Activities for
POLICY MAKERS

Australian Safety and Quality Framework for Health Care

Putting the Framework into action: Getting started

Consumer centred
Safe and high quality health care for Australia
Driven by information
Organised for safety

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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What is the Framework?

The Australian Safety and Quality Framework for Health Care describes a vision for safe and high-quality care for all Australians, and sets out the actions needed to achieve this vision. The Framework specifies three core principles for safe and high-quality care. These are that care is **consumer centred**, **driven by information**, and **organised for safety**. Health Ministers endorsed the Australian Safety and Quality Framework for Health Care in 2010.

The Framework provides 21 areas for action that all people in the health system can take to improve the safety and quality of care provided in all healthcare settings over the next decade. The Framework should:

- be used as the basis of strategic and operational safety and quality plans
- provide a mechanism for refocusing current safety and quality improvement activities and designing goals for health service improvement
- be used as a guide for reviewing investments and research in safety and quality, and
- promote discussion with consumers, clinicians, managers, researchers and policy makers about how they might best form partnerships to improve safety and quality.

Who is this document for?

Everyone who works in health has a part to play in creating a safe and high-quality healthcare system. This document has been prepared specially for people who have a **policy role within the health system**. You may have responsibility for providing advice on, developing, or setting policy for how health services are structured, delivered or funded in primary or acute care settings. You may work in a government department, a healthcare service, or a private or non-government organisation.

How can you put the Framework into action?

You should use the Framework in a way that suits your needs and circumstances. This will vary depending on your role and responsibilities, and the nature of your organisation. You bring authority and expertise to the consideration of the way in which health care is delivered, and are likely to be involved in monitoring, research, information gathering, analysis, consultation and provision of advice about safety and quality issues. You may have a role in making decisions about the priorities for healthcare delivery and how resources are allocated at a national, state or territory, regional or local level. The Framework will support this work.

This 'Getting started' document will help you to start putting the Framework into action. It highlights several of the Framework's 21 areas of action that particularly apply to policy makers and describes some examples of activities to help you. The Framework, including all 21 areas for action by people in the health system, is published in full on the final page of this document.

This document is supported by the website of the Australian Commission on Safety and Quality in Health Care. This website contains up-to-date resources, tools, and links on all of the safety and quality issues covered in the Framework. The Commission will develop and publish further papers to support the application of the Framework and specific areas of action within it.

'Getting started' documents have also been developed for the healthcare team, managers, and people in governance roles so that everyone can work towards common goals in developing a safe and high-quality healthcare system.

AREA FOR ACTION: 1.1 Develop methods and models to help patients get health services when they need them

Accessing healthcare services in a timely way is important to consumers and is associated with better health outcomes. Barriers to timely access can arise from many sources. One such barrier is the limited nature – or even absence – of healthcare services in regional, rural and remote areas. Information technology can help to overcome some of these access barriers.

One approach to improving access is to use tele-health, which is an extension of face-to-face consultations and allows patients and clinicians to communicate using technologies such as email, video or telephone conferencing, and remote transmission of images (such as for radiology). Tele-health models can help bring healthcare professionals and patients together who are separated by distances while reducing the need for extensive travel. Tele-health has been used successfully in mental health and in management of chronic diseases and there are successful models of specialist support of local health practitioners in areas such as acute cardiac care and intensive care.

The successful and safe use of tele-health approaches requires the development of standards and operating procedures to govern processes and systems, and a clear description of the technical requirements. The development of these processes and systems should be undertaken with local consumers and healthcare providers to consider aspects of privacy, the practical aspects of access to technology, and the expectations of the users of these technologies.

As a policy maker, you should:

1. Understand the association between access and good health outcomes, and how technology can be used to improve access.
2. Investigate, plan and develop tele-health models to support consumers, health professionals and health services.
3. Provide a policy framework for the use of tele-health services, including criteria for their use, support for the development of training, and resources required to use the services.

In addition, you should consider the needs of patients, consumers and the wider community in regional, rural and remote areas regarding understanding of tele-health and how technology can help improve access and the care they receive. This may require specific guides or general information about this issue.

Tools, resources, and examples to support local use of the Framework are available at **www.safetyandquality.gov.au**

AREAS FOR ACTION: 1.2 Increase health literacy, and
1.3 Partner with patients, families and carers to share decision making about their care

Consumers have told us that it is important for them to participate in decision making processes about their health so that they can make an informed decision about their care. Making decisions about treatment and screening where there are a number of options to choose from is not easy. The technical nature of this information, and concepts such as relative risk, can be unfamiliar to patients and families. In addition, the volume of information required can sometimes be overwhelming. The use of written material to provide information about particular procedures or treatments is now well-established but tends to be used after a decision about treatment has been taken.

