>>> Peter Leck 10:07:50 pm 14/09/2004 >>>

Leonie,

I started to respond to your issues but somehow have lost the email. As it is now 9.58pm - I don't intend to restart and will need to get back to you.

In regard to point 4 - please keep in mind that you can't do everything yourself - even if others sometimes get things wrong. There is a role for oversight/coordination - but in your absence Darren was assigned this job. It will be a matter of influencing him - which I'm sure can be tactfully and successfully done.

You're email suggests that you are somewhat frazzled. Please remember that the organisation has had to assign various tasks and attempt to keep moving during your absence. Your role hasn't changed - but issues couldn't stand still.

I am happy to discuss this further with you at the earliest opportunity.

Peter

>>> Ty Raven 14/09/2004 16:21:07 >>>

Hi Peter

Again this week it seems that my appointment to see you has been cancelled. (Refer to my email to Joan). I need to take an RDO next Tuesday so will miss our next appointment and Michael indicated to me this morning that you time is fully booked until Friday.

While email is not an ideal medium, there are several issues that I wanted to highlight with you. While some of them are not that pressing, I will list

them all here, so that you can deal with them as you are able.

Briefings on Patient Safety and Briefings on Quality Improvement and Data Reporting - I understand that Jane recommended that we subscribe to these newsletters while I was away. I have spoken to Judy O'Connor and discovered that these subscriptions cost us $367.00 and $217.00 respectively each year. Judy has the invoice for 2005 but I have asked her not to sign it until I sought clarification from you. I have to question the value of these newsletters. The content of the ones that I have received so far (admittedly only 2) is either not terribly relevant to the Australian system or seems to be telling us how to suck eggs. For example, the August volume of Patient Safety has a large section dedicated to tips for preparing for a JCAHO survey. I recognise that accreditation processes may be fairly universal, but the tips for preparation include - "Talk to other hospitals that have already been surveyed", "Develop a list of mock tracer questions (I assume they are talking about the things surveyors will ask) and hammer them to staff" and "Educate managers and frontline staff by involving them in your survey prep" (don't we already do that?). Similarly the Quality Improvement August edition has a sample Care Path for AMI (not really relevant given the QH Clinical pathways project and the sample is not all that different from the one we already have anyway) and it also has a section on managing ill-mannered employees, where one of the tips is "If you're going to fire someone, you're on safer ground if you have documented the deficiencies in their performance" (no shit Sherlock - not only that, we can't seem to fire anyone from QH anyway!). I have not pursued what may be a more appropriate journal subscription, but would like your thoughts on this.In June the Improving Performance Committee tabled as correspondence the Joint Communique from the Australian Health Ministers Conference, and identified how each of the actions were to be implemented here at BHSD. I see that Jane was to follow up the booklets that have to be distributed to patients "10 tips for safer health care: what everyone needs to know". There was nothing in Jane's handover to indicate what progress has been made with this, so I have gone ahead and downloaded the booklet from the ACSQHC website (I can email these to you if you want to see them) and need now to determine how and when these are to be distributed to patients. I have also downloaded the files that allow us to add local contact details to the booklet or summary sheet before printing, but we would need to determine if we are going to add such details, and if so, who would it be? The booklets are also available in 15 other languages (I have a list of these) and we should look at which other ones we want. The booklets are a file that you download and print (13 pages A4) - are we going to produce all of our own and if so, will we be using the color format or B&W? Or are we going to use this file and send it to a printer's for printing? Also in the Joint Communique there is mention of all public hospitals having a patient safety risk management plan by the end of next year, but I can't see where that has been discussed at a local level in terms of what we are doing about that.The ongoing saga of the Mission signs seems to have been put to bed by HQ. Would you like me to proceed to organise the printing of the sign as developed by HQ? If these are to be available to coincide with the ISAP launch on October 12, I will need to start getting it organised. Jen seems to be happy with the local vision just appearing on the ISAP strategy map.Marilyn says that the distribution of policies and procedures has slowed a little because of the imminent change to the QHEPS publishing process. However, there are a number of them ready to go, so I will bring them to you to sign minus the QHEPS number within the week. I

have also been speaking to Christine from EPS and she is happy for me to continue sending her new policies so that they are ready to be loaded on the new system when it is implemented later this year.*Now, take a big breath in (and make sure you're not already cranky before you read the rest of this)*The most urgent issues that I would have liked to discuss with you is the Incident Monitoring and Integrated Risk Management stuff.

