High-dose vitamin B6 may cause peripheral neuropathy

The association between vitamin B6 and neuropathy, particularly peripheral neuropathy, is well established. However, no studies appear to be dependent on dose and duration of use.

Dr Sue Scott and Andrew Hartley

A review of 10 studies found that 600 mg/day vitamin B6 for 3 years developed a feeling of burning pain and numbness after about 2 years. This was also the case with a multivitamin product containing vitamin B6 and vitamin B6-related symptoms resolved within 1 week of stopping this vitamin.

In adult males MEGA-6 trials are used as an outcome measure for improved compliance. Currently, there are small trials of methyl-B12 and vitamin D in the Netherlands. Following identification of deficient or unknown patients, intervention studies, including education and feedback, have demonstrated increased compliance in the delivery of high-quality patient care at the RWH.

Improving compliance to hand hygiene

In general adult hospitals MEGA-5 are used as an outcome measure for improved compliance.

The Department of Health (NSW) sponsored “Wash up” project in 2005 which achieved an overall increase in hand hygiene compliance in 50% of the wards from 60% to 95% over 6 months.

While the rates didn’t significantly decrease in the delivery suites, this is difficult to staff in neonatal units. These approaches have led to a significant improvement in HH compliance.

In the neonatal setting most protocols will be in place before an infection presents, thus it is difficult to staff in neonatal units. These approaches have led to a significant improvement in HH compliance.

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In the maternity setting most protocols will be in place before an infection presents. Thus, it is difficult to staff in neonatal units. These approaches have led to a significant improvement in HH compliance.
It’s a fair bet that William Shakespeare knew little about simulation when he penned the immortal line, “All the world’s a stage.” In his day, what we now call simulation didn’t exist. It’s hard to find evidence to support the need for simulation. In clinical practice, it has been estimated that 10% of medical errors are caused by the unconscious and interpersonal skills that are often not systemically identified and corrected in healthcare education and communication. However, the medical community is increasingly using simulation in a variety of clinical environments to practice true-to-life situations, such as paramedics and GP consultations, and procedures are taken straight into the operating environment. It becomes evident that technical and nontechnical aspects of teamwork are implicit in systemic error. Simulation is to allow multi-disciplinary teams to play the “what if” game. The most common exposure to simulation is at the theater of war. What happens on the stage influences what happens on the battlefield. Simulation allows the opportunity to rehearse, develop, and determine risk management strategies – to prevent or control those risks. At the Sydney Health Simulation Centre, we value a culture of learning, reflection, and improving through the sharing of clinical incidents to enhance the learning and improve patient safety. What has been done in response to clinical concerns and incident reports? What happened – factual information

**Clinical Incident Reporting and the Movie to Parkville**

We are entering movies, the hospital simulation, clinical incidents, and patient safety. From very different streams planning the movie, the clinical incident reporting, and making sure equipment is functioning in the theater, we have learned that the five areas we have been extremely busy. The developments of the theater, the theater design, and the patient safety system are all very important. In the context, it is not surprising that we have had to identify the process and some incidents. The aggregation of incidents, incident reporting, and improving patient safety outcomes.

“**The real world is a stage**”

Personal experiences of my sabbatical time spent at the Southern Health Simulation Centre, Melbourne.

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What has been done

In October 2007, a strategy to extend access to key medication was implemented. The end stage will be the completion of the whole scenario and an evaluation of how the staged implementation of the strategy will play out over the next two to three months. The hospital has addressed with other metropolitan health services to implement the redination strategy. The Victorian government has put in place a support system to protect staff and patients who may be harmed by the strategy. In this context, it is not surprising that feedback is essential for the development and adoption of new systems. The impetus for the group to build on its experiences in life, such as paramedics and GP doctors, is evident. It is not hard to find evidence to support the notion that nurses and doctors can benefit from the improved awareness of the many and diverse factors that impact on critical and patient safety outcomes.

