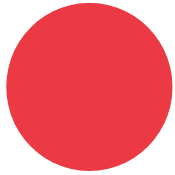
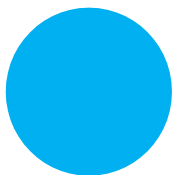


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Doreen's Story

Doreen was described by her daughters to be very independent and lived alone with the support of her family. Doreen lived with the condition Pulmonary Sarcoidosis, this caused her to have problems with her breathing, sometimes requiring her to have oxygen therapy at home and caused her skin to be very fragile resulting in blisters and bruising to appear suddenly on all areas of her body. Doreen also lived with dementia, this caused her on occasions to have problems recalling and understanding information and be able to be involved in detailed conversations.



What happened to Doreen

Doreen began to experience pain in her pelvic area that was limiting her mobility and after a review at UHL this was thought to be due to a soft tissue injury. Doreen had no history of a fall and couldn't explain why the pain had suddenly begun. Shortly after this Doreen was admitted to UHL with a suspected urine infection and an Xray was performed that identified Doreen had a fractured hip. This meant that there was a delay of 7 days in Doreen receiving the operation to repair her fractured hip, during this time Doreen's daughter has shared that she was in pain and that this significantly limited her mobility.

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Doreen was admitted to LPT for rehabilitation following her hip surgery to support her to return home. When Doreen was transferred to LPT her pressure areas were assessed as being intact, within 72 hrs Doreen had developed pressure damage to her sacrum, 22 days later Doreen had a category 3 pressure ulcer to this area and 9 days later this had deteriorated to a category 4 pressure ulcer. This was linked to Doreen developing sepsis which is recorded as contributing to her death

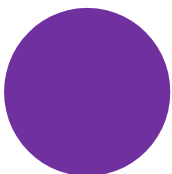
Doreen was already weak from her delayed diagnosis of her hip fracture, her surgery and recovery and was struggling to mobilise and progress with the therapy team due to pain, exhaustion, standing was difficult due to deconditioning and muscle strength and she was requiring significant nursing interventions for her activities of daily living. During her CHS admission Doreen also developed a catheter related urinary tract infection that needed treatment with antibiotics and affected her physical health. Doreen's sacral pressure ulcer deteriorated to a category 4 and became infected and despite treatment for this with intravenous antibiotics Doreen continued to deteriorate and entered the end-of-life phase and sadly died in CHS.

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Effect on Doreen's family

Doreen's daughters had not been able to visit during her admission in LPT and relied on telephone communication to receive updates on Doreen's condition. They felt that the communication regarding the details of the extent of Doreen's deteriorating condition was not shared with them and that the Lasting Power of Attorney that they had put in place due to concerns regarding Doreen's ability to make decisions due to her dementia was not considered, therefore they felt that the voice of the family was not heard and they were not able to contribute to the decision making regarding Doreen's care that occurred during her CHS admission. They also felt that Doreen's level of deterioration was not explained to them in detail and that the severity of her pressure ulcer was also not discussed. They felt that this did not allow them to make timely decisions and to be prepared physically and psychologically when it was recognised that Doreen would not be able to return home and was entering the end-of-life phase. Both daughters have shared that they have a loss of trust in NHS care both in LPT and the acute provider.



Our Learning Focus

- The importance of Collaborative working and MDT discussions to ensure all disciplines are involved in Patient's Individualised care plans and board round forums are used to

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focus on specific care interventions.

- Family engagement and involvement in patients care, the importance of consistent updates and agreed plans for communication with families.
- Ensuring both RN's and HCA's knowledge of Pressure ulcers relevant to their roles is at the level required to appropriately manage pressure ulcer prevention, categorisation, escalation and treatment.
- Individualised seating plans for patients who have been identified as having significant risk factors relating to sitting out of bed.
- Focus on the importance of Nutrition and Hydration and its link in to wound healing using the new CHS Hydration packs.
- Ensuring through effective communication and spot auditing that the correct documentation is used when catheters are inserted as per the LPT policy.
- Checking procedures of pressure relieving equipment and review of stock level to be reviewed to ensure any concerns regarding faulty equipment are identified quickly and replaced.



Changes made following this incident.

- ✓ Doreen's story is being shared with the Multidisciplinary team in focused supervision sessions.
- ✓ All RNs are receiving updated Pressure Ulcer Prevention Training, and this is being linked to a Life QI project.
- ✓ The Tissue Viability team have been supporting the MDT in relation to equipment and appropriate referring to the TVN

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team.

- ✓ Clinical Supervision sessions are being completed to highlight the requirement of the STOP, THINK, CATHETER templates to be completed in conjunction with discussing the LPT Catheter Policy
- ✓ Spot checks are being completed on record keeping relating to wound assessments, nutrition, blood tests and catheterisations.
- ✓ Board round has been refocused to ensure Patient's pressure damage and their individual plan is discussed by the Multidisciplinary team.
- ✓ Staff have received training on the Pressure Relieving Mattress system and there is a plan to begin daily checking of this equipment.
- ✓ A new process of managing Hydration has been instigated across CHS inpatients, this contains revised Fluid Balance Charts and Frequency of Intervention charts with specific focus on fluid monitoring and escalation processes.
- ✓ There is a monitoring process in place to ensure that patients who have specific time frames that they are able to be seated for is followed.