



Patient Safety

Keeping you safe
during your stay in hospital



**Northampton
General Hospital**
NHS Trust

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Why is patient safety important?

Patient safety is our number one priority. More than a million people are treated successfully each day in the NHS but sometimes unexpected and unintended events related to medical care happen (e.g. an infection caught in hospital, the wrong dose of medication, or a blood clot after an operation). We want you to work with us and help us avoid such events.

Northampton General Hospital has signed up to a national patient safety campaign called Patient Safety First, and we are doing everything we can to eliminate avoidable harm.

How you can help

There is a lot that you can do as a patient or relative to help us improve your safety. These are some of the ways you can support our safety campaign:

- Tell us about your medical history and symptoms in full
- Know what medications you are taking (or have a list)
- Tell us about your allergies and any problems you have had with medications
- Tell us about any health problems such as diabetes, asthma, epilepsy, heart disease and stroke
- Check that the details on your identity band are correct and ask for a band if it is not put on or falls off
- Check your name above your bed - let staff know if it is incorrect or misspelt
- Ask questions if you have any concerns
- If a family member or friend is a patient in hospital and has trouble speaking for themselves you can ask questions for them
- If you are pregnant or you think you might be, make sure you tell the doctor or nurse before you have any treatment, operations or x-rays

Medicines

When you and your doctor have agreed that you should take a new medicine, it is very important that we know as much as possible about what you are already taking, and how you take it.

If, for any reason, you have not been taking your medication as prescribed by your doctor, please tell us straight away.

For all outpatient appointments, and when you come into hospital, make sure that the doctors and nurses looking after you know about **all** the medications you take, including eye and ear drops, patches, inhalers, creams, injections, suppositories, oxygen and any other preparations. Remember to tell us about any medication that you buy yourself, and vitamins or herbal remedies. Please keep an up-to-date list of your medications which you can show to staff when you come in.

A pharmacist or medicines management technician visit most wards on a daily basis. If you have not seen one but would like to, please ask.

Make sure the doctors and nurses looking after you know about any allergies or side-effects you have had with medications in the past.

If you are a carer who manages medication for someone else, please make sure you bring all of this information with the patient.

Always ask if there is something you don't understand about your medicines.

Make sure staff check your wristband and ask your name and date of birth before giving you any medicines.

Don't be afraid to speak up and tell staff if you think you are about to receive or have received the wrong medication.

Before you leave hospital, make sure that you understand what your medicines are for, how long you need to take your medicines for, how to get more supplies and when to see your GP for any follow-up or blood tests.

Before you leave hospital, make sure you know what side-effects to look out for and what to do if you get any new symptoms.

If you need more help with managing your medication at home, please let us know.

If your medication has been changed, check that your GP has amended your repeat prescriptions to make sure you do not have more than you need.

If some of your medication has been stopped, take any unused supplies back to your pharmacist.



Recognising acute illness

Sometimes patients in hospital deteriorate despite treatment and become acutely unwell, this may happen gradually or may be a sudden, unexpected event.

If this deterioration happens gradually, it can often be detected through subtle changes in your observations (vital signs). Your observations will be recorded at intervals decided by the doctors and nurses looking after you.

If you would like information about your observations, ask the person recording them if they could explain them to you.

Your observations may be used alongside a tool called the 'Early Warning Score'. This score often starts to increase if you start to become more unwell.



What happens if your Early Warning Score increases?

- If your observations show that your health might be getting worse, staff will respond depending on how serious the problem is
- A small increase in your score indicates a minor problem: The nurse in charge will be told and your observations will be performed more frequently
- If there is a more serious problem a senior nurse or doctor will come and check on you
- If you become acutely ill, the hospital has a 'critical care outreach' team who provide expert support for nurses and doctors on the wards. This team may be asked to come and review you

What should relatives or friends do if they are worried that your health is worsening or not improving?

