National Standards Forum 2015
Quality Improvement & Change Management Unit
National Standards Forum
19 May 2015

National Safety and Quality Health Service Standards
1. Governance for safety and quality
2. Partnering with consumers
3. Preventing and controlling healthcare associated infections
4. Medication safety
5. Patient ID and procedure matching
6. Clinical handover
7. Blood and blood products
8. Preventing and managing pressure injuries
9. Recognising and responding to clinical deterioration in acute health care
10. Preventing falls and harm from falls

8.30 am Arrive
8.45 am Welcome, housekeeping
   Sarah Wolsh, Assistant Director Quality Improvement and Change Management unit (Facilitator)

8.50 am Opening address
   Professor Bryant Stokes, A/Director General

9.05 am Keynote address
   Margaret Banks, Senior Program Director, Australian Commission on Safety and Quality in Health Care

10.05 am Presentation from Licensing and Accreditation Regulatory Unit
   Theresa Marshall

10.15 am Presentation from Health Services
   • Tracy Robertson and Sandy Sadler, North Metropolitan Health Service
   • Loni Miller and Sarah Benke (via video conference)
   • WA Country Health Service

10.45 am Break

11.15 am Presentation from Health Services
   • Rita McIlwain
   Fiona Stanley Hospital, South Metropolitan Health Service
   • Amy Mayer
   Child Adolescent Health Service

11.45 am Presentation from Patient Safety Surveillance Unit
   Karen Lennon

12.00 pm Presentation from Quality Improvement and Change Management Unit
   Annie Chacha-Gan

12:10 pm Panel Discussion / Question & Answer Time
   Tracy Robertson, Loni Miller, Michelle Dillon, Amy Mayer (Safety & Quality representatives), Theresa Marshall and Margaret Banks.

12:45 pm Conclusion, evaluation forms, etc.
   CLOSE

Delivering a Healthy WA
A friendly reminder
We will be having a panel discussion with the speakers at 12:10pm.
If you have a question you’d like to be asked on your behalf, please send us an email or text message.

Email: OSQH@health.wa.gov.au
Phone: 0477 320 868
National Standards Forum
National Safety and Quality Healthcare Standards
Presented by:

Professor Bryant Stokes
A/Director General

19 May 2015
Paving the way to safety and quality in Western Australia

2006: Australian Commission on Safety and Quality; Clinical Governance Framework mandatory; SQuIRe Program

2010: ABF/ABM in WA; National Standards for Mental Health

2014: one year of national accreditation against National Safety and Quality Standards
WA Strategic Plan for Safety and Quality 2013-2017
Implementation of CIMS Datix Clinical Incident Management system

2015: two years of accreditation against National Safety and Quality Standards
A total of 10 public health services due for accreditation in 2015
The Australian Commission on Safety and Quality in Healthcare is currently undertaking a review of the 10 National Standards
Safety and quality strategy for WA Health

- Consumer and carer centred
- Driven by information
- Organised for safety
- Led for high performance

Maximise best practice outcomes
Minimise preventable harm
Safety and Quality in an Activity Based Management Environment

- ABM integrates safety and quality, performance and accountability
- Increased awareness of the costs of adverse events
- Improved data collection and accuracy
- Greater transparency and highlighting key issues
National Safety and Quality Health Service Standards

- Evidence of successful implementation two years on
- 2014 increased focus on
  - Infection Control
  - Pressure Injuries
  - Clinical Deterioration
- Evidence of leadership at multiple levels within organisations
Total NSQHSS Core items deemed “Met with Merit” Public Hospitals 2013 / 2014

- Partnering with Consumers: 2 (2013), 7 (2014)
- Preventing and Managing Pressure Injuries: 9 (2013), 9 (2014)
- Preventing Falls and Harm from Falls: 6 (2013), 6 (2014)
In 2014, the first WA Safety and Quality Point Prevalence Survey (WAPPS) was conducted. This was a major statewide safety and quality initiative.

The project involved close partnerships between the Department, the Health Services and hospitals, over 400 surveyors from across WA Health, 20 hospitals and over 3,000 patients.

Raw data was provided to hospitals and Health Services to support improvements.

The onus is on hospitals and health services to use this data effectively to support clinical practice improvements.
Thank you for your attention
The system

1440 health services (in 2013)

- 53% public hospitals
- 21% private hospitals
- 22% day procedure services
- 4% other public health facilities

44 new services established since Jan 2013

Additional services:

- Community health services
- Dental services
- Prisons health services
- Ambulance
- Royal Flying Doctor Service
## 2013 and 2014 Comparison

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Total no. of services assessed</td>
<td>750</td>
<td>1,072</td>
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<tr>
<td>Public health services</td>
<td>44%</td>
<td>55%</td>
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<tr>
<td>Private health services</td>
<td>56%</td>
<td>45%</td>
</tr>
<tr>
<td>Mid cycle assessments</td>
<td>60%</td>
<td>40%</td>
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<tr>
<td>Organisation wide assessments</td>
<td>37%</td>
<td>58%</td>
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<tr>
<td>Interim assessments</td>
<td>2%</td>
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Percentage facilities assessed

All Health Service Organisations

Total no.

2014*

2013

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<tr>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
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<tr>
<td>43%</td>
<td>57%</td>
<td>81%</td>
<td>19%</td>
<td>19%</td>
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All Health Service Organisations

Assessed

To be assessed
Percentage ‘other’ facilities assessed to the NSQHS Standards

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<thead>
<tr>
<th>Year</th>
<th>Assessed</th>
<th>To be assessed</th>
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<tr>
<td>2013</td>
<td>12%</td>
<td>88%</td>
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<td>2014*</td>
<td>42%</td>
<td>58%</td>
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</table>
Core actions not met at organisation-wide assessment as a percentage of total number of actions in each Standard.
Core actions not met at organisation-wide assessment as a percentage of total number of actions in each Standard

Developmental actions not met at organisation-wide assessment as a percentage of total number of actions in each Standard.

Legend: coloured dots – 2013 | coloured bars - 2014
Developmental actions **not met** at organisation-wide assessment as a percentage of total number of actions in each Standard

### Range, average, media and mode for not met core actions at organisation wide assessments

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<thead>
<tr>
<th></th>
<th>Private</th>
<th></th>
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<tr>
<td></td>
<td>2013</td>
<td>2014</td>
<td>2013</td>
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</tr>
<tr>
<td>Range</td>
<td>n=161</td>
<td>n=237</td>
<td>n=118</td>
<td>n=382</td>
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<tr>
<td>Average</td>
<td>0 to 84</td>
<td>0 to 126</td>
<td>0 to 79</td>
<td>0 to 24</td>
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<tr>
<td>Median (middle of range)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Mode (most occurring)</td>
<td>0</td>
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Distribution of not met actions
Rating at initial assessment for **core** actions all assessment types for 2013 and 2014

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<th>Public</th>
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<tbody>
<tr>
<td><strong>2013</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health service with all actions met</td>
<td>53%</td>
<td>59%</td>
<td>56%</td>
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<tr>
<td>Health service with actions that need to be re-assessed within 120 days</td>
<td>47%</td>
<td>41%</td>
<td>44%</td>
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<tr>
<td>Health services not accredited</td>
<td>&lt;1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>2014</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health service with all actions met</td>
<td>76%</td>
<td>53%</td>
<td>63%</td>
</tr>
<tr>
<td>Health service with actions that need to be re-assessed within 90 days</td>
<td>23%</td>
<td>47%</td>
<td>37%</td>
</tr>
<tr>
<td>Health services not accredited</td>
<td>&lt;1%</td>
<td>0%</td>
<td>&lt;1%</td>
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</table>
Top core **not met** actions for all types of assessments 2014

