



AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE



# Update on the Australian Commission on Safety and Quality in Health Care

## *Presentation to APHA Conference*

Bill Beerworth  
Chairman ACSQHC  
13 October 2009

## The Australian Commission on Safety and Quality in Health Care

- Established by Health Ministers in 2005, commenced in 2006
- Reports to all Health Ministers
- Commissioners diversity
- Committee structure:
  - *Inter-Jurisdictional Committee*
  - *Private Hospital Sector Committee*
  - *Primary Care Committee*
  - *Information Strategy Committee*

## ▶ ACSQHC

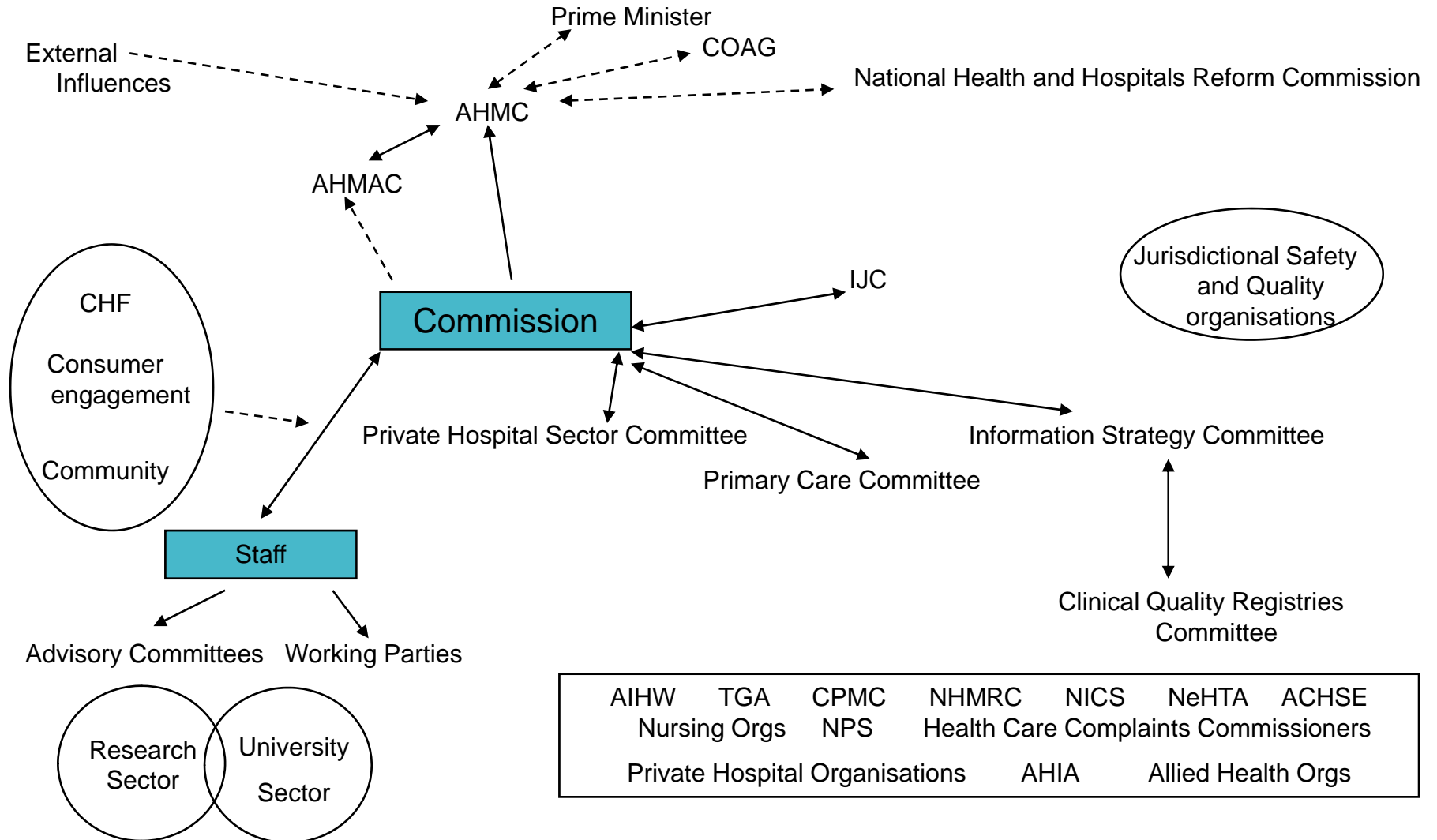
### **Health Ministers Established ACSQHC to:**

