



# National Safety and Quality Health Service Standards

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Safe, high-quality  
health is always:

What it means for me as  
a consumer or patient:

Areas for action by people  
in the health system:



1. Consumer centred
2. Driven by information
3. Organisation for safety

21 action areas

**Governance and Consumer Participation across all standards**

# Australian Health Safety and Quality Accreditation Scheme

## Roles and Responsibilities

### **Australian Commission on Safety and Quality in Healthcare**

- Develop and maintain standards
- Approve or authorise accrediting agencies

### **Approved accrediting agencies**

- Assess performance of health services against standards
- Offer suite other standards against which health services may chose to be assessed and accredited

### **Victorian Department of Health**

- Accreditation requirements

### **Health Services**

- Chose an approved accrediting agency
- Ensure organisation meets the requirements of the standards
- Seek accreditation under additional standards that may be specified under other requirements

1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Healthcare Associated Infection
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Prevention and Management of Pressure Injuries
9. Recognising and Responding to Clinical Deterioration in Acute Health Care
10. Preventing Falls and Harm from Falls
11. Nutrition (Victorian requirement only)

**Note: 113 'criterion' and 256 'actions required'**

## Victoria

Hospitals (Health services)

Day procedure units

Dental services (community health)

10 national standards

+ Nutrition (in draft)



# National Safety and Quality Health Service Standards – EQuIP5

Standard	Total actions	Matched actions	Unmatched actions
Governance for Safety and Quality in Health Service Organisations	53	52	1
Partnering with Consumers	15	10	5
Healthcare Associated Infection	41	28	13
Medication Safety	37	25	12
Patient Identification and Procedure Matching	9	9	-
Clinical Handover	11	9	2
Blood and Blood Products	23	20	3
Prevention and Management of Pressure Injuries	24	11	13
Recognising and Responding to Clinical Deterioration in Acute Health Care	23	3	20
Preventing Falls and Harm from Falls	20	14	6
<b>Developmental items</b>	33	17	16
<b>TOTAL</b>	256	181	<b>75</b>

# National Safety and Quality Health Service Standards Accreditation requirements

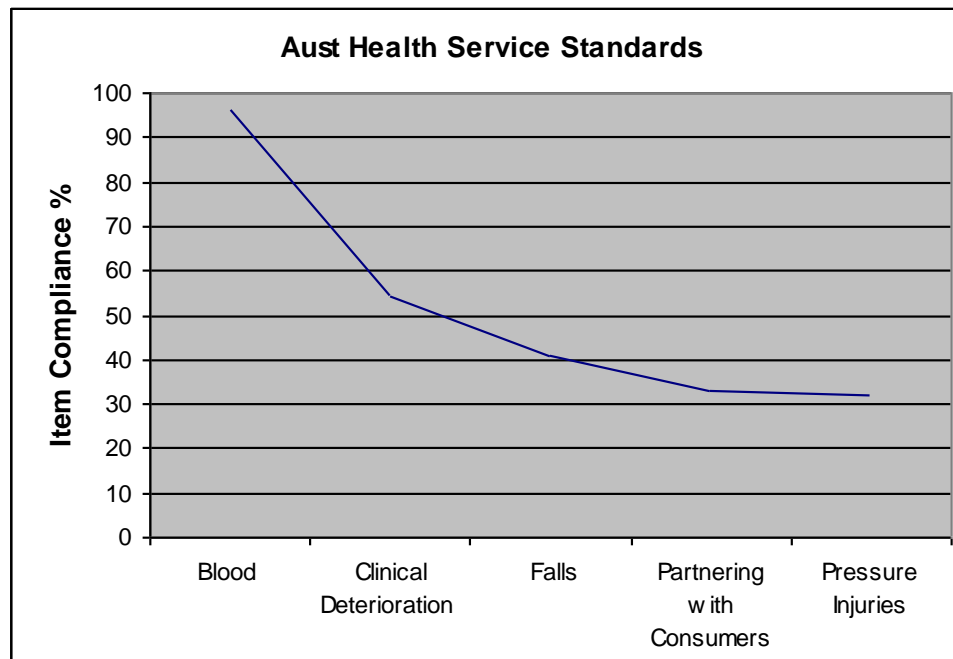
Standard	Core Met	Developmental
Governance for Safety and Quality in Health Service Organisations	49	4
Partnering with Consumers	5	9
Healthcare Associated Infection	38	3
Medication Safety	35	2
Patient Identification and Procedure Matching	9	0
Clinical Handover	10	1
Blood and Blood Products	23	0
Prevention and Management of Pressure Injuries	20	4
Recognising and Responding to Clinical Deterioration	15	8
Preventing Falls and Harm from Falls	18	2

