



# MINUTES

## TSH Consumer Advisory Group



Wednesday 4 August 2021 at 2:00pm - via Skype

ITEM	DESCRIPTION	CARRIAGE
1	<b>Attendance:</b>	
	<p><b>Staff / Consumer Reps:</b></p> <p>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  Sharon Bennett (SB)      Consumer Representative  Jim Hankins (JH)      Consumer Representative  Carole Goodyer (CG)      Consumer Representative  Cheryl Hall (CH)      Consumer Representative  Elizabeth Mason      Manager, Clinical Governance Unit  Josie Julian (JJ)      Quality, Risk and Patient Safety Manager  Jan Heiler (JHe)      Director of Nursing and Midwifery</p> <p><b>Apologies:</b></p> <p>Patrice Thomas (PT)      Patient Safety Manager, CPIU  Sonia Markoff      Consumer Representative  Jenny Church      Consumer Representative</p>	
	<b>Guests Welcomed</b>	Chair / Co-Chair
3	<b>Approval of July 2021 minutes – <i>Approved by Cheryl Hall</i></b>	Chair / Co-Chair
4	<p><b>Declaration/s of Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	All
5	<b>General Business</b>	All
	<p><b>Report from the Chair</b></p> <p><i>Meeting Chaired by Malcolm Ricker</i></p> <ul style="list-style-type: none"> <li>• MR and the Chair of the POW CAG have been invited to choose the 2021 Consumers Choice Award for the SESLHD Staff Health Awards.</li> </ul>	Chair / Co-Chair
6	<b>Management Reports</b>	
	<p><b>6.1 – General Manager Report</b></p> <ul style="list-style-type: none"> <li>• The facility has reinstated the Covid 2020 pandemic plans. Plans are continually being readjusted to be responsive to the Ministry and Public Health Unit.</li> <li>• Support is being provided to the nursing homes with outbreaks and exposures.</li> <li>• The Clinical Telehealth Assessment Clinic (CTAC) team are monitoring Covid positive patients in the community. This is a telehealth monitoring process for people who are deemed Covid positive. It involves daily</li> </ul>	Vicki Weeden

