

MINUTES



TSH Consumer Advisory Group

Wednesday 6 October 2021 at 2:00pm - via Skype

ITEM	DESCRIPTION	CARRIAGE
1	Attendance:	
	Staff / Consumer Reps:	
	Malcolm Ricker (MR) Consumer Representative (Chair)	
	Vicki Weeden (VW) General Manager	
	Peter Lewis (PL) Consumer Representative	
	Godfrey Ross (GR) Consumer Representative	
	Robyn Riley (RR) Consumer Representative	
	Debbie Wood (DW) Consumer Representative	
	Gen Webb (GW) Consumer Representative	
	Jim Hankins (JH) Consumer Representative	
	Carole Goodyer (CG) Consumer Representative	
	Cheryl Hall (CH) Consumer Representative	
	Elizabeth Mason (EM) Manager, Clinical Governance Unit	
	Valmai Ciccarello Consumer Feedback Manager	
	Josie Julian (JJ) Quality, Risk and Patient Safety Manager	
	Mary Hughes (MH) Secretariat	
	Apologies:	
	Sharon Bennett (SB) Consumer Representative	
	Jenny Church (JC) Consumer Representative	
	Sonia Markoff Consumer Representative	
	Jan Heiler (JHe) Director of Nursing and Midwifery	
	Patrice Thomas (PT) Patient Safety Manager	
	Guests Welcomed	Chair / Co-Chair
3	Approval of September 2021 minutes – <i>Approved by Robyn Riley</i>	Chair / Co-Chair
4	Declaration/s of Conflict of Interest – Nil	All
5	General Business	All
	Report from the Chair	Chair / Co-Chair
	<i>Meeting Chaired by Malcolm Ricker</i>	
	5.1 Report from the Chair	
	<ul style="list-style-type: none"> 3 Consumer Rep volunteers needed to join a CAG brainstorming session to fine tune the way we conduct business and our meetings going forward. Expressions of interest to be sent to MR A reminder to save the date for the Consumer representative training for 29-30 November 2021 	
6	Management Reports	
	6.1 – General Manager Report	Vicki Weeden
	<ul style="list-style-type: none"> Work continues around Covid activity Facility has been adaptable to meet the demands of Covid positive patients and to keep the community safe 	

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	<ul style="list-style-type: none"> Clinical care areas have been significantly impacted and continue to see Covid (hot) and general critical activity (cold). Skill mix and workforce training for operating theatre staff to work in the critical care area Jo Newbury has been seconded to concentrate on Covid operations specifically critical care medicine, staffing and workforce model of care National standards readiness assessment is scheduled for 13-15 October. This will identify any gaps that need to be addressed TSH is back to normal activity as well as managing Covid Surgical and medical (aged patients) are being sent to private sector to free up capacity Christmas planning has started which will be subject to Covid activity 			
	6.2 – Nursing and Midwifery Update N/A - Jan Heiler apology	Jan Heiler		
Patient Flow and Demand Statistics - The Sutherland Hospital				
	Definition	Sep-21	Target	Numbers
Emergency Treatment Performance (ETP)	Total patients who have departed from the Emergency Department within 4 hours of presentation.	52.7%	70.0%	2380/4517
Admitted ETP	Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.	15.7%	50.0%	203/1291
Discharge ETP	Patients who have been discharged from the Emergency Department within 4 hours of presentation.	67.5%	90.0%	2177/3225
Transfer of Care	Patient brought in by ambulance who are "offloaded" within 30 mins	82.0%	90.0%	896/1093
Pre 10am Discharges	Patients who are discharged before 10am	7.9%	15.0%	84/1065
Pre 12pm Discharges	Patients who are discharged before 12pm	14.3%	35.0%	152/1065
Patients in hospital for over 9 days	Admitted patients with a Length of Stay greater than 9 days	66.0	65	
Triage 1	Patients must be reviewed immediately	100%	100.0%	17/17
Triage 2	Patients must be reviewed within 10 minutes	72.4%	80.0%	573/789

