

WA Country Health Service

Creating a Safety Culture through
Clinical Incident management



WA Country Health Service
Government of Western Australia



Once upon a time

- This is story about how the lessons learnt in one part of an organization are being shared and translated into the wider context of the whole organization. It is a story told before, by others, of the value of strong and ever present leadership and vigilance in the face of threats to patient safety. It is a story of gathering evidence so that we can know, understand and question the issues that present threats and opportunities and of how these can be fed back into the organization so that they engender a commitment to act

Explicit Safety Culture strategy



Commitment

Proactive & progressive with specific goals and resources

CEO demanded to know

Competence

Intensive and repeated education strategy

Project support and incentives

Availability of safety information

Expectation of that it was analysed & used to inform strategy

Cognisance

Making sense of risks & hazards

Systematic risk analysis

Feeding back into the organisation

**Hunches
Theories
Ideas**

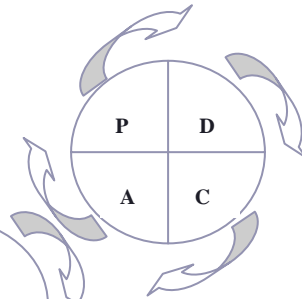
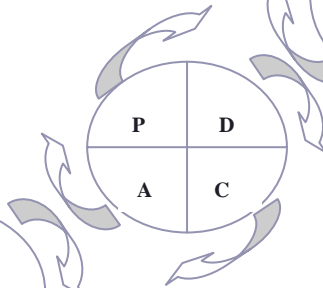
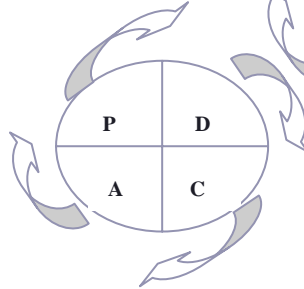
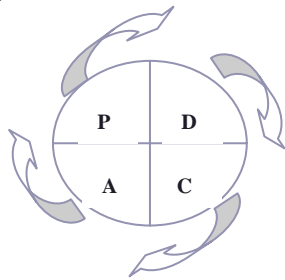
Staff Education

Climate Survey

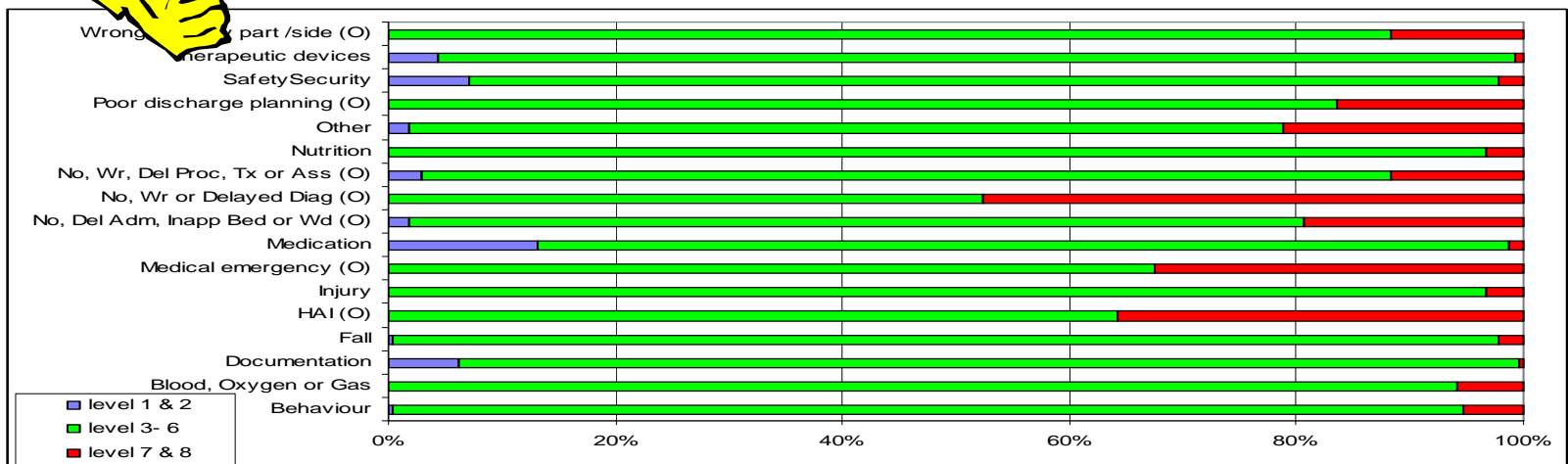
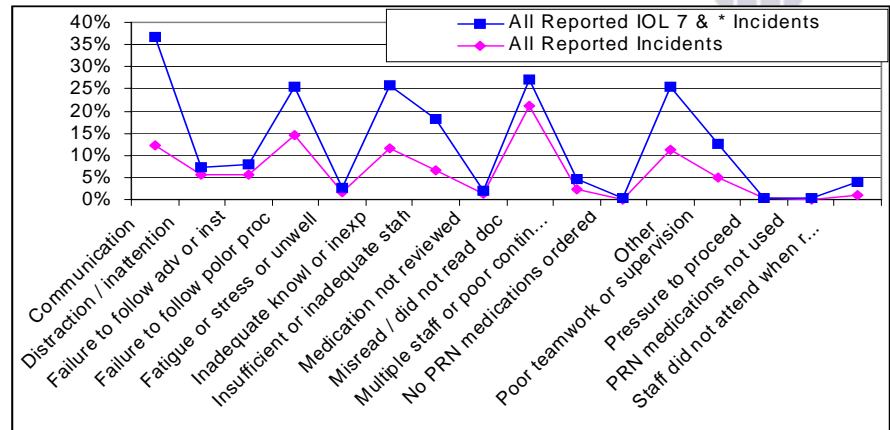
**Patient safety
project support**

