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# Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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## From the Director...

This month's edition focuses on some recent developments in the areas of enhancing clinical communication and implementing clinical practice innovation. Recent discussions across the Area in relation to enhancing clinical communication have resulted in positive feedback, and it is with pleasure that we have been successful in securing some external funding to further develop our work in this field.

I am also pleased to report that the Hunter New England Health Clinical Ethics Committee has had its first meeting, and we will be providing updates on the key



initiatives coming from this Committee over the next few months. Information about forthcoming Clinical Unit in Ethics and Health Law (CUEHL) will also be included in "Quality Matters" on a regular basis.

Finally, just a reminder that it is less than a month to the closing date for entries into the HNEH Quality Awards. There are so many great initiatives underway within our health service, and we are really looking forward to receiving this year's entries. Please do not hesitate to contact staff in Clinical Governance if you need any advice on what is needed as part of the entry process.

**Dr Kim Hill**  
**Director**  
**Clinical Governance**

## New interventional procedures and clinical practice innovation

Hunter New England Health recently reviewed its procedures for ensuring the safe implementation of new interventional procedures.

A New Interventional Procedure is defined as a procedure not previously performed within Hunter New England Health or a procedure that is performed within one Hunter New England Health facility and approval is sought for it to be performed at another.

The aim of the process is to ensure that implications relating to patient safety and quality of care are addressed, and that patients, health care professionals and the

community can be confident that all issues have been appropriately addressed prior to its introduction.

These issues include consideration of the clinical context, appropriateness of care, patient safety, clinical and scientific rationale, informed consent, clinical ethics, resource implications, credentialing, and training and education.

The HNEH procedures include evaluation and an annual review of procedures to ensure appropriate monitoring on an ongoing basis and to ensure that at the appropriate time there is transi-

tion from special practice to part of routine practice.

The HNEH application form and supporting background information can be accessed by clicking on New Interventional Procedures Application or by accessing the Clinical Governance webpage. I encourage anyone who is filling out the application for the first time to spend sometime going through the process with Clinical Governance, especially A/Prof Anne Duggan, Consultant, Clinical Governance who can be contacted on 02 49214913.



## In profile...Sarah Michael

### **Sarah Michael, Project Officer**

Sarah is a registered nurse who has been appointed as the Project Officer - Pressure Ulcer Prevention Management.

Sarah has over 20 years experience in nursing including emergency, intensive care and wound management, overseas in the UK and within Hunter New England.

The Area wide Pressure Ulcer Prevention Committee has been established to develop and implement strategies to reduce the risk of hospital acquired pressure ulcers.

This Committee is led by Mr Chris Kewley, Director of Nursing and Midwifery and includes a multidisciplinary team comprising of clinicians



and management from the acute and primary care services in the Area.

At the first meeting on the 31 January the Committee endorsed the following key focus areas within the 2008 Pressure Ulcer Prevention Strategy:

- Standardised education program throughout HNE Health
- Access and usage of

appropriate equipment

- Standardised documentation and risk assessment tool
- Transfer of care between health agencies
- Standardised prevalence audit process, commencing with a pilot at Belmont Hospital
- Review of the Prediction, Prevention and Management of Pressure Ulcers Policy (HNEH 05\_01).

- Communication of risks and lessons learnt

Additional information in regards to the Pressure Ulcer Prevention Strategy can be obtained by contacting Sarah, who is located at Wallsend Community Health on 0427 008 333 or by emailing Sarah. Michael@HNEHealth.nsw.gov.au

## Medical Grand Rounds

Clinical Governance will present Grand Rounds on the 29th May 2008 in the Royal Newcastle Centre Lecture Theatre.

The Topic will be "The Challenging Clinical Conversation: An Issue of Perception". Clinical Governance team will present this seminar, which will include case summary followed by and review of some key literature in this area and discussion.

Grand Rounds is from 12.30 -1.30 followed by lunch in the JHH surgical conference room.

Everyone is welcome.

Clinical Governance will also present at Grand Rounds at Manning Hospital on 31 July 2008.

## Clinical communication initiatives

Hunter New England Health has recently been successful in obtaining a grant to develop effective clinical communication tools.

