
MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 18 April 2018
Subject: **Clinical Governance Report**

Status

This report contains:
 For decision
 Update
 Regular report
 For information

Key messages from Clinical Governance meeting held on 6 April 2018

DHB CGG approved:

- *The OtTeR* (Options for treatment and resuscitation) form – will replace the existing green ‘Do not resuscitate’ (DNR) form across the DHB. A trial has been undertaken, senior clinical staff on both sites consulted, and the form has been co-designed with the help of the Consumer Council, Maori and chaplaincy representatives. This change was initiated by a junior doctor identifying that a person might have an untreatable condition and attempting cardiopulmonary resuscitation (CPR) would be futile, but the DNR form gave no guidance about other types of care such as IV fluids, artificial ventilation, or medications when the person’s medical condition was deteriorating.

DHB CGG endorsed:

- *Continuing work on managing the deteriorating patient using the early warning scores (EWS)* – NMH has been an early adopter of this work and our uptake, use, accuracy and responsiveness to the scoring system has been improving. The second set of audits confirm this, although we still have a way to go. This is important work as there have been serious events where deterioration was not noted or acted upon.

DHB CGG noted:

- *Use of email* – Four issues arise with email:
 1. *The Medical Council of NZ has updated its advice* on the use of email to communicate health information to patients and now provides specific guidance. It notes that patients appreciate the speed and efficiency the use of email offers but notes that we should check first with the patient before sending sensitive information by email. We still need to keep accurate records of any information that is provided in this way; *‘the patient record must report any correspondence you send to the patient’*¹. Also be very careful to ensure patients are aware that e-mails are easy to miss and make sure other means of communication are used in addition for critical information.
 2. *Use as a communication tool between each other.* E-mail is perfectly designed to grow misunderstandings, offend people and develop conflict. It should never be used to discuss difficult or tense issues; these things are best managed face to face. NMH has an email etiquette document which gives sensible advice such as writing a useful subject line (harder than you would think), use ‘reply all’ sparingly, and keep it concise.

¹<https://www.mcnz.org.nz/assets/News-and-Publications/Statement-on-use-of-the-internet-and-electronic-communication-v2.pdf> Accessed 16/04/18

3. *Do not write things in an email that you would not say to someone's face!* It is very easy for inappropriate and derogatory emails to spread and be shared with the wrong people, so it is never appropriate to share discussions about a person's competence, performance or personality by email. The last staff survey results suggested that many staff felt bullied by other team members over the preceding 12 months. Avoiding the use of email for sensitive topics which can easily be misconstrued would help to reduce this.

4. *All email is discoverable under the Official Information Act* so consider whether you would be happy for your words to appear on the front of the newspaper before pressing send.

- *Flu season* – Northern hemisphere experiences with the current flu strains suggest that we should anticipate a more serious flu season than we have seen for several years.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.