Create better experiences for people using health services

Strategic direction two

Creating better experiences for people using public health services is a matter of making sure that these services are of high quality, appropriate, safe, available when and where needed, and coordinated to meet each individual's needs, including those from Aboriginal or other culturally and linguistically diverse backgrounds.

What we are striving for is a health system that provides patients with ready access to health services and ensures patients and their carers are informed and involved in health care decisions and treated with respect.

Improved access to emergency departments

For the first time since recording of triage performance commenced in 1994, benchmarks set by the Australasian College of Emergency Medicine were achieved in all five triage categories in December 2006 and February 2007, despite significant increases in people presenting to emergency departments over the past 12 months.

Emergency admissions performance – the measure of timeliness of admission from an emergency department – has been at or better than target for most of the year.

During 2006/07, a toolkit for redesigning care in emergency departments has been implemented across the state and has already demonstrated a reduction in delays for patients in NSW public hospitals

In addition, Triage and Treat processes under which senior nursing staff are able to manage a predefined group of patients who present with non-urgent, non emergency problems have been implemented.

After Hours GP Clinics

In March 2007, the NSW Government made a commitment to open a further twelve new after-hours GP clinics co-located with or in close proximity to public hospitals at a cost of up to $8 million.

These clinics will improve the community's access to health care by ensuring people with less complex illnesses and injuries can access primary health care out of hours and helping to reduce unnecessary demand on hospital emergency departments.

Improved access to elective surgery

Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

NSW Health aims to provide surgery to all patients within the national benchmark of 100 per cent within 30 days or 12 months depending on their clinical condition.

Predictable Surgery Program

The Predictable Surgery Program is aimed at ensuring timely and equitable access to surgical services in NSW.

In 2006/07 the major achievements of the Predictable Surgery Program were:

- Significant improvement in access for Category 1 (admission required within 30 days).
- Significant improvement in the average waiting times for surgery, especially in Category 1 (admission required within 30 days): now best ever in NSW.
- Access for Category 3 (admission required within 365 days) has been sustained from 2005/06.
- The elective surgical activity (ie booked surgical admissions) has also been sustained from 2005/06 activity.

In November 2006, a Surgery Access Line was launched to assist patients by providing advice and options for accessing their surgery sooner with other clinicians.

Reducing waiting times for children requiring general anaesthetics

Plans are now in place to ensure all paediatric surgical dental waiting lists are within benchmark times and no patient waits more than 12 months for care.

In an effort to improve the oral health of high-risk children already on the general anaesthetic waiting list, a project is being developed that aims at reducing the need for further treatment through education and prevention of further dental caries. This project will provide extensive oral hygiene and diet advice to families of high-risk children.

Increased customer satisfaction with health services

Released in August 2006, NSW Health's Complaint Management Policy provides a standard approach to complaints handling to ensure effective and timely management of complaints.

In December 2006, Complaint Management Guidelines were released to assist health service staff to understand and manage consumers' experiences and expectations.

A 10 Tips for Safer Health Care guide that encourages consumers to become more actively involved in decision-making about their health care was also re-released in June 2007.

Ensuring high quality care

Clinical Services Redesign Program

The Clinical Services Redesign Program (CSRP) aims to make each patient's journey smooth, safe and of the highest quality, improving their experience on their journey through the health system.

The CSRP facilitated 33 redesign projects in 2006/07 focused on providing good experiences for patients, good access to care as well as safe and efficient services. These projects involved emergency departments, surgery, mental health, cardiology, aged and chronic care, pathology services and management development.

Statewide Cardiology Redesign Project

The Statewide Cardiology Redesign Project guides the implementation of strategies that enable timely and equitable access to care for adult acute cardiology patients across NSW.

The project has produced a variety of solutions to improve the journey of patients with acute coronary syndrome and create better experiences for these patients as they move through the health system. Priority solutions include establishing chest pain evaluation areas to improve processes for managing patients presenting to hospital with chest pain and new cardiology bed management strategies to optimally utilise bed capacity for cardiology patients

Many solutions have already been implemented at twelve cardiac catheter laboratories across NSW enabling the optimal utilisation of their bed capacity to deal with demand from cardiac patients.

Open Disclosure

Open disclosure refers to the frank discussion with a patient and their support person about an incident that may have resulted in harm or injury to the patient.

