

# ACHSE Breakfast Session

Brisbane 14.10.05



*Handing on the baton from Council  
to Commission and defining the  
platform of reforms already in place*

Bruce Barraclough AO,  
Chair, Australian Council for Safety and Quality in Health Care  
Chair, Board NSW Clinical Excellence Commission

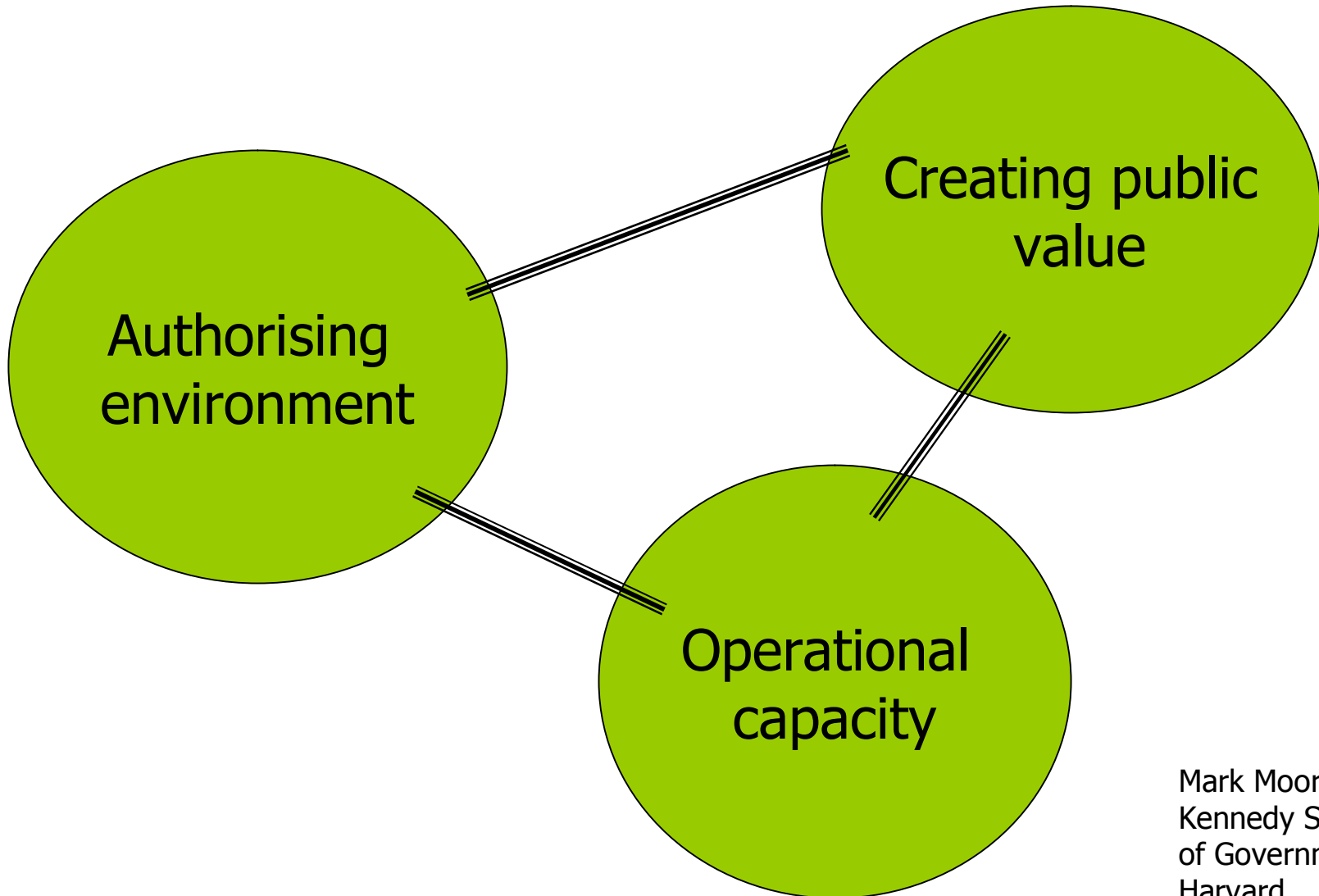
# Australia has an excellent health system staffed by great people

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*"This is about the difficult task of going from very good to even better"*



# Creating Public Value



# The National Approach

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## ACSQHC:- the “what”

- A focus for national efforts in safety and quality
- Raising awareness
- Building consensus
- Clarifying priority areas
- Stimulating activity

## the “how”

### Levers for change

- Leadership, persuasion, advice and example
- Development of strategies, frameworks, standards, tools & guidelines

