

# A Proposed National Safety and Quality Framework



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AUSTRALIAN COMMISSION ON  
SAFETY AND QUALITY IN HEALTHCARE

## 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 and strength
- Committee structure:
  - IJC, PHSC, PCC, ISC
- Stakeholders / Colleagues include:
  - Consumers
  - Professional organisations
  - Health Service Executives
  - Safety and Quality organisations

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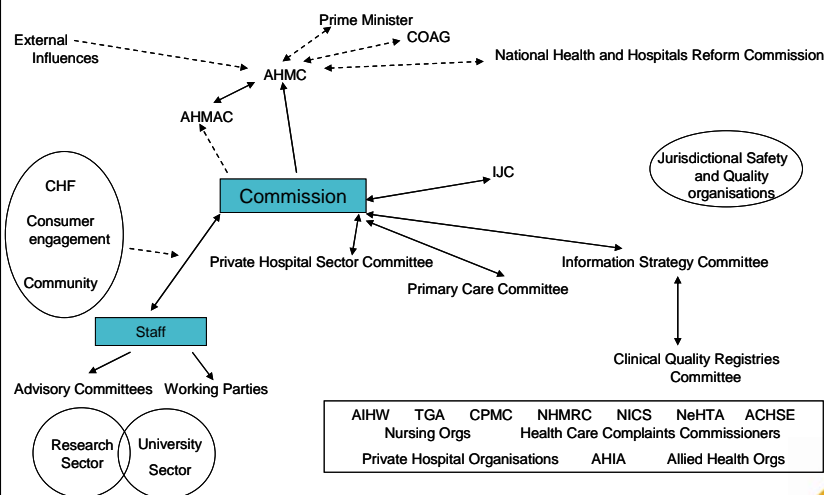
## Health Ministers Established ACSQHC to:

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

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## Effecting Change



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## Our Programs

- Australian Charter of Healthcare Rights
- Open Disclosure
- Basic Care Issues
  - Healthcare Associated Infection
  - Patient Identification
  - Medication Safety
  - Clinical Handover
  - Patient at Risk
  - Falls Guidelines
- Tools
  - Accreditation and Credentialling
  - Information Strategy

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## AHMC and ACSQHC: 2008

- Review of national safety and quality accreditation standards
- National Open Disclosure Standard
- Australian Charter of Healthcare Rights
- Specifications for a standard patient identification band
- HAI surveillance in all Australian Hospitals (and reporting of *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infections)
- National Hand Hygiene Initiative
- Use of paediatric NIMC for all hospitalised children
- Standardised terminology, symbols and abbreviations to be used in hospital medicines prescribing and administering

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# 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.safetyandqualityinhealthcare.au](http://www.safetyandqualityinhealthcare.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.



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# The Role of a National Safety and Quality Framework

- Basis of strategic and operational safety and quality plans
- Mechanism for refocussing activities, reviewing investments and designing goals
- Promote discussion with consumers, clinicians, managers, researchers and policy makers.

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## Patient Focused

Safe, high quality health care is always patient focused:	What it means for me as a patient or consumer:	Strategies for action by health systems and providers:
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.	I can access high quality care when I need it.	<ul style="list-style-type: none"> <li>• Develop service models which improve access to health care for patients.</li> </ul>
	I can obtain and understand health information, so that I can make decisions about my own care and participate in ensuring my safety.	<ul style="list-style-type: none"> <li>• Increase health literacy.</li> <li>• Involve patients so that they can make decisions about their care and plan their lives.</li> <li>• Provide care that is culturally safe.</li> </ul>
	My health care is co-ordinated because people and systems work in partnership with me.	<ul style="list-style-type: none"> <li>• Enhance continuity of care.</li> <li>• Minimise risks at handover.</li> <li>• Provide case management for complex care.</li> <li>• Enable multidisciplinary care.</li> <li>• Facilitate patient-centred service models</li> </ul>
	I know my healthcare rights	<ul style="list-style-type: none"> <li>• Promote healthcare rights.</li> </ul>
	If I am harmed during health care, it is dealt with fairly. I will get an apology and a full explanation of what happened.	<ul style="list-style-type: none"> <li>• Inform and support patients who are harmed during health care.</li> </ul>

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## Driven by Information

Safe, high quality health care is always driven by information:	What it means for me as a patient or consumer:	Strategies for action by health systems and providers:
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.	<b>My care is based on the best knowledge and evidence.</b>	<ul style="list-style-type: none"> <li>• Reduce unjustified variation in standards of care.</li> <li>• Collect and use data to improve safety and quality.</li> </ul>
	<b>My clinical outcomes and experiences are used to build the evidence base for care and for strategies designed to improve care.</b>	<ul style="list-style-type: none"> <li>• Learn from patients' and carers' experiences.</li> <li>• Encourage and apply research that will improve safety and quality.</li> <li>• Continually monitor the effects of healthcare interventions.</li> </ul>

