



SAFETY AND QUALITY Newsletter

PATIENT SAFETY AND CLINICAL QUALITY

Winter-Spring 2024



A Message from the Executive Director, Patient Safety and Clinical Quality (PSCQ)

We are all terribly excited to share our latest update, and despite the busy-ness in the system, it's gratifying to see the ongoing commitment to improvement that is evidenced in this newsletter including through work at CAHS in a multicentre clinical trial to benefit management of children undergoing airway surgery.

We take this opportunity to welcome Julie Dockerty as Principal Medical Advisor to the PSCQ team and would like to thank the various staff across health who have worked with us on initiatives to enhance our collective S&Q capabilities and support the management of sepsis in paediatric patients.

This newsletter also celebrates the opening of WACHS' 100th Emergency Telehealth Service, a feat which deserves its own paragraph!

This issue also provides an update on recently revised mandatory policies, upcoming educational sessions and national changes.

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Dockerty

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New Medical Advisor for PSCQ

**5 MINUTES
WITH...**

Dr Julie Dockerty

PSCQ welcomes Dr Julie Dockerty to our team as Principal Medical Advisor. Julie is a graduate of the University of Cambridge and a consultant emergency physician at St John of God Health Care (SJGHC) Murdoch. She has a strong interest in the delivery of high-quality medical care to patients having been the emergency department representative on the hospital Standards 8 Committee (recognizing and responding to acute deterioration) for 8 years.

She also has a passion for medical education, having been Director of Emergency Medical training delivering post graduate teaching at local and state levels as well as being involved in medical undergraduate training at UWA, Notre Dame and Curtin universities. Educational areas include the delivery of high-fidelity simulation training and team-based communication.

More recently she has undertaken project work for SJGHC at group level developing and implementing a program for the early recognition and management of sepsis within emergency departments across Australia.

Julie is currently working with the following PSCQ teams:

- Licensing and Accreditation Regulatory Unit as their inaugural Medical Advisor
- Patient Safety Surveillance Unit working on SAC1 reviews across the state.
- Medicines and Technology Unit liaising on the development and roll out of sepsis pathways. Julie is also engaged in work to help mitigate the potential impact on patient safety with the critical shortage of specialised medical devices.

Now Julie has settled into PSCQ she is commencing some of her own project initiatives, the most exciting of which is the proposal to standardise the adult observation chart across the state.

We asked Julie the following open questions to get to know her a bit better.



New Medical Advisor for PSCQ

**5 MINUTES
WITH...**

Dr Julie Dockerty

What was your most rewarding professional appointment before coming to the Department of Health?

One of the most rewarding roles I have taken on was that of Director of Emergency Medicine Training, a position responsible for teaching and mentoring Emergency Medicine senior trainees through to successful completion of Fellowship examinations.

My background and training in the design and delivery of high-fidelity simulations then found me well placed to take on hospital-wide simulation training of consultant teams across the disciplines during the COVID19 pandemic.

What drew you to the Department of Health?

Having developed an appetite for work in quality and safety through my stewardship of a National Sepsis Recognition Project within the SJGHC organisation, I was keen to extend my reach in this field, looking for a position where I could contribute to the improvement in healthcare for all Western Australians.

I saw in this new role the potential to harness my passions for education, team development and service evolution to further quality healthcare across our state.

*“I saw in this new role
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How have your previous roles influenced your work with PSCQ?

My long career in Emergency Medicine has given me a theoretical grounding and practical knowledge of many and most areas of medical practice.

I foresee this will give me the skills to adapt and deliver improvements wherever they may be needed across the healthcare continuum.

Overlying this, I have almost a decade of experience on quality improvement committees in the individual hospital context that I also hope to harness at the statewide level.

New Medical Advisor for PSCQ

**5 MINUTES
WITH...**

Dr Julie Dockerty

What is the accomplishment you are most proud of personal or professional

Not being one of life's spectators, when my sons started Taekwondo I only briefly kept to the side-lines, enrolling in classes myself within a few weeks and obtaining a black belt a small number of years later. You never know when you may need to kick a wooden board in half at head height.

