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## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### HEALTH MINISTERS ENDORSE WORK PLAN AND SAFETY AND QUALITY GOALS

#### Work Plan Priorities for 2012/13

In August 2012 Health Ministers endorsed the Commission Work Plan 2012/13.

The 2012/13 work plan is based on the functions specified for the Commission in the *National Health Reform Act 2011*, the roles for the Commission identified in the National Health Reform Agreement, and directions given to the Commission by Health Ministers, including those related to the Australian Safety and Quality Goals for Health Care.

The focus of the Commission work plan is on continuing the national work required to embed safety and quality into the Australian health system.

There are five national priority work areas for the Commission in 2012-13:

1. National standards
2. Formulate national accreditation schemes
3. National data set development
4. Publishing and reporting
5. Knowledge and leadership for safety and quality.

#### Australian Safety and Quality Goals for Health Care

In August 2011 the Australian Health Ministers Advisory Council (AHMAC) asked the Commission to identify a small set of safety and quality goals that were amenable to national action.

The Commission undertook a development and consultation process to identify the important safety and quality challenges for Australia that would benefit from a coordinated national approach to improvement over the next five years. The draft set of initial Goals was provided to AHMAC in June 2012 and subsequently endorsed by Health Ministers in August 2012.

The Commission will now disseminate information about the Goals throughout the health system.

#### Australian Commission on Safety and Quality in Health Care

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Please feel free to forward this newsletter to others who may be interested in Commission activities. If this newsletter was forwarded to you by someone else and you would like to receive future issues directly, please contact Amy Winter at the Australian Commission on Safety and Quality in Health Care: (02) 9126 3600 or [amy.winter@safetyandquality.gov.au](mailto:amy.winter@safetyandquality.gov.au). If you do not wish to receive future issues please let us know.



## UPDATE FROM OUR CEO

The development and implementation of the National Safety and Quality Health Service (NSQHS) Standards has been a major focus of work for the Commission over the last year.

In September 2011, Australian Health Ministers endorsed the NSQHS Standards. In the period since their endorsement, the Commission has been working in consultation and in collaboration with jurisdictions, accrediting agencies and public and private health services to support the Australian health system in the implementation of these Standards and the new accreditation scheme.

In addition a flexible transition period from 1 January 2013 has been established to provide health services the time needed to implement the Standards in their organisations.

The Commission is committed to providing ongoing access to advice regarding the implementation of the new standards. In this edition of the Update Newsletter we address a number of FAQs on the flexible transition arrangements, core and developmental actions and how we are supporting the implementation of the Standards.

We welcome any feedback or questions on the NSQHS Standards and can be emailed at [accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au).

## DRAFT ACCREDITATION RESOURCES OPEN FOR CONSULTATION

On 27 July the Commission released for consultation 10 Safety and Quality Improvement Guides (one for each of the Standards) and Accreditation Workbooks for hospitals and day procedure services and a Guide for use in dental practices.

The Safety and Quality Improvement Guides have been developed to support health services implement safety and quality improvement and assist them complete the actions required for each Standard.

Consultation is open until 24 August 2012 and the Commission would welcome your feedback.

The Guides and Workbooks are available from [www.safetyandquality.gov.au/our-work/accreditation/accreditation-newsroom/](http://www.safetyandquality.gov.au/our-work/accreditation/accreditation-newsroom/).

## FAQs: IMPLEMENTING THE ACCREDITATION SCHEME



*What arrangements are in place for 2013, the year of transition?*

In 2013 flexible transition arrangements for a national and fairer accreditation system will commence for hospitals and day procedure services.

Your current accreditation status remains unchanged as does your position within the accreditation cycle. Your next survey will be as currently required for you to maintain your accreditation status: annual; mid-cycle/periodic or organisational wide.

All eligible health services will be assessed to the NSQHS Standards at their next organisational wide accreditation survey which is scheduled after January 2013. Work to implement accreditation for other groups, including private dental practices, will continue beyond the timeframe set for the implementation phase of hospitals and day procedure services.

It has been agreed that any mid-cycle assessment will, at a minimum, involve:

1. recommendations from past assessment processes
2. organisational quality improvement plan, and
3. Standards 1 – Governance for Safety and Quality, Standard 2 – Partnering with Consumers and Standard 3 – Preventing and Controlling Healthcare Associated Infections.
4. Health services and /or accrediting agencies may agree additional assessment requirements for the mid cycle assessment.

*What is meant by Core and Developmental Actions?*

The Standards apply to a wide variety of health services. Because of the variable size, structure and complexity of Australian health care organisations a degree of flexibility is required in the application of the Standards.