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	<p>telehealth checks and monitoring within the community.</p> <ul style="list-style-type: none"> <li>• Non urgent elective surgery was suspended on Monday 2 August 2021. Some staff have been redeployed.</li> <li>• There are regular updates with District Executive and other facilities in relation to changes and deployment of staff. Some TSH executives are working from home to avoid any potential exposure.</li> </ul>																																																																																	
	<p><b>6.2 – Nursing and Midwifery Update</b></p> <div data-bbox="279 470 1228 593" style="border: 1px solid black; padding: 5px;"> <p>Patient Flow and Demand Statistics - The Sutherland Hospital</p>  </div> <table border="1" data-bbox="279 593 1228 1803"> <thead> <tr> <th></th> <th>Definition</th> <th>Jul-21</th> <th>Target</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td>Emergency Treatment Performance (ETP)</td> <td>Total patients who have departed from the Emergency Department within 4 hours of presentation.</td> <td>60.6%</td> <td>70.0%</td> <td>2815/4645</td> </tr> <tr> <td>Admitted ETP</td> <td>Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.</td> <td>33.4%</td> <td>50.0%</td> <td>567/1697</td> </tr> <tr> <td>Discharge ETP</td> <td>Patients who have been discharged from the Emergency Department within 4 hours of presentation.</td> <td>77.4%</td> <td>90.0%</td> <td>2928/3950</td> </tr> <tr> <td>Transfer of Care</td> <td>Patient brought in by ambulance who are "offloaded" within 30 mins</td> <td>93.1%</td> <td>90.0%</td> <td>1073/1153</td> </tr> <tr> <td>Pre 10am Discharges</td> <td>Patients who are discharged before 10am</td> <td>7.0%</td> <td>15.0%</td> <td>79/1132</td> </tr> <tr> <td>Pre 12pm Discharges</td> <td>Patients who are discharged before 12pm</td> <td>24.6%</td> <td>35.0%</td> <td>278/1132</td> </tr> <tr> <td>Patients in hospital for over 9 days</td> <td>Admitted patients with a Length of Stay greater than 9 days</td> <td>53.5</td> <td>65</td> <td></td> </tr> <tr> <td>Triage 1</td> <td>Patients must be reviewed immediately</td> <td>100%</td> <td>100.0%</td> <td>30/30</td> </tr> <tr> <td>Triage 2</td> <td>Patients must be reviewed within 10 minutes</td> <td>68.0%</td> <td>95.0%</td> <td>571/725</td> </tr> <tr> <td>Triage 3</td> <td>Patients must be reviewed within 30 minutes</td> <td>79.9%</td> <td>85.0%</td> <td>1596/2312</td> </tr> <tr> <td>Surge Beds</td> <td>Un-funded beds required to be open, due to capacity reasons</td> <td>-4.2</td> <td>0</td> <td></td> </tr> <tr> <td>CCM Sign Out (hours)</td> <td>Time taken to transfer a patient out of Critical Care Medicine once "signed out"</td> <td>4.6</td> <td>6.0</td> <td>49</td> </tr> <tr> <td>Elective Surgery Access Performance (ESAP) CAT 1</td> <td>Patients who have elective surgery completed within CAT 1 timeframe of 30 days</td> <td>100%</td> <td>100%</td> <td></td> </tr> <tr> <td>ESAP CAT 2</td> <td>Patients who have elective surgery completed within CAT 2 timeframe of 90 days</td> <td>100.0%</td> <td>97%</td> <td></td> </tr> <tr> <td>ESAP CAT 3</td> <td>Patients who have elective surgery completed within CAT 3 timeframe of 365 days</td> <td>99.2%</td> <td>97%</td> <td></td> </tr> </tbody> </table> <p><b>6.3 – Overview of Patient Feedback:</b></p> <ul style="list-style-type: none"> <li>• <i>N/A - due in September</i></li> </ul> <p><b>6.4 – Corporate Services</b></p> <ul style="list-style-type: none"> <li>• <i>N/A no current representative</i></li> </ul>		Definition	Jul-21	Target	Numbers	Emergency Treatment Performance (ETP)	Total patients who have departed from the Emergency Department within 4 hours of presentation.	60.6%	70.0%	2815/4645	Admitted ETP	Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.	33.4%	50.0%	567/1697	Discharge ETP	Patients who have been discharged from the Emergency Department within 4 hours of presentation.	77.4%	90.0%	2928/3950	Transfer of Care	Patient brought in by ambulance who are "offloaded" within 30 mins	93.1%	90.0%	1073/1153	Pre 10am Discharges	Patients who are discharged before 10am	7.0%	15.0%	79/1132	Pre 12pm Discharges	Patients who are discharged before 12pm	24.6%	35.0%	278/1132	Patients in hospital for over 9 days	Admitted patients with a Length of Stay greater than 9 days	53.5	65		Triage 1	Patients must be reviewed immediately	100%	100.0%	30/30	Triage 2	Patients must be reviewed within 10 minutes	68.0%	95.0%	571/725	Triage 3	Patients must be reviewed within 30 minutes	79.9%	85.0%	1596/2312	Surge Beds	Un-funded beds required to be open, due to capacity reasons	-4.2	0		CCM Sign Out (hours)	Time taken to transfer a patient out of Critical Care Medicine once "signed out"	4.6	6.0	49	Elective Surgery Access Performance (ESAP) CAT 1	Patients who have elective surgery completed within CAT 1 timeframe of 30 days	100%	100%		ESAP CAT 2	Patients who have elective surgery completed within CAT 2 timeframe of 90 days	100.0%	97%		ESAP CAT 3	Patients who have elective surgery completed within CAT 3 timeframe of 365 days	99.2%	97%		Jan Heiler
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7	<p><b>Document Reviews</b></p> <p><b>ICU Brochure – A Guide to Critical Care Medicine for Patients and Carers</b></p>	Laura Fagan																																																																																

