Please note that the following document was created by the former Australian Council for Safety and Quality in Health Care. The former Council ceased its activities on 31 December 2005 and the Australian Commission for Safety and Quality in Health Care assumed responsibility for many of the former Council's documents and initiatives. Therefore contact details for the former Council listed within the attached document are no longer valid.

The Australian Commission on Safety and Quality in Health Care can be contacted through its website at http://www.safetyandquality.gov.au/ or by email mail@safetyandquality.gov.au

Note that the following document is copyright, details of which are provided on the next page.

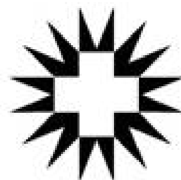
AUSTRALIANCOMMISSIONON SAFETYANDQUALITYINHEALTHCARE

The Australian Commission for Safety and Quality in Health Care was established in January 2006. It does not print, nor make available printed copies of, former Council publications. It does, however, encourage not for profit reproduction of former Council documents available on its website.

Apart from not for profit reproduction, and any other use as permitted under the *Copyright Act 1968*, no part of former Council documents may be reproduced by any process without prior written permission from the Commonwealth available from the Department of Communications, Information Technology and the Arts. Requests and enquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Intellectual Copyright Branch, Department of Communications, Information Technology and the Arts, GPO Box 2154, Canberra ACT 2601 or posted at http://www.dcita.gov.au/cca

SAFETY FIRST

Report to the
Australian Health Ministers' Conference
27 July 2000



Australian Council for Safety and Quality in Health Care

Foreword

Although this is the first report to Health Ministers of the Australian Council for Safety and Quality in Health Care, this is the third year in a row that Health Ministers have received a report outlining the importance of national leadership and action to improve the quality and safety of health care.

I urge Health Ministers to send a clear and visible message about the national importance of building a safer health care system through your acceptance and active support for the recommendations of this report.

As the experience of other high risk and high reliability industries has demonstrated, strong leadership, adequate resources and sustained effort are essential to ensure that improvements in safety are achieved and maintained.

The Council is seeking an allocation of $50 million to support required national actions over the coming 5 years. I believe this represents a minimum required investment if we are to make a real and measurable difference to the safety of health care.

There is a high level of consensus among all key players that the time has come to act decisively. This imperative has been well articulated by Leape and Berwick (2000) who write in the recent special edition of the *British Medical Journal* on safer health care:

> *Are we ready to change? Or will we procrastinate and dissemble …It may seem to some that the race for patient safety has just begun, but the patience of the public we serve is already wearing thin. They are asking us to promise something reasonable, but more than we have ever promised before: that they will not be harmed by the care that is supposed to help them. We owe them nothing less and that debt is now due* (Leape & Berwick 2000, p 726).

While there are few 'quick fixes', there are areas where national action can and should be taken. The Council obviously still has work to do in defining the specific projects that it will support but believes that there is general consensus on priority areas where work can begin immediately. The Council has drawn on the substantial work already undertaken by the Taskforce on Quality in Australian Health Care and the National Expert Advisory Group on Safety and Quality in Australian Health Care to identify a number of these areas.

The Council is committed to ensuring that we build upon the existing work being undertaken by all states and territories through their Quality Improvement and Enhancement Plans under the current Australian Healthcare Agreements. As a national partnership between governments, health care providers and consumers, the Council is uniquely placed to build on these efforts and to ensure national uptake of successful initiatives. However, this will require strong leadership and commitment from all governments.

I commend this report to you.

