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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

eNewsletter

December 2017

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NSQHS Standards (second edition) available now

The [second edition of the National Safety and Quality Health Service \(NSQHS\) Standards](#), which was endorsed by Health Ministers in July 2017, is now available.

Over the past five years the successful implementation of the first edition of the NSQHS Standards has been a significant landmark in our journey to improving health care in Australia.

The Commission has worked closely with the Australian Government, states and territories, private sector partners, clinicians, consumers, technical experts and many stakeholders to

review the NSQHS Standards and develop the second edition and its supporting resources.

The second edition of the NSQHS Standards addresses gaps identified in the first edition, including mental health and cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. It also updates the evidence for actions, consolidates and streamlines standards and actions to make them clearer and easier to implement.



National Safety and Quality Health Service Standards

Second edition



Available now

Health service organisations will be assessed to the second edition of the NSQHS Standards from January 2019. The Commission will provide information on the transition arrangements for assessment well in advance of implementation.

The Commission's [National Model Clinical Governance Framework](#) is also available now. Leaders of health service organisations have a responsibility to the community for ensuring that their services are person-centred, safe and effective. Building on the NSQHS Standards, the Framework provides information about corporate and clinical governance, and roles and responsibilities for people within a health service organisation.

The Commission has developed a range of other resources to support implementation of the NSQHS Standards. [These are available here.](#)

For more information on the second edition and related resources please contact the National Standards team on 1800 304 056 or accreditation@safetyandquality.gov.au

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[New Clinical Care Standard released for heavy menstrual bleeding](#)

The Commission launched the [Heavy Menstrual Bleeding Clinical Care Standard](#) on 20 October 2017 at the Rural Medicine Australia Conference 2017 in Melbourne. This new

standard aims to ensure that women with heavy menstrual bleeding are offered the least invasive and most effective treatment appropriate to their condition, regardless of where in Australia they are treated, and are supported to participate in decision-making about their care.



Heavy menstrual bleeding is a common problem affecting about 25% of women of childbearing age. Although many women seek medical help because of pain, others do not seek help despite significant impact on their social, emotional and physical wellbeing.

The range of management options for heavy menstrual bleeding has expanded and improved since the 1970s and 1980s, when rates of hysterectomy for menstrual disorders were first observed to be relatively high and to vary considerably between regions. Although hysterectomy remains an option, it is not generally recommended for first-line management unless less invasive options are unsatisfactory or are inappropriate. Many women with heavy menstrual bleeding are successfully managed with good general practice care.

The development of a Clinical Care Standard on heavy menstrual bleeding was a recommendation of the first [Australian Atlas of Healthcare Variation](#).

The new standard was developed by the Commission in collaboration with women's health experts and consumers and has been endorsed by 18 leading health, medical and consumer organisations including the Australian College of Rural and Remote Medicine and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

To find out more and watch a video of the launch and expert panel discussion online, [visit our website](#).

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[Guide to safe implementation of electronic medication management in hospitals](#)

The Commission launched the [third edition of Electronic Medication Management Systems: A guide to safe implementation](#), on 10 November at the Prince of Wales Hospital in Sydney. The guide takes account of newer evidence that has come to light since the second edition was published in 2012. It also reflects the experiences of Australian hospitals that have already implemented electronic medication management (EMM) systems.

Medicines are the most common medical intervention in Australian hospitals. As many as one in nine doses of medicine administered in hospitals are associated with a clinical error.

EMM systems provide doctors, nurses and pharmacists with a safer and more efficient way of prescribing and administering medicines in hospitals. However, EMM systems that are not well planned, are not supported by appropriate governance and training, or which are not linked to other clinical information systems, can introduce new types of medication errors.

The updated EMM Guide provides hospitals with up-to-date information so they can plan, implement and maintain EMM systems in hospital environments. The [third edition of the guide](#) is available to download now.



