Clinical Skills

Q&A with Lis Herbert, RN and Clinical Informatics Manager, Elsevier

COVID-19 has changed the face of healthcare with emergency preparedness and staff training now critical for dealing with sudden increases in patient volume and over-run ICUs. Even before the pandemic hit, the Australian and New Zealand governments have been prioritising assurances of safety and quality when it comes to patient care.

We sat down with our in-house expert, Lis Herbert, who has decades worth of experience as both a Clinical Nurse and implementing clinical information systems, to find out how the Australian and New Zealand healthcare systems are changing in light of the pandemic and on-going quality and safety mandates.

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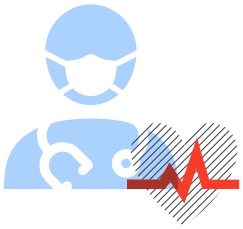
Can you please provide a whirlwind tour of your diverse career in healthcare?

After I'd moved from 8 years intensive care into the operating theatre, Queensland Health began its implementation of a state-wide Patient Administration System (which is still in use today) and as I was the only person in theatre at the time who knew what a computer was I was asked to join a group of clinicians to redesign the Theatre Management System. That was my first foray into informatics, since then I've gone on to implement quite several state-wide clinical systems across Queensland, worked in New York and San Francisco before returning to Australia and joining Elsevier 3 years ago as the Clinical Informatics Manager.

What was your first thought when the COVID-19 pandemic broke out and hospitals were being overrun with patients?

I'll be quite honest with you and say that my first thought was "I'm so glad I'm not working in a hospital now". I felt, and still feel, for the nurses who were dealing with this unknown and obviously deadly disease, my heart goes out to them.

My second thought was "I wonder how Elsevier can assist clinicians by providing knowledge in relation to this new highly infectious disease". An online healthcare hub was very quickly developed by our global team, using the huge amount of journal and book resources that Elsevier publishes. This provided all clinicians with up-to-date information that is reviewed on a regular basis. Here in Australia, we provided resources to all our current customers and contacts, including adapting Order Sets based on the work of our US colleagues to create Order Sets specifically for the management of COVID patients.



How has COVID changed the way hospitals approach patient/ staff safety? What does this mean for the future of healthcare?

Patient safety and quality have always been first and foremost in an organisation's remit – if you can't provide these then your patients will not be treated with the best care possible. During this pandemic, all clinicians had to learn quickly and develop new skills (for example, putting on the complete PPE) while continuing to provide the best possible care for their patients based on their existing knowledge and skills.

Health knowledge is always evolving. I think the pandemic has made us more agile and willing to learn and practice new skills which I believe will ensure that healthcare of the future will continue to raise the standards. One prime example that pops into my mind is the use of telehealth – this has been talked about for decades – and the hospital in the home. Some organisations were using these systems due to distance and bed shortages but going forward, I believe both will continue to be used given the proven value for patients and clinicians.

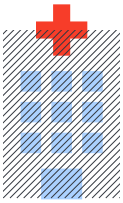
How are the Australian and New Zealand governments working towards higher accountability when it comes to quality and safety in healthcare?

Both New Zealand and Australia have developed over years, and are updating regularly, a set of standards to address the biggest "issues" found within health, including high-prevalence adverse events, health care associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration.

Healthcare organisations are surveyed using these standards as a base by accreditors on a 3-yearly cycle, so it is in their best interests to maintain a regular review of their policies and procedures to ensure they are meeting the standards set out by government.

Certainly, in Australia many organisations are involved in comparative reporting – some of which are government run and others by NGO's. This reporting allows organisations to judge their patient health outcomes against like organisations to see if they are doing well or not.

State governments in Australia also have online reporting that allows all staff to enter details if there is an adverse event occurrence, or any event that has the potential to cause patient harm. These are surveyed and reported back on and the feedback forms a good basis for an organisation's continuing quality improvement cycle.

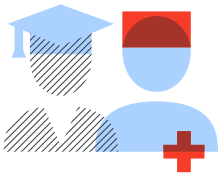


Are there ways hospitals can proactively address accreditation?

From my personal memories of being informed that the accreditation was occurring in 6 months and then working feverishly to update all our policies and procedures, plus making sure that equipment met expectations (for example, having a battery torch in each theatre), it would be far easier, more efficient and certainly more realistic for organisations to ensure that review is a continuous task, not one to be left and completed in a hurry.

This forms the base of a continuous quality improvement cycle and as such, can drive constant improvements in safety and care. Of course, this is very dependent on having a strong governance structure in place that meets regularly and is efficient in its use of nursing time.

I also believe that quality improvement is in every nurse's makeup. Often, we don't understand that and, as such, when "a quality project" is mentioned we go into a near trance state trying to think "what can I do for my project" when in fact we are doing this all the time as part of our day-to-day roles.



Thinking back to your time as a nurse, do you recall any situations where standardised training would have been beneficial?

When I first started out, each ward or department had its own paper-based policy and procedure manuals so every time you went to a new ward there was a whole different set to read and follow. It was many years later that organisation wide policies and procedures were developed and made available on the intranet, with these being developed and written based on best practice and often implemented state-wide.

When I was in theatre, we had an HIV patient come through for suturing of a laceration. At the time, there was no protocol for managing the instruments post operatively, so we did as any good nurse does "if in doubt throw out" and binned the suture tray, which thankfully was only small with very few instruments. Had we been able to access a standardised protocol, we would have known not to do that (and note that my friend and I still laugh about the situation and how we triple gowned and gloved and ditched the instruments – we didn't know at the time what we discovered later).

What advice would you give to leadership teams trying to navigate the increasing scrutiny on quality and safety?

Don't leave reviewing to the last minute as evidence-based best-practices are changing all the time. Have a review schedule that all reviewers and authors are aware of and in this way all your documents can be reviewed over time.

Look at your reporting and ask questions of wards or departments that seem to always appear on a report for longer than normal - admission rates for example. Ask the question – why? Why does a specific surgeon have a higher-than-average infection rate? Is it something to do with his/her own technique or the care of the patient postoperatively? Are your current policies and procedures up to date with current best practices and are all the ward staff aware of them?

There are several resources available that can aid in providing standardised procedures with current, up to date information. These are regularly reviewed so they can be used as the base for organisation specific procedures.

And one last thought – this can be fun; it doesn't need to be an onerous task.

If you are interested in learning more from Lis, you can book a free 30-min consultation by registering your interest here.