

Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

STRENGTHENING HEALTH SYSTEMS THROUGH CLINICAL GOVERNANCE

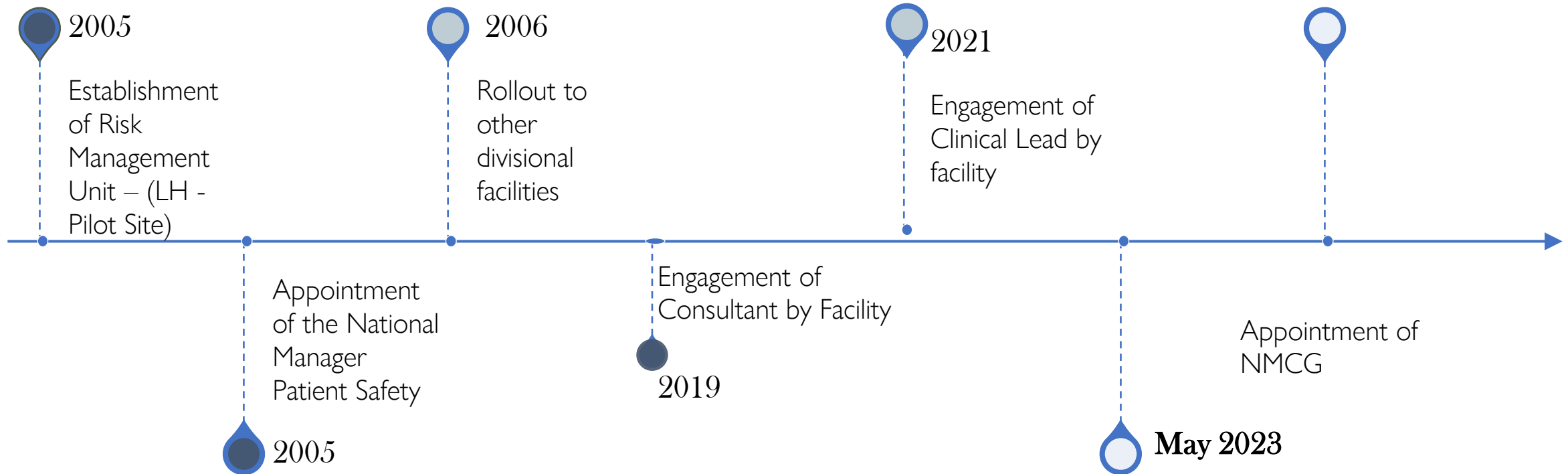
LYDIA ANDREWS

NATIONAL MANAGER CLINICAL GOVERNANCE
MINISTRY OF HEALTH & MEDICAL SERVICES, FIJI

- Clinical Governance (CG) is defined as:
- *'A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.'* - MOHMS Risk Management/Quality Improvement Program, 2008; p3).

CLINICAL GOVERNANCE IS EVERYBODY'S
RESPONSIBILITY.

TimeLine



HISTORICAL ACHIVEMENT

- Establishment of the Risk Management Unit at the 3 divisional Hospitals 2004-2006
- National Manager Patient Safety position at MOHMS HQ – 2005
- Development of QI Committees for Divisional hospitals and Divisional Plus for PH
- Introduction of the Incident Reporting System (paper based UORs)
- Patient Satisfaction Survey Questionnaires

PROGRESS/ACHIVEMENTS

INCIDENT REPORTING FORMS

PART 1 HOSPITAL _____ INCIDENT REPORT NO. _____ (For Risk Management unit use only)

CONFIDENTIAL • DO NOT PHOTOCOPY COMPLETED FORMS • DO NOT FILE OR REFER TO FORM IN MEDICAL RECORD

THE PERSON DISCOVERING THE INCIDENT MUST REPORT IT IMMEDIATELY TO THEIR SUPERVISOR/HEAD OF DEPARTMENT AND /OR RISK MANAGEMENT UNIT

Date of Event	Time of Event	Date Event Discovered	Dept / Unit	Discovered By (designation)	Where Discovered

PRINCIPAL INCIDENT TYPE: (TICK ONE): Only clinical issues to be reported on this form