- Core, which are critical for safety and quality. All core actions must be met before a health service organisation can achieve an accreditation award against the NSQHS Standards; or

- Developmental, which are areas where health service organisations should focus their future efforts and resources to improve patient safety and quality. Activity in these areas is still required, but the actions do not need to be fully met in order to achieve accreditation.

It is required that 100% of core actions are to be met in order to achieve accreditation to the NSQHS Standards.

Accrediting agencies may use their own rating scales when assessing health service organisations, but will be required to use the following three point rating scale to report accreditation outcomes to both Regulators and the Commission:

- Not Met – the actions required have not been achieved;
- Satisfactorily Met – the actions required have been achieved; and
- Met with Merit – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the health service organisation in relation to the action or standard under review.

In some circumstances a Standard, criterion or action may be considered 'not applicable'. Not applicable actions are those which are inappropriate in a specific service context or for which assessment would be meaningless.

There are two ways in which a criterion or action can be classified as not applicable:

1. The Commission has designated 'not applicable' actions for a health service by category.
2. There may be instances where an individual health service organisation decides that a criterion or action is 'not applicable'. A health service organisation can apply to their accrediting agency to have either core or developmental actions considered 'not applicable'.

*What happens if a health service receives a 'Not Met' assessment against a core action?*

Health services will generally be given 90 days from the receipt of written notification of not met assessments (which may also be their survey report) to rectify any not met actions before a final determination is made on an accreditation award. For health services that are to undergo an external accreditation assessment during 2013, the period for rectification of any not met actions will be extended to 120 days.

*How is the Commission supporting the implementation of the NSQHS Standards?*

The Australian Commission on Safety and Quality in Health Care is supporting health services as they implement the NSQHS Standards for accreditation.

The Commission has developed a series of Safety and Quality Improvement Guides and Accreditation Workbooks to support health practitioners implement the improvements required by the NSQHS Standards and to assist in the management of accreditation processes.

A Quality Improvement Guide for each of the ten NSQHS Standards was released for consultation in July 2012. The Safety and Quality Improvement Guides are primarily intended for use by those directly involved in the provision of clinical care. They include strategies, examples of evidence and direct links to relevant resources for each of the NSQHS Standards.

In addition, two accreditation workbooks, one each for hospitals and day procedure services, have been developed to assist those quality managers responsible for managing the processes of accreditation. The workbooks provide information on the processes of accreditation, checklists and tools needed for self assessment. The consultation editions of the Guides and Workbooks can be found at [www.safetyandquality.gov.au/our-work/accreditation/accreditation-newsroom/](http://www.safetyandquality.gov.au/our-work/accreditation/accreditation-newsroom/).

The Commission is establishing a National Safety and Quality Accreditation Advice Centre as a national source of advice, support and, if required, dispute mediation between health services and surveyors during the survey. Support will be provided by telephone, email and, if necessary, in person to health services undertaking accreditation activities.

Additional supports will be provided by the Commission to health services undertaking accreditation during 2013, including:

- Establishing networks of similar health services to provide regular telephone contact, resources, support and expert information as they prepare for accreditation.
- Providing access to experts, and onsite visits where necessary.

The Commission is also developing, with health services, accrediting agencies and health departments, strategies that can be implemented to support small rural health services undertaking accreditation.

## E-HEALTH UPDATE

Ensuring clinical safety remains a key objective for the operation of the Personally Controlled Electronic Health Record (PCEHR) system.

The Commission, working with the National E-Health Transition Authority (NEHTA), has established an independent clinical governance group which aims to provide assurance to health care consumers, providers and the system operator that the PCEHR is a safe and efficient system.

Additionally, the Commission will establish a clinical safety audit program under the guidance of the clinical governance group.

## MENTAL HEALTH UPDATE

### *Accreditation*

Mapping the National Safety and Quality Health Service Standards with the National Standards for Mental Health Services

The Commission has been working on mapping these two sets of standards in order to develop tools to assist mental health services that will be implementing them, and demonstrating this implementation for accreditation purposes. The map is designed to reduce the potential for duplication of work, and also highlight areas where the two sets of standards differ in intent and scope.

A draft map of the two sets of standards was presented at a national forum in March, including jurisdictional, accreditation, consumer and carer representatives.

A small working group comprising staff from the Commission, Safety and Quality Partnerships Subcommittee and Department of Health and Ageing is continuing to develop this resource.

### *Medication Safety*

National Inpatient Medication Chart in psychiatric facilities

A report on the Commission's survey on use of the National Inpatient Medication Chart in psychiatric facilities was endorsed by the Health Services Medication Expert Advisory Group, and is due to be considered by the Inter Jurisdictional Committee and the Private Hospitals Advisory Committee in late July.

