

Resume.**Personal details****Name**

Dianne Joan Jenkin

Business AddressSurgical Ward,
Bundaberg Base Hospital
P O Box.34
Bundaberg 4670**Home address.**8 Argyle Ct
Nambour 4560**Telephone**

Home 07548 11111 Work 07548 11111

Fax Work 07548 11111

E-mail djenkin@bunbase.com.au

Nurse ID No.

QLD006/11278

Achievements**Employee of the Month** September 2003 Bundaberg
Health Service District**Tertiary Education**

1995

Bachelor of Health Science (Nursing) Monash University

1993

Care of the Aged Programme, Statement of Achievement
University of Central Queensland**Primary Qualification**

1969

Certificate of Nursing (General) Maryborough Base
Hospital**Other Education**

2004

PART training 2 days
Old Health Medication Risk Awareness Workshop. 1 Day
Fammis Maintenance training 1 hour
Trend Training 5 ½ Hours
Business planning framework 1 Day
Patient Handling 1 hour
Performance Empowerment & Motivation 1.5 hour
QAS Ordering 2 hours
In-service 6 Hours
Balanced Scorecard Reporting 2 hours
Complaints management 2 hours
New Recruitment guidelines 2 hours
Discharge Planning workshop 1 day
In-service 1 hour

2003

Clinical Pathways 3 hours
Trend Training 6 Hours
Qld Health Medication Risk Awareness Workshop 1 Day
Patient Handling 1 hour
Trend training 1 Day

Bullying and Harassment management 4 Hours
Clinical indicator workshop 3 hours
ESP training 7 hours
Mishaps, Mistakes & mysterious Causes. 4 hours
NAAS training 1hour
Program review QM. 1 hour
In-service 1.45 hours.

2002

Business Planning Framework 1 Day
Handling Health Care Complaints and Adverse Outcomes 1 hour
Fammis Focus Training 3 hours
Recruitment and Selection workshop 1 day
Risk Management Lecture 4 hour
Performance Management 2 days
Transition to High Dependency moderator training 2 days
Adult Guardian 1 hour
Complications of Spinal Cord Injury 5 hour.
Documentation N.P.C.s 3 hours
Legal issues 1 hour
Nursing Scorecard 2hours
Flexible Monitoring 1.5 hours.
Hospital In-service 7.5 hours

2001

Introduction to Cost Centre Management workshop 1 Day
Intermediate Cost Centre Management workshop 1 Day
Adjuvant Therapy Workshop for Breast Cancer 2 Days
Advanced Clinical Skills workshop 5.5.hours
Management of Bullying 4 Hours
Care of Burns 1 hour x 3 teleconferences
QHEPS training (advanced) 1 Day.
Evidence Based Medicine workshop 1 Day;
QHEPS Training (advanced) 1 day
Evidence Based Medicine workshop I Day
Fammis Workshop 4 Hours
ACHS workshop 1 day
Roistering Workshop 2 Hours
PAD workshop 1 Hour
Budget Workup workshop. 2Hours
Expert Methodology workshop 2 Hours
Transition to High Dependency 2 Days
Expert Methodology presentation 2 hours
Hospital In-service 4.5 Hours

2000

Leadership and teamwork workshop 4 hours
Quality activity forum 1 Hour.

	Guardianship and Administration video conference 2 hours
	Trend care Workshop 1 Day
	Hospital in-service 5 Hours
1999	Budget Planning 3 Days
	Hospital In service 12 Hours
1998	Clinicians- Leading the Way Seminar 3 Days
	Re-Development and De Canting workshop 2 days
	Discharge planning Workshop 1 Day
	Hospital in service.11 Hours
1997	Surgery on time conference 2 Days
	Legal Issues workshop 8 hours
	Hospital in service 20 Hours
1996	Defibrillation workshop 2 Days
	Hospital In service 24 Hours
1995	Conflict resolution workshop 2 Hours
	Change Management workshop 12 hours
	Clinical pathways seminar 1 Day
1994	Managed Care conference 2 Days
	Rostering for 38hour week

Professional Committees/ Forum

Anesthetic, Surgical, Pre-Admission & Intensive Care Forum (ASPIC)
 Nursing Level 3,4,.5,6 meetings
 Continuum of Care Forum
 Department Heads
 Product review
 Nursing Heads of Departments
 Consumer Participation Sub committee