<table>
<thead>
<tr>
<th>Action</th>
<th>Requirement</th>
<th>Number of services with not met core actions</th>
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<tr>
<td></td>
<td></td>
<td>Public</td>
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<tr>
<td>3.10.2</td>
<td>Auditing of compliance to aseptic technique</td>
<td>27</td>
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<tr>
<td>3.10.3</td>
<td>Taking action to increase compliance to aseptic technique</td>
<td>24</td>
</tr>
<tr>
<td>3.14.3</td>
<td>Monitoring of antimicrobial usage and resistance</td>
<td>24</td>
</tr>
<tr>
<td>3.14.4</td>
<td>Taking action to improve antimicrobial stewardship</td>
<td>25</td>
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<tr>
<td>3.15.3</td>
<td>Undertaking regular environmental cleaning audits</td>
<td>11</td>
</tr>
<tr>
<td>1.1.1</td>
<td>Organisation-wide management system is in place for development, implementation and review of protocols</td>
<td>20</td>
</tr>
<tr>
<td>1.11.2</td>
<td>Participation of clinical workforce in regular performance reviews</td>
<td>8</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Regularly reviewing the effectiveness of the infection prevention and control systems</td>
<td>14</td>
</tr>
<tr>
<td>1.12.1</td>
<td>Access to ongoing S&amp;Q training for the workforce</td>
<td>11</td>
</tr>
<tr>
<td>3.10.1</td>
<td>Training in aseptic technique</td>
<td>19</td>
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</table>
Top developmental *not met* actions for all types of assessments 2014

<table>
<thead>
<tr>
<th>Action</th>
<th>Requirement</th>
<th>Number of services with <em>not met</em> developmental actions</th>
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<tr>
<td>2.6.2</td>
<td>Involving consumers in training the clinical workforce</td>
<td>203</td>
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<tr>
<td>2.9.2</td>
<td>Involving consumers in the implementation of quality activities relating to patient feedback data</td>
<td>176</td>
</tr>
<tr>
<td>2.9.1</td>
<td>Involving consumers in the evaluation of patient feedback data</td>
<td>184</td>
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<tr>
<td>3.19.2</td>
<td>Evaluating patient infection prevention and control information to determine if it meets the needs of audience</td>
<td>129</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Providing orientation and training for consumers enable them to fulfil partnership role</td>
<td>169</td>
</tr>
<tr>
<td>2.8.1</td>
<td>Involving consumers in the analysis of organisational safety and quality performance</td>
<td>170</td>
</tr>
<tr>
<td>2.8.2</td>
<td>Involving consumers in the planning and implementation of quality improvements</td>
<td>171</td>
</tr>
<tr>
<td>9.9.3</td>
<td>Reviewing the performance and effectiveness of the system for family escalation of care</td>
<td>51</td>
</tr>
<tr>
<td>9.9.4</td>
<td>Improving the system performance for family escalation of care</td>
<td>55</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Involving consumers in decision making about safety and quality</td>
<td>150</td>
</tr>
</tbody>
</table>
Ongoing issues

- Inter-assessor and inter-agency reliability
- Extent of evidence required by accrediting agencies
- Compliance with reporting timeframes to health services by accrediting agencies
- Assessment of actions that don’t apply across the whole organisation
- Rating of met with merit actions
- Requirements by some surveyors for signature on patient management plan
- Mix of skills in survey teams
Literature review on inter assessor reliability

Found five broad areas that impact on inter-assessor reliability:

- Workforce management and assessor selection
- Assessor experience and personality
- Training and continuing professional development
- Skills mix and experience of assessor teams
- Frequency of auditing
Evaluation of the NSQHS Standards

Formal external evaluation
• Consumer
• Cost analysis
• Evaluation of State and Territory administrative data sets pre and post Standards implementation
• Longitudinal survey of attitudes

Ongoing review
• Accreditation outcome data
• Review of Approved Accrediting Agencies
• Analysis of data collected from Advice Centre, medications, surveys undertaken by the Commission

External review:
• Australian Institute of Health Innovation – ACCREDIT project

Review of approved accrediting agencies and the approvals process
Evaluation – where are we up to:

• High degree of awareness of the NSQHS Standards
• Driving clinical engagement
• Too early to be able to make direct links with improvements in patient care
• Broad agreement the standards will have a positive effect on health care
• Standards provide a consistent framework for defining good care and comparing progress towards improvements
• The Standards provide consistency for staff working across multiple sites and sectors
“Quality used to be ‘quality’s’ job, but now it’s everyone’s job.”

“Overall the standards are positive in effect. The real clinically important issues have been chosen.”

“Having an independent person reviewing your practice is a very good way of ensuring quality.”
Recently released

• Guide for dental services for consultation
• Guide for community health services for consultation
• Guide for Boards implementing the NSQHS Standards

What we are working on…

• Review of the NSQHS Standards
• Improving care for Aboriginal and Torres Strait Islander people using the NSQHS Standards
Review of the NSQHS Standards

- Commence 2015
- Collating and interpreting information from the informal and formal evaluation processes
- Evaluate findings from Standards related projects - cognitive impairment, mental health, Aboriginal and Torres Strait Islander project, community-based health care
- Consider issues of basic patient care and what this may include
Guiding Principles

• Protect the public from harm
• Improve the quality of health service
• Universal patient safety standards that can be applied in health care settings
• Focus on areas of known risk to patients, including consideration of high-risk preventable complications
• Focus on implementation of systems to prevent harm
• Evidence-based and rigorous
• Precise and consistent
• Less is more
• Reduce duplication
Assessment of patient safety risks

Review impact of current NSQHS Standards based on available evidence and consider:

- whether each NSQHS Standard has improved patient safety
- whether an action has had no impact on patient safety
- whether some actions were difficult to interpret or implement
- whether there were excessive documentation requirements
- whether there were excessive audit requirements

Sources of information should include:

- accreditation outcomes
- expert clinical and management opinion
- patient and consumer opinion
- interim evaluation of accreditation outcomes
- jurisdictional incident reporting systems
- literature
Communication flowchart

Commission Board

- Inter-jurisdictional Committee
- Private Hospital Sector Committee
- Primary Care Committee

NSQHS Standards Steering Committee

NSQHS Standards Working Group

- Ongoing Formal Committees
- Time-limited Workshops and Working Groups
- Patients, Consumers and Carers
- Jurisdiction, Health Service Organisation and Accrediting Agency Representatives

Stakeholder consultations
## Key milestones

<table>
<thead>
<tr>
<th>Year</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td></td>
</tr>
</tbody>
</table>
  • Drafting NSQHS Standards Version 2 (V2)  
  • Piloting and public consultation for NSQHS Standards V2  
  • Re-approval of accrediting agencies |
| 2016 |  
  • Finalise and design of NSQHS Standards V2  
  • Undertake regulation impact statement process  
  • Submit NSQHS Standards V2 to the Board, AHMAC and COAG Health Council  
  • Develop NSQHS Standards guides and tools  
  • Review Australian Health Service Safety And Quality Accreditation Scheme |
| 2017 |  
  • Deliver education and training for health service organisations and approved accrediting agencies  
  • Implement NSQHS Standards V2 |
| 2018 |  
  • Ongoing support for health service organisations and accrediting agencies |
Proposed deliverables from the review process

1. National Safety and Quality Health Service (NSQHS) Standards, version 2
2. Revised Safety and Quality Improvement Guides
3. Accreditation workbooks tools
4. Translation of the NSQHS Standards for consumers
5. Identification of the training requirements of the NSQHS Standards for education bodies and health service organisations
6. Associated safety and quality measures for each Standard
7. Train the trainer package for accrediting agencies and surveyor and information packages for health services
National Standards: Accreditation Two Years On

Dr Theresa Marshall
Principal Consultant
Licensing and Accreditation Regulatory Unit (LARU)

May 2015
Setting the Scene …

- The National Safety and Quality Health Service Standards (NSQHSS) were developed to implement safety and quality systems and support the delivery of consumer focussed health care in Australia.