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	<p>MR welcome Laura Fagan, CNC, Critical Care Medicine. Feedback from Committee:</p> <ul style="list-style-type: none"> <li>• Generally enjoyed reading the brochure</li> <li>• Add <i>The Sutherland Hospital</i> on the front cover</li> <li>• Include contact numbers for the listed supportive services</li> <li>• Increase regular font size if possible</li> <li>• Additional written feedback will be provided by CG, CH and RR</li> </ul> <p><b>End of Life Brochure (version 4)</b></p> <p>Feedback from Committee:</p> <ul style="list-style-type: none"> <li>• <i>Chaplain</i> is spelt incorrectly on the last dot point under the “Comfort” section</li> <li>• The front page would benefit from a lighter colour to be able to write and see the name and contact details of the Social Worker</li> <li>• Two upturned hands symbolise two people passing. The recommendation from our Aboriginal Consumer rep is for one hand to be facing down and placed on top of the upturned hand to symbolise life and death.</li> <li>• Additional written feedback will be provided by CH and RR</li> </ul> <p><b>Consumer Engagement Clinical Business Rule</b></p> <ul style="list-style-type: none"> <li>• EM advised CBR is still under review. The revised document will be tabled at September meeting.</li> </ul>	
8	<p><b>Presentations / Discussions: - Person Centred Care Program (PeeP)</b></p> <p>MR welcomed Michelle Brady, Nurse Educator, Practice &amp; Workforce Capability Service</p> <div style="text-align: center;">  <p>7. PeeP presentation for CAI</p> </div> <ul style="list-style-type: none"> <li>• Presentation is attached to the Minutes.</li> <li>• PeeP is a Safety and Quality Improvement methodology based on Person Centred Care, Practice Development and Lean Thinking principles.</li> <li>• Core objectives and measures include: <ul style="list-style-type: none"> <li>○ Provide safe quality and reliable care which is based on evidence based practice.</li> <li>○ Patient satisfaction</li> <li>○ Deliver care in an efficient way without wasting resources or time.</li> <li>○ Staff wellbeing.</li> </ul> </li> <li>• PeeP is now incorporated into the Leadership and Quality meetings to share presentations with a broader group.</li> <li>• A Quality Show-Case will be facilitated in November 2021 to share the different quality initiatives.</li> </ul>	Michelle Brady
9	<b>Standing Items</b>	
	<b>9.1 Standards / Accreditation</b>	Josie Julian

ITEM	DESCRIPTION	CARRIAGE												
	<p>Report for TSH CAG <b>TSH Clinical Governance Unit –Quality Audits July 2021</b> Aug 2021</p> <p><b>Clinical handover/Patient Engagement</b></p> <p>Doing well</p> <ul style="list-style-type: none"> <li>An approved, documented, standardised hand over tool (ISBAR), is used to guide clinical handover</li> </ul> <p>To Improve</p> <ul style="list-style-type: none"> <li>Involve Patient/family/carer in the patient identification process and confirm 3 ID points.</li> <li>At conclusion of clinical handover the patient/family/carer provide patient with the opportunity to ask questions</li> </ul> <p><b>Beside Clinical Audit</b></p> <p>Doing well; Patients being received from another ward have a hand over accompanying them</p> <p>To Improve; Once a patient is identified as having a high falls risk, communicating with patient and carer strategies to be put in place to prevent the patient from falling</p> <p>Actions</p> <p>Falls Committee working on improvements to implement strategies to reduce falls and involvement of patient and carer to reduce falls.</p> <p><b>RISK REPORT New Risk</b> Patient Safety: Equipment - TSH Endoscopy Ultrasound (EUS) age related wear damage. Currently using EUS on loan from Olympus.</p> <p>Accreditation TSH QM attended 3 days at RHW - possibility of Virtual assessment for TSH (Covid)</p> <p>1. Acute coronary syndrome 2. Acute stroke 3. Antimicrobial stewardship 4. Colonoscopy 5. Delirium 6. Heavy menstrual bleeding 7. Hip fracture 8. Osteoarthritis of the knee 9. Management of PIVC 10. third + fourth degree perineal tears 11. VTE prevention</p> <p><b>TSH SAFETY &amp; QUALITY NEWSLETTER</b></p> <p>ISSUE 1 - July 2021</p> <p>1. Quality Improvement Project 1 2. Quality Improvement Project 2</p> <p><b>NATIONAL STANDARDS – focus on clinical care standards</b></p> <table border="1"> <thead> <tr> <th>What?</th> <th>Who?</th> <th>By When? / status</th> </tr> </thead> <tbody> <tr> <td>1. Discussed at NS Exec meetings and clinical council</td> <td>Liz and Van</td> <td>Completed</td> </tr> <tr> <td>2a. Medical leads nominated for each standard and 2b. to raise at HoD meeting</td> <td>Van</td> <td>Completed</td> </tr> <tr> <td>3. To be on agenda of relevant district clinical stream</td> <td>SMOs</td> <td>Aug '21</td> </tr> </tbody> </table>	What?	Who?	By When? / status	1. Discussed at NS Exec meetings and clinical council	Liz and Van	Completed	2a. Medical leads nominated for each standard and 2b. to raise at HoD meeting	Van	Completed	3. To be on agenda of relevant district clinical stream	SMOs	Aug '21	
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	<ul style="list-style-type: none"> <li>CAG representatives are invited to contribute to the monthly newsletter.</li> </ul> <p><b>9.2 TSH Food and Nutrition</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	Jenny Church												
	<p><b>9.3 TSH Clinical Council</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	Robyn Riley												
	<p><b>9.4 Falls Prevention</b></p> <ul style="list-style-type: none"> <li>S Markoff apology</li> </ul>	Sonia Markoff												
	<p><b>9.5 Skin Integrity Prevention and Management</b></p> <ul style="list-style-type: none"> <li>G Ross apology</li> </ul>	Godfrey Ross												
	<p><b>9.6 TSH Emergency Response Working Group</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	Sharon Bennett												
	<p><b>9.7 Patient Safety and Clinical Quality</b></p> <ul style="list-style-type: none"> <li>HS 1 Incidents – 4 x HS1 year to date – rate 0.7 (average 0.6)</li> <li>HS 2 Incidents – 4 in May and 2 in June, which is 50% above last year</li> <li>IMS+ <ul style="list-style-type: none"> <li>Occupied bed days for May are 11566 (average is 10405)</li> <li>Areas of increase include pressure injury (patients arriving with existing pressure injuries), treatment and general care/delay in treatments, patient ID and transfer of care</li> </ul> </li> <li>HAI – all inflamed cannulas</li> </ul>	Malcolm Ricker												
	<p><b>9.8 Community Engagement &amp; Fundraising</b></p>	TBA												
	<p><b>9.9 Consumer Walk Around</b></p> <ul style="list-style-type: none"> <li>On hold due to Covid</li> </ul>													
	<p><b>9.10 End of Life Care Committee (EOLCC)</b></p> <ol style="list-style-type: none"> <li><b>Patient Safety and Clinical Quality</b> <ul style="list-style-type: none"> <li>The Amber Care Bundle Tool will be integrated into eMR (to assist in recognising dying)</li> <li>Work is in progress to support Social workers in having ACP (Advanced Care Planning) discussions in the inpatient setting</li> </ul> </li> <li><b>Quality Improvement Project</b> The Palliative Care Team have started a QI project in the aged care ward – Killara Acute, working with the Terminal Care Plan with staff survey,</li> </ol>	Carole Goodyer												

