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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*

In this month's edition of *Quality Matters* we celebrate all things ISBAR! ISBAR (Introduction, Situation, Background, Assessment and Recommendation) is a tool to make verbal and written communication clear and focused. It was adopted by HNE Health as the preferred communication format after evidence showed that training HNE Health staff in its use both increased their confidence to communicate about health-related matters, and improved the quality of communication experienced by patients and carers. Of course in health care everyone needs to communicate well, and for this reason the ISBAR in Our Communication strategy has aimed to train all HNE Health staff in using ISBAR, and to promote the use of ISBAR in documents such as clinical handover forms, other forms, situation reports, briefs to the Executive Leadership Team, and clinical guidelines.

This month's guest editorial talks about the usefulness of ISBAR in everyday clinical practice. Next week think of using the ISBAR framework in your communication.

*Dr Anne Duggan,  
Acting Director Clinical Governance*

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## Guest Editorial *ISBAR in our communication*

**I:** My name is Mandy Hunter; I am a Clinical Midwife Educator in the Birthing Suite here at the John Hunter Hospital.

**S:** The situation I find myself in is that I agreed to write a short piece for *Quality Matters* about how and why I use the mnemonic ISBAR in my daily practice and why it should be more widely used.

**B:** As a bit of a background, I have been communicating with colleagues about patients and women in my care since I began my career in Nursing and Midwifery back in the 1980's. Like many in my profession I developed over time and out of necessity a systematic way of doing this, I didn't have a mnemonic for my system and I probably wouldn't have been able to articulate what it involved, I just used to work out what I needed to say before I said it. Developing a systematic way of communicating probably stemmed from first hand experiences for example calling doctors in the middle of the night; I hated doing this for obvious reasons. If you woke them up and didn't manage to convey your message clearly and concisely you might not get the response you needed for your patient. This not only wasn't good for your patient but it often required you ringing them back a second time and that was never pleasant! It soon became apparent as a junior nurse that if you conveyed your message clearly there was often little fuss.

**A:** My assessment of the ISBAR tool is that for me it has put into words this way of communicating. Being able to articulate a systematic approach is most valuable to me as an educator when I am teaching students how to communicate clearly. The ISBAR tool is also valuable for written communication, I use it frequently for report writing and as you can see here it gave me a format for writing this article today.

**R:** My recommendation is that we all as clinicians embrace this mnemonic and start to use it more widely it will help make our communication count. If you have something worth saying then surely it is worth saying well!



## **This Month's Update is on....ISBAR in Our Communication**

The two-year ISBAR in Our Communication project is due to conclude in November 2011, having achieved much of what it set out to do.

The ISBAR in Our Communication project commenced after Clinical Governance recommended it to the HNE Health Executive Team in response to three imperatives at the time. First, our patient safety data showed a pressing need to improve professional communication across the organisation. Second, Clinical Governance had demonstrated that training staff to use the ISBAR tool improved their confidence and skills to communicate, improved the care experience of patients and their carers, improved the quality of documentation, and appeared to reduce the severity and number of communication-related adverse events. Finally, the NSW Health Caring Together response to the Garling Commission had a focus on the importance of focused, clear and targeted clinical handover, and, because of work by HNE Health, the ISBAR tool was identified by NSW Health as a vehicle for achieving that.

The ISBAR in our Communication project aimed, ambitiously, to have all staff in HNE Health trained in ISBAR by the end of 2011. A strategy to achieve that saw sometimes simultaneous action across a range of elements, being Leadership and Governance, Evaluation and Audit, Training and Education, Tools and Resources, Environmental Engineering, Reporting and Sustainability (our LETTERS model for project implementation). Four training strategies were developed and implemented, including training more than 450 managers and supervisors as trainers, and the development of the ISBAR e-learning tool.

While progress towards having all staff trained has been superb in some parts of HNE Health, other parts are yet to achieve the more than 80% of staff trained in some Primary and Community Network clusters and facilities. To increase awareness of ISBAR and the mandatory requirement that all staff be trained annually, Clinical Governance is supporting ISBAR week across HNE Health, from 24-28 October.

The ISBAR in Our Communication project will conclude with tools, resources, trainers trained, technological supports in place for on-going training and monitoring, and a strong uptake by managers of the need to train staff to improve patient safety and the quality of all communication. Clinical Governance recommends that staff undergo training where they have not already done so.

For more information about ISBAR in Our Communication please contact Project Leader Associate Professor Rosemary Aldrich on 49 214935 or Project Manager Juliana Ford on 49 855820.

