

HARM FREE game

Improving Patient Outcomes

PRESSURE ULCERS
VENOUS THROMBOEMBOLISM (VTE)
NUTRITION & HYDRATION
FALLS MEDICATION
CATHETERS & CATHETER ACQUIRED
URINARY TRACT INFECTIONS



HARM FREE game

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As part of our extensive program and with CPD hours awarded based on actual time spent learning, credit hours are offered based on attendance per session, requiring delegates to attend **a minimum of 80%** of a session to qualify for the allocated CPD hours.

- **Less than 80%** attendance per session = **0 CPD hours**
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Total CPD hours for the forum are awarded based on the sum of CPD hours earned from all individual sessions.

Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

A day in the life of a Health Professional



Aim

This game is designed to help you understand your responsibility as a health professional, for the *Prevention of Avoidable Harm* to patients during the delivery of care and treatment.



Objective

By the end of the game you will have a clear understanding of how you can directly influence the prevention of these avoidable harms:

1. Falls
2. Catheter Associated Urinary Tract Infections-CAUTI
3. Pressure Ulcers-PU
4. Venous Thrombo-embolism-VTE

Additional harms to consider

5. Medication
6. Nutrition and hydration



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Early detection, action or treatment can save the life of a patient. Good record keeping is essential.

Early Warning Scores (EWS)

Early Warning Scores should always be used as per trust policy to identify changes in a patient's condition.



The best thing you can do to help patients is to:

- make sure they're eating well
- taking the right amount of fluids
- moving regularly and being aware of their environment at all times.

These are all proven to help reduce the risk of all four harms. You should also spend time explaining to patients how they can help themselves.



All harms are interlinked. Here's how:

Patient is not eating well or taking enough fluids making them dizzy when they stand and at risk of falling. Their catheter is not draining well because they're not drinking enough

How can you work with the patient and their care givers to reduce harm?



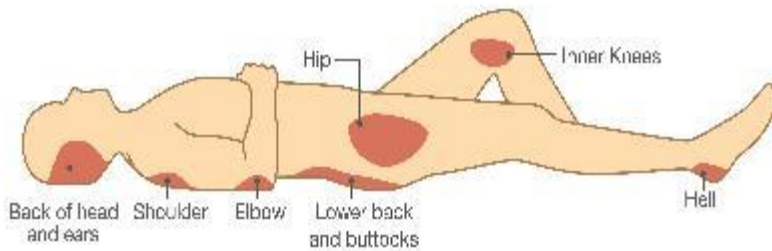
Falls

It is estimated that over 280,000 patient falls are reported every year, however the number *of falls can be reduced using multifactorial assessments and interventions.*

The causes of falls are complex, particularly in the elderly, as they are linked to medical conditions including *delirium, cardiac, neurological or muscular-skeletal conditions, medication problems with strength, balance or mobility.*



PRESSURE ULCERS



PRESSURE SORES

Pressure ulcers also called Bedsore and decubitus ulcers — are injuries to skin and underlying tissue resulting from prolonged pressure on the skin.

Bedsore most often develop on skin that covers bony areas of the body, such as the heels, ankles, hips and tailbone.

People most at risk of bedsore are those with a medical condition that limits their ability to change positions or those who spend most of their time in a bed or chair.

You can take steps to help prevent bedsore and aid healing

CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)

A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney.

Approximately 75% of the UTIs are associated with a urinary catheter, which is a tube inserted into the bladder through the urethra to drain urine. The most important risk factor for developing a catheter-associated UTI (CAUTI) is prolonged use of the urinary catheter.

Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.



Venous thromboembolism (VTE) refers to a blood clot that starts in a vein. It is the third leading vascular diagnosis after heart attack and stroke, affecting between 300,000 to 600,000 Americans each year.

Since its recognition as the commonest cause of avoidable hospital mortality, reducing avoidable harm through the prevention of Venous Thrombo Embolism (VTE) has been an area of high national priority.



The application of improvement methodology and reliable care process design, along with improved patient awareness and involvement, are key to to prevent VTE.

Medicines related error is one of the leading causes of harm to patients in a number of care settings.



Omitted and delayed medication doses can lead to significant consequences for patients causing harm, prolonging recovery and lengths of stay.

There are resources steps to prevent errors “Reducing Medication harm”.

Correct hydration and nutrition can save lives; it is a key intervention relation to the four harms (Venous Thrombus Emboli (VTE), Falls, Catheter Acquired Urinary Tract Infection (CAUTI) and Pressure Ulcers).

Monitoring fluid status is essential basic care for all patients to **prevent acute kidney injury (AKI)**.



