



Quality & Safety FacX

Empathy

Wellbeing

Community

Standard 1: Governance for Safety and Quality In Health Service Organisations

OPEN DISCLOSURE



Open disclosure is an important aspect of Standard 1 in the National Safety and Quality Health Service Standards and is a mandatory training requirement for staff.

KEY MESSAGES

1. In 2011-2012, an adverse event was reported in 5.1% of Australian hospital admission. This percentage incorporates data from both private and public hospitals.
2. These events can have serious consequences for patients, carers and clinicians.
3. Only a small proportion of adverse events are disclosed to patients, with an even smaller proportion of this disclosure meeting patient needs and expectations.
4. An organisational culture which promotes openness and transparency and has a willingness to learn from errors is essential for safety and quality.
5. Open disclosure describes the way clinicians communicate with patients, families and carers who have experienced harm during health care.
6. Patients experience a range of physical and emotional trauma and harm following a serious adverse event.
7. When health care does not go to plan, evidence suggests that patients want to know and understand what happened and why.
8. The exchange of timely and honest information, is important for:
 - the recovery process for patients and carers
 - the recovery process for clinicians
9. Blaming individuals when adverse events occur is unproductive.
10. Feelings of guilt are common among family members of a harmed patient. They may berate themselves for not protecting their family member.
11. Clinicians have a right to fair treatment including the right to be heard, to be able to respond to any findings from an investigation and to have a support person present during any discussions.
12. Adverse events can have a huge impact on clinicians. It can be felt in their private lives, in interactions with professional colleagues, and within the context of their social life.

Services are available to support staff following adverse events.

“An apology would go such a long way, it really would, a simple apology.”

Patient relative, cited in Open Disclosure Standard Review report (ACSQHC, 2012)

Health Community, Local Care

Health and Safety Update

FIRE AND EMERGENCY

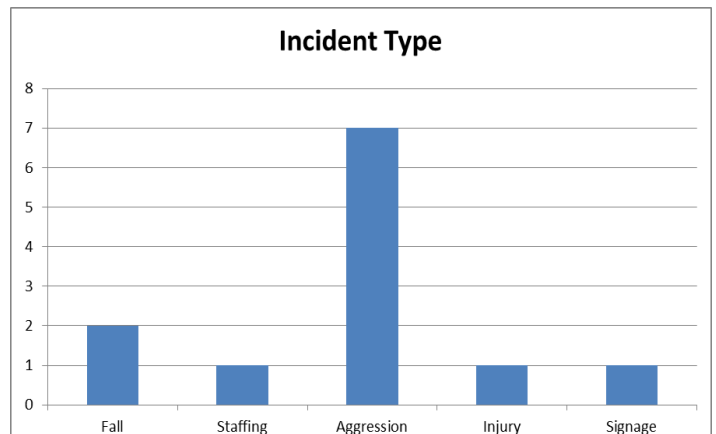
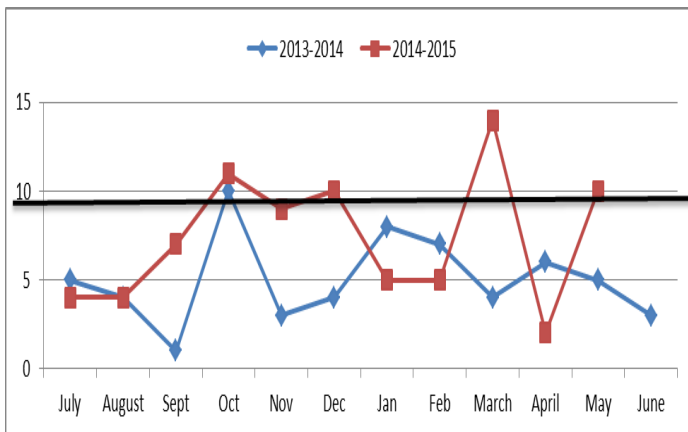
An Emergency Management Review Committee has commenced a full review of the Emergency Management Plan and scheduled Fire Drills are once again rolling out across the organisation. Part of the review will be the development of improved resources for ready reference for staff.