## **Clinical Unit in Ethics and Health Law Seminar**

The next CUEHL Seminar will be held on Monday 7 November 2011 in the Royal Newcastle Centre, Conference Room 1. Supper will be served at 6.00pm and the seminar will begin at 6.30pm.

"Could your confidentiality be killing you?" This month we will be looking at the coming changes in e-health namely the personally controlled electronic health record (PCEHR) and the privacy issues arising from it. Current planning is for patients to be able to opt-in to the system in mid-2012 – will there be enough user take-up and content to protect them in life-threatening emergencies?

CUEHL presents Nigel Waters from the Australian Privacy Foundation along with other speakers representing a range of views and a Q&A session to finish.

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

## ***In Profile.....***

***Penny Plumridge***  
***Administration Officer***  
***Clinical Governance***

Penny decided to join HNE Health in December 2010 after looking for a change in direction from working in Administration in an accounting firm for 8 years, after completing a Business Administration (Medical) Certificate at TAFE. Penny was also encouraged to join HNE Health by her Sister Kelly Bell (featured in last months Quality Matters)



Penny joined the Clinical Governance team as an Administration Officer, a role she enjoys and performs well. Penny believes that working in Clinical Governance is an excellent place to start in the Health industry as it gives you valuable insight into various departments along with the workings of the health system. Penny has really enjoyed the experience of working as part of the organising committee for the 2011 Quality & Scientific Program. Outside of work Penny enjoys spending time with her family, doing Zumba class, cooking (and eating) particularly Mexican food.



## This Month's Root Cause Analysis Review

*Communication counts and lack of communication can have tragic consequences.....*

A 63 year old man presented with a respiratory problem to a rural emergency department died after discharge.

The patient was usually able to function without needing assistance although his background included having chronic obstructive airways disease and being a lifetime smoker. Feeling unwell he had seen his GP who recommended he go to hospital. On arrival he was talking in sentences, and his observations were within normal limits except for a blood oxygen saturation level of 90%. This was considered a normal result for him given his lung condition and the fact that he had recently had a chest infection.

The patient was assessed as needing attention and nursing staff contacted the on-call medical officer who gave a phone order for bronchodilators, which were given. This produced a slight improvement in his blood oxygenation. After a period of stable observation, the patient was given education on how to use the bronchodilator and discharged. Arrangements were made for him to follow-up the next day with community nursing and his GP. The patient deteriorated overnight and by the time the community nurse visited was able to speak only in single words. An ambulance was called. The on-call medical officer attended to the patient shortly after his arrival at the ED by which time the patient had stopped breathing. He could not be resuscitated.

The RCA team concluded that there had been several communication issues in the care of this patient, including concerns about the way in which information about the gentleman's condition had been communicated to the on-call medical officer. There was also no documentation around the advice given to the patient on discharge about triggers which should prompt a return to hospital.

The RCA team recommended that all clinical staff be trained in ISBAR. The team considered that an ISBAR format would have been more effective in communicating with colleagues and with the patient, especially about what to do if he deteriorated after leaving the hospital. Good clinical communication is essential at all times, and might have made a difference in this case.

## BMJ Learning bought to you by HNE Health Libraries

HNE Health Libraries have recently subscribed to BMJ Learning, a suite of hundreds of accredited and peer reviewed learning modules in text, video and audio formats. BMJ Learning modules are for doctors, nurses and allied health professionals. Sign in to create your own personalised portfolio of learning activities. Great for earning CPD points.

While on the subject of communication, check out BMJ Learning's module, Communication skills: an up-to-date guide. The module has been prepared by an Australian doctor with a long career in medical education. Visit [BMJ Learning](#) and start building your education portfolio today. Representatives from BMJ Learning will be in our area on Wednesday 26 October. A 90 minute introductory and Q&A session about the product will be held in the lecture theatre RNC from 1.30pm.

*Library staff welcomed the opportunity we had to meet so many HNE Health staff at the Quality and Scientific forum recently. As searching and evaluating evidence from the medical and scientific literature is essential in the clinical effectiveness process, we encourage you to get to know and utilise our evidence expertise. Information about our branch locations and contact details can be found [here](#).*

## STOP PRESS

This morning an ISBAR iPhone app was launched by NSW Health to promote the active use of ISBAR.

This application is easy to use and gives assistance in structuring your conversation in ISBAR to get the best results. You can access the app by following the information below or simply search ISBAR from apps on your iPhone.

