Notes on meeting of the RA-BRA Patient Safety Committee held at the BRS Conference, Leeds – 1st July 2015

Present:
Dr. Paul Rylance (Patient Safety lead), Katie Fielding (Nurse lead), Jane MacDonald (BRS Representative (Nurse), Prof. Maarten Taal (BRS Representative (Medical), Lucy Galloway (Pharmacy) Stephanie Bolton (Northern Ireland)

1. Apologies
Rakesh Patel, Daljit Hothi, Ying Kwan, Sarah Naudeer, Katie Vinen, Alastair Hutchison, Gerry Boyle, Graham Lipkin

2. Minutes of last teleconference (5th February 2015)
Have been circulated

3. Matters arising
None as all covered by the agenda

4. Constitution and membership of the committee
- Dr. Katie Jones, Nephrologist from Newcastle, has been appointed as deputy for the committee
- Paul Rylance to report to RA Executive and to offer to attend BRS Council meeting

5. Patient Safety Website
- The patient safety website is now live on the RA website. Many thanks to Jim Moriarty, and Claire Ford and Ashley at MCI for their hard work in developing the pages. The link to the BRS website will be created

6. Patient safety priorities
- Vascular Access
  - Issues have been raised around infection concerns in buttonholing and CVCs, blood loss from ruptured AVFs and skin integrity issues on AVFs, which may be linked to cleaning solutions
  - Katie Fielding ran a buttonhole workshop in March, which identified that the issues are not potentially just with buttonholing but with vascular access as a whole. The outcomes of that meeting are:
    - Development of guidelines on buttonholing from the group attending the meeting
    - Setting up a Vascular Access special interest group nationally to look at vascular access issues, of which RA-BRS Patient Safety will continue to be involved
  - Venous needle dislodgement should be included in the vascular access work. In particular, we need to explore whether we need to promote more use of blood loss detectors for ‘at-risk’ patients.
  - HD catheters could also come under the vascular access work.
    - Action – Discussions with Nick Fardon (Sheffield) and Peter Thompson (Glasgow) about their experience/analyses
• Water sterilisation
  o There have been 2 incidents of chlorine contamination of water supplies, with possibly one incident related to a patient death. These both involved PFI companies managing water supplies. Ongoing work needs to continue on implementing and reviewing the RA/ART guidelines.
  o Haemolysis from kinked dialysis lines - no new episodes had occurred in Northern Ireland

Outstanding Feedback on Actions:
  ▪ Gerry Boyle to discuss with ART committee, with a view to develop more specific guidelines.
  ▪ Subsequent discussions needed with Sandip Mitra in his role with RA home HD guidelines about water standards and blood loss risks.
  ▪ Water Quality could also be a programme topic for BRS conference

• Medicines
  A survey has been performed around medication risks within renal. Risks highlighted include:
  ▪ Renal departments having stand-alone electronic prescribing systems that are not compatible with systems used in the wider NHS and primary care. This leads to issues with double prescribing of medications.
  ▪ Anticoagulation — including heparin being given to anticoagulated patients and no dosage adjustment in renal failure
  ▪ Double prescribing of 1 alphacalcidol by hospitals and GPs
  ▪ When dose altering for eGFR, what equation should be used to calculate eGFR?
  ▪ IV iron anaphylaxis – 3 hospitals have issues with anaphylaxis with IV Monofer. This potentially could be occurring more than is reported, so we potentially need to look at monitoring of this

Action
  ▪ Pharmacy Survey to be circulated
  ▪ Pharmacy reps to attempt to gain better feedback from the survey - Survey Monkey
  ▪ Paul Rylance to contact MHRA about iv Iron incidents

• Use of single rooms for HD
  o No consensus was gained from the responses to this
  o This is potentially about a cultural change in how you nurse and may be addressed through the workforce planning work-stream.

• Falls
  o Sarietha Kumar (Southend) has been contacted about outcomes from their preventative strategy

7. Links with other organisations
  o MHRA: Paul Rylance has had teleconferences with MHRA about more transparency by industry in reporting incidents and risks. This is planned to move towards Europe-wide collaborative reporting and open access to incident databases. Renal and anaesthetics have been asked to be a pilot project. Paul Rylance has identified a renal industry contacted if required
  o DH Supply Resilience: Paul Rylance, Richard Fluck and Katie Fielding have been working with DH on Supply Resilience as a result of previous supply failures.
  o Renal Registry – Further discussion will take place to how Patient Safety and Renal Registry can collaborate
  o Regional Meetings: Input into regional meetings could promote RA-BRS Patient Safety
  o Quality Improvement: Links should be developed with the Quality Improvement initiative work stream that is part of BRS - Louise Wells (Dietician, Leeds) is the BRS Vice President for Clinical Development. Hugh Gallagher (St. Helier) might be another QI contact.
  o Duncan Ferguson – National Services Scotland – who has a particular interest in renal patient safety
8. **Presentations and publications**
   - Committee to suggest any opportunities or topics for presentations and publications (e.g. British Journal of Renal Medicine or Journal of Renal Nursing)

9. **Any other business**

   **Developing a Patient Safety Strategy**
   - It was suggested that following national guidance on patient safety, might further give the patient safety committee focus and further credibility.
     - “Signing up for Safety” – identify 5 areas we would like to focus on and pledge to work on. This could include:
       - Vascular access complications (CVC and non-CVC issues)
       - AKI including “sick day rules” for medication discontinuation via links with primary care
       - Quality Improvement initiatives
       - Safety Collaborative
       - **Action:** Jane MacDonald will put together a 1 page report on these initiatives for the committee
   - We need to look at data collection on how we record patient safety incidents. A safety thermometer for dialysis / renal care could be developed. Maarten Taal and Katie Fielding have done some work on a Trigger tool that has measured harm during haemodialysis. This could provide the basis for what we measure. Work could be done with the renal registry to measure and implement this nationally.
     - **Action:**
       - Paul Rylance and Katie Fielding to discuss the trigger tool.
       - Maarten Taal will put some information together for Paul Rylance
       - Paul Rylance to discuss with Fergus Caskey at the Renal Registry
   - How do we tie in research to practice?
     - Best practice guidelines – Consider circulation of suggestions of best practice from units with expertise where no evidence-base is available

10. **Date of next meetings**
   - A day meeting will be planned for February (?Wolverhampton - a central location with rail and motorway access).
   - 2 teleconferences could occur before this day - these can be used to plan what is achieved on this day so it is productive.

**Dr. Paul Rylance**
RA-BRS Patient Safety Lead