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	<p>education and an audit.</p> <p>3. <b>Garrawarra Centre</b></p> <ul style="list-style-type: none"> <li>The Multidisciplinary Meetings look at people who are of great concern – working on prognostication to identify common denominators. Using Amber Care concepts to start conversations when a patient is deteriorating.</li> </ul>	
	<p><b>9.11 Infection Control Committee</b></p> <ul style="list-style-type: none"> <li>The issue relating to fabric covered chairs is an accreditation issue being addressed in the gap analysis process. Each chair is being assessed in regards to compliance. It was hoped that some chairs could have been purchased in this financial year but this was not possible. An audit is still being carried out and chairs will be purchased in stages. The matter has been actioned for review in three months' time.</li> <li>COVID/Flu vaccinations are still ongoing. Flu vaccinations now by appointment only.</li> <li>The COVID clinic is being renewed, have changed the flow of patients and monitoring for transmission</li> </ul>	Gen Webb
	<p><b>9.12 Safe Use of Medicines Committee</b></p> <ul style="list-style-type: none"> <li>How many reports should patients receive while they are an in-patient eg: should patients be given reports if medication changes during their stay or just receive a report on discharge?</li> <li>Would a template be useful ie: to use daily, bi-weekly or on discharge?</li> <li>CH to obtain further information from SUM committee re this issue to enable CAG to give appropriate feedback.</li> </ul>	Cheryl Hall
	<p><b>9.13 NS2 Partnering with Consumers</b></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>	Peter Lewis and Sharon Bennett (backup)
	<p><b>9.14 Wayfinding Committee</b></p> <p>Report by Gen Webb:</p> <ul style="list-style-type: none"> <li>As everyone was in lockdown it was difficult to have any on-site discussions. Mark Deluca agreed to email the current site plan to everyone on the committee. It was thought that the signage on Level 1 might be a good starting point for next month.</li> </ul>	Gen Webb and Peter Lewis
<b>10</b>	<b>Reports for Noting</b>	
	<p><b>10.1 Diversity Reports Pending (Quarterly)</b></p> <ul style="list-style-type: none"> <li>The next meeting is scheduled for 9 August 2021.</li> <li>A suicide prevention service has been set up in Kogarah. JH to forward brochures and reports to Committee for information</li> <li>RR reported that Dr Nicholas Babic, SESLHD Clinical Director for Mental Health presented this topic at a recent TSH Clinical Council.</li> </ul>	Jim Hankin
	<p><b>10.2 Diversity – for information</b></p>  <p>Diversity Health Report - Consumer</p>	Yu Dai
	<p><b>10.3 Infection Control – for information</b></p>  <p>Infection Control TSH KPI July.pdf</p>	Lisa Symonds