At this time, temporary Emergency Evacuation site maps are in place awaiting the updated Plans. Planned Fire Drills have commenced and will continue over coming weeks reducing to monthly in a designated area from July.

A drill was held on 4th June and identified some opportunities for improvement with paging and alerts and some staff procedures. Further education will be held as non-compliance areas are identified

OH&S Incidents and hazards: April—May 2015

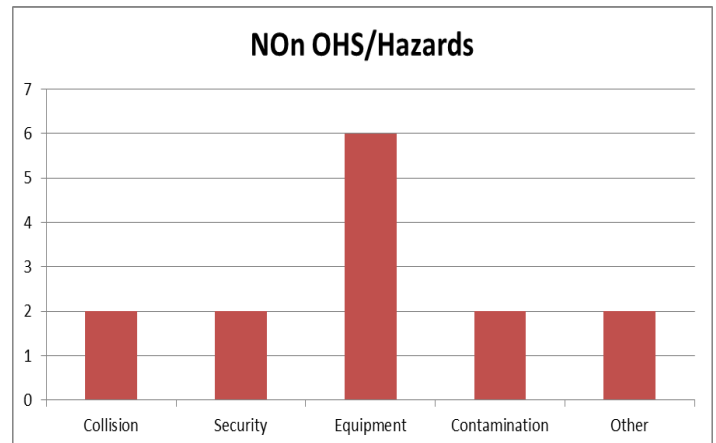
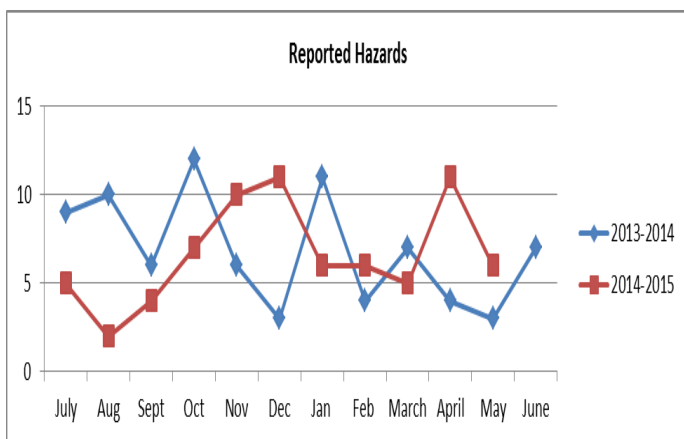
During 2015 there have been a number of months where the incident total has exceeded the performance indicator tolerance. This increase has primarily been related to the new building/surrounds in earlier months however in May, the number of aggression incidents significantly increased with 7 reported over a 2 month period. These incidents were immediately investigated and managed within policy guidelines however the focus on managing Violence and Aggression in the workplace remains. Staff are requested to ensure their compulsory education in V&A is completed and systems, both management & response, continue to be implemented and reviewed.



Hazards:

The main hazard type reported related to equipment primarily computers in Sheridan. There were also 2 incidents involving KDHS vehicles involved in minor collisions.

