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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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From the Director...

Welcome to the April 2010 Edition of *Quality Matters*.

This month features the second in our Update series, this time on Hand Hygiene. In May 2010, there will be a series of events to promote hand hygiene activities, and I encourage you to look out for and join in any local events.

The theme and dates for the 2010 Quality Exposition and Scientific Program have also been finalised. The theme of the event will be "We're all here for



patients", and this year's event will be held in Tamworth, in keeping with the decision to have rotating sites.

The dates of the event are Wednesday 15th September 2010 and Thursday 16th September 2010 at the Tamworth Regional Entertainment Centre. Please put the dates in your diary now.

I hope you enjoy this month's Quality Matters.

Dr Kim Hill
Director Clinical Governance

Is Medicine in for a Radical Change as the Old Guard gives way to Performance Driven Teams – Comments on a Harvard Business Review paper in April 2010

Guest Editorial by Dr Anne Duggan, Associate Director Clinical Governance

The author of this paper is a doctor at Partner's Healthcare in the United States of America. He considers that the biggest driver of rising costs and the real disease in healthcare delivery is medical progress: new drugs, new tests, new devices, and the ways of using them. The author says: '...the problem is that the explosion of knowledge is going off with a system too fragmented and disorganized to absorb it. The result is chaos...'. To illustrate, he recounts the story of the widow of a young man dying of cancer who in the last days of his life insisted that all his doctors had a meeting with the family. The widow believed that her family didn't really need the meeting, but the clinical staff did. She was receiving such inconsistent messages that she wanted to be sure that they were talking to one another.

The author does not doubt the altruism or hard work that drives most clinicians. He simply argues that in the now highly complex environment of healthcare superior co-ordination, information sharing and teamwork across disciplines is essential for high performance and best patient outcomes.

One very important message from this paper is that in the highly complex organizational structure that is healthcare, everyone plays a role in ensuring that care is provided to meet patient needs. It is with this message in mind that the theme of this year's Quality Exposition and Scientific Program seems suitably apt. The theme of this year's event is "We're all here for the patients".

This year's event will be held at Tamworth on Wednesday 15th September 2010 and Thursday 16th September 2010 at the Tamworth Regional Entertainment Centre. Please put the dates in your diary. Over coming weeks, regular updates will be on the Clinical Governance webpage: http://intranet.hne.health.nsw.gov.au/cg/Quality/quality_exposition_and_scientific_program and in this newsletter. Overviews of previous HNE Health Scientific Program themes and speakers are available on the same intranet site.

1. Turning Doctors into Leaders by Thomas H Lee. Harvard Business Review April 2010 (Harvard Business Review is available in the Gardiner Library, John Hunter Campus)



This Month's Update is on Hand Hygiene

5 Moments for Hand Hygiene: an essential patient safety practice

Improving hand hygiene is a critical strategy to reduce infection in hospitals and health care facilities. There is now an extensive evidence base that demonstrates reduced patient morbidity and mortality following sustained improvement of hand hygiene compliance by healthcare staff.

Hunter New England Health is strongly committed to improving hand hygiene amongst staff, patients and visitors and has implemented many strategies to improve compliance. The Five Moments for Hand Hygiene program from the World Health Organisation defines the necessary standard of practice. As part of the initiative, alcohol-based hand rubs have been made available at the entrances to wards, clinics, community centres, at nursing stations and at the end of each patient's bed. These hand rubs are not only intended for staff use, but also for patients and visitors.

It is mandatory that all staff should receive education annually about hand hygiene practice and patient equipment cleaning either in a face-to-face session or by accessing the online learning via www.hha.org.au

Audits of hand hygiene compliance are now conducted three times a year by trained auditors at an expanding number of sites. The most recent audits were conducted at 30 facilities and involved the observation of over 8000 'opportunities' for hand hygiene by trained auditors (Table). The overall compliance of 65% fell well short of the Area target of 80% but was an improvement over the previous Oct/Nov audit figure of 61% (21 facilities audited). Medical Staff compliance was low overall (see Box).

Healthcare staff	Compliance % (No.) observations
Allied Health	62% (512)
Blood Collection Staff	51% (144)
Doctor	49% (1,231)
Nurse	73% (5,222)
Patient support assistant	48% (341)
Student Allied Health	69% (16)
Student Doctors	77% (44)
Student Nurses	66% (281)

Nationally, the incidence of healthcare-associated *Staph. aureus* bloodstream infection is being measured to document the impact of improved hand hygiene. In Hunter New England, approximately 100 such events occur per year. There are a number of other measures that contribute to prevention of these high impact events. Please see the attached information sheet.

All HNEH staff are encouraged to find out about their own unit's hand hygiene performance and patient infections and become actively involved with local quality improvement efforts that follow on from the most recent audit. Working together, we can all have a large impact!

