

### 'Teamwork divides the task and multiplies the success'

Unknown

#### CONTACT INFORMATION

##### Fiona Strauss

Acute Inpatient Units/Operating Suite

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##### Standard 6 Portfolio

Clinical Handover

##### Mary Cushing

HITH/Chemotherapy Day Unit/CSSD/Radiology/MDU

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##### Standard 5 & 8 Portfolio

Patient ID & Procedure Matching  
Pressure Injury & Skin Integrity



##### Anna Wong Shee

Woman's & Children's Unit/Specialist Clinics/PDPU/Endoscopy

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##### Standard 10 Portfolio

Preventing Falls & Harm from Falls

##### Christine Tauschke

Emergency/Critical Care Units/CVS/Dialysis

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##### Standard 9 Portfolio

Recognising and Responding to  
Clinical Deterioration

##### Cathy Caruso

ABI Service/Audiology/Allied Health/CASA

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Community Programs/Dental Services/NDIS/  
Statewide Equipment Program (SWEP)/  
Sub Acute Inpatient Programs

##### Alison Eldridge

Administrative Support /Audit & Evaluation Tool Specialist

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##### Wendy McLeod

Transfusion Clinical Nurse Consultant

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##### Standard 7

Safe Blood & Blood Products



##### Karina Rieniets

Consumer Participation Coordinator  
HITH/Chemotherapy Day Unit/CSSD/  
Radiology/MDU

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##### Lisa Todd

Consumer Liaison & Experience

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##### Standard 2 Portfolio

Partnering with Consumers



##### Michael Mennen

Quality Coordinator Mental Health

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#### UPDATES

### Accreditation 2017

#### SAVE THE DATE!

October 30th — November 3rd 2017

Are you ready?....

- Performance reviews completed?
- How's your Hand Hygiene?
- Audits completed?
- ALS/BLS Training compliance?
- Improvement Strategies? Risks?
- Governance Documentation?

The countdown is on

## ACCREDITATION



## OCTOBER 2017

### Are you ready?

For any queries or assistance please contact your QuIC Representative.

#### STANDARD 9 UPDATE

*'Ensuring all patient deterioration is recognised promptly and appropriate action is taken.'*

RECOGNISE



RESPOND



ACTION

**Escalation Processes Audit:** Audits will be conducted throughout both acute and subacute sites in the last 2 weeks of June.

**What are we ensuring?.....**

- The use of the, 'Clinical Review Communication Tool MR 418' to request and document escalation of care.
- Patients and carers have an awareness of how to 'tell us if something is not right/their condition is getting worse' R.E.A.C.H. out for help.

#### STANDARD 5 AUDIT UPDATE

**Interventional Safety Checklist Audit:** Audit will be conducted in Theatre areas during June.

Keep an eye out for your friendly auditors during this time. Results to be collated and reports sent out in July 2017

#### STANDARD 4 AUDIT UPDATE

**Standard 4 Audits:** Good response and results received from all areas involved, thank you for your participation. Data is currently being collated by Pharmacy, reports to be distributed in the next few weeks.



**Focus month for June is Standard 8 - Preventing & Managing Pressure Injuries**

See over page for details



## PREVENTION

\* Please remember to complete the BRADEN score / Pressure Injury Risk Assessment screening tool:

- Within 8hrs of admission
- With any change in condition, patient deterioration or a decrease in mobility
- At the time of transfer or discharge