# Audit requirements n = 59

Standard	Clinical Audits
Governance for Safety and Quality	8
Partnering with Consumers	2
Healthcare Associated Infection	11
Medication Safety	9
Patient Identification and Procedure Matching	4
Clinical Handover	4
Blood and Blood Products	5
Prevention and Management of Pressure Injuries	7
Recognising and Responding to Clinical Deterioration	4
Preventing Falls and Harm from Falls	5

## March 2011 – Pilot 5 standards

- 100% non compliance
- Best - blood and blood products (standard not met )
- 54% action items met (61/131)



# What's the difference

	<b>Periodic Review May 2011</b>	<b>Pilot March 2011</b>
Standards	3	5
Criteria	15	47
Surveyors	4	3
Days	3	3
Sites	21	1
Outcome	EA - OA	100% non compliance

- **Bottom up** – patient interface
- **Consumer centered care** - genuine participation
- **Evidenced based practice & tools** – supporting documentation
- **Standardised practice** – one way
- **Consistent application** - every patient, very time, every where
- **Focus on process not outcomes** - compliance driven
- **Consistency** between policy, procedures, guidelines  
- language, actual practice must match





**Transformational  
Change**

## Structure

- Board priority
- Operating structure
- Redesign safety and quality function (top to bottom)
- Centralised system development and coordination
- **BUT** Directorate level accountability
- Technical implementation Committees

