Beyond Bricks and Mortar: -Safer System, Better Care!

Professor Clifford Hughes
CEO Clinical Excellence Commission, NSW Australia
The Level?
The Level?
Clinical Excellence Commission

The key functions of the CEC are to:

• Promote and support improvement in clinical quality and safety in health services
• Monitor clinical quality and safety processes and performance of public health organisations, and to report to the Minister thereon
• Identify, develop and disseminate information about safe practices in health care on a Statewide basis, including (but not limited to):
  • developing, providing and promoting training and education programs
  • identifying priorities for and promoting the conduct of research about better practices in health care
• Consulting broadly with health professionals and members of the community
• Providing advice to the Minister and Director-General on issues arising out of its functions.

Mission
To build confidence in healthcare in NSW, by making it demonstrably better and safer for patients and a more rewarding workplace.

Vision
The CEC will be the publicly respected voice providing the people of NSW with assurance of improvement in the safety and quality of healthcare.
Hundreds more deaths, claims nurse

Helen Tobler

A NURSE who blew the whistle on patient neglect at two Sydney hospitals has warned that the casualties go far beyond the reported deaths.

Nola Fraser said yesterday the figure of 19 deaths was "very conservative", and the real extent of the negligence had affected thousands of patients.

"In reality, we're talking

Knowles had bullied and intimidated them and warned them they would be unable to
patient care and would not reveal the corruption at the top of the administrators.

The harrowing trail of tragedy and incompetence

Ruth Pollard
Health Reporter

One patient died of a heart attack that had been misdiagnosed as a urinary tract infection, another died of sepsis, leaving behind a
eency department by ambulance. She had a sharp pain down her left side, and was sweating and moaning. A locum medical officer diagnosed colic. Nursing

The Sydney Morning Herald
Hospital deaths:
too many cover-ups

Megan Saunders
Comment

It started with the courage and persistence of seven nurses working at Camden and Campbelltown hospitals who complained to management about shoddy care there. Management fobbed them off. Last November four went to then health minister Craig Knowles who, they say, threatened one of the women, saying she could lose her home and career over her "slanderous allegations". The Health Care Complaints Commission investigated, but by February it proclaimed all was well. The nurses continued to complain and the commission reopened its investigation.

What it revealed in the Macarthur Health Service is shocking. Serious illnesses were missed and wrong
Quality & Safety in NSW

- Following the Walker Inquiry, the NSW Health Department launched the NSW Patient Safety and Clinical Quality Program (May 2005)
- A broad range of activities introduced & included:
  - Formation of the Clinical Excellence Commission
  - Clinical Governance Units in each Area Health Service
  - An incident information management system
  - Processes for systematic management of incidents and risks
  - A Quality System Assessment (QSA) program for all public health organisations
We had the why, what and the who....... now we had to find the how

The best way to get a good idea is to get a lot of ideas - Linus Pauling
What is everyone else doing?

- International Health
  - USA – Joint Commission tracer methodology
  - UK NHS - Standards and compliance focused

- Non Health (high risk, high reliability organisations)
  - Petroleum industry
  - Taxation
  - Mining industry
  - Nuclear industry
  - Financial industry
QSA Model Development
(based on review of health & other industries)

Guiding Principles:

- Evaluation of systems and processes Vs individual performance
- Focus on learning and improvement Vs judgement
- Risk management approach with improvement model incorporated / proportional response
- Ownership of risk at all organisational levels
- Self-assessment and on-site verification to sample of respondents for validation of self assessment
- A complementary process that supports accreditation preparedness
- Not a pass/fail exercise
Purpose of QSA

- Identify state-wide policy and program gaps and report publically the results
- Assess degree of effectiveness of implementation of policies, performance monitoring and risk controls throughout the system
- Provide health organisations and clinical departments with information to improve their performance
- Include all public health organisations (PHOs) in NSW
- Not duplicate but support accreditation
QSA framework

Yearly targeted areas of assessment

Baseline (2007/08) - Report Improvement plan
Thematic (2009) - Report Improvement plan
Thematic (2010) - Report Improvement plan
Thematic (2011) - Report Improvement plan
Repeat baseline (2012)

Critical components – assessed every year

20% annually

Handover Communication Deteriorating patient Medication safety
Open disclosure HAI Teamwork
Sepsis Delirium Mental health Paediatrics

Three levels of assessment

Local Health District (LHD)
- Establish and develop district wide systems, processes and guidelines
  - Performance monitoring

Hospital
- Implementation and local adaptation of LHD systems, processes and guidelines
  - Performance monitoring

Clinical unit
- Day to day application of processes and guidelines
  - Risk control
  - Performance monitoring
QSA model: components of QSA

1. Online multi-level self-assessment
2. Feedback raw data and reports
3. On-site verification (5 months after SA)
4. Improvement plans
SELF ASSESSMENT

- Statewide roll out of program in October 2007
- Qualitative and quantitative questions
- Online self assessment
- 8 weeks to complete