The NSW Open Disclosure Policy and Guidelines were revised in 2007 reflecting changes in the legal and policy framework. The Guidelines provide greater guidance on the processes involved in open disclosure.

Reducing clinical incidents

NSW Health's Incident Management policy was released in August 2006 to ensure a consistent and coordinated approach to the identification, notification, investigation and analysis of incidents.

In May 2007, the Online Easy Guide to Clinical Incident Management was released to support implementation of the Incident Management policy and assist staff to respond to incidents. This online tool provides staff with a comprehensive guide to incident identification and notification using the Incident Information Management System (IIMS).

Serious clinical incidents continue to be reviewed using the Root Cause Analysis (RCA) methodology. Following a review of the methodology, a revised, flexible RCA model was implemented from August 2006.

In late 2006, an RCA team leader support and development program was delivered to RCA team leaders. An online discussion forum has been established to enable RCA team leaders and other interested staff to share and discuss aspects of the RCA process.

In 2006/07, statewide specialist groups representing surgical services, radiology, nuclear medicine, radiation oncology and oral health worked together to develop strategies to reduce incorrect patient, incorrect procedure and incorrect site incidents. Successful initiatives including checklists, audit tools and flyers are shared across the health system.

Other highlights

Transport for health program

From 1 July 2006, the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) distance criteria was reduced from 200km to 100km one way and the motor vehicle subsidy was increased from 12.7c to 15c/km.

Also in 2006/07, NSW Health revised the isolated patients travel and accommodation assistance scheme and statewide infant screening-hearing travel application forms to make the application process simpler for patients and medical practitioners.

Healthcare associated infections

A revised Infection Control policy, released in May 2007, provides a framework within which the NSW Health system can develop local infection control policies and procedures.

In addition, the Central Line Associated Bacteraemia in Intensive Care Units project was developed, sponsored jointly by the Intensive Care Coordination and Monitoring Unit, the Clinical Excellence Commission and NSW Health. This project aims to reduce the occurrence of central line infections in intensive care units.

Medication Safety

The National Inpatient Medication Chart (NIMC) was implemented across the NSW Health system during 2006/07 to reduce medication prescribing, dispensing and administration errors by providing a standardised medication chart for all health facilities.

Carers in NSW

NSW Health led the development of the NSW Carers Action Plan 2007/12, released in March 2007. The plan was developed as the whole of government policy framework for addressing the needs of carers in NSW the goal of clearly articulating the Government's commitment to carer recognition and support over the next five years.

The plan recognises that support for carers crosses a range of policy areas such as ageing, community support, health, education and employment. It also consolidates enhancements in disability services and mental health services that will provide significant benefits to families and carers.

Disability

In 2006/07, NSW Health was a key partner in the development of Better together: A new direction to make NSW Government services work better for people with a disability and their families – 2007–2011. Interagency work is underway on improving pathways for access to therapy services for people with a disability. Another key area of work is strengthening services and support for children with autism and their families.

During the year, NSW Health also implemented strategic administrative reforms to improve the delivery of services to particular target groups. Reforms applied to the Artificial Limbs Scheme, Home Oxygen, Ventilator Dependent Quadriplegia and the Program of Appliances for Disabled People (PADP).

Personal Health Record – the 'Blue Book'

In 2006/07, NSW Health conducted a major review of the NSW Personal Health Record (1988). The revised document was released in March 2007 and will be used by a range of health professionals, including midwives, child and family health nurses, general practitioners and paediatricians.

Having a baby

'Having a baby' is a comprehensive guide for pregnant women, their families and health professionals. Developed and released in 2007, the book provides evidence-based, best practice information about pregnancy, childbirth and the post-natal period, promoting maternal and infant health and wellbeing. The book is available free of charge to all women booking into a NSW public hospital for birth.

Fetal welfare, obstetric emergency and neonatal resuscitation training

The Fetal Welfare, Obstetric Emergency and Neonatal Resuscitation Training Project commenced in 2006/07. It aims to improve fetal welfare assessment, neonatal resuscitation and maternity emergency management in NSW birthing facilities for mothers and babies. The initiative comprises the provision of statewide electronic online education for fetal welfare assessment and interpretation of fetal heart rate patterns, as well as education and capacity building strategy within area health services.

Correspondence Controlled Drinking Project

In 2006/07, NSW Health provided support for the implementation of the Correspondence Controlled Drinking Project run by Sydney West Area Health Service. The program includes the first Australian web-assisted change program for problem drinkers.

