AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

e-Newsletter

September 2017

In this issue

Transitioning to the New National Safety and Quality Health Service Standards

The NSQHS Standards (second edition) have been endorsed by health ministers and will be launched in November 2017.

Assessment to the National Safety and Quality Health Service (NSQHS) Standards (second edition) will begin from 1 January 2019. Health service organisations will be informed of the transition arrangements for accreditation well in advance of implementation.

To support the transition from the NSQHS Standards (1st ed.) to the NSQHS Standards (2nd ed.), the Commission has developed nine fact sheets. The summary fact sheet provides an overview of the second edition of the Standards and the remaining eight fact sheets outline key concepts of each standard.

The fact sheets are now available on the Commission's website.

The Commission is also developing electronic monitoring tools for the NSQHS Standards (2nd ed.) similar to those developed for the first edition. If you are interested in piloting these monitoring tools for your health service organisation, please email NSQHSStandards@safetyandquality.gov.au to advise us of your interest.

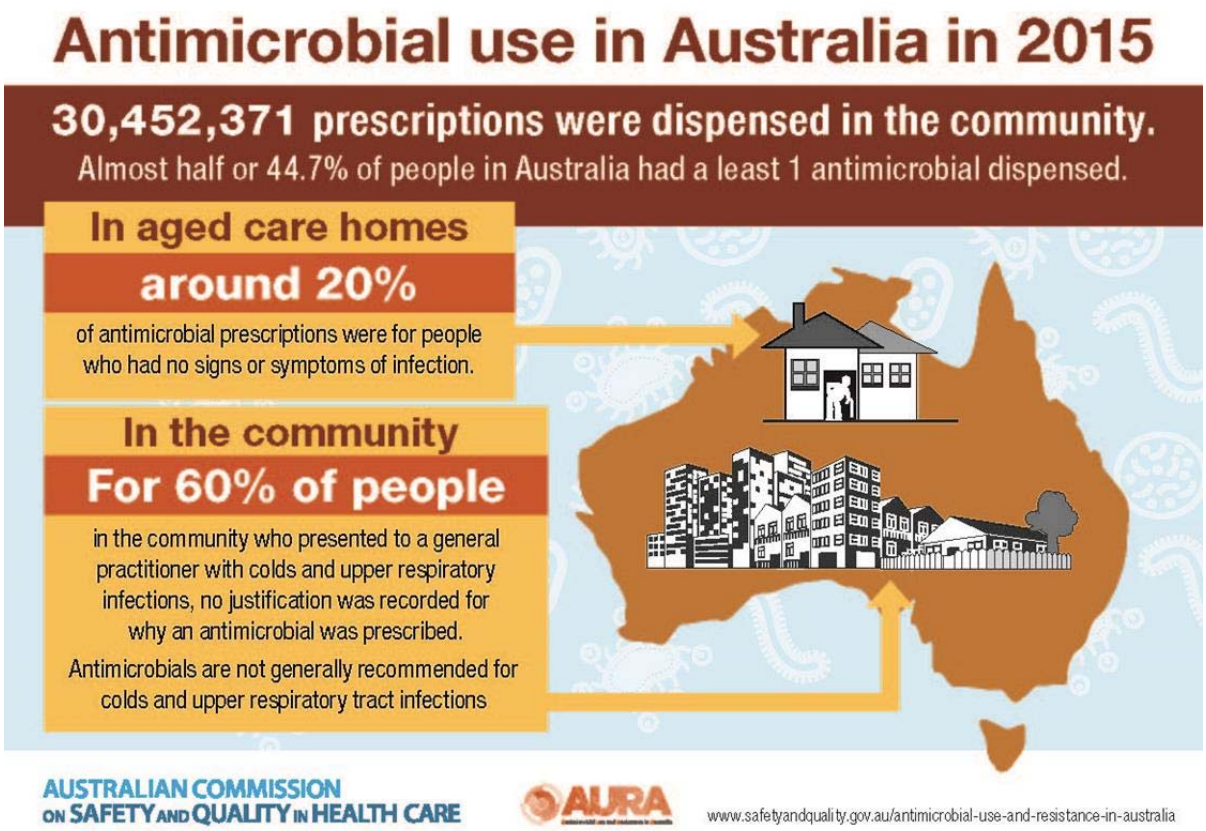
To stay up to date on the NSQHS Standards (2nd ed.), the release of documents, and future consultations, sign up to our NSQHS Standards lists here.