- In September 2011, Health Ministers endorsed the NSQHS Standards, and the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme came into effect on 1 January 2013.

- In 2012, the Director General endorsed the Licensing and Accreditation Regulatory Unit (LARU) as the Regulator for the implementation of the Scheme and the Standards in both the private and public sectors of WA.

- Private and Private Hospitals and Private Day Facilities (Class A) Hospitals have been subject to Mandatory since 2013.

- The ACSQHC defines the Regulator’s role is to determine those health services who are required to participate in Accreditation and to receive data on outcomes of accreditation of health services and respond to emerging issues.
The Data…

- Will be specific to Western Australia

- Will differ from the Commission’s data as WA only requires Mandatory Accreditation for the 3 types of facilities *(Public & Private Hospitals, Private Day Facilities)*

- Will include both Public and Private Hospitals with specific details only provided about Public Hospitals – given the focus of the Forum and the issues of commercial sensitivity.
Total Accreditation Surveys: Public and Private Facilities (2013 / 2014)

- 2013:
  - Total Facilities: 67
  - Total Surveys: 35

- 2014:
  - Total Facilities: 72
  - Total Surveys: 36

Delivering a Healthy WA
Ratio of All Accreditation Surveys: Public and Private Sector (2013 / 2014)

- Public Sector:
  - 2013: 23%
  - 2014: 30%

- Private Sector:
  - 2013: 77%
  - 2014: 72%
Total Mid Cycle Reviews by Sector
2013 / 2014

- **Public Hospitals**
  - 2013: 7
  - 2014: 3

- **Private Hospitals**
  - 2013: 6
  - 2014: 8

- **Private Day Facilities - Class A**
  - 2013: 10
  - 2014: 8
Total Standards Criteria Ratings: Private and Public Sectors 2014

Core Items "Not Met":
- Public Hospitals: 1
- Private Hospitals: 22
- Private Day Facilities Class A: 22

Developmental Items "Not Met":
- Public Hospitals: 14
- Private Hospitals: 103

Significant Risk Items:
- Public Hospitals: 66
- Private Hospitals: 106

Items "Met with Merit":
- Public Hospitals: 4
- Private Hospitals: 126
Total NSQHSS **Core** items deemed “Met with Merit” 2014 (2013)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Public Hospitals</th>
<th>Private Hospitals</th>
<th>Private Day Facilities (Class A)</th>
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<td>Governance for Safety &amp; Quality in Health Service Organisations</td>
<td>12 (19)</td>
<td>39 (1)</td>
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<td>Partnering with Consumers</td>
<td>7 (2)</td>
<td>10 (0)</td>
<td>3 (0)</td>
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<tr>
<td>Preventing/Controlling Healthcare Associated Infections</td>
<td>12 (3)</td>
<td>28 (4)</td>
<td>1 (0)</td>
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<td>Medication Safety</td>
<td>7 (0)</td>
<td>3 (0)</td>
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<tr>
<td>Patient Identification and Procedure Matching</td>
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<td>4 (0)</td>
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<tr>
<td>Clinical Handover</td>
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<td>0 (0)</td>
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<tr>
<td>Blood and Blood Products</td>
<td>2 (0)</td>
<td>3 (0)</td>
<td>0 (0)</td>
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<tr>
<td>Preventing and Managing Pressure Injuries</td>
<td>9 (0)</td>
<td>8 (1)</td>
<td>0 (0)</td>
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<tr>
<td>Recognising and Responding to Clinical Deterioration</td>
<td>9 (0)</td>
<td>1 (0)</td>
<td>0 (0)</td>
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<tr>
<td>Preventing Falls and Harm from Falls</td>
<td>6 (0)</td>
<td>5 (3)</td>
<td>0 (0)</td>
</tr>
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</table>
Total NSQHSS Core items deemed “Met with Merit” 2014

- Governance for Safety & Quality in Health Service Organisations: 39
- Partnering with Consumers: 12
- Preventing/Controlling Healthcare Associated Infections: 28
- Medication Safety: 7
- Patient Identification and Procedure Matching: 4
- Clinical Handover: 5
- Blood and Blood Products: 3
- Preventing and Managing Pressure Injuries: 9
- Recognising and Responding to Clinical Deterioration: 9
- Preventing Falls and Harm from Falls: 6
Example Core Items deemed “Met with Merit” 2014

**Standard 1: Governance**

- 1.5.1 *(CAHS, SKHS, WNHS)*
  An organisation-wide risk register is used and regularly monitored

- 1.14.1 *(WNHS)*
  Processes are in place to support the workforce recognition and reporting of incidents and near misses.

**Standard 2: Partnering Consumers**

- 2.1.1 *(WNHS, AKHS)*
  Consumers and/or carers are involved in the governance of the health service organisation.

- 2.4.1 *(AKHS, SKHS)*
  Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care.
Example **Core** Items deemed “Met with Merit” 2014

**Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care**

- **9.1.1 (SKHS)**
  Governance arrangements are in place to support the development, implementation, and maintenance of organisation wide recognition and response systems.

- **9.2.4 (AKHS)**
  Action is taken to improve the responsiveness and effectiveness of the recognition and response systems.

- **9.4.2 (AKHS)**
  Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited.
<table>
<thead>
<tr>
<th>Standard</th>
<th>Public Hospitals</th>
<th>Private Hospitals</th>
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<td>Patient Identification and Procedure Matching</td>
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<td>Clinical Handover</td>
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<td>0 (11)</td>
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<td>Blood and Blood Products</td>
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<td>Preventing and Managing Pressure Injuries</td>
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<td>0 (1)</td>
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<td>0 (5)</td>
<td>0 (14)</td>
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Example Core Items deemed “Not Met” 2014

Standard 1: Governance

- **1.18.1** *(Private Hospital)*
  Patients and carers are partners in the planning for their treatment

Standard 2: Partnering Consumers

- **2.4.1** *(Private Day Facilities)*
  Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients).