Patient decision aids are evidence-based tools that help people become involved in decision making by providing information about the options and outcomes and by clarifying personal values. The largest and most consistent benefits of patient decision aids, relative to usual care, are better knowledge of options and outcomes and more accurate perceptions of outcome probabilities.

Patient decision aids may be videos, booklets, or websites that prepare patients for decision making by providing them with information about treatment and screening options, and outcomes relevant to their health. They help patients consider the possible benefits and harms in an unbiased way so that they can make choices about their health care which fit with their personal values and preferences. Clinicians can use these with their patients in consultations, in addition to routine clinical counselling.

As a policy maker, you should:

1. Encourage the routine use of patient decision aids as part of the process for informed consent, and during routine clinical communication.
2. Encourage the engagement of consumers and patients in the development of any new patient decision aids.
3. Require that any new patient decision aids meet the International Patient Decision Aids Standards.

In addition, you should consider how to support the use of patient decision aids by clinicians and health services.

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Principle:
Consumer centred

AREA FOR ACTION: 1.4 Provide care that respects and is sensitive to different cultures

Consumers tell us that a fundamental aspect of consumer centred care is their capacity to understand the information that is being given to them and the healthcare worker's capacity to understand the questions and concerns of each patient and family member. The basic requirement for effective and respectful communication is to provide information that makes sense to a patient in the context of their cultural background in a language that they can understand.

Each patient's clinical situation will vary and while pre-prepared information translated into different languages can be a valuable tool to assist with communication, the need for a dynamic, interpreter-supported conversation will remain. Although use of interpreters is straightforward in concept, it is well recognised that timely availability of interpreters to simplify this two-way communication can be difficult to achieve. In addition, using interpreters is only part of the solution. Successfully communicating with patients in a cross-cultural context also requires a broader organisational focus on supporting the provision of appropriate care to patients from different cultures.

To ensure health service and providers can communicate effectively and appropriately with patients, it is important for them to understand the cultural beliefs and language needs of the patient populations they come into contact with most frequently.

As a policy maker, you should:

1. Identify the need for health services that have a large multicultural patient population to include the provision of care that is respectful and sensitive to different cultures as a core value or priority action area.
2. Provide a policy framework for health services to help them improve the way they work with patients and consumers from different cultures. This framework could include competency requirements for healthcare workers and interpreters and identify policies and protocols that should be in place within health services.
3. Require that health services need to work closely with patients and consumers as they develop and implement these policies and programs.

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AREA FOR ACTION: 1.6 Improve continuity of care

Health consumers are particularly conscious of the need to have continuity of care as they traverse the healthcare system. Healthcare delivery is now increasingly complex and multidisciplinary, and a patient's health care cannot always be provided by the same healthcare provider or in the same place. However, healthcare services can be organised so that appointments are booked in a logical progression, different health providers provide care to meet the specific needs of the patient, and the right health information is transmitted and filed with each health professional so that the patient always receives care according to their care plan, regardless how many providers are in their care team.

There is now consistent evidence that initiatives that aim to improve continuity of care have a positive effect on the care provided to patients. A wide variety of different approaches have been trialled, including patient self-management, patient education, case management, multidisciplinary teams, clinical pathways, feedback to patients and clinicians, patient reminders, and education for healthcare professionals.

As a policy maker, you should:

1. Support and facilitate the existence of 'healthcare homes' where patients have a regular doctor or place of care. A healthcare home is an organisation providing healthcare services (generally located in a primary care setting) that can coordinate, guide and navigate patient access to the right range of multidisciplinary providers.
2. Support and facilitate the introduction of e-health initiatives so that information can be transmitted between healthcare providers irrespective of their location. This may include considering how nationally agreed e-health initiatives can be applied at a local level.
3. Consider the development and application of funding models that support health professionals to deliver care according to accepted guidelines and that encourage communication and work within a multidisciplinary team.

Continuity of care is particularly important for people who are cared for by many providers, including people with complex conditions and chronic diseases, such as cardiovascular disease, diabetes, and asthma. You should particularly consider the application of these actions for patients with complex and chronic conditions.

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AREA FOR ACTION: 2.3 Learn from patients' and carers' experiences

Information about the safety and quality of care provided within the health system should not be limited to data about processes and clinical outcomes. An understanding of the actual experience of patients being treated is essential for an accurate appreciation of overall safety and quality of care. The 'real life' experience of patients and carers provides a unique perspective. If taken together with information that comes from clinical and other data generated within a health service, it provides a more accurate picture of safety and quality performance.