**Improving feedback
systems**

**Culture of
safety**

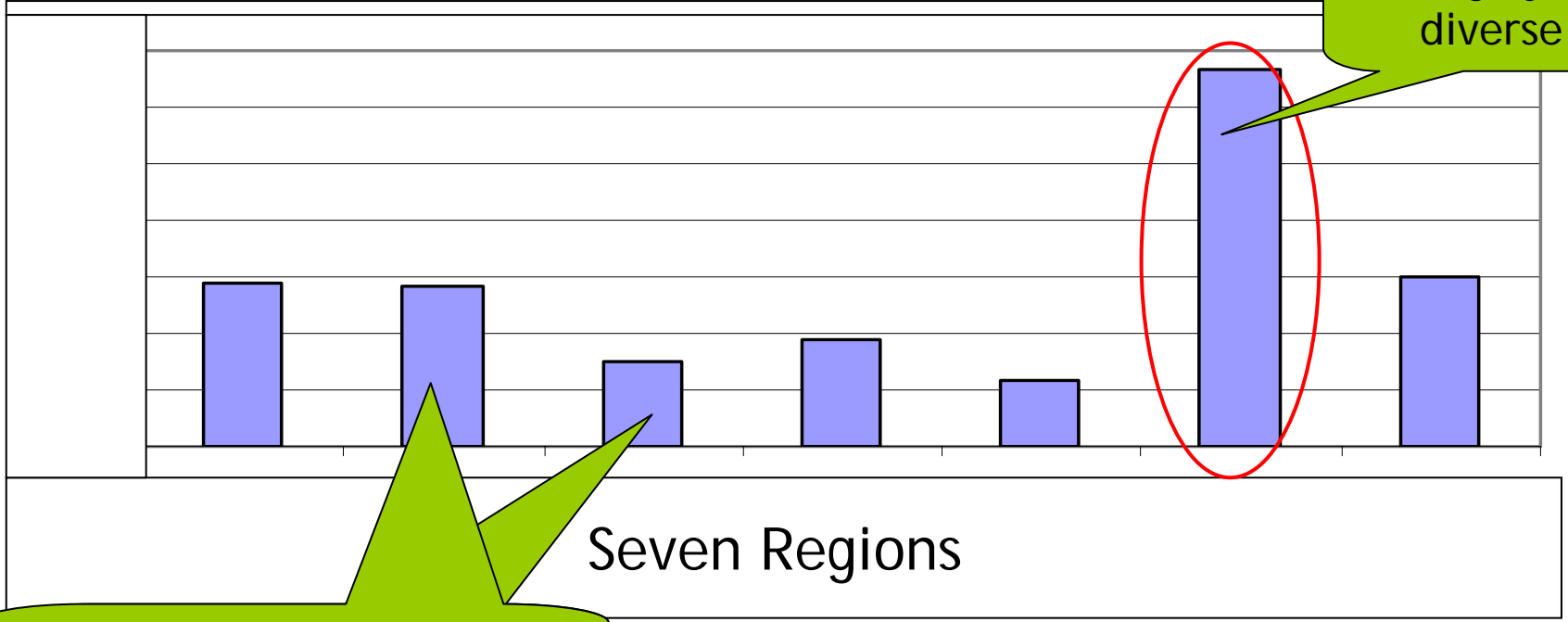


From processing to understanding & responding



Regional reporting rates 2005

Regional Reporting Rates 2005



Highly diverse

Relatively homogenous

Seven Regions



Effort Sustained

- even with major organizational restructuring
- changes in some leadership positions
- Staff proud of their achievements

2006 - Could we expand across an entire Area health service like WA Country health ?