The report was made available on the Commission's website in June and feedback was provided to respondents who requested it.

You can read a copy of the report at <http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/acute-psychiatric-services-survey/>

### *Recognition and response to clinical deterioration*

Work has begun on a series of implementation fact sheets designed specifically to assist mental health services in implementing Standard 9 of the NSQHSS: Recognising and Responding to Clinical Deterioration in Acute Health Care. These fact sheets are intended to be a supplement for the Guide to Support Implementation of the National Consensus Statement. An initial set of fact sheets are being developed by the Commission, with a second series to follow which will comprise 'tips from the field,' where clinical and management experts give direct information about their own implementation strategies.

Recognition and response to psychological deterioration is included in the Commission's work plan as an area of focus for 2012-13. In recognition of the extensive work in this area in mental health services nationally, the Commission will undertake consultation to inform the scope of this work.

## OECD MEDICAL PRACTICE VARIATION STUDY

Variations in medical practice - hospital discharges, diagnostic and surgical procedures and other health activities - are very common both within and across countries. They raise important issues concerning efficiency and equity of health systems.

The Organisation for Economic Co-operation and Development (OECD) is proposing that member nations collaborate in a project to analyse variations in some medical practices in more depth and to identify options to reduce unwarranted variation and gain greater productivity from the health care system.

Outcomes from this project will help identify areas where the Commission could focus future efforts to reduce variation in medical practice and support improvements in the quality of care.

# CONSULTATION ON A NEW OPEN DISCLOSURE STANDARD

The Commission is consulting health professionals and organisations on a draft, new version of the Open Disclosure Standard.

The national Open Disclosure Standard (the Standard) was endorsed by Australian Health Ministers in 2003. It was the first national policy document of its kind in the world.

The *National Safety and Quality Health Service Standard 1: Governance for Safety and Quality in Health Service Organisations* requires health services to implement an open disclosure program consistent with the national standard (at Criterion 1.16).

The Standard was reviewed in 2011 and resulted in the Open Disclosure Standard Review Report (available on the Commission web site).

The Open Disclosure Standard Review Report recommended changes to the national Open Disclosure Standard. These have been reflected in a draft revised Standard which is provisionally titled the Australian Open Disclosure Framework. The draft forms the basis for current national consultation and is available on the Commission web site along with other consultation materials.

The Commission welcomes feedback on the draft Australian Open Disclosure Framework through a number of ways:

- Participating in national consultation forums
- Responding to an online survey at [www.research.net/s/ACSQHC-open-disclosure-standard-review-survey](http://www.research.net/s/ACSQHC-open-disclosure-standard-review-survey)
- Providing written submissions to [www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-standard/consultation/written-submissions](http://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-standard/consultation/written-submissions)

Consultation on the draft Australian Open Disclosure Framework closes on 31 August 2012.

# MEDICATION SAFETY UPDATE

The latest edition of the Commission's Medication Safety Update is now available on the Commission's web site and includes information on:

- National Labelling Recommendations
- New private hospital National Inpatient Medication Chart and day surgery medication charts
- National Subcutaneous Insulin Form
- National Interim Residential Medication Administration Chart
- Medication Reconciliation: WHO High 5s Project Update
- Consumer resources for medication reconciliation
- NIMC 2012 National Audit
- New on line learning resources for antimicrobial prescribing, medication safety
- Electronic Medication Management Systems A Guide to Safe Implementation 2nd edition
- Other national initiatives.

The Medication Safety Update can be found on our web site at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)



## HEALTH LITERACY SEMINAR A SUCCESS

The 'Breaking Down the Barriers' seminar was hosted by the NSW Health Literacy Network in Sydney on 2 April 2012. The Network, comprised of the Australian Commission on Safety and Quality in Health Care, the Clinical Excellence Commission, the School of Public Health at the University of Sydney and the NSW Health Care Complaints Commission, welcomed almost 200 participants from health services and organisations across Australia.

The seminar focused on health literacy and communication and aimed to equip participants with practical strategies for reducing health literacy barriers in their health service and enhancing communication with their patients.

The seminar was headed by Dr Rima Rudd, a health literacy expert from the Harvard School of Public Health in Boston, USA. Dr Rudd challenged the audience to focus on what actions could be taken by the organisation, rather than the traditional view of improving health literacy skills of the individual alone. She shared strategies for how to implement change by first assessing, and then reducing the literacy demands placed on patients in the health care environment. An interactive session led by Dr Rudd enabled participants to put theory into practice and develop an action plan they could take back to their own health service.

