



March 2008
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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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From the Director...

It is always valuable to learn more about the achievements of others in clinical governance, and one of the best parts of an effective quality and safety agenda is to celebrate the successes of colleagues across Hunter New England Health in relation to quality and safety initiatives.

In this edition of *Quality Matters*, some of the achievements by staff of HNE Health in relation to quality and safety awards over the past 12 months have been collated as an easy reference for all.

Our warmest congratulations go to the winners and finalists, as well as to all of those who have actively engaged in clinical and corporate quality



initiatives during the year.

Whether these achievements are on a small or large scale, when all their outcomes are added together, they have a huge po-

tential to impact positively on the experiences of patients and families who use our health services.

Of course, the awards cycle is an annual process, and so it is once again time to remember your recent successes, as well as initiatives from colleagues that have had good outcomes in relation to quality and patient safety.

Please encourage those involved to submit their projects for consideration in this year's quality awards.

Details of the awards process are below, and we are looking forward to receiving your nominations.

Dr Kim Hill
Director
Clinical Governance

Quality Awards 2008 now open

Nominations are currently open for entry into the HNE Health Quality Awards. The annual Quality Awards recognize outstanding contributions to patient safety, clinical excellence, innovation and community integration.

The annual HNE Health Quality Awards program is an integral activity for Clinical Governance and are also used to select submissions for the following external Quality Awards:

- NSW Health Awards
- Australian Council on Healthcare Standards (ACHS) Awards
- NSW Dept of Premier and Cabinet's Public Health Awards
- NSW Aboriginal Health Awards (closing date 5 May)

The closing date for all HNE Health entries into the above awards is Friday 23 May 2008, with the exception of the NSW

Aboriginal Health Awards, which close on Monday 5 May 2008.

The internal closing dates allow the judging panels to review applications and provide feedback and support to applicants and recommendations to the Chief Executive of applications of sufficient standard for submission to the external awards.

The 2008 awards within NSW: NSW Health Award, NSW Aboriginal Health and NSW Premiers Award are formulated around the *NSW State Plan - A New Direction for NSW* and its complementary health plan, which focuses on the seven strategic directions that identify health priorities over the next five years:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and

continuing care in the community

4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

Initial enquiries regarding submissions or assistance from individual entrants should be directed to Clinical Governance Quality Analyst Laura Juratowitch. You can contact Laura by telephone on 4921 4041.

For further enquiries please contact Tonia Easton, Area Quality Manager, Clinical Governance by telephone on 6767 7233 or email tonia.easton@hnehealth.nsw.gov.au.

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In profile...Maureen Tarrant

Clinical Audit Manager - Collaborating Hospitals Audit of Surgical Mortality (CHASM) pilot program



Maureen has worked in health in the Hunter region for the past 29 years previously as a registered nurse, midwife, nurse unit manager (NUM) and patient safety officer.

She completed registered nurse training at Cessnock Hospital before transferring to the Mater Misericordiae for midwifery. After completing her midwifery certificate she worked in the neonatal intensive care nursery and antenatal units at John Hunter Hospital, the Mater and Ward K3 where she worked until 1997 when she transferred to the newly-established Same Day/Day of surgery ward at JHH (H2) and was appointed NUM a short time later remaining in that position for the next five years.

Maureen still feels great pride in being instrumental in the development of H2 into a successful and patient care focused ward operating at times under difficult conditions and attributes the ward's success to the commitment and dedication of the staff. In 2002 Maureen became one of the first Greater Newcastle Sector patient safety officers and was responsible for the roll out of

the Australian Incident Monitoring System (AIMS) and subsequently its successor, the current Incident Information Monitoring System (IIMS).

Recently Maureen felt she was missing the clinical side of nursing and took a position as Senior Nurse Manager at Singleton Hospital, working with some wonderful people.

Now back with Clinical Governance, Maureen is involved in another pilot program which she feels will be both challenging and rewarding and is optimistic about its ongoing success.

Apart from work Maureen loves reading, gardening and cooking.

She also loves being Nanna to her two lovely granddaughters and would like to have the time to learn lawn bowls.

HNE Health's success in 2007 Quality Awards

Through the annual Hunter New England Health Quality Awards Clinical Governance aims to promote projects with positive impact on health outcomes and with transferability across our Area.

External agencies such as NSW Health, Department of Premier and Cabinet, and accreditation bodies such as the Australian Council on Healthcare Standards (ACHS) also hold annual awards to promote health initiatives across NSW.