Medical Hand Hygiene Leaders required! In nearly all HNEH clinical services audited to date, medical staff compliance with hand hygiene standards has been 50% or lower. We would like to hear from those medicos (consultants, registrars, residents or interns) who would like to contribute to local efforts to improve hand hygiene practice. You will receive orientation from local Infection prevention and control staff and the evidence base will be provided and discussed. Access to your clinical service's data on healthcare-associated infections and hand hygiene compliance will be provided and explained. You will be asked to act as a role model for best practice and contribute to quality improvement efforts within your clinical service. Please contact John.Ferguson@hnehealth.nsw.gov.au if you are interested to take an active role!

This Month's Root Cause Analysis Review Falling from a Wheeled Walker

A Root Cause Analysis (RCA) was undertaken at a small rural hospital after a patient fell from a wheeled walker. During discharge from hospital, an elderly patient, having declined the use of a wheelchair, sat on the seat of a wheeled walker to be pushed to the car by their relative. When the walker was pushed onto uneven ground the patient fell from the walker, striking her head. She died two days later from cerebral haemorrhage.

Use of a wheeled mobility aid as a method of seated conveyance for the patient was commonplace for the patient and her family. The patient lived in a small unit where there was not enough space for a wheelchair, and a wheeled walker was often used by the patient and her family in public places such as shops, offices and outdoor areas.

The assessment of the RCA Team noted the issues related to use of a walking aid as a seated method of conveyance when this walking aid is not structurally designed for this purpose. Walking aids of all descriptions can be procured in many ways such as retail pharmacists, retail equipment suppliers, family members or friends and when doing so, patients may not be purchasing or being supplied with the most appropriate aid for the purpose. When a patient chooses to procure an item for themselves, an assessment by a physiotherapist or occupational therapist needs to be undertaken. Warnings regarding safe use may not be passed on at point of procurement.

It was recommended that all staff and patients and carers using wheeled walkers are aware of the need for following precautions for the safe use of wheeled walkers, which are:

- Ensure both hand brakes are locked before sitting on the seat of the frame
- Do not use the frame to help sit or stand
- Avoid rushing with the frame, turning quickly or walking backwards
- Do not sit on the seat of the frame
- Do not push the frame whilst someone is seated on it (or push oneself while seated)
- Do not attempt to climb/descend a flight of stairs with a walking frame

For more information about safe use of wheeled walkers contact a Physiotherapist or Occupational Therapist

Clinical Unit in Ethics and Health Law Seminar

Dr Nicole Gerrand, Manager of Research Ethics and Governance will present the April 2010 CUEHL seminar with Dr Charles Douglas. Dr Gerrand will be presenting a paper entitled Medical Professionals and the Pharmaceutical Industry: A partnership model that may work. Dr Douglas will be presenting Managing Intention - narratives of terminal sedation in palliative care. The seminar will be held on Monday, 3 May 2010 at the Royal Newcastle Centre, in the RNC Lecture Theatre. Supper is at 6.00pm and the seminar will begin at 6.30pm. All are welcome - no entry fee, no RSVP necessary.

How is your HNE Health Quality Award Submission progressing?

These awards are the filter into the NSW Health Awards and showcase the wonderful work our staff do.

Dates to Remember

The Aboriginal Health Awards close on Friday 23 April 2010 and the HNE Health Quality Awards close Friday 14 May 2010. For more information go to: <http://intranet.hne.health.nsw.gov.au/cg/Quality/Awards>

Welcomes and Farewells in Clinical Governance

Two long term staff of Clinical Governance have recently made career changes.

Deb Lawson, a Patient Safety Officer since 2006 and more recently Accreditation Co-ordinator in Clinical Governance, has joined the Planning and Performance Unit as Senior Health Service Planner. Deb's love of robust databases for tracking RCA and accreditation recommendations is one of her legacies to Clinical Governance.

Janet Wallace has been appointed as the new Coordinator of HNE Health Staff Health. Janet has been a member of Clinical Governance since its beginning in 2005, first as a Patient Safety Officer and more recently as the Venous Thromboembolism Prevention Project Officer. Janet was a strong patient advocate and was passionate about excellence in clinical care.

We will miss both Janet and Deb, and wish them well in their new roles.

We also welcome some new Clinical Governance team members.

Helen Byrnes returns to HNE Health after a short sojourn in the private sector, in the role of Project Manager for the Deteriorating Patient Strategy and the Clinical Excellence Commission/NSW Health Between the Flags program.

We have also offered some short term opportunities for staff to become experienced Patient Safety Officers, and now welcome Mary Bond, Deslee Byrne, Maureen Tarrant and Selena Amos to the Clinical Governance team.

I hope that you will join us in welcoming them to their new roles.