

NSQHS Standards in 2013

Transforming the safety and quality of health care



October 2014

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



© Commonwealth of Australia 2014

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source.

Address requests and inquiries concerning reproduction and rights for purposes other than those indicated above in writing to:

Australian Commission on Safety And Quality in Health Care
GPO Box 5480
Sydney NSW 2001

Or email: mail@safetyandquality.gov.au

Suggested citation:

Australian Commission on Safety and Quality in Health Care.
NSQHS Standards in 2013: Transforming the safety and quality of health care. Sydney: ACSQHC, 2014.

An online version of this report can be accessed at www.safetyandquality.gov.au

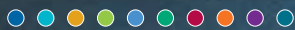
ISBN 978-1-921983-80-1 (print)

ISBN 978-1-921983-81-8 (online)

Contents

Overview: Transforming the safety and quality of health care	2
Timeline: History and key milestones	4
Improving patient care	5
Improving service delivery	7
How this began	9
Measuring impacts	11
Looking ahead	12
How the system works	17





Overview: Transforming the safety and quality of health care

The mandatory implementation of national standards for improving the safety and quality of healthcare in Australia is producing promising results and generating widespread engagement and support. The implementation of the National Safety and Quality Health Service (NSQHS) Standards, together with the introduction of the Australian Health Service Safety and Quality Accreditation Scheme, is an unprecedented, transformational effort to improve health care across the country. The transformation has come about because of the enormous commitment, hardwork and innovation displayed by clinicians, safety and quality managers, executives and board members representing health services nationally.

The NSQHS Standards were designed to protect the public from harm and to improve the quality of care to patients. In implementing the NSQHS Standards health services put in place safety and quality systems to ensure minimum standards of care are met, and a quality improvement mechanism exists to achieve aspirational goals.

Since January 2013, all hospitals and day procedure services have had to begin the process of being accredited to the NSQHS Standards. Some states and territories also require other services to be accredited, for example community health services and public dental practices. The NSQHS Standards are also being implemented in services where accreditation is voluntary, including in 570 private dental practices, prison health services and the community sector.

By the end of 2015, all 1,352 hospitals and day procedure services will have been assessed against the NSQHS Standards. The accreditation process is highlighting areas for improvement, with most services being required to take at least one remedial action. The most common areas requiring further work are related to the prevention and control of healthcare associated infections and to partnering with consumers.

The development and implementation of the NSQHS Standards was an intensive, consultative process driven by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with diverse stakeholders.

"I think it is important to underscore that this is, categorically, world-leading work."

The NSQHS Standards and accreditation scheme have strong support from stakeholders, including Australian government, state and territory health departments, health services in the public and private sectors, clinicians, consumer representatives, the Australian Day Hospitals Association, Private Health Insurance Association, and accrediting agencies.

The ground breaking work has drawn international interest and is informing efforts to improve the safety and quality of health care in other countries. The Commission's submission, *"National Safety and Quality Health Service Standards Development and Implementation"*, was also recognised in the 2013 Prime Minister's Awards for Excellence in Public Sector Management, winning two of the six awards presented. *"I think it is important to underscore that this is, categorically, world-leading work,"* says Professor Jane Halton, a former Board member and former Secretary of the Australian Government Department of Health.

According to the Commission's CEO, Professor Debora Picone, implementation of the NSQHS Standards has been "a great success" because of the effectiveness of the partnership between the Australian government, states and territories, the Commission, health services and the private health sector. *"The NSQHS Standards are being extremely well received by the system,"* she said. *"A group of clinicians recently told me that they love the NSQHS Standards because they are so clinically focused, and they believe that the NSQHS Standards are making quite a difference to patient safety and care."*

While formal evaluations are now underway, there are already encouraging signs that the implementation of the NSQHS Standards is bringing significant improvements for patient care and service delivery. Professor Picone says the potential for better patient outcomes is illustrated by Standard 9: Recognising and Responding to Clinical



Deterioration in Acute Health Care. This standard fits with work in New South Wales, where there has been an associated 38 per cent decrease in cardiac arrests since 2010. It is estimated to have resulted in about 800 fewer deaths in hospitals.

Making changes in a system as large as Australia's health care system is testing. Every health service applying the NSQHS Standards knows that it takes time, resources and can generate anxiety and tension. There is still more work to do, but early signs are that this effort is making a difference for patients.



Standard 1 – Governance for Safety and Quality in Health Service Organisations describes the quality framework required for health service organisations to implement safe systems.



Standard 2 – Partnering with Consumers describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care.



Standard 3 – Preventing and Controlling Healthcare Associated Infections describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.



Standard 4 – Medication Safety describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.



Standard 5 – Patient Identification and Procedure Matching describes the systems and strategies to identify patients and correctly match their identity with the correct treatment.



Standard 6 – Clinical Handover describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.



Standard 7 – Blood and Blood Products describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe.



Standard 8 – Preventing and Managing Pressure Injuries describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.



Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.



Standard 10 – Preventing Falls and Harm from Falls describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.



Timeline: History and key milestones

1995

The Quality in Australian Health Care Study, published in The Medical Journal of Australia, reported that 16 per cent of patients in hospitals experienced some form of adverse event during their admission and approximately 50 per cent of these were preventable. This report sharply focused attention on safety and quality of health care in Australia.

2005

A national review of safety and quality governance recommended accreditation of health services be reformed to enhance quality improvement and to facilitate the development and implementation of agreed national standards.

