

# Shared Learning

Sharing learning across the Hampshire and Isle of Wight system



## May 2020: Issue 1

Welcome to the first **Shared Learning** newsletter which has been developed to support the prompt sharing of high-level learning and intelligence between providers in Hampshire and the Isle of Wight during the COVID-19 pandemic. Some articles will include learning and updates that you may wish to consider in your practice; other pieces will provide more of a 'heads-up' by sharing early intelligence.

Thank you to those organisations which have contributed to this newsletter by sharing their learning and initial intelligence.

If you would like more information about any of the items, or if you have any learning or intelligence to share, please contact:

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## Discharge communication and planning

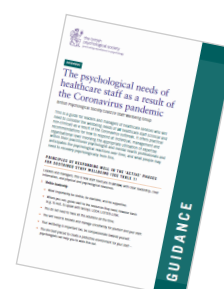
Key learning from the themes following incidents across the system which relate to discharges from hospital during COVID-19 include the need to:

- ⇒ communicate changes in the frequency of insulin administration and the need to plan appropriate community support, if required
- ⇒ ensure carers/family are aware of any increased care needs that a patient may have on discharge (this is particularly important as families/carers will not have seen patients whilst they have been in hospital due to COVID-19 visiting restrictions)
- ⇒ send the patient home with the correct amount of medication to prevent the generation and issuing of an urgent prescription
- ⇒ ensure patients are aware of any specific requirements in relation to non-traditional healthcare settings which have been set up to help the system response to COVID-19, for example, no visiting, single room occupancy etc.

## Psychological support for staff

At the end of March 2020, the British Psychological Society developed guidance for healthcare organisations in relation to supporting the well-being needs of clinical and non-clinical staff as part of our response to COVID-19.

Locally, our providers have implemented a number of initiatives to support staff well-being, including implementing staff well-being hubs, increasing access to additional psychological support, using self-check flashcards and developing the role of well-being ambassadors to work closely with Freedom to Speak-Up Guardians.



The best part  
of learning is  
sharing what  
you know  
Vaughn K. Lauer



## Review existing risk assessments when changing services

During COVID-19 a number of services are being relocated to different areas. Learning from a recent incident has highlighted the importance of reviewing existing risk assessments as part of the relocation plan. This particular incident indicated the need to ensure there is sufficient space for emergency equipment and the ability to view monitors as part of that assessment.

*Have you reviewed existing risk assessments for services that have relocated?*

*Does this consider managing emergency situations?*

## COVID-19 policy updates

Some providers have reviewed their current policies and procedures to support staff, and prevent incidents, by ensuring they reflect current practice in line with changes made in response to the COVID-19 pandemic.

Those policies/procedures, which will temporarily change, have been updated to include an addendum/appendix to clearly highlight the practice which should now be followed.

## Keeping in touch with long term condition patients



One of our providers has seen a recent increase in communication from its patients with long-term conditions.

Whilst this cohort of patients had been advised of the plans in place for their care at the start of lockdown, the provider has noted that they need to keep them informed and involved as the restrictions continue.

*How are you keeping in contact with patients who have long-term conditions?*

## Increase in pressure ulcers and skin damage: patients and staff

On both a local and national level, an increase in patient pressure ulcers to the face (chins and cheeks) and the toes of ventilated COVID-19 patients being nursed in the prone position has been noted, despite preventative measures being in place. Patients are put in the prone position to improve oxygenation, however, this position puts the bony prominences on the face and feet at risk of skin breakdown.

Additionally, clinicians are now having to wear personal protective equipment (PPE) for a prolonged period of time and locally we are hearing how this is causing them skin damage. According to the European Pressure Ulcer Advisory Panel (EPAUP), around 40% of clinicians have experienced some form of skin damage as a result of PPE.

Locally, providers are reviewing their pressure ulcer incidents, and we will be sharing their learning and actions taken in response as soon as it is available. On a national level, EPAUP held a clinical webinar on 13 May 2020 with the aim of assisting clinicians caring for patients at risk of pressure ulcer development and also to prevent skin damage to themselves. The webinar is now available on YouTube via <https://www.youtube.com/watch?v=W4AjO4oYkY4&> and includes:

- ⇒ recommendations for the prevention and treatment of skin and tissue damage due to wearing PPE
- ⇒ recommendations for pressure ulcer prevention in the prone position.



## Managing falls that may require an ambulance

The National Falls Prevention Coordination Group (NFPCG), supported by the British Geriatrics Society, has developed some guidance for care homes on how to manage a resident's fall during the COVID-19 pandemic.

This guide can be accessed via: <https://www.bgs.org.uk/>

## A focus on falls during COVID-19: themes and prevention

The West Hampshire CCG led Wessex-wide Falls Leads forum met in May 2020 to discuss and review the national and local themes from falls during COVID-19. The virtual meeting was well attended with representation from ten organisations, including Julie Windsor (Patient Safety Clinical Lead - Medical Specialties/Older People) from NHS Improvement/England (NHSE/I) to provide a national perspective.

So far, the following themes have been identified:

- ⇒ challenges in preventing falls due to delays in getting to patients, because of having to don personal protective equipment before attending them
- ⇒ falls from equipment due to redeployed staff not having sufficient knowledge of the equipment used
- ⇒ an increase in unwitnessed falls in some areas. This may be due to more observations being undertaken “through a door/window” rather than within bays as would be usual practice
- ⇒ changed interactions with patients – there is now a reduction in the close contact staff would normally have with patients
- ⇒ an increase in falls as a result of patients being cohorted in isolation areas or distant rooms where they would not normally be placed, including patients being cared for behind closed doors
- ⇒ the increased risk due to delirium and hypoxia in patients
- ⇒ risk screening tools underestimating the risk of falls, and delays in risk assessment due to the volume of work
- ⇒ an increase in patient moves (when wards have had to change/close in response to COVID-19) increasing risk of falls in vulnerable patients
- ⇒ increased risk of falls as a result of patient fatigue in those patients with COVID-19, and patients becoming increasingly deconditioned and weaker.

**Don't forget to consider the emerging COVID-19 falls themes when undertaking patient falls risk assessments.**

**Initial guidance to prevent falls:** Hampshire Hospitals NHS Foundation Trust has developed some initial guidance for staff, in raising awareness on how to prevent falls during COVID-19 by highlighting factors that might increase a patient's falls risk and actions to minimise patient falls. The guidance includes advice such as:

- ⇒ ensuring care plans are updated when patients are getting better and are starting to mobilise again
- ⇒ assessing the level of supervision patients need when being isolated
- ⇒ assuming all patients, particularly the elderly, have a postural drop in blood pressure and take the appropriate precautions as they start to mobilise
- ⇒ review all medications causing hypotension, not just antihypertensives
- ⇒ consider if patients can do more bed and chair based exercises to maintain their muscle strength.

**Supporting new staff/redeployed staff in falls prevention and management:** Hampshire Hospitals NHS Foundation Trust has also developed a one-page guide on falls prevention and management within the Trust for redeployed and new staff. The guide includes key information about falls protocols, documentation and processes that should be followed. It also acts as a good reminder for existing members of the team.



**How are you supporting existing, new and redeployed staff in preventing falls during COVID-19?**