What is next for Julie Dockerty?

Beyond obtaining my second dan, I aim to bring my expertise and experience to both ongoing projects and future initiatives at the Department of Health.

As well as contributing materially to the ongoing endeavours of the PSCQ team, I also hope to have the opportunity and reach to develop novel solutions to some of the big problems in healthcare, bringing quality improvements to WA that may also have national and international applicability.



Building Workforce Safety and Quality Capability

New ‘capability’ building blocks at the heart of “Safety and Quality is Everyone’s Business”

WA Health has a well proven track record in clinical governance – the set of relationships and responsibilities established by a health service organisation to support the delivery of patient care.

WA pioneered its first clinical governance framework in the early 2000’s, which has strengthened over time with new iterations of policy, data and reporting of key healthcare information to the public.

However, to make the most of contemporary understanding of patient safety, WA needs to develop our strong reporting culture into an even stronger ‘learning culture’.

Our staff need to be empowered by a whole-of-state approach to ensure that safety and quality is everyone’s business.

The [Healthcare Workforce Safety & Quality Capability Framework](#) (WA Health internal access only) has been adapted by PSCQ as a resource for leaders to drive organisational change at all levels of healthcare – building capability of staff on the ground, within teams, and across whole organisations.

This exciting work partners with colleagues in the NSW Clinical Excellence Commission and the Patient Safety Strategy team in the UK NHS, as well as local workforce and education and training colleagues to:

- Embed Safety and Quality (S&Q) capabilities in recruitment, induction, and professional development review tools
- Establish education and training supports to grow S&Q capabilities via e-Learning and Masterclass offerings.

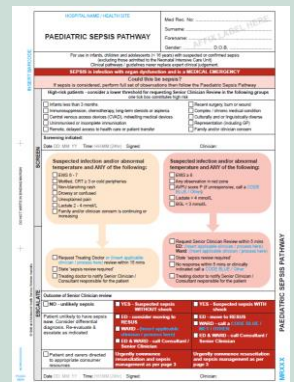
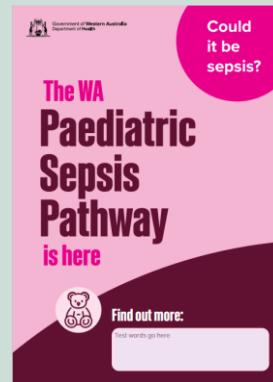
We look forward to sharing helpful resources from the program and implementation updates in the coming months!

Paediatric Sepsis Pathway Rollout

Since prioritising the standardisation of sepsis pathways across WA hospitals, the Sepsis Team has focused on expanding and standardising the paediatric pathway statewide ensuring consistency in sepsis management for paediatric patients across the state. In collaboration between Patient Safety and Clinical Quality, Health Service Providers (HSPs), and Perth Children Hospital (PCH)'s the paediatric sepsis materials developed by PCH will be adopted statewide to reduce variations in patient management and enhance patient safety through a unified approach.

To support this initiative, both face-to-face and online training modules are available. These can be tailored to meet local escalation needs, aiding in the education and training of clinicians. Additionally, a resource hub is being developed to provide case scenarios, guidelines, and promotional materials, to provide sound foundations for long-term sustainability. This will facilitate the sharing of resources and support local implementation efforts across different sites.

World Sepsis Day (Friday September 13 2024), provided an opportunity to raise sepsis awareness, engage with consumers and clinicians on identifying and managing sepsis as well as promote the project work underway to standardise sepsis pathways across WA Health at the WA Sepsis Grand Round held at PCH and King Edward Memorial Hospital (KEMH) Sepsis Study Day.