2006

Health Ministers asked the Commission to develop national standards for safety and quality in health care. They become known as the National Safety and Quality in Health Service (NSQHS) Standards.

2008–2011

The Commission developed the NSQHS Standards in close consultation with stakeholders.

2009–2010

Five standards were piloted through consumer forums and a public consultation process. They covered infection control and prevention, medication safety, patient identification, clinical handover and governance. Three further standards were developed in falls, pressure injuries and recognising and responding to clinical deterioration, and feedback led to the development of another two additional standards – one concerned with blood products and the other with consumer participation.

2010–2011

The 10 NSQHS Standards were piloted in 38 health services and 11 accrediting agencies to assess their practicality and to fine tune strategies for implementation.

2011–2012

Health Ministers endorsed the NSQHS Standards. The Commission introduced the NSQHS Standards to health services with a suite of evidence-based resources and additional support materials.

2013

The NSQHS Standards were mandated by Health Ministers for all hospitals and day procedure services. Many private dental practices, prison health services and community health services voluntarily apply the NSQHS Standards. The Commission was awarded two Prime Minister's Awards for Excellence in Public Sector Management for the development and implementation of the NSQHS Standards.

More than 700 hospitals and day procedure services were assessed against the NSQHS Standards during the first year of implementation.

2013–2017

More than 1,330 hospitals and day procedure services will have been assessed against the NSQHS Standards by 2017.

Implementation of the NSQHS Standards is being formally evaluated. This will be finalised by 2015. This will include reviews by University of Newcastle, the University of NSW and the Commission. As results become available from these reviews they will be incorporated into the supporting materials and processes for accreditation.



Improving patient care

Benefits for patient care are already being seen as a result of the implementation of the NSQHS Standards. Many stakeholders interviewed for this report highlighted, in particular, the positive impact the NSQHS Standards are having on partnering with consumers and reducing infections in healthcare. As well, Standard 9 is seen to be improving the treatment of patients in mental health facilities by ensuring a greater focus on their physical health.

Reducing infections in health care

Standard 3 – Preventing and Controlling Healthcare Associated Infections

The “transformative” Standard 3, Preventing and Controlling Healthcare Associated Infections, tackles the serious health threats of antimicrobial resistance and healthcare associated infections.

The introduction of this standard is hugely significant for healthcare systems and patient safety, according to an infectious diseases physician and microbiologist, Professor John Turnidge, who is leading the Commission’s work on a national surveillance program of antimicrobial resistance and antibiotic usage. He says:

“This standard is nothing short of transformative, and I can assure you that is not an exaggeration. It has provided the necessary stimulus for hospital executives to re-prioritise and commit resources to the prevention of healthcare associated infections as well as to accept responsibility for governance.”

Professor Turnidge said that Standard 3 would see systems for antibiotic stewardship embedded into all hospitals over the next three to four years.

“Infectious diseases and pharmacy professionals have been seeking this goal for many years. Previously only a small number of the largest teaching hospitals had developed stewardship teams. As well as reducing the risk to patients of healthcare infections, this standard is empowering hospital pharmacists to make improvements and is developing a specific field of infectious disease pharmacists, which will help to expand strategies for decreasing healthcare associated infections.”

The impacts on hospital costs have not yet been studied in detail, but Professor Turnidge expects that controlling the use of more expensive and broader spectrum antibiotics in particular will offset any costs associated with implementing Standard 3.

The Commission has a suite of programs and measures underway to reduce health care infections and inappropriate antimicrobial use.

CEO, Professor Deb Picone says, *“The Commission has been leading nationally on this issue. We are continuing to see an overall reduction in septicaemia, which is incredibly important because the death rate from septicaemia is around 20 per cent. There has been a 33 per cent decrease in Staphylococcus aureus bacteraemia associated with hospital care since 2010/11.”*

According to the Australian Government’s Chief Medical Officer, Professor Chris Baggoley, Australia’s use of healthcare safety and quality regulation to improve antimicrobial stewardship is ground breaking.

“In safety and quality in healthcare associated infections, we are leading the world. As well as being important for patient outcomes, improving antimicrobial stewardship is likely to result in significant savings for Australia’s health system,” Professor Baggoley says.

“We are seeing huge improvements in hospital associated infection rates.”

Continued over



Around the country, healthcare administrators report that Standard 3 is making a difference. In South Australia, hand hygiene has improved and bacteraemia rates in hospitals have fallen, says Michele McKinnon, Director of Safety and Quality for SA Health.

"We are seeing huge improvements in hospital associated infection rates," she says.

The next big challenge, according to Professor Turnidge, is to develop antimicrobial stewardship standards and guidance for the aged care sector and general practice.

"This will be much more challenging as few models exist at present anywhere else in the world. However, if we don't address these sectors, we will leave a gaping hole in our efforts to contain antimicrobial resistance," he says.



Improving service delivery

Health services across the country report the NSQHS Standards are making a difference at many levels, including to patient care and clinical governance. Some poor quality services have closed as a result, and others have told the Commission of significant remedial work being undertaken to bring services up to standard.

The Eye-Tech Day Surgeries, which operate from two sites in Brisbane, was one of the first services accredited to the NSQHS Standards in early 2013, after volunteering to be a pilot site in 2010. The CEO, Anne Crouch, who represents the Australian Private Hospital Association on the Commission's private hospital sector committee, has been involved in the NSQHS Standards' development and implementation from the outset.

