

'Quality is not an act, it's a habit'

CONTACT INFORMATION

Fiona Strauss Ext. 98573
Acute Inpatient Units/Dialysis/Medical Day Unit (MDU) & HITH



Standard 6 Portfolio
Clinical Handover

Mary Cushing (interim) Ext. 96783
Procedural Units & Chemotherapy Day Unit



Standard 5 Portfolio
Patient ID & Procedure Matching

Anna Wong Shee Ext. 96884
Woman's & Childrens Unit/Specialist Clinics



Standard 10 Portfolio
Preventing Falls & Harm from Falls

Christine Tauschke Ext. 96884
Emergency/Critical Care Units



Standard 9 Portfolio
Clinical Deterioration & Resuscitation

Cathy Caruso m: 0418387733
ABI Service/Audiology/Allied Health/CASA
Community Programs/Dental Services/
Pharmacy/Statewide Equipment Program(SWEP)/
Sub Acute Inpatient Programs

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

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



Lisa Todd Ext. 98573

Standard 2 Portfolio
Partnering with Consumers



UPDATES

Quality, Innovation and Excellence Awards

Have you and your team made an improvement that has enhanced the experience of your patients? Is there something that you are really proud of? If so...the rest of the organisation needs to recognise your contribution to great patient care at Ballarat Health Services. Each year BHS recognises outstanding achievements in quality improvement and innovation that support the BHS Vision of "Excellence in Healthcare" through improved service provision and patient outcomes. The awards showcase the commitment and engagement of all staff to improve the quality and outcomes of the care and services they provide.

There will be two categories for the Quality, Innovation and Excellence Awards:

- Clinical
- Corporate

The criteria for consideration for these categories are:

- All activities must be registered on Riskman Q and have been undertaken in the last 12 months.
- Each project needs to be completed with an evaluation that clearly demonstrates improvements in results or outcomes.
- You are encouraged to submit quality activities of all size and budget (if any) as the judging criteria takes into account the benefit to the organisation in relation to the costs involved.

The winners of the 2104 Quality, Innovation and Excellence Awards were:

Clinical Nominations Winner

Dental Team for the Introduction of the Portable Dental Chair in the Aged Care Setting

Runner-up

Diabetes Management
Team for Implementation of the Insulin Pump Program

Corporate Nominations Winner

Library for Updated Decision Support Tools for Medication Management

Runner-up

Grampians Regional Palliative Care Team for a Palliative Care Orientation & Training Program for Overseas Trained Nurses



Nominations can be submitted via email to Mary Cushing (marycush@bhs.org.au) and must include:

Name of nominated project
Key contact for the submission
Riskman Q number

Submissions must be received by COB Friday 16 October

Further information can be obtained from the QuICs working within your areas, Mary Cushing (94212), Karina Rienets (96783), Keren Day (94373) or Laura Martin (93364).

STANDARD 7 AUDITS & SURVEYS UPDATE - AUGUST

Consent for Transfusion Audit— 66 Audits conducted
Knowledge of Transfusion Reactions - 205 staff responded, 94% could identify 4 symptoms of Acute Transfusion Reactions *Reports currently being finalised—see NUM's*



Focus month for August is Standard 8 & Standard 9—See over page for details



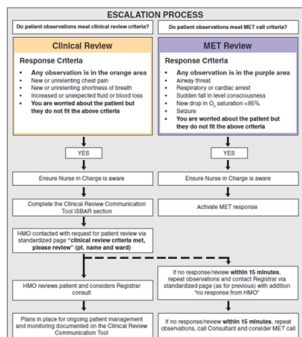
PATIENTS & FAMILY QUESTIONNAIRE

understanding how to escalate

- R** Recognise
- E** Engage
- A** Act
- C** Call
- H** Help is on its way

CLINICAL ESCALATION AUDIT

Response times/plan Communication Documentation



PAGER F1 Clinical Review Criteria met

AUG - 98

JULY - 119

JUNE - 114

MAY - 112

APR - 86

MAR - 89

FEB - 103

JAN - 111

TOTAL @ 31st AUG!
832

Liaison Nurse /MET call Improvement Survey - <https://www.surveymonkey.com/r/TF3B8W7>

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

PREVENTION

BRADEN score pressure Injury Risk Assessment screening tool to be completed:

- Within 8hrs of admission
- With any change in condition
- At the time of transfer or discharge

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)

EQUIPMENT

Equipment is available at BHS to assist with offloading pressure, from Heel wedges to Alternating Pressure Mattresses (APAMS)

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

IMPORTANT DATES — PDP SESSIONS

See PDP Calendar for details — <http://bhsnet/node/4994>

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)
- Assessed as avoidable or unavoidable based on set criteria

COMMUNICATE

- Information to patients and carers about pressure injury prevention
- Use the Standard 8 High Risk Patient Alert

