

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 21 June 2017
Subject: Clinical Governance Report

Status

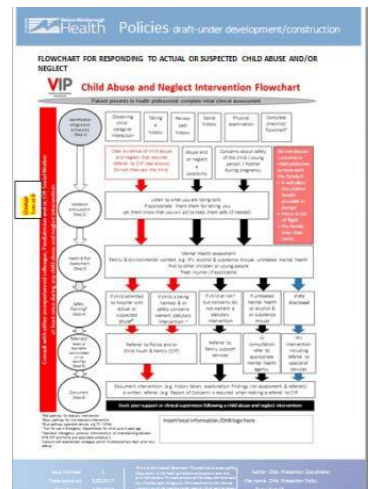
This report contains:

- For decision
- Update
- Regular report
- For information

Key messages from Clinical Governance meeting held on 2 June 2017

DHB CGG approved:

- The policy on informed consent* – This policy now includes the concept that consent is a process with multiple steps over time, each of which should be documented. It is not just a signature on a form. It encompasses the concepts of effective communication of all the information that a reasonable consumer would expect to receive, voluntary choice and then authorisation by the patient of the planned procedure, treatment or service. Work can now proceed to develop individualised consent pathways and forms for high volume procedures such as cataract surgery and colonoscopy.
- The child protection policy* – This policy seeks to promote and ensure the safety and wellbeing of children and their whanau. It provides Nelson Marlborough Health (NMH) community and hospital staff with a framework to identify, assess and respond to actual and/or suspected child abuse and neglect. Prevention and management of child abuse is a duty for all staff. Often the risk children face may be hidden in the services caring for their parents and caregivers. The policy sets out expectations for the early identification and management of suspected abuse and neglect. A flow chart makes the process straightforward to understand and easy to follow. The policy has implications for staff training and orientation that are yet to be addressed.



DHB CGG endorsed:

- Trial of use of a single mental health referral triage tool across the mental health community* – The mental health and addictions integration work-stream immediate support group has been working on consistency of service response (among many other things). They identified that a consistent triage framework used across all services would enhance consistency of response and lead to efficiency in the intake process. A triage tool has been selected and it is planned to trial it across the services. The clinical governance committee commended the good work that is occurring in the mental health integration work-streams and particularly the willingness to subject ideas to early trials and revision instead of trying to achieve perfection in the design stage. This approach will result in much greater learning and speed in achieving useful changes.

DHB CGG noted:

- *Work on the deteriorating patient and use of early warning scores* –The new EWS and escalation trial program has been in use now for 3 months. A recent national meeting has set in process some changes to the EWS chart.
- *Health Quality and Safety Commission (HQSC) report ‘Raising the bar on the National Patient Experience Survey’* – This is a report on possible reasons behind the two lowest scoring indicators on the National Patient Experience Survey with some recommendations for interventions to improve things. The survey was launched in August 2014 and is a quarterly collection of patient experience data from all DHBs. The two questions receiving the lowest scores are:
 - a. Did a member of staff tell you about medication side effects to watch for when you went home?
 - b. Do you feel you received enough information from the hospital on how to manage your condition after your discharge?

A set of ‘quick wins’ and ‘big wins’ is described and highlights that a pharmacist should provide information at discharge on medications and that the discharge summary is currently of little value for patients being written in complex language with content that is mostly irrelevant to patients. Suggestions are made such as splitting the discharge summary in two and including the patient relevant section first, including a list of do’s and don’ts with warning signs for the patient to look out for and making it easier for patients to get answers to questions that may arise once at home by providing a contact number to phone. This would ideally be their GP practice.

Quality & Safety Report

The Quality & Safety report for May is attached as item 6.1.

Elizabeth Wood

Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.