

MINUTES

TSH Consumer Advisory Group



Wednesday 3 November 2021 at 2:00pm - via Teams

ITEM	DESCRIPTION	CARRIAGE
1	Attendance:	
	Staff / Consumer Reps:	
	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 Natalie Winbank (NW) Secretariat	
	Apologies:	
	Jenny Church (JC) Consumer Representative Debbie Wood (DW) Consumer Representative Sonia Markoff Consumer Representative Josie Julian (JJ) Quality, Risk and Patient Safety Manager	
	Guests Welcomed	Chair / Co-Chair
3	Approval of October 2021 minutes – <i>Approved by Carole Goodyer</i>	Chair / Co-Chair
4	Declaration/s of Conflict of Interest – Nil	All
5	General Business	All
	Report from the Chair <i>Meeting Chaired by Malcolm Ricker</i>	Chair / Co-Chair
	5.1 Report from the Chair	
	<ul style="list-style-type: none"> Several CAG Members attended the Partnering with Consumers NS3 Readiness Assessment which went very well. It was evident that TSH had put in a lot of work for this assessment. Brainstorming session – will be happening over the next month. M. Ricker to discuss with E. Mason and confirm date. It will be discussed at this session that we may move this meeting forward by ½ hour. Consumer Rep Training to be confirmed for 1.12.21. TSH are still on RED alert but if things keep improving, everyone who is double vaccinated, should be able to attend on site. We need at least 6 CAG reps to attend the training. 	

ITEM	DESCRIPTION	CARRIAGE
	<ul style="list-style-type: none"> Last CAG Meeting for the year on Wednesday 1st December 2021 will hopefully be on site but we will also be giving people the option to be able to dial in using TEAMS. 	
6	Management Reports	
	<p>6.1 – General Manager Report</p> <ul style="list-style-type: none"> Currently the facility has no COVID positive cases in the hospital Work continues around our ability to accommodate COVID positive patients and the District are reviewing how that is going to look over the District but most likely TSH will accommodate patients with COVID who require an inpatient bed but if they need a bed in ICU it will most likely be St. George. The projection is we are not expecting to see the spike we had earlier this year. There is almost 85% of the community vaccinated and we have also started to triple vaccinate our staff who had their vaccinations over 6 months ago and that will be ongoing. Staff who have been deployed across the facility to meet our COVID demands are now starting return to their substantive workplaces. We are very proud of our staff have been amazing and very brave through these times which have been quite daunting. COVID Clinic will be relocated due to the upcoming redevelopment. Monday next week the Premier and Local Members coming out to mark the start of the Operating Theatre redevelopment and we will be putting in a new MRI machine. It is a 2 year 2 staged program. Over Christmas there Monday 27th December we will have less service activity across the Facility. We will be trying to get a lot of our staff to have some very well deserved downtime, rest and recuperation. Surge in activity. 196 presented to ED yesterday and we are returning to numbers pre-June. We will also see an increase in our elective surgery which has been wound back over the last few months due to COVID. We have received our report on the NS Readiness Assessment. The feedback was very positive and the second part will be sent to us after the walk through on 1st December 2021. The Carers program have very generously donated funding whereby DALMARRI artists' will attend TSH and collaboratively produce a unique artwork with staff and carers from TSH on 18th November. An EOI has been sent out to all staff to take part and contribute to this large painting and to be guided by an Aboriginal artist. This artwork will be displayed permanently in the Dharawal Aboriginal Carers Lounge. Sharon asked if there will be a Smoking Ceremony and if CAG will be able to attend. Jo advised the attendee list hasn't been finalised yet but would be happy to extend the invite. Welcome to Country, opportunity to tour the new room. Malcolm queried why there was an increase to ED Presentations. Jo advised that there are more people out now which leads to more trips and falls, more car accidents, surfing accidents due to people being out in the community. Certainly demonstrating that we are returning to normal again. 	Jo Newbury