ITEM	DESCRIPTION				CARRIAGE
	Triage 3	Patients must be reviewed within 30 minutes	75.3%	75.0%	1530/2022
	Surge Beds	Un-funded beds required to be open, due to capacity reasons	-4.3	0	
	CCM Sign Out (hours)	Time taken to transfer a patient out of Critical Care Medicine once "signed out"	5.7	6.0	39
	Elective Surgery Access Performance (ESAP) CAT 1	Patients who have elective surgery completed within CAT 1 timeframe of 30 days	100%		
	ESAP CAT 2	Patients who have elective surgery completed within CAT 2 timeframe of 90 days	100.0%		
	ESAP CAT 3	Patients who have elective surgery completed within CAT 3 timeframe of 365 days	100.0%		
	<p>6.3 – Overview of Patient Feedback</p> <p>Compliments and complaints between July 2021-September 2021</p> <ul style="list-style-type: none"> 95 compliments were received 70 complaints were received which is above the facility average of 20 per month. There were 23 in July, 23 in August, and 24 in September The Covid visiting restrictions have caused a number of complaints. Other areas include 13 for ED, 7 for Killara Acute and 6 for Barkala, 4 for Gunyah and 4 for CCM Main issues are for clinical care treatment and safety, communication, management of facilities (carpark, catering, lost property). 				Valmai Ciccarello
	<p>6.4 – Corporate Services</p> <ul style="list-style-type: none"> N/A - No current representative 				N/A
7	<p>Document Reviews</p> <p>AMS Program – additional enquiry from Dr Pam Konecny</p> <ul style="list-style-type: none"> More information about the differences between an allergic reaction compared with a side effect would be helpful - Do you have any other queries or comments you think we could add to make that clearer? <p>Action: Suggestion may be to consider creating their own brochure to make it clearer and easier to understand</p> <p>TSH Consumer Engagement Clinical Business Rule</p> <ul style="list-style-type: none"> Orientation and mandatory training was discussed. It was agreed to change terminology to “mandatory and other training as required” Typos to be corrected <p>Action: Document to be updated</p> <p>TSH Patient Information booklet</p> <ul style="list-style-type: none"> Suggestions and feedback was discussed The sentence regarding free parking to be removed Typos to be corrected <p>Action: The committee endorsed the brochure subject to the feedback being incorporated and the typos being corrected. MH to forward the endorsement</p>				

ITEM	DESCRIPTION	CARRIAGE
	<p>logo to JJ for inclusion on the brochure</p> <p>Code of Conduct – Patient Use of Ipads (ODC/Gunyah)</p> <ul style="list-style-type: none"> The term “Code of Conduct” is not considered appropriate terminology for this use as this would involve formalising the document to include protocols and privacy. “Consumer Agreement for Patient Use of Ipads” was suggested as alternative title Typo in the 3rd paragraph “pubic” should be “public” <p>Action: MH to provide feedback to NUM Gunyah</p> <p>Kids Ward Falls Prevention poster</p> <ul style="list-style-type: none"> Remove comma after the word “child” in the sentence “Ensure your child sleeps in their own bed or cot, rather than with you”. Insert comma after the word “bed” in the sentence “If your child is in bed, keep the bed in the lowest position to the floor and the rails up”. Deepen the white font as it is hard on the eyes and to read especially in a darkened room Increase the size of TSH logo <p>Action: Committee endorsed the poster subject to the above changes being made. MH to forward CAG logo to NUM Kids Ward for inclusion on the poster</p> <p>Welcome to Gunyah Ward pack</p> <ul style="list-style-type: none"> Held over due to time constraints <p>Action: To be relisted on the November agenda</p>	
8	<p>Presentations / Discussions: - SESLHD 2022-25 Strategy</p>  <p>TSH CAC Strategy 2025 Update DRAFT</p> <ul style="list-style-type: none"> A District strategy is developed every 3 years with the aim to confirm the key strategic proprieties, KPIs and actions that we need to deliver The next stage is to describe what the District will look like in 2025 and what the key characteristics are against each of the pillars. Specific actions will be drafted against each of the headings The committee thanked Chloe Robinson for presenting <p>Action: MH to send presentation to Committee for review. Feedback to be sent to Chloe Robinson</p>	Chloe Robinson
9	<p>Standing Items</p>	
	<p>9.1 Standards / Accreditation</p> <p>Quality and Safetely Newsletter - Consumer Corner</p> <ul style="list-style-type: none"> Due to the increased in workload, the CAG contribution will be quarterly.  <p>TSH Safety and Quality Newsletter_5</p>	Josie Julian
	<p>9.2 TSH Clinical Council</p> <ul style="list-style-type: none"> <u>Presentation</u> - myBeeper <p>A secure communication platform which will address identified gaps. Inclusive of an excellent clinical photography resource for Clinicians.</p>	Robyn Riley

