CSAs-on-myShift

Ambulance Service of New South Wales

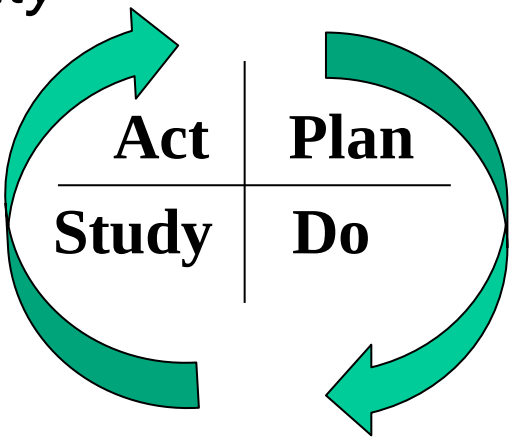
By Katie Klarenaar (Manager Clinical Performance)

The Challenge

Ambulance Service of New South Wales

In 2009 the CEC recommended:

"NSW Ambulance must have systems in place to ensure, that in addition to the circulation of patient safety alerts, there are defined accountabilities to ensure that changes are made. Further an evaluation/audit process is undertaken to "close the loop" in terms of ensuring patient safety and Quality"



Background

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Probability Categories	Definition
Frequent	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
Likely	Will probably occur in most circumstances (several times a year)
Possible	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
Unlikely	Possibly will recur – could occur at some time in 2 to 5 years
Rare	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

Action Required	
1	**Extreme** risk – immediate action required – Reportable Incident Brief (RIB) for all SAC 1 incidents must be forwarded to the DoH within 24 hours. A Privileged Root Cause Analysis (RCA) investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the DoH.
2	**High** risk – need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.
3	**Medium** risk – management responsibility must be specified – Aggregate data then undertake a practice improvement project. **Exception** – all financial losses must be reported to senior management.
4	**Low** risk – manage by routine procedures – Aggregate data then undertake a practice improvement project.
NB – An incident that rates a SAC 2, 3 or 4 should only be reported to the DoH if there is the potential for media interest or requires direct notification under existing DoH legislative reporting requirements or NSW DoH Policy Directive.	

STEP 3 SAC Matrix

LIKELIHOOD	CONSEQUENCE: Serious	Major	Moderate	Minor	Minimum
Frequent	1	1	2	3	3
Likely	1	1	2	3	4
Possible	1	2	2	3	4
Unlikely	1	2	3	4	4
Rare	2	3	3	4	4

Every incident assessed against the Severity Assessment Code Matrix should be scored separately for both their actual and potential consequence or outcome

NSW HEALTH

SUBN (QSR) 050138

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Via a process of elimination NSW Ambulance then 'closed the loop' on Clinical Safety Alerts