<input type="checkbox"/> Against Medical Advice	<input type="checkbox"/> Breach of Confidentiality	<input type="checkbox"/> Communication	<input type="checkbox"/> Consumables
<input type="checkbox"/> Documentation/Information	<input type="checkbox"/> Fall	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Delay in process
<input type="checkbox"/> Equipment (incl. Therapeutic devices)	<input type="checkbox"/> OT Related	<input type="checkbox"/> Nutrition	
<input type="checkbox"/> IV fluids/Blood Products	<input type="checkbox"/> Medication	<input type="checkbox"/> Treatment/Procedures/Test	
<input type="checkbox"/> Oxygen &/or Gas	<input type="checkbox"/> Policy/ Procedure	<input type="checkbox"/> Refusal of Treatment	<input type="checkbox"/> Other: Specify below
<input type="checkbox"/> Pressure Ulcer			

MEDICATIONS (TICK OR IF UNSURE COMMENT IN PART 2 BELOW)

Route of Admin: _____	Name of Drug: _____
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<input type="checkbox"/> Dispensing error	<input type="checkbox"/> Prescribing error	<input type="checkbox"/> Wrong drug	<input type="checkbox"/> Wrong I.V. solution
<input type="checkbox"/> Administration error	<input type="checkbox"/> Over dose	<input type="checkbox"/> Wrong I.V. rate	<input type="checkbox"/> Narcotic keys missing
<input type="checkbox"/> Under dose	<input type="checkbox"/> Omission	<input type="checkbox"/> Wrong narcotic count	<input type="checkbox"/> Policy not followed
<input type="checkbox"/> Labeling error	<input type="checkbox"/> I.V. site infection	<input type="checkbox"/> Wrong route	<input type="checkbox"/> I.V. site infiltration / extravasation
<input type="checkbox"/> Improper preparation	<input type="checkbox"/> Drug reaction	<input type="checkbox"/> Wrong time	<input type="checkbox"/> Documentation/transcription error
<input type="checkbox"/> Unavailable	<input type="checkbox"/> Order unclear	<input type="checkbox"/> Wrong patient	<input type="checkbox"/> Other: Specify below

PART 2: Do not mention names of officers. Do not use for OHS issues and customer complaints

DESCRIBE what happened, apparent cause, condition of person before and after the incident and any other relevant information.

DIGITALISED TEMPLATE

Location of UOR occurrence, *

CHWD

Position of person discovering the unusual occurrence *

IPC

Department of person discovering the unusual occurrence *

IPC

Your Phone contact - in the event we require further details *

9421842

Please describe what happened; apparent cause; condition of person before/after unusual occurrence or the relevant information.

There is no hand sanitizer received from stores. Expired Sanitizer Bottles are washed, cleaned and air dried and refilled with the sanitizer issued in gallons by the pharmacy. This is used in wards now, discussed in ICC.

Take a photo if necessary. Note that you will have to sign into google and upload it from your Google Drive to use this feature

20231108_0924...

A	B	C	D	E	F	H	I	J
UOR case number	Individual ID number	UOR for 2023	Date of UOR Sent	Date of UOR Recorded	UOR Name	Severity	Area UOR Assigned	Position
827	1	457	27/10/2023	27/10/2023	Nonadherence to IPC protocol in PICU	Minor	Clinical	HOD Paediatrics
828	1	458	25/10/2023	30/10/2023	Direct transfer of patient from Raiwaqa Health Center to CCU isolation without dis	No Harm	Clinical	HOD ED
829	1	459	29/10/2023	01/11/2023	Delayed transfer of patient from ED to OT	No Harm	Nursing	NUM ED
830	1	460	26/10/2023	01/11/2023	Altercation between Maternity Staff and Maternity clerk regarding birth notification	No Harm	Administrative	Supervisor Medical Record
831	1	461	30/10/2023	01/11/2023	Needle stick injury in physio isolation ward	Moderate	Administrative	DDON WW
832	1	462	30/11/2023	01/11/2023	No supply of hand gel to PICU	No Harm	Administrative	Supervisor Stores
833	1	463	30/11/2023	01/11/2023	Patient unable to undergo dialysis due to nursing staff shortage in ICU	Major	Nursing	NUM ICU
834	1	464	03/11/2023	02/11/2023	Bed carbolised with water only in CHWD	Major	Nursing	Matron Paeds
835	1	465	02/11/2023	02/11/2023	Operator not answering calls during emergencies	No Harm	Administrative	Supervisor Operators
836	1	466	06/11/2023	07/11/2023	Food scraps from kitchen spilling out near operators	No Harm	Administrative	Hospital Administrator
837	1	467	06/11/2023	07/11/2023	Spinal services on hold due to broken C-arm xray in OT	No Harm	Administrative	Hospital Administrator
838	1	468	07/11/2023	07/11/2023	Unavailability of patient's previous medical folder	No Harm	Nursing	DDON WW
839	1	469	07/11/2023	08/11/2023	Mishandling of blood samples in CHM	No Harm	Clinical	HOD Laboratory
840	1	470	08/11/2023	09/11/2023	No supply of hand sanitizer from stores	No Harm	Administrative	Supervisor Stores
841	1	471	06/11/2023	09/11/2023	Damage of nebuliser in CHWD	Minor	Nursing	NUM CHWD
842	1	472	08/11/2023	09/11/2023	Ongoing issue with air conditioning in physio isolation	Minor	Administrative	Hospital Administrator

