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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

WEDNESDAY 28 SEPTEMBER

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- National General Practice Accreditation Scheme
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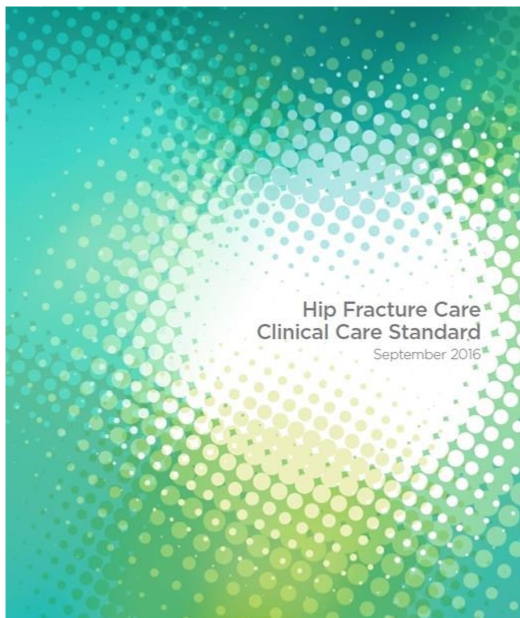
New Clinical Care Standard on hip fracture care



A hip fracture is a break occurring at the top of the thigh bone (femur), near the pelvis. Hip fractures are more common in older people, and with Australia's large ageing population, will place an increasing burden on the health system.

In 2011–12, an estimated 19 000 people in Australia over the age of 50 were hospitalised due to a hip fracture. Hip fractures can be potentially devastating injuries and can cause severe pain, loss of independence, disability and result in death.

The Commission launched the *Hip Fracture Care Clinical Care Standard* in September 2016. The standard aims to ensure that a patient with a hip fracture receives optimal treatment from arriving at hospital through to the completion of treatment in hospital.

The standard complements existing efforts that support hip fracture care, such as the Australian and New Zealand Hip Fracture

Registry, and state and territory-based initiatives.

More information on the *Hip Fracture Care Clinical Care Standard*.

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The panel at the *Hip Fracture Care Clinical Care Standard* launch.

Guests at the *Hip Fracture Care Clinical Care Standard* launch.

Speakers and Commission staff at the launch.

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National General Practice Accreditation Scheme

The Commission, in collaboration with the Royal Australian College of General Practitioners (RACGP), has developed the National General Practice Accreditation Scheme.

The scheme will support consistent assessment of Australian general practices against the RACGP Standards for general practice.

The scheme will commence on 1 January 2017. Changes to the eligibility criteria for the Practice Incentives Program mean that from this date, general practices need to be assessed by an approved accrediting agency.

The scheme will include an industry-based stakeholder committee to provide governance and oversight of the scheme; an approval process for accrediting agencies assessing general practices; and a data collection and reporting framework for accrediting agencies that requires the submission of de-identified accreditation outcomes.

General practices will notice very little change. Those general practices that are already accredited will maintain their existing accreditation cycle. General practices wishing to be accredited for the first time, or that will be re-accredited after 1 January 2017, will need to ensure they select an approved accrediting agency.

Transition arrangements will be in place for general practices undergoing accreditation before mid-2017 and for practices using an accrediting agency that is not currently approved.

More information will be available over coming weeks, via the Commission's website.

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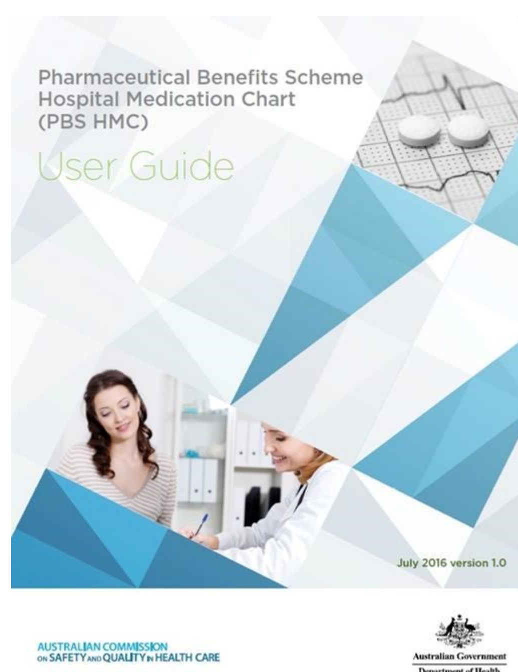
New PBS Hospital Medication Chart

The Commission develops and maintains a suite of standardised medication charts, which are used in public and private hospitals across Australia.

The Pharmaceutical Benefits Scheme Hospital Medication Chart (PBS HMC) was launched by the Commission in July 2016, and is the most recent addition to this suite of charts.

The PBS HMC makes it easier to prescribe and claim for PBS medicines in public and private hospitals, allowing clinicians more time to spend with patients.



The Commission developed the PBS HMC in conjunction with the Australian Government Department of Health (the Department), and with the support of clinical experts from the public and private hospital sectors.

Development of the chart included an expert advisory group providing oversight, a human factors evaluation to inform the chart's design, and a trial of the chart in public and private hospitals in four states and territories.

A stewardship program has been established by the Commission with support and funding from the Department, to facilitate the national implementation of the PBS HMC. An evaluation of the national implementation will take place in 2018.

More information on the PBS HMC.