<table>
<thead>
<tr>
<th>Year</th>
<th>Total invited*</th>
<th>Response rate %*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1185</td>
<td>82%</td>
</tr>
<tr>
<td>2009</td>
<td>1344</td>
<td>90%</td>
</tr>
<tr>
<td>2010</td>
<td>1297</td>
<td>93%</td>
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</tbody>
</table>

*all levels, all organisations
Developing the questions

Questions are designed to:

- Obtain information on the key governance structures and processes that should be in place to support implementation of NSW Health patient safety and quality policies
- Elucidate whether best practice is being followed in relation to focus areas such as barriers/ challenges
- Examine these elements at each level of the organisation
## Cycle of themes

<table>
<thead>
<tr>
<th>2007</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline assessment</strong></td>
<td>Clinical handover</td>
<td>Open disclosure</td>
<td>Sepsis</td>
<td>Repeat baseline assessment</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>Teamwork</td>
<td>Paediatric</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deteriorating patient</td>
<td>HAIs</td>
<td>Mental health</td>
<td></td>
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<tr>
<td></td>
<td>Medication safety</td>
<td></td>
<td>Delirium</td>
<td></td>
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</tbody>
</table>
2007 QSA

Areas assessed:

- Committee structure and Governance
- Clinical indicators
- Risk management
- Communications
- Incident management
- Death review
- Complaints management
- New interventional procedures
- Correct patient / site / procedure
- Management of blood
- Infection control
- Medical record review
- Peer review
- Credentialing and role delineation
2007 QSA – key issues

• Provided baseline measure/initial census of clinical quality and safety systems in NSW

• High compliance in activities where there is clear policy directive eg blood management, CPP

• Variable response where there is lack of policy and minimum standards eg death review, audit & medical record review

• Risk to patient care identified issues such as staffing, medication management, falls and infection
Clinical unit response: Infection control processes

Policy question

- Hand washing occurs between patients
- Hand washing occurs before and after contaminants regardless of whether gloves were used
- Gloves are worn during procedures or patient contact where activities are likely to generate splashes or sprays
- Gloves are changed between each patient
- Fluid resistant gowns are worn during procedures or patient contact
- Alcohol based hand-rub is situated near each patient's location
- Observational studies of hand washing within clinical areas occur every month
Clinical unit response: review activities

Non policy questions

- Results of clinical audits are provided to clinical staff
  - Almost always: 40%
  - Often: 30%
  - Sometimes: 20%
  - Rarely: 10%
  - Almost never: 0%

- Periodic audits of clinical practice for high risk processes and procedures occur
  - Almost always: 70%
  - Often: 20%
  - Sometimes: 5%
  - Rarely: 0%
  - Almost never: 0%

- All deaths in the unit are reviewed
  - Almost always: 90%
  - Often: 10%
  - Sometimes: 0%
  - Rarely: 0%
  - Almost never: 0%
Risks to patient safety

Clinical Unit level

- Medication management
- Clinical Management
- Falls
- Infection
- Staffing
- Treatment risks
- Diagnostic errors
- Agression
- Patient Factors
- Communication / Documentation
- Infrastructure / Equipment
- Patient Identification
- Technical performance procedures
- Access
- Increased activity
- Environmental / Security

identified risk

count
2009 QSA

The 2009 QSA assessed four themes

- Deteriorating patient
- Clinical handover
- Communication
- Medication safety

6 aspects of medication safety assessed

- Use of antibiotics
- High risk medicines
- Anticoagulants
- Look alike or sound alike (LASA) medications
- Medication reconciliation
- Clinical pharmacists (role and availability)
2009 Medication safety – key issues

• Development of policy and guidelines to improve the quality and safety of medicines occurs at all organisational levels.

• Lesser emphasis placed on measuring and monitoring compliance and impact of these policies and guidelines. E.g. at the clinical unit level, 25% of respondents perform regular audits and 26% provide feedback to clinicians around antibiotic use.
• The lack of NSW Health policy direction around medications such as anticoagulants is reflected in the results especially at the clinical unit level. E.g., 80% of AHSs responded that they had a policy while only 48% of clinical units who responded are aware or have in place a policy for use of anticoagulants.

• At times there was disconnect between the answers at Area, facility and department/unit level. E.g., at the state level 70% responded that they have established local guidelines for Look-Alike/Sound-Alike (LASA) drugs while at the other levels of the system 35% of facilities and 22% of clinical units have identified a list of high risk medication.
2009 Medication management
clinical unit level responses

Does your organisation have guidelines in place regarding the safe use of antibiotics?

Does your organisation regularly audit use of key antibiotics?

Has your organisation identified a list of high risk medicines?

Does your Area Health Service have a policy regarding anticoagulant use?