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11	<b>Advocacy - Nil</b>	All
12	<b>Correspondence – Nil</b>	
13	<b>Governance Items</b> <ul style="list-style-type: none"> <li>• Training for Consumer Representatives has been rescheduled to Friday 15 and Monday 18 October 2021 pending Covid restrictions. Backup dates are 29-30 November 2021. Online training will be considered as the last resort.</li> <li>• Committee recruitment has been completed. Please advise CAG secretariat if any details or information is incorrect.</li> </ul>	Chair
14	<b>Items to escalate to PSCQ Committee and / or TSH Clinical Council - Nil</b>	All
15	<b>New Business</b> <i>“Good to Great Elevating the Human Experience”- MoH project</i> The program involves a collaborative approach with a person-centred process for patients presenting to the ED. CAG representatives are invited to participate in the survey. Participation is voluntary. The link has been sent out.	Liz Mason
16	<b>Business Without Notice – Nil</b>	All
17	<b>Confidential Items – Nil</b>	All
18	<b>Meeting Closed – 3.50pm</b>	Chair / Co-Chair
	<b><u>Date of next meeting:</u></b> Date: Wednesday 3 September 2021 Time: 2.00pm Venue: Executive Meeting Room <i>(unless advised otherwise)</i>	
	CERTIFIED AS A CORRECT RECORD  Robyn Riley <hr/> Name  Approved electronically <span style="float: right;">1 Sept 2021</span> <hr/> Signature <span style="float: right;">Date</span>	

**Action Items:**

Minutes Ref / Date	Agenda Item	Action	Responsibility	Progress
4/8/21	9.1	Standards/Accreditation Monthly newsletter	All / JJ	CAG representatives are invited to contribute to the monthly newsletter. Contributions can be sent to JJ.
4/8/21	7	CCM brochure	All	Feedback will be forwarded to Laura Fagan. The revised brochure to be presented at the September meeting
		End of Life Brochure	All	Feedback will be forwarded to Joanna McIlveen. The revised brochure to be presented at the September meeting
		Consumer Engagement Clinical Business Rule		More changes to be made to the CBR. Revised document will be distributed to representatives for review and feedback at September meeting
4/8/21	9.12	Safe Use of Medicines <ul style="list-style-type: none"> <li>• How many reports should patients receive while they are an in-patient eg: should patients be given reports if medication changes during their stay or just receive a report on discharge?</li> <li>• Would a template be useful ie: to use daily, bi-weekly or on discharge?</li> </ul>	CH	CH to obtain further information from SUM committee re this issue to enable CAG to give appropriate feedback.
5.8.20-02	10	Training for Consumer Representatives	KS	<p><b>4/8/21 – Rescheduled training dates are 15 and 18 October 2021 subject to Covid restrictions. Backup dates are 28-29 November 2021. Online training will be considered as a last resort.</b></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 <b>‘Consumer Representative Training’</b> from Health Consumers NSW. Will provide an update to all at the April CAG meeting.</p>

**ATTENDANCE LIST**

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

**S = skype**



# Peep

## Person Centred Care Program

### What is Peep?

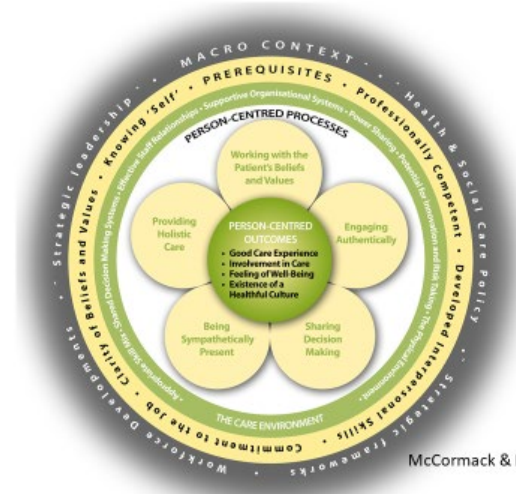
Peep is a Safety and Quality Improvement methodology that incorporates Person-centred Care, Practice Development and Lean Thinking principles