Back to top

AURA 2017: Second Australian report on antimicrobial use and resistance in human health

On 3 August 2017 the Commission released *AURA 2017: Second Australian report on antimicrobial use and resistance in human health*. This report provides a comprehensive of the picture of antimicrobial use, resistance and the appropriateness of prescribing in Australia across all healthcare settings.

The report contains a range of important findings on antimicrobial resistance and highlights a number of areas for action to help reduce antimicrobial resistance, including reducing unnecessary prescribing in the community, actions to control carbapenemase-producing Enterobacteriaceae, monitoring resistant gonococcal infections, minimising the spread of vancomycin-resistant enterococci,and improving the appropriateness of antimicrobial use for surgical prophylaxis.



Some of the key findings include:

- In 2015, 44.7% of the Australian population (10.7 million people) had at least one antimicrobial dispensed in the community
- More than 30 million antimicrobial prescriptions were dispensed through the PBS/RPBS in 2015
- On any given day in an Australian hospital in 2015, 40.5% of patients were being administered an antimicrobial; of these, 23.3% of antimicrobial prescriptions were not compliant with guidelines, and 21.9% were considered inappropriate
- In 2015, 40.5% of surgical prophylaxis in hospitals was inappropriate, mainly because of incorrect duration (29.9%); incorrect dose or frequency (27.6%); or the procedure did not require antibiotics (22.0%)
- Colds and flu are viral respiratory infections that cannot be treated with antibiotics, but antibiotics are frequently prescribed for these conditions often with no documentation of the reason for the prescription
- There are concerning levels of use of antimicrobials in aged care homes for residents who do not have documented signs and symptoms of infection, and there is poor documentation of the indication of antibiotics and a review or stop date
- Antimicrobial resistances require focused infection control effort in hospitals to reduce their spread.

The Commission has established a national surveillance system for Antimicrobial Use and Resistance in Australia (AURA). Following the ongoing development of the surveillance system to include all states and territories in the various programs which

make up the system, there is now considerable data available to support local and national strategies to prevent and contain antimicrobial resistance (AMR) and improve the use of antimicrobials. For more information on AURA visit our website.

Back to top

An Economic Evaluation of Investigator-Initiated Clinical Trials Conducted by Networks

In July a new report evaluating the economic impact of clinical trials was released. The report has found that there would be gross benefits of $2 billion if the results of 25 specific high-impact, investigator-initiated clinical trials were implemented in just two thirds (65%) of the eligible Australian population for just one year.

The report, called Economic Evaluation of Investigator-Initiated Clinical Trials Conducted by Networks, also reveals a $5.80 return on investment for every $1 invested in clinical trials. The report highlights the vital role investigator-initiated research conducted by clinical trials networks plays in driving evidence-based improvements and supporting clinicians to continue delivering the safest and highest standard of patient care.

