

'Team work makes the dream work'

John C. Maxwell

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



Anna Wong Shee Ext. 96884

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



Standard 10 Portfolio

Preventing Falls & Harm from Falls

Christine Tauschke Ext. 96884

Emergency/Critical Care Units/CVS/Dialysis



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



Karina Rieniets Ext. 96783

Consumer Participation Coordinator
HITH/Chemotherapy Day Unit/CSSD/
Radiology/MDU

Lisa Todd Ext. 98573

Jo Forteach Ext. 98574

Consumer Liaison & Experience

Standard 2 Portfolio

Partnering with Consumers



Michael Mennan Ext. 94162

Quality Coordinator Mental Health

UPDATES

Mock Survey

Mock Survey is to be held Tuesday 11th to Thursday 13th October.

Sandy and Helen from Governance Plus will be visiting to help us do a gap analysis against the National Safety and Quality Standards and the National Mental Health Standards.

Everyone should have now received the timetable and key questions that will be asked when Helen or Sandy will visit your area. The key questions is a guide as to what they might ask you and your staff and the things they will be observing in relation to each of the standards.

No special preparation is required. Sandy and Helen are expecting to see the way we have embedded the National Standards in our everyday practices. A member of the GARM team will be with you during the visit to provide any support. Please let your colleagues know that the visit is occurring and encourage everyone in your team to talk to Sandy and Helen and to ask any questions they might have.

We anticipate that they will talk to all members of the multi-disciplinary team and the support staff present in the area when they visit.

The aim of the survey is to help us identify where our key gaps are which will inform our preparation for Organisation Wide Survey in 12 months' time (October 2017).

We hope you enjoy the experience and take the time to let Sandy and Helen know what you and your team have achieved, what you are proud of, and how you know you provide a great experience for the patients you care for.

If you have any questions, please contact either Mary Cushing, Karina Rieniets, Keren Day or your Quality Improvement Co-ordinator.



STANDARD 6 BEDSIDE AUDIT RESULTS UPDATE - 2016

BEDSIDE HANDOVER Acute

✓ Occurring at the Bedside (4-6mins per/patient).

Min 5 different nurses per ward

↑ Checking of Medication Charts 100%

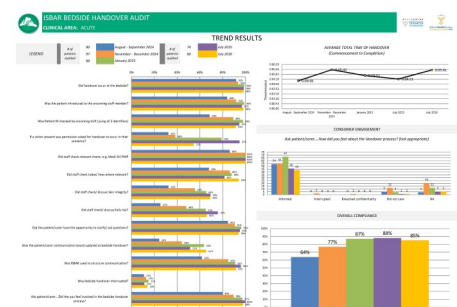
↑ Checking of IVs/Pumps

Areas to focus improvements:

Asking permission if Visitor Present ↓55% from 95% (2015)

Handover of Falls Risk ↓66% from 76% (2015)

Handover of Skin Integrity Risk - 69% (2015)



Best Performing Areas

2016:	SSU	2North	3South	SCN
2015:	SSU	3North	4North	4South



STANDARD 9 AUDITS UPDATE - SEPTEMBER 2016

Clinical Response Survey — So far we have 61 received back and that includes 10 from Subacute

Clinical Escalation Audit— Awaiting results from all areas and managers, if you have not completed please do so ASAP for results to be compiled and reports completed

REACH Survey — Interviews with patients and families continue to be conducted by ICU during October

STANDARD 10 AUDITS UPDATE - AUGUST 2016

Patient Mobility and Patient Management Plan Audit

Auditing completed. Data is currently being collated, reports to be distributed shortly

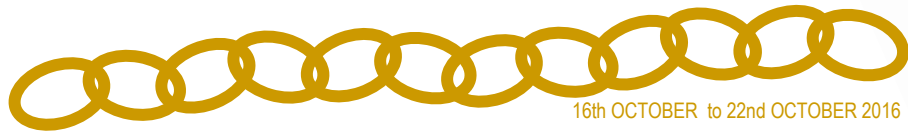


Focus month for October is Standard 3 — Preventing & Controlling Healthcare Associated Infections - See over page for details



Breaking the chains of infection

INFECTION CONTROL WEEK



16th OCTOBER to 22nd OCTOBER 2016

WHO ARE WE?

The intention of Standard 3 is to minimise the risk for patients in acquiring preventable infections and to enable the effective management of infections when they occur by using evidence – based strategies

The Infection Prevention & Control team are:

Sue Flockhart, Allison Hodge, Catrice Grahame, Fran Plucke, Sue Poynton & Jane Armstrong

Call us on 94788



The National Hand Hygiene compliance rate now requires 80% compliance or more for each audit period.

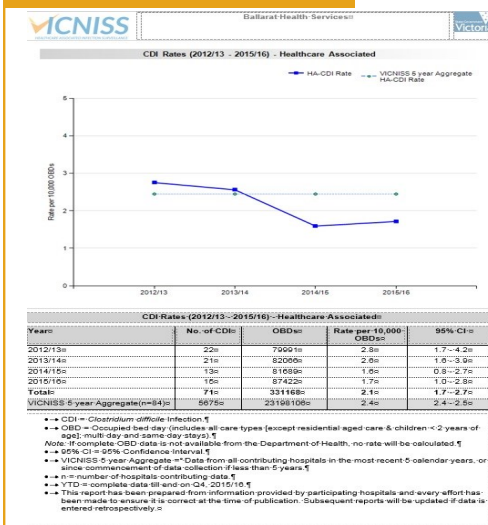
STAFF HEALTH/IMMUNISATIONS



- Ensure immunisation status is up to date
- Work place immunisations are provided free of charge
- Staff Immunisation Clinic (p:98800) available on Monday, Wednesday, Thursday & Friday

75.1% of staff at BHS received the Influenza vaccine in 2016. 0.1% less than 2015

CDI NUMBERS REPORT



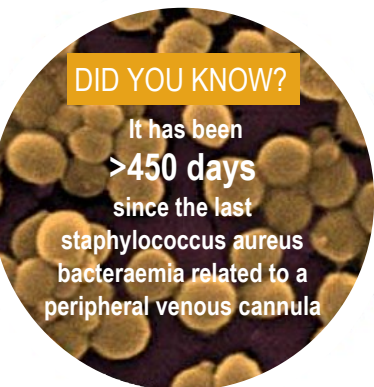
EDUCATION

E3 Learning Modules

PDP Sessions — See PDP Calendar for details: <http://bhsnet/node/6192>

HELPFUL TIP

Infection control referrals on BOSSnet is a great communication tool.



DID YOU KNOW?

It has been >450 days since the last staphylococcus aureus bacteraemia related to a peripheral venous cannula

STANDARD 3 AUDITS & SURVEYS

- National Hand Hygiene (HH) Audit in October occurring in 2N, 3N, 4S, ED & ICU.
- Graduate nurses completing Peripheral venous cannulation point prevalence audit in October.
- Aseptic Technique observational audits due at the end of September

At least half of all healthcare associated infections are thought to be preventable

How do we prevent this from happening?

INFECTION PREVENTION & CONTROL STRATEGIES

- Hand hygiene
- Antimicrobial stewardship
- Cleaning, disinfection and sterilisation
- Aseptic technique
- Transmission based precautions
- Surveillance of infections and multi resistant organisms
- Communicating with each other

