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# QualityMatters

The monthly newsletter of Hunter New England Health Clinical Governance

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## From the Director...

This month, we welcome our first Guest Contributor, Dr Margaret Sanger, who is Director of Medical Services at The Maitland Hospital.

Margaret is passionate about one of my favourite subjects, improving clinical communication, and we thank her for sharing her views with us in this edition of *Quality Matters*.

I would also encourage you to be part of the audience



for the annual HNE Health Quality Exposition and Scientific Program,

which this year will be held at the University of New England in Armidale.

We have brought together speakers who are known for their expertise and thought-provoking presentations, and I hope that you will join us on 17 and 18 September in Armidale.

**Dr Kim Hill**  
**Director,**  
**Clinical Governance**

### How to register for Quality Expo

Registrations are now open for the 2007 Quality Expo and Scientific Program.

To register, or for more information contact, Colleen Wall on 67678881 or [colleen.wall@hnehealth.nsw.gov.au](mailto:colleen.wall@hnehealth.nsw.gov.au)

## Improving clinical handover

**By Margaret Sanger**  
**Director of Medical Services**  
**The Maitland Hospital**

The catchcry "it wasn't like this when I was a boy" brings the present into sharp contrast.

The working life of junior doctors has changed. Forty years ago the resident medical officers were in fact 'resident' - living on-site and constantly on-duty and continuously responsible for their clutch of patients.

Welcome to the year 2007 where shift lengths and safe hours are prescribed and clinical handover assumes enormous importance for continuity of care and quality patient outcomes. We are now charged with fashioning safe and quality healthcare being delivered by the working families of the future.

The focus on clinical handover (or 'hand off' to our US colleagues) is now international, as is safe hours and clinical governance. Recent statements from the AMA, the BMA Junior Doctors Committee, The Australian Council for Safety and Quality, and the WHO High Fives campaign are all aligned.

Handover is required when the care of patients transfers at the end of any shift, be it medical, nursing or allied health, and when patients move within or between facilities, or healthcare sectors.

A period of vulnerability is when there is a combination of hungry, angry, late or tired caregivers, for example during evening and night shift handovers.

Night medical handover should be a particular focus and is enhanced by the after hours nurse manager who brings their focus on quality care for deteriorating and unstable patients in their wards.

Our nursing colleagues have taught us that end of shift handovers need to be held in a specific location and be time protected. A structured format underpins efficient and effective communication.

Since 'Quality Matters', handover needs to be audited and therefore documentation is important. Patients need to be correctly identified. Any clinical incidents related to handover deficits should be documented in IIMS. With these quality tools we will track our improvements in communication over time.

Improved clinical handover is a great patient care initiative for HNE Health.



## In profile...Sue Williams

Sue has a long history of interest in patient safety and risk management with a Masters in Health Science specialising in safety and as one of four certified practising risk managers in NSW Health.

Prior to joining the former Hunter Health, Sue was Director of Patient Safety at Princess Alexandra Hospital, Brisbane where she facilitated the first Root Cause Analysis training for Queensland Health.

Prior to this, on behalf of the Western Australia Metropolitan Health Service, Sue developed the first Australian Healthcare Integrated Risk Management Strategy and Standards and on behalf of



**Area Clinical Risk Manager Sue Williams**

the National Patient Safety Agency facilitated the first Healthcare Root Cause Analysis training program for the UK NHS. In 2000, Sue was part of the expert panel that developed the

Standards Australia International Guidelines for Managing Risk in the Healthcare Sector.

Sue has also designed the first Australian healthcare proactive risk assessment methodology (Task Safety Analysis) to facilitate the primary prevention of adverse events. As Area Clinical Risk Manager for HNE Health Sue co-developed the first integrated healthcare risk management system and software, currently being reviewed by NSW Health with a view to state wide implementation.

Sue is married to Andrew, a reliability engineer, and together with their two boys finds bushwalking and reading suitably low-risk activities.