Understanding the experience of patients and carers is best achieved by using a variety of approaches. Some of these are 'passive' approaches that rely on recording, collating and reporting of comments and complaints made across the organisation. Other, more active, approaches should also be used to seek the views of consumers, patients, families and carers in an ongoing way. These approaches include the use of regular, standard and formal mechanisms such as surveys.

As a policy maker, you should:

1. Require the collection of information about the experiences of patients and carers as a core part of local, state or territory, and national safety and quality reporting frameworks. The emphasis of this data collection should be on the actual experiences of patients within healthcare services, rather than ratings of satisfaction.
2. Examine the potential for standardising some core data items within patient experience surveys used in Australia.
3. Use data from patient experience surveys and other information about patient experiences when developing health policy. This may include qualitative information that is drawn from interviews and focus groups.

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AREA FOR ACTION: 2.4 Encourage and apply research that will improve safety and quality

An essential part of improving the safety and quality of care provided to patients is the gathering, analysis and use of information regarding clinical performance. This information can be in the form of data about operational performance, clinical outcomes, and the experience of patients receiving care.

You are in an important position as a policy maker because you are the interface between the researchers who develop the knowledge and the clinicians who use the knowledge. By using the results of research to develop safety and quality policy you can be sure that this policy is based on the best available information. You can also support the use of the research results in clinical settings to encourage the provision of evidence-based practice.

The nature of safety and quality research is wide-ranging and has the potential to have a significant impact on the delivery of care. Traditionally, safety and quality research has been poorly funded. For sustainable improvements to knowledge and practices, it is essential that research in this area occupies a place that is commensurate with its importance to patients. Safety and quality research needs to focus not only on the effectiveness of specific interventions, but also on the implementation and evaluation of interventions in practice.

As a policy maker, you should:

① Use findings from safety and quality research to inform the development of healthcare policy. This may require work to increase the capacity of policy staff to understand the results of safety and quality research.

② Encourage excellence in safety and quality research. The way in which this occurs will depend on your role and the nature of your organisation. Opportunities may include working with researchers to identify and clarify questions of importance to policy makers, and allocating funds to safety and quality research.

③ Require safety and quality to be included in continuing education programs for clinicians. This may also require support to be provided to professional bodies to develop materials to provide this education.

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Area for action: 3.4 Governments take action for safety

Health professionals, managers and consumers tell us that safety and quality in health care starts at the top. National, state and territory, and local policy frameworks play an important role in influencing system and organisational processes and structures that support safety and quality. Governments are the policy makers at the highest level and are in a position to set system-wide policy. Those policy frameworks need to have safety and quality at the core, and ensure that the drivers that exist within the system are coordinated and consistent, and do not lead to perverse incentives. Some of the levers that exist within the Australian health system include accreditation and licensing of health services, registration and credentialing of healthcare workers, collection and reporting of performance data, and the provision of financial incentives or penalties.

As a policy maker, you should:

① Ensure that the provision of safe and high-quality health care is at the core of all planning and policy development for health.

② Require all health services to have an appropriate clinical governance framework in place. The nature of this framework will vary depending on the nature of the health service, but should require appropriate accountability regarding the delivery of safe and high-quality care.

③ Consider the policy levers that are available to you, and how they can be applied to improve safety and quality. You should ensure that the focus of such programs and initiatives aligns with known safety and quality priorities.

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AREA FOR ACTION: 3.5 Ensure funding models are designed to support safety and quality

Funding models influence the way in which healthcare services are structured and delivered. As a result, they affect – sometimes unintentionally – the way care is provided and the quality of that care. Clinicians and consumers observe this too and emphasise that funding models can be a driver for quality care.

Australia has a mixed healthcare system, with a complex division of funding responsibilities and performance accountabilities between different levels of government and different sectors. Methods for funding healthcare services vary from fee-for-service payments, payments for multidisciplinary care coordination, incentive payments to reward the provision of quality care, activity based payments and block grants based on location and characteristics of the population. These multiple funding sources do not necessarily promote safety and quality, and can affect the efficient use of resources and continuity of care for patients moving between sectors. Some payments associated with the delivery of quality care have been in place for some time (such as the Practice Incentives Program and General Practice Immunisation Incentive), however, there has not yet been a coordinated approach to funding for safety and quality in Australia.