Standard 4: Medication Safety

- **4.1.2** *(Private Day Facilities)*
  Policies and procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines.
## Total NSQHSS Developmental items deemed “Not Met” 2014 (2013)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Public Hospitals</th>
<th>Private Hospitals</th>
<th>Private Day Facilities (Class A)</th>
</tr>
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<tbody>
<tr>
<td>Governance for Safety &amp; Quality in Health Service Organisations</td>
<td>1 (8)</td>
<td>12 (22)</td>
<td>42 (1)</td>
</tr>
<tr>
<td>Partnering with Consumers</td>
<td>6 (27)</td>
<td>34 (52)</td>
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</tr>
<tr>
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<td>2 (4)</td>
<td>4 (8)</td>
<td>14 (1)</td>
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<tr>
<td>Medication Safety</td>
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<td>11 (11)</td>
<td>9 (1)</td>
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<tr>
<td>Patient Identification and Procedure Matching</td>
<td>0 (0)</td>
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<td>0 (0)</td>
</tr>
<tr>
<td>Clinical Handover</td>
<td>0 (0)</td>
<td>0 (2)</td>
<td>6 (6)</td>
</tr>
<tr>
<td>Blood and Blood Products</td>
<td>0 (0)</td>
<td>1 (3)</td>
<td>0 (3)</td>
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<tr>
<td>Preventing and Managing Pressure Injuries</td>
<td>0 (0)</td>
<td>6 (1)</td>
<td>2 (10)</td>
</tr>
<tr>
<td>Recognising and Responding to Clinical Deterioration</td>
<td>5 (5)</td>
<td>10 (7)</td>
<td>2 (10)</td>
</tr>
<tr>
<td>Preventing Falls and Harm from Falls</td>
<td>0 (0)</td>
<td>1 (2)</td>
<td>0 (6)</td>
</tr>
</tbody>
</table>
Total NSQHSS Developmental items deemed “Not Met” 2014

Governance for Safety & Quality in Health Service Organisations
- 1 (Public Hospitals)
- 12 (Private Hospitals)
- 42 (Private Day Facilities Class A)

Partnering with Consumers
- 6 (Public Hospitals)
- 34 (Private Hospitals)
- 126 (Private Day Facilities Class A)

Preventing/Controlling Healthcare Associated Infections
- 2 (Public Hospitals)
- 14 (Private Hospitals)

Medication Safety
- 9 (Public Hospitals)
- 11 (Private Hospitals)

Patient Identification and Procedure Matching

Clinical Handover
- 6 (Public Hospitals)

Blood and Blood Products
- 1 (Public Hospitals)

Preventing and Managing Pressure Injuries
- 2 (Public Hospitals)
- 6 (Private Hospitals)

Recognising and Responding to Clinical Deterioration
- 5 (Public Hospitals)
- 10 (Private Hospitals)

Preventing Falls and Harm from Falls
- 2 (Public Hospitals)
- 1 (Private Hospitals)
Standard 2: Partnering with Consumers

2.6.2 (2 Public, 4 Private, 13 Private Day Facilities)
Consumers and/or carers are involved in training the clinical workforce.

2.9.1 (1 Public, 3 Private, 12 Private Day Facilities)
Consumers and/or carers participate in the evaluation of patient feedback data.

Standard 3: Preventing and Controlling Healthcare Associated Infections

3.4.3 (1 Private, 3 Private Day Facilities)
The Clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks.

3.19.2 (2 Public)
Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience.
Example Developmental Items deemed “Not Met” 2014

Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care

- **9.3.1** *(3 Private Day Facilities)*
  Implementing mechanisms for recording physiological observations that incorporates triggers to escalate care when deterioration begins. Specific general observation chart content.

- **9.9.3** *(1 Public, 4 Private)*
  The performance and effectiveness of the system for family escalation of care is periodically reviewed.

- **9.9.4** *(1 Public, 4 Private)*
  Action is taken to improve the system performance for family escalation of care.
SUMMARY (Public Hospital Specific) 2014

- Slight increase in the ratio of surveys conducted 2013 – 2014

- Public Hospitals had an increase in Organisation Wide Surveys and a decrease in Mid Cycle Reviews

- Significant increase in “Met with Merit” ratings
  - Standard 1: Governance
  - Standard 3: Infection Control
  - Standard 8: Pressure Injuries
  - Standard 9: Responding to Clinical Deterioration
  - Standard 10: Falls Prevention

- Developmental items “Not Met” significant decrease in Standard 2: Partnering with Consumers and evidence of some additional focus on Standard 3: Infection Control.
REMINDERS

- Health services are required to notify LARU within 10 working days of any change:
  - in the nominated accrediting agency
  - in the information provided in the application for registration (staffing, timeframes)

- Health Services are required to provide a copy of the accrediting agency’s full written report to LARU, within 10 working days of its receipt.

- In addition Health services are required to provide
  - any other information requested by LARU within specified timeframes
Any questions and copies of the accreditation reports can be sent to:

LARUAccreditation@health.wa.gov.au

or via facsimile to (08) 9222 4077
Tracy Robertson – Director SQP WNHS
Sandy Sadler – S&Q Coordinator OPH
Sharing Lessons

- What Worked Well!
- What Did not Work Well!
- Challenges
- Who Was This All For?
- Survey – get ready
BEFORE....
FACTS AND FIGURES

WNHS — tertiary L6
- AMSSU; BreastScreen WA; Genetic Services of WA; Gynaecologic Cancer Service; KEMH – 256 beds; NETS; Sexual Assault Resource Centre; SOSU; WACCPP; WA Register of Developmental Anomalies; Women’s Health Clinical Support Programs
- Organisation Wide Survey 21 – 24 Oct 2014
- NS 1-10
- 4 surveyors / 4 days
- Electronic evidence only

OPH — general L4
- 207 bed secondary hospital - outpatients (Maternity, Rehab & Aged Care, Surgical) no ED, ICU/HDU
- Periodic review 17-18 Feb 2015 (deferred from Nov 2014)
- NS 1,2,3 & EQuIPNational Mandatory Actions
- 3 surveyors / 4 days
- Hardcopy evidence only
What Worked Well!

- Working Groups – Exec sponsors
- Shared drive evidence folders / systematic
- Gap analysis » QAP
- Mock Survey – ‘shock’ value

- Governance / Org / Committee Structure-evaluation, templates, action registers, consumer rep
- Progress risks/issues to Exec and action
- Communication Strategy
- Relationship with Lead Surveyor

- Education sessions:
  - Screensavers
  - Flyers/Bulletins
  - Global mth/wk
  - 1 pg Std + ‘Readiness Checklist’
  - Quizzes
  - Forums/Meetings
  - Individual/groups
  - **Saturate!**
What Worked Well!

Teamwork collaboration

Public Display of Data Boards

Walkarounds - Exec, SQP, Directors CCU

United approach to the Survey

Dept/Manager prepared:
- Evidence pkg
- Quality Activities
- Wd data boards

KPI Trends & improvement

Reports: +ve org performance – Staff Climate Survey

Leadership

Pre-survey:
- Multidisciplinary interview teams
- Coaching and templates/guidance material
- Structure / Process / Outcome
What Did Not Work Well!

- Commitment from team members (time/conflicting priorities)
- Mandatory training records - LMS
- Time taken to upload/check/pdf evidence/ print material – encrypted USB (> 2000 + docs)
- Duplication of evidence required across elements of different Standards
- Timetable – V7 - scheduling clinical staff / commitments, then changed again on Day 1
- Some Working Groups not as effective until kept to account
Challenges ....Ongoing Advantage..

- NS strongly clinical & audit based... try to link relevance and fit to non-clinical staff
- Sheer number of action items to address
- Things had to be done differently.. new reality.. expeditious change... raised the bar
- Audit fatigue

Set the Scene

- VOS: “I never want to go through that again…”
- VOP: “I love being part of handover about me in my room…”
Who Was This All For?
Welcome to Osborne Park Hospital
Consumer Information Hub

Osborne Park Hospital staff and volunteers respectfully acknowledge the past and present traditional owners of this land, the Noongar people, on which the hospital sits. It is a privilege to be standing on Noongar country.

We also acknowledge the contributions of Aboriginal Australians and non-Aboriginal Australians to the health and wellbeing of all people in this country that we live in and share together – Australia.

