Australian Safety and Quality Goals for Health Care Consultation 2012

The NSW Therapeutic Advisory Group (NSW TAG) is an independent, not-for-profit organisation promoting quality use of medicines (QUM) in NSW public hospitals, funded by the NSW Ministry of Health. NSW TAG members are clinicians, pharmacists and nurses with an interest in QUM, representing Drug and Therapeutics Committees (DTCs) across the spectrum of public hospitals in NSW, from tertiary referral centres to rural and remote institutions. Part of NSW TAG’s core business is to provide advice on safety and quality issues relating to medicines, to the NSW TAG membership, the NSW Ministry of Health and other QUM organisations.

The consultation paper was sent out to all NSW TAG members to give them the opportunity to comment. A collation of their comments together with the views of NSW TAG is provided below.

1. How do you think national safety and quality Goals could add value to your existing efforts to improve the safety and quality of care?

The goals of our organisation regarding medication safety align closely to those of the Australian Commission on Safety and Quality in Health Care. We have an ongoing fundamental interest in supporting NSW (and Australian) hospitals to monitor and improve quality use of medicines. The support of the Australian Commission on Safety and Quality in Health Care (ACSQHC) in the further development and updating of indicators for the quality use of medicines in hospitals by NSW TAG has been an excellent example of how the goals of two organisations can collaboratively achieve improvement in safety and quality care. Further challenges regarding safety and quality of care are on the horizon such as electronic medication management, introduction of more potent medications and complex medication regimens as well as the perpetual problems of continuity of care. Collaborative approaches to these challenges, incorporating the strengths of organisations such as NSW TAG, the Council of Australian Therapeutic Advisory Groups (CATAG), NPS and ACSQHC, are more likely to succeed.

Moreover, a national focus on specific goals enhances a co-ordinated collaborative approach to research, in terms of project support and aims, to policy development and implementation, to national educational strategies and to building work capacity. Goal setting for safety and quality of care on a national level and the consequent flow-on effects should be of value for
organisations such as NSW TAG as long as the goals are realistic, they address practising clinicians’ concerns and they are achievable in the defined time frame.

2. Do you agree with the topics that have been included as Goals and priority areas? Are there any other areas that should be considered?

NSW TAG supports the goals and priority areas outlined consultation paper. We have previously recognized many of the areas outlined in the consultation paper as important targets for improving patient safety and quality of care and undertaken projects with regard to standardization of systems and processes, education of health care professionals regarding safe and quality use of medicines, and improvement of medication reconciliation and continuity. Two of our members have extensive experience in the hospital-based electronic medication management area and we aim to increase activity in this area in the near future. We provide support for professionals responsible for antimicrobial stewardship.

We believe diabetes and acute coronary syndromes are two clinical areas in which further improvement in safety and quality of care can be undertaken. However it should be noted that many of the issues confronting these conditions also confront others such as silos of care, inequity of access, information overload for clinicians, poor communication between health care professionals and between health care professionals and consumers and lack of multidisciplinary input. Strategies targeted at improving care in these areas, which can be translated into improving other clinical areas, should be prioritised.

3. What do you think about the specificity of the Goals and priority areas? Are they too broad or specific?

Overall the goals were viewed more as mission statements. There was doubt that the goals were achievable in a 3-5 year time frame as stated in the document. It is recommended that specific objectives are also stated. For example, to address medication continuity, specific objectives could be i) all patients over 65 years of age discharged from an emergency department taking more than 3 medications must have a medication list and ii) all patients over 65 years of age discharged from hospital taking more than 3 medications must have a medication list. Some goals could be combined via specific objectives. For example for all hospitalized patients who have suffered an ACS i) must receive a medication list at discharge; ii) are prescribed appropriate medications at discharge (antiplatelets, statins, beta-blockers and ACE inhibitors/angiotensin-2 receptor antagonists); iii) their primary medical practitioner must receive a medication management plan with goals of therapy and explanations for medications changes; and, iv) must be referred to cardiac rehabilitation. There are existing indicators that could be used to monitor these
aspects. Furthermore the ability to measure these indicators or similar must be incorporated into development of any electronic medication management systems. A more focused approach with regard to goals, that is provision of specific objectives will enable people to concentrate their efforts.

4. **Do you think that there should be targets attached to the Goal or priority areas? If so, what form should such a target take?**

Yes, targets should be attached to each goal/priority. A model for continuous quality improvement such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) model is recommended. In this model defined goals are set with certain appropriate and achievable time frames before proceeding to the next defined goal. A previous example of a hospital project using defined goals included a project to reduce the use of non-approved abbreviations when prescribing within 12 months. Other targets could be around transitions of care, around high-risk medicines or incorporation of existing tools such as AUSDRISK (for diabetes screening) into primary care software.

Another method for improving quality of health care could be the development of competency frameworks with recommended/mandated standards of achievement for organizations employing health care professionals.

5. **How do you see the Goals applying in different healthcare settings or for different population groups?**

There may need to be some variation in the application of strategies or type of strategies to achieve the goals. For example it is recognized that Australians living in rural and remote Australia may not receive the same quality of care as their counterparts in metropolitan Australia. This may also apply to other vulnerable populations such as non-English speaking, Aboriginal and Torres Strait Islander populations, those with mental health problems, the older population and the young. Each goal/objective should be analysed to see if disparity exists and what specific strategies can be used to improve safe and quality in health care in these populations. Variation in health care settings also exists and it is recommended that strategies should address this disparity. Electronic communication systems may provide some solutions for consumers and for health care professionals.

6. **What systems, policies, strategies, programs, processes and initiatives already exist that could contribute to the achievement of the Goals?**

There are numerous systems, programs and processes that exist that could contribute to the achievement of these goals. They include safety alerts, the Medication Safety Self Assessment program, state-based resources eg Clinical Excellence Commission, NSW TAG, other state-based TAG organizations, the
CATAG, and the NPS. NSW TAG has worked with all these organizations as well as the ACSQHC on projects using a variety of strategies to improve patient safety and quality of care. The role of the newly-established Medicare Local networks is still to be determined but will be important. Overseas institutions such as the Institute of Healthcare and Innovation can also provide guidance.

7. What do you think should be the initial priorities for action under the Goals?

To ensure that the goals are realistic, achievable in an appropriate time frame and that they are “cared about” by stakeholders.

8. How could the different stakeholders within the healthcare system be engaged in working towards achievement of the Goals?

The ACSQHC could take a co-ordinating role, be responsible for engaging the various stakeholders, identifying the strengths of various organizations and where their knowledge and skills may best be utilised and prioritising tasks.

9. What barriers exist in achieving the Goals? How could these be overcome?

Numerous barriers are likely to exist. A literature review of barriers with input from local stakeholders and lessons learnt from other jurisdictions can be used to identify barriers and potential solutions. Strategies to improve continuity of care are particularly difficult because of involvement of different health care systems that do not easily communicate with each other and are funded differently. It is frequently put in the too hard basket.

It is extremely important to engage stakeholders early in the development of projects and ensure that ‘on the ground’ practitioners believe they have ownership of the program in order to overcome barriers. Adequate funding for project initiation along with the recognition that project success is not about saving money but about reducing harm and improving quality is a key priority.

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