Hourly Rounding
St Andrew’s improves patient care

Mind Control
Psychological insights into anorexia nervosa

Firefly Imaging
Westmead uses technology in Australian first

New Healthcare Standards
Secrets to successful implementation
More people in health and community services choose HESTA than any other fund

Your super fund can make a lifetime of difference

✔ Run only to benefit members
✔ No commissions
✔ Low fees

hesta.com.au

Product ratings are provided by SuperRatings and Rainmaker Information, and are only one factor to be considered when making a decision. See superratings.com.au and selectingsuper.com.au for more information.

H.E.S.T. Australia Ltd. ABN 66 006 818 695 AFSL No. 235249 Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. Consider a Product Disclosure Statement before making a decision about HESTA products, call 1800 813 327 or visit hesta.com.au for copies.
Material in Private Hospital is protected under the Commonwealth Copyright Act 1968. No material may be reproduced in part or in whole without the written consent from the copyright holders (APHA).

Private Hospital welcomes submissions and a diversity of opinion on hospital-related issues and will publish views that are not necessarily the policy of the APHA. All material must be relevant, cogent, submitted to APHA and accompanied by a stamped self-addressed envelope, or submitted electronically by emailing lisa.ramshaw@apha.org.au.

Electronic images must be to print standard – 300 dpi or higher. Please retain duplicates of all hard copy text and illustrative materials. APHA does not accept responsibility for damage to, or loss of, material submitted.

Neither APHA, Globe Publishing or their servants and agents accept liability, including liability for negligence, arising from the information contained in Private Hospital.
Hospira is the world’s leading provider of injectable drugs and infusion technologies. Through its broad, integrated portfolio, Hospira is uniquely positioned to Advance Wellness™ by improving patient and caregiver safety while reducing healthcare costs.
In focus: New Healthcare Standards

20 Everyday high standards at Epworth
Epworth’s approach to implementing the new standards

22 Developing 21st century safety systems
WRI’s new CEO Professor Christian Gericke is right for the times

26 Pop quiz: NSQHSS
The Women’s Clinic puts staff members to the test

Improving care
Wesley’s new Cancer Care Coordinator fills communication gap

Hourly rounding
St Andrew’s reports huge success with hourly visits

Blood Matters
Program promotes best practice in PBM

Also in this issue

16 Private Hospitals 32nd National Congress
Highlights of the Congress captured on camera

34 Reinvigorating Allamanda
Dr Anthony Padowitz is the new Director of Emergency

36 Lending a hand
Friendly Society supports Bundaberg flood victims

38 Anorexia nervosa
Psychologist Siew Soon Soon shares research in London

40 Cosmetic tourism disasters
Cheap overseas plastic surgery comes at high cost

43 Firefly imaging
Westmead uses robotic technology in Australian first

44 Healthscope expansion
New developments to meet patient demand

48 Mt Wilga moves ahead
Refit for rehabilitation centre

51 Fresh start
Epworth Richmond reveals new oncology centre

53 Westmead’s teaching tools
Technology upgrade improves education

Regulars

06 Editor’s Letter
With Lisa Ramshaw

08 President’s Report
With Chris Rex

10 As I See It
With Michael Roff

12 News
From APHA and beyond

54 Policy Patter
With Lucy Cheetham

56 Quality in Focus
With Christine Gee

58 Pharmacy Focus
With Michael Ryan

60 Legal Matters
With Alison Choy Flannigan

62 Since the Last Issue

64 Valuing Private Hospitals

68 On The Ground
With Sharon Ash
Another year is flying by already

Private hospitals have strategically prepared for, and implemented, the National Safety and Quality Health Service Standards

It is hard to believe that the first quarter of the year is over and autumn is just around the corner. Based in Canberra as I am, that means gorgeous days, crisp nights and beautiful autumn leaves. With the advent of cooler temperatures it makes me realise just how fast the year is speeding along. The way things are going: it won’t be long until Christmas!

The Australian Commission on Safety and Quality in Health Care’s National Safety and Quality Health Service Standards came into effect on 1 January and in this issue of Private Hospital we look at the ways many of our member facilities prepared for and implemented these standards. They have now had almost four months to be compliant with the core guidelines and it is interesting to read how each facility or hospital group has developed their own approach.

APHA’s 32nd National Congress was held last month in Melbourne and we have a look at the people who were involved on pages 16–18. The Congress was an excellent opportunity for professional learning, networking and sharing best practice. A highlight of this year’s Congress for many participants were the hospital visits and tours on Sunday at Melbourne Private Hospital, The Avenue Private Hospital, Epworth Richmond and Epworth Eastern. All of the participants enjoyed seeing these four very different hospitals and their approaches to health care.

Also at the beginning of March, APHA launched our new website at www.apha.org.au. If you haven’t had a look at it, I encourage you to do so. We’ve had so much good feedback about Private Hospital magazine that we decided to make the magazine a larger part of the website. Now you don’t need to save back issues, individual articles are available on the web. More details can be found on page 62.

Looking forward to May, our fourth annual Private Hospitals Week will be held from 12–18 May. This week has been chosen to coincide with International Nurses Day and Volunteers Week and I know many hospitals already have special events planned to celebrate their nurses and their volunteers. Private Hospitals Week is an excellent opportunity to showcase your facility to your community and explain to the wider public the valuable role private hospitals play in Australia’s balanced healthcare system. If your hospital would like to be part of Private Hospitals Week, please get in touch with me at the APHA Secretariat.

Our June edition of Private Hospital magazine will focus on innovations in private hospitals and new treatments in health care. If you have an innovation or program you’d like to see featured in the magazine, please get in touch.

Lisa Ramshaw
Editor
Twitter: @Lisa_Ramshaw or @priv8hospitals
Facebook: www.facebook.com/valuingprivatehospitals
Agilia® Intuitive Generation

Volumat® MC Agilia
Injectomat® MC Agilia
Injectomat® TIVA Agilia

Fresenius Kabi Australia Pty Limited, 964 Pacific Highway, Pymble NSW 2073
Governments are increasingly looking to the private sector for more efficient and effective delivery of public healthcare services.

LAST MONTH the Queensland government released their Blueprint for better healthcare in Queensland which outlines the structural and cultural improvements to establish Queensland as a leader in Australian healthcare. The blueprint marks a major step forward for the new state government which has recognised that rising demand for healthcare cannot be addressed just by traditional thinking.

“With a growing and ageing population, where chronic disease is prevalent, costs of care are escalating and consumer expectations rising, there is no choice but to change the way we do things in health.”

Significantly and importantly for the private hospital sector, the new direction, outlined by the state’s Health Minister Lawrence Springborg, acknowledges the important role the private and not-for-profit sector plays in the healthcare system. This is not news to the private hospital sector. The recognition that the whole health system is part of a much larger system of healthcare providers with common interests, objectives and resources is obvious: private hospitals deliver over 60% of all surgery in the country and, as found by the Productivity Commission, delivers it 30% more efficiently with better outcomes.

The Queensland Health Blueprint announces several areas for involvement of the private and not-for-private sector in operating public facilities as currently occurs in Western Australia and other examples around the country. With healthcare expenditure expected to devour entire state budgets in the not-too-distant future, it is little wonder that governments are increasingly looking to the private sector for more efficient and effective delivery of public healthcare services.

In some areas particularly regional Australia, public-private collaboration is inherently sensible and examples abound where public and private hospitals work together rather than duplicating services thereby saving on costs and creating volume to more effectively deliver a sustainable service. Of course this must happen against a backdrop of ensuring that the value of private health insurance is maintained.

The Queensland government should be congratulated for their bold but sensible vision for healthcare in that state.

On a final note, I would like to congratulate the APHA executive on a well-run congress in Melbourne, and thank members for their attendance. It was a good turn out and we look forward to the next congress in March 2014.

Reference
Our new Workplace Banking service is changing the Australian banking landscape – we’re bringing convenient banking to workplaces across the country to give eligible super fund, union and employer association members access to a fairer way to bank.

We work with employers to deliver straightforward, transparent and low-cost banking combined with great service to their employees. Workplace Banking Managers visit workplaces at times convenient to them – early in the morning or late at night depending on the worksite. They are a familiar face in the day-to-day work environment of our customers.

We have successfully launched workplace banking in a number of Private Hospitals and are in discussions with a number of employers to expand this service across the country.

**CONVENIENCE.**
A dedicated Workplace Banking Manager can visit your workplace at times that suit you and your employees.

**REAL SERVICE.**
We’ll take the time to understand the banking needs of your employees and help them find banking solutions that could save time and money.

**VALUE.**
Our low cost range of products are straightforward and transparent. Our customers know what they’re getting and can trust us – there are no hidden costs and no bank jargon.

**TALK TO US ABOUT WORKPLACE BANKING TODAY!**
**CALL KAREN BORG ON 0457 507 233.**

This information is about products and services available to you as a APHA member. APHA and ME Bank are not agents or representatives of one another. APHA does not accept responsibility or liability for any loss or damage caused by the products or services provided by ME Bank. Members Equity Bank Pty Ltd ABN 56 070 887 679. 211988/0113
Who is to blame for the blame game?

Five years into health reform and politicians continue petty political point scoring

Does anyone remember the “health reform” process that began when Kevin Rudd was prime minister in 2008? It started with the establishment of the National Health Reform Commission, chaired by Christine Bennett. The Commission consulted far and wide, published draft reports, undertook more consultation and delivered a final report (all against a backdrop that if the states did not sign up to the reform agenda, Prime Minister Rudd would move to take control of public hospitals). The government responded to that report with a set of proposals that it took to the states – and that’s where the fun started.

We were told the Commonwealth Government’s proposals would increase transparency in public hospital funding and result in an end to the “blame game” where the Commonwealth and states continually blame each other for a lack of public hospital funding, crowded emergency departments, growing elective surgery waiting lists, etc.

The states’ response to the proposals made previous versions of the blame game look like tiddlywinks. This resulted in a stalemate that continued until Mr Rudd was ousted from the top job.

Once Prime Minister Julia Gillard had dealt with a few niggling issues like the mining tax and an election, she set about trying to finalise a deal with the states on health reform. After withdrawing a proposal to take back GST revenue, throwing buckets of money at the states and ceding power back to them in terms of running public hospitals, a deal was reached in August 2011.

Once again we were told this would increase funding transparency and end the “blame game”.

Fast forward to the end of 2012, and in an effort to find more savings to reach what we now know will be an entirely illusory budget surplus in 2013, the Commonwealth advised the states it had revised population estimates and would be cutting hospital funding in the middle of the financial year.

Cue another round of the blame game in which Victoria outplayed the Commonwealth to the extent that there was an embarrassing back down, with the Commonwealth saying they would restore the $107 million it had cut, but would pay the money directly to public hospitals (they are still working out how to do this).

Who is to blame for the blame game?
The Solution: All your I.T needs under one roof

Imagine..A single trusted partner that works with you to maximize your technology ROI.

- Fully managed data centre
- Comprehensive patient administrative system
- Clinical systems optimised for Australian Private Hospitals with in built secure electronic message delivery (SMD)
- Fully compliant with all Australian statutory and regulatory reporting
- Data warehouse for executive decision support
- Australia’s longest established and most experienced hospital systems supplier since 1991

To learn more please visit www.global-health.com/Hospitals
or telephone 1300 723 938

GLOBAL HEALTH
Connecting Clinicians and Consumers
**APHA News**

**New guide on Borderline Personality Disorder**

A NEW guide to assist health professionals to recognise and treat Borderline Personality Disorder has recently been launched. The Clinical Practice Guideline for the Management of Borderline Personality Disorder was developed by the National Health and Medical Research Council (NHMRC).

At the launch, Minister for Mental Health and Ageing Mr Mark Butler, said Borderline Personality Disorder (BPD) was the most serious and common of the personality disorders, affecting adolescents and adults.

“Borderline Personality Disorder is estimated to affect at least one per cent of the population,” Mr Butler said. “It is associated with a high risk of suicide and causes significant loss and grief for individuals, their families and friends.

