



Metro North makes safety a central feature of everything we do. We work diligently to make sure the health care system is designed to provide safe, high quality care, and when something goes wrong we take action to prevent it happening to someone else.



**Organised for
safety**

Keeping people safe in our care

Metro North is committed to providing safe, high quality care that improves clinical outcomes, and results in a positive patient experience.

Five main areas of focus for our safety program include **Pressure Injury Prevention, Falls, Infection Prevention, Medication Safety, and Consumer Feedback.**

 In the past 12 months there has been a **REDUCTION IN STAGE 3 PRESSURE INJURIES**

Pressure injury prevention

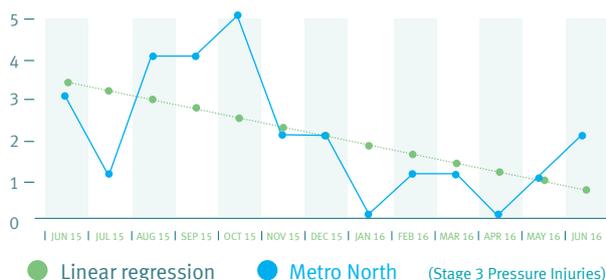
Pressure injuries are areas of damage to the skin or underlying tissue, caused by unrelieved pressure or friction. They occur most commonly over bony prominences such as the area at the base or bottom of the spine, and heel, but they can develop anywhere on the body. These injuries can be painful, can form a wound that can be difficult to treat, and can impact the comfort and quality of life of the individual affected. They can also lead to longer stays in hospital.

Pressure injuries occur most commonly in older people but they can occur in any patient. Immobility, such as that associated with extended bed rest, along with factors such as poor nutrition, poor skin integrity and lack of available oxygen to tissues have been associated with pressure injuries. A pressure injury can commence in any setting, however, across Metro North they are most commonly reported in general wards and intensive care units.

Our staff are continually updating their knowledge about correctly assessing and preventing pressure injuries, and have undertaken a wide range of research to inform their practice. At RBWH, the ULCER trial has led to the redesign of the pressure injury risk assessment tool, and quality improvement activities are built into programs across intensive care units and units that care for older persons.

As part of our patient safety program, we regularly conduct audits of patient risk screening, care planning, and care interventions to monitor and improve safe care standards.

Hospital acquired pressure injuries



RBWH has a pressure injury prevalence rate of 3.4%, below the state target of 10%. RBWH received a 'Met with Merit' for this National Safety and Quality Health Service Standard during 2016 accreditation.

Preventing falls and harm from falls

Falls are one of the largest causes of harm in health care and are a national safety and quality priority.

While the risk of falls is well documented for the elderly, falls can occur in all age groups. The risk of falls and harm from falls is higher for people with impaired vision, poor balance, muscle weakness, reduced bone density and taking some medications. The more risk factors an individual has the greater the risk of falls and harm from falls.

Across Metro North our staff have dedicated programs and care processes that aim to reduce the incidence, or number, of patients' falls and minimise harm from falls when they occur. Across Metro North, we aim to screen all patients on their initial admission to reduce falls and harm from falls, and ensure that all patients at risk of falling receive evidence-based care interventions.

The graph below shows the number of falls with harm registered across Metro North Hospitals in 2015–16.

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In the past 12 months there has been a

REDUCTION

IN FALLS

resulting in harm

.....



Things you can do to reduce your risk of falling include:

- eating healthy and nutritious food
- drinking enough fluids
- maintaining a healthy and active lifestyle, with regular exercise such as tai chi to prevent your muscles weakening and joints stiffening
- taking medication only as prescribed
- wearing the right shoes – comfortable, firm-fitting, flat shoes with a low wide heel, laces, buckles or Velcro fastenings and rubber soles that grip
- wearing slippers which are good fitting
- not walking in socks
- making sure clothing is not too long causing a trip hazard (touching the floor)
- hazard proofing your home to make it as safe as possible – removing slip or trip hazards like loose rugs or mats and repairing or replacing worn areas of carpets
- wiping up spills immediately
- making sure there is adequate lighting, especially at night
- using your walking aid at all times
- installing grab rails in the bathroom
- keeping pathways in good repair and clean
- marking the edge of steps so they are easy to see

Source: My Aged Care

Whether you are a patient, visitor or staff member, our aim is to ensure that from the moment you enter our service until you leave it, our facilities provide a safe environment for your best care.



“Hand hygiene is a crucial factor for keeping our patients safe and infection free.”