The simulation centre, I am once again reminded of the real stage of life. To get involved in clinical care and develop in an ever-changing health care environment. While the hospital moves, all clinical areas have been extremely busy. Since the hospital moved, all clinical areas have been extremely busy. Making sure equipment is functioning. Tertiary access is protected and allow for women within hospitals’ local areas to prioritise access for women who have a cochrane review on lactates being approved and planning commenced to assess potential areas for improvement. The impetus for the group to build on its experiences in life, such as paramedics and GP doctors, is evident. It is not hard to find evidence to support the notion that nurses and doctors can benefit from the improved awareness of the many and diverse factors that impact on critical and patient safety outcomes.

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Effective learning through simulation

‘All the world’s a stage’
Personal experiences of my sabbatical time spent at the Southern Health Simulation Centre, Melbourne

It’s a fact but that William Shakespeare knew little about simulation when he penned his famous line. It’s what happens in life that’s real. Simulation training is gradually gaining more prominence in many aspects of daily life. In medicine, it has been proven that simulation training can enhance patient care and reduce medical errors. This method of learning through imitation is not new. In finance, investors use simulation models to predict future market movements. In entertainment, virtual reality can transport one to a different world. In education, the term ‘simulation’ has been used in the classroom to assist students to engage with the lesson content and processes in a way that is more interactive and engaging.

For example, the ‘patient’ is replaced by a sophisticated life-like mannequin in order for health care learners to practice their art in a safe clinical environment. It is not hard to find evidence to support the need for this simulation. In clinical practice, it has been estimated that 70% of medical errors are caused by improper cognitive and interpersonal skills that are essential to patient management and communication. Simulation training is proving to be a powerful technique for improving these skills.

My first exposure to simulation was as a medical student at the University of Melbourne. This simulated hospital environment provided an informal means of learning for thousands of years, long before the modern days when simulations were first used in the form of dramatizations. As Flanagan aptly described, ‘Theatricals are the real stage of life’. My experience, I hope that in turn, will continue to provide an opportunity for the students and staff of the Women’s Health Service to benefit from my improved awareness of the many and diverse factors that impact on clinical risk and patient safety outcomes.

Reducing volume
In October 2007, a strategy to reduce clinical and non-clinical risks was implemented. The end stage was reached of a strategy that had been in place for three months. The hospital has worked with other metropolitan health services to implement the reduction strategy as part of the Clinical Risk Management program to protect the hospital’s reputation and to provide better guidance for the care team, to maintain the quality of care by identifying areas of work that need improvement. In this context, it is not surprising that poor communication is the second most common reason for incident occurrence. Communication failures can be found at any level of care.

In clinical practice, it has been shown that many medical errors are rooted in poor communication and processes in life like simulation as ‘a training method for complex and diverse factors that impact on both general and specialty care teams to practice true-to-life technical skills of communication, equipment resources etc. It is important to note that the multidisciplinary nature of the reflection provides the impetus for the group to build on their own skills and experience, and to learn together for the patient’s benefit. As argued by Flanagan et al in 2004, the entire provision of care for simulation is invaluable. For the greatest impact, the care can be assessed by local knowledge is valuable here.

Improve patient care and safety
It cannot be denied that simulation aims to encourage people to reflect on their practice and to assist them to move themselves from the experience, I hope that in turn, will continue to provide an opportunity for the students and staff of the Women’s Health Service to benefit from my improved awareness of the many and diverse factors that impact on clinical risk and patient safety outcomes.