PROGRESS/ACHIEVEMENTS

MOHMS VITALS CHARTS

NAME (BLOCK LETTERS) _____ HOSPITAL _____ WARD _____
 MEDICAL OFFICER _____ ADMITTED _____ STUDENT _____

FOUR - HOURLY CHART

DATE	TIME	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	F°
70	140	41*															105.9
65	150	40.5*															104.9
60	140	40*															104.0
55	130	39.5*															103.1
50	120	39*															102.1
45	110	38.5*															101.3
40	100	38*															100.4
38	90	37.5*															99.5
30	80	37*															98.6
25	70	36.5*															97.7
20	60	36*															96.8
15	50	35.5*															95.9
10	40	35*															95.0

RESPIRATION IN GREEN PULSE IN RED TEMPERATURE IN BLUE

NAME _____ B.D. _____ HOSPITAL _____ WARD _____
 MEDICAL OFFICER _____ ADMITTED _____ STUDENT _____

B.D. CHART

DATE	TIME	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	MORNING	AFTERNOON	EVENING	F°
230	80	180	43*														109.4
210	75	170	42.5*														108.5
200	70	160	42*														107.6
190	65	150	41.5*														106.7
180	60	140	41*														105.8
170	55	130	40.5*														104.9
160	50	120	40*														104.0
150	45	110	39.5*														103.1
140	40	100	39*														102.2
130	35	90	38.5*														101.3
120	30	80	38*														100.4
110	25	70	37.5*														99.5
100	20	60	37*														98.6
90	15	50	36.5*														97.7
80	10	40	36*														96.8
70	5	30	35.5*														95.9
60	0	20	35*														95.0

RESPIRATION IN GREEN PULSE IN PURPLE TEMPERATURE IN BLUE BLOOD PRESSURE IN RED

Piloted Charts at CWMH

LAUTOKA HOSPITAL MINISTRY OF HEALTH & MEDICAL SERVICES

FAMILY NAME _____ NHN _____
 GIVEN NAME _____ SEX MALE FEMALE
 D.O.B. _____ M.O. _____
 ADDRESS _____
 WARD _____

STANDARD ADULT GENERAL OBSERVATION CHART

Altered Calling Criteria ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date	Time	Respiratory Rate	Oxygen Sat %	SBP	DBP	HR	Rhythm	Neurological
35								
25								
15								
5								
100								
95								
90								
85								
230								
220								
210								
200								
190								
180								
170								
160								
150								
140								
130								
120								
110								
100								
90								
80								
70								
60								
50								
40								

Key: RA = Room Air, NP = Nasal Prong, PM = Simple facemask, NRB = Non Re-breather, VM = Venturi Mask

Enter appropriate letters: A = Alert, V = Resizable by voice (conduct GCS), P = Resizable only by pain (conduct GCS), U = Unresponsive

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REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

CHECK THE HEALTH CARE RECORD FOR AN END OF LIFE CARE PLAN WHICH MAY ALTER THE MANAGEMENT OF YOUR PATIENT

Yellow Zone Response

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS OR ADDITIONAL CRITERIA* YOU **MUST**

1. Initiate appropriate clinical care
2. Repeat and increase the frequency of observations, as indicated by your patient's condition
3. Consult promptly with the NURSE IN CHARGE to decide whether a call to INTERN REVIEW (or REGISTRAR) should be made

Consider the following:

- What is usual for your patient and are there documented 'ALTERATIONS TO CALLING CRITERIA'?
- Does the trend in observations suggest deterioration?
- Is there more than one Yellow Zone observation or additional criterion?
- Are you concerned about your patient?