ITEM	DESCRIPTION	CARRIAGE
	<p>6.2 – Nursing and Midwifery Update</p> <p>October Statistics</p> <ul style="list-style-type: none"> • Emergency Treatments. Very challenged with the Emergency Department. We often get clustering with ambulances arriving at the same time. It gets very busy for everybody and once the patient is assessed we either need to send the patients to a ward or send them home. Ongoing challenge. Also an increase with the presentations we are starting to see. • Please disregard the figure for Discharge – we will have that rectified. • Transfer and care is about getting off an ambulance stretcher and into a bed. We are slightly below target. We are at 84% and we should be at 90%. • Pre 10am and 12pm Discharges. We struggle with the 10am discharges but we are getting much better at getting patients out by 12pm. That percentage has come up over the last few months. • Patients in hospital for over 9 days sitting 60.8% which is under our target which is a really good barometer for indicating how much of a challenge we are going to have moving people out of the hospital. • Triage Categories - We meet Category 1, Category 2 we are not quite there and Category 3 is 74.8% out of 75% which is very good. • Surge Beds – we have not been using surge beds but we have beds contained. Often what we will do is contain beds in one area and open beds in another but we have not surged against our actual bed base for most of the time. • Critical Care Medicine Sign Out - Patients who are ready to come out of Intensive Care into a Ward bed. We have been managing to get that done within 6.6 hours with our target of 6 hours so we have improved. We have had a few challenges but now with less COVID patients in the hospital we have more opportunity to move patients through in a much more timely fashion. • Elective Surgery – Patients who need surgery within 30 days we have maintained 100%. Patients who need to have their procedure done within 90 days we are 86.4% and the target is 97%. Patients who have had elective surgery in 365 days is quite low but we do have an opportunity to catch them up and to have their procedures done. There has been a big focus on Category 1 surgeries completed during COVID and we have had arrangements with the Private Hospitals taking some of our public patients to Kareena Private, President Private and Waratah Private. The surgeons have been doing their operations in those facilities which has been a big help. • We are starting to increase our surgical lists from Monday. We don't have huge waiting lists. • Meeting KPI's to meet for the state we are to work towards meeting our targets. • Access to the Hospital – People are being asked to scan in and show proof of your Vaccination. This is done through the Health App not Service NSW which ask different questions. That will remain for some time. • When the volunteers are given the ok to return to the hospital, they will be able to sign into the hospital as Staff/Students as you have hospital ID's and name badges. You will have to prove once only that you are fully vaccinated. 	Jan Heiler

ITEM	DESCRIPTION	CARRIAGE		
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.	57.7%	70.0%	2817/4881
Admitted ETP	Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.	23.5%	50.0%	372/1585
Discharge ETP	Patients who have been discharged from the Emergency Department within 4 hours of presentation.	7340.0%	90.0%	2343/3192
Transfer of Care	Patient brought in by ambulance who are "offloaded" within 30 mins	85.4%	90.0%	1039/1216
Pre 10am Discharges	Patients who are discharged before 10am	7.3%	15.0%	70/960
Pre 12pm Discharges	Patients who are discharged before 12pm	17.4%	35.0%	167/960
Patients in hospital for over 9 days	Admitted patients with a Length of Stay greater than 9 days	60.8	65	
Triage 1	Patients must be reviewed immediately	100%	100.0%	17/17
Triage 2	Patients must be reviewed within 10 minutes	73.0%	80.0%	511/700
Triage 3	Patients must be reviewed within 30 minutes	74.8%	75.0%	1586/2121
Surge Beds	Un-funded beds required to be open, due to capacity reasons	-10.3	0	
CCM Sign Out (hours)	Time taken to transfer a patient out of Critical Care Medicine once "signed out"	6.6	6.0	34
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	68.4%	97%	
ESAP CAT 3	Patients who have elective surgery completed within CAT 3 timeframe of 365 days	33.3%	97%	

ITEM	DESCRIPTION	CARRIAGE
	6.3 – Overview of Patient Feedback <i>Quarterly Update – due in December.</i>	Valmai Ciccarello
	6.4 – Corporate Services <ul style="list-style-type: none"> • <i>N/A - No current representative</i> 	N/A
7	Presentations / Discussions: <ul style="list-style-type: none"> • Serious Adverse Event SESRI21/12 SAER Findings and Recommendations Report • Serious Adverse Event SESSESRI21/21 SAER Findings and Recommendations Report  <p>7.1 Presentation - SAER Findings and f</p> <p>Action: The Committee will review the second SAER report at a later date.</p>	Patrice Thomas
8	Document Review: <ul style="list-style-type: none"> • Code of Conduct - Patient Use of Ipads (ODC/Gunyah) CAG Committee all agreed that they are happy with the amendments made to this document which the Committee suggested. Endorsed by CAG Committee. • Welcome to Gunyah Ward pack - held over from October Cheryl Hall to email Natalie her amendments to the Gunyah Ward pack. Endorsed by CAG Committee. 	
9	Standing Items	
	9.1 Standards / Accreditation Quality and Safetely Newsletter - Consumer Corner  <p>9. TSH Quality audit report CAG Novemt</p> <ul style="list-style-type: none"> • Readiness Assessment – 13th & 14th October 2021. Liz thanked Malcolm, Sharon and Gen for taking part in this assessment. The assessors appreciated hearing how involved our Consumer Reps are in the hospital and as CAG Reps as well. The assessment is being done in 2 parts. The assessors will be conducting an on-site assessment on several wardsto talk to clinical staff and patients where they can on 1st and 2nd December to finish the assessment. • Key things that we have been advised to improve on are: <ul style="list-style-type: none"> ○ Mandatory Training Rates - key modules need to be completed by all staff ○ Performance Reviews need to be done annually for all staff ○ Providing better information to the Community e.g if you were coming into the Hospital for a procedure, what could you expect? E.g Internet etc ○ Separating our sterile stock vs our non-sterile stock 	Josie Julian – Apology Presented by Elizabeth Mason

