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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

UPDATE HIGHLIGHTS

Health Ministers endorse implementation of reforms to safety and quality accreditation

Australian Health Ministers, at their 18 April 2008 meeting, endorsed the recommendations for the implementation of reforms to safety and quality accreditation in the Australian health care system.

The new model developed by the Australian Commission on Safety and Quality in Health Care following 18 months of stakeholder consultation, aims to provide an effective, wider and better coordinated accreditation system.

Under the new model a set of preliminary Australian Health Standards will be developed against which health care organisations will be accredited. The future standards will be developed by the Commission in consultation with key stakeholder groups as part of phase one implementation.

The new model also introduces a major expansion of accreditation across the Australian health care system.

A staged implementation process will take place with an initial focus on services most at risk of causing patient harm.

Other benefits of the newly endorsed reforms to accreditation include an ongoing emphasis on continuous quality improvement, but with a simplification of accreditation processes to reduce their duplication across the Australian health care system.

The Commission will provide regular reports to Health Ministers on progress with the next phase of implementation.



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Please feel free to forward this newsletter to others who may be interested in Commission activities. If this newsletter was forwarded to you by someone else and you would like to receive future issues directly, please contact Amy Winter at the Australian Commission on Safety and Quality in Health Care: (02) 9263 3605 or amy.winter@safetyandquality.gov.au. If you do not wish to receive future issues, please let us know.

Health Ministers agree to implement Open Disclosure

Australian Health Ministers at their 18 April 2008 meeting agreed to work towards the implementation of the National Open Disclosure Standard in all health care facilities.

The National Open Disclosure Standard provides a framework for open discussion of incidents that result in harm to patients while receiving health care. This includes a discussion between patients and health care staff about what has happened, why it happened and what is being done to prevent it from happening again.

The National Open Disclosure Standard was piloted in 40 facilities in 7 jurisdictions and the private sector. Start dates varied, but the pilot officially concluded in December 2007.

An external evaluation of the pilot demonstrated that the National Open Disclosure Standard is robust, practicable and of value to health care practitioners and consumers.

The evaluation is available on the Commission's website.

The Australian Commission on Safety and Quality in Health Care will obtain expert legal advice on changes necessary to implement and achieve a consistent national approach. It will monitor the effectiveness of the implementation of the open disclosure standard and report on this to Ministers by the end of 2009.

The Commission will also develop open disclosure resources for patients, families and carers, and for health care professionals and facilities.

New Work for 2008/09

The Commission continues to acquit work required of it from the Report of the Review of Future Governance Arrangements for Safety and Quality in Health Care (the Paterson Report).

At the 18 April 2008 AHMC meeting Ministers agreed to the proposed 2008/09 work plan which included a number of new work areas for the Commission:

Patient at Risk

This work will explore what national work can improve the safety and quality of care for the patients at risk of unexpected cardiac arrest or serious morbidity, including consideration of communication of critical test results.

Credentialing

The need for a national model for implementation of the Credentialing Standard developed by the former Australian Council for Safety and Quality in Health Care has been established. The model will consider the work already established by States and Territories.

Falls Prevention

The *Preventing falls and harm from falls in older people: Best practice guidelines* developed by the former Council will be reviewed, updated and distributed for implementation along with a suite of support tools, guides and educational materials.

National Report on Safety and Quality 2008

The Commission is charged with a responsibility to report to the public. In 2008 this report will highlight information that has been gathered through its priority programs.

Patient Engagement at the Commission

A key area of focus for the Commission across all of its programs and activities is engagement with patients and consumers.

When the Commission was established in 2006 an overarching aim was to achieve safer, more effective and more responsive care for consumers. Patient and consumer engagement is essential to support this work.

The Commission takes a number of approaches to engage with patients and consumers. Four of these are discussed below.

Work with Consumers' Health Forum

The Commission funds the Consumers' Health Forum (CHF) to undertake work in the area of safety and quality. CHF's Safety and Quality Project has engaged health consumers and health consumer networks in consideration of safety and quality issues, particularly in areas related to the Commission's priority programs.

This has enabled consumers to be involved in the development of programs including Patient Identification, Hand Hygiene and Open Disclosure.

In addition, the views of consumers have been critical in the Commission's work to develop an alternative model of Accreditation.

Development of an Australian Charter of Health Rights

One of the Commission's priority programs is to develop an Australian Charter of Health Rights.

The purpose of the Charter is to provide information about the rights of patients and consumers to underpin the provision of safe and high quality care, and to support a shared understanding of the rights of people receiving care.

The draft Charter has been developed to be applicable in all settings in which health care is delivered, including public hospitals, private hospitals, general practice and other ambulatory care environments. This program was initiated because the Commission considers that a uniform statement of patient and consumer rights is a basic requirement for a safe and high quality health system. Patient charters of rights have existed in Australia for some time. All jurisdictions have had Patient Charters of Rights and Responsibilities for the last 15 years. Their impact on safety and quality is unknown.

The Commission's role as a national leader in safety and quality will help to ensure that an Australian Charter of Health Rights has a key role in driving safety and quality improvements and supporting the role of patients and consumers in this process. It does already form the basis of the Commission's programs.

A consultation process on the Australian Charter of Health Rights was recently held and four workshops were conducted to discuss the Charter. Based on the feedback from the consultation a new version of the Charter was developed. The Commission plans to submit the Charter to Health Ministers in July 2008.

Consumer Engagement Strategy

The Commission is now building on current activities and is looking more broadly at the way patients and consumers are engaged in its work, and in the patient safety work of health care providers.