ITEM	DESCRIPTION	CARRIAGE
	<ul style="list-style-type: none"> Clinical Governance Harm Score Report <p>Dr Van Nguyen provided a synopsis of 2 HS2 cases for discussion. HS2 - Warada – Stage 3 Pressure Injury HS2 - Cooinda – Stage 3 Pressure Injury Dr. Nguyen noted a stabilisation in cases</p> <ul style="list-style-type: none"> Covid Update <p>The Covid Pandemic Plan is reviewed and updated on a constant basis re frequent changes to the model. Discussed: Vaccination, Special Health Accommodation, Private Hospital involvement, CTAC monitoring, Geriatric Fly.Sq., Bed Base, Staffing, PPE, ED, Teams, Transfers.</p>	
	9.3 TSH Executive Governance <ul style="list-style-type: none"> N/A – first meeting 	Malcolm Ricker
	9.4 TSH Food and Nutrition <ul style="list-style-type: none"> N/A 	Jenny Church
	9.5 PSCQ <ul style="list-style-type: none"> HS 1 Incidents. Rate of 0.46 is below average facility rate of 0.63 HS 2 Incidents. Rate of 0.21 is below average facility rate of 0.25 Clinical Handover Audit. 85 completed in July. Main areas for improvement: <ul style="list-style-type: none"> 45 out of 85 audits had used the three patient identifiers 53 out of 85 handovers observed where patients were identified during handover Concerns re after hours care of deteriorating patients continue and a working party is currently seeking to identify and address the issues 	Malcolm Ricker
	9.6 Infection Control Committee <ul style="list-style-type: none"> Regarding Covid prevention and Covid measurement, I was asked to reassure CAG that vaccination is stringently regarded as a means of protecting the community as well as the staff. Almost all the staff in Health are fully vaccinated I was also asked to reassure CAG that despite the additional workload that the pandemic has caused, the hospital is still open to receive all patients with any condition. No one should be afraid to go to the hospital – they will receive the appropriate care 	Gen Webb
	9.7 Falls Prevention <ul style="list-style-type: none"> N/A - S Markoff apology 	Sonia Markoff
	9.8 Skin Integrity Prevention and Management <ul style="list-style-type: none"> Skintember - poster was created. Information will be loaded on the atrium TV 	Godfrey Ross
	9.9 Safe Use of Medicines Committee N/A - meeting cancelled	Cheryl Hall
	9.10 TSH Emergency Response Working Group (quarterly) Reported by Cheryl Hall on behalf of Sharon Bennett <ul style="list-style-type: none"> Sutherland Shire experiencing 87% vaccination rate TSH were taking in more Covid-19 Positive patients to support larger facilities Extended support resulting in significant realigning of beds and wards at TSH Bayside and Georges River LGA's making a combined effort to target the 	Sharon Bennett

