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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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From the Acting Director...

Welcome to this month's *Quality Matters*.

Our guest editorial this month is by Professor Patrick McGorry. Professor McGorry delivered this year's Royal Newcastle Heritage Trust Oration on the very important issue of Mental Health. You can access a recording of "Mental health in Australia: A 21st century approach" by clicking the link: <http://www.gardinerlibrary.com/Default.aspx?id=85> The theme of mental health continues in our RCA review and in "Update on..." which focuses on creating a healthy work environment by "Speaking up for Safety and Civility". Our new feature is "Tips from your local HNE Health Library" and this month provides information on key resources in the mental health literature. I hope you find this month's edition worthwhile.

*Dr Anne Duggan,
Acting Director Clinical Governance*

Royal Newcastle Heritage Trust Oration

Guest Editorial by Professor Pat McGorry, Executive Director, Orygen Youth Health

There are important lessons from the limited success achieved as mental health evolved over the past two decades from a primitive 19th century custodial model to be mainstreamed within the general health system.

Firstly, the replacement system was not built to scale and is now less than half the size and scope that the level of need demands.

Secondly, the State public mental health system that evolved from the asylums was entrusted to the governance of the acute hospital system. Within these cash-strapped acute hospitals mental health is out of its weight division. In the community, where most patients live, the services are threadbare and fragmented. A tourniquet needs to be applied to stop the haemorrhaging of scarce existing mental health funding, and commit to developing a new governance and investment plan to ensure State funded mental health services grow the capacity to provide care in the community rather than in over stressed emergency departments.

The third failure of mainstreaming has been that it has not re-engineered the system to reflect the pattern and timing of need in mental health. In stark contrast to physical illness, the main surge of incidence of mental ill-health begins in childhood but peaks strongly in late adolescence and early adulthood. There is a serious weakness in mental health care for 12 – 25 year olds and minimal opportunities for early intervention.

The Australian Government began to address this problem by committing to transformational reform through a national system of youth mental health care based on two not for profit, publically funded initiatives - Headspace for mild to moderate mental ill-health and Early Psychosis Prevention and Intervention Centres (EPPIC) for emerging psychotic disorders. State Governments can contribute to this progress by pledging matching funding for the \$241.5m Commonwealth funding available for new EPPIC services and by creating linkages with Headspace centres. Scaled up over the next 5 years, and combined with evidence-based intervention models for younger children and their families, these initiatives should substantially reduce the social and economic impact of mental illnesses by making prevention and early intervention for mental ill-health as safe, common and effective as in physical ill-health.

Additional measures to promote social inclusion for people with severe and enduring mental illness, and to embed prevention and early intervention at the heart of our mental health services are essential components of a road map to reform. Success also depends on building an accountable, much more agile and skilful mental health system.

The recent COAG meeting clearly acknowledged that this a test of nation-building which overlaps with the challenge of radically improved care for Australians with disability. Mental health is the principal if less visible cause of disability in Australia. With equity in health care much of this could be averted.



This Month's Update is on ... *Speaking up for Safety and Civility*

Written by Dr Anita Barbara, Jane Gray and Tracey Tay from Innovation Support Unit

Have you ever felt uncomfortable about the actions of a colleague yet felt unable to speak up about it?

There is a complex interplay of reasons that sometimes prevent us from speaking up when others are being uncivil or downright unsafe (see the great work of Harvard Professor Dan Raemer). But to make the workplace safe and respectful, we need to speak up, and we need to be capable of receiving feedback gracefully if we ourselves slip into behaviour that is unsafe or uncivil.

The good news is many teams are talking about Standards of Behaviour and clearly describing "above the line" and "below the line" behaviour in their service so there can be no mistake about what colleagues agree is safe and respectful behaviour.

Having such clarity about standards of behaviour goes some way towards building a more respectful and safe workplace, but there's still the challenging issue of what to do when someone says or does something that's "below the line".

Organisational Capability and Learning and Innovation Support, in consultation with Workforce and HNE's Respectful Workplace Consultants, have responded to this need by developing the 'Speaking Up for Safety and Civility' resource. Available through MyLink, the resource gives a useful model for communicating about workplace behaviour.

Adapted from ideas shared with us Professor Dan Raemer from Harvard University, 'Speaking Up' presents managers with ways of introducing their staff to the 'Two Challenge Rule'.