Substance abuse and mental illness

In 2006/07, NSW Health identified the need to develop a statewide policy and manage a program of activity in response to the emerging issues related to co-morbidity (co-existing substance abuse and mental illness).

To support the new area of co-morbidity policy work, both the NSW Health Mental Health Program Council and the Drug and Alcohol Council agreed to establish a Co-morbidity Sub-committee to guide the development of a Framework for Action and to inform ongoing and future responses to co-morbidity issues.

In December 2006, a NSW Health Co-morbidity Forum was held, including a mix of policy and operational managers and clinicians from mental health and drug and alcohol services, as well as relevant stakeholders.

The Sub-committee also supported an audit of projects that address co-morbidity across both mental health and drug and alcohol services.

Research grants for early psychosis/ schizophrenia co-morbidity

In 2006/07, funding was also allocated to administer the Co-Morbidity Research Grants Program. A total of $429,784 was allocated to seven research projects to investigate key issues relating to co-morbidity in NSW. The seven research projects cover:

- Young people and early intervention for psychosis
- Post-traumatic stress disorder and amphetamine dependence
- Cognitive behavioural therapy for amphetamine use and depression
- Structured stepped-care intervention for psychiatric co-morbidity
- Co-morbidity in young offenders
- Pharmacotherapy for cannabis users
- Cannabis use and schizophrenia.

Psychologist-in-training project

In May 2006, $1.64 million was allocated to support the psychologist-in-training program, aimed at increasing the number of psychologists with skills and an interest in drug and alcohol with a particular focus on people with concurrent mental health conditions.

The program comprises:

- a nine-month drug and alcohol psychologists-in-training program for up to 37 new psychology graduates
- a three-day training course and debriefing for psychologists-in-training
- statewide co-morbidity training open to all NSW provisionally registered psychologists, of which there are around 1,200.

Thirty-seven traineeships were available in 2007, spread across metropolitan and rural Area Health Services in NSW, non-government organisations and one Aboriginal health centre. All of the psychologists-in-training gain experience and receive supervision and training at their placement drug and alcohol service, at a pace which matches their knowledge and skills, and which gives them the opportunity to develop professionally.

The statewide co-morbidity training is being delivered during 2007 through 16 seminars across NSW with around 450 provisionally registered psychologists expected to attend.

Cannabis and amphetamine stimulant treatment program clinics

An evaluation of the State's four cannabis clinics commenced in December 2006 and is due for completion in late 2007.

Stimulant treatment clinics aimed at providing treatment for methamphetamine ('ice') users has been established at St Vincent's Hospital in Darlinghurst and at the Royal Newcastle Hospital. Both clinics commenced operating at the end of November 2006 and take a mainly psychosocial, stepped-care approach offering cognitive behavioural therapy, motivational interviewing and narrative therapy.

Drug and alcohol research

In 2006/07, a total of $150,000 was committed to the NSW Health Drug and Alcohol research grants program. NSW Health coordinated the grant selection process in association with the research sub-committee. Seven research projects were selected to undertake research into priority areas surrounding drug and alcohol issues in NSW.

All research projects are underway and are expected to report final outcomes and findings in late 2007.

Performance Indicator

Emergency department triage times – cases treated within benchmark times

Desired outcome

Treatment of Emergency department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Context

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency, so that patients presenting to the emergency department are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of emergency department resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

Interpretation

Benchmarks have been met or exceeded for Triage categories 1, 2, 4 and 5. This indicates a major improvement for Triage 2 and Triage 4, with the best results ever recorded. These improvements were achieved despite a significant increase in the number of patients attending Emergency Departments. Triage 3 also improved significantly but just failed to achieve the Australian College of Emergency Medicine benchmark.

Related policies and programs

A number of initiatives were implemented in emergency departments and hospital wards across the state to improve the timeliness of access to treatment.

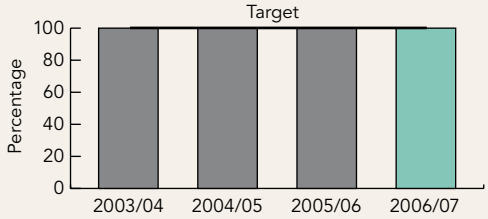
Fast Track Zones were implemented in over 25 emergency departments to ensure that less complex patients who have traditionally waited for long periods are cared for quickly but safely. These fast track zones use skilled staff such as nurse practitioners and advanced practice nurses.

