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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

AUSTRALIAN SAFETY AND QUALITY GOALS FOR HEALTH CARE

Consultation period now open

The landscape of the health system in Australia is changing with current health reforms. Safety and quality is central to the delivery of health care, and considerations about safety and quality are embedded in the health reforms.

In this context there is currently an opportunity to build on the wide range of work that has been carried out over the last five to ten years to improve safety and quality in Australia. There is an opportunity to agree on the key safety and quality challenges that could form the basis for concerted and collaborative national action across all sectors and settings of care to improve health outcomes and the efficiency and effectiveness of the health system.

To take this forward, the Australian Health Ministers Advisory Council has asked the Australian Commission on Safety and Quality in Health Care (ACSQHC) to identify a small number of national safety and quality goals. The goals will identify priority areas that could form the basis of coordinated national action and provide the opportunity for integrated effort to maximise the benefits that can be achieved from existing and new safety and quality work.

Work commenced to identify and develop the Australian Safety and Quality Goals for Health Care (the Goals) in August 2011, and it is intended that a final set of recommendations will be available in late March 2012. The recommended Goals will then be submitted to Health Ministers.

On 10 November 2011 ACSQHC released the draft Australian Safety and Quality Goals for Health Care for consultation and discussion. The consultation paper provides information about the context and development of the Goals, and sets out the details of the proposed Goals and why they have been put forward.

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Australian Commission on Safety and Quality in Health Care

Website www.safetyandquality.gov.au
Email mail@safetyandquality.gov.au
Tel (02) 9126 3600 Fax (02) 9126 3613
Level 7, 1 Oxford Street,
Darlinghurst NSW 2010
GPO Box 5480 Sydney NSW 2001

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) 9126 3605 or amy.winter@safetyandquality.gov.au. If you do not wish to receive future issues please let us know.



(continued) Feedback to ACSQHC on the Goals is essential for ensuring that they provide a useful framework for coordinated national action to improve the safety and quality of care and achieve better outcomes for patients and a more effective and efficient health system. The Commission encourages general comments and responses to any or of all the consultation questions.

Copies of the consultation paper are available from the ACSQHC web site or by emailing goals@safetyandquality.gov.au.

ACSQHC will be accepting written submissions up to 10 February 2012.

ANTIMICROBIAL SURVEILLANCE IMPLEMENTATION GUIDES

Three implementation guides have been developed for use by Australian hospitals and organisations to support the implementation of surveillance for *Staphylococcus aureus* bacteraemia (SAB), *Clostridium difficile* infection (CDI) and Central Line Associated Bloodstream Infections (CLABSI). The guides have been developed by the ACSQHC's Healthcare Associated Infection Technical Advisory Group in collaboration with the clinical experts and the surveillance units from jurisdictions and are designed to support and standardise existing surveillance activities in line with the national definitions for SAB, CDI and CLABSI.

Each of the guides details interpretation of the definitions, flowcharts, inclusions and exclusion for each of the surveillance topics, as well a list of examples to assist with decisions on those more difficult cases. The guides are not intended to replace or inform clinical management of infections or patient management but to standardise how key infection data are collected and reported. All comments and feedback will be reviewed and responded to as part of the consultation process. The Consultation Editions of the Implementation Guides are available from the ACSQHC web site.



ACSQHC INTRODUCES FLASH TRAINING TOOL ON THE NATIONAL MEDICATION MANAGEMENT PLAN (MMP)

Medication reconciliation is a formal process of obtaining and verifying a complete and accurate list of each patient's current medicines and matching the medicines they are taking to those they are prescribed. Any discrepancies are discussed with the prescriber and reasons for changes to therapy documented. When care is transferred a current and accurate list of medicines, including reasons for change is provided to the patient and the clinician taking over the patient's care.

Within hospitals the use of a standardised form to record the medicines taken prior to presentation and to reconcile patients' medicines ordered on admission, intra-hospital transfer and discharge, is considered essential for an effective medication reconciliation process. The national Medication Management Plan (MMP) provides Australian hospitals with a suitable form to use for this purpose.

The MMP form has been designed as a multidisciplinary communication tool to be used by nursing, medical, pharmacy and allied health staff to improve the accuracy of medicines information recorded on admission and available to the clinician responsible for therapeutic decision making.

