Quality Matters

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The monthly newsletter of Hunter New England Health Clinical Governance

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From the Director…

Welcome to the June 2011 edition of Quality Matters.

Our thanks go to Professor Stephen Deane, for this month's Guest Editorial about current consultation seeking input to address the challenges of surgical services now and into the future. The surgical theme continues with articles relating to the surgical safety checklist program.

This month also includes several case studies, including cases discussed as part of Medication Safety Week, and this month's root cause analysis review. Feedback indicates that our readers find these kinds of case reports of particular interest, and we welcome your feedback on this edition and on *Quality Matters* in general.

Dr Kim Hill
Director Clinical Governance

The Rural Surgery Futures Project

Guest Editorial by Professor Stephen Deane, Clinical Chairman, Division of Surgery, John Hunter Hospital, HNE Health

Whilst undertaking the *Surgery Futures* project, the Surgical Services Taskforce (NSW Health) saw a clear need to focus on the issues of rural surgery (Cited in April 2011 *Rural Surgery Futures* Newsletter).

The Rural Surgery Futures Project, which has recently commenced, acknowledges that major challenges exist in rural surgery that need to be better recognised and understood and are quite different from those in non-rural surgical practice. The project is being sponsored by the Surgical Services Taskforce and led by a Rural Surgery Futures Project Steering Committee. Dr Austin Curtin, General Surgeon from Lismore chairs this group of which I am also a member.

Consultation tours to Tamworth, Armidale, Inverell, Moree, Narrabri, Gunnedah, Taree and Maitland will be undertaken during May and June 2011. With this series of NSW Health consultations occurring so near in time to our local consultations in developing our HNE Health Surgical Services Framework, we have a great opportunity to have our planning strategies well informed and well aligned.

What we all want is high quality and safe surgical services which are readily accessible for all of our HNE Communities, sustainable into the future, responsive to new surgical knowledge and skills, and richly contributing to the training of the next generation of surgery teams.

A survey will be conducted across rural hospitals to get a better picture of the key management, workforce and infrastructure issues. The link to the survey is:
http://www.surveymethods.com/EndUser.aspx?B793FFE5B3F3E7EDB6

An email account for surgery futures has been set up at: surgeryfutures@doh.health.nsw.gov.au to assist with communication for interested parties. If you have any questions on the Rural Surgery Futures Project in HNE Health, please contact Professor Deane on 492 14318.

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This Month's Update is on …. Surgical Safety Checklists

Procedures involving the incorrect patient, incorrect procedure or incorrect site or using the incorrect implant are rare events but when they do occur they have the potential to have significant clinical consequences. NSW Health Correct Patient, Correct Procedure and Correct Site Policy Directive PD2007_079 requires that health services have processes in place for preventing such an occurrence.

In 2011 HNE Health's surgical safety focus is on addressing patient identification and verification issues. This is in line with a number of important initiatives that are occurring at both State and International levels. These include:

- The World Health Organisation (WHO) Surgical Safety Checklist Project is nearing its implementation phase and will provide some important learnings
- A NSW Health review of the Correct Patient, Correct Procedure & Correct site Policy Directive PD 2007-079 with a view to incorporating the WHO Surgical Safety Checklist requirements is currently underway.
- The NSW Health Safety Checklist Reference Group is developing a State form and guidance documents to assist implementation at the local level
- Theatre Managers and Educators at local HNE Health sites have begun local procedures for familiarisation and staff education.

The checklist has been shown to be an integral part of safety and reduce adverse events. It has also been shown to improve teamwork and communication and provide a better and more efficient working environment for all members in the operating theatre team.

Clinical Governance has assigned a Project Officer to this initiative for a six month period to work with clinicians and managers to embed the Checklist locally. Policy Compliance Procedures for Site Marking, Consent, Incorrect Count and Surgical Safety Checklist are being reviewed where already in existence, and new ones developed where appropriate.

If you would like further information regarding the surgical safety checklist, please contact Ms Donna Gillies on (02) 492 14041 or Dr John Fisher on 6767 7123. The Surgical Safety Checklist Fact Sheet is available on the Clinical Governance intranet site at Surgical Safety Checklist fact sheet.pdf, and further information is on the WHO website WHO Surgical Safety Checklist & Implementation Manual

In Profile…..

Donna Gillies
Project Officer, WHO Surgical Safety Checklist
Clinical Governance

In 1991, I completed my Bachelor of Applied Science (Nursing) at the University of New England. Following completion of my degree I worked in a variety of areas of nursing including community, psychiatric and general nursing before undertaking my Certificate in Intensive Care.