**A new journey**





## Compelling case for change

Board

Executive

Senior clinical leadership

Managers

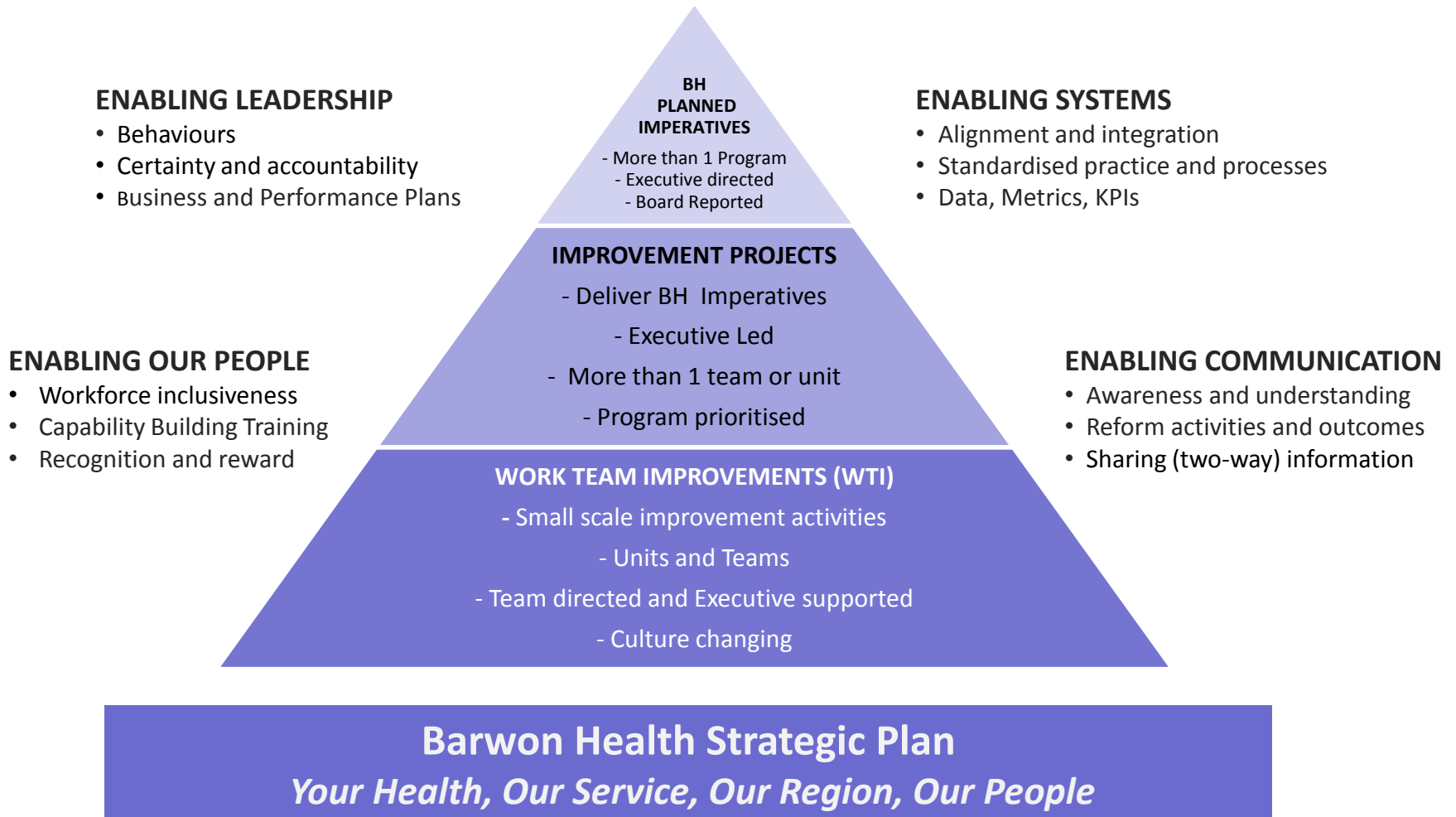
Staff

- Alignment
- Accountability
- Action

## 2011-12 planned imperatives

1. Implementation of the National Safety and Quality Framework
2. Implementation of a Barwon Health Leadership model
3. SR&I Operating Framework implementation
4. Outpatient (Specialist Clinics) Review
5. Barwon Health Metrics & Data Framework

