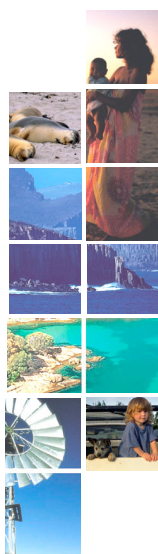


Local risk management—quality care in action

Lisa Clinnick, Stephen Latter, Hepburn Health Service

INTRODUCTION

Hepburn Health Service is situated in rural Victoria, approximately 110km North East of Melbourne. The health service encompasses 4 campuses, which includes Daylesford, Creswick, Trentham and Clunes. The service offers a variety of community health services as well as acute and aged care services. Acute services include A&E, theatre, medical, surgical, obstetric and dialysis care. The aged care service comprises of 92 beds, which include both hostel and nursing home care. The service employs 297 staff from cleaners to clinicians and has visiting medical officers, surgeons, anaesthetists and specialists.



HOW IT ALL BEGAN

The risk management framework used at Hepburn Health Service has evolved over a number of years. In 1999, when, as the OH&S Co-coordinator one of my first tasks was to review the OH&S policies and procedures manual and make safety a higher priority throughout the service.

After about 12 months of work we had a manual that was up to date and complied with all relevant standards and regulations.

During this time a number of changes also occurred in the service. These included changing our committee structure, how minutes of meetings were reported and all terms of reference were reviewed to reflect both quality and risk management components. Through the restructuring of the committees and introduction of new committees there was an increased awareness of risk management and two distinct risk management issues – clinical risk and non-clinical risk were identified.

NON CLINICAL RISK

Non clinical risk is monitored through a number of committees, including the Human Resources and Information Technology Committee, the Finance Committee and the Occupational Health and Safety Committee.

I will present a summary of the OH&S committee. The committee reviews risks in the work place, which is a main area of concern to most health agencies.

The OHS Committee is made up of representatives from senior management and staff. There are actually three committees, which include sub two committees and one organisational committee. The sub committees are at our Creswick and Trentham campuses and are held bi-monthly. These are chaired by the assistant DONs and are held the week before the organisational meeting where a representative from these sub committees attends and presents minutes.



The CEO chairs the main committee and my role on that committee is as a resource person to assist the members to find solutions to problems and risks that have been identified.

FUNCTION OF COMMITTEE

The Health and Safety Committee's role is to:

- instigate, develop and carry out measures designed to ensure the health and safety at work of employees
- formulate, review and disseminate the standards, rules and procedures relating to health and safety which are to be carried out or complied with at Hepburn Health Service (the workplace).

The Committee deals with health and safety issues which affect the whole organisation rather than specific area issues which are dealt with at the local level.

This works well, as any workplace risk that is identified at another site is brought to the attention of all. All meetings are held on a bi-monthly basis and agendas are sent out a week in advance. We have a few standing items on this agenda and these are :

- risk assessments
- injury/incident reports
- infection control.

Risk assessments are generally performed by the safety reps and staff members and are tabled and discussed and resolutions sought. The safety representative at each site is generally the maintenance officer and this works well as they have the knowledge of the facility at which they work. They are also readily available to all staff members as they go about their daily duties.

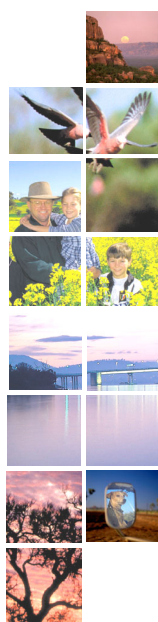
Injury and incident reports are tabled by myself and are provided to me by Exec DON. These are taken from the Risk Management database and are generally staff and facility related.

CLINICAL RISK

The other obvious area of risk is clinical risk. Hepburn Health Service manages clinical risk through a number of different avenues. This includes infection risk, which is managed through the infection control committee and all clinical risks, which are monitored through the Clinical Review Committee.

The Clinical Review committee meets monthly and consists of 2 Visiting Medical Officer's, Executive DON, Assistant DON and the Acute Unit Nursing Manager.