Infectious Diseases consultant, Dr Krispin Hajkowicz demonstrates correct hand hygiene.

Minimising infection risks

Health care associated infections are the most common complication affecting patients in hospitals.

We are committed to ensuring our facilities remain infection-free by using the highest standards of hygiene.

Hospital-acquired infections like *Staphylococcus aureus* (*S. aureus*) can cause serious illness in patients.

The good news is *S. aureus* is preventable and TPCH is a shining example of how hospitals can reduce the rate of these serious hospital-acquired infections.

TPCH Infection Control Clinical Nurse Consultant Janice Geary said early identification of slight increases of *S. aureus* is key to successfully managing the spread.

“We give clinicians notification within 48 hours of the detection of health care acquired *S. aureus* blood stream infection so we can work on preventable factors,” Janice said.

“TPCH also does a yearly point prevention audit of every single cannula used in the hospital to get benchmark figures on cannula usage and care across all clinical areas.”

Cannulas must be inserted safely, reviewed every day and removed as soon as they are no longer required to help reduce the risk of infection. Medication given orally is preferred, to avoid the potential for infection via the intravenous method.

In all our hospitals, hand hygiene for staff, patients and visitors is crucial to reduce the rate of infection. It is particularly important before touching a patient when performing a procedure.

Metro North’s Infectious Diseases Consultant Dr Krispin Hajkowicz said TPCH has one of the most extensive hand hygiene audit schedules of any Australian hospital.

“Our clinicians are keenly aware of hand hygiene compliance rates and respond to it,” Dr Hajkowicz said.

“Hand hygiene is also included in every staff member’s orientation and there are service line management plans across the organisation.”

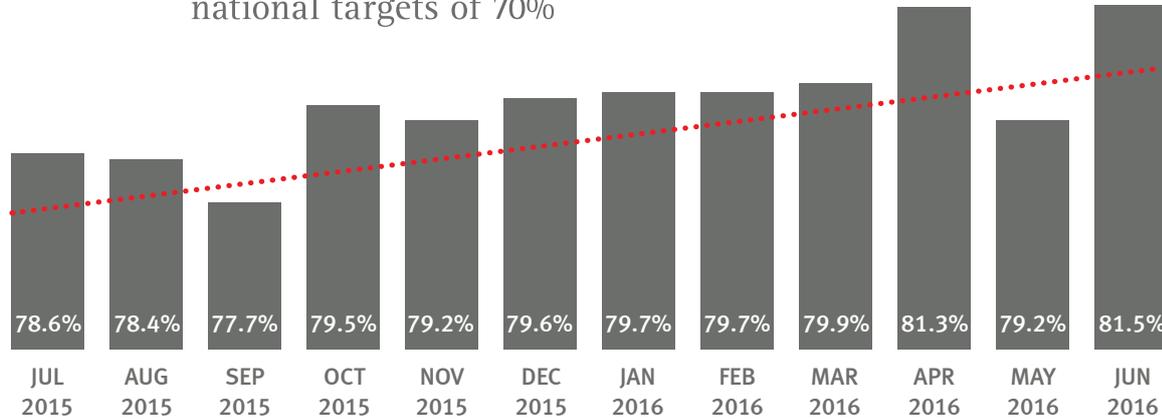
Together, we’re working hard to keep our patients safe and infection-free.



Hand Hygiene rates consistently **EXCEED** national targets of 70%

Hand hygiene 5 moments overall compliance

- Hand hygiene 5 moments overall compliance
- Linear (Hand hygiene 5 moments overall compliance)



The Yellow Clean Team helps minimise infection

The Yellow Clean Team at RBWH are cleaning team superstars.

We like to think of the Yellow Clean Team as our SWAT team. It is a highly specialised cleaning team that take charge after a patient with an infectious disease vacates the room. The team has been operational since February 2015.

The team clean an entire room from top to bottom, focusing on high risk areas like bedside tables, chairs, over-bed tables and nursing equipment.

Our patients are safer thanks to the Yellow Clean Team.

Yellow Clean Team members Rose, Ann and Alanna complete a thorough clean of a patient's room.