ITEM	DESCRIPTION	CARRIAGE
	<ul style="list-style-type: none"> ○ How we sterilise and clean our ultrasound probes, we need to continue improvement on this which sits in our Infection Control area ○ A lot of work has been done on Delerium risk assessment but we still need to continue with that ○ Ward Medication Trolley's need to remain locked. ● Sharon Bennett suggested if we provided some information brochures to Dr Surgeries and to add information onto TSH Facebook Page <p>Action: CAG Reps to provide opinion on how to improve on providing information to the Community</p>	
	<p>9.2 TSH Clinical Council</p> <p>Clinical Council meeting cancelled for this month.</p>	Robyn Riley
	<p>9.3 TSH Executive Governance</p> <ul style="list-style-type: none"> ● Nothing to report as the minutes of the meeting will be endorsed at the next meeting and will provide an update next month. 	Malcolm Ricker
	<p>9.4 TSH Food and Nutrition</p> <ul style="list-style-type: none"> ● N/A 	Jenny Church
	<p>9.5 PSCQ</p> <ul style="list-style-type: none"> ● After hours care of deteriorating patients continue to be an issue at the moment. Dr Van Huang is leading a working party who have met twice already they are approaching this from many different ways to make sure that if you are in hospital and something happens after hours, that your condition is going to be communicated with the right people in a speedy way and that every patient will be given the appropriate care and attention that you need. ● They are currently working on these issues. The two reviews that Patrice presented today, there were issues on how their deterioration was dealt with after hours and this has been the real driver for the need to do more and improve in this space. ● Malcolm will provide any feedback from the working party in relation to this. 	Malcolm Ricker
	<p>9.6 Infection Control Committee</p> <ul style="list-style-type: none"> ● Regular meeting was postponed and they were advised that the meeting would be used to amend the Terms of Reference. Gen confirmed that they were told they were more than welcome to stay for these discussions but they were going to take it back to the Committee for sign off once it had been further revised. 	Gen Webb
	<p>9.7 Falls Prevention</p> <ul style="list-style-type: none"> ● N/A - S Markoff apology 	Sonia Markoff
	<p>9.8 Skin Integrity Prevention and Management</p> <ul style="list-style-type: none"> ● Godfrey advised that we was unable to attend this month's Skin Integrity Meeting. He has reviewed the Minutes and the focus is still mainly on Skintember. 	Godfrey Ross
	<p>9.9 Safe Use of Medicines Committee</p> <ul style="list-style-type: none"> ● N/A – September and October meeting cancelled. October cancelled due to TSH Readiness Assessment Meetings 	Cheryl Hall

ITEM	DESCRIPTION	CARRIAGE
	9.10 TSH Emergency Response Working Group (quarterly) <ul style="list-style-type: none"> Quarterly Meeting to be held on 9th December 2021. 	Sharon Bennett
	9.11 NS2 Partnering with Consumers <ul style="list-style-type: none"> Peter advised that he thought it had been cancelled. Liz advised that they the NS2 meeting did go ahead and mainly discussed what the assessors raised is relation to NS2 which included: TSH Draft Business Rule – Partnering with Consumers. The assessors were really pleased that we had this business rule but would like us to add information about: <ul style="list-style-type: none"> Orientation for new CAG Reps when joining the Committee What are our risks as an organisation when engaging with consumers? An example they gave us was with confidentiality where at one hospital, a consumer rep attended an external webinar and they were talking about the organisation in a very negative way. So the risk for us as an organisation is confidentiality in relation of that of CAG Members. How we use patient experience to train our staff when they are doing their orientation e.g. how do we use stories from patients, patient’s families, and patient safety? <p>We do use a video when training our staff in relation to a negative experience to a family and a baby which is a very powerful message to the staff in orientation for nursing staff around providing safe care and that we communicate properly with patients and families and continue to engage them whilst they are in our care. This will also be factored into the Business Rule.</p> <p>Action: Send assessors report to CAG Committee together with our latest Newsletters</p>	Peter Lewis & Sharon Bennett (backup)
	9.12 End of Life Care Committee (EOLCC) <ul style="list-style-type: none"> Nil 	Carole Goodyer
	9.13 Wayfinding Committee Meeting Cancelled	Gen Webb and Peter Lewis
	9.14 Community Engagement & Fundraising <ul style="list-style-type: none"> Nil 	
	9.15 Consumer Walk Around <ul style="list-style-type: none"> Nil 	
10	Reports for Noting	
	10.1 Diversity (Quarterly) - N/A – Meeting next Monday.	Jim Hankin
	10.2 Diversity Report – Nil	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