Career History

Current

December 1995 to present

Position	Nurse Unit Manager NO 3 Grade 4	July 2003 – Present
	Nurse Practice Co-coordinator Level 3 Grade 4	July 2001 – June 2003
	Clinical Nurse Consultant	Dec 1995 – June 2001
Organization	Bundaberg Base Hospital Bundaberg	
Role Overview	Supervision of the practice of a surgical nursing team of 24.7 FTE/s responsible for the nursing care of clients undergoing general, gastro intestinal, urology, orthopaedic and vascular surgery and selected medical patients Promotion of evidence based practice. Provision of expert consultation to staff internally and externally to expedite quality outcomes Collaboration for the development of clinical pathways for surgery clients Identification of current nursing and medical trends Monitoring of nursing standards and client outcomes under ACHS guidelines Collaboration with interdisciplinary team to facilitate quality care Complaints management Adverse event management and Integrated Risk Management. Upholding and promoting QH Mission and Values & Code of Conduct. Promotion of Workplace Health and Safety, Equal Employment Opportunity and Anti Discrimination Facilitation of consumer participation. Policy and procedure development Monitoring patient status and number to facilitate appropriate staffing levels and allocation Budget formulation and monitoring of cost centre budget (2003-2004 \$2.372.000) Maintenance and control of material resources Utilisation of information technology to support decision. Preparation of Business Plan for a cost centre (BPF for Nursing) Recruitment and selection of NO1, NO2 & Enrolled Nurses and Ward Administration Officer Responsibility for Performance Planning and Development of staff Rostering of Nursing team (since July 2001) Human resource management in relation to annual and conference leave and in-service education (since July 2001) Supporting the facilitation of students, orientation, and preceptorship. Involvement with Transition to High Dependency Program (Medical and surgical) Provision of nurse leadership in relation to relevant legislation, and professional standards. Acts to rectify unsafe or unprofessional conduct appropriately. Change agent Role Model Collaboration with design team to plan new ward area.	

Previous Positions

May 1994-

Dec 1995

Position

Ward Supervisor Level 3 Grade 1-2

Organisation

Mater Misericordiae Hospital. Bundaberg

Role overview.

Clinical nurse consultant: - practice of advanced surgical nursing and responsible for supervision of nursing team of two units: - Surgical and Paediatric: - for clients undergoing general, gastro- intestinal, gynecological, urological, cosmetic and oral surgery as well as for selected medical clients
Collaboration with interdisciplinary team to provide optimal care.
Monitoring of nursing standards and client outcomes.
Monitoring patient status and number to facilitate appropriate staffing levels and allocation
Rostering of staff
Staff Appraisals
Maintenance and control of material resources
Budget formulation and monitoring
Identification of current and medical trends
Development of clinical pathways for surgical clients.
Risk Management
Change Agent
Stress testing.

Sept. 1993-

May 1994

Position

Registered nurse Level 2 Grade 1

Organisation

Mater Misericordiae Hospital. Bundaberg

Role overview.

Clinical nurse responsible for own advanced practice and promotion of clinical standards of clinical practice for 2 units:- Surgical and Paediatric :- for clients undergoing general , gastro- intestinal, gynaecological, urological, cosmetic and oral surgery as well as for selected medical clients.
Implementing the nursing process for clients.
Acting as team leader and resource member.
Clinical protocol and competency development
Competency appraisals
Relieving ward supervisor.

**May. 1993-
May 1994**

Position Infection Control Co- coordinator (Part Time)
Organisation Mater Misericordiae Hospital. Bundaberg
Role overview Surveillance of nosocomial and community acquired infection of clients.
Surveillance of departments, wards, and procedures to ensure adherence to high standards of infection control.
Policy development
Advice regarding new and innovative products and procedures to improve standards.
Education of staff in relation to infection control.
Notification using ACHS criteria to Board of nosocomial infection.

**Jan 1984 –
Sept 1993**

Position Registered nurse level 1 grades 1-5 (part time)
Organisation Mater Misericordiae Hospital. Bundaberg
Role overview Implementation of the nursing process for medical, psychiatric, palliative, surgical and geriatric clients.
Team leader during weekends and evening shifts.
Relieving ward supervisor on occasions.

**March 1987-
June 1990**

Position Owned and operated in partnership with my husband, a small business with annual turnover of \$250.000.
Marketing and sales.
Installation of computer program for stock control
Increase profit margins and turnover.
Maintained control of stock levels
Supervised and trained staff level of three.

Personal interests Ikebana, current affairs, fine food and wine, film and theatre.

BUNDABERG HEALTH SERVICE DISTRICT

JOB DESCRIPTION

VACANCY REFERENCE NO:

POSITION TITLE: Nurse Unit Manager

LATTICE POSITION NO:

LOCATION: Surgical Ward

CLASSIFICATION LEVEL: NO3

SALARY LEVEL: \$60 024 - \$64 354 per annum

REPORTS TO: District Director of Nursing Services

AWARD: Nurses (Queensland Public Hospitals) Award 2004 and Nurses (Queensland Health) – Section 170MX Award 2003.

REVIEW DATE: June 2005.

DELEGATE AUTHORISATION:

Name: Val Tuckett, A/District Director
of Nursing Services.

