# Clinical Governance, mortality reviews and Clinical accountability in Mt Hagen

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# SUMMARY 2018

- TOTAL ADMISSIONS 3027
  (Average of 8 admissions/day)
- TOTAL DEATHS 107
- MORTALITY RATE 3.5%

**Annual summary since 2013**

| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| PAEDIATRIC WARD (6a) FATALITY RATE | | | | | | | | | |
| PAEDIATRIC MEDICAL SECTION | | | | PAEDIATRIC SURGICAL SECTION | | | | | |
| Year | Adms | Deaths | % | Adms | Deaths | % | T/ Paeds Adms | T/Deaths | Total % |
| 2013 | 2438 | 144 | 6% | 400 | 7 | 2% | 2838 | 151 | 5% |
| 2014 | 2957 | 193 | 7% | 408 | 9 | 2% | 3365 | 202 | 6% |
| 2015 | 2246 | 115 | 5% | 491 | 10 | 2% | 2737 | 125 | 5% |
| 2016 | 2300 | 117 | 5% | 310 | 3 | 1% | 2610 | 120 | 5% |
| 2017 | 2623 | 104 | 4% | 394 | 4 | 1% | 3017 | 108 | 4% |

# DISEASE FATALITY RATES 2018

Total Pneumonia = 1202
Total death = 14
Overall Pneumonia CFR = 1.2%

| | | |
|---|---|---|
| Meningitis | 20/116 | 17.24% |
| Severe Malnutrition | 15/130 | 11.53% |
| Severe Pneumonia | 10/397 | 2.51% |
| HIV | 10/63 | 15.87% |
| Sepsis | 8 | |
| Acute Gastroenteritis | 7/395 | 1.77% |
| Congenital heart Disease | 6/32 | 18.75% |
| TB | 4/39 | 10.25% |
| Severe Bronchiolitis | 2 | |
| Bronchiectasis | 2 | |
| Pulmonary hypertension | 2 | |
| Acute Myeloid Leukaemia | 2 | |
| Hepatic Disease | 2 | |
| Moderate pneumonia | 2/805 | 0.24% |
| Bowel Obstruction | 2 | |
| Typhoid | 1/174 | 0.57% |
| Fever of unknown origin | 1/65 | 1.53% |

# So what were the possible reasons for this decline in mortality?

- Regular clinical governance meetings since 2016 and death reviews in 2018
- Staff training particularly SAM and pneumonia
- Acute care bay with adequate oxygen piping
- Changing epidemiology of pneumonia
- Having adequate registrar cover with consistent ward rounds every day.

# Unit Clinical Governance activities

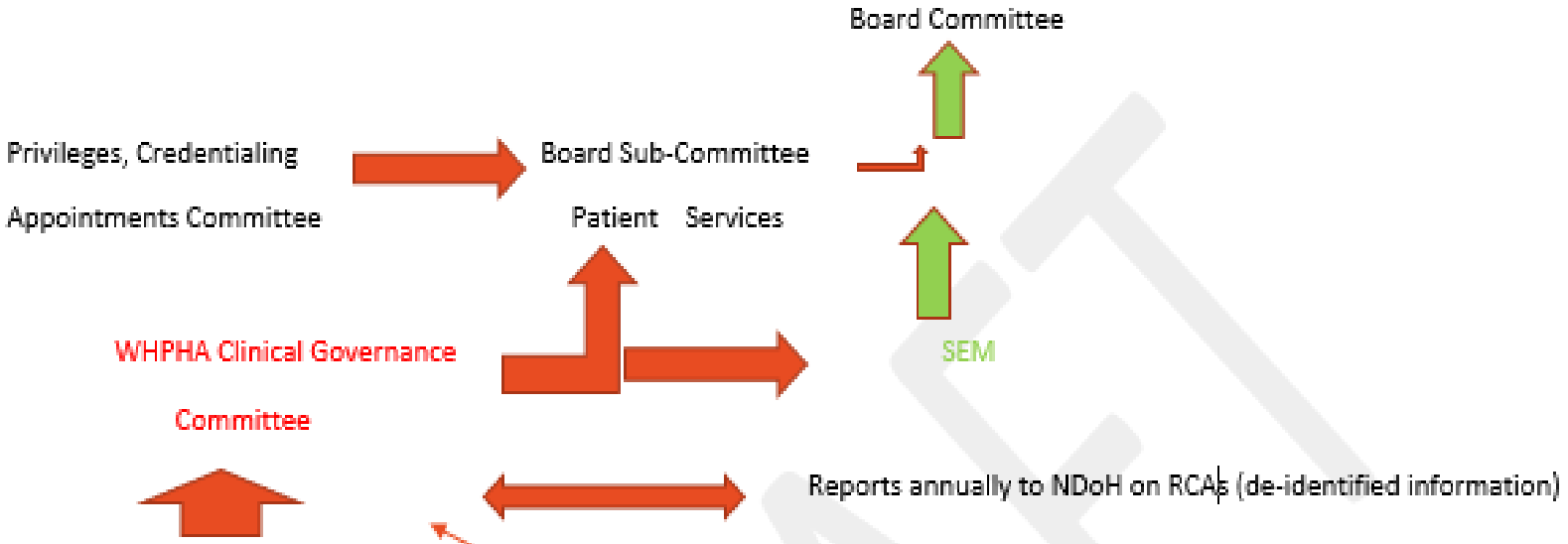
- Commenced 2016.
- regular quarterly reviews of the 7 elements;
  - clinical auditing,
  - information management,
  - Training and education,
  - research and development,
  - openness and risk management and clinical effectiveness.

