# Safety and Quality Newsletter

### In This Issue:

- 01 Patient First Safety
  Cards
- 02 Hand Hygiene Update
- O3 Consent to Treatment
  Policy Consultation
- 04 5 mins with Renee Fox
- O5 Chief Mental Health
  Advocate
- 06 <u>Health Consumers</u> Council
- 07 <u>Mental Health Support</u> <u>Material</u>
- 08 <u>WA Statewide</u> <u>Medicines Formulary</u>
- **09** Better Care Everywhere

#### **More Information**

Please provide us with feedback or suggest a topic for the next newsletter. We would love to hear from you.

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### A Message from the Executive Director

Welcome to the first edition of the Safety and Quality Newsletter for 2021! Despite the uncertainty of what 2021 has in store, we can be sure of what all staff can bring to the table. Everyone rose to the challenge of lockdown and COVID-19 restrictions in February, and I would like to take this opportunity to thank those who continued their commitment to delivering safe and quality care in the face of uncertainty.

In 2021 we continue our commitment to providing patient centred care and improving patient experience and outcomes. The Health Consumers' Council (HCC) is a valuable resource available for all community members, health consumers and healthcare providers and I encourage all staff to engage with HCC to encourage ongoing improvements in healthcare delivery. The addition of 10 new languages of the Patient First '8 simple steps to keep yourself safe during your hospital stay' Safety Card is a small but vital update to the resources available for patients.

Lastly, it is with great eagerness that we can share the <u>draft Consent to Treatment Mandatory Policy</u> <u>and Procedure</u> and invite feedback from Health Service Provider and Department of Health staff. Thank you in advance for your valued interest and contribution.

As we look to the year ahead, we can be reminded of our own strength and resilience and our ability to overcome challenges as they arise. With that said, I look forward to continue working with you all in 2021!

### **Dr Audrey Koay**

Executive Director
Patient Safety and Clinical Quality



# Patient First Safety Cards

10 New Languages









The Patient Safety and Clinical Quality directorate are pleased to announce that a further 10 translations of the *Patient First '8 simple steps to keep yourself safe during your hospital stay'* Safety Card are now available on both <u>HealthPoint (for all health staff)</u> and <u>HealthyWA Website (for consumers and patients).</u>

This Safety Card is now available in the following 25 languages.

- English
- Italian
- Vietnamese
- Croatian
- Dari

- Indonesian
- Serbian
- Arabic
- Tamil
- Tirginya

- Portuguese
- Cantonese
- Mandarin
- Farsi
- Hindi

- Burmese
- Polish
- Japanese
- Korean
- Hazaragi

- Karen
- Macedonian
- Spanish
- Thai
- Somali

### Salvation Army Christmas Appeal

Department of Health staff have supported the Salvation Army Christmas Appeal for the past four years by kindly donating food and toys to those in need, and this year is no different. Salvation Army was overwhelmed with the generosity of donations for the 2020 Christmas Cheer Appeal, allowing them to add extra food for families as well as select a second gift for their children! Thank you to everyone who contributed.



# Hand Hygiene Update

Audit Period 3, 2020



Overall Compliance 86.1%



**Moments** 30.633



**Organisations** 64 hospitals 11 dental clinics



Medical Compliance 75%



Nurse Compliance 89%



Not met the WA benchmark 3

Full results are now available on the public hand hygiene website.

### Who to Contact

For assistance with the HHCApp or the NHHI learning management system please contact the following people:



**SMHS** 

Elise Li: 6152 3500

Mohd Maznan: 9340 8528





**EMHS** 

Rebecca Cronin: 9224 3201

WACHS Sharron Gilbert: 9781 2026





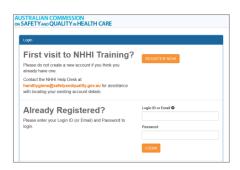
**NMHS** Meagan Wood: 6457 3323

Private ACSQHC: (02) 9126 3511



### **NHHI** Websites

NHHI eLearning Modules https://nhhi.southrock.com



**HHCApp for Auditors** https://nhhi.safetyandquality.gov.au



### Consent to Treatment Mandatory Policy

### **Consultation Open**



The introduction of the *Health Services Act* 2016 and the National Safety and Quality Health Service (NSQHS) Standards 2nd Edition (2017), significantly changed the strategic and operational environment for the implementation of the **WA Health Consent to Treatment Policy 2016** (Operational Directive 0657/16).

The Operational Directive is now being transitioned to a Mandatory Policy within the Clinical Governance, Safety and Quality Policy Framework issued under the Health Services Act 2016, following preconsultation feedback from key Health Service Provider (HSP) stakeholders and the Department of Health.

