East Kent Hospitals University NHS Foundation Trust

November 2020

GYNAE MATTERS

Topics included this month are updates on Datix incidences and learning, the Risk Register, Audit and complaints

[REDACTED] Gynaecology Governance Nurse

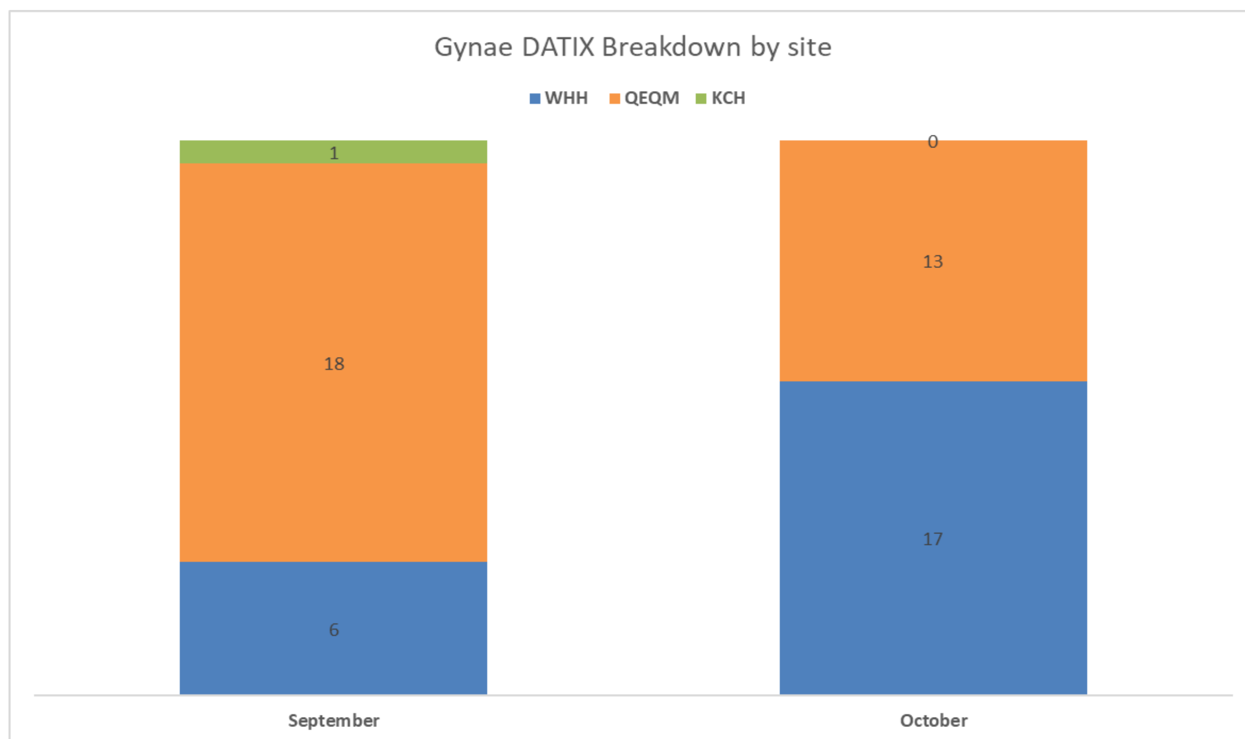
[REDACTED] Governance Matron

If you have any questions or queries please do not hesitate to contact the risk team via email: [REDACTED]