ITEM	DESCRIPTION	CARRIAGE
15	<p>New Business</p> <p>Comments added to Microsoft Teams Chat Meeting by Sharon Bennett</p> <p>NSW Health Gathering of Kindness 2021 (Nov 9-13)</p> <p>It has never been more important to recognise the kindness and compassion of NSW Health staff. We are thrilled to announce that the 2021 Gathering of Kindness starts on 9 November with a series of events curated by the division of Patient Experience and System Performance. We invite you to participate and widely share with your colleagues and consumers the event details.</p> <ul style="list-style-type: none"> • Participate in the Kindness Exchange by nominating a colleague who has shown kindness and compassion. Patients, families, and carers are also invited to participate and can nominate a staff member or volunteer via the NSW Health Patient experience programs site. • Apply for a Gathering of Kindness Grant and host your own Gathering of Kindness event • Join Susan Pearce, Hugh McKay AO, and Dr Gill Hicks AM MBE FRSA, and a panel of amazing clinicians and story tellers sharing their personal and professional stories about Kindness, Compassion and self-care Gathering of Kindness Online Events. • Apply for a ticket to the Compassion Revolution Conference and connect with passionate colleagues who want to bring collective and inclusive leadership to their organisations, creating cultures of high quality and compassionate care. • Request a Gathering of Kindness toolkit. • Download Gathering of Kindness collateral for your local Gathering of Kindness. • Visit the revamped Gathering of Kindness Intranet page. <p>A Communication Toolkit has been sent to the Communications Managers at the districts, speciality networks, pillars and agencies. Please contact MOH-PatientExperience@health.nsw.gov.au with any questions or queries you may have.</p>	Sharon Bennett
16	<p>Business Without Notice</p> <p>It was agreed between the committee that all future meetings will now be held via Microsoft Teams.</p> <p>Action: Natalie to send out updated Team detail invitations.</p>	All
17	Confidential Items – Nil	All
18	Meeting Closed – 3.40pm	Chair / Co-Chair
	<p><u>Date of next meeting:</u></p> <p>Date: Wednesday 1st December 2021</p> <p>Time: 2.00pm</p> <p>Venue: Executive Meeting Room or Microsoft Teams</p>	
	<p>CERTIFIED AS A CORRECT RECORD</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Signature</p> <p style="text-align: right;">Date</p>	

Action Items:

Minutes Ref / Date	Agenda Item	Action	Responsibility	Progress
3/11/21 6/10/21	15	Transition to Microsoft teams from Skype	NW MH	Very successful meeting using Microsoft Teams. All future meetings will be updated with the Microsoft Teams link. Committee agreed to trial Microsoft Teams for the November meeting. M Hughes to send calendar invitation and disseminate Microsoft Teams reference guide.
3/11/21 6/10/21	16	Evidence of COVID Vaccination for volunteers	JH MH	Once we have been given clearance, volunteers will be able to sign into the hospital using the QR Code as Staff/Student if you have a hospital ID card and name badge. You will have to prove once only that you are fully vaccinated. Clarify policy with E Mason and M.Humphries.
5/8/20	10	Training for Consumer Representatives	MR	<p>Consumer Rep Training booked for 29th-30th November 2021 – TBC</p> <p>Reps agreed to attend training.</p> <ul style="list-style-type: none"> • Carol • Godfrey • Jim • Gen • Cheryl • Robyn • Sonia <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>
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ATTENDANCE LIST

