Answer Guidance

# Chapter 17: Ensuring quality and effective management of risk

## Activity answer guidance

### Activity 17.1

Reflect on your own experience as a user of healthcare.

What are your views on what constitutes a quality service?

#### Answer guidance:

*You have been asked to reflect on your own experiences as a healthcare user- this might be as a patient or as a family member or carer of a patient. Quality in healthcare is often divided into three subheadings- patient experience, cost-effectiveness, and patient safety. This might help you to focus your reflection.*

*Patient experience: did you receive person-centred care, did staff introduce themselves and keep you up to date, was the area clean and tidy and well kept, were staff friendly, professional, and knowledgeable?*

*Cost-effectiveness: did you receive the right treatment at the right time in the right amount?*

*Patient safety: did you feel safe, was your treatment effective, did you come to any harm, and did you feel like you fell through gaps in the services provided?*

### Activity 17.2

Each of the organisations listed above publishes inspection reports for hospitals, GP Practices, and other healthcare providers. Look up the most recent inspection report for a placement provider you have recently had a placement with:

 Have any areas of risk been identified that the organisation needs to take action on?

 How do these relate to your own experience there?

#### Answer guidance:

*Lookup a local health provider in your area on the CQC website and read the report. You may identify themes or areas of concern within that trust. The CQC uses the following themes when assessing a healthcare provider: is care safe, effective, caring, responsive, and well-led? The CQC is currently reviewing its process so difficult to go into much depth on the current system.*

### Activity 17.3

Discuss with your practice educator and the staff at your placement what nursing audits are undertaken in their area and ask if you can participate in one. Reflect on the findings and the implications of the results on care in that area.

#### Answer guidance:

*Which nursing audits are undertaken in your current placement area? This may include handwashing audits, commode cleanliness audits, staff satisfaction surveys, etc. The audits may be aligned to national drivers such as antimicrobial resistance and sepsis, mortality rates, admissions, discharges, referral times, waiting times for certain procedures, ambulance conveyance, mental health admissions to A&E, and many more.*

### Activity 17.4

Think about your experience caring for different patients on placements.

What patient groups are at particular risk and why?

#### Answer guidance:

*You have been asked to consider which patient groups are most at risk. It could be argued that hospitals are dangerous places and all patients are at risk upon being admitted. It is our job to minimise this risk. However certain groups are more at risk and these might include:*

 *Patients who have co-morbidities*

 *Patients who lack mental capacity (this may include those who are unconscious)*

 *Patients who are elderly or “frail”*

 *Patients with learning disabilities or neurological impairments such as Autism.*

 *Patients who require assistance with their activities of daily living e.g. mobility or nutrition*

 *Postoperative patients*

 *Deteriorating patients*

 *Patients with medical devices*

 *Patients with indwelling lines and attachments e.g. drips, drains, ET tubes.*

 *Immunocompromised patients*

*This list is not exhaustive.*

### Activity 17.5

Gregor is 85 years old and has Alzheimer’s disease. Until recently, he has been cared for at the home of his daughter who is 63. However, she has found it increasingly difficult to manage Gregor as he has become increasingly confused, aggressive at times, and refuses to eat and take his medication. He has suffered weight loss, clearly looks emaciated and his mobility is poor.

You have been asked to admit Gregor to the nursing home you are on placement at and complete his nursing assessment:

 What potential risks do you think Gregor may be exposed to?

 What assessment tools would you use for his risk assessment?

#### Answer guidance:

*Potential risks include increased confusion due to a new environment, falls or injury, malnutrition and dehydration, deterioration due to refusing medication, pressure sores, deconditioning, and reduced mobility.*

*Potential risk assessment tools might include: falls risk assessment, NEWS2 to monitor vital signs and risk of deterioration, MUST, fluid balance and nutritional intake chart, Waterlow, SSKIN, wound assessment charts, moving and handling assessment, Confusion Assessment tool.*

### Activity 17.6

What high-profile system failures can you think of that have highlighted the risks associated with healthcare?