by putting

on an internal website called

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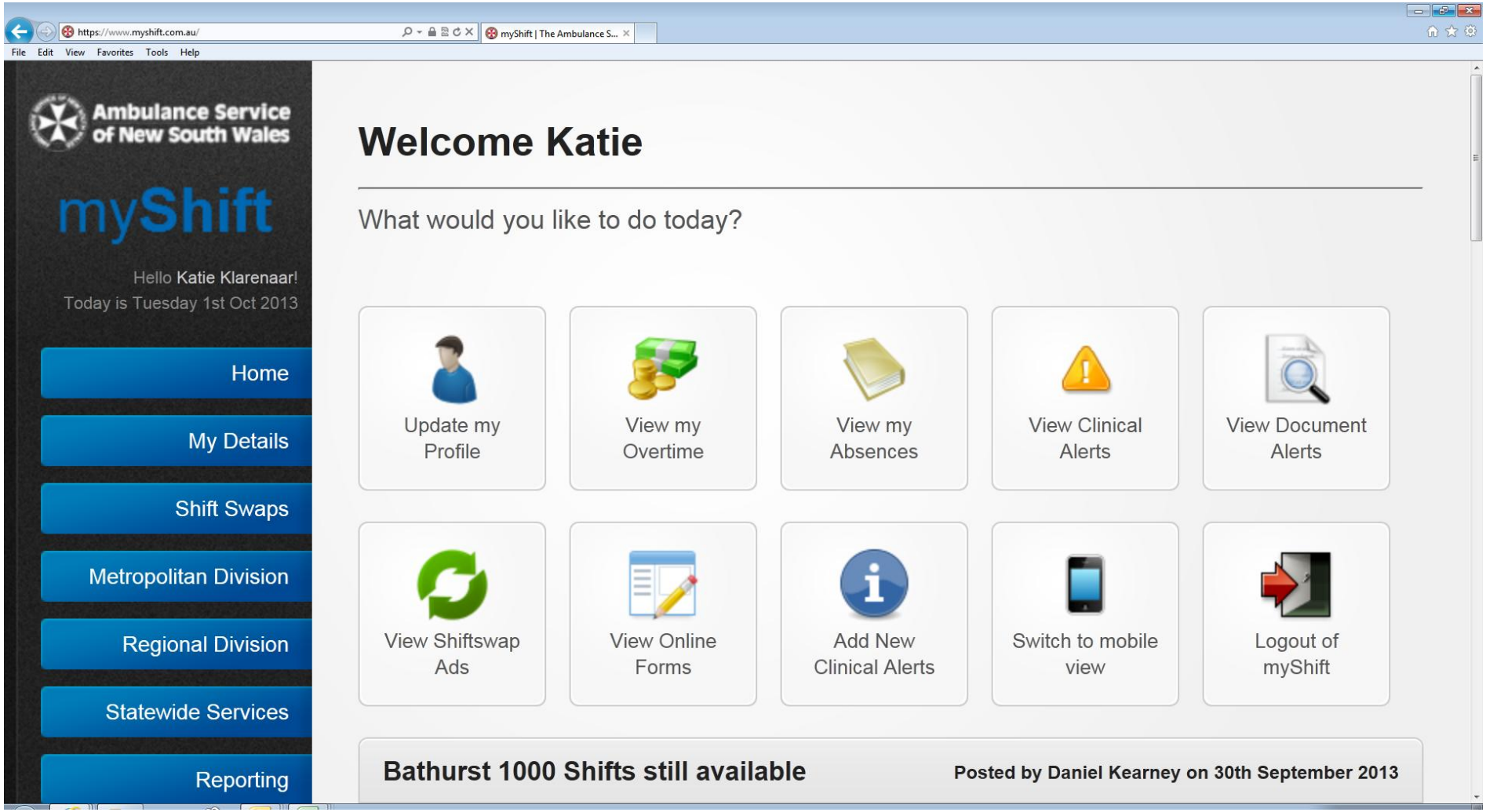

