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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 March 2011 Edition of *Quality Matters*.

This month's edition is another one of four pages, as there is much to report in the world of quality and safety. One important strategy is the Between the Flags program, which is now established in adult and children's care, and so not only is it the subject of this month's Update, but we are pleased to have this Guest Editorial from Dr



Peter Finlayson about his recent personal experiences of the DETECT program.

This is also a good time to save the date for the 2011 Quality and Scientific Program, which this year will focus on *Clinical Effectiveness, Rethinking Treatment and Technology*. There will be more about this event in our next Edition.

Dr Kim Hill
Director Clinical Governance

The Great Schism? Health Administrators, Clinicians and the World of Work

Guest Editorial by Dr Peter Finlayson, Medical Director, Primary & Community Network

Mr Garling would like them to work together. Both say that they are concerned overwhelmingly for patient care. So, what happens when an administrator puts on clinician shoes and walks a mile in the place of the other?

The DETECT* program is designed to help clinical staff recognise the signs of a deteriorating patient and to appropriately respond. The evidence is that an earlier response improves the outcomes for our patients. As part of HNE LHN's commitment to improving patient outcomes all clinical staff in HNE LHN will do the full day DETECT training course.

Recently a significant majority of nursing and medical staff at Gloucester Hospital were booked for their full day training. Arrangements were in place to run the medical practice with a skeleton staff and enable most of the nurses to be away from the hospital. An Intensivist was to lead off the teaching for the day. An able team of senior nurses was available for support and to run many of the scenarios.

Alas, on the day prior to the course the Intensivist became suddenly unavailable due to significant family illness.

No senior critical care doctor was able to be released for clinical duties on such short notice.

By some quirk of fate a medical administrator was persuaded to step in and replace the Intensivist. This administrator was truly wearing the clinician's shoes.....

I enjoyed the teaching. The training package that was provided made sense. I learnt things: some of them were useful parts of the big picture and some of them were the finer detail. The feedback suggested that all of the people who attended the training day also learnt useful things and enjoyed themselves. The concept was logical and it was easy to see how patients would benefit. The scenarios were interesting and the simulations helpful.

This administrator, for one, came away strongly convinced of the need for all clinicians to do the DETECT* training and the benefits for our patients of implementing the Between the Flags program. My role and that of my manager colleagues is to support clinicians to do this.

(*Detect stands for: *Detecting, Deterioration, Evaluation, Treatment, Escalation and Communicatina in Teams*)



This Month's Update is on....

Between the Flags – Keeping Patients Safe

It is now over 12 months since the introduction of the Clinical Excellence Commission's Between the Flags program in HNE Health. The program was developed following an analysis of system issues associated with recognition and response to patient deterioration, and implemented across NSW Health in response to Recommendation 91 from the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (The Garling Report).

In HNE Health the Between the Flags program is a key component of the Network's Deteriorating Patient Strategy. The HNE Health Deteriorating Patient Strategy Steering Committee, and local cluster and facility based Quality & Patient Safety Committee are responsible for monitoring implementation of the program. The NSW Health Policy Directive 2010_026 and HNEH Policy Compliance Procedure: *Recognition and Management of a Patient who is Clinically Deteriorating* and the Primary & Community Network's *BTF Business Rules* underpin the strategy.

We have now implemented the Standard Adult General Observation (SAGO) chart and the Standard Paediatric Observations Charts (SPOCs – a set of five aged specific charts) in all inpatient wards and in the Emergency Departments in Primary & Community Network facilities. Release of the Standard Maternity Observation Chart (SMOC) for use with pregnant women who are 'at risk' is imminent, and additional charts for use in Emergency Departments for adults and children are under development (available around mid 2011).

One of the key elements of the program is the implementation of Clinical Emergency Response System (CERS) protocols that define escalation pathways for patients whose observations fall in the yellow 'Clinical Review' zone, or red 'Rapid Response' zone on the standard observation chart. The implementation of the CERS protocols has seen an increase in activity for both the 30 minute Clinical Review and Rapid Response systems at most sites. Additional escalation pathways include Patient Transfer to a higher level of care, and the ASNSW CERS Assist Program that provides support to rural facilities who need assistance managing patients in the 'red zone'.