Better support in the Birth Centre
We are now just over 6 months into the birth centre model of care at the Women’s, a joint venture of the Women’s and Monash Health. The Birth Centre is located on the upper level of the Monash Medical Centre, Melbourne. This centre offers parturients a comprehensive early antenatal care, and a postnatal care without the need for hospital admission. It is designed to offer a calm, quiet, and peaceful environment for mother and baby after birth. The Birth Centre team provides care for women and newborns who are in the intermediate or low risk category. It offers the opportunity to rehearse, to practice true-to-life technical skills of communication, equipment resources etc. It is important to note that the multidisciplinary nature of the reflection provides the impetus for the group to build on their own skills and experience, and to learn together for the patient’s benefit. As argued by Flanagan et al in 2004, the entire provision of care for simulation is invaluable. For the greatest impact, the care can be assessed by local knowledge is valuable here.

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Clinical incident reporting
"All the world’s a stage" is the opening line of a famous monologue by Prospero in Shakespeare’s play 'The Tempest'. Flanagan aptly described, ‘Theatricals are the real stage of life’. My experience, I hope that in turn, will continue to provide an opportunity for the students and staff of the Women’s Health Service to benefit from my improved awareness of the many and diverse factors that impact on clinical risk and patient safety outcomes.

What has been done in response to clinical concerns and incident reports?

Improving patient safety
Improving patient safety is a collective responsibility and a shared goal. In any system, there will be some level of risk. Within the Women’s, we value a culture of learning, and learning from adverse events. The practice of incident analysis is the key to this culture. The Women’s, in full swing, is not without its challenges, but we are committed to finding solutions that will support and improve patient safety.

What does the hospital have to do?
What does the hospital have to do in order to prevent it from happening again?

Contributing factors
The context is one in which incidents occur at an increasing rate. Parallel with this increase in incidents, there has been a corresponding increase in local knowledge is valuable here. The Women’s have been a part of this trend, with significant increases in medical errors. The Women’s, in this context, are not an exception, and incidents need support. This can be in the form of reviews, or education, or individual with the assistance of the simulation centre and local incident management programs.

Access to theatres and medical equipment
Theatres and medical equipment are a key aspect of care. The hospital was recently asked to audit their use and the use of medical equipment. There are clear expectations and standards for the use of medical equipment. The use of equipment must be consistent with the Women’s clinical risk and safety policy. The Women’s, in full swing, is not without its challenges, but we are committed to finding solutions that will support and improve patient safety.

What happened?
A clinical incident report was submitted to the Board of Directors. The information is then reviewed by a multi-disciplinary team, including all members of the service involved. Once the final report is approved, planning commenced to implement the strategy. The Women’s, in full swing, is not without its challenges, but we are committed to finding solutions that will support and improve patient safety.

CLINICAL INCIDENT REPORTING AND THE MOVIE TO PARAVILLE

The movie was released in 1982. The story followed the death of a young woman. Many of us who think of the film today can probably recollect the opening line, “All the world’s a stage...”. It’s a fact that the line was not intended, but it has come to be associated with the film. The line was written by William Shakespeare in his 1623 collection, ‘What you know’. The line was written in response to clinical concerns and incident reports. The line was written in response to clinical concerns and incident reports.

While the line was written in response to clinical concerns and incident reports, the Women’s, in full swing, is not without its challenges, but we are committed to finding solutions that will support and improve patient safety.

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What are the factors?
What are the factors that may impact on both group and individual experience? We are all accountable, but all one can do is acknowledge the circumstances and need-based related issues to be reviewed and addressed. Aggregated incident reports are collected and shared in the forum of the clinical incident reporting. The forum is one of the key elements of the hospital’s clinical incident reporting strategy. The forum is one of the key elements of the hospital’s clinical incident reporting strategy.

What happened?• Objective• Accuracy• Comprehensive• Care• No training or learning

Contributing factors
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Improving compliance to hand hygiene

Andrew Daley and Sue Scott

Bacteraemia has continued to decrease. In HH compliance.

Compliance was first audited in November 2007 before any new initiatives were introduced and the HH officer at 55% by the WHO and DHs. Program and was undertaken by the Infection control nurse.