Ms Crouch says the NSQHS Standards have lifted the bar for healthcare services nationally, and that she has seen the benefits first-hand in the service she runs. Like Professor Picone, she highlights the value of the NSQHS Standards around care of the deteriorating patient.

"We now have the national medication and observation charts that are used across Australia. Staff initially thought these were a bit silly, given that our patients are short-term, but they now love them because they can clearly and immediately see when a patient is deteriorating," says Ms Crouch.

Ms Crouch added that clinical handover has improved noticeably as a result of Standard 6. *"There is a lot more talking between doctors, clinicians and staff, and they are a lot more particular in how they hand over. It's something which wasn't done well before in day facilities. Now there's a formula of what to do."*

Ms Crouch also highlights the value of Standard 3, Preventing and Controlling Healthcare Associated Infections. Its introduction has been associated with an increase in hand-washing rates. *"We do a lot more auditing, simple things like hand hygiene audits that we didn't do before. The NSQHS Standards have made a difference. They have been fantastic," she says.*

Making progress

In South Australia, 80 per cent of the state government health services went through accreditation in 2013 and the results have been impressive. Michele McKinnon, the Director of Safety and Quality for SA Health, has been working with the Commission for over five years, and is a member of its interjurisdictional committee.

"We are getting a real groundswell that safety and quality is everyone's business. That's really exciting."

She says hand hygiene in South Australian public hospitals has improved significantly as a result of the NSQHS Standards (from 52 per cent in 2009 to 78 per cent in 2014), contributing to a fall in healthcare associated infections. Fewer patient falls are also occurring in South Australian public hospitals, she says.

While implementation of the NSQHS Standards and preparation for accreditation has been a huge amount of work, it has also yielded many lessons about effective tools for implementation, including the value of online learning to support clinicians. *"We released our online aseptic learning tool last September, and 10,000 staff have finished it. We are getting a real groundswell that safety and quality is everyone's business. That's really exciting," Ms McKinnon says.*

Ms McKinnon adds that Standard 1, Governance for Safety and Quality Organisations, had been "incredibly helpful" for developing more effective systems of governance, across hospitals in South Australia. *"We have become much more structured about how we're moving forward on safety and quality, and for dealing with any new and emerging issues. That took time but the NSQHS Standards really, really helped."*

The mandating of the NSQHS Standards had been critical. *"It does focus the hearts and the minds of CEOs," she says. As well, clinicians and consumers have also been very supportive of the NSQHS Standards saying that they "make sense".*



Ms McKinnon also pays tribute to the collaborative leadership displayed by the Commission in bringing the states and territories together to share innovation, saying it had been enormously effective. *“The Commission has done a phenomenal piece of work, and has formed very strong partnerships with the jurisdictions in order to make it happen. This is so significant given our federation. Health Ministers held the line, and saw it through. So, congratulations to everybody – it’s been an amazing piece of work by all concerned.”*

The high-level support of Health Ministers and the Commission for the NSQHS Standards and Australian Health Service Safety and Quality Accreditation Scheme also helped extend the influence of safety and quality initiatives.

Health services report that clinicians and boards have become more engaged in safety and quality processes. Previously, accreditation was often seen as the responsibility of the safety and quality officer, but since the introduction of the NSQHS Standards it is no longer possible for a health service to achieve accreditation without ‘across-the-board’ engagement.

Director of Safety and Quality at Sir Charles Gairdner Hospital in Perth, Tanya Gawthorne says the impact of the NSQHS Standards and accreditation has been positive, particularly in improving governance arrangements.

“The way accreditation was implemented across the nation with the imprimatur of the Health Ministers helped us to engage parts of the organisation which previously had been less engaged. This helped ensure that the NSQHS Standards were being implemented right across the organisation, not just in parts. That has been a very good thing,” says Ms Gawthorne.

Achieving cultural change

At Barwon Health, the largest regional provider of health services in Victoria (including acute hospital and aged care beds and community health facilities), the implementation of the NSQHS Standards is seen as a resounding success.

Jo Bourke, Barwon Health’s Director of Safety, Quality and Innovation, has worked closely with the Commission and says the NSQHS Standards have led to wide-ranging changes for the organisation and patient care. She credits the NSQHS Standards for driving a significant reduction in adverse events and for managing quality at the point of care. *“The NSQHS Standards have been an excellent catalyst for change,”* she says.

In preparation for accreditation, Barwon Health decentralised responsibility for safety and quality efforts. This required a major organisational shift, with the establishment of organisational NSQHS Standards committees as well as safety and quality committees within each clinical directorate.

“The organisation established a committee for each NSQHS Standard to take the lead in identifying gaps that needed addressing in preparation for accreditation. The committees have been of such value,” says Ms Bourke, *“that they are now leading continual improvement, and providing recommendations to the organisation’s peak governance committee.”*

“These structural changes have been transformational in producing cultural change by achieving buy-in and ownership of safety and quality at all levels of the organisation,” says Ms Bourke.



How this began

These endorsements are a reminder of how far the process has developed from 2005, when the NSQHS Standards were first mooted. At that time, Health Ministers were under pressure following some high-profile failures in the health system that put the spotlight on unsafe care.

Many sets of standards and accreditation programs were in place when work on the NSQHS Standards began. However, they generally did not engage clinicians and were not an effective tool for improving the safety and quality of services, or for assessing and comparing the state of safety and quality across the system.