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## Organised for Safety

Safe, high quality health care is always organised for safety:	What it means for me as a patient or consumer:	Strategies for action by health systems and providers:
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.	<b>I know that governments, healthcare managers and healthcare staff take responsibility for my safety.</b>	<ul style="list-style-type: none"> <li>• Clinicians recognise their responsibilities for safety.</li> <li>• Managers recognise their responsibilities for safety.</li> <li>• Governments recognise their responsibilities for safety.</li> </ul>
	<b>Our money funds a safe and efficient health system.</b>	<ul style="list-style-type: none"> <li>• Restructure funding models to support safe, appropriate care.</li> <li>• Support and implement e-health.</li> <li>• Design facilities, equipment and work processes for safety.</li> </ul>
	<b>I know that when something goes wrong, actions are taken to prevent it happening to someone else.</b>	<ul style="list-style-type: none"> <li>• Take action to prevent or minimise harm from healthcare errors.</li> </ul>

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## Organised for Safety

1. Clinicians recognise their responsibilities for safety
  - a. Participate in organisational processes, safety systems and improvement initiatives
  - b. Care for more than individual patients
  - c. Speak up for safety
  - d. Engage in practice review and analysis
  - e. Develop and support clinician managers
  - f. Recognise that excellence in administration is required for patient safety
  - g. Participate in quality and safety education

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## Organised for Safety

2. Managers recognise their responsibility for safety
  - a. Provide skilled and sufficient staff
  - b. Match staff, systems and resources
  - c. Agree KPIs with staff which include quality and care measures
  - d. Attract, support and retain skilled clinicians
  - e. Design credentialling and performance management systems
  - f. Measure organisational climate, promote patient safety culture
  - g. Assist staff to fulfil their safety and quality responsibilities
  - h. Ensure accountability for actions of clinicians
  - i. Ensure fair and transparent clinician performance management processes

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## Organised for Safety

3. Governments recognise their responsibilities for safety
  - a. Design licensing and certification processes
  - b. Design clinician registration systems for safe practice
  - c. Ensure registration systems protect patients
  - d. Implement national systems for coordination of accreditation and safety compliance
  - e. Invest in clinician recruitment and training
  - f. Establish permanent national safety and quality body

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## Organised for Safety

4. Restructure funding models to support comprehensive, appropriate care
  - a. Change funding structures to address known safety and quality issues and to encourage effective care
  - b. Develop more targeted, cost-effective approach to safety and quality improvement using analyses of health care effectiveness

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## Organised for Safety

5. Support and implement e-health
  - a. Develop nationally agreed standards and timeframes
  - b. Include national safety and quality expert representation on national e-health governing bodies
  - c. Enable safety and quality experts to assist with procurement and implementation of electronic systems
  - d. Make it possible and efficient to utilise e-health records

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## Organised for Safety

6. Design facilities, equipment and work processes for safety
  - a. Design healthcare facilities accounting for human capabilities and limitations
  - b. Study effect of design on safety issues (eg clinical handover, HAI and falls prevention)
  - c. Provide guidance for users, purchasers and policy makers when considering new technologies
  - d. Ensure human factors experts available
  - e. Build in reliability in system design, include back-up
  - f. Redesign healthcare processes for efficiency, for patient and clinician satisfaction
  - g. Analyse and redesign clinical and support roles

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## Organised for Safety

7. Take action to prevent or minimise harm from healthcare errors
  - a. Report, investigate incidents and share results
  - b. Report medicine and devices incidents to regulatory authorities
  - c. Invite patients to participate in improvement processes
  - d. Document and monitor effects of improvement processes
  - e. Redesign legal process to facilitate incident investigation and for disclosure

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## Quality Health Care Conversation Questions

- For Individuals
  1. What do you consider most important for safe, high quality care?
  2. What do you consider to be the current barriers to safe, high quality care?
  3. What do you think about any or all strategies described?

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# Quality Health Care Conversation Questions

- For organisations
  - a. What do you consider most important for safe, high quality care?
  - b. How do your current activities align with the strategies described in this discussion paper?
  - c. How could your future activities align with the strategies described?
  - d. What have been the biggest improvements in safety and quality in the last five years?
  - e. What are the main barriers in your work to improve safety and quality? Could any of these be addressed by national coordination?

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## www.qualityhealthcareconversation.org.au

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Welcome to the Quality Health Care Conversation

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**Have Your Say**

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**Links**

**Read the Safety and Quality Framework**

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**Hear What Others Are Saying**

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