

## In this issue:

- » Commission welcomes new Board appointments
- » Clinical Care Standards
- » First health services achieve accreditation to NSQHS Standards
- » OECD Medical Practice Variations project – Australian participation
- » Venous Thromboembolism prevention and the National Inpatient Medication Chart
- » Commission raises funds to support indigenous midwives

Issue 18  
June 2013

## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### COMMISSION WELCOMES NEW BOARD APPOINTMENTS

The Commission welcomed a new Chair and three new Board Members at its meeting of 9 May 2013:

#### Professor Willis Marshall AC (Chair)

Professor Marshall has been a member of the Commission's board since 2012. He is recognised internationally as an eminent urology consultant, educator and researcher. His experience spans the provision of clinical services, general management of public hospitals, and improvement in safety and quality.

Following his surgical training and fellowship at the University of Adelaide, Professor Marshall held faculty appointments at the London Hospital Medical College, St Peters Hospital and Royal Adelaide Hospital before serving as Chair of Flinders Medical Centre, Department of Urology for 25 years. Most recently, Professor Marshall was the General Manager of the Royal Adelaide Hospital.

Professor Marshall is a distinguished fellow and past President of the Urological Society of Australasia. He has received over 50 research grants and numerous invited international lectureships.

In 1999 Professor Marshall received the St John's Honour (Bailiff Grand Cross of the Order of St John of Jerusalem) the Order's highest award.

In 2006, Professor Marshall was awarded Companion of the Order of Australia (AC) for service to medicine in urology and kidney disease research.



#### Australian Commission on Safety and Quality in Health Care

Website [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)  
Email [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)  
Tel (02) 9126 3600  
Level 7, 1 Oxford Street,  
Darlinghurst NSW 2010  
GPO Box 5480 Sydney NSW 2001

Please forward this newsletter to others who may be interested. If this newsletter was forwarded to you by someone else and you would like to receive future issues directly you can sign up on our web site. If you do not wish to receive future issues please email [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)

## Professor Phillip Della

Professor Della comes to the Commission's Board with experience in public administration, provision of health care services, and improvement in safety and quality in health care.

Previously Deputy Pro Vice Chancellor of Health Science at Curtin University, Professor Della continues to hold a number of positions at the University including Professor and Head of the School of Nursing and Midwifery. Other previous roles include Chief Nursing Officer, Department of Health (WA) and Principal Nursing Advisor, Department of Health (WA).

## The Hon Verity Firth

Ms Firth is currently Chief Executive at the Public Education Foundation Ltd. She brings to the Board legal expertise and experience in health care public administration.

Ms Firth has previously served as a member of the NSW Legislative Assembly (2007-2011) as Minister for Women, Minister for Science and Medical Research, Minister Assisting the Minister for Health (Cancer), Minister for Climate Change and the Environment, and Minister for Education and Training.

## Dr Shaun Larkin

Dr Larkin is the Managing Director of the Hospitals Contribution Fund of Australia (HCF), an organisation with health care responsibilities for more than 1.5 million Australians, revenues in excess of \$2 billion, and over 1,150 staff.

Prior to joining HCF, Dr Larkin was based in Singapore where he led the establishment of a chain of ambulatory medical centres throughout Asia and the CIS. Prior to this he was an executive for Ramsay Health Care in Australia and the United States.

## Reappointments

The board has reappointed Professor Chris Brook, PSM; Ms Christine Gee; Professor Jane Halton, PSM; Mr Russell McGowan; Ms Shelly Park; and Dr Helena Williams.

## Farewells

The Commission thanks outgoing members Ms Veronica Casey and Mr Richard Bowden for their commitment to the board, as well as Mr William Beerworth who led the Board as Chair from 2007.

## CLINICAL CARE STANDARDS

Within the National Health Reform Agreement (2011), all Australian governments agreed the Commission will "formulate and monitor safety and quality standards and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular health care setting".

Work commenced on the Clinical Care Standards Program earlier this year.

