

# “Adapting the Flags”

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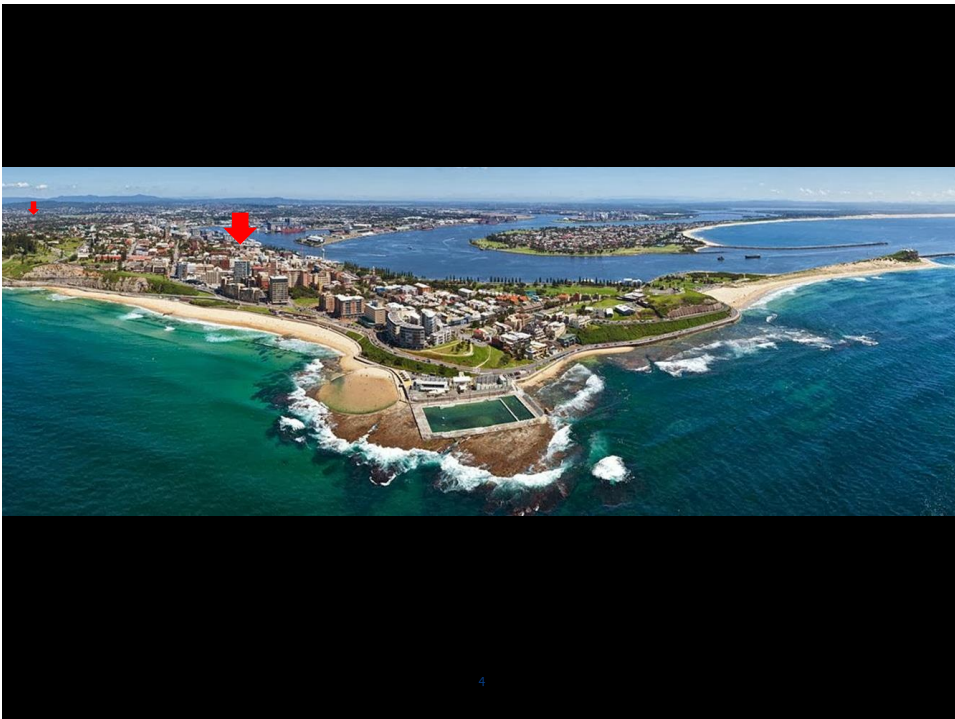


**Health**  
Hunter New England  
Local Health District

Newcastle



# Newcastle



## Hamilton South



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## Hamilton South



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## The beginnings

- Brain child of Senior staff specialist Dr Sally McKenna
- Required to complete a clinical practise improvement project as part of a course through the Clinical excellence commission
- 2 major issues drove the direction of the project



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## #1 The Big issue

“Mortality and cause of death among 1705 illicit drug users: A 37 year follow up”.

Stenbacka et al. *Drug & Alcohol Review* Jan 2010

**Drug abusers die 25-40 years younger than general population (particularly opioid dependent individuals).**

Causes:

- Etoh / drug causes – main or contributory
- Accidents – transport, falls, police arrest
- Cardiovascular
- Suicide – intoxication, suffocation, drowning
- Cancer – ¼ liver

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## #2 The Local issue (instability and non attendance)

	Date	Sig	Dose	Note	Date	Sig	Dose	Note	Date	Sig	Dose	Note
Mon	10/10/16	Q	10		10/10/16	Q	10		10/10/16	Q	10	
Tue	10/11/16	Q	10		10/11/16	Q	10		10/11/16	Q	10	
Wed	10/12/16	Q	10		10/12/16	Q	10		10/12/16	Q	10	
Thu	10/13/16	Q	10		10/13/16	Q	10		10/13/16	Q	10	
Fri	10/14/16	Q	10		10/14/16	Q	10		10/14/16	Q	10	
Sat	10/15/16	Q	10		10/15/16	Q	10		10/15/16	Q	10	
Sun	10/16/16	Q	10		10/16/16	Q	10		10/16/16	Q	10	
Mon	10/17/16	Q	10		10/17/16	Q	10		10/17/16	Q	10	
Tue	10/18/16	Q	10		10/18/16	Q	10		10/18/16	Q	10	
Wed	10/19/16	Q	10		10/19/16	Q	10		10/19/16	Q	10	
Thu	10/20/16	Q	10		10/20/16	Q	10		10/20/16	Q	10	
Fri	10/21/16	Q	10		10/21/16	Q	10		10/21/16	Q	10	
Sat	10/22/16	Q	10		10/22/16	Q	10		10/22/16	Q	10	
Sun	10/23/16	Q	10		10/23/16	Q	10		10/23/16	Q	10	
Mon	10/24/16	Q	10		10/24/16	Q	10		10/24/16	Q	10	
Tue	10/25/16	Q	10		10/25/16	Q	10		10/25/16	Q	10	
Wed	10/26/16	Q	10		10/26/16	Q	10		10/26/16	Q	10	
Thu	10/27/16	Q	10		10/27/16	Q	10		10/27/16	Q	10	
Fri	10/28/16	Q	10		10/28/16	Q	10		10/28/16	Q	10	
Sat	10/29/16	Q	10		10/29/16	Q	10		10/29/16	Q	10	
Sun	10/30/16	Q	10		10/30/16	Q	10		10/30/16	Q	10	