To support the successful implementation of the program, three tiers of mandatory education and training are provided for staff:

- 1) Awareness on-line presentation for all staff;
- 2) DETECT on-line program and DETECT face to face course for all clinical staff; and
- 3) advanced life support and critical care education for members of Rapid Response Teams.

In HNE Health the uptake of on-line components of training has progressed slowly with just on 50% compliance achieved to date, and managers and staff are being encouraged to complete this mandatory education as a priority. Six hundred clinicians have now completed the DETECT 1 day course. With 130 DETECT Courses scheduled across the Network in 2011, there is the potential to train over 2,500 more clinical staff this year.

A number of processes have been established to monitor implementation progress and compliance with mandatory aspects of the program including: Standard Observation Chart audits and reporting, Rapid Response data collection, and reporting key performance indicators to NSW Health on the numbers of Rapid Responses and cardio-respiratory arrests. In addition, the Incident Information Management System (IIMS) also provides useful information for managers in regard to incidents related to monitoring observations, and escalation and response to abnormal observations.

Our ongoing task now is to ensure that these key elements of this important patient safety initiative are effectively embedded in our clinical practice and processes. The reward is better outcomes for all our patients particularly those who suffer a deterioration during their hospitalization.

For more information on the Deteriorating Patient Strategy in HNE Health please go to http://intranet.hne.health.nsw.gov.au/cg/deteriorating_patient or contact the Project Manager, Ms Helen Byrnes, in Clinical Governance on (02) 4985 5553 or by email: helen.byrnes@hnehealth.nsw.gov.au

Complaint Performance Indicators Report

Management of complaints in a timely manner is important to the complainant and has benefits for services and staff involved. The Key Performance Indicators for complaints are that 100% of complaints are acknowledged within 5 days of receipt and 80% of complaints are resolved within 35 days of receipt. HNE LHN has met the indicator for resolution of complaints consistently, and performance for acknowledging all complaints is showing improvement.

Please click this link http://intranet.hne.health.nsw.gov.au/cg/ess/complaints_compliments to review the complaints management quarterly report for October to December 2010. For further information contact Dianne Sales, Manager Operations and Executive Support in Clinical Governance at dianne.sales@hnehealth.nsw.gov.au or phone (02) 6592 9777.



QualityMatters

Are you interested in working in Quality Management at a Senior Level in HNE Health?

Is this the position for you? An exciting opportunity exists for a highly motivated individual to join the Clinical Governance team as the Acting Area Quality Manager for HNE Local Health Network (LHN) for a period of leave relief.

Responsibilities of the position include working with the Clinical Governance team in key areas such as management of the Annual HNE Quality Awards processes, coordination of the Quality Systems Assessment surveys and visits, and supporting the Director Clinical Governance and LHN Executive in monitoring, reviewing and feeding back to staff about results and actions arising from the NSW Patient Survey..

Applicants should have a tertiary qualification in a health discipline, high level communication, interpersonal, computer and organisational skills and an ability to show appropriate initiative while working with minimal supervision. Of course, as part of our Local Health Network, a willingness to travel as needed to sites within the LHN is necessary.

To find out more about the position and to apply for this position go to <https://nswhealth.erecruit.com.au/> and search HNE Health Jobs. Applications close *4 April 2011*. For more information please contact Dr Kim Hill, Director Clinical Governance on telephone 4921 4913.

This Month's Root Cause Analysis Review

Situation

A 61 year old woman presented to the Emergency Department with abdominal pain and complaints of nausea and vomiting. She was in the Emergency Department for four hours before discharge home. Twenty minutes post discharge she was returned to the Emergency Department having collapsed and was unable to be resuscitated.

Background

The patient had a history of hypertension, diabetes mellitus and had had recent back surgery. On arrival she had a respiratory rate of 30, was tachycardic and was reportedly a distinctly grey colour. Her blood pressure was high at 171/96, oxygen saturation on room air was 94% and temperature was 36.8C. Her blood glucose level was high at 13.5mmol and pain was scored as 2/10. Following assessment, she was assigned a triage category of 3 (which means she must be seen by a medical officer within 30 minutes). An electrocardiogram was attended and this was normal. The patient was given oxygen.