Emergency Medicine Units in 14 NSW emergency departments provide a place adjacent to emergency departments where patients who need a longer period of care or observation can stay without occupying emergency department beds. This allows for much more efficient processing of new patients as they arrive.

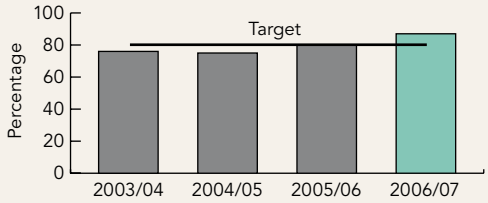
Short Stay Units have been created in a number of hospitals for patients who need shorter periods of admission to a specialty unit. This again allows for much more efficient processing of new patients as they arrive in the emergency department.

Patient Flow Units have been established in a large number of hospitals to better coordinate the logistics of moving patients between the emergency department and the ward or operating theatre and between hospitals as required, therefore freeing up beds for newly arrived patients.

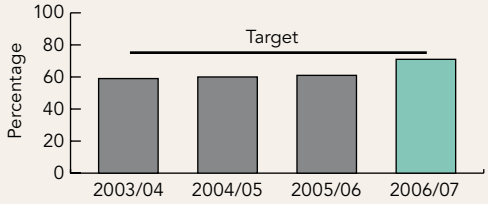
Triage 1 treated within 2 minutes (%)



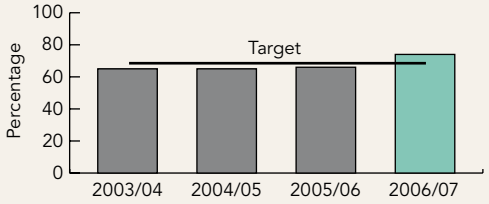
Triage 2 treated within 10 minutes (%)



Triage 3 treated within 30 minutes (%)



Triage 4 treated within 60 minutes (%)



Triage 5 treated within 120 minutes (%)

Source: Emergency Department Information System

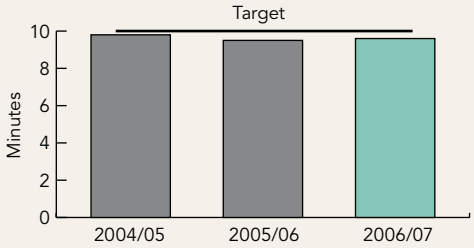
Performance Indicator

Ambulance response time – potentially life threatening cases

Desired outcome
Ambulance response times that are appropriate for cases requiring urgent pre-hospital treatment and transport, resulting in improved survival, quality of life and patient satisfaction.

Context
Timeliness of treatment is a critical dimension of emergency care, particularly in the early stages. Ambulance Emergency Response Time is the period between when a '000' emergency call is received and the time the first ambulance resource arrives at the scene in a life threatening case. In Australia, the 50th percentile response time is a key measure.

Ambulance response times – potentially life threatening cases – 50th percentile response time (minutes)



Source: NSW Ambulance Service, CAD System

Interpretation
In 2006/07 the 50th percentile response time for potentially life threatening cases was 9.60 minutes for the State and 9.25 minutes for the Sydney metropolitan area. The result was achieved in the context of a 5.5 per cent increase in demand.

Note that from May 2005 emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens – incident is potentially life threatening) under the medical prioritised dispatch system. This brings NSW in line with all other Australian jurisdictions. Prior to May 2005, response performance was reported for all '000' calls. For this reason response times in May and June 2005 are not comparable with previous data.

Related policies and programs
Improvements in emergency and non-emergency response times are the result of the addition of 93 more ambulance officers during the year, more efficient response procedures (especially in the Sydney metropolitan area), and improvements in off-stretcher times at emergency departments.

While ongoing improvement in off-stretcher times is needed, reductions in time taken to off-load ambulances at hospitals means that more ambulances are available to respond to life threatening '000' calls.

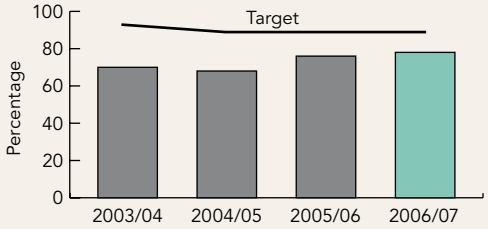
Performance Indicator

Off stretcher time < 30 minutes

Desired outcome
Timely transfers of patients from ambulance to hospital emergency departments, resulting in improved survival, quality of life and patient satisfaction, as well as improved Ambulance operational efficiency.