At Osborne Park Hospital we are committed to achieving the strategies outlined in our Reconciliation Action Plan and providing a culturally safe healthcare facility for the various cultural groups in our community.

At Osborne Park Hospital we welcome visitors from all cultural backgrounds. If you require a translator, please ask your healthcare worker. These are welcome greetings for the most commonly spoken languages by patients who do not speak English:

- **Noongar**: Kaya / Wanjum
- **Italian**: Ciao / Benvenuto
- **Vietnamese**: Chào anh / Chào chị
- **Persian (Farsi)**: ته (salâm)
- **Chinese (Mandarin)**: 你好 (nǐ hǎo)
- **Chinese (Cantonese)**: 你好 (néih hòu)
- **Karen / Burmese**: mingalar bar

- **Macedonian/Serbian**: Здраво (Zdravo)
- **Hindi**: स्वागत (namaste)
- **Dinka**: Kudual
- **Thai**: สวัสดี (sà-wât-dee)
- **Turkish**: Merhaba, Selam, İyi günler
- **Gujarati**: namaste
- **Japanese**: 今日は (konnichiwa)
Book anywhere, any time, any device

Improving access for women via online booking
Consumer Involvement

Consumer Focus groups were engaged to determine best navigation pathways within all areas of the website.

Consumer Engagement

Since the launch of the new website, consumer interaction has increased three-fold with an average of nearly 200 webmails per month.

Consumer Feedback

Follow up surveys were sent to women who booked online. Over 90% of respondents indicated the site was easy to use and would book their next appointment online.
What you need to know while in hospital

Information for patients, families and carers

Providing safe, quality care
How are we doing?

For a more detailed report and information on how we measure our performance, please visit the 'Safe, high-quality care' page at www.kemh.health.wa.gov.au

Thanks and Feedback 😊 Compliments: 144 🙁 Complaints: 12 (Jul - Sept)

You said: “I like the free TV channel in the rooms but it's too long to wait for the page to pop up again if you miss something the first time”.

We did: We revised our free TV channel and are having it reviewed by the WNHS Community Advisory Committee to ensure it is informative and useful for patients.

You said: “I would prefer to book my appointment for my mammogram online as I can’t make calls during business hours.”

We did: BreastScreen WA introduced online bookings for metropolitan patients in March 2014.

Hand Hygiene compliance – Jul to Sept

80%

WA Health Target: 70%

Emergency Care (2013-2014)

100.00%

90.00%

80.00%

70.00%

Admitted

Transferred

Discharged within 4 hours

Pressure Injuries – Jul to Sept

0.05%

1.25 per 2500 patients

Falls – Jul to Sept

0.05%

1.25 per 2500 patients

Allergic Reactions

If you have a food allergy and are admitted to KEMH your meal will be served on a RED MAT

Did you know?

Our PREM Milk Bank provided more than 1000 litres of human donor milk to premature and sick babies in the last 12 months.

Want to see how we perform in other areas not listed here?

Tell us by completing a feedback form and dropping into one of our suggestion boxes or submitting online. www.kemh.health.wa.gov.au/forms/compliments.php
Std 7 – Blood and Blood Products

- Ensuring high quality care for patients who require transfusion
- Implementing proactive anaemia prevention programme
- Partnering with patients to plan care when they decline use of blood
- Provision patient information and documented consent for transfusion/refusal
- Ensuring appropriate use of blood products and its alternatives
Get Ready

- Key information:
  - Photographs of Executive/National Standard Sponsors - OPH
  - Mandatory Education Compliance Rates per department / career group - OPH
  - Organisation-wide improvement strategies approved by the Governance/Executive Committee (eg medical record documentation and mandatory education)
  - Consumer involvement in planning, initiating change, service delivery improvements and evaluation of changes
  - Show how risks on the ground escalate via governance committees to reach the peak gov committee and resulting decisions/actions are communicated back
  - Prepare for impromptu requests to visit - talk to patients and staff
  - ERT
WACHS Goldfields finding the National Standards and Mental Health National Standards & Nailing it

Sarah Beneke-Nielsen
Regional Clinical Practice Improvement Coordinator
National Standards Forum
Tuesday 19th May 2015
BEFORE....

JUST KEEP SWIMMING, JUST KEEP SWIMMING, SWIM, SWIM, SWIM

Working together for a healthier country WA
Facts and Figures

- 141 Multi – day beds
- 18 Day beds
- 10 Long stay beds
- Gap Analysis completed 2013: 121 Not Met (47%)
- 2014 new Clinical Practice Improvement Coordinator appointed
- Survey booked August 2014 (deferred to March 2015)
- Decision made to incorporate the National Mental Health Standards
- Six surveyors plus One consumer surveyor

Surveyors are friends not food
Survey Week

- Five versions of the combined timetable
- Thirty Two National Standards Interviews
- One full day for National Mental Health Unmatched
- Nineteen scheduled Clinical & Non Clinical Visits
- Eight Presentations
- Fifty ++ Staff Scheduled
- Twenty + Video Conference Bookings
Event Management

- Liaise with Survey Coordinator regarding survey timetable
- Enquire food allergies
- Ensure venues are pre booked prior to survey
- Discuss IT requirements well in advance
- Book transport if required
- Appoint Go To person for each surveyor
- Organise catering menu and delivery schedule.
Wins…

- Multidisciplinary National Standards Governance Teams with Executive Leads meeting monthly
- Quality Improvement Plan for each National standard based on Gap Analysis
- CPIC meeting with Leads monthly
- Weekly meeting with Regional Director
- National Standards Monthly updates discussed at Regional Executive Group Meetings

Wins... Staff content preparation

- Cheat Sheets
- Executive walk rounds
- Staff Education sessions by L&D
- Staff Education on Structure, Process, Outcome (SPO)
- One on One sessions with staff members
- Information articles in the WIRE
- Hospital Inspections

Wins… Survey Interviews

- Interview and coaching sessions with Governance Teams
- Specific Roles for Governance Team Members (SPO)
- National Standard evidence handout for Governance Team members
- Handouts: Forms, Templates, audits & audit results
- Electronic and Hard Copy Evidence files for each standard.
Wins… Survey Week

- Survey team made to feel special with personal pickup from Regional Director and CPIC.
- Opening presentations keep short and focus on National Standard outcomes and patient safety.
- Ensure Go To contact numbers are available to survey team.

- Survey timetables updated and printed for surveyors.
- Survey Team Orientation
Knowledge and Wisdom

- Event Management
- Structure, Process, Outcome
- Importance of consumer input
- Survey not the same as EQuIP
- Make it fun
AFTER....

Working together for a healthier country WA
Where to from here… Patient Safety

Working together for a healthier country WA

Just keep Swimming….
WACHS Overview

- Prior to 2015, WACHS regions were surveyed against EQuIPNational.
- 3 regions had periodic review in 2014 against NSQHSS 1-3, and EQuIP 11-15.
- Goldfields was our first region accredited against NSQHSS Stds 1-10 incorporating the National Mental Health Service Standards.
- 5 regions follow the Goldfields this year with Organisation Wide Survey.
WACHS Overview

- All regions periodic reviews were met with minimal recommendations
- Majority of recommendations were around developmental actions of Standard 2
- 2 of 3 regions received a recommendation against 2.6.2
  - Consumers and/or carers are involved in training the clinical workforce
WACHS Central Office Approach

- One Service, One System Approach to Accreditation - central office role in providing governance, policy, systems, and monitoring
- Support the regions by providing overarching evidence
- Facilitate forums to share regional approaches to meeting National Standards
Morning Tea Break

We will return at 11:15am

A friendly reminder
We will be having a panel discussion with the speakers at 12:10pm.
If you have a question you’d like to be asked on your behalf, please send us an email or text message.

