Nelson Marlborough Health
TE WAIORA

MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	19 July 2017
Subject:	**Clinical Governance Report**

Status

This report contains:
☐ For decision
✓ Update
✓ Regular report
☐ For information

Key messages from Clinical Governance meeting held on 7 July 2017

DHB CGG approved:

- Two issues related to eLab sign off:
  1. ***All lab results are to be signed off within existing processes*** *and within organisational time frames while revision and changes to the system are considered and addressed.* Lost, missed and unacknowledged results have been a theme noted across NMH for a few years. The HDC is very clear that the person who requests a test has a responsibility to look at and act on the result. The new e-sign off process is a big organisational change and makes results which have not been signed off more visible and is saving a vast amount of paper and administration staff time. Risks exist where the person who ordered the test is not checking results e.g. locums who have left the organisation or when results return after a person has left hospital and no one views the result and signs off.

  2. *A standardised 'bookmarking' process that complements eLabs sign off* – Across all departments the system can be used for results that need a secretary to complete an additional action. This involves a common 'To do' folder for the secretarial group and once completed, the items return to an individual clinician's 'Actioned folder'. Standardising a process like this across the DHB has the benefit of reducing the number of mishaps that can happen if we have inconsistent processes and staff working across departments to cover absences. Consistent processes are known to improve reliability when designing systems that are safe.

DHB CGG endorsed:

- *Trial of a 'Ceiling of Care' document* – This piece of work was initiated by a first year house surgeon. He noticed that while patients may have a green 'Do not resuscitate' form completed by the senior clinician in discussions with the patient and their family the presence of this form did not give junior doctors or nursing staff any guidance over the levels of care that were appropriate when a patient was deteriorating but had not yet had a cardiac arrest. A potential alternative form was designed that allows for discussion between the patient, their family and the senior clinician over the exact nature of treatments that would be wanted by the patient if their medical condition worsened. They then presented it to a range of clinicians to canvass opinions. The results were overwhelmingly in favour of the new form.

  This work is relevant to the Health Quality and Safety Commission (HQSC) future plans for the Deteriorating Patient' project regarding 'Goals of Care'. The next steps for this project are to contact the HQSC team to see whether we can include this

project in their development work and to present the form more widely across our health system for refinement and advice. The concept could have relevance in some out-patient settings as well as in the acute hospital setting.

DHB CGG noted:

- *Work on a draft medication formulary and process for use of unapproved medications* – Most DHBs and hospitals in NZ have a policy and procedure on the use and funding of unapproved medications. These are medicines that have not been approved for use by Pharmac but for which there may be some limited indications. It is usual to have a DHB agreed approvals process and this is currently under development. This is a potential change for hospital prescribers.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.