The 'Two Challenge Rule' promotes the idea that by questioning first with curiosity and then with concern, we can initiate a conversation that is respectful, but unequivocally addresses unsafe or uncivil behaviour.

'Speaking Up for Safety and Civility' provides different activities and resources for managers and leaders to use with their teams as they choose. If you are a manager in Hunter New England Health, you are a role model in the organisation, and your team will look to you for leadership in creating a safe and respectful workplace. The resource can be located at the *Excellence* website on MyLink at <http://mylink.hnehealth.nsw.gov.au/course/view.php?id=728>

Clinical Unit in Ethics and Health Law Seminar

The next CUEHL Seminar will be held on Monday 10 October 2011 in the Royal Newcastle Centre, Conference Room 1. Supper will be served at 6.00pm and the seminar will begin at 6.30pm.

This month conjoint Associate Professor Adrian Dunlop, Director of Drug and Alcohol Services for HNE Health will present a discussion entitled "What's wrong with illicit drugs?" This important topic touches on ethics, law and health and is sure to stimulate some lively debate so come and join the discussion.

All are welcome. There is no entry fee and no RSVP is necessary.

ISBAR Week.....

Across HNE Health from 24 to 28 October 2011 will be ISBAR week. The next edition of Quality Matters will focus on this important initiative.

In Profile.....

Kelly Bell

Executive Support Service Officer

Executive Support Services (ESS)

Kelly commenced a career in health in 2003 after completing studies at TAFE to change career paths following the birth of her first child. Starting out with the Division of Medicine Kelly worked on the wards, clinical service units (CSU's) and Day Surgery before securing a role as Oxygen Coordinator for the Respiratory Department. This last role helped to develop her skills in dealing with the general public.

Kelly joined Clinical Governance in January 2011 as Executive Support Officer. Kelly enjoys the challenge of the new role, particularly the interaction with the general public for complaints management. The support received by fellow staff in Clinical Governance has made the transition less daunting.

Outside of work Kelly enjoys helping out at Ronald McDonald House where she has volunteered for 10 years. Kelly continues further studies for career development at TAFE and is currently completing a Diploma in Business Administration. Kelly feels her most important role is that of fiancée and mother to two children, who enjoy eating out and holidays to Indonesia.





This Month's Root Cause Analysis Review

A number of Root Cause Analysis (RCA) investigations undertaken each year in HNE Health concern mental health patients in both acute and community mental health settings. This month's review highlights challenges in the management patients with both mental health and drug and alcohol issues in a general medical ward.

A young person was taken to an Emergency Department (ED) after becoming unwell. The young person was suffering from acute withdrawal from alcohol and other drugs and also experiencing suicidal thoughts with difficulty sleeping. The patient was reviewed by the ED medical officer and initial management of his alcohol and drug withdrawal was commenced. Overnight the patient was kept under close constant observation.

The following day a formal mental health review was undertaken by the Child and Adolescent Mental Health Service. The patient agreed to transfer to a mental health facility once the acute phase of withdrawal was completed. The patient's medication was adjusted and the patient was identified as no longer being at risk of suicide or in need of constant monitoring. The patient continued to be in moderate withdrawal over that day requiring further medication. At 11pm that night the patient was found unconscious having attempted suicide. Materials to which he was able to gain access had been used in the attempt. While initial resuscitation was successful the patient did not regain consciousness and died a few days later.

The RCA team found that the NSW Protocol: Suicidal Behaviour - Management of Patients with Possible Suicidal Behaviour (PD2005_121) provides guidance for staff on the assessment and management of patients in general hospital settings who are at risk for suicide. This document was not available to staff in this facility. It was recommended that it be implemented across all facilities in HNE Health with guidance on risk assessment and management strategies that maximize a safe environment for the patient.

The RCA team also considered that the patient's willingness to be admitted for ongoing mental health care and the focus on acute withdrawal influenced the assessment of the patient's immediate risk. The RCA team recommended that a person who is acutely withdrawing from alcohol and other drugs and also exhibiting signs of disturbed mental health is to be considered at *high risk* requiring adequate and constant supervision for the period of acute withdrawal including: attention to the level of nursing observation, assessment of the environment and the placement of the patient in the ward.

Quality Systems Assessment (QSA)

For the past four years the Clinical Excellence Commission, (CEC) has surveyed Health Services to assess how well improvement projects are being imbedded. Recent projects include Hand Hygiene, Antibiotic Stewardship and Multidisciplinary Handover.