“However, treatment for Borderline Personality Disorder is effective and people can recover and lead fulfilling lives.”

Mr Butler said the new guide was designed to improve understanding and recognition of BPD in health services and in the broader community.

“It includes 63 recommendations on diagnosis, management, and treatment and information for carers and families.”


---

**International Award for Bethesda Hospital Hand Hygiene**

**BETHESDA HOSPITAL** has been announced as the winner of the Asia Pacific Hand Hygiene Excellence Award 2012/2013. Hospital representatives will now travel to Shanghai to receive the award and showcase their infection control initiatives to an international audience at the International Congress of the Asia Pacific Society of Infection Control.

The Hand Hygiene Excellence Awards were created in 2010 to recognize efforts made by hospitals in support of the WHO first Global Patient Safety Challenge: Clean Care is Safer Care.

As well as entering a formal submission for the awards in October 2012, the Claremont based private hospital was also subjected to a rigorous selection process by an expert panel. Once chosen as one of the six finalists, the hospital was visited by auditors and was announced as the overall winner in March.

Bethesda Hospital’s commitment to hand hygiene commenced in 2009. Following a review based on the WHO and Hand Hygiene Australia (HHA) Initiatives, the hospital commenced their hand hygiene implementation project. This included education and training on the “5 moments of hand hygiene” product placement, hand hygiene auditing and feedback.

The hospital also promotes their hand hygiene project internally and externally through regular staff updates and training, posters, doctor newsletters, as well as patient engagement in the process.

Bethesda Hospital’s Infection Control Coordinator Helen Bucknell, who has been instrumental in facilitating the hand hygiene implementation process, noted, “we were the first private hospital in WA to report our annual compliance to HHA, and our results over the past five years have been impressive in their improvement.”

Hospital CEO Yasmin Naglazas said, “this international recognition is an amazing achievement for all of our staff and doctors, and we are honoured to showcase our hand hygiene initiatives with other health care providers next month.

“At Bethesda Hospital we are passionate about quality and safety, and we are confident that our patients are extremely well cared for during their stay with us.”

Bethesda is an independent 88 bed hospital in Claremont which has been providing outstanding surgical and palliative care and service to the Western Australian community for nearly 70 years.
Navigating mental health at work

With almost half of Australians likely to experience a mental illness in their lifetime, it is highly likely that we all know someone affected by mental illness or will ourselves experience a mental illness at some point in our career.

Research by the national mental health charity, SANE Australia, found that a staggering 95 per cent of respondents said employers and managers needed education on mental illness, and training on how to manage its effects in the workplace.

“How do managers tackle the issue of mental illness at work? It’s a major problem throughout Australia, affecting many people and costing the economy over $6.5 billion every year,” explained SANE Australia’s CEO, Jack Heath.

“As the recent Report Card of the National Mental Health Commission highlighted, more is required to assist people once they are working,” Mr Heath added.

According to the Commission’s Chair Professor Allan Fels, employers have a role in raising awareness of mental health and treating it with the same understanding and openness as physical health.

A recent survey by SANE Australia found that a majority of the 520 people surveyed said that no support had been provided to them at work when mentally unwell, and less than half of managers (43 per cent) had an understanding of mental illness.

“It’s important to promote awareness about mental illness and the factors that contribute to it, such as bullying and work stress. Managers need to take the initiative and raise the topic of mental health in a routine team meeting, to ensure a neutral, open and non-stigmatising forum,” Mr Heath said.

“We need to understand it’s not a supervisor’s role to diagnose a mental illness nor should a supervisor be expected to be a counselor. They should however have the skills to respond to any early signs of mental health problems in the workplace.”

If a manager or supervisor notices concerning changes in an employee’s work or interactions with other staff, it is appropriate to discuss such changes with them. Consider these four steps, taken from SANE Australia’s Mindful Employer program:
1. Plan a meeting with the staff member – think about what you want to say and stay focused on work-related issues;
2. Set-up the meeting at an appropriate time and place, ensuring the employee feels comfortable and well-supported;
3. Express your concerns in a non-confronting and clear manner – it can be helpful to give examples of what you feel are concerning changes;
4. Offer support if required, including an employee assistance program (EAP) and how can it assist, suggest your employee visit their GP or discuss possible workplace adjustments.

“People may have numerous reasons why their work performance is being affected at a particular time, including physical illness or relationship concerns – not necessarily mental illness. We also need respect people’s privacy if they do not want to discuss personal issues.”
ST JOHN Ambulance Australia recently announced the appointment of Professor Mark Compton AM as the next chancellor and national chairman of St John Ambulance Australia. The appointment will take effect from 24 June 2013.

Professor Compton has been a member of St John Ambulance Australia for almost 40 years, having joined as a cadet in 1974. He has held a wide range of appointments within St John during his membership, including receiver general (national treasurer), chairman of St John NSW, chairman of the St John Sydney 2000 Olympics Steering Committee and a member of many other St John working groups and committees. In addition he remains an active uniformed volunteer with St John providing care at a wide variety of events.

In addition to his various roles in St John Ambulance, Professor Compton brings to the position of chancellor extensive experience from executive and non-executive appointments to corporate and not for profit boards, both as a director and chairman, and various senior management roles in both private and ASX-listed companies in the healthcare and life sciences sectors. He is currently chief executive officer of St Luke’s Care, an organisation that delivers care across acute hospital, aged care, home care and retirement living environments.

Dr Neil Conn AO, retiring after six fulfilling years as chancellor of St John Ambulance Australia, said: “I am delighted that, after an extensive search process, Mark has been appointed to succeed me as our next chancellor. His obvious skills and experience, combined with his deep passion and clear vision for St John and its work will see him lead our organisation very well into the future, building on our many successes and further extending and developing the work of our great organisation in Australia and our region.”

Professor Compton said: “I am deeply honoured to be afforded this special privilege of being appointed as the next chancellor of St John. Our organisation has given a longstanding, extensive and valuable contribution to the Australian and international communities. Australia is a safer and more resilient community thanks to the efforts of our many volunteers and staff, but there is still much to be done. I look forward to working with our board and all members of St John and our partners to ensure we make first aid a part of every Australian’s life.”

Professor Compton was also recently named adjunct professor at Macquarie Graduate School of Management. Professor Compton is collaborating with the school to launch a healthcare elective for MBA students, entitled ‘Health Management and Leadership’.

With a long career in the healthcare and life sciences sectors, Mark is collaborating with MGSM on the new unit in order to make a further contribution to developing leaders and managers in these important areas.

He said: “MGSM is among the leading business schools in the world to offer a specific healthcare elective as part of its MBA program. The school is well-placed to provide this opportunity due to its physical proximity to many healthcare, life science, pharmaceutical and medical device organisations and also its relationship with the Macquarie University Advanced School of Medicine.”

Professor Compton was appointed in 2004 as a Knight of the Order of St John, was awarded the Centenary Medal in 2001 and was appointed Member of the Order of Australia in 2010.
Those with dementia stay in hospital longer, cost more

The average cost of hospital care for someone with dementia is more than 50 per cent higher than the general population, a new report released by the Australian Institute of Health and Welfare (AIHW) has found.

*Dementia care in hospitals: costs and strategies* was released in mid-March. It found that it costs, on average, $7,720 per episode for a hospital patient with dementia, as opposed to $5,010 for those without dementia.

AIHW chief executive officer David Kalisch said caring for those with dementia can be challenging due to difficulties in communication and the complex needs of some.

Speaking of a review conducted into how outcomes for people with dementia might be improved, Mr Kalisch said, “the greatest potential benefits to patients lie in a combined approach by hospital, mental health, residential aged care and community services.”

Appropriate staff training, discharge planning, dementia-friendly ward adaptations and mental health and ageing liaison services have been offered as measures that appear to reduce the length of stay for patients with dementia.

Blueprint for the future in Queensland Healthcare

PREMIER CAMPELL Newman and Minister for Health, The Honourable Lawrence Springborg, have launched a new direction for health services across the Queensland.

The blueprint noted partnerships with public, private and not-for-profit health providers including:

- Royal Children's Hospital site: market soundings for private sector involvement to create a planned surgical procedures centre will be taken in May. Expressions of Interest are to be sought in October, with tenders requested in January.
- Sunshine Coast University Hospital: A review of value for money offered by partnership models and commissioned from the accounting firm, KPMG, commenced on March 4.
- Gold Coast University Hospital: Expressions of Interest for the use of latent space at the facility and tenders for the provision of radiation oncology services have been previously sought.

STP 2014 STP Application Round is now open

THE COMMONWEALTH Department of Health and Ageing (DoHA) is now taking applications for funding under the Specialist Training Program (STP).

The application round will close at 2pm (EST) 1 May 2013.

The Specialist Training Program provides support to enable medical specialist trainees to rotate through an expanded range of settings beyond traditional public teaching hospitals.

This will be an open application round, and will support up to 150 new STP places to commence from 2014.

The level of funding available for training posts is a salary contribution of $100,000 (ex GST) per FTE. Posts in rural locations may also be provided with rural loadings, of up to $20,000 (ex GST) per FTE.

Applications must be made directly to the DoHA using the standard electronic application. 2014 guidelines, application forms and further details, can be found at the DoHA’s website: www.health.gov.au/internet/main/publishing.nsf/Content/Listing+of+Tenders+and+Grants-1

The 2014 application round will be for 2014 and 2015 training years. There will be no round in 2014.

All applications for Psychiatry training posts must be accompanied by a letter of support and/or accreditation from their respective State/Territory RANZCP Branch Training Committee http://stp.ranzcp.org/stp-application-round/accreditation-of-training-positions.

Further information is available at the RANZCP’s STP website http://stp.ranzcp.org/home.

For any queries, please email STP.Project@ranzcp.org
The APHA hosted its 32nd National Congress in Melbourne at the Crown Conference Centre from 3-5 March 2013.
Exhibitors
Exhibitors filled the exhibition hall with the latest devices and information to aid private hospitals.

Speakers
Delegates listened to an array of speakers including; The Hon Peter Dutton MP, Prof James Robinson, and Susan Mclean on a range of issues affecting private hospitals.
Pre-Dinner Cocktail Party

Sponsored by Baxter, delegates and invited guests were busy networking at the cocktail party on the terrace at the Crown’s Studio 3.

Gala Dinner

Hosted by comedian Des Dowling, the night was filled with lots of laughter and surprises.
Infection control + performance + sustainability

- **Entrance flooring**
  - 90% dirt stopped
- **Linoleum**
  - Kills MRSA and other common HIA's naturally!
- **Project vinyl**
  - Prevent slips and falls with compliant safety floor
- **Flocked flooring**
- **Carpet tiles**

- **Entrance Systems**
  - General Purpose / Walls
  - Static Control
  - Acoustic
  - Notice Boards
  - Surfaces & Desks

- **coral**
- **nuway**

- **marmoleum**
  - R10
  - ohmex
  - decibel

- **bulletin board**
- **furniture linoleum**

- **eternal smaragd** contrast
- **step**
  - surestep R10
  - safestep R11, R12

- **sarlon**
  - R10

- **colorex**
- **allura flex**
- **step**
  - onyx

- **flotex**

- **All types**

- **tessera**
- **westbond**

Forbo Flooring Systems offer a complete range of flooring solutions for healthcare and commercial environments. Forbo manufacture all products in Forbo facilities delivering high quality, design orientated solutions that offer low lifecycle costs, durability and world leading environmental performance. Forbo offer tailored solutions for APHA members. [www.forbo-flooring.com.au](http://www.forbo-flooring.com.au) or email info.au@forbo.com

creating better environments
High standards everyday at Epworth

What is the best way for a large hospital group to introduce the new standards prescribed by the Australian Commission on Safety and Quality in Health Care’s (ACSQHC) National Safety and Quality Health Service Standards?

Epworth Healthcare’s 2012 accreditation survey provided reassurance that its governance processes are effective and appropriate, but its executive team added the following steps to encourage a smooth transition to the new standards, before they came into effect on 1 January this year.