PSCQ Team L-R – Kymbalee Lourens, Kerry Fitzsimons, Dr Julie Dockerty, Sherlynn Ang (Absent Dr Christine Pascott and Jacinta Berlingeri)



PCH Team (L-R): Prof Chris Blyth, Kathleen Anastasas, Natalie Middleton, Dr Bernard McCarthy, Ashleigh Kenworthy



WA Country Health Service (WACHS) Emergency Telehealth Service 100th Country ETS Site

PSCQ thanks WACHS for sharing this item



Walpole Health Centre transitioned to WACHS management in April 2024 becoming the 100th Emergency Telehealth Service (ETS) joining hospitals and health services as far away as Wyndham and Halls Creek.

The ETS established in 2012 utilises high-definition video-conferencing equipment to provide potentially life-saving care, delivering almost a quarter of a million consults since the service came online.

WACHS Chief Executive Jeff Moffet said it was another way the health service provider was harnessing technology to save lives in the furthest corners of country WA.

The service provides doctors, nurses and midwives at some of the smallest and most remote sites with around-the-clock access to emergency and mental health specialists, delivering almost 30,000 consults every year. The ETS specialist teams now see as many presentations and referrals as some of WA's busiest regional hospitals.

Recently, a patient went into cardiac arrest at one of the Great Southern hospitals and while the local team administered advanced life support measures, they were guided throughout by our ETS specialists.

"I think it speaks to the excellent place-based care our frontline staff are providing but also to the support of a dedicated team who understand what it means to live and work in the country." Mr Moffet said.

For more information visit the [Emergency Telehealth Service internet page](#)

PCH helps clear the air on alternative technique

PSCQ thanks CAHS for sharing this item

Perth Children's Hospital (PCH) has helped shed new light on the management of children undergoing airway surgery where the anaesthetist and surgeon have to share the airway to operate and ensure breathing.

PCH was one of 5 Australian children's hospitals to participate in a large-scale trial that looked at a new method of delivering oxygen to children during this type of surgery. The trial sought to determine whether the new technique would reduce interruptions to surgery caused by the child needing 'oxygen rescue therapy.'

PCH anaesthetist, Professor Britta Regl-von Ungern-Sternberg – a co-author on [the paper](#) published recently in the Lancet Respiratory Medicine Journal – says 'children who undergo this type of surgery are at risk of low oxygen levels during the time they are anaesthetised. As anaesthetists we sometimes have to interrupt the Ear Nose and Throat surgeon performing the surgery, to restore the child's oxygen levels by delivering positive-pressure ventilation. We wanted to see if using fresh, heated and humidified oxygen delivered at a high flow via small nasal prongs, a technique employed successfully in intensive care units but not usually used in the operating theatre, could reduce the need for these interruptions.'

The University of Queensland-led randomised trial looked at 528 procedures involving 487 children randomly assigned to high-flow oxygen (297 procedures) or standard care (284 procedures).



In terms of interruptions, the investigation found no difference between the high-flow and standard-care groups. Both achieved 88 per cent uninterrupted surgeries.

The researchers also found no significant differences in other secondary outcomes, including the incidence of hypoxaemia, in which the oxygen level falls below 90 per cent.

The rate of hypoxaemic events was slightly lower in the high-flow group compared with the standard care group, 19 per cent versus 22 per cent.

Britta says 'the study provides greater clarity for clinicians going into these surgeries. We now know that the new high-flow technique is as safe and effective as the standard technique and is a suitable alternative for maintaining oxygenation in children undergoing upper airway surgery.'

Revised Statewide Medicines Formulary Policy MP 0077/18

The Medicines and Technology Unit recently revised the [Statewide Medicines Formulary Policy](#). This policy specifies the clinical governance, safety and quality requirements in relation to the initiation of prescribed medicines to ensure effective, equitable and consistent clinical care is provided across the WA health system. A summary of key amendments include:

