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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

Inside this issue

From the Director

Conservative Blood Transfusion

Measurement and Management of Quality in Healthcare

Amendment to the Medical Act

2008 Complaints Report

In profile

Root Cause Analysis

2008 Clinical Governance Christmas Quiz

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From the Director...

Following a relatively recent tradition, in this December 2008 edition we present the 2008 Clinical Governance Christmas Quiz. As last year, we have three prizes to award. These will go to the first three correct entries drawn. My thanks go to the donors of the three prizes, and good luck to all who enter.



I would also like to take this opportunity to thank our *Quality Matters* Editorial Team, especially Dr Anne Duggan, for their tireless work in ensuring that the monthly edition gets out. Thanks also go to our many contributors, and to our readers. From all of us in Clinical Governance, best wishes for a very Merry Christmas and a prosperous 2009.

The Benefits of Conservative Blood Transfusion

Dr Murray Hyde Page, Orthopaedic Surgeon, Manning Base Hospital

In 2008 I have become involved in the Blood Watch Program initiated by the Clinical Excellence Commission (CEC). This aims to reduce unnecessary blood transfusions in NSW. As an Orthopaedic Surgeon I am in a group of Surgeons who account for more elective blood transfusions than most others.

On looking at the facts about blood transfusion I have become aware that allogenic blood produces significant immune depression which can lead to increased infection after surgery or any large transfusion. Also the age of the stored blood can have an impact on morbidity and mortality. We all know that human error in cross matching and delivery can occur and blood is costly and supplies are limited.

We now realise that patients do worse the more we transfuse. There is enough outcome data to support transfusing less.

As a Surgeon I was brought up on the idea of "liberal transfusion practices". It is now realised that this approach results in about 30% of blood transfusions being inappropriate. The idea of a haemoglobin (HB) below 10 grams triggering a blood transfusion of two units is now discredited. Instead we should be undertaking "restrictive transfusion practices". This involves doing a risks benefit analysis realising that an HB below 10 grams does not need transfusion. Instead patients with an HB between 7 and 10 grams may need transfusion depending on laboratory and clinical indications while those with a HB of less than 7 grams are likely to need transfusion. If transfusion is deemed necessary then consider giving only one unit of blood followed by a HB check and just as importantly a clinical assessment before more transfusion. Patients with co-morbidity such as cardiac disease are more likely to need transfusion.

As an Orthopaedic Surgeon doing a lot of elective joint replacements I have endeavoured to set in place a restrictive transfusion practice. This does require closer assessment of patients after their surgery and being aware of the co-morbidities such as cardiac disease. It also means putting patients on iron tablets and having them followed up by their GP's more often. On a practical note often the best indication for transfusion is the decrease in hypostatic blood pressure when the patient first gets out of bed and "feels faint".

In looking at restrictive transfusion practices I am impressed by Fairfield Hospital and Sydney South West AHS where they are achieving one third reduction in blood transfusions following joint replacements by a coordinated effort from medical and nursing staff. This is something Hunter New England could also do.



In Profile.....

Agnes Tam, Patient Safety Officer

Agnes has been working as a Patient Safety Officer (PSO) since September 2002 after building a successful business case for the establishment of the then Greater Newcastle Sector Patient Safety Team. Agnes has made major contributions to the Incident Information Management System (IIMS) implementation plans for the Sector in 2002 and 2005 respectively. In addition to the day-to-day management of IIMS, leading Root Cause Analyses (RCAs), running quality/safety improvement projects, Agnes also provides mentorship to new colleagues.



Apart from quality and safety, Agnes is also interested in risk management. She also has acted as the relieving Area Risk Manager in recent months.

Agnes values both formal and informal learning. She has two diplomas, a bachelor and a master degrees as well as post-graduate qualifications. She was credentialed as an Associate Fellow with the Australasian Association for Quality in Health Care (AAQHC) in 2008.

In her leisure, Agnes enjoys cooking, meditating, reading/ listening to audio books, singing, travelling..... In short, she enjoys life!

Root Cause Analysis (RCA) review

Three recent RCAs have involved babies receiving incorrect breast milk, either as expressed breast milk or through breast feeding. In each case the mothers and babies involved were reviewed by infection control staff because of the slight but potentially serious risk of transmitted disease.

In all three cases the main issue was checking the identity of the baby with the identity of the mother. This should include positively identifying the mother which means actively asking the mother to say her name rather than asking if she is "Mrs Smith". Secondly, ensuring identity bands remain on babies was reported as a difficulty.

When expressed breast milk is involved double checking is needed. Breast milk, may not be perceived as a risk to the baby, however breast milk is a body substance and therefore has associated infection risks.

When these three RCAs were reviewed it was proposed that there be an area wide guideline supporting the NSW Health policy on the management of breast milk. So this has been referred to the clinical stream for review of the current guidelines and development of a standard guideline for practice.

These RCAs highlight an extra question that is now asked of each RCA team – whether the outcomes of the RCA could have area wide implications. With the development of clinical streams it has also been recognised that provision of completed RCAs to clinical streams may add value to clinical quality improvement processes.

2008 Clinical Governance Christmas Quiz

It is on again! Entries close 9th January 2009 and winners will be announced in the January edition of Quality Matters. 1st prize: Christmas hamper; 2nd prize: 2 movie tickets; 3rd prize: book voucher from Maclean's bookshop. For your chance to win click on:
<http://SelectSurvey.HNE.HEALTH.NSW.GOV.AU/TakeSurvey.asp?SurveyID=5KHlp430m75KG>



Measurement and Management of Quality in Healthcare

Universities of Newcastle and New England Joint Medical Programme leads undergraduate medical education by requiring its final year medical students to undertake group projects to assess opportunities for quality improvement in the clinical setting. In November two such projects were presented at the John Hunter Division of Medicine, Grand Rounds, including the winner of the Australian Council for Healthcare Standards Student Award. The project "Management of Topical Negative Pressure Dressings in Orthopaedic Patients" by Kate Gale, Rebecca Lee, Joanne Ma, Kellie Taylor proposed a strategy for a more cost effective approach to the use of resources to manage dressing changes. The training which the students gain and experience in quality, safety and clinical governance equips them for their future careers.

Amendment to the Medical Practice Act

A recent amendment to the NSW Medical Practice Act now obliges doctors to report certain types of misconduct to the Medical Board "where a registered medical practitioner believes or ought reasonably to believe that reportable misconduct has been committed". "Reportable misconduct" includes practising under the influence of drugs or alcohol, practising in a manner of "flagrant departure from accepted standards", and engaging in sexual misconduct in connection with the practice of medicine. You can discuss what this might mean for you with Dr Rosemary Aldrich, Associate Director Clinical Governance, on sd 67155 or 49214935, or Ms Dianne Sales Manager Executive Support Service on 65929777, or see the NSW Medical Board's website for more information: <http://www.nswmb.org.au/index.pl?page=233>

Management of Complaints

The HNE Health Complaints Report for the Period July 2007 to June 2008 provides information on the key issues that lead to complaints, the timeliness of their resolution and recommendations arising from their review. The report is now available at: http://intranet.hne.health.nsw.gov.au/_data/assets/pdf_file/0019/52525/Complaints_Report_2007_08Final_v2_corrected_24_Nov_08.pdf