Email: OSQH@health.wa.gov.au
Phone: 0477 320 868
FSH ACHS Interim Accreditation
The learnings
23 - 27\textsuperscript{th} March 2015
Interim Accreditation

The 10 National Standards only
- 41 Criteria
- 113 Items
- 193 Actions Only (NB: 63 of the 256 Actions in Standards1-10 are N/A)

Evidence of achievement
- ART – Assessment Recording Tool
- Presentations – 4 in total
- Interviews with key stakeholders
- Ward/department inspections
- Evidence Folders
Assessment

Assessment was against a two point rating scale:

• **Not Met** – the actions required have not been achieved.

• **Satisfactorily Met** – the actions required have been achieved.

• **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 organisation in relation to the action or standard under review.
The strategies

• Standards Committees
• SQR resources of each standard
• HEC Dashboard (Progress Map)/ Outstanding issues log
• Committee structure with integrated Audit and Reporting Matrix
• Centralised Accreditation preparation
• Expectations during survey week - SQR, Staff
• Immediate actions (blood fridge with nutritional supplements)
Staff Preparation

- Pre Flight Checklists – manager, staff
- FAQ Sheets
- Daily tips – Shared in huddles
- Forums
- Preparation for interview teams – Roles, discussion points
- Reinforcing the scope
4 days until interim accreditation

The ACHS Interim Organisational Wide Survey will take place from 23 to 27 March. During this week, four inspectors will visit the hospital and talk to all levels of staff.

With only four days to go, I encourage you to familiarise yourself with the content of these daily tips so we can take advantage of this opportunity to showcase our achievements and potential.

### Daily Tips

#### Standard 1 Governance

The Governance, Evaluation, Knowledge and Outcome (GEKO) audit system is used to submit, monitor and evaluate audit and quality activities at FSH.

#### Standard 8: Preventing and Managing Pressure Injuries

Ensure the following is in the end of bed patient file for all patients:

- Pressure injury risk assessment form
- Daily skin assessment forms
- Ongoing management forms for patients at risk
  - Pressure Injury Prevention and Management
  - Wound Management Plans

#### Standard 5: Patient Identification and Procedure Matching

An important element of patient identification is procedure matching.
For more information…

Remember:
Remind your staff, If they are asked a question by an surveyor it is ok if they don’t know the answer …They just need to know where to find the answer.

[Policy/ Procedure/ Escalation to Manager/ Director / HOOT after hours/ Referral to Customer Liaison Service/ SQR/ HR etc…]
Serco stripped of control for sterilising Fiona Stanley Hospital's medical equipment

By Nicolas Perpitch
Updated 24 Feb 2015, 5:46pm

Serco has been stripped of control of sterilising medical equipment at Perth's Fiona Stanley Hospital because of delays in returning it to operating theatres.

The hospital was this week forced to bring in extra staff from WA Health to take the lead from the non-clinical services provider for as "long as it takes", and ensure surgeons had equipment on time.

Doctors at the hospital told the ABC the delays had been so bad they had to cancel or delay patient operations, with implications for patient safety.

Delays were also being caused by the Serco-run system used to call a porter to transfer patients from one part of the hospital to another.
Leaders in Care

Remember to present the amazing things we have accomplished to date…. rather than focus on the things yet to achieve.
The result

- All core actions ‘Satisfactorily Met’
- 18 month accreditation awarded
- 5 developmental actions rated as ‘not met’ (family escalation of care)
CAHS Organisation Wide Survey 2014
Objectives & overview:

- Key strategies
- **What worked well**
- Areas for improvement
- **Evaluation**
September 2014, Organisation Wide Survey (OWS) against:

- National Safety and Quality Health Service Standards
- National Standards for Mental Health Services

- 5 surveyors over 5 days
- Based at Princess Margaret Hospital (PMH) also included **Child and Adolescent Mental Health** (CAMHS) and **Child and Adolescent Community Health** (CACH)
KEY STRATEGIES
Executive Sponsors and governance structures for standards

- One overall executive sponsor for each national standard holds the general responsibility and accountability
- Executive sponsors presented regular formal updates to the peak patient safety and quality committee (Patient Safety and Quality Committee) to provide an assessment of organisational readiness (inclusive of CACH, CAMHS and PMH components)
Directorate Sponsors (PMH, CACH & CAMHS)

Responsible for ensuring directorate is meeting the standard

CAHS Governance Committee/s

Primary committee responsible for identifying gaps or issues and implementing strategies to address

CAHS Executive Sponsor

Overall responsibility and accountability for the standard
Briefing meetings

- Initially trialled at transitional periodic review 2013 and positively evaluated
- Re-implemented for OWS 2014
- Ensured:
  - Teams met each other before accreditation week,
  - Each team had an allocated leader and
  - Each member knew the expectations
- 46 briefing meetings (23 hours) held from mid July to end August 2014

Meeting with Surveyor Help Sheet

**Team Leader Role**
- Introduce the team members to the Surveyor
- Assign the most appropriate team member to summarise CAHS actions
- Direct questions to the most appropriate person

**All Members Role:**
- Be prepared, read up on the area you are discussing, have examples ready
- Consider what data and examples support your points
- Remember to avoid acronyms
- Be courteous and respectful of other members and your Surveyor

**How the Meeting will Run:**
- Arrive to your meeting 5-10 minutes early
- Team leader will introduce the team members
- One team member to summarise CAHS actions overall
- Surveyor will ask questions
- Don't be worried if you are not asked or get to answer a question

You have been selected based on your skills and knowledge in this area. This is a great opportunity to showcase the fantastic work you are involved in at CAHS!
Evidence Format

- **Teams responsible** for collating their evidence and representing it in the agreed format
- Evidence format coined ‘**CAHS Caterpillar**’
- Timeframes for submission of ‘Caterpillar’ and associated evidence allocated at briefing meeting
Standard 1: Governance for Safety & Quality in Health Service Organisations

Action Items: 1.1.1 – PCH Policy Review Project
Buddy system

- QI Coordinators set up a ‘buddy system’ where a member of staff (the majority were Safety and Quality staff) was allocated to support surveyors.
- Each surveyor was allocated a buddy who was responsible for following up on requested evidence, communicating requests back to the main coordinator and escorting the surveyors to meetings and site visits.
AREAS FOR IMPROVEMENT
Organisational Improvement:
Surveyor recommendations received
NSQHS Standard 1 work well underway to review CAHS refugee health program in the context of:

1.8.1 Mechanisms are in place to identify patients at increased risk of harm
NSQHSS Standard 9 work well underway:

9.9.1 Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response

9.9.2 Information about the system for family escalation of care is provided to patients, families and carers

9.9.3 The performance and effectiveness of the system for family escalation of care is periodically reviewed

9.9.4 Action is taken to improve the system performance for family escalation of care
Organisational Improvement: Survey logistics and preparation processes
Collection and collation of evidence

Aim to reduce the amount of evidence submitted across the organisation

Commenced lean project to examine and improve accreditation preparation processes
Collection and collation of evidence

Aim to be able to share documents from central place to improve ease of access

Currently investigating TRIM, intranet workspaces and SharePoint as platforms for improvement in evidence storage, access and retrieval
EVALUATION
Successful Survey

- Excellent opportunities for **organisational learning** and development
- Use of previous **lessons learned** documentation crucial
- Surveyors commented that the use of caterpillars demonstrated **connectedness**
- QI Coordinators noted **improvements** were still needed in the understanding of caterpillars and how they **relate** to the standards

- **7 met with merit** ratings:

  - S: 1 (1.5.1)
  - S: 3 (3.14.4)
  - S: 4 (4.9.1)
  - S: 6 (6.1.1)
  - S: 7 (7.2.1; 7.8.1)
  - S: 8 (8.3.1)
Looking ahead to 2017!
Thank you

Amy Mayer
• A/ Executive Director
  Governance & Performance

Contact
• CAHS Safety Quality & Performance
• T: 9340 7500

Email
• Amy.Mayer@health.wa.gov.au
• CAHS.SQP@health.wa.gov.au
National Standards: WA Health Patient Safety Surveillance Unit Perspective

Karen Lennon
Assistant Director PSSU
19 May 2015
Safety and Quality at WA Health

- PSSU is a critical component of Safety and Quality at the Department of Health.

