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Quality Matters

The monthly newsletter of Hunter New England Health Clinical Governance

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From the Director...

One of the most important components of our clinical governance agenda is clinical practice improvement.

The work that has been undertaken by the HNE Health Blood Watch Project Team is a great example of how quality, safety, evidence and best use of available resources can come together in patient care. This month, you can read more about this initiative, as well as progress with complaints management and accreditation.

There is no doubt that



Christmas will soon be upon us, and to start the celebrations a little early, this edition of *Quality Matters* includes the inaugural

Clinical Governance Christmas Quiz. For those of you who enjoy these things, I look forward to receiving your response by no later than 5pm on 14 December 2007 (see details below) – for those who are both correct and one of the first three out of the barrel, there will be a small Christmas present, in recognition of your success.

Dr Kim Hill
Director,
Clinical Governance

Tips for taking a complaint

There are a few steps you should follow when taking a complaint. These are:

1. Identify yourself, listen carefully and write down the details. Make sure you also clarify what outcome the complainant expects.
2. Confirm the details with the complainant and clarify any unclear points.
3. Ask the complainant what they expect to occur as a result of the complaint.
4. Explain the procedure for handling a complaint (ie: let them know what will happen from here).
5. Offer an apology.
6. If possible and it's within your delegation, resolve the complaint.
7. If you are unable to resolve the complaint, refer it to your manager or another senior manager on duty.
8. If the complaint is about a serious matter, refer to your manager or another senior manager on duty.
9. Provide the complainant with an option to contact you, or an appropriate person, again if they remain dissatisfied with the outcome.
10. Log the complaint in the Incident Information Management System (IIMS).
11. Consult Complaints Management Toolkit.

Toolkit to help staff manage complaints and compliments

By Di Sales, Executive Support Service Manager

Learning from complaints and receiving feedback from our patients and their families gives us significant opportunities to improve our service and safety.

Managing complaints effectively benefits both patients and the health service – and it's the responsibility of every staff member.

To assist staff in this endeavour, a working party led by Clinical Governance, has developed a toolkit to familiarise staff members with the new NSW Health policy directive on complaints management and to assist with consistency across the health service.

Our patients, clients and their carers have the right to provide feedback and make a complaint, as well as have their complaint or compliment responded to promptly and with respect.

Also, our staff who are respondents to complaints should receive support and are entitled to procedural fairness during resolution of complaints.

This toolkit will support all staff and clinicians to understand what is required of them from the policy and assist them to effectively deal with both compliments and complaints.

We've tried to capture what can sometimes be complex information and processes into simple flow charts and tip sheets to make it easier for all staff.

It's important that everyone knows how to manage a complaint because clients and patients must feel they are able to provide feedback, including complaints, to anyone in the health service and that this information will be responded to appropriately.

Complaints can be provided in person, over the telephone, e-mail or in writing.

The Complaints Management Toolkit is being circulated widely throughout the organisation and is also available on the intranet site at http://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0005/40100/HNE_Health_Complaints_Management_Toolkit_for_Staff_v1_Aug07.pdf.



In profile...Shayne Quirk

Coming from a nursing background combined with a rural upbringing makes Shayne a strong advocate for equitable and appropriate health care in rural and remote areas.

Shayne holds Post Graduate qualifications in Orthopaedic Nursing, Midwifery and Education. Her experience in health has been across many fields including Orthopaedic CNS, community and remote area indigenous nursing, communicable diseases and midwifery across several states and overseas.

Shayne has a passion for education in health which extends across both staff and consumers of health



Shayne Quirk, Patient Safety Officer

services.

Since being appointed as the Part Time Mehi Cluster Patient Safety Of-

ficer two and a half years ago, Shayne has found the position both challenging and rewarding and Shayne sees being an advocate for rural health services by supporting the maintenance of quality health care as an important part of this role.

The Cluster covers Boggabri, Narrabri, Gwabegar, Pilliga, Mungindi, Moree, Boggabilla, Toomelah, and Wee Waa Health Services which services a broad geographical area as well as diverse health needs.