# What would indicate successful and beneficial change?

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- ❑ New programs, processes and culture accepted as a normal part of healthcare delivery
- ❑ A quality improvement and patient safety focus embedded across a diverse and complex system
- ❑ A commitment at multiple levels to support improvement activities

# An ability to measure, understand and make beneficial change

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## Actions:

- ❑ National system for collection and analysis, reporting and correcting the causes of severe adverse events
- ❑ Consistent incident monitoring and management systems across all States and Territories
- ❑ Development of a national data set for patient safety
- ❑ A report on current status of the Health System by mid 2006

## Outcomes:

- ❑ Dramatic increase in the understanding of vulnerabilities in the system
- ❑ Feedback and public reporting provide stimulus for continued improvement
- ❑ An ongoing ability to measure

# Tools that support the workforce to improve care

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## Actions:

- ❑ Health Care Associated Infection Strategic Plan – guidelines, surveillance etc.
- ❑ Medication Safety – projects, National Breakthrough Collaborative & tool kits
- ❑ Single national medication chart
- ❑ 5 step process to ensure correct patient, site and procedure
- ❑ Falls toolkit
- ❑ Root Cause Analysis training

## Outcomes:

- ❑ Better processes & reduced harm in areas of most frequent adverse events

# Standards, guidelines and processes that support improved care & increase consumer trust

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## Actions:

- ❑ National standard for credentialing and defining scope of clinical practice for senior clinicians
- ❑ National open disclosure standard
- ❑ Guidelines re best practice in complaints handling
- ❑ 10 tips booklet for consumers
- ❑ Support package for hospital patient safety risk management plans

## Outcomes:

- ❑ Questions answered
- ❑ Trust improved
- ❑ Outcomes improved

# Linkages and products to improve care by research and education

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## Links established

- ❑ NICS, NHMRC, CPMC, universities, VET sector
- ❑ Other professional bodies
- ❑ ACHS, PHIQS, Health Insurers
- ❑ Jurisdiction's quality departments and councils
- ❑ Aged care environment

# Linkages and products to improve care by research and education

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## Actions

- ❑ Multiple lectures, presentations, reports and advice documents
- ❑ RACGP working to customise 5 major Issues for office and community practice
- ❑ Medibank Private – safety and quality agenda as part of hospital contracts
- ❑ Established National Centre for Research Excellence in Patient Safety
- ❑ National Patient Safety Education Framework

## Outcomes

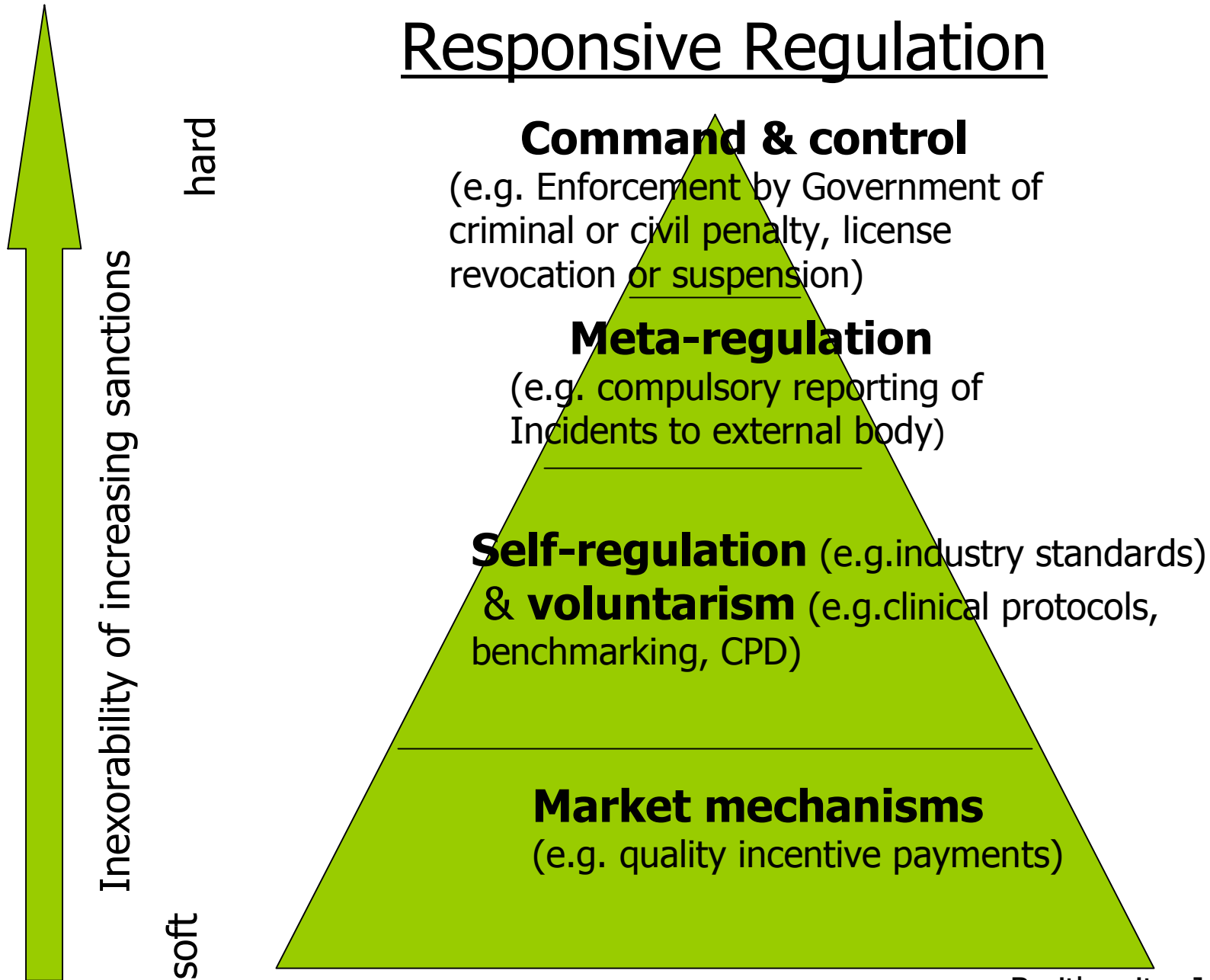
- ❑ System-wide knowledge of safety & quality issues, tools and methodologies
- ❑ Better educated workforce
- ❑ Better and safer care