Each year 20% of our organisation is then visited by a team of clinicians to confirm the survey findings. This is not pass or fail and yet is often a challenge, so lets hear what one participant has to say.

Recently in June 2011 the Lower Mid North Coast Cluster participated in the QSA verification process. We had been completing the QSA questionnaires for several years and now it was time to verify! What model could we relate to that would serve us best, should we approach it similarly to an EQUIP Accreditation perhaps? The answer we found was yes and no. Yes, we needed to be able to demonstrate what we had reported was factual but no it did not require the extensive documentation that Equip requires, partly as we were only being verified on 3 sections of the QSA and secondly, the verifiers were from NSW Health and were either senior clinicians or administrators working in our system and understood our services intimately. In fact they could tell us a considerable amount about our own systems from their own experience and their surveying experience across the system. This provided a more relaxed atmosphere where verification in terms of detailed documentation was not as important as the content of our discussions with them. They were experienced enough to sense when something seemed to exceed the norm and were interested in how this may have been achieved given resources and were genuinely complimentary of any achievements. Staff involved found the experience to be very rewarding as their contribution to health was generously acknowledged by the verifiers. The QSA was a positive experience for us.

Written by Howard Cleaver, Quality Coordinator, Lower Mid North Coast Cluster (LMNCC)

For more information on QSA please go to http://intranet.hne.health.nsw.gov.au/cg/quality_systems_assessment or contact Ms Dianne Dolan, Area Quality Manager, Clinical Governance at Dianne.Dolan@hnehealth.nsw.gov.au or on 0430 367 654.



Looking for Mental Health Information and Resources? Tips from your local HNE Health Library

Try the Mental Health area of the Specialty Guides from CIAP's front page at: <http://internal.health.nsw.gov.au:2001/guides/mental.html> This provides a useful breakdown of key resources in this discipline. There are the major databases to search including, Medline and Embase, the latter being particularly strong in psychiatry, psychology and related disciplines. There are links to over 80 full-text journal titles and 10 full-text books.

Don't forget the Hunter New England Mental Health Intranet site has information about its services, key personnel, information booklets for patients and their families and much more. Visit <http://intranet.hne.health.nsw.gov.au/mh>

NSW Health Safety Alerts: Safety Alert Safety Notice Safety Information

NSW Health's Safety Alert Broadcast System (SABS) has been adapted from the UK's National Health Service Safety Alert Broadcast System. Its aim is to provide a systematic approach to the distribution and management of patient safety information to NSW health services. Each alert specifies action to be taken by health services, the timeframe in which such action must occur, and specific responsibility for the actions.

The [Safety Alert Broadcasting System Policy Directive PD2006_102](#) describes how SABS works. Basically, there are three types of notification:



Safety Alert (Red), requiring immediate attention and action.










Safety Notice (Amber), requiring risk assessment at the local level.



Safety Information (Green), ensuring that lessons learned from statewide, national and international sources are shared actively across the NSW health system.

The Clinical Safety, Quality and Governance Branch [SABS Register](#) also includes recall notices issued through the Therapeutic Goods Administration. The following is a list of recent advice from NSW Health:

Number	Type	Issues covered	Date of issue
SN:005/11		TGA Recall	25 Aug 11
SN:004/11		TGA Recall	25 May 11
SA:004/11		HYDROmorphine: High-risk analgesic	21 Apr 11
SA:003/11		PNEUMOVAX @23 Injection Advice against Revaccination	18 Apr 11
SN:003/11		TGA Recall	6 Apr 11
SA:002/11		RECALL of PNEUMOVAX @23 Injection	25 Mar 11
SN:002/11		TGA Recall	25 Feb 11

Complaints Quarterly Report please find below a link to the quarterly report issued for the Health Care Quality Committee which represents the quarter April to June 2011 [HNE Health Complaints 4 Quarters to March 2011.pdf](#)

Clinical Equipment User Manual Library This is an Australian initiative and a world first which ensures NSW Health has standardised access to device specific, manufacturer supplied information throughout NSW. This is particularly relevant to the roll out of the Fresenius Kabi Pumps. This information is available via the CiAP portal. Please click on the link below for instructions [NSW Health CIAP Access to Medical Equipment User Manuals.pdf](#).