ITEM	DESCRIPTION	CARRIAGE
	<p data-bbox="309 152 528 181">Covid-19 situation</p> <p data-bbox="261 208 719 237">9.11 NS2 Partnering with Consumers</p> <ul data-bbox="261 259 986 288" style="list-style-type: none"> <li data-bbox="261 259 986 288">• Identify that consumers are actively engaged in the work <p data-bbox="261 315 767 344">9.12 End of Life Care Committee (EOLCC)</p> <p data-bbox="261 360 619 389">Palliative Care Working Party</p> <ul data-bbox="261 398 1161 495" style="list-style-type: none"> <li data-bbox="261 398 1161 495">• Dying to Know Day (D2K) online education session in early August was successful, having 75 attendees. The sessions were recorded and being evaluated <p data-bbox="261 504 523 533">Ambulance Care Plan</p> <ul data-bbox="261 542 1171 638" style="list-style-type: none"> <li data-bbox="261 542 1171 638">• NSW Ambulance have stopped endorsing The Ambulance Palliative Care Plan. Their preference is for patients to have an ACD (Advance Care Directive) that can be added into eMR, with Goals of Care <p data-bbox="261 665 612 694">9.13 Wayfinding Committee</p> <ul data-bbox="261 703 1214 799" style="list-style-type: none"> <li data-bbox="261 703 1214 799">• CAG is concerned about any confusion that may arise by the use of the name CCM as distinct from ICU and HDU and wonders why this is unique to TSH. <p data-bbox="261 853 1206 1059">I advised the committee that CAG is very concerned about the confusion that may arise from the use of “Critical Care Medicine” instead of the universally accepted titles of “Intensive Care” and “High Dependency” units. I asked if the better-known names could somehow be included on the signage. The matter was not really discussed. Although the committee understood our concerns, the signage couldn’t be changed because it was a “privacy” issue.</p> <ul data-bbox="261 1104 1219 1238" style="list-style-type: none"> <li data-bbox="261 1104 1219 1238">• It is acknowledged that the ward names at TSH have an Aboriginal meaning, however CAG is concerned that this could cause confusion for patients and visitors, as most other hospitals are referred to by what the ward is eg: orthopaedics, maternity etc <p data-bbox="261 1283 1219 1417">This matter was discussed briefly. Keeping the names as they are is practical. It allows for more flexibility in that the function of the ward can be changed as and when needed. This has proved particularly useful in the current circumstances.</p> <p data-bbox="261 1462 504 1491">Feedback from CAG</p> <p data-bbox="261 1500 1190 1597">CAG would like to escalate to TSH Clinical Council, the possible confusion that may arise from the use of “Critical Care Medicine” instead of the universally accepted titles of “Intensive Care” and “High Dependency” units.</p>	<p data-bbox="1251 203 1422 300">Peter Lewis & Sharon Bennett (backup)</p> <p data-bbox="1251 309 1353 376">Carole Goodyer</p> <p data-bbox="1251 656 1422 723">Gen Webb and Peter Lewis</p>
	<p data-bbox="261 1615 799 1644">9.14 Community Engagement & Fundraising</p> <ul data-bbox="261 1653 1206 2114" style="list-style-type: none"> <li data-bbox="261 1653 1206 1794">• The recruitment process commenced last week for the HSM2 CE & Fundraising manager, with a closing date of 11 Oct. There will also be a recruitment process within the month for the administration officer to support this office <li data-bbox="261 1803 1206 1899">• There have been several enquiries from the volunteers supporting the history project, ‘TSH through the eyes of the volunteers’ this is being coordinated by Peter Leunig, the fundraising consultant, presently <li data-bbox="261 1908 1206 2114">• The office has managed social media posts involving the ‘Adopt-a – healthcare ‘worker in TSH, we have liaised with the page owner and supported the drive. There have been a constant flow of donations of food and goodies to the staff at the hospital. With the support of the door screeners all the donations are being received at the main entrance, recorded in the gift register and photographed and distributed evenly 	<p data-bbox="1251 1608 1401 1798">Liz Mason on behalf of Michaela Humphries, Director of Finance</p>

