



National Safety and Quality Health Service Standards

Transition to the second edition and new scheme

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Overview

- Safer Care Victoria
- What's different and what's new about the standards?
- What resources will be available to help?
- How will assessments change?
- What are the priority areas for Victoria?
- How will the new scheme look in Victoria?
- Questions

Questions

- Question time allocated at end of session
- Feel free to ask questions throughout
- Email questions to systemsafety@safercare.vic.gov.au

Safer Care Victoria

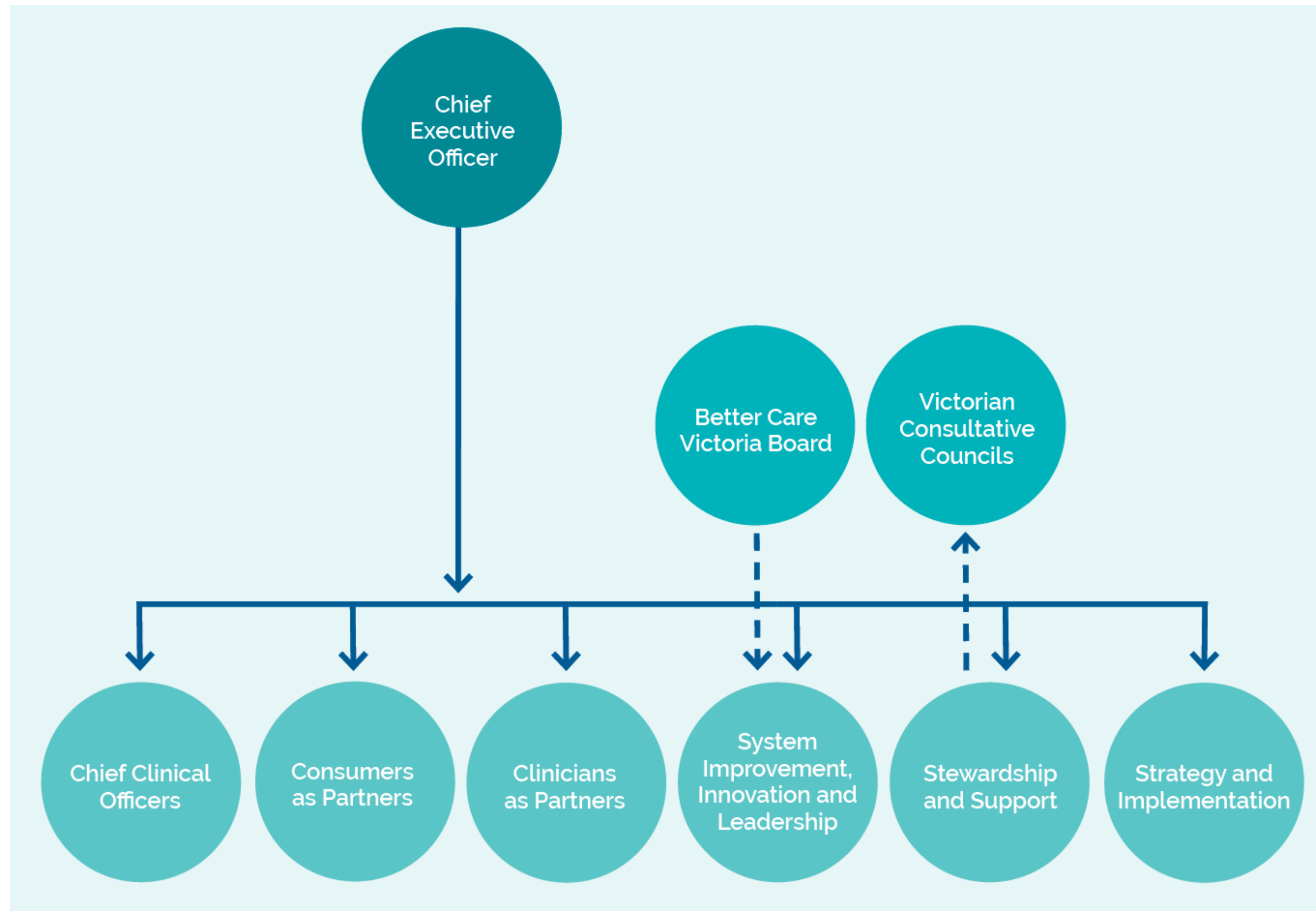
Established in January 2017 as the state's lead agency on healthcare quality and safety