Shayne enjoys living in Moree with its temperate climate and relaxed lifestyle.

Blood Watch update

Transfusion in Hunter New England Health is about to change. New evidence supports why we are making the change. To learn why it is so important to limit patients' exposure to blood transfusions go to http://intranet.hne.health.nsw.gov.au/cg/quality_improvement_including_continuous_practice_improvement/continuous_practice_improvement_policy_support_and_implementation/blood

You can also view the new transfusion administration form that we are currently rolling out. We calculate that when instituted it will prevent about 230 patients yearly suffering serious adverse events.

The form is also designed to protect you from future litigation regarding blood transfusions. There have already been cases about inappropriate transfusion causing harm and lengthy court problems. Please take the time to read the risks of transfusion.

Most of the time we get it right. Some of the time we get it wrong. The new administration form is to try protect us and our patients - ALL of the time.

For further information contact Dr Stephen O'Mara 6767 7951 Assoc. Director Clinical Governance and Haematologist Tamworth Hospital or Dr Sandra Deveridge 4921 1213, Haematologist Mater Calvary Hospital and members of the HNE Health Blood Watch Project Team.

Focus on ACHS Corporate Accreditation

In line with the Evaluation Quality Improvement Program (EQuIP) timetable earlier this year the Area underwent an Organisation wide survey against the corporate EQuIP standards.

Function A: Corporate includes Leadership and Management, and Safe Practice and Environment has standards in the following areas:

- o A1.6.2 Consumer Rights and Responsibilities
- o A3.1.5 Policy

- o A3.2.1 Safety Management
- o A3.2.2 Buildings and Signage
- o A3.2.4 Emergency and Disaster Management

In these categories, some areas for improvement were identified. The organisation is currently preparing for Corporate Office Self Assessment 2, with documentation around this stage of the EQuIP cycle due to be submitted to the ACHS by 30 April 2008.

This will include a review of

standards included in Function A plus all the mandatory criteria and progress made towards addressing the recommendations from an organisation wide survey.

Progress in regards to Corporate Accreditation is monitored through the Area Health Care Quality Committee, the peak governance committee for the Area in regard to clinical and corporate quality and safety.

Strategies are currently be-

ing developed to improve the dissemination of findings and recommendations to ensure improvements are incorporated into local processes.

For a copy of the corporate office standards or more information contact Tonia Easton, Area Quality Manager, Clinical Governance by telephone on 6767 7233 or email tonia.easton@hnehealth.nsw.gov.au.

Safety alerts and notices:

Trasylol has been temporarily suspended from marketing due to: The BART Trial - a randomized, controlled trial being conducted in high-risk cardiac surgery patients - was halted after a planned periodic data analysis indicated reduced bleeding but also an increase in all-cause mortality (that almost reached conventional statistical significance for 30-day mortality) for patients in the aprotinin treatment arm compared to patients who received either aminocaproic acid or tranexamic acid.

For more, go to: www.bayerscheringpharma.de/trasylol/en John Hunter Hospital Pharmacy will be liaising with at least John Hunter and Royal Newcastle Centre operating theatres and ICU regarding this matter.

RCA Update

A recent RCA reviewed an incident where a patient received 10 times the prescribed dose of phenobarbitone. The syringe driver was set at 18 ml per hour when it should have been 1.8ml per hour and so over 20 minutes gave 6 ml instead of the planned 0.6 ml. While the process for checking with a second person was initiated, that process failed because it was interrupted by another staff member, causing the checker to be distracted. Staff realised the error when the infusion finished and the pump alarmed. Fortunately the patient was not harmed. The RCA team made a number of recommendations including:

1. Always documenting on all IV addi-

tive labels, the flow rate and the total amount of drug to be infused.

2. Discarding excess medication and dilutant prior to setting up the syringe pump
3. Reviewing paediatric medication protocols (particularly phenobarbitone) to ensure clarity of dilution instructions.
4. Consideration be given to purchase of "micro syringe pumps" to allow smaller sized syringes to be used for smaller volume infusions.

The RCA highlights the impact of even small interruptions when staff are involved in important or highly complex tasks such as checking medications.