



Sharing how we care

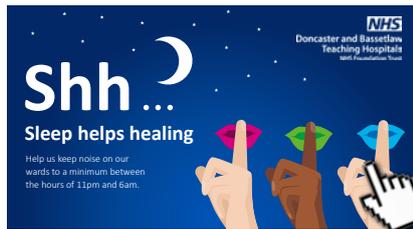
shh Sleep Helps Healing

We all know that we function better after a good night's sleep. For our patients sleep is even more important to help healing and avoid preventable harm. It only takes 24 hours of poor sleep and malnutrition for (even young, previously fit and well) patients in hospital to feel affected.

These stressors alone can result in acne, fatigue, oral ulcers and impaired judgment—conditions that in the presence of illness can worsen or obscure the clinical picture being evaluated by clinicians.

In frail patients, the stressors of sleep deprivation and malnutrition are magnified further, and, in conjunction with the stress of the patient's underlying medical condition, can overwhelm a patient's physiological reserve and lead to or worsen complications.

What can we do?
To help patients sleep at night- there is a lot we can do to reduce unnecessary noise. Our colleagues at South Tees have recently shared work they have done to help support patients getting a good night's sleep, which we are launching at DBTH.



Where can you get the posters?
You can download them by clicking the image above, however watch out for the pull up banners and teams coming to chat to you about reducing noise at night in your areas.

Protected Sleep Time

Staff Guidance for these hours between 11pm to 6am

Alarms and infusion machines

Ensure they are in an accessible position to enable prompt access to see and address the problem.

Be mindful of speaking volume

Reducing the volume at which you speak can ensure the patient has a more rested night.

Bins

Please be aware that not all bins are soft closing.

Equipment

Use any equipment quietly and ensure in good working order.

Footwear

Ensure soft soles on footwear.

Nurse call bell

Be prompt when answering the nurse call bell.

Lighting

All bay lights to be dimmed/turned off by 11pm unless there is special circumstance or an emergency.

Noise Issue

Encourage the patients on admission to report any noise issue so it can be addressed professionally and quickly. Encourage patients to be mindful of others.

Normal routines

On admission complete ADL assessment and ask patients about normal sleep routines and try and keep the patients routine as normal as possible.

Patients

If there is a highly agitated and confused patient within a bay of others consider extra support for this patient and consider transfer to a side room if available and deemed safe to do so.

Physiological observations

Complete and record in accordance with acuity of illness.

TV / radio / mobile phones

Encourage patients to turn off after 11pm, if not willing encourage using headphones and turning mobiles to silent. For those areas that do not have single patient TVs, ensure volume is adjusted accordingly and all patients in the bay agree.

Ward phones

Try to answer ward phone efficiently and eliminate unnecessary ringing that could disturb patients.

Shh ... Sleep helps healing

Person Centred Care at DBTH

When focusing on patient safety, we often focus on acute adverse events (such as falls, infection, pressure ulcer or missed medication).

Do we spend too long trying to work out what's the matter with a patient rather than what matters to them?

We have now trained 1207 DBTH staff on our person centred care day.

Attendees receive education on Falls and Dementia (to HEE tier 2) amongst other helpful advice to reduce avoidable harm and make the patient experience better. Thanks to a micro grant from Healthwatch Doncaster – we can issue all attendees with helpful lanyard prompt cards containing information from the day.

2019 Dates [Click here to access dates for the Person Centred Care Study Day 2019](#)

Download our Person centred interventions toolkit that explains how to reduce patient harms and improve patient experience.

Person centred interventions to reduce patient harms and improve patient experience		Doncaster and Bassetlaw Teaching Hospitals	
Use 'This is Me' ID cards	Remove Unnecessary Devices	Good Wound Care	Advanced Care Planning
Say 'Hello My Name Is...'	Pain Control	Eyes, Ears, Teeth	Bladder and Bowels
Hydration and Nutrition	Medication Review	Regular Toilet	Early Multi-disciplinary Team involvement
Enhanced Care Plan	Demementia Friendly Environment	Achieving Reliable Care (ARC)	
Healthy Sleep Environment			

By Making Mealtimes Matter, our wards and departments do all they can to ensure patients receive their meals in a way they will be familiar with.

Creating social dining areas (or even pushing bedside tables together) can create different ways to encourage patients to eat and drink more.

All our Nutritional link nurses are making display boards in their areas to help promote what they are doing in Making Mealtimes Matter. Judging will take place during Nutrition and Hydration week (week commencing 11 March 2019). Sodexo have offered a 1st, 2nd and 3rd prize for the best ones. The prize will be presented at the Nutrition Link nurse meeting on 22nd March. Watch out for the winning teams work!