We support health services to:

- provide outstanding healthcare
- eliminate avoidable harm



Our organisation



New NSQHS Standards



- leadership
- safe clinical environment
- integrated screening and assessment
- goal directed care planning
- nutrition and hydration
- shared decision making
- e-health records
- understanding diversity of consumers and considering social and geographic circumstances

NSQHS Standards (second edition)

-  Clinical Governance 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

Timeframe

November 2017

- NSQHS Standards and first round of resources launched there after - gradual release of resources as they are finalised and approved

March - December 2018

- launch of the interactive online resources
- launch of online training modules for assessors
- health system advised of transition arrangements
- expanded and enhanced resources made available based on feedback

Accreditation to NSQHS Standards (second edition)

- commencing from January 2019
- transition planned from mid 2018.

New actions

- **There are 52 new actions in the second edition of the NSQHS Standards**
- **Areas covered by the new actions include:**
 - Mental health
 - Cognitive impairment
 - Aboriginal and Torres Strait Islander Health
 - Health literacy
 - End-of-life care
 - Safe environment
 - Communication of critical information

New actions

New actions and components in the NSQHS Standards (second edition) by Standard

Standard	No. of actions	No. new actions	%*	New components
1. Clinical Governance	34	13	38%	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Health Safe environment
2. Partnering with Consumers	14	4	29%	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Health Health literacy
3. Preventing and Controlling Healthcare-Associated Infection	16	Nil	Nil	
4. Medication Safety	15	Nil	Nil	
5. Comprehensive Care	36	21	58%	<ul style="list-style-type: none"> Mental health Cognitive impairment End-of-life care Aboriginal and Torres Strait Islander Health
6. Communicating for Safety	11	6	56%	<ul style="list-style-type: none"> Communication of critical information
7. Blood Management	10	2	20%	
8. Recognising and Responding to Acute Deterioration	13	6	46%	



Clinical Governance Standard

- Builds on the requirements from the first edition
- Continues to focus on safety and quality systems – such as risk, monitoring, quality improvement, training
- Explicitly describes the role of the governing body
- Recognises the importance of leadership and culture
- Includes new elements – e-health, variation, safe environment



Partnering with Consumers Standard

- Combines actions for consumers partnering in their own care from across multiple standards in the first edition into one standard
- Includes additional requirements to support consumers partner in their own care – such as recognising substitute decision makers
- New content includes health literacy and shared decision making
- Partnering with consumers in organisational design and governance remains
- Overall reduced in the number of actions
- Forms part of the National Clinical Governance Framework



Preventing and Controlling Healthcare-associated Infections Standard

- Content and intent of this Standard is largely unchanged
- Stronger links to the Clinical Governance Standard
- Format realigned to improve the flow, for example actions for standard precautions are grouped together
- Antimicrobial stewardship actions have been expanded to reflect the requirements in the first edition guides
- Smaller standard because the duplication has been removed



Medication Safety Standard

- Content, intent and actions from this Standard largely unchanged
- Focus is on safe and quality use of medicines and engaging and informing patients in their own care
- Stronger link made with the Clinical Governance Standard
- New action relating to medication review, relevant for patients at risk of medicine-related problems
- Duplication removed



Comprehensive Care Standard

- New Standard addressing cross-cutting issues that underlie many adverse events
- Focuses on care that is centred on patient goals and well being
- Recognises the importance of teamwork and collaboration
- Introduces important safety and quality requirements for people with mental health and cognitive impairment, or people at the end of life
- Nutrition and hydration – actions are hospital specific
- Incorporates requirements from first edition for falls and pressure injuries



Communicating for Safety Standard

- Builds on Clinical Handover Standard and draws on Patient Identification Standard
- Recognises communication is critical throughout patient care, not just at clinical handover
- Focuses on clinical communication broadly
- Requires organisations to identify and then focus on high-risk times when effective communication is essential for safe care
- Describes systems and processes to support effective communication at all transition of care
- Integral to the effectiveness of the other Standards



