

Mersey Messenger

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Cardiovascular Disease is the term used for Heart, Stroke and Blood Vessel Diseases.

DID YOU KNOW!

Kills 1 Australian every 10 minutes AND

Affects more than 3.5 million Australians

(Heart Foundation Website)



CEO's Message –

The Federal Minister for Health and Ageing - The Hon. Nicola Roxon visited the Hospital on 6 June 2008. The Minister indicated that the two stage process to find a private not-for-profit Operator to run the Mersey Hospital from 1 July 2008 had not been successful. In light of this, the Australian Government decided to negotiate with the Tasmanian Government to operate the Mersey Community Hospital on the Commonwealth's behalf.



The Minister indicated that the Commonwealth will continue to own the Hospital and will provide funds to Tasmania to manage the Hospital on the Commonwealth's behalf through a contractual agreement.

Although this new arrangement was not what was initially intended, the Commonwealth remains strongly committed to improving Health Services for people in the North West of Tasmania. By continuing to own and fund the hospital, the Commonwealth will ensure that the hospital is managed efficiently and effectively to maintain the provision of high quality acute care services.

Specific details of the new management arrangements are yet to be finalised however, the Minister indicated that the Australian Government will work with the Tasmanian Government to agree on the management arrangements as quickly as possible, preferably by 1 July 2008 and at the latest by 31 August 2008.

Staff members and members of the community who would like more information about the proposed new arrangements can find the information on the Mersey Hospital's Website which is www.health.gov.au/internet/main/publishing.nsf/content/mersey-community-hospital

Dr John Menzies, CEO MCH

Cardiac Rehabilitation "Patients in Action"

The Physiotherapy Department's physical renovation is complete, staff now eagerly await the arrival and assembly of new equipment. What a difference!!

Each Thursday the Physiotherapy Department "comes alive" with music and physical activities for patients undergoing cardiac rehabilitation.

Within the Healthcare Profession, it is well recognised the importance of cardiac rehabilitation services as a launching pad for ongoing prevention following diagnosis of cardiac disease.



Patients assisted by the Physiotherapy Team.

Australian
Institute of
Health
Welfare

In
2006-07
there were
309,517
reports of
suspected
cases of child
abuse and
neglect

Child Abuse Statistics
Australian Govt Website

Union Official
announces that
"Hospitals
throughout
Australia have
become hot spots
for violence"

Dr Evelyn Funk, Paediatrician

Provides an insight into Child Abuse

I have just come back from a week's course on the *Forensic Medical Evaluation of Injury in Relation to Suspected Child Abuse* held in Adelaide and run by the Child Protection Services at the Women and Children's Hospital. I'd already done the course on Sexual Abuse two years ago and found that very helpful.

I had wanted to do these courses for some time as I have seen many children in whom abuse was suspected and been asked to write medical reports yet never had any formal training on the subject. In some cases these have resulted in my having to attend court and give evidence. My reading had already revealed that this is a complicated field.

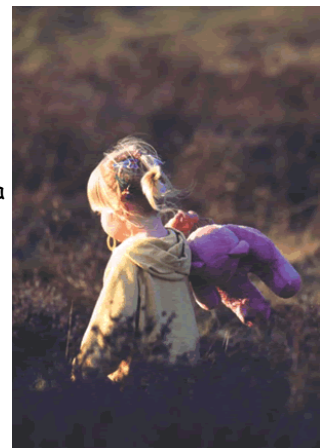
How many doctors know that one seldom finds physical evidence of sexual abuse in children? And what the normal variations of a hymen might be? This lack of knowledge could lead to innocent people being convicted and guilty ones never being prosecuted. Both detrimental to the child's well being.

It is also quite intimidating standing in front of a judge being questioned by counsel whether on behalf of the defence or prosecution made worse if one doesn't appear well informed.