After Health Ministers decided that nationally consistent safety and quality standards should be applied to all health services, the Commission began work on developing these in 2008. The goal was to develop a mechanism for applying consistent, evidence-based safety and quality requirements wherever health care is delivered in Australia, and to provide a way of comparing performance across different sectors, regions and types of services.

The criteria for developing each standard were that it was an area where there was evidence of harm to patients and evidence of effective strategies for better care, and there were variations in practice, so improvement was possible.

While there was considerable dissatisfaction with the existing accreditation system, stakeholders did not necessarily agree on the best approaches for reform. In order to achieve widespread buy-in, particularly from clinicians, the Commission developed a transparent, seven-step process involving substantial and repeated consultation and collaboration with key stakeholders.

The seven step process

1. **Select the content area of the NSQHS Standards in consultation with stakeholders against specified criteria.**
2. **Draft the NSQHS Standards in conjunction with technical experts and key stakeholders.**
3. **Test and validate the NSQHS Standards with the Commission's committees and stakeholders.**
4. **Call for written feedback from the public.**
5. **Hold focus group meetings with consumers across the country.**
6. **Meet with industry groups and accrediting agencies.**
7. **Pilot the NSQHS Standards in health services.**

At each stage, stakeholder consultations provided the opportunity to identify gaps and other concerns, as well as to educate stakeholders and gain their acceptance. The magnitude of this task is revealed by the fact that in the area of blood management alone, the Commission identified and engaged with 25 organisations that had not previously been brought together. The turnover of Health Ministers and personnel in departments and services also meant consultation and engagement was an ongoing process.

"If a problem was found, it was discussed openly, often and broadly until an agreed solution was found."



The key word for understanding the processes that drove the development and implementation of the NSQHS Standards is “*iterative*”, according to Margaret Banks, the Senior Program Director whose persistent, longstanding work on the NSQHS Standards is widely acknowledged.

Ms Banks has maintained an open door policy, to enable all concerns and feedback to be heard. She says the Commission never tried to force matters; it engaged and consulted until all stakeholders felt their concerns had been heard.

The contribution of “critical friends” in providing direct, meaningful feedback was also particularly valuable. *“If a problem was found, it was discussed openly, often and broadly until an agreed solution was found,”* she says.

“The Commission never had a sense of ‘this is how it is going to be’. So much of what we were doing was bringing people along, writing the story and letting them be part of that, so they owned it and so that when the solution came, it was something they felt they could live with and they understood why it was like that,” she says.

Changes made as a result of these extensive consultations included:

- Initially eight Standards were planned that covered areas such as infection control, medication safety, patient identification, clinical handover, falls prevention, pressure injury prevention, and recognising and responding to clinical deterioration; but an additional two were developed as a result of feedback from stakeholders: one concerned with blood products and the other with consumer participation.
- Concerns about duplication and ambiguity in the NSQHS Standards were raised during piloting, so the Commission changed the way NSQHS Standards were structured and addressed the overlap.
- After services began identifying the need for resources, support and audit tools, the Commission developed practical resources to aid implementation. These included 10 Safety and Quality Improvement Guides, electronic monitoring tools, accreditation workbooks, training for health services and surveyors assessing the NSQHS Standards, development of reporting tools and a database, and a national coordination of processes.
- Refinements were made to branding and communication, including improvements to the Commission’s website.
- An Advice Centre was established to provide a mechanism for informing health services about issues needing a consistent response. The Centre provides advice to health services making improvements and to accrediting agencies verifying compliance.
- The Commission also provided mediation services to health services and accrediting agencies seeking to resolve issues that arise during an accreditation survey visit.

The development and consultation process was protracted and resource-intensive but meant there was buy-in across the health system. *“By the time we got to 2013, they were telling us ‘you’ve been talking about this forever, when do we start putting them in place?’”* says Ms Banks.



Measuring impacts

The NSQHS Standards and associated accreditation scheme have had wide-ranging impacts. For the first time since the introduction of accreditation for health services over four decades ago, there has been an alignment of the responsibilities of the ‘regulators’ (state and territory health departments) and health services.

All states and territories made significant efforts to implement the NSQHS Standards, by reviewing policies and processes, and making information, tools and resources for the NSQHS Standards available via their websites. For the first time, each jurisdiction developed policy directives or operational statements that clearly describe the processes that will occur if a service does not achieve accreditation.

Queensland developed detailed audit tools to meet the requirements of the NSQHS Standards and made them available nationally. New South Wales is piloting an electronic auditing tool that can provide local and system-wide reports for benchmarking across peer services. Online education modules have been developed and rolled out in Victoria and South Australia, some of which are accessible nationally. South Australia has also developed annual reporting on safety and quality that is aligned to the NSQHS Standards.

The Commission is working with education bodies to ensure the NSQHS Standards are reflected in clinical training. Health care complaints commissioners and coroners across the country are also using the NSQHS Standards as measure of good practice for matters they review. The Department of Veterans Affairs and health insurers have incorporated the need to implement the NSQHS Standards into their contracts with health services.

For health services too, there has been significant change. They report an increase in the need to document, audit and report. For small services particularly, the audit burden was high and the time taken by staff to meet the NSQHS Standards resulted in considerable stress. Some services see this as a burden; for others, it is an opportunity to better understand and improve their organisation’s performance.