Blood Management Standard

- Linked with Clinical Governance and Partnering with Consumers Standards
- Focuses on better surgical and medical management of patients to optimise and conserve their own blood
- Ensures that any blood or blood product that a patient receives is appropriate and safe
- Streamlined actions and addresses gaps from first edition, so fewer actions overall
- Same list of blood products as covered in the first edition
- Duplication removed



Recognising and Responding to Acute Deterioration Standard

- Focus on acute deterioration, not deterioration in acute setting
- Streamlines actions from the first edition
- New content includes recognising and responding to deterioration of mental health and cognitive impairment
- Emphasis on ensuring the elements of a recognition and response process are in place, rather than the tools used in the process
- Deterioration in mental state likely to require review existing processes, workforce training and support

Safer Care Victoria Gap Analysis

- **Identify the most frequently not-met actions from the NSQHS Standards (first edition)**
- **Map most frequently not-met actions to the NSQHS Standards (second edition)**
- **Identify areas of greatest risk of non-compliance in the NSQHS Standards (second edition)**
- **Identify priority areas for support and development opportunities**

Performance analysis

From 1 January 2013 to 31 December 2017, there were:

- approximately 168 organisation-wide assessments
- 113 health services
- 92 assessments that resulted in non-compliance (core or developmental) – 55%
- 29 assessments that resulted in non-compliance against core actions – 17%
- 77 assessments that resulted in non-compliance against developmental actions – 46%
- 18 assessments that resulted in non-compliance against core and developmental – 11%
- 76 assessments with no non-compliance recorded – 45%

Core actions – by Standard

From 1 January 2013 to 31 December 2017, the highest level of non-compliance with core actions came from:

- **Standard 1: Clinical Governance**
- **Standard 3: Preventing and Controlling Healthcare-Associated Infections**
- **Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care**

Core actions – by Standard

Public health service instances of non-compliance with core-actions by Standard (organisation-wide assessments) 2013 to 2017

* Percentage of all non-compliance against core actions

Standard	%*
1: Governance for Safety and Quality in Health Service Organisations	37%
2: Partnering with Consumers	2%
3: Preventing and Controlling Healthcare Associated Infection	18%
4: Medication Safety	9%
5. Patient Identification and Procedure Matching	3%
6: Clinical Handover	5%
7: Blood and Blood Products	4%
8: Preventing and Managing Pressure Injuries	9%
9. Recognising and Responding to Clinical Deterioration in Acute Health Care	12%
10. Preventing Falls and Harm from Falls	1%

Core actions – by action

Public health service instances of non-compliance with core-actions by action (organisation-wide assessments) 2013 to 2017

* Percentage of organisation-wide assessments where this action was not-met

Action	Description	% of OWA*
1.5.1	An organisation-wide risk register is used and regularly monitored	4%
1.11.2	The clinical workforce participates in regular performance reviews that support individual development and improvement	3%
1.2.1	Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance	3%
3.1.3	The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation	3%
3.16.1	Compliance with relevant national or international standards and manufacturer's instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored	3%

Developmental actions – by Standard

From 1 January 2013 to 31 December 2017, the highest level of non-compliance with developmental actions came from:

- **Standard 2: Partnering with Consumers**
- **Standard 4: Medication Safety**
- **Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care**

Developmental actions – by Standard

Public health service instances of non-compliance with developmental actions by Standard (organisation-wide assessments) 2013 to 2017

* Percentage of all non-compliance against core actions

Standard	%*
1: Governance for Safety and Quality in Health Service Organisations	9%
2: Partnering with Consumers	31%
3: Preventing and Controlling Healthcare Associated Infection	7%
4: Medication Safety	10%
5. Patient Identification and Procedure Matching	
6: Clinical Handover	4%
7: Blood and Blood Products	2%
8: Preventing and Managing Pressure Injuries	6%
9. Recognising and Responding to Clinical Deterioration in Acute Health Care	27%
10. Preventing Falls and Harm from Falls	4%

Developmental actions – by action

Public health service instances of non-compliance with developmental actions by action (organisation-wide assessments) 2013 to 2017

