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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

UPDATE HIGHLIGHT: HEALTH CARE ASSOCIATED INFECTION (HCAI)

The aim of the Commission's HCAI program (Priority Program 3) is to develop a national approach to HCAI.

The program will focus on identifying and addressing systemic problems and gaps in infection control. It will ensure that a comprehensive range of action is undertaken in a nationally coordinated way.

Building on facility and jurisdictional initiatives, the HCAI program proposes a national and systematic approach to national surveillance, hand hygiene, infection control guidelines and building clinician capacity.

To ensure the long term sustainability of these and subsequent initiatives a coordinated National Plan will be developed.

The National Hand Hygiene Initiative is a critically important aspect of the Commission's HCAI Program.

This initiative draws from the World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care and utilises key sections to support existing state and territory campaigns to create an Australian version.

The initiative will extend over three years and will consist of three phases:

1. Development of education and targeted credentialing modules and a standardised audit system with feedback providing a standardised model of care for use in all Australian health care settings. A toolkit of implementation and education strategies is expected by mid-2008
2. Development of reporting mechanisms with links to existing surveillance systems; and
3. Development of implementation strategies through liaison with jurisdictions, private sector, Department of Health and Ageing (DoHA) in relation to aged care and residential facilities, and General Practice.

A key advantage of this initiative is that a standardised model will be available for use in all Australian health care settings.

The National Hand Hygiene project was launched in November 2007 and is the beginning of a national sustained focus on hand hygiene compliance rates, ensuring HCAI prevention is "core business" for all health care providers.

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PROGRAM UPDATES

Accreditation

The Commission, in collaboration with stakeholders, is in the final stages of developing an alternative model of accreditation. The model for consideration proposes the following key elements:

- Australian Health Standards that would apply to health services appropriate to the service and settings, and be developed in collaboration with clinicians, consumers and other stakeholders
- A Quality Improvement Framework to encourage and support improvements in care for consumers. It will be developed collaboratively with stakeholders and focus on quality improvements, such as key corporate, risk and governance areas
- An expanded scope initially focussing on unaccredited health services with relatively high risk of causing harm
- National data collection and reporting to measure performance outcomes and improvements in priority safety and quality areas, to allow credible service comparison and facilitate tracking of the effectiveness of the Australian Health Standards
- Initiatives to support mutual recognition and minimise the compliance burden of accreditation on health services
- A review of surveyor participation, to enable development of strategies ensuring the sustainability of surveyors with the appropriate expertise to undertake accreditation
- Piloting of innovative assessment mechanisms such as patient journey methodologies and short notice survey visits, to improve efficient use of accreditation and service resources

- Co-ordinate and support research into program development standards development, and the effectiveness of accreditation; and

- National coordination of the accreditation system to provide a model of collaborative governance that gives a clear role for consumers, clinicians, service providers and other stakeholders.

Following feedback from stakeholders at the National Workshop on 30 November 2007 amendments have been made to the alternative accreditation model that will be considered by Commissioners before being presented to Health Ministers in early 2008 for their consideration.

Clinical handover RFT in the private sector

The Commission has awarded four tenders following a Request for Tender for Clinical Handover initiatives released to the private sector in October 2007.

The successful organisations are:

- Albury-Wodonga Private Hospital – Ramsay Healthcare who will develop and implement a formalised tool focussed on communication of changes in patient condition by nursing staff to doctors who are not present in the hospital
- Mater Health Services Brisbane Limited who will work to address the communication issues associated with critical clinical handovers in obstetrics
- St John of God Health Services who will work to develop effective communication in the handover of private mental patients to community health practitioners; and
- Deakin University (work to be undertaken at Epworth, Cabrini and Alfred Hospitals) who will work to improve understanding of handover in the recovery room (Post-anaesthesia care unit).

National Indicators and National Data Sets and Standards projects

In late December 2007 the Commission finalised two contracts with the Australian Institute for Health and Welfare (AIHW) for the National Indicators and National Data Sets and Standards projects.

The National Indicators project will see the AIHW undertaking a suite of projects to develop high level summary indicators of safety and quality across the spectrum of care, for public reporting purposes. A range of review methods will be used including engagement with experts and stakeholders.

The National Data Sets and Standards project calls for the AIHW to develop a framework for the assessment of information needs and sources, develop an inventory of data sources, and form a mechanism for developing data standards to meet high priority needs identified by the Commission (for instance in the area of health care acquired infection).

National Inpatient Medication Chart

The Commission maintains national version control of the National Inpatient Medication Chart (NIMC). In 2008, the Commission is putting in place a quality assurance process to measure the effectiveness of the NIMC and to adjust it on the basis of evidence. A quality-assured NIMC will be available for national implementation in January 2009. The quality assurance process will also develop safe design principles for paper and electronic medication charts. This important initiative will assist the national transition to e-prescribing and administration systems and provide guidance to proprietary manufacturers on safety and quality specifications for both chart forms.

The Commission's NIMC Oversight Committee advises the Commission on its NIMC responsibilities. For example, it recommends specialist and ancillary standardised medication charts. Already it has recommended

- NIMC long-stay version
- NIMC paediatric version
- NIMC paediatric long-stay version.

These versions are expected to be available for national implementation in early 2008. All specialist versions will be evaluated against baseline measurements and the results will feed into the larger NIMC quality assurance process.

The Committee will recommend principles and criteria for specialist and ancillary charts during 2008.

