# Trust Standard Operating Procedure

**Plymouth Hospitals** **NHS**
NHS Trust

## Classic Safety Thermometer SOP

| Date | Version |
|---|---|
| **May 2016** | **3** |

### Purpose

This Standard Operating Procedure (SOP) will provide guidance for staff involved in the collection of Safety Thermometer data.
The expectation is that the data will be accurate, and validated.

### Who should read this document?

This SOP will be used by the nursing teams who are responsible for collecting the data, and by those involved in validating the data.

### Key messages

- Safety Thermometer is a measurement tool that helps support PHNT to reduce avoidable harm to patients in our care.
- Safety Thermometer data allows for some comparison with other organisations nationally
- Ward Managers, Matrons and Lead Nurses are responsible for validating the data

### Accountabilities

| | |
|---|---|
| **Production** | Patient Safety Manager |
| **Review and approval** | Patient Safety Manager and Lead Nurses for the Four Harms |
| **Ratification** | Head of Quality Governance |
| **Dissemination** | Patient Safety Manager |
| **Compliance** | Quality Governance and Learning Group |

### Links to other policies and procedures

- Standard Operating Procedure-Venous Thromboembolism Prevention
- Standard Operating Procedure-Investigation and Management of Venous Thromboembolism
- Thromboprophylaxis and Management of VTE-Antenatal Guideline
- Prevention and Management of Patient Falls in Hospital
- Preventing Slips Trips and Falls
- Bed Rail Assessment Form
- Prevention and Management of Pressure Ulcers
- Waterlow Assessment and SKIN Bundle Care Plan
- Guidelines for the Management of the Patient with a Urinary Catheter
- ANTT-Urinary Catheter
- Post Natal Guidelines-Care of the Urinary Bladder

### Version History

| | | |
|---|---|---|
| **1** | January 2016 | New Standard Operating Procedure |
| 2 | August 2019 | Extended to January 2020 |
| 3 | November 2019 | Extended to February 2020 |

| Last Approval | Due for Review |
|---|---|
| May 2016 | Extended to February 2020 |

## 1      Introduction

The NHS Safety Thermometer is the measurement tool for a programme of work to support patient safety improvement. It is used on one day per month to record patient harms and allows organisations to monitor their performance in delivering harm free care.

The Plymouth Hospitals NHS Trust (PHNT) Standard Operating Procedure for Safety Thermometer data collection will guide the process for collecting the required data.

Developed for the NHS as a point prevalence survey, the NHS Safety Thermometer provides a 'temperature check' and records data for four harms

> Catheter Associated Urinary Tract Infections
>
> Falls
>
> Pressure Ulcers
>
> Venous Thromboembolism

There is a clinical consensus that these harms are largely preventable through appropriate patient care.

## 2      Purpose, including legal or regulatory background

From April 2015, data collected using the NHS Safety Thermometer is included in the NHS Contract under Schedule 6b.

The requirement is to collect data on patient harm using the NHS Safety Thermometer, surveying all relevant patients in all relevant NHS providers in England on one day each month.

## 3      Definitions

### Catheters and Urinary Tract Infections

The Safety Thermometer asks you to record information about any UTI treatment and any indwelling urethral catheter

If the patient is being treated for a UTI, the Safety Thermometer asks you to record whether treatment started before or after the patient was admitted to your organisation.

**Old UTI** - If treatment for the UTI started **before** the patient was admitted to PHNT

**New UTI** - If the treatment for the UTI started **whilst** the patient was under our care at PHNT

The Safety Thermometer also asks you to record any information about indwelling urethral catheters.

**If** the patient has, or has had an indwelling urinary catheter at **any point in the last 72 hours** - record the **number of days it has been in place**.

If a patient has a **long term catheter** - record the **total** number of days the patient has been catheterised.

**Please check medical notes and communicate with colleagues in order to establish when treatment for a UTI began.**

**Check that the catheter (if in situ) is still required.**

### Pressure Ulcer (PU)

The Safety Thermometer asks you to record the patient's **worst** (deepest) **old** pressure ulcer and **wors**t (deepest) **new** pressure ulcer.