Ms Louise O’Connor was appointed to a newly-created executive position overseeing Clinical Services and she initiated a review to ensure the comprehensive integration of quality, risk, productivity, audit management, and communication into her portfolio. A strong clinical governance framework underpins and supports Epworth’s values of “Respect, Excellence, Community, Compassion, Integrity and Accountability”.

Nine working parties were set up to review the criteria set for 10 of the standards so that processes would be consistently adopted across all sites. The working groups comprised multi-discipline representation (medical, nursing and allied health) and included key staff from all divisions.

The Epworth Intranet built a standards section for staff to view the ACSQHC documents for a quick comparison and check with the Epworth documents and data.

A decision was made by the group to focus on eight standards. From April to November, information about each of the following standards will be circulated to all divisions and staff along with audit results and progress. Epworth renewed audit requirements...
excellence in care?

The national standards are an integral part of clinical care and communication on a daily basis and Epworth HealthCare encompasses all facets of care in its motto **excellence, everywhere, everyday.**

The Epworth Internet site, patient information brochures and pre-admission forms are designed and updated to articulate the areas encompassed by the standards. *Clinical Governance at Epworth* is a newsletter published quarterly to inform patients, families and staff about initiatives in quality of care and management of risk at Epworth and nationally.

An hourly check on patients called ‘rounding’ was introduced at Epworth some years ago and staff were educated on how this conversation with the patient could encompass clinical care and safety while engaging the patient to identify his or her own care requirements and goals.

This means that all episodes of care carry a consistent message to the patient, which leads to greater understanding of their health and satisfaction from their stay.

Clinical risk assessment tools support staff who are trained via participation in skills labs, competency assessments and coaching from managers. **PH**
In focus: New Healthcare Standards

Developing 21st century safety systems

The Wesley Research Institute’s (WRI) newly appointed Chief Executive Officer Professor Christian Gericke is a researcher and specialist doctor who is right for the times
PROFESSOR CHRISTIAN Gericke took up his new role as CEO of the Wesley Research Institute in January 2013 – the same month the new National Safety and Quality Health Service Standards came into effect in Australian hospitals. He is a strong advocate for evidence-based systems that lead to better patient care – one of the guiding principles of the new standards.

Professor Gericke served as Councillor on the Australian Council on Healthcare Standards in 2010 and on the National Core Indicators Working Party set up by the Australian Commission on Safety and Quality in Healthcare, which developed the 10 new standards.

“Properly implemented, the new standards will improve patient outcomes, and this is what all of us who work in health care and medical research want to achieve,” he said.

A naturalised Australian, Professor Gericke trained as a neurologist in Germany, France and Switzerland, and as a public health physician in the United Kingdom and Germany. He has worked extensively in Europe and Australia in medical, research and government roles. His research interests include health services, international health systems and the economic evaluation of health interventions, while his key clinical focus is epilepsy.

Before joining the Wesley Research Institute, Gericke served as Professor of Public Health at Peninsula Medical School, Universities of Exeter and Plymouth, and Deputy Director of the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care for Devon and Cornwall. He was also an Honorary Consultant Neurologist in the National Health Service (NHS).

From 2006 to 2010 he was Professor of Public Health Policy and Director of the Centre for Health Services Research at the University of Adelaide and Honorary Fellow of the European Observatory on Health Systems and Policies. He has worked in a number of Australian federal and state health roles, including Medical Director for Safety and Quality in the Tasmanian Department of Health. He was also a delegate for the health stream of the Australia 2020 Summit, convened by former Prime Minister Kevin Rudd.
While Professor Gericke’s areas of research are wide, he is particularly concerned about the need for modern, proactive surveillance systems for new drugs, vaccines and other health technologies.

“This is an important issue not just in Australia, but around the world. Regulation is relatively strong for getting new drugs and technologies onto the market, but once they are launched surveillance is passive.”

He said there has been little change in the past 50 years, as current systems were put in place after the thalidomide disaster.

“For example, the human papilloma virus (HPV) vaccine – which is a great medical advance – was tested on a few hundred girls worldwide before it was launched. Within days of the launch tens of thousands of young girls received this new vaccine, yet we still rely on passive reporting to track adverse effects, that is, doctors notifying the regulatory agencies if something serious has occurred and this takes time to filter through the system.

“Also, there are side effects that are less serious but frequently take much longer to discover – this is why we need a proactive approach to monitor the safety of innovative technologies. The tools to do this exist: the one remaining obstacle is lack of political will to implement such a system,” he said.

“With a pre-emptive approach, recipients of a new drug or vaccine would be marked on the health record system, for example, for whether they have been admitted to hospital, why have they been admitted, and so on.”

He said the new personally controlled electronic health record (PCEHR) system which was launched in July 2012 by the Australian Government could be seen as a first step towards a new 21st century monitoring system.

“Medicare data, including MBS, PBS, Australian Organ Donor Register and Australian Childhood Immunisation Register data, was recently incorporated into the eHealth record system. PCEHR still has a long way to go, but it could become an important tool as we develop better data monitoring systems for Australian hospitals.”

Professor Gericke said private hospitals in Australia generally had good data systems: “The real challenge is to improve the quality of data in the public systems and link these effectively to the private system.

“Within UnitingCare Health, which owns The Wesley Hospital, we have very good clinical data systems, and I want the Wesley Research Institute to make better use of this data for service improvement and health outcome measurement for direct patient benefit.”

Professor Gericke’s passion for using scientific data to analyse how patients are treated and how improvements could be made was put to good use when he embarked on the study “Health Care Quality for an Active Later Life” for the charity Age UK. The 2011-2012 study sought to measure how successful the English health system is in preventing disease and disability in later life.

“The first part of the study looked at scientific data from diverse sources to shed light on these questions. The report concluded that there are major deficiencies in the system, in particular in the area of cancer care, and that England is below standard compared to other high income European countries.”

He said Australia faced similar challenges: “With an ageing population, you may get bottlenecks in the health system where previously there were none. You only get a grip on this kind of problem by tracking and analysing available routine care data.”

The Wesley Research Institute is well known for its applied medical and health research which directly translates into patient benefits, in particular studying innovative treatment and diagnostic technologies.

“We are well positioned to expand our activities in this field and to take the lead in developing and implementing 21st century approaches to health care data analysis and service improvements that lead to better health outcomes for our patients and Australian society.”

By Colleen Clur
BARRIER® EasyWarm® active self-warming blanket.
Once opened and unfolded, the blanket reaches operational temperature within 30 minutes. It maintains an average temperature of 40°C for up to 10 hours.

- Helps to prevent hypothermia
- Easy and quick set up
- Easy to use before, during and after surgery
- Easily available to more patients thanks to no need for additional equipment

Find out more at www.molnlycke.com.au
The Women’s Clinic Day Hospital experience

The Women’s Clinic Day Hospital shares how it is incorporating the National Safety and Quality Health Service Standards (NSQHSS)

In order to tackle the 10 new NSQHSS, work commenced as part of the day hospital’s operational plan in January 2012. It was decided to review one and sometimes two NSQHSS every month as part of staff education and was incorporated into our Operational Quality Committee agenda. As we were due for an accreditation review audit in July 2012, the 10 standards were scheduled so that all 10 had been completed prior to the accreditation review.

Each month the scheduled standard/s were carefully reviewed using the specified standard and the NSQHSS Guide for Use in Day Procedure Services, October 2011. Subsequently hospital policies and procedures relating to the standard were either reviewed to ensure compliance and/or new policies and procedures were written. Medical record forms were then also reviewed in association with the particular standard and any necessary amendments made to ensure documented evidence was available as evidence of compliance. A standard agenda item was introduced in January 2012 on the Operational Quality Committee agenda, National Safety and Quality Health Service Standards. This was done to raise staff awareness of the significance of the standards to their practice on a day-to-day basis. A schedule of Operational Quality Committee meetings and the associated NSQHSS standard/s for review was posted on the staff notice board. Attached to this schedule was a list of all staff members who were required to tick off each standard after they had reviewed both the standard and the associated standard guide.

Each month commencing in January 2012 until July 2012, the scheduled standard/s for the month were discussed at the Operational Quality Committee meeting and at the conclusion of the meeting staff were given a 10 question written quiz on the particular standard. Overall the results were encouraging with an average score of 70% across all 10 standards. The results were...
anonymous and the purpose was just to gain an assessment of the staff members’ understanding of the standards and how it impacted their practice. Quizzes were designed specifically for clinical staff with questions relating to their processes and procedures with an alternate quiz for administration/clerical staff where the emphasis was different and related to clerical responsibilities practices and processes.

At the accreditation review in July 2012 the ISO Auditor commended our approach in using the quiz to assess staff members’ understanding of the impact and content of the 10 NSQHSS. This technique had been influenced by my past adult education experience and proved to be of real benefit. The ISO Auditor conducted an analysis of the evidence provided to date with respect to compliance of the 10 NSQHSS for the Day Hospital, and indicated that there appeared to be no major areas of concern.

In 2013, a new monthly schedule to review the 10 NSQHSS was again developed in association with the Operational Quality Committee meetings. A written quiz will be given to staff at the commencement of the meeting and this will be followed by a tutorial relating to the scheduled standard as a method of revision. At the same time, prior to the monthly Operational Quality Committee meeting management and staff will review the scheduled standard/s using the Australian Commission on Safety and Quality in Healthcare Resource box incorporating each standard as well as reviewing the Day Procedure Services Accreditation Workbook, October 2012. This process will involve a second review of policies and procedures to ensure they meet the requirements of the standard, providing staff education in areas indicated by the standard and reviewing medical record documents to ensure adequate documented evidence is available to assess compliance of the 10 NSQHSS. To ensure there is an understanding of the 10 NSQHSS amongst our Visiting Medical Practitioners, in 2012 and again this year, education sessions have been held during our Medical Advisory Committee meetings on specific topics related to the standards, such as: the importance of hand hygiene, labelling of syringes, open disclosure and the role of the Consumer Representative in the Day Hospital.

In July 2013, The Women’s Clinic Day Hospital will undergo an ISO audit for recertification and as a consequence will need to comply with all 10 NSQHSS. The monthly schedule to review the standards has therefore been developed ensuring all 10 standards have been reviewed and any necessary changes are implemented prior to July 2013.

As a small day hospital with limited resources, I have found this approach to be the most useful in ensuring the preparation of staff and Visiting Medical Practitioners with respect to the 10 NSQHSS. I hope that our approach may assist other hospitals in their preparation to comply with the 10 NSQHSS.

By Jane Griffiths, Business Manager, BAppSc(Dis), MCNA, AIMM, RN

"I hope that our approach may assist other hospitals in their preparation to comply with the 10 NSQHSS."
In focus: New Healthcare Standards

A patient-centred approach to oncology care

The Wesley Hospital focuses on improving holistic care

Ms Nielsen said the Wesley adopted a multidisciplinary approach in caring for oncology patients. This type of coordinated care is achieved by opening the communication channels between teams and ensuring the optimal planned care is provided for the patient and their families.

Mr Battley said the Cancer Care Coordinator’s role directly correlated with the National Safety and Quality Health Service Standard of partnering with consumers, and formed part of the Wesley’s continuous quality improvement strategies.

“We are very focused on patient-centred care at the Wesley that is respectful of, and responsive to, the preferences, needs and values of the patient,” Mr Battley said.

“Through the Cancer Care Coordinator’s role we aim to improve the patient’s own involvement in their care more than ever before.”

Mr Battley said “being there” for patients while they are in the Wesley’s care was a priority for the hospital, but supporting patients after discharge is just as important. PH
Be recognised as a leader in infection prevention

Announcing the 2013 HAI WATCHDOG* Awards

Kimberly-Clark Health Care created the HAI WATCHDOG* Awards to recognise HAI champions who make a difference in reducing and preventing these serious, often life-threatening Healthcare Associated Infections (HAIs).

Any HAI prevention program implemented between 1 September 2012 and 30 August 2013 is eligible.