Of all the facilities that Dr McKenna had worked in, Newcastle had the largest rates non-attendance

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## Designing a project

How were we doing taking care of our unstable patients?

- \* What information are we gathering?
- \* What were we doing with it?
- \* Where were the holes? -project

## How were we doing? Audit

Dosing cards were audited to see how incidences of missed doses and intoxicated presentations were being recorded, discussed at clinical handover and recorded in medical records

## How were we doing? Audit Results

	Missed Doses	Target	Intoxicated Presentations	Target
Total number	689		26	
% Discussed at clinical handover	4.0%	(100%)	80.7%	(100%)
% Recorded in medical records (CHIME)	4.6%	(100%)	84.6%	(100%)
% Recorded in 'ISBAR' format	68.5%	(100%)	81.6%	(100%)

Table 1. Missed doses and intoxicated presentation data September to November 2014.  
ISBAR (Information, Situation, Background, Assessment, Recommendation)

## Designing a project

### Making sure we were getting all the information

- \* Improve and expand our current clinical practise
- \* Focusing on information gathering and documentation
- \* To better identify and flag unstable patients and giving them appropriate attention/care?

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## Inspiration



“The Between the Flags (BTF) system is a 'safety net' for patients who are cared for in NSW public hospitals and health care facilities. It is designed to protect these patients from deteriorating unnoticed and to ensure they receive appropriate care if they do”

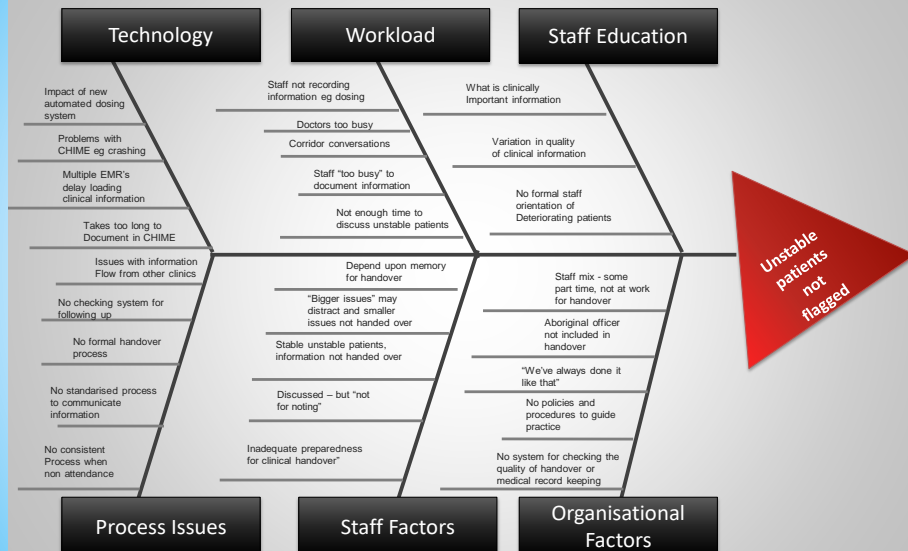
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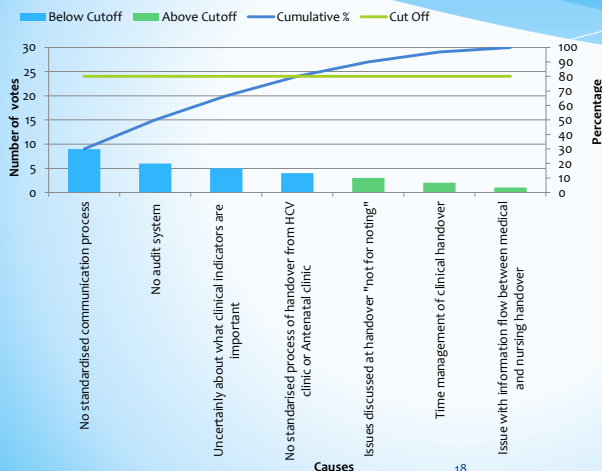