The Commission is monitoring acceptance, penetration, compliance, the reliability of outcomes, the degree of duplication and the role of regulators through a range of measures and processes, including Advice Centre usage. In 2013 there were 1,530 inquiries through the Advice Centre, (41% public sector); 1,080 registrations to join networks (63% public sector); 427,565 visits to the Commission’s web site (47% new visitors) with the most popular pages being the improvement guides; and 25,438 downloads of the NSQHS Standards booklet.

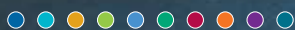
The Advice Centre also collates and reports to the Commission and to jurisdictions on issues raised through inquiries, site visits and committee and network meetings.

Three formal evaluations are being carried out by the University of Newcastle, the University of New South Wales and the Commission. Each will examine various dimensions of the impact of the NSQHS Standards, including patient outcomes, clinical processes of care, and patient perceptions of the impact of the NSQHS Standards.

These complementary evaluations will provide a comprehensive picture of the impact of the NSQHS Standards.

In 2010 a partnership was formed between the University of New South Wales, the Commission and five key agencies to conduct a multi-method, triangulated series of studies (known as ACCREDIT) into the broader issue of accreditation. The collaboration won an Australian Research Council Linkage Grant to carry out the studies between 2011 and 2015. These will help develop the evidence base for the accreditation field, nationally and internationally.

University of Newcastle researchers are working on assessing the impact of the NSQHS Standards from a consumer’s perspective. The Commission has begun an economic analysis focusing on specific aspects of the NSQHS Standards. The Commission is also using hospital data that is routinely collected, before and after the NSQHS Standards were implemented, to see what difference they are making.



Looking ahead

The Commission is reviewing the NSQHS Standards and the accreditation scheme in consultation with stakeholders. Work is underway in two priority areas, mental health and dementia care, to use the NSQHS Standards as a lever to improve outcomes for these patients. A proposal has also been developed to undertake similar work for Aboriginal and Torres Strait Islander people seeking care in mainstream health services. General practice accreditation is another new area of work for the Commission.

Other issues on the Commission's radar include health literacy, the fundamentals of patient care (such as helping patients to get mobile, toileting, pain management, and nutrition), variation in the interpretation and assessment of the NSQHS Standards by accrediting agencies, and ongoing concerns about language in the NSQHS Standards being clear. The Commission also acknowledges concerns about the demand upon resources, particularly for small health services.

While the NSQHS Standards and accreditation remain “a work in progress”, with ongoing review and refinement, it is important to acknowledge the gains that have already been made. Professor Chris Baggoley, Australia's Chief Medical Officer and a former CEO of the Commission, says the NSQHS Standards have met a positive reception because stakeholders recognise they address important issues.

“People have told me they find the NSQHS Standards useful, practical and important. When I look back on my time at the Commission, having the NSQHS Standards developed, accepted by Health Ministers and broadly accepted across the health system is the single most important activity I was involved with. They have embedded quite a range of important quality initiatives in the system,” says Professor Baggoley.

In 2013, the Commission started work with the Royal Australian College of General Practitioners (RACGP) on accreditation of general practice. General practices will continue to use the RACGP Standards to be accredited, and the Commission will be part of the process of co-ordination of general practice accreditation.



Partnering with consumers – making a difference

Standard 2 – Partnering with Consumers

Although it has also involved considerable challenges, many stakeholders report that Standard 2, Partnering with Consumers, is having a profound effect.

The Commission's Senior Program Manager Margaret Banks says this standard represents the most important structural change for the health system. *"It has the greatest potential for us to make a big difference in terms of the care that people receive,"* she says.

Health services putting this standard in place have shared their perspectives.

Barwon Health, Victoria

Significant changes are occurring at this regional health service as a result of its partnering with consumers, says Jo Bourke, Director of Safety, Quality and Innovation.

While Barwon Health met every criterion of Standard 2 at the highest level, this took *"an awful lot of hard work"*, she adds.

"We have an interview process, a training program, and a support network in place."

The service now has 52 consumer representatives working as volunteers across key committees as part of the planning, service development and review process. *"We have a recruitment, training and support network in place for our consumer representatives,"* says Ms Bourke. *"It's not tokenism. Our consumers are meaningfully involved at every level of the organisation."*

As a result, the service is working towards eliminating visiting hours. *"Because we're rural and a major referral centre, a lot of people couldn't get here for visiting hours,"* says Ms Bourke.

Another major innovation is the introduction of a program to check that all information going to the public is in plain English. *"Staff submit documents for approval as part of the Written Information Suitability Evaluation (WISE) program,"* says Ms Bourke.

"Nothing can be published for consumers, unless it's been through the WISE program, which is run by consumer groups. Over the last few years, the volume of documents going through the program has gone from 30 to 150 per month. The program is also educating staff on how to write documents for consumers."

Trained volunteers are also involved in surveying patients and families while they are in hospital, which provides useful, real-time feedback. *"The staff it found challenging when it first started,"* says Ms Bourke, *"but now it's business as usual, and if the consumer representative doesn't come and do the round, staff are asking for their reports."*

Ms Bourke expects consumers' experiences and participation will play an increasingly important role. *"We're starting work now on our next strategic plan, and there is clear indication from our CEO and Board that quality and the needs of our consumers will be a key focus."*

Eye-Tech Day Surgeries, Brisbane

CEO Anne Crouch admits that she was sceptical about the value of consumer engagement some years ago, thinking that this would not be applicable to patients who are only admitted for three to five hours.