Context
Timeliness of treatment is a critical dimension of emergency care. Better coordination between ambulance services and emergency departments allows patients to receive treatment more quickly. Also, delays in hospitals impact on Ambulance operational efficiency.

Offstretchertime–transferofcaretotheemergencydepartment < 30 minutes from ambulance arrival



Source: NSW Ambulance Service, CAD System

Interpretation
Off-stretcher time has continued to improve since 2004/05. This is despite a significant increase in the number of patients arriving to emergency departments via ambulance during this period.

Related policies and programs
The refined emergency department network access system in the Sydney metropolitan, Central Coast and lower Hunter regions aims to get the right patient to the right hospital for the right treatment each time. The automated Ambulance Clinical Services Matrix software ensures that hospital destination options for ambulance officers are those hospitals with the clinical services appropriate to treat the patient. It also takes into account the estimated time of arrival at the nearest hospital, the number of ambulances currently at those hospitals and the optimum number of ambulances those hospitals can manage within capacity.

Hospitals are reducing off-stretcher time by ensuring better patient flow through the whole hospital by implementing robust demand management plans and by improving patient flow systems through the Clinical Services Redesign Program.

Patient flow units have been established in a large number of hospitals to better coordinate the logistics of moving patients between the emergency department and the ward or operating theatre, and between hospitals as required, therefore freeing up beds for newly arrived patients.

Performance Indicator

Emergency admission performance – patients transferred to an inpatient bed within 8 hours

Desired outcome

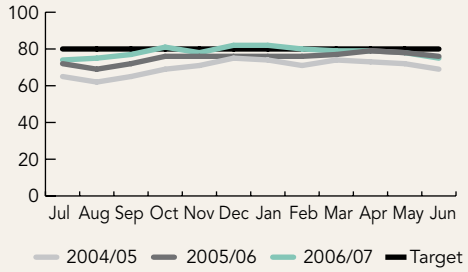
Timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

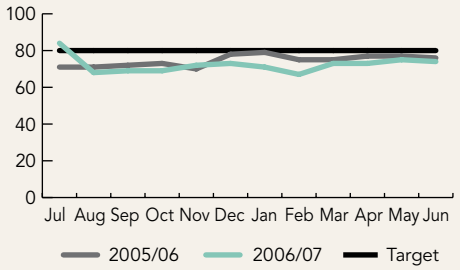
Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, intensive care unit bed or operating theatre. Also, emergency department services are freed up for other patients.

Emergency admission performance, patients transferred to an inpatient bed within eight hours (%):

Overall



Mental Health



Source: Emergency Department Information System

Interpretation

Emergency admission performance has improved significantly over the last 12 months, with results being at or above target between October and April. The 2006/07 full year result is considerably better than 2005/06, and was the best result since 2000/01 despite significant increases in the number of patients admitted to hospital.

Emergency admission performance for patients being treated for mental health issues also improved during 2006/07, being much closer to target from December onwards.

Related policies and programs

Demand management plans are designed to keep people moving through the emergency department proactively by monitoring and anticipating patient activity and making appropriate plans to access inpatient beds with limited delay.

Surge beds are those that can be activated at short notice in response to higher than expected surges in demand. The ability to activate extra beds for emergency admission is an important component of the demand management plan.

Patient flow units are responsible for implementing demand management plans, through the management of surge beds, balancing capacity on an hour-to-hour basis and facilitating the effective discharge of patients back to the community.

Older Persons' Evaluation, Assessment and Review Units: a number of hospitals have recognised the need to actively manage older people who present to emergency departments. These units, staffed by specialist geriatric staff, provide better, more coordinated care for older patients. They have been shown to reduce the total length of stay in hospital.

Psychiatric Emergency Care Centers provide a place where mental health patients presenting at Emergency can be provided with better and more coordinated care by specialist psychiatric staff. Funding has been provided for nine centers throughout metropolitan Sydney and a further 26 new beds were announced in the new direction for mental health five year funding package.

Each Area Health Service has been funded to create a clinical services redesign unit that utilises business process reengineering methodology to improve health systems and create better patient focused care.

