



January 2011
Issue no. 49

Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

Inside this Issue:

From the Director

Guest Editorial:
Dr Peter Saul

Update is on...
Risk Management

Root Cause
Analysis

Clinical Unit in
Ethics and Health
Law Seminar

ISBAR Christmas
Quiz Winners

Hunter New
England Health
Guideline for
Guidelines

Editorial team:
Dr Kim Hill,
Professor Anne
Duggan, Ms Barbara
March, Ms Tracey
Cambourn and Ms
Elizabeth Dewhurst

Comments and
queries welcome:
clinicalgovernance@
hnehealth.nsw.gov.au

From the Director...

Welcome to the first Edition of *Quality Matters* for 2011.

Those of you who are routine readers of this Newsletter will be familiar with ISBAR in Our Communication, and over the Christmas period I found out that ISBAR was used by a very important person indeed.

I was lucky enough to receive a very special card from Secret Santa, who is clearly very expert in using the ISBAR frame of Introduction,



Situation, Background, Assessment, Recommendation, and apparently uses it frequently!

It was a fantastic card, and I only wish that Secret Santa had known about the Christmas Quiz (see the winners announced Page2).

Best wishes for a successful 2011

Dr Kim Hill
Director Clinical Governance.

Dying in the Teenies

Guest Editorial by Dr Peter Saul, Staff Specialist, Intensive Care Unit, John Hunter Hospital

Twenty years ago, NSW Health published a document titled "Dying with Dignity". Those who contributed to the process of writing this recall experiencing a great deal of conflict and controversy about what such a document could or should say, and it was finally issued as an "interim guideline".

Ten years went by before an attempt was made to update this, but finally in 2005 the "Guidelines for End of Life Care and Decision Making" were released. NSW Health took the unusual step of taking these new guidelines on a "roadshow" tour of NSW, with a panel of experts moderated by Radio National identity Dr Norman Swan.

Since that time, the healthcare community, even those of us working in acute care, have come to be much more aware of our role in providing support for people who have a life-threatening illness, or who may be in the process of dying. In consequence, NSW Health have provided more and more guidance and a suite of guidelines are now available on NSW Health's website¹⁻⁴. Meanwhile, new initiatives (on advance care planning, palliative services and making decisions for others) have started in Hunter New England and throughout NSW.

But by the end of the Noughties (and beginning of the Teenies?) it was clear that we needed to go further. Uptake of the guidelines has been modest, and knowledge of the accompanying legal framework^{5,6} remains poor. At the same time, dying is steadily shifting from the community into acute care, even for patients registered with a Palliative Care service. In addition, death rates are now (for the first time in 30 years) rising in NSW as the population ages. Death is becoming a more common outcome of acute care admission every day.

So NSW Health have set up a group (EPRAG) to put together all current guidelines into a policy form, and thereby to encourage Local Health Networks to incorporate into processes of care support for patients who may die soon.

What can you do? Well, a good starting point is to ask yourself the question "Would I be surprised if this patient were to die in the next year?" You might find it makes all the difference!

References

1. *Guidelines for end-of-life care and decision making* http://www.health.nsw.gov.au/policies/gl/2005/GL2005_057.html
2. *Using Advance Care Directives NSW* http://www.health.nsw.gov.au/policies/gl/2005/GL2005_056.html
3. *Decisions relating to No Cardio-Pulmonary Resuscitation* http://www.health.nsw.gov.au/policies/gl/2008/GL2008_018.html
4. *Conflict resolution in end-of-life settings* http://www.health.nsw.gov.au/pubs/2010/conflict_resolution.html
5. *Enduring Guardianship* http://www.lawlink.nsw.gov.au/lawlink/opg/ll_opg.nsf/pages/OPG_enduringguardianship
6. *Patient information and Consent* http://www.health.nsw.gov.au/policies/PD/2005/PD2005_406.html



This Month's Update is on..... Risk Management

The NSW Health Enterprise-Wide Risk Management Policy and Framework PD 2009_039 was released in June 2009 and provides information on the structure (roles, responsibilities and governance), processes and standards for managing risk within NSW Health. HNE Health's implementation of this NSW Health policy on risk management has already progressed with updates of the Risk Management webpage and the Integrated Risk Management System (IRMS). A policy compliance procedure (hyperlink) to aid local implementation is now published. The HNE Health Risk Management webpage http://intranet.hne.health.nsw.gov.au/cg/risk_management includes an updated information sheet to educate staff and advise them on their responsibilities for risk management and includes a reporting form to notify a risk to line management.