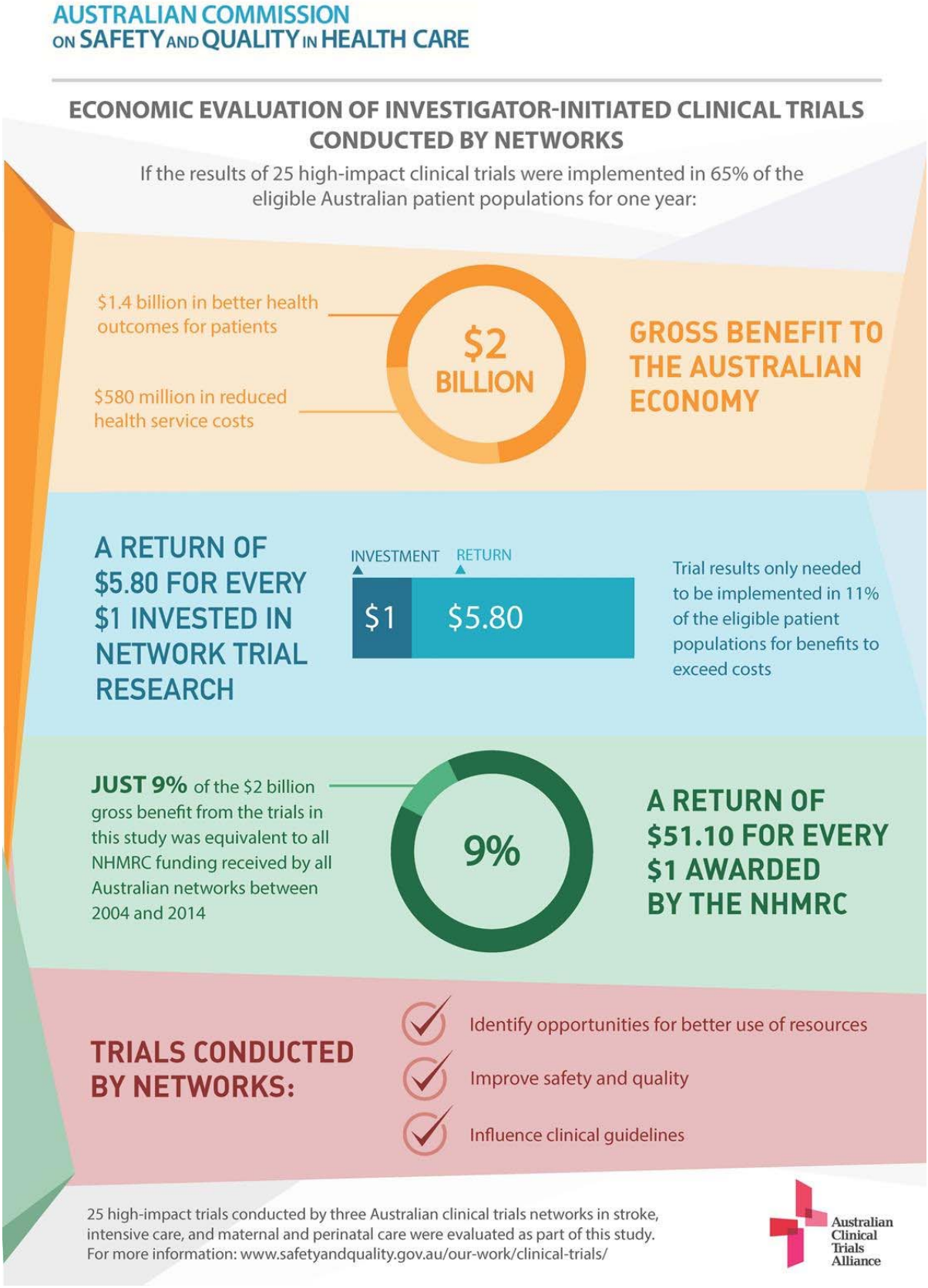
This is the first study to investigate the consolidated economic impacts of investigator-initiated clinical trials conducted in networks. The report evaluated 25 high-impact trials involving over 50,000 patients conducted by three Australian clinical trials networks:

- The Australasian Stroke Trials Network (ASTN)
- Interdisciplinary Maternal Perinatal Australasian Collaborative Trials (IMPACT) Network
- The Australian and New Zealand Intensive Care Society Clinical Trials Group (ANZICS CTG).

You can download the report here.

The Commission undertook this work in partnership with the Australian Clinical Trials Alliance (ACTA) and health economic agency Quantium Health Outcomes (formerly Health Outcomes Australia).