At the end of these courses we're supposed to be expert witnesses! Well, the doctor who takes us, Prof Terry Donald, is one of Australia's leading forensic paediatricians and it wouldn't be for lack of trying if we don't end up proficient. Not only is he very knowledgeable but he's also extremely kind and dedicated to protecting children from harm. He is very ably assisted by an attractive petite young lass Dr Jane Edwards. In South Australia all cases of suspected child abuse are referred to the two units in Adelaide. They even take referrals from the Northern Territory. Unfortunately, in Tasmania there is no such unit. Two new young paediatricians from Hobart were also on this course for that very reason. We're hoping to establish such a unit and to work collaboratively. Interestingly, the Mersey has just purchased a colposcope with video which is invaluable in assessing children suspected of having been sexually abused. Hobart doesn't have one.

I have already provided the Emergency Department with forms and sketches to be completed in every case of injury which includes burns in children. This is in order to heighten awareness of the possibility of abuse. It is a very common problem and so often overlooked. Even one bruise in a child under six months of age should be viewed with suspicion. And do you know there is no longer such a thing as an accident? It's an inflicted, possibly intentionally, or non-inflicted injury which might involve neglect.

I'd be interested to chat to any of you who might be interested to know more on this subject.



Installation of New Security Camera's

Providing additional reassurance for staff and visitors

Potentially violent incidents are becoming more prevalent in Hospitals throughout Australia. Mersey Community Hospital maintains a 'zero tolerance' approach regarding violence. Recently the Commonwealth Government approved the purchase of new security cameras costing just over \$16,000 which was welcomed by staff. The cameras will compliment existing

security management systems and Security Personnel.

Hospital Management are committed to ensuring that all patients, visitors and staff have a safe and secure facility in which to stay, visit or work.



Farewell to Jenny Ridler

Acting Nurse Unit Manager, HDU

Sadly we farewell Jenny Ridler. Jenny was engaged by the Mersey Hospital to fulfil the role of Acting Nurse Unity Manager on the 25 February 2008. Jenny assisted with the establishment of the hospital's new High Dependency Unit which opened in March. As well as helping with the transition from the old Special Care Unit status, Jenny helped to develop new policies and procedures for the Unit and in particular helped with the creation of the new storage system for which all her staff are extremely grateful.

Coming from the Adelaide Hills she had no insight into the "politics" of the Mersey but rose to the challenge of what lay ahead. On her second day, Jenny had to assist Spencer Smith & Associates compile the data for the Commonwealth Govt report on "Options for inpatient Critical Care Services at MCH".

During her first few weeks, Jenny also felt like a "Celebrity", being on National TV with Hon. Nicola Roxon, Federal Minister for Health and Ageing when she visited the Department. Jenny was seen around the nation demonstrating to the Minister correct resuscitation techniques on a training mannequin.

Jenny describes her time at the Mersey as being a huge learning curve for her both professionally and personally, and one for which she is very pleased that she experienced. She would like to thank all hospital staff for their friendliness, support and consideration. As well as appreciating all of the staff at the Mersey, Jenny took time to sample many of the natural features of the area including climbing Cradle Mountain twice within two weeks - (now that's a mighty effort). We wish her all the best with her future endeavours.



Jenny would like to thank all hospital staff for their friendliness, support and consideration.

Critical Care Nurses Conference (Brisbane)

By Kerry Harvey

On the 11th June Jackie Van den Berg and I headed off to Queensland to attend the Australian Collage of Critical Care Nurses, National Intensive Care Education Meeting which was held at the Brisbane Exhibition Centre.

I must say it was really hard putting up with all that nice weather. The exhibition centre is located at South Bank which is a really lovely area of Brisbane beside the river. The conference was also an excellent opportunity to network (eat and drink) and wave the flag for the Mersey.

The serious side of the conference was to obtain our annual recredentialing as

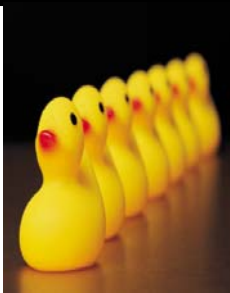
Advanced Life Support Instructors and to undertake our annual ALS Competency. We were both successful in obtaining these qualifications.