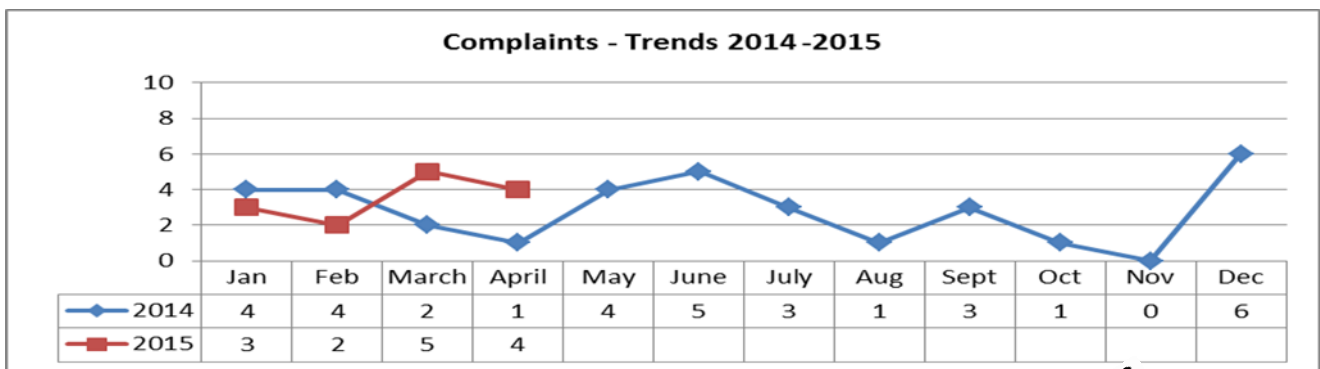
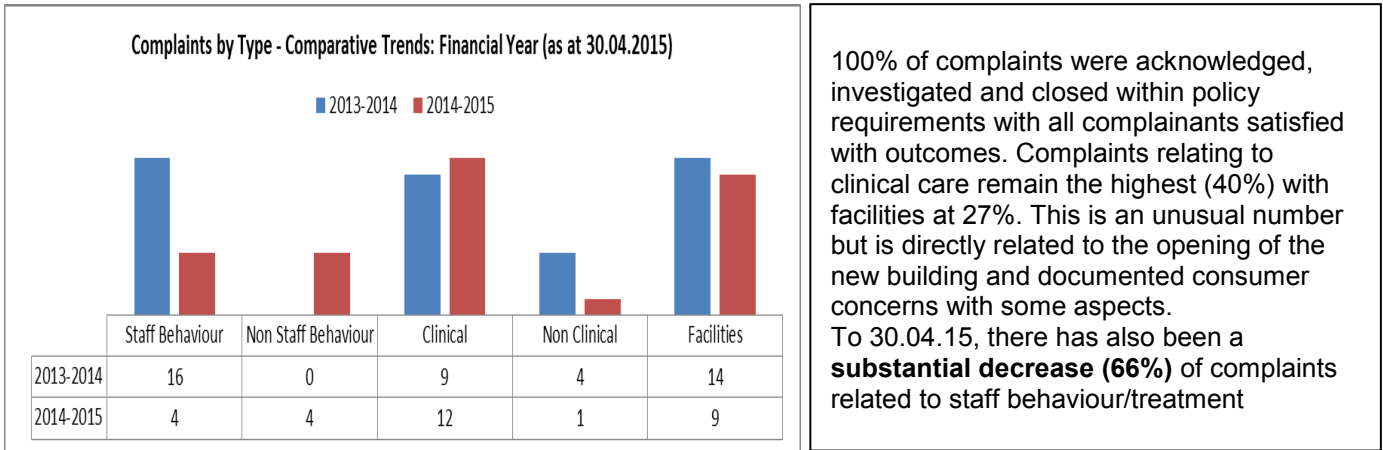
100% of hazards are investigated and actioned within policy guidelines