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	<p>across ALL areas of the hospital. Then photos have been taken with staff receiving the donations and posted on the Facebook back showing our appreciation</p> <ul style="list-style-type: none"> • The Kiosk volunteer group allowed us access to the kiosk to clean out the food that was close to expiry, these items were also made into boxed hampers and distributed across the hospital, following the same process. • Letters of thanks to all community members for their generous donations will be sent at the end of October • The donation system and data base has been cleansed, all donations have been acknowledged and contacted. There was approx. \$12,000 of donations received 	
	<p>9.15 Consumer Walk Around</p> <ul style="list-style-type: none"> • On hold due to Covid 	
10	Reports for Noting	
	10.1 Diversity (Quarterly) - N/A	Jim Hankin
	<p>10.2 Diversity Report – for information</p> <ul style="list-style-type: none"> • Draft Diversity Health Implementation Plan 2022-2024 will be presented at Sutherland Multicultural Network forum as part of consultation phase • Completed the KPI report for Diversity Health • Aboriginal Health KPI reports nearly completed • National standards – Diversity Health gap analysis in process • Carers Week - Carers grants received. Did You Know slide on carers, carers quiz with prizes will be sent out during the week 	Meng Chen
	10.3 Infection Control – Nil	Lisa Symonds
11	Advocacy – Nil	All
12	Correspondence – Nil	
13	Governance Items - Nil	Chair
14	Items to escalate to PSCQ Committee and / or TSH Clinical Council - Nil	All
15	<p>New Business</p> <p><u>Transition to Microsoft teams from Skype</u></p> <p>SESLHD is transitioning all the meetings to Teams which is similar to Skype however it currently does not have the dial in functionality. Discussion occurred regarding moving the CAG meetings to Teams.</p> <p>Action: Committee agreed to trial Microsoft Teams for the November meeting. M Hughes to send calendar invitation and disseminate Microsoft Teams reference guide</p>	Liz Mason
16	<p>Business Without Notice</p> <p>Evidence of Covid vaccination was raised. In particular are committee members required to provide a copy of their vaccination certificate prior to returning on-site</p> <p>Action: M Hughes to clarify policy with E Mason and M Humphries</p>	All
17	Confidential Items – Nil	All
18	Meeting Closed – 3.50pm	Chair / Co-Chair
	<p><u>Date of next meeting:</u></p> <p>Date: Wednesday 3 November 2021</p>	

ITEM	DESCRIPTION	CARRIAGE
	Time: 2.00pm Venue: Executive Meeting Room or Microsoft Teams (<i>unless advised otherwise</i>)	
	CERTIFIED AS A CORRECT RECORD <u>Malcolm Ricker</u> _____ Name <u>Malcolm Ricker</u> _____ Signature Date 3 November 2021	

Action Items:

Minutes Ref / Date	Agenda Item	Action	Responsibility	Progress
6/10/21	15	Transition to Microsoft teams from Skype	MH	Committee agreed to trial Microsoft Teams for the November meeting. M Hughes to send calendar invitation and disseminate Microsoft Teams reference guide
6/10/21	16	Evidence of Covid Vaccination for volunteers	MH	Clarify policy with E Mason and M Humphries
5/8/20	10	Training for Consumer Representatives	MR	<p>1/9/21 – Confirmed for 29-30 November 2021. October training dates have been cancelled due to Covid restrictions.</p> <p>4/8/21 – Rescheduled training dates are 15 and 18 October 2021 subject to Covid restrictions. Backup dates are 29-30 November 2021. Online training will be considered as a last resort.</p> <p>7/7/21 – Rescheduled training dates 29-30 July 2021. Subject to review of Covid restrictions. RSVP to MR</p> <p>02/06 – MR to confirm rescheduled dates for 2 day training at TSH</p> <p>06/05 – Closed, registration for Consumer Rep Training in progress.</p> <p>07/04/2021 – Budget and approval to proceed with Consumer Rep. Training with Health Consumers NSW. KS contacted HC NSW on 08/04 to request some date options for May.</p> <p>11/03 – KS requested upcoming training dates for 'Consumer Representative Training' from Health Consumers NSW. Will provide an update to all at the April CAG meeting.</p>