- PSSU work closely with Health Service Safety and Quality Staff.
Complaint Management

• Governance for safety and quality – complaints data is analysed, actioned and reviewed, workforce is informed and supported (Standard 1).

• Fulfilment of reporting obligations under the Health and Disability Services (Complaints) Act 1995 (Standard 1.1).

• Partnering with consumers – using complaints data to inform service design and planning (Standard 2).
• Datix Consumer Feedback Module (CFM).
Using Datix CFM to Investigate Trends for National Standards

- Classification of complaints into defined issues (tier 1, 2, 3)

<table>
<thead>
<tr>
<th>QUALITY OF CLINICAL CARE</th>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
<th>NSQHSS Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate treatment/therapy</td>
<td></td>
<td></td>
<td>inadequate level of observation</td>
<td><img src="image" alt="Heart Rate Monitor" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>delay in treatment</td>
<td><img src="image" alt="Down Arrow" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>inadequate pressure area care</td>
<td><img src="image" alt="Down Arrow" /></td>
</tr>
<tr>
<td>Failure to provide safe environment</td>
<td></td>
<td></td>
<td>complaints of slips/trips/falls</td>
<td><img src="image" alt="Person" /></td>
</tr>
<tr>
<td>Medication issues</td>
<td></td>
<td></td>
<td>prescribing error</td>
<td><img src="image" alt="Pill" /></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>medication prescribed despite documented allergy</td>
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<td></td>
<td></td>
<td></td>
<td>dispensing error</td>
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<td></td>
<td></td>
<td></td>
<td>drug not given or given multiple times</td>
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<td></td>
<td></td>
<td></td>
<td>medication dispensed despite documented allergy</td>
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<tr>
<td>Inadequate infection control</td>
<td></td>
<td></td>
<td>poor hygiene practices</td>
<td><img src="image" alt="Person" /></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>equipment not cleaned/sterilised</td>
<td><img src="image" alt="Pill" /></td>
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## Classification of Complaint Issues in CFM

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<tr>
<th>Issues</th>
<th>Order:</th>
<th>Clear Section</th>
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<td><strong>Issue Category Tier 1</strong></td>
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<tr>
<td>Quality of clinical care</td>
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<tr>
<td><strong>Issue Category Tier 2</strong></td>
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<td></td>
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<tr>
<td>Medication issues</td>
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<td></td>
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<tr>
<td><strong>Issue Category Tier 3</strong></td>
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<tr>
<td>Place of event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing error (prescription/person/dose/site/time/route)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication prescribed despite documented allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispensing error (prescription/person/dose/site/time/route)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service Sub-Division</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug not given or given multiple times</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service Division</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication dispensed despite documented allergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of patient's own medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Service</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Datix CIMS

Datix CIMS uses a classification system called CCS2 which is based on the World Health Organisation’s Conceptual Framework.

<table>
<thead>
<tr>
<th>CCS2 Tier One Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Processes (Excluding Documentation)</td>
</tr>
<tr>
<td>Anaesthesia Care</td>
</tr>
<tr>
<td>Behaviour</td>
</tr>
<tr>
<td>Blood/Plasma Products:</td>
</tr>
<tr>
<td>Medical Devices, Equipment, Supplies, Furnishings</td>
</tr>
<tr>
<td>Diagnostic Processes/Procedures</td>
</tr>
<tr>
<td>Documentation</td>
</tr>
<tr>
<td>Exposure to Environmental Hazards</td>
</tr>
<tr>
<td>Healthcare Associated Infections (infection control incident)</td>
</tr>
<tr>
<td>Maternity Care</td>
</tr>
<tr>
<td>Medication/Biologics/Fluids</td>
</tr>
<tr>
<td>Neonatal Care</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Medical Gases/Oxygen</td>
</tr>
<tr>
<td>Patient Accidents/Falls</td>
</tr>
<tr>
<td>Personal Property/Data/Information</td>
</tr>
<tr>
<td>Pressure Injuries</td>
</tr>
<tr>
<td>Therapeutic Processes/Procedures- (except medications/fluids/blood/plasma products administration)</td>
</tr>
</tbody>
</table>
Using Datix CIMS to Capture Data for National Standards 3, 4, 7, 8

Datix CIMS allows the following clinical incident data to be captured by doing a search using Tier One categories of:

- **Associated Healthcare Infections** (Standard 3)
- **Medication Incidents** (Standard 4)
- **Blood and Plasma Products** (Standard 7)
Complex National Standards

- Patient Identification and Procedure Matching (Standard 5)
- Clinical Handover (Standard 6)
- Pressure Injuries (Standard 8)
- Recognising and Responding to Clinical Deterioration in Acute Health Care (Standard 9)
- Preventing Falls and Harm from Falls (Standard 10).
Tagging National Standards

<table>
<thead>
<tr>
<th>“Tagged”</th>
<th>To be “Tagged”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Clinical Handover</td>
</tr>
<tr>
<td>Clinical Deterioration</td>
<td>Patient Identification</td>
</tr>
<tr>
<td>Pressure Injuries</td>
<td>and Procedure Matching</td>
</tr>
</tbody>
</table>
Example of Tagging a Clinical Incident

<table>
<thead>
<tr>
<th>Type of Clinical Incident</th>
<th>Definition: A clinical incident is an event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a patient/consumer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident affecting</td>
<td></td>
</tr>
<tr>
<td>Select 'Patient' prior to Tier 1, to avoid duplication of incident types.</td>
<td></td>
</tr>
<tr>
<td>Incident type tier one</td>
<td>Accident/Falls</td>
</tr>
<tr>
<td>Incident type tier two</td>
<td></td>
</tr>
<tr>
<td>Tags: Pressure injuries (NS8)</td>
<td></td>
</tr>
<tr>
<td>Tags: Falls (NS10)</td>
<td></td>
</tr>
<tr>
<td>Incident type tier three</td>
<td>Falls / slips / trips - witnessed</td>
</tr>
<tr>
<td>Tags: Clinical deterioration (NS9)</td>
<td>Falls / slips / trips - unwitnessed</td>
</tr>
<tr>
<td>CIMS Reference</td>
<td>ID</td>
</tr>
<tr>
<td>----------------</td>
<td>------</td>
</tr>
<tr>
<td>CMIS54134</td>
<td>12282</td>
</tr>
<tr>
<td>CMIS54137</td>
<td>12292</td>
</tr>
<tr>
<td>CMIS54179</td>
<td>12337</td>
</tr>
</tbody>
</table>

- Patient fell from a height of approx 40cm.
- Patient fell from a height of approx 40cm.
- Patient fell from a height of approx 40cm.
Published Falls Data
Future Work

- Development of a suite of reports within Datix CIMS to address each national standard.