The winning entries will receive a $1,500 educational grant for their facility from Kimberly-Clark and will be eligible for:

- Healthcare industry and local community recognition through news releases and features on www.haiwatchdog.com
- A commemorative plaque for first place winners.

2013 HAI WATCHDOG* Award Categories are:

**Clinician’s Choice Award** (may not be directly measured by specific HAI rate changes):
- This special category is determined by online voting

**Panel-Judged** (measurable changes in HAI rates over time):
- ICU Infection Prevention Initiative
- OR Infection Prevention Initiative
- CSSD Infection Prevention Initiative
- HAI Prevention Initiative – Facility Wide

DEADLINE FOR ENTRIES: 30 September 2013
Open to Australian and New Zealand hospitals

Submit your entry and view past global entries at the new and improved www.haiwatchdog.com

* Registered Trademark or Trademark of Kimberly-Clark Worldwide, Inc.
© 2013 KCWW. All rights reserved.
Hourly rounding a success at St Andrew’s

St Andrew’s makes significant improvements to patient care

THE INTRODUCTION of hourly rounding at St Andrew’s War Memorial Hospital, Brisbane, has resulted in significant improvements in patient care, safety and levels of satisfaction.

The system, which involves hourly visits to each patient by nursing staff who follow specific protocols, was first implemented in St Andrew’s acute care ward 3D in September 2012. St Andrew’s Director of Nursing, Rosemarie White, said that within two months, patient falls in the ward decreased by about 30 per cent and there was a reduction in patients using their nurse call bells by about 2,000 call bells per month. There was also a rise in patient satisfaction levels by five percentage points, as measured through Patient Experience Tracker devices.

Ms White said continuous improvements are being seen as hourly rounding is progressively rolled out throughout the hospital, with the system expected to be embedded in all eight wards by the end of this year.

Deputy Chief Medical Officer for UnitingCare Health and Director of Medical
Services at St Andrew’s War Memorial Hospital, Dr Christian Rowan, said: “This initiative is enhancing clinical outcomes for patients and improving Visiting Medical Practitioner satisfaction throughout the hospital.”

Ms White said the improved results in all wards so far had been immediate and ongoing.

“Before introducing the system to St Andrew’s we looked at how it had been done in other hospitals and acute care settings and witnessed the excellent, high-quality outcomes achieved for patients,” she said. “We are pleased with our progress and the positive movements in all of our quality indicators. We are constantly auditing as the system is bedded in and we are clearly seeing the results we wanted to see.

“As well as excellent outcomes for patients, there are positive flow-on effects from hourly rounding in staff satisfaction, motivation and engagement. With the reduction in call bells, staff have noted that noise levels are down and the wards have a calmer feel. The complimentary feedback from patients and their recognition of the staff has been wonderful, and we are making sure that feedback is passed on to staff.”

Hourly rounding at St Andrew’s War Memorial Hospital follows the Studer Group model, with nursing staff receiving extensive training in the processes. It is integral to the application of key aspects of the National Safety and Quality Health Service Standards.

During each hourly patient visit staff follow processes built around “the two Ps and two Rs”: Position/Pain, Personal Needs, Reach and Respond.

“Position means nurses checking if the patient is comfortable and if they are experiencing any pain,” Ms White said. “Position and pain are closely linked and assessment of position is very important to pressure care. Also in this step, nurses are required to check intravenous pumps and equipment, such as drains.

“The Personal Needs and Reach steps are crucial in reducing the risk of falls. We know that a contributor to falls is patients getting up to go to the bathroom without assistance or getting up to retrieve something that’s out of reach. So we check if the patient needs to go to the bathroom, and if everything they need is within their reach, things like their glasses, water, newspaper, book, the television remote control, phone and the call bell.

“In the final step, Respond, nurses check if there is anything else they can do for the patient, and let the patient know they will be back in about one hour, but if there is anything they need in the intervening time to call. Providing specific timeframes to patients, improved communication and the individualised care have reduced patients’ anxiety and stress.”

Central to the hourly rounding system is staff filling in, and updating, newly introduced Patient Communication Boards for each patient.

“These whiteboards are very much about keeping patients informed,” Ms White said. “Each board has the names of the ward’s staff, and information such as the procedures a patient is having on a particular day, their diet, how they are mobilising and identification of key risks such as falls.

“Each staff member who comes on duty has to update the board, and we also encourage families to contribute as well. Family members might write down ‘When is dad or mum likely to come home?’ and the care team can see that message and contact the family to respond.

“The feedback from patients to these boards, and to the rounding system, has been overwhelmingly positive. A typical comment is ‘My nurse has been great. Everything I need to know is written all on the board, so I know what’s happening, I know what I have to do.’"
Blood Matters

A new collaborative program provides tools and evidence to support national standards
BLOOD MATTERS is a collaborative program between the Department of Health Victoria (the department) and Australian Red Cross Blood Service (the Blood Service) to share, promote and support best practice in Patient Blood Management (PBM), and monitor transfusion incidents and events through the Serious Transfusion Incident Reporting system (STIR).

The website www.health.vic.gov.au/bloodmatters helps to provide a conduit between healthcare facilities, the Blood Service and the department. Information and resources include tools and examples of current policies and procedures to assist hospitals develop their own resources. The website has recently been upgraded to reflect resources that will assist healthcare facilities meet the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Service Standards (NSQHCS), in particular Standard 7.

Promoting best practice for PBM includes strategies that optimise blood product use, directed at clinical governance frameworks and standards related to product use. Recent PBM tools developed by the program which are included on the website are guiding principles of iron infusion practice, tools and resources to assist the implementation of the National Blood Authority peri-operative PBM guidelines, core elements of informed consent (including a consent template), and a data collection tool to measure appropriateness and documentation of transfusion practice. This new tool allows health facilities to input their own data and create tables and charts to measure and illustrate activity.

The program facilitates small working groups of health professionals to assist all healthcare facilities with implementation of the National PBM Guidelines, and meeting the NSQHS Standard 7 - Blood and Blood products. The working groups for 2013 will address education for pre-transfusion specimen sampling, and explore strategies and tools to assist with implementation of the PBM guidelines Medical (Module 3), as well as transfusion reaction knowledge and management and develop tools to support recognition and management of these reactions.

Blood Matters develops and directs regular audits of state wide healthcare facilities to measure practice against guidelines and standards. It provides reports to individual participants, and where possible, benchmarks these results. All audit tools and reports are available on the website. Audit tools are made available to allow individual healthcare facilities to re-audit against previous results or as a resource to others who may not have participated.

The program provides funding for 19 Transfusion Nurses (TNs) and 24 Transfusion Trainers (TTs) in Victorian healthcare facilities. The positions have evolved over time and now are an integral part of assisting healthcare facilities to meet National Standard 7. The relationship between Blood Matters and TNs and TTs allows the program to identify current needs of healthcare facilities and react accordingly with relevant and appropriate tools and resources.

The program also assists and runs transfusion education workshops in regional/rural areas to provide transfusion education to staff that transfuse in these settings. These workshops have been extended to include private hospital groups in metropolitan Melbourne in 2013.

Should you like any further information or have any questions regarding the program please contact Program Manager Linley Bielby at linley.bielby@health.vic.gov.au.
Dr Anthony Padowitz

Allamanda ECC welcomes a new Director of Emergency
Allamanda Private Hospital has appointed Dr Anthony Padowitz as the new Director of Emergency at the Allamanda Emergency Care Centre (ECC).

Dr Padowitz comes to Allamanda from Gold Coast and Robina hospitals where he has worked as a full-time Emergency Medicine Specialist since 2008.

Dr Padowitz said he is proud to be taking on the role as the Director of the ECC at Allamanda Private Hospital.

“It is an exciting and challenging time at the Allamanda Emergency Care Centre with an opportunity to reinvigorate the department,” he said.

“The emergency department is supported by a very experienced team of emergency specialists who have years of experience in emergency medicine.

“I am looking forward to working with the outstanding team at Allamanda Private Hospital and the new group of FACEM that will be joining me to provide excellent care to the Gold Coast community,” Allamanda Private Hospital General Manager, David Harper said he was thrilled to have Dr Padowitz heading up the ECC.

“Dr Padowitz has vast experience managing both adult and paediatric emergencies.

“He is currently involved with teaching the primary component of the FACEM exam and actively involved in teaching medical students, interns, nursing staff and advanced trainees.

“We are proud to have Dr Padowitz on our team and know that he will provide the patients of Allamanda Private Hospital with the highest standard of care and attention.”

A dedicated family man who enjoys spending time with his wife and three children on the beautiful waterways of the Gold Coast, Dr Padowitz moved here in 1998 after qualifying as a doctor in Johannesburg, South Africa in 1997, and completing his internship at Baragwanath and Johannesburg hospitals.

He completed his FACEM training in 2008 after working at Gold Coast Hospital, Tweed Hospital and Robina Hospital. He is committed to support the ongoing training and development of staff members who are involved in treating emergency patients.

The ECC at Allamanda Private Hospital is a 24-hour service, open seven days a week. The service provides expert and experienced standards of care at all times with immediate attention and quality care for both adults and children.

With a comprehensive range of cardiac services, 24-hour radiology and pathology services, and a dedicated GP and Queensland Ambulance Service hotline, the Allamanda Private Hospital ECC is one of the best-equipped private emergency departments on the Gold Coast.

Current FACEM at the Allamanda Private Hospital Emergency Care Centre include Dr Anthony Padowitz, Dr Bob Slawinski, Dr John Pierce, Dr Jon Field, Dr Graham Jay and Dr Audra Gedmintas.

By Karla Simpson
Unlike so many in our community, the Friendly Society Private Hospital was not directly affected by Bundaberg’s January flood waters. But it continues to work tirelessly to assist the community as it moves along the road to recovery. It was a privilege to be able to assist, support and care for many of the most vulnerable members of our community who were evacuated to the Friendly Society Private Hospital at the height of the disaster from various aged care facilities.

The hospital received 13 patients from the Mater and 47 from various aged care facilities.

Bundaberg’s Friendly Society Private Hospital continues to support their community in wake of flood disaster.
and the Agrotrend grounds evacuation centre; this was in addition to current inpatients. This would not have been possible if it were not for the tremendous efforts of the Friendlies staff and volunteers who worked tirelessly, often around the clock, when their own homes were flooding, or in threat of flooding, to ensure the highest level of care was provided.

Kirsten Beyer, a member of the management team, was coordinating the hospital’s efforts over the course of five days and said, “It was inspiring to witness the dignity in which all patients were treated by the Friendlies staff, many even transported patients to the hospital from the Agrotrend grounds in their own cars when there was no other way. As a community-owned not-for-profit facility, it was tremendous to witness this true community spirit rise in the most compassionate way.”

On the whole, a number of Friendlies employees have been affected and face a struggle to get their homes and lives back together. We are working as a group to assist in very real and tangible ways to help and support them and their families. PH

By Creina Lister
Psychologist Siew Soon presents research in London on anorexia nervosa.
Psychologist Siew Soon from The Geelong Clinic visited London in March to present the findings of her PhD research into anorexia nervosa.

Siew is the eating disorders program coordinator at The Geelong Clinic, a Healthscope Hospital.

She works with a multidisciplinary team of nurses, dieticians and psychiatrist Dr Peter O’Keefe, who is director of the 40-day eating disorders program.

But it was while studying at the University of Melbourne that Siew first developed an interest in the treatment of eating disorders.

She completed clinical training at the Royal Melbourne Hospital eating disorders unit and focused her PhD research on anorexia nervosa.

“I was interested in the dismal treatment outcomes for anorexia nervosa compared to other eating disorders,” Siew said.

Treatments for anorexia nervosa include cognitive behaviour therapy, interpersonal therapy, family-based therapies, dialectical behaviour therapy and anti-psychotic medications.

“Whilst the treatment of adolescents with anorexia nervosa has been shown to be effective, adult patients tend to drop out of treatment and are less likely to engage,” Siew said.

“Research shows a substantial percentage of adult patients did not improve on measures of weight, mood and symptoms, regardless of the specialist treatments they’d been through.”

