



# Safety and Quality Newsletter

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

This newsletter is being released while we continue to respond and adapt to the COVID-19 pandemic. Whilst this pandemic has stressed our weak-points and provided a timely reminder of the vulnerable amongst us, it has also presented opportunities for change and improvement. Throughout the last six months, staff from PSCQ and other DOH Directorates and health services have been handpicked to roles that have and continue to assist WA in our response to the pandemic. This collaborative of skillsets from clinical to the administrative, have helped to develop and implement strategies to both address current gaps and to plan for future eventualities. I express my gratitude not only to those who are working in the State Health Incident Coordination Centre (SHICC) and the Public Health Outbreak Response Centre (PHOEC), but also to front-line staff.

The pandemic is also a reminder that health encompasses more than physical indices. In a time of physical isolation and economic uncertainty, we are reminded that wellbeing requires social, emotional connections and security. On issues from medicines supply to education to mundane acts like doing the groceries, the pandemic also revealed, our interdependencies upon each other. In short, it's reminded us of our vulnerabilities as humans, and provided us the opportunity to demonstrate what we can achieve together.

For those who continued to come into work, I thank you for holding down the fort and continuing to work on existing portfolios. Despite our mandate to work from home, units in PSCQ have strived to deliver on the latest in Hand Hygiene data, Open Disclosure and updates to existing and new portfolios in the Healthcare Quality Intelligence Unit (HQIU).

Once again, thank you all for keeping West Australian's safe and let us continue with the road to recovery.

### **Dr Audrey Koay**

Executive Director

Patient Safety and Clinical Quality



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### **More Information**

Please provide us with feedback or suggest a topic for the next newsletter.

We would love to hear from you.

**E:** [RoyalSt.PSCQ@health.wa.gov.au](mailto:RoyalSt.PSCQ@health.wa.gov.au)

**P:** 08 6373 2212

# Clinical Excellence has moved to the GPO!

On 1 July, Directorates from the Clinical Excellence Division successfully moved into the General Post Office (GPO) building located at:

## 3 Forrest Place, Perth WA

Situated on Level 3, and currently occupied by over 100 staff members, accounting for 5 out of 6 Directorates.

The Directorates that have moved to the GPO are:

- Patient Safety and Clinical Quality (PSCQ)
- Chief Allied Health Office (CAHO)
- Office of the Chief Dental Office (OCDO)
- Office of the Chief Medical Officer (OCMO)
- Chief Nursing and Midwifery Office (CNMO)



The Office of the Assistant Director General (OADG), along with other units that will continue to remain on Royal Street include:

- Research Development Unit (RDU)
- Health Networks
- System Clinical Support and Innovation Unit
- Clinical Leadership and Reform Division

Level 3 was initially occupied by the COVID contact tracing team but with that team now relocated to 189 Royal Street, the Department of Health has secured the lease whilst renovations are being conducted in the May Holman building.

This move would not have been possible if it were not for the collaborative efforts from HSS, Office of the ADG, key contacts and staff members from PSCQ, CNMO, OCMO, OCDO and CAHO.



# 5 Minutes with...

## Dr Christina Bertilone

Dr. Christina (Tina) Bertilone is currently a Public Health Physician in Public Health Emergency Operations Centre (PHEOC). As part of WA's response to the COVID-19 pandemic, she was appointed this role and helped lead the operation to establish WA's contact tracing team.

