

# MINUTES

## TSH Consumer Advisory Group

Wednesday 1 December 2021 at 2:00pm - via Teams

ITEM	DESCRIPTION	CARRIAGE
1	<p><b>Attendance:</b></p> <p><b>Staff / Consumer Reps:</b></p> <p>Malcolm Ricker (MR)      Consumer Representative (Chair)            Jo Newbury (VW)      Acting General Manager            Jan Heiler (JHe)      Director of Nursing and Midwifery            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            Sharon Bennett (SB)      Consumer Representative            Cheryl Hall (CH)      Consumer Representative            Elizabeth Mason (EM)      Manager, Clinical Governance Unit            Patrice Thomas (PT)      Patient Safety Manager            Valmai Ciccarello      Consumer Feedback Manager  <b>Natalie Winbank (NW)</b>      <b>Secretariat</b></p> <p><b>Apologies:</b></p> <p>Jenny Church (JC)      Consumer Representative            Debbie Wood (DW).....      Consumer Representative            Sonia Markoff      Consumer Representative            Josie Julian (JJ)      Quality, Risk and Patient Safety Manager</p>	
	<b>Guests Welcomed</b>	Chair / Co-Chair
3	<b>Approval of November 2021 minutes – Approved by Carole Goodyer</b>	Chair / Co-Chair
4	<b>Declaration/s of Conflict of Interest – Nil</b>	All
5	<b>General Business</b>	All
	<p><b>Report from the Chair</b></p> <p><i>Meeting Chaired by Malcolm Ricker</i></p> <p><b>5.1 Report from the Chair</b></p> <ul style="list-style-type: none"> <li>M. Ricker attended along with the chairperson of the POW Hospital to make the consumer choice selected in the South Eastern District Awards. Malcom's choice was for the cross cultural workers who deal with Women and refugee background and whose first language is not English and helping them and their families to connect with the services that they need that they need in maternity and after birth and up to age 5 and they're connecting them to the services. It's the people who are new into the country and don't know how or where to go and don't speak English. It was great to be involved with that.</li> </ul>	Chair / Co-Chair

ITEM	DESCRIPTION	CARRIAGE
6	<b>Management Reports</b>	
	<p><b>6.1 – General Manager Report</b></p> <ul style="list-style-type: none"> <li>• SESLHD Awards held last week the Garrawarra work around the Patient Safety First items with respect to pain management and psychotropic drug management in highly behavioral residents. They not only were the consumer’s joint winner for the District but also received the board members choice. This award went to the Garrawarra team and the work Dr Chris Middlemiss and Bronwyn our after hours CNC and they've jointly won the Patient Safety First and that work will be joined together and that will go up to New South Wales Health Awards.</li> <li>• We are significantly challenged with activity and we are looking to start working into our Christmas platform, which is not looking good at this stage with the exhaustion of the staff, who have been doing so much overtime and we really need to balancing that patient safety agenda at the moment with what the staff can cope with and the patient load.</li> <li>• MPs will be on site tomorrow and we will be formerly opening our Aboriginal carers lounge. We also have a collaborative piece of art work that all our staff got to contribute to with their handprints and some painting and that's now being framed and that will go on the wall in the Dharawal Lounge so it's a little piece of us going into the lounge.</li> <li>• Next week is staff reward and recognition works. Years of service and rewards and recognition.</li> </ul>	Jo Newbury
	<p><b>6.2 – Nursing and Midwifery Update</b></p> <ul style="list-style-type: none"> <li>• It's never quite at Christmas and we know that we'll start to drop off at the end of January into February, we plan to close some rehab beds as most patients in rehab will go home. We have worked closely with Director of Finance and the Finance team and the clinical Co directors on the seasonal planning and look at how our bed platform flows and try and move our budget with it. So we'll open some additional beds next year to accommodate the increasing activity as we flow into winter.</li> <li>• We are significantly challenged with KPI’s performance which are not great at the moment. Our admission rate is about 7 to 15% which should be sitting around 25 to 35%. Our biggest challenge in 2022 is the increase in emergency surgery that we're starting to see problems.</li> </ul>	Vicki Wedden
	<p><b>6.3 – Overview of Patient Feedback</b>  <i>Quarterly Update – due in December.</i>  Full Report attached</p>	Valmai Ciccarello
	<b>6.4 – Corporate Services</b>	
7	<p><b>Presentations / Discussions:</b></p> <p><b>After Hours Concerns re Deteriorating Patients. Between the Flags</b></p> <ul style="list-style-type: none"> <li>• This is an issue that has been highlighted to us a lot of times this year about deteriorating patients and the concern. A working party has been set up for this leading a working party looking into this.</li> <li>• There are some of the possible causes were starting level and high workload after hours. Lack of senior leadership and senior decision maker in clinical deterioration scenarios.</li> </ul>	Dr Huong Van Nguyen