“That was how my research started – I wanted to look at what made anorexia so difficult to treat, what kept patients trapped,” she said.

Siew investigated common clinical observations that anorexia nervosa patients have a strong need for control, not only over eating, but all aspects of their lives.

“I looked at issues related to control in patients with anorexia nervosa at the Royal Melbourne Hospital and The Melbourne Clinic,” she said.

Siew compared the patients with two groups of women living in the community (dieters and non-dieters).

“I found that anorexia nervosa patients had a high level of perfectionism in their personality, as well as low self-esteem. This was not the case with the women in the community,” said Siew.

Siew’s study confirmed the relationship between the relentless need for control, perfectionism, low self-esteem, and the pathological drive for thinness in individuals with anorexia nervosa.

“When everything in their lives felt out of control they fixated on eating and weight because that provided reliable and immediate feedback of success through weight-loss,” Siew said.

“The findings suggest that treatment for anorexia nervosa should target the need for control, which was shown to be a key factor keeping patients trapped in the disorder.”

Siew presented her findings at the Australia and New Zealand Academy of Eating Disorders Conference in 2012, and received the Peter Beumont Young Investigators Award.

“I was really encouraged that people received the research well and found it useful,” she said.

Siew’s research also found the strong need for control extended to thinking in individuals with anorexia nervosa.

“Patients with anorexia nervosa reported a significantly higher level of dysfunctional metacognitions, simply described as thinking about thinking.

“The most prominent metacognitions related to controlling their thoughts; they believed if they lost control of their thoughts it was catastrophic, dangerous, or indicated they were losing their minds.”

Siew presented her paper Dysfunctional Metacognitions in Individuals with Anorexia Nervosa, Dieters and Non-Dieters at the London International Eating Disorders Conference in March.

The paper suggests that Metacognitive Therapy, found effective in the treatment of generalised anxiety disorder, obsessive-compulsive disorder and mood disorders, may be useful in treating anorexia nervosa.

She also presented the paper at the Institute of Psychiatry Section of Eating Disorders at Kings College London, and the Vincent Square Eating Disorder Service.

“I’m also working on journal articles for publication, to get the word out about what we’ve found,” she said.

Siew is applying her findings to the patients at The Geelong Clinic.

“I’ve started to work on trying to shift that rigid fixation with trying to control everything in our patients,” said Siew.

“I’m hoping through further research and evaluation of treatment that focuses on the need for control and control-related metacognitions, we will be able to treat anorexia nervosa patients more effectively in future,” she said. PH

By Kellie Furey
Complications of cosmetic tourism
AFTER A breast augmentation and breast lift in Thailand left one young Gold Coast woman with little blood supply to her breasts, Allamanda Private Hospital plastic surgeon, Raja Sawhney stepped in to try and repair the damage.

Dr Sawhney described the damage caused by the Thai surgeon as gross medical negligence which could have cost the 24 year old her life, had she been left untreated.

“Thai doctors had cut off most of the blood supply to the woman’s breasts so her breasts and nipples were essentially dying,” he said.

“I had to perform surgery immediately to prevent the woman from turning septic.

“During surgery, she had multiple debridements, losing all of one nipple and most of the other.”

Dr Sawhney said despite six surgeries, the woman will need several more corrective and reconstructive procedures. These procedures will need to be done through the public system as the woman does not have the funds, and neither the medical tourism company she booked through, or the hospital in Thailand will pay for her reconstructions in the private sector.

“Once she has had time to recuperate from the recent surgeries, she will require breast and nipple reconstructions as she has lost close to 50 per cent of breast tissue in both breasts and is still yet to heal on one side,” he said.

“She has been left with asymmetric breasts with contour deformities and it is unlikely she will ever be able to breastfeed.”

Dr Sawhney said he is seeing an increasing number of overseas surgeries, predominately from Thailand, with minor, severe and even life threatening complications as well as poor cosmetic outcomes.

“One of the main concerns, after people’s safety, is the increased workload this is producing in the public system as most of the patients do not have private health insurance nor the financial funds to pay for the necessary care in the private sector,” he said.

“The cost to the tax payer is significant and unless something is done, will continue to rise as the demand for cosmetic surgeries increases.”

Dr Sawhney said regulations need to be put in place to make sure companies trading in this so called “cosmetic tourism” have insurance to cover complications resulting from surgery performed overseas.

He said people need to be aware of the dangers of having cheap, overseas surgery in countries where standards of care are not adhered to.

“When it comes to cosmetic surgery, the cheap option may mean riskier surgery,” he said.
I HAD TO PERFORM SURGERY IMMEDIATELY TO PREVENT THE WOMAN FROM TURNING SEPTIC

“I can’t say that for all overseas surgeries, as I have seen some very good work, however generally, the standards of care in many of these countries is well below that of Australia and the equipment and surgeons are simply not up to scratch.

“A large percentage of my work load is now dedicated to breast reconstruction - it is a growing trend.

“But the way I approach such a surgery is very different to methods used in many of the countries offering cheap surgery through this so called ‘cosmetic tourism.’”

Dr Sawhney uses a 3D imaging machine, VECTRA, prior to any cosmetic procedures to help patients’ make decisions about their surgery.

“With VECTRA, I can take an image and simulate what a surgery will look like on individual patients, be it breast implants, liposuction or even facial fillers,” he said.

“VECTRA greatly aids in the decision making process and contributes to the overall success and satisfaction of a cosmetic procedure, and it is extremely unlikely this type of technology is available at cheap, overseas destinations.”

By Karla Simpson
A USTRALIA’S FIRST partial nephrectomy using state-of-the-art robotic technology with firefly imaging has been performed in Sydney at Westmead Private Hospital.

Partial nephrectomy procedures involve removing cancers or tumours from the kidneys, while leaving much of the remaining healthy kidney in place. With the firefly technology (an integrated fluorescence imaging capability) it provides the surgeon real-time, image-guided identification of key anatomical landmarks using near-infrared technology. An anaesthetist administers a green dye through a peripheral IV line. The dye then binds to plasma proteins in blood. The dye under the robot’s special fluoroscopic camera shows up “firefly green” and shows the difference between cancerous and healthy tissue, as well as the blood supply to the tumour. This allows for a more accurate removal of the tumour as the surgeon can leave the healthy tissue of the organ in place and potentially lowers the risk of any cancer being left behind.

Surgeons are able to quickly switch back and forth between firefly imaging and normal white light. Fluorescence imaging allows surgeons to see and assess anatomy better than the naked eye, further enhancing the unmatched vision, precision and control of minimally invasive surgery.

Urologist, Dr Howard Lau successfully performed the minimally invasive surgery on a patient earlier this month, using the da Vinci Si Robotic Surgical System with firefly, purchased by Westmead Private Hospital recently. “The da Vinci Si robot is ideally suited to the delicate cutting and stitching required in this surgery,” said Dr Lau. “There are a number of advantages to the patient, including less surgical trauma, less blood loss, and a faster recovery time.”

Dr Lau is a Senior Specialist in Urology and Transplant Surgery based in Western Sydney, and a recognised leader in his field.

Tim Daniel, CEO of Westmead Private Hospital said, “This is just another great example of the outstanding medical intervention which is being performed at Westmead Private Hospital as a true centre of surgical excellence.”

By Sandra Southwell
Meeting patient demand

Demand for health services drives expansion of Healthscope hospitals
HEALTHSCOPE IS expanding a number of its hospitals around Australia to meet growing demand for private health care.

A proposed expansion of Sunnybank Private Hospital will see the addition of 60 beds, two operating theatres and new specialist consulting suites.

The major redevelopment has been designed to allow Sunnybank Private Hospital to better meet local demand for health services.

It is also an opportunity for the hospital, which first opened in 1979, to create a stronger brand and refresh its image.

General Manager of Sunnybank Private Hospital, Katrina Ryan said the scale and design of the redevelopment would positively contribute to the streetscape.

“The proposed development has been designed to create a stronger identity and presence, and to improve access for pedestrians and cars,” said Katrina.

The new consulting suites will be located with direct access to McCullough Street, Sunnybank.

The design application, currently awaiting council approval, also features expansion of existing operating theatres, day surgery and medical records department.

Once approved, the project will be completed in stages with the new consulting suites and associated car parking being the first.

The addition of beds and operating theatres would follow in stages to reduce the impact on hospital services during construction.

The new beds will be spread over two levels with a car park underneath. The expansion will increase overall car park capacity by over 80 spaces.

Sunnybank Private Hospital is located a short distance from Brisbane. The refurbishment would bring patient bed numbers to 200 and operating theatres to a total of eight.

The redevelopment is estimated at $50 million and approval of the development application is anticipated in June 2013.

The Victorian Rehabilitation Centre in Melbourne is also undergoing further expansion.

The Victorian Rehabilitation Centre will open 30 new patient rooms in April 2013 to meet increasing demand.

The new single ensuite rooms will be an extension of the existing Waratah Ward.

General Manager of The Victorian Rehabilitation Centre, Harry Koutsoufitis said the 30-bed Waratah Ward reached capacity soon after first opening in 2009.

“Significant demand saw the new ward fully occupied indicating the need for even further growth,” said Harry.

He said doubling bed numbers in the Waratah Ward is the first stage of the hospital redevelopment.

“Rapid expansion and changes to layout over recent years resulted in the main hospital entrance lacking external visual and
physical presence,” said Harry.

Construction of a new hospital entrance, reception and ambulance bay will be completed by November 2013. The renovations are expected to significantly improve the hospital’s layout by creating a central corridor and easier passage for patients, doctors and staff.

“It will also enhance the first impressions of patients and visitors, and provide the platform for a positive experience at The Victorian Rehabilitation Centre,” said Harry.

The additional beds are also expected to ease the pressure on services at nearby Knox Private Hospital.

Knox Private Hospital has undergone recent expansion to meet the growing need for acute medical care in the eastern suburbs. “However with the Victorian Rehabilitation Centre at capacity, a percentage of beds were occupied by patients waiting for rehabilitation after acute treatment,” said Harry.

The Victorian Rehabilitation Centre has 40 years of experience in physical rehabilitation and a reputation for expertly managing the simple to the most complex cases.

Extensive inpatient and outpatient rehabilitation services include reconditioning, occupational and cardiorespiratory programs.

The multi-disciplinary team also specialise in acquired brain injury, pain management and helping patients recover from traumatic injury, stroke and joint replacement surgery.

Another Melbourne hospital to benefit from expansion is Northpark Private Hospital.

Key features of the redevelopment include the addition of five new operating theatres and 29 patient beds.

Northpark Private Hospital patients can now also take advantage of single room accommodation and undercover car parking.

The final stage of the $35 million redevelopment has seen the addition of new consulting suites, with capacity for 100 medical specialists.

The Plenty Road Consulting Suites officially open in February 2013, bringing a range of medical services to Melbourne’s north.

Specialties available include ophthalmology, urology, breast surgery and orthopaedics, as well as plastic, vascular and bariatric (weight loss) surgery.

The hospital also has an established breast care service and a dedicated sleep & respiratory service, which continue to provide specialised care.

Northpark Private Hospital has been caring for Melbourne’s northern suburbs for more than 30 years.

The hospital has an established reputation for maternity care, including the Mother Baby Unit, which provides support for families before and after the birth of their baby.

The mental health team at Northpark Private Hospital offer a full range of quality inpatient, day programs and outreach services for people suffering from mental illnesses.

Northpark Private Hospital is the only health service in Melbourne’s northern suburbs that offers Transcranial Magnetic Stimulation, an innovative treatment offering hope to people with depression.

www.healthscopehospitals.com.au

By Kellie Furey
Your practice’s needs are as diverse as the Australian healthcare industry itself. Westpac’s dedicated healthcare specialists will help you lay a solid foundation that your business can grow from, and they’ll be there every step of the way to advise you. They’re experts in their field, and go through constant training to ensure they are able to provide you with products and services most suited to your needs.

Talk to us about how we can support you.