But after attending a workshop on consumer engagement, she had an epiphany. *"I realised that putting yourself into the shoes of a patient and a consumer is really, really valuable,"* she says.

"I'm passionate about consumer engagement now, and it's made a big difference to our day hospital. The consumer voice is very powerful."

"I can see that people take the time out to talk to people."

Continued over

The hospital has a consumer focus group each year where everything that happens at the hospital (except finances) is up for discussion. As a result, the hospital has done new work on health literacy, rewriting patient information.

Ms Crouch says she has also noted a shift in the attitudes of staff, who have become more empathetic and compassionate. *"I can see that people take the time out to talk to people,"* she says. *"We were more system and efficiency driven before."*

The practice of open disclosure has also improved enormously, she adds. Open disclosure describes the way clinicians communicate with patients who experience harm from the care they received.

Launceston General Hospital, Tasmania

Former truck driver David Hargreaves understands only too well how devastating it can be when adverse events occur in health care.

A traumatic truck accident in 2000 crushed his leg and resulted in an amputation. He suffered ongoing pain that was poorly managed. As the result of an error during subsequent surgery on his hand, he later lost a finger.

"I've been through the mill a bit but I'm still above the ground," says the 65-year-old.

Now, he is more than happy to donate his time to working with the Launceston General Hospital as a consumer representative.

"I've got the feeling they're listening to us."

Mr Hargreaves has been involved in planning meetings and a consumer group that has suggested the hospital improve its parking facilities, waiting areas, outpatient services and signage.

He is delighted the hospital is making a greater effort to involve consumers. *"I've got the feeling they're listening to us,"* he says.

Sydney Adventist Hospital, Sydney

Robert Smith, 78, wears many hats. He has been a director of the hospital for more than a decade, and also knows the place well as a patient, having had treatment for cancer there.

When NSQHS Standard 2 was being rolled out, Mr Smith was invited to be on a panel to select members of the Consumer Council.

"We wanted to make sure we had people who were not frightened to speak their mind," he says. *"We wanted to get feedback from them which was relevant and would direct the Council to attend to things which needed attending to."*

"Having a community representative there sends a message to prospective doctors that we think the perceptions of patients and families are important."

The Council, which includes seven consumers and the hospital's executives, had its first meeting in late 2013 and plans to meet four times a year. Mr Smith says the Council is contributing to a cultural shift, with patients feeling a greater sense of connection to the hospital.

The Council has requested more signage throughout the hospital and more training for people feeding patients. *"Health professionals have other priorities but as a consumer, you see these matters as important."*

The role of consumers is valued right across Adventist Healthcare, according to Dr Jeanette Conley, who is Group Director of Medical Services. *"Panels assessing applicants for medical positions have been including a consumer representative for some time,"* she says.

"They ask questions about how the doctor knows they are meeting the needs of the patient and the family," she says. *"Having a community representative there sends a message to prospective doctors that we think the perceptions of patients and families are important. In the discussions afterwards, we find that consumer representatives have often picked up on things that we hadn't. It helps to broaden the discussions and enriches the process."*



Royal Darwin, Katherine and Gove Hospitals, Northern Territory

The Top End quality manager, Louise O’Riordan, has been busy preparing for the first assessment against the standards, due in November 2014.

She has been pleased by the high level of engagement by hospital staff, which she attributes to the awareness campaigns run by the Commission and other bodies.

She says NSQHS Standard 2 is most likely to make a difference to the hospitals in the Northern Territory, and particularly for the care of Aboriginal and Torres Strait Islander people, who account for 60 per cent of patients. *“There are opportunities to improve care by strengthening consumer participation,”* she says.

As a result of engaging with Indigenous consumers, changes are underway, including in the way staff introduce themselves and to development of information resources.

“It’s making us think more, and pushing us to consider what patients want.”

Ms O’Riordan says Indigenous consumers have welcomed the opportunity to contribute, and are now included in safety and quality meetings. *“It’s making us think more, and pushing us to consider what patients want.”*

Overall, Ms O’Riordan says there have been many benefits from implementing the standards. *“It’s been a really good exercise for Australia and a lot of hard work but I think it’s paying off.”*



Improving care for mental health patients

Although the Toowong Private Hospital has been accredited for nearly 20 years, it took quite an effort for the facility to meet the NSQHS Standards, according to its CEO, Christine Gee.

Ms Gee, who is also a Commission Board member and Chair of the Commission's private hospital sector committee, says she wouldn't have wanted it any other way as the whole point of the NSQHS Standards was to push services to improve their care.

She is sure that has happened at her hospital, which is a mental health facility.

"We had our work cut out to make sure we met the new standards," says Ms Gee. "We went really well. It was time consuming and it did cause us to refocus, to look at how do we prove we meet these requirements."

"But that's the point – I believe that the new approach has resulted in a more rigorous and robust process."

Ms Gee says that implementing Standard 9, Recognising and Responding to Clinical Deterioration, has made a big difference for patient care.

"As a mental health facility, physical health is not an area we have specifically focused on before. As a result of the new standard, we've implemented the new observation chart and reviewed policies and staff training to meet the requirements," she says.

"I can confidently say that I know there are patients who we have identified as becoming physically unwell much earlier than we would have without the changes. I couldn't tell you definitely that it has saved anyone's life but it has certainly improved our patients' treatment and minimised the distress that results from a medical emergency or unplanned transfer."