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Specifications released for the first national hospital-acquired complications list

A hospital-acquired complication (or HAC) is a condition that a patient might get while they are in hospital, which is generally not related to the reason they are in hospital. Hospital-acquired complications have a high impact on the rate at which patients recover and on patient outcomes. Potentially, hospital-acquired complications can be avoided by clinicians using strategies to lessen the risk of patients getting the condition while they are in

hospital.

Collecting information about hospital-acquired complications is an important mechanism for improving safety and quality, because the evidence is strong that clinicians are very responsive to accurate and timely feedback about the care they provide. Since 2012, the Commission has also worked with the Independent Hospital Pricing Authority (IHPA) to explore potential pricing approaches to safety and quality.

The Commission developed a national list of HACs through a clinician-led process that included reviews of the literature, clinical engagement and testing of the concept with public and private hospitals.

The HACs list contains 16 complications with relevant International Classification of Diseases codes (7th, 8th and 9th edition). The specifications are now available on the Commission's website.

Accompanying resources and tools for the HACs list are also being developed by the Commission with the aim of supporting local monitoring and improving clinical documentation.

Please check the Commission's website for future updates.

For queries, contact: indicators@safetyandquality.gov.au.

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The Commission's work with the Australian Digital Health Agency

The Commission has been appointed by the Australian Digital Health Agency (the Agency) to undertake a two-year clinical safety program for the My Health Record system and other national digital health infrastructure.

The Commission has been providing clinical safety oversight to the My Health Record system since its inception in July 2012, and will continue to review the clinical safety of the system as part of the agreement with the Agency as the My Health Record system operator.

The Commission will conduct eight clinical safety reviews over the period of the agreement. The reviews will address different aspects of the My Health Record and national digital health infrastructure. The Commission will also provide clinical safety expertise into Agency programs.

The Commission also operates a round-the-clock clinical incident management unit to assess, coordinate and manage My Health Record clinical safety incidents referred by the system operator.

More information about the Commission's Safety in E-Health program.

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A patient safety and quality improvement framework for primary care

The Commission has commenced a project to develop a patient safety and quality improvement framework for primary care. The framework will drive and support improvements in the quality of care provided by the primary care sector.

The framework will be based on the Commission's existing Australian Safety and Quality Framework for Health Care. The framework will consider how existing national safety and quality strategies, resources and tools can be tailored to meet the specific needs of the primary care sector.

An expert advisory committee made up of 15 representative primary care organisations has been established to provide oversight and advice on the framework's development.

The Commission will seek feedback from the primary care sector through an open consultation process in late 2016.

If you would like to receive email notification when this consultation process opens, sign up to our primary care stakeholders email list.

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Delirium Clinical Care Standard

Delirium is an acute change in mental status that is common among older people in hospital. Characterised by a disturbance of consciousness, attention, cognition and perception that develops over a short period of time (usually hours to a few days), delirium is a serious condition and is associated with increased risk of harm.

The Commission launched the *Delirium Clinical Care Standard* and accompanying resources in July 2016, to support safe, high-quality and appropriate care for patients with, or at risk of, delirium.

Compared with people of the same age who do not have delirium, people with delirium have an increased risk of death, increased risk of falls, a greater chance of being discharged to a higher dependency of care, and a greater chance of developing dementia.

Find out more or download the *Delirium Clinical Care Standard.*

Clinical Care Standards
CARING FOR COGNITIVE IMPAIRMENT
DELIRIUM
Key steps for treatment and prevention
Early screening
Assessing for delirium
Interventions to prevent delirium
Identifying and treating underlying causes
Preventing falls and pressure injuries
Minimising use of antipsychotic medicines
Transition from hospital care
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Speaker and Associate Professor Gideon Caplan, and MC Ms Sophie Scott.

Guests at the *Delirium Clinical Care Standard* launch.

Speakers and Commission staff at the launch.

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Dementia Awareness Month

For people with dementia, hospitals can be frightening and overwhelming places. September is Dementia Awareness Month, and it is a timely reminder of how we can make a positive difference to the hospital experience of people living with dementia.

Clinicians and health professionals can communicate calmly and clearly and find out more about the person and their needs to help keep them safe while in hospital. Another tip is to actively involve family members and carers to help reduce the patient's distress in an unfamiliar, noisy environment.

Family members and carers can also be a valuable source of information, especially if the person is unable to give their medical history. They can communicate with clinicians and health professionals regarding a patient's medical history, and can also advise if the patient has had a recent or sudden deterioration in their cognition.

People with dementia are at increased risk of developing delirium, which can be present when they arrive at hospital or develop during their stay.

Staff can help reduce the risk of delirium through making sure a patient is eating and drinking, checking they are not in pain, encouraging mobility and normal sleep

patterns, and improving orientation by simple environmental measures such as clocks and good signage.

Join the Commission's Caring for Cognitive Impairment campaign and help improve care of people with dementia, delirium and other forms of cognitive impairment.

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New Board members

The Commission welcomes the appointment of two new Board members, with the Australian Government Minister for Health, the Hon. Sussan Ley MP, having recently appointed Dr David Filby PSM and Adjunct Professor John Walsh AM.

The Commission Board is responsible for governing the Commission and meeting its functions and responsibilities under legislation.

The Board comprises a chair and nine members who among them have extensive experience and knowledge in the fields of healthcare administration, health service provision, law, management, primary health care, consumer advocacy, corporate governance and safety and quality.

More information on Dr David Filby PSM, Adjunct Professor John Walsh AM and the Commission's other Board members.

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Latest news and updates

You can follow the Commission on Twitter @ACSQHC for regular updates, or subscribe to our YouTube channel for the latest video content. You can also sign-up for one of our other email lists to stay informed about the Commission's work.

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