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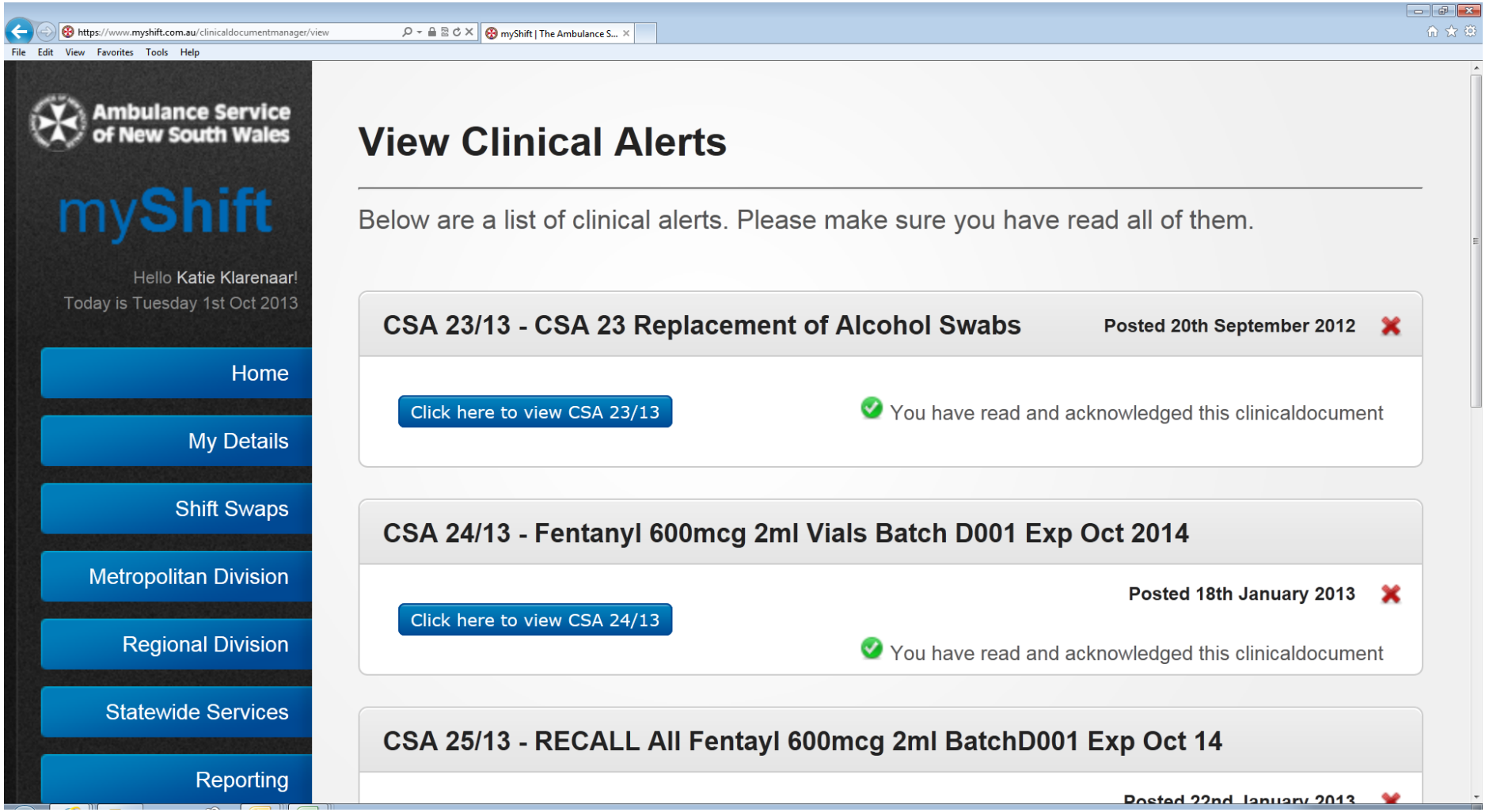

Ambulance Service of New South Wales

excellence in care

Ambulance Service of New South Wales

Clinical Safety Alert

Improving Patient Safety and Clinical Quality

Clinical Risk Advice Line 0428 238 423 (0428 ADVICE)

CSA26/13

JANUARY 2013

Distributed to:

> GM Corporate Services

> GM Operations

> Divisional Management

> Sector Management

> Ambulance Stations

> Volunteers

> Community First Responders

Actions required by:

> Director Operations

> Operations Managers

> Station Officers

> Ambulance Paramedics

> Ambulance Educators

Morphine 10mg in 1mL injection temporary alternate preparation

DBL™ Morphine 10mg in 1mL Injection is unavailable due to manufacturing issues and will be replaced with the alternate preparation WOCKHARDT™ Morphine Sulphate Injection 10mg in 1mL for approximately six months.

DBL™ Morphine 10mg in 1mL	WOCKHARDT™ Morphine Sulphate 10mg in 1mL
Pack of 5	Pack of 10
For intravenous, intramuscular and subcutaneous use	For intravenous, intramuscular and subcutaneous use
Preservative free For epidural or intrathecal use	CONTAINS PRESERVATIVE Not for epidural or intrathecal use

NOTE: Staff must follow Look- Alike Sound- Alike and High Risk medications (CSI 35/09) procedures with any change in packaging or presentation of medications as well as using the Pre-administration Check Skill (108.9).