## Cause and Effect Diagram



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## Pareto Chart

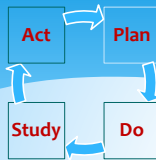


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- **No standardised communication process**
- **No audit system**
- **Uncertainly about what clinical indicators are important**
- **No standardised process of handover from HCV clinic or Antenatal clinic**
- **Issues discussed at handover "not for noting"**
- **Time management of clinical handover**
- **Issue with information flow between medical and nursing handover**



## Interventions



April 2015

Development and introduction of a monthly audit process with NPS staff informed of the quality improvement philosophy, particularly focusing on process improvement not blame.

Audit tool

**MONTHLY AUDIT TOOL**  
"Adapting the Flags" – Monitoring for Deterioration OST patients – Clinical Indicators

MONTH:

Patient Name:	MRN:	Clinical Indicator (see below)	Date:	Clinical Handover Yes / No	CHIME Yes / No	ISBAR format Yes / No

Clinical Indicator:    Did not attend (DNA)    Did not dose (DND)    Breath Alcohol reading (BAL)

April 2015 (McKenna)

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## Interventions



May 2015

Information and feedback session with NPS staff regarding the clinical importance of patient identification, clinical handover and medical record keeping with relation to patients with clinical indicators of deterioration.



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## Results

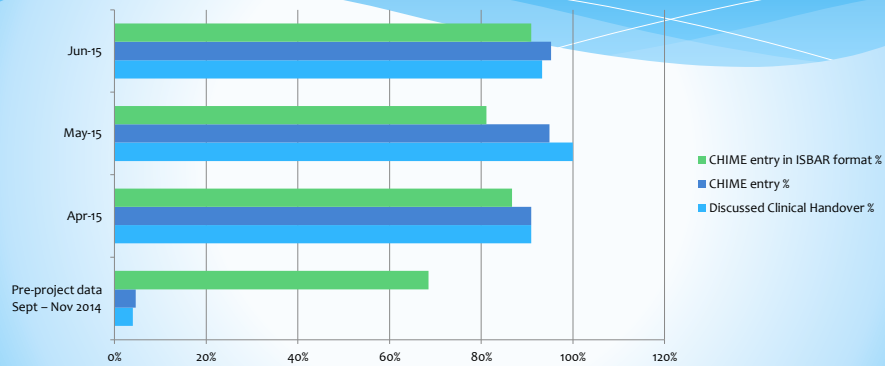


Table 2: Percentage of missed doses discussed at clinical handover, recorded in CHIME in ISBAR format pre and post interventions.

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## Results

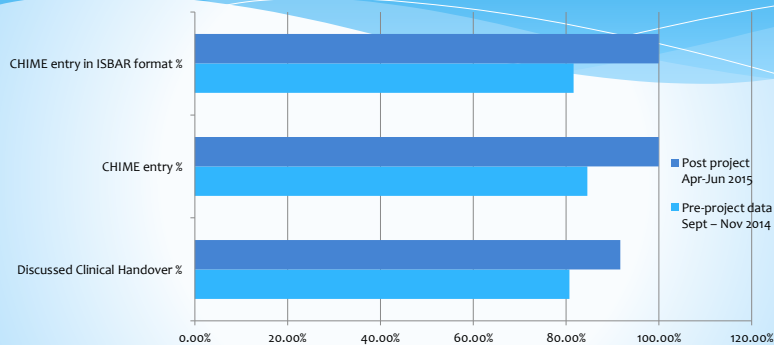


Table 3. Percentage of intoxicated presentations discussed at clinical handover, recorded in CHIME in ISBAR format pre and post interventions.

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## Conclusions

- \* The implementation of a standardised clinical handover template has led to sustainable improvements in staff communication, identification and recording of missed doses and intoxicated presentations.
- \* Given us more confidence in our early recognition and response to indicators of deterioration from patients
- \* Simple, cheap and non invasive



## Moving forward

- Continued Training & Education for new staff
- Continued review and audit
- Implementing these standardised processes within the other Opioid Treatment Programs within HNELHD.





## Team Members



Sally McKenna	Senior SS
Jennifer Willis	A/g NUM
Michelle Gallagher	RN
Anthony Winmill	Pharmacist
Amanda Brown	Research Team Leader