1. Lead and coordinate safety and quality in health care
2. Advocate for safety and quality and report publicly
3. Recommend national data sets
4. Provide strategic advice to Health Ministers
5. Recommend nationally agreed standards

## Our Programs

1. Australian Charter of Healthcare Rights
2. Open Disclosure
3. Basic Care Issues
  - Healthcare Associated Infection
  - Patient Identification
  - Medication Safety
  - Clinical Handover
  - Recognition and Response to Clinical Deterioration
  - Falls Guidelines
4. Tools
  - Accreditation and Credentialing
  - Information Strategy

# ▶ Effecting Change



## ▶ ACSQHC: Health Ministers Decisions 2008/09

### **Open Disclosure**

- Implementation of National Open Disclosure Standard

### **Accreditation**

- Endorsed recommendations for implementation of reform to safety and quality accreditation of healthcare facilities

### **Australian Charter of Healthcare Rights**

- Use as pre-eminent healthcare charter for Australia in all healthcare settings

### **National Patient Wristband Standard**

- Implementation across Australia

## ▶ ACSQHC: Health Ministers Decisions 2008/09

### **Paediatric NIMC**

- Implementation for all children in all Australian Hospitals

### **Standardising terminology, abbreviations and symbols for use in hospital prescribing**

- For Australia wide adoption

### **Healthcare Associated Infection**

- Surveillance in all hospitals
- *Staphylococcus aureus* blood stream infections reporting
- *Clostridium difficile* reporting

### **National Hand Hygiene Initiative**

- Includes measures of hand hygiene compliance and outcomes



Australian Government  
National Health and Hospitals  
Reform Commission

# A HEALTHIER FUTURE FOR ALL AUSTRALIANS

FINAL REPORT JUNE 2009



# ▶ NHHRC Report: June 2009

## Reporting focus

- Primary care outcome data
- Safety and quality data collated , compared and fed back to hospitals, clinical units and clinicians
- Public and private hospitals to report on performance
- Nationally consistent approach to the collection and comparative reporting of indicators which monitor the safety and quality of care delivery across all sectors
- All sectors publicly report on progress with quality improvement and research

## ▶ NHHRC Report: June 2009

### Consumer focus

- Patient and family centred system
- Public voice and community engagement approach

## ▶ NHHRC Report: June 2009

### ACSQHC

Establish as permanent, independent national body to:

- Promote a culture of safety and quality across the system
- Analyse and report on safety and quality across all health settings
- Monitor and assist in regulation for safety and quality

# COAG: National Health Care Agreements

## Safety and quality indicators:

- Potentially avoidable deaths
- Selected potentially preventable hospitalisations
- Healthcare associated *Staphylococcus aureus* (including MRSA) bacteraemia
- Adverse drug events in hospitals
- Intentional self harm in hospitals
- Pressure ulcers in hospitals and residential aged care facilities
- Falls resulting in patient harm in hospitals and residential aged care facilities



