

CSAs-on-myShift



**Ambulance Service
of New South Wales**



By Katie Klarenaar (Manager Clinical Performance)

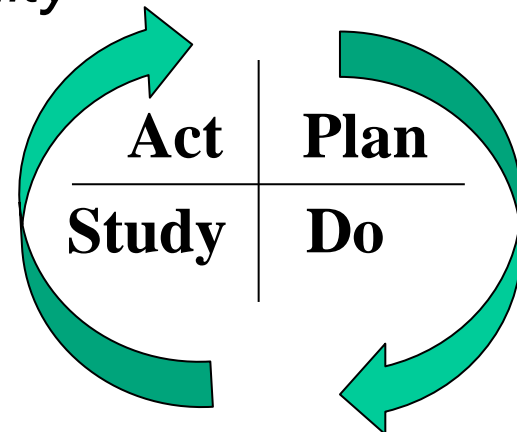
The Challenge



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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



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

		CONSEQUENCE				
		Serious	Major	Moderate	Minor	Minimum
LIKELIHOOD	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

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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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The screenshot shows a web browser window with the URL <https://www.myshift.com.au/>. The browser's address bar and menu are visible at the top. The page content includes a dark sidebar on the left with the "myShift" logo and a navigation menu. The main content area features a welcome message for "Katie", a question "What would you like to do today?", and a grid of ten interactive buttons. At the bottom, there is a news banner for "Bathurst 1000 Shifts still available" posted by Daniel Kearney on 30th September 2013.

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myShift

Hello Katie Klarenaar!
Today is Tuesday 1st Oct 2013

- Home
- My Details
- Shift Swaps
- Metropolitan Division
- Regional Division
- Statewide Services
- Reporting

Welcome Katie

What would you like to do today?

- Update my Profile
- View my Overtime
- View my Absences
- View Clinical Alerts
- View Document Alerts
- View Shiftswap Ads
- View Online Forms
- Add New Clinical Alerts
- Switch to mobile view
- Logout of myShift

Bathurst 1000 Shifts still available Posted by Daniel Kearney on 30th September 2013

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A screenshot of a web browser displaying the myShift application. The browser address bar shows "https://www.myshift.com.au/clinicaldocumentmanager/view" and the page title is "myShift | The Ambulance S...". The left sidebar contains the myShift logo and navigation buttons: Home, My Details, Shift Swaps, Metropolitan Division, Regional Division, Statewide Services, and Reporting. The main content area is titled "View Clinical Alerts" and includes a message: "Below are a list of clinical alerts. Please make sure you have read all of them." There are three alert cards. The first card is for "CSA 23/13 - CSA 23 Replacement of Alcohol Swabs", posted on 20th September 2012, with a "Click here to view CSA 23/13" button and a green checkmark indicating it has been read. The second card is for "CSA 24/13 - Fentanyl 600mcg 2ml Vials Batch D001 Exp Oct 2014", posted on 18th January 2013, with a "Click here to view CSA 24/13" button and a green checkmark. The third card is for "CSA 25/13 - RECALL All Fentanyl 600mcg 2ml BatchD001 Exp Oct 14", posted on 22nd January 2013, with a red 'X' icon. The browser's taskbar at the bottom shows several open applications.

View Clinical Alerts

Below are a list of clinical alerts. Please make sure you have read all of them.

CSA 23/13 - CSA 23 Replacement of Alcohol Swabs

Posted 20th September 2012 ✖

[Click here to view CSA 23/13](#)

✔ You have read and acknowledged this clinical document

CSA 24/13 - Fentanyl 600mcg 2ml Vials Batch D001 Exp Oct 2014

Posted 18th January 2013 ✖

[Click here to view CSA 24/13](#)

✔ You have read and acknowledged this clinical document

CSA 25/13 - RECALL All Fentanyl 600mcg 2ml BatchD001 Exp Oct 14

Posted 22nd January 2013 ✖



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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The screenshot shows a web browser window with the URL https://www.myshift.com.au/reporting/clinical_alert_report. The browser's address bar and tabs are visible at the top. On the left side, there is a dark sidebar with several blue buttons: "My Details", "Shift Swaps", "Metropolitan Division", "Regional Division", "Statewide Services", "Reporting", and "Logout of myShift". The main content area is divided into two steps:

- Step 1 - Select Clinical Document**: A form with a label "Clinical Document:" followed by a dropdown menu containing the text "CSA 23/13 - CSA 23 Replacement of Alcohol Swabs".
- Step 2 - Select Report Type**: A form with three rows of input fields and buttons:
 - Row 1: "Station:" followed by a dropdown menu containing "Aeromedical - Bankstown Helicopter Base" and a blue "Go!" button.
 - Row 2: "Zone:" followed by a dropdown menu containing "Mid North Coast" and a blue "Go!" button.
 - Row 3: "State:" followed by a blue button containing the text "Run State KPI Report".