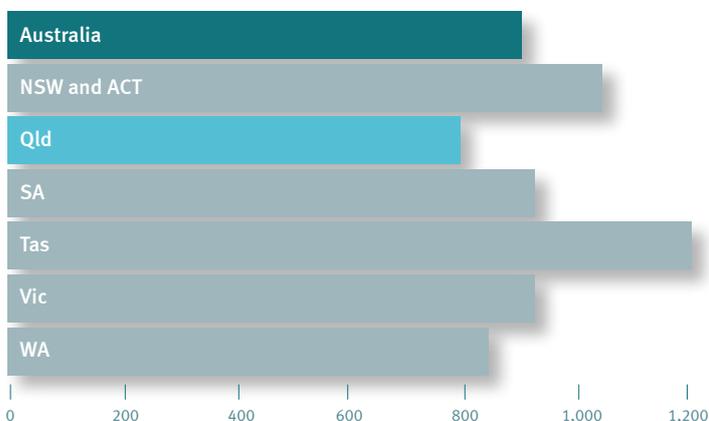
Metro North closely MONITORS ANTIBIOTIC USE to reduce antibiotic resistance

A growing number of infections are becoming harder to treat as the antibiotics used to treat them become less effective. Antibiotic resistance is accelerated by the misuse and overuse of antibiotics, as well as poor infection prevention and control.

QUEENSLAND
hospitals have the
lowest use of
antibiotics
in the country

Overall antimicrobial usage rates in hospitals participating in NAUSP, by jurisdiction 2014

Source: AURA Report 2016



Metro North has seen a

21.4% reduction in
**HOSPITAL ACQUIRED
INFECTION** over last 12 months

Healthcare Associated Staphylococcus Aureus
Bacteraemia



Medication safety

Medicines are the most common treatment used in health care and range from sedatives and pain relief, to antibiotics or medications such as those used for cardiovascular disease or diabetes. As such, medications can be associated with a higher incidence of errors and adverse effects than other health care treatment.

Adverse medication events are more likely to be experienced by those who are most vulnerable including young children, those aged 65 years and older, and people with multiple conditions and medications.

Adverse medication events can affect a consumer's health in a range of ways, from a mild allergic reaction to death. Across our hospitals and services in 2015–16, drugs and medications were the third most commonly reported cause of adverse event or clinical incident.

Reducing error and harm from medicines through safe and quality use is an important element of our work and is helping us to achieve our objectives of reducing preventable harm.

Medication reconciliation is known to reduce medication errors at time of admission by around 50 per cent. As a result, we aim to undertake a comprehensive medication history of all patients on admission. The below graph demonstrates our improvements in this area over the last year, and how we compare to other hospitals:



In 2015, 84 per cent of Metro North inpatients had a medication history documented in the medication chart or medication action plan.

Source: Queensland bedside audit

How we are using this information to improve care

By monitoring our safety and quality data we are able to potentially detect unplanned variances in patient outcomes. The occurrence of both high or low results have potential lessons, and are a continuous part of our 'report-review-act' cycle. Across the organisation this happens at an individual clinician level, a service level, and a whole of hospital and health service level. We link our annual program of quality improvement to the results we analyse.

Accreditation

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services.

Accreditation is public recognition of achievement of accreditation standards, demonstrated through an independent external peer assessment of our level of performance in relation to the standards.

Across 2015–16, all hospitals and services across Metro North were assessed either through an organisation-wide survey, or periodic review, with all services attaining successful accreditation, with no high priority recommendations.



In addition to achieving accreditation standards, Royal Brisbane and Women's Hospital and Metro North Oral Health Services were recognised as having measures of good quality and a higher level of achievement for 36 actions, recognised through a 'Met with Merit' level of assessment.

To achieve this status, a culture of safety, evaluation and improvement must be evident throughout the service in relation to that particular standard.

Listening and using feedback

Metro North believes patients, consumers, their carers and families are best placed to comment on the quality of their care, and as such, we are committed to being responsive to their concerns.

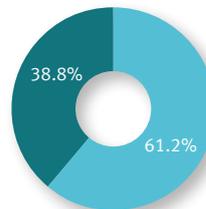


A consumer who has not had the best experience is our greatest source of learning. Similarly, someone who has had an exceptional experience can also help us make sure we build that into the way we care, so that everyone can benefit.

Metro North works closely with patients and their families to support them as true partners in the provision of their health care. We understand people receiving care have a significant role to play in the health care team, which includes a central role in having a real voice in planning and implementing their own care. We know that to do so, people need information to make informed choices, and we need to listen to what they are telling us.

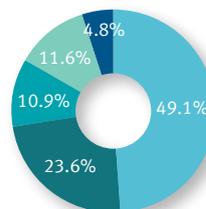
Consumers do not always expect everything to be perfect, but they do expect us to listen, to be caring, compassionate and respectful, and to acknowledge and take action when things go wrong.

In 2015–16, we received a total of 10,633 forms of registered feedback (6,511 compliments and 4,122 complaints).