## THE PROPOSED NATIONAL SAFETY AND QUALITY FRAMEWORK

## ▶ The Role of a National Safety and Quality Framework

**Basis of strategic and operational safety and quality plans**

**Mechanism for refocusing activities, reviewing investments and designing goals**

**Promote discussion with consumers, clinicians, managers, researchers and policy makers.**



## ▶ 1. Patient Focused

<b>Safe, high quality health care is always patient focused:</b>	<b>What it means for me as a patient or consumer:</b>	<b>Strategies for action by health systems and providers:</b>
<p>This means providing care that is respectful of and responsive to individual preferences, needs and values. It means a partnership between consumers, family, carers and their healthcare providers. Processes of care are designed to optimise the patient experience.</p>	<p>I can access high quality care when I need it.</p>	<p>Develop service models which improve access to health care for patients.</p>
	<p>I can obtain and understand health information, so that I can make decisions about my own care and participate in ensuring my safety.</p>	<p>Increase health literacy. Involve patients so that they can make decisions about their care and plan their lives.</p>
	<p>My health care is co-ordinated because people and systems work in partnership with me.</p>	<p>Enhance continuity of care. Minimise risks at handover. Provide case management for complex care. Facilitate patient-centred service models</p>
	<p>I know my healthcare rights</p>	<p>Promote healthcare rights.</p>
	<p>If I am harmed during health care, it is dealt with fairly. I will get an apology and a full explanation of what happened.</p>	<p>Inform and support patients who are harmed during health care.</p>

## ▶ Health Literacy Definition

Health literacy is the

“ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course”

(Rootman & Gordon-El-Bihbety, 2008)

*Also*

“It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their ability to take responsibility”

(Kickbusch, Wait & Maag, 2006)

*(as cited in the WHO Commission on Social Determinants of Health Final Report 2008)*

## ▶ Donald Berwick: IHI

My proposed definition of “patient-centred care” is this:

The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care.

*Berwick **Health Affairs** 28, no. 4 (2009)*

*What ‘Patient-Centred’ Should Mean: Confessions Of An Extremist*

## ▶ Donald Berwick: IHI

### Three maxims on patient centredness

1. The needs of the patient come first
2. Nothing about me without me
3. Every patient is the only patient

## Patient Centred Care

1. Hospitals would have no restrictions on visiting—no restrictions of place or time or person, except restrictions chosen by and under the control of each individual patient.
2. Patients would determine what food they eat and what clothes they wear in hospitals (to the extent that health status allows).
3. Patients and family members would participate in rounds.
4. Patients and families would participate in the design of health care processes and services.

## ▶ Donald Berwick: IHI

### **Patient Centred Care**

5. Medical records would belong to patients. Clinicians, rather than patients, would need to have permission to gain access to them.
6. Shared decision-making technologies would be used universally.
7. Operating room schedules would conform to ideal queuing theory designs aimed at minimizing waiting time, rather than to the convenience of clinicians.
8. Patients physically capable of self-care would, in all situations, have the option to do it.

# ▶ Australian Charter of Healthcare Rights

## AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

### Guiding Principles

These three principles describe how this Charter applies in the Australian health system.

**1** Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.

**2** The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.

**3** Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.



For further information please visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

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### What can I expect from the Australian health system?

MY RIGHTS	WHAT THIS MEANS
<b>Access</b> I have a right to health care.	I can access services to address my healthcare needs.
<b>Safety</b> I have a right to receive safe and high quality care.	I receive safe and high quality health services, provided with professional care, skill and competence.
<b>Respect</b> I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
<b>Communication</b> I have a right to be informed about services, treatment, options and costs in a clear and open way.	I receive open, timely and appropriate communication about my health care in a way I can understand.
<b>Participation</b> I have a right to be included in decisions and choices about my care.	I may join in making decisions and choices about my care and about health service planning.
<b>Privacy</b> I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
<b>Comment</b> I have a right to comment on my care and to have my concerns addressed.	I can comment on or complain about my care and have my concerns dealt with properly and promptly.