The trial will assess the implementation of the ISBAR framework (Introduction, Situation, Background, Assessment and Recommendation) in inter-hospital transfer in HNE.

The National Commission on Quality and Safety in Health Care is sponsoring the study which is led by Clinical Governance and involves members from the HNEH Clinical Communications Steering Committee, Clinical Operations, Newcastle and New England Universities and some external partners.

In the future we will provide readers with regular updates on progress with this initiative.

For more information contact A/Prof Anne Duggan, Clinical Lead on telephone 02 49214913 or 0418167464 sd 68414 or Kim Lane Senior Project Officer on 0413021476.

## Clinical Unit in Health Law & Ethics seminar

There was one of the best ever attendances and excellent discussions at the last CUEHL seminar, which was about case of difficult disclosure presented by paediatric endocrinologist Bruce King, and paediatric surgeon, John Cassey.

Next month promises to be another very stimulating topic. Melanie Janssen will be presenting 'The ethical considerations of assisted reproduction for homosexual couples'.

Join us on Monday 5th May 2008 at 6pm for supper and a glass of wine in the RNC foyer, followed by the seminar, commencing at

6.30pm. Everyone is welcome.

Please also make note of upcoming seminars including:

- consent for organ transplantation (Dr Peter Saul - June 2008),
- requests for treatment 'outside the square' in reproductive medicine (Dr Andrew Bisits, July 2008),
- social justice in health care (David Smith - October),
- very special event, a debate on the merits of a 'no-fault' system for compensating victims of medical negligence/misadventure, with invited speakers David Hirsch and Professor Jim Davis, on September 8th. More information to follow in subsequent newsletters.'



## Root cause analysis (RCA)

Flaws in communication between professionals are often cited as contributing factors in adverse events and clinical incidents.

A recent incident demonstrated how the degree of understanding of roles and responsibilities of different health professionals affects assumptions and communication breakdown.

A patient presented to hospital describing symptoms of 'general aches and pains' over a week.

Tests in the Emergency Department suggested a possible recent myocardial infarct. The patient's other medical problems led several clinicians to review the patient before a decision was made as to the most appropriate admitting unit.

Prior to transfer the ED medical and nursing staff changed shifts.

The patient was transferred from Emergency Department to the ward prior to medical team review, and was admitted to a surgical ward due to a shortage of medical beds. Shortly after transfer, staff found the patient collapsed after returning from the shower.

The RCA team identified that lack of medical team review prior to transfer and the handover at the time of ED staff changes contributed, to the patient being inappropriately allocated a surgical ward bed and to staff being unaware of a possible recent infarct. This resulted in the patient being permitted to attend the shower independently.

The RCA team recommended that medical review may be facilitated if medical teams started daily rounds in the Emergency Department. A more formal process for handover between shifts is also being developed.

## Quality Awards 2008

Just a reminder that the closing date for all HNE Health entries into these awards is Friday, 23 May 2008. For more information on these awards, please contact Ms Tonia Easton on 6767 7233.

## Recent graduations

Our congratulations go to two Clinical Governance staff who have recently graduated. Felicity Wardle, Better Practice Manager, Clinical Governance was among recent graduates from the 2007 Clinical Excellence Commission's Clinical Leadership Program.

Agnes Tam, Patient Safety Officer with Clinical Governance was awarded a Graduate Certificate in Quality Improvement in Health in the latest round of graduations from the University of Newcastle. I hope you will join us in congratulating Felicity and Agnes on their well-earned successes.

### Safety alerts and notices

Please click on the hyperlink under 'Issues covered' for more information:

Number	Type	Issues covered	Date of issue
SN:006/08	<b>N</b>	<a href="#">TGA Recalls</a>	20 Mar 08
SN:005/08	<b>N</b>	<a href="#">TGA Recalls</a>	18 Feb 08
SN_003/08	<b>N</b>	<a href="#">TGA Recalls</a>	31 Jan 08
SN_002/08	<b>N</b>	<a href="#">Pulmonary Embolism: Diagnosis in Young People</a>	29 Jan 08
SN:001/08	<b>N</b>	<a href="#">Therapeutic Goods Administration (TGA) Recalls</a>	16 Jan 08