### Core objectives and measures



### Person-centred practice framework



McCormack & McCance, 2017

## Creating the environment for person centred care

Ministry of Health: Essentials of Care  
Elevating the Human Experience

SESLHD Nursing and Midwifery Unit

TSH Nursing Executive

Local PeeP Lead

Training, Facilitators' meetings, walk-arounds

## Lean Thinking

Lean thinking is a transformational framework that aims to provide a new way to think about how to organize human activities to deliver more benefits to society and value to individuals while eliminating waste.

Lean Thinking lays out the five Lean manufacturing principles: value, value streams, flow, pull, and perfection. Of course, these principles apply to organizations far beyond manufacturing.

## Practice Development

A continuous journey of developing and innovating in care settings so that patients, families and the team engage with each other in person-centred ways.

This engagement is brought about by teams developing their knowledge and skills and changing the culture and organisation of care.

It is helped to happen by the team working with systematic and continuous processes of development and evaluation that include the views, experiences and needs of patients, families, the team and others.

Adapted from Garbett & McCormack 2002

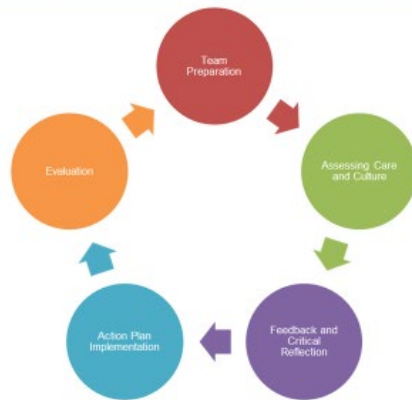
## How it works

### *Hospital Wide*

A topic is chosen by the Nursing Executive team in consultation Nurse Unit Managers and Patient Safety & Clinical Support team. Consideration is also given to audit results, IIMs+ reports etc

A topic guideline is provided to the wards/units with any resource material that might be a starting point for staff

## How it works – what happens at ward/unit level



## Recent projects

**Check Please:** a project to reduce medication errors when administering medications that must be checked by a second person

**Communicating for Safety:** a project to improve communication between staff – e.g. when handing over care as well as between staff and patients/families (NS6)

Next project will focus on **Delirium:** detection, management and promotion of a safe environment for the delirious patient (NS5)