A clinical care standard is a small number of statements that describe the clinical care a patient should be offered for a specific condition or defined part of a clinical pathway. The aim is to reduce unwarranted variation, ensure appropriate care is provided, improve patient and clinician experiences and facilitate shared decision making.

Development of the initial set of Clinical Care Standards is taking place during 2013 in the areas of acute coronary syndrome, stroke care and antimicrobial stewardship.

Each Clinical Care Standard will consist of between 5-8 quality statements. Associated indicators will enable the local monitoring of care. Recommended implementation approaches and practical tools will be developed to help consumers and clinicians make decisions together about appropriate care choices.

Consideration of current guidelines, national and international standards is a key part of the development process. A Clinical Care Advisory Committee has been formed to provide advice on the overall processes of development and implementation of the Clinical Care Standards.

Each Clinical Care Standard will be developed by a topic working group which include clinical experts, health professionals, and consumers. These groups are currently working on the development of each respective clinical care standard. Widespread consultations on the proposed clinical care standards are expected to take place towards the end of the year.

For more information on the Clinical Care Standards program visit our web site or email [ccs@safetyandquality.gov.au](mailto:ccs@safetyandquality.gov.au)

## FIRST HEALTH SERVICES ACHIEVE ACCREDITATION TO NSQHS STANDARDS



Hospitals and day procedure services have started the process of accreditation to the National Safety and Quality Health Service (NSQHS) Standards. Over 1,300 public and private hospitals and day procedure services are eligible to be assessed, of which 418 are scheduled this year.

Overall, health services are meeting the requirements of the NSQHS Standards. During the first quarter of this year, approximately 40 services were assessed, and of these, half were assessed against all ten NSQHS Standards. While 40% achieved accreditation at the initial assessment, the remaining services were only required to meet a small number of actions in the 120 days available to them to fully comply.

Feedback from the accreditation agencies indicates that only a small number of core items are not being met at assessment. The areas which have proved challenging include antimicrobial stewardship, training in basic life support, and training in consumer-centred care. A promising sign is that most services are also meeting the requirements of the 44 developmental actions.

### Supporting Implementation

For health services preparing for accreditation, the Accreditation Advice Centre will continue to provide information and support to health service organisations, surveyors and accrediting agencies. The centre continues to receive a high number of calls and emails.

Network meetings have also helped by providing service specific information to address local implementation issues. The Commission has convened over 30 online network meetings with participation from over 255 health service representatives. The first of these will soon be available as a podcast for health services that were unable to be represented at the meetings.

A mediation service is available through the Accreditation Advice Centre to resolve issues that might arise during assessment. Mediation involves the Commission, the health service and their surveyor meeting during the course of the on-site visit to discuss and resolve issues. To support small health services, the Commission has developed a Guide for Small Health Services and has scheduled network meetings to address the specific concerns of small hospitals and a range of other health services.

Contact the Accreditation Advice Centre:

1800 304 056

[accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au)

## OECD MEDICAL PRACTICE VARIATIONS PROJECT – AUSTRALIAN PARTICIPATION

Australia is one of 13 countries participating in an international project on medical practice variation being undertaken by the Organisation for Economic Co-operation and Development (OECD). The OECD's work on health includes performance measurement and analysis of health systems for international comparison through data projects and analytical projects.

The Commission has been funded by the Department of Health and Ageing to lead the Australian work on the medical practice variations project which examines the potential to improve both quality of care and resource allocation in health systems.

The project has three broad objectives:

- To document medical practice variations, with a focus on within-country variations
- To analyse possible causes of these medical practice variations, and
- To explore policy options to reduce unwarranted variations and improve resource allocation.