## ▶ ACSQHC and Health Ministers' Decisions: 2008/09

### Open Disclosure

#### Decisions

- Work towards the implementation of the National Open Disclosure Standard in all health care facilities
- ACSQHC to support implementation

#### Ongoing Work

- 100 patient stories
- Legal clear path

# ▶ The OSSIE Guide to Clinical Handover



## OSSIE Guide to Clinical Handover Improvement

For clinician-leaders and managers

Consultation Edition

- O = Organisational leadership
- S = Simple solution development
- S = Stakeholder engagement
- I = Implementation
- E = Evaluation and maintenance

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# ▶ Medical Journal of Australia - June 2009

**MJA** SUPPLEMENT  
THE MEDICAL JOURNAL OF AUSTRALIA • www.mja.com.au 1 JUNE 2009 • VOLUME 190 NUMBER 11

## Clinical handover: critical communications



The image shows two healthcare professionals, likely nurses or doctors, in a clinical setting. They are both looking down at a document or chart they are holding together. The person in the foreground has long blonde hair and is wearing a dark top. The person in the background is wearing a blue top and a red lanyard. The lighting is bright, and the background is slightly blurred.



The logo for Clinical Handover, ACSQHC. It features a stylized green graphic of two hands, one above the other, with a circular arrow around them. The text "Clinical Handover" is written in green above the graphic, and "ACSQHC" is written in green below it.

**AMA** JOURNAL OF THE AUSTRALIAN MEDICAL ASSOCIATION  
ESTABLISHED IN 1914

**AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE**

PRINT POST APPROVED PP25300310503

## ▶ 2. Driven by Information

<b>Safe, high quality health care is always driven by information:</b>	<b>What it means for me as a patient or consumer:</b>	<b>Strategies for action by health systems and providers:</b>
<p>This means enhancing knowledge and evidence about safety and quality. Safety and quality data are collected, analysed and fed back for improvement. Action is taken to reduce unjustified variation in standards of care, and to improve patients' experiences and clinical outcomes.</p>	<p>My care is based on the best knowledge and evidence.</p>	<p>Reduce unjustified variation in standards of care. Collect and use data to improve safety and quality.</p>
	<p>My clinical outcomes and experiences are used to build the evidence base for care and for strategies designed to improve care.</p>	<p>Learn from patients' and carers' experiences. Encourage and apply research that will improve safety and quality. Continually monitor the effects of healthcare interventions.</p>

## ▶ 3. Organised for Safety

<b>Safe, high quality health care is always organised for safety:</b>	<b>What it means for me as a patient or consumer:</b>	<b>Strategies for action by health systems and providers:</b>
<p>This means that safety is a high priority in the design of health care. Organisational structures, work processes and funding models recognise and reward taking responsibility for safety.</p>	<p>I know that governments, healthcare managers and healthcare staff take responsibility for my safety.</p>	<p>Clinicians recognise their responsibilities for safety. Managers recognise their responsibilities for safety. Governments recognise their responsibilities for safety</p>
	<p>Our money funds a safe and efficient health system.</p>	<p>Restructure funding models to support safe, appropriate care. Support and implement e-health. Design facilities, equipment and work processes for safety.</p>
	<p>I know that when something goes wrong, actions are taken to prevent it happening to someone else.</p>	<p>Take action to prevent or minimise harm from healthcare errors.</p>

## ▶ ACSQHC and Health Ministers' Decisions: 2008/09

### Healthcare Associated Infection

#### Decisions

- Healthcare Associated Infection surveillance in all hospitals
- Monitoring and reporting of *Staphylococcus aureus* bacteraemia to jurisdictions and nationally
- Monitoring and reporting of *Clostridium difficile* to jurisdictions and nationally

## ▶ ACSQHC and Health Ministers' Decisions: 2008/09

### Healthcare Associated Infection – National Hand Hygiene Initiative

#### Decisions

- National approach to the monitoring of hand hygiene standards
- Details are available on the Hand Hygiene Australia website:  
<http://www.hha.org.au/>