\*The ISBAR App is available to download free from the App store at <http://itunes.apple.com/au/app/isbar/id465890292?mt=8> or can be found by searching "ISBAR" on iPhones and iPods, or search "ISBAR HD" on iPads.

For a range of health information, go online to [www.health.nsw.gov.au](http://www.health.nsw.gov.au)\*The ISBAR App is available to download free from the App store at <http://itunes.apple.com/au/app/isbar/id465890292?mt=8> or can be found by searching "ISBAR" on iPhones and iPods, or search "ISBAR HD" on iPads.



## 2011 Sixth Annual Quality & Scientific Program

The theme of the Sixth Annual Quality and Scientific Program held in Pokolbin recently was “Clinical Effectiveness – Rethinking Technology and Treatment” In excess of 200 members of staff were able to attend the program over the two-day period this year and feedback has been very positive.

*Melissa Lintott, Clinical Nurse Educator – Intensive Care, Rapid Response Team Coordinator at The Calvary Mater, Newcastle has kindly shared her thoughts about this years Quality & Scientific Program.*

After attending the Quality and Scientific Program in Tamworth last year and thoroughly enjoying it I knew I had to recruit some fellow ICU colleagues to share the experience this year.

The poster display by the HNE Quality Award Finalists is a great opportunity to have a look at what quality improvements/initiatives are happening across the area. Taking the time to read the posters and speak with the finalists is great inspiration to encourage others to take up the challenge.

The booth display is an excellent way to promote current quality initiatives and gives you the opportunity to speak with project leaders directly. Resources are also available to help promote the quality initiative within your own local hospital/clinical area. Being the Rapid Response Team (RRT) Coordinator at the Mater and running the DETECT courses I always like to catch up with colleagues at both the “Between the Flags” and the “ISBAR” booths to ensure I have the most up to date information and resources.

The highlight of the program for me came from the exceptional quality and variety of speakers at this year’s conference. I especially enjoyed Julie McCrossin’s animated presentation on “Patient participation: Does it really make a difference to clinical effectiveness?” and Professor Duffield’s very honest account on “The clinical workforce: Have we got it right?” All of the speakers enable you to take a moment and think outside the square.

The ICU colleagues that accompanied me to the Quality and Scientific Program thoroughly enjoyed themselves and were inspired to go back to ICU with many ideas for quality improvement projects. I gave a brief overview of the conference to the Clinical Practices Committee at the Mater encouraging all NUMs to send clinical staff next year, and we will also be sourcing the pharmacy “5 rights” reusable chart to be used throughout the Mater (another handy resource I picked up from the conference!). The challenge for next year will be to ensure we take a few more colleagues along from the Mater.



**Ms Julie McCrossin  
Guest Speaker**

*If you would like to listen to the speakers’ presentation from this year’s Quality and Scientific Program go to:*  
[http://intranet.hne.health.nsw.gov.au/cg/training\\_education\\_and\\_knowledge\\_development/QE\\_and\\_SP/QEandSP\\_Presentations/2011\\_quality\\_and\\_scientific\\_program\\_presentations](http://intranet.hne.health.nsw.gov.au/cg/training_education_and_knowledge_development/QE_and_SP/QEandSP_Presentations/2011_quality_and_scientific_program_presentations)

The Annual Scientific Program aims to provide all healthcare professionals with an opportunity to reflect on some of the less tangible aspects of healthcare and provide time to network and discuss the innovative work being undertaken by colleagues across the District.

Sponsors of the 2011 Quality & Scientific Program and Health care teams from across HNE Health showcased their innovations and quality initiatives in the booth viewing area at the 2011 Quality & Scientific Program. Event sponsors hosted booths alongside services from across the District in the Event Centre and shared their resources with those attending the program. Resources handed out to attendees included hand gel, ISBAR cards, Between the Flags resources and medication safety resources. Several booths introduced attendees to web based applications including HNE Health’s Clinical Telehealth Strategy, The MyLink Learning Portal and the revamped The Kaleidoscope Website. Expressions of interest have already been registered for booth space at the 2012 event.

This year there were 22 quality award finalist teams showcasing the outcomes of innovations and projects from across HNE Health. The people’s choice poster was won by the team from McIntyre Cluster showcasing the hand hygiene station.

The booth quiz was won by Melissa Lintott from Calvary Mater Newcastle and Melissa received a selection of goodies donated by the booth hosts.

Mandy Harden was the winner of the Executive Support Services (ESS) M&M’s guessing competition, guessing the closest number to 2118 being the actual number of matters processed by ESS from 1 July 2010 to 30 June 2011.