* Percentage of organisation-wide assessments where this action was not-met

Action	Description	% of OWA**
9.9.3	The performance and effectiveness of the system for family escalation of care is periodically reviewed	26%
9.9.4	Action is taken to improve the system performance for family escalation of care	23%
2.6.2	Consumers and/or carers are involved in training the clinical workforce	19%
9.9.2	Information about the system for family escalation of care is provided to patients, families and carers	17%
2.9.1	Consumers and/or carers participate in the evaluation of patient feedback data	17%
2.9.2	Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data	17%
2.8.1	Consumers and/or carers participate in the analysis of organisational safety and quality performance	16%
2.8.2	Consumers and/or carers participate in the planning and implementation of quality improvements	15%
9.9.1	Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response	15%
2.3.1	Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	14%

Mapping not-met actions to the second edition

Themes from the mapping of most frequently not-met actions:

- **Governance, leadership and culture**
- **Patient safety and quality systems**
- **Clinical performance and effectiveness**
- **Health literacy**
- **Partnering with consumers in organisational design and governance**
- **Clinical governance and quality improvement to prevent and control healthcare-associated infections, and support antimicrobial stewardship**
- **Reprocessing of reusable medical devices**
- **Clinical governance and quality improvement to support recognition and response systems**
- **Detecting and recognising acute deterioration, and escalating care**

Next steps – SCV and ACSQHC

- Safer Care Victoria (SCV) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) will continue to support health services with the transition to the second edition of the standards.
- SCV will hold forums on the standards recognised as needing the most work.
- Numerous resources will be available from the ACSQHC.
- ACSQHC to provide assessor training.

Next steps for health services

- Log on and access the Guides, User Guides, fact sheets and other implementation resources
- Access the electronic monitoring tool
- Start your gap analysis
- Comment on the next round of guides and resources
- Register on line for the NSQHS Standards assessor orientation program
- Register for updates via the Advice Centre
- Let SCV or the Commission know if there is specific support you need

Resources

NSQHS Standards guides for:

- Hospitals
- Day procedure services guide
- Multi-purpose services and small rural hospitals guide
- Community health
- Mental health

NSQHS Standards workbook for:

- Hospitals, MPSs and small hospitals
- Factsheets – tables from previous workbook listing actions that require policies, audits, training

Resources

NSQHS Standards user guides for:

- Aboriginal and Torres Strait Islander health
- Governing bodies
- Health service organisations providing care to children
- Measuring and monitoring partnering with consumers
- Mental health services
- Healthcare variation
- Migrant and refugee
- Chemotherapy services

Resources

For consumers

- Factsheets

Technical resources

- Video on shared decision making tools
- Toolkit to monitor and investigate variance
- Resource for governing bodies on measuring and monitoring safety and quality
- Updated AMS guide
- Comprehensive care guide

Online interactive resource

Published by the ACSQHC - www.safetyandquality.gov.au



Select role...

[The Standards](#) [Resources](#) [Assessment](#) [Updates](#) [Help](#)

Search the standards...



Welcome to the NSQHS Standards



The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

Start by selecting your role:



Assessors



Clinicians



Healthcare
Consumers



Managers



Members of
Governing Body



Safety & Quality
Managers

Assessor training

Orientation to the NSQHS Standards

- Online
- Interactive – blog and question and answer board
- Cover all standards and changes to accreditation
- Mandatory for assessors
- Available to health service organisations
- Available from March 2018

Aboriginal and Torres Strait Island Cultural Awareness Training

- Mandatory reading
- Online training
- External provider

Accreditation reforms

Considered each of the elements of the accreditation process and how these could be improved:

- Effectiveness of the assessment process
- Skills and techniques used by assessors
- Use of data in the accreditation process
- Role of the regulator
- Involvement and information for consumers
- Support for health service organisations

Changes to the scheme

- 3 year cycles
- No mid-cycle assessment
- Repeat assessments for those with large number of not met actions
- Additional assessments for services where safety and quality data shows there is underperformance
- Assessment of high risk scenarios
- 120 days to remediate not met actions in 2019
- New rating scale
- Voluntary short notice assessments
- Structure assessment using standardised PICMoRS methodology

What's next for Victoria?

The Department of Health and Human Services and Safer Care Victoria will be working together with health services to implement the new scheme in Victoria.

Victoria may set requirements for short-notice assessments. This is still being determined.

Questions

Connect with Safer Care Victoria

systemsafety@safercare.vic.gov.au



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