Complaints/compliments

- 61.2% of all feedback was a compliment
- 38.8% of feedback was registered as a complaint



Source of feedback

- From the consumer (49.1%)
- Relative/Friend/Significant other (23.6%)
- Departmental Liaison Office (10.9%)
- Other (11.6%)
- Ministerial Correspondence (4.8%)

The feedback management system is designed to hear all forms of feedback (both positive and negative), and use this information to make future improvements for all patients and consumers. This promotes sharing and learning from those times when care has been considered excellent, to those times when changes need to occur to improve the quality of care we provide.

Your feedback in the spotlight

Our actions following feedback from consumers range from system level changes in the way we configure and deliver services, to policy and procedure changes, through to working with front line staff to understand, measure and act on people's experiences of care.



96%
of patients are likely to recommend Metro North to their family or friends

Source Quality report Dashboard



99%
OF ALL
FEEDBACK IS
ACKNOWLEDGED
within five days



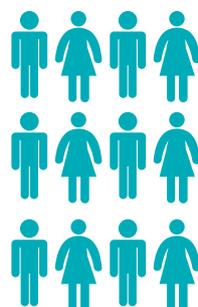
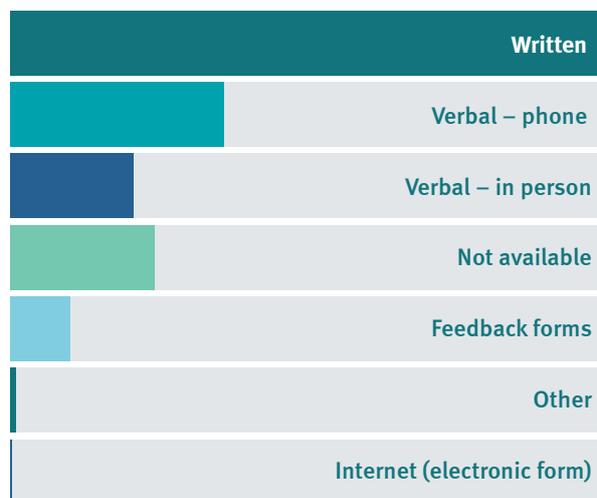
89% of all **COMPLAINTS** ARE RESOLVED within 35 days

We're here to listen

Our staff have developed programs to help people talk freely about their feedback and experiences of care, so that they can share in their own words what matters to them most, and how they felt about their care.

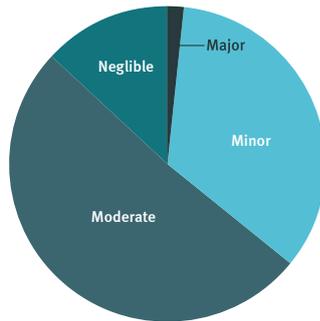
Patients and their family are invited to provide feedback by talking to staff, either in person or on the telephone, or providing written feedback, by completing surveys and questionnaires, or by participating in interviews and focus groups.

Communication type



10,633
PEOPLE
told us about
THEIR CARE

Complaints by severity



The Office of the Health Ombudsman (OHO) is Queensland’s health service complaints agency and is another avenue consumers have available to them should they wish to make a healthcare complaint.

The OHO is an independent statutory body and the place Queenslanders should go if they have a complaint about a health service provider or a health service provided to them, a family member or someone in their care that they are unable to resolve with the service provider directly. Complaints can be made to the OHO about both registered and unregistered health service providers or health service organisations.

The below diagram represents the 2015–16 total number of Metro North-related complaints received from the OHO:

Complaints received	
291	
Assessment	Take no further action
29	206
	Local resolution
	30
	Conciliation
	8
	Investigation
	3
	Referral to another organisation i.e. AHPRA
	15
	Referral to the Director of Proceedings or Conduct of an inquiry
	0

- 1. Take no further action:** Some complaints will not be taken further for a number of reasons.
- 2. Assessment:** The assessment process will gather all relevant information needed from the complainant, the health service provider and any relevant experts to enable the OHO to make the right decision on how best to manage the complaint.
- 3. Local resolution:** OHO works with the complainant and Metro North to facilitate meetings and other communication to resolve the complaint informally.
- 4. Conciliation:** When complaints are more complex, conciliation is an informal, confidential meeting process run by independent skilled conciliators.
- 5. Investigation:** Investigation involves a detailed examination of a complaint including gathering evidence and analysing the cause/s of an adverse health incident or health care issue.

- 6. Referral to another organisation:** A complaint can be referred to another organisation if the issue falls within another jurisdiction, better suited to managing the complaint.