ACSQHC has developed a range of materials to support hospitals to introduce the MMP and the process of medication reconciliation. This includes a User Guide to the MMP, and posters/leaflets to educate clinicians. The latest release is a Flash-based training tool to assist healthcare professionals to use the MMP. The tool which incorporates audio voice-over also provides an introduction to the four steps of medication reconciliation and highlights the evidence for, and the benefits of, having a formal medication reconciliation process. A pdf version of the Medication Management Plan training presentation with associated speaker notes is also available.

The tool can be downloaded from the ACSQHC web site.

For further information about the tool please contact Helen Stark, Senior Project Officer on helen.stark@safetyandquality.gov.au.

CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION (CLABSI) IN INTENSIVE CARE UNITS

The ACSQHC is partnering with ANZICS in a national project to reduce central line associated bloodstream infection (CLABSI) in Intensive Care Units.

As part of that project, ANZICS is working the Monash University School of Public Health and Preventive Medicine to develop a module to securely monitor CLABSI rates in the ICUs of participating hospitals.

Testing of the module has been conducted by ANZICS, ACSQHC and front line surveillance staff, and is in its final round. Data submission is expected to start early in the New Year.



SAFETY IN E-HEALTH

In November, Australian Health Ministers endorsed tools developed by ACSQHC and NEHTA to support the safe implementation of clinical information systems in hospitals.

ACSQHC has established programs to reduce adverse medication events and to improve the safety of clinical handover. In both areas, the introduction of clinical information systems in hospitals is intended to reduce error rates and improve the patient-centredness of care.

However, the implementation of electronic medication management systems (EMMS) and of electronic discharge summary (EDS) systems in hospitals requires major transformational projects. Strong clinical leadership, investment, project and risk management are essential to achieve accurate, and legible e-medication and discharge systems.

Clinical decision support can further improve the appropriateness and safety of care.

ACSQHC worked with NEHTA and Australian hospitals to develop and validate these tools.

The Guide to the Safe Implementation of EMMS in Hospitals and the EDS Self Evaluation Toolkit are available on the ACSQHC web site.

NATIONAL ROUNDTABLE ON PATIENT EXPERIENCE, 8 DECEMBER 2011

ACSQHC held a Roundtable on 8 December 2011 in Sydney to inform a national approach to hospital patient experience measurement in Australia. Experts from jurisdictions, private hospital ownership groups, consumer representatives and safety and quality organisations attended.

The aims of the Roundtable were to:

- share information about current practice in hospital patient experience surveying
- present some international and mental health approaches to patient experience measurement, and
- reflect on lessons learned and next steps.

The group was highly supportive of the proposal to identify and specify a small number of common patient experience questions in hospital surveys across Australia, and asked the Commission to prepare a first draft of such a set for review.

COMMENCEMENT OF A HEALTH LITERACY STOCKTAKE

In 2012 ACSQHC will be commencing a stocktake of health literacy initiatives, policies and programs that have been developed, implemented and/or evaluated.

ACSQHC identified health literacy as an area for action under the Australian Safety and Quality Framework for Health Care.

It is also a vital driver of partnerships between patients, consumers and health professionals. People with inadequate health literacy have poorer levels of knowledge and understanding about their medical condition and the medical system, which presents a risk to patient safety and health care quality. Consequently, ACSQHC is undertaking a comprehensive health literacy stocktake to gain a greater understanding of the health literacy field.

It is intended that information gathered through the stocktake will allow ACSQHC to identify types of health literacy initiatives being implemented, the potential effectiveness of these initiatives and identification of areas of good practice.

ACSQHC is seeking information on initiatives which have a deliberate and explicit primary focus on health literacy and involve developing materials and strategies that specifically address health literacy barriers. Initiatives, projects or programs could focus on improving health care by:

- targeting the health literacy of patients, consumers, families, carers and/or health care providers.
- changing the healthcare environment or systems in order to reduce complexity and lower demands on patients and consumers, and remove health literacy barriers.

Information can be provided about projects or initiatives at all stages of development, including those that are currently in development, or those that have been piloted, trialled and evaluated. Information will be sought from local, state and national levels.

ACSQHC will collate this information into a resource describing the findings of the stocktake of health literacy initiatives. The resource will be available in 2012.

Contact

Naomi Poole, Senior Project Officer

(02) 9126 3600

Email: ACSQHhealthliteracystock@health.gov.au

Links

Online survey:

<https://www.research.net/s/ACSQHCHealthLiteracyStocktake>