IF A CLINICAL REVIEW IS CALLED:

1. Reassess your patient and escalate according to your local CERS if the call is not attended within 30 minutes or you are becoming more concerned
2. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
3. Inform the Attending Medical Officer that a call was made as soon as it is practicable

***Additional YELLOW ZONE Criteria**

- Increasing oxygen requirement
- Poor peripheral circulation
- Excess or increasing blood loss
- Decrease in Level of Consciousness or new onset of confusion
- Low urine output persistent for 4 hours (< 100mLs over 4 hours or < 0.5mL/kg/hr via an IDC)
- Polyuria, in the absence of diuretics (urine output > 200mL/hr for 2 hours)
- Greater than expected fluid loss from a drain
- New, increasing or uncontrolled pain (including chest pain)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with no decrease in Level of Consciousness
- Ketonaemia > 1.5mmol/L or Ketonuria 2+ or more
- Concern by patient or family member
- Concern by you or any staff member

CONSIDER IF YOUR PATIENT'S DETERIORATION COULD BE DUE TO SEPSIS, A NEW ARRHYTHMIA, HYPOVOLAEMIA/HAEMORRHAGE, PULMONARY EMBOLUS/DVT, PNEUMONIA/ATELECTASIS, AN AMI, STROKE, OR AN OVERDOSE/OVER SEDATION

Red Zone Response

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS OR ADDITIONAL CRITERIA* YOU **MUST CALL FOR A REGISTRAR AND**

1. Initiate appropriate clinical care
2. Inform the NURSE IN CHARGE that you have called for a REGISTRAR
3. Repeat and increase the frequency of observations, as indicated by your patient's condition
4. Document an A-G assessment, reason for escalation, treatment and outcome in your patient's health care record
5. Inform the Attending Medical Officer that a call was made as soon as it is practicable

***Additional RED ZONE Criteria**

- Cardiac or respiratory arrest
- Airway obstruction or stridor
- Patient unresponsive
- Deterioration not reversed within 1 hour of Clinical Review
- Increasing oxygen requirements to maintain oxygen saturation > 90%
- Arterial Blood Gas: PaO₂ < 60 or PaCO₂ > 60 or pH < 7.2 or BE < -6
- Venous Blood Gas: PvCO₂ > 65 or pH < 7.2
- Only responds to Pain (P) on the AVPU scale
- Sudden decrease in Level of Consciousness (a drop of 2 or more points on the GCS)
- Seizures
- Low urine output persistent for 8 hours (< 200mLs over 8 hours or < 0.5mL/kg/hr via an IDC)
- Blood Glucose Level < 4mmol/L or > 20mmol/L with a decreased Level of Consciousness
- Lactate ≥ 4mmol/L
- Serious concern by any patient or family member
- Serious concern by you or any staff member

