# PATIENT SAFETY AWARDS 2020 Brought to you by HSJ HSJ

## PERIOPERATIVE AND SURGICAL CARE AWARD





### THE DUDLEY GROUP FT A SUCCESSFUL INITIATIVE TO IMPROVE PRE-OPERATIVE IRON DEFICIENCY ANAEMIA

International consensus and existing best practice advocates treating all surgical patients with pre-operative iron deficiency anaemia. When oral iron supplementation is contraindicated or impeded by time constraints, intravenous (IV) iron administration is recommended. The Dudley Group NHS Foundation Trust has developed a unique IV iron service with community-based administration.

Recognising that Dudley Group had a successful community IV team, a multidisciplinary working group was organised. The main aims of the group were to improve safety, clinical outcomes, transfusion rates and patient experience for those suffering from iron deficiency anaemia undergoing major surgery.

#### JUDGES COMMENTS

The judges felt that this project was a great common-sense intervention, and a strong example of using all members of the healthcare team to deliver an important pre-operative therapy. Whilst fairly small scale at present, this project has fantastic spread potential, depending on local community nursing availability.



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### HIGHLY COMMENDED



#### South Tees Hospitals FT The Empty Recovery Concept

This entry describes a new process called the "Empty Recovery", it involves moving the static group of recovery staff into the theatres so that each theatre has two anaesthetic ODPs and the recovery area is empty except for a co-ordinator. Both anaesthetic ODPs attend the Safety Briefing with the theatre team but take it turns to assist the anaesthetist and support throughout the operation, the ODP then recovers the patient at the end of the operation in the recovery room staying with same patient throughout their journey.

#### JUDGES COMMENTS

The judges felt that this was a valuable model, particularly in an era of reduced staffing levels and whilst there is a need to limit staff-to-patient interactions. The project shows a good use of scarce resources and is potentially applicable to wide range of surgical theatres.

#### FINALISTS



Great Ormond Street Hospital for Children FT The NatSSIPs 8 e-Learning Module

The team produced an e-learning module released through our hospital online training environment (GOSH Online Learning & Development) aimed at all staff involved in invasive procedures. The module had the objectives of understanding the rationale for the use of safety checklists; gaining an awareness of the NHS England 'National Safety Standards for Invasive Procedures' NatSSIPs and the GOSH Safety Standards for Invasive Procedures; learning the key steps to safe performance of invasive procedures; gaining insight and learning from recent incidents at GOSH; familiarising staff with the laminated checklists in use across the Trust and demonstrating integration of the checklist with the electronic patient record.



Manchester University FT Pharmacy led peri-operative medicines optimisation: The Enhanced Surgical Medicines Optimisation Service

Providing optimal peri-operative care to surgical patients is challenging. In 2014, a pilot study of 100 patients was conducted as part of a NICE fellowship to investigate the impact of a dedicated surgical pharmacy service on the incidence of post-operative complications and length of stay in patients undergoing lower gastro-intestinal (GI) surgery. By optimising patients' pre-existing medical conditions prior to surgery and providing individualised patient care after surgery in accordance with published NICE guidance on medicines optimisation, there was a reduction in the number of post-operative complications and hence subsequent length of stay in the group of patients.



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### FINALISTS



#### Manchester University FT and Spire Manchester Hospital NHS and Independent Sector Thoracic Service Collaboration

Spire Manchester Hospital, alongside Manchester Foundation Trust - Wythenshawe Hospital; have undertaken a new service aimed at supporting waiting lists at the Trust for patients who have been diagnosed with lung cancer. By implementing robust patient pathways and processes, and working closely with Wythenshawe Hospital, the team aimed to introduce thoracic surgery both safely and efficiently into the hospital.

This project made tangible advancements to the safe care of patients because although Spire Manchester had the capacity to safely carry out this service, they had never undertaken thoracic surgery before. It was a completely new service and there was a lot of new infrastructure that relied on collaborative working.



#### Salford Royal FT Preoperative Gold Spinal Marking To enable Correct Site Spine Surgery

Spine surgery faces unique challenges in getting to the correct site for surgery. The team came across a promising technique from another field of medicine to enable to better localization of the correct level. This involved a gold injection technique used in cancer, for radiotherapy planning in Scandinavia. The team adapted this for spine marking and have now got a robust and accurate system for preoperative marking of the spine. Gold has the advantage that unlike many other materials, it can be seen on Xray, CT and MRI and hence we can make sure that the marker is indeed in the correct position using any of these modalities. The ambition is to now roll this out across the UK as well as the rest of the world!



#### Tameside and Glossop Integrated Care FT Surgical Ambulatory Care Unit (SAU)

The SAU at the T&GICFT is a newly formed unit aimed to support patients attending the ED with surgical conditions. The overall aim of the service is to provide rapid assessment, diagnostics and treatment to patients by the most appropriate clinical professional, in an area outside of the ED. The ultimate ambition of the project was to avoid unnecessary acute surgical admissions and improve our patient's experience of surgical pathways.



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