ATTENDANCE LIST

Name	Position	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct
Debbie Wood (DW)	Consumer Representative	✓		Apol	Apol	Apol	Apol	✓	S	S	S	S
Carole Goodyer	Consumer Representative					✓	✓	✓	Apol	S	S	S
Godfrey Ross (GR)	Consumer Representative	✓		✓	✓	✓	✓	✓	S	S	S	S
Jan Heiler (JH)	Director of Nursing and Midwifery	Apol		✓	✓	✓	✓	Apol	Apol	S	S	Apol
Jenny Church (JC)	Consumer Representative	✓		✓	✓	✓	Apol	Apol	Apol	Apol	S	Apol
Jim Hankins (JH)	Consumer Representative	✓		✓	✓	Apol	Apol	Apol	S	S	S	S
Genevieve Webb	Consumer Representative					Apol	✓	✓	S	S	S	S
<i>Role currently vacant</i>	Director of Corporate Services	✓		Apol							S	
Malcolm Ricker (MR)	Consumer Representative (Chair)	✓		✓	✓	✓	✓	✓	S	S	S	S
Cheryl Hall	Consumer Representative					✓	✓	✓	Apol	S	S	S
Patrice Thomas (PT)	Patient Safety Manager	✓		✓	✓	✓	✓	✓	Apol	Apol	Apol	Apol
Peter Lewis (PL)	Consumer Representative	✓		✓	✓	✓	✓	✓	S	S	S	S
Sharon Bennett (SB)	Consumer Representative	✓		✓	✓	✓	✓	✓	S	S	S	Apol
Robyn Riley	Consumer Representative					✓	✓	✓	S	S	S	S
Sonia Markoff (SM)	Consumer Representative	✓		✓	Apol	Apol	✓	Apol	Apol	Apol	Apol	Apol
Vicki Weeden (VW)	General Manager	✓		✓	✓	✓	✓	✓	S	S	S	S
Valmai Ciccarello (VC) (quarterly attendance)	Consumer Feedback and Medico-Legal Manager	Apol		N/A	✓	N/A	N/A	N/A	S	N/A	N/A	S
Josie Julian	Quality, Risk and Patient Safety Manager							✓	S	S	S	S
Elizabeth Mason	Manager, Clinical Governance Unit							Apol	S	S	S	S
Name	Written Updates Provided	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul			
Lisa Symonds	Clinical Nurse Consultant, Infection Control & Prevention	X		✓	X	✓	✓	x	x	✓	x	X
Yu Dai	Diversity Health Coordinator	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharon Nathaniel or Delegate	Nurse Manager Demand Management/WOHP	✓		✓	✓	✓	✓	x	x	✓	✓	✓

S = skype

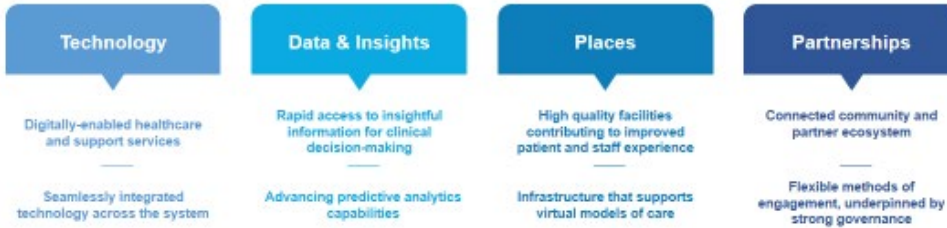
DRAFT FOR DISCUSSION

What are our strategic priorities?



DRAFT FOR DISCUSSION

Our Strategic Enablers: What will support us in achieving our vision?



Our Strategic Vision: What will SESLHD look like in 2025?

