

## Implementing recognition and response systems to improve patient safety

**Maureen Willson, MHM, BHSc, 6 years work toward a doctorate in public health**

Maureen Willson has extensive experience working in a range of senior leadership roles in health care risk management, quality and safety. She has worked in public, private and government organisations, and in both rural and metropolitan settings. Maureen has recently changed roles and is now running her own company as a contractor providing quality and risk expertise. She is currently working with SAI Global, to assist healthcare providers with compliance with ISO 9001. Maureen is also working with Studer Group Australia as a quality and safety advisor. Her most recent role was as Executive Director Quality and Risk at Epworth HealthCare, the largest private hospital group in Victoria, which has eight different hospital sites providing a range of health services.



In this fact sheet, Maureen shares insights gathered from a conglomeration of her experiences implementing systems for improved patient safety. The fact sheet has a particular focus on implementing systems that are integral to achieving compliance with the National Safety and Quality Health Service Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care.

### Why I do what I do

- I have a daughter with a severe disability and her life has taught me so much. I believe that if we can safely meet the needs of the most vulnerable people in our communities then that will help to make sure that everyone is safe when they receive health care.
- I'm really driven to achieve safe health care and I believe if you've got safe care then you've got quality care and quality outcomes.
- My ethics drive me and I don't surrender my ethics to anyone.
- I'm really excited about strengthening the focus on patient safety and accountability to ensure that clinical governance is given equal weight with corporate governance in all healthcare organisations and, importantly, is as transparent as compliance with financial KPIs.
- I have a very strong core belief that the consumer comes first and foremost, and that we need to do what is right; it's as simple as that. I think that although most of us want to do the right thing, sometimes doing the right thing for our patients gets lost amongst all the other pressures of working in the health system.

### Standard 9 – my approach

- I am very consistent in giving a very clear message to both corporate and clinical colleagues that we need to meet and, where possible, exceed the National Safety and Quality Health Service Standards and that this should be non-negotiable.
- I began the work of ensuring we were in a position to meet Standard 9 at Epworth by collecting evidence about what systems were in place to meet the needs of patients who were deteriorating in our hospitals.
- We undertook a gap analysis which showed that we had site specific escalation protocols. It was agreed that we needed to develop a policy to reflect the organisational position on what had to be delivered to patients in relation to Standard 9, and we needed to develop protocols for each site that would consistently reflect that policy.
- I set up a working group with an eminent and inspiring Chair to bring together all the key players to negotiate a recognition and response model while making sure there was ownership across each of the sites and within each division. Ensuring appropriate and active membership of the working group was a key aspect of my role.
- It was crucial to develop transparent accountability and reporting mechanisms for the implementation of the Standard, and for the Executive Medical Director to be on board and have a visible role in owning the process. The visiting medical officers had to be aware of the importance of this work to our organisation, both from a patient care point of view and an insurance point of view.
- One of the great successes of my time at Epworth was being able to link clinical and corporate governance together in a really strong enterprise-wide risk management framework. I recruited a risk management expert from the financial sector to develop financial modelling of the costs incurred as a result of incidents. Demonstrating the impact of clinical risks in dollar terms (including the costs to the business for loss of reputation, litigation, added length of stay) is a very effective way to illustrate the benefits of investing in quality and safety. This process leads to stronger proactive changes rather than reactive management of risks after incidents occur.

### My top tips

- Safety and quality can be perceived in some organisations as an optional extra rather than as a part of core business – use the NSQHS Standards as a tool for driving organisational change, and sell them as an investment in patient care. By providing an accountability mechanism the Standards force leadership and commitment at the highest level and engage staff in all roles.
- Stay focussed - you can't lose sight of the evidence and ethics behind this work.
- Keeping all the players on the same page can be a major challenge. The bigger the organisation the harder it is to succeed – it sometimes feels like herding cats because people from all specialities have their own agendas and there is often a lot of jostling for position. You need to manage the various egos involved and keep the focus on maintaining accreditation and meeting the Standard at an organisation-wide level.
- Avoid being so dogmatic you put people off – steer clear of telling people what to do, aim to bring them to the realisation that what you are trying to achieve is the right thing.
- Facilitate the expertise of others to sell your message – it's not about you being the expert. Make wise choices about the opinions you bring into the room as they can really influence the outcome. The Chair of the Standard 9 Committee at Epworth brought in an expert clinician from another hospital where a medical emergency team had been successfully implemented – clinicians need to hear from their peers.
- You need to be an effective communicator and relationship builder. Communication is key all the way up and down and across the organisation.
- Be prepared to negotiate but don't negotiate away the ethical outcomes that need to be achieved.
- It can be brutal doing this work because of the huge cultural changes that you are trying to drive – don't take criticism personally.
- Business margins drive private organisations – be very prepared to develop strong arguments from an investment point of view and from a business imperative about what the costs and benefits are. Having accurate information about what it costs if you don't invest in quality and safety helps the accountants to understand the benefits.
- Don't ever lose heart – developing these systems is absolutely the right thing to do and your work is so important for patient safety.



### Further information

Further information about implementing recognition and response systems can be found in the Australian Commission on Safety and Quality in Health Care publication *A Guide to Implementation of the National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration* (2012). This can be downloaded from:

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
Sydney NSW 2001  
Telephone: (02) 91263600  
Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)