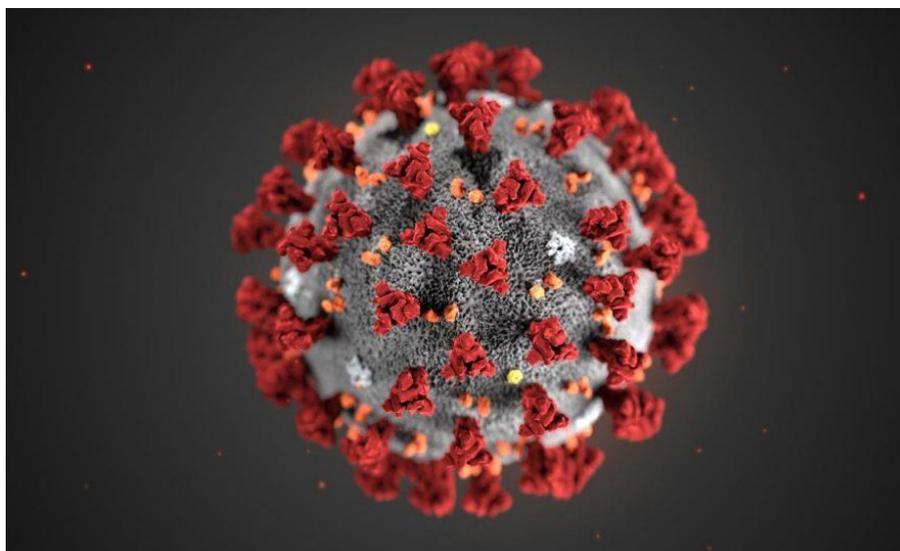
This interview provides an exclusive insight to the work she and her team have been involved in, as well as reflect on the challenges and achievements she faced when first working in the contact tracing team.

### **What did your role involve?**

I have now worked within the COVID-19 contact tracing team twice; the first time was as the Deputy Clinical Lead. At present, I am coordinating the contact tracing team surge workforce plan. This will see our team able to rapidly grow to onboard hundreds of contact tracing staff at short notice in the event of a rapid rise in people infected with COVID-19.

### **What motivated you to take on this role?**

The leadership challenges facing teams working in COVID-19 are quite unique, as staff must be brought onto the team quickly, haven't worked with one another before, and often have little or no experience in contact tracing. The environment is also constantly changing. The opportunity to practice real continuous improvement in an operational environment was a chance to put all the skills and experience gained in safety and quality into practice.



# 5 Minutes with...

## Dr Christina Bertilone Cont.

### What were the biggest achievements during the response?

To date we have been able to manage COVID-19 outbreaks effectively through good contact tracing as well as broader public health interventions. As part of this, during the first peak we were able to rapidly surge and move offices, onboard over 100 new staff and move to a new contact tracing database over a two-week period.

### What were the challenges to this role, and how did you overcome them?

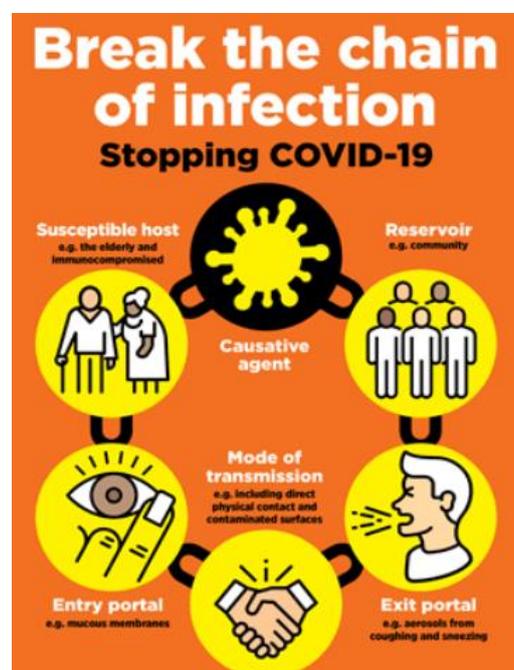
There are many challenges including constant change, workload, working with so many different stakeholders, and building and maintaining a team over the prolonged period of the pandemic response. Good communication and actively seeking to engage stakeholders were useful ways to ensure we were coordinating our actions with others involved in the response.

### What lessons did you take out of this experience?

A lot of the skills we learn in safety and quality are transferable to other environments. Governance, data collection and indicators, mapping processes, safety culture and rapid iteration are all skills that were applicable to this new environment and very useful in an environment that is constantly changing.

