

Review of Lakes DHB response to HDC request.

HDC request: What safeguards are in place to prevent a similar event occurring at Lakes DHB?

According to the Director of Nursing and Midwifery and the Medical Director, the HDC report has been widely circulated and discussed. The response outlines the main issues for LDHB from the report and highlights what processes were already in place and what has been planned. Several of the things planned are sketchy and lack detail of substance and timelines.

Issues highlighted by LDHB:

1. X-rays and lab results are reviewed by the clinical team in a timely manner
 - Appears superficially to be a similar system to C&CDHB at the time of the case in question. *“Consultant ensures these are reviewed at the ward round”* – this was shown by the C&CDHB case to be a fallible system, given that X-rays sometimes go missing, ward rounds can become disjointed and the general staffing pressures
 - *“A new system has been set up as a result of delays in accessing x-rays for theatre. This process will help track x-rays within the hospital.”* There is no detail of this ‘new system’ and if there are problems with X-rays for theatre, there are likely to be problems in other areas of the hospital
 - Manual lab results and sign-off, *though “it is standard process to phone through abnormal laboratory and radiology results to the requesting clinician or their team.”* This may well happen but no documentation to suggest that this process has been audited

2. Clinical documentation is adequate and accurate
 - *“Clinical documentation audits occur in an ad hoc manner”*, but are apparently going to be increased – no absolute numbers of audits done are supplied, nor how regularly they have been done in the last year?
 - *“Nursing record currently in the process of a major review”* – no detail as to why this was thought necessary or what the aims of the review are.
 - *“Essence of care project also under development for nursing...”* Again no detail of what an ‘Essence of care project’ might entail, areas where it has been used successfully and how LDHB will judge success or otherwise of this project.

Essence of care is based on a UK document which described auditing the following practice across clinical areas:

- Pressure ulcers
- Record keeping
- Communication
- Mental health needs of patients in general hospitals
- Bladder and bowel care
- Self care
- Personal and oral hygiene
- Food and nutrition
- Privacy and dignity

To this we have added 'falls prevention'.

The sections contain standards to audit against and we are in the process of developing audit tools suitable for our services. The intention is to run an annual nursing audit programme over 10 months. This is at an early stage as we have only started working on the audit tools for three of the sections. The Clinical Nurse Educator group is leading on developing the tools and we would expect them to be available by end of February 2008. (Lakes DHB DoNM)

3. Ensure communication of level of urgency when requesting a doctor review a patient

- *“Currently developing processes for when and who to contact as part of the ‘detecting the deteriorating patient’ project.”* Again no details, but in a separate bullet point there is reference to the Temperature, Pulse, Respiratory (TPR) observation chart being reviewed to include an early warning score – but no mention of a review of UK or NZ systems so appears to not be very far progressed.

We are developing a revised TPR chart based on versions recently introduced in New Zealand that enable a score to be derived that alerts nursing staff to take action. Draft forms have been developed and we are awaiting agreement of the senior doctors to the final content. Our existing form stock is due for a reprint in December. Timelines for the project are: final draft by mid-November, start briefing staff by end November, new form introduced in December (but dependent on getting to end of existing form stock). Educator calendar to include assessment training throughout the year. (Lakes DHB DoNM)

4. Handover – nursing

- Only nursing handover is mentioned
- *“SBAR nursing communication handover protocol is being considered..”* No indication of whether this is being considered seriously or what the timeline might be

The assessment of handover effectiveness will be completed 2008.

SBAR agreed at RMO forum. RMO's developing a New Zealand version. We are building the SBAR process into the early warning system described above so the same timescales apply.

- *“Surgical unit is trialling a senior nurse round every morning at 10:00 am....”* This sounds like a promising initiative and it would be interesting to see an evaluation.

The trial will be evaluated on completion.

5. Proper systems of care are established and maintained

- *“All patients are assessed by a doctor on admission which provides a good history, recorded examination....”* This sounds like a description of what should happen, not necessarily what does happen. Is there any confidence that every admission has a ‘good history’?
- *“Projects to improve patient flow have been established”* – what projects, what is the success rate?

