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Media release

IMPROVEMENTS FOLLOW REVIEW OF ADHB CLINICAL SAFETY

Additional improvements have been made to three ADHB services following an extensive clinical safety review by external senior clinicians.

The ADHB commissioned the report last year following concern from staff about some of the systems installed for the new Auckland City Hospital, in particular sterile supplies. The other two areas reviewed were electronic patient records (CRIS) and the outpatient and administration service.

ACH general manager Dr Nigel Murray said hospitals worldwide were moving towards centralised sterile supply and Auckland was the first in New Zealand to implement it.

"It became clear that our preparedness for the magnitude of this change was underestimated. Recognising that implementation was not going as smoothly as we would have liked we began making some changes. We also appointed two senior surgeons, Dr John Simpson from Wellington and Dr David Theile from Brisbane, to carry out a review.

"Hospitals worldwide are moving towards centralised sterile supply. This is now considered world best practice. We are the first hospital in New Zealand to implement this system," Dr Murray said.

He said patient records and the OAS were included in the review as some concerns had also been raised about those areas.

ADHB chief medical officer Dr David Sage said the reviewers found that the electronic medical records and outpatients and administration were rated clinically safe.

…/2

“The reviewers did recommend a number of efficiency changes for these areas which are now being implemented.

“They found that the sterile instrument supply system while clinically safe, needed considerable improvement. This confirmed the view of our Clinical Board which previously advised that it was clinically safe to continue at normal operating levels but that changes were required.”

The Clinical Board this week reaffirmed that view with a resolution that the Sterile Supply Service (SSS), with the risk mitigation strategies and current levels of throughput, is clinically safe.

The Clinical Board also advises that the electronic patient records system (CRIS) and Outpatient Administration Service (OAS) are clinically safe.

Dr Sage said a number of improvements had already been made to ensure the clinical safety of the sterile service.

“Further changes are also planned to make the service more efficient and user-friendly for staff.”

He said the two previously-reported serious incidents that occurred in December 2004 and January 2005 had not adversely affected any patients.

Dealing with each of the three services, Dr Sage said the improvements being made included:

…/3

Sterile supply service:

- A manager of SSS has been appointed with appropriate technical expertise, senior management skills and previous experience with a centralised sterile supply department.
- Performance audit tools are in place and reported monthly.
- The development and implementation of standard operating procedure manuals for all OR areas and enhanced quality control is underway.
- Reorganisation of the physical layout to create a more logical and efficient workflow, reducing distraction, noise and the time taken to assemble, check and pack a set of instruments.
- Recruitment of staff to train as technicians has changed so that minimum level school qualifications are now required. As there are no trained staff in the market, the focus is on ‘growing our own’.
- Training achievements, along with levels of responsibility to be recognised in pay rates, are under development. The target is that 80% of staff will hold the national certificate within two years.
- Improvement of equipment. Part of this project is ‘pack on screen’ which has a digital photograph of a set and contains the correct description of instruments. It also has a quality check built in so that a set cannot be despatched to the OR without the critical instruments (as identified by the users) being included. This will be piloted in GCC and progressively roled out speciality by specialty. Strict document control is also being introduced so that the name, description and a digital photo of the instrument, along with measurements, serial number and manufacturer, and a set layout are in place. A formal process is required before a set can be changed.
- The establishment of a short-term Quality Improvement Committee consisting of a production expert, a mix of expert users (nurses, surgeons, anaesthetists) with broad representation across all services. The committee will act as an advisory group to the Director of Anaesthesia & Operating Rooms for operational issues and report to the Clinical Board on progress on patient quality and safety matters.

…/4

- The implementation of the “audit officer” concept. Their role will be to quickly and accurately investigate all aspects of incidents and report back to all staff involved, ensuring communication in both directions.

Electronic patient records system (CRIS)

- CRIS provides access for authorised staff to the clinical records at any location 24 hours a day, seven days a week. Technical aspects of the system are being enhanced to make it quicker and easier to use.
- Increase functionality across all users by integrating CRIS with the medical applications Concerto system. Integration begins on 16 May 2005 and will improve access to the system.
- Establish a dedicated Clinical Workstation Training and Support Unit to focus on the specific requirements of clinical staff for training and support in clinical information systems. Unit to operate from 7am to 6pm Monday to Friday as that is when staff require most support.
- A mobile training team will be available to provide immediate support to clinical staff when required.

Outpatient and Administration Service (OAS)

- Reassess clinical support now in place in each clinical department and increase where appropriate.
- Principles and targets have been established for dedicated departmental/typist transcription.
- An on-line referrals project is underway.

Dr Sage said the ADHB management, Board and Clinical Board welcomed the reviewers’ report and were confident that the issues identified had either been dealt with or were in the process of being rectified.

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