- Talk to the staff and discuss their concerns
- Ask staff to explain what observations are being completed, and ask what the patient's early warning score is



Blood clots

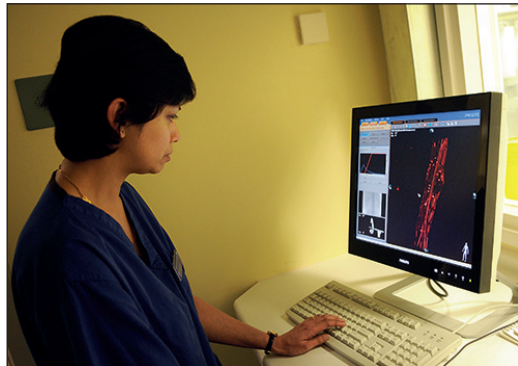
Any patient could be at risk of developing blood clots in the deep veins in the legs (deep vein thrombosis). These blood clots can break off and move to the lungs (pulmonary embolus).

The doctor will assess your risk of developing blood clots when you come into hospital by asking you a series of questions about your medical history. The doctor will discuss your risk with you and will tell you if you need any treatment to reduce the risk. The risk assessment will be completed within 24 hours of admission.

Usually the treatment will be wearing anti blood clot stockings and/or a daily injection of the blood thinning drug heparin.

You can also reduce the risks of developing a blood clot by:

- Drinking plenty of fluids to keep well hydrated (unless otherwise advised by the staff)
- Getting out of bed (if you are able) and walking as soon as your condition allows. If you are unable to get out of bed the nurses or physiotherapists will show you some leg exercises to keep the blood flowing freely in your veins
- Reminding staff to discuss your risks of developing blood clots and any treatment you might need
- Reminding staff if your stockings are left off, or you do not receive your heparin (blood thinning) injection each day
- Ask the staff 'Have I had a risk assessment for blood clots?'



Safer surgery

To make sure that your operation is completed safely we have introduced a series of checks at various stages. We call this a surgical safety checklist.

For your safety the staff may ask you the same questions at different times to make absolutely certain that the right person is going to have the right operation. They will ask:

- Your name and date of birth
- What surgery you are having
- Which part of your body is being operated on
- Do you have any allergies

If you, your child or someone you care for is going to have an operation, please check all the details on the consent form are correct before you sign it.

The part of your body being operated on will be marked by your doctor before the operation. Make sure that the correct part of your body is marked.

After your operation make sure you tell the nurses and doctors how well you feel your pain is controlled.

Please speak to staff if you have any concerns.



Infections

Most infections are caused by bacteria or viruses (bugs) that occur naturally all around us - in the air, on surfaces and all over our bodies. It is important to remember that most of them will not do us any harm. When we are not well or following an operation, our body's natural defences (immune system) are weaker and this can make us more susceptible to infections.

We are doing everything we can to prevent and reduce the risk of our patients catching an infection during their stay with us, but we also need your help.

Hand hygiene is the simplest and most effective way to prevent infection. It is important that hands are washed with soap and water regularly and dried properly, especially before eating and after going to the toilet.

Visitors must clean their hands on entering a clinical area (where there are patients) and before and after contact with a patient.

We also encourage patients and visitors to help us to prevent infection by asking our staff if they have washed their hands.

Please tell staff if the foaming hand sanitiser container is empty.

Please tell staff if you notice that any areas of the ward or department are not clean.

Patients and visitors should remember not to touch any drips, drains or catheters that may be put in during their hospital stay, to prevent transferring bacteria (bugs) from their hands.

People should not visit someone in hospital if they are suffering from a cough or cold and must not come to visit if they have diarrhoea and/or vomiting.

Visitors should not eat or drink in wards and other clinical areas.

Falls Prevention Advice

Advice for Patients in Hospital

Falls in hospital are the most commonly reported patient incident in the country. People fall when they are in hospital for a variety of reasons. These can include general weakness or on-going balance problems, sudden health changes that have led to hospital admission, disorientation due to unfamiliar surroundings and the effects of newly prescribed medications.