Healthier Communities

Whole of system, multi-sectoral approach to support prevention and early intervention

Encouraged, actively-participating communities

Commitment to equity of access and closing the gap

Healthcare in the right place, at the right time

Person-Centred Care

Integrated, easy-to-navigate services across the continuum of care

Safe, high quality, evidence-based healthcare

Compassionate and personalised care

Improved outcomes and experiences that matter to patients, carers and families

Empowered Teams

Staff feel respected, appreciated and fulfilled

Development opportunities for staff to excel

Accountable, values-based leadership and teamwork

Collaborative, inclusive teams who work towards a shared vision

Fit for the Future

Leader in delivering virtually-enabled models of care

Provision of care that is informed by cutting-edge research

Platforms to scale innovation across SESLHD and beyond

Financial and environmental sustainability



TSH SAFETY & QUALITY NEWSLETTER

ISSUE 3 – SEPTEMBER 2021

This monthly newsletter will keep you updated on all things safety and quality at The Sutherland Hospital

IN THIS EDITION...

1. Incident Management Update
2. Quality Improvement Project
3. 'Skintember'
4. National Standards Readiness Assessment
5. Consumer Corner

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DAYS UNTIL March '22 NSQHS ACCREDITATION

2. QUALITY IMPROVEMENT PROJECT

Killara Rehab Discharge Process

- ▶ **Case for Change:** Issue identified, documentation for patients discharging from Rehab in EMR - poor documentation, inconsistent and hard to find key information.
- ▶ **Intervention:** PEEP project as part of Communicating for Safety focus was to create a standard discharge template.
- ▶ **Implementation:** Rehab nurses educated on the new template and quick link saved to all Rehab nurses in EMR for them to use to improve documentation.

1. Incident Management

Is it a complication?

Clinical complications are a known and understood possible result of certain high-risk procedures, treatments, or tests and should be distinguished in IMS+ from incidents resulting from deviations from generally accepted standards of care.

It is important to capture complications in IMS+ to:

- ◊ Monitor these to ensure that these events are reviewed,
- ◊ Ensure the process of Open Disclosure commences, and
- ◊ Ensure risks are managed in a timely manner consistent with the principles of the [Incident Management Policy, PD 2020_047](#)

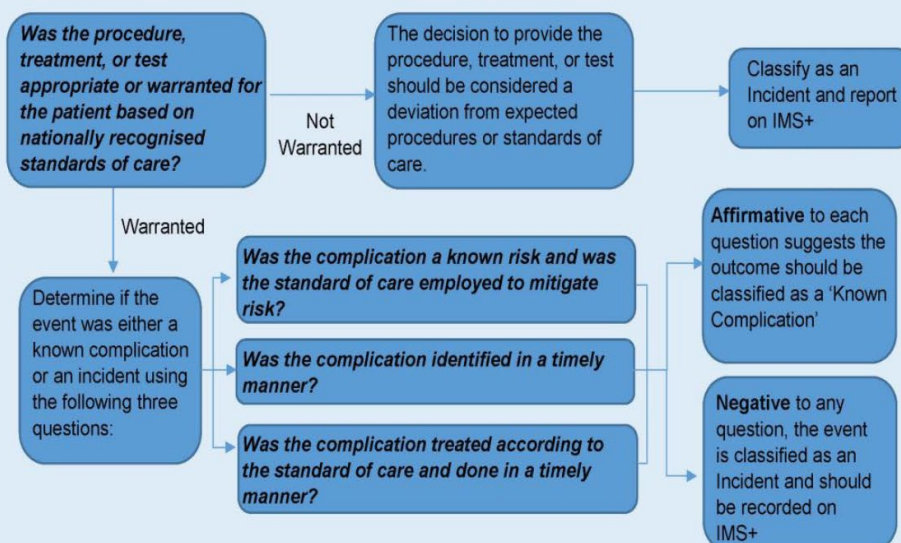
Notifying in IMS+

The reporting of the complication in IMS+ as early as possible is essential.

Principal Incident Type (PIT): Complication

- ◊ **HARM SCORE 3:** Harm has occurred, but the patient remains at the facility with treatment or increased monitoring in the same clinical setting
- ◊ **HARM SCORE 2:** Patient requires transfer out to a higher level care facility or requires a return to surgery or an additional surgical procedure.

