The Proposed National Safety and Quality Framework

Submission to the Australian Commission on Safety and Quality in Health Care

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About NSW TAG

NSW Therapeutic Advisory Group (NSW TAG) is an independent, not-for-profit organisation promoting quality use of medicines (QUM) in NSW public hospitals, funded by Health System Quality, Performance and Innovation Division, NSW Department of Health. NSW TAG members are clinicians, pharmacists and nurses with an interest in QUM, representing Drug and Therapeutics Committees (DTCs) across the spectrum of public hospitals in NSW, from tertiary referral centres to rural and remote institutions. Part of NSW TAG’s core business is to provide advice on safety and quality issues relating to medicines, to the NSW TAG membership, the NSW Department of Health and other QUM organisations.

This submission focuses primarily on safety and quality issues related to medicines use.

Conversation Questions

1. What do you consider most important for safe, high quality care?

- That regular monitoring of health care delivery becomes part of routine practice for all health professionals. The process of monitoring health care delivery should include the review of:
  a) structures (e.g. infrastructure, systems, policies and procedures)
  b) processes (uptake or impact of the above policies, procedures etc)
  c) outcomes (e.g. morbidity, mortality, survival, patient satisfaction).
  Clinician led learning and action as a result of the review process is essential.

- That health care professionals are able to care for patients in an environment that facilitates access to current, evidence-based decision support at the point of care. In addition the health care system should be designed to support best practice, with the right way being the easy way to deliver health care.

- That effective communication exists between health professionals and patients, and within the health care team, across all health care settings. Communication is essential to ensure safe, high quality care. Evidence demonstrates that patients being transferred between community and hospital care (transition points) are at high risk of suffering an adverse event related to medicines use (Easton et al 2009). Poor communication was the most common factor reported that contributed to medication errors.

2. How do your current activities align with the strategies described in the discussion paper?

NSW TAG aims to ensure that consumers of pharmaceutical health care receive the most appropriate product in the most appropriate manner and for the limited resources of the health care budget to be used according to sound economic
principles. In pursuing this goal, we focus on providing information, advice and
support to decision-makers in NSW public hospitals, the NSW Department of
Health and other relevant organisations.

A particular focus of NSW TAG activities is the promotion of safe medication
practices, with work guided by a sub-committee of experts – the Safer Medicines
Group.

Specific recent activities aligned with the draft strategies include:

- The development of guidelines to standardise the use of abbreviations in the
prescribing and administration of medicines

- The development of guidelines to standardise the labelling of injectable
medicines, fluids and lines

- The development of the Medication Safety Self Assessment Tools and the
manual of Indicators for Quality Use of Medicines in Australian Hospitals (QUM
Indicators), in collaboration with the Clinical Excellence Commission. A suite of
tools designed to assist in the monitoring of health care delivery through structure
and process indicator measurement.

- Our ongoing partnership with the National Prescribing Service through the Drug
Use Evaluation Program in Australian Hospitals to assist with guideline
implementation and evaluation of patient experiences across the continuum of
care. Initiatives have focussed on the management of community-acquired
pneumonia, acute postoperative pain and acute coronary syndromes.

- Routine sharing of information between hospitals decision makers regarding
hospital formulary decisions as to promote consistent and equitable of access to
medicines for patients across the NSW acute care sector.

3. How could your future activities align with the strategies described in the
discussion paper?

As an organisation we would continue to ensure multidisciplinary and consumer
involvement in the development and provision of advice to our members and key
stakeholder groups.

We would continue to ensure that the QUM needs of patients in the acute care
setting are addressed as part of future activities.

The final framework and strategies would also assist in the over planning and
prioritisation of safety and quality activities for NSW TAG in the future.
4. What have been the biggest improvements in safety and quality in the last five years?

The acceptance that both individuals and systems contribute to quality and safety is an importance advance.

The recognition that medication adverse events have a significant impact on patient safety, resulting in an increase in the number of organisations including medication safety as part of their work plan.

A general acceptance that standardisation of approaches to health care delivery is an important step towards ensuring safe and high quality health care (Rozich et al 2004). E.g. prescribing of medicines in the acute care setting, for both adult and paediatric patients, and a formal process of medication reconciliation as part of pharmaceutical review.

5. What are the main barriers in your work to improve safety and quality? Could any of these be addressed by national coordination?

**Monitoring practice**

We support self-assessment as a way of monitoring delivery of health care and clinician led self-improvement activities, with aim to promote safe, high quality care. We also support the sharing of this type of information for the purpose of encouraging similar activities across the health care system. Using the QUM Indicators as an example, these indicators provide clinicians with a standardised approach to the monitoring and measuring of issues related to the safe and effective use of medicines. A barrier to the uptake of these tools is the lack of a centralised electronic resource to facilitate the reporting and feedback of these indicators. A central resource would facilitate continuous monitoring of practice, providing immediate statistically appropriate feedback over time at an institutional level. It would also allow comparison of practice, where appropriate, and would assist jurisdictions and relevant national bodies in setting priorities and strategies to achieve safe, high quality care in the context of medicines use.