# First steps – operating framework



## Alignment and Action

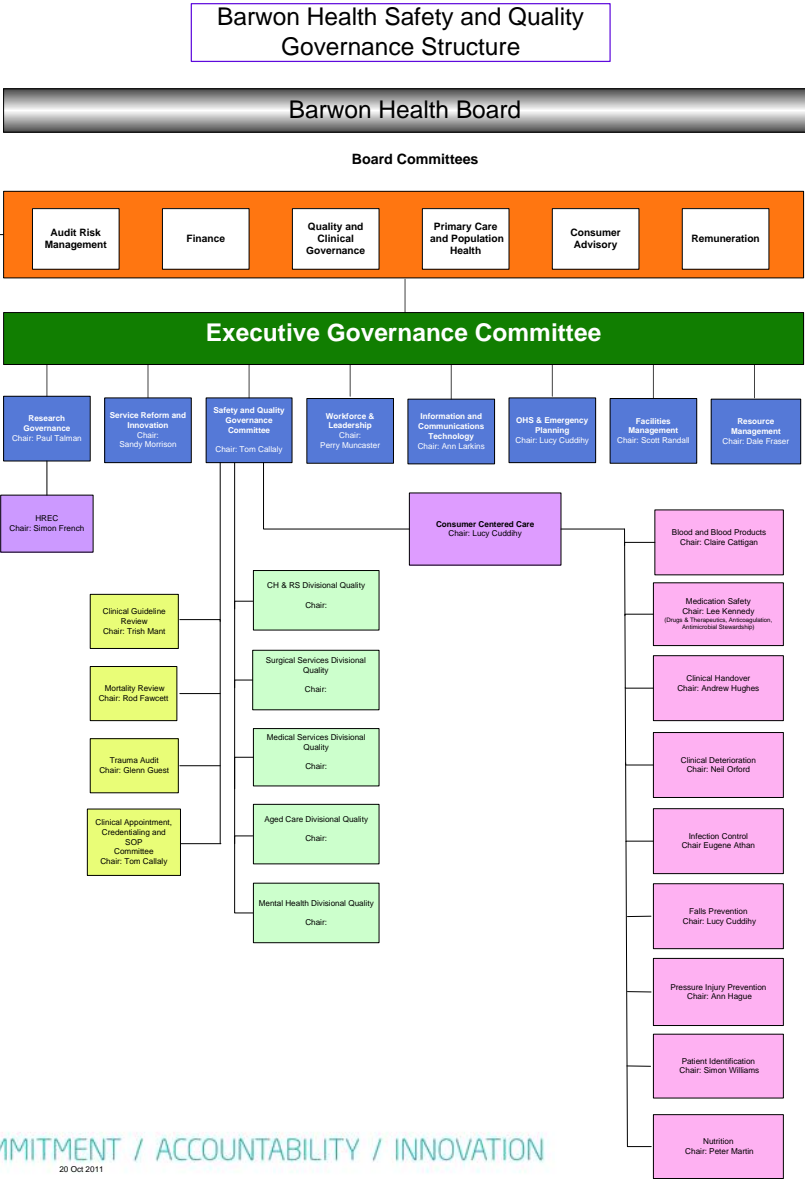
3 levels of prioritized work annually

**Level 1: Barwon Health Planned Imperatives**

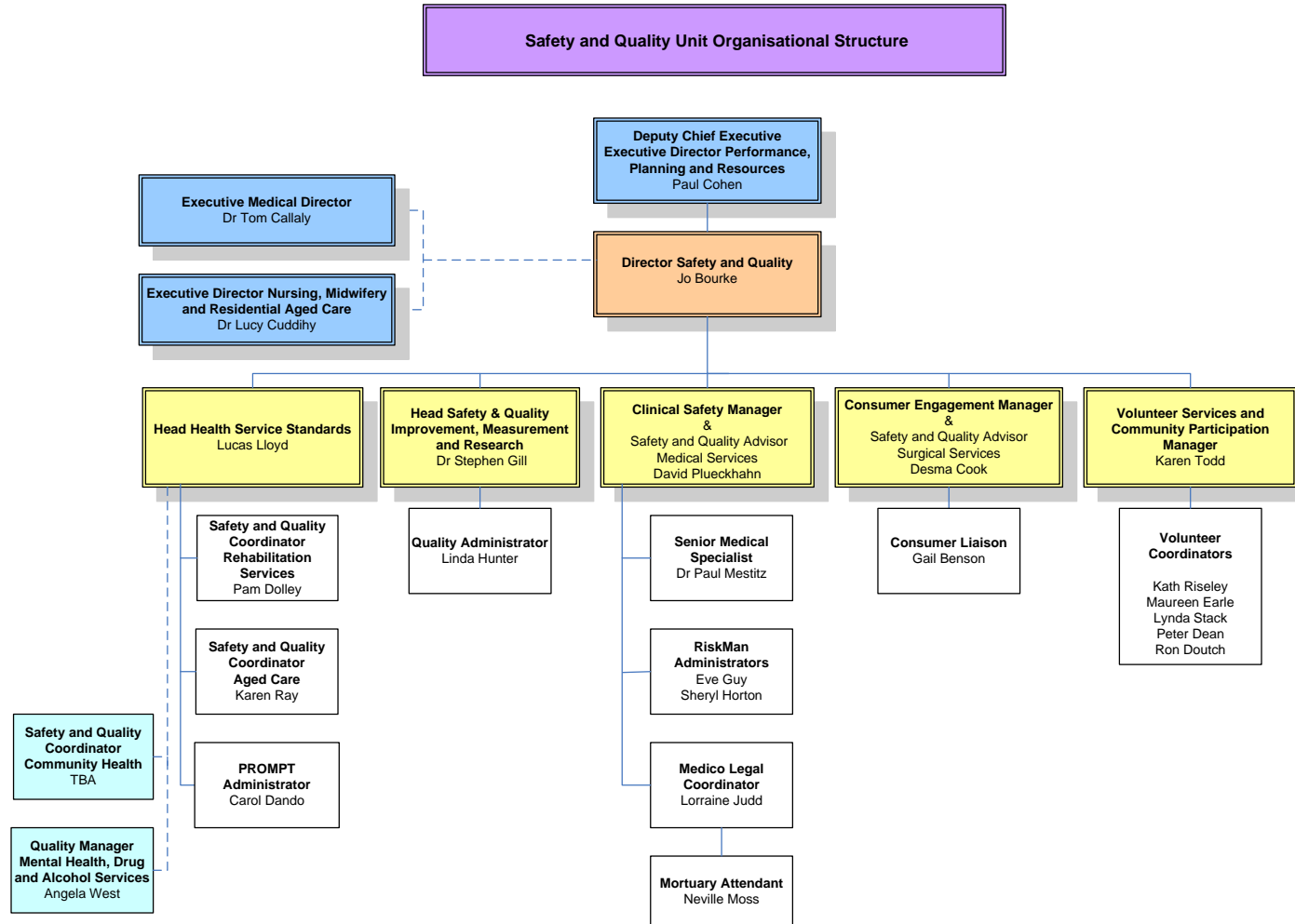
**Level 2: Program Prioritised Improvement Projects**

