

Our greatest glory is not in never falling, but in rising every time we fall
Confucius

CONTACT INFORMATION

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Standard 10 Portfolio
Preventing Falls & Harm from Falls

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Standard 2 Portfolio
Partnering with Consumers



UPDATES

CAM

Clinical Alerts Manager – a.k.a. BOSSnet Patient Alerts has now been live for nearly 2 months. There is lots of work happening behind the scenes to solve some of the initial system implementation issues and the processes supporting these.



Just a reminder, if you add a new alert please check to see if a corresponding Legacy alerts exists, and if so revoke it. This includes the old MR001.0 which are blank or have 'NKA' documented.

BloodSTAR

(Web based management of IVIg products)



Going LIVE 26th September 2016

Ordering of IVIg by staff will be changed from paper based to web based with all requests being authorised by the Blood Service. We are currently signing up treating Medical Specialists to the BloodSTAR site, this will be followed by Registrars & HMO's

Nursing staff in general wards do not need to register, those areas where regular treatment occurs ie: MDU are being signed up to be able to manage treatment plans for their patients.

If a new patient requires IVIg the requesting clinician must sign up to for access via Ballarat Health Services this can be done by logging onto Blood Portal on the National Blood Authority website, then registering for BloodSTAR

The Hospital Administrator will approve you request and you will have access to ordering IVIG via the website

Requests for new patients are to be created the same way as above. Authorisation from the Blood Service may take up to 2hrs

There should be no delay after authorisation is received as Pharmacy will have stock on hand Any queries please contact Wendy McLeod Transfusion Clinical Nurse Consultant. p: Ext. 94629 [e:WendyMM@bhs.org.au](mailto:WendyMM@bhs.org.au)

VHIMS 2

Education is currently underway for the new VHIMS2.

Contact: Jodie Crellin or Denise Fitzpatrick for details

Due for release **1st September 2016**



Sometimes the grass is greener

STANDARD 6 AUDITS UPDATE - JULY 2016

Thank you for your participation and assistance in completing the Standard 6 Audits for July .
Data is currently being collated, reports to be distributed shortly



STANDARD 4 AUDITS UPDATE - MAY 2016

DD Audit — Reports completed, will be sent out next week



Focus month for July is Standard 10 Preventing Falls & Harm from Falls - See over page for details



August 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)		
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	

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 AT LEAST one other falls strategy 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

<p>FALLS: See Tool on front page</p> <p>Complete incident report for every inpatient Fall</p> <p>Date incident report completed:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p>	<p>Risk Score ___ = low / high Risk</p> <p><input type="checkbox"/> Alert sign above bed</p> <p><input type="checkbox"/> Low-low bed</p> <p><input type="checkbox"/> Bathroom: Must supervise pt</p> <p><input type="checkbox"/> Bed / Chair Alarm</p> <p><input type="checkbox"/> Walking aid near patient</p> <p><input type="checkbox"/> Adhere to toileting regime</p> <p><input type="checkbox"/> Other: _____</p> <p>Pt tell? Complete incident report</p>
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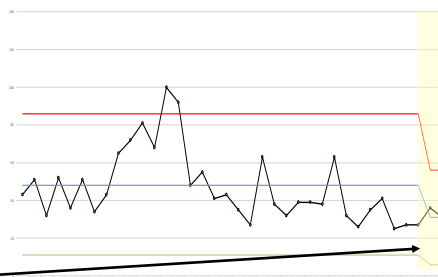
NEWS & UPDATES

Falls Reporting

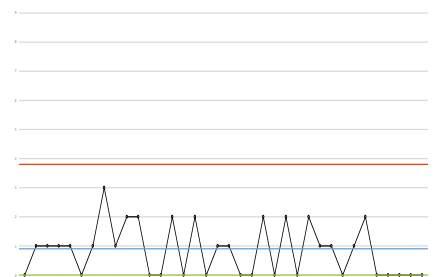
Changes to our Falls reporting to include SPC (Statistical Process Control Limits) have proved to be quite valuable in evaluating our data.

The total falls for Subacute have been below the average for 7 consecutive months. Control limits have been updated from May 2016 to reflect the consistent change in trend. (New control limits are based on last 7 months of data)

There have been zero serious falls for 5 consecutive months. Keep up the good work Sub Acute!



SUB ACUTE — OVERALL
(Jan2013 — June2016)



SUB ACUTE— ISR 1&2'S
(Jan2013 — June2016)

AUDITS — AUGUST 2016

Patient Mobility and Patient Management Plan Audit

Audits currently being completed by Falls Champions. Data is currently being collated, reports to be distributed shortly

EDUCATION

No Lift Training

<http://bhsnet/sites/default/files/finder/departments/ohs/Schedule%20SPHM%20No%20Lift%20CSA%20Training%20and%20Workshop%20%202016%20Update%20160427.pdf>

