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# Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

## Inside this Issue:

From the Acting Director

Guest Editorial:  
By Kathleen Schelling

Clinical Unit in Ethics and Health Law Seminar

Update is on ....  
The Statewide Clinical Leadership Program

In Profile.....  
Tony Austin

Root Cause Analysis Review

HNE Health Libraries

2011 Christmas Quiz

Results from the 2010 Patient Experience Survey

Farewells & best wishes

### Editorial Team

Professor Anne Duggan, Ms Helen Byrnes, Ms Barbara March, Ms Tracey Cambourn, Mrs Penny Plumridge

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## From the Acting Director...

Welcome to this month's *Quality Matters*



*Helen Byrnes,  
Acting Director Clinical Governance*

As the end of year is fast approaching, two of our Hunter New England Health leadership programs are also drawing to an end. This month's edition of *Quality Matters* includes a guest editorial from Kathleen Schelling, one of the 2011 Syndicated Leaders, and an update on the Clinical Leadership Program from Robyn Aylward, the program facilitator. The programs focus on developing the leadership skills of managers and clinicians, and both are aimed at participant personal and professional development and also improving the quality of service delivery for staff, patients and the broader community.

## 'Syndicated Leaders' Program: Building Capacity

**Guest Editorial** by Kathleen Schelling, Service Manager, Newcastle Mental Health Service

I started my syndicated leadership journey in April this year and the question I have been asked is how has this impacted on my capacity to improve governance around patient care and safety. To answer that requires thought and consideration of the range of opportunities I have been privileged to experience and reflection about the challenging questions and discussions with mentors and leaders within my own clinical stream, the syndicated leadership team, colleagues and with the staff I provide leadership and support to within a challenging acute mental health environment.

The exposure to broader networks and senior leadership coupled with feedback from a 360 degree facilitated feedback process has helped me to focus and reflect on my own leadership within the service and to think about how my actions or lack of them impact on patient care and safety.

The key change in my behaviour has been to think differently about the questions that I need to consider and ultimately the action I need to take to continually lead and support others to review what we do and how we improve it. I now ask myself and my team; what clinical and operational processes are evident to support care delivery? how efficient and effective are they? what is the variability with service delivery? and how do we measure this? what are the clinical and health outcomes? and the perception of this from our patients?

I have also asked myself about the evidence base for what we do, how it is transformed into clinical practice and how does the idea of innovation fit with evidence based practice if it can take nine to thirteen years to implement in practice.

So back to the initial question of how has the Syndicated Leaders Program built capacity to improve governance... for me it directly relates to how these new experiences and discussions have helped invigorate my reflection and critical enquiry about what we do and how it impacts on safe and effective clinical outcomes.

### **Hunter New England Local Health District – Policies and Procedures**

First published in 2006, the HNE LHD policy for developing and managing policies and procedures is under review. Among other information it now includes strengthened elements on risk assessment and the role of HNE LHD Executives in the governance of policy. Access the draft policy [http://intranet.hne.health.nsw.gov.au/\\_data/assets/word\\_doc/0012/88698/DRAFT\\_Policy\\_and\\_Procedure\\_Development\\_and\\_Management\\_Policy\\_241111.doc](http://intranet.hne.health.nsw.gov.au/_data/assets/word_doc/0012/88698/DRAFT_Policy_and_Procedure_Development_and_Management_Policy_241111.doc) to have your say and return your comments by 16 December to [Susan.Diemar@hnehealth.nsw.gov.au](mailto:Susan.Diemar@hnehealth.nsw.gov.au)



## This Month's Update is on.... The Statewide Clinical Leadership Program

**Written by** Robyn Aylward, Facilitator Clinical Leadership Program, HNE LHD

The Statewide Clinical Leadership Program is delivered through a partnership between the Clinical Excellence Commission and the Local Health District (LHD). The aim of the program is to ultimately improve patient outcomes through the development of leadership skills amongst clinicians in HNE Health.

Potential participants are identified as developing Clinical Leaders and supported by their Manager to participate in a 9 month program that "is seen to be an important initiative in modeling, facilitating and supporting leadership skills amongst front-line clinicians, leading to improved patient care and staff morale." (CEC 2011). The program has been running since 2007, with 62 participants having completed the program to date.

A component of the program requires each participant to complete a Clinical Practice Improvement Project to support their clinical area. These projects are based on clinical practice and innovation, looking at improving the efficiency of the service, improving the patient journey or service cost improvements. An example of one of these projects is identified in the good work Bron Pascoe and her team managed. They identified a health need in a local community and supported the implementation of the recently opened Mental Health Drop – in Clinic at Coledale, Tamworth. The Clinic opening was supported by the local community and continual monitoring of the service will highlight the effectiveness and efficiency of the service in meeting patient needs.