Learning from Clinical Audit and Effectiveness

Clinical audit is a way to find out if the care we give is good enough and in line with national or local standards. It helps us and our patients know where a service is doing well, and where there could be improvements.

During 2017/18 the Audit and Effectiveness team supported and coordinated our Trust staff in the audits below:

Audit & Effectiveness 2017-18



241 Local audits registered



26 National audits



98.9%

of NICE guidelines released/ updated during 2017-18 were responded to within 21 days, inline with Trust policy.



85.5%

compliant with NICE guidelines



Best practice tariff achieved for COPD patients



Development of **Care Group Audit Dashboards**

Clinical Audit Awareness week ran 19-23 November and the clinical audit team ran a special award for the audit hero of the year.



The nominees were:

Dr Sanjay Sinha, Emergency Locum Consultant
For arranging and overseeing a large numbers of audit projects, supporting trainee and junior doctors.

Jennie Harris, Children's physiotherapist
for being proactive in getting others involved in the area, encouraging them to join in audit projects and offering help when and where it is needed.

COPD Team

This team worked collaboratively across sites and wards to improve the compliance of the COPD audit.



**The winner is:
COPD team**

Clinical Audit Hero's of the Year

Their efforts have resulted in better quality of care for patients and improvements in achieving best practice tariff, which financially benefits the Trust.



Message of the month

A recent incident has been reported where a patient was diagnosed with right leg Deep Vein Thrombosis (DVT). She was also noted to have dysphagia and referred for urgent oesophago-gastroduodenoscopy (OGD).

This meant that the procedure needed to be performed within 2 weeks as there was a suspicion of serious illness causing the dysphagia. To prepare for the procedure, the patient was advised to stop taking her treatment for VTE the day before, due to the risks of potential bleeding with endoscopy and biopsies.

The patient subsequently became unwell on the morning of the OGD and was diagnosed with a large Pulmonary Embolism (PE). In this instance, although guidance was followed, stopping recently started anticoagulation led to a serious complication.

For cases like this, where the risks and benefits of suspending anticoagulation are complex, please ensure a discussion with the relevant clinician has taken place.

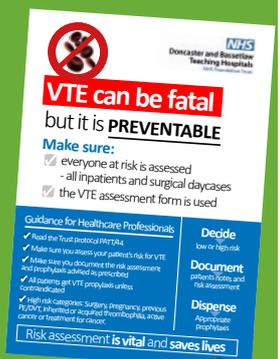
Venous Thromboembolism (VTE) prevention is everyone's responsibility. It begins with a risk assessment, which is to be completed by the admitting clinician (either at pre-operative assessment or at the time of admission).

The appropriate prophylaxis then needs to be prescribed and administered in an expedient manner.

The Stop the Clot poster (right) can be printed off and displayed in your area:

To help empower patients to understand the risks of VTE to them, a leaflet has been written by the Trust to help.

[You can download a copy here.](#)





Patient Safety Alert

A patient safety alert was received 27 June 2018 to eliminate the use of the imprecise term 'soft diet' and assist with the safe transition to the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which introduces standard terminology to describe texture modification for food and drink. [You can view the alert here.](#)

Implementation of the IDDSI Framework started in May 2018 with Levels 0-4. From 1st April 2019 the next phase of implementation will begin by using Levels 4 – 7 including plans to introduce Level 7 Easy to Chew options. The change is not only to the terminology but the texture of foods has been standardised and will look slightly different to the previous textures C, D, E and soft.

The Speech and Language Therapy and Dietetic teams have worked with Punjab Kitchens, supplier to Sodexo, to ensure that a menu of high nutritional value as well as the safest texture will be available at DBTH. This has included the removal of soup from the modified texture menus, and for patients using fluid thickener, as soup is of little nutritional value.

From 1 April 2019, the launch of three separate menus for Levels 4, 5 and 6 will be available. The term "soft" will be moved from the Standard hospital menu (Level 7) whilst manufacturers become compliant with the 'Easy to Chew' framework.

The Speech and Language Therapy team will be on hand before, on and after 1st April 2019 to transition patients over to the new framework and to roll out full education to ward staff. Please use your Sodexo Special Diet Sheets for all patients on texture modified diet and to indicate if a patient is on thickener.

Mike Waite from Punjab Kitchens will be delivering 20 minute education sessions for you about the new textured diets, across all sites.