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	<ul style="list-style-type: none"> <li>• We need to improve mandatory training compliance, as well as looking actually clinical handover format, particular medical, increased staffing strength in the decision making process after hours</li> <li>• We want to build a culture or revise our culture in terms of reporting and effect and effective reporting. Effective management of clinical regulations.</li> <li>• We have revised workplace revising workplace instructions for the nurse in charge, and they've got officer in charge because while they are senior decision makers after hours.</li> <li>• There's some work happening at at a state level where it's it's probably two years away at the moment where when the observations are entered into EMR. It will actually extract that data and make the calls rather than</li> <li>• Between the Flags systems was explained to CAG.</li> <li>• CAG can be assured that TSH are taking this issue very seriously and are doing everything possible to manage and improve our care for vulnerable patients.</li> </ul> <p><b>Moving the surgical bookings from Level 3 to Level 2 near the outpatient's reception</b></p> <p>Surgical bookings will be moving from Level 3 to Level 2. Currently the office is located on Level 3 directly opposite the life behind the glass door and is shared with the Pre-Admissions Clinic.</p> <p>The reason the office is being relocated:</p> <ul style="list-style-type: none"> <li>• Limiting patients needing to access to the main area of the hospital</li> <li>• Ground level access for patients</li> <li>• Easier to park and drop off referral for Admission (RFA)</li> <li>• Easier for patients to find</li> <li>• Allow space for additional Pre Admission Clinics</li> </ul> <p>We are relocating to the outpatient department on Level 2, close to the main hospital entrance. And provides ground floor access. This will most likely occur anytime between the end of January and March. Patients will be easily be able to part at the front entrance which allows 15 minutes free parking.</p> <p>Slides for both presentations attached.</p>	<p>Ke Song, NUM Surgical Admissions</p>
8	<p><b>Document Review:</b></p> <ul style="list-style-type: none"> <li>• <b>Rosslyn Twarloh - Clinical Services Manager at Southeast Sydney Aboriginal health care.</b></li> </ul> <p>One of the programs we run is funded from the Central and Eastern Sydney Primary Health Network, and we work with Aboriginal clients that have chronic health conditions and we support them in the Community with self management and we work very closely with their GPS and specialists all the other teams that work in the community to support the person to be able to minimize the impact of their chronic condition and support them and their families to be able to navigate the very complex health service. We have just commenced another three year cycle or funding. And so we decided to refresh our brochure as a starting point. As a consumer she would really benefit from CAG's input into the brochure.</p>	<p>Rosslyn Twarloh</p>