Below are some examples of the actions taken from feedback this year:

What you said	What we did
<i>“I am a post kidney transplant patient and have to wait two hours after submitting my script to get my anti-rejection tablets, and there is nowhere for me to park.”</i>	We have organised the patient’s script to be held by the Pharmacy Department, so the patient can contact us to have the script filled and collect when ready avoiding the need for the patient to wait. We have also organised short term car parking for the collection of her medication.
<i>“I had been visiting the physiotherapy department for treatment of my crushed vertebrae in my neck. After my discharge from hospital I continued to experience dizzy spells and neck pain. My ongoing symptoms meant I could not continue to work as a truck driver. I made a complaint as I had not been given an appointment for the review of my symptoms.”</i>	We managed the complaint through our Surgical and Perioperative Services with a priority neurosurgery appointment. The patient received carpal tunnel surgery and is making a good recovery.
<i>“I feel that the nurse was quite blunt with her request, and had no compassion for me as a parent.”</i>	We’re implementing frontline communication training for all our staff and continuing to build on our commitment to provide compassionate health care that connects with our community.
<i>“The staff on night shift were very noisy. It is hard for patients to sleep.”</i>	Staff were reminded about how noise travels, particularly at night, and are mindful of the importance of setting up the environment for rest.



Making sure people are physically comfortable and safe, emotionally supported and that we involve family and friends.

“We are the Patient Experience”

Staff across our services celebrated the importance of consumers and health care staff working together to improve the patient experience.

Patient Experience Week is brought to the health care community by The Beryl Institute, the global community of practice and premier thought leader on improving patient experience in health care.

The “I am the patient experience” photographic collage was an activity run during the week to highlight the role all health care staff play in improving the **experience** people have of care.

Working with compassion and respect as core to our organisational values.





I AM THE PATIENT EXPERIENCE

We Are The Patient Experience

I AM THE PATIENT EXPERIENCE

CERTIFICATE OF ACCREDITATION

Patient experience matters

In the past 12 months, patients across Queensland have responded to three patient experience surveys for Maternity Services, Emergency Department Services and Maternity Outpatient Clinics. In total, 3,345 people told us about their experience across Metro North services.

Responses and comments received while conducting the surveys are recorded and collated, and then relayed to staff. Clinical teams work together to develop action plans to improve care for others.

Metro North Maternity Outpatient Clinics¹

RBWH:

Treated with respect and dignity

Yes, always 87%

Caboolture Hospital:

Care received in the maternity clinic

Very good 73%

Redcliffe Hospital: *Sufficient time to discuss health with doctors*

Always 74%

Emergency Department Services²

RBWH: *Right amount or too much information about their condition*

The right amount 91%

TPCH: *Confidence and trust in all or most of the doctors and nurses*

All of them 75%

Caboolture Hospital: *Treated with kindness and understanding*

Yes, all of the time 84%

Redcliffe Hospital: *Treated with respect and dignity*

Yes, always 88%

Metro North Maternity Services³

RBWH: *Received desired pain relief/comfort measures*

Yes 86%

Caboolture Hospital: *Felt listened to and supported by midwives*

Yes 87%

Redcliffe Hospital: *Felt midwives were supportive of choice of feeding method*

Yes 84%

Amber – satisfactory/some of the time Red – requiring improvement



TPCH Children's Emergency Department was the No.1 ranked² Emergency Department in the state for:

1. Treating patients with respect and dignity
2. Given enough information about how to manage care at home
3. Advised about danger signs of illness/treatment

1 Queensland Health Maternity Outpatient Clinic Patient Experience Survey 2015
 2 Queensland Health Emergency Department Patient Experience Survey 2015
 3 Queensland Health Maternity Services 2015

Opportunities for improvement include:

Our patients have told us we can do better at keeping people informed about their wait times in our Emergency Departments.

“We are working on ensuring that patients, families and carers are kept informed of estimated wait times and the reasons why.”



80% said no.

20% said yes.



We also heard from feedback we could do better with the written information we give to people about their condition.

“With our consumers, we are reviewing the written information we provide so that information provided is helpful”.



50% said we could do better.

50% said information was helpful.



Kilcoy Hospital staff member, Courtney Hayes with patient, Melva Hubner.



Maternity Patient Experience Survey – Caboolture Hospital was the No.1 ranked Maternity Service in the State for:

- 1. Included in the decision process for referral of antenatal care**
- 2. Effectiveness of communication between care providers around services**
- 3. Offered maternity care at home**