The doctor on call was notified of the patient and her observations. Two hours post arrival the patient was reviewed. In the interim further observations were taken. These showed slight improvement but remained within the parameters for a clinical review (yellow zone on the SAGO chart). The patient was reviewed by the medical officer and determined ready for discharge. The extent of the review was not documented. Despite developing sudden shortness of breath and leg pain on getting out of bed to go home the new symptoms were not investigated and the patient was discharged.

Assessment

The Root Cause Analysis team found root causes and system issues. These included the adequacy of assessment and documentation, appropriate staff skill mix, on call arrangements so that medical officers were available to see Category 3 triage patients within the 30 minute benchmark, and appropriate orientation and compliance of all staff in regard to mandatory training. Need to use the coroner's checklist after the event and to recognise the incident as a SAC 1 incident that should also be referred to the Coroner was also noted.

Recommendations

The recommendations from this Root Cause Analysis were quickly addressed. Medical officer documentation in Emergency Department and attending to Triage Category 3 patients have been discussed at the relevant clinical review meetings. Appropriate orientation of staff and compliance with mandatory competencies (in particular with the training requirements around the Between the Flags program) were addressed. This included the development of timetables and scheduled time to ensure all staff attended and completed all requirements, and had computer access to do on-line training. Staff have been reminded of the expectation that the new statewide Coroner's checklist will be used in the assessment of all deaths which occur in the facility.



Save the Date

2011 Quality and Scientific Program

Clinical Effectiveness: Rethinking Treatment and Technology

Tuesday 20 September and Wednesday 21 September 2011
at Cessnock (venue to be confirmed)

This is a professional development opportunity open to all staff*

*This activity attracts Continuing Professional Development Points for nursing, medicine and other clinical disciplines

Clinical Unit in Ethics and Health Law Seminar

In April 2011, CUEHL will explore the relationship between the pharmaceutical industry and doctors. This relationship is considered by many to be problematic, creating potential conflicts of interest. How those conflicts can be managed, or whether they should be avoided altogether, is a matter of ongoing controversy. The session will explore a case study of this relationship, and we are fortunate in having two excellent guest speakers, both observers of the relationship between doctors and Big Pharmaceutical industry from the *outside*.

Milanda Rout is a journalist who covered the 2009 Australian civil trial of Merck, the makers of Vioxx, a selective COX-2 inhibiting anti-inflammatory drug. Graeme Peterson sued Merck & Co., claiming not only that Vioxx caused his heart attack, but that Merck knew of the cardiovascular risk long before voluntarily withdrawing it from the market. Evidence presented at the trial appears to some like a catalogue of the problems that arise from linking medical innovation with profit. Do pharmaceutical companies have an imperative to nuance scientific reports, and to influence doctors in their prescribing habits? Milanda will be sharing her thoughts on the trial with us. Milanda wrote a fascinating series of articles for The Australian as the trial progressed - including an account of the company's ongoing public relations efforts.

So, did Merck actually cross a line? Can we ask a pharmaceutical company to stop trying to influence doctors? Do doctors have any ethical obligation to refuse gifts from pharmaceutical companies? Is there a public interest in policing the relationship? For a comment on the relationship from a corporate perspective, we have invited John Douglas, a graduate of London Business School, former management consultant, and Chief Executive Officer of Coffey International Limited; and a second-hand observer of the Pharmaceutical - Doctor relationship (his wife is a general practitioner).

This should be an outstanding seminar, and everyone is encouraged to attend. As usual, supper will be provided at 6.00pm in the Royal Newcastle Centre, with the seminar to follow from 6.30pm. There is no entry fee and all are welcome.

Australian Council on Healthcare Standards Corporate Office Survey

HNE Health was visited by four Surveyors from the Australian Council on Healthcare Standards from 21-25 February 2011 for organisation wide survey of the HNE Health Corporate Office.

We will not receive the formal results for some time, but at the summation meeting, the Surveyors reported they were very impressed by much of the work that has been undertaken and continues to develop across the Network, noting that there were some areas where further information is needed.

Clinical Governance would like to take this opportunity to thank everyone involved for their contribution and enthusiasm in preparing for survey and meeting with the Survey Team.