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	<p>The majority of our referrals is from GP's AMS Sam the Aboriginal health liaison officer that covers Sutherland and St George but our consumers generally do come via the hospital.</p> <p>Comments for changes to brochure/1 page flyer:</p> <ul style="list-style-type: none"> <li>• Clear and concise and it was great to read.</li> <li>• generally the font bigger</li> <li>• I thought it was great. I thought it covered all the information that you need to get across at the services that are provided. I didn't realize probably didn't read it well enough that it was districtwide, so that's a big part.</li> </ul>	
9	<b>Standing Items</b>	
	<p><b>9.1 Standards / Accreditation</b></p> <p><b>Quality and Safetely Newsletter - Consumer Corner</b></p> <ul style="list-style-type: none"> <li>• CAG representatives are invited quarterly to contribute to the monthly TSH Safety and Quality Newsletter that's been designed, so if there's something specific that you want to include, please let J. Julian know.</li> <li>• This month's Newsletter was focussed on Highly Vulnerable Patients and new steps that have been implemented by TSH for all staff.</li> <li>• Clinical Business Rule has been revised which took a long time due to a lot of complexities.</li> <li>• Key changes have been made and are set out in the attached Newsletter.</li> </ul> <p><b>Audits</b></p> <ul style="list-style-type: none"> <li>• Patient Experience Survey was done facility wide, 62 patients completed the survey, excellent results specifically in relation to the information of provision of information, consent and involvement of the patient in decision making. This is a real focus for accreditation.</li> <li>• National Standard 7 – (which is around blood and blood products) and the management. The results of these audits result was at 89% compliance. The area that needs improvement is around the written information to the patient regarding the blood transfusion process, so that's will be focused for that committee. Deborah Wood will now be joining that Committee as the Consumer Rep.</li> <li>• National Standards 6 - is looking at the observational order that was undertaken around hand over, and this is something that Sonia mentioned as well and we need some improvements around that sort of communication that happens from a multidisciplinary perspective.</li> <li>• Medical Handover survey was undertaken, 29 were completed. Good results at 94%, which is good, but it is still needs improvement.</li> <li>• Medical informed consent - 43 audits were done in 92% compliance. It should be 100%, but we're still.</li> <li>• Bedside Clinical Audit. That's a regular monthly audit, the 83% compliance at sitting just under. We want to aim for around 85%. Seventy audits were completed this month which is good.</li> <li>• The pressure injury audit documentation was 100% compliant, which is excellent. We have been really focusing on is a facility.</li> <li>• Areas of concern is around assessment and management of delirium. By 10</li> </ul>	<p>Josie Julian – Apology</p> <p>Presented by Patrice Thomas</p>

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	<p>to 50%. That's not great. But it is something that the nursing and Midwifery Practice Committee as a focusing on, as well as the comprehensive Care Standard Group have got a real focus on delirium. However, our performance in terms of patients with harm from delirium is performing really well. TSH is one of the best in the District. A Delirium working party has been set up. It's been going for quite some time now to improve that delirium assessment and a business rule has been developed and communicated around the nursing responsibility.</p> <ul style="list-style-type: none"> <li>• Falls is another area that is being focussed on around the strategies being put in place to prevent falls, and making sure that they're discussed with the patient in the carer, because unless we specifically educate the patient or the carers with them around what their responsibility is, or you know, make sure your slippers are on, or you know using buzzer user frame don't work on your own. Let's we do that properly. We increase the risk of the likelihood of harm.</li> <li>• One new risk around delirium risk screening and management and the other one that we highlighted, which we've been talking about today, is around deteriorating patient and the level of support after hours to assist with the decision making as the risk. The focus is on staffing and the process around that decision making.</li> <li>• Helen and Ralph are on site today for Part 2 of the readiness assessment, which is great. All the NUMS have been very well prepared by Josie and their National Standards. it's focus on national standard three infection prevention and control, and they're the real focus is really on the sterile stock storage and reprocessing.</li> <li>• Each of the wards, or the departments that have these ultrasound probes and the CSSD theatres department who manage it, with lots of departments doing things, it's hard to get consistency and no one is really responsible.</li> </ul> <p>Action: Ricker requested that this Newsletter also be sent out to the CAG representatives. Copy of Newsletter to send out with the Minutes.</p>	
	<p><b>9.2 – CAG Meeting Report</b></p> <ul style="list-style-type: none"> <li>• CAG Reps are encouraged to ask for and read all Minutes that are sent out in the meeting because we don't want to waste time going through these at the meeting.</li> <li>• Additional comments for the Committee to note:</li> <li>• Ensure that you get the Minutes from each meeting you are attending and ask as many questions that you can from a Consumer Committee.</li> </ul> <p>Meeting Report Attached.</p>	
	<p><b>9.2 TSH Clinical Council</b></p>	<p>Robyn Riley</p>
	<p><b>9.3 TSH Executive Governance</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p>Malcolm Ricker</p>
	<p><b>9.4 TSH Food and Nutrition</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p>Jenny Church</p>
	<p><b>9.5 PSCQ Patient Safety Clinical Quality Meeting –</b></p> <ul style="list-style-type: none"> <li>• Malcolm advised the committee that CAG can be 100% assured and how pleased he was in relation to the discussion that was had around a procedure checklist known as the Rainbow form that happens prior to all surgeries. There's been issues with incorrect completion not being</li> </ul>	<p>Malcolm Ricker</p>

