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JOINT COMMUNIQUE

HEALTH MINISTERS AGREE TO REFORM AGENDA

Australia’s Health Ministers have today agreed on further steps in the national health reform agenda to improve safety in public hospitals, make it easier for doctors to move around the country to work in places where they are most needed, help national planning for the medical workforce and help hospitals to look after older patients better.

“It is important that we all work together to improve the Australia’s health system,” Health Ministers’ Chair, David Llewellyn of Tasmania, said. “The reform decisions we have taken today show how much we can do on a cooperative basis.”

Ministers noted a presentation from the Australian Health Care Alliance and noted that work was currently underway on key issues raised including integration of services, cost effectiveness, quality and safety, workforce sustainability, equity and affordability especially for people at risk. Ministers agreed to refer the presentation to the Health Reform Agenda Working Group for advice.

Health Ministers have decided to take a uniform set of steps across the country to improve patient safety in public hospitals. An agreed national timetable has been agreed for each action.

- To reduce problems where patients are treated on the wrong side of their body (wrong leg etc), in the next four months, all public hospitals will use the “5 step patient, right site, right procedure protocol”;
- By June 2005, public hospitals will introduce new ‘incident management’ systems to monitor, investigate, analyse and guide their actions in dealing with patient safety and quality incidents;
- To further improve patient safety, by the end of next year, all public hospitals will have in place a patient safety risk management plan;
- Also to improve patient safety, by the end of 2005 require all public hospitals to report all sentinel events, and to contribute to a National Report on Sentinel Events;

- **To reduce the harm to patients from medication errors, by June 2006, all public hospitals will be using a common medication chart. This means that the same chart will be used wherever a doctor or nurse works and wherever the patient is within a hospital;**
- To also help safer use of medicines, by the end of 2006, every hospital will have in place a process of pharmaceutical review of medication prescribing, dispensing, administration and documenting processes for the use of medicines; and
- To enable patients to keep an eye out for their own safety, all public hospital patients will now receive a copy of the booklet “10 tips for safer health care: what everyone needs to know” at or before the time of admission.