©2013 Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714.
Road to rehabilitation

Mt Wilga offers rehabilitation services in a state-of-the-art facility
MOUNT WILGA Private Hospital, located in Hornsby on Sydney’s leafy Upper North Shore, has been providing rehabilitation programs to those with a variety of injuries, illnesses and disabilities for 60 years, and since 1987 has been one of the leading rehabilitation hospitals in Australia. Mt Wilga provides rehabilitation to patients in a number of settings: an Inpatient service, as well as to those living in the community who attend multidisciplinary Day programs; and an Outpatient service to those who may require the ongoing management of their condition.

The Day Therapy Centre recently underwent major renovations to not only accommodate increasing numbers of patients, but also modernise its services and provide a comfortable and relaxing environment for patients. The redevelopment, combined with state-of-the-art equipment, means patients are being treated in facilities.

As part of the redevelopment, the hospital medical suites were relocated and expanded to a contemporary setting with a medical reception, expansive patient waiting room and modern conference facilities.

The decommissioned medical suites were then transformed into a new and expansive lounge area with lunch, tea and coffee-making facilities, as well as access to resource and educational material. Along with access to Wifi, patients will soon be able to access an Internet café in the lounge, allowing them to stay in touch with their family, friends or workplace while completing their program.

Many of our team members use iPads as part of their treatment programs to facilitate therapy, replicate real life situations or access resources. With the plethora of apps available, some of our cognition and communication programs are now conducted with each patient accessing an iPad to aid in developing communication and memory skills. This therapy forms part of, and or, complements the individual therapy prescription conducted by the allied health professional.

The refurbished facilities have also meant greater space for physiotherapy
so that patients can either be seen individually or in groups depending on their rehabilitation goals, their progress, and the stage of their program. Patients can also enjoy state-of-the-art exercise physiology treatment areas and use of cutting edge equipment. Occupational Therapy’s new treatment space has enabled greater access to the Wii and ergonomic equipment. Our two hydrotherapy pools have also enjoyed a makeover, which has allowed patients to receive quality care, regardless of the setting, in fresh surrounds.

The Day Program team is ecstatic about the results and thrilled with the new therapy space for patients and staff. The refurbished therapy space and new equipment means that patients attending the Day Program will experience 21st century rehabilitation.

By Jude Emmer, Chief Executive Officer, Mt Wilga Private Hospital.

THE DAY PROGRAM PROVIDES REHABILITATION SERVICES TO THOSE WHO HAVE SPECIFIC REHABILITATION GOALS
Breath of fresh air

Patience pays off for patients at Epworth, who now have access to a new oncology and medical unit with a balcony and scenic views.

The first clinical areas of Epworth Richmond’s major redevelopment were officially opened on Thursday 7 March and named after generous benefactor, Ms Corrie Heath, who has had a long association with Epworth.

The Corrie Heath Day Oncology and Medical Unit is in the Bridge Road building in Richmond with a full length balcony offering fresh air and outdoor space for patients to reflect.

Upon entering the new unit from one of three refurbished lifts, there is a generous patient lounge next to reception and wide corridors that lead past the patients’ lockers toward the treatment areas. The unit itself comprises 24 oncology chairs and 16 dialysis stations. Each chair is in a spacious area with personal touch screens providing each patient with TV, radio, music, games and entertainment. Nearby, six separate bed areas are reserved for oncology or renal day procedures, sleep analysis and child allergy testing. The balcony has a view over Richmond, towards Melbourne’s beautiful city skyline.

The new clinical area was located on Level 4 adjacent to the medical ward for cancer patients and close to the latest stereotactic radiotherapy equipment, recently purchased by Epworth. There is a peace garden on the same level.

Epworth HealthCare Group Chief Executive Alan Kinkade said that Epworth provides a significant percentage of services to the state’s cancer and renal dialysis patients.

“In our old facility, we could only give around 6,000 treatments per year, whereas the new facility will enable us to provide more than 17,000 oncology and renal dialysis treatments each year.

“Our model of care for cancer patients is well known Australia-wide and our commitment to improving the experience for Epworth patients is unrelenting. As well as providing the latest, efficient treatments and access to the most advanced radiotherapy equipment, we promised some time ago to improve the comfort of patients and their families as part of this major redevelopment,” Mr Kinkade said.

“The opening of the Corrie Heath Unit marks an exciting milestone in Epworth’s history due to the enormous commitment of a multi-stage redevelopment costing more than $700 million. PH

Epworth Group chief executive Alan Kinkade with benefactor Mrs Corrie Heath.
CREATING VALUE WITH A da Vinci Surgery Program

GYNAECOLOGY

UROLOGY

CARDIAC

TRANS ORAL ROBOTIC SURGERY (TORS)

GENERAL

For further information regarding these leading-edge products contact Device customer service:

AUSTRALIA
P: 1800 429 551
F: 1800 999 323
E: davinci@device.com.au
www.device.com.au

NEW ZEALAND
P: 0508 338 423
F: 09 913 2009
www.device.co.nz
Westmead Private Hospital upgrades training and education facilities

WESTMEAD Private Hospital has consolidated its position as a surgical centre of excellence with the advanced upgrade to its training and education facilities. The conference room fit out included state-of-the-art two-way fibre audio and video communication between any of the 11 operating rooms to the high definition projector and communication platform housed within the conference room.

A delegation of International ENT Surgeons for a Cochlear symposium in November was amongst the first to enjoy these new facilities, which included an “in-house” live surgery demonstration by Prof Melville Da Cruz.

“This investment in training and education is consistent with our strategic intention to provide our VMOs, referring GPs and our university affiliates with the best possible educational environment. We are extremely proud of what we have achieved and look forward to using these facilities to their fullest potential,” said Tim Daniel, CEO.

By Sandra Southwell

“WE ARE EXTREMELY PROUD OF WHAT WE HAVE ACHIEVED AND LOOK FORWARD TO USING THESE FACILITIES TO THEIR FULLEST POTENTIAL”
The power of data

Are you ready for the “age of accountability”?

This year’s APHA Congress provided numerous reminders of the power of data. Dr Diane Watson spoke about the work of the National Health Performance Authority in the context of international precedents for the use of public reporting to drive improvements in patient care. Dr Mark O’Brien spoke of the power of data to motivate improvement in practice, even amongst those who appear highly resistant to change.

Professor James Robinson of the Berkeley Centre for Health Technology talked about how in the “age of accountability,” both payers and consumers increasingly make decisions based on access to information on quality and price. In other sessions delegates discussed the challenges and opportunities posed by public reporting. We are living in the age of accountability, where hospital performance is a public conversation.

The other abiding message from Congress was that no matter what part of the process you are focused on – systems design, data validation, analysis – success depends on timely and effective clinical engagement. Dangers arise when data is ignored and outcomes can be disastrous when data are used selectively to drive performance. Both these failings have been seen recently in the Francis Inquiry in the UK.

Here in Australia the ACSQHC has completed the specifications for National Core Hospital Based Outcome Indicators (NCHBOIs):

- Hospital standardised mortality ratio (HSMR)
- Death in low mortality Diagnosis Related Groups (DRGs)
- In-hospital mortality for:
  - acute myocardial infarction (AMI)
  - stroke
  - fractured neck of femur, and
  - pneumonia
- Unplanned/unexpected hospital readmission of patients discharged following management of:
  - acute myocardial infarction (AMI)
  - knee replacements
  - hip replacements
  - paediatric tonsillectomy and adenoidectomy
- Healthcare associated Staphylococcus aureus bacteraemia (SAB) infection
- Clostridium difficile infection (CDI).

By mid-year it is expected that the specifications will be complemented by a toolkit including SAS code, technical notes, coefficients and reference sets.

Because these measures are designed to be reported using the National Morbidity Collection (NMC), it is now more important than ever for private hospitals to understand the nature of these indicators and actively engage staff and clinicians in optimising the data collection processes that underpin them. As experience has shown with the APHA Indicator Collection, it typically takes three to four years before performance data is of sufficient quality to provide a meaningful basis for reporting and evaluation.

As Roger Taylor, Dr Foster Intelligence says, “Whether for clinicians or for patients, there is a world of difference between having access to information and being able to use it in a meaningful way.”

It is with these developments in mind that the APHA board decided that the APHA Indicator Collection which has run successfully for four years should be discontinued to enable hospitals to focus greater resources on public reporting requirements. This decision will also enable APHA to free up resources to develop a new role in:

- Educating members about the importance of establishing accurate administration and clinical data systems capable of generating reliable performance data.
- Supporting hospitals in engaging with doctors and health professionals to educate them about the importance of medical charts as a source of performance data.
- Positioning APHA as an authoritative source of interpretation, oversight and advice in relation to the NCHBOIs for the private sector.
A small working group has been examining these issues and has already identified the need to take account of the differing needs of day surgeries, independent hospitals and those corporate groups and networks which have established their own benchmarking processes. It is clear that solutions need to be affordable and provide timely access to data. APHA is looking at a wide range of options including closer working relationships with government reporting agencies such as NHPA and AIHW.

Looking further ahead, there is growing interest in Australia in the role of quality and safety data in driving funding models.

- The ACSQHC is undertaking work on the feasibility of developing a tool to identify in-hospital adverse events due to hospital acquired diagnoses using CHADx as a starting point.
- The ACSQHC and the Independent Hospital Pricing Authority have established a joint working party to provide advice on the consideration of safety and quality within a National Pricing Framework and the likely benefits to the Australian community.

APHA has been pressing for greater private sector involvement in these discussions. We look forward to the opportunity to comment on a forthcoming discussion paper when it is released by the ACSQHC/IHPA Joint Working Party later this year.

I look forward to hearing your views on how best APHA can help you meet these challenges.

Sources

1. The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chair Robert Francis QC. www.midstaffspublicinquiry.com/report%20accessed%2018%20March%202013

HE Australian Commission for Safety and Quality in Health Care is off to a racing start in 2013 across a number of areas but with a major focus being the first year of implementation of the new model of accreditation with the introduction of the 10 National Safety and Quality Health Service Standards (NSQHSS).

Advice Centre
As I reported in the December 2012 edition of PH, the Commission established an Advice Centre to assist and take enquiries from health service organisations, surveyors and accrediting agencies. The Advice Centre has proven to be a valuable resource receiving a total of 639 enquiries from its commencement on 24 September 2012 up to 31 January 2013. The public sector makes up the majority of contacts with 44.4% to the private sectors 23.8%. Over 63% of calls have been from Victoria and NSW health services and accrediting agencies account for 4.1%.

The Advice Centre has facilitated a number of network meetings and as of 31 January had a total of 169 registrations. Again the public sector makes up the majority with 74.3%, with private sector at 22.9% and combined public and private at 2.9%.

Twenty-two per cent of the enquires have been in direct relation to the standards with the most frequently sought information being on HAI, Patient Identification and Recognising and Responding to Clinical Deterioration.

The Advice Centre can be accessed by calling 1800 304 056 (normal business hours Australian Eastern Standard Time) or via e-mail at accreditation@safetyandquality.gov.au.

Observation of accreditation from January to June 2013
The Commission, jurisdictions and health services have expressed concerns about the readiness of surveyors to assess to the NSQHS Standards. Under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme, the Commission has a responsibility to provide coordination, which includes reducing variation in the assessment processes and ensuring a consistent understanding of the intent of the NSQHS Standards. Further, to support a smooth transition and consistency between accrediting agencies to the NSQHS Standards, it is proposed that the Commission attend accreditation events as an observer. This would allow the Commission to identify any issue with the interpretation of the Standards first hand.

The Commission has updated its list of health services scheduled for an accreditation event in the period January to December 2013. The number and location of sites to be visited is currently being finalised. This process will involve seeking health service CEO agreement for Commission officers to be present at the surveyor summation and/or health service summation.

Information collected from observation visits will be used to:
• Develop advice and resources for other health service organisations undergoing accreditation
• Advise jurisdictions where action may need to be taken
• Provide feedback to all or the relevant accrediting agencies through direct contact or general means including the website and advisories
• Provide feedback to the board, Private Hospital Sector Committee, Inter Jurisdictional Committee, regulators and accrediting working groups as appropriate.

