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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



e-Newsletter

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In this issue

- [Have your say: Resources to support the National Safety and Quality Health Service Standards \(second edition\)](#)
- [National standard medication charts – Online learning module](#)
- [Recommended terms and abbreviations](#)
- [National guidelines for on-screen presentation of discharge summaries](#)
- [Coming soon: New report on approaches to surgical site infection surveillance](#)
- [Coming soon: Question builder](#)
- [Coming Soon: Recommendations for the control of multidrug-resistant gram-negatives: Carbapenem-resistant Enterobacteriaceae](#)

Have your say: Resources to support the National Safety and Quality Health Service Standards (second edition)

The Australian Commission on Safety and Quality in Health Care (the Commission) is seeking your feedback on the draft resources to support the National Safety and Quality Health Service (NSQHS) Standards (second edition).

The NSQHS Standards (second edition) will be launched in November 2017 with supporting resources.



The consultations are due to begin in April and will cover:

- The hospitals safety and quality improvement guide
- The hospitals accreditation workbook
- The Aboriginal and Torres Strait Islander health guide
- The guide for governing bodies
- The day procedure services guide
- The multi-purpose services and small rural hospitals guide.

The Commission is seeking feedback from clinicians, health service organisation managers, safety and quality managers, health departments, private hospital groups, technical experts and accrediting agencies.

Your feedback will help ensure that the resources are useful, easy to understand, and that they are applicable to you and your organisation.

To find out more about the resources and the consultation process visit [the Commission's website](#).

Any questions regarding this consultation process can be emailed to NSQHSStandards@safetyandquality.gov.au or call 1800 304 056.

[Back to top](#)

National standard medication charts – Online learning module

Part of an initiative to improve the safe use of medicines is the national standard medication chart (NSMC). The NSMC is a collection of standardised medication charts that present and communicate information consistently between clinicians on the intended use of medicines for an individual patient.



The graphic features a central illustration of a nurse in green scrubs and a doctor in a white coat with a stethoscope. They are surrounded by six circular icons: a person's head, a pill bottle, a syringe, a clock, a glass of water, and a document. To the right of the illustration, the text reads: 'National Standard Medication Charts 2017 Online learning module for prescribers, pharmacists and nurses Available now'.

National Standard
Medication Charts 2017
Online learning module
for prescribers, pharmacists and nurses
Available now

To assist prescribers, pharmacists and nurses enhance their existing skills and gain an understanding of the role that medication charts play in medication management, the Commission engaged NPS MedicineWise to provide an online learning course for users of national standard medication charts. The course is intended for experienced clinicians as well as students. The course guides you through the principles of safe prescribing and demonstrates how to complete the NSMC correctly.

[National Standard Medication Charts 2017 online course.](#)

[Back to top](#)

Recommended terms and abbreviations

While rates of serious harm are low, medication errors are one of the most commonly reported clinical incidents in acute health care settings. As many medication errors are preventable, their prevalence is of concern. Potentially dangerous abbreviations are one of the leading causes of medication errors because abbreviations that are unclear, ambiguous or incomplete may be misunderstood. Ensuring terminologies are clear and unambiguous is a critical patient



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ON SAFETY AND QUALITY IN HEALTH CARE

safety issue.

The revised edition of [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#) was released in December 2016. These recommendations are intended to eliminate the use of ambiguous error-prone terminology and promote patient safety. This document sets out principles for safe, clear and consistent terminology for medicines, and safe terms, abbreviations and dose designations for medicines.

[Back to top](#)

National guidelines for on-screen presentation of discharge summaries

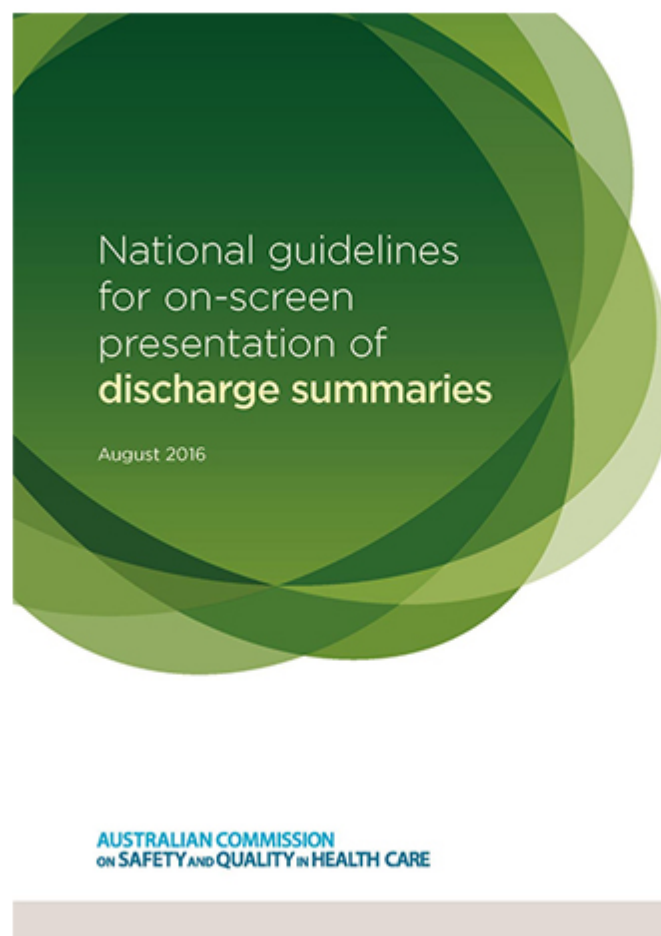
Clinical handover is a known area of potential risk for patient harm, particularly in the transition from acute care to the community setting. The clinical handover of a patient on discharge from hospital generally occurs using an electronic discharge summary. Discharge summaries are critical for providing well-coordinated and effective clinical handover because they are the primary communication mechanism between hospitals and primary healthcare providers.