Since the Clinical Leadership Program commenced there have been several projects implemented that have made a difference to the patient journey in our health system.

This year the Clinical Leadership Program is also undertaking its own project. The participants are linked into their specialty Stream or Network to give them the opportunity to engage in LHD operational leadership forums to support their development but also to support LHD succession planning by identifying Clinical Leaders for the future.

## Clinical Unit in Ethics and Health Law Seminar

The next CUEHL Seminar will be held on Monday 5 December 2011 in the Royal Newcastle Centre, Conference Room 1.

We will be continuing on with tradition viewing Ethics Video Clips from Newcastle University Medical Students.

Supper will be served at 6.00pm and the seminar will begin at 6.30pm.

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

CUEHL will continue to be on the first Monday of each month in 2012.

We wish everyone a safe and happy break and look forward to seeing you in 2012.

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

***Dr Tony Austin AM*** MBBS, MPH, FRACMA, FRACGP, DAvmED, GAICD

***Associate Director***

***Clinical Governance***

Tony joined the RAAF as a medical undergraduate in 1980. Following his graduation from UNSW in 1983 he served as a GP and Aviation Medicine specialist across a wide range of postings within Australia, Malaysia and the USA.

Tony was a Commanding Officer of the Institute of Aviation Medicine (Point Cook, VIC) and has considerable experience in aircraft accident investigation. He retired from the position of Head, Defence Health Services (Canberra, ACT), with the rank of Air Vice-Marshal, in 2008 after six years in that role.

Tony has always been passionate about patient safety and the importance of using incidents and adverse events as key learning tools. Whilst in Canberra he chaired the Clinical Review Committee at Calvary Hospital for three years and sat on the ACT Clinical Audit Committee.

Tony is an examiner with the Royal Australasian College of Medical Administrators, chairs College Credentialing Committee and is a member of the Education and Training Committee. Tony is married with adult two sons and is passionate about sailing.





## This Month's Root Cause Analysis Review

### Situation

A Root Cause Analysis was undertaken following the death of a child 48 hours after being discharged from an emergency department.

### Background

A mother presented to the Emergency Department (ED) with her son at 01:43 hrs. The child had been unwell for several days with earaches and flu-like symptoms. Two days previously the child had been seen by the General Practitioner (GP) and started on an antibiotic for an ear infection. On the evening of the visit to the ED the child had woken crying in pain and vomiting. On presentation the child had an elevated temperature and pulse rate. The Medical Officer reviewed the child and found that he was pale with a fever. The rest of the examination, including assessment of his ears, neck and reaction to light was normal. A urine test was collected which showed an increased glucose level. The child was given medication for nausea followed by pain relief.

Further advice was sought from a Paediatrician regarding this outcome and a plan was made for follow up with the GP. The child left the ED with his mother two hours after presentation. Five hours later the parents called an ambulance as they were concerned about the child's level of consciousness. The child was transported to a different hospital. On arrival the child had developed neck stiffness and a rash on his chest. He also had an elevated respiratory rate and continued to be febrile. The child continued to deteriorate and was transferred to a metropolitan children's hospital where he died two days later with bacterial meningitis.

### Assessment

A diagnosis of bacterial meningitis is difficult to make and based on the clinical presentation of this child it was accepted that the clinician in the first emergency department would not have suspected the child had bacterial meningitis. The child had some of the symptoms associated with meningitis but they are also associated with other common conditions. It was several hours later that the actual clinical condition had become clearer.

The RCA team noted that, as the child had presented to his GP with the same symptoms, this presentation could be considered a second presentation. No differential diagnoses were recorded in the medical record on this presentation or any recording of the child's respiratory rate or pain score.

### Recommendations

The RCA team considered that documentation of the respiratory rate and pain score may have contributed to a more complete clinical picture of the child, and that the documentation of differential diagnoses may have prompted consideration of further appropriate investigations or a decision to continue monitoring the child. Recommendations were made to prompt the consideration and documentation of differential diagnoses, along with the documentation of respiratory rates and pain scores for children. The RCA team also recommended a requirement that all children who re-present with the same or similar problem are monitored for at least four hours before a decision to discharge is made.



### Invite a Librarian to be part of your team...

HNE Health Libraries employ staff with qualifications in Nursing, Science and Education as well as Information Science professionals.

We can...

- Help you ask the right questions;
- Assist you in selecting the right sources of evidence;
- Help you devise effective search strategies and techniques;
- Teach you how to effectively use a range of databases and other evidence based resources;
- Assist you critically appraise evidence.