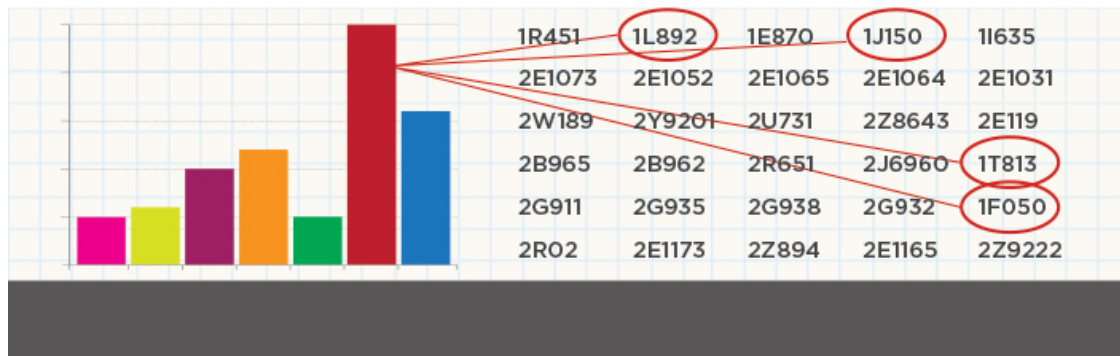
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Grouper and HACs specifications

The Commission and the Independent Hospital Pricing Authority (IHPA) have developed excel and SAS tools (also known as groupers) that can be used by hospitals, health services and system managers to identify and monitor HACs using their data. The SAS grouper requires specific software and expertise.

[Download the HACs groupers by completing this short form](#)

Hospital-Acquired Complications grouper now available



The specifications for the HACs list have now been updated to include the 10th edition of the ICD-10-AM. These specifications should be used to monitor HACs for data coded after 1 July 2017.

The specifications using the previous editions of the ICD-10-AM have not changed. These should continue to be used to monitor HACs for data coded before July 2017.

To support the implementation of the new codes, the specifications include a changelog which outlines the differences between the 9th and 10th editions of the codes.

[Download the specifications for the HACs by completing this short form.](#)

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Updated cognitive impairment website

The updated [Caring for Cognitive Impairment campaign website](#) has been released.

The Caring for Cognitive Impairment campaign is about providing better outcomes and experiences for patients with cognitive impairment in hospitals, and for their loved ones and staff who care for them. By improving our knowledge and care practices, we can reduce the risk of harm in hospital.

The campaign website has a wealth of information, tools, stories and resources aimed at those working in hospitals caring for people with cognitive impairment. The website will also help hospitals prepare for the new cognitive impairment items in the [National Safety and Quality Health Service Standards \(second edition\)](#).



Anyone interested in cognitive impairment is encouraged to [commit to caring for cognitive impairment](#). There is a role for everyone: people living with cognitive impairment, carers, family members and other support people, doctors, nurses, allied health professionals, health service managers, and care and support staff.

Cognitive champions are in hospitals, in primary health, in the community, and in residential care. You can sign up to be a champion or contact one for ideas about the campaign and promoting caring for cognitive impairment in your health service. Individuals can share their story to help others as well as exploring the information and resources on the site. Hospitals can also share their initiatives.

Everyone can spread the word about the campaign by sharing your commitment on social media, using the campaign posters or sharing a message.

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Additional resources for the NPBMC

The Commission has released the [National Patient Blood Management Collaborative \(NPBMC\) Resources for Improved Patient Blood Management](#) to complement [resources](#) developed by health service teams during the [NPBMC](#). These tools and resources will support the establishment and advancement of PBM programs and pre-operative anaemia and iron deficiency protocols.

From April 2015 – April 2017 the Commission implemented the NPBMC, funded by the Australian Government Department of Health. 12 health service networks from across Australia participated with a total of 12,648 patient episodes included in the NPBMC data set across the three selected elective surgical streams, gastrointestinal, gynaecological and orthopaedics.

The availability of data to support health services to audit their PBM related practices was extremely valuable in informing quality improvement and the NPBMC supported real

improvements in the management of anaemia and iron deficiency for elective surgery patients. It encompassed the patient journey from the time that the need for surgery was identified, through inpatient care, and subsequent care back in the community.

The Collaborative also showed improved integration of care between primary and acute service systems, and there was a demonstrable reduction in red cell transfusions for these patients. The participating teams were successful in changing clinical practice and workflow resulting in improvements in the preoperative management of patients. Collaborative sites worked to embed activities related to patient blood management within the usual processes and procedures of the health service with a view to ensuring long term sustainability.