A review conducted as part of the Commission's clinical safety program included an end-to-end investigation of the accuracy and data quality of electronic discharge summaries. The review verified that the information presented in discharge summaries in My Health Record was transmitted accurately but also found that:

- Information in the discharge summary varies between settings and is not displayed in a consistent order
- Terminology between the hospital discharge summaries and the general practitioner (GP) software is inconsistent in some instances

- The breadth of information presented in the GP software is not consistent with the information presented in the hospital discharge summaries
- The format of medications information across hospital discharge summary templates and the GP view of the My Health Record discharge summary varies.

Following extensive research, consultation and iterative testing with more than 70 clinicians, the Commission has developed the [National guidelines for on-screen presentation of discharge summaries](#). The guidelines specify the sequence, layout and format of the core elements of hospital discharge summaries, as displayed in clinical information systems.



[Back to top](#)

Coming soon: New report on approaches to surgical site infection surveillance

Until now, there has been no consistent national approach to monitoring surgical site infection (SSI). This has resulted in substantial variation in how SSI

surveillance is carried out nationwide. Evidence shows that inclusion of SSI in a hospital-based surveillance program can trigger improved compliance with infection prevention and control measures in the perioperative, operative and post-operative environments.

In order to reduce variation in surveillance methods and improve the usefulness of surveillance data for measurement and priority setting, the Commission has developed a new report on approaches to surgical site infection surveillance. This guide outlines a national approach to SSI surveillance in acute care settings and provides commentary on the best practice principles for who needs to be involved in SSI surveillance, what surveillance design to use, what needs to be included in the surveillance program, how to find cases and how to interpret surveillance data. The report has been written to complement existing state and territory surveillance programs and should be used in conjunction with these programs, where they exist.

The guide is due to be released soon, so keep an eye on our [website](#) for more information.

[Back to top](#)

Coming soon: Question builder

The best healthcare decisions are made when patients and clinicians share decisions together. The Commission, in partnership with Healthdirect Australia, has been developing a free web-based tool called the Question Builder to help people prepare for a visit to the doctor. The tool helps people build a list of questions they might like to ask their doctor, and also includes a list of questions their doctor might ask them.

The Question Builder is designed for use in consultations with general practitioners and specialists in Australia to enhance communication, participation and shared decision making between people and their clinicians.

The Question Builder is close to completion, and once launched will be available via the Healthdirect website. You can read more about the Commission's work on [shared decision making here](#).

[Back to top](#)

Coming Soon: Recommendations for the control of multidrug-resistant gram-negatives: Carbapenem-resistant

Enterobacteriaceae

Following an outbreak of *Klebsiella pneumoniae* carbapenemase (KPC) in Victoria in 2014, the Australian Government Chief Medical Officer requested that the Commission develop options to support the prevention of infection spread from carbapenemase-producing Enterobacteriaceae (CPE). In conjunction with clinical and technical experts, the Commission has revised the *2013 Recommendations for the control of multidrug-resistant gram-negatives: Carbapenem-resistant Enterobacteriaceae*.

Antibiotic resistant bacteria have emerged as a significant global public health threat and CPE organisms present a high risk of harm to patients and the healthcare system as they are usually resistant to most, if not all, available antibiotics. Resistance to carbapenems, which are considered 'last resort' antibiotics, is of particular concern.

The CPE guide aims to alert clinicians, health departments and hospital executives to the emerging threat of CPE in Australia and to provide recommendations to prevent, detect and contain CPE. The guide will also provide recommendations for laboratories and information and resources for healthcare professionals and consumers.

The updated CPE guide is being prepared for release and will be available on our website soon.

[Back to top](#)

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