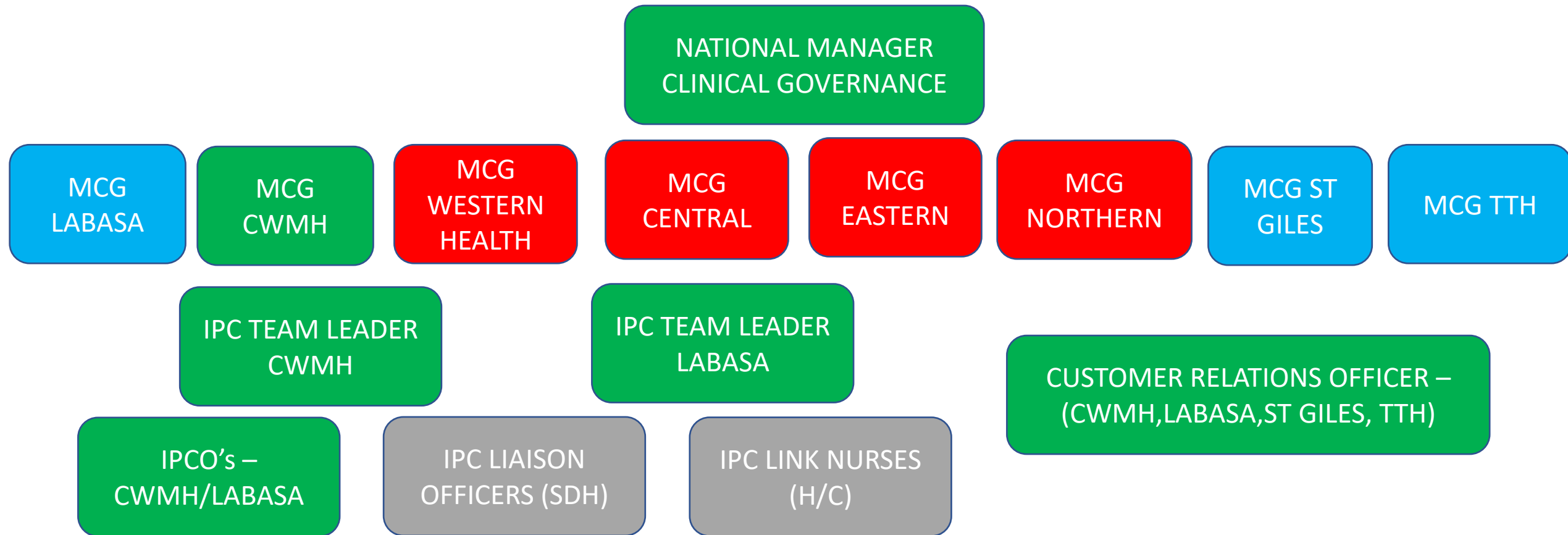
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PROGRESS/ACHIEVEMENT

Strengthening the national clinical governance approach

- Development of the first Clinical Governance Charter and metrics.
- Workshop for all senior managers and NMCG scheduled for the 1 -3 November 2023 to:
 - Build a community of practice;
 - Provide training; and
 - Support participants to identify their local clinical governance priorities and how they will support those in their roles.
- Regularisation of Clinical Governance Manger positions within MOHMS

CLINICAL GOVERNANCE TEAM



PROGRESS/ACHIEVEMENT

Upskilling of staff

- 15 Infection Prevention and Control Officer's (IPCO's) and Clinical Governance Managers are currently undertaking the online Foundations of Infection Prevention and Control training by the Australian College of Infection Prevention & Control (ACIPC).
- 2 staff members have completed the Clinical Governance training delivered by the Australian Institute of Clinical Governance (AICG).

PROGRESS/ACHIEVEMENT

Strengthening of infection prevention and control (IPC) systems

- Development of the National Infection Control workplan and consumable list.
- Strengthening cleaning process at CWMH.
- IPC workshop held on the 16th & 17th of October for the Western Division. 18 IPC and Link Nurses were trained.

HOW WILL THIS BE MONITORED

- Regular Audits
- Incident Reports
- Customer Feedback

CHALLENGES

- Understanding of Clinical Governance by HCWs
- Clinical Leadership Capacity
- Standards of clinical software
- Robust & Relevant Indicators
- Data analysis
- Financial Support

Way Forward

Clinical Leadership Capacity

- Develop an formal training program for clinical leaders

Lack of understanding

- Awareness/Training on clinical governance for all HCWs
- CG to be driven by recognized clinical leaders

Clinical Indicators

- Relevant and appropriate

Data Analysis

- Recruitment of a consultant to assist in data analysis (Facility)
- Training for MOHMS employees

RECOMMENDATIONS

Government

- Governments are urged to consider strategies to design and implement integrated approaches of clinical governance that tackle key aspects including: leadership and culture, a supported, effective workforce, effective systems and processes, and effective risk management. Design and implementation of these must be intentional and underpinned by continued measurement and monitoring.

Development partners:

- Support governments to address a whole system of clinical governance approach by using interventions that support improvements to the overall quality of care delivered rather than only targeting particular, urgent clinical challenges which results in the systems that underpin and drive those challenges remaining unaddressed and in turn, limits the sustainability of interventions.
- Consider clinical governance (and the attendant needs for leadership development and capacity building) a high priority area of focus.

ACKNOWLEDGEMENT

- DFAT
- SPC
- WORLD BANK