Name	Position	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov
Debbie Wood (DW)	Consumer Representative		Apol	Apol	Apol	Apol	✓	S	S	S	S	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
Jenny Church (JC)	Consumer Representative		✓	✓	✓	Apol	Apol	Apol	Apol	S	Apol	Apol
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 Wedden Jo Newbury (JN) (Nov)	General Manager Acting General Manager		✓	✓	✓	✓	✓	S	S	S	S	T
Valmai Ciccarello (VC) (quarterly attendance)	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
Elizabeth Mason	Manager, Clinical Governance Unit						Apol	S	S	S	S	T
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	✓	✓	✓	✓

T – Teams

Patient Safety Update

CGU, TSH
CAG – 3 November 2021

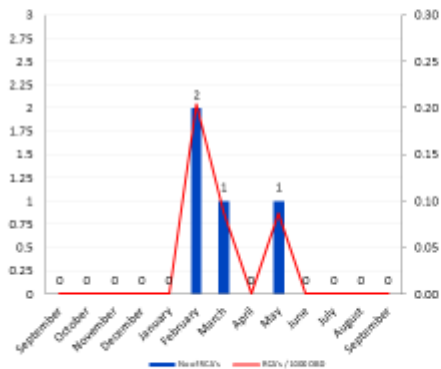
HAC Summary

TSH HAC rate @ June 2021			
Incident	Incident rate	Rate ratio (95% CI)	Comments
Patient Injury	6.8	1.2	TSH rate below NSW, LHD and Peer Group
Falls resulting in fracture or other traumatic injury	7.7	1.3	TSH rate below NSW, LHD and Peer Group
Falls resulting in bruise or other traumatic injury	7.7	1.3	TSH rate below NSW, LHD and Peer Group
Necessary complication	20.6	21.2	Improved rate, but remains above facility target (20.6). Above NSW rate (14.2) & LHD rate (24). Above Peer Group rate (17.5). Improvement in number of patients developing aspiration pneumonia (20 down to 17)
Severe thrombocytopenia	6.8	7.8	Facility target 5.0 (NSW 5.0, LHD 6.0, Peer Group 5.0). Increase from 21 HMs in 2019/2020 to 31 in 2020/2021. Similar VTE rates to NSW - review 2020/21
Med failure	1	1.1	Increase in rate and above facility target. Equal to NSW rate (1.1). Above LHD rate (1.1) and Peer Group rate (1.0). Increase from 1 HMC in 2020/2021 to 2 HMC in 2020/2021 - all deteriorating patients - CDH admissions requiring dialysis
Cardiovascular bleeding	10.4	1	TSH rate below NSW, LHD and Peer Group
Medication complications	13	13.4	TSH rate above NSW (9.7), LHD (10.1) and Peer Group (8.5)
Bedsores	43.6	35	TSH rate below NSW, LHD and Peer Group
Persistent incontinence	4.7	1.5	TSH rate below NSW, LHD and Peer Group
Inductive (Doc Misuse/Block)	22.4	20.3	TSH rate below NSW, LHD and Peer Group. Significant improvement in total - review in late 2021
Cardiac complications	28.6	23.5	Rate unchanged and under facility target. TSH rate below NSW, LHD and Peer Group (22.9)
Third and 4 th Degree perineal lacerations	100.8	100.8	TSH rate below LHD and Peer Group and above NSW rate (112.0)
Unnecessary intubation	114.5	86.1	TSH rate above NSW (70.7), LHD (78.2) and Peer Group (75.4)

Harm Score 1 incidents – September 2020 to September 2021



SAER Rate - Sept 2020 to Sept 2021



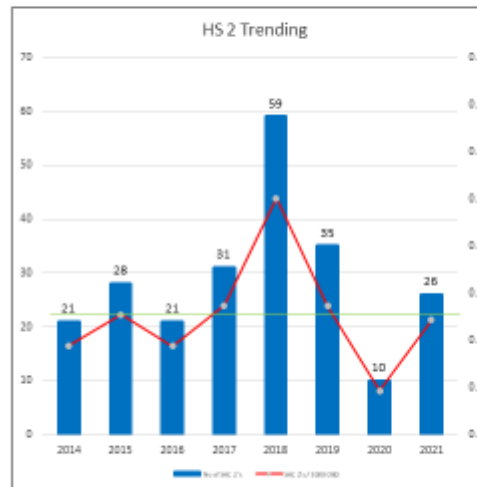
Summary

For the period of September 2020 to September 2021, 4 Harm Score 1 (HS1) reviews have been undertaken.

The 2021 facility rate (at Sept 21) is 0.037 /1000 OBDs which is below the 2014-2021 facility rate of 0.052/1000 OBDs.