#### Answer guidance:

*Sadly, there have been several high-profile system failures reported in the media, some of these have included:*

*The Mid-Staffordshire Inquiry*

*Morecambe Bay Inquiry*

*Bristol Royal Infirmary Inquiry*

*Winterbourne View Inquiry*

*Safeguarding cases such as baby P, Daniel Pelka, Victoria Climbie, Star Hobson, and Arthur Labinjo Hughes*

*Care of patients with learning disabilities at Southern Health Foundation Trust*

*Mental health patient deaths across the UK were found to be in excess in 2021*

### Activity 17.7

There are many variations when defining risk management in practice:

How would you define the term “risk management” in relation to the care you were involved in providing on your last placement?

#### Answer guidance:

*This definition can be found in Mosby’s Medical Dictionary, 8th edition, Elsevier: Risk management can be defined as a function of administration of a hospital or other health facility directed towards identification, evaluation, and correction of potential risks that could lead to injury to patients, staff members, or visitors and result in property loss or damage.*

### Activity 17.8

Re-read case study 17.2 and consider Emily’s story in relation to the three common themes present in most definitions of risk management:

 identification

 evaluation

 correction.

How do you think the risks present could have been identified—are there any assessment tools that you could use?

 Now consider the evaluation component of the incident. What do you think this actually means?

 What factors could have influenced the undesirable outcome for Emily?

 Think about correction. What recommendations could you suggest to reduce the likelihood of a similar situation occurring again?

Write down your thoughts and ideas as to how you could identify the risk/s present within the case study. Are there any assessment tools that you could use?

#### Answer guidance:

*It might be that you have identified an obvious departure from good practice. There was a protocol in place should the “trial by forceps” proceed to an emergency caesarean section. The drugs were prepared, drawn up, and labelled correctly. There are policies in place in relation to medication management, including the administration. Although human error/performance was the cause of the incident, the departure from safe practice could have been influenced by the working environment and the wider organisational context, for example, a telephone call that caused a distraction. A closer analysis could possibly reveal a series of events that influenced a departure from good practice. Human error is routinely blamed for such incidents that occur in practice, but this often only masks a more complex truth.*

*Risk can be identified through:*

 *Incident reporting*

 *Checklists*

 *Observation*

 *Knowledge sharing*

*Now consider the* evaluation *component of the incident.*

*Risk evaluation is about the process of determining the potential severity of the loss/harm with an identified risk and how likely that such a loss or harm with occur. In more simplistic terms what would have been the most harm/loss caused in the situation with Emily and her baby and what are the chances of that outcome actually happening?*

*What factors could have influenced the undesirable outcome for Emily?*

 *Short cuts and deviations from best practice e.g. protocol, policy, guidelines*

 *Communication breakdown*

 *Inadequate training*

 *Lack of clarity in relation to roles and responsibilities*

 *Poor leadership/no clear leadership*

 *Poor interdepartmental working*

*Think about correction and what recommendations you could suggest to reduce the likelihood of a similar situation occurring again.*

*You might have considered:*

 *Clinical guidelines*

 *Evidence-based practice*

 *Effective communication*

 *Robust documentation*

 *Education and training*

 *Situational awareness in relation to individual roles and responsibilities*

 *Effective, cohesive teamwork*

 *Clear leadership*

### Activity 17.9

Think about your last placement:

 What systems were in place to report incidents?

 Would you feel confident in reporting an incident that directly involved you?

 What, if any, are the barriers to reporting incidents?

#### Answer guidance:

*Systems that are commonly in place throughout the NHS for reporting incidents include IR1 and datix.*

*Having the confidence to report incidents will very much depend on your own personal and professional development to date. What you should be mindful of is that an organisation with a culture of reporting is much safer than one where no reporting occurs. Good leadership will encourage an open, honest and supportive approach to the value of a reporting culture.*

*Probably one of the greatest barriers to reporting incidents is the fear of being blamed or reprisal. Other fears might include job loss or being singled out as a whistle-blower.*

## Case study answer guidance

### Case study 17.1: Catherine

Catherine is a 50-year-old teacher who has been admitted to the surgical investigation unit for an exploratory endoscopy following a number of visits to her GP with gastric problems. She recently moved 200 miles away from her hometown, where she had lived since she was born because her husband had changed his job. She has just started a new job herself but is finding it hard to adjust to so many changes.

Catherine attended the pre-assessment clinic a week ago where she was assessed by a registered nurse and a healthcare assistant (HA) to ensure she was fit to undergo an exploratory endoscopy. They asked her a number of questions regarding her general health, and her blood pressure, pulse, and temperature were taken and recorded.