Posters available in the QuIC s:/ drive under Standard 8/Resources

## PIPPS AUDIT JUNE 2017

### PROPOSED PIPPS AUDIT SCHEDULE 2017

- 31<sup>st</sup> MAY 2017**  
AM: PSH – RACS (60) – 6.15am meet  
WBM – RACS (45) – approx. 9am start  
HH – RACS (60) – approx. 10.30am start
- 1<sup>st</sup> JUNE 2017**  
AM: JLL – RACS (60) – 6am meet and start  
JTC – RACS (45) – approx. 8.45am start  
PM: JGU – GEM Ward (30) – approx. 1.45pm start  
Gandarra (10) – approx. 3pm start
- 2<sup>nd</sup> JUNE 2017**  
AM: BCL – RACS (30) – 6am start  
TP – RACS (30) – 6am start  
AM – PM: 2STH – Pediatrics (13) – 9am start  
5NTH – Midwifery (20) – 10am start  
ICU / CCU (15) – 11am start  
Special Care Nursery (12) – approx. 1.30pm start  
ED (15) – 2.30 pm start
- 7<sup>th</sup> JUNE 2017**  
AM: 2NTH – Orthopedics (28) - approx. 7am start, work our way up towards 4<sup>th</sup> floor  
2GP – Surgical (32)  
3NTH – Surgical (24)  
4STH – Medical (24)  
4NTH – Medical (24)  
ESU – Extended Stay Unit (6)
- 8<sup>th</sup> JUNE 2017**  
AM: GC – RACS (60) – 6.30am start  
EV – RACS (45) – approx. 9am start  
PM: Rehab (30) – 1.45pm start
- 9<sup>th</sup> JUNE 2017**  
AM: Psychiatric Services – Steele Haughton (Residential & Acute) – 7.30am start

A Comprehensive SKIN INSPECTION is to be completed ON ADMISSION, at EACH SHIFT (currently under review) for ALL Acute, Sub Acute patients and DAILY for ALL Aged Care Residents (CPG 0198 Skin Check)

## KEY MESSAGES

- Pressure Injuries are a major risk at BHS
- All patients need to have skin integrity assessed and maintained
- We need to monitor and take action to reduce harm from pressure injuries
- Factors associated with increased risk of pressure include:  
**INTENSITY** of the pressure  
**DURATION** of the pressure  
**TISSUE TOLERANCE** to pressure  
 **SHEAR & FRICTION**

## PRESSURE INJURY PREVENTION SKIN CHECK

**LOOK**

- LOOK for non-blanching REDDENED or BROKEN areas of skin
- Pay particular ATTENTION to areas over bony prominences and under medical devices

On the side

**LISTEN**

ASK the patient if they have any areas of skin that are PAINFUL or BURNING

On the back

**FEEL**

FEEL skin for changes in:

- Temperature – HOT/COLD
- Texture – BOGGY/FIRM

**IF YOU FIND A PRESSURE INJURY**

- Offload IMMEDIATELY
- Document on the Patient Management Plan (MR 410.23) or iCare Care Plan
- Complete VHIMS
- Complete Pressure Injury Prevention & Management Plan (MR 202.5 or Care)

## MANAGEMENT

HIGH RISK/VERY HIGH RISK

**MUST HAVE** a Pressure Injury Prevention & Management Plan (MR 202.5)

MILD or MODERATE RISK

SHOULD HAVE simple preventative measures implemented (CPP Skin Care 2.11)

## REPORTING

**ALL** Pressure Injuries must be reported on VHIMS Riskman, including:

- If injury was present on admission
- Staged in accordance with pressure injury classification system
- Fully documented, including a wound care chart
- Managed using evidence based best practice wound care (Wound Care CPG)
- If Serious P.I. —> Assessed as avoidable or unavoidable, based on set criteria (by CNC Team)

## EQUIPMENT

Equipment is available at BHS to assist with offloading pressure, from Heel wedges to Alternating Pressure Mattresses (APAMS). Pegasus Consignment System in place across all of BHS.

Equipment along with regular body positioning and comprehensive skin checks are critical to decrease risk and manage current pressure related injuries.

BHS staff must make sure that APAMS are working correctly and functioning at their potential at all times, please check pump and mattress each shift.

## IMPORTANT DATES — PDP SESSIONS

Go to PDP Calendar online for the most current training click on **Training & Events** on the **BHS Intranet Home Page** (under Links). Click on the PDP Calendar of June.

## COMMUNICATE

- Information to patients and relatives about pressure injury prevention.
- Provide relevant BHS brochures / pamphlets etc.
- Pt. / Carer signing MR. 202.5 (P.I. Prev. & Mx Plan)