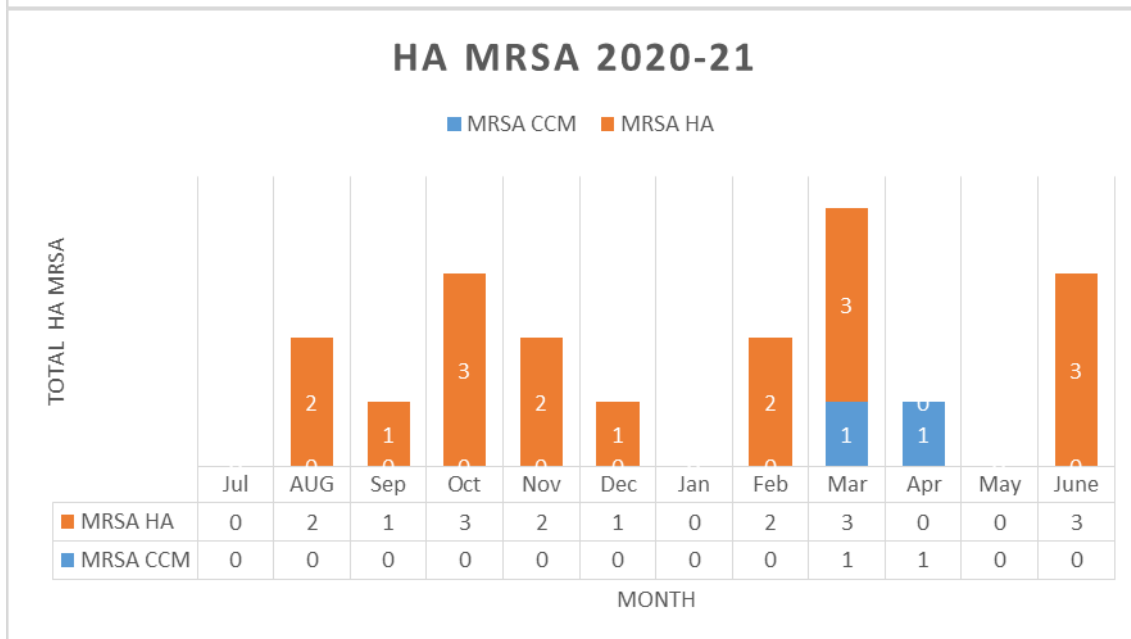
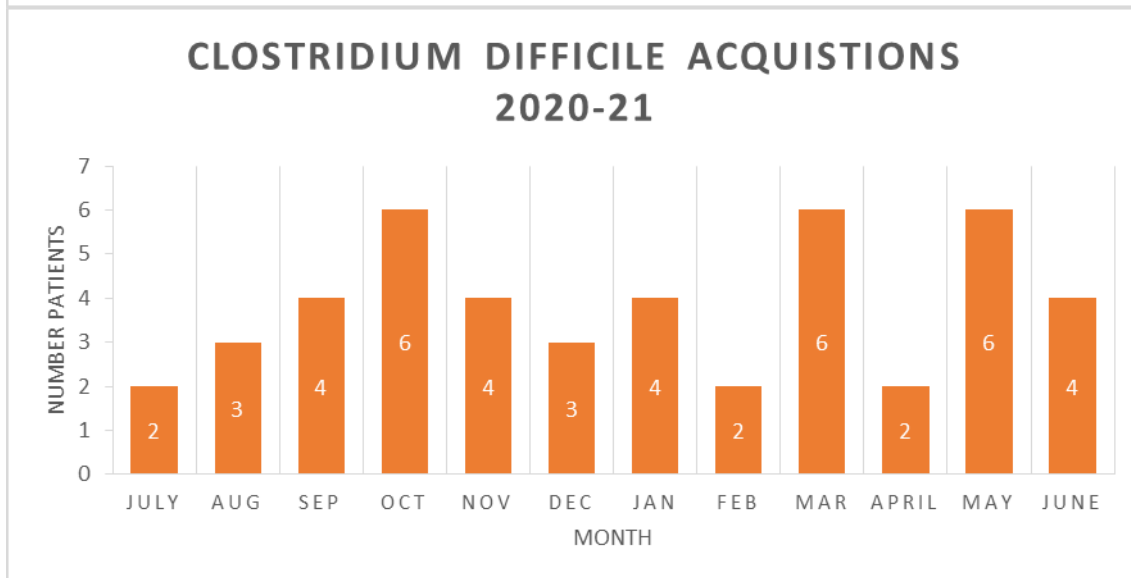
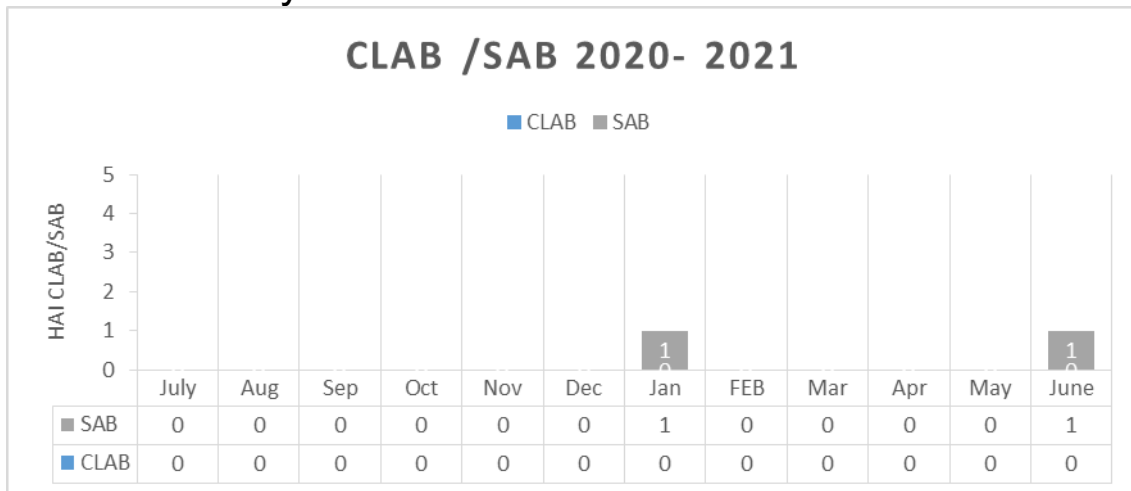
## **Diversity Health Report**