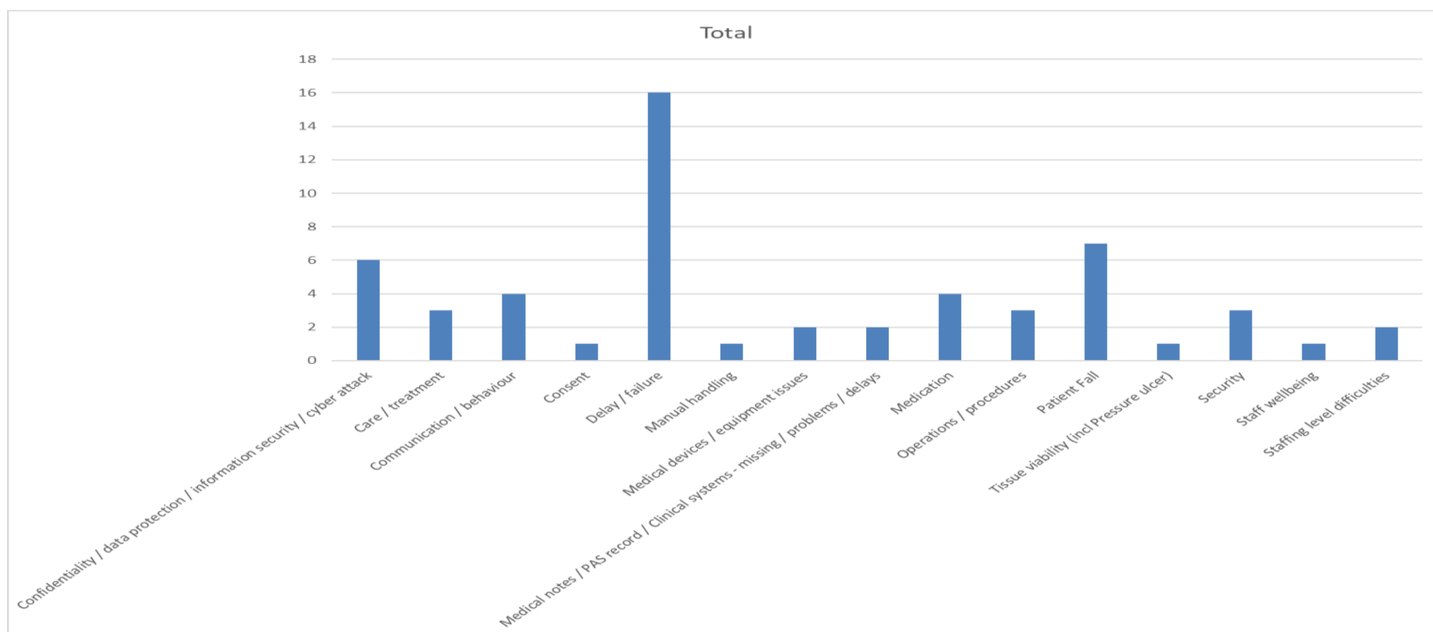
GOOD NEWS

The new Women's Health Ambulatory unit will be opening at WHH which will be a 24 hour service.

Below is a breakdown of datixes for September/October between sites



Themes



Themes and learning

Ward staff should check with Doctors that all medications are prescribed on a new drug charts and old drug charts are archived.

There having been a number of incidents around information Governance. Please can all staff remember to be careful when filing notes. There have been several occasions where one woman's notes have been mixed in another woman's file.

Please ensure that the Trust SBAR tool is completely filled in and signed by both the handover nurse and receiving nurse.

IP&C

Please watch the YouTube video below on commode cleaning, as recommended by infection control. Ensure that all clinical staff who undertake commode cleaning have watched the commode cleaning video - hyper link below:

https://www.youtube.com/watch?v=HT3SE2JY3xc

When cleaning commodes ensure that that the underside of the frame is also checked and at the end of the clean the commode should be tipped up to check the underside of the frame.

Ward Managers should keep a record of the staff who have confirmed they have viewed it. If staff have any concerns or questions about the cleaning process, the IPC team have kindly confirmed their availability to respond to any queries. Please contact [REDACTED]

LEARNING FROM INCIDENT: A scan should be requested if the blood hcg does not fall at the speed we would expect with a miscarriage.

Patients must be given information on PUL.

Serious Incident

This case relates to a [REDACTED] woman initially admitted via the Emergency Department (ED) to [REDACTED] ward on [REDACTED] at [REDACTED] hours with a history of [REDACTED]. She was reviewed by the Gynaecology consultant who performed [REDACTED]which identified a [REDACTED] with a [REDACTED]

The woman was commenced on [REDACTED] due to the bleeding. A plan was made for a [REDACTED] and the woman was discharged home on
[REDACTED].