In 1994 I commenced working in the Intensive Care Unit at John Hunter Hospital. During this period I became involved in the Australia Incident Monitoring Study (AIMS) at a local and national level. AIMS developed nationally to become what we now know as the Incident Information Management System (IIMS).

Since the millennium I have worked in the Division of Surgery undertaking the role of Surgical Audit Facilitator coordinating, managing and assisting many projects including the implementation of the Acute General Surgical Unit in the John Hunter Hospital.

My current role and challenge for the next six months is to work with HNE Health staff to implement the World Health Organisation (WHO) Surgical Safety Checklist in operating theatres across the Network featured in this month's "*Update on…*"

Clinical Unit in Ethics and Health Law Seminar

The July 2011 CUEHL seminar will be held on Monday 4 July 2011, in Conference Room 1 at the Royal Newcastle Centre. Supper is at 6.00pm and the seminar will begin at 6.30pm. All are welcome – no entry fee, no RSVP necessary.

Quality Systems Assessment Update: Verification Visit in June 2011

by Dianne Dolan
Acting Quality Manager, Clinical Governance

This month (June 2011), five assessors from the Clinical Excellence Commission visited 10 sites across HNE Health to verify responses from the 2010 Quality Systems Assessment survey.

The focus of discussions with facility managers and clinical staff centered on the development of local action plans around healthcare associated infections, open disclosure and teamwork.

While the final report from the CEC is not yet available, preliminary discussions with assessors were overwhelmingly positive. Equally, staff at sites visited (including Taree, Singleton, Muswellbrook, Denman, Merriwa, Murrurundi, Scone, Dungog, Gloucester, and Wingham reported that the whole experience was enjoyable and productive.

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This Month's Root Cause Analysis Review

This root cause analysis review highlights the impact that root cause analysis (RCA) recommendations can have on changing clinical practice.

Ten months after the birth of her child, a patient complained to hospital management that she had become aware of having something in her vagina. On examination, a 20 x 20 cm folded surgical sponge was removed.

Some months previously, the woman had a vaginal delivery using a vacuum extraction device due to the baby's difficult position. During the birth, an episiotomy (a surgical incision to the perineum to widen the vaginal opening) was performed, and this extended during delivery resulting in a tear further up the vaginal wall. During the repair process, a folded surgical sponge measuring 20 x 20cms was inserted into the vagina to prevent blood flow and to enable better visualisation of the top of the site during suturing.

Over the next ten months, the patient presented to her general practitioner in considerable discomfort, with multiple issues concerning unpleasant vaginal discharges and odours. During this time the patient was given multiple courses of antibiotic medications and underwent various tests and investigations in an attempt to identify the cause of the problem.

The RCA review considered the procedures in place to comply with NSW Health Policy Directive PD 2005_571, (Handling of Accountable Items). It was found that whilst procedures were in place in operating theatres within Hunter New England Health, there were no formal procedures to ensure that Maternity Units complied with this Policy Directive, including the use of forms to document *accountable items* used during birth and the use of radio-opaque gauzes.

Actions on the recommendations from this RCA were implemented promptly by the Women Health and Maternity Network. Through the work undertaken by clinicians and managers in this Network, a new HNE Health Policy Compliance Procedure (PCP) has recently been released. This PCP applies to all HNE Health Maternity and Birthing Units and birth environments including any Emergency Departments where births and associated surgical procedures occur. The PCP has also resulted in a change to some equipment used such as catheter packs which must now contain radio opaque gauzes.
The PCP can be found at
http://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0007/83185/PD2005_571_PCP_2Maternity_Handling_of_Accountable_Items.pdf

NSW Health Safety Alerts: Safety Alert Safety Notice Safety Information

NSW Health has issued the following alerts and notices to Area Health Services with recommendations about patient safety. Please click on the hyperlink under issues covered for more information.

Number	Type	Issues covered	Date of issue
SN:004/11	N	TGA Recall	25 May 11
SA:004/11	⚠	HYDROmorphone: High-risk analgesic	21 Apr 11
SA:003/11	⚠	PNEUMOVAX ®23 Injection Advice against Revaccination	18 Apr 11
SN:003/11	N	TGA Recall	6 Apr 11
SA:002/11	⚠	RECALL of PNEUMOVAX ®23 Injection	25 Mar 11
SN:002/11	N	TGA Recall	25 Feb 11
SA:001/11	⚠	RECALL of Becton Dickinson (BD) Microlance ™ 30G Injection Needles	18 Feb 11
SN:001/11	N	TGA Recall	16 Feb 11
SN:017/10	N	Group A Streptococcal Maternal Sepsis	24 Dec 10
SA:006/10	⚠	RECALL OF Sitaxentan (Thelin)	10 Dec 10
SN:016/10	N	TGA Recall	7 Dec 10
SN:014/10	N	Autonomic Dysreflexia (supersedes Safety Notice 014/10 issued on 26 October 2010)	1 Nov 10

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Highlights from….
Medication Safety Week Grand Rounds at John Hunter Hospital

Last month's editorial by Dr Margaret Lynch, Clinical Director of GP Access, focused on medication errors and the failure of medication reconciliation processes when patients have been discharged from hospital. Dr Lynch presented four cases demonstrating the clinical importance of medication reconciliation at Grand Rounds at John Hunter Hospital as part of Medication Safety Week. For those of you who were not able to attend a summary of some of the cases is provided below.