Finally, the Commission will develop and launch a dedicated NIMC portal in February 2008 on its website which will make available all charts, related materials and related documents including a register of NIMC changes considered by the Committee with outcomes noted.

The National Open Disclosure Pilot

The external evaluation of the National Open Disclosure Pilot, led by researchers from the University of Technology Sydney, was finalised in late 2007 with a final report produced in December 2007.

The evaluation of the pilot revealed that open disclosure is met with approval and relief on the part of health professionals (as they can now discuss matters that in the past were often seen as too difficult) and consumers (who express satisfaction when given the details of what happened).

Health care staff and consumers see open disclosure as integral to fostering and maintaining good relationships in

health care and to enhancing health care services.

In addition to demonstrating the value to consumers and health professionals of the principles outlined in the National Open Disclosure Standard, the pilot has highlighted a number of issues, particularly a level of uncertainty about legal arrangements and effective implementation processes.

The results of the pilot and recommendations for future open disclosure work will be presented to Health Ministers in early 2008.

We anticipate the external evaluation of the National Open Disclosure Pilot to be available on the Commission website also in early 2008.

Private Hospital Venous Thromboembolism Prevention Program

The Commission's Private Hospital Venous Thromboembolism (VTE) Prevention Program is an initiative to reduce the incidence of VTE in private hospitals.

The initiative, which commenced in January 2008, will see hospitals participating in the program by July 2008 and will build on the earlier national VTE Prevention Program, an initiative of the National Institute of Clinical Studies (NICS). This program will be conducted by NICS.

The earlier program focused on public hospitals and achieved an average 30% improvement in prophylaxis use.

The Commission's program will systematically extend the program to the private hospital sector and will further reduce the incidence of VTE.

It aims to:

- Improve the use of VTE prophylaxis measures in participating private hospital services
- Rigorously evaluate the contribution of individual intervention components to the overall effectiveness of the program
- Formulate recommendations to achieve spread across all private hospital services.

Specific program objectives for participating hospital services are that within 12 months:

- All services have whole of hospital VTE prophylaxis policies in place
- All admitted patients are systematically assessed for VTE risk on admission & risk status is documented in the patient medication chart
- All admitted patients at risk of VTE receive appropriate VTE prophylaxis and VTE prophylaxis measures are documented in the patient medication chart
- All participating sites have sustainable systems in place to support routine VTE risk assessment and management processes in hospitalised patients.

The Program will make its final recommendation on spreading best practise VTE risk assessment across all private hospital services in December 2009.

CONSULTATIONS AND COLLABORATIONS

Australian Clinical Quality Registries project collaboration

The Commission recently met with the National e-Health Transition Authority and the NHMRC Centre for Research Excellence Patient Safety to begin collaborations for the Australian Clinical Quality Registries project.

This project will establish national operating standards for clinical quality registries. The standards will enable the Commission to lead and coordinate improvement in the quality, consistency and use of clinical registry information to better improve the safety and quality of Australian health care.

National Open Disclosure Pilot consultations

Stakeholder consultation regarding impediments to open disclosure and regarding future directions were held in late 2007 and will continue in early 2008.

To date consultations have been held with Health Care Complaints Commissioners, the Private Hospitals Sector Committee, the Medical Indemnity Group of the Department of Health and Ageing, the Australian Medical Association, the Consumers' Health Forum and the Inter-Jurisdictional Committee.

National Workshop on Accreditation

The conclusion of the review of national safety and quality accreditation saw over 140 people attend a national workshop on 30 November 2007 to discuss a range of outstanding issues with the proposed reforms to the accreditation system.

Participants were from all sectors of the health system including consumers, public and private health care sectors, health departments, professional bodies and colleges, standard setting bodies, accrediting agencies and private health insurers.

A report of the review will be prepared for consideration by Commission members before a final report is submitted to Health Ministers at the end of March 2008.

Private health sector safety and quality compliance teleconference

On 13 November 2007 the Commission held a teleconference with representatives from all state and territories to discuss private sector licensing requirements.

Following this successful meeting, the Commission is now tasked to undertake some preliminary mapping of licensing across states and territories to identify current requirements.

HCAI Implementation Advisory Committee

The aim of the Commission's HCAI program is to develop a national approach to HCAI.

On 23 November 2007 the first meeting of the Implementation Advisory group was held to discuss these goals.

The role of this group is to assist the Commission through providing technical, systems and expert advice, providing assistance to enable the development of a national clinical capacity initiative, providing advice on strategy options for the national clinical capacity initiative; and making recommendations to the Commission on short term and long term implementation strategies on other HCAI initiatives.

Patient Identification Consultation

The Commission is currently consulting with stakeholders about two initiatives developed as part of its Patient Identification Program. The Commission has developed draft specifications for a nationally agreed patient identification band, and draft patient matching protocols in the areas of radiology, radiation oncology, nuclear medicine and oral health.

ANNOUNCEMENT

Appointment of Chief Executive Officer

On the 21 December 2007 the Chairman of the Commission, Mr Bill Beerworth, announced that the Commission had selected Professor Chris Baggoley as the new Chief Executive Officer of the Commission. Professor Baggoley had been Acting CEO since September while Profile Ray & Berndston conducted the recruitment process on behalf of the Commission.

Mr Beerworth said that Professor Baggoley had excelled in his role as Acting CEO and that he brings to the permanent position outstanding specialist knowledge as a practitioner and a teacher, an extensive health administration network, strong managerial capabilities and enormous energy and enthusiasm for the Commission's work.