Although a Magnetic Resonance Imaging (MRI) scan was arranged the surgical procedure was not.

A pelvic MRI was performed on [REDACTED] and the report identified, [REDACTED]. The advice was [REDACTED] was suggested but this was not escalated.

The woman was investigated after a GP referral in [REDACTED] and a diagnosis of [REDACTED] was made.

Learning

Women being booked for hysteroscopies when admitted via ED should have the same tracking system as women who are referred via their GP with the MDM team monitoring their pathway

A hysteroscopy guideline is being written to include this and will be circulated once ratified.

Guidelines

New guidelines published:

Guideline on sensitive disposal of pregnancy remains

Colposcopy Programme Guidelines

Colposcopy data SOP

Guideline updated to reflect changes in national practice:

Management of threatened 1st trimester miscarriage

Guideline updated to reflect changes in national practice:

– Management of threatened 1st trimester miscarriage

Please ensure you read all new/updated guidance which can be found on the Policy centre

Audit

We are in the process of devising a new audit agenda for 2021/2022,

If you have any suggestions please don't hesitate to contact the audit team, or if you would like to be involved within an audit! Click on the link below to find out what is on the audit program and how to contact the audit team. Please see below the audit program me with complete audits attached.

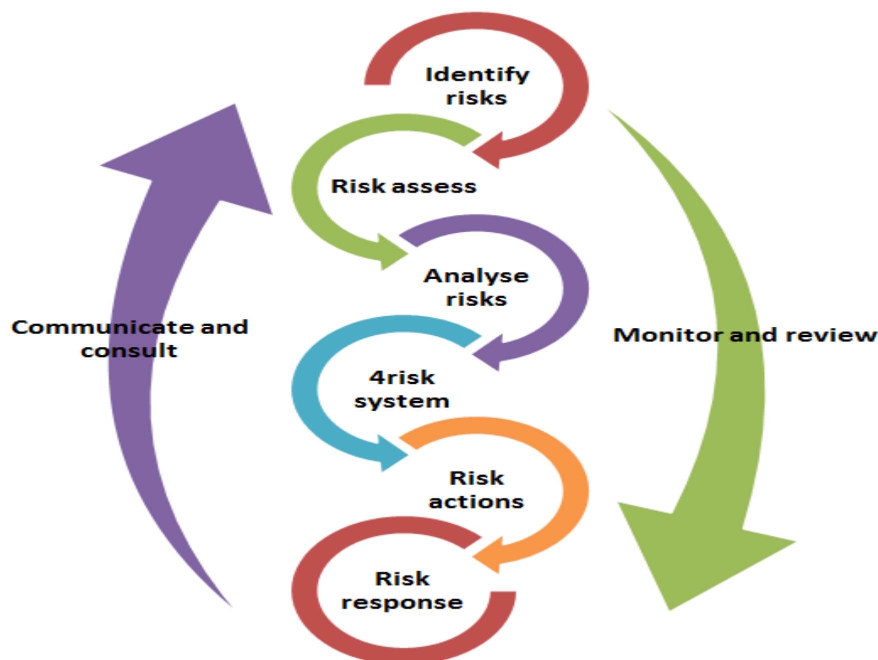
Current audits 2020.pdf

Clinical audit programme 2020 2021.xlsx

4risk

Risk Register

A Risk register is part of the process of recording how we will manage the **risks** in our work area. Each **risk** that is identified is recorded in the **register** which summarises a description of the risk · its cause and impact · the existing controls for the risk · an assessment of the consequences and likelihood of the risk happening with the existing controls · the risk rating: low, medium, high or very high and the overall priority of the risk. The senior team meet monthly to monitor and review risks. The three Top risks are displayed in the clinical areas but are also embedded below.



