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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

Inside this Issue:

From the Director

Guest Editorial:
Angela Smith
**Librarians:
Partnerships for
Patient-safety and
Quality Care**

Update is on...
**Introduction of
New Interventional
Procedures**

Root Cause
Analysis Review

Clinical Unit in
Ethics and Health
Law Seminar

Quality Systems
Assessment

NSW Health
Patient Survey

2011 Modular
Clinical Leadership
Program

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Dr Kim Hill,
Professor Anne Duggan,
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Ms Elizabeth Dewhurst

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From the Director...

Welcome to the December 2010 Edition of Quality Matters.

This month's Guest Editorial is from Angela Smith, who has given us a clear and timely reminder of the value that our Librarians provide as part of the multi-disciplinary health team, and to all endeavours to provide an effective evidence-basis to patient care and clinical practice.

In this last edition for 2010, I would like to especially acknowledge the



efforts of the Editorial Team, who have worked tirelessly and successfully to ensure that each edition has relevant articles on key aspects of our quality and safety agenda. Thanks also to all our contributors and Guest Editors, for their great efforts and thought-provoking articles.

Thanks also you as our readership – I hope that you have found 2010 *Quality Matters* both useful and interesting.

Dr Kim Hill

Director Clinical Governance

Librarians: Partnerships for Patient Safety and Quality Care

Guest Editorial by Angela Smith, Librarian, Hunter New England Health Libraries, John Hunter Hospital

"Knowledge is a core function in the full range of health care services, including the provision of evidence for clinical and management decision-making, support for clinical governance, information for education and lifelong learning, and information for research."¹

Efficient and timely access to evidence-based medical literature is an important element in providing safe patient care.² Given the complexity and time constraints involved in care delivery, seeking out the right information at the right time has become an increasingly difficult goal for many health practitioners.

Studies have shown that practitioners rely on interpersonal contact and personal experiences much more than print and online resources when solving questions about patient care.³ Whilst this method often does lead to effective patient care, it may not reflect the most current thinking or be consistent with evidence.⁴

Librarians have expertise in the search for, and retrieval of information from numerous available databases and other sources of biomedical information. Furthermore Librarians understand the need to evaluate sources of information for credibility and reliability. Librarians can assist practitioners improve their skills in the critical appraisal of information and in the application of these findings to patient care. Librarians can facilitate the process of, 'stepping back', by accessing external sources of information which can be utilised to obtain a broader view of where opportunities may exist to improve quality efforts and patient safety.⁵

Many opportunities exist for health service staff to collaborate with and exploit the skills and expertise of their Librarians. Library staff regularly receive requests from hospital staff conducting quality improvement projects. Librarians can support quality improvement efforts by providing comprehensive literature searches on requested topics, accessing the available evidence and providing a framework for developing answers. Comprehensive literature searching may help uncover comparative or benchmarking information on hospital innovations that assist administrators and clinicians evaluate the soundness of actions before investing valuable time and resources.⁶ Consider including a Librarian on your quality improvement team.

Library staff can also provide training to enhance competency in the search, retrieval and appraisal of information from the variety of sources of biomedical information. Consider inviting a Librarian to your next journal club or educational meeting or having a librarian on your quality team. Information services provided by a Librarian will assist with information overload and reduce barriers to effectively utilising tools and resources designed to inform and facilitate confident, knowledgeable responses to quality and patient safety issues.

References

- 1 Knowledge to health in the 21st century: aligning library/knowledge service to core NHS business, press release, 29 February 2008
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- 3 Estabrooks, C et al. (2003). The Internet and access to evidence: How are nurses positioned? *Journal of Advanced Nursing*, 42, 73-81.
- 4 Williams, L. et al(2003) Improving access to information: librarians and nurses team up for patient safety. *Nursing Economics*, 21, 199-201.
- 5 Conway, J. (2008) Could it happen here?: Learning from other organizations' safety errors. *Healthcare Executive*, Nov/Dec, 64-67.
6. Holst, R. et al. (2009) Vital pathways for hospital librarians: present and future roles. *Journal of the Medical Library Association* 97(4), 285-292.



This Month's Update is on

Introducing New Interventional Procedures and Clinical Innovations

Introduction of new procedures and clinical innovations into the health care setting has important implications for patient safety and quality of care. Clinical Governance oversees the HNE Health framework for the safe introduction of new interventional procedures into clinical practice, which is consistent with the NSW Health Policy Directive.

The framework is designed to provide an environment that encourages innovation in clinical practice in our health service and ensures that the clinical context and appropriateness, scientific evidence, clinical ethics, resource implications, credentialing and training aspects are all integrated in decisions relating to introducing new interventional procedures. The framework also ensures that routine evaluation of approved procedures occurs and appropriate transition between new interventions and routine clinical practice occurs.