I have seen a copy of the training that Gwenda and Carolyn are starting next week. (The only reason that I have seen this is that Darren showed Jenny what was presented at L&M, and then Jenny showed me - otherwise I would not have seen anything until my allocated spot at this training in October). When I first saw the copies of these presentations on Friday morning (10th) I was somewhat annoyed and frustrated. I spoke to Darren about my concerns, and I told him that I would be raising it at L&M. However after I regained my composure, I decided against this because, just as I do not like being ambushed in an open forum, I am sure that you don't either, and so my L&M presentation was deliberately kept short to avoid initiating any discussion about these topics. (I thought that I would be able to discuss these things with you confidentially this morning)Concerns about the Incident management training.

As I indicated to you in my email of two weeks ago, I am not sure how the decision was made to condense the content of these training programs, however there seems to be little that can be done about that at this late stage. The proposed slides at no time to refer to either the QH Incident management policy or indeed the local process. When I saw Gwenda a few weeks ago and offered my assistance/guidance she was reluctant to give me the hard copy of the training manual to peruse, but gladly gave me the CD because she didn't know what to do with it - it is of course just the electronic copy of all the relevant training files. Therefore I have the exact script that they will be presenting and so am sure that there is no mention of either policy.

Along with this is the issue that neither Gwenda or Carolyn have consulted with anyone in this unit about the local process (or to get a local example of an incident to be used instead of the QH one - even though the presenters manual says that this can be done). It might have been more pertinent to use a real exampleWhile they are supposedly training people about how to analyse an incident there is no reference to what documents will be used, how this process will work locally, how the DQDSU fits into the picture (if at all) etc. When I asked Gwenda about what form would be used to document the analysis of an incident, she said "Probably this one in the training", however the form that she showed me is simply a training tool used to practice with the scenario stuff in the workshop. Gwenda's slides also briefly cover actions (Strong, Medium and Weak) but again no indication of how this will be implemented here (ie - the training advocates for the use of strong actions, but anything at this level would have to be endorsed at L&M - so how is that process going to occur?) In one of the slides, the script refers to the Open Disclosure Standard. You may not remember but prior to my going on leave, the DMS agreed in principle that Judy O'Connor should deliver this training. I had this on my list to follow-up with Judy, but have postponed it until I could work out what was happening to Open Disclosure in the context of the Gwenda rock show. There is a mountain of resources in relation to the Open Disclosure training (which include the actual standard itself, workshop facilitators handbook, managers handbook, and health care professionals handbook, checklist for open disclosure process, posters to inform consumers about open disclosure etc etc) but I don't know if Gwenda or Carolyn have discussed this with anyone, or if anyone has considered how this