In 2007 a total of 84 entries were received for the HNE Health Quality Awards - a 30% increase from 2006. An internal review panel provided feedback to applicants and those meeting entry requirements progressed to an external judging panel of representatives from Australian Council of Healthcare Standards, consumers, Hunter Urban Division of General Practice, NSW Health, University of Newcastle.

The essential input of Area Executive Team members was used to assist the external judging panel in judging entries in their portfolio areas with discussion led by the Chief Executive.

There were 26 finalists with the overall winner, John Hunter Hospital Emergency Department's project: ED redesign and streaming to improve access to emergency care. To view 2007 entries go to: http://intranet.hne.health.nsw.gov.au/cg/quality_improvement_including_continuous_practice_improvement/quality_awards/hne_quality_awards_winners

The external judging panel also nominated a number of projects for external awards including NSW Health, ACHS and NSW Premier's Awards.

Fifteen projects progressed to the 2007 NSW Health Awards and HNE Health successfully won the Minister's Excellence Award, the Director-General's Encouragement Award, the Clinical Excellence Commission Award for Improvement in Patient Safety and a Category Award (Category 6: Build a sustainable health workforce.)

Ten projects progressed to the ACHS awards with HNE Health's *Pre-hospital Acute Stroke Triage: Translating evidence into practice by improving patient access to acute stroke care* winning one of the three categories of entry (Category 3: Health Care Performance Indicators)

Ten projects were nominated for the Premier's Award and HNE Health won two gold, two silver awards and one commendation. This was a third of all gold and just under a quarter of all silver awards.

New medication safety tools for Australian hospitals

For the first time EQulP 4 includes a specific criterion relevant to medication safety (refer to the EQulP 4 Guide, criterion 1.5.1).

Two new medication safety resource tools are available to support the evaluation of the medication safety criterion; the Medication Safety Self Assessment® for Australian Hospitals (MSSA) and the Medication Safety Self Assessment® for Antithrombotic Therapy in Australian Hospitals (MSSA-AT) are risk assessment tools specifically designed to help hospitals take a proactive and system-based approach to medication safety.

They will assist hospitals in meeting their obligations for accreditation and

can drive change by identifying and measuring areas for improvement.

HNE Health is currently completing the MSSA with results to be made available within the next couple of months.

For more information regarding the MSSA contact Pauline Dobson on email Pauline.Dobson@hnehealth.nsw.gov.au or phone 4922 3464.

If you require information, support or education or have questions specifically relating to accreditation activities please contact Melissa Harvey on 4922 3797 (Corporate Office and Acute Networks) or Nanette Jemmeson (Primary and Community Networks) on 6776 9819.

Medication accreditation: 7-11 April

HNE Health has signed a performance agreement with NSW Health to reach agreed benchmarks in a number of safety indica-

tors. Six of these indicators relate to medication safety and/or the National Inpatient Medication Chart (NIMC). In Decem-

ber 2007 the last audit of the NIMC was completed. Our Area Health Service results improved from