Professor Bruce Barraclough
Chair
Australian Council for Safety and Quality in Health Care
12 May 2000

RECOMMENDATIONS

That Health Ministers:

- **endorse the Terms of Reference for the Council;**
- **agree in principle to provide $50 million for a five-year national program of work to be led by the Council, noting the intention of the Council to report on an annual basis on progress and planned actions;**
- **agree to make available immediately $5 million of direct funds for the first year of this national program of work; and**
- **agree to make this report publicly available.**

Introduction

The safety of health care in Australia requires the urgent attention of Health Ministers to ensure that wherever possible, patients are free from accidental injury as a result of their health care treatment. There is substantial evidence both from Australia and overseas that there are potentially preventable problems associated with the delivery of health care which lead to patient deaths and disabilities. This is unacceptable despite the fact that the majority of patients receive safe and high quality care (Wilson, Runciman et al 1995, Kohn et al 1999).

The cost of unsafe care is startling. In Australia, the direct cost to the acute care system has been estimated at between $867 million to over $1 billion per year (Australian Health Ministers' Advisory Council 1996, Australian Patient Safety Foundation 1998). Over the five-year life of the Safety and Quality Council this amounts to over $5 billion in wasted resources.

The example of medication problems is telling. It has been estimated that in Australia inappropriate medication use results in at least 80,000 hospital admissions each year at a cost of around $350 million (Roughead 1999). Around half these admissions are estimated to be potentially preventable.

The issue of health care safety is also attracting significant attention internationally. In the United States, for example, it is estimated that 100,000 people are dying annually as a result of preventable errors in hospitals. This exceeds the combined rate of deaths from motor and air crashes, suicides, falls, poisonings and drownings (Barach and Small 2000). The total cost of adverse events in US hospitals has been estimated at $37.6 billion which represented approximately 4% of national health expenditure in 1996. The cost of preventable adverse events was estimated to be $17 billion (Kohn et al 1999).

Health care as a high risk, high reliability industry lags significantly behind similar industries, in its attention to safety (Kohn et al 1999). Existing efforts throughout the system to improve the safety of health care are valuable but insufficient. More can and should be done.

Focus of the Council

The proposed Terms of Reference for the Council are at Attachment A for the endorsement of Health Ministers. These Terms of Reference highlight the particular focus of the Council on health care safety. Clinician involvement is crucial to the success of planned national initiatives and the immediate relevance of the safety first message to patient care will galvanise their commitment.

While not underestimating the complexity of the challenge, the Council strongly believes there are practical solutions which it can take forward immediately to improve the safety of health care. The Council is aiming to strengthen the health care system so that it is as robust as possible in the face of the inevitable risks associated with human and operational hazards (Leape & Berwick 2000). In doing this, the Council wants to draw on experiences in other relevant industries and build on existing Australian and overseas work.

Much can be learned from other high risk industries such as aviation, nuclear power and mining which have successfully made the transition to high reliability. Several important characteristics distinguish these efforts which are of direct relevance to health care. **Of most significance, the safety improvements have been achieved through an ongoing commitment of resources and leadership rather than a one-off effort** (Kohn et al 1999).

Other important factors:
- Business is planned and managed recognising that errors and failures in production lines are an everyday occurrence;
- Defensive practices are changed into activities that promote learning to do better;
- Capacity is developed to collect and analyse data for patterns of underlying causes of mistakes; and
- There is a recognition of the need to standardise processes while understanding the importance of flexibility.

Every patient and every incident matters. But the reality is that incidents and mistakes will occur everyday given the complexity of modern health care. This makes it even more important to plan and manage for the occurrence of error. The majority of errors actually arises from a sequence of failures in the processes of care. The evidence from other high-risk sectors as well as health shows that proper design of equipment, jobs, support systems and organisations can avert errors and their damaging effects (Berwick & Leape 1999).

Our efforts must avoid blaming individual health care professionals - assigning blame may fill a fundamental human need but does not enhance safety. The vast majority of health care professionals already assume a high level of personal and professional responsibility for their patients. Blaming them when things go wrong will only evoke a defensive reaction and lead to a 'wall of silence' and coverup of mistakes.