- Expansion of policy applicability to services purchased from contracted health entities and inclusion of public outpatient services
- Addition of compliance monitoring requirements in the context of a WA Health approved electronic Individual Patient Approval System (WAIPAS)
- Clarification and update of the policy requirements on governance arrangements for the Statewide Medicines Formulary (SMF).
- Clarification and update of compliance monitoring requirements from Department of Health and Health Service Providers.
- Addition of a governance structure for initiating medicines or indications that are not on the SMF or are outside the SMF specified criteria.
- Updated SMF governance in the context of when a medicine or indication has been evaluated by the WA Medicines Evaluation Panel (WAMEP) and rejected for listing on the SMF.
- Updated details of individuals who are eligible to complete submissions for additions or amendments to the SMF to ensure consistency of appropriate qualification for request via the SMF submission forms.
- Details of the individuals who are eligible to authorise a SMF submission was added.

Supporting document updates:

- The revision and renaming of the WA SMF Governance and Procedures document to [WA SMF Guidelines](#).
- The development of an [Individual Patient Approval Guideline](#)
- Revision of the [Antimicrobial Stewardship \(AMS\) Guidance Document](#) to add reference to the connection between the AMS and the SMF, contemporise clinical information and reference to local policies and procedures for further antimicrobial prescribing restrictions.

FORMULARY ONE

Revised Patient Alert Policy

MP 0053/17

The Medicines and Technology Unit recently revised the WA Clinical Med/Alert Policy.

The policy was renamed to [Patient Alert Policy](#) (the Policy) and the requirements updated.

A patient alert is a diagnosis which has the potential to be of critical importance to a patient's management during their episode of care, especially during the first 24 hours, and assumes that the patient is not always capable of communicating such information.

The policy continues to mandate a standardised process for communicating patient alerts across the WA health system using the Patient Administration System (PAS), currently webPAS.

Mandatory related documents updates:

- Patient Alert Notification form (MR ALERT 2) reference to an electronic equivalent (see image)
- Patient Alert Procedures for Adverse Drug Reactions
- Patient Alert Procedure for Dietary Food Allergens
- Procedure for raising a new patient alert category for the MR 2 form (see image)
- Adverse Drug Reaction Information Brochure for Consumers

Supporting documents updated:

- MR ALERT 1 Form
- Guidelines for Medical Conditions and Medication-related Patient Alerts
- Information on Advance Health Directive (AHD) patient alert.

MED ALERT / CLINICAL ALERT CODES	
DESCRIPTION	FREE TEXT INFORMATION TO BE PROVIDED
ANAESTHETIC CATEGORY	
A Difficult Airway	Specify text
A Anaesthetic Drug Reaction	Specify agent and reaction
A Malignant Hyperthermia	Date
A Deep Apnoea	Only severe cases require
Medication / Dietary or Other Allergen Reaction CATEGORY	
D Life Long Anticoagulant	Specify drug. Not related to heart valve replacement
D Serious Medication or Allergen Reaction	Specify medication or allergen (e.g. latex) and reaction details
D Angioedema	Specify medication or allergen (e.g. latex)
D Anaphylaxis	Specify medication or allergen (e.g. latex)
D Anticoagulant Overuse	Name agent given and date
D Chronic Steroids	Specify condition requiring treatment
D Cocaine	Review cocaine monitoring system for current status of all continuing therapy. Contact pharmacy for further information
D Insulin	Date prescribed and testing arranged
D Serious Dietary / Food Reactions	Specify Dietary / Food allergen and reaction
MEDICAL CONDITION CATEGORY	
M Heart Valve Replacement	Specify site and type
M Implanted Devices	Specify device and site
M Other Medical Conditions	Specify condition
M Streptokinase Therapy	Specify site, hospital and date administered
M Bleeding Disorders	Specify condition
M Sickle Cell Anaemia	Specify condition
M Severe Arrhythmia	Specify condition
M Hypertension	Specify condition
M Addison's (Adrenal Insufficiency)	Specify condition
M Porphyria	Specify condition
M Neuroleptic Malignant Syndrome	Specify condition
M G6PD Deficiency	Specify condition
M Thrombocytopenia Major	Specify condition
M Severe Epilepsy	Specify condition
M Myasthenia Gravis	Specify condition
M Fibrinolytic Therapy	Specify condition
M Difficult Cross/C Match	Specify condition
M Organ Transplant	Specify condition
M Advance Health Directive	Specify condition
M Aspiration	Specify condition
M Difficult Intravenous (IV) Access	Specify condition
PAEDIATRIC CATEGORY	
P Paediatric GIPC	Specify condition