Ms Gee expects that the NSQHS Standards will be further improved as a result of the current review, which she expects will eliminate the duplication between NSQHS Standards that currently exists.

"I'm sure the review will only improve the NSQHS Standards. Whilst the new approach to accreditation and the implementation of the NSQHS Standards has been a fairly costly exercise, I can see value for that investment within my own facility, and do believe they represent a considerable improvement in safety and quality assurances measures across the Australian healthcare industry," she says.

Another challenge for the Commission, according to Margaret Banks, is to work on ensuring the NSQHS Standards fit with the Australian Government Department of Health's national mental health standards.

How the system works

The NSQHS Standards

These cover areas where harm is occurring too often to patients and where there is good evidence of how safer and better care could be provided.

Standard 1 – Governance for Safety and Quality in Health Service Organisations

Standard 2 – Partnering with Consumers

Standard 3 – Preventing and Controlling Healthcare Associated Infections

Standard 4 – Medication Safety

Standard 5 – Patient Identification and Procedure Matching

Standard 6 – Clinical Handover

Standard 7 – Blood and Blood Products

Standard 8 – Preventing and Managing Pressure Injuries

Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 10 – Preventing Falls and Harm from Falls

Each standard includes key criteria and actions. There are 256 actions in the NSQHS Standards and these are assessed during accreditation. Core actions are critical to the safety and quality of care and must be met. There are 209 core actions for hospitals, and 208 for day procedure services. The remaining actions are aspirational, and cover areas where health services should focus their future efforts and resources to improve patient safety and quality. Activity in these areas is required, but the actions do not need to be fully met to achieve accreditation.

Accreditation

In January 2013, the Australian Health Service Safety and Quality Accreditation Scheme was introduced. All hospitals and day procedure services must be accredited against the NSQHS Standards. Some states and territories also require other services to be accredited, for instance community health services and public dental practices. Some other services are voluntarily becoming accredited to the NSQHS Standards.

There are 10 accrediting agencies approved to assess health services to the NSQHS Standards.

The detail of the accreditation cycle is determined by the accrediting agencies, but can be either three or four years. The cycle generally consists of:

- a gap analysis to the NSQHS Standards by the health service
- implementation and monitoring of safety and quality initiatives by the health service
- organisation-wide assessment to all 10 NSQHS Standards by an external agency
- midcycle assessment to Standards 1, 2 and 3 by an external agency.

An assessment, either organisation-wide or midcycle, will generally involve:

- a self-assessment to the NSQHS Standards
- site visit by an external surveyor to assess implementation of the NSQHS Standards
- a remediation period (120 days in 2013, 90 days from 2014 onwards), if any core actions are not fully met
- a review of unmet actions to determine if they comply with the NSQHS Standards
- awarding of accreditation where all core actions are met.

Results from 2013

There are 1,352 public and private hospitals and day procedure services in Australia eligible to be assessed as part of the accreditation scheme; 57 per cent are in the public sector, 43 per cent are in the private sector. By the end of the first year of the scheme, 750 health services (417 private and 333 public) had been assessed to the NSQHS Standards. Of these:

- 279 underwent an organisation wide assessment
- 453 underwent a midcycle assessment
- 18 newly established health service underwent interim accreditation.

Of all of the health services assessed in 2013, 17 per cent met all actions at initial assessment; while 83 per cent needed to take remedial action to address at least one action. For many services, this was a developmental (aspirational) action.

The most common core actions requiring further work were related to Standard 3, Preventing and Controlling Healthcare Associated Infections, and Standard 2, Partnering with Consumers.