### How do you see (or want to see) contact tracing in the future?

I would like to see us using new technologies and innovative ways to make the contact tracing process as efficient as possible – whether this is through using apps, automated phone calls or something else!



# New staff at PSCQ

The Patient Safety and Clinical Quality directorate would like to introduce Dr Kyran Graham-Schmidt and Kate Brameld. Below is an insight to their journey prior to their employment in PSCQ.

## **Kyran Graham-Schmidt**

The Mental Health Unit welcomed Dr Kyran Graham-Schmidt to the role of Project Officer in May 2020. Kyran studied neuroscience and pharmacology at the University of Western Australia. He graduated with a PhD investigating the role of deficits in body representations in the development of passivity symptoms of schizophrenia. He undertook post-doctoral research at Ludwig Maximilian University of Munich before returning to Australia. His passion for mental health and his project and research skills are a valuable addition to the Unit and the wider PSCQ team.



**Project Officer**  
Kyran Graham-Schmidt

## **Kate Brameld**

Kate Brameld has recently joined the Reproductive Technology Unit as Senior Policy Officer. Kate has worked in a variety of settings including government, health service, academia and has experience in policy development and evaluation, health needs analysis and measurement of health service utilisation and outcomes, health economics and clinical governance. She has a PhD in Health Services Research from UWA.

Most recently Kate has worked for the WA Health Epidemiology Unit, contributing to Burden of Disease Reports and the Covid-19 demand modelling process. She also worked with the Office of Population Health Genomics on rare disease coding.

Prior to this Kate was involved in public health research and policy development at Curtin University, contributing to reports on topics such as the cost of injury in WA, use of health services in the last year of life by people with intellectual disability, Aboriginal Road Safety: A review of issues, interventions, and needs in Western Australia and the impact of rare diseases in WA.



**Senior Policy Officer**  
Kate Brameld

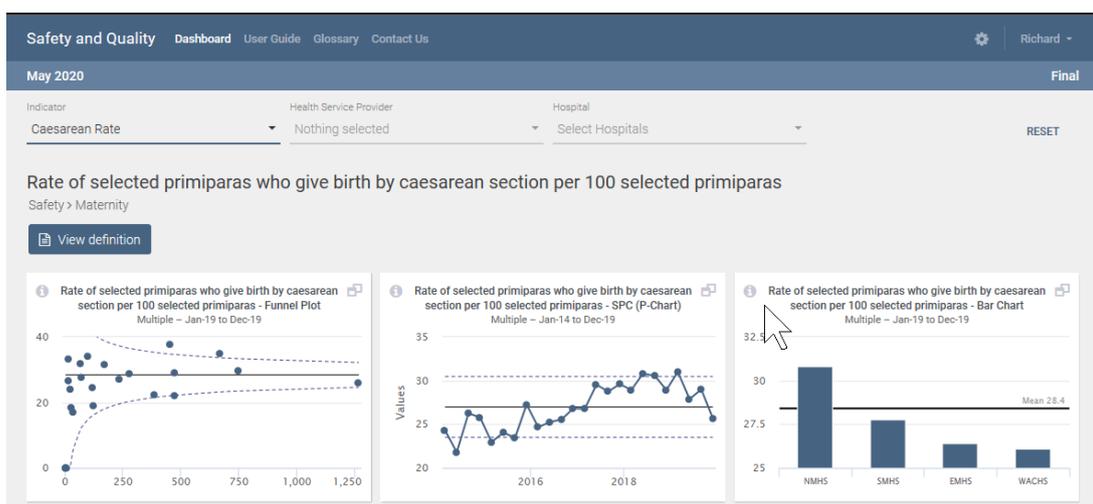
# Healthcare Quality Intelligence Unit

**WAQOOL** Even through the COVID19 pandemic, Clinical Excellence Division is proud to report continued success for this key project from the Cancer Plan. HQIU in partnership with WA Cancer & Palliative Care Network are jointly delivering “WAQOOL” project, capturing patient centric multi-disciplinary meetings to optimise clinical care outcomes. Having progressed through the ICT Program Committee, formal endorsement took place in June.