Guide to Identifying a potential Complication



Any questions or queries relating to notification of complications can be directed to the Clinical Governance Unit via SESLHD-TSH-CGU@health.nsw.gov.au, or by contacting Patrice Thomas, Patient Safety Manager on 9540 7279.

3. 'SKINTEMBER'

The month of September focussed on a series of flyers sent to all nursing staff to raise awareness, increase knowledge and improve skin care management for our patients. Week 1 Pressure Injury, week 2 Skin Tears, week 3 Incontinence Associated Dermatitis, week 4 Wound Management.

'SKINTEMBER'


WEEK3
Incontinence Associated Dermatitis (IAD)


Promoting skin integrity through the month of September 2021 On behalf of the Skin Integrity Prevention & Management committee.


Treatment, prevention & Distinguishing IAD from Pressure Injury


Treatment

Use these **comfort shield** wipes to;




Clean


Treat



Protect

Prevention

Toileting patients regularly will prevent unnecessary incontinence and prevent IAD

How do you prevent IAD?
See SESLHDPR/205 Wound – Incontinence Associated Dermatitis

Prevention



Patients sitting in WEE get IAD

The difference between IAD and Pressure Injury

Parameter	IAD	Pressure ulcer
History	Urinary and/or faecal incontinence	Exposure to pressure/shear
Symptoms	Pain, burning, itching, tingling	Pain
Location	Affects perineum, perigenital area; buttocks; gluteal fold, medial and posterior aspects of upper thighs; lower back; may extend over bony prominence	Usually over a bony prominence or associated with location of a medical device
Shape/edges	Affected area is diffuse with poorly-defined edges/may be blotchy	Distinct edges or margins
Presentation/depth	Intact skin with erythema (blanchable or non-blanchable), with/without superficial, partial-thickness skin loss	Presentation varies from intact skin with non-blanchable erythema to full-thickness skin loss Base of wound may contain non-viable tissue
Other	Secondary superficial skin infection (e.g. candidiasis) may be present	Secondary soft tissue infection may be present

For more information, or any feedback, contact the committee co-chairs:
 Shifa Basjarahil (Wound Care CNC) via shifa.basjarahil@health.nsw.gov.au -or-
 Liz Mason (CGU Manager) via elizabeth.mason@health.nsw.gov.au

4. NATIONAL STANDARDS READINESS ASSESSMENT



13-15th October

Readiness assessment will be attended via Microsoft Teams over 2 days 13-15 October. Staff have been appointed to each meeting and invites have been sent out prior to the assessment.

All staff should

- strive to complete their mandatory training [MHL](#)
- enter any quality improvement projects into [MAPS](#)

HELPFUL HINTS: Questions the assessors may ask...

NS 1: How is Sutherland guided when it comes to Quality?
We use the TSH Quality plan to guide our Quality and safety Practices. [TSH Quality Plan.pdf](#)

NS 1: Is your mandatory training up to date?

Focus Area! (NS1) IMS+ How to notify and incident HETI on line 62%

(NS3) Personal protective equipment for combined transmission-based precautions 70%

NS 5: How do you demonstrate a multi-disciplinary, collaborative team approach to the delivery of Comprehensive Care? Electronic Journey Board, whiteboard meetings, MDT meetings, case conferences, family conferences.

NS 8 How do we involve consumers to Recognise and Respond to acute deterioration? REACH

5. CONSUMER CORNER

Letter of Appreciation to our Emergency Department

I am writing to express my appreciation for the care I received recently at Sutherland Hospital. I arrived in Emergency in September. I then stayed two nights in ward Jara.

I do not recall everyone's name, however in the Emergency Department doctors were Declan and Stephen.

I am incredibly grateful to ALL the staff working at the hospital, in every capacity, especially at this time when COVID is an increased risk and has caused extra pressures. Thankyou!!

Sincere regards

Appreciation from our kids from Koala



Newsletter prepared by TSH Clinical Governance Unit Team.

If you would like information included or have feedback on the newsletter, contact CGU via: SESLHD-TSH-CGU@health.nsw.gov.au | See the CGU [webpage here](#).