National Safety and Quality Health Services Standards

4th Annual VHQA Conference

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- Development of the National Safety and Quality Health Services (NSQHS) Standards (second edition) and what has changed
- Resources development and consultation
- Revision of the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Evaluation NSQHS Standards (first edition)

- decreased rates of several healthcare-associated infections, nationally, including
 - Staphylococcus aureus bacteraemia (SAB) rate per 10,000 patient days under surveillance decreased from 1.1 to 0.87 cases. The yearly number of methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia cases decreased from 505 to 389 over this period.
 - national rate of central-line associated bloodstream infections (CLABSI) almost halved from 1.02 to 6.4 per 1000 line days from 2012-13 to 2013-14.
- yearly red blood cell issues by the National Blood Authority fell from mid-2010 to mid-2015, from approximately 800,000 units to 667,000 units
- declining in-hospital cardiac arrest rates in Victoria and NSW, and in ICU admissions data (ANZICS national data)

Drivers to update the Standards

- Gaps in coverage
- Outdated evidence base
- Implementation issues
- Legislated role of the Commission
- Best practice to regularly review Standards

Principles of the review

- Less is more avoid scope creep
- Remove requirements that have been ineffective
- Focusing on evidenced based strategies
- Where available, use evidence of effectiveness
- Remove duplication
- Address sector concerns
- Identifying safety and quality measures for each standard for ongoing evaluation

Analysis of issues – current and emerging

Process of testing the evidence:

- With stakeholders
- From the evidence
- From a review of current issues
- From analysis of data
- From scan of the environment

Purpose:

To identify areas to be included in the Standards

Consultation process

Pre development of standards

- National focus groups and other consultation processes
- Research into specific issues including key stakeholders
- Feedback from technical experts
- Critical friends groups
- Technical and standing committees

During the development of standards

- Call for written submissions
- Pilot process
- Surveys on line (for health services and consumers)
- Focus groups (for health services and consumers)
- Project and governance committee review
- Technical and standing committees

Before finalising the standards

- Regulatory impact process
- Review by technical experts and critical friends
- Project and governance committee review

Review of draft through multiple lenses

- Standards users
- Consumers and consumer advocacy groups
- Technical experts
- Public and private sector services, governments
- Special interest groups
- Peak professional organisations
- Research bodies

Changes to NSQHS Standards (second edition)

Standards	8 (compared with 10 in first edition)		
Actions	148 (compared with 256)		
Focus	 as in first edition the aim is on reducing harm and improving quality now includes appropriateness 		
Structure	 simplified numbering active language compound actions additional actions that link overarching Standards 1 and 2 with Standards 3 to 8 		
Coverage	Additional content to address: mental health cognitive impairment end of life care health literacy Aboriginal and Torres Strait Islander health 		
	Additional actions: I leadership Safe clinical environment Integrated screening and assessment Goal directed care planning Inutrition and hydration E-health records Emergency and disaster management		

Draft version 2 of the NSQHS Standards



Clinical Governance for Health Service Organisations Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard

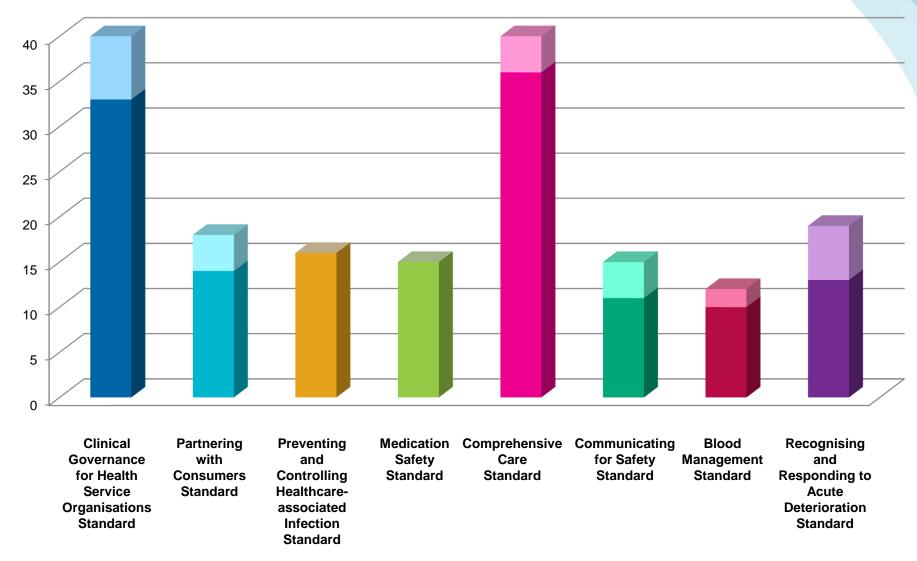


Blood Management Standard



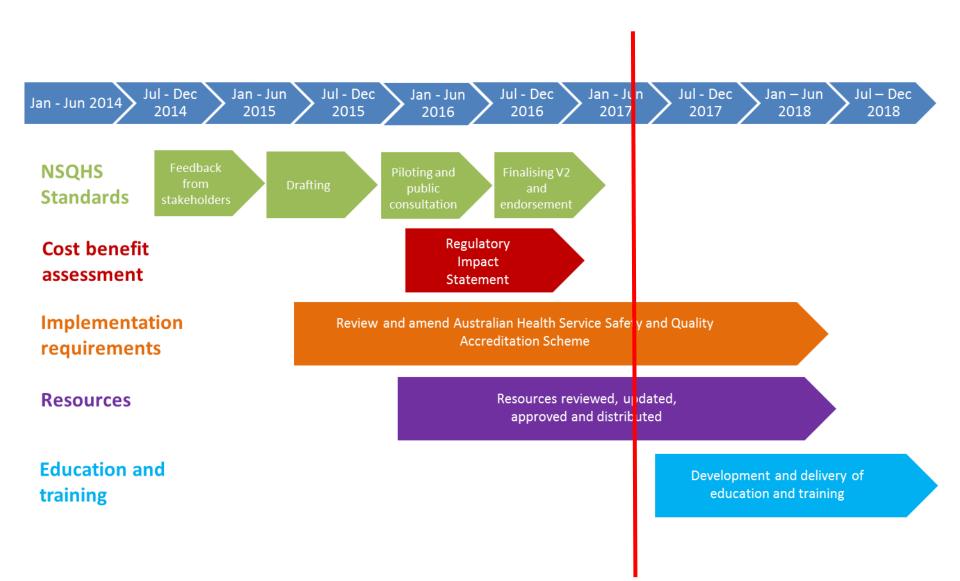
Recognising and Responding to Acute Deterioration Standard

Number of actions in each Standard of version 2



New actions in lighter colour in each column

Review of the NSQHS Standards – key milestones and activities



Resources development and consultation

Round one:

- guide for hospitals
- accreditation workbook for hospitals
- guide for day procedure services
- guide for multi-purpose services and small rural hospitals

Round two:

- guide for Aboriginal and Torres Strait Islander health improvement
- guide for governing bodies
- consumer resources

Resources cont.

Round three:

- Primary health services links to patient safety framework in primary care, will include dental health services and community health
- Online interactive resource incorporating content from all resources, including specific clinician information

Consultation on draft resources

- Guide and separate workbook for hospitals workbook Consultation closed
- Guide and combined workbook for day procedure services

17 April – 24 May 2017

- Guide and combined workbook for multipurpose services and small rural hospitals
 17 April – 24 May 2017
- Guide for Aboriginal and Torres Strait Islander health improvement

18 May - 31 July 2017

How to provide feedback

www.safetyandquality.gov.au

Click on banner heading – consultation on NSQHS Standards resources and respond via link to a survey

Written responses to:

NSQHS Standards Resources
Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney 2006 NSW