Signature:

Date:

PURPOSE OF POSITION

To provide overall leadership and direction to the Surgical Unit and Stoma therapy in line with the District's and Surgical Services agreed direction. In addition the position is to provide the day to day management of the unit including setting and monitoring clinical standards, cost centre and resource management, education and research accountabilities of nursing within the Department, to the provision of best practice and quality patient care.

ORGANISATIONAL ENVIRONMENT AND KEY RELATIONSHIPS

The Bundaberg Health Service District provides comprehensive Hospital and Community based health care. The District extends from Miriam Vale Shire in the north to Isis Shire in the south, and includes Town of 1770 and Agnes Water, Bundaberg City and surrounding coastal towns from Moore Park Beach to Woodgate, the towns of Childers, Gin Gin and Mount Perry. The District services a population of 82,211. The Bundaberg Health Service District maintains a 136 bed hospital in Bundaberg, a 17 bed hospital in Gin Gin, an 18 bed hospital in Childers, and Health Centre in Mount Perry.

The Bundaberg Base Hospital is a Level 4 hospital, and provides services including accident and emergency; surgery; orthopaedics; obstetrics and gynaecology; paediatrics; medicine; intensive care/coronary care; theatre and anaesthetics; rehabilitation; palliative care; renal dialysis; ambulatory services/specialist outpatients; medical imaging; pathology; mental

health services; and allied health services. Community health services provided by the District include oral health; BreastScreen Queensland; social work; indigenous health; Alcohol Tobacco & other Drug Services; health promotion; aged care assessment; home medical aids; palliative care; sexual health; Transition to School Developmental Assessment team; Home and Community care; diabetes education; stomaltherapy; community & family health.

Bundaberg Health Service District has approximately 600 full time equivalent employees.

ROLE OF THE DEPARTMENT

The Surgical Ward provides acute in-patient care to adult surgical and limited medical patients. Specialities include general, urological and orthopaedic surgery.

REPORTING RELATIONSHIPS

This position reports to the District Director of Nursing Services, Bundaberg Health Service District.

Clinical Nurses, Registered Nurses, Enrolled Nurse Advanced Practice, Enrolled Nurses and the administration officer report to this position.

ORGANISATIONAL CHART

See attached.

POSITION REQUIREMENTS

Queensland Health is committed to achieving our mission of promoting a healthier Queensland and our vision to be leaders in health – partners for life. We recognise that Queenslanders trust us to act in their interest at all times. To fulfil our mission and sustain this trust we share four core values of: quality and recognition; professionalism; teamwork; and performance accountability.

In addition we will be successful in promoting a healthier Queensland through the following five strategic intents; healthier staff; healthier partnerships; healthier people and communities; healthier hospitals and healthier resources. The primary duties and assessment criteria outlined in this job description reflect the commitment to our mission, vision, values and strategic intents which are required by this position.

POSITION REQUIREMENTS - DUTIES, RESPONSIBILITIES, KNOWLEDGE AND WORK BEHAVIOURS

The following is a list of the critical competencies required to fulfil this position:

1. Sound knowledge of professional nursing issues.
2. High level of communication skills:
 - Interpersonal
 - Verbal
 - Written
3. Ability to extract information for decision-making by the use of appropriate communication and information technology skills.
4. Ability to identify critical issues, by acquiring, comparing and synthesising the data.
5. Make sound assumptions, to reach sound conclusions and generate viable options and alternatives.
6. Ability to identify and prioritise steps needed for task completion.
7. Display the ability to willingly make a decision, commitment, or a judgement and to take appropriate action.

8. Ability to organise, chair, facilitate and minute meetings across disciplines encompassing a range of clinicians.
9. Demonstrated leadership and negotiation skills to enhance working relationships with all members of the multidisciplinary team.
10. Sound leadership and motivational skills to provide a proactive working environment within the Department.
11. Ability to manage human material and financial resources.
12. Ability to develop, implement and evaluate total quality management and research programs within the Department.
13. Knowledge and ability to implement contemporary resource management practices and an understanding of the principles of ethical and appropriate public sector workplace behaviour, Workplace Health and Safety, Equal Employment Opportunities and anti discrimination.
14. Ability to co-ordinate the members of the multi-disciplinary team to ensure customer focused serviced provision.
15. Manage the performance appraisal and development of subordinate staff
16. Provide ethical decision making in the achievement of organisational goals.