With the collaboration of key stakeholders, the Patient Safety and Clinical Quality (PSCQ) Directorate, Department of Health have drafted the:

- Consent to Treatment Mandatory Policy, which outlines the minimum requirements for HSPs and, where possible, explanatory rationale for these requirements.
- Consent to Treatment Procedure, which outlines the mandatory steps and processes that HSPs must follow to meet the requirements of the Mandatory Policy.

These drafts align with relevant legislation, and are informed by national and international literature, informal consultation, as well as local policies and procedures.



Responses for comment on the *draft* Policy and Procedure documents are encouraged from Health Service Provider and Department of Health staff that are responsible for developing and implementing policies and clinicians.

Those wishing to participate in the consultation can either:

 complete the online survey via Citizen Space (link)

#### <u>OR</u>

 review the consultation paper and complete the feedback form (via <u>HealthPoint</u>) and forward this to <u>PSCQ.CED@health.wa.gov.au\_c/o</u> Louise Mason.

Any queries regarding the consultation process should also be directed to Louise Mason via <a href="mailto:PSCQ.CED@health.wa.gov.au">PSCQ.CED@health.wa.gov.au</a>. The consultation period ends at close-of-business 16 March 2021.

Thank you in advance for taking the time to participate in this consultation. Your input is important to us.

### 5 mins with ... Renee Fox

Safety & Quality Coordinator

### **Safety and Quality Coordinator**

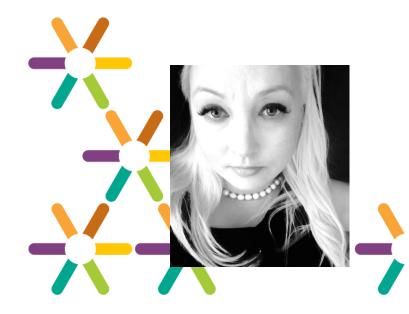
#### 1. What does your role involve?

I am the lead for Quality Improvement and Accreditation across Next Step Drug and Alcohol Services and Alcohol and Drug Social Services (ADSS), managing the Clinical Risk Management process across the organisation and establishing and overseeing audits to meet organisation and accreditation requirements. This also includes policy coordination and providing advice to staff and management around safety, quality and risk issues. I provide professional input regarding clinical safety and quality to various organisational committees including: infection control, consumer committee, Treatment Quality Improvement group (Chair), Drugs and Therapeutics, Clinical Governance, Clinical Management, and Inpatient Withdrawal Unit

I am also the OSH rep, Mental Health First Aid officer, Contact Officer, Family and Domestic Violence Contact Officer for Next Step. It is quite the diverse role.

#### 2. How did you start working in this role?

I started working in this role with Next Step and the Mental Health Commission in January 2015. Before this, I worked in Health in various roles such as Risk Manager, Policy Coordinator, Patient Flow & Clinical Services Planning, Nurse Manager. I have been in various management roles for about 20 years.



### 3. What are your biggest achievements to date?

Leading the organisation from a paper based clinical incident management program over to DATIX CIMS, this included providing all the training for staff and policy development. I have also been project lead for our Rainbow Tick program where we implemented the National Standards for Safety and Quality in Healthcare with Richmond Wellbeing Independent Living Services. I was also part of the team who co-developed: AOD Consumer Capacity Building: co-produced, co-designed, co-delivered: "FOUNDATIONAL TRAINING FOR CONSUMERS OF AOD SERVICES." I have also been on contract panels for new AOD services across WA, and will lead the production of the Next Step Symposium which is scheduled for March 26, 2021, as well as strategic planning days and the development of the Next Step business plan.

# 5 mins with ... Renee Fox

### Safety & Quality Coordinator

# 3. Are there any challenges to your role, and how do you overcome them?

As Next Step is the only mental-health focused clinical service funded by the Mental Health Commission, my role can sometimes feel a little isolated. I have overcome this through networking and becoming a member of the Quality Coordinators Network (QCN). I have held the role of Chair of QCN since 2018. This is a group for safety, quality and risk staff in public and private settings in WA. If you are interested in becoming a member please send me an email

(renee.fox@mhc.wa.gov.au)

Another way I overcome this is by working closely with the Director of Nursing, Clinical Director and Assistant Directors to ensure the safety of patients / consumers / clients of the organisation are a priority in everyone's decision-making.

I have also sought out other opportunities to challenge myself such as joining the Reproductive Technology Council WA which has given me an opportunity to apply my safety quality and risk knowledge along with my nursing background in another setting.

I am also a member of QIP Certifications Impartiality Committee in QLD which oversees the board decision making processes within QIP and provides independent review and oversight of the quality of board certification activities.

## 4. What do you enjoy most about your job?

Every day is different, and the diversity of the work that I do ensures that no day is like any other. I am always focused on bettering the outcomes for consumers and improving services and service delivery and I also enjoy spending time with the people I work with.