To find out more about the results of the NPBMC visit our [website](#) or contact the team: pbmcollaborative@safetyandquality.gov.au



National Patient Blood Management Collaborative

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The medical record and data-driven health care

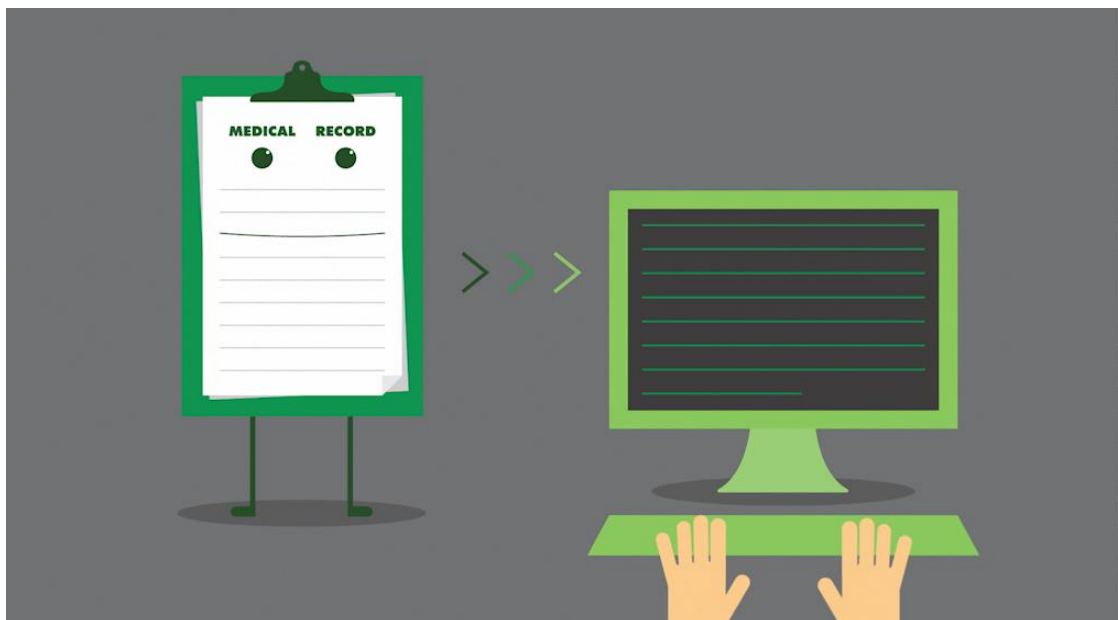
The Commission and IHPA have developed an animation called the [Medical Record and Data-Driven Healthcare](#). It aims to raise awareness of the importance of the medical record to the accuracy of health data and encourage improvements in clinical documentation.

Patient records are an essential tool for clinical communication and handover. In addition to this primary purpose, patient medical records have another role too.

Once a patient leaves the hospital, clinical coders convert the information in the medical record into codes. They have to follow strict guidelines and cannot make assumptions about the information in the medical record. Clear, accurate and complete documentation in medical records is critical to ensuring that the coding is accurate.

The information derived from the medical record is used for range of other purposes including forming the basis for health service funding, informing safety and quality initiatives and contributing to research to improve care.

[Watch our animation on the medical record and data-driven healthcare.](#)



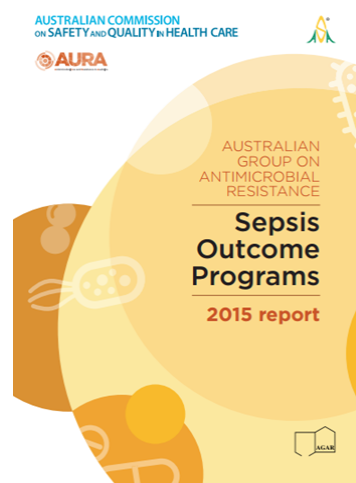
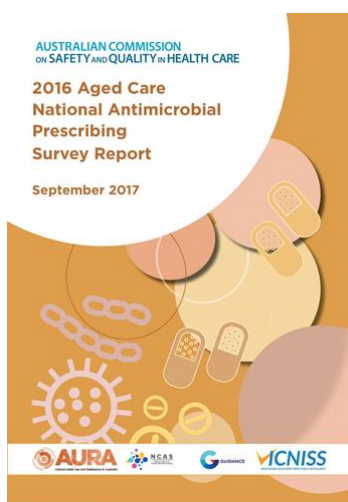
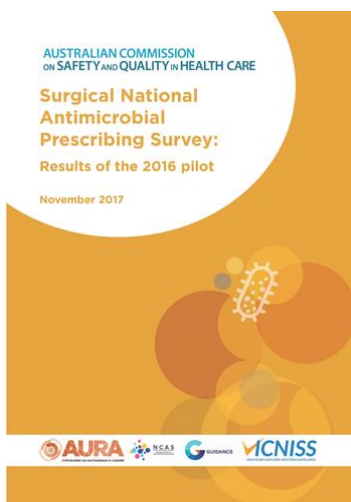
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AURA Surveillance System: New reports and data updates