This is part of the LHSIP process as is the next item.

- *“Lakes DHB is looking to implement the Toyota Lean Thinking process to ensure that focus is on activities that add value to patients.”* Is there a timeline? How is Lean Thinking going to be introduced to LDHB and by whom?

During 2007 Lakes DHB has introduced and trained 60 clinical , support and management staff in “Lean Thinking” to provide a consistent approach to mapping the patient journey, to improve processes and to reduce error and waste. This has been a serious investment and has generated a renewed enthusiasm in the organisation. The Board, Executive and Clinical Governance are all committed to this direction.

The Change Management team are all trained in Lean and the Quality & Risk team are also facilitators. (Lakes DHB CE)

- *“We are refining our service/departmental structure to achieve Clinical Governance.”* Again an admirable ambition, but no details provided on how this is going to be achieved.

6. Guidance provided to staff on how to manage patients with nicotine addiction

- *“Project initiated in 2006 to ensure that all inpatients and staff are screened for smoking habits.”* – a good project – is it audited? What was the percentage of patients admitted who were screened for nicotine addiction?

Yes this is audited. (Lakes DHB CE)

- Nicotine patches can be prescribed and patients are asked if they will wear them – some DHBs are making these available on imprest for nursing standing orders and also providing nicotine inhalers and gum – has LDHB considered these options?

Yes we are making the NRT patches available. Considerable work on this is happening currently (October 2007). (Lakes DHB CE)

7. Patient deaths are reviewed for errors/omissions in care

- Most departments seem to have mortality & morbidity meetings. Could report on how the organisational learnings from these meetings are spread to other areas of the hospital.
- *“Serious events resulting in death are referred to the Quality & Risk Service who with the relevant clinical management teams use case review, root cause analysis to assess.”* Are only deaths investigated? How many RCA investigations were done last year? What training does staff have in RCA?
- Proposed that the *“Quality and Risk Service will implement a monthly request for follow-up on actions taken in response to recommendations arising from Serious Event reviews.”* This is a necessary step to promote improvements from these investigations.

8. There is a culture of clinical teamwork and calling for help when needed

- *“Lakes has embarked on a three year programme of building a culture of success.”* When did it start? How will you know it has been a success? Is there really clinical buy-in to this? What does the project entail?

The Building a Culture of Success started following a 2003 staff climate survey. Many changes have been made as a result across the entire organisation. There was a resurvey in 2005 which showed a 50% improvement in organisational culture and another survey will be carried out in 2008. It would be fair to say that some of the medical staff are somewhat cynical but most other staff are committed and involved. (Lakes DHB CE)

9. Issues identified by other DHBs which do not feature in the LDHB report:

- Open disclosure policy and training
- Communication with the Coroner – Yes this occurs and is excellent
- Medical Handover processes - Yes
- Decreasing delays in the Emergency Department – Lakes DHB consistently meets triage requirements, although in last quarter we missed triage two by 3%

Lakes DHB may well be a very good DHB, but I find it impossible to have much confidence based on this report. It is replete with the current buzz-words – ‘Lean thinking,’ ‘building a culture of success,’ ‘clinical governance’ etc, but the detail is very thin on the ground and there is very little evidence of how the DHB is going to measure success and whether this is more than a top-down wish-list.

Lakes DHB might want to reflect on this quote from Don Berwick when launching the “saving 100,000 lives campaign:
“some is not a number, soon is not a time”¹.

The reviewer may say that these are “buzz words at Lakes DHB” but I wish to reassure her that they are all well implemented and a part of how we do things.

- Building a Culture of Success has a four year history and two – three yearly evaluation of progress via staff climate survey
- Lean Thinking was introduced 2007 with 60 staff trained including approximately 15 SMOs
- Clinical Governance is gaining very good traction. The Medical Director, DoNM, GM Clinical Services and Quality & Risk Manager would be happy to discuss this directly with the reviewer

¹ www.ihi.com