will be tackled locally.As there seems to be some discontent about the risk rating of incidents, I thought that perhaps the training would introduce clinicians to the process of risk rating incidents, and that the local forms could be changed accordingly. Since the poorly disguised assault by Linda about the way the incidents are rated (now I understand the "an iron fist in a velvet glove") I have not rated anything above medium (caution taken not to over look anything too serious) as I am not prepared to send anything on to the either Linda or Darren while there is this unresolved question over whether I should be making those sorts of judgements or decisions.I have also discovered (again by pure coincidence) that there is a medication working party who developed some sort of prompt form that they wanted to have printed with each incident form, however L&M said no (thank god). While this is a bit petty, I should point out that all those prompts were on the very first incident form that I developed to be used locally, and after the first couple of weeks I realised that people were just circling the relevant statement, rather than filling in the free text section. So I removed all of these prompts from the actual report form and included them in the guidelines which have been sitting on G:Drive since February 2nd at 1252pm when I put it there. Either I wasted all that time putting these instructions together, or the nursing division has wasted a whole lot of time developing something that already existed (or both). I know that I have been away for six months (more on this in a minute), the other members of this unit would have known that these instructions were already there (and the history of why the form was changed) if anyone had bothered to ask. As I also mentioned in my email last week, there seems to be pockets of activity related to incident management all over the place, but with no one emerging as **the** coordinator, I fear that the process may start to spin out of control. When I raised concerns with Darren (admittedly I may have approached it in the wrong manner) I interpreted his response as rather defensive "well you have been here for six months, and Gwenda was trained because you can't do everything etc etc". While I appreciate this, my involvement in the review of incident monitoring prior to going on leave still places me in what I would have thought was a reasonable position to provide assistance to whoever is looking after it now. The fact that I have not been here for 6 months should have no bearing on how the system moves forward from here (corporate knowledge and all that) but if this is a sticking point for any member of L&M then it needs to be resolved. I cannot function effectively if there is underlying doubt about my capacity to perform in a given role.Concerns over Integrated Risk Management Training As with the incident training session, I have seen the proposed IRM training session (via the same avenue as the incident monitoring stuff). There is one slide about "How risk management applies to this district" but it is a scripted slide that is part of the training package, and there is no indication that Gwenda and co will be drilling down and identifying how the local process will work and what pieces of paper will be needed. When I mentioned this to Darren he suggested that there was a basic lack of understanding about the whole risk process and whether anyone knew what piece of paper to write on was not the main concern at this stage. I disagree, however that is merely my opinion.You may (or may not) remember some workshops that I conducted with Paul Rolek and Karen McNab back in 2002. The workshops being presented by Gwenda and Carolyn are virtually identical to the ones that we conducted back then. The slides are all **exactly** identical. I guess the major difference with the workshops that I presented is that they were much longer and included more slides, however apart from this nothing has changed. All (or certainly most) of the people listed to attend the

workshops over the next few weeks have already seen all of this stuff. (I still have the attendance records from 2002). Perhaps this is a reflection on my skills as a trainer and maybe Gwenda will have more luck making people understand risk management?I seek from you, some clarification about what (if any) is my involvement now in the Integrated Risk Management Program for BHSD. I see from the memo that was sent around about the upcoming workshops that Gwenda McDermid is the Integrated Risk Management Coordinator. I also note that the DQC position is not referred to at all anywhere in the project plan for Integrated Risk Management and Incident Analysis. From this can I conclude that I have no further responsibilities in these areas? I accept any decision that has been made about this , (it would have been nice to be informed personally rather than find out via a memo - but that is neither here nor there really).Again a rather petty point, but I consider it a bit of an insult to be asked to attend the second last workshop that is being conducted (clearly no recognition or acknowledgement of any previous contribution to the process) where the content is nothing different to stuff that I have presented on several occasions in the past, not only here, but also at Fraser Coast and at North Burnett. I fail to see the point of me wasting 4 hours sitting through all this stuff again.Lastly, while I don't want to be telling tales as it were, I mentioned in my email to you a fortnight ago about an incident that was reported from Gin Gin and how I had been a bit concerned about how Darren seemed to underplay the seriousness of this event. I had mentioned my concerns in passing to Jenny (mainly because she has a good relationship with Darren - where clearly I do not) about the risk the district may face if a legitimate sentinel event occurs up there. Apparently, despite giving me the impression that he was "just going to have a word with the person concerned" Darren has arranged for Kees to follow up the clinical competence issues, and is following up with the nurses from Gin Gin about other areas of concern. Jenny told me about this today, after I raised something else with her about Darren, and prefaced it with "I wasn't going to tell you this because I want to stay out of it..." and then proceeded to tell me that action that Darren has planned. At the end of the day I am just pleased that something is being done - however all this nonsense could have been avoided if Darren would have come and told me what he was doing. If Darren isn't comfortable reporting back to me about what is happening for whatever reason, then that's fine, but it is probably better that I am left out of the process altogether if that is the case.

I would also seek some clarification about what, if anything, is my role in the management of complaints. I understand that Linda is taking over this role, and as she doesn't seem to have any faith in my decision making ability, do I need to be involved in the process at all? At this stage the unit produces a quarterly report which is sent to L&M but I would be reluctant to make any recommendations about trends, for fear of being reprimanded again for daring to suggest that I would know what the DONS should or shouldn't do.

I hope that some of these issues can be further clarified when we next meet

Thanks

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