There is a lot that you can do to help us prevent you from falling:

- Tell staff if you have fallen before
- Tell staff if you normally use a stick or frame or need to hold onto the furniture when you walk around at home
- Ask the Nurses to show you how to use the call bell and to leave it within easy reach
- If you feel, weak, dizzy, unsteady or do not feel confident to walk alone, use the call bell to ask for assistance
- Get your eyesight checked regularly; at least every two years
- Wear your glasses and hearing aids in hospital if you normally wear them at home
- Ensure that you have slippers or shoes that fit well, have a back to them (e.g. not mule-type slippers or flip-flops) and have non-slip soles
- Have your medication reviewed regularly by your Doctor or Pharmacist
- Drink plenty of fluids (unless advised otherwise by staff)

Advice for Relatives and Carers

When you are leaving after visiting time has finished please can you:

- Leave the patients room or bed space tidy by replacing your chairs
- Take any unnecessary belongs home to help reduce clutter
- Replace tables, walking frames and call bells moved during your visit
- Ask Nursing staff to replace bedrails if removed
- Ensure that the patient has well-fitting shoes and clothing that will not cause them to trip.
- Bring in glasses and hearing aids if they have been left at home
- Follow any advice given by members of staff



Falls Prevention When You Return Home

If you are 65 years of age or older, have fallen in the last 12 months and have a Northamptonshire GP you can be referred to the Community Falls Team who can see you after you have been discharged from hospital. Please ask your GP for more information.

Preventing pressure ulcers

What are Pressure Ulcers?

Pressure Ulcers occur when the skin and underlying tissue becomes damaged due to:

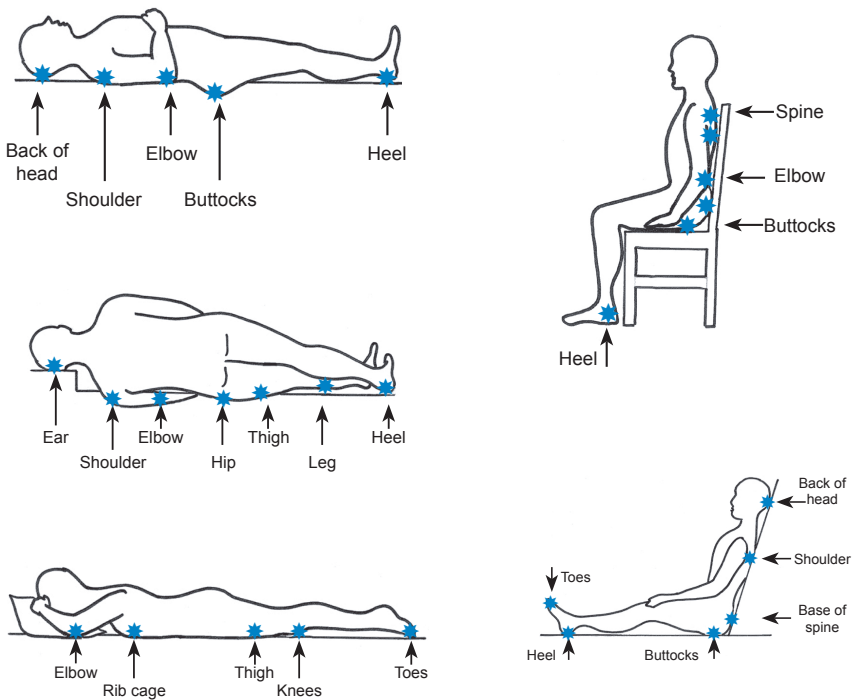
- Direct sustained pressure on your skin, which blocks the blood vessels which carry oxygen and nutrients to your skin. This can happen if you sit or lie in the same position for a long period of time.

- Shear and frictional forces can also damage the blood vessels feeding your skin. This can happen if you slide down the bed or chair and rub against the bed sheets or any surface.

How common are pressure ulcers?

In the UK, 4-10% of all patients admitted to hospital will develop at least one pressure ulcer. The vast majority of ulcers develop within the first 5 days following admission. This is usually because of an acute or unstable condition affecting mobility, sensation and or circulation.

Common sites for pressure ulcers



Who is most at risk?