When Catherine returns on the morning of her procedure, she is greeted by Jane, a different registered nurse, and asked to put on a hospital gown and wait by a bed. After looking through Catherine’s notes from her pre-assessment, Jane notes that her pulse is a bit higher than she would have expected – 105 beats per minute, so she decides to take it again. This time Catherine’s pulse is 110 and the beats are irregular. When Jane speaks to the registered nurse and HA who performed the pre-assessment observations, it becomes apparent that the HA had used an automated machine to measure Catherine’s pulse, which would not have detected that it was irregular.

Jane alerts the doctor and a decision is made to postpone the procedure until further investigations are performed. Catherine is very upset that her endoscopy has been cancelled.

 What are the risk issues arising from this case study?

 What skills did Jane use to assess and manage the risks associated with Catherine’s care?

#### Answer guidance:

*Jane has recently moved to a new area so will have a new GP and local trust. They may not have all her previous medical records. At the pre-admission clinical observations are taken and they ask questions about Catherine’s general health. It would be useful to know if this included a full assessment of her past medical history, drug history, and activities of daily living. Observations were taken by a healthcare assistant but she did not act upon any concerns. She did not check the mechanical results manually by palpating the pulse and feeling for the strength and any irregular beats. If she had done this and escalated any concerns then the patient would not have travelled all the way to the hospital for her procedure without it being explored further. Jane used good decision-making and clinical assessment skills. The nurse also shows the good team working skills by communicating with the doctor and raising her concerns.*

### Case study 17.2: Emily

Emily is 29 years old and has physical and intellectual disabilities due to Down’s syndrome. She has severely impacted wisdom teeth and has been admitted to the hospital to have them removed. Emily has significant cardiac problems due to Down’s syndrome and takes a range of medications to support her heart. Therefore, the decision has been made to the first attempt to remove her wisdom teeth in the operating theatre under local anaesthetic, as this will put less strain on her heart. Only if this is not possible will a general anaesthetic be administered.

The theatre team prepares for Emily’s arrival and in doing so they prepare the necessary equipment and drugs for both a local anaesthetic and a general anaesthetic, should this be required.

To ensure that there is no possibility of Emily contracting an infection, it is routine for an antibiotic to be administered, regardless of whether her teeth are removed under local or general anaesthetic. The antibiotic and the induction agent—a drug given at the start of a general anaesthetic to make a patient unconscious—are drawn up into two separate 20 ml syringes. The colour of each drug is identical and the only way to distinguish between the two syringes is by using different-coloured labels—antibiotic (white label) and induction agent (yellow label).

Emily arrives in the theatre and all goes well, with her teeth removed under local anaesthetic. The anaesthetist then administers the routine antibiotic. Thirty seconds later, Emily becomes unconscious.

The induction agent had been given in error. Even though the drugs had been clearly and appropriately labelled, a momentary “lapse in concentration” occurred and Emily was given the wrong drug. The incident occurred due to an error in human performance.

 Could this situation have been avoided?

#### Answer guidance:

*Yes, the situation could have been avoided and you might suggest a variety of measures such as: using the World Health Organisation Safe Surgery checklist, using closed systems to administer the drugs rather than syringes, clearer labelling, adding additional safety checks, and ensuring two staff check the prescription, drugs, drawing up and administration of the drugs, reducing distractions in theatre once the patient has arrived (almost like the sterile cockpit approach described in patient safety literature) so that the nurse was concentrating when undertaking medicines management.*

### Case study 17.3: Mrs. Nalule

You have been allocated to a community placement for an eight-week placement. You are allocated to one of the community nurses and visit a number of patients in the community with her. In your last week, she tells you that she is very happy with your performance and suggests that you undertake some of the visits on your own. She allocates you a number of patients to visit. Mrs. Nalule is an elderly lady with cataracts, diabetes, and a leg ulcer who had been discharged from the hospital last week following a fall. It was found that she had not been compliant with monitoring her diabetes which caused her to become confused and led to her fall. When you arrive at her house you cannot get a response to the doorbell so look through the window and can see Mrs. Nalule on the floor. You find the back door is unlocked and go inside; Mrs. Nalule is breathing but very drowsy and confused. You quickly check her blood sugar and find it is 3 mmols/l. You cannot find a Glucagon Injection in the house and are concerned about giving Mrs. Nalule a sugary drink due to her low level of consciousness, so call an ambulance and then ring the health centre where you are based to let them know what has happened. Whilst you are waiting for the ambulance you read through Mrs. Nalule’s notes and see that no one has visited her since her discharge from the hospital but your Practice Supervisor told you when she handed over your caseload that she had seen her and she was fine.