The program was packed full of presentations. Speakers from a range of organisations covered other topics such as the relationship between health literacy and safety and quality, health literacy initiatives from a national perspective and the consumer vision for health literacy. These were complemented by 'coal face' perspectives on the challenges of delivering health literacy initiatives for specific populations such as Aboriginal and Torres Strait Islander, culturally and linguistically diverse and rural communities.

With the support of the National Health Call Centre Network, a video recording of the seminar and accompanying slides can be found at: <http://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/breaking-down-the-barriers-seminar/>

## INTERNATIONAL CONFERENCE ON RAPID RESPONSE SYSTEMS AND MEDICAL EMERGENCY TEAMS

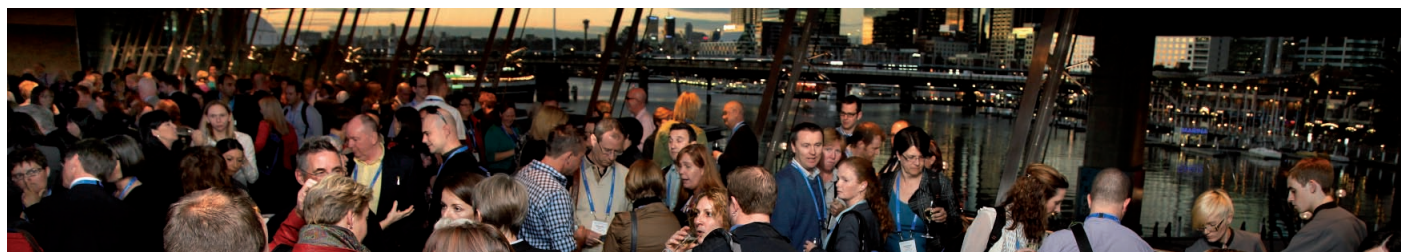
The Commission hosted the 7th Annual International Conference on Rapid Response Systems and Medical Emergency Teams in Sydney from 7-9 May 2012. Sydney welcomed the 500 delegates from 24 different countries who attended the conference, which had a theme of Revolutionising Rapid Response Systems – Past, Present and Future. The conference was opened by Professor Ken Hillman, who is one of the innovators of the original medical emergency team concept which started in Australia more than 20 years ago. Professor Hillman's presentation was the first of a series of thought-provoking, entertaining and very popular presentations that opened each day of the conference.

International and national speakers included consumers, clinicians, managers, researchers and policy makers. Over more than 40 sessions, presenters covered topics including implementation of recognition and response systems in specialty areas, the politics of observation charts, new technologies, and the epidemiology of the deteriorating patient. One of the most popular sessions looked at how recognition and response systems intersect with systems for managing end of life care. This is an increasingly hot topic as evidence mounts about the increased risk of dying amongst patients who require medical emergency calls.

Videos and slides of all sessions can be accessed at: <http://www.blueshadowgroup.com/clients/RRSMET/start.html>

Exhibition booths and poster presentations offered lunchtime stimulation, and the social program fostered networking opportunities for partners, exhibitors and delegates from the conference.

The next International Conference on Rapid Response Systems and Medical Emergency Teams will be hosted by the Royal College of Physicians in London in 2013.



# PERMANENT BOARD APPOINTMENTS

We are pleased to announce the permanent appointment of the Commission's Board members.

The Board members have substantial experience or knowledge and significant standing in public administration in relation to health care; provision of professional health care services; management of companies or other organisations that are involved in the provision of health care services outside of the hospital system; general management of both public and private hospitals; financial management; corporate governance; improvement of safety and quality; representation of the interests of consumers and law.

Our Board members are:

Mr Bill Beerworth (Chair)  
Managing Director  
Beerworth and Partners

Mr Richard Bowden  
Managing Director  
BUPA Australia, Melbourne

Ms Jane Halton PSM  
Secretary  
Commonwealth Department of Health & Ageing

Ms Veronica Casey  
Executive Director of Nursing Services  
Princess Alexandra Hospital, Brisbane

Prof Villis Marshall AC  
General Manager  
Royal Adelaide Hospital

Ms Christine Gee  
Chief Executive Officer  
Toowong Private Hospital, Brisbane

Mr Russell McGowan  
Consumer Commissioner  
ACT

Ms Shelly Park  
Chief Executive Officer  
Southern Health

Prof Chris Brook PSM  
Executive Director  
Wellbeing, Integrated Care and Ageing, Victorian Dept  
of Health

Dr Helena Williams  
Chief Executive  
Southern Division of General Practice, Adelaide