Mobility problems

If you are unable to move regularly due to illness or injury, pressure ulcers can quickly develop, sometimes over the course of a few hours.

Inability to feel pain

Patients who may have altered or diminished sensation due to a disease process or neurological problem.

Circulatory illness

Circulatory conditions can affect the quality and quantity of the blood feeding the tissues.

Critical acute illness

Patients who are critically ill may have an increase risk of developing pressure ulcers due to the blood circulation concentrates on ensuring that the major organs receive the most blood

Incontinence and moisture

Patients who suffer from incontinence or excessive moisture on the skin may result in the skin breaking down. This can result in a moisture lesion, but they can deteriorate very quickly.

Nutrition and hydration

Patients who do not take adequate nutrition and hydration may result in a deterioration of the skin condition. Patients who are particularly thin have less fat and muscle to tolerate exposure to pressure loads.

Age

Elderly and very young patients are at increased risk due to having reduced levels of muscle and fat.

What can staff do to help prevent pressure ulcers?

The Trust has introduced the **SSKIN** Bundle Care Pathway to raise awareness amongst patients and staff, to introduce a standardised approach to pressure ulcer prevention. We are determined to reduce

avoidable harm to our patients, and will be actively monitoring standards of care in relation to pressure ulcer prevention throughout the Trust.

- **S**kin Inspection - Staff will assess your skin and risks of developing pressure damage within 6 hours of admission, and will introduce a plan to help minimise risks to you.
- **S**urface - All our mattresses/trolleys/cushions/theatre tables have pressure reducing properties, and other aids will be considered to minimise risks to you.
- **K**eeP Moving - you will be advised/assisted to move at frequent intervals
- **I**ncontinence & Moisture - this will be managed by frequent toileting and attention to skin hygiene and barrier cream protection.
- **N**utrition & Hydration - your nutritional status will be assessed and appropriate advice and/or supplementation will be given.

Please remember this booklet gives you some advice on how to prevent pressure ulcers forming. Not all these steps apply to each person at risk. The best programme for preventing pressure ulcers is one that considers what you need based on your condition.

Ask questions to understand what and why things are being done. If you are not sure about any of the information please feel free to talk to your doctor or nurse.

- Keep moving – stand/walk/roll/ sit up (hourly).
- Use electric beds variable positions to stop yourself sliding down the bed
- Elevate swollen legs in bed but make sure your heels are free from pressure
- Do not sit in one position for long
- Tell nursing staff if you need help with hygiene or that you need a skin barrier cream applied
- Try to eat a balanced diet and drink plenty of fluids, as this is important for skin hydration
- Tell nursing team if you feel increased pain, or have noticed a change in colour to your skin

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service:

Head of Patient Advice and Liaison Service
Northampton General Hospital NHS Trust
Cliftonville
Northampton NN1 5BD
Telephone (01604) 523787 E-mail: Pals@ngh.nhs.uk

For more information please contact the Assistant to the Medical Director, Jane Bradley, telephone (01604) 544629 or e-mail: jane.bradley@ngh.nhs.uk

Other information

Northampton General Hospital operates a smoke-free policy. This means that smoking is not allowed anywhere on the Trust site, this includes all buildings, grounds and car parks.

Leaflets, information, advice and support on giving up smoking and on nicotine replacement therapy are available from the Stop Smoking helpline on 0845 6013116, the free national helpline on 0300 123 1044, e-mail: smokefree@nhft.nhs.uk and pharmacies.

Car parking at Northampton General Hospital is extremely limited and it is essential to arrive early, allowing ample time for parking. Alternatively, you may find it more convenient to be dropped off and collected.

This information can be provided in other languages and formats upon request including Braille, audio cassette and CD. Please contact (01604) 523442 or the Patient Advice & Liaison Service (PALS) on (01604) 545784, email: pals@ngh.nhs.uk

Useful websites

www.nhs.uk

www.northamptongeneral.nhs.uk

Northampton General Hospital NHS Trust, Cliftonville, Northampton NN1 5BD
Desktop Publishing by the Communications Office
NGV1467 Updated July 2017

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