**Maternity Data Summit** The inaugural Maternity Data Summit is being held in June. The summit brings together a range of maternity experts from across the state including Gynaecologists, Obstetrician, Midwives, fertility specialists and leadership representatives. As with all HQIU initiatives the purpose of engaging with maternity experts across the system and presenting meaningful data is to continue to drive the focus on quality improvement and the formation of a Maternity Quality Improvement Collaborative.



**SQUIS** Exciting progress is being made in the world of SQiS. The Safety and Quality Indicator Set (SQiS) has just passed its one-year anniversary. As such the HQIU team are focussing on the development and release of the tranche 2 indicators. The addition of these indicators will expand the monitoring of safety and quality across the WA health system and broaden the scope to include Mental Health, staff, stroke and medication safety.



# Healthcare Quality Intelligence Unit

**WA Cardiac Outcome Registry (WACOR)** In partnership with the WA cardiovascular clinical community HQIU is developing a state-wide clinical quality registry for outcomes after cardiovascular disease in Western Australia. A successful WACOR Forum (took place on June 11<sup>th</sup>, despite COVID-19) to begin engagement with clinicians state-wide to facilitate support and collaboration for the project.



**CoCA** The Cubes of Cancer Activity (CoCA) project is approaching the end of Phase 1 and undergoing significant change management. Jim Tunsch and Ben Hartmann have joined the HQIU Team in recent months and have taken up roles as Project Manager and Senior Analyst, respectively. This is an opportune time to re-engage with clinicians and begin to scope the direction of the second phase of the project which will move to supplement the administrative data currently collected by CoCA with clinical data which is expected to be available from WAQOOL. These two projects (CoCA and WAQOOL) will be closely aligned and seek to deliver on the promise of the WA Cancer Plan 2020-2025.



**COVID19 Safety and Quality Measures** The fast-evolving nature of the COVID-19 pandemic and the significant unknowns, coming with a new virus and the disease it causes, have led to unprecedented challenges for health systems. The team is drafting advice on existing WA Health indicators relevant to COVID-19 – including a review of SQulS, Health Services Performance Report and public health indicators, and other system wide measures which are directly relevant to the management of the disease. The recommendations will briefly summarise key learning from national and international examples and make recommendations for the next steps for Safety & Quality monitoring for COVID-19.

**For more information:**  
Health Quality Improvement Unit (HQIU)

Email [DOH.SafetyandQuality@health.wa.gov.au](mailto:DOH.SafetyandQuality@health.wa.gov.au)

# Hand Hygiene WA

Audit Period 2 2020



**Overall Compliance**  
87.5%



**Moments**  
25,429



**Organisations**  
70 participated:  
60 hospitals  
10 dental clinics



**Medical compliance**  
79%



**Nurse Compliance**  
90%

Full results are now available on the public hand hygiene [website](#)

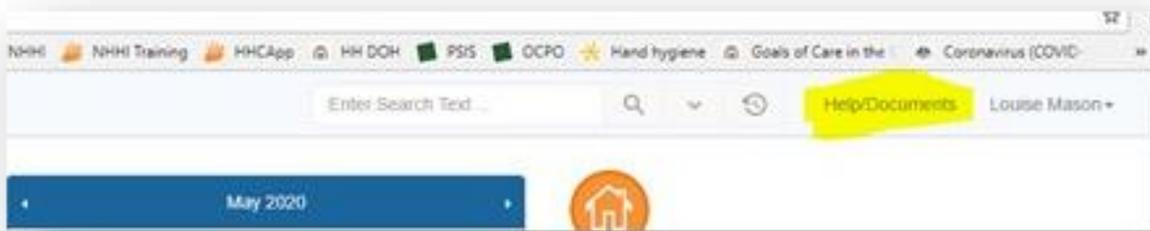
Audit Period 3 will close on 31 October 2020

**ATTENTION: Gold Standard Auditors:**

**The training resources have moved!**

You will now find them on the NHHI Training [website](#), under the 'Help/Documents' tab

While you are here, have you done your annual validation e-learning?