**Old** - defined as being a pressure ulcer that was **present when the patient came under our care, or developed within 72 hours of admission to PHT**

**New** - defined as being a pressure ulcer that **developed 72 hours or more after the patient was admitted to PHT**

**Please check the notes and confer with colleagues as necessary.**

**Contact the Tissue Viability Team with any queries**

**Pressure Ulcers – guide to Pressure Ulcer Classification – with self-test options**

**http://www.puclas.ugent.be/puclas/e/**

## Falls

The Safety Thermometer asks you to record the severity of any fall that the patient has experienced within **the previous 72 hours** in PHNT.

*Please be aware of the history of your patient. The fall may not have occurred on your ward, but it must still be documented*

A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of cause (slip, trip, fall from a bed or chair, whether assisted or unassisted). Patients 'found on the floor' should be assumed as having fallen, unless confirmed as an intentional act.

The severity of the fall is defined in accordance with NRLS categories:
- **No harm** - fall occurred but with no harm to the patient eg. No apparent harm, no complaints of pain, no visible bruising
- **Low harm** - patient required first aid, minor treatment, extra observation or medication. Eg. Graze or small cut
- **Moderate harm**- likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital eg. Fractured Pubic Rami
- **Severe harm**- permanent harm, such as brain damage or disability, was likely to result eg. Fractured Neck Of Femur
- **Death**- where death was the direct result of the fall

**Please contact the Falls Specialist Nurse with any queries.**

**Please ensure that a Datix form has been completed for each patient fall.**

## Venous Thromboembolism (VTE)

A patient may be defined as having a new VTE if they are being treated for a deep vein thrombosis (DVT) which is a blood clot in the deep veins of the leg, or a pulmonary embolism (PE) which is a blood clot in the lungs with appropriate therapy such as anticoagulants.

**VTE Risk Assessment**

**All** patients should have a VTE risk assessment

**Yes** - If the patient has a documented risk assessment for VTE

**No** - If the patient does **not** have a documented risk assessment for VTE

**N/A -** If a documented risk assessment is **not** appropriate or **not required** for the patient (after confirming the reason for this)

**VTE Prophylaxis**

**Yes** - If the patient has started appropriate VTE prophylaxis

**No** - If the patient has not started appropriate prophylaxis,

**N/A** - If the patient contraindicated for prophylaxis or does not require treatment

**VTE Treatment**

**New VTE/PE** - If the patient is being clinically treated for a VTE/PE that developed **after** admission

The patient will be would be on appropriate therapy such as anticoagulants eg. Clexane, Warfarin, Rivoroxaban

**Old VTE/PE** - If the patient is being clinically treated for a VTE/PE that was present **before** admission (This would include patients admitted for investigation into possible VTE)

**Please check the notes (and confer with medical colleagues)**

**Please contact the VTE Specialist Nurse with any queries**

| 4 | Duties |
|---|--------|

**Other Committees**
- Will receive updates as part of the Quality Governance report

**Quality Governance and Learning Group**
- Will receive monthly reports on Safety Thermometer

**Head of Quality Governance**:
- Oversight of the Safety Thermometer process

**Patient Safety Manager**
- Provide support on data collection days
- Ensures Safety Thermometer  data is uploaded within the designated time frame
- Escalate any causes for concern to Matrons/Lead Nurses/Head of Quality Governance as appropriate
- Meeting with the Lead Nurses for the four harms as necessary to determine if any areas are a concern or exhibiting good practice in order to share learning
- Reports Safety Thermometer Data to the Quality Governance and  Learning Group each month
- Providing reports to Head of Quality Governance and Committees as requested
- Provide reports to Service Lines and Care Groups as necessary

**Patient Safety Administrator**
- Communicate Safety Thermometer dates
- Ensure Safety Thermometer  data is uploaded within the designated time frame
- Escalate any concerns to the Patient Safety Manager
- Follow up queries and validity issues
- Amend data when necessary

**Matrons/Ward Sisters/Charge Nurses**
- Ensure that the data is collected every month by a band 6 or band 7 nurse who has the knowledge required to assess each patient harm
- Ensure that, in the case of known absence, a trained deputy is available in his or her place.
- Ensure that data is validated
- Reviewing Safety Thermometer data
- Providing updates to Service Line meetings