# Still to come – before June 2006

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- ❑ National Sentinel Events report
- ❑ Report on measurement of safety and quality in our health system using multiple indicators
- ❑ Work on responsive governance
- ❑ National collaborative project “Safer Systems, Saving Lives”
- ❑ National pilot of open disclosure
- ❑ ....and many other activities

# Responsive Regulation



# Safer Systems – Saving Lives

## National Breakthrough Collaborative

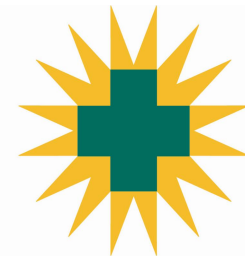
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- 50 – 60 larger hospitals – leadership DHS Victoria
- Time frame – 12 months
- Six key interventions to improve outcomes
- Evidence based and known to prevent harm when systematically applied
  1. Prevention of ventilator associated pneumonia
  2. Prevention of surgical site infections
  3. Prevention of central line infections
  4. Rapid response teams
  5. Prevention of adverse drug events
  6. Improved care for acute myocardial infarction

# Council 2000 - 2006



Council has run a good first leg ....



**Safety+Quality**  
COUNCIL

...but it's time to pass the baton

# Suggestions for continued successful safety and quality reform:

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- ❑ The new body to have the status and support to enable:
  - ❑ National co-ordination of implementation of the established safety and quality agenda
  - ❑ Expansion of the established agenda to include appropriateness and access as the next key dimensions of quality to be addressed
  - ❑ It is all able to be implemented if the value set is right and change is welcomed

# Suggestions for continued successful safety and quality reform:

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**Safety+Quality**  
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- ❑ Strengthen the accreditation system to ensure its relevance. Those responsible for our health system to define required health care standards and have knowledge of outcomes following external review
- ❑ Value measurement, analysis and feedback of safety and quality indicators to the same extent as we do for financial issues and probity

# Complexity, hope and optimism

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## Transformational change with:

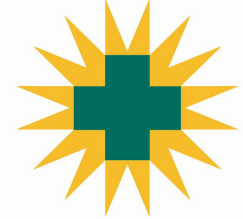
- ❑ Approximately 500,000 health care workers
- ❑ 115 million doctor visits / year
- ❑ 6.4 million hospital admissions / year
- ❑ 220 million Medicare items of service / year

## Requires:

- ❑ Co-ordination and integration of the activities of nine sovereign governments
- ❑ Time and significant commitment by many
- ❑ Resources and support
- ❑ New paradigms of care to match human and physical resources to care needs

## Outcomes:

- ❑ Improved morale
- ❑ Increased hope and optimism
- ❑ Better and safer care



**Safety+Quality**  
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# Future directions

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- Informed debate about the limits of health care provision particularly where there is marginal capacity to deliver
- Matching care needs to human and physical resources so that there is equity of outcome irrespective of where care is accessed
- Develop new ways of linking the extraordinary human and physical resources we have in place