MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	20 September 2017
Subject:	**Clinical Governance Report**

Status

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

Key messages from Clinical Governance meeting held on 8 September 2017

DHB CGG acknowledged:

- *Multiple examples of extraordinary staff commitment to the provision of safe, acute care during this winter period* – This August has seen Nelson Hospital running at high levels of acuity and bed occupancy. Many staff worked additional shifts and long hours to cover for sickness, to match the patient need and to staff the additional beds required. Others have been called in when not on call to assist. The fact that staff will do this despite the fact that they are also subjected to both verbal and physical abuse from patients or their families on a daily basis (52 episodes in August) is testament to their commitment to providing care for our community. It is also acknowledged that staff came over from Wairau to support services in Nelson.

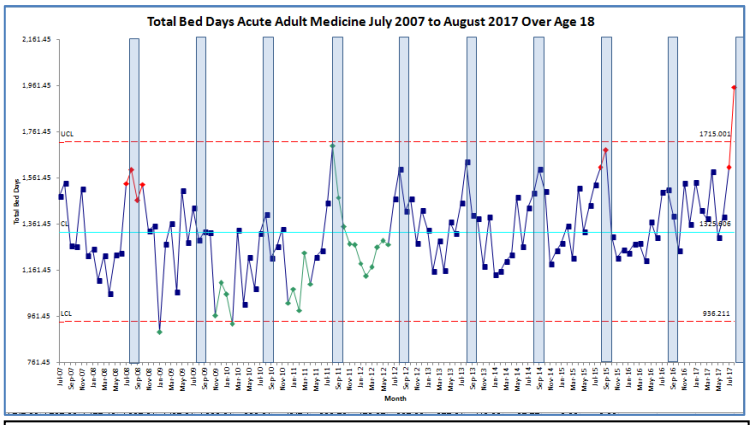

Figure 1: Total acute bed days NMDHB for adult medicine 2007 to 2017. The blue bars outline the months of August, September and October during which usually the annual peak of bed days requirements occurs. 2016 was an unusual year with no strong "flu" season.

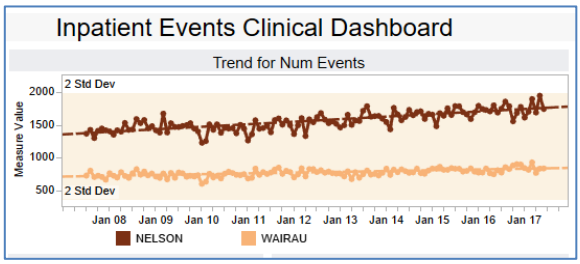

Figure 2: Total number of in-patient events 2007 to 2017

The increase in hospital beds required that was predicted in the 2015 Nelson Marlborough Health Needs Assessment has proved to be correct. This document predicted a requirement for an additional 7 hospital beds every year from 2014 to 2033. The intense pressure on hospital beds that has been seen this winter is demonstrating the urgent need to commence new models of care, both in and out of hospital as well as the necessity to staff the additional beds required. The Day Stay Unit has been open overnight for 21 out of 28 days in August. Our challenge is to afford the necessary staffing for safe, acute hospital care while at the same time affording the initiatives that will prevent the need for hospital admissions.

DHB CGG endorsed:

- *Review of naming conventions for the multiple meetings across the DHB* – Names of the 28 existing meetings have been reviewed to better reflect their function. A committee now refers to a meeting with a specific function or purpose e.g. Infection Prevention and Control or Transfusion. A group reflects a team working on effective linkages and processes across department/s and systems to plan and improve care. e.g. Patient Travel or Theatre.

- *The work of the medication safety group and all who are involved.* Of particular note is the successful work on updating 'Guardrails', the IV infusion pumps that contain pre-programmed settings to ensure safe infusion rates. Over half of the 199 pumps have now been updated with the work due to be completed by the end of October. Following this a robust maintenance program is planned and procurement activity is underway to ensure an appropriate replacement program. A new paediatric insulin chart is also in progress to improve safety when prescribing insulin in this vulnerable group.

DHB CGG noted:

- *The latest 'Open Book Publication' from the Health Quality and Safety Commission (HQSC) on Enoxaparin (Clexane) and Dabigatran (Pradaxa)* – This collection of adverse events that have occurred across New Zealand has been used to highlight that enoxaparin and dabigatran should never be used together due to the increased risk of a serious bleeding event. They should only be used sequentially (ie, give a dose of dabigatran when the next dose of enoxaparin is due). There is no need to have any cross over of therapy.

- *Safety 1st reporting* – This continues to be extremely useful as a way of understanding and improving the safety of our system and highlighting the areas where risk is increased. The time staff spend entering reports (now down to an average of 9 minutes per report) is much appreciated. Every clinical report is seen by the patient safety officer and the relevant manager amongst others. Serious events are all reviewed at the weekly clinical governance core group meeting where the response and review team, if required, are determined. We have a statutory obligation to report all serious patient harm events to the HQSC.

  All clinical events that are either a near miss or represent a low level of harm are reviewed and closed by the appropriate manager. In the ideal process this person would first contact the person who submitted the event (the submitter) to find out more details and their ideas regarding how the event could have been prevented. Because feeding back to the 'submitter' is a critical element in strengthening our safety culture, we have started to include the 'feedback to submitter' rates in our regular Board reporting. Currently these sit around only 50%. Every event contributes to our understanding of the current themes and risks we carry which is why reporting of events is so much appreciated.

  The Clinical Governance Committee notes that Safety First provides information for reactive improvement based on past harm and risks. It recognises that to be proactive, safety work needs to enhance reliability, integration and monitoring of systems hour by hour.

DHB CGG received:

- *The credentialing report for paediatrics – Was received by the group with the recommendation that the department is credentialed for five years. It also highlights opportunities for improvements.* The report now requires some further work and an action list prior to its release.

  Now that we have two departments credentialed under the new policy, we have a number of issues to address to work towards the Ministry of Health expectation as detailed in their 2010 credentialing framework document that stated: 'Services should therefore be reviewed concurrently with practitioners'. In the recent past credentialing has only been considered to apply to SMOs but this document makes it clear that credentialing in fact has to extend to the entire department. We are working through how exactly this takes place and this is a work in progress. The next services planned for credentialing are oral health and mental health.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.