NURSE UNIT MANAGER		
ACCOUNTABILITES	OBJECTIVES	PERFORMANCE INDICATORS
Leadership/ Management	<ul style="list-style-type: none"> ▪ Provide unit leadership ▪ Develop annual unit based operational plan, which reflects Institute plan. ▪ Formulate and plan unit standards, policies, procedures and documentation processes. ▪ Identify and plan unit budgeting needs utilising Business Planning Framework model. ▪ Plan and maintain a purchasing and utilisation program for all equipment ▪ Achieve best practice by managing service demands through Casemix data. ▪ Co-ordinate staff recruitment and selection. ▪ Maintain skill-mix levels to ensure safe patient care through efficient rostering. ▪ Undertake regular unit meetings with nursing staff ▪ Co-ordinate multi-disciplinary meetings. ▪ Adhere to QH policy in managing staff 	<ul style="list-style-type: none"> ▪ Unit vision articulated and identified by staff. ▪ Unit plan accessible and achievements ongoing. ▪ Unit plan reflects the Nursing Services plan. ▪ Unit plan, standards, policies and procedures accessible and utilised. ▪ Budget planned ▪ Budgetary goals met ▪ Equipment program of purchasing, use and maintenance utilised and efficient ▪ Casemix data analysed and utilised. ▪ Written and verbal reports to Nursing Directors regularly with feedback on staffing needs ▪ Rosters, effective and cost efficient. ▪ Responsible for ensuring rosters meet the needs of unit, eg deficit management ▪ Roster meet Award requirements ▪ Documented and/or other evidence of regular and productive meetings. ▪ Staff goals identified and reflective of unit plan. ▪ Staff involved in vision and plan of unit.

NURSE UNIT MANAGER

ACCOUNTABILITES	OBJECTIVES	PERFORMANCE INDICATORS
	<p>and Unit issues</p> <ul style="list-style-type: none"> ▪ Manage Performance Appraisal and Development of all staff in accordance with QH process and in conjunction with Clinical Nurses. ▪ Ensure all communication channels are utilised effectively and efficiently. ▪ Report on and/or investigation of and follow up of all Incidents. ▪ Maintain a safe environment. ▪ Engage consumers and patients to ensure service meets needs and expectations 	<ul style="list-style-type: none"> ▪ Evidence that standards followed ▪ Available in Unit for all Staff to access. ▪ Co-ordination of NO1, NO 2 and Enrolled Nurse interviews. ▪ Beeper, phone, Email, memos, patient information system, Decision Support System, Standard Operating and Common Office Environment and other Corporate software used competently. ▪ Clear concise submissions and reports through consultation. ▪ Reduced safety incidents and concerns. ▪ Mock safety exercises undertaken ▪ Action plans and strategies implemented to address issues raised in Press Ganey reports and other relevant community and consumer feedback mechanisms.
Clinical Care	<ul style="list-style-type: none"> ▪ Oversight clinical care in Unit. ▪ Co-ordinate timely discharge. ▪ Co-ordinate multi-disciplinary development and clinical plans, oversight variance analysis & discharge planning. ▪ Maintain safe standards of patient care. ▪ Ensure all nursing staff maintain safe and effective competencies. 	<ul style="list-style-type: none"> ▪ Evidence of safe and effective care ▪ clinical plans used. ▪ Length of Stay (LOS) documented. ▪ Waiting times monitored and evaluated against benchmarks ▪ infection rates monitored ▪ Variance analysis undertaken ▪ significant care variances identified ▪ decrease in the number of variances ▪ intervention when variance significant ▪ staff utilisation monitored through patient/nurse dependency system ▪ Appropriate or shorter lengths of stay achieved. ▪ timely, effective discharge evident. ▪ Competent and skilled staff employed. ▪ Reduced patient safety incidents or adverse events ▪ Responsible for evidencing annual licensure for staff
Education	<ul style="list-style-type: none"> ▪ Maintain Queensland registration and Annual Practicing Licence. 	<ul style="list-style-type: none"> ▪ Professional development in relation to knowledge and skills for the relevant unit/ward.

