



PATIENT SAFETY
AWARDS 2020

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HSJ

PROJECT SHOWCASE

PATIENT SAFETY INNOVATION OF THE YEAR

WINNER



OXFORD AHSN, OXFORD UNIVERSITY HOSPITALS FT, ROYAL BERKSHIRE FT, HEALTH EDUCATION ENGLAND, E-LEARNING FOR HEALTHCARE AND OXSTAR

USING 'REAL FETAL HEART SOUNDS' AN INNOVATIVE SOLUTION TO TEACHING AND ASSESSING COMPETENCY IN INTERMITTENT AUSCULTATION: IMPROVING SAFETY FOR LOW RISK MOTHERS AND BABIES IN LABOUR

Two consultant midwives in Oxford and Royal Berkshire Hospitals who teach an 'intelligent' approach to IA based on physiology (understanding a baby's response to stress in labour) were astonished at the variation in midwifery practice of IA.

In 2017 integration of 'real' fetal heart sounds in their teaching enabled assessment of accuracy and competency of IA. This innovative approach has enabled midwives and student midwives to listen 'intelligently' to identify those babies at risk of deterioration in labour for whom rapid escalation of care is critical to improve safety. Goals of this project were to convert the teaching programme into an e-learning package enabling national dissemination and inclusion in mandatory training timetables, and to ensure equity and improve safety for mothers and babies.

JUDGES COMMENTS

The judges felt that this winning innovation has the potential to positively impact a significant number of individuals across the country, with clear benefits to both staff and patient outcomes. It is already starting to become best practice and is clearly outstanding work that has already been well received by users and associated stakeholders. The project leads demonstrated a thirst for expansion and wider sharing of the benefits of the project.



PATIENT SAFETY INNOVATION OF THE YEAR

HIGHLY COMMENDED



NHS Lanarkshire The Patient Transfer Scale

The Patient Transfer Scale was developed to provide healthcare professionals the tools for accurate treatment, and to provide education for improved patient outcomes. Invented by NHS Lanarkshire Nurse Gillian Taylor, The Patient Transfer Scale is the solution to weighing immobile patients quickly and easily. Utilising the existing process of lateral transfer from trolley to trolley or bed to bed; the 'PTS' means clinicians no longer have to estimate a patient weight prior to treatment. The Patient Transfer Scale is now in use in 60% of UK Trusts and 33 countries worldwide.

JUDGES COMMENTS

The judges felt that this product has a huge potential impact on the safe administration of medication, particularly within the most vulnerable cohorts of patients (children and frail older people). As it is already in 60% of hospitals their ambition to achieve 100% adoption seems achievable. The patient transfer scale is a simple but valuable innovation that has a rational use in clinical practice.

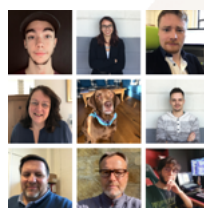
FINALISTS



Doncaster and Bassetlaw Teaching Hospitals FT Sharing How We Care: A Monthly Patient Safety Newsletter and Annual Conference

To improve patient safety, the trust also needed to also improve communication. This was also a theme from staff who regularly said they didn't get feedback from incidents they report. In 2018, the trust held their first Sharing How We Care conference to include Trust staff in how to share learning from innovation across the Trust. This was followed by a monthly patient safety newsletter, started in September 2018. To compliment staff communications, new bedside information folders were also developed.

To ensure better information for patients and families on ward areas, the trust also developed Sharing How We Care for you Welcome Boards, using QR codes to signpost patients and families to specialist support for the clinical area.



Focus Games and NHS Partners FluBee Game

Engaging with staff is the starting point for any vaccination campaign. This especially important for staff with doubts about flu or the vaccine.

In 2016 Focus Games worked with Joan Pons Laplana and James Paget University Hospitals to develop a digital game that would engage staff and challenge common myths. It was called Flu Bee Game.