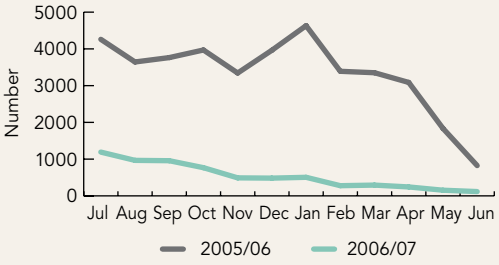
Performance Indicator
Booked surgical patients

Desired outcome
Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context
Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Booked surgical patients waiting:

Urgency category 1 > 30 days (Overdues)



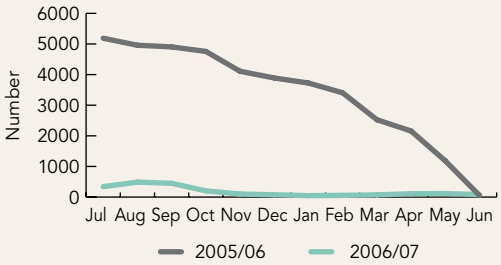
Interpretation
Long wait patient numbers have significantly reduced from 5,187 (July 2005) to 84 (June 2007) and the overdue patient numbers from 4,260 (July 2005) to 135 (June 2007).

Related policies and programs
- Sustainable Access Program
- Clinical Services Redesign Program
- Predictable Surgery Program

The new extended day only policy was implemented in October 2006. This policy provides direction to Area Health Services regarding the types of cases that should be routinely considered for extended day only admission.

The new surgical activity during Christmas/New Year period policy was introduced in November 2006. The policy was developed to provide direction to area health services on the optimal and maximum periods for reduced activity during this time.

All urgency categories > 12 months (Long waits)



Source: Waiting List Collection Online System

Performance Indicator
Unplanned/unexpected readmissions within 28 days of separation – all admissions

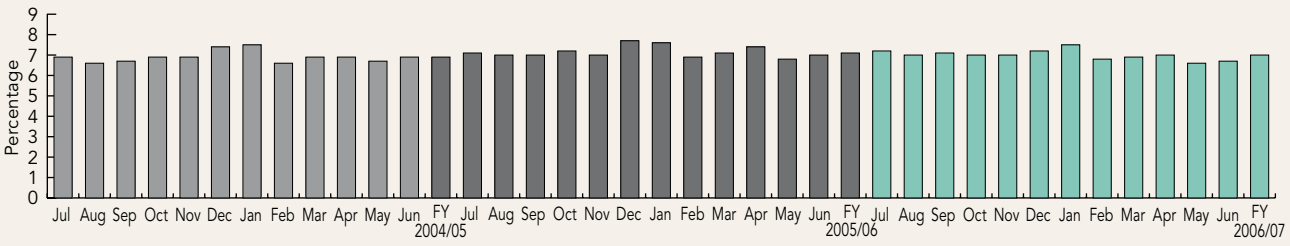
Desired outcome
Minimal unplanned/unexpected readmissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context
Unplanned and unexpected re-admissions to a hospital may reflect less than optimal patient management. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. Whilst improvements can be made to reduce readmission rates, unplanned readmissions cannot be fully eliminated. However, other factors occurring after discharge may contribute to readmission, eg poor post-discharge care. Improved quality and safety of treatment reduces unplanned events.

Interpretation
State wide the annual readmission rate has been consistent over the period 2004 to 2006 with the annual readmission rate of 7.0 per cent in 2004, 7.0 per cent in 2005 and 7.1 per cent in 2006.

Related policies and programs
Hospital readmissions have complex and wide-ranging causes. The strategies employed by NSW Health include improving the patient journey, robust discharge planning, access to outpatient services and optimal community support.

Unplanned/unexpected readmissions within 28 days of separation – all admissions (%)



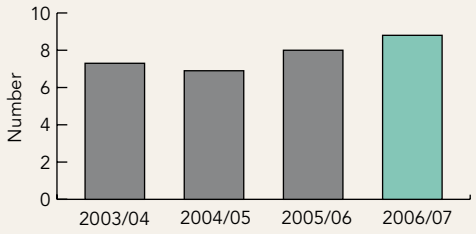
Performance Indicator
Sentinel events

Desired outcome
Reduction of sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context
Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the Australian Council for Safety and Quality in Healthcare as 'events in which death or serious harm to a patient has occurred'[1].