For more information contact the Safety and Quality Improvement Systems team at sqis@safetyandquality.gov.au



Back to top

Safer Medicines Administration

There is both national and international evidence that ‘wrong-route’ medication errors occur with the injection of erroneous substances via intrathecal, epidural and other neural

routes. In some cases these have caused death and severe harm. In Australia, the Commission developed the National User-applied Labelling Standard for Injectable Medicines, Fluids and Lines to standardise labelling practice requirements and reduce these risks.

However, the universal Luer connector system continues to contribute to administration errors by making possible the inadvertent delivery of the wrong medicine or fluid via the neural route.

The International Organization for Standardization published ISO 80369-6:2016 Small bore connectors for liquids and gases in healthcare applications – Part 6: Connectors for neuraxial applications in March 2016. It specifies the design and dimensions of small-bore connectors intended for all neural applications, including neuraxial, peripheral and regional applications. It is intended to reduce the injection of erroneous substances via neural routes.

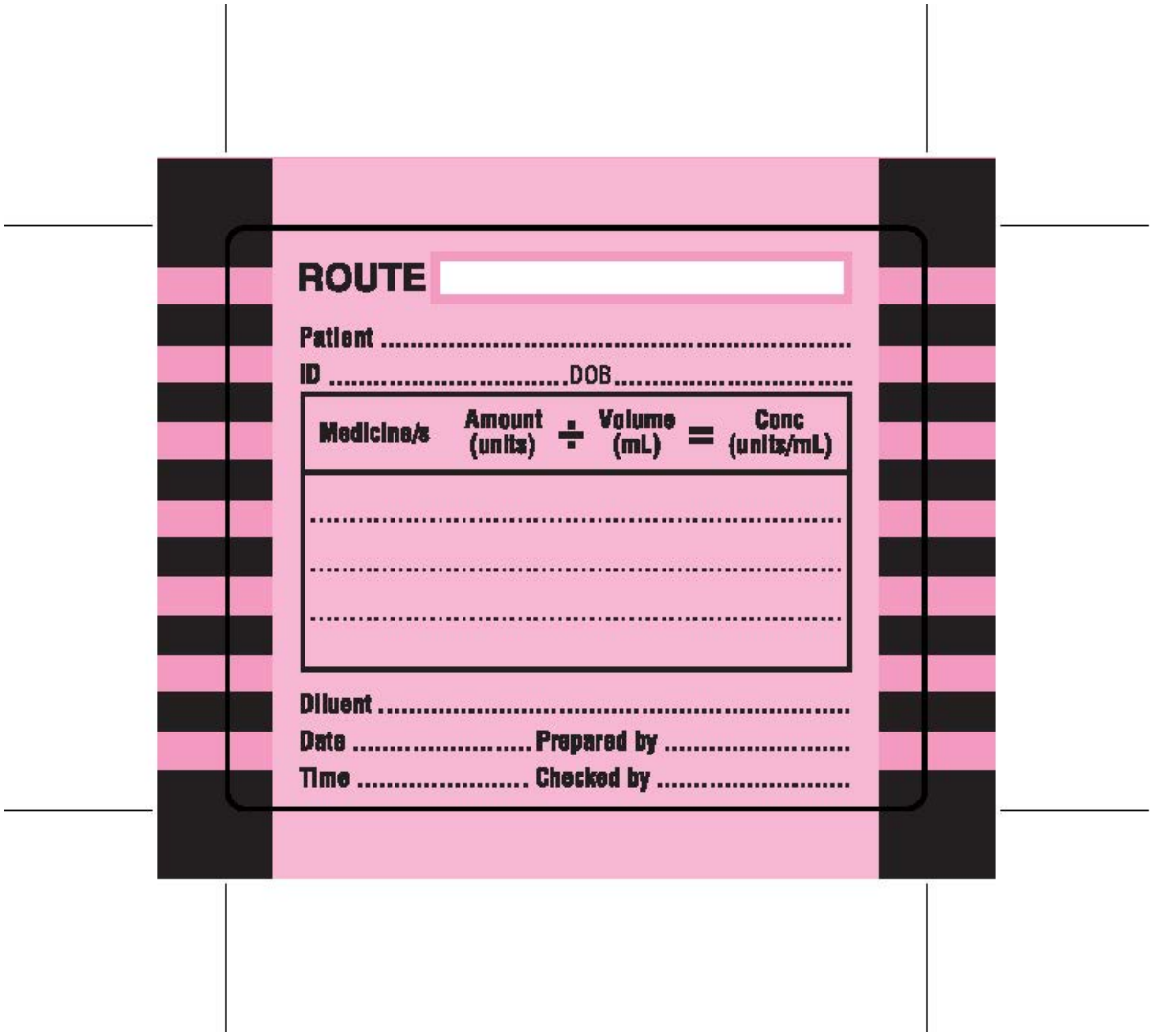
The Commission and the Australian and New Zealand College of Anaesthetists (ANZCA) recently released the Joint statement on neuraxial connectors and ISO 80369-6:2016. The joint statement endorses international standard ISO 80369-6:2016 for use in Australia to improve patient safety. It is endorsed by the clinical colleges and societies whose members most frequently use this class of connectors, and makes eight recommendations for safe implementation of the medical devices with the standard connectors in Australian hospitals.

