

ANNUAL REPORT TO THE PUBLIC
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY
SURGICAL DIVISION QUALITY IMPROVEMENT COMMITTEE
ROYAL PERTH HOSPITAL

Please send completed reports to:
Dr Simon Towler
Chief Medical Officer
Department of Health
PO Box 8172 Perth Business Centre
Western Australia 6849

If you require any further information, or have any queries, please contact the Office of Safety and Quality in Health Care on 9222 2238.

Please note: The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

Contact details of person providing the report:

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Signature:.....

1. Name of Committee.

Surgical Division Quality Improvement Committee

2. Name the health care facilities that contribute to this Committee.

Royal Perth Hospital

3. Give a brief description of the purpose of Qualified Privilege including the public interest in denying access to information for the purpose of encouraging participation by health care professionals in quality assurance.

Protection enables open and frank discussion between committee members when reviewing clinical care. Confidentiality and medico-legal privilege are essential for all healthcare professionals to report adverse events. Loss of this existing protection would mean these quality improvement activities would have to cease.

4. Describe the main functions of the Committee.

The purpose of the Surgical Division Quality Improvement Committee is to investigate and evaluate systems and processes with the aim of continually improving safety and quality of care at Royal Perth Hospital in an impartial blame-free manner, so as to identify modifiable contributing system errors.

5. Attach the Terms of Reference (TOR) and any proposed changes to the TOR.

A copy of the terms of Reference is attached. There has been no change to these.

6. Describe the categories of membership of the declared Committee.

Consultant surgeons in the Surgical Division, senior nurses, and business manager.

a) What services have been assessed and evaluated by the committee?

Trauma Mortality and Morbidity Committee Audit:

In 2005: 88 patients audited, with mortality- not preventable (86.4%), possibly preventable (13.6%) . In 2006: 74 Patients audited to date, with mortality not preventable (94.6%), possibly preventable (2.7%) . Outcomes include reinforcement of Medical Emergency Team (MET) activation criteria adherence, change of protocol in ICU for Propofol Infusion Syndrome.

Peripherally Inserted Intravenous Central-venous Catheter (PICC) - Centralised Procedure Area Trial:

Increase in PICC proceduralist success rate from 89.7% (pre-centralised procedure area) to 98.4% (centralised procedure area); reduction in referral rate to interventional radiology for PICC insertion from 20.5% (pre-centralised procedure area) to 0.8% (centralised procedure area). Outcome to support centralised procedure area derived.

Patient Satisfaction Survey in Day Surgery Unit (DSU):

Service areas of excellent satisfaction as perceived by same day surgery clients include: Pre-admission assessment service generally; meals; all aspects of DSU nursing care; Recovery area (pain/ nausea management); tests and therapy generally; and visitor and families generally. In the overall assessment areas, the following were identified as excellent: care provided; hospital cleanliness; staff working together; improved client understanding of medical condition post entry to hospital; perception of security (self and belongings); and client recommendation of RPH to others.

Service areas of poor/ low to average satisfaction were: waiting time for admission from clerical area (Booked Admissions) to either ward G or ward B (pre-operatively); ward room décor, room noise, seating, and privacy; ward B room décor; main theatres waiting time in reception area and information provided concerning delays; and information given to client/ client family concerning their condition and treatment. Many of these recommendations for improvement have been addressed in planning for the pending refurbishment of the DSU, DOSA area and Day Overnight Unit (DO23), and the provision of written feedback to other areas to address identified deficits.

Average Length of Stay Monthly Audits:

Issues identified include increased length of stay in comparison to benchmarked average LOS from Health Round Table hospitals for ongoing best quartile management of surgical admissions with the purpose of maximising surgical bed capacity and implementing strategies to address benchmarked deficits in ALOS at RPH. For example, progressive change in elective surgery admission classification from multi-day admission to Day Overnight 23 Hour admission for specific surgical procedures that reduce ALOS and increase surgical bed capacity.

7. b) What action has been taken as a result of the assessment and evaluation?

Where appropriate Heads of Departments and Divisional Director have been advised of incidents as they affect their area of responsibility. Where changes have been advised or recommended such changes in practices/procedures/policies as well as educational updates and staff training

have been implemented and evaluated.

c) What were the results of the action and the lessons learnt?

- *Improved communication between staff in departments*
- *Improvements to patient safety and patient care*
- *Increased staff knowledge*
- *Changes in practice*
- *Development of Nursing Practice Standards*
- *Operational Policy Developments*

The outcomes of the quality improvement activities are reflected in the delivery of care to the patient including improvements in patient safety, clinical care, education, and reduction in hazards and risk minimisation.

8) Attach a summary of the information management policy.

The destruction of documentation is determined by Royal Perth Hospital, Confidentiality and Information Security Policy and the Guidelines on record keeping practices for peak committees at RPH. All documentation furnished by the committee is securely stored under lock and key, and can only be accessed by the Chairperson of the committee or the representative from the Clinical Safety and Quality Unit.