Graham McCarthy
A/Executive Director Clinical Governance

Paramedics are encouraged to log into www.myShift.com.au to confirm their understanding of the contents of this Clinical Safety Alert.

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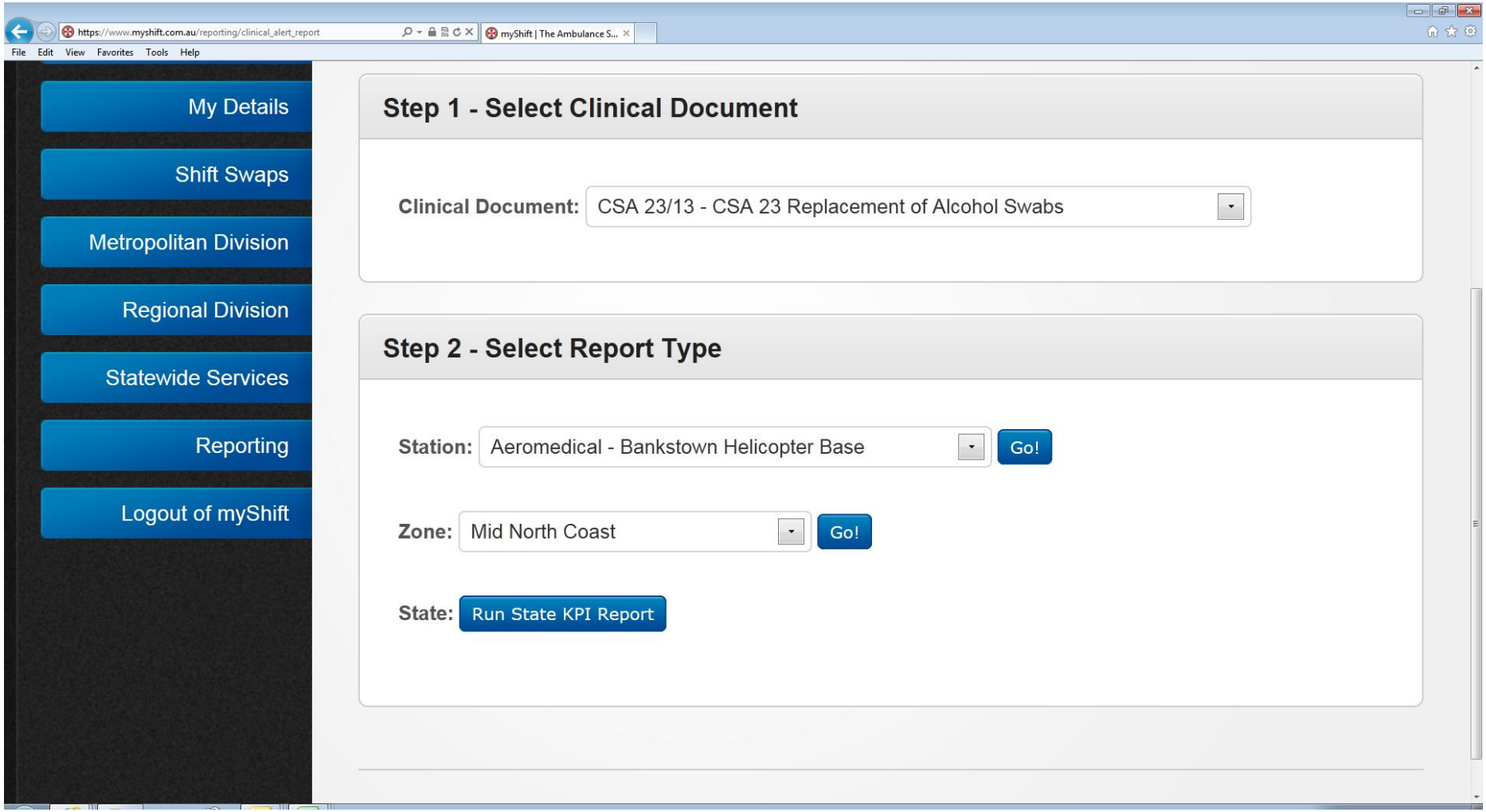