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Reportable Incident Briefs

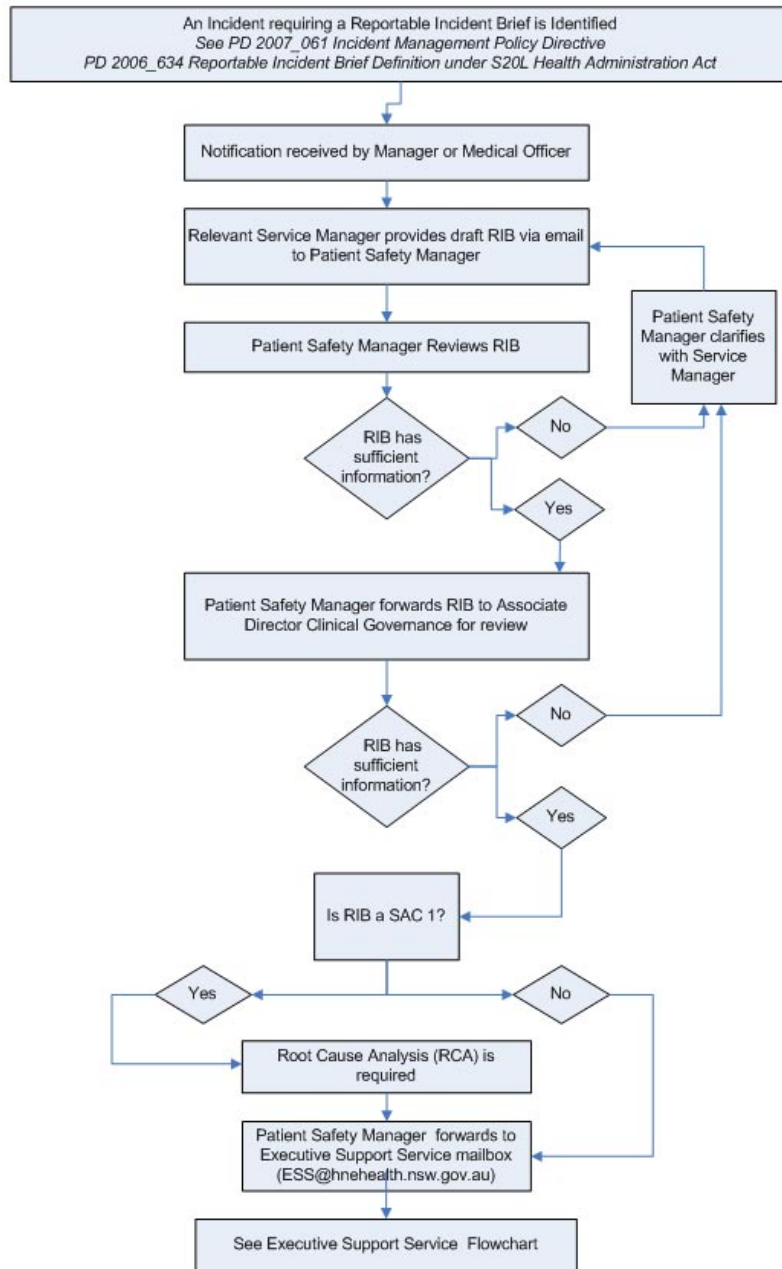
The reportable incident brief (RIB) system is designed for the reporting of specific health care incidents to NSW Health. The RIB process encompasses clinical and corporate incidents. All severity assessment code 1 (SAC 1) incidents both clinical and corporate are required to be notified to the department via a RIB within 24 hours of notification in the Incident Information Management System (IIMS). Incidents requiring a RIB are listed in the policy PD2007_061 and available on the NSW Health intranet at http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_061.pdf

- De-identified and confidential
- Factual, including initial analysis and planned future actions
- Of sufficient quality to identify the severity of the incident and the background facts that are known at the time of reporting, to ensure appropriate management of the issues. For a guide to writing a RIB go to the HNE Health Clinical Governance Reportable Incident Brief Guide at http://www.hnehealth.nsw.gov.au/__data/assets/word_doc/0016/43108/RIB_process_package_27032008lj.doc

- The flowchart to the right details the HNE Health process for escalating RIBs.

Reportable Incident Brief (RIB) Flowchart. Identifying Incident and Completion of RIB

Flowchart updated 24/03/2008



Medication accreditation from page 2

previous audits but most were below the new NSW Health 85 per cent benchmark that has been set for a compulsory NIMC audit in April 2008 (see table at http://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0014/45050/NIMC_Audit_Results_table.pdf). A copy of the December 2007 Audit Report will soon be available on the Clinical Governance website. To raise awareness of the need to comply with safety features of the NIMC, the NIMC audit is being treated like accreditation, with managers and clinicians receiving information to assist them to reach the 85% target in each indicator. Resources will be available on the Clinical Governance website and will be mailed to managers in early March. These resources include: Practice reminders for each indicator, Medication Accreditation Preparation and Clinician Guide. For more information contact Pauline Dobson, Project Officer, Quality Use of Medicines on 4922 3464 or email Pauline.Dobson@hnehealth.nsw.gov.au.

Root Cause Analysis: Closing the loop with the results of autopsy

There are times when it is difficult for the RCA team to identify root causes and on these occasions autopsy findings can help the RCA team, the treating team and the family understand root causes of events and their preventability. A recent RCA highlights this.

A patient was discharged from the emergency department follow-

ing a fall out of bed earlier that morning.

The fall was preceded by shaking and vomiting. Thorough clinical examination, including neurological examination, found no abnormality to explain the events.

The next morning the patient was brought back to the

emergency department by ambulance in cardiac arrest. The patient was unable to be resuscitated.

The RCA team concluded that at the initial presentation there was no obvious neurological condition or thrombotic risk factors identifiable and that the patient experienced an unforeseeable event

sometime the following night.

The patient's death was referred to the Coroner whose findings were that a 'space occupying cerebral lesion and pulmonary thrombi possibly secondary to the cerebral lesion contributed to the patient's presentation and subsequent death.