As a policy maker, you should:

1. Consider safety and quality as a core principle when reviewing existing, or developing new, healthcare funding models. This needs to include consideration of issues such as the implication of specific funding models and programs on the delivery of care and how they support compliance with clinical guidelines and healthcare standards.
2. Progressively change funding models to address known safety and quality issues and encourage effective care.
3. Support and fund research to gather more information about the impact of specific funding models on safety and quality. Economic evaluations that are linked to information about quality of care and clinical outcomes are needed to assess the impact of different funding models, and the effect they have on safety and quality.

In addition, there is potential to improve the cost-effectiveness of healthcare services by reallocating resources away from healthcare interventions that offer little benefit relative to the cost of their public subsidy. Criteria have been developed to facilitate the systematic and transparent identification of potentially ineffective practices, and these should be applied when such reviews occur.

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AREA FOR ACTION: 3.6 Support, implement and evaluate e-health

Disjointed communications and poor or inaccessible information result in adverse events and duplication of services, and cause frustration for patients and healthcare providers. Electronic systems are a solution to this problem. There is currently a lack of infrastructure to support standard electronic communication between providers. Health professionals and consumers tell us that electronic health records should be developed. This will support seamless transfer of information and give consumers access to a record of their health information.

Limited national standardisation of governance arrangements for e-health design, development and deployment has resulted in a range of discrete e-health programs and projects, and a lack of coordinated and planned action at a national level. The work of the National E-Health Transition Authority (NEHTA) in developing better ways of electronically and securely exchanging health information has been an important step in gaining a consistent national platform for the future development of electronic health records.

As e-health initiatives are further developed and implemented, it will be necessary to integrate them into systems for delivering care so they that become part of normal care processes, and so that their potential to improve safety and quality is maximised. Locally, managers can find it difficult to implement electronic systems that require a major change to healthcare processes. A comprehensive policy framework, including appropriate resourcing, will be required to support e-health implementation at multiple levels.

As a policy maker, you should:

① Promote e-health solutions, including the electronic health record, as an essential component of a safe and high-quality healthcare system.

② Consider safety and quality aspects in the development, implementation and evaluation of e-health projects and programs.

③ Ensure that incentives and processes exist that make it possible and efficient for healthcare providers, patients and consumers to use electronic health records. While there is not yet a national electronic health record or a systematic basis for the electronic transfer of information between providers, these issues need to be considered as these systems are developed and implemented.

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Safe, high-quality health is always:	What it means for me as a consumer or patient:	Areas for action by people in the health system:
1 CONSUMER CENTRED This means: Providing care that is easy for patients to get when they need it. Making sure that healthcare staff respect and respond to patient choices, needs and values. Forming partnerships between patients, their family, carers and healthcare providers. Ensuring that patients and carers report positive experiences of health care.	I can get high-quality care when I need it.	**1.1** Develop methods and models to help patients get health services when they need them.
	I have information I can understand. It helps me to make decisions about my health care. I can help to make my care safe.	**1.2** Increase health literacy. **1.3** Partner with consumers, patients, families and carers to share decision making about their care. **1.4** Provide care that respects and is sensitive to different cultures. **1.5** Involve consumers, patients and carers in planning for safety and quality.
	My health care is well organised. The doctors, nurses and managers all work together. I feel safe and well cared for.	**1.6** Improve continuity of care. **1.7** Minimise risks at handover.
	I know my healthcare rights.	**1.8** Promote healthcare rights.
	If something goes wrong, my healthcare team look after me. I receive an apology and a full explanation of what happened.	**1.9** If something goes wrong, openly inform and support the patient.
2 DRIVEN BY INFORMATION This means: Using up-to-date knowledge and evidence to guide decisions about care. Safety and quality data are collected, analysed and fed back for improvement. Taking action to improve patients' experiences.	My care is based on the best knowledge and evidence.	**2.1** Use agreed guidelines to reduce inappropriate variation in the delivery of care. **2.2** Collect and analyse safety and quality data to improve care.
	The outcome of my treatment and my experiences are used to help improve care.	**2.3** Learn from patients' and carers' experiences. **2.4** Encourage and apply research that will improve safety and quality.
3 ORGANISED FOR SAFETY This means making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.	I know that the healthcare team, managers and governments all take my safety seriously.	**3.1** Health staff take action for safety. **3.2** Health professionals take action for safety. **3.3** Managers and clinical leaders take action for safety. **3.4** Governments take action for safety.
	The health system is designed to provide safe, high-quality care for me, my family and my carers.	**3.5** Ensure funding models are designed to support safety and quality. **3.6** Support, implement and evaluate e-health. **3.7** Design and operate facilities, equipment and work processes for safety.
	When something goes wrong, actions are taken to prevent it happening to someone else.	**3.8** Take action to prevent or minimise harm from healthcare errors.

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