# 5. How do you see (or want to see) Safety and Quality in the next five years?

A coordinated effort between each of the HSP's regarding SQR. Common / unified JDF's and a structured career path - everywhere is different and each HSP has its own way of doing things but essentially, they all mean the same thing. Mentoring for new SQR managers / coordinators - it is such a diverse and challenging role and sometimes a guiding hand would have been helpful when I was new into the role.



### **Chief Mental Health Advocate**

### A warm welcome



Dr Sarah Pollock (pictured) has been appointed Chief Mental Health Advocate for Western Australia as the inaugural Chief Advocate, lawyer Debora Colvin, retires from the position.

Ms Colvin was the Head of the Council of Official Visitors from 2008 until 2015 before being appointed the Chief Mental Health Advocate in September 2015 following the passing of the new *Mental Health Act 2014*.

Dr Pollock will head up the Mental Health Advocacy Service (MHAS) and oversee 40 advocates across WA who assist mental health consumers to understand and enforce their rights, have their voice heard by those providing treatment and care, resolve any identified issues and facilitate and advocate for their access to other services.

Dr Pollock has a background in research and advocacy for national mental health service provider Mind Australia and most recently provided advice and assistance to the Royal Commission into Victoria's Mental Health System.

She completed her PhD in health equity and human rights and how to enhance service user agency in social care in 2016.

The Chief Mental Health Advocate must be notified of every person made involuntary in WA and is responsible for ensuring that they and other 'identified persons' are visited or contacted in accordance with the *Mental* 

Health Act 2014. The Chief Advocate has the power to make enquiries about the treatment, care and conditions of identified persons and promotes compliance with the Charter of Mental Health Care Principles by mental health services. Identified persons include involuntary inpatients, children on mental health wards, people on orders in emergency departments, psychiatric hostel residents and mentally impaired accused detained at an authorised hospital, and others as set out in the Mental Health Act 2014.

The Chief Mental Health Advocate manages mental health advocates to support her work, including six specialist Youth Advocates and two Aboriginal Advocates. Last financial year they supported nearly 3,500 people and represented involuntary patients in over 1,000 Mental Health Tribunal hearings.

The Chief Mental Health Advocate is also the Chief Advocate under the *Declared Places (Mentally Impaired Accused) Act 2015,* responsible for advocacy for residents of the Bennett Brook Disability Justice Centre.

Dr Pollock has been appointed by the Minister for Mental Health for five years and begins her term at the end of February 2021.

Ms Colvin will continue her involvement in mental health having been appointed as Chair of the Statutory Review of the Mental Health Act Steering Group and a member of the recently announced Graylands Reconfiguration and Forensic Taskforce being led by former Health Minister Jim McGinty.

### Health Consumers' Council

### The logistics of consumer engagement

The Health Consumers' Council of WA (HCC) is an independent voice advocating for patients in Western Australia. HCC has a range of resources and services available, including assistance with Aboriginal engagement, cultural diversity, policy and reform, workshops and training.

Clare Mullen, Deputy Director of HCC provided key takeaways on 'The logistics of consumer engagement' for all Health staff. Key takeaways from the session are summarised below. For further information and support, please contact the HCC Engagement Team on (08) 9221 3422 or info@hconc.org.au.

#### **Key Takeaways**

- Involving consumers will add value the earlier the better
- Be prepared to be challenged if not, don't ask
- Think diversity what perspectives are not at the table?
- Allow time
- Allocate resources
- There are lots of options you can reach out for help





#### **How to Connect with HCC and Consumers**

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**HCC Facebook** 

https://www.facebook.com/hconcwa/

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Source Group - Connect, Learn, Share

https://www.facebook.com/groups/hccsource/

f

Partners in Change Group – Healthy Life for Longer

https://www.facebook.com/groups/2481238357 84261



Maternity Consultation WA Group

https://www.facebook.com/groups/WAMaternity



**HCC** Twitter

https://twitter.com/hconcwa



**HCC LinkedIn** 

https://www.linkedin.com/company/health-consumers'-council/

HCC Monthly e-news

https://www.hconc.org.au/resources/enews/

Other HCC mailing lists

https://www.hconc.org.au/contact-us/

Community advisory councils and groups (CACs and CAGs)

https://www.wapha.org.au/community/community-engagement/community-advisory-councils/

**Aboriginal Cultural Advisory Groups** 

District Health Advisory Groups

Culturally and linguistically diverse consumer panel

# Mental health support material

### Standardised Clinical Documentation

The Mental Health Unit in consultation with Health Service Provider representatives has reviewed and finalised a range of mental health documents and support material that Health Service Providers can use in clinically appropriate situations. The documents and support material are now available on the Mental Health Unit's Statewide Standardised Clinical Documentation webpage under the 'Additional documents/Further information tab'.

