

I can do things you cannot, you can do things I cannot; together we can do great things
Mother Teresa

CONTACT INFORMATION

Fiona Strauss Ext. 98573
Acute Inpatient Units/Operating Suite



Standard 6 Portfolio
Clinical Handover

Mary Cushing Ext. 94212
HITH/Chemotherapy Day Unit/CSSD/Radiology/
MDU



Standard 5 & 8 Portfolio
Patient ID & Procedure Matching
Pressure Injury & Skin Integrity

TBA Ext. 96884
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



Cathy Caruso m: 0438266099
ABI Service/Audiology/Allied Health/CASA
Community Programs/Dental
Services/NDIS/Statewide Equipment
Program (SWEPP)/Sub Acute Inpatient



Alison Eldridge Ext. 98571
Administrative Support /Audit & Evaluation Tool
Specialist

Wendy McLeod Ext. 94629
Transfusion Clinical Nurse Consultant
Standard 7
Safe Blood & Blood Products



Karina Rieniets Ext. 96783
Consumer Participation Coordinator
HITH/Chemotherapy Day Unit/CSSD/
Radiology/MDU
Standard 10 Portfolio
Preventing Falls & Harm from Falls



Lisa Todd Ext. 98573
Jo Forteach Ext. 98574
Consumer Liaison & Experience

Lee-Anne Sargent Ext. 96660
Standard 2 Portfolio
Partnering with Consumers



Michael Mennen Ext. 94162
Breanna Achterbosch
Quality Coordinator Mental Health

UPDATES

Accreditation 2017

Are you ready?.....**ONLY 3 DAYS TO GO!!**

30th Oct — 3rd Nov 2017

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

For any queries or assistance please contact your QuIC Representative.

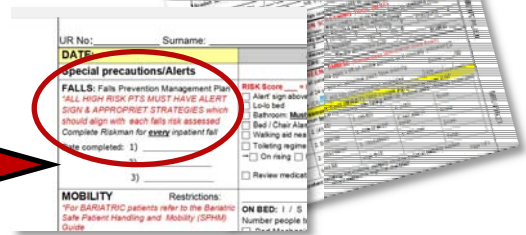
Patient Management Plan MR410 update

The PMP MR410 form has recently gone through some recent updates. See below as per the changes:

- Bariatric Assessment
- Smoking & Alcohol Status

IMPORTANT NOTE

If Falls risk is High patient now must have appropriate strategies in place (not just one other strategy)



AUDITS UPDATE

Standard 8

PI Strategies Audit is currently being conducted in all areas. Keep an eye out for your friendly auditors during this time. Results to be collated and reports sent out early Nov 17.



Standard 5

Pt. ID Audits due to some poor results seen some areas have been reaudited recently. Reports to be sent out within is currently being reaudited conducted in all areas. Results to be collated and reports sent out early within the next few days.



Are all your audits and action plans complete for accreditation? If you don't have audit reports for any of the Standards please advise your QuIC Representative for them to follow it up for you.





October Focus Standard 10

Preventing Falls & Harm from Falls

FALLS PREVENTION

Falls are the most common adverse incident in hospitals and up to **30%** of patients who fall Falls CAN be prevented if patients at risk are identified and appropriate measures are put in place.

So what do I need to do?

1 IDENTIFY if my patient is at risk

- Score the TNH-STRATIFY, if they score 3 or more they are high risk.
- Record the risk score and risk level on the patient care plan.
- Use your clinical judgement to score the tool.
- If you think a patient is high risk, classify them as high risk no matter what risk score you get.
- UPDATE THE RISK SCORE EVERY SHIFT.

FALLS PREVENTION		
The Northern Hospital Modified STRATIFY (TNH-STRATIFY)		
<small>Revised 01/2019, Version 1.0, Approved by the Clinical Governance Committee on 14/02/2019</small>		
RISK ASSESSMENT	On admission circle relevant scores on this Tool: Documents total score and subsequent changes inside the Care Plan or Pathway	Score
1. Fall: current admission?	Yes. Patient had a fall during current admission	3
2. Fall within 12-months?	Yes. Patient had falls in the last 12-months (Check pt info on admission form)	1
3. Mental State?	Yes. Patient is either confused, agitated, intellectually challenged or impulsive	1
4. Mobility?	Yes. Patient needs supervision or assistance when mobilising	1
5. Impaired Balance?	Yes. Patient has impaired balance and/or hemiparesis	1
6. Age?	Yes. Patient is 80 years or older	1
7. Toileting?	Yes. Patient is in need of frequent toileting	1
8. Vision?	Yes. Patient is visually impaired to the extent that everyday function is affected	1
9. Drug / Alcohol?	Yes. Patient presented with drug / alcohol related problems	1
Risk Score / Level:	3 or more = High Risk	3

PREVENTION STRATEGIES: Please focus on strategies outlined in 'Falls' box inside this Care Plan

2 COMMUNICATE if your patient is at risk of falling

- Positioning a 'FALLS ALERT' sign above the patients bed
- Communicate the risk at handover



3 ACTION Do something about it

- High risk patients MUST have a falls alert sign and ALL appropriate falls intervention strategies in place
- Most patients need many strategies to stop a fall from occurring
- Decide what you think your patient needs AND apply it and communicate it at handover
- Check the tick boxes on the care plan for what you apply

NEWS & UPDATES

Updated Post Falls Management Protocol

Post Fall Management Guideline has been updated – with an update to the flow

If your patient has an **unwitnessed fall**, they **fall and hit their head**, or they fall and are on antiplatelet or anticoagulant medication they should have:

- Medical review and Baseline vital signs (BP, HR,RR, oxygen saturation, temp, BGL) & neurological obs
- Continue 30 minutely for 4 hours
- Hourly for 2 hours
- Medical review after 6 hours
- Then 4 hourly neuro and physiological observations until 24 hours after the fall. If patients observations become unstable at any stage, return to 30 minutely.

Witnessed fall and no head strike:

- Monitor vital signs for 24 hours
- Baseline
- 30 minutely for 1 hour
- Hourly for next 5 hours
- 4 hourly until 24 hours after fall

If unstable at any stage commence 30 minutely observations & commence process again.



****Remember to review and document your patient's fall risk after a fall, and to make sure you have the appropriate falls intervention strategies in place.****

AUDITS UPDATE

Post Falls Management Audit

Audits have been completed and reports sent out for action plans to be completed. If your areas had an audit completed and you have not received your report please advise Karina Rieniets Karina.Rieniets@bhs.org.au

EDUCATION

PDP Calendar — <http://bhsnet/node/7657>

No Lift Training – See "Training and Events page" on the Intranet for dates and times