The Principle Incident Type (PIT) for the four (4) HS1 incidents is 2021 are: 1 x Treatment and General Care; 1 x Fall; 2 x Deterioration.

Harm Score 2 (HS2) incidents – January 2014 to September 2021



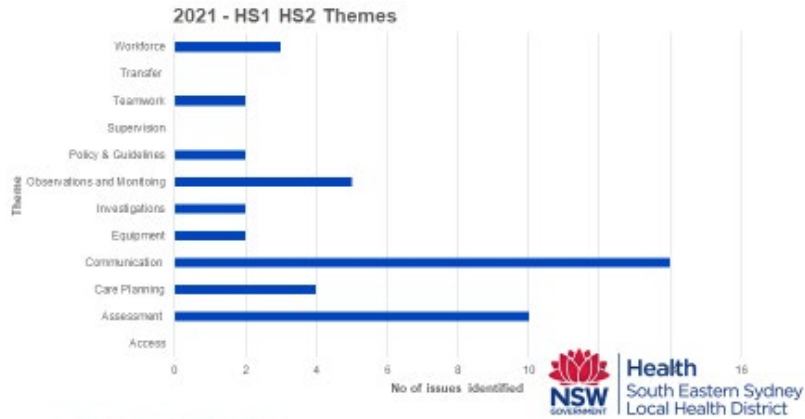
Summary

During 2021 (as at September 2021), **twenty six (26) HS 2** incidents were reported.

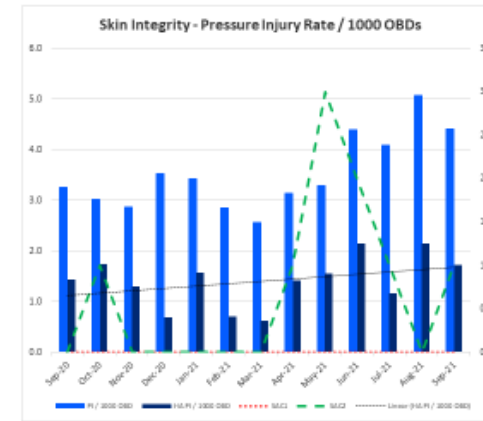
The 2021 HS2 rate remains at 0.24 /1,000 OBD and almost equal to the facility average rate 0.25/1000 OBD's (2014-2021).

PIT – HS2	Number
Complications	3
Diagnosis	3
Falls	4
Healthcare Associated Infection (HAI)	1
Imaging	1
Maternal and Newborn	1
Skin Integrity	8
Treatment and General Care	4

HS1 & HS 2 themes (CEC taxonomy)



Pressure Injury Incidents – September 2021

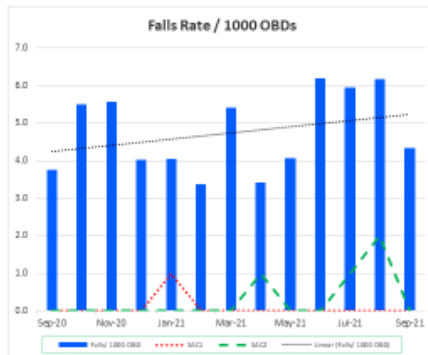


The 13 month average hospital acquired pressure injury (HAPI) rate at Sept 2020 was 1.38 /1,000 occupied bed days (OBDs). The Sept 2021 (previous 13 month average) HAPI rate has increased slightly to 1.40 /1,000 OBDs.

Nine (9) HS 2 (Stage 3 or greater) HAPIs have been reported since September 2020. Target wards have developed actions plans to ensure timely, regular and accurate skin inspections and ensure monitoring of prevention strategies implemented daily.



Falls incidents - September 2021



The 13 month average number of falls/month as at Sept 2020 was 4.44 /1,000 OBDs. The 13 month average no. of falls/month as at Sept 2021 has increased to 5.0 and the 13-month facility average fall rate has also increased to 4.7 /1,000 OBDs.

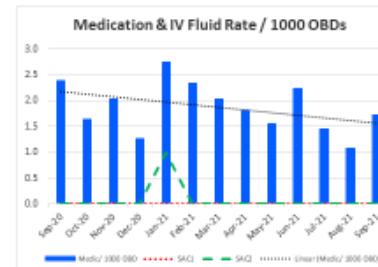
One (1) HS1 Fall was reported in January 2021. Four (4) HS2 falls have occurred in 2021 (3 x SDH, 1 x # hand)

The TSH Falls Committee continues to identify the barriers to implementing fall minimisation strategies each shift and monitor improvement strategies.