Three new reports based on analyses of AURA Surveillance System data were published in November:

- [Surgical National Antimicrobial Prescribing Survey: Results of the 2016 pilot](#)
- [Aged Care National Antimicrobial Prescribing Survey 2016](#)
- [Australian Group on Antimicrobial Resistance \(AGAR\) Sepsis Outcome Programs 2015 Report](#)

Regular updates on the [National Alert System for Critical Antimicrobial Resistances \(CARAlert\)](#) commenced in October 2017.



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[Update on the NSQHS Standards Advisories - New Advisory A17/01: Antimicrobial stewardship](#)

The Commission develops National Safety and Quality Health Service (NSQHS) Standards advisories to provide clarity around the implementation of the NSQHS Standards.

The new [Advisory A17/01: Antimicrobial stewardship](#) has been recently published to the Commission's website which directly affects health service organisations.

Please also note that the Advisories below have also been recently updated and uploaded to the Commission's website

- [Advisory A13/07: Advice provided to accrediting agencies on not applicable actions](#)
- [Advisory A16/03: Reprocessing of reusable medical devices in health service organisations](#)

All advisories will be reviewed again in December 2018, prior to the implementation of the [NSQHS Standards \(second edition\)](#). It is expected that a number of advisories will be retired at that time. Health service organisations will be informed when this occurs.

All advisories are available on the Commission's website.

If you have any questions please contact the Advice Centre on 1800 304 056 or by email accreditation@safetyandquality.gov.au



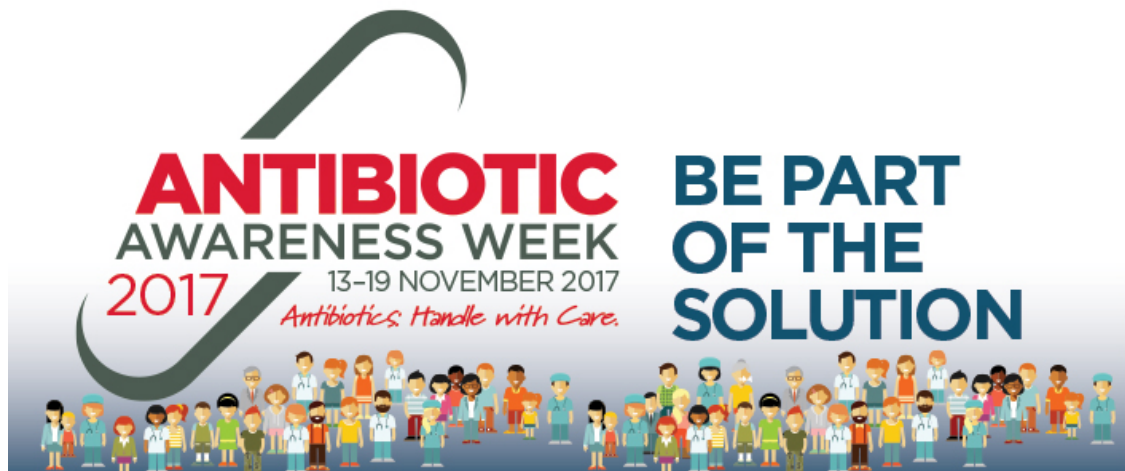
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Antibiotic Awareness Week 2017

During Antibiotic Awareness Week (13–19 November 2017) the Commission urged health professionals and the public to '[be part of the solution](#)' and take action to preserve the power of antibiotics and slow the development of antibiotic-resistant bacteria.

The Commission's Antibiotic Awareness Week messages included:

- Antibiotics are a precious resource that could be lost
- Antibiotic resistance is happening now – it is a worldwide problem that affects human and animal health
- Antibiotic resistance happens when bacteria stops an antibiotic from working effectively – meaning some infections may be impossible to treat
- Few new antibiotics are being developed to help solve this problem
- Misuse of antibiotics contributes to antibiotic resistance
- Whenever antibiotics must be used, they must be used with care



Resources that were developed for [Antibiotic Awareness Week 2017](#) are available on the Commission's website.