**Level 3: Work Team Improvements (WTI)**

# First steps- structural change



# First Steps - SQ unit org chart



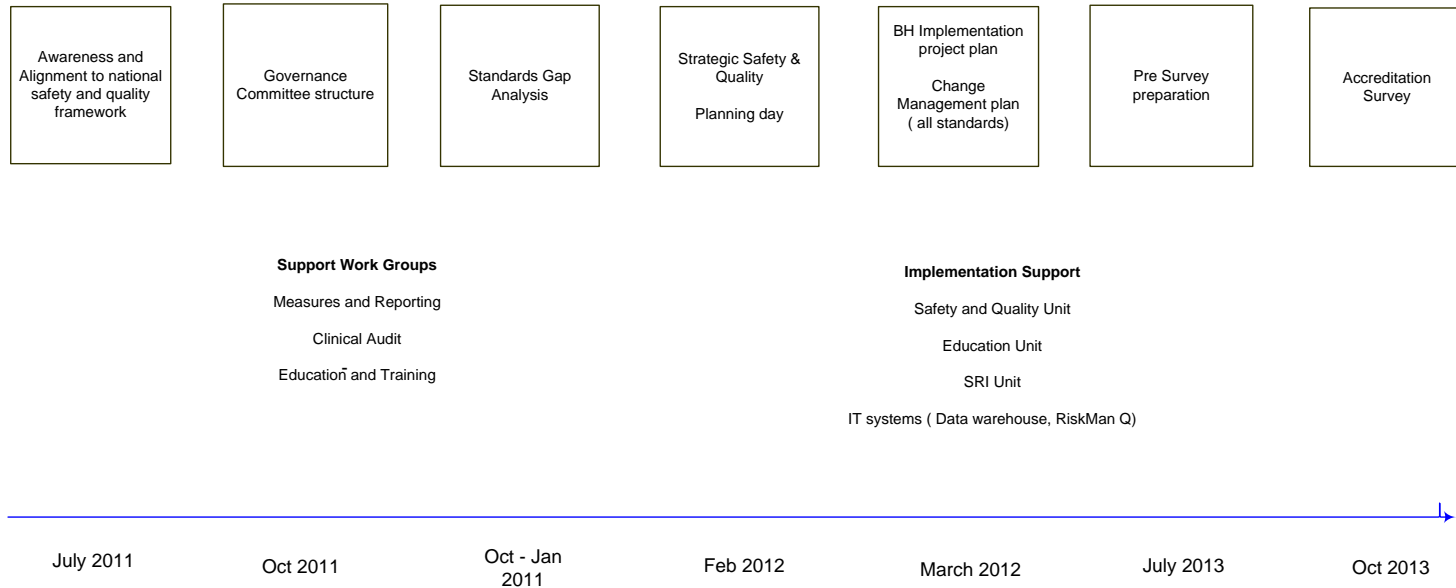
## Pre implementation

- Project plan (organisational)
- Communication Plan
- Resource support (time, people, \$)
- Systems -data, audit, education
  