1 Safety and Quality Council Sentinel Events Fact Sheet

Sentinel events (rate per 100,000 bed days)



Source: SAC1 Clinical RIBS/HIE

Interpretation
During 2006/07, NSW Health recorded and acted upon 555 sentinel events that occurred across the health system. This is a second successive annual rise in the number of serious clinical incidents reported. An increase in numbers does not equate to poor safety performance. In fact, a safe organisational culture encourages reporting as a means of learning and improvement. The number of incidents reported may continue to increase as confidence in the reporting system grows.

Related policies and programs
NSW Health has built on the groundwork of the Patient Safety and Clinical Quality Program through the identification of priority areas and targets for action that will result in significant improvements in patient safety. Targeted areas include a sustained reduction in avoidable deaths due to falls, a sustained reduction in medication incidents, elimination of avoidable incidents due to incorrect procedures and a sustained decrease in healthcare associated infections.

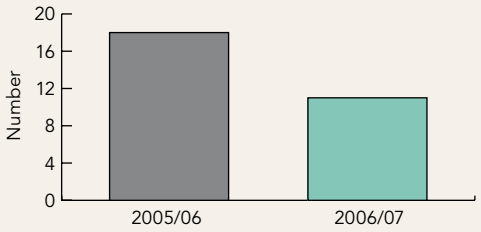
Performance Indicator
Incorrect procedures

Desired outcome
Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

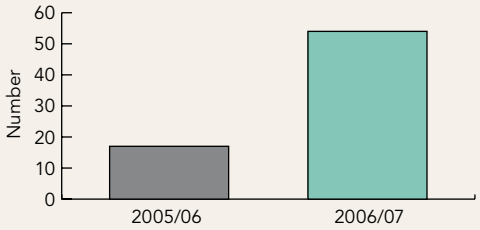
Context
Incorrect procedures, though low in frequency, provide insight into system failures that allow them to happen. Health studies have indicated that, with the implementation of correct patient/site/procedure policies, these incidents can be eliminated.

Incorrect procedures

Operating theatre suite (number)



Radiology, Radiation Oncology, Nuclear Medicine (number)



Source: TRIM/Quality & Safety Branch RIB/RCA Database

Interpretation
There was a decrease in the number of incorrect patient, procedure and site incidents notified in surgical areas for 2006/07. Incidents notified in radiology, radiation oncology, and nuclear medicine areas increased due to a focused campaign over the past twelve months to increase awareness of the importance of correctly identifying the patient, procedure and site. This increase in reported incidents is consistent with international findings from the World Health Organisation that is monitoring the implementation of the correct patient, procedure, site universal protocol.

From July 2006, the requirement to report these incidents in all clinical areas became mandatory and included an in depth review to determine the root causes of why the incidents occurred. Specialist clinical groups in surgery, radiology, nuclear medicine, radiation oncology and oral health have developed new systems that will be implemented over the next 12 months to address incorrect procedures. These systems include a revised policy with greater emphasis on non-surgical areas, development and distribution of safety toolkits and targeted education strategies.

Related policies and programs
Patient Identification – Correct Patient, Correct Procedure and Correct Site Model PD2005_380. The revised policy is due for release in late 2007.

Other relevant policies include the NSW Patient Safety and Clinical Quality Program PD2005_608; the NSW Patient Safety and Clinical Quality Program – Implementation Plan PD2005_609; and the Incident Management PD2007_061.

Performance Indicator

Healthcare associated bloodstream infections

Desired outcome

To have a sustained reduction in the incidence of central line bloodstream infections resulting in increased patient safety and improved clinical outcomes in intensive care unit patients.

Context

Although a central venous catheter provides necessary vascular access in an intensive care unit patient, its use puts the patient at risk for local and systemic infection complications and is an important cause of patient morbidity and mortality. There is also an associated increase in hospital length of stay and healthcare costs.

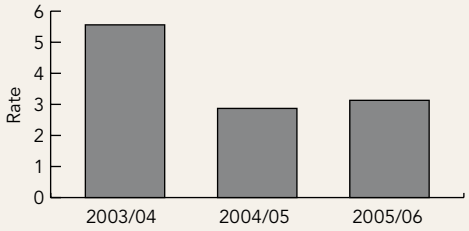
The evidence shows that Intensive Care Unit CLABs can be reduced during the insertion of a central venous catheter by:

- Strict adherence to hand hygiene protocols.
- Maximal barrier precautions.
- Chlorhexidine skin antisepsis.
- Optimal catheter site selection, with subclavian vein as the preferred site for non-tunnelled catheters.
- Daily review of line necessity, with prompt removal of unnecessary lines.