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Current Consultation

Consultation on the draft Colonoscopy Clinical Care Standard

A [Colonoscopy Clinical Care Standard](#) is being developed as part of a national safety and quality model for colonoscopy. The model was drafted by the Commission at the request of the Australian Government, and will comprise three elements:

- A Colonoscopy Clinical Care Standard (CCS)
- Certification and periodic re-certification of colonoscopist performance
- Collation and review of indicators and performance targets in accordance with a standard national data set.

The Colonoscopy Clinical Care Standard relates to the care of adult patients undergoing colonoscopy for screening, diagnosis, surveillance, or treatment. It covers the period from

when a patient is referred for consideration of colonoscopy, through to the planning of follow-up after the procedure.

[Public consultation](#) on the [draft Colonoscopy Clinical Care Standard](#) is being conducted from 27 November to 29 December. More information about the consultation including how to make a submission is available [here](#).

[The Colonoscopy Clinical Care Standard](#) is relevant to the care provided in primary and acute healthcare settings including general practice, day procedure services, private hospitals and public healthcare services. It aligns with the National Safety and Quality Health Service Standards, and will take account of the colonoscopy certification and re-credentialing model for clinicians being developed by the clinical colleges and professional societies in Australia.

The Commission has developed the draft Colonoscopy Clinical Care Standard in collaboration with the Australian Government, state and territory governments, patients and carers, clinicians, researchers and health organisations. Clinical care standards can play an important role in guiding the delivery of appropriate care and reducing unwarranted variation, as they identify and define the care people should expect to be offered, regardless of where they are treated in Australia. They target areas of variation where improvement can be made.

You can find out more about the Colonoscopy Clinical Care Standard on our website.

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Evaluation survey for community health services guide

Community health services that form part of a local health network or private hospital ownership group may be required by their governing body to implement the NSQHS Standards. Community health services may also implement the NSQHS Standards voluntarily.

To support health services implement the NSQHS Standards, the Commission is developing a suite of resources including a guide for community health services.

Users of the current [Guide to the NSQHS Standards for community health services](#), released by the Commission in February 2016, are invited to give their feedback via a [survey](#).

The feedback will be used to review and develop a new guide for community health services based on the [NSQHS Standards \(2nd ed.\)](#). All responses will be de-identified and will not be attributed to you or your organisation.

Please [click here to access the survey](#), it should take around 20 minutes to complete.

The [survey](#) closes on 31 January 2018.

Please contact Gabrielle Pilgrim, on 1800 304 056 or email NSQHStandards@safetyandquality.gov.au, if you have any questions.

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DEADLINE EXTENDED: Consultation on strategies and resources to support patient safety in primary care

Consultation on the development of strategies, tools and resources to support improvements in patient safety and quality for primary care services has been extended until January 31 2018.

The Commission is seeking feedback from primary care sector stakeholders and a consultation paper has been developed outlining the Commission's approach to this work.

[Download the consultation paper: Patient safety and quality improvement in primary care.](#)

Section 7 of the consultation paper outlines a number of questions to guide your submission. Feedback will be collected via written submissions, either by post or email.

Submissions close on 31 January 2018.

Submissions can be sent to:

Patient safety and quality improvement in primary care
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Or emailed to: NSQHStandards@safetyandquality.gov.au

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Online learning

Communicating Risk online module

Health decisions often have no single 'best choice'. Often clinicians, patients and carers need to choose from multiple, complex treatment options.

For patients (and carers) to understand risks and have the opportunity to actively be involved in sharing decisions, clinicians need to provide relevant and clear information about the potential benefits, risks, trade-offs and uncertainties of each option. This information should reflect the best available evidence and take into account the patient's personal opinions, preferences, values and priorities.

To support clinicians develop and refine their skills in communicating effectively about the benefits and risks of treatment options with patients, the Commission has developed a 2-hour e-learning module [Helping Patients Make Informed Decisions: Communicating benefits and risks](#)

This module is open access and relevant to all clinicians and healthcare professionals, including nurses, physiotherapists and doctors.

Three short videos about shared decision making have also been released. Each video looks at a different aspect of shared decision making. [Video one](#) is an overview on shared decision making. [Video 2](#) challenges myths about shared decision making in practice. And [video 3](#) explains how to use patient decision aids and where to find them.