MED ALERT / CLINICAL ALERT NOTIFICATION	
Application for adding, removing or modifying a Med Alert	This is an emergency notification and should be used only in the event of a life-threatening condition.
Please send the completed form to your Medical Records Department	
REQUEST TYPE: <input type="checkbox"/> ADD <input type="checkbox"/> UPDATE <input type="checkbox"/> DELETE	DATE: / /
CONDITION (see over)	
Clinical Alert type:	
Please name the condition if not listed:	
CLINICAL ALERT FREE TEXT (200 characters)	
APPLICANT Clinician Name: _____ Signature: _____ Consultant: _____ Office Use Only Clinical Alert Request Received: Date: / / <input type="checkbox"/> Request Approved <input type="checkbox"/> Not Approved Requester Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Signature: _____ Computer Entry Name: _____ Signature: _____	

Revised Complaints Management Policy MP 0130/20

The Patient Safety Surveillance Unit recently revised the WA Health Complaint Management Policy (MP 0130/20). The policy has been strengthened in areas to improve best practices in complaint management and renamed to the Complaints Management Policy MP 0130/20. The Policy. Based on extensive consultation feedback, changes made to the previous policy include the:

- Purpose section refined to include a statement to identify out of scope areas for the policy.
- Applicability section amended to include WA health entities and exclude Health Support Services.
- Policy requirements refined and updated to include a statement of reporting requirements for contracted health entities.
- Compliance Monitoring section refined to reflect updated policy requirements.
- Supporting Information: 'Complaints Management Guidelines' and 'Complaints Management Toolkit' updated.
- Definition section refined to reflect updated policy terminologies. Inclusion of WA health entity and WA health system definitions.

The revised Policy Pack is comprised of:

- The Policy which sets out requirements which are binding under the Health Services Act 2016.
- The Guideline which is a non-mandatory Supporting Information document which provides supplementary information to assist services in meeting the Policy requirements.
- The Toolkit which is further non-mandatory supporting information providing assistance to staff in their practical implementation of the policy.

The requirements of the previous version of the WA Health Complaint Management Policy (MP 0130/20) apply to all complaints that were received up to and including 3 September 2024 and fall within the scope of that policy.

Enquiries regarding the revised Policy should be directed to the PSSU, via email to PSSU@health.wa.gov.au

Australian Commission on Safety and Quality in Health Care

Cosmetic Surgery Modules

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) has released a [Cosmetic Surgery Module](#) designed to be implemented by health services that already implement the National Safety and Quality Health Services (NSQHS) Standards. Where cosmetic surgery is performed in a health service not accredited to the NSQHS Standards, the [National Safety and Quality Cosmetic Surgery Standards](#) will need to be fully implemented.

For more information visit the [ACSQHC website](#)

The Introduction to High Risk Medicines eLearning Modules have been revised to help junior doctors, nurses and pharmacists learn more about the uses of high risk medicines. The modules include anticoagulants, clozapine, insulin, opiate analgesics in acute settings psychotropic medicines and anticancer medicines.

[Registration](#) is required prior to [logging into the modules](#).

All staff with an @health.wa.gov.au email address have access to the modules free of charge.'

High Risk Medicines Updated eLearning Modules

Australian Commission on Safety and Quality in Health Care

Recent publications

[Heavy Menstrual Bleeding Clinical Care Standard \(2024\)](#)

This Standard aims to improve the quality of care for women with heavy menstrual bleeding and ensure that they can make an informed choice from the range of treatments suitable to their individual situation, including less invasive options where appropriate.

[Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard.](#)

A guide to clinicians, healthcare services and consumers on the safe and appropriate use of psychotropic medicines

[National Clinical Trials Governance Framework Resources](#)

Important information and helpful resources for health service organisations interested in or preparing for assessment against the Governance Framework can be found on this webpage.

[Osteoarthritis of the Knee Clinical Care Standard](#)

The revised Standard aims to improve management of this common condition.

[Patient-Reported Outcome Measure \(PROMS\) Recommendations for Low Back Pain](#)

These recommendations are intended to maximise the clinical usefulness of PROMs and minimise survey fatigue.

[Recent webinars](#) share case studies and advice from services that have undergone accreditation to the Governance Framework under the National Safety and Quality Health Service (NSQHS) Standards.

[AI Implementation in Hospitals: Legislation, Policy, Guideline and Principles, and Evidence about Quality and Safety](#)

ACSQHC commissioned the Macquarie University and the University of Wollongong to undertake a recent literature review and environmental scan on artificial intelligence (AI) in hospitals to identify principles that enable the safe and responsible implementation of AI in healthcare.

[Fact sheet - Conservation strategies and safety considerations during intravenous \(IV\) fluids supply disruption](#)

This fact sheet was developed to assist health service organisations and clinicians with conservation strategies and safety considerations related to the disrupted supply of IV fluids in Australia.

[Fact Sheet: Consumers - Conserving \(IV\) Fluids \(\[safetyandquality.gov.au\]\(https://safetyandquality.gov.au\)\)](#)

This fact sheet was developed to explain the supply disruption to consumers.

[Looking for ACSQHC advisories, fact sheets and guides?](#)

ACSQHC has collated their advisories, fact sheets and guidance documents related to actions with timeframes for compliance to the NSQHS Standards into one table.

Awareness campaigns

WA Mental Health Week
5-12 October



Infection Control and
Prevention Week
13-19 October

International
Infection Prevention
Week (IIPW) 3rd Week of Oct

International Infection Prevention Week (IIPW) is an event celebrated on the **every 3rd week of October**, aiming to improve awareness of the significance of infection prevention.



Hyderabad, Telangana, India ☎ 040 4848 6868 🌐 pacehospital.com @pacehospitals 📄 Google 📺 Youtube 📘 Facebook 🐦 twitter 📺 telegram 📱 Koo

Carers Week
13-19 October



World AMR Awareness
Week 18-24 November



Upcoming events

Australian Council on Healthcare Standards (ACHS) Masterclasses

These webinars are free and exclusive to all WA Health staff and ACHS members. Follow the link to register for [Lessons from Deploying Clinical AI at Scale](#) on 13 November 2024 1- 2.30pm WST. Presented by Mr Dimitry Tan Medical Technologist.

[Register here](#) to view previous webinars available in the Webinar Library in particular, the recent Total Systems Approach to Patient Safety held on 16 July 2024 and Maximise Your Success in Engaging all Clinicians for Quality and Safety initiatives.

Other previous webinar topics range from health workforce to virtual care.

IHI BMJ International Forum 2024 Brisbane 6-8 November 2024

The forum, jointly organised by the Institute for Healthcare Improvement (IHI) and the British Medical Journal (BMJ), brings together local and international healthcare leaders, practitioners and patients dedicated to continuously improving the safety and quality of healthcare provision. [In person and online registrations](#) available for the 3 day conference.

National Medicines Symposium a virtual event held 19 November 2024

The National Medicines Symposium (NMS) is an annual, cross-disciplinary event bringing together leading organisations, experts, clinicians, consumers and policymakers to discuss and debate key issues around quality use of medicines. The theme for this year's symposium is "Appropriate Use of Medicines in an Ageing Population". As people age they are more likely to be taking multiple medicines, increasing the risk of medicine related problems. Register [here](#) for this event.

We would love to hear from you. Send us your feedback or queries, and suggest a topic for the next newsletter to EOPP@health.wa.gov.au