- Current situation (gap each standard)
- Risk assessment
- Change management plan (technical teams)



# First steps – end date

## National Safety and Quality Health Service Standards Implementation timeline



Last updated  
Oct 18<sup>th</sup> 2011

## Strategic Quality Planning

# Applicability of Standards across BH - Quality Management

Standard	Acute	Inpatient Rehab	Mental Health	Aged Care	Community Health
1.Governance for Safety and Quality in Health Service Organisations	•	•	•	•	•
2.Partnering with Consumers	•	•	•	•	•
3.Healthcare Associated Infection	•	•	•	•	•
4.Medication Safety	•	•	•	•	•
5.Patient Identification and Procedure Matching	•	•	•	•	•
6.Clinical Handover	•	•	•	•	•
7.Blood and Blood Products	•	•			
8.Prevention and Management of Pressure Injuries	•	•	• (acute)	•	•
9. Recognising and Responding to Clinical Deterioration	•	•	•	•	•
10. Preventing Falls and Harm from Falls	•	•	• (acute)	•	•
11. Nutrition	•	•	•	•	•

# Appendix 4 – summary of not applicable actions by hospital type

Health Service Type	Definition	Standards										
		1	2	3	4	5	6	7	8	9	10	
<b>Acute Hospital Services – public or privately funded</b>												
Principal referral	Facilities providing a comprehensive range of specialist services and complex care, including emergency department, outpatient and admitted patient services. May include satellite services.	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable
Large	Facilities providing a wide range of general and specialist services, including emergency department, outpatient and admitted patient services	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable
Small acute	Facilities providing primarily general care, referring and receiving from large and referral hospitals. Care includes admitted patients, at a lower level of acuity and complexity. This includes small rural hospitals.	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable
Specialist women's and children's	Specialise in maternity and/or paediatric services.	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable
Multi-purpose	Facilities providing low level acute and non-acute admitted care, community, and residential aged care.	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	May not be applicable if blood not in use	All items applicable	All items applicable	All items applicable
<b>Sub Acute Hospital Services – public or privately funded</b>												
Rehabilitation hospitals	Facilities providing care to minimise impairment, disability or handicap.	All items applicable	All items applicable	All items applicable	All items applicable	Item 5.3 may not be applicable	All items applicable	May not be applicable if blood not in use	All items applicable	Not applicable (Meets this requirement under Item 1.8.3)	All items applicable	
Palliative care	Facilities providing end of life care for patients with little or no prospect of cure.	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	All items applicable	Not applicable	All items applicable	Not applicable (Meets this requirement under Item 1.8.3)	All items applicable	
Specialist mothercraft hospitals /services	Specialist facilities providing non-acute care in mothercraft.	All items applicable	All items applicable	All items applicable	All items applicable	Item 5.3 may not be applicable	All items applicable	Not applicable	Items 8.5-8.3 may not be applicable	Not applicable (Meets this requirement under Item 1.8.3)	Items 10.5-10.8 may not be applicable	
Psychiatric hospitals	Specialist facilities providing care and treatment of people with mental health illnesses.	All items applicable	All items applicable	All items applicable	All items applicable	Item 5.3 may not be applicable	All items applicable	Not applicable	Items 8.5-8.3 may not be applicable	Not applicable (Meets this requirement under Item 1.8.3)	Items 10.5-10.8 may not be applicable	

# Next Steps - Accreditation Requirements

Service	Standards
Acute Surgical	NSQHSS
Acute Medical	NSQHSS Cardiology (NATA) Apheresis (NATA) Bone Bank (TGA) BMI (NATA) Radiation Oncology (NATA)
Mental Health	NSQHSS (acute) National Mental Health
Community Health	Common Community Care Disability Palliative Care
Rehabilitation	NSQHSS
Aged Care	Aged Care
Bio Medical Engineering	TGA

the International Society for Quality in Health Care Inc  
or  
the Joint Accreditation System of Australia and New Zealand.