It is not intended that Commission observers make any determination relating to actions that are met or not met or formulate recommendations as part of an assessment event.

Harmonising state and territory licensing with the NSQHS Standards
At the 8 November 2012 Inter Jurisdictional Committee meeting it was agreed that a working group be established to consider harmonising state and territory private health facilities licensing arrangements nationally. The purpose of this working group is to:
• Address the overlap between the requirements of the NSQHS Standards
and regulatory or policy requirements of private sector health service licensing by jurisdictions
• Review opportunities for decreasing the variation between states and territories in relation to:
  1. Definitions for service types between states and territories
  2. National licensing requirements for service types and standards
  3. Reporting obligations for private sector providers
• Report back to the Inter Jurisdictional Committee on its recommendations to progress this matter.
  It is intended that there be ongoing consultation with the private sector as part of this process.

Second tier default benefit arrangements
DOHA has now finalised the new second tier default benefit arrangements that see the ‘Core Standards’ replaced by the 10 NSQHS Standards in line with the same transition arrangements as the AHSSQA Scheme.

I welcome your feedback on this column and on any matters relating to quality and safety and the Australian Commission on Safety and Quality in Health Care. I can be contacted via the APHA Secretariat – admin@apha.org.au

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation Wide Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Jun 2013</td>
<td>19</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>To Dec 2013</td>
<td>30</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>57</td>
<td>106</td>
</tr>
<tr>
<td>Mid Cycle Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Jun 2013</td>
<td>89</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>To Dec 2013</td>
<td>84</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td></td>
<td>143</td>
<td>220</td>
<td>363</td>
</tr>
<tr>
<td>TOTAL</td>
<td>192</td>
<td>277</td>
<td>469</td>
</tr>
</tbody>
</table>

This information was correct as of 10 January, 2013. Changes to assessment schedules by health services occur frequently. These figures should be taken as indicative only.
The secret to implementing Standard 4

A medication safety pharmacist is the key to successful implementation of Standard 4.

There is wide acknowledgment that the number of medication errors is underreported. The reported medication error rate ranges from 1.6% to 38% of all medications administered, and it is estimated that only 25% of errors are reported. Currently, self-reported medication errors provide minimal information to organisations because discrepancies, in terms of reported-to-actual rates, are widespread. Medication errors are typically reported through institutional reporting systems such as incident reports. It has been estimated that organisations relying on incident reports to provide data miss up to 95% of medication errors.

It is data such as this which has cast serious doubts on the value of this reactive approach to dealing with medication errors. A proactive approach such as the National Safety and Quality Health Service (NSQHS) Standard 4, has proved to reduce medication errors by implementing systems and processes to deal with this increasing problem.

As the number and complexity of medicines in use in hospitals is increasing, the questions in regard to a systematised process for reducing the chances of medication error then become:

1. Which system/process should be introduced?
2. How is the system best implemented?
3. Who should be responsible for coordinating and monitoring effectiveness of the chosen system?

I’d suggest the answers to these questions could be:

1. **Which system/process should be introduced?**
   Although there are a number of systems that hospitals have introduced to increase medication safety, e.g. Failure Mode and Effects Analysis (FMEA), Clinical Excellence Commission and NSWTAG Medication Safety Self-Assessment, the fact that ACHS is now accrediting all hospitals and day procedure centres against the NSQHS Standards which includes Standard 4, speaks volumes for the value of this system in the Australian health care context.

2. **How is Standard 4 best implemented?**
   The Australian Commission on Safety and Quality in Health Care has developed safety and quality improvement guides for each of the 10 NSQHS Standards to assist health service organisations align their quality improvement programs using the framework of the NSQHS Standards.
   Accreditation workbooks have also been developed. These are designed to assist hospitals and day procedure services determine if they meet the requirements of the NSQHS Standards.

3. **Who should be responsible for coordinating and monitoring the Standard 4 system?**
   Standard 4 is a significant piece of work to implement and monitor. It requires someone with a focus and a passion for medication safety to work constructively with many other health care professionals to ensure the systems are in place and that responsibilities are shared and coordinated to achieve the objectives of the standard.
   I’d suggest that this person should be a pharmacist. Over the last few years the issue of medication safety has become so prominent that many hospitals have seen the value of appointing a medication safety pharmacist as the most effective means of decreasing medication errors.

   The core tasks of a medication safety pharmacist according to the Society of Hospital Pharmacists of Australia (SHPA) are to ensure systems are in place for
activities such as leading the development and review of policies to enhance medication use, taking a leading role in the governance of medication safety committees, leading the development and implementation of improvement initiatives using change management techniques, promoting a ‘just culture’ in developing safety systems for medication use, sharing knowledge with other health professionals, and other activities related to reporting, risk identification, education and monitoring trends.

The key aspect of this role is to co-ordinate but not do the work that Standard 4 requires. It is appropriate that the medication safety pharmacist report to the Medication Safety Committee which may be a subcommittee of the Drug & Therapeutics Committee or more frequently these days, the Quality and Safety Committee.

One of the advantages of having a pharmacist in this role is the contact a pharmacist can have with a large network of others working in this area plus access to the tools, techniques and systems that SHPA makes available to its members such as SHPA’s Medication Safety Tool Kit. This is designed for those new to medication safety and for those with experience but who want to know more. It provides links to sites and documents that are essential resources when working in a medication safety role and provides access to content such as learning about medication safety, learning about change and improvement, reviewing and reporting adverse medicines events, implementing safety-based initiatives, measuring and auditing safety practices, high risk medicines and medication safety organisations and websites.

We should not forget the assertion made by the US Institute of Medicine in its 2000 publication, ‘To Err Is Human’ in that the problem in medical errors is not bad people in health care - it is that good people are working in bad systems that need to be made safer.

The information, guides and advice are all there. It just needs the right person with enthusiasm and access to the right information and networks with support from an effective multidisciplinary group to deliver the benefits of the Standard 4.

Sources
2. FMEA (available at: http://www.ismp.org/Tools/FMEA.asp

Michael Ryan
Director, PharmConsult.
PharmConsult is Australasia’s leading hospital pharmacy consultancy advising hospitals on the operational, financial, professional, service, risk and legislative issues associated with hospital pharmacy services.
Ph: 03 9813 0580;
www.pharmconsult.com.au

---

Elite Health Care Consultancy specialises in providing tailored advice to aged care and acute care facility providers.

We offer clients an integrated suite of consultancy services, specialising in:

- Management and facility operations
- On-site staff training and development
- Specialist needs of patients with dementia

All services are tailored to the specific needs of our clients.

For more information contact Ray Hee, Executive Director on 0428 611 881 or 07 3299 6618 alternatively email us at exec@elitehcc.com.au
www.elitehcc.com

Aged Care Consultants
Tailored consultancy services from the specialists in the needs of the aged

We currently have a client who wishes to purchase a private hospital facility in Australia. Contact us for more information.
Do the standards apply to you?

From 1 January 2013 all relevant services funded by a registered private health insurer must meet the NSQHS Standards.

Under the National Health Reform Agreement the Commonwealth and all states and territories of Australia committed to empowering the Australian Commission on Safety and Quality in Health Care (Commission) to develop national clinical standards. The National Safety and Quality Health Service Standards (NSQHS Standards) developed by the Commission were introduced on 1 January 2013.

The Commission itself is not a regulator and therefore the implementation and regulation of compliance with the NSQHS Standards is through a number of laws and government policies.

The current NSQHS Standards centre on 10 major areas:
- Governance for Safety and Quality in Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare Associated Infections
- Medication Safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Blood and Blood Products
- Preventing and Managing Pressure Injuries
- Recognising and Responding to Clinical Deterioration in Acute Health Care
- Preventing Falls and Harm from Falls

Public health facilities and services?

Under the National Health Reform Agreement, the states and territories have agreed to adopt the standards throughout Australian Public Hospitals. Various state and territory health departments are implementing policies to adopt the NSQHS Standards.

The Commission has stated that the NSQHS Standards apply to public dental clinics and oral health services.

Private health facilities and day procedure centres

Under the Private Health Insurance Act 2007 (Commonwealth), registered private health insurers must have “complying health insurance products” in order for those policies to attract government support, including Medicare rebates and lifetime health cover.

A complying health insurance policy under that act meets the quality assurance requirements if the policy prohibits the payment of benefits for a treatment that does not meet the standards in the Private Health Insurance (Accreditation) Rules.

The Private Health Insurance (Accreditation) Rules 2011 (Commonwealth) adopted the NSQHS Standards from 1 January 2013.

Therefore, from 1 January 2013 all relevant services funded by a registered private health insurer must meet the NSQHS Standards.

Timeline

The accreditation cycles remain unchanged. After 1 January 2013 the next scheduled recertification audit or organisation-wide accreditation visit will involve assessment against all 10 NSQHS Standards.
For a mid-cycle assessment period review or surveillance audit scheduled anytime after 1 January 2013, a mid-cycle assessment will involve at a minimum:

- Standards 1, 2 and 3
- the organisational quality improvement plan (or equivalent); and
- recommendations from previous accreditation assessments.

The Commission has published some minimum requirements\(^5\) to satisfactorily meet some stated core actions in 2013. These requirements will only apply during 2013.

Each of the NSQHS have core (mandatory) requirements and development actions.

Each standard also has applicable and non-applicable actions depending upon the type of health service organisation and service. Therefore, organisations must read the NSQHS Standards carefully for applicability.

**Interim accrediting of new health service organisations**

New health service organisations will not necessarily be able to meet all 235 actions in the 10 standards and therefore a number of actions have been prescribed as minimum requirements or have been non-applicable for the initial 12 months of operation.

**Private Dental Services**

For private dental services, the accreditation process will largely be established as a voluntary, self-regulated scheme supported by industry through the Australian Dental Association. \(^PH\)

For more information, please contact:

Alison Choy Flannigan
Partner, Health, aged care & life sciences
Holman Webb, Lawyers
alison.choyflannigan@holmanwebb.com.au

T: +61 2 9390 8338

This article is for general information purposes and should not be relied upon as legal advice.

**References**

1 National Health Reform Agreement, clause B83
2 National Health Reform Agreement, Schedule D, section D5 (d).
3 Private Health Insurance Act 2007 (Cth), sections 63-10 and 81-1.
4 Private Health Insurance (Accreditation) Amendment Rules 2012 (No 2).
April, will be conducted by the Senate Community Affairs Committee and will examine the following issues:

(a) the supply of chemotherapy drugs such as Docetaxel, particularly in relation to:

(i) patient access to treatment,

(ii) cost to pharmacists and suppliers, and

(iii) cost to the private and public hospital systems;

(b) any long-term sustainable funding models for the supply of chemotherapy drugs, including Docetaxel; and

(c) any related matters.

If any hospital has concerns about, or information relating to the impact of the price reduction to Docetaxel, it would be appreciated if they could provide this to Lucy Cheetham at APHA as soon as possible. Ph
Floseal is a gel matrix that is effective on surgical bleeds, from oozing to spurting; making it ideal in a broad range of surgical procedures.

For more information contact your Baxter BioSurgery Specialist: 1300 789 646

AUSTRALIA
Baxter Healthcare Pty Ltd
1 Baxter Drive
Old Toongabbie NSW 2146

Ph: +61 2 9848 1111
Customer Service: 1300 789 646
www.baxterhealthcare.com.au

1. FLOSEAL Haemostatic Matrix Instructions For Use
HE AUSTRALIAN Private Hospitals Association introduced Private Hospitals Week four years ago to help raise awareness of the contribution private hospitals make in caring for Australians and supporting the Australian health system. This year will be no different, when Private Hospitals Week kicks off on the 12 - 18 of May 2013.

Before the week kicks off, private hospitals around Australia are being encouraged to participate in a video competition that highlights their hospital and its contribution to the community. The video is to be uploaded onto APHA’s YouTube channel (Priv8hospitals) and shared throughout APHA’s social media channels, including Facebook (Valuing Private Hospitals) and Twitter (@priv8hospitals). The video with the most likes and most views will be awarded an amazing prize during Private Hospitals Week. The videos will be used during Private Hospitals Week to promote Australian private hospitals and showcase that they really do so much more than people think.