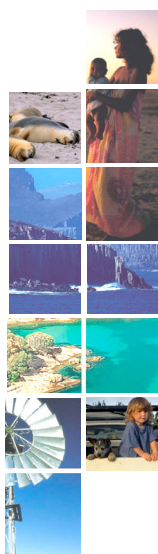
The Clinical Review Committee has a number of ways to monitor risks, which have been adapted to meet the needs of a small rural health service. These include; participating in external Limited Adverse Outcome Screening and undertaking



internal screening as well; identification of sentinel events – not only using the list of government reportable sentinel event, but making our own sentinel events, such as any fracture and coronial cases; review of coroners cases and reports; development of key performance indicators, such as falls and medication errors and regular review of these; review and action of all complaints and review of all incidents which are reported through the Risk Management Database. Other agenda items may include new documents that are to be introduced to the service or correspondence/reports from the Department of Human Services.

This committee has reviewed a number of sentinel events, coronial reports and incident reports and have made a number of further recommendations that have been introduced into the health service.

This slide shows the effect of the Falls prevention project which was introduced into the service in 2000. The Clinical Review Committee review all incident forms, including that of falls and have made recommendations, such as use of to the floor beds for patients at risk of falling or concave mattresses, which have assisted in the decrease of falls. It should be noted that restraint use in the 95 aged care beds have also decreased in this time of decreased falls, with 3 of the 5 aged care units restraint free.



RISK MANAGEMENT DATABASE

In the course of the restructuring of the committees we realised that we needed a method of capturing some data on risks and incidents. We didn't have any way of measuring if any of the safety policies or procedures and government initiatives were having any impact on the way we conduct our business. We searched far and wide for a suitable database to use but everything we looked at had a couple of major problems. The fact that they all were written or programmed for use in major public hospitals where there was a large and varied amount of data to process and report on. Being a small rural hospital we do not encounter many of the safety and clinical issues in the same scale as a larger facility.

There was also the cost factor many of these databases were beyond what we could reasonably afford to spend. People may say what cost do you put on reducing risks? It is a factor when you are trying to justify it to senior management. At around the same time it had been identified through the accreditation system that we needed to do the same with clinical risks and incidents through the Clinical review committee. It was decided therefore that we needed to develop a system designed for our rural health service.

The Risk Management Database, which has been developed has provided the Service a simple computer program which has allowed incident reports to be tracked and reviewed in a systematic manner. This database was developed by the Health Service and uses an Access program, which focuses on the needs of a small rural health service. It is quite basic with one form which replicates the incident report's and can generate a number of reports very simply. (Show example of database) The reports range from where the incident occurred, who was involved, type of incident, dates etc. These reports are generated for different committees and allow key performance indicators to be measured easily.



CHALLENGES

Developing relevant risk assessment tools and incident reports

The first hurdle was to develop an Incident report form that was easy to use and was also able to gather all the information required to make the data collection accurate and relevant.

This was achieved by seeing what other agencies had done and what they were using. We reviewed these forms and took the areas which found to be useful to us. From this our form was developed and has been used ever since.

Intranet use for resources

The challenge here was to make all policy and procedure manuals, as well as relevant forms readily available to all staff. Hepburn Health Service introduced the intranet in 2000, and the risk assessment, policy and procedures manuals have been placed there for all staff to have ready access to. The incident forms are found in all areas, most commonly at staff and nurse stations.

Educating staff on risk management

Education was also seen as a major challenge and this has been achieved through nursing and general staff forums and also by making OH&S and Risk Management an important part of any new staff member induction. The service also distributes

Getting staff to use the system

Another challenge was actually making sure that staff used the forms whenever an incident was identified even if there was no adverse occurrence.

This has been achieved by constant vigilance and hard work by all the managers and safety representatives.

CONCLUSION

In conclusion I feel comfortable in saying that we have developed a system not only for Occupational Health and Safety but also for Risk Management that is comprehensive easy to use and suits our needs. It has been a time consuming and at times difficult process but has been rewarding to see where we started to where we are now. This process would not have been made possible without the support of senior management, the CEO, Board Members, VMOs and the staff.

The last few years has seen all of us bombarded with new regulations, surveys and numerous audits that haven't made things easier. Most of us in the health service all wear many hats and our time is limited but we feel that if we get the risks within our workplace managed then it will benefit us all in the long run by reducing any undue stress on us.