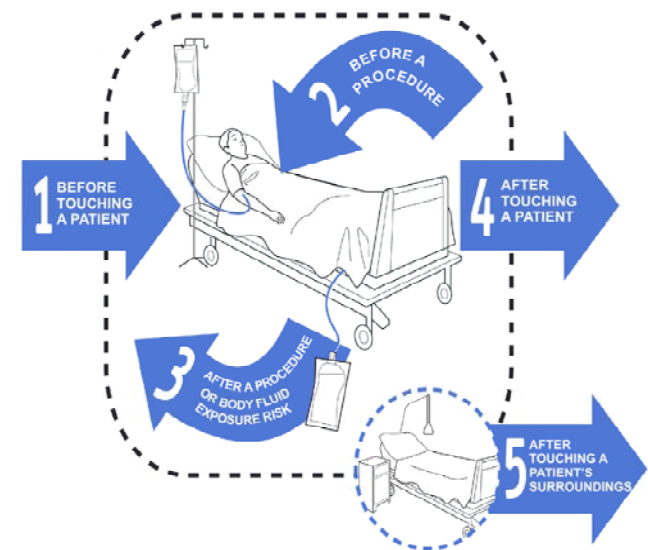
## ▶ National Hand Hygiene Initiative

- Customised WHO Guidelines for Australian use
- Education program
- Targeted credentialing modules
- Audit tool with related training program
- Reporting mechanisms for outcome measures

### Appropriate for use in:

- Public Hospitals
- Private Hospitals
- General Practice
- Aged care facilities

## 5 Moments for HAND HYGIENE



<b>1</b> BEFORE TOUCHING A PATIENT	<b>WHEN:</b> Clean your hands before touching a patient and their immediate surroundings <b>WHY?:</b> To protect the patient against acquiring harmful germs from the hands of the HCW.
<b>2</b> BEFORE A PROCEDURE	<b>WHEN:</b> Clean your hands immediately before a procedure <b>WHY?:</b> To protect the patient from harmful germs (including their own) from entering their body during a procedure.
<b>3</b> AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK	<b>WHEN:</b> Clean your hands immediately after a procedure or body fluid exposure risk <b>WHY?:</b> To protect the HCW and the healthcare surroundings from harmful patient germs
<b>4</b> AFTER TOUCHING A PATIENT	<b>WHEN:</b> Clean your hands after touching a patient and their immediate surroundings <b>WHY?:</b> To protect the HCW and the health care surroundings from harmful patient germs
<b>5</b> AFTER TOUCHING A PATIENT'S SURROUNDINGS	<b>WHEN:</b> Clean your hands after touching any objects in a patient's immediate surroundings when the patient has not been touched <b>WHY?:</b> To protect the HCW and the health care surroundings from harmful patient germs

## ▶ ACSQHC and Health Ministers' Decisions: 2008/09

### National Patient Wristband Standard

#### Decisions

- Implementation of the National Patient Wristband Standard across Australia

#### Implementation

- The Standard is being adopted in the private and public sectors







## ▶ ACSQHC and Health Ministers' Decisions: 2008

### Accreditation of Healthcare Facilities

#### Decisions

- Endorsed the recommendations for implementation of reforms to safety and quality accreditation of healthcare facilities
- ACSQHC to develop new model for accreditation

#### Moving Forward

- Research completed on:
  - Short notice surveys
  - Surveyor participation
  - Patient journey
- Development of preliminary Australian Healthcare Standards initially in:
  - Healthcare Associated Infection
  - Medication Safety
  - Patient Identification
  - Governance for Safety and Quality
- National coordination of accreditation

## ▶ ACSQHC Initiatives 2009/10

### **Healthcare Associated Infection**

- Infection Control Guidelines update
- Further surveillance measures
- Recommendations for national antimicrobial use and resistance surveillance program

### **Clinical Handover**

- Guide to Clinical Handover

### **Accreditation**

- Recommendation for implementation of the Alternative Model for Safety and Quality Accreditation of Healthcare Organisations

### **Credentialling**

- Peer Review standard: scope of practice

## ▶ ACSQHC Initiatives 2009/10

### **Information Strategy**

- National safety and quality indicator set
- Report on existing data sets to support safety and quality
- Recommendations for recall / register system for implanted medical devices
- Operating and Technical Standards for Australian Clinical Quality registries

### **Falls Prevention Guidelines**

- 2009 Update

### **Labelling parenteral medicines, lines and fluids**

- National recommendations

### **National Strategic Framework for Improving the Safety and Quality of Health Care**



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