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	completed correctly. This is a safeguard for everybody. Staff have been told that there is 100% support from management now that Theatre will not start before the form is completed.	
	<p><b>9.6 Infection Control Committee</b></p> <ul style="list-style-type: none"> <li>There has been a rise in the infections in the hospital and that they discussed the problems and discussed hand hygiene because the staff are wearing PPE, they're not necessarily changing their gloves because they're conscious of the fact that they're protecting themselves and not and not the patient. Also that some of the equipment is being cleaned too quickly and they've got timers on it now so that it's going to be interesting. Comments to go back to Patient Safety is that CAG is reassured that the infection management is continually carried out.</li> </ul>	Gen Webb
	<p><b>9.7 Falls Prevention</b></p> <ul style="list-style-type: none"> <li></li> </ul>	Sonia Markoff
	<p><b>9.8 Skin Integrity Prevention and Management</b></p> <ul style="list-style-type: none"> <li></li> </ul>	Godfrey Ross
	<p><b>9.9 Safe Use of Medicines Committee</b></p> <ul style="list-style-type: none"> <li></li> </ul>	Cheryl Hall
	<p><b>9.10 TSH Emergency Response Working Group (quarterly)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	Sharon Bennett
	<p><b>9.11 NS2 Partnering with Consumers</b></p> <ul style="list-style-type: none"> <li>The basic discussion was around how we document our consumer orientation and training. When you do the course, how is that captured like? They're going to reach out to you Malcolm and talk about that because I didn't know the answer. If the training is done online, that gets automatically entered into the My Health Training.</li> <li>The issue of the consumer training and orientation was discussed in part with Liz and is something that will be addressed next year in terms of more formalising the orientation. Consumer reps at the end of this year who will not yet completed it, and so they probably looking to do that online next year or something in that more convenient.</li> <li>Comments to go back to the Clinical Council along the same lines that CAG is reassured in regards to the thorough investigation that the Clinical Governance Unit into the harm score 1 and 2 incidents that Dr Van Nguyen spoke about today in relation to Between the Flags</li> </ul>	Sharon Bennett
	<p><b>9.12 End of Life Care Committee (EOLCC)</b></p> <ul style="list-style-type: none"> <li></li> </ul>	Carole Goodyer
	<p><b>9.13 Wayfinding Committee</b></p>	Gen Webb and Peter Lewis
	<p><b>9.14 Community Engagement &amp; Fundraising</b></p> <ul style="list-style-type: none"> <li>Former role of Corporate Services Manager for 2 years. New role as Community Engagement &amp; Fundraising Manager. Naomi's major project in Corporate was to get the Aboriginal room up and going. Naomi will try to arrange a viewing of the room as CAG reps would love to view the room.</li> <li>TSH have received a donation of a new Christmas Tree and decorations from Big W which will be put up on Monday.</li> </ul>	Naomi Dean