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State report example

For CSA 23/13
Document Created: 20-09-2012

Total clinical staff who meet specific clinical criteria: 3766

- **Staff acknowledged within one week KPI: 1644 (43.65%)**
- **Staff acknowledged within one month KPI: 2654 (70.47%)**
- **Current staff acknowledgement KPI: 3435 (91.21%)**

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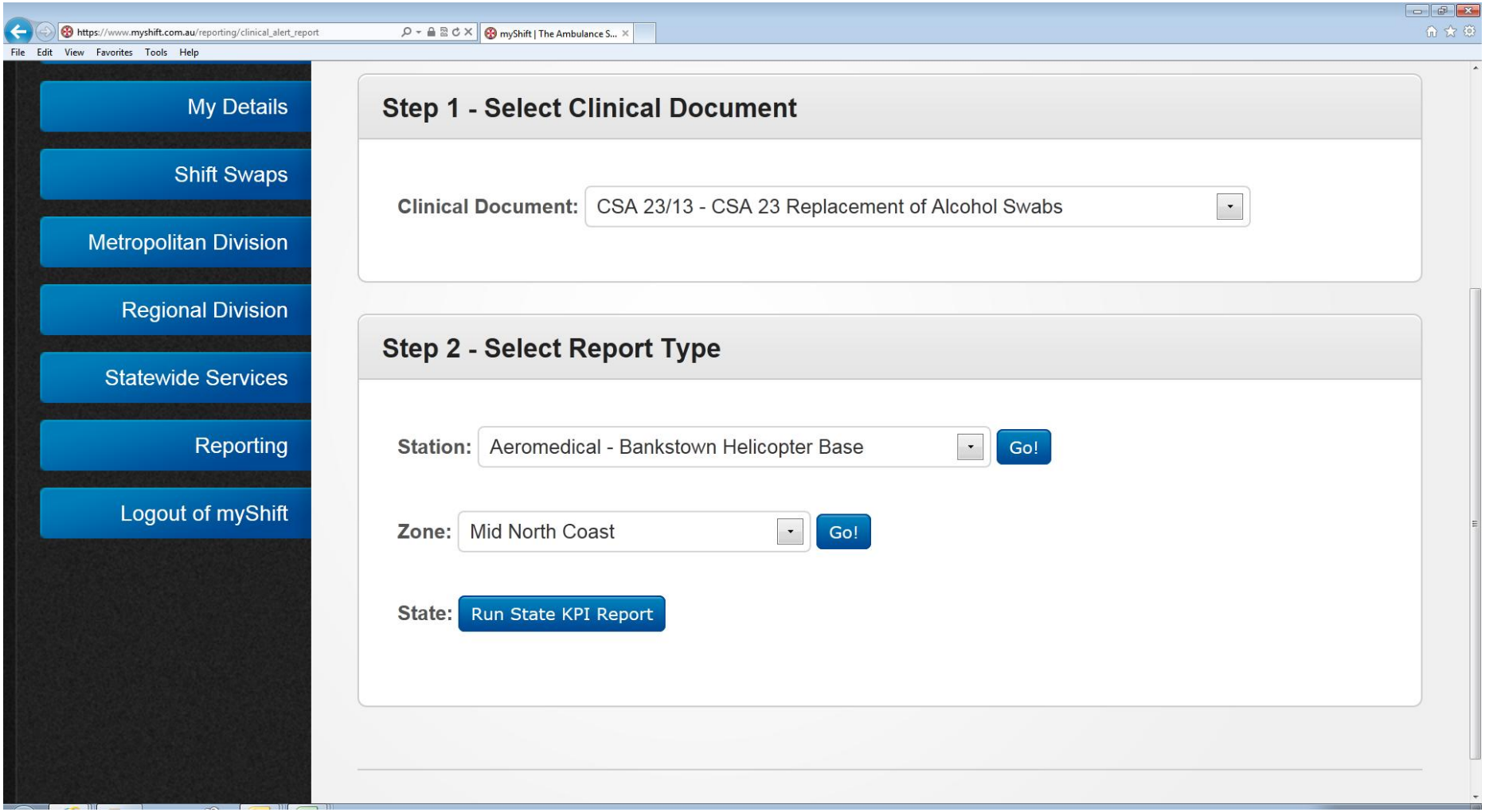