## WA contacts:

For assistance with HHCApp or the NHHI learning management system, please connect the following people:

**SMHS** Elise Li  
6152 3500

**EMHS** Rebecca Cronin  
9224 3201

**NMHS** James Soresi  
6457 3323

**CAHS** Sonia Harwood  
9340 8528

**WACHS** Sharron Gilbert  
9781 2026

**Private** ACSQHC  
02 9126 3511



# WA Open Disclosure Policy Rescindment

A review of the WA Open Disclosure Policy indicated that the policy duplicated responsibilities for open disclosure captured within other existing mandatory policies including but not limited to:

- Clinical Incident Management Policy
- Safety and Quality Health Service National Standards Accreditation Policy
- Other local Health Service Provider policies and procedures



The National Safety and Quality Health Service Standards (v2) also requires that Health Service Organisations uses an open disclosure program that is consistent with the Australian Open Disclosure Framework, that monitors and acts to improve the effectiveness of open disclosure processes (Action 1.12).

Being mindful of pressures due to COVID-19 on our health system the rescindment date has been set to 9 months from the approval date to allow Health Service Providers lead time to update local policies, related documents and webpages to reflect this change.

**The rescindment date for the WA Open Disclosure Policy will be 5 February 2021.**

For more information:

**Yvonne Wong**

T: (08) 6373 2399

E: [Yvonne.Wong@health.wa.gov.au](mailto:Yvonne.Wong@health.wa.gov.au)

## Procedure Specific Information Sheets

**Cắt amidan là gì?**  
Cắt amidan là một phẫu thuật để cắt bỏ amidan. Amidan là một nhóm các mô bạch huyết (giống như các tuyến ở cổ) giúp ngăn chặn nhiễm trùng từ các vi khuẩn bị hít vào hay nuốt vào. Càng nhiều tuổi, amidan trở nên kém hiệu quả trong ngăn chặn nhiễm khuẩn.

Bác sĩ phẫu thuật của quý vị sẽ xuất cắt amidan. Tuy nhiên, quyết định có phẫu thuật hay không đều phụ thuộc vào quý vị.

Tài liệu này sẽ cung cấp cho quý vị thông tin về những lợi ích và rủi ro nhằm giúp quý vị đưa ra quyết định sáng suốt. Nếu quý vị có thắc mắc nào mà tài liệu này không giải đáp được, hãy hỏi bác sĩ phẫu thuật của quý vị hoặc nhóm chăm sóc y tế.

**Những lợi ích của phẫu thuật là gì?**  
Viêm amidan xảy ra khi các amidan bị nhiễm trùng (xem hình 1). Tình trạng này gây đau, sốt và khó nuốt và có thể khiến quý vị cảm thấy không khỏe. Viêm amidan thường khỏi trong khoảng 7 đến 10 ngày.

Thuốc kháng sinh có thể hiệu quả nếu viêm amidan là do nhiễm khuẩn nhưng viêm amidan thường do vi-rút gây ra và kháng sinh không điều trị hiệu quả.

Điều quan trọng là quý vị sẽ vẫn bị đau họng, giống như với cảm lạnh thông thường, sau khi cắt amidan. Việc phẫu thuật giúp ngăn chặn viêm amidan nhưng không ngăn chặn được tất cả nhiễm trùng.

Bác sĩ có thể lo lắng rằng viêm amidan là do một bệnh ung thư, nhất là nếu một trong các amidan của quý vị lớn hơn các amidan khác hoặc bị loét. Mổ mà bác sĩ cắt bỏ sẽ được kiểm tra dưới kính hiển vi để giúp chẩn đoán. Nếu phát hiện vấn đề, nhóm chăm sóc y tế sẽ trao đổi với quý vị về phương pháp điều trị thích hợp.