Malnutrition is a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue/body form (body shape, size and composition) and function and clinical outcome

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START THE GAME



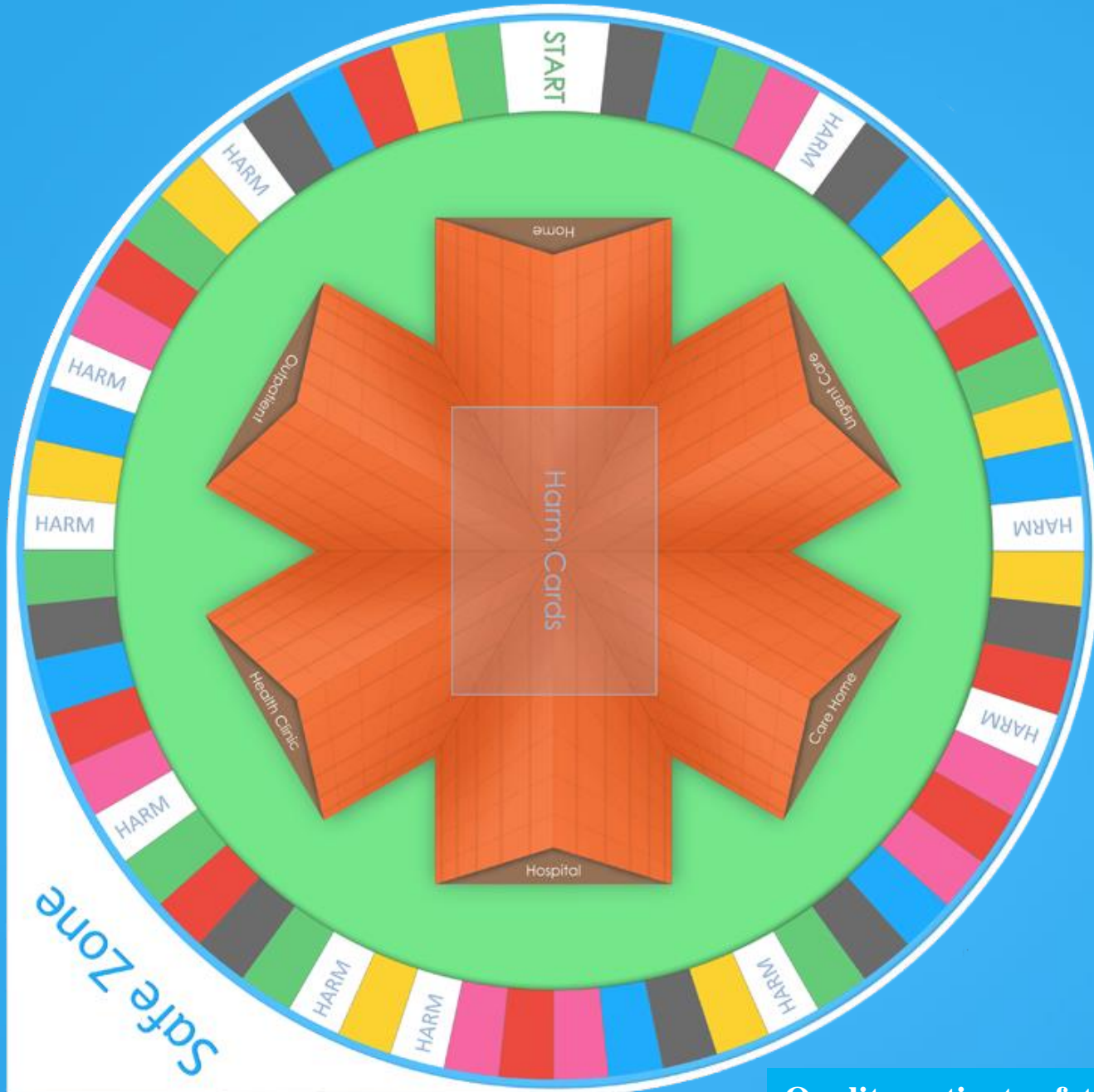
HARM FREE game

Items available and required for **HARM
FREE GAME**







The following are:

- Game board
- Team Counter
- Patient card
- Location card
- Card holders
- Corresponding coloured 'clip'
- Category colours
- Harm Card
- Dice





HARM FREE game

-  **Falls**
-  **Catheter Acquired Urinary Tract Infections (CAUTI)**
-  **Pressure Ulcers**
-  **Venous Thromboembolism (VTE)**
-  **Medication**
-  **Nutrition & Hydration**

HARM FREE game



1. Place the TEAM counter on the board in the START position.
2. Choose a patient card and a location, put the card in the card holder and place your patient on the corresponding area on your game board.
3. Throw the dice to move round the board.
4. When you land on a coloured spot discuss, as a team, the potential risk for your patient from **that particular harm** and how this could be avoided/managed.
5. Add a corresponding coloured 'clip' to your patient card.
6. Document your discussions on **Document 1**. This will be discussed at the end of the game.
7. Once you are happy you have assessed your patient against that harm throw the dice and move on until you reach the next harm.
8. The aim is to visit all the harms around the board.
9. Once completed, your patient can be placed in the SAFE ZONE.
10. If you land on a 'HARM' square, take a card from the centre and within your team discuss and answer and record on **Document 2**. This will be discussed at the end of the game.
11. Choose another patient and location and continue until 5 patients and locations have been discussed against all of the harms.