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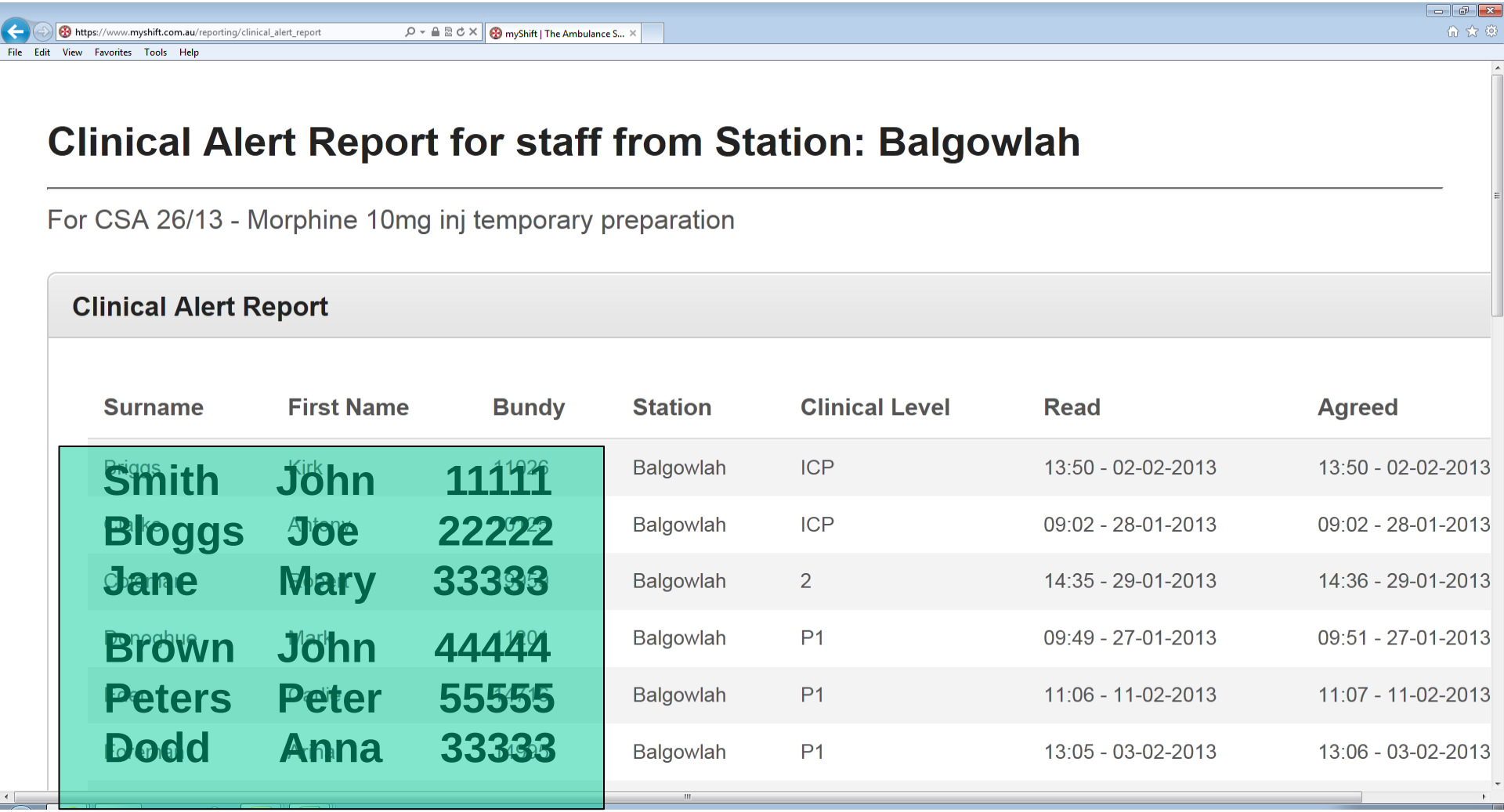