Year	HS1	HS2
2018	2	13
2019	1	6
2020	0	0
2021	1	4



Medication Incidents - September 2021



The Safe Use of Medicine Committee and Patient Safety and Clinical Quality Committee continues to closely monitor medication incidents. Administration errors (wrong patient, wrong time, wrong drug, wrong dose and wrong route) equate for 58.7% of all medication incidents (Sept 20 – Sept 21) which are considered avoidable incidents.

The 13 month average of medication incidents reported / month as at Sept 2020 was 22 / month (rate 2.26/1000 OBDs).

This has improved as at September 2021 to 20 / month (rate 1.9/1000 OBDs).

PIT-Level 2 Administration	%
Administration	58.7
Delivery / Ordering / Supply	5.2
Dispensing in a pharmacy	6.1
Medication management	12.2
Prescribing	11.3
Storage / Packaging / Wastage / Security	3.0
Undesired or Adverse Drug Reaction (ADR)	3.5



Endorsed HS1 – SESRI 21/12

PIT – Deterioration

Case

- o Unexpected death of an 85 year old male who presented to ED on 6.1.2021 with R) flank pain ? appendicitis, ? neoplastic cause.
- o R) hemicolectomy performed on 7.1.21.
- o The patient deteriorated on the evening of 10.1.2021 (Day 4).
- o The cause of the patient's deterioration was not recognised resulting in an hypovolaemic arrest with ROSC. The patient returned to theatre on 11.1.2021 to control the bleeding.
- o The patient did not recover and was palliated post surgery in CCM.
- o The patient passed away on the medical ward on 21.1.2021.



Findings & Recommendation – Contributing Factors

Findings

- The Registrar's level of fatigue due to the on-call rostering and consequent inequity in the medical workload between the two General Surgical teams led to the incorrect prescribing of therapeutic Cloxane. This was the root cause of the patient's deterioration which led to the patient bleeding and deterioration and his eventual death.
- The General Surgeon's level of fatigue due to the on-call rostering and workload led to the incorrect interpretation of the imaging and decision making which led to the delay in the patient's return to theatre and the patient continuing to deteriorate.
- The nurse's level of experience along with the absence of parameters for escalation to the MOIC led to the CERS response not being followed and escalation to the General Surgeon, or the After Hours Nurse Manager not occurring which increased the likelihood that the patient was not returned to theatre earlier to control the bleeding.

Recommendations

- Implement a governance and approval process for the rostering of the on-call General Surgeons in Team A and Team B and that approval occurs when roster changes are requested to ensure equal distribution of workload for the Junior Medical Officers
- JMO workload is monitored
- Define maximum number of consecutive days on-call / approval when shift changes occur
- Communicate requirement for individual responsibility for self regulation
- CERS Working Party established - better understand barriers to compliance and implement strategies to improve timely escalation to senior staff
- After hours CERS support reviewed



Findings & Recommendation – System Improvement (unrelated to outcome)

Findings

- The process for medical interpretation of ECGs performed during a clinical review or rapid response requires review to ensure they are sighted and escalated where required.

Recommendations

- Implement a process to ensure senior medical interpretation and signature of ECGs that are performed during a clinical review or rapid response.



Endorsed HS1 – SESRI 21/21

PIT – Deterioration

Case

- o 74 year old female presented to ED on 23.4.2021 with L) leg weakness post L) TKR - complicated by provoked DVT (@CHC - 9/3/21).
- o The patient had been prescribed rivaroxaban (in addition to aspirin).
- o Orth r/v in ED - NAD. CTB ordered to rule out ICH. Reported R) basal ganglia haemorrhage. Neuro Sx opinion - not a surgical candidate.
- o Deteriorated on ward evening of 23.4.2021- AMO Neurologist informed - for repeat CTB. CTB performed 5 hours post decrease in GCS. Neurologist informed of extension into ventricles - for reversal of rivaroxaban - delays in administration (3+ hours). T/f to SGH for external ventricular drain (EVD) on 24/4/2021.
- o Remained in ICU until 18.5.2021.
- o Deceased 19.5.2021.