**All designated staff members**
- Ensure that they are competent to interpret and apply the definitions of harm

- Accurately record the patient harm
- Liaise with Lead Nurses if they have any concerns/queries at the point of data collection

**Lead Nurses**
- Offer support and advice to clinical areas, and clarification of suspected harms, on data collection day
- Reviewing Datix and Safety Thermometer Data, Radiological data and information from Infection Prevention and Control
- To support the validation of the data in each harm area following completion of data collection, and communicating any alterations to the Patient Safety Administrator within the specified timeframe of one week
- Communicating and working with specific wards/matrons if data validity is a concern, in order to improve the quality of data entry
- Identifying areas of good practice in order to share learning, and areas where targeted intervention is required

| 5 | Key elements |
|---|---|

- The data must be collected on the agreed date every month
- Only those patients on the ward at 11:00hrs are to be audited.
- The data collector must ensure that documentation such as risk assessments and care plans are a true reflection of the patient's status.
- Safety Thermometer data collection is as an opportunity to reassess and review patient care. It is essential that data is collected by the Band 6/7 at the point of care using two primary sources – physical examination that includes direct discussion with the patient or carer where possible and current information from medical notes, nursing records and discussion with health care colleagues and lead nurses
- The data collector is responsible for completing the Safety Thermometer survey for their area..

| 6 | Overall Responsibility for the Document |
|---|---|

Patient Safety Manager

| 7 | Consultation and Ratification |
|---|---|

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Lead Nurses and ratified by the Head of Quality Governance

Non-significant amendments to this document may be made, under delegated authority of the Patient Safety Manager or Lead Nurses by the nominated author. These must be ratified by the Head of Quality Governance, and should be reported, retrospectively, to the Quality Governance and Learning Group Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

## 8     Dissemination and Implementation

Following approval and ratification, this SOP will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Executive Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## 9     Monitoring Compliance and Effectiveness

| | |
|---|---|
| What are we monitoring? | Safety Thermometer data collection and results |
| Lead | Patient Safety Manager |
| Validation | NHS Safety Thermometer Tool used for data collection |
| | Recorded incidents on Datix, Infection Control Data, Radiology system |
| | Data validated by Ward/Dept/Managers Matrons and Lead Nurses |
| Frequency | Monthly |
| Reporting Arrangements | The Quality Governance and Learning Group will monitor Safety Thermometer results monthly |
| | The Quality Improvement Committee and the Nursing and Midwifery Operational Committee will support and monitor corporate projects relating to reduction of harm |
| | Reports will be provided as necessary to the relevant committee as requested |
| Sharing the Learning | Lessons learned to be shared using appropriate communication pathways and training. |

## 10     References and Associated Documentation

NHS Standard Contract 2015 – Schedule 6b

DoH - Delivering the NHS Safety Thermometer CQUIN 2013/14

http://www.hscic.gov.uk/thermometer

**Pressure Ulcers**

Guide to Pressure Ulcer Classification – with self-test options

http://www.puclas.ugent.be/puclas/e/

Available on Staffnet:

Prevention and Management of Pressure Ulcers

Waterlow Assessment and Skin Bundle Care Plan

**Falls**

Prevention and Management of Patient Falls in Hospital

**Catheters**

Guidelines for the management of a patient with a urinary catheter

ANTT –Urinary Catheterisation

**VTE**

VTE Prevention

Investigation and Management of VTE

| Core Information | |
|---|---|
| **Document Title** | Classic Safety Thermometer SOP |
| **Date Finalised** | May 2016 |
| **Dissemination Lead** | Patient Safety Manager |
| **Previous Documents** | |
| **Previous document in use?** | No |
| **Action to retrieve old copies.** | N/A |

| Dissemination Plan | | | | |
|---|---|---|---|---|
| **Recipient(s)** | **When** | **How** | **Responsibility** | **Progress update** |
| Nursing staff | June 2016 | Email | Patient Safety Manager | |