Clinical Alert Report for staff from Station: Balgowlah

For CSA 26/13 - Morphine 10mg inj temporary preparation

Clinical Alert Report

Surname	First Name	Bundy	Station	Clinical Level	Read	Agreed
Smith	John	11111	Balgowlah	ICP	13:50 - 02-02-2013	13:50 - 02-02-2013
Bloggs	Joe	22222	Balgowlah	ICP	09:02 - 28-01-2013	09:02 - 28-01-2013
Jane	Mary	33333	Balgowlah	2	14:35 - 29-01-2013	14:36 - 29-01-2013
Brown	John	44444	Balgowlah	P1	09:49 - 27-01-2013	09:51 - 27-01-2013
Peters	Peter	55555	Balgowlah	P1	11:06 - 11-02-2013	11:07 - 11-02-2013
Dodd	Anna	33333	Balgowlah	P1	13:05 - 03-02-2013	13:06 - 03-02-2013

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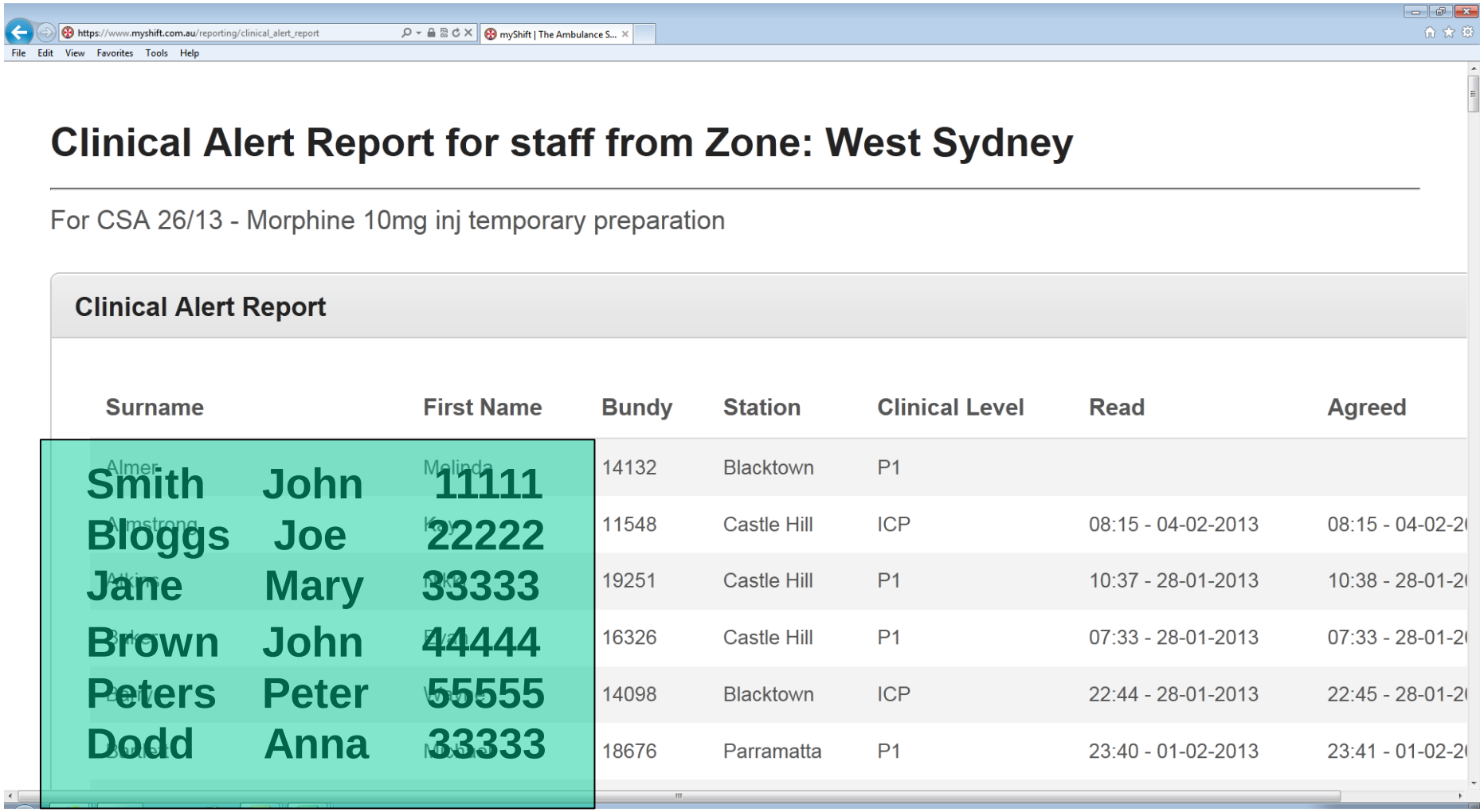