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	<ul style="list-style-type: none"> <li>TSH website is also being reviewed and will have many updates made to it and this will be shared with the CAG Reps over the next few months.</li> <li>M. Ricker invited N. Dean to join CAG Rep meeting once a month to give updates on Community Engagement and Fundraising for TSH. A 2022 Event Calendar is being prepared and CAG Reps are more than welcome to review that.</li> </ul> <p>Action: Naomi needs to be added to the Calendar invites for next year's CAG Meetings.</p>	
	<p><b>9.15 Consumer Walk Around</b></p> <ul style="list-style-type: none"> <li></li> </ul>	
<b>10</b>	<b>Reports for Noting</b>	
	<p><b>10.1 Diversity (Quarterly)</b></p> <ul style="list-style-type: none"> <li>Minutes of the diversity meeting are going will go out with our minutes and they cover everything that I would have put in there. The Gynea Community Services, There's a few different groups there, but there's a lady Jenny Gray who looks after migrants and refugees and so forth in the Sutherland Shire and she was promoting this week? Is there water Safety Week? But there's a brochure for that, but it's aimed at the people that have come here aren't used to being in water and swimming and going to the beach and so forth. She has formed an elderly abuse group and they had a seminar last month. But she said if anyone is interested in being part of that group, the welcome</li> </ul>	Jim Hankin
	<b>10.2 Diversity Report – Nil</b>	Meng Chen
	<b>10.3 Infection Control – Nil</b>	Lisa Symonds
<b>11</b>	<b>Advocacy – Nil</b>	All
<b>12</b>	<b>Correspondence – Nil</b>	
<b>13</b>	<b>Governance Items - Nil</b>	Chair
<b>14</b>	<b>Items to escalate to PSCQ Committee and / or TSH Clinical Council - Nil</b>	All
<b>15</b>	<b>New Business</b>	
<b>16</b>	<p><b>Business Without Notice</b></p> <p><b>Vouchers</b></p> <ul style="list-style-type: none"> <li>Sharon raised the issue of receiving vouchers. Malcolm confirmed that as a consumer representative is required on a in a meeting and a hospital invite has been issued you definitely can claim a voucher and it is called paid participation and it comes for us in the form of a voucher. You just need to inform the Secretariat of which meetings you attended and length of time the meeting went for.</li> </ul> <p><b>Teams Meeting</b></p> <ul style="list-style-type: none"> <li>Team meetings available to all of us from now on. So if we can't make it in, we should encourage all the other committees are not everyone goes there, you know health is going this way, but we should encourage all the other committees to go that way and for years we talked about being able to back each other up. If you couldn't make your outside committee meeting that, one of us would try and help you. The point is, now someone could conceivably sit on team meetings and go. I'll cover you if you can't</li> </ul>	All

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	<p>make this and so forth and it to me it gives us the ability to be so much more efficient.</p> <p><b>Meetings for next year</b></p> <ul style="list-style-type: none"> <li>• It was agreed that everyone is happy next year the start a 2 hour meeting at 1:30pm?</li> <li>• New Teams invite to be sent out for 1.30pm for CAG Meetings.</li> </ul> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• According to the Terms of Reference, we are to elect a Chair and Co chair at the beginning of every year. They will be in that position for a year, so in January you'll receive some emails asking you to express interest if you so desire in both those positions. You will have a couple of weeks to respond to it and the idea is that we will come to the meeting next February and it will be sorted out.</li> </ul>	
17	<b>Confidential Items – Nil</b>	All
18	<b>Meeting Closed –4.00pm</b>	Chair / Co-Chair
	<p><b><u>Date of next meeting:</u></b></p> <p>Date: Wednesday 2<sup>nd</sup> February 2022</p> <p>Time: 1.30pm</p> <p>Venue: Executive Meeting Room or Microsoft Teams</p>	
	<p>CERTIFIED AS A CORRECT RECORD</p> <p>Verbally endorsed by Vicki Weeden</p> <p>_____</p> <p>Name <span style="float: right;">2 February 2022</span></p> <p>_____</p> <p>Signature <span style="float: right;">Date</span></p>	



**Action Items:**

<b>Minutes Ref / Date</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsibility</b>	<b>Progress</b>
		Invitation to contribute to Clinical Governance Newsletter	All	

**ATTENDANCE LIST**

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

# Managing clinical deterioration at the Sutherland Hospital

Dr Huong Van Nguyen  
The Sutherland Hospital Director Medical Services



We should strive to do better for our patients.