The Council will promote changes in the culture in which health professionals work from one of 'judgement and blame' to one of 'learning for quality improvement'. Such a culture will recognise that errors and failures in our systems will inevitably occur everyday. They need to be anticipated and managed in order to provide an environment that encourages free and

frank discussion of areas where improvements can be made. The definition of safety used by the Minerals Council of Australia aptly captures this:

> *Safety Awareness – the state of mind where we are constantly aware of the possibility of injury and act accordingly at all times* (Website of Minerals Council of Australia – Safety and Health Vision).

Consumers of health care services also have a crucial role to play in the Council's efforts to promote the safety of the health care system. In this regard, the Council recognises the importance of raising community awareness of health care safety issues and encouraging informed public debate and involvement in order to ensure public confidence in the safety of health care and the steps being taken to address identified problems. The proposed public release of this report will make an important initial contribution by the Council to this debate.

A national approach needs to be considered, comprehensive and 'add value' to the existing efforts of health care professionals, consumers, governments and related bodies to improve the safety of health care delivery particularly at the local level. As an important component of this, much of the work of the Council will focus on the development of national standards where they do not already exist to support safe health care and encourage greater uptake of existing standards. Significant improvements in the safety of mining can be attributed in large part to the development and implementation of standards (see text box).

The Council will work closely with organisations such as standards organisations, accrediting bodies, professional and consumer groups to develop and implement standards. For example, national audits in a range of clinical areas will provide the baseline data and analysis necessary to ensure that subsequent standards development is meaningful. An important element of this work will be support for compliance and accreditation mechanisms to monitor the uptake and effectiveness of standards.

The Council will capitalise on the opportunities presented through the existing quality and safety work of jurisdictions through the Quality Improvement and Enhancement Plans in the current Australian Health Care Agreements to ensure a multi level response in priority areas. Specifically, the Council will consult with jurisdictions about their recommendations for national implementation of existing activities and work collaboratively with states and territories on these initiatives to facilitate national uptake. This may include current work in the areas of:

- Incident and adverse event monitoring;
- Clinical and corporate governance frameworks;
- Effective discharge planning;
- Consumer participation initiatives; and
- Multidisciplinary and professional peer review processes.

The Mining Industry

The vision of the Minerals Council of Australia is to have *'An Australian minerals industry free of fatalities, injuries and diseases'*. The Council identified leadership, recognition, continuous improvement, and performance monitoring and reporting as the key drivers needed to achieve this vision. Among its activities the Council monitors and identifies priority issues for action; recognises excellence and innovation through industry awards; promotes the adoption of safety management throughout the industry; facilitates and publishes nationally consistent safety performance data.

Each of the states and territories is committed to improving the safety and health of employees in the mining industry. Initiatives undertaken in recent years include:

- improved consultation;
- development of industry standards and guidelines;
- effective evaluation of industry based programs;
- guidelines for research and education grants;
- implementation of tertiary educations programs in aspects of safety; and
- safety audits.

Performance indicators show improvements in safety performance in the mining industry during the past five years. In Qld for example there has been a significant reduction in the number of injuries and in the time lost as a result of injury. This is despite an increase in the number of employees and total hours worked during that period.

Department of Mines and Energy, Queensland, Australia

	1994/95	**1998/99**
No. of lost time injuries	1003	564
Days lost	18970	7507
No. of employees at 30 June	11329	19335
Total hrs worked (millions)	40.5	48.3

Figures include open cut & underground Coal mining and surface & underground Metalliferous mining

Source: Queensland Mines and Quarries Safety Performance and Health Report 1998-99

Priority Areas

The Council has identified three priority areas in which it will focus its efforts and action planning in the first instance. These priority areas reflect many of the as yet to be actioned recommendations of the Taskforce on Quality in Australian Health Care and the National Expert Advisory Group on Safety and Quality in Australian Health Care (NEAG). They also reflect the recommendations of comparable overseas reports (Kohn et al 1999, Quality Interagency Coordination Task Force 2000). The priority areas are:

- **Better using data to identify, learn from and prevent error and system failure**. This will include:
  - develop and implement a national strategy which ensures that Australia has in place the required national reporting systems and data sets to inform change in priority areas for safety improvement;
  - promote quality and compatibility of national data sets; and
  - ensure that practising clinicians, health administrators, consumers and other key stakeholders have meaningful and accurate access to feedback from national data sets.
- **Promoting effective approaches to clinical governance and accountability which address both the competence of organisations and individuals.** This will include:
  - strengthening mechanisms to facilitate the safe practice of health care professionals and health care organisations.
- **Redesigning systems and creating a culture of safety within health care organisations.** This will include:
  - development of practical tools and approaches, standards development and implementation, knowledge investment and education to facilitate safe practice (recognising the interplay of technological, cultural, legislative, governance, educational, professional and financial/resource elements of health care organisations and the health care system).

These priority areas are outlined in more detail in Table 1 (see Appendix). The Table also includes links to relevant recommendations of previous reports and examples of related jurisdictional activity.

The effective use of information has emerged as a key component across all theme areas. There is clearly a strong relationship between effective safety and quality improvement and access to comprehensive and accurate information. The Council believes that the development of electronic health records is an important element underpinning a systemic approach to safety and quality improvement but recognises that there must be appropriate privacy safeguards for both consumers and providers.

Making a difference where it counts

The Council will lead national work on the identified priority areas so that:

- *Health professionals and managers* will have standards, protocols and data on which to base decisions to support safe patient care in areas where problems occur most frequently;
- The *community will be better informed* about and more involved in health care safety improvement;
- Approaches can be implemented at a national level which *add value and complement existing efforts* at all levels of the system. This will lead to more efficient and effective use of scarce resources;
- A concerted national focus on the development and *uptake of standards* in key areas can be taken forward (for example, clinical audit processes) in close collaboration with standard setting and accreditation bodies; and
- Support can be provided for *lead implementation sites* so that tried and tested approaches to safety improvement (for example, in relation to reducing medication error) are practically taken up throughout Australia.

Resources

The importance of a strong national investment in safety improvement has been well documented both in health care and other industries (Australian Health Ministers' Advisory Council 1996, National Expert Advisory Group on Safety and Quality in Australian Health Care 1999, Kohn et al 1999, Website of the Australian and New Zealand Minerals and Energy Council 1999).

While the $5 million over five years (already agreed to by Health Ministers) will provide a sound basis for establishing the Council and its operational costs, additional resources are essential for action in the short, medium and longer term.

In order to establish what might constitute an adequate level of funding for national actions, the Council has considered the experience of other high risk industries (the example of occupational health and safety is cited below), overseas health care experience, the high cost to the health system of adverse events as outlined in the introduction, and the indicative costs of planned national strategies.

The Council's request for $50 million over 5 years represents a proportionate and conservative national investment of resources given the overall cost to the health system of safety problems, the comparative investment in the US on national health care safety initiatives, and the national investment in other high risk industries notably occupational health and safety. This request also contrasts more than favorably with the $166.3 million which the Taskforce on Quality in Australian Health Care sought over a five year period to implement the recommendations in its report.

Occupational Health and Safety

The Occupational Health and Safety industry deals with fewer injuries and deaths but has committed a substantial national investment. In 1996 –1997, there were 404 reported compensated fatalities as a result of a workplace accident and 121,666 non-fatalities in Australia (National Workers Compensation Statistics Database on the Website of the National Occupational Health and Safety Commission). This compares with estimates from the Quality in Australian Health Care Study of 50,000 patients who suffered a permanent disability, 18,000 deaths and 470,000 admissions associated with an adverse event for the year 1992 (Wilson, Runciman et al 1995).

There are established agencies for improving occupational health and safety nationally and within all jurisdictions throughout Australia. In terms of the specific national investment, the National Occupational Health and Safety Commission (NOHSC) plays a leadership role in coordinating national efforts to reduce the incidence and severity of occupational injury and disease by providing healthy and safe working environments.