The Results

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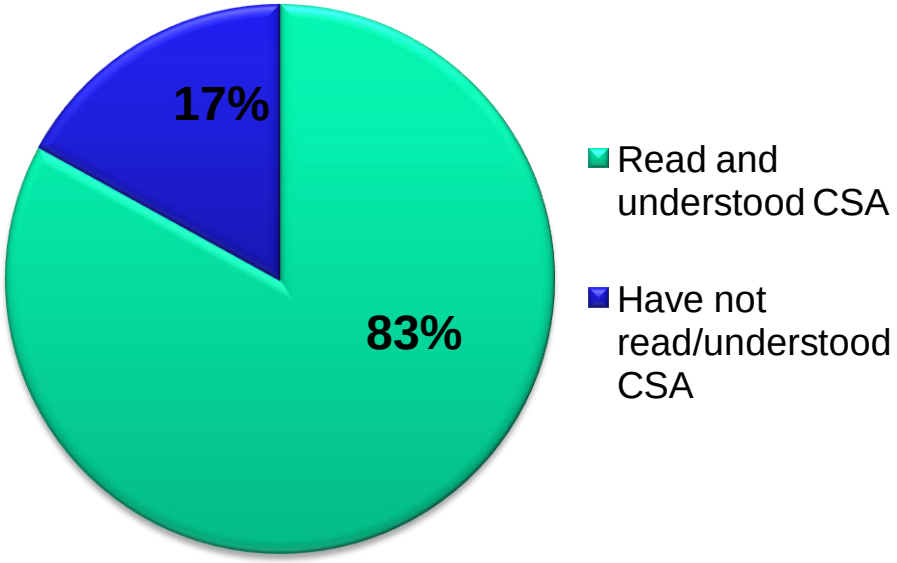
After formal implementation data indicates that ‘current’ performance for CSAs released is on average 82%.

CSA*	KPI 1 week after release (%)	KPI 1 month after release (%)	KPI current**
23/12	**43.7**	70.5	91.2
24/13	38.4	66.1	85.4
25/13	37.4	64.5	84.9
26/13	38.8	65.1	84.9
27/13	28.2	51.3	82.1
28/13	22.8	48.1	70.8

* Listed in order of release.
** Current is as of 1 Oct 2013.



The Results

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Achievements

1. Concrete knowledge of CSA comprehension
2. A state-wide KPI at set time intervals
3. Targeted educational support
4. A user-friendly reporting tool
5. Automated reminders
6. A reduction in clinical information overload
7. Potential for expansion to other forms of essential communications.

Transferability

Ambulance Service of New South Wales

Photo: David Morris