NURSE UNIT MANAGER

ACCOUNTABILITES	OBJECTIVES	PERFORMANCE INDICATORS
	<ul style="list-style-type: none"> ▪ Liaise with Clinical Nurses to identify education needs specific to area and staff. ▪ Promote staff attendance at professional development programs. ▪ Assist in process of induction of new staff. ▪ Plan and budget for staff release to education programs. 	<ul style="list-style-type: none"> ▪ Discussions with Clinical Nurses on staff education needs. ▪ Identify staff and unit needs and facilitate attendance. ▪ Ensure attendance at District orientation ▪ All staff aware of ward routines – protocols. ▪ Sufficient funds accessible.
Quality Improvement	<ul style="list-style-type: none"> ▪ Knowledge and understanding of the relevant acts of legislation including Nurses Act, Freedom of Information (FOI), Equal Employment Opportunity (EEO), Anti-discrimination and Sexual Harassment Acts. ▪ Consult with staff to solve system problems using risk management framework ▪ Liaise with all health team on best practice processes/solutions. ▪ Undertake planning with Assistant Director of Nursing regarding systems improvements. ▪ Utilise Balanced Scorecard to monitor unit performance ▪ Identify client based problems. ▪ Adhere to Workplace Health and Safety Act. ▪ Monitor QA activities. ▪ Oversight disaster policies. ▪ Investigate nursing practice complaints, and patient complaints. 	<ul style="list-style-type: none"> ▪ All Acts and Regulations adhered to. ▪ Problem solving meetings – documented. ▪ Risk Registered maintained appropriately ▪ Evidence of ongoing multidisciplinary consultation. ▪ Evidence of increased efficiency and effectiveness ▪ Monthly Balanced Scorecard data analysed & actioned. ▪ Conduct patient interviews. ▪ Audits ▪ Staff discussion ▪ Reduced incidents and accidents. ▪ Audits in place. ▪ Quality activities documented ▪ Where appropriate staff acknowledged by nomination for quality awards – local, state and ACHS ▪ Yearly attendance at “mock “ incidents. ▪ Accessible protocols. ▪ Auditable investigation and outcomes process ▪ Reduction in number of complaints.
Research	<ul style="list-style-type: none"> ▪ Develop and validate clinical plans. ▪ Evaluate methods of utilising appropriate skill mixes for rostering. ▪ Research resource utilisation. 	<ul style="list-style-type: none"> ▪ Staff involved. ▪ Documentation/activities and results evaluated. ▪ Work practices reflect research findings.

PRIMARY DELEGATIONS AND ACCOUNTABILITIES

Financial and Human Resource delegations as per Queensland Health Delegations Manual.
Delegations as amended from time to time.

MANDATORY CRITERIA:

Qualifications & Registration

Relevant registration with the Queensland Nursing Council and current practising certificate are essential.

Appointment to this position requires proof of qualification and/or registration with the appropriate registration authority, including any necessary endorsements, to be provided prior to commencement of duty.

Vaccinations & Inoculations

“Health Care Workers in Queensland whose occupation poses a potential risk of exposure to blood and body fluids must be immunised against Hepatitis B according to the National Health and Medical Research Council Australian Immunisation Handbook, current edition and the Queensland Health Infection Control Guidelines.

Hepatitis B immunisation is a condition of employment for Health Care Workers in Queensland Health who have direct patient contact (eg medical Officers, nurses and allied health staff), as well as those staff who, in the course of their work, may be exposed to blood or body fluids, for example by exposure to contaminated sharps eg (but not confined to) plumbers.

Proof of vaccination must be provided at application. Proof of vaccination can be provided via a letter from a General Practitioner, infection control or occupational health department and should consist of a titre level or documentation of seroconversion. (Please note that “non-reactive” does not constitute evidence of seroconversion and will not be accepted as evidence).

ADDITIONAL FACTORS

Queensland Health is a “smoke free” employer. Smoking is not permitted in any Queensland Health facility except where specifically defined.

The Bundaberg Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection and workplace injury to themselves, other staff and clients and to adhere to the Districts Infection Control Policy Manual and Workplace Health and Safety policies and practices.

Probation

All new permanent employees to Queensland Health will be required to undertake a period of probation upon commencement of duty. This period will be 6 (six) months in length with a possible 3 (three) month extension if performance objectives are not met.

Pre-Employment Checks

This position may be subject to pre-employment history checks including a working with children suitability check (Blue Card), criminal history, identity or previous disciplinary history checks for the preferred applicant.

The Bundaberg Health Service District is an Equal Employment Opportunity Employer

ASSESSMENT CRITERIA

Your application for this position must specifically address each of the selection criteria listed below. It should also contain the names and telephone numbers of at least two referees, who may be contacted with respect to your application.

Applicants will be assessed by written responses to the following assessment criteria (30%) which will also be utilised as a short listing activity. Short listed applicants will be further assessed by verbal responses at a structured interview (70 %).

Assessment Criteria must include the weightings – if no weighting applied need to indicate criteria are weighted equally.

AC 1 Demonstrated expertise in the delivery and co-ordination of clinical nursing, to ensure contemporary nursing practice plus a proven ability to promote an evidence based culture, to support improved patient care.

Weighting

AC 2 Demonstrated nursing leadership and implementation of change management practices.

Weighting

AC 3 Demonstrated ability in effective management of a service budget and personnel.

