

# MEMO

**To:** Board Members  
**From:** Elizabeth Wood, Chair of Clinical Governance Committee  
**Date:** 22 August 2018  
**Subject:** **Clinical Governance Report**

## Status

This report contains:  
 For decision  
 Update  
 Regular report  
 For information

### Key messages from Clinical Governance meeting held on 3 August 2018

DHB CGC approved:

- *Removal of the need to 'break the glass' for health professionals to access mental health and addictions records* – We wish to improve the access to Mental Health and Addictions records for health professionals providing healthcare. There have been several cases across New Zealand in recent years where limited ability to consider the whole person during a clinical assessment has resulted in serious harm including death. We are now confident that we have robust auditing of all access to digital clinical notes in place and so this artificial barrier to providing whole person healthcare should be removed. We do, however, still have to wait for other providers of our digital health record in the South Island to agree to support this change to take place.

DHB CGG endorsed:

- *Choosing Wisely: Urine testing audit and recommendations* – The audit conducted by a MedLab South microbiologist and summer student demonstrated the significant variation in urine testing across our hospitals and wards, and comes with a recommendation for a DHB wide urine testing algorithm for non-pregnant adult in-patients. The recommendation is to remove urine dipsticks from wards as they contribute to unnecessary antibiotics for commonly encountered asymptomatic bacteriuria.
- *The Microguide app* – This international free antibiotic guideline platform has been localised by the South Island antibiotic guideline group and is for all South Island hospital doctors and pharmacists. It works with no WIFI and is currently being aligned to our own guidelines by the infectious diseases team.

DHB CGG noted:

- *Sharps again* – The latest Infection Prevention Service report shows that 6-7 people per month, over the past three months, have sustained occupational blood or body fluid exposures. The most common events involved either uncapped used needles prior to disposal, or sharps in the general rubbish and not in a sharps container.
- *Location of alerts related to multi-drug resistant organism (MDRO) carriage* – All patients who have been noted to be carriers of these organisms carry a national alert for three years following the most recent positive testing. The alert is visible on Health Connect South. Infection control staff receive a daily spreadsheet of positive Lab cultures and place an alert for any MDRO on SIPICS. The alert remains for a minimum of 3 years and at the end of each year they go through and cull the alerts which are >3 years old if the patient has not had another positive MDRO from a

clinical specimen during this time. When a patient presents at ED, the alert will appear on HCS so staff know to isolate the patient for that admission. Re-screening is discouraged on admission as results can be misleading (particularly if the patient has recently had antibiotics). Instead staff isolate the patient if they have a current alert.

Elizabeth Wood  
**Clinical Director and Chair Clinical Governance Committee**

**RECOMMENDATION:**

**THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.**