



Towards Healthy Families

WINTER 2017

*Ija Mulanggari, Goodtha Mulanggari
Thriving Mothers, Thriving Babies*



From the President

Winter greetings to our members and friends. As winter comes to a close we all look forward to outside activities and returning our Vitamin D level to their pre winter levels.

At CMS and QEII we have had a very busy indoor winter season preparing once again for an external accreditation survey against the Australian Commission for Safety and Quality for Health Care Standards for Small Hospitals.

In the CMS Strategic Plan we are committed to contemporary best practice governance which means CMS and its services at QEII continually strive to achieve excellence in clinical and corporate governance. The CMS Board and its standing committees meet regularly to monitor achievements against the Strategic Plan and advise and support our staff where there are opportunities for development



or improvement.

Due to the company undertaking the survey changing the dates at short notice, I was unable to attend the governance interview. The depth of the CMS Board is such that replacements were not an issue. On behalf of the Board I thank Wendy Saclier and Jane Smyth for representing us and presenting the CMS approach to governance with the surveyors from Quality Innovation Performance. Wendy and Jane are both exemplars of the best that committed community members bring to our sector, and as experienced Board Members and past CMS Presidents we were very pleased and proud to have them represent us during this important time.

Viola Kalokerinos

Hydrangeas

The final Hydrangeas meeting for 2017 is at **10.30am on Thursday, 2nd November** at Floresco in the Botanic Gardens. Current and past QEII staff and CMS members are most welcome to come along, we always enjoy having new members join the group.

For further information, please contact: Robyn Steele, robyn.steele22@gmail.com or Lynne Johnson, lynnejohnson@grapevine.com.au.



From the Director of Nursing & Midwifery/Executive Officer

I am so pleased to report that we have completed the triennial external accreditation survey. This called for service wide participation from all staff together with support from the CMS Board. The QEII Safety and Quality Officer, Ellen O’Keeffe, did an outstanding job in guiding us over the past three years in the development of our data against the Standards for Small Hospitals and presenting our processes and achievements in such a way that the Surveyors had an in-depth understanding of CMS and its services before they arrived on site.



Safety and Quality is embedded in our culture at QEII. Everyone is responsible for safe and effective care and every member of staff is involved in safety and quality at QEII. Some staff are members of the QEII Safety and Quality Committee and all staff are allocated to a National Safety & Quality in Health Care Standards Group. Between external surveys these groups focus on a particular standard and monitor QEII’s achievements against the

standard, educate other staff about the standard, undertake projects as well as some staff represent the group during interviews with the external surveyors when they are on site.

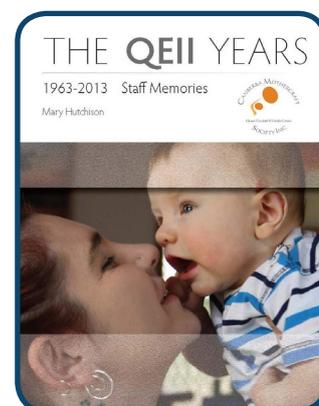
The good news is that the Surveyors from Quality Innovation Performance were impressed with what they saw and heard. The preliminary advice at the end of the survey was excellent and we look forward to receiving the full report in a few weeks. My congratulations to all staff for their continuous engagement and commitment to the families that we serve at QEII through high quality and safe care. Without the support and guidance of the CMS Board we would not be able to sustain such a high standard and we especially thank CMS for their leadership and unequivocal focus on best outcomes for families.

Mary Kirk

COPIES STILL AVAILABLE FOR PURCHASE!

The QEII Years is an historical account of the Queen Elizabeth II Family Centre, told through the memories of decades of staff. Filled with “little gems”, the stories in this book are fascinating and show how things have both changed and stayed the same over time.

You can purchase a hard-copy or an e-copy for \$15, by contacting reception on 6205 2333 or cms@cmsinc.org.au. All proceeds will go to the Canberra Mothercraft Society Community Development Fund.



STAY CONNECTED

For inclusions in upcoming editions of the newsletter (photos and articles are welcomed for consideration), to opt out of the newsletter mailing list, or to **SAVE PAPER** by receiving it electronically, contact Colleen at Colleen.Josifovski@act.gov.au or phone (02) 6205-2322.

Unwrapping swaddling



The practice of swaddling or wrapping babies has been known for centuries over most of Europe, Asia and the Americas. Archaeologists have found sacred statuettes of babies in swaddling clothes in ancient Greek and Roman tombs. One of the most famous records of swaddling can be found in the New Testament concerning the birth of Jesus where it is said Mary 'wrapped him in swaddling clothes, and laid him in a manger'.