To book in please call 642055 or email: dbth.training.department@nhs.net

Wednesday 13 March at DRI Boardroom

🕒 2pm, 2.30pm, 3pm, 3.30pm, 4pm

Thursday 14 March at Bassetlaw Meeting Room

🕒 9.30am, 10am, 10.30am, 11am, 11.30am

Thursday 14 March at Montagu Boardroom

🕒 2.30pm, 3pm, 3.30pm, 4pm

'Easy to Chew' framework



- 0** No thickener added. Flows like water. Can flow through a straw.
- 1** 1x scoop of Nutilis Clear thickener per 200mls. Thicker than water. Can flow through a straw.
- 2** 2x scoops of Nutilis Clear thickener per 200mls. "Sippable". Takes effort to drink through a straw.
- 3** 3x scoops of Nutilis Clear thickener per 200mls. Can be drunk from a cup or taken with a spoon. Smooth texture, no lumps.
- 4** 7x scoops of Nutilis Clear thickener per 200mls. Requires a spoon or fork. Smooth texture, no lumps. Does not require chewing. Not sticky.
- 5** Soft and moist, no loose liquid. Biting not required. Minimal chewing required. Lumps of maximum 4mm size. Easily mashed with a fork.
- 6** Soft, tender, moist, no loose liquid. Biting not required. Chewing bite-sized pieces no bigger than 1.5cm x 1.5cm required. No knife needed.
- 7** "EASY TO CHEW" normal everyday foods of soft/tender texture. Foods can be cut/separated with the side of a fork/spoon. Foods must NOT be: hard, tough, chewy, fibrous, stringy, pips/seeds, bones/gristle.
- 7** Normal everyday foods of various textures. Ability to bite off pieces and chew soft and hard textures is required.



For more information, please contact Sophie Hempsall, nutrition and dietetics manager/ professional lead sophie.hempsall@nhs.net or Kerry Turner, Adult SALT professional lead kerryhealy@nhs.net



Compliment of the month

Posted on NHS choices 6 December 2018.

Thank you and well done to the whole team!

“ I was seen three times in the Respiratory Department during the month of November. Initially assessed by a doctor who referred me to Doncaster for a scan and arranged blood tests and an X-ray at Montagu. I then returned to the Respiratory clinic to see a specialist lung nurse who explained the next procedure (a bronchoscopy) to me before I attended Doncaster for it. I returned to the Respiratory results clinic at Montagu for the diagnosis.

The whole process only took 3 weeks which I found amazing. At every step of the way I was given time and treated with respect by every member of staff. I was reassured when feeling nervous during procedures and had absolutely everything explained to me.

The short time which elapsed between assessment and diagnosis ensured that I did not have to worry for too long a time which I really appreciated.

Staff make a successful team and I believe that the quality of your staff must be second to none. They all had a sense of humour, were caring and thoughtful, were considerate of my age without being patronising and I could not fault them in any way.

Thank you to the two doctors and their chaperones, the specialist nurse, the healthcare assistants that weighed me and did basic checks, the ladies who took blood, and the X-ray staff. You treated me as an individual and gave me confidence and support at every appointment. I do not believe that I could have received better care at any hospital in the country. ”



Quality Improvement idea on Acute Medical Unit

Staff Nurse Sam Whitworth and Sister Zoe Cresswell told us that they wanted to help staff improve final safety checks for patients, at the point of the patients discharge.

Sam wanted to design something that would be simple, keep patients safe and user friendly for staff, which resulted in a simple checklist sticker. Sam then shared his idea on the staff facebook page with an incredible response.

The sticker is now going through the clinical records committee so staff can order it through the normal routes. Watch this space for more information.

Sam tells us that his background, regularly assisting with complex discharges helped to develop this simple idea. He hopes others find these stickers useful and improve patient safety.



Safety Thermometer

Each month – you will see our senior nurses auditing data for the Safety Thermometer. This was developed for the NHS by the NHS and provides a ‘temperature check’ on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients.



The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data is collected through a point of care survey on a single day each month on all inpatients. This enables wards, teams and organisations to understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.

[You can see these results yourself here.](#)

Recognition for the Gresley Ward Team work!

From the Safety Thermometer data, a team of researchers were able to identify wards where the data showed safe care for older people. They identified the Gresley ward at Doncaster as a positive deviant in South Yorkshire for safe care of older people and worked with the teams to try and understand what they were doing differently. The findings have just been published in the BMJ [and can be found here.](#)

The study concluded that there are no ‘silver bullets’ to achieving exceptionally safe patient care on medical wards for older people. However an integrated team, where all staff know each other and work well together, this helps to make our patients safer.

Well done to all the team on Gresley – we are very proud of you.

Contributors

Thanks this month go to: Tim Noble, Cindy Storer, Ben Kumar, Tracy Evans Phillips, Sophie Hemsall, Kerry Turner, Sam Whitworth, Zoe Cresswell, Catrina Drury, Laura Holdsworth and Bonny Stevenson.