Weighting

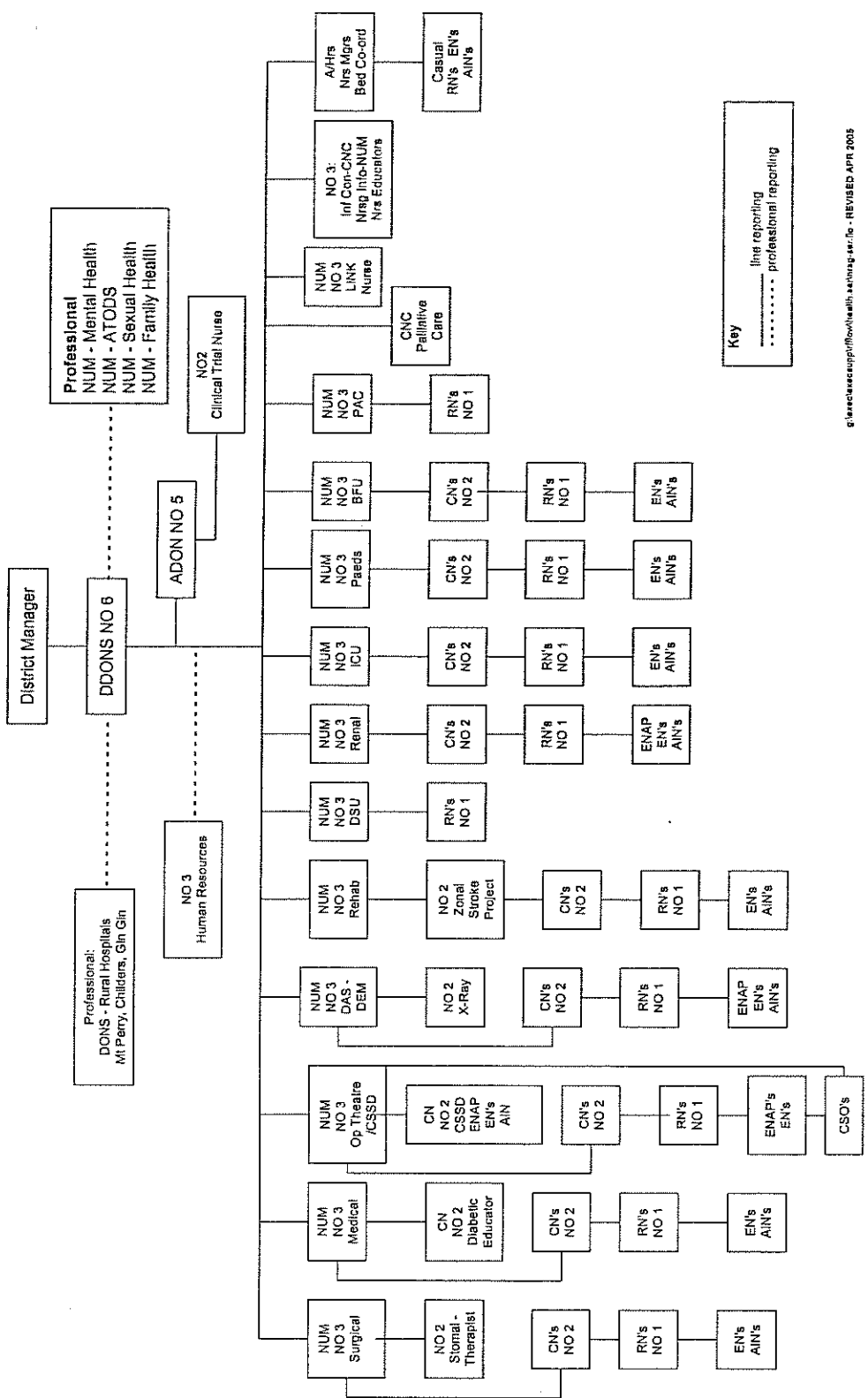
AC 4 Demonstrated advanced communication, negotiation and conflict resolution skills to ensure customer focused service provision amongst the multidisciplinary team.

Weighting

AC 5 Demonstrated ability and knowledge in developing and maintaining:
- a total quality improvement culture;
- legislative responsibilities incorporating ethical behaviour, Workplace Health and Safety, Equal Employment Opportunities, Anti-discrimination and Sexual Harassment Acts.

Weighting

Nursing Services Bundaberg Health Service District



Key
 - - - - - line reporting
 - - - - - professional reporting

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**BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING**

Meeting of: ASPIC CLINICAL FORUM
Meeting No: 04/04
Date:

14 th April 2004
Start Time: 1220

Present: Martin Carter, Toni Hoffman, Darren Keating, Gail Aylmer, Gwenda Mc Dermid, Jenny White, Margie Mears, Di Jenkins, Karen Smith, Joan Dooley (guest speaker)
Apologies: Leonie Raven, Jenny Kirby, Jayant Patel.
Confirmation of Minutes: Martin Carter.

Minute Taker: Toni Hoffman
Seconded: Karen Smith

Correspondence: nil

BUSINESS ARISING		Agreed Action, Person Responsible, and Time Frame
Item No.	Topic	
02/03-1.1	Regional Analgesia Post op Pain	Martin Carter.
	Discussion Forms are with Information Management being formatted.	

Ruth Mearns Rego
W. J. P. M.