Its priorities are not dissimilar to the proposed work of the Council. These include providing comprehensive and accurate national data; facilitating and coordinating research efforts; developing and updating a nationally consistent standards framework; coordinating and disseminating information including industry specific practical guidance material; and developing a National Occupational Health and Safety Improvement Strategy. Funding for the NOHSC in 1999-2000 was $18.564 million (NOHSC Budget Papers 1999-2000).

In addition, as an example of one jurisdictional response, Comcare plays a leading role in the reduction of the human and financial costs of workplace injury in Commonwealth employment. Its objectives are to reduce the incidence and severity of injury and disease; manage claims effectively; and return injured employees to work safely and quickly. Funding for Comcare in 1999-2000 was $201.266 million (NOHSC Budget Papers 1999-2000) of which $4.75 million was directly allocated to safety and prevention of injury (personal communication with Comcare officer May 2000).

Health incidents and accidents (QAHCS 1995) **18,000** deaths **470,000** admissions associated with an adverse event **Safety & Quality Council** seek **$5m** for 2000/2001 to minimise incidents and adverse events	**1996-97 workplace accidents** **404** deaths **121,666** non fatal injuries **NOHSC and Comcare** budgeted **$23.31m** in 1999-2000 to minimise occupational injury

Overseas Health Care Examples

In response to the Institute of Medicine Report, *To Err is Human,* the Quality Interagency Coordination Task Force (QuIC) recently handed to President Clinton its report which outlined an action plan to implement the national goal of reducing the number of medical errors by 50 % over 5 years. To achieve this goal a comprehensive approach will be implemented which includes actions to:

- Establish a national focus to create leadership, research, tools and protocols to enhance the knowledge base about safety;
- Identify and learn from medical errors through both mandatory and voluntary reporting systems; and
- Raise standards and expectations for improvement in safety through the actions of oversight organisations, group purchasers, and professional groups.

As a result of the QuIC report the US Government has allocated $259.7 million in its 2001 budget for safety and quality programs. Clearly, given the larger population of the USA, a component of this funding involves roll out over a larger geographical and population base. However, there are a number of initiatives to be funded at a national level which are comparable to Australia including the planned establishment of safety goals and standards, research on medical errors and the provision of education and information through a national centre.

Accountability and Performance of Council

The Council has met twice since its establishment and recognises the need to further develop its vision and strategic plan to clearly articulate the pivotal national role it will play in developing a safer Australian health care system (see Attachment B for details of these meetings). In order to ensure that the Council has robust and transparent implementation processes in place it is intended to:

- Undertake a mapping exercise of current quality and safety activity within Australia which has potential national relevance and significance. This will ensure that the Council does not duplicate work already being undertaken and will assist in developing strong partnerships with existing organisations and networks.

- Consult regularly with a wide range of stakeholders including consumers, health professionals, managers, governments and industry bodies across a spectrum of issues. The Council recognises the importance of seeking stakeholder views on where the Council can add value by working at a national level to support local effort.

- Undertake a strategic planning process as a basis for developing annual business plans. The Council will report annually to Health Ministers on its progress in relation to an agreed business plan and will also report publicly on its activities. This will include reference to nationally significant activities being undertaken by jurisdictions. The report will include an assessment of achievements against agreed performance criteria.

The Council will use a variety of strategies to achieve its objectives. This includes:

- Pro-actively seeking opportunities to build on the existing work of states and territories with scope for state and territory funding of nationally significant and relevant safety and quality improvement activities to be recognised as part of the national program being undertaken by the Council according to agreed criteria.

- Support the establishment of a working group of senior quality officials from jurisdictions to assist in identifying these opportunities and agreeing criteria for managing this process.