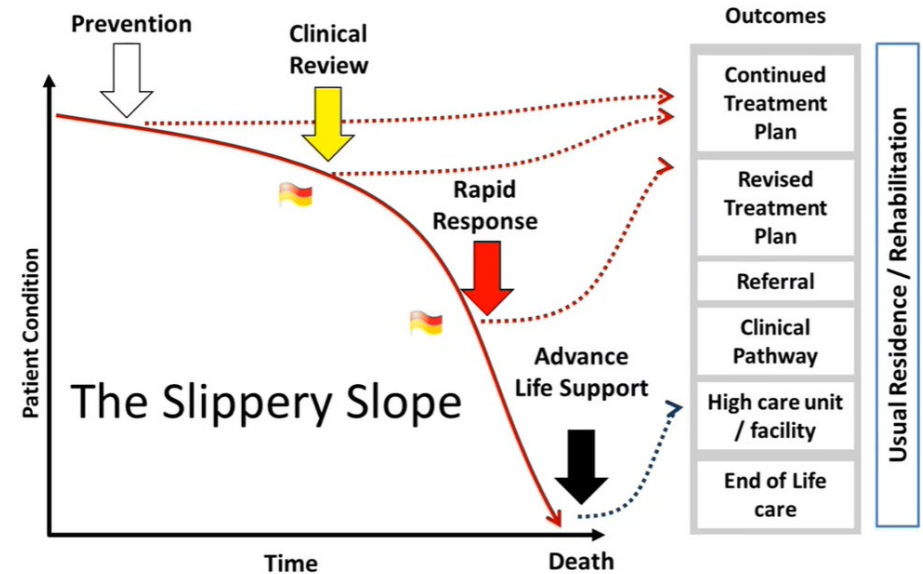
*Almost every conceivable mistake was made.....*



Vanessa Andersen, dec. November 2005,

## Between the flags – systems for responding to clinical deterioration

- Patients can deteriorate unrecognised
- “Between the Flags” system - early recognition of clinical deterioration and harm prevention
  - Prof Ken Hillman 1990’s (Liverpool Hospital)
  - Peter Garling’s Acute Care in NSW Hospitals review (27 November 2008)



*Between the Flags’ intervention on the ‘Slippery Slope’ of patient deterioration*

## NSW Health Standard Observation Chart

The image shows two identical copies of the 'STANDARD ADULT GENERAL OBSERVATION CHART'. Each chart includes a header for patient information (family name, given name, date of birth, sex, address, location) and checkboxes for 'Altered Calling Criteria'. Below the header are several data tables:

- AMBIENT TEMPERATURE:** A grid for recording temperature over 24 hours.
- HEART RATE:** A grid for recording heart rate over 24 hours.
- BLOOD PRESSURE:** A grid for recording blood pressure over 24 hours.
- RESPIRATORY RATE:** A grid for recording respiratory rate over 24 hours.
- SP02:** A grid for recording oxygen saturation over 24 hours.
- GLUCOSE:** A grid for recording glucose levels over 24 hours.
- TEMPERATURE:** A grid for recording temperature over 24 hours.
- WOUND:** A grid for recording wound status over 24 hours.
- LABORATORY:** A grid for recording laboratory results over 24 hours.
- PROBLEMS:** A grid for recording patient problems over 24 hours.

