MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	22 March 2017
Subject:	**Clinical Governance Report**

Status

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

Key messages from Clinical Governance meeting held on 10 March 2017

DHB CGG approved:

- *Isolation precautions policy and procedure* –this document provides clear instructions on the types of isolation precautions required for the care of infectious patients and is an excellent reference document.

DHB CGG endorsed:

- *Guidelines for the management of respiratory viral illness* – which are a very helpful read as we approach the next flu season. Remember to get your vaccination, it will be available in April.
- Good personal protection against viruses requires wearing a mask when at risk from infected droplets and having the flu vaccine. Staff with infections can be a real risk to patients who are already unwell with other problems and with winter not far away we will need all our staff, not to mention just how horrible it is to have a cold or flu yourself.
- *Excellent work on the NMDHB/Southern Cancer Network (SCN) He Huarahi Mate Puku /Māori Cancer Pathway* –the experiences of cancer of 15 Māori people who had shared them with the Māori cancer educator were presented to the Clinical Governance Committee. Their experiences were familiar to many of us, reflecting either our own experience or that of our family and friends. They demonstrate how easy it is to unwittingly cause distress and confusion for patients and whanau despite trying to do our best. Things that are routine for health staff are far from routine for our patients. During this once in a lifetime experience an extraordinary degree of understanding and attention to detail is needed to ensure we do not add to the level of stress and distress experienced.

  Examples included the delivery of news of a cancer diagnosis to patients in the absence of whanau support but in the presence of three strangers in a four bedded ward and use of medical terminology such as 'carcinoma, tumour, malignancy' which left patients unsure whether they had cancer or not. There are many things that seem small to us but which make a huge difference to patients such as:
  - Finding out what matters to the patient – their main worries may be completely different to those we expect.
  - Drawing a picture to explain things, 'words are too overwhelming'
  - Maintaining dignity by allowing people to remain covered at all times except for the actual moment when examination is occurring
  - Obtaining consent for the examination and for additional people such as students to be present in the room during examination. Ensuring that people understand exactly what the examination is going to involve – they may have no idea what to expect.

- Ensuring people know they are allowed to bring family or friends with them to appointments and encouraging them to do so.
- Ensuring the environment is right and appropriate whanau supports are present before delivering bad news.
- Allowing whanau to remain with patients at all times to support them and understanding that being separated from whanau is a source of intense anxiety and will not assist the healing process.

Multiple actions are underway to help us to understand how we can better help Māori and in fact all people going through the cancer journey. This is excellent work and much needed to help reduce the inequity of outcome experienced by Māori suffering from cancer.

- *Diabetes team summary of the Nelson Marlborough diabetes service audit day* – this team has produced a summary document of 15 recommendations for improvement of their service as a result of their district wide audit day. They are to be commended for this great example of the discipline of taking the time to audit the outcomes of their service, to meet as a multi-disciplinary team to review the results, to lay out a clear action plan for improvement and to review the status of their recommendations made in the previous year – closing the quality loop.

- *The roll out of eLaboratory sign off* – careful planning for the roll out of this function within Health Connect South has taken place over many months with departments working out their rules for signing off results. ELaboratory sign off will replace most laboratory paper results leading to a large reduction in printing and paper sorting while bringing the result directly to the clinician within the electronic health record. This system is now live. Smooth transition to eLaboratory sign off has been difficult for many DHBs, we hope we have learnt from their problems but some early teething problems are to be expected. A high degree of care will be required in the early stages to ensure problems are identified early and addressed. The eLaboratory sign off team has done very good work on this and all their effort is much appreciated.

DHB CGG noted:

- *Staff effort entering events and near misses into Safety 1st is now resulting in the production of a regular review of themes that occur* – for example, one theme is the importance of recording clinical discussions including those occurring by phone. When a clinician is phoning another clinician for advice there is a well-established process for recording the outcome of that discussion but when a patient phones a clinician for advice, recording of the outcome of that call is less reliably done. Health Connect South provides ways of recording and training is available to understand how to do this. Clinical staff should ask for the patient's name, record their NHI number and as soon as possible transpose this to a note in the digital record wherever significant communication has occurred.
- *Latest annual report from the Health Roundtable October 2015 to September 2016* – this dataset compares our hospital data with that from similar sized and comparable hospitals from around Australia and New Zealand and gives us an opportunity to see how we compare over multiple measures. It is reassuring to see that both our hospitals sit well within the normal range or on the better end of the spectrum for the majority of items such as hospital diagnosis standardised mortality ratio, relative length of stay and a variety of measures of ED performance.

A similar dataset is available across a variety of primary care measures also, so this could be an opportunity to take a comparative view of how we are doing.

The reports flag areas where we may perform less 'well' than other hospitals and we can use these flags to explore our own data in more detail and take advice from our own subject matter experts (that is the staff working in those areas) to see whether there are opportunities for improvement. An area suggested in the current report relates to re-presentations to ED within 48 hours. This will be reviewed to see whether or not this represents such an opportunity especially as our Emergency Departments remain under high levels of pressure and every effort needs to be made to keep the departments available for emergency care.

Quality at a Glance
The NMDHB Quality at a Glance is attached as item 6.1.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.