The New Interventional Procedures and Clinical Innovations Committee will hold its last meeting for the year to consider the introduction of Capsule Endoscopy at Tamworth Hospital and Transrectal Ultrasound-Guided Prostate Biopsy at Belmont Hospital. Other applications approved in 2010 included CT Colonography at the Royal Newcastle Centre and John Hunter Hospital and Adult Cochlear Implantation at the Royal Newcastle Centre. A number of previously approved procedures also transitioned into routine practice this year including Anterior Cruciate Ligament Knee Reconstruction at Gunnedah Hospital and Sentinel Node Biopsy using Lymphoscintigraphy at Tamworth Hospital.

For a full list of new procedures introduced into HNE Health, please go to: http://intranet.hne.health.nsw.gov.au/cg/new_interventional_procedures_and_clinical_innovation/list_of_new_interventions

For further information on New Interventional Procedures and Clinical Innovations go to: http://intranet.hne.health.nsw.gov.au/cg/new_interventional_procedures_and_clinical_innovation or contact Dr Anne Duggan, Associate Director, Clinical Governance on 49214913.

This Month's Root Cause Analysis Review

A root cause analysis was undertaken about an 85 year old man had an unwitnessed fall in a residential setting and subsequently died.

The resident had recently been admitted to a residential placement unit. Due to recently diagnosed venous thromboembolism he was taking anticoagulation medication. Following stabilisation of his pain medications the resident's capacity to mobilise had been reassessed. Appropriate plans were in place for standby assistance and the resident had been assessed for the use of a walking aid.

Eleven days after admission the resident was heard to fall in the bathroom attached to his room. While initially responsive to staff, his condition deteriorated over the next few hours. He was found to have an extradural haematoma, and initial management included reversal of anticoagulation medications. Following further neurosurgical review and discussions with the resident's children a decision was made to cease active treatment.

The RCA concluded that the staff had attempted to enable the resident to mobilise safely while respecting the resident's independence. Two system issues were identified.

1. There were gaps in the documentation of the resident's observations following the fall with references to deterioration in the medical record, but only some of the observations were recorded.
2. There was some confusion regarding the notification of the death to the Coroner because the death occurred only days after the changes to the *Coroners Act* came into force. The changes to the Coroner's Act have changed the requirements for notification of deaths following a fall. This confusion caused some distress for the family.

The following system recommendations were made:

- Information available in the unit regarding the care of a resident following death should be updated to include the relevant requirements from the *Coroner's Act 2010*, particularly in relation to the management of older people following a fall http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_054.pdf
- The implementation of the new Standard Adult General Observation chart in the unit should include guidance on the relevant frequency and observations to be undertaken and recorded if the resident's health status is deteriorating acutely.

Both these recommendations have been implemented in the unit. It should also be noted that a new state-wide NSW Health Coronial Checklist, which includes the changes to the Coroner's Act 2010, is now available on Salmat and can be ordered by all facilities.

Clinical Unit in Ethics and Health Law Seminar

The next CUEHL meeting will be held on Monday, 7 February 2011 in the Royal Newcastle Centre, Conference Room 1. Details will be provided in January Quality Matters.

2010 Quality Systems Assessment Survey

Congratulations! For the third year in succession, HNE Health has achieved 100% completion of the Quality Systems Assessment Survey by the due date.

Thanks to those involved in completing the surveys - a success all round!

NSW Health Patient Survey: Introducing the new 2010 Patient Survey- Results Console

A new Patient Survey Results console has been created on the NSW Health Intranet home page to allow all health staff to access results of the NSW Health Patient Surveys. No password is required. The site will continue to be populated in the coming months with 2010 results. It will be possible to compare with other Area Health Services as well as export results in Excel. The link is:

www.plenari.com/doh/NSW_HEALTH.html

For more information please contact DianneF.Dolan@hnehealth.nsw.gov.au in Clinical Governance on 4923797.

2011 Executive Modular Clinical Leadership Program

Applications for the 2011 Executive Modular Clinical Leadership Program are closing soon. This Program is funded by the Clinical Excellence Commission and is designed for **senior** clinician leaders, typically working towards, or at the level of medical department head, clinical stream director, director of nursing, allied health director or similar clinical leadership role.

The program consists of six 2-day modules over a 12 month period and will be delivered in the Sydney CBD, commencing early 2011. Participants will also complete a work based improvement project. Total enrolment is capped at 40 participants across the state.

Applications are due 10 December 2010. For more information and to apply go to <http://mylink.hnehealth.nsw.gov.au/course/lev.php?id=622> or contact Anne Mason, Organisational Capability and Learning on 02 49853237.