## The countdown is on for Quality Expo

Armidale will host the 2007 Quality Expo and Scientific Program which commences at 1pm on Monday, 17 September and concludes at 1pm on Tuesday, 18 September.

This year's focus is Communication and Culture for Quality and we are exceedingly fortunate to have some renowned interstate and intrastate speakers who are prepared to put forward challenging perspectives.

Speakers include:

- **Professor Peter Castaldi**, CEO, Greater Metropolitan Clinical Taskforce
- **Mr David Hirsch**, Sydney Barrister
- **Dr Joseph Ibrahim**, Consultant Physician Special Investigations Unit, State Coroner's Office, Victoria
- **Professor Stewart Dunn**, Professor of Medical Psychology, Sydney University Northern Clinical School
- **Dr Ross Wilson**, Director, Centre for Healthcare Improvement
- **Mr Scott Wagner**, Rural Allied Health Project Officer, NSW Institute of Rural Clinical Services and Teaching

Throughout the Expo there will be opportunity to view projects selected as finalists in this year's Hunter New England Quality Awards. Each finalist will present a poster and be on hand to discuss their project. See page one for info on how to register.

## Central Line Associated Bacteraemia (CLAB)

This statewide quality improvement project looks at reducing the incidence of CLAB in intensive care units. These infections are associated with a significant risk of death and prolonged hospital stay. Previously reported experience from the USA suggests that ICU CLAB rates can be reduced to almost zero by implementing a series of relatively simple interventions. The CLAB project thus involves implementing five proven interventions to reduce CLAB rates:

1. Strict adherence to hand hygiene (two minute hand wash) by the person inserting the central line
2. Maximal barrier precautions - gown, sterile gloves, hat, mask and fenestrated drape
3. Chlorhexidine skin antisepsis
4. Subclavian site preferred to femoral or jugular
5. Daily review of line necessity, with prompt removal of unnecessary lines.

Data will be collected on adherence to these 5 interventions and CLAB rates. The aim is to demonstrate an 80% reduction in CLABs by June 2010. The CLAB project has just started within HNE Health, commencing with the John Hunter Hospital Intensive Care Unit. The project will run for three years. Contact: Dr Anthony Mullens on 4921 4782 or Matthew Salerno on 4922 3571.

## Area clinical communication reference group

Good communication is critical to effective patient care.

HNE Health data show that in at least half of the investigations of the most serious adverse events communication issues are identified as a root cause. In response to these data, earlier this year Director Clinical Governance Dr Kim Hill established an area-wide Clinical Communication Reference Group

With members from a range of disciplinary backgrounds the aims of the group include supporting, guiding and enhancing HNE Health initiatives in clinical communication; identifying the drivers of and best evidence to improve clinical communication and identifying education and training opportunities

in relation to clinical communication.

Among others, two key strategies to achieve this are to develop guidelines to enhance clinical communication and to develop a curriculum for enhancing communication and patient safety skills. Establishing reporting systems, engaging clinicians and using evidence to inform best practice are also high on the group's schedule of work. Some of the outcomes of HNE Health's work will be presented at the International Society for Quality in Health Care annual conference in Boston in October 2007. For more information contact Dr Hill on 4921 4913 or Dr Rosemary Aldrich on 492 14935 or rosemary.aldrich@hnehealth.nsw.gov.au

## RCA Update: Documentation of essential observations

A recent RCA has highlighted the importance of regular documentation of patients' essential observations even when automated monitoring is in place.

The condition of a patient in a HNE Health emergency department deteriorated and this was unrecognised. Staff had relied on the automatic monitoring attached to the patient and had not charted

clinical observations to enable early recognition of the patient's rapid deterioration and escalation to the appropriate senior staff.

Whilst technology is an ever increasing component of the patient's care it remains imperative that a patient's clinical observations are charted regularly to ensure early recognition and management of deterioration in a patient's condition.