WA Country Health Service

Area: 2.55million km²

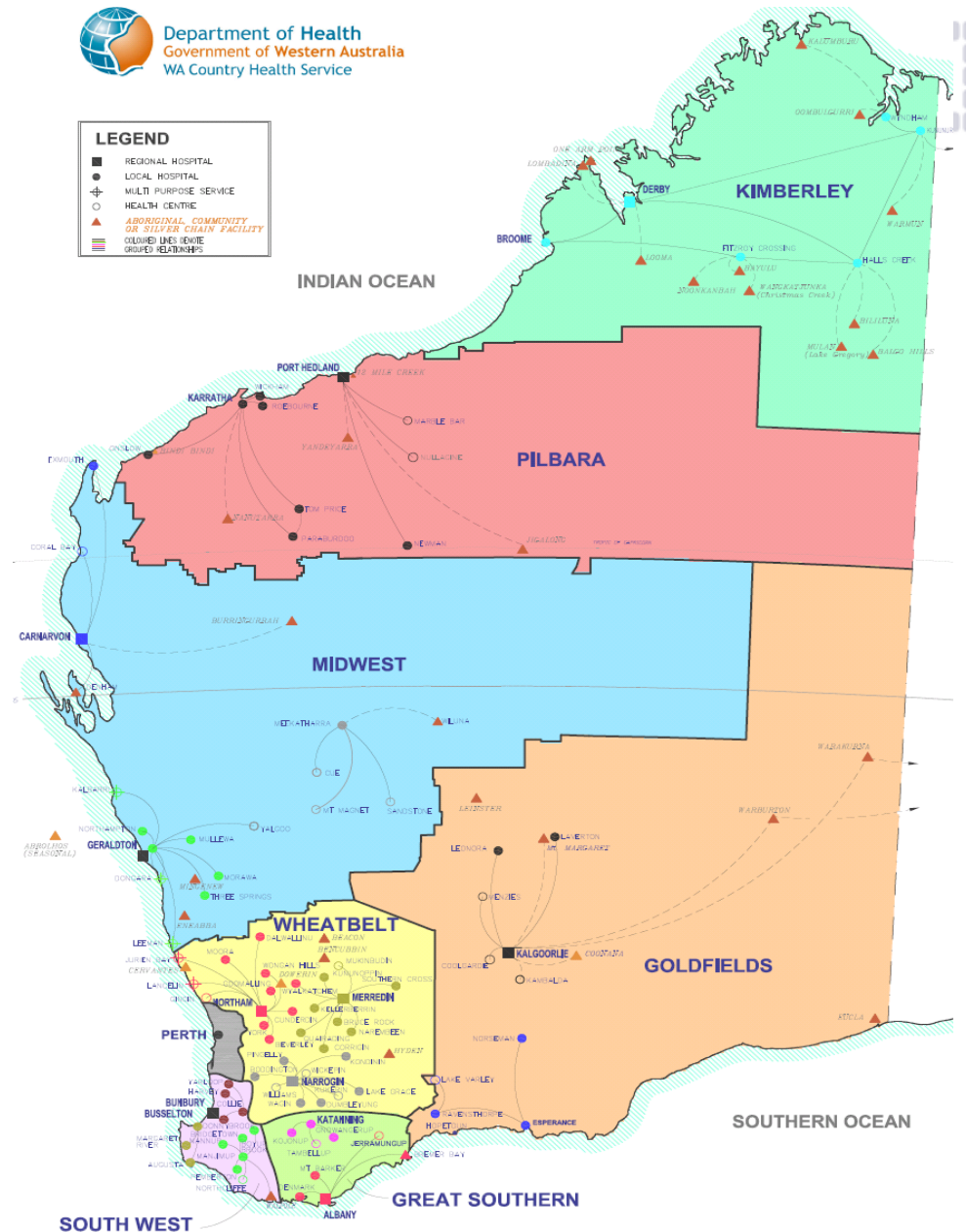
People: 455,000

Aboriginal people
(9.9%)

Population 2013 up 7%

Resources boom having major impact

- Increased demand and expectation
- Reduced workforce availability



Sources: WA Country Health Service Annual Report 2005/05 p.21
 South West Area Health Service Annual Report 2005/06 p.25

WACHS - snapshot

- \$620 Million budget
- 70 hospitals
- 5,662 FTE staff
- 2,310 FTE nurses
- 325,000 ED visits p.a.
- 96,000 hospital discharges
- 380,000 Inpatient Bed days
- 180 salaried doctors
- 150 Visiting MOs



Patient Movement



*Over 1,000
country
people travel
for treatment
every week*

PATS - 49,000 trips per annum

RFDS transfers - 4,200 per annum

Country people experience poorer health



Workforce



5,662 FTE staff

180 salaried doctors

150 VMO's

2,310 FTE nurses

We have a highly
valuable, skilled and
motivated workforce,
but...

One third
leave every year

Staff Housing



Rentals in the north can be up to \$2000/ week

Clinical Incident Reporting from Ocean to Outback



Approaches as different as their landscapes
Limited resources applied





Could we expand across an entire region?

Cognizance

- Basic analysis and feedback
- Centralized sentinel event reporting and tracking