Does your department/unit have a policy regarding anticoagulant use?

percent of clinical units who answered yes
2010 Key issues

- All Q&S programs are well received by clinicians and are having starting to have some impact on the system
- High awareness of NSW Health policy around HAIs but lesser emphasis placed on measuring and monitoring compliance. E.g. indwelling devises (IDD)- 90% units insert or manage at least 1 kind IDD, 26% of clinical units conduct routine audits

<table>
<thead>
<tr>
<th>Written protocols and/or checklists for insertion, care and management?</th>
<th>Central Venous Catheter (CVC)</th>
<th>Peripheral Cannula (PC)</th>
<th>Peripherally Inserted Central Catheter (PICC)</th>
<th>Urinary Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td>75%</td>
<td>80%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Specific training and education required for clinical staff required to insert, care and manage?</td>
<td>71%</td>
<td>71%</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>Process audits periodically undertaken to assess staff competency with the insertion, care and management?</td>
<td>25%</td>
<td>32%</td>
<td>29%</td>
<td>18%</td>
</tr>
<tr>
<td>Care bundles for the insertion, care and management introduced?</td>
<td>22%</td>
<td>16%</td>
<td>19%</td>
<td>15%</td>
</tr>
</tbody>
</table>
2010 Evaluation of statewide programs

- Strongly agree/agree

Overall the BTF has benefitted patient safety in our dept/unit

The statewide Safe Clinical Handover Program has assisted our dept/unit/station/district to implement and/or improve our clinical handover processes

The EOC program is a valuable process that assists our dept/unit to improve the quality and safety of care (Clinical Units only)
2010 Key issues

- Open Disclosure policy has been in place > 5yrs. There is good awareness and preparedness to undertake OD.
- Major issue relates to education and training; “fear” of litigation remains a barrier.
2010 teamwork

- Teamwork recognised as important to delivery of care. At present there is no real program / tools / policy – ad hoc e.g. Clinical Leadership programs

Barriers to teamwork

- Staffing levels and/or skill mix: 52%
- Lack of time/workload: 38%
- None: 26%
- Professional barriers and scopes of practice: 22%
- Hierarchical nature of healthcare: 20%
- Inconsistent team membership: 16%
- Separate lines of management control of teams: 16%
- Inadequate cooperation between team members: 12%
Who completes the QSA

Ambulance Mx/Paramedic 12%
Mgmt/Exec 6%
Other, 7%
Allied Health, 6%
Medical, 16%
Nursing, 52%

2010 Respondents - Department/unit level (n=2866)
Actions following self assessment

- All data collected is returned to each PHO to allow further investigation and development of ad hoc reports.
- Each facility (approx 140) get individual results report that provides aggregated comparison data with other facilities in LHD and statewide results.
- Verification program commences approximately 3 months following self assessment.
The purpose of the QSA verification program is not only to verify responses received but provide a means to increase knowledge of key issues affecting quality and safety in the system.

It is not intended to take the regulatory or compliance role of accreditation but to provide a risk identification and improvement framework. Consequently, the verification process in addition to confirming the robustness of the self-assessment responses, provides an opportunity to review improvement plans as well as provide assistance and advice to support the LHD improvement efforts.
QSA Assessors

- Annually recruit and train Assessors
- Staff recruited via EOI from NSW PHOs
- **60 Assessors**
  - 16 Doctors, 30+ Nurses, Allied Health, Ambo & 4 CEC Assessors
- LHDs volunteer their Assessors’ time
- Training - 2 day competency based Auditor Program
  - Also educate Assessors on 3 themes for Verification
Verification - results

<table>
<thead>
<tr>
<th>Year</th>
<th>Responses verified</th>
<th>Inaccurate responses</th>
<th>Accuracy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>2,795</td>
<td>36</td>
<td>98.6%</td>
</tr>
<tr>
<td>2010</td>
<td>20,438</td>
<td>277</td>
<td>98.6%</td>
</tr>
<tr>
<td>2011</td>
<td>16,095</td>
<td>392</td>
<td>97.8%</td>
</tr>
</tbody>
</table>

- A formal report is given to each organisation two weeks after the visit - recommendations made.
Summary of 2010 Results

• 19 Innovations were reported
• 142 Recommendations made
  - HAI  62.7% (89)
  - OD   28.2% (40)
  - TW    7.0% (10)
  - CGU  2.1% (3)

• Staff & Assessor feedback was positive and some suggestions given
  - Staff: Overall staff found it beneficial to have been part of the on-site verification process (n=159)
  - Assessors: 100% would recommended being an Assessor (n=46)
Reporting

Reporting provides:

• Feedback on individual performance as well as a comparison against other organisations
• Information on systems issues, and
• A means to identify specific initiatives or policy development requirements (recommendations)
Sophistication!
The Improvement Plan

- The improvement Plan provides integration between the self assessment and statewide recommendations

- Improvement plans need to:
  - address all issues identified in the self assessment
  - have realistic and achievable action timeframes
  - Assign responsibility for actions proposed
  - Provide evidence implement processes
  - Include measurable targets and
  - Demonstrate how strengths identified in the self assessment will be sustained
The challenge of adding value

- Incorporate improvement cycle and build on changes as they become embedded in the system
- Avoid duplication of effort
- Assessment effort is proportional to the risk presented
  - Based on risk management principles
  - Validate assessment questions with clinicians and managers
- Coaching, benchmarking and networking opportunities
Acknowledgements

- Bernie Harrison
- Bernadette King
- Wendy Jamieson
- Mark Zacka
- Dr Peter Kennedy
- Dr Charles Pain
For further information

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or

Questions?

We are here