In 2011 a risk management self assessment survey to a broad group of stakeholders will be undertaken to assess the level of integration of risk management into HNE Health routine activity and planning processes.

ISBAR in Our Communication

The e-learning module for ISBAR is now up and running, and can be accessed through "MyLink". ISBAR helps make conversations focused and clear, and all staff are encouraged to undertake the training as soon as possible, to get set for an ISBAR year!

This Month's Root Cause Analysis Review

A patient suffering from acute cardiac failure had a cardiac angiogram and a Transthoracic Echocardiogram at a tertiary facility. At the time of the incident, the protocol for initial management following a cardiac angiogram included a requirement for observations every 30 minutes for the first two hours and application of manual compression for up to ten minutes after the initial removal of the arterial sheath, to prevent bleeding. It is also known that increased movement during the first two hours post procedure increases the risk of bleeding.

In this case following the procedure, the arterial sheath was removed and digital pressure applied. After approximately ten minutes a sandbag was placed on the groin area and the patient was transferred directly to the transport trolley and transferred back to the Rural Referral Hospital. The patient received further observations as required but when she had arrived back at the Rural Referral Hospital, a large haematoma had already developed.

While sandbags have routinely been used as a form of compression after the initial removal of the insertion devices, the RCA findings were that in this case, use of the sandbag and the early transfer back to the referral hospital contributed to delay in achieving good compression and cessation of bleeding.

As a result of the recommendations made in this RCA, the initial management of patients having cardiac angiograms has altered. Patients from outlying hospitals now remain at the tertiary hospital for two hours post procedure. This is to ensure that regular observations are taken and the patient is monitored closely for bleeding.

Other recommendations involved education of patient transport staff on the need for frequent observation (including of the procedure site) during transfer as well as education to nursing staff of the Cardiac Catheter Laboratory regarding the basis for, and requirements of, accurate recording and documentation of clinical management and patient observations which have now been completed.

Management of cardiac angiogram patients from outlying hospitals will now include advice on contacting the on-call advanced trainee as the first contact for assistance with any required patient management and that any patient needing ongoing application of a mechanical compressive device be managed in an acute care or cardiac specific area. There is also an Area Recommendation around discontinuing the use of sandbags for arterial compression which is being addressed by the Cardiac Stream.

Clinical Unit in Ethics and Health Law Seminar

Associate Professor Philip Bates will present the February 2011 CUEHL Seminar. His paper is titled "*Where there's a will, there's a way...and a family waiting at the bedside*" issues relating to wills and testamentary capacity that arise when patients (or their families!) are concerned with 'putting their affairs in order'.

The seminar will be held on Monday 7 February 2011 in the RNC Seminar Room. Supper is at 6.00 pm with the seminar to begin at 6.30. All are welcome, including the community, particularly students of law and health professions. There is no entry fee and no RSVP required.

ISBAR Christmas Quiz

Thank you to all entrants to the 2010 Christmas Competition.

For a high level of lateral thinking and creativity, the winner for most creative ISBAR conversion goes to Craig Millington, Clinical Nurse Specialist Calvary Mater Mental Health, for adapting a two-page form to request transport for a mentally unwell patient. The prize for most improvement goes to the Area Disaster Co-ordination Unit for turning a situation report about a high risk situation into a succinct, clear and focused report for action.

Congratulations to the winners!

The winning entries can be viewed on the Clinical Governance webpage, and remember, the judges' decision is final.

HNE Health Guideline for Guidelines

The revised HNE Health Guideline for Guidelines has been approved by the Area Executive and now published at: http://intranet.hne.health.nsw.gov.au/cg/policy_and_CPG_development_and_management

The Guideline reflects maturing clinical networks in HNE Health and provides for authorised Networks, Streams and formal Area Committees to undertake guidelines development. We are also keen to know if you are planning to develop a guideline, so that others may find out through the new directory. For information, please contact Assoc. Professor Rosemary Aldrich or Susan Diemar in Clinical Governance on 4921 3927.

http://intranet.hne.health.nsw.gov.au/cg/policy_and_CPG_development_and_management