## Systems for managing patients' clinical deterioration at the Sutherland Hospital

- A strong safety culture
- Safety and harm prevention policies and procedures (MoH, district and facility)
- Clinical Council
- Patient Safety and Clinical Quality Committee (steering committee)
- Clinical Emergency Response System (CERS) Committee
- Patient Safety Committees (ward-based)
- Clinical Governance Unit
- Incident Management System
- Serious Adverse Event review and Root Cause analysis
- Mortality and morbidity meetings (specialty based)
- **BTF calling criteria**
- Clinical Emergency Response team including CERS CNC.
- Staff training in detecting clinical deterioration (online and face to face training)
- Clinical handover (nursing, allied health and medical)
- In-hours and afterhours – nursing leads
- Afterhours medical officer in charge (MOIC)
- Ward Nurse Unit Managers (NUMs)
- Onsite ICU support
- On-call medical consultants
- On-call TSH Executives

## These patients did not have to die....

- Three serious incidents occurred during 2020 and 2021 involving clinical deterioration and death of patients afterhours
  - Major themes
    - Failure to recognise
    - Failure to escalate patient's deterioration
- Possible causes
  - Staffing level and high workload afterhours
  - Lack of senior leadership/ senior decision maker in clinical deterioration scenarios
  - Limited staff's knowledge regarding the management of clinical deterioration and awareness of relevant policies and procedures
  - Culture of reluctance to escalate clinical deterioration between 2400 – 0600 hours
- It predominantly is an afterhours issue (with the majority involving surgical patients)

## Towards zero harm

- High Resilience Organisations/ Systems such as healthcare are not error free
- Common aetiology
  - Communication issues
  - Inadequate transfer of clinical information
  - Human factors
  - Patient factors
  - Technical failure
  - Staffing patterns and workflow
- *'the ability of systems to survive and return to normal operation despite challenges'*

## Between the Flags calls at the Sutherland Hospital



## Between the Flags – calls and actual incidents

Month	All Calls	ims	OBDs	Call rate	Incident rate	Incident %
Jan-21	856	0	10190	84.0	0.000	0.00
Feb-21	912	1	9759	93.5	0.010	0.11
Mar-21	886	2	11184	79.2	0.018	0.23
Apr-21	1008	0	10536	95.7	0.000	0.00
May-21	998	3	11562	86.3	0.026	0.30
Jun-21	1069	3	11145	95.9	0.027	0.28
Jul-21	1027	4	10263	100.1	0.039	0.39
Aug-21	1171	5	10246	114.3	0.049	0.43
<b>Average</b>	<b>991</b>	<b>2.25</b>	<b>10611</b>	<b>93.6</b>	<b>0.021</b>	<b>0.22</b>
<b>Total</b>	<b>7927</b>	<b>18</b>	<b>84885</b>			<b>0.23</b>

## Comparing statistics



1.2 deaths per 100,000 OBDs  
(or 0.05 deaths per 100,000 hours)



4.7 deaths per 100,000 motor vehicles



0 – 0.4 deaths per 100,000 hours

## What are we doing to improve the management of clinical deterioration at TSH?

- Working Party
- Strengthen knowledge of staff in the management of clinical deterioration
  - CERS Policy awareness
  - BTF escalations
  - DETECT training compliance
- Improve clinical handover of deteriorating patients – medical and nursing
- Increase staffing and strengthen the decision making process afterhours
  - Afterhours CERS CNC recruited
  - Revised workplace instructions for Nurse In Charge and Medical Officer In Charge
- Explore clinicians' barriers for escalating clinical deterioration afterhours e.g., JMO and SMO surveys
  - Management of factors
- Improve communication to patients and families of clinical deterioration.

## Outcomes

- Zero harm score 1 or 2 incidents related to failure to manage clinical deterioration
- Culture of appropriate reporting (including early escalation) and effective management of clinical deteriorations
- Improved clinical communication in handover between staff and with patients and their families.



# TSH Surgical Bookings Relocation

Consumer Advisory Group Presentation

Previously known as...

The Admissions Office



Surgical Bookings

## Current location

- Level 3- directly opposite to the lift behind the glass door, shared with the Pre-Admissions Clinic.