Competence

- Education and discussions

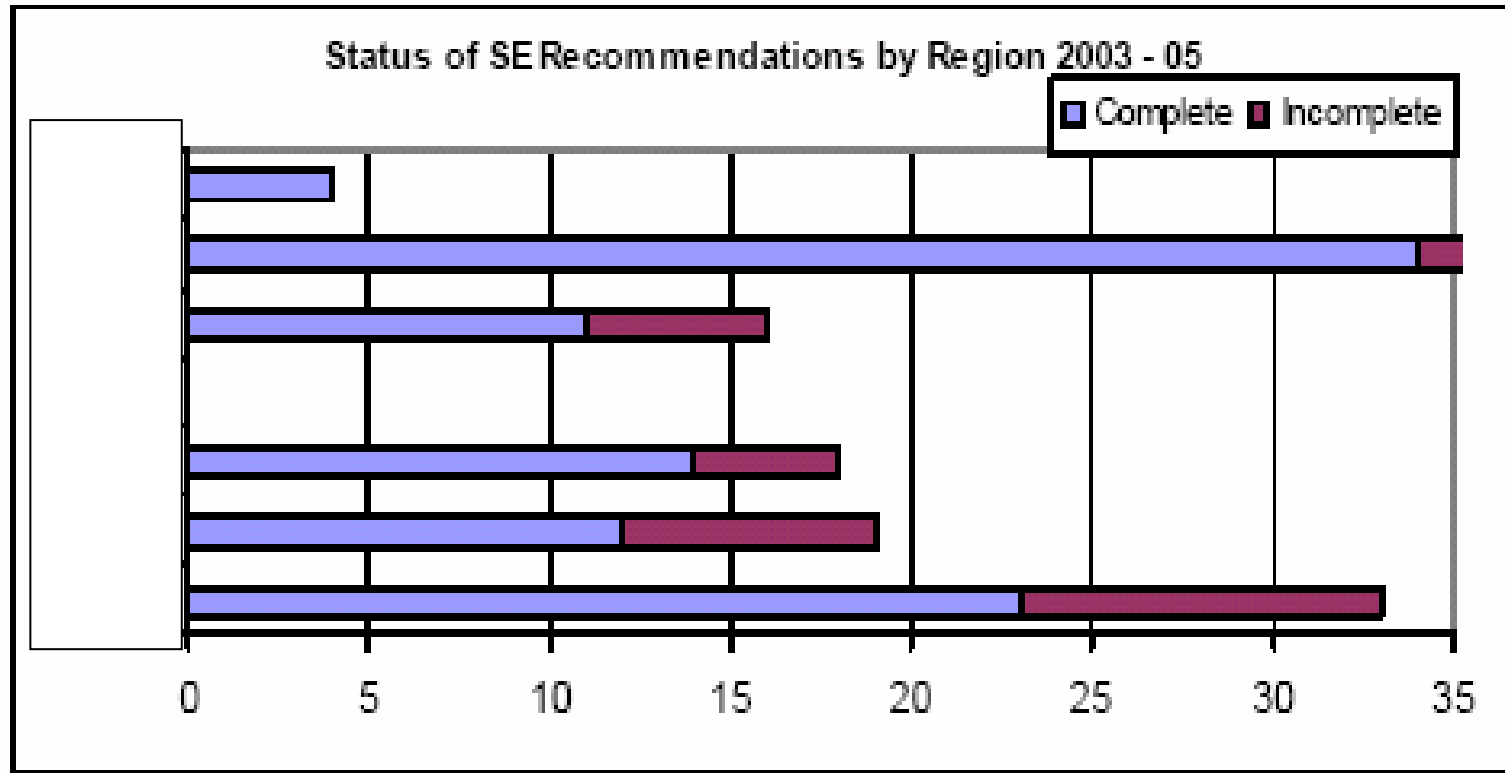
Commitment

- Strategic plan
- Regional visits and reviews
- Explicit CEO and executive commitment