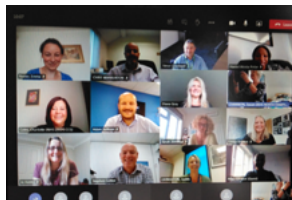
The game improves vaccine uptake by engaging staff on their phone. It does two vital jobs:

1. Challenges common misconceptions
2. Tells staff where to get vaccinated

Since 2016 the game has been used in over 40 NHS trusts and 300 care homes.

PATIENT SAFETY INNOVATION OF THE YEAR

FINALISTS



National Home Oxygen Safety Committee and North Hampshire CCG

Reduction in fatalities following the introduction of the Initial Home Oxygen Risk Mitigation form to all new patients on Domiciliary Oxygen

Home Oxygen can be ordered by any registered healthcare professional in England and Wales. No specialist training is required to request Home Oxygen and there was previously no mandatory clinical evaluation of safety or risk before oxygen was requested for patients.

This project started as a risk assessment tool for one CCG, it grew into a regional form and we then set out to change national behaviours by developing a mandatory risk mitigation form that would be completed by all healthcare professionals before requesting a patient's home oxygen for the first time. This resulted in the IHORM which was introduced for mandatory use from 1st August 2017 and is now used in Wales too.

The Team – Gentamicin Calculator



world class expertise + local care

Royal Free London

Royal Free London FT Gentamicin Dose Calculator

Gentamicin is the first line antibiotic at the Royal Free London NHS Foundation Trust for indications such as sepsis. The gentamicin calculator, within the Electronic Patient Record,

was developed with Cerner with the aim to reduce dose error rates to zero across the Trust. The calculator was deployed in November 2018 and calculates the dose of gentamicin based on either actual body weight or dose corrected weight (depending on patient factors).



Salford Care Organisation, part of the Northern Care Alliance Group

Medicines Related Admissions: Identifying and preventing medicines related harm across care boundaries

The Medicines Related Admission (MRA) project was developed by Salford Integrated Medicines Optimisation Team (SIMOT) to assist with achieving its aims of improving medicines safety and optimisation across care boundaries. Where adverse medicines events result in admission to Salford Care Organisation they are recorded quickly using an 'MRA order' which can be requested for a patient in seconds. The data gathered from the use of the MRA order is used to identify and reduce harm from medicines across care boundaries in Salford, and where adverse drug reactions are identified to improve reporting to the MHRA via the Yellow Card scheme.

PATIENT SAFETY

DISTRICT NURSING SERVICE REDESIGN

'A service fit for the FUTURE'



Tameside and Glossop Integrated Care FT An Innovative Approach to District Nursing Service Redesign – A service fit for the future

Nationally, it is acknowledged that data quality in District Nursing Services is poor with no agreed national safer staffing levels. There is a national crisis in relation to valuable workforce evidence due to the lack of complexity tools available to identify levels of care to meet the needs of an ever ageing population with complex co morbidities, polypharmacy and a myriad of psychosocial needs. The Complexity and Dependency Tool was developed and integrated into the Trust EPR and was mandated to be populated at every new patient assessment to allow early identification of complexity level. This ensured that staff with the right skillset provided the care at the right time to ensure the best possible outcome for the patient.



West Midlands AHSN, University of Birmingham, Birmingham Women's and Children's FT, NIHR ARC West Midlands and The Royal Wolverhampton Trust BSOTS - Birmingham Symptom Specific Obstetric Triage System

Prior to the development of BSOTS there was no standardised triage system for women presenting to maternity services with urgent concerns. BSOTS is a specific maternity safety tool for triage departments which was co-designed by clinicians and researchers to facilitate clinical prioritisation and improve safety. It consists of a prompt and brief assessment (triage) of women on presentation and a standardised way of determining the clinical urgency in which they need to be seen. The system is easily understood by women and maternity staff and facilitates clear communication, as it mirrors the well-established triage systems used in emergency departments.

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