You can download the Labelling Standard, the Joint Statement and ISO 80369-6:2016 below:

National User-applied Labelling Standard for Injectable, Medicines, Fluids and Lines

Joint statement on neuraxial connectors and ISO 80369-6:2016

ISO 80369-6:2016 Small bore connectors for liquids and gases in healthcare applications – Part 6: Connectors for neuraxial applications



Back to top

The Tops Tips in Translation

In March, the Commission launched an updated version of its popular guide which helps consumers get the most out of their healthcare treatment and consultations, Top Tips for Safe Health Care.

Because 21% of Australians speak a language other than English at home, Top Tips for Safe Health Care is now available in 15 languages:

- Arabic
- Chinese – Simplified
- Chinese – Traditional
- Farsi
- German
- Greek
- Hindi
- Italian

- Korean
- Macedonian
- Punjabi
- Spanish
- Tagalog
- Turkish
- Vietnamese.

The translations were completed by accredited translators, then tested and approved by members of each linguistic community to ensure the information is culturally appropriate and easy to understand.

Top Tips is designed to help consumers, their families, carers and other support people get the most out of their health care.

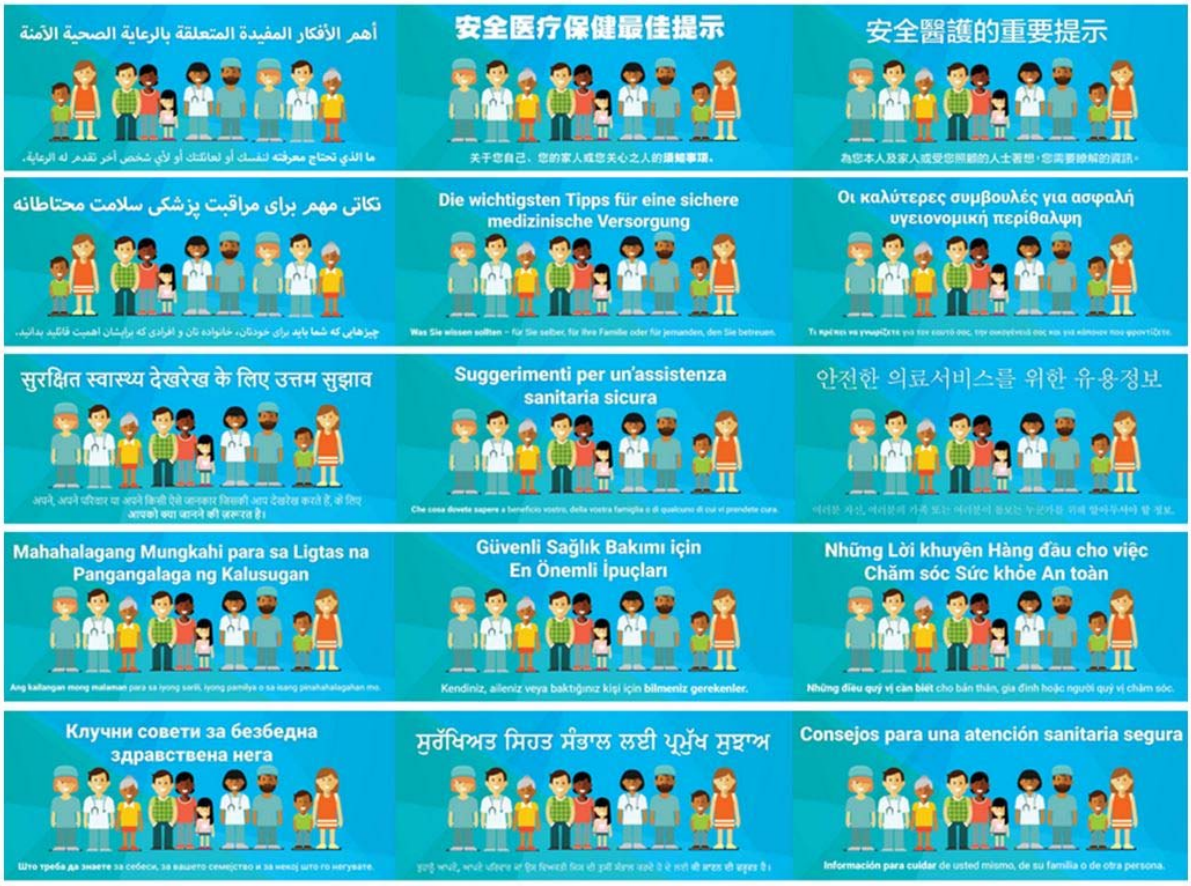
Top Tips is a guide that provides practical advice on:

- Asking questions to understand more about your health and treatment options
- Finding good-quality health information
- Understanding the risks and benefits of tests, treatments and procedures
- Confirming what will happen before and after an operation or other procedure.

Helping consumers to be involved in planning and making decisions about their care builds partnerships between consumers and their health providers.

The translated Top Tips for Safe Health Care guide and infographics are available to download and print or share from our website.

For more information about the Top Tips, contact our Communications team communications@safetyandquality.gov.au or call on 02 9126 3600.



Back to top