Decided to start with a subset - Sentinel Events

Tracking Implementation of Recommendations



**Hunches
Theories
Ideas**

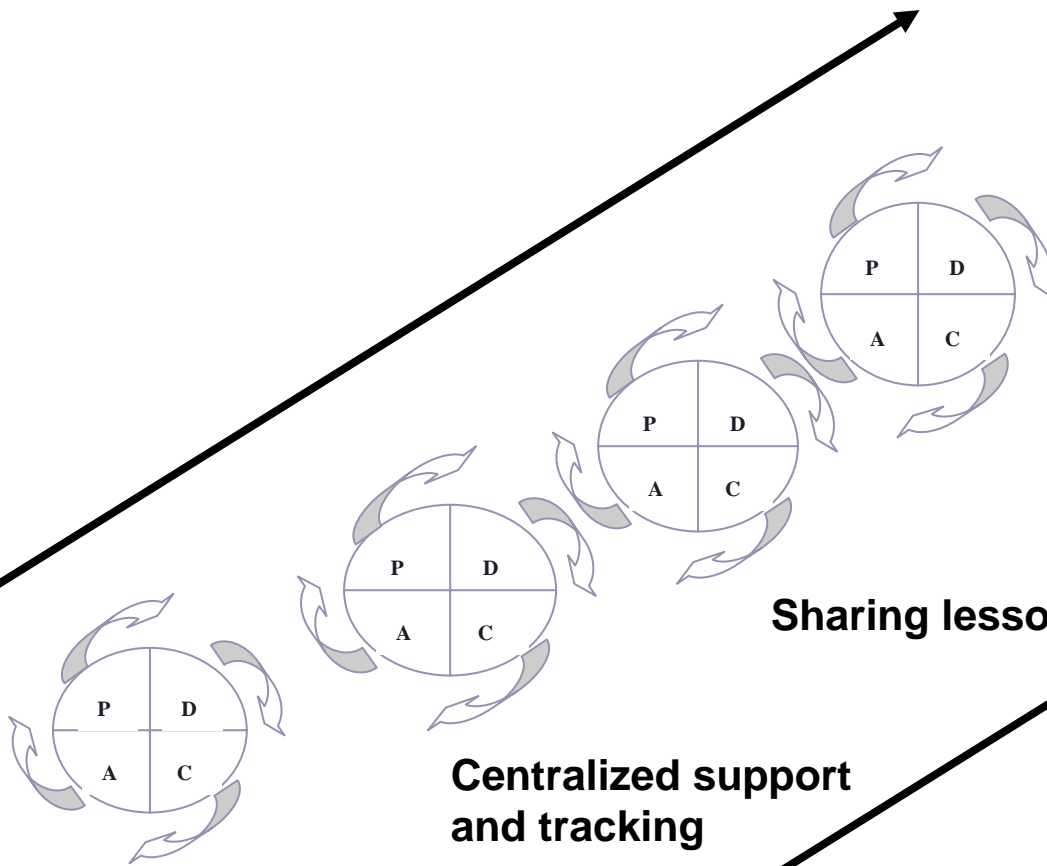
Staff Education

**Centralized support
and tracking**

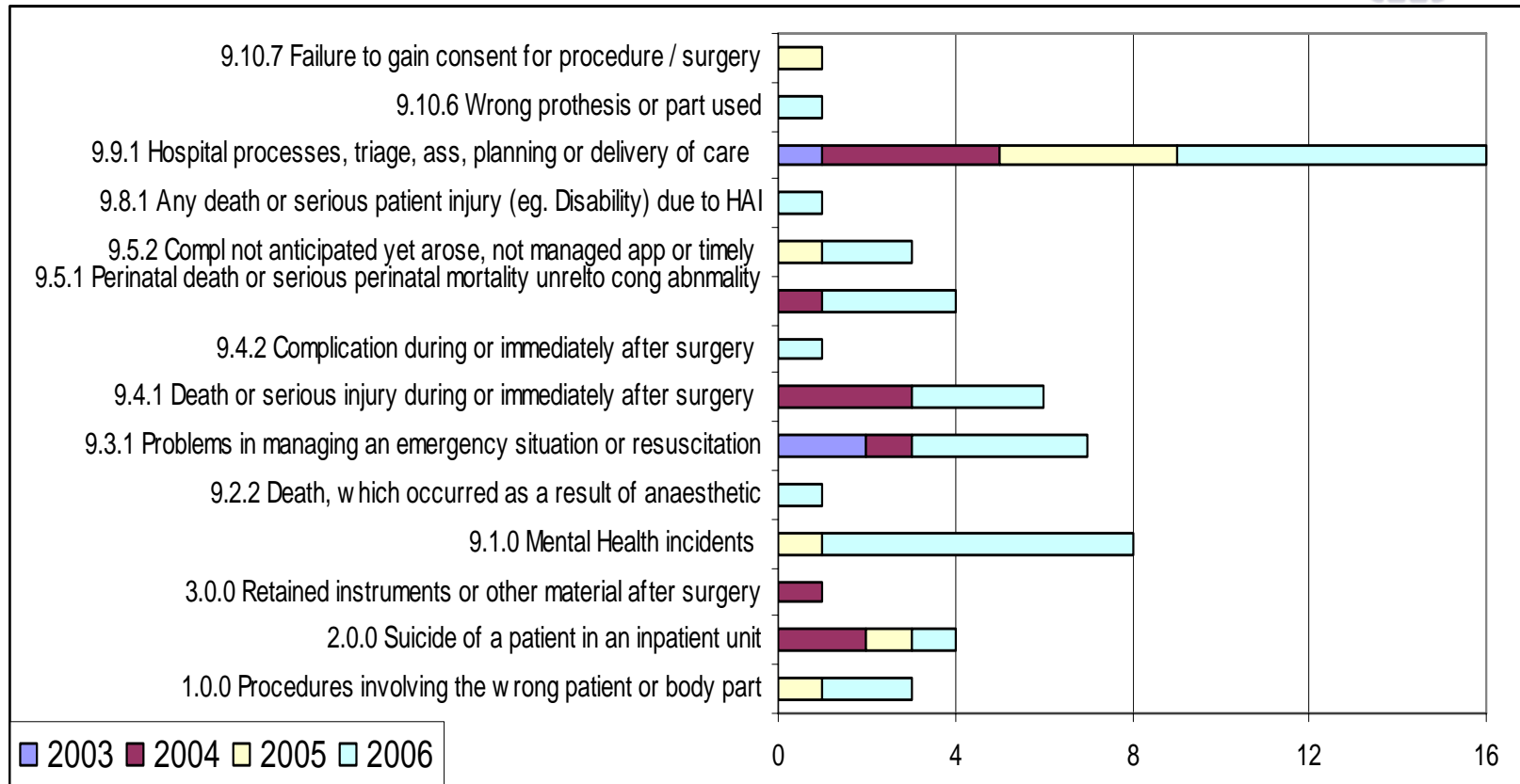
Sharing lessons

**Improving feedback
systems**

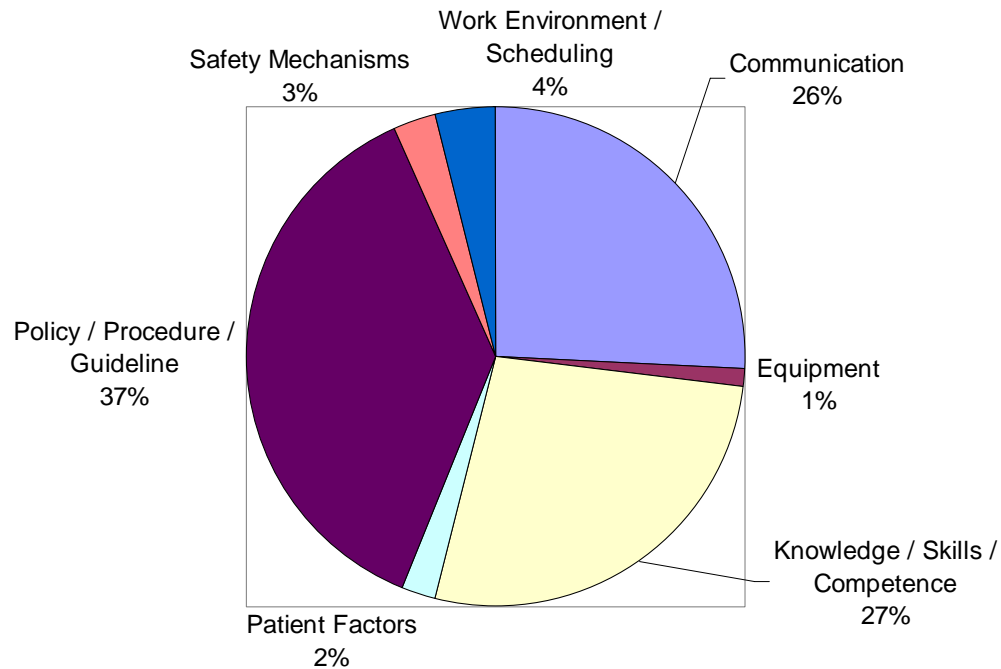
**Culture of
safety**



Event types



Human factors



Some specific examples



Supply chain



checking procedures

H2O2 under pressure



sinus irrigated with

50 ml syringe =

Air emboli

~~Education policy.....~~

Remove

from supply chain

and audit compliance

Department of Health
Government of Western Australia
WA Country Health Service

4 June 2007

Head Office Kimberley Pilbara Midwest Wheatbelt Goldfields South West Great Southern

WACHS Intranet

Intranet Home • Area Office | WACHS Internet • DoH Internet • Holli • Royal St • Site Admin • Links

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PS.D Patient Safety Directives and Patient Safety Updates **PS.U**

Patient Safety Directives and Patient Safety Updates are written after assessment of risk at a regional or area level and consideration of the available evidence. This does not, however, override the individual responsibility of healthcare staff to make decisions appropriate to local circumstances and the needs of patients and to take appropriate professional advice where necessary.

Please refer to the [FLOWCHART](#) and follow the [POLICY](#) for WACHS Patient Safety Directives and Patient Safety Updates.