As a team discuss and document if and how this patient, service user, may be at risk of 1 2, 3 or all of the 6 harms



Clip appropriate coloured harms counter to the patient card to indicate a the potential risks that patient may be facing.

END of GAME

Key Messages

- We should all aim to deliver ‘harm free’ care to all service users.
- We must *Make Every Contact Count*.
- Every health professional, regardless of their speciality, is responsible for every patients.
- Patients are also responsible for their own health and well-being (use of patient information leaflet, vital conversations)
- Educating staff, patients and carers is essential to reduce harm both in, and outside of, formal care settings.

Avoidable Pressure Ulcer:

“Avoidable” means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following:

- evaluate the person’s clinical condition and pressure ulcer risk factors
- plan and implement interventions that are consistent with the person’s needs and goals, and recognised standards of practice
- monitor and evaluate the impact of the interventions, or revise the interventions as appropriate.”

Unavoidable Pressure Ulcer:

“Unavoidable” means that the person receiving care developed a pressure ulcer even though the providers of the care had evaluated the person’s clinical condition and pressure ulcer risk factors;

Lets

- Think,
- Discuss,
- Create,
- Innovate,

Share thoughts and ideas

Question 1

What general approaches can be taken to reduce the risk to these patients?

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Reducing the Risks to the patients?



- Patient information/Vital Conversations
- Leadership
- Safety Culture
- Communication
- Documentation/Record Keeping/Evaluation
- Professional responsibility and accountability
- Policies and Procedures
- Education and Training
- Monitoring/auditing
- Mobility
- Risk Assessments
- Risk Management Plans
- Observations/Early Warning Score/interpretation/action
- Polypharmacy: Medication Review/reconciliation
- Nutrition and Hydration
- Fluid output/catheter management
- VTE management/signs and symptoms
- Patient Rounds
- Catheter/hand hygiene/Aseptic Non Touch Technique (ANTT)

Question 2

What health promotion messages can you give to your patient to help them reduce their risk of the 4 harms?

Falls

- Identify potential risks
- Recreational alcohol use
- Medication (what is being taken? do they need a review?)
- How exercise can help
- How to make sure their environment is safe i.e. clutter,
adequate lighting
- Importance of regular eye tests and well fitting footwear
- Hydration and nutrition
- Documentation/evaluation/communication
- Appliances; correct use of...
- Education around medication

Pressure Ulcers

- Ways that the patient can keep moving
- How the patient can protect their skin and check for signs
of damage
- Hydration and nutrition
- Documentation/evaluation/communication
- Correct use, storage and maintenance of pressure aids

CAUTI

- Review the need for catheter
- How to manage their catheter to avoid infections
- Hand hygiene
- What is a good fluid intake
- How to recognise an infection and what to do about it
- Documentation/evaluation/communication
- Aids, suitable device, compliance
- How to avoid constipation

VTE

- Use of medication to reduce risk
- Ways that the patient can keep moving
- Support to stop smoking
- Hydration and nutrition
- Documentation/evaluation/communication
- Restrictive clothing & dressings

Question 3

A patient suffers from a harm during their care within your organisation.

- 1. What is the impact for the patient?*
- 2. What is the impact for your organisation?*
- 3. What would the effect be on you?*

Patient

- Pain and distress
- Prolonged stay
- Loss of income due to time off work
- Loss of independence e.g. may need care home
- Permanent catheter
- Increased visits for community staff or admissions
- Long term effects & risks
- Health and wellbeing
- Depression
- Death
- Poor experience
- Psychological impact

Organization

- Impact on reputation and potential loss of business
- Financial implications e.g. extended hospital stay, increase use of staff/consumables/medications
- Loss of income from reduction in activity or performance
- When things go wrong within the team (morale, job satisfaction, registration)
- Complaints
- Other patients needing the bed space

All harms are interlinked:

If a patient is not eating well or taking enough fluids:

1. They may feel dizzy when they stand up which increases their risk of falling.
2. Their catheter is not draining well because they are not drinking enough fluids which increases their risk of CAUTI.
3. Lack of fluids and food is making them lethargic and less motivated to move so they are at risk of VTE.
4. They are spending more time in bed, or sitting, and so pressure ulcers could develop.



Thank you