

"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford

CONTACT INFORMATION

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Acute Inpatient Units/Dialysis/Medical Day Unit (MDU) & HITH



Standard 6 Portfolio
Clinical Handover

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Procedural Units & Chemotherapy Day Unit



Standard 5 Portfolio
Patient ID & Procedure Matching

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Woman's & Childrens Unit/Specialist Clinics



Standard 10 Portfolio
Preventing Falls & Harm from Falls

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Emergency/Critical Care Units



Standard 9 Portfolio
Clinical Deterioration & Resuscitation

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Transfusion Clinical Nurse Consultant
Standard 7
Safe Blood & Blood Products



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Standard 2 Portfolio
Partnering with Consumers



UPDATES

Many thanks to Helen Rylands for all her hard work and great progress with Standard 5 Patient ID & Procedure Matching. Helen has moved from GARM to take up a Director of Nursing Position with Beaufort & District Health Service.

Please contact Mary Cushing MaryCush@bhs.org.au for things relating to Standard 5

Bedside Audit Action Plans - Governance Groups/ GARMU reviewing results. Any remaining to be sent back ASAP to your QuIC Representative or Alison Eldridge alisonel@bhs.org.au

Development of Ward-specific Audit Schedule (draft picture below) is in progress and will be

NSQHS AUDIT SCHEDULE 2015

DOCS NUMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
NSQHS AUDITS	BEDSIDE AUDIT (GARMU)	TRANSFUSION PATCH STICKER		POST FALL MANAGEMENT	DD REGISTER	INTERVENTIONAL SAFETY CHECKLIST	CLINICAL HANDOVER MR FORMS DOC.	TRANSFUSION CONSENT AUDIT	ORCA AUDIT	DD REGISTER	INTERVENTIONAL SAFETY CHECKLIST	ASEPTIC TECHNIQUE
					KEY REGISTER	ASEPTIC TECHNIQUE		PI STRATEGIES AUDIT	FALLS PREVENTION PROTOCOL	KEY REGISTER	PATIENT ID COMPLIANCE	
						PIPPS AUDIT						

QuIC 's EVALUATION

We have conducted an evaluation of the QuICs roles after their first 4 months working with you all, to see how these roles function into the future. The feedback we received has been overwhelmingly positive. Some of the outcomes so far are:

- The QuICs have assisted in supporting key systems that will sustain our ongoing readiness and ability to meet the NSHQS standards between accreditation cycles (ie Auditing, PDP sessions, NSQHS Governance Groups)
- Key stakeholders see that these roles already do have the potential to significantly enhance their team's ability to achieve the NSQHS standards and to continue their quality improvement efforts
- The QuIC's are building positive working relationships and establishing good lines and means of communication within their areas of responsibility. They have direction and plans for the future, and are beginning to make inroads and to work effectively as a team within GARM to deliver the results required to sustain the organisation's accreditation efforts.

"They are needed so that quality becomes normal business not just for accreditation"



Focus month for August is Standard 7 Safe Blood & Blood Products - See over page for further details



August Focus Standard 7

Safe Blood & Blood Products

The aim of Standard 7 is to ensure safe, appropriate, effective and efficient blood management systems are in place

The risks associated with transfusion of blood and blood products usually fall into two categories:

1. Errors in procedure such as:

- Incorrect patient identification
- Inaccurate blood sample labelling
- Administration of blood or blood products to the wrong patient

2. Transfusion reactions:

Best practice guidelines in effective blood and blood product management outline the following key messages:

- Systems must be in place to receive, store and transport blood and blood products safely and efficiently and to monitor wastage
- The decision to transfuse should be made balancing the potential benefits for the patient with the potential risks
- Accurate documentation is required for all aspects of Blood and Blood Product Management
- Adverse events must be recorded, reported and reviewed to identify areas for improvements in safety and quality

Patients and carers should:

- Be Informed of the risks and benefits of using blood and blood products and the available alternatives provide informed consent
- Be engaged in developing the plan for treatment with the opportunity to ask questions

DID YOU KNOW

In 2014 BHS transfused
2482

bags of blood

In the first 6 months of 2015
1343

have been transfused



Red Cells

998 units



FFP (Fresh Frozen Plasma)

118 units



Platelets

82 bags



Cryoprecipitate

56 units

STANDARD 7 AUDITS & SURVEYS THIS MONTH



Consent for Transfusion Audit including the patient's understanding of the reason for their transfusion

Knowledge of Transfusion Reactions <https://www.surveymonkey.com/r/T5QZQ57>

CAN YOU RECOGNISE IF YOUR PATIENT IS HAVING A TRANSFUSION REACTION ?

IMPORTANT DATES

LEARN MORE BY ATTENDING A PDP SESSION

Wednesday 5th August — ERC Base 2100hrs

Friday 7th August — Main St Meeting Room QE 1415hrs

Monday 17th August — ERC Base 1415hrs

Monday 24th August — ERC Base 1415hrs

Wednesday 26th August— Gandarra 2130hrs

Friday 28th August — Main St Meeting Room QE 1415hrs

Adverse Events



Signs and symptoms	Possible etiology	Action	Investigation
Fever ($\geq 38^{\circ}\text{C}$ or rise $\geq 1^{\circ}\text{C}$) and/or chills, rigors 38°C to $<39^{\circ}\text{C}$ (no other symptoms)	Febrile non-haemolytic transfusion reaction	HOLD transfusion, exclude serious adverse events Anti-pyretics	Reaction form to transfusion lab
$<39^{\circ}\text{C}$ and other symptoms (hypotension, tachycardia) or $\geq 39^{\circ}\text{C}$	Bacterial contamination or acute haemolytic transfusion reaction (may become medical emergency)	STOP transfusion Check patient ID with label IV antibiotics if sepsis Maintain good urine output	Cultures on patient & product, reaction form, G&S If haemolysis suspected order FBE, LDH, Bilirubin, haptoglobin, Coags, electrolytes, urinalysis
Rash or Urticaria (hives) $<2/3$ body (no other symptoms)	Minor allergic	STOP transfusion Antihistamine	None
$>2/3$ body (no other symptoms)	Severe allergic	STOP transfusion Antihistamine +/- corticosteroid	Reaction form and G&S
With Dyspnoea, airway obstruction, hypotension (this is a medical emergency)	Anaphylaxis (consider IgA deficiency)	STOP transfusion Initiate basic life support	Reaction form and G&S Perform haptoglobin & IgA test

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