Health Service Providers can also order the mental health documents and support material from Print Media Group. A list of the available documents are available below:

#### **Cognitive Assessment tools:**

- Family Focussed Assessment (COPMI)
- Cognitive Assessment (RUDAS)
- Cognitive Assessment (3MS-MMS)

#### **Drug and Alcohol Assessment tools**

 Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST)

#### **Functional Assessment tools**

Functional Assessment

#### **Consumer Safety Plans**

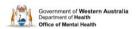
Consumer Safety Plan

### **Cross-cultural Mental Health Assessment** tools

- Transcultural Assessment
- Cultural Gathering tool

#### **Physical Healthcare tools**

- Metabolic Monitoring
- Oral Health Check List (currently not available from Print Media Group)
- Abnormal Involuntary Movement Scale (AIMS) (currently not available from Print Media Group)



#### Mental Health Statewide Standardised Clinical Documentation (SSCD) Pathway Pre-admission Post-admission Discharge Risk Assessment Physical Appearance Care Transfer Triage **Documents** and Management Plan (RAMP) (Initial Assessment for CAMHS) (not applicable for CAMHS) Within 4 hours from first contact **Target** timefra Consumer Mental Health Service to complete a not admitted admitted Triage and RAMP at point of entry. Depending on the disposition for the consumer (e.g. home, GP, private sector) this will constitute the complete record. Upon admission, the community mental health program or psychiatric unit to complete the remaining documents from the SSCD suite. to Mental Health to Mental Health The Statewide Standardised Clinical Documentation (SSCD) is a suite of tools provided to record information. The use of the documents should always be guided by the clinicians informed judgement regarding the consumer's clinical status and needs at the time.

# WA Statewide Medicines Formulary

### **Expert Advisory Groups**

The Western Australian Statewide Medicines Formulary is inviting health clinicians (senior registered nurses, senior pharmacists and senior medical officers) working within WA Health to submit an Expression of Interest (EOI) to become members in the following Expert Advisory Groups (EAGs):

- · Anaesthetics
- Analgesic
- Cardiology
- · Critical care
- Dermatology
- · Ear, nose and throat
- Endocrinology
- Gastroenterology
- Haematology
- Hepatology
- Immunology
- Nephrology
- Neurology
- Obstetrics and gynaecology
- Oncology
- Paediatric analgesic
- Palliative care
- Ophthalmology
- Respiratory
- Transplant medicine
- Urology

#### Scope

The EAGs will provide advice and recommendations to the Western Australian Drug Evaluation Panel (WADEP) relating to statewide medication use and related projects as applicable to each EAG's particular therapeutic



area to promote the safe and quality use of medicines (QUM). EAGs are composed of specialist senior clinicians within their field of expertise and are sub entities of WADEP.

#### Membership responsibilities

Members will be expected to contribute perspective and experience to discussions pertaining to the safe and quality use of medications used in the treatment of conditions within their specialty in Western Australia.

They may be asked to seek feedback, collate comments and initiate discussions in their place of work regarding relevant medication groups or patient settings.

Requests for EAG feedback and recommendations will be via email communication from the Formulary Management Team (FMT), on behalf of WADEP, as required. Meetings may be organised by the FMT for more complex discussions and may be either face-to-face or via teleconference.

For further information contact the FMT on 6373 2217 or at wadep@health.wa.gov.au.

Send your EOI to the FMT at <a href="mailto:wadep@health.wa.gov.au">wadep@health.wa.gov.au</a> by 19 March 2021.

# Better Care Everywhere

### **ACSQHC Program series webinar**



### **Better Care Everywhere Program**

Throughout February, Australian healthcare leaders unpacked healthcare variation in a series of free webinars with live Q&A, the first program of its kind dedicated to reducing unwarranted variation in clinical care across Australia. The webinar series, hosted by the Australian Commission on Safety and Quality in Health Care (ACSQHC), explored a range of topics on why Australians aren't getting the same care everywhere, how to prevent opioid prescribing problems, practical tips for vanishing variation, and using the NSQHS Standards User Guide for the Review of Clinical Variation in Health Care as a roadmap to better care. Individual videos of sessions can be viewed on the Better Care Everywhere Program Series YouTube channel and via the following links:

- Same care everywhere? Far from it!
- Stopping the habit: Opioid prescribing in general practice
- Preventing a problem: Opioid prescribing in hospitals
- Vanishing variation: Practical tips for doing more of the same
- NSQHS Standards action 1.28: Your roadmap to better care

This newsletter has been produced for informative purposes only by: Patient Safety and Clinical Quality, Department of Health Level 3, 3 Forrest Place
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