

# Intensive Care Co-Ordination and Monitoring Unit (ICCMU)

## Quality Group

Minutes of the Meeting held Thursday 18<sup>th</sup> September 2008 at 11.00am  
UTS (Broadway) Building 10 Floor 06 Room 341

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Present:	Dr Tony Burrell (chair)	Apologies:	Dr Peter Harrigan
	Dr Sean Kelly		Dr Robert Hislop
	Mr Brett Abbenbroek		Dr Stuart Lane
	Ms Karena Hewson		
	Ms Suzanne Schacht		
	Ms Linda Williams		
	Ms Elizabeth Hewitt-Falls		
	Dr Neil Kiloh (Teleconference)		
	Ms Christine Strachan (Secretariat)		

Meeting Commenced at 11.00am

Minutes of previous meeting accepted.

### Apologies

Apologies were noted and accepted

## 1. Quality Indicators

### 1.1. Outcomes

- 1.1.1 Copy of correspondence from Kathy Meleady, Director, Statewide Services Development Branch to Dr Hart, ANZICS CORE Committee called "ANZICS Centre for Outcome and Resource Evaluation Funding Agreement" was tabled and discussed.
- 1.1.2 Casemix data ICNARC discussed. Documents "Case Mix Summary" and "Case Mix Program" tabled and discussed.

Tony Burrell has asked ANZICS to provide a funnel plot every three months which will help to identify Outliers. Unfortunately with Carol George no longer with ANZICS this may be a problem. Tabling a funnel plot (screening tool) at each meeting would be ideal. Feedback would be welcome.

1.1.3 ANZICS CORE document "Proposed Outlier Management Plan" tabled and discussed. Committee agreed that when Tony Burrell is notified of an outlier he will, on behalf of the Quality Group, contact the Director of the unit to find out whether he is aware of the problem and discuss what is being done to rectify the problem. Unless urgent all instances will be discussed by the Committee when they next meet. If issues are identified that cannot easily be fixed or are ongoing then a special meeting of the Quality Group will be called to see what can be done to help.

One ICU has been identified as an outlier. It was agreed that Area Clinical Director and Hospital Manager to be notified.

A suggestion was put forward that the Area Director should be notified as soon as the unit is identified as an Outlier. The process will be added to the agenda of the Directors/NUMs meeting on December 4<sup>th</sup>.

### 1.2 Process

### 1.2.1 Point Prevalence Study Progress

is The ICF grant application is in. Reviewers' comments received and addressed. Karena hopeful to get some level of funding.

Next step is ethics approval which is currently in process.

### 1.2.2 Checklist Project

Project evolving. Karena Hewson to look into working with the Health Communication Unit at UTS in applying for NHMRC Partnership Project. The aim is to get fully funded.

Sean Kelly is using Peter Harrigan's problem sheet in Gosford ICU with favourable results. Sean Kelly and Peter Harrigan to discuss further at next meeting.

### 1.2.3 CLAB Project

Tony Burrell gave an update of CLAB. The project has now been going for over a year. There has been good engagement from ICUs statewide. Data from some ICUs such as RNS has been excellent.

Data for 8,500 central lines has been received. Neil said some units still waiting for funding. Recurrent funding went to Areas but has not necessarily been passed on to the ICUs for data collection.

CLAB is currently a project but the aim for next 12 months is to embed it into practice.

Tony Burrell would like the committee members to think about what the next project with CEC could be as they are keen to do something around antibiotic stewardship. This will be discussed at the next meeting. Suggestion made to invite Tom Solano to the next meeting to talk about the Antibiotic meeting he attended on behalf of all ICU Directors.

*Action:* Tony Burrell to invite Tom Solano to next meeting

*Action:* Tony Burrell, Linda Williams and Suzanne Schacht to meet again to discuss possible projects.

## 1.3 Scorecard - Progress

Work in progress. Examples generated by radar plots paper "email from Jessica Andrews, ANZICS " tabled and discussed.

## 2. Incident Monitoring

### 2.1 SAC 1 & 2

#### 2.1.1 Statewide Services Report

15 SAC 1 (no adult ICU)  
5 SAC 2

State issues - primarily medical retrieval, referral and identify ICU beds.

Local issues - spinal precautions not in place, communication breakdowns, isolated incidence, transport delays, cutting of ETs in half by accident.

System wide - no bed transfers - 10 per month, default - 2 to 4 per month.

Some of these issues around communication and medical retrieval should be addressed by CCRS.

## 2.2 IIMS Data

### 2.2.1 Report review group meeting

No progress

## 3. Safety

### 3.1 Safety Attitudes Questionnaire

#### 3.1.1 ANZICS / S & Q / ACCCN Project

ANZICS to generate a sample unit of 10 ICUs to invite as participants in national study

- Survey tool and methods are being refined.
- NEAF application has been submitted to University QLD.

## 4. ANZICS Quality & Safety Committee

### 4.1 Update

ANZICS Safety and Quality Audit and Outcomes Research in Intensive Care meeting in Christchurch went well. Next meeting is scheduled for 6<sup>th</sup> and 7<sup>th</sup> August, 2009.

## 5. Liaison/Outreach

### 5.1 Update

Almost finished and should be ready to go to the next ICT meeting.

## 6. Other Business

Designing a template for Quality and Safety Meetings within units was discussed. Discussion on whether to draft something and send to ANZICS Quality and Safety Committee to look at and comment. Suggestion was made to use the Clinicians tool kit on NSW Health website.

*Action:* Linda Williams and Sean Kelly to discuss and draft a template.

Meeting closed 13.20pm

**Next Meeting**  
**Thursday 11 December 2008 11am-1pm**  
**UTS: (Room) 10.06.341**