[Return to Safety and Quality Home](#)

Safety and Quality

Patient Safety Directive

1. [PSA - Hydrogen Peroxide](#)

Patient Safety Update

1. [PSU - Filtering out Intravenous Particulate...](#)

Falls in showers

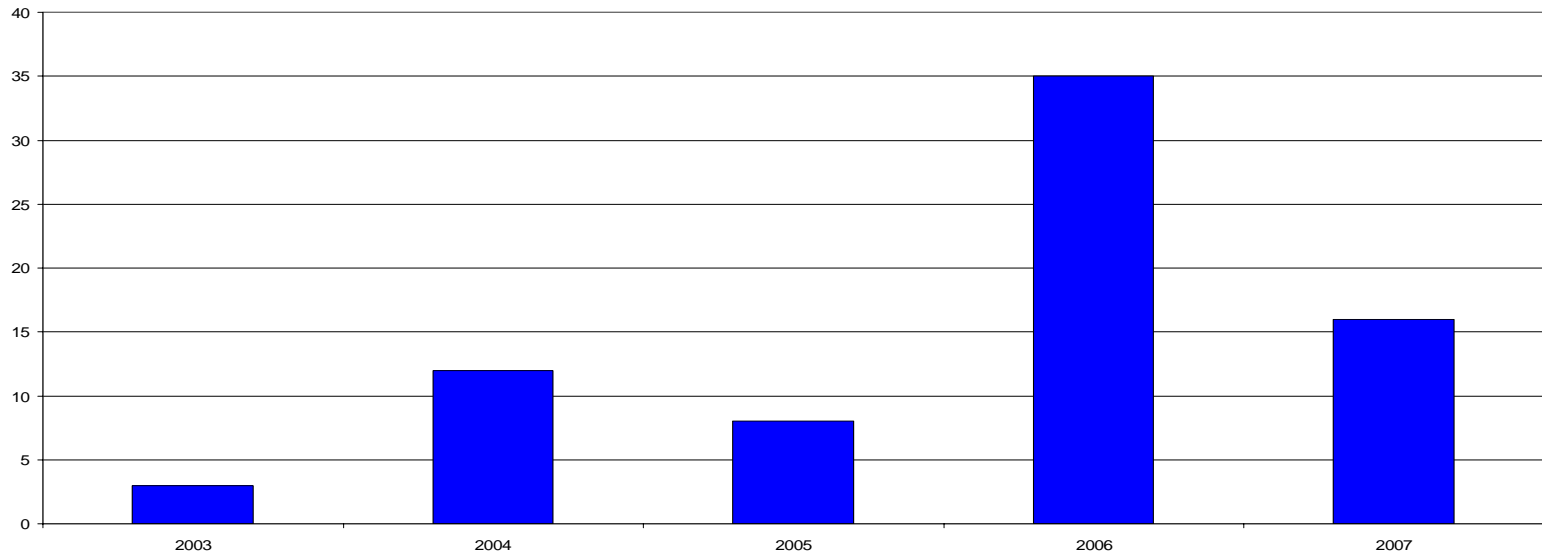


reduced
by 60%





Sentinele events by year



Trends we are now addressing



- Assessment and care planning
 - ED - Triage
 - Pre operative
 - Obstetrics
- Communication , clinical handover etc
- Critical care escalation (MET response)



Sustaining gains

- Major structural review fragmented resources now aligned into dedicated Clinical governance teams
- All regions now funded for 3 positions to support Patient Safety and Clinical Practice Improvement with executive level clinician leadership
- Each region is now implementing a range of the strategies tried and tested in the SW and several innovations of their own !!

NB. not all positions filled yet see me after if you or someone you know might be interested!!



Summary

Commitment

- Proactive & progressive
- Tangible - specific goals and resources
- Expectation of action

Competence

- Education support & incentives
- Safety information
- Expectation of analysis & strategy
- Engender a commitment to act

Cognisance

- Making sense of risks & hazards
- Systematic risk analysis
- Feeding back into the organisation



2006 - June 2007 - 48 (3 month)

Required intensive coordination, education and support

- Some site visits but had to learn the equivalent of "school of the air" approach (Tele and video conferencing, self directed support package etc)
- Tracking results - Fine balance between stick (assurance) and carrot (learning)
- Provide fantastic opportunity to share ideas and strategies rapidly across regional borders