# Unit activities

- AIP activities,
- hospital trainings was based on skills gap and
- priority areas like IMCI, IYCF,ENNC, SAM, Hospital Care for children,
-
- identify focal persons to task certain priority activities and with feedback

# Clinical Governance within PHA

- Clinical Governance Committee  (2018)
- Change of management structure
- Director Curative  - Director Clinical Excellence, Education and Research




(7 Divisions) e.g.

| | | | |
|---|---|---|---|
| M&M | M&M | M&M | M&M |
| OP.TH | General | Med | ALL |
| General | Cardiology | Surg | OPD |
| Ortho | Respiratory | OPD | |
| Sub-Spec | HIV/AIDS | | |
| Anaesth | sub-spec | | |
| ICU | ICU | | |
| OPD | psych | | |

Root Cause Analysis Committee (RCA)

WHPHA

Note that M&M Committees can refer to RCA as can any staff member or patient.

RCA's held monthly

Mortality and Morbidity Committees to meet Monthly

KEY - Management & Clinical Governance; Clinical Governance;

# Standard Agenda

- **Sentinel event / adverse event reports (RCA)**
- **Clinical Audit by Service**
- **Standard M&M reporting by Service**
- **Unique service reports e.g. unplanned admission from operating theatre to ICU**
- **All deaths**
- **Clinical Indicator development**
- **Other Issues**

# Sentinel events/Critical incidents (Root cause analysis)

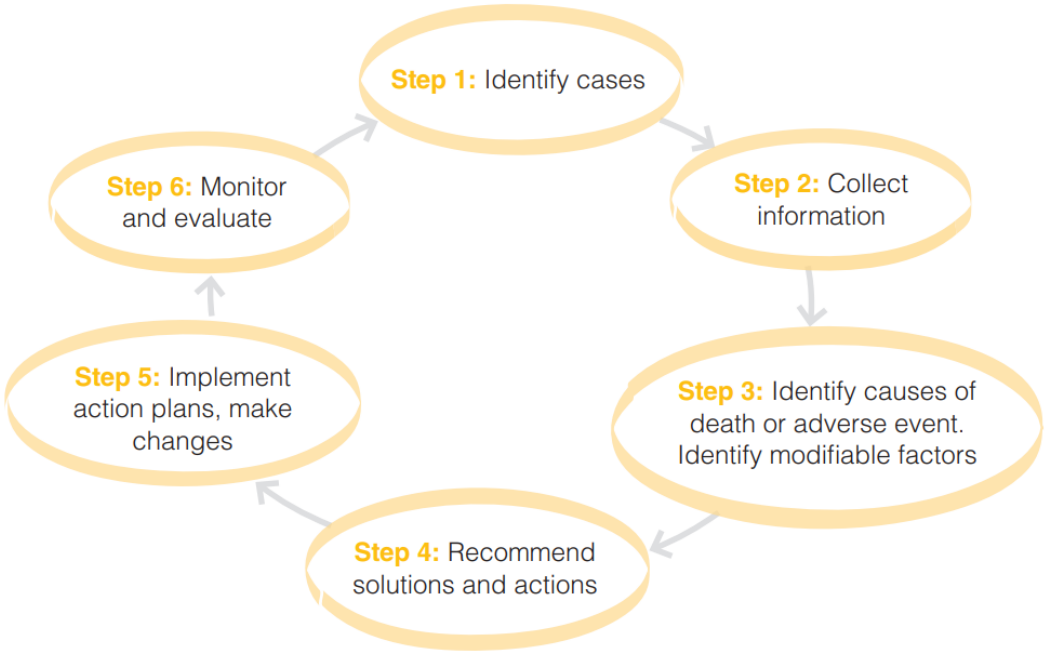
- Strong management support for critical incident reporting
- Systems approach rather than “blame approach”
- Several pathways to reporting
- Full and open discussion with aim to support staff
- Outcomes lead to improvements in systems, staff training, equipment orders
- Reporting pathways – to CEO /Board of PHA and to NDoH
- Must involve all facilities within the PHA

# Clinical audits

- All clinical units –
  - Unit champions
  - Monthly audits including M&M audits

- Issues
  - Clinician apathy
  - Audits without action

**Audit cycle**



# Clinical indicator development

- Electronic dashboard (Hospital records/eNIHS, M Supply)

- Identification of clinical indicators e.g.
  - Unplanned admission to ICU from general care
  - Unplanned readmission after discharge
  - Hospital acquired injuries
  - Nosocomial infections

# Other issues

- Antibiotic stewardship
- Adherence to standard treatment guidelines
- Regular review of clinical practice
- Development of Standard Operating Procedures
- Effective use of complaints
- Review of waiting times for patients etc

# Conclusion

- Primary role is to improve patient care
- Must be PHA wide
  - M&M data – hospital/rural facilities/ community
- Outcomes must be monitored for trends/improvement in these trends
- Must have strong Management and Board support