From July 2007, the requirement to report these CLABs in all intensive care units became mandatory and included an audit of compliance with the CVC Insertion Clinical Guideline. Specialists in intensive care, infection control, microbiology and clinical governance have developed the clinical guideline. Further toolkits and targeted education strategies will also be developed.

Each intensive care unit will report their data to NSW Health.

Healthcare associated bloodstream infections – Rate of intensive care unit central line associated bloodstream infections per 1000 line days



Source: Australian Council on Healthcare Standards

Interpretation

The implementation of the Clinical Excellence Commission hand hygiene program Clean Hands Save Lives, the recommendations made by the NSW Multi Resistant Organism Expert Group and the use of a best practice clinical guideline for inserting central lines have positioned the NSW Health system to reduce the number of healthcare associated infections in Intensive Care Unit patients.

Related policies and programs

The goal of the NSW Healthcare Associated Infection Quality Program is to prevent every patient from acquiring a healthcare associated infection or multi-resistant organism colonisation during all stages of their care and treatment. NSW Health has provided additional recurrent resources to Area Health Services for improved infection control activity that will support the key prevention strategies. These include: hand hygiene, correct antibiotic usage, adherence to contact precautions, effective environmental cleaning programs in clinical care and treatment areas and adherence to Intensive Care Unit central venous catheter insertion guideline.

Relevant policies and reports include:

- NSW Infection Control Policy PD2007_036
- Infection Control Program Quality Monitoring Policy PD2005_414http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_414.pdf
- Infection Control Program Quality Monitoring Indicators Users Manual (Version 2 – 2005/06)
- NSW MRO Key Recommendations Report 2006

Performance Indicator

Deaths as a result of a fall in hospital

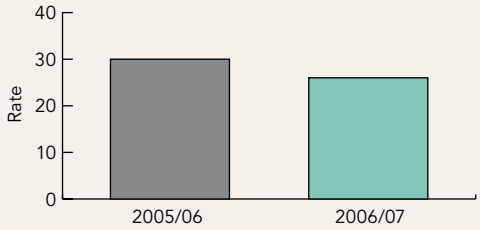
Desired outcome

Reduce deaths as a direct result of fall in hospital, thereby maintaining quality of life and improving patient satisfaction.

Context

Falls are a leading cause of injury in hospital. The implementation of the NSW fall prevention program will improve the identification and management of risk factors for fall injury in hospital thereby reducing fall rates. Factors associated with the risk of a fall in the hospital setting may differ from those in the community.

Deaths as a result of falls in hospitals (rate per 1,000 bed days)



Source: TRIM/Quality and Safety Branch ROB/RCA Database

Interpretation

There are a number of factors that increase the risk of patients falling while in hospital. Some of these include confusion, multiple medical conditions, polypharmacy and environmental factors. Although the majority of falls reported have resulted in no patient harm, in 2006/07, there were 26 falls that were reported to the Department of Health that appear to have resulted in patient death. When comparing this figure to the 2005/06 period there is a 13 per cent decrease in absolute numbers. Caution should be used in drawing definitive conclusions due to the small number of these incidents occurring.

Related policies and programs

Achieving a demonstrable sustained reduction in deaths as a result of a fall in hospital is one area of focus of the NSW falls prevention program, conjointly sponsored by the Clinical Excellence Commission and NSW Health.

The NSW Falls Prevention Program aims to improve the identification and management of risk factors for fall injury in hospital through:

- Statewide roll out of national best practice guidelines.
- Area Health Services to have in place a hospital falls policy and a policy for patient management post fall, addressing issues such as the assessment, monitoring and post fall care.
- Area Health Services to ensure that those wards where patients traditionally are at a high risk of falling will consider all patients admitted to these wards as 'high risk' and implement strategies for high risk people in these ward areas.
- Area Health Services to ensure systems exist to meet the mobility assistance, supervision and toileting needs of people at 'high risk' of falls.
- A NSW Leader of the Falls program has been appointed to the Clinical Excellence Commission to provide statewide co-ordination and support to the Area Health Services in falls prevention. Additionally, each Area Health Services has appointed a falls coordinator to implement the program.