Contributing Factors

Findings

- The absence of formal guidelines to standardise and expedite the process for the management of haemorrhagic stroke led to a delay in the establishment of the patient's coagulation levels and a delay in the reconsideration of reversal attempt administration earlier in the admission which likely contributed to the bleed continuing to extend and the patient's inability to recover and eventual death.
- The absence of formal guidelines to standardise, escalate and expedite the process for the management of deterioration in a patient with a known haemorrhagic stroke led to a delay in the imaging being performed when the patient neurologically deteriorated. This led to the delay in the communication of the bleed extension and the patient's coagulation levels which led to a delay in the reconsideration of Rivaroxaban reversal attempt earlier in the admission.
- The nurse's observation of the patient to be alert and the absence of a medical plan to increase the frequency of neurological observations, in addition to the absence of guidelines for the monitoring of deteriorating patients with a known haemorrhagic stroke led to a low level of concern for escalation. This led to incorrect subsequent CERS response calls being made which contributed to the delay in the timely administration of the reversal agent and transfer to a higher level of care in ICU.
- The nurse's level of knowledge and training regarding the urgency of the administration of the Prothrombinex, as well as the absence of escalation to the After Hours Nurse Manager for assistance, and limited nursing support for deterioration overnight, increased the likelihood that the administration of the reversal attempt would be delayed which may have contributed to the bleed continuing to extend and the patient's inability to recover and eventual death.

Recommendations

- A multidisciplinary Working Party is established to develop local guidelines for the management of haemorrhagic stroke and management of neurological deterioration in patients with a known haemorrhagic stroke with consideration given but not limited to:
 - establishing the requirement for and timing of coagulation levels and communication of results.
 - considerations for patient's on DOACs and urgency for Haematology input for advice on reversal attempts
 - imaging urgency and escalation process, including documentation of Neurosurgical opinion
 - timely discussions of ceiling of care
 - minimal frequency of vital and neurological observations and the parameters for when an increase in monitoring is required
- Targeted education provided to all permanent ward nursing staff and the facility regarding DOACs and considerations for reversal attempts when patients present with haemorrhagic stroke or deteriorate
- The facility Blood Transfusion Committee to consider revision of the existing guideline for Blood and Blood Products with respect to syringe sizes to be used and location of syringe drivers to be used and where they are located
- Correspondence is sent to the Program 2 Management for consideration given to purchasing of a syringe driver for the ward
- The process for the escalation and communication of patient deterioration to the After Hours Nurse Manager is reviewed to ensure timely escalation and mitigation of clinical risks



Findings & Recommendation – System Improvement (unrelated to outcome)

Findings

- The prescribing of full anticoagulation in high risk patients on existing antiplatelet treatment at the Rehabilitation Unit, as well as the consideration and communication regarding the risks of bleeding and the actions that would be taken if a major haemorrhagic event occurred, is reviewed.
- The process for ensuring handover by allocated RNs to nurse escorts is reviewed.
- The process and responsibility for ensuring adequate and timely communication with a family when deterioration occurs requires review.

Recommendations

- The prescribing of full anticoagulation in high risk patients on existing antiplatelet treatment at the Rehabilitation Unit, as well as the consideration and communication regarding the risks of bleeding and the actions that would be taken if a major haemorrhagic event occurred, is reviewed
- The process for ensuring handover by allocated RNs to nurse escorts is reviewed
- The process and responsibility for ensuring adequate and timely communication with a family when deterioration occurs requires review



Any questions or comments?



TSH Clinical Governance Unit –Quality Audits October 2021

Audits for completion in November

- TSH Patient Experience Survey – facility wide – ward based, patients ready for discharge
- NS 7 Blood products management audit
- NS 6 Clinical Handover Observational Audit, – Medical, Nursing and Allied health
- NS 2 Medical patient engagement Observational Audit
- NS 6 Informed Consent

Bedside Clinical Audit 81% compliance

Doing well; Falls risk screening, assessment and management 97%

Areas of concern;

- Delirium assessment/management 40%
- Documentation requirements associated with cannulas 81%

Actions

- Delirium Working party has been set up to implement strategies to improve delirium assessment and management.
- 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

- Readiness Assessment 13 – 15 October 2021 – Complete, positive feedback received.
- On-site visit 1 December 2021

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 wards staff around correct storage of sterile stock – SESLHD CBR in development. 2. TSH Workplace instruction completed for Reprocessing (cleaning) of Bladder scanners, 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	IPD/QM	In progress



Killara Rehabilitation Gym – Outdoor Rehab Space

Case for Change; Need for a space to safely practice outdoor functional mobility challenging patient function and confidence during the patient’s rehabilitation experience. Vision - an outdoor recreation, rehabilitation space for TSH Killara Rehabilitation aimed at mimicking the community challenges that await patients upon discharge – enabling practice of real – life functional skills assisting patients transition from hospital to home in a fresh, inspiring environment.



