers and assessors.
- All medical staff requested to complete WHO safe surgery training package.

Checklists

Equipment and Environment

Education and Training

# Results/Conclusions

1. In the 12 months since the introduction of these processes there have been no further patient safety incidents involving invasive procedures on the medical wards.

2. 93% of invasive procedures audited (n=63) had completed checklists.

3. The Trust has not suffered any further Never Events.

4. Lessons learned from the well established safety culture inherent to modern theatre practice has been effectively transferred to a medical ward environment without creating an onerous system of operation.

# Areas of Learning

1. Control of stores and issue of consumables on a named patient basis requires lock down which adds a level of complexity and time to the procedure.

2. Unable to successfully protect the procedures room which was correctly resourced with technical and emergency equipment from inpatients during admission surges.

3. Managing the various documentation that support LocSSIPs requires a nominated "clinical safety champion" to ensure currency.

4. Adapting the WHO checklist for the medical wards was a challenging concept for the Safe Surgery team who were concerned about diluting its evidence based credentials.

# What's next?

1. Roll out across the medical speciality wards.

2. Increase provision of Invasive Procedure clinical skills events.

3. Consider Clinical Skills Fellow role in Acute Medicine to act as "Clinical Safety Champion."

4. Provide safety culture information early during doctors' inductions.

5. Explore technological solutions for consumables and stores control such as ID badge access.

6. Continue to audit IP safety annually.

# Questions?

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References:

1. Care Quality Commission. Press release: CQC tells Royal Cornwall Hospitals NHS Trust to make improvements to its surgical care services. Available from https://www.cqc.org.uk/news/releases/cqc-tells-royal-cornwall-hospitals-nhs-trust-make-improvements-its-surgical-care (accessed 21 January 2022).
2. NHS England. National Safety Standards for Invasive Procedures (NatSSIPs). Available from https://www.england.nhs.uk/wp-content/uploads/2015/09/natssips-safety-standards.pdf (accessed 21 January 2022).