# Commission SQ Indicators project

1. Core hospital based outcome indicators (HSMR, Death in low mortality DRGs, unplanned readmission)
2. Patient safety reporting for hospitals (national patient safety measurement model)
3. Patient experience survey (set common hospital level questions)
4. Practice level indicators in primary care (consultation phase completed)
5. Clinically specific measures appropriateness and effectiveness (national set indicators)
6. Whole of system measures (trends over time & national comparison with OECD nations)

## Consultation Aims

- Useful
- Promote shared understanding of evidence that can be used
- Identify selected resources and tools

Consultation closed Dec 2011

Evaluation meeting Feb 2012

- Not checklists
- Aids to assess own policies, procedures, systems & structures
- NB: Appendix 1 decision support tool
- NB: Appendix 2 auditing requirements

# Workforce training

Item or Action	Standard	Completed	
<b>Standard 1: Governance</b>		Yes	No
1.4.2	Annual mandatory training programs to meet the requirements of these Standards 2 - 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4.4	Competency-based training is provided to the clinical workforce to improve safety and quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.12	Ensuring that systems are in place for ongoing safety and quality education and training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.16.2	The clinical workforce are trained in open disclosure processes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Standard 2: Partnering with Consumers</b>		Yes	No
2.3	Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6.2	Consumers and/or carers are involved in training the clinical workforce	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Standard 3: Health Associated Infection</b>		Yes	No
3.9.1	Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.10.1	The clinical workforce is trained in aseptic non-touch technique	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.18.1	Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care</b>		Yes	No
9.6.1	The clinical workforce is trained and proficient in basic life support	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Governance system reviews

1. Document Control Policy & Procedures
2. Quality Management (clinical audit, legislative compliance, Monitoring and reporting )
3. Credentialing, SOP, Performance review
4. Patient Safety Culture
5. Complaint Management
6. Consent Management
7. Consumer Participation
8. Risk Management
9. Incident Management

Number	Item or action
<b>Standard 1: Governance for safety and quality in health service organisations</b>	
1.1.1	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols
1.6.1	An organisation wide quality management system is in use and regularly monitored.
1.10.1	A system is in place to defined and regularly review the scope of practice for the clinical workforce
1.11.2	The clinical workforce participates in regular performance reviews that support individual development and improvement
1.13.1	Feedback from the workforce on their understanding and use of safety and quality systems is analysed.
1.15.3	Feedback is provided to the workforce on the analysis of reported complaints.
1.15.4	Patient feedback and complaints are reviewed by the highest level of governance in the organisation.
1.18.2	Mechanisms are in place to monitor and improve documentation of informed consent
<b>Standard 2: Partnering with consumers</b>	
2.4.1	Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation
2.9.2	Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data

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National Safety and Quality  
Health Service Standards

**DRAFT**

Guide for use in  
Hospitals

October 2011

## 1. Policies, procedures

- documents controlled
- referenced
- adapted to context
- accessible
- related forms, tools linked

## 2. Monitor and Report

- sampling
- data integrity
- feedback loop
- meaningful, relevant
- problem, risk
- timeliness

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### 3. Improvement Action

- Org wide applicability
- transferable
- prioritised
- feedback (staff, consumers, governing groups)
- timely and appropriate
- coordinated

### 4. Training

- matches workforce needs
- records
- evaluated

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## 5. Risk

- Standardised process
- rating consistent
- Regular review
- all levels

## 6. Review

- org wide
- prioritised by risk
- sample size
- frequency

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## 7. Evidence

- current
- reputable and authoritative
- consistent with national standards

## 8. Process and systems

- responsive to issues
- clear roles and responsibilities
- Integrated risk, governance and operations

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## 9. Communication

- fit for purpose
- clear and concise
- received
- distribution process
- effectiveness evaluated
- CALD inclusiveness

## 10. Equipment

- training process / records
- Maintenance records

**WHEN OPPORTUNITY  
KNOCKS,  
ANSWER THE DOOR**

We must work to-gether

No single person, group or profession can do this without the support of others