

'Communication must be HOT! - Honest Open & Two-way'

Dan Oswald

CONTACT INFORMATION

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Acute Inpatient Units/Operating Suite

Standard 6 Portfolio

Clinical Handover



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HITH/Chemotherapy Day Unit/CSSD/Radiology/MDU

Standard 5 & 8 Portfolio

Patient ID & Procedure Matching
Pressure Injury & Skin Integrity



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

Christine Tauschke Ext. 96884

Emergency/Critical Care Units/CVS/Dialysis

Standard 9 Portfolio

Recognising and Responding to Clinical Deterioration



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ABI Service/Audiology/Allied Health/CASA
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Transfusion Clinical Nurse Consultant

Standard 7

Safe Blood & Blood Products



Karina Rieniets Ext. 96783

Consumer Participation Coordinator
HITH/Chemotherapy Day Unit/CSSD/
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Standard 10 Portfolio

Preventing Falls & Harm from Falls



Lisa Todd Ext. 98573

Jo Forteach Ext. 98574
Consumer Liaison & Experience

Standard 2 Portfolio

Partnering with Consumers



Michael Mennen Ext. 94162

Breanna Achterbosch
Quality Coordinator Mental Health

UPDATES

Up-to-date Consumer Information

Is your consumer information up-to-date? Any consumer information posters or brochures in your areas greater than 3 years old need to be destroyed as they are out of date. If you require some new copies and not sure how to get them please contact your QuIC Representative to assist you.

Key Message Folders

Up-to-date folders are currently being compiled. Information will be sent shortly for you to print out and refresh your Key Question and Information Standards Folders.

NSQHS Information Boards

We are currently moving towards standardisation of all boards across all areas with key criteria included. There has been some great updates from areas applying some of their own creative flair to make them look fantastic! If you are struggling with some inspiration then check out the ones on 4N,3N,Operating Suite and 2GP.

STANDARD 9 UPDATE

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

RECOGNISE



RESPOND



ACTION

The GARMU is awaiting outstanding Clinical Escalation Processes Audits, this has been extended for completion by the end of July 2017.

Please make sure you have them in by this date. This helps us to keep on track and plan out our workload.

What are we ensuring?.....

- The completion of the 'Clinical Review Communication Tool MR 418' to request and document escalation of care.

! If having difficulty locating episodes of escalation.....

TIPS try reviewing patients who have had a MET call - check back 12hours, search your area's discharges and look for the MR418 form

ask **Christine Tauschke** for your area's paged 'Clinical review requests' (F1) which can be requested for you to review.

STANDARD 4 AUDIT UPDATE

Standard 4 Audits: DD Register, Transdermal Patch & Key Register

Still waiting on a couple of areas to complete audits.

If you still need to complete and have any questions contact your QuIC Representative



Focus month for July is Standard 6 - Clinical Handover - See over page for details



July Focus Standard 6

Clinical Handover

NEWS & UPDATES

BEDSIDE HANDOVER

Following recommendation from the Australian Council of Healthcare Standards Bedside handover is recognised as best practice. Importantly this places greater emphasis on consumer and carer involvement. It ensures patient safety as allows checking and clarification of all patient requirements at the bedside .

Currently a staff satisfaction survey is being undertaken to gain opinion on the current handover model in view to transition to the new model. This involves a 5—10min 'safety brief' with all staff followed by the bedside handover.

2GP and IRP have implemented Bedside Handover already with an overall positive response from staff.

COMMUNICATION BOARDS

The Annual Bedside Audit results for 2017 indicated Communication Board Compliance was quite poor. We hope to see an improvement in compliance with new boards installed early April 2017. Further auditing for compliance will take place in July .

Is the patient/carer communication board current?		
YEAR	2017	2016
ACUTE	55%	84%
SUB ACUTE	79%	58%

MR 408 CLINICAL HANDOVER FORM

The MR 408 Clinical Handover Form will be updated over the next couple of months (merging the ICU and Wards Forms), this is currently under review at Forms Review Committee.

STANDARD 5&6 SUSTAINABILITY WORKING GROUP

The group continues to meet monthly. Each areas has a working group representative so please let your friendly rep know of any handover issues or ideas for your area. **Next Meeting: Tuesday 11th July 2017 14:00 –15:00hrs, ERC Boardroom**

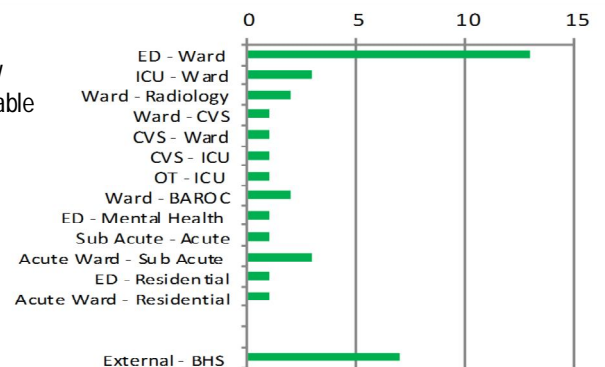
INCIDENTS

Continue to report any Clinical Handover Incidents. These have been valuable to identify gaps and improve practices. It's great to see consistent reporting through which we are able to identify themes and implement strategies where possible.

INCIDENTS BETWEEN DEPARTMENTS

Since January 2017 we have been tracking incidents between departments.

This is to give us an indication of the areas where incidents are occurring and to implement better strategies between these areas .



AUDITS — JULY 2017

- Bedside Handover (includes comm. board compliance)
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- MR Clinical Handover Forms
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(Clinical Handover Form, Pre Op & PAR Checklist, Transfer Form).
Standard 6 Reps to complete

WHAT MAKES A GOOD HANDOVER?

Good Handovers do not happen by chance. Good handover requires the use of four key principals

- ✓ Preparation by staff involved
- ✓ Leadership of active participation in the handover process
- ✓ Structured communication and understanding of the information that should and shouldn't be included.
- ✓ Transfer of accountability between the giver and receiver

THANKYOU

THANKYOU to all staff for your ongoing commitment to improve Clinical Handover. Over the past 3 years we have made great advances with Clinical Handover incident reporting, Clinical Handover Forms, Implementation of Bedside handover, ISBAR and auditing which all support our Clinical Handover Policies and Protocols. **Keep up the great work!**