BUSINESS ARISING (Continued)

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
10/03-3	Infection Control Policies	This item has been placed on here by mistake for removal.	Remove
11/03-5	Colonoscopy Consents/ Bone Marrow Biopsys.	Overall working out well. Discussion ensued about where the consents are being done. Ongoing conversation and issue hold over to next meeting for further discussion	Peter Leck/ Darren Keating/ Margie Mears.
02/04-6	Risk management	Risk Register, ongoing.	All members.

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Standing Agenda

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
04/04-1	Performance Monitoring monthly performance and Cost Centre Reports.	<p>All areas had increased activity, Budgets: DSU slightly over, increased activity and high cost drugs. OT: increased activity and high cost of drugs as well, over budget. PAC: 52 more pts seen Margie questioned why complaints don't come to them for review, Darren replied they would if they were serious enough or needed investigation. Process will improve with new adverse events policies. Anaesthetics: Martin has found his report fascinating and is examining it in minute detail (needs to get a life). Surgical; High acuity but within Budget. ICU: several long term vents for long periods OT budget way over, But overall remains in Budget, Director Of Anaesthesia / Surgery and NUM of ICU +-DMS or DNS need to have a proactive meeting about transferring ventilated patients. Theatre bookings: Muddy doesn't have any money, Darren won't give her any.</p>	All members.
04/04-2	Infection Control	Gail Aylmer gave the Infection stats which looked very good, Some discussion ensued about how infections are reported. Gail is going to some workshops/ inservices and will feed back about this on her return.	Gail Aylmer and all Staff (responsibility to report)

04/04-3	Quality Management	Press-Ganey Report. Martin spoke on what he has done in relation to this and the Response regarding Pain control. Presented a case for an acute pain service run by nursing staff, which he will table with the appropriate people. Communication problems need to be addressed, as this is the main cause for concern ICU will look at how it can improve communication across the streams. All areas to look at how communication can be improved.	Martin Carter.
04/04-4	Theatre Booking Report	ongoing	ICU (will report back to next ASPIC meeting) All staff
			Karen Smith.

NEW BUSINESS

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
	Listen to the Voices	Joan Dooley, Project officer, gave an overview about the Consumer and Community Participation Project. Surgical Ward and DEM are the pilot sites for this in the hospital.	Joan Dooley Project Officer.
	Wound Dehiscence.	Concern was raised by members of the group about where the numbers of wound dehiscence are being captured. If it is not identified in discharge summaries or picked up by coders, it could be missed, as some patients are experiencing wound dehiscence in the ward, some at home etc. Staff feel there has been an increase in wound dehiscence, but we have no stats at the moment. It was agreed that all areas would let Di know as a central person if a wound dehiscence has occurred, and we will look at how we are going to capture this data, First action is to fill in an adverse event form and sent to	All Members.

		Dqdsu. A definition of wound dehiscence was also requested.	
MI Chart Audit		Presented as an example of the interesting information that can be gleaned from chart audits, and what can be learned from putting the qualitative data with the quantitative.	Resolved.

Meeting Closed: 1240

Next Meeting: 12th May 2004

**BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING**

Meeting of: ASPIC Clinical Forum
Meeting No: 05/04
Date: 19th May, 2004

Start Time:

Present: G.McDermid, T.Hoffmann, G.Aylmer, J.Truscott, M.Mears, M.Carter, M.Hunter, J.Elmes, J.White, K.Smith

Apologies: D.Jenkins

Confirmation of Minutes: K.Smith

Seconded: G.Aylmer

Minute Taker: G.McDermid

Correspondence: Nil

BUSINESS ARISING

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
02/03-1.1	Regional Analgesia Post op Pain Management	To obtain costs for forms then take to executive for approval. JEIms to see J.Thorne to obtain quotes and inform M.Carter	M.Carter
11/03-5	Colonoscopy Consents	Policy developed re colonoscopy. Discussion with PAC, M Carter. K.Smith to see J. Joiner on Monday.	Resolved
02/04-6	Risk Management	Move to standing agenda. Discussion held re risk register kept in all area. Difficult to have a risk register for ASPIC committee.	Committee members, Jane Truscott
04/04-6	Wound-Dehiscence	Dr Jenkin is still collating data Di Jenkin is checking on the definition of wound dehiscence Tom Michelle to form a subcommittee.	D.Jenkin/M.Hunter

STANDING AGENDA

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
02/04-1.1	Performance Monitoring Monthly Performance and Cost Centre Reports	ICU acting outside level 1 ICU- Toni contacted Harvey Bay. (Hours greater than HB level 2). After 24-48hrs vent patient to be transferred to Brisbane. Over budget because of long term vent. Patients.	Toni to talk to DOMS & P.Leck
02/04-2	Infection Control	K. Smith- Data not correct - monthly performance report. Running report before data is all entered DSU - over clerical. PAC- Pathology- Triple than normal. Pathology charged from all areas Report tabled. Discussion held. Relevant to surgical division report for hospital level only	Jane to talk to DQDSU
02/04-3	Quality Management	Jane - self assessment by end July Mandatory criteria to be met Think how to evaluate and document Lap Cholecystectomy Infection Control - Peripheral lines Clinical indicators collected.	
03/04-4	Theatre Booking Report	Jenny Kirby asked Karen to look at indicators- discussion held. J. White & M. Carter look at indicators & any trends. A discussion held. Add clinical indicators to standing agenda.	