Please See below the top three risk associated with Gynaecology

Top Risks for Gynae.odt

Complaints

September =0

October = 8

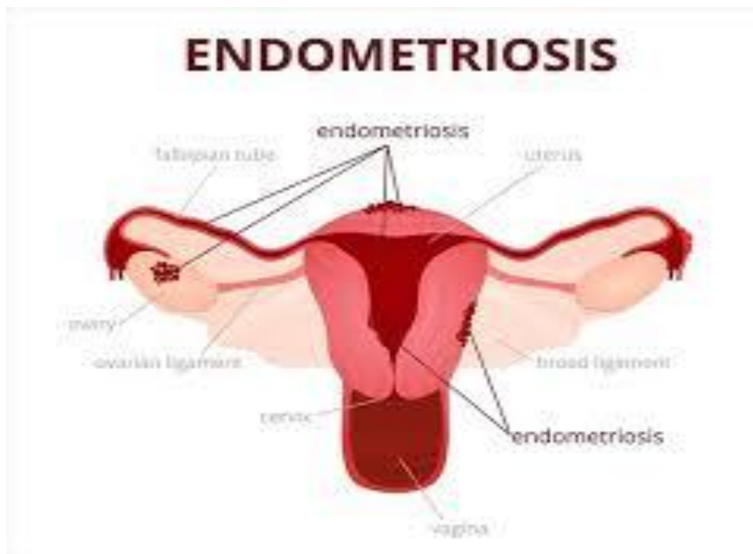
In October we had the most complaints received all year with the main themes around communication

ACTION FROM COMPLAINTS:

The Women's Health team will hold a re-audit into ureteric injuries that have occurred within the Women's Health Department. This will be checked against national figures to ensure rates are within the national acceptance levels. This follows a complaint from a woman who had routine surgery complicated post operatively by [REDACTED]

One of the senior nurses has taken the role of discharge Co ordinator. She is going to commence an audit of the safe discharge checklist to highlight areas requiring improvement. A teaching plan we then be devised to improve the discharge process.

Following on from one complaint in particular the woman did not feel staff understood her condition is. During a meeting with the woman a short refresher message to all staff was suggested and accepted as a positive move from the woman. Please see next page for information on Endometriosis



Endometriosis is a condition in which cells similar to those in the endometrium, grow outside the uterus. Most commonly this is on the ovaries, fallopian tubes, and tissue around the uterus and ovaries. In rare cases it may also occur in other parts of the body. The main symptoms are pelvic pain_and infertility. Nearly half of those affected have chronic pelvic pain, while in 70% pain occurs during menstruation. Pain during intercourse is also common. Infertility occurs in up to half of women affected. Less common symptoms include urinary or bowel symptoms. Endometriosis can have both social and psychological effects and can be debilitating.

The cause is not entirely clear. Risk factors include having a family history of the condition. The areas of endometriosis bleed each month, resulting in inflammation and scarring. The growths due to endometriosis are not cancer. Diagnosis is usually based on symptoms in combination with medical imaging; however, laparoscopy and biopsy is the surest method of diagnosis. Differential diagnosis include pelvic inflammatory disease, irritable bowel syndrome, interstitial cystitis, and fibromyalgia. Endometriosis is commonly misdiagnosed, and women are often incorrectly told their symptoms are trivial or normal.

Tentative evidence suggests that the use of combined oral contraceptive drugs reduces the risk of endometriosis. Exercise and avoiding large amounts of alcohol may also be preventive. There is no cure for endometriosis, but a number of treatments may improve symptoms. These may include analgesia, hormonal treatments or surgery. The recommended pain medication is usually a non-steroidal anti-inflammatory drug(NSAID). Taking the active component of the birth control pill continuously or using an intrauterine device with progesterone may also be useful. Gonadotrophin-releasing hormone antagonist (GnRH agonist) may improve the ability of those who are infertile to get pregnant. Surgical removal of endometriosis may be used to treat those whose symptoms are not manageable with other treatments.

The effects are invisible and vary in each individual. Nationally there is a large amount of research being carried out into this condition. Locally we are hoping for funding to employ an endometriosis CNS to support the women and the staff.

Please take some time to refresh your knowledge of this condition

Useful link: www.endometriosis-uk.org