Email on:

nsqhsstandards@safetyandquality.gov.au

AHSSQA Scheme reforms

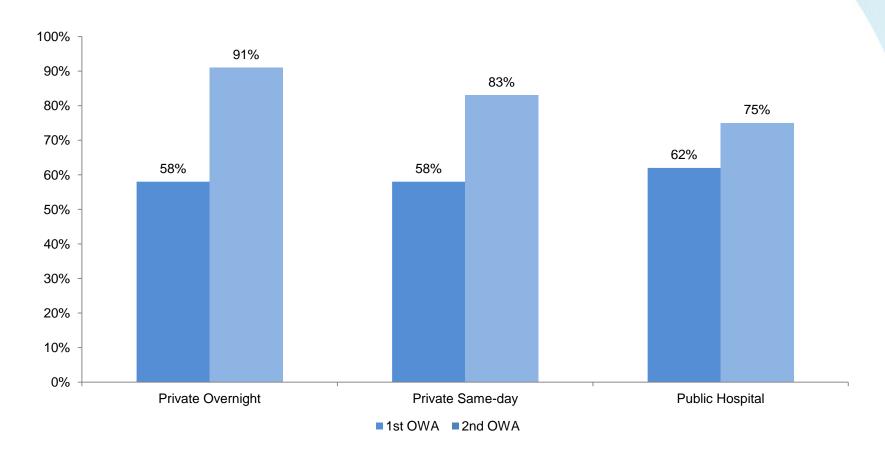
- Currently under development
- Reforms are likely to be extensive
- Stakeholders, including accrediting agencies will be consulted on these reforms
- Direction of the reforms supported by the Commission's Board
- Implementation will be staged from launch of the NSQHS Standards (second edition) in November 2017 and continue thought to January 2019 and beyond

Revising the Australian Health Service Safety and Quality Accreditation Scheme

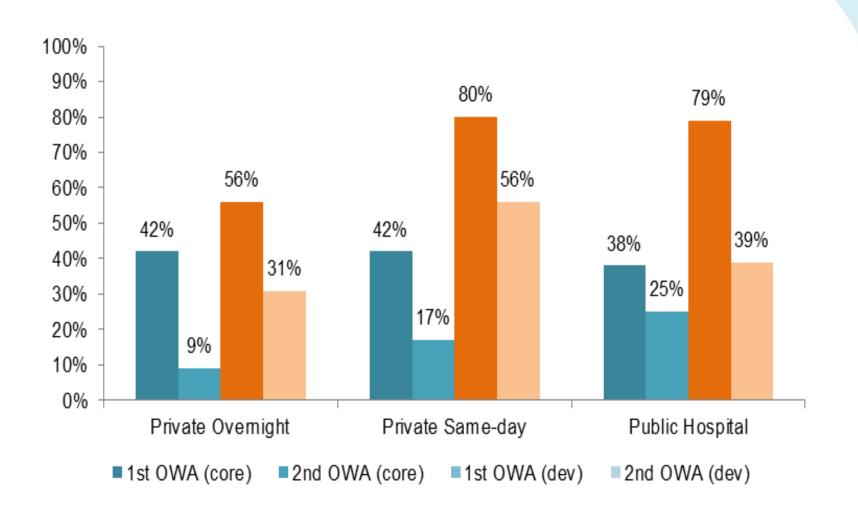
The reform package will:

- improve the veracity of assessments
- Improve the effectiveness and expertise of the assessment team
- use safety and quality data to better inform assessments
- improve regulatory oversight
- improve communications about assessments
- provide resources and support for health service organisations.

Number and percentage of all core actions met at initial assessment for 1st and 2nd organisation-wide assessments (OWA) between 2013 and March 2017



Rate of health service organisations with not met actions between 2013 and March 2017



Range, average, media and mode for not met core actions at organisation-wide assessments (2016)

	Private n=198	Public n=200
Range	0 to 48	0 to 17
Average	2	1
Median (middle or range)	0	0
Mode (most occurring)	0	0

Rate of health service organisations with not met actions between 2013 and March 2017

Action		Private n=198	Public n=200	Total
1.11.2	Participation of clinical workforce in regular performance reviews	14	20	34
4.1.1	Governance arrangements are in place to support the development, implementation and maintenance of orgwide medication safety systems	1	22	23
2.4.2	Incorporating consumer feedback into publications prepared by the organisation	6	13	19
2.6.1	Training on patient centre-care and engagement of individuals in their care	7	12	19
2.4.1	Consumers providing feedback on patient information publications prepared by the organisation	4	14	18
4.2.1	Assessing the medication management system	4	12	16
4.6.1	Documenting a best possible medication history for each patient	2	12	14
4.1.2	Protocols are in place consistent with legislative requirements, national, jurisdictional and professional guidelines	2	12	14

Questions?