AUSTRALIAN SAFETY AND QUALITY GOALS FOR HEALTH CARE

The Australian Safety and Quality Goals for Health Care set out important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. They are relevant across all parts of the health care system and aim to focus attention on a small number of key safety and quality challenges which:

- nave a significant impact on the health and wellbeing of individuals, and on the healthcare system as a whole
- a can be improved through implementation of evidence-based interventions and strategies
- **7** are amenable to national action and collaboration.

The Australian Safety and Quality Goals for Health Care are:

01

SAFETY OF CARE: THAT PEOPLE
RECEIVE HEALTH CARE WITHOUT
EXPERIENCING PREVENTABLE HARM

Initial priorities are in the areas of:

- 1.1 Medication safety
- 1.2 Healthcare associated infection
- 1.3 Recognising and responding to clinical deterioration

02

APPROPRIATENESS OF CARE:
THAT PEOPLE RECEIVE APPROPRIATE,
EVIDENCE-BASED CARE

Initial priorities are for:

- 2.1 Acute coronary syndrome
- 2.2 Transient ischemic attack and stroke

03

PARTNERING WITH CONSUMERS:

THAT THERE ARE EFFECTIVE
PARTNERSHIPS BETWEEN
CONSUMERS AND HEALTHCARE
PROVIDERS AND ORGANISATIONS
AT ALL LEVELS OF HEALTHCARE
PROVISION, PLANNING AND
EVALUATION

Actions to achieve the Goals can occur in different ways and in different parts of in the health system. Everyone has a role to play in this process. For each Goal and priority area an Action Guide has been developed that describes some of the activities that can be undertaken to support change and improvement. The Action Guides are available on the web site of the Australian Commission on Safety and Quality in Health Care (www.safetyandquality.gov.au).

The Australian Safety and Quality Goals for Health Care exist in an environment where there has been significant investment in safety and quality in Australia over many years, and where many initiatives and organisations exist that aim to improve the safety and quality of care. It is intended that the Goals should be built into new and existing systems, structures and processes to highlight specific priority areas where a coordinated approach would bring improvements over the short to medium term.

The Australian Safety and Quality Framework for Health Care describes the overarching principles for safe and high quality care in Australia, which is that care is consumer centred, driven by information and organised for safety. The Goals describe specific priority areas in which a coordinated approach to improvement can be taken. Achievement of the Goals will also be supported by meeting the National Safety and Quality Health Service Standards. Improvements in these areas will move Australia closer towards achieving safer and higher-quality care, better outcomes for patients and a provide a more effective and efficient health system.

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SAFETY OF CARE: THAT PEOPLE RECEIVE THEIR HEALTH CARE WITHOUT EXPERIENCING PREVENTABLE HARM

71 PRIORITY AREA

1.1 MEDICATION SAFET

1.2 HEALTHCARE

ASSOCIATED INFECTION:

and antimicrobial stewardship

Reduce harm to people from medications through safe and effective medication management

7 OUTCOMES

- 1.1.1 Older people living in the community experience fewer adverse medicines events
- 1.1.2 Older people experience fewer adverse medicines events at admission to and discharge from hospital
- 1.1.3 Adults experience fewer venous thromboembolisms associated with hospitalisation
- 1.1.4 Children experience fewer dose-related adverse medicines events
- 1.1.5 People taking warfarin in the community experience fewer adverse medicines events
- 1.2.1 Healthcare providers, consumers and patients use effective, evidence-based hand hygiene practices
- 1.2.2 Antimicrobials are prescribed appropriately and people experience fewer infections from resistant pathogens
- 1.2.3 Fewer people experience central line associated bloodstream infections, surgical site infections and catheter associated urinary tract infections
- 1.3.1 Recognition and response systems are in place in acute healthcare facilities and fewer people experience harm because deterioration in their physical condition is not identified or acted on appropriately

RESPONDING TO CLINICAL **DETERIORATION:**

1.3 RECOGNISING AND

failures to recognise and respond to clinical deterioration through

APPROPRIATENESS OF CARE:

THAT PEOPLE RECEIVE APPROPRIATE, EVIDENCE-BASED CARE

7 PRIORITY AREA

2.1 ACUTE CORONARY SYNDROME:

based care for people with acute coronary syndrome

7 OUTCOMES

- 2.1.1 All people with acute coronary syndrome receive care in line with nationally agreed clinical standards, considering the following phases of their journey in the health system:
 - pre-hospital
 - hospital care
 - secondary prevention

2.2 TRANSIENT ISCHEMIC ATTACK AND STROKE:

Provide appropriate, evidence-

- 2.2.1 All people with a transient ischemic attack or stroke receive care in line with national clinical standards, and have improved quality of life. This is considering the following phases of their journey in the health system:
 - pre-hospital care
 - hospital care
 - community care

PARTNERING WITH CONSUMERS:

THAT THERE ARE EFFECTIVE PARTNERSHIPS BETWEEN CONSUMERS AND HEALTHCARE PROVIDERS AND ORGANISATIONS AT ALL LEVELS OF HEALTHCARE PROVISION, PLANNING AND EVALUATION

78 PRIORITY AREA

7 OUTCOMES

- 3.0.1 Consumers are empowered to manage their own condition, as clinically appropriate and desired
- 3.0.2 Consumers and healthcare providers understand each other when communicating about care and treatment
- 3.0.3 Healthcare organisations are health literate organisations
- 3.0.4 Consumers are involved in a meaningful way in the governance of healthcare organisations