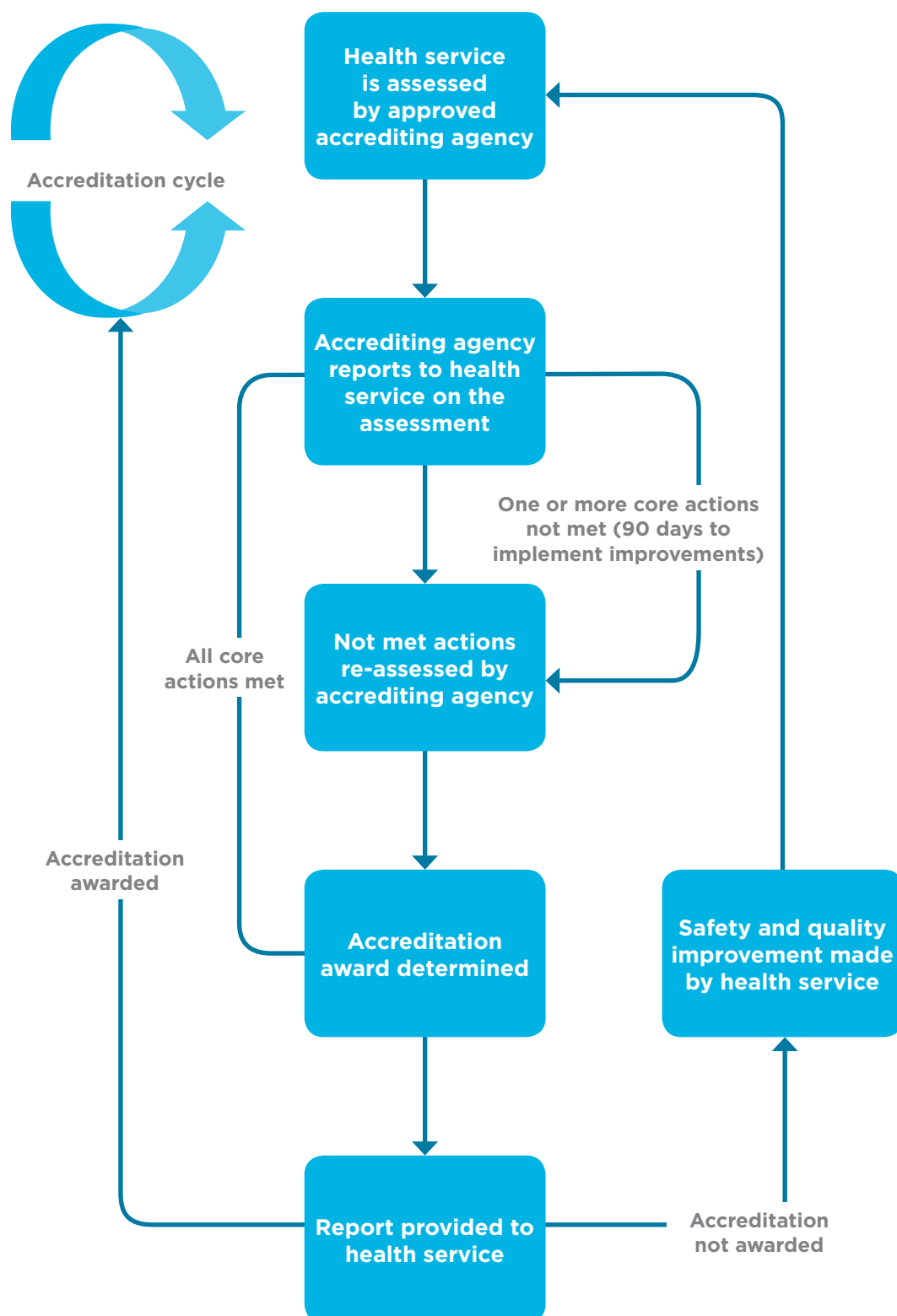
Supporting the system

The Commission has produced a range of tools and resources to aid implementation of the NSQHS Standards. These include:

- Over 2,100 copies of the NSQHS Standards were printed and distributed to health services in 2012/13. In addition, states and territories printed many hundred additional copies. A reprint by the Commission saw the distribution of an additional 790 to the system up to June 2014.
- Ten Safety and Quality Improvement Guides, one for each standard to ensure a consistent understanding of the intent of the NSQHS Standards and provide guidance for health services and accrediting agencies. Over 1,800 copies of the Safety and Quality Improvement Guides and accreditation workbook were distributed in 2012/13 in hard copy. Since then, 1,150 have been distributed in hard copy, and 4,000 were distributed via USB sticks.
- A Guide for Small Hospitals implementing the NSQHS Standards. Up to 70 per cent of health services in Australia have 50 or fewer acute beds. 1,700 of these guides have been distributed in hard copy since May 2013.
- Accreditation workbooks for hospitals and day procedure services.
- An electronic monitoring tool, to provide a way of recording and reporting activity towards achieving full implementation of the NSQHS Standards. This has been downloaded from the Commission's web site over 7,650 times.
- An accreditation workbook for mental health services has mapped the National Standards for Mental Health Services to the NSQHS Standards and provided health services with guidance on areas of overlap and unique requirements of each set of standards. To date, 1,350 copies of the document have been distributed to the health system, and 1,331 copies of have been downloaded.
- The Advice Centre which has allowed health services, policy officers and surveyors to seek advice on the process of accreditation and intent of the NSQHS Standards. Between September 2012 and December 2013, there were over 2,100 inquiries.
- A mediation service to resolve differences in opinion during an assessment. Health services and surveyors can meet (generally via teleconference) with Commission representatives to discuss disputed issues. 10 sessions were convened in 2013, all of these resulted in a resolution.
- Advisories to provide direction to approved accrediting agencies and health services on specific issues. In 2013, 10 advisories were issued.
- Network meetings to discuss implementation of each of the 10 NSQHS Standards. These presentations have been podcast and made available online along with presentation material. In 2013, 58 network meetings were convened with 1,213 participants.
- Regular meetings of all approved accrediting agencies have been convened to discuss and resolve issues collectively. This working group was established in April 2011. By December 2013 it had met 18 times.
- Regular meetings of all states, territories and Australian government representatives to discuss and resolve issues collectively. This includes regulatory processes, analysis of outcomes data, and discussion of additional services to be accredited. This working group was established in March 2011. By December 2013 it had met 21 times.
- Web site communications. The Commission's web site has been continuously updated to provide information to the health system on resources, tools and implementation of the NSQHS Standards and accreditation scheme. By the end of December 2013, there had been more than 16,000 downloads of the NSQHS Standards document, and 116,000 visits to the NSQHS Standards and accreditation pages.



Flow chart of an assessment to the NSQHS Standards





Australian Commission on Safety and Quality in Health Care

Level 5, 255 Elizabeth Street, Sydney NSW 2000
GPO Box 5480, Sydney NSW 2001

Phone: (02) 9126 3600 (international +61 2 9126 3600)

Fax: (02) 9126 3613 (international + 61 2 9126 3613)

Email: mail@safetyandquality.gov.au

www.safetyandquality.gov.au