There are many benefits to swaddling during the first months of life; it provides security and comfort, aids in settling and helps to keep babies on their back, which has been shown to reduce the risk of SIDS. It prevents babies moving into a dangerous position where their heads are covered by bedding which can cause overheating or asphyxia. When babies sleep better on their backs parents and other carers are also less likely to position them on their tummies for sleep.

While the benefits of swaddling are widely accepted if it is done incorrectly it can cause harm. Some studies have linked tight chest wrapping with an increased risk for pneumonia and other studies have indicated that babies may overheat if heavy blankets are used or the head is covered.

In Australia recently there has been a disturbing increase in the incidence of late diagnosed developmental dysplasia of the hip (DDH). DDH is a common childhood condition where the hip joint does not fit in the 'normal' position due to abnormal development of the joint's ball and socket. Early detection and treatment in babies is important because late diagnosis, after 3 months of age, is associated with poorer outcomes including an increased likelihood of surgery and early osteoarthritis of the hip.

Approximately 20% of babies are born with some degree of hip dysplasia. In most cases this resolves without the need for any intervention however, these babies may be at risk of continuing DDH if they are being tightly wrapped with their legs straight.

To wrap a baby safely and to help natural hip development during swaddling it is recommended that:

- The baby is positioned on their back with their feet at the bottom of the cot.
- The baby is not over dressed under the wrap and the head is uncovered.
 - A lightweight wrap such as muslin or cotton is used to prevent overheating.
 - The wrap is loose enough to allow for chest expansion so the baby can breathe easily.



Figure 3. Safe wrapping with the hips bent and knees apart

There is enough room in the wrap for the legs to move freely. The legs should be able to bend at the hips with the knees apart to help the hips develop normally. Some commercially available cocoons or swaddle wraps are too tight around the thighs.

- Swaddling is stopped once the baby is showing signs of rolling from their tummy to their back (usually between 4 to 6 months).
- A safe sleeping environment is provided with a safe cot, safe mattress and safe bedding.
- Babies must not be wrapped if co-sleeping.

When these recommendations are followed both babies and their parents (or other care providers) can enjoy the benefits that wrapping can bring safe in the knowledge that no harm will be done. For more information on this topic go to:

<https://rednose.com.au/>

Accreditation at CMS

Accreditation is recognised as an important driver for safety and quality improvement in health care. It also provides opportunity for us to demonstrate assurance for quality and performance to CMS and our major funder ACT Health. CMS at QEII uses accreditation as a process to continually demonstrate clinical and corporate governance, excellence through a strong and unwavering commitment to safety and quality, staff and the organisation.

In early August, CMS and QEII undertook an external review. We were reviewed against seven of the standards:

- Governance for Safety and Quality;
- Partnering with Consumers;
- Preventing and Controlling Healthcare Associated Infections;
- Medication Safety;
- Clinical Handover;
- Client Identification; and
- Preventing Falls and harm from Falls.

Accreditation is just one element of CMS's safety and quality improvement activities. CMS fosters an integrated governance approach to corporate governance and clinical governance responsibilities. It ensures that governance arrangements are robust and appropriate, supported by an interlocking set of plans aimed to improve health outcomes for clients. This approach provides the foundation for Safety and Quality that encompasses staff and clients' values, identifies clear priorities, allocates resources, provides for education, addresses risk, and outlines the supporting committee and reporting structures which promotes a culture where openness, mutual respect and teamwork are encouraged and rewarded.

CMS is assessed for accreditation against the National Safety and Quality Health Service Standards, which aims to protect the public from

harm and improving the quality of health service care. The Standards for Small Hospitals guide us in reviewing current arrangements at CMS and QEII and inform the refinement of our systems and processes for best practices.

What we also appreciate is that the accreditation process provides an opportunity to reflect on what we are currently doing, value what we have done well, and gain insight into what we could improve. It is also a platform from which we can be proud of our achievements. Accreditation is not a one-off event; rather it is a continuous journey throughout a three year cycle where we are required to maintain our performance against the standards.



The main elements of the Accreditation cycle are:

- Clinical and corporate governance developed and monitored by the CMS Board and its Committees as well as the QEII Safety and Quality committee;
- Internal Review. We look at what we do now and at what we would like to do, thereby identifying the main actions needed to achieve CMS Strategic Directions. Completion of a self-assessment process is submitted to CMS' Accreditation providers Quality Innovation Performance (QIP);
- Safety and Quality Plan the development, implementation and ongoing review of the Safety and Quality Plan; informed by the internal review, incident reports, consumer feedback, staff feedback, new legislation and new health care and service delivery knowledge;
- External Review of CMS conducted by QIP using a team of quality assessors;
- Mid-cycle review - Reviewers visit QEII to evaluate our progress against specific standards; and
- The cycle recommences.

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