Not a lot has changed in Advanced or Basic Life support this year but the Australian Resuscitation Council is continuing to do research into what influences best patient outcomes. Presently they are researching the need for Mouth to mouth resuscitation, in the community, opposed to no resuscitation at all. People in this day and age are hesitant to give unprotected mouth to mouth and are inclined to do nothing at all rather than putting themselves at risk. Research shows that Cardiac

Compressions alone are beneficial without rescue breathing.

The Trade Displays were great (lots of free pens and lollies) Jackie and I were very impressed with the High Frequency Oscillating Ventilator. This machine can breathe at rates of 500 to 600 hundred breaths per minute and above. The movement of the chest is referred to a wiggle and that is just what the cells look like. It is used for patients that have such high pressures they don't ventilate properly.

'Whoa' what wonderful technology, Stan would have loved this toy.



Have you evidence for:

- ✓ Clinical indicator review?
- ✓ Incident review?
- ✓ Updated care plans?
- ✓ Code blue audits?
- ✓ Audits of handover detail?
- ✓ Discharge results in Satisfaction survey?
- ✓ Review of re entry into hospital?
- ✓ Discharge detail in medical record including date and time?

QUALITY HOTLINE:

Julie Ext. 5468
 Debbie Ext. 5612
 Heather Ext. 5519
 John Ext. 5665

Quality Offices are now located on Ground Floor of the Nurse's Home

NEWSLETTER CONTRIBUTIONS:

Please email your Newsletter Contributions to:
jan.carr@mersey.health.gov.au

Next Edition
 Deadline 25/06/08

Many thanks to all staff who contributed to this issue

ACCREDITATION UPDATE

WORKING PARTY DOCUMENTATION

Committee meeting working parties may be formed to target areas that require a review process to examine topics of particular importance.

When Working Parties are formed a team leader must be identified from the outset (not the Quality Coordinator) to write up a Quality Report on completion of the project.

This will ensure that all quality activities are reported and there is documented evidence of recommendations, actions, risk reduction and review timeframes.

CLINICAL FUNCTION

1.1.4 Care is evaluated by health care providers and when appropriate with the consumer/patient and carer

Care evaluation takes place to understand the best possible outcomes for patients and consumers. This can take place by collecting data from clinical pathways; mortality and morbidity reviews; clinical audits; clinical indicators; incident reviews and patient satisfaction surveys.

Patient education must be evaluated.

National databases help us to benchmark our care delivery and make improvements.

Do we provide care in established timeframes? Eg. CPR

1.1.5 Processes for discharge/transfer address the needs of the consumer/patient for ongoing care.

The areas we are reviewing here are clinical handover, discharge and transfer.

This must be a multidisciplinary approach.

Does our clinical handover transfer appropriate information from one health care provider to another? Is delivery of care compromised?

Discharge and transfer should occur effectively from our acute service to a community service. Is it appropriately planned; smooth and timely and does the carer/patient know clearly what is to happen and why?

Are discharge plans commenced at time of admission assessment?

Is verbal and written information given to the patient at time of discharge?

Julie Duff

ADNS/Accreditation Coordinator

Introducing New Employees & Acknowledging Staff Appointments

Noni Nelson, Casual Enrolled Nurse


Jennifer Quarry, Temporary Administrative Assistant., Quality & Safety Unit

Jackie Van den Berg, Nurse Unit Manager, High Dependency Unit

Library News:

Just arrived!!!

Royal Children's Hospital, Melbourne 14th Edition, Drug Doses (2008).



DRUG DOSES

 Frank Shann
Intensive Care Unit
 Royal Children's Hospital
 Parkville, Victoria 3052, Australia

Fourteenth Edition
 2008
 Do not use this edition after Dec 2011