Planning a safety or quality improvement project? Considering embarking on some research? Want to get more out of your Journal Club? Consider the benefits of incorporating a Librarian on your team. Contact your local HNE Health Library or for inquiries [angela.smith@hnehealth.nsw.gov.au](mailto:angela.smith@hnehealth.nsw.gov.au)

### Christmas Quiz

As the festive season is fast approaching it is time to test your knowledge on something we use a lot in HNE Health..... Acronyms!



**Have some fun by completing the attached Christmas Quiz.**

Please submit your completed entry to the Clinical Governance Administration Team via fax 02 4985 5361 or email [clingovadmin@hnehealth.nsw.gov.au](mailto:clingovadmin@hnehealth.nsw.gov.au)

Entries close **Friday 9 December 2011.**

**Rules:** The winner will be drawn from all correct entries submitted prior to close of business 9 December 2011. The winner will be notified before Friday 16 December and receive a \$50 book voucher from Maclean's Bookshop. The winning entry will be published in the December edition of Quality Matters.



## Results from the 2010 Patient Experience Survey

Written by Dianne Dolan, Acting, Quality Manager

The NSW Health Patient Experience Survey results for 2010 (66553 respondents) including the patient comments are now available on the online Patient Experience Survey Portal. Results for the 13165 HNE Health respondents are as follows:

Overall Rating of Care 71.5% a decrease from 75.6% in 2009 but still above the State Average of 69.5% - The Overall Care measure provides a high-level view of how patients perceived their care. All results are recorded on a five-point scale, ranging from *excellent* to *poor*. Patients who provide a score of *excellent* or *very good* are considered to have provided a positive score.

Advocacy result is 69.3% again a decrease from 72.4% in 2009 but still above the state average of 65.1%. The Advocacy measure provides a high-level view of whether patients would recommend the service they received. Results to this question are provided on a three-point scale from *yes, definitely* to *no*. Patients who provide a score of *yes, definitely* are considered to have provided a positive score

Of interest is that Community Health rated highest in both of these measures of care with Overall Rating of Care 81.8% and Advocacy 82.8%. In contrast, Non-Admitted Emergency Patients rated lower in both of these measures of care with Overall Rating of Care 55.7% and Advocacy 51.0%.

*What lessons can we learn from Community Health service providers?*

While each patient has a unique experience during their journey, there are certain common areas that impact on their perception of overall care provision. By addressing these in our own services we can significantly improve the patient experience. These common areas from the 2010 survey that should be discussed at your Quality and Patient Care Committees are:

Healthcare professionals working well together, Courtesy of healthcare professionals, Availability of nurses, A well organised facility or service, Explaining treatment and /or care and Receiving complete care.

The NSW Health Patient Experience Survey Portal can be accessed by all staff on the HNE Health Intranet homepage under the Applications list or at [http://www.plenari.com/doh/NSW\\_HEALTH.php](http://www.plenari.com/doh/NSW_HEALTH.php)

### **Our Farewells and Very Best Wishes to ...**

This month Clinical Governance farewells Dianne Sales. Di joined the HNE Health Clinical Governance team in 2005 as the Area Complaints Manager, this position then becoming the Manager of the Executive Support Service (ESS).

During Di's six year tenure with HNE Health she was instrumental in developing the Executive Support Service into a high performing service unit. Her major achievements include improvements to the complaints process and consistent achievement of the benchmarks for complaints handling, the development and implementation of the Management of Concerns and Complaints about a Clinician process (with Dr Rosemary Aldrich), and being nominated as a finalist for Outstanding Contribution in the 2009 Staff Achievement Awards. Di also relieved in other senior management positions within Clinical Governance including as Acting Director on a few occasions. Di is very grateful for the opportunities and experiences she has had in HNE Health and has developed many professional relationships and personal friendships.

Di has recently been appointed to the position of District Manager Workplace Health & Safety in Mid North Coast LHD where she is sure to make an exceptional contribution to the organisation. Di is looking forward to new challenges and opportunities and won't miss the long hours spent on the highway between Port Macquarie, Taree, Newcastle and Tamworth. The Clinical Governance team will miss Di's positive attitude, knowledge, expertise and leadership and we wish her well.

We also farewell Donna Gillies. Donna has been working in Clinical Governance for the past six months as the Project Officer for the WHO Surgical Safety Checklist. With Donna's extensive experience and many key contacts in the surgical arena she was able to refine and implement the HNE Health Surgical Safety Checklist across HNE Health in all facilities with surgical/interventional services during this short timeframe.

Well done Donna!