Together the module and videos promote shared decision making and risk communication in practice, enabling clinicians and patients to work together to share in decision making.

You can access the module and videos on [our website](#).

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Helping patients make informed decisions



All clinicians need to communicate the risks and benefits of treatment options with their patients.

Do you want to do it more effectively?

Helping Patients Make Informed Decisions: Communicating risks and benefits is a 2-hour e-learning module to help your communication skills.

At the end of the module you will be able to more effectively communicate:

- Benefits, risks, trade offs and uncertainties of treatment options
- Evidence
- Statistical information



You will also learn about the role of decision support tools, their potential uses and where to locate them.

To access the modules and videos on shared decision making go to:
www.safetyandquality.gov.au/communicatingrisk

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NPS MedicineWise online learning: National standard medication charts course

The Commission and NPS MedicineWise released an online learning resource in March 2017 to support clinician's use of the national standard medication charts. Since its release 21,000 clinicians have completed the course including:

- 1,100 registered medical officers
- 7,000 registered nurses
- 800 pharmacists.

[The online learning module can be accessed here.](#)

The training course guides prescribers through the principles of safe prescribing and demonstrates how to complete the National Standard Medication Charts correctly. It includes use of both the National Inpatient Medication Charts (NIMC) and PBS Hospital Medication Charts (PBS HMC), has updated content and is compatible for use on tablet devices.

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Coming soon

Revised Tall Man lettering for medicines

Medication incidents related to 'look-alike, sound-alike' (LASA) medicine names are one of the most common type of medication error. In some instances, medication incidents involving LASA medicine names have the potential to cause serious patient harm.

Tall Man lettering is a typographic technique that uses selective capitalisation to help make similar-looking medicine names easier to differentiate. It uses a combination of lower- and upper-case letters to highlight the differences between look-alike medicine names, helping to make them more easily distinguishable.

The Commission is responsible for the development and stewardship of the National Tall Man Lettering List (the list). The list compiles LASA medicine name pairs (generic and brand name pairs) that have been predicted to pose the greatest risks to patient safety.

LASA medicine name pair	Why differentiating these is important?
rifaMPICin and rifaXIMin	rifaMPICin is used to treat infections such as tuberculosis, whereas rifaXIMin is used for traveller's diarrhea.
proGRAF and proZAC	proGRAF is a medicine used to prevent transplant rejection, whereas proZAC is used to treat depression.

Examples of Tall Man lettering

The Commission has revised the National Tall Man Lettering List, initially published in 2011. The updated list reflects the changes to the Australian Register of Therapeutic Goods, international Tall Man lettering lists, International Harmonisation of Ingredient Names and reported adverse incidents or near misses from hospital networks across Australia.

The Commission supports the use of Tall Man lettering as part of a multi-faceted approach to reduce the risk of selection errors by health professionals associated with LASA medicines names.

Tall Man lettering should be used by clinicians and health service organisations in:

- Electronic medication management systems, including prescribing, dispensing and administration systems
- Printed labels used for inpatient dispensing, shelving in pharmacies, and ward medicines cupboards
- Drug libraries for smart pumps
- Automated medicines storage and distribution systems.

An electronic copy of the publication will be available on the Commission's website shortly.

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Clinical safety reviews of national digital health infrastructure

The e-Health and Medication safety team recently undertook the thirteenth and fourteenth Clinical Safety Review of the My Health Record system and national digital health infrastructure. This clinical safety program is operated by the Commission on behalf of the Australian Digital Health Agency.

The thirteenth Clinical Safety Review analysed incidents and consulted with stakeholders about the documentation of allergy and adverse drug reactions in clinical information systems. It also looked at integration with clinical decision support. The importance of improving the documentation and management of allergies and adverse drug reactions has been highlighted by the National Allergy Strategy. It is [estimated](#) that drug allergies occur in 1-2% of all hospital admissions and 3-5% of hospitalised patients.

The connection of more people and health care providers to the My Health Record system means greater volumes of clinical content are being uploaded. The need to ensure robust patient identification systems is increasingly being recognised as a safety risk. The fourteenth Clinical Safety Review mapped and critically reviewed the end-to-end process through which patient identifiers are obtained for pathology, diagnostic imaging and community pharmacy in order for clinical documents and reports from these specialities to be uploaded to the My Health Record system.

There was exceptional engagement throughout both reviews, with over 80 individual stakeholders consulted.

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