The Commission is currently developing a Consumer Engagement Strategy that will describe how the Commission will work with patients, consumers and health care advocates to best achieve its aim of leading and coordinating improvements in safety and quality. Linking the Consumer Engagement Strategy with the Charter will ensure that the Strategy is underpinned by an understanding of the rights of health consumers, and that the Charter is an integral part of the way the Commission does its work.

Patient Engagement

The Commission has contracted Monash University to conduct a literature review about patient engagement in safety and quality. The focus of the literature review is not about how patients can contribute to their own safety, but how, from an organisation's perspective, patients and consumers can be involved in safety and quality programs and initiatives. The final literature review will be publicly available and will inform the development of the Commission's Consumer Engagement Strategy.

Hand Hygiene Contract Awarded

Hand Hygiene has been identified as a high priority for preventing health care associated infection worldwide and forms part of the Commission's health care associated infections (HCAI) initiative.

The Commission has awarded a contract to Austin Health Victoria under the leadership of Professor M Lindsay Grayson, Director of the Infectious Disease Department, to undertake the Commission's National Hand Hygiene Initiative.

More details on the Initiative will be announced in June / July 2008.



Medicines

The Commission is working on a number of medium and long-term strategies to lead and coordinate improvements in the safety and quality of medicines nationally. Two of these strategies are:

Anti-microbial stewardship

Globally, there is a growing concern about antimicrobial resistance and its impact on health - increased morbidity, mortality and health care costs. The consensus is that inappropriate and overuse of antimicrobials is associated with the emergence of resistance, especially in a hospital setting.

As a first step in a national response to antimicrobial resistance, the Commission is undertaking work to analyse successful Australian antimicrobial stewardship initiatives. Outcomes from the analysis will inform a Standard of Practice for Antimicrobial Stewardship for Australian hospitals. It will be designed for use by Australian Directors of Pharmacy, hospital pharmacists and others to promote optimal use of antimicrobials in acute care and is expected by mid-2009.

National Scoping of Medication Management

Currently there is a large number of organisations charged with the safety and quality of medicines nationally. The Commission is developing a matrix of current national organisations and the roles they undertake. The matrix will identify any national leading and coordinating functions which are not currently being discharged. The project will recommend actions to meet those needs and how the efforts will be sustained. It will also suggest longer-term strategies for improving the safety and quality of medicines in Australia. The first report of the work is due by August 2008.

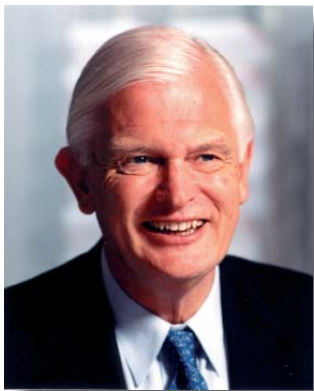
Visitors to the Commission

The last two months have seen a number of distinguished guests visit the Commission.

In March **Mr Ron Paterson**, Health and Disability Commissioner for New Zealand and former Chair of the Review Team for the Review of Future (National) Governance Arrangements for Safety and Quality in Health Care (*The Paterson Report*) met with Mr Bill Beerworth, Chair of the Commission and Professor Chris Baggoley, Chief Executive. He also met with senior staff at the Commission.

Mr Paterson discussed the Review Team's Report and the thinking, strategy and intent behind the recommendations in the Report. The meeting provided an excellent opportunity for staff to engage with Mr Paterson on the Commission's work program which has resulted from the report.

Sir Donald Irvine, former President of the General Medical Council of the United Kingdom and Chairman of Picker Institute Europe, met with Commission staff in April. Sir Donald outlined some of the work being done at the Institute and discussed patient-centred professionalism.



Sir Donald Irvine

The session concluded with discussion between Sir Donald and staff on the Australian health system and provided much insight into lessons that could be learnt from UK experiences.

Dr Simon Eccles, National Clinical Lead on the NHS Connecting For Health Program, also visited in April. Dr Eccles spoke to staff about the UK Hospital at Night Program as well as the NHS work in Quality and Safety Indicators.

Primary Care Committee

The Commission is currently forming a Primary Care Committee. This Committee, chaired by Commission member Dr Shiong Tan, will play a vital role in facilitating the Commission's engagement with the primary care sector and will inform the Commission's ongoing work around primary care issues, and facilitate access to the large number of primary care networks.

It is proposed the Committee will be established for two years, at which time a review of its achievements, effectiveness, membership and work program will be conducted.

Some of the places you may have seen us over the last three months

During the last 3 months Professor Baggoley, Chief Executive of the Commission, has presented at a number of conferences and events. These have included:

February

ACHSE, Brisbane

Royal Australian College of General Practitioners

Royal Australasian College of Surgeons

March

Office of Safety and Quality in Healthcare and WA Council for Safety and Quality in Healthcare, WA

Tasmanian Network Australasian Association for Quality in Health Care Seminar, Tasmania

April

Silagy Seminar - Monash Medical Centre, Melbourne

Human Factors in Healthcare: International Symposium, Sydney

QIP/AGPAL Conference, Melbourne

ANNOUNCEMENT

Appointment of two new Commissioners

We are very pleased to welcome two new Commissioners to the Commission. They are Dr Andrew Child and Dr Helena Williams. Both will bring much clinical expertise to the Commission.

Dr Child is an obstetrician /gynaecologist based at the RPA Hospital in Sydney. He is past President of RANZCOG and a past Chair of CPMC.

Dr Williams is the CE of the Southern Division of General Practice in Adelaide. An active general practitioner, she has also had extensive experience in health policy work in South Australia; in particular she had a key role in the Generational Health Review of health policy in South Australia in 2002.