



*St Vincents & Mercy
Private Hospital*

We care



St Vincents & Mercy
Private Hospital


STVMPH



STVMPH is jointly owned by the Sisters of Charity and the Sisters of Mercy.



It is a Catholic, not-for-profit, private hospital that has been providing care in the community for more than 60 years.




**We have approx 300 beds and have a diverse cross of specialities-
cardiac, maternity, orthopaedics, oncology, urology, neurology, vascular, intensive care.....**






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History



Both orders of the **Sisters of Charity** and the **Sisters of Mercy** have similar pasts, which reflect a similar vision, mission and values.



Mary Aikenhead established the first **St. Vincent's Hospital** in Dublin, Ireland, and founded the **Sisters of Charity** in 1815.



Catherine McAuley was born in Dublin, Ireland, and founded the **Sisters of Mercy** in 1831.





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Our Mission



“In the Catholic tradition, our mission is to heal the sick and to be compassionate to those in need.

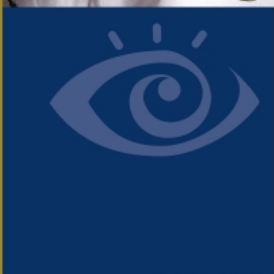


We are inspired by the healing ministry of Christ and the values of the Sisters of Mercy and the Sisters of Charity.”





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Hospital Values



Our values



Compassion: Accepting people as they are and being present for them in their time of need

Accountability: Challenging each other to take responsibility



Respect: Treating everyone equally and with dignity and justice



Excellence: Providing the best care for our patients.

Open Disclosure

Open disclosure: a national standard for open communication in public and private hospitals following an adverse event in health care and was launched in July 2003.

Initiative of the Australian Council for Safety and Quality in Health Care to promote a clear and consistent approach by Australian hospitals to open communication, especially when things go wrong.



STVMPH and Open Disclosure



**We are committed to open disclosure because
it is the right thing to do**



And it is in accordance with our hospital values



Benefits



Reduced risk of litigation

Reduced risk of media action



Ethical mode of action

Closure for patient and families



Increased staff morale

Increased assurance of investigation and follow up



Mismanagement post adverse event

What happened?

Patient admitted for a total hip replacement. Post procedure -hypotensive

Gelofusine ordered and administered

Anaphylactic reaction and required admission to ICU

12 months prior similar incident

Post Management of Event



Incident not reported to the Clinical Risk Manager



An Adverse Drug Reaction not reported to Pharmacy



No follow up by Executive/ Patient Liaison Manager






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Post Discharge



Post discharge (one month later) a complaint letter was received from the patient outlining his disappointment with the hospital:



For administering a drug that had previously caused him to have an anaphylactic reaction, 12 months prior

No apology having been made.



No follow up post discharge



Risk



Litigation risk: low/medium



Media Reputation risk: medium



Risk to values: high





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Management of complaint



A hand holding a stethoscope, symbolizing medical care or investigation.

Acknowledgement letter and telephone call



A stylized blue eye icon, symbolizing vision or reassurance.

Reassured patient that a thorough investigation would occur

Expression of regret



A smiling woman with glasses, representing a patient or staff member.

Patient expressed that he felt “completely let down”



Values at Risk



Compassion- not displayed



Accountability- error that had occurred



Respect- no explanation of events



Excellence- mistake made



Resolution



Compassion: Open communication with complainant



Accountability: Root Cause Analysis was performed

Respect: Findings of RCA were related to patient



Excellence: Recommendations of RCA were implemented





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Outcome




Patient verbalised that he was still unhappy about what had occurred




Lessons learnt:

Early intervention in Open Disclosure, before patient is discharged



Hospital employees to be aware of the importance of reporting adverse events and to escalating the reporting of a serious incident so that open communication can commence immediately





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2nd Incident

What happened?

A throat pack was left in a patient's throat post cosmetic surgery

Patient returned to ward with pack still insitu.

During the night patient alerted nursing staff to her difficulty with breathing and she manually removed the pack herself.



Risk



Litigation risk: low/ medium



Media/ reputation risk: medium



Risk to values: high



Values at Risk



Compassion- not compromised



Accountability- error that had occurred

Respect- not compromised



Excellence- mistake made but openly disclosed and communicated





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Lessons learnt



Early contact



Expression of regret

Open and honest communication- line up



Importance of a thorough investigation

Future involvement of complainant in RCA and recommendations





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Stumbling Blocks & Way Forward



Insurer approval





Future strategy.....





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Reflection



Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we present with the darkness of others.



Compassion becomes real when we recognize our shared humanity.....*Pema Chodron*





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Thank you



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