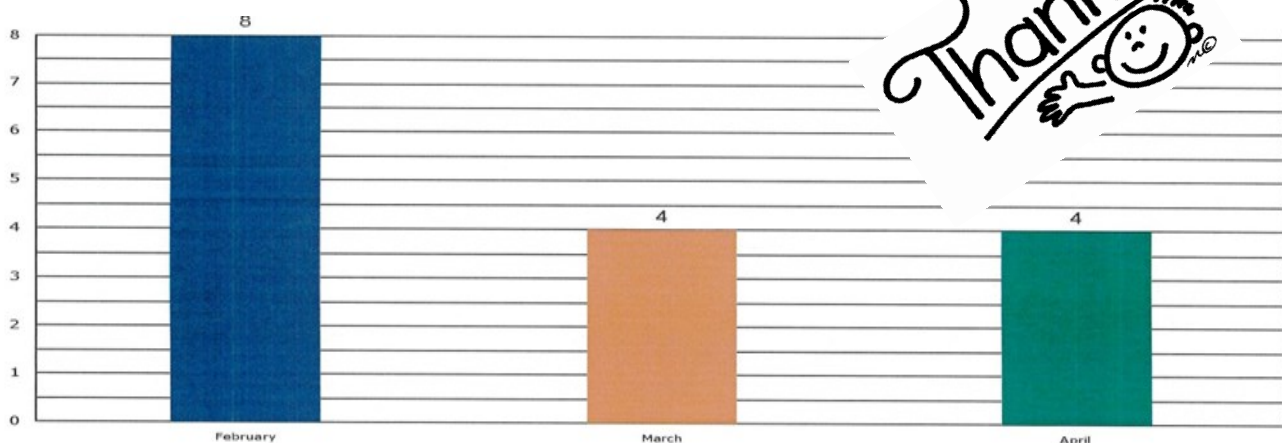
FEEDBACK: Compliments and Complaints

Feedback is a very important component of our improvement program and provides valuable information, both good and not so good, for us to look at ways to implement improvements and continue to provide high standards of care

COMPLAINTS:



COMPLIMENTS:

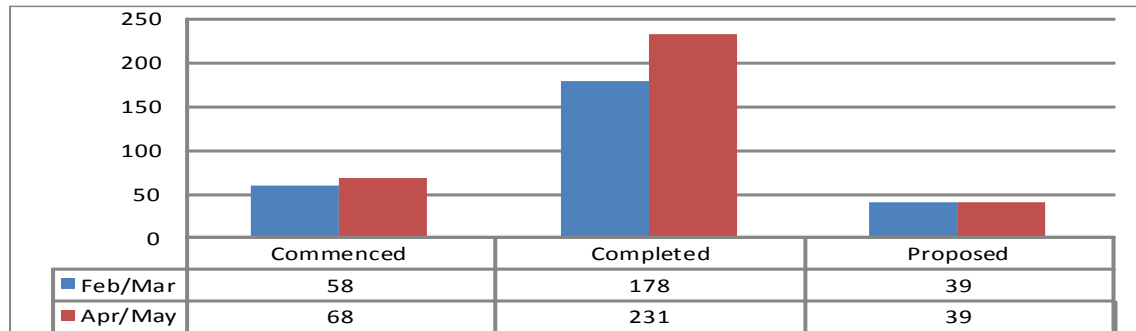


Recording of formal compliments has only recently commenced although many are received in an informal manner (cards, flowers, thank you notes). There have been 16 received on feedback forms for the 3 month period and all have been related to the care and service provided across all areas. All compliments are forwarded to the Department and individual staff involved.

QUALITY IMPROVEMENT SNAPSHOT

There are now 711 activities logged on Riskman Q including the organisation Quality and Safety Plan, Business Plan (67) and National Standards Compliance (252).

During April/May 10 new activities were logged and 53 completed and Departments have been provided with reports on those now due. In July, a new version of Riskman/VHIMS will be introduced through LMHA and this will incorporate an Aged Care gap analysis function which will be a valuable tool although not in time for August accreditation. Work has commenced on reviewing legislative compliance through Health Legal and this will be ongoing.



JUST A FEW..... Well done!

Activity	Unit	Outcome
Medical Records Compliance Audit	Medical Records	100% compliance with filing of records
Improved CECIS reporting systems	CECIS	Improved reporting and data transparency with KPI indicating >95% occupancy
OH&S Management Systems	OH&S	OH&S management meets standards and legislation and provides guidance for KPI's and reporting systems
Environmental Safety Inspections	OH&S	Reviewed and revised tools and commenced in conjunction with policy review. Schedule added to Riskman Q for monitoring
Credentiailling	Human Resources	100% of staff have current job schedules in place following consultative review
Laundry Services	Hotel Services	Seamless introduction of external service providers in consultation with staff resulting in compliance with AS:NZS4146:2000
DNS Client Satisfaction	DNS	93% of DNS clients are satisfied with the information received while the remaining 7% were unsure of information relating to advocacy and complaints management
Resident Satisfaction Survey	Aged Care	89% overall satisfaction with care and services
Patient Weight Documentation	MSW	20 patients audited with 2 unable to be weighed due to diagnosis of the 18, 78% (14) had weights attended and recorded on admission - a 50%+ improvement from January 2015 For patients weighed weekly, compliance was 90% with 9 of the 10 compliant