- Working closely with other bodies to achieve shared goals. For example, much of the work on data definitions for adverse events will be done in conjunction with the National Health Information Management Advisory Committee and the National Health Information Management Group.

- In most cases the Council anticipates undertaking tender processes for any work that it commissions. Collaborative working groups will be established with membership comprising Council member and relevant stakeholders. This will include opportunities for management of existing project work of national relevance to rest with individual jurisdictions as part of an agreed program of national work.

In particular, the Council is committed to a robust and transparent evaluation of its own effectiveness and the initiatives which may receive Council support. While recognising the difficulties of measuring the impact and effectiveness of its work, the Council is particularly interested in evidence that national initiatives have made a measurable difference to the safety of health care delivery.

Working together to improve safety

The Council seeks to improve the safety and quality of health care wherever care is provided including public and private hospitals and in the community. The range of priority activities identified for action is therefore necessarily broad.

In undertaking action the Council will:

- Build strong partnerships with existing organisations and networks to ensure that there is no duplication of effort, that maximum benefit to the system is derived through collaboration and that the capacity of the health system to improve safety and quality is enhanced;
- Consult regularly with a wide range of stakeholders including consumers, health professionals, managers, governments and industry bodies to achieve its goals; and
- Pro-actively seek opportunities to build on the work of jurisdictions particularly through the Quality Improvement and Enhancement Plans as part of the Australian Health Care Agreements.

Specifically the Council will:

- Undertake a mapping exercise of current quality and safety activity across Australia to identify partnerships and opportunities to build on existing work;
- Undertake a strategic planning process to develop an annual business plan for Health Ministers and the community which clearly articulates what the Council will do and achieve;
- Develop standards and compliance mechanisms in priority areas where they do not already exist;
- Commission work in priority areas not presently being addressed;
- Support proven initiatives of national significance and co-ordinate existing activities at a national level to ensure greater uptake across Australia;
- Disseminate information nationally about successful initiatives; and
- Report regularly against agreed performance criteria.

Conclusion and Recommendations

The Quality in Australian Health Care Study is recognised internationally for its contribution to our understanding of the nature and incidence of adverse events. Our efforts now need to focus on action to address identified problems and ensure that Australia is a world leader in health care safety and quality improvement. There is much to build upon but there is much that remains to be done.

The evidence from other industries demonstrates that strong and sustained leadership is an essential component of success in the quest for safety. A national approach to safety and quality in health care will ensure that existing efforts are not fragmented and benefits are maximised. To realise this national approach the strong and active commitment of all Health Ministers is required through support for the recommendations of this report.

It is recommended that Health Ministers:

- **endorse the Terms of Reference for the Council;**
- **agree in principle to provide $50 million for a five-year national program of work to be led by the Council, noting the intention of the Council to report on an annual basis on progress and planned actions;**
- **agree to make available immediately $5 million of direct funds for the first year of this national program of work; and**
- **agree to make this report publicly available.**

References

Australian Health Ministers' Advisory Council 1996*, The final report of the Taskforce on quality in Australian health care.* Australian Government Publishing Service, Canberra.

Australian Patient Safety Foundation 1998, *Final Report of the Australian Incident Monitoring Study*, unpublished report to the Commonwealth Department of Health and Aged Care.

Barach, P, Small, SD 2000 Reporting and preventing medical mishaps: lessons from non medical near miss reporting systems *British Medical Journal* vol 320, pp 759-763

Berwick DM, Leape LL 1999, Reducing Errors in Medicine *British Medical Journal* vol 219, pp 136-137

Kohn LT, Corrigan JM, Donalsdon MS eds.1999, *To Err is Human: Building a Safer Health System.* Committee on Quality of Health Care in America. Institute of Medicine. National Academy Press Washington, D.C.