## Reasons to relocate

- Limits patients needing access to the main areas of the hospital
- Ground level access for patients
- Easier to park and drop off Referral for Admission (RFA)
- Easy for patients to find
- Allow space for additional Pre Admission Clinics



## Relocating to the Outpatient Department

- Level 2 Outpatient department- close to the main hospital entrance.
- Ground floor access





# TSH Clinical Governance Unit –Quality Audits November 2021


## Audits completed in November 2021

- TSH Patient Experience Survey – facility wide – 62 patients completed the survey – excellent results, provision of information/consent/involvement of patient in decision making
- NS 7 Blood products management audit; 89% Need to improve – provision of written information to the pt. regarding the blood transfusion process
- NS 6 Clinical Handover Observational Audit, – Improvements required have been communicated to Medical, Nursing and Allied health
- NS 2 Medical Handover patient survey 94% (29 surveys)
- NS 2 Medical Informed Consent 92% (43 audits)

## Bedside Clinical Audit 83% compliance 70 audits completed this month

Doing well; Risk assessment and management of Pressure injuries 100%

### Areas of concern;

- Delirium assessment/management  by 10% - 50%
- Falls ; Strategies to prevent falls discussed with patient/carer 73%

### Actions

- Delirium Working Party has been set up to implement strategies to improve delirium assessment and management. Increased monitoring
- Business rule developed and communicated. Continued monitoring.

### RISK REPORT New Risk

Patient Safety: New High Risks

- Delirium risk screening and management.
- Deteriorating patient; Decision making support during clinical deterioration after hours

### Accreditation TSH

- On-site visit Today!! 1 December 2021
- Summation tomorrow

### NATIONAL STANDARDS – focus on NS3 Infection Prevention and Control- Sterile Stock storage and Reprocessing of ultrasound probes.

What?	Who?	By When? / status
1. Discussed at Infection Prevention and Control Committees	IPCD	Completed
2. IPD and QM working to educate ward staff around correct storage of sterile stock – SESLHD CBR in development. All wards visited – advice implemented. 2. TSH Workplace instruction completed for Reprocessing (cleaning) of Bladder scanners, disseminated to staff and education begun. CBR in development for reprocessing of endoscopes in development	IPCD/ CSSD	In progress
3. Information provided to wards and sterile stock audits to be completed in November - advice implemented.	IPD/QM	In progress



**TSH SAFETY & QUALITY NEWSLETTER**

**Quality Improvement; Vulnerable patient.**

**2. QI PROJECT—Improving the experience of Highly Vulnerable Patients (VP)**

The clinical business rule [CLIN559 'Highly Vulnerable Patients –ward management'](#) has been **REVISED** to outline the process for all staff to manage potential risk to adult patients considered to be **highly vulnerable** at TSH.

- 'highly vulnerable' refers to any patient **residing in a group home, under the care of legal guardian or have intellectual disability**. By ensuring that highly vulnerable patients are identified and escalated, receive multidisciplinary care during the admission and discharge, and reasonable adjustments are made during hospitalisation we comply with the PD2017\_001 [Responding to needs of People with Disability during Hospitalisation](#).

**KEY CHANGES AND RESPONSIBILITIES FOR STAFF ARE:**

- Surgeons can now **identify** VP on the recommendation for admission (RFA) form
- A planning for admission MDT occurs prior to pre admission clinic where reasonable adjustments can be planned and an AMO 2 is assigned if required.
- A 24 hr MDT must occur when a highly VP is admitted. MDT occurs for all admitted patients 7 days per week.
- Ensure the status of a legal guardian is checked and captured in the medical record.
- Any reasonable adjustments required are clearly documented in the medical record.
- Any patient considered to be at risk in or out-of- hours must have MDT case conference with an agreed management plan documented.
- All highly VP are discussed at weekly PATHS meeting.

**IMPORTANT—Any staff member who has any concerns must escalate immediately to their direct line manager or After Hours Nurse Manager**

**MDT Template within 24hrs of admission**

- Is the patient from a group home?
- Does the patient have an intellectual disability?
- Does the patient have a legal guardian?
- Is there a management plan?
- Do staff have any concerns? (i.e. capacity, cognition, medication management, behavioural challenges)
- Has Top 5 been completed? If not, what reasonable adjustments need to be made?
- Does the patient / carer have any concerns?
- Is the patient flow team and After Hours Nurse Manager aware of the highly vulnerable patient?