Creating a Health Literacy Environment

The Commission has developed five fact sheets to support health service organisations improve their health literacy environment.

The next version of the NSQHS Standards has a greater emphasis on partnerships with consumers and embedding health literacy into organisational systems.

The fact sheets link staff working in quality improvement to a range of tools and examples to help plan how to improve an organisation's health literacy environment.

- Fact sheet 1: An introduction to improving health literacy in your organisation (PDF 389 KB)
- Fact sheet 2: Making health literacy part of your policies and processes (PDF 302 KB)
- Fact sheet 3: Making way-finding easier (PDF 385 KB)
- Fact sheet 4: Writing health information for consumers (PDF 326 KB)
- Fact sheet 5: Supporting staff to meet health literacy needs (PDF 335 KB)

Back to top

My Health Record in Emergency Departments

The use of the My Health Record system is expanding and a project to establish routine use of the My Health Record system by clinicians in hospital emergency departments has recently begun.

My Health Record participation trials were conducted in the Primary Health Networks (PHNs) of Nepean Blue Mountains and Northern Queensland, where most of the local population has a My Health Record. The Australian Digital Health Agency (the Agency), in partnership with the Commission are developing a model based on these participation trials. We will work with hospitals within these PHNs to develop the model over the course of the project. The model will then be piloted in other hospitals in Australia.

The project will be led by a senior emergency department clinician and will be overseen by the Agency, the Commission, NSW Health and Queensland Health as well as consumer and clinical representatives. Stakeholders and consumers will also be consulted via roundtables, workshops and targeted interviews. The project is expected to take two years with an interim report due to the Agency in June 2018.

Back to top

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