| Review | | |
|---|---|---|
| **Title** | Is the title clear and unambiguous? | ✓ |
| | Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP? | ✓ |
| | Does the style & format comply? | ✓ |
| **Rationale** | Are reasons for development of the document stated? | ✓ |
| **Development Process** | Is the method described in brief? | ✓ |
| | Are people involved in the development identified? | ✓ |
| | Has a reasonable attempt has been made to ensure relevant expertise has been used? | ✓ |
| | Is there evidence of consultation with stakeholders and users? | ✓ |
| **Content** | Is the objective of the document clear? | ✓ |
| | Is the target population clear and unambiguous? | ✓ |
| | Are the intended outcomes described? | ✓ |
| | Are the statements clear and unambiguous? | ✓ |
| **Evidence Base** | Is the type of evidence to support the document identified explicitly? | ✓ |
| | Are key references cited and in full? | ✓ |
| | Are supporting documents referenced? | ✓ |
| **Approval** | Does the document identify which committee/group will review it? | ✓ |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | ✓ |
| | Does the document identify which Executive Director will ratify it? | ✓ |
| **Dissemination & Implementation** | Is there an outline/plan to identify how this will be done? | ✓ |
| | Does the plan include the necessary training/support to ensure compliance? | ✓ |
| **Document Control** | Does the document identify where it will be held? | ✓ |
| | Have archiving arrangements for superseded documents been addressed? | ✓ |
| **Monitoring Compliance & Effectiveness** | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | ✓ |
| | Is there a plan to review or audit compliance with the document? | ✓ |
| **Review Date** | Is the review date identified? | ✓ |
| | Is the frequency of review identified? If so is it acceptable? | ✓ |
| **Overall Responsibility** | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | ✓ |

Has the patient fallen **within 72 hours of admission to PHNT?**

Review Falls Risk Assessment and Care Plan

Review medical/nursing notes

**REMEMBER** the patient may not have fallen on your ward – so be aware of their inpatient history. Even if the patient did not fall on your ward – the fall must be recorded

No

No need to

Record

Yes

Record Harm sustained

No Harm - No apparent Injury, not requiring first aid

Low Harm - patient required first aid, minor treatment, extra observation or medication

Moderate Harm - likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital

Severe Harm - permanent harm, such as brain injury or disability

Death - where death was the direct result of the fall

**Ensure Fall is reported on Datix**

Ensure Harm levels are the same

**Speak to Falls Nurse if you need advice (bleep 89211)**

**Grade 1**
Unbroken skin
Area of red or discoloured tissue that does not blanch when pressed with finger tip

**Grade 2**
Shallow area of broken skin or blister. May have a thin layer of slough that is easily removed

**Grade 3**
Deeper area of broken skin May be completely covered in thick slough but bone and tendon are not exposed

**Grade 4**
Deep cavity where bone and tendon is exposed and undermining Hard necrotic tissue may indicate deep damage.

Yes

Was the Pressure Ulcer **present on admission** OR develop **within 72 hours** of admission to PHNT

Did the Pressure Ulcer develop **72 hours or more after admission** to PHNT

Record **OLD** pressure ulcer and the grade

Record **NEW** pressure ulcer and the grade

Ensure **accurate** grading – Seek TV Specialist Nurse advice as necessary

**Ensure a Datix Report has been completed**

Has the patient had a documented VTE Risk Assessment?

→

**Yes** – Has a documented Risk Assessment

**No** – Does not have a documented Risk Assessment

**N/A** – Risk Assessment NOT appropriate or NOT required for the patient

Has VTE Prophylaxis started?

→

**Yes** – Has started appropriate prophylaxis

**No** – Has not started appropriate prophylaxis

**N/A** – The patient is contraindicated or does not require treatment

Is the patient being treated for a venous thromboembolism?

→ No – do not record

→ Yes

↓

Did the VTE develop **after** admission to PHNT?

↓ Yes          ↓ No

↓              ↓

Record **NEW** DVT/PE

Record **OLD** DVT/PE

Record **OLD** DVT/PE if the patient is **admitted with a possible VTE** for investigation

Has the patient had a Urinary Catheter in situ at **any point in the last 72 hours?**

Yes

No – do not record

Record how long the catheter has been/was in situ

1-28 days

>28 days

Unknown

Is the patient being treated for or diagnosed with a UTI?

Review Medications Chart

Review Medical Notes

Yes

Did the treatment commence **before** admission to PHNT?

Yes

No

Record **OLD** UTI

Record **NEW** UTI