### **CONSUMER ADVISORY GROUP, THE SUTHERLAND HOSPITAL**

Wednesday, 4 August 2021

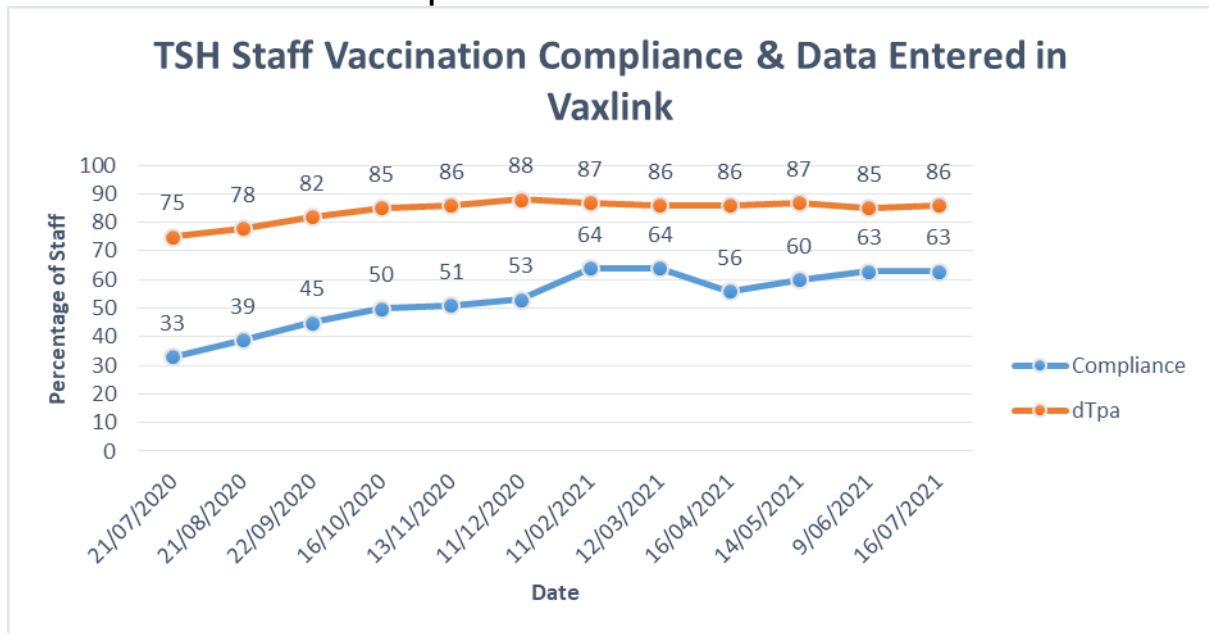
- Recent Meetings and Committees
  - 6/7 interpreter service issue update Meeting
  - 7/7 Diversity Health Implementation Plan meeting
  - 14/7 NSW Multicultural Health Media Zoom meeting
  - 15/7 National Standard 2 meeting
  - 19/7 Diversity/Aboriginal Health performance data meeting
  - 20/7 Exploring Sutherland Shire Information Session Feedback meeting
  - 21/7 NS2 Subgroup meeting
  - 22/7 CHIER and Patient Information portal meeting with other DHCs
  
- Staff Education
  - All trainings have been rescheduled to later dates due to COVID outbreak
  
- Interpreting service
  - Increasing number of clients of CALD backgrounds fail to attend appointments since interpreter service changes from Face to Face to telephone/video calls due to COVID restrictions. Interpreter Service and Multicultural health service are working on how to promote the new service to CALD clients.
  - Developing “Did you know” slide on Auslan Interpreters which will be sent to all staff.
  
- Community Education
  - Follow-up meeting on virtual Sutherland shire Community Information Session on 20 July.
  - a community education session organised on 24 August on OT to Cantonese speaking elders with the interpreter service
  - Distributing all COVID related resources

# TSH INFECTION CONTROL REPORT - CAG KPI's 2021 July





## TSH Vaccination Compliance



### Fit testing

1610 staff fit tested

Influenza Vaccinations 1568

According to Vaxlink there are 129 category A+ staff with no record of Influenza vaccination.