Collateral material is currently being sent to hospitals in the lead up to Private Hospitals Week that focuses on promoting key facts and figures about the importance of private hospitals, including the main fact; private hospitals treat 40% of all patients in Australia. These key facts and figures have been integrated throughout various forms of collateral material including; posters, patient brochures, and event novelties. The collateral material once again features the speech bubble which creates brand recognition and consistency with past APHA campaigns. The main images used in the collateral material have been taken at APHA’s member private hospitals and reinforce the key messages of Private Hospitals Week while creating a personal element to the campaign.

All collateral material directs people to the updated Valuing Private Hospitals website (www.privatehospitals.org.au) which allows them to post what they value about private hospitals in the ‘Have Your Say’ section of the website. This website has been used in past campaigns and has been highly successful with many sharing why they value private hospitals, for example Rita explains: “I chose to have treatment in a private hospital because of the excellent care and service that I received. The ‘can do’ attitude of all staff was very...”
More people in health and community services choose HESTA than any other fund

Your super fund can make a lifetime of difference

✓ Run only to benefit members
✓ No commissions
✓ Low fees

hesta.com.au

Voice your support and get involved

Private Hospitals Week 2013 is providing a way for Australians private hospitals to show they are a valuable part of their community.

There are several simple ways that you can get involved in this year’s Private Hospital Week:
• Share why you value private hospitals on the ‘Have your say’ page on the website, www.privatehospitals.org.au
• Enjoy the latest updates on Facebook (Valuing Private Hospitals) and Twitter @priv8hospitals, remembering to use the hashtag #PHW2013.
• View submissions for the video competition (Priv8hospitals)
• Start a conversation with your family and friends about why you value the hospital where you work.

By Lyndal Bailey

evident at all stages of my care. When you are sick or in need of treatment you need it now, unfortunately the over stretched public health system cannot always respond to your need for care in a timely manner.” The website also informs and reinforces the key messages that the collateral material highlights. The other three important links for Private Hospitals Week is APHA’s Facebook, Twitter and You Tube pages which will highlight events and activities that are occurring at hospitals as well as the videos from the competition.

Previous Private Hospital Weeks have seen a large variety of events and activities, such as morning teas, lunches and information sessions that have been organised by individual hospitals. This year, APHA are encouraging private hospitals to organise events and activities that recognise the efforts and achievements of hospitals staff, especially nurses and volunteers as it is also International Nurses Day on the 12 May and National Volunteers Week.

APHA is inviting members of parliament to join in the events and activities that are being held for Private Hospitals Week at various hospitals around Australia. This will allow members of parliament to see firsthand how important private hospitals are to the community and to help ensure health is a key issue at this year’s election.

APHA is currently conducting research about Australian private hospitals that will be released at the end of Private Hospitals Week. The research will create a talking point with the media and members of parliament who attend Private Hospital Week events and activities.

If you require further information about Private Hospitals Week or would like to get your hospital involved, please contact Lisa Ramshaw or Lyndal Bailey at the APHA Secretariat.

By Lyndal Bailey
Be assured of quality with Austco

Austco is a wholly owned subsidiary of Azure Healthcare, an international provider of healthcare communication and clinical workflow management solutions. The company is headquartered in Australia, has subsidiaries in six countries and supports 6,000 healthcare facilities through our global reseller network.

As the largest manufacturer of call systems in the southern hemisphere, your healthcare facility can be assured of the highest standard of product quality and performance. Every system installed is designed to suit the individual requirements of the healthcare facility, focussing on maximizing operational efficiency. Tacera is an advanced IP based nurse call solution for healthcare facilities that provides “plug-and-play” functionality. This minimizes the cost of installation and commissioning, as well as making ongoing maintenance more cost effective – reducing the total cost of ownership of the system.

Calls may be displayed on pagers, DECT and VoIP based wireless telephones, quickly alerting staff that a call has been activated. Tacera’s VoIP interface enables crystal clear voice communications between nursing staff and the patient, without the need for third party middleware.

Additionally, all your clinical alarm systems, such as Patient Monitoring, Ventilators, IV Pumps and Stat Lab results may be integrated into Tacera allowing “one click” staff allocation for all mission critical alerts.

For more information call 08 9244 4499 or visit www.austco.com

Resene Paints clients benefit from...

- A comprehensive and site specific building and surface condition report.
- Colour scheme development with an electronic copy and hard copy provided.
- Detailed specification.
- Manufacturer’s warranty.
- Recommendation of Qualified Paint Applicators and assistance with quote/tender comparisons.
- Project inspections/reports both during and post works maintaining complete transparency with all involved parties.
- Maintenance schedules for long term durability.
- Planning for future needs.

For more information please contact Michael Ward on 0414262712 or michaelw@resene.com.au

Streamlined electronic systems

ACSS has been a leader in the Australian healthcare industry since 1992, pioneering electronic claiming to Medicare and providing solutions to over 1000 clients throughout Australia such as Westmead, Prince of Wales and St Vincent’s hospitals.

SimDay® is the choice of software for private hospitals and day surgeries.

SimDay® is well known for being an easy to use system, saving facilities time and money. Now with ECLIPSE (online claiming) integration, SimDay® makes your day even easier, eliminating paper work, speeding up payments from health funds and DVA, and giving you the ability to perform health fund eligibility checks and online patient verifications.

With the ability to import all your patient, episode and billing history from your old system into SimDay®, you won’t need to refer back to your old system ever again.

The SimDay® team is dedicated to providing a high level of technical support and has the flexibility to customise SimDay® to your hospitals needs. For more information, please contact the SimDay® Team on 1300 788 005.
Global Health - All your IT needs under one roof

Global Health is a leading provider of e-health solutions that connect clinicians and consumers across the healthcare industry.

- **Mastercare®** - a suite of health information systems that provides tools to collect, manage and access clinical and patient information at the point of care.
- **ReferralNet®** - embedded secure messaging delivery system for the exchange of information between healthcare providers.
- **LifeCard®** - a personal health management system for keeping all your important medical information in ONE secure location. With LifeCard® you can maintain a personal health record, access emergency health information and be rewarded for looking after you health.
- **HotHealth®** - provides a facility for healthcare facilities to create a customised website for online engagement with providers and consumers integrated with MasterCare and LifeCard.

To find out more about Global Health products go to [www.global-health.com](http://www.global-health.com) or telephone 1300 723 938.

Herman Miller carts deliver

Herman Miller healthcare carts are designed to meet the demands of today and the changes of tomorrow. A wide variety of bodies and parts make it easy to create the cart you need: procedure, supply, utility, medical/surgical, linen and document storage.

Lightweight and ergonomically designed, Herman Miller carts are easy to move even when fully loaded. They are made from highly durable, impact-resistant plastic, are GREENGUARD certified as low-emitting products and are up to 98% recyclable.

Herman Miller carts are backed by a 10-year, three-shift warranty.

Middlemore Hospital in Auckland, New Zealand, chose Herman Miller carts when standardising their resuscitation trolleys in 2008. Tracey Cooper, team leader, Resuscitation Educational Facilitator said that the Herman Miller carts were considered alongside the previous brands used by the hospital. She said Herman Miller carts were: “more mobile, more robust, fully cleanable and much more appropriate from an infection control perspective, customisable and cost effective. “They have proved over the last four years to be worth the investment. They require little to no maintenance and we have had no mechanical or structural issues reported out of the entire fleet purchased for both onsite at the main hospital and the community hospital units.”

Ergonomic, durable and flexible products make Herman Miller a long term partner for your healthcare needs.

For more details or to view our entire range of procedure carts, please visit [www.hermanmiller.com.au](http://www.hermanmiller.com.au) or email info.au@hermanmiller.com.
Where do you work, what is your role and how long have you been there?
I began my career with Ramsay Health Care in 2000 during my travels around Australia from the UK as a clinical nurse specialist in Intensive Care at North Shore Private Hospital (NSPH) in Sydney. After deciding to stay in Australia I gained the position of clinical manager Critical Care Services NSPH in 2003 and held that position until I moved to Kareena Private as director of Clinical Services in 2011.

As director of Clinical Services, what approach to leadership do you use?
I have a passion for clinical leadership, coaching and mentoring my team of managers gives me enormous gratification. My approach to leadership is a solid focus on teamwork and driving a positive and proud culture within our profession. Having been a clinical manager for nine years I understand the stressors unit managers face running front line services. I also acknowledge managers move into leadership positions based on technical skill sets and have minimal leadership experience and training. My aim is to bridge the gap through mentoring and in-house leadership training to create dynamic nurse managers who in turn drive clinical excellence for our patients and grow and nurture our future workforce.

What has been the approach taken at Kareena Private to ensure that you have implemented the new NSQHS Standards appropriately?
Kareena Private commenced a gap analysis for national standards 15 months ago and we have been methodically working through our compliance gaps in the run up to January 2013. The national standards have driven innovation opportunities within Kareena. Ramsay provides support corporately through our clinical governance unit, which has allowed all of our hospitals to streamline and share results in relation to standards. This support cannot be underestimated as we navigate the changes in our accreditation process.

Our approach at Kareena Private has been to utilize our talented managers and educators to drive their areas of expertise across the standards. We have the commitment of our Medical Advisory Committee as we adapt our practices in line with standards. We are extremely lucky at Kareena to have a dedicated group of VMO’s who understand the importance of national standards and the positive impact it has on their patient outcomes and patient safety.

How did you adapt hourly rounding and what were the benefits of this strategy?
I have always followed the Studer Group and wanted to translate some of their tried and tested methods into our hospital. Hourly rounding is a very straightforward approach to patient management and a strategy all nurses can relate to. With the support of our marketing assistant we looked at new ways to interact with our teams and explored why changes – even though we know will benefit our patients – did not stick. We created an educational DVD and “Kareenised” the hourly rounding concept. As the project rolled out across the facility we looked at ways to measure its efficacy. We saw a reduction in falls on the medical ward, a reduction in call bells and an increase in patient satisfaction. Rounding hourly took away the chaos of the ward and allowed us to structure nursing shifts. This lead to reviewing our model of care and staffing allocations across all departments. This strategy has driven a marked improvement in staff satisfaction with retention levels and morale is at an all-time high.

How did you implement the Clinical Excellence Commission’s (CEC) Partnering with Patients program?
Families and carers are an important part of the dementia journey. Increasingly, people with dementia are finding themselves in hospital, away from carers in an environment that is ‘foreign’ to them. This initiative really struck a chord with us at Kareena as we are seeing firsthand the increase in dementia on our wards. Our patients are recruited and using the TOP 5 model: (T) Talk to the carer, (O) Obtain the information, (P) Personalize the care, (5) five strategies developed. This is recorded in their bedside charts and strategies can be simple – likes to listen to radio, enjoys reading in the afternoon etc. These strategies are then employed by our teams to keep the patient’s day as routine as possible. We are seeing great results with less agitation and a decreased LOS. The Excellence Commission has provided great support and it is really exciting for us to partner with them on this research project.

PH
Reliance™ EPS

Achieve the highest level of disinfection, every cycle.

- Processes two scopes with a $10^{-6}$ log reduction every cycle
- Brushless technology
- Easy load, boot technology

AUSTRALIA
1800 429 551
customers@device.com.au
www.device.com.au

NEW ZEALAND
0508 338 423
customers@device.co.nz
www.device.co.nz
Covering the needs of critically and chronically ill patients

At Fresenius Kabi, your priority really is our priority.

With a focus on the provision of high quality therapeutics, technology and service, Fresenius Kabi strives at all times to support healthcare professionals in their endeavours to address the needs of patients.

Fresenius Kabi specialises in the following key areas:
- Infusion & Transfusion Technology
- Volume Therapy & IV Fluids
- Oncology Compounding
- Parenteral Nutrition
- Gastroenterology
- Generic Drugs