Improving compliance

Effective learning through simulation

What to do and who to ask for further information:

High-dose vitamin B6 may cause peripheral neuropathy

The association between vitamin B6 metabolism and neuropathy, particularly peripheral neuropathy, is well established. An elevated level of vitamin B6 appears to be dependent on dose and duration of use.

High-dose vitamin B6 may cause peripheral neuropathy

Sue Scott

ACEM has received two reports describing peripheral neuropathy with high-dose vitamin B6 products.

ACEM has received two reports describing peripheral neuropathy with high-dose vitamin B6 products.

Recently, we were alerted to two unauthored documents from the Quality and Safety Committee. The need to take this action was instigated by the practice of several members of the department of medicine to recommend vitamin B6 for a specific indication.

What to do: improve your vitamin B6 knowledge and continue to identify and report possible cases of vitamin B6 neuropathy.

What to do: improve your vitamin B6 knowledge and continue to identify and report possible cases of vitamin B6 neuropathy.

Pharmacy news

Developing a safety culture is an environmental imperative. The Department of Health (DH) sponsored ‘We’re under pressure’ project in 2005 which achieved an overall increase in health and safety compliance from 15% to 75% in SGD and NOD which, combined with a significant decrease in reported incidents, clearly demonstrates that the project didn’t significantly decrease in the delivery suite.

Drugs with a black triangle

The following drugs should only be prescribed by a designated prescriber and conformed to the conditions under which we prescribe.

Drugs with a red triangle

The following drugs are closely monitored and must only be prescribed by a designated prescriber and conformed to the conditions under which we prescribe.

Drugs with a blue triangle

The following drugs are closely monitored and must only be prescribed by a designated prescriber and conformed to the conditions under which we prescribe.

The impact of improved HH compliance can be demonstrated in essential services where the ratio of the number of sessions to errors decreased.

In general adult hospitals MIRA tests are used as an outcome measure for improved compliance. Currently, in our hospital there are small clusters of resistant Escherichia coli and Staphylococcus aureus in the delivery suites. Following identification of resistant strains colonised patients and representing isolates, infection control staff by prevention transmission between patients.

Hospitals seeking to design policies will be influenced on several websites on the internet and will be directed to the vicinity and able to transmit impacts between patients.

In the delivery setting most patients will be discharged before an infection presents. It is difficult to staff to beYears since birth Centre NICU

Birth Centre 12% 39% 61%

NICU 23% 51% 77%
Improving hand to hygiene compliance

As part of an ongoing programme to improve hand hygiene (HH) compliance in neonatal services, a variety of strategies have been adopted. The overall rate of HH compliance in January 2007 was 55%, with HH compliance in NICU at 23% (51% for intravenous line), delivery suites at 40% (74% for intravenous line) and Gynaecology at 78% (77% for intravenous line). While the rate of HH compliance has improved since then, the overall rate of HH compliance remains low, with NICU at 23% (51% for intravenous line), delivery suites at 40% (74% for intravenous line) and Gynaecology at 78% (77% for intravenous line). The impact of improved HH compliance can be demonstrated in neonatal services where the rate of nosocomial infections has decreased.

Hand hygiene (HH) is an important component in the delivery of high-quality patient care in the Neonatal Intensive Care Unit (NICU) and delivery suites. However, compliance with HH guidelines has been low, with rates as low as 23% in NICU and 40% in delivery suites. The Neonatal Services, Delivery Suite and Gynaecology teams have been working to improve HH compliance in these areas, and the overall rate of HH compliance has improved since then, with NICU at 23% (51% for intravenous line), delivery suites at 40% (74% for intravenous line) and Gynaecology at 78% (77% for intravenous line). While the rate of HH compliance has improved since then, the overall rate of HH compliance remains low, with NICU at 23% (51% for intravenous line), delivery suites at 40% (74% for intravenous line) and Gynaecology at 78% (77% for intravenous line). The impact of improved HH compliance can be demonstrated in neonatal services where the rate of nosocomial infections has decreased.