Case 1 – A 72 year old female seen in an Emergency Department on a weekend with left sided chest pain which was diagnosed as herpes zoster. She was discharged late Saturday night with a prescription for valaciclovir 500mg two tablets three times daily for 7 days and Panadeine Forte® two tablets 4-6 hourly when needed for pain. The patient, who was a pensioner, was informed that it was very important that the treatment commence within 72 hours of the rash appearing, which meant getting the script dispensed on the Sunday when her usual community pharmacy was not open. She was charged $220 as a private prescription because valaciclovir requires an authority prescription for this indication on the PBS. The patient had to pay off her credit card over time. If the prescription had not been filled she would have been at increased risk of post-herpetic neuralgia, with potentially long-term treatment for neuropathic pain.

This scenario is a timely reminder that when discharging patients after hours with a prescription it is important to consider whether the medication is available as a general benefit from the PBS. If not then a limited supply of medication should be provided to the patient from the hospital. If the hospital pharmacy is closed a medical officer can dispense a supply which should be labeled appropriately.

Case 2 – A 79 year old female was admitted to hospital with increasing breathlessness and some chest pain and was subsequently diagnosed with cardiac failure. Several medication changes were made whilst the patient was an inpatient, and she was discharged home medically stable with five days supply of medications. She was reviewed by her GP within this time and given a new prescription based on the discharge summary. Several weeks later the patient presented to her GP complaining of dizziness, and was found to have postural hypotension and bradycardia. On review it was found that she had been taking two different brands of simvastatin plus taking both carvedilol and atenolol.

This scenario emphasis the importance of explaining to patients the reasons for medication changes and of providing patients with a copy of their discharge summaries. Confusion can be reduced by providing patients with a medication list that highlights any new medications and the reason for which they are being taken - as well as noting any ceased medications. Discharge prescriptions should only be written for new medications or where dosage changes are made.

Case 3 – A 61 year old Aboriginal man was admitted to hospital with recurrent exacerbation of chronic obstructive airways disease. He had a complex history which included paroxysmal atrial fibrillation, obstructive sleep apnoea, obesity, hypertension, type 2 diabetes, dyslipidaemia, alcoholic liver disease and haemochromatosis. His infection was treated with benzylpenicillin and azithromycin plus oral prednisolone with oxycodone for pain and he was discharged home after 12 days. A discharge prescription with ten items on it was filled. This included analgesia but no antibiotics. The patient's transport arrived early and the discharge medications did not go with him. An Aboriginal outreach worker arranged for the oxycodone to be collected. After three days a Connecting Care nurse followed up the patient at home and chased up a discharge summary. At this point, she realised that the oral antibiotics and the reducing dose of prednisolone mentioned in the discharge summary had not been provided and arranged for them to be prescribed and started. Unfortunately the patient died suddenly five days post discharge with an acute myocardial infarction.

T*his scenario illustrates the importance of providing the discharge summary at the time of discharge and ensuring the patient has an appropriate supply of medications to take home with them.*

Our thanks to Ms Jenny MacDonald, Deputy Director, Pharmacy, John Hunter Hospital, for providing the case summaries.

Clinical Governance – Some Recent Staff Changes

Ms Dianne Sales, Operations and Executive Support Manager Clinical Governance, is undertaking a three month secondment to the Mid North Coast Local Health District commencing Monday 16 May 2011. During this time, Ms Maryanne Fernandez will be the Acting Executive Support Manager, reporting to Ms Helen Byrnes who will be the Acting Operations Manager, Clinical Governance, providing Tier 3 cover for Dianne's portfolios. Helen will continue as Project Manager, Deteriorating Patient Strategy with part-time project support from Ms Deslee Byrne, who prior to this has been working with Clinical Governance as one of the Patient Safety Officers. Ms Donna Gillies also joins us as Project Officer, WHO Surgical Checklist working with Dr John Fisher to implement the Checklist in HNE Health.

Please join us in wishing Dianne all the best in her secondment, and in welcoming Maryanne, Dez, Donna and Helen to their new roles in these quality and safety endeavours.