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# Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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## From the Director...

Last month, we advised of the June Clinical Unit in Ethics and Health Law seminar, which was to be a special event involving the Hospital Alliance for Research Collaboration (HARC) and the Sax Institute, on the topic of community confidence in the public health system.

This was the first time that HARC had held such an event outside of Sydney, and guest speakers were from the Greater Metropolitan Clinical Taskforce, the Sax Institute, Clinical Excellence Commission, University of



Newcastle and HNE Health. The patient perspective was very well portrayed by a lady with personal experience of the health system, and such

diverse participation provided balanced perspectives and engendered some valuable debate from the audience.

As promised, our guest editorial this month has been provided by June CUEHL's keynote speaker, and I would like to thank Dianne Watson for her wisdom on that day, and for her contribution to *Quality Matters*. Our thanks also go to Ms Mary Haines from the Sax Institute for helping us to hold this event in HNE Health.

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

### What's the link between public confidence in health systems and quality of care?

*Guest Editorial from Dianne Watson PhD MBA BscOT, International Visiting Health Services Research Fellow, Sax Institute and Associate, Centre for Health Services and Policy Research University of British Columbia*

Waning public confidence in health systems in NSW and abroad, have prompted commissions to make recommendations about how to improve care and governments to advance that agenda. We all presume the public will take notice, despite the lack of evidence showing more or better care improves public confidence or the fact that the majority of people use little care.

Work from Canada sheds new light on the types of experiences that influence public confidence. We analyzed data from a nationwide survey of the general public and discovered that the number of times people visited a family physician, emergency department or hospital had no bearing on their confidence in getting high quality, safe care when they need it or views on reform. It seems that more care can't buy you love.

So, what underlies confidence? Canadians who do not report an unmet need and those who have a regular source of care are more likely to be confident. Adults who do not have difficulty accessing specialist services are more likely to be confident and less likely to want moderate/major reforms. Those who wait longer than four hours in emergency departments are also more likely to want moderate/major reforms. Most importantly, people's perceptions of the overall quality of care received in the past year were the key driver of confidence and views on reform.

Thankfully, there is a lot of attention being paid to improving the timeliness of care. There is lots of evidence that compassion, courteousness and staff ability to communicate and work as part of a team are key drivers of patient ratings of overall quality of care. A number of strategies are proven to be effective in ensuring compassion in care: of particular note is Fred Lee's book *If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently*. While there is good awareness about the importance of patient experiences, we now know that improvements in them may bolster public confidence at a time when it's been stagnant.

And if all this is true in Canada and abroad, then every clinician can play a role in improving public confidence in the health care system - indeed, their influence is more powerful than commissioners or governments.



## In Profile....

### **Louise Shore, Executive Support Officer**



Louise commenced in the Administration Office of Tamworth Base Hospital in 1987, and has been through a number of restructures since that time –from North West District Health Service, New England Area Health and now Hunter New England Health.

Louise, based in Tamworth, has been a member of the Executive Support Service (ESS), Clinical Governance since it commenced. ESS coordinates the health service's management of executive support and complaints management functions for the Chief Executive, senior management and health service staff, responding to critical deadlines and meeting legislative requirements.

Louise deals with a varied range of tasks, including Ministerial correspondence and Briefs, Parliamentary Briefs, complaints management (Members of Parliament, Health Care Complaints Commission and complaints direct from the community), Freedom of Information and submission of Reportable Incidents Briefs to NSW Health. Louise has also been involved in coordinating responses for the Special Commission of Inquiry (Garling Inquiry) into Acute Care Services.

Each day is never the same – with the ESS team never knowing what lovely surprise will be in store for them (usually something with a very short deadline!). In this regard, Louise would like to thank all Managers from across HNE Health for their support during these times.

### **Root Cause Analysis (RCA) Review**

A 54 year-old male with a history of bilateral inguinal hernia was admitted for right inguinal hernia repair. The surgeon marked the surgical site and conducted “time out” with theatre staff. The registrar, who was not present at the time of “time out”, returned from ward duties in time to drape the patient and operate. The registrar noted the lump on patient’s left groin and performed a hernia repair. Only when the drapes were removed was it discovered that the site marking arrow, indicating the surgical site, was on the right hand side and the incorrect operation had been performed.

According to the NSW Health Policy Directive **PD2007\_079 Correct Patient, Correct Procedure and Correct Site**, “time out” is defined as “...the suspension of activity *immediately before* commencing the procedure by the team or single operator involved in the procedure to undertake a final verification of the correct patient, procedure, site, size, side/level...”

This incident highlights the importance of “time out” being performed by each and every member of the surgical team including the operating surgeon. Unfortunately incidents of wrong investigation and wrong procedure still occur in HNE Health. Vigilance by everyone involved in the patient’s clinical care is essential to ensure the right patient gets the right procedure at the right site.

### **HNEH Quality Exposition and Scientific Program 2009**

The 4th Annual Quality Exposition and Scientific Program will be held in Newcastle on Thursday 10 September and Friday 11 September 2009. This year's focus is on human factors and error and how this relates to clinical practice and quality and safety. Invited speakers will include clinical leaders and experts on system resilience, clinical improvement and human factors principles. This free event is designed for all clinical staff and managers. For more information contact Ms Colleen Wall, Clinical Governance on [Colleen.Wall@hnehealth.com.au](mailto:Colleen.Wall@hnehealth.com.au) or 6767 8881

### **Updated Rights and Responsibilities Brochure**

Informing consumers about their rights and responsibilities is an important part of quality of care, patient safety, and consumer participation and engagement. HNE Health has recently developed its suite of information and tools to guide staff in providing information to patients and their family/carers. All staff have a role to play in ensuring this information is available to those people accessing our services. Managers and staff should ensure that any old stocks of the brochure 'Your Rights and Responsibilities as a Client, Patient or Visitor' are replaced with the updated version (March 2009), which can be ordered through Salmat. For more information, see [http://intranet.hne.health.nsw.gov.au/rights\\_and\\_responsibilities](http://intranet.hne.health.nsw.gov.au/rights_and_responsibilities)

### **Draft HNE Health Legislative Compliance policy**

Both general and specific health sector-related legislation prevails across HNE Health, and underpins NSW Health Policy Directives. HNE Health is developing further capacity to demonstrate its compliance with legislation, and Clinical Governance is currently seeking staff input. A draft HNE Health Legislation Compliance policy developed by a small working group is now available for comment at [http://intranet.hne.health.nsw.gov.au/cg/policy\\_development\\_and\\_management/legislative\\_compliance](http://intranet.hne.health.nsw.gov.au/cg/policy_development_and_management/legislative_compliance) Please forward comments on content, processes, and scope to Ms Susan Diemar, Clinical Governance Policy Officer, [susan.diemar@hnehealth.nsw.gov.au](mailto:susan.diemar@hnehealth.nsw.gov.au)

### **Safety Alert Bulletins**

For more details, please click the relevant hyperlinks below

| Number    | Type | Issues covered  | Issued |
|-----------|------|---|--------|
| SN:013/09 |      | <a href="#">TGA Recall</a>  | Jun 09 |
| SA:002/09 |      | <a href="#">Guidewire Alert</a>   | Jun 09 |
| SI:003/09 |      | <a href="#">Varenciline (CHAMPIX)- Serious Psychiatric Side Effects</a> | May09  |