NEW BUSINESS

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
05/04-5	New Time and Day	8.15 2 nd Wed Seminar Room	G. Aylmer to check room
05/04-6	Bed Heading	Admitting patients to ICU- all under Dr Carter. Plan to admit to MICU or SICU. Dr Carter remains head of ICU (Coordinator)	J. Elms to check with DOMS & J. Kirby
05/04-8	Anti-Embolic Stocking	Guide for use developed - guidelines will change into protocol.	Advise any changes to M. Mears
05/04-9	Colonoscopy protocol	Protocol developed and presented	
05/04-10	Preoperative medication instruction	Instruction sheet developed. Patient will be given sheet and copy in chart	
05/04-11	Pre- anaesthetic questionnaire and Pre-Admission/Admission Booklet	Form presented and discussed. Margie would like any feedback. Some changes made and information added.	E Mail M. Mears with any changes before next meeting.

Meeting Closed: hrs
Next Meeting: 12th May, 2004

Business Arising

Item No	EQUIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
05/04-7	IM	Bed Heading	Patients are no longer admitted to ICU under Dr M Carter. Patients are admitted under their respective Medical/Surgical Team	None	Closed
05/04-8,9,10	CC	PAC Protocol/Forms Presented	Pre-Admission protocol, Pre- Anaesthetic Form and new patient booklet are all modified as requested and ready for use, will come into circulation when old stocks are depleted. Warfarin and Antiplatelet Protocol to be finalised prior to circulation for approval.	Margie Mears to finalise Warfarin and Antiplatelet protocol.	Open

Standing Agenda

Item No	EQUIP Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
06/04--1	IM	Performance monitoring Monthly and Cost centre reports	PAC No problems Surgical Nothing Significant Theatre 200,000 over year to date ICU Pharmacology cost shifted to DEM where appropriate Remifentanyl increase in cost but decreased LOS Anaesthetics Study Leave increased costs		Ongoing
06/04-2	SPE	Infection Control	Report presented and tabled	Further investigation into listed superficial infection. Gail Alymer	Open
06/04-2	IP	Quality Management	Quality Management Coordinator identified areas to be addressed Wound Dehiscence, Theatre Bookings, Continuum of Care, Clinical Indicators, and Infection Control Adverse Event Guidelines. Dr Carter to compile protocol on Blood Replacement in consultation with Dr Mlach. The protocol will then be presented to the Executive council	QMC to meet with various areas to discuss QM issues.	Ongoing

Standing Agenda

Item No	Equip Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
06/04-4	IM	Theatre booking Report	<p>Long wait Cat1 0%, Cat 2 0% & Cat 3 33% Lowest % for Cat 1 & 2 ever.</p> <p>Activity target in jeopardy additional sessions planned to help achieve target.</p> <p>Endoscopy sessions will be rescheduled for General surgery sessions.</p> <p>2 Additional minor op sessions planned for Dr Gaffield.</p> <p>2 Additional Gynae sessions booked for June.</p>		Ongoing
06/04-5	SPE	Risk Management	<p>Unit specific Risk management registers to be emailed to QMC.</p> <p>Surgical Ward</p> <ul style="list-style-type: none"> • Disabled Bathroom Quote \$14,000 requires • New bins for clinical waste with lids Theatre • 3 Caesarean Section babies developed infections post Caesarean 	<ul style="list-style-type: none"> • Approval from DON required due to cost • Investigative meeting conducted with BWU and Theatre staff. 	Closed

New Business

Item No	Equip Function	Topic	Discussion	Agreed Action & Outcome, Person Responsible, and Time Frame	Open/Closed
09/06-1		Orthopaedic Surgeon	<p>Additional Orthopaedic surgeon to commence work in Town employed by the Mater. He will provide some services VMO sessions to the Base as well as the on call roster.</p>	<p>Dr Chris O'Brein has arrived in town will conduct negotiations with hospital executive as to working schedule and start date.</p>	Ongoing
09/06-2		ENT Outpatient Clinic	<p>Negotiations are being undertaken regarding an outpatient session for the ENT surgeon</p>		Ongoing

Meeting Closed: 0900hrs
 Next Meeting: 14.07.04