The OECD has provided a list of specific activities and procedures for analysis. These are:

- Overnight medical admissions
- Caesarean sections: hospital admissions
- Revascularisation: hospital admissions involving coronary artery bypass graft; hospital admissions for coronary angioplasty and stenting; hospital admissions for cardiac catheterisation
- Knee interventions: hospital admissions involving knee replacement; hospital admissions involving knee arthroscopy
- Hip fractures: hospital admissions
- Hysterectomy: hospital admissions

In April 2013 a group of representatives from each participating country met to discuss initial analyses, identify further work required and explore strategies to reduce unwarranted medical practice variation, including the use of clinical guidelines and patient decision aids. The Commission's Director of Implementation Support, Dr Heather Buchan, attended the meeting.

The Australian report is being prepared in collaboration with a jurisdictional group containing representatives from each state and territory and the Commonwealth, and will present data on medical practice variation at a Medicare Local level.

The OECD will produce a comprehensive project report that synthesises and summarises information across countries by early 2014.

Reducing unwarranted medical practice variation will be an ongoing area of work for the Commission. In addition to the OECD Report, a report is being prepared on Australian practice. This report will aim to incorporate more varied presentations of the data, clinical commentary and discussion on potential to reduce unwarranted variation.

## VENOUS THROMBOEMBOLISM PREVENTION AND THE NATIONAL INPATIENT MEDICATION CHART

A new version of the National Inpatient Medication Chart (NIMC) has been approved for implementation by Australian hospitals from 1 July 2013.

The new version incorporates a pre-printed venous thromboembolism (VTE) section which prompts:

1. VTE risk assessment
2. Chemoprophylaxis ordering, and
3. Mechanical prophylaxis ordering.

The new NIMC was approved by public and private hospital representatives on the Commission's sub-committees last month. The pre-printed VTE prophylaxis section appears on page two of the new NIMC and will be available for implementation by health services from 1 July and as supplies of the current NIMC are exhausted.

National piloting of a draft NIMC with the VTE section was undertaken in two phases beginning in August 2010 and finalised in December 2012. Over 30 hospitals from five states participated in the pilots. Results provided strong support for including a VTE prophylaxis section in a new version of the NIMC.

The NIMC is one of a range of strategies required to improve the rate of risk assessment and appropriate VTE prophylaxis prescribing. Successful implementation requires:

- Senior executive and clinician support
- Sufficient resources to ensure all staff are educated about the hospital VTE prevention policy
- Guidance on VTE risk assessment, and
- Instruction on correct use of the NIMC VTE section.

The pilot formed part of the Commission's Medication Safety Program and its work to reduce the gap between evidence and practice in national medication safety and quality.

The private hospital NIMC, and the four A4 page NIMC, will also incorporate the VTE prophylaxis section. The NIMC User Guide and the NIMC online training module will be updated to reflect the new version and a range of implementation resources will be available to assist hospitals.

## COMMISSION RAISES FUNDS TO SUPPORT INDIGENOUS MIDWIVES

Last month, the Commission hosted a morning tea and charity auction to raise funds for the Rhodanthe Lipsett Trust whose aim is to contribute to a 'better start in life' for Aboriginal and Torres Strait Islander mothers and babies.

The Trust provides financial support to indigenous midwifery students, helping them to complete their studies. The ultimate goal is to increase access to community based, culturally appropriate care for Aboriginal and Torres Strait Islanders and improve health outcomes for mothers and babies.

With the help of our friends at the Independent Hospital Pricing Authority (IHPA) and the National Health Performance Authority (NHPA), the Commission raised over \$2,000 for the Trust. Rhodanthe Lipsett Trust board member Professor Pat Brodie (Midwifery Advisor with the WHO in Papua New Guinea and WHO Collaborating Centre for Nursing Midwifery and Health, UTS) was thrilled by the show of support.

Did you know...?

- Aboriginal and Torres Strait Islander babies are two and a half times more likely to die in their first year of life, compared to non-Indigenous babies?
- Indigenous mothers are two to five times more likely to die during pregnancy and childbirth, compared with non-Indigenous women?
- There are less than 100 Aboriginal and Torres Strait Islander midwives registered in Australia?

For information and to donate to the Rhodanthe Lipsett Trust visit:  
[www.rhodantheipsettfund.org.au](http://www.rhodantheipsettfund.org.au)