**Có bất kỳ phương pháp thay thế nào cho phẫu thuật không?**  
Phẫu thuật luôn được đề xuất bởi đó là cách duy nhất đáng tin cậy để ngăn chặn viêm amidan tái phát.

Ở trẻ em, sử dụng kháng sinh lâu dài có thể phá vỡ chu kỳ nhiễm trùng thường xuyên hoặc viêm amidan có thể tái phát sau vài năm. Đối với người lớn, điều trị này ít hiệu quả, nhất là sau khi bị sốt viêm tuyến.

## Looking for patient information in languages other than English?

The EIDO library hosts more than **300** procedure specific information sheets in languages other than English.

Languages include:

Arabic, Cantonese, Mandarin, Hindi, Polish, Malay, Bengali, Kurdish, French, Spanish, Urdu, Latvian, Romanian, Czech, Greek, Punjab, Italian and Vietnamese.

For more information:

**Louise Mason**

T: (08) 6373 2203

E: [Louise.Mason@health.wa.gov.au](mailto:Louise.Mason@health.wa.gov.au)

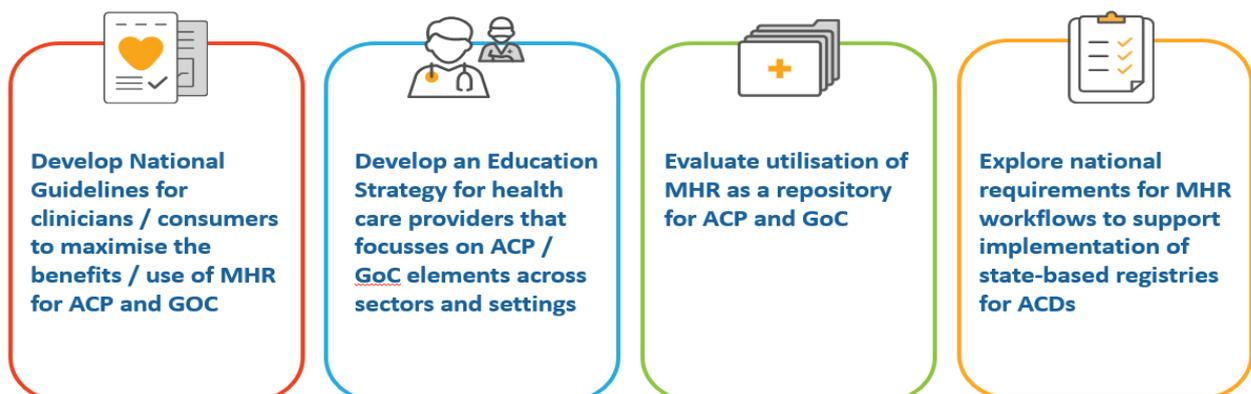
# National Goals of Care Collaborative

The National Goals of Care Collaborative (the Collaborative) is a partnership between the Australian Digital Health Agency (the Agency) and the Western Australian Department of Health.

The Collaborative includes representatives from all states and territories, with a focus on making advance care planning and goals of care documents useful and accessible through My Health Record.

One of the major deliverables of the project was the development of the National Guidelines. These are expected to be published by the Australian Digital Health Agency at the end of the year.

## Collaborative objectives



The Goals of Care collaborative and its 4 main objectives.

### For more information:

### National Goals of Care Collaborative

[GoalsOfCareMHRProject@health.wa.gov.au](mailto:GoalsOfCareMHRProject@health.wa.gov.au)

This newsletter has been produced for informative purposes only by:

Patient Safety and Clinical Quality, Department of Health

Level 3, 3 Forrest Place

Perth WA 6000

08 6373 2212

[RoyalSt.PSCQ@health.wa.gov](mailto:RoyalSt.PSCQ@health.wa.gov)

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