- Standard suite of reports to be developed and available on the web interface for Datix CFM.
A glimpse into S&Q in WA Health….

- Licensing, Accreditation, Regulatory Unit (LARU)
- Safety and Quality – WA Dept of Health
- Patient Safety Surveillance Unit (PSSU)
- Quality Improvement and Change Management Unit (QICM)

- WAPPS
- NSQHSS
- Consumer value, accreditation, and quality improvement policies and projects
- Networks - Clinical Handover, Clinical Deterioration, Medication Reconciliation
- WA Council on Quality and Safety
- WA Strategic Plan for Safety and Quality
Hospital-acquired infections (Standard 3)
Medication safety (Standard 4)
Patient Identification (Standard 5)
Pressure Injuries (Standard 8)
Falls (Standard 10)
Venous Thromboembolism

20 hospitals
400 surveyors, 3200 patients
Policies

WA High Risk Medication Policy
Office of Patient Safety and Clinical Quality

WA Open Disclosure Policy Statement
February 2015

WA Health Safe Use of Medication Refrigerators Policy
Quality Improvement and Change Management Unit

health.wa.gov.au
Resources

Pressure Injury Resource Portal

Please ensure you contact author sites directly if you would like to use or adapt their resources. Please acknowledge the author site in your adapted resource, e.g. Adapted from a resource by: [name], [site]

About this site

This portal provides an online collection of resources, fact sheets and information on Pressure Injuries for those within the WA Health sector. It is a project stemming from discussions with the Pressure Injury Prevention Network and a desire to make it easier to access and share resources through the intranet system.

Policy and Standards

WA Policy

- Pressure Injury and Management Policy (PDF)

International Pressure Ulcer Guidelines

- GPUP/PUP/PUPP/PPPA Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline (copies can be ordered)
- Prevention and Treatment of Pressure Ulcers: Quick Reference Guide (PDF)

Australian Wound Management Association Inc.

- MWA 2012 Pan Pacific Clinical Practice Guidelines for the prevention and management of pressure injuries (PDF)
- MWA 2012 Pan Pacific Clinical Practice Guidelines for the prevention and management of pressure injuries – abridged version (PDF)

Clinical Documents and Education resources

- Staging of Pressure Injuries (PDF)
- Generic Risk Assessment Scales
Government of Western Australia
Department of Health

Procedure Specific Information Sheet
Cardiac Catheterisation

Write questions or notes here:

Further Information and Feedback:
Tell us how useful you found this document at www.patientfeedback.org
Get more information, references and share your experience at www.aboutmyhealth.org

What is a cardiac catheterisation?
A cardiac catheterisation, or coronary angiogram, is a test to find out if you have any problems with the coronary arteries (blood vessels that supply your heart muscle with oxygen), and how well the pumping chambers and valves in your heart are working. It is performed by a cardiologist (heart specialist).

Your doctor has recommended a cardiac catheterisation, however, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your doctor or the healthcare team.

What are the benefits of a cardiac catheterisation?
A cardiac catheterisation will give your doctor information about your heart that they cannot always get from other tests.

Your doctor may be concerned that you have one of the following problems:
- Narrowed or blocked coronary arteries - This can cause angina or a heart attack (where part of the heart muscle dies). The narrowing of the coronary arteries is caused by atherosclerosis, where abnormal fatty material clogs the inside of the artery (see figure 1). Your cardiologist may be able to treat a narrowed or blocked artery during the procedure. This is called a percutaneous coronary intervention (PCI). If it is likely that you will benefit from a PCI, your doctor will give you further written information to help you to decide.
- Damaged or faulty heart valves - The valves control the flow of blood through your heart. Sometimes the valves can narrow or leak, putting strain on your heart.
- Weak heart muscle - This can cause you to feel breathless or have swollen legs. This weakness can be caused by a problem with your heart arteries or valves, or with the muscle itself.

The procedure should help your doctor to decide on the best treatment for you.

Are there any alternatives to a cardiac catheterisation?
You can have exercise tests and scans, which have fewer risks. However, they may not give your doctor enough information to decide on the best treatment for you.

What will happen if I decide not to have a cardiac catheterisation?
Your doctor may recommend other tests and scans that can give some information about your coronary arteries and how well your heart is working. If your doctor has recommended a bypass operation, heart valve surgery or a coronary intervention such as angioplasty or stenting, you may first need to have a cardiac catheterisation. So, if you decide not to have a cardiac catheterisation, you should discuss this carefully with your doctor.

What does the procedure involve?
- Before the procedure
  - If you take warfarin, clopidogrel or other blood-thinning medication, let your cardiologist know at least seven days before the procedure.
  - Do not stop taking your medication unless a cardiologist tells you to.
  - If you have diabetes and take medication containing metformin, let the healthcare team know as soon as possible. You may need to stop taking it on the day of the procedure and for the next two days. You may need to have a blood test after the procedure before continuing with your medication.
Newsletter/Events

Safety and Quality Newsletter

Issue 8, December 2014

Inside this issue

• WAPPS special
• 5 minutes with Yvonne Parnell
• WA High risk medication policy
• Falls Prevention Model of Care
• Recent News and Updates

“A quality is about doing it right when no one is looking.”
— Henry Ford

More Information

For further information about the content included in the issue or to give your suggestions for the next newsletter, please contact:
Office of Patient Safety and Clinical Quality
Email: safetyinfo@health.wa.gov.au
Ph: 08 9222 4880

Delivering a Healthy WA

A message from the A/Executive Director

I am delighted to be joining the Patient Safety and Clinical Quality Division for a short time. It is great that the Division is rolling out innovative systems to capture data on adverse events, complaints, and clinical audits that will make it easier to access that data in a timely way.

I am also excited to announce that the Western Australian Point Prevalence Survey (WAPPS) 2014 has won the WA Health 2014 Excellence Award. This award is a reflection of the effort and thoughtfulness of the organisation that went into the WAPPS by staff across WA Health. A sincere congratulations and thank you to all patients, staff and volunteers who were involved in this project.

Over the next few months the Quality Improvement and Change Management team will be working with Health Services to translate the clinical findings of the WAPPS into strategic action.

Read more to find out about the newly released WA High Risk Medication Policy 2014 and the Falls Prevention Model of Care.

I hope you enjoy reading this edition, and I would like to wish you all a safe and healthy festive season.

Claire Campbell
A/Executive Director
Office of Patient Safety and Clinical Quality

Save the Date: 12th November 2015
0800-1600
Department of Health - Theatrette

The WA Pressure Injury Prevention Network and Quality Improvement and Change Management Unit invite you to attend:

Pressure Injury Education Forum

• All WA Health Staff are welcome. Come along and hear WA's leading health professionals speak on this important issue and how it affects you and your health service.
• Video-conferencing participation is available on request.
• All attendees will receive a certificate documenting hours of attendance towards Continuing Professional Development.
• Free to attend

Please save the date - registrations will open in September!
Contact

Quality Improvement and Change Management (QICM) Unit

- QICM@health.wa.gov.au
- OSQH@health.wa.gov.au
- 9222 4080

- Annie Chacha-Gan
  - Annie.Chacha-Gan@health.wa.gov.au
  - 9222 4464
Panel Discussion

If you have a question you’d like to be asked on your behalf, please send us an email or text message.

Email:   OSQH@health.wa.gov.au
Phone:   0477 320 868
Thank you for attending