What concerns would you have in this situation?

 Do you know how to access your university policy and trust policy on raising concerns?

 If you witness substandard practice, would you know who to report it to?

 Which section of the NMC Standards of Proficiency for Registered Nurses (2018a) applies to this particular case study?

#### Answer guidance:

*My concerns with this lady are that she either hasn’t had a visit since she was discharged or the visit has not been documented, there is no risk assessment in place. She is known to be non-compliant with her medication and is now having another hypo which has led to a fall ( a known risk)! There is also no equipment in her house in the case of a hypo i.e. glucose injection or gel.*

*In this instance, you would need to escalate your concerns to the university so it is important to ensure you know where to find the policy and contact details of your link lecturer or named contact. You would need to escalate this to the university but also complete an incident form within the trust you are working.*

***This is related to the NMC Code of Conduct:***

*1.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care*

*10.1 complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event*

*10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

*10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

*10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated, and timed, and do not include unnecessary abbreviations, jargon, or speculation*

*11.1 only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand your instructions*

*11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care*

*11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard*

### Case study 17.4: Jenna

Starting a new placement is both exciting and terrifying—meeting my mentor and the staff and getting to grips with new terminology and practices. Some placements provide an induction pack with key terms and pointers to useful reading, but unfortunately not all. In the first couple of weeks, I often feel really stupid because I don’t know what certain words mean, and it is even worse when abbreviations are used! To help me settle in and build my confidence, I keep a notebook with me at all times and write down words and abbreviations I don’t know, and then either ask a nurse, if they’re approachable or wait until I get home to look at them up. I’ve also found it really helpful to visit a couple of weeks before and find out what types of patients are being cared for and what common conditions—I read around some of them in advance, then at handover, I don’t look a complete idiot when I am asked many questions, nor do I feel like I am constantly bothering my mentor. Last week one of the patients, who had a learning disability, was behaving in an odd manner and started to become quite aggressive. The staff said this was just how people with a learning disability behave sometimes but I had been reading about diabetes and realised that she might be having a hypo. So I told my mentor, who checked her blood sugar—which was really low—and she congratulated me on picking up the signs. If I hadn’t done the pre-reading I would probably have just accepted what the staff said. I felt really proud of myself that day!

• Which of the strategies Jenna identifies do you think might be useful for you to apply during your next placement?

#### Answer guidance:

*Act with integrity. Every organisation you have a placement with will have a large number of rules, regulations, policies, and procedures in place that staff is required to follow. While, as a student new to an organisation, you cannot be expected to know all of these, it is essential that you make yourself familiar with key ones and follow them. Many of these will have been written in response to adverse events; others will arise out of clinical guidelines for best practice. When you are introduced to a new skill in practice, ask whether there is a local policy for it, read it, and always ask questions if you are unsure. In addition, as part of collecting evidence to support the achievement of your practice outcomes, you could write a precis of the policy.*

*Protect people from harm. Unfortunately, there may be occasions on which you believe patients you have come into contact with may be at risk of harm, or when patients for whom you are caring or their carers indicate to you that they are unhappy about the care they are receiving. These situations can be incredibly difficult to manage, but failure to act can have serious consequences, as the findings from the Francis Report (Francis, 2013) demonstrate. If you have concerns, your first action should be to discuss them with your mentor or another member of staff (see Will’s Case Study). Sometimes it may be that you have insufficient knowledge or understanding of the issue and, once explained, you will realise that your concern is not justified, but by talking it through you will have a better understanding for the future. If you feel your concerns are not being heard then talk to the member of staff from your university who links to your placement or personal advisor. The NMC provides clear guidance on raising and escalating concerns (NMC, 2013) which is available on its website, and with which all students should be familiar.*