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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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Browser address bar: https://www.myshift.com.au/reporting/clinical_alert_report

Browser tab: myShift | The Ambulance S...

File Edit View Favorites Tools Help

- My Details
- Shift Swaps
- Metropolitan Division
- Regional Division
- Statewide Services
- Reporting
- Logout of myShift

Step 1 - Select Clinical Document

Clinical Document:

Step 2 - Select Report Type

Station:

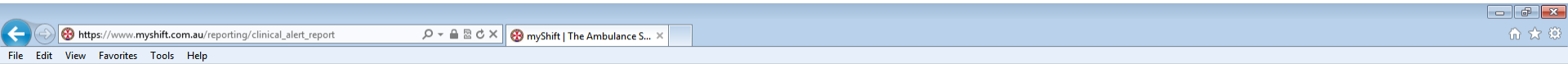
Zone:

State:

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Clinical Alert Report for staff from Station: Balgowlah

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

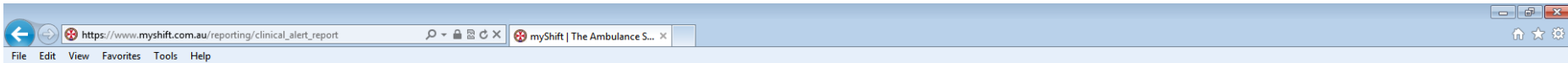
Clinical Alert Report

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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Clinical Alert Report for staff from Zone: West Sydney

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

Clinical Alert Report

Surname	First Name	Bundy	Station	Clinical Level	Read	Agreed
Almer Smith	John	Melinda 11111	14132	Blacktown	P1	
Armstrong Bloggs	Joe	Key 22222	11548	Castle Hill	ICP	08:15 - 04-02-2013
Ariss Jane	Mary	133 33333	19251	Castle Hill	P1	10:37 - 28-01-2013
Brown Brown	John	444 44444	16326	Castle Hill	P1	07:33 - 28-01-2013
Peters Peters	Peter	555 55555	14098	Blacktown	ICP	22:44 - 28-01-2013
Dodd Dodd	Anna	333 33333	18676	Parramatta	P1	23:40 - 01-02-2013

The Results

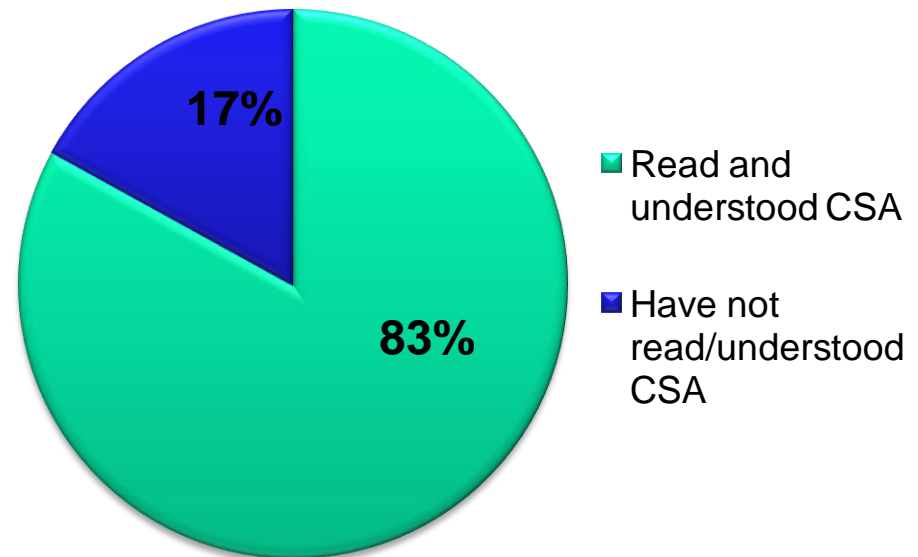


After formal implementation data indicates that 'current' performance for CSAs released is on average 82%.

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.



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



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Photo: David Morris