Leape LL, Berwick DM, 2000, Safe health care: are we up to it? *British Medical Journal* Vol 320 18 March 2000 pp725-726

National Expert Advisory Group on Safety and Quality in Australian Health Care 1999, *Implementing safety and quality enhancement in health care: National actions to support quality and safety improvement in Australian health care,* Commonwealth Department of Health and Family Services, Canberra

Quality Interagency Coordination Task Force 2000, *Doing what counts for patient safety: Federal Action to Reduce Medical Errors and Their Impact.* Report of the Quality Interagency Coordination Task Force (QuIC) to the President.

Roughead EE 1999, The nature and extent of drug-related hospitalisations in Australia, *Journal of Quality in Clinical Practice,* Vol 19, pp19-22

Wilson R, Runciman W, Gibberd RW, Harrison BT, Newby L, Hamilton JD 1995, The Quality in Australian Health Care Study, *Medical Journal of Australia,* Vol 163, pp458-471

Websites

Australian and New Zealand Minerals and Energy Council (ANZMEC). Realising a Safe and Health Mining Industry: Developing a Strategic Framework for Governments' Contribution. Industry Consultative Forum February 1999 Paper 1 Objective and Process
http://www.maqohsc.sa.gov.au/Whats_New/anzmec.html

Minerals Council of Australia Safety and Health Program www.minerals.org.au

National Occupational Health and Safety Commission. Australian National Workers Compensation Statistics Database http://www.nohsc.gov.au/work/statistics/

Queensland Mines and Quarries Safety Performance and Health Report 1998-99
http://www.dme.qld.gov.au/safety/publicat/mqsafe99/mqsafe99.htm

Attachment A

Terms of Reference

Role

To lead national efforts to promote systemic improvements in the safety and quality of health care in Australia with a particular focus on minimising the likelihood and effects of error.

Tasks

1. Provide advice to Health Ministers on a national strategy and priority areas for safety and quality improvement;
2. Negotiate with the Commonwealth, states and territories, the private and non government sectors for funding to support action in agreed priority areas;
3. Develop, support and facilitate national actions in agreed priority areas;
4. Widely disseminate information on the activities of the Council including reporting to Health Ministers and publicly at agreed intervals.

In undertaking these tasks, the Council will:

1. Work collaboratively with stakeholders, in particular building on the existing efforts of health care professionals and consumers to improve the safety and quality of health care.

2. Establish partnerships with existing related national bodies and organisations, in particular the National Institute of Clinical Studies (NICS) and the National Health Information Management Advisory Committee (NHIMAC) to facilitate action in agreed priority areas.

3. Consider the priority areas identified as a result of national consultations undertaken by the National Expert Advisory Group on Safety and Quality in Health Care including:

    - Methods to enable increased consumer participation in health care;
    - Implementation of evidence-based practice;
    - Agree national framework for adverse event monitoring, management and prevention including incident monitoring and complaints;
    - Effective reporting and measurement of performance, including research and development of clinical and administrative information systems;
    - Strengthening the effectiveness of organisational accreditation mechanisms;
    - Facilitate smoother transitions for consumers across health service boundaries;
    - Education and training to support safety and quality improvement.

4. Co-opt members with specific expertise, and establish sub-committees and reference groups as required.

Attachment B

Background to the Establishment of the Council

At the August 1999 meeting of Australian Health Ministers' Conference all Health Ministers agreed to establish the Australian Council for Safety and Quality in Health Care (ACSQHC) to facilitate and coordinate national action in safety and quality.

The Council was established on 21 January 2000. Since its establishment, the Council has met twice.

At the first meeting held on 16-17 February 2000, the Council developed its Terms of Reference (see above). The Council also agreed to co-opt Dr David Brand to provide general practice expertise.

At the second Council meeting held on 11 April 2000, the Council worked further on its action plan for the next five years. Building on the work of the Taskforce and NEAG and in particular the ten national actions identified by NEAG, the Council agreed to some areas for immediate action such as effective use of information; governance and accountability; and practical tools and approaches and education to support safe practice.