**Incident reporting**

In addition to monitoring the delivery of health care, opportunities to learn and change practice also exist in the reporting and review of incidents occurring within the health care system. Currently in Australia, reporting and learning from incidents occurs at the institutional and jurisdictional level. There is no centralised national incident reporting system. We suggest that a model of incident reporting similar to that in the UK – the National Reporting and Learning System (NRLS) through the National Patient Safety Agency – be adopted in Australia. A national standardised taxonomy for reporting would need to be established, to allow meaningful collation and review of reports at a national level. We also suggest that national coordination and release of learnings (safety alerts etc) would
promote information sharing across jurisdictions, reduce duplication of effort and facilitate the standardisation of health care practices in Australia.

**Communication**
A barrier to effective planning and scoping of safety and quality related initiatives is the lack of awareness of initiatives, policies and strategies developed in other jurisdictions. NSW TAG communicates and consults regularly with interstate colleagues to overcome this barrier. However a national 'warehouse' of health related policies, guidelines and initiatives (recent or current) would promote information sharing, avoid duplication of efforts and facilitate a national approach to achieving safe, high quality patient care.
Comments related to the specific strategies in the proposed framework

1.1 Develop service models which improve access to health care for patients
We support the strategies specified under 1.1 to improve access to health care for patients and suggest the inclusion of an additional strategy to ensure adequate resourcing (equipment, supplies and medicines) in the rural setting. This is in addition to the staffing and transport strategies already identified, to ensure there is equity of access to health care services across Australia. This may be facilitated by a review of the current funding model for health care facilities in each of the jurisdictions.

1.5: Enhance continuity of care
The current title does not appear to be linked with the proposed strategies and perhaps this is a difference in the interpretation of the term ‘continuity of care’. We support the concept of the ‘medical home’ but suggest that the key benefits and improvements are not realised by the term ‘continuity of care’. Continuity of care, defined as the co-ordination of care received by a patient over time, across multiple health-care providers, is addressed in 1.6. We suggest that a more appropriate title here would be “enhancement of health care delivery in the community setting”.

1.6 Minimise risk at handover
This is recognized by NSW TAG as a high priority strategy, particularly at the point of transfer between community and hospital settings.

A recent literature review conducted by the National Prescribing Service on medication safety in the community may be a useful additional reference for this strategy (Easton et al 2009). The authors reported that documentation errors (related to medicines) that occurred during transfer of care had consistently high error rates, with 52 to 88% of transfer documents containing an error. They also noted that patients at high risk of adverse events associated with medicines include those being transferred between community and hospital care.

The 2005 Australian Pharmaceutical Advisory Council (APAC) guiding principles to achieve continuity in medication management may also be a suitable reference.

Noting that there are various health care settings that clinical handover is required (between wards, home to hospital, hospital to home, hospital to aged care facility etc) we suggest that the agreed handover tools be tailored according to the specific transfer point. This should be incorporated into part b.
2.1 **Reduce unjustified variation in standards of care.**
This should be considered a high priority.

We support the embedding of guidelines in clinical practice, forming the basis for operating procedures. Review of the currency of the guideline and hence a review of clinical practice must be conducted on a regular basis as to ensure currency of the guidance and current practice.

Caution may be required as to ensure that monitoring of compliance does not result in unintended distortions to care, as highlighted by Freeman (Health Services Management Centre, 2002). We would encourage self-assessment of compliance and promote clinician led self-improvement as a strategy to ensure safe and high quality health care. Specific tools have been developed to assist with the monitoring of QUM issues for use in the Australian health care system (MSSA/AT and QUM Indicators - NSW TAG and CEC and Quality Prescribing Indicators in Australian General Practice - National Prescribing Service)

We also suggest that in addition to ensuring guidelines are up to date, and include relevant indicators, ideally guidelines should be actively disseminated with an implementation plan, to assist in the uptake across the health care system. Consideration should be given to adopting a similar guidance implementation model used by the National Institute for Health and Clinical Excellence (NICE), UK.

2.2 **Collect and use data to support safety and quality**
We suggest that data collection, evaluation and feedback is embedded in routine care, and clinicians are involved in the data collection process. This should be part of the strategies identified on page 20.

The term benchmark should be defined and used cautiously as to not risk the distortion of care as described in 2.1.

2.4 **Encourage and apply research that will improve safety and quality**
This is an important aspect of ensuring safe, high quality health care and is strongly supported.

2.5 **Continually monitor the effects of healthcare interventions**
We suggest re-wording this strategy to “Continually monitor the effects of new technologies and treatments.” The term healthcare interventions implies those interventions to improve health care delivery (safety and quality) where as the background describes what we consider new technologies or treatments.

We support the post-market surveillance of new technologies and treatments (including medicines) and suggest that adequate resourcing is allocated as to facilitate the collection of data and pro-active evaluation of outcomes/effects.
Strategy 3.4: Restructure funding models to support comprehensive, appropriate care.
This is an extremely important and relevant strategy in the context of equity of access to medicines across the Australian health care system and is strongly supported by NSW TAG. We note the commentary by Gallego regarding the current dual funding arrangements for medicines, state vs. commonwealth, public vs. private, leading to differences in access to medicines for patients (Gallego 2006).

Strategy 3.5 Support and implement e-health
We suggest an additional strategy as to ensure e-health systems are to be interrogated to facilitate data (indicator) collection for the purpose of monitoring the safety and quality of health care.

In addition we suggest including a statement that patient privacy would be maintained.
References


National Institute for Health and Clinical Excellence, UK. URL: http://www.nice.org.uk/
