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## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

Welcome to the eleventh edition of the Australian Commission on Safety and Quality in Health Care Update.

The last twelve months for the Commission have been highly productive, with work now culminating for a number of our key programs in preparation for submission to the Australian Health Ministers' Conference in November 2010.

Initiatives which will be presented to Health Ministers include:

- A proposal for a new model for accreditation of health service organisations, including a final set of National Safety and Quality Healthcare Standards, a final report on the new model and its coordination, detailed costs of the reforms and recommendations on transition arrangements.
- An implementation plan for the *Australian guidelines for the prevention and control of infection in health care*
- Electronic modules to assist healthcare workers who undertake infection prevention. These modules are particularly aimed to assist those who are not supported by other infection prevention professionals in their work place, particularly those who work in small district, regional or rural hospitals
- Finalised research reports and guides for the implementation of the *Open Disclosure Standard*
- The publication *Reducing Harm to Patients from Healthcare Associated Infection: the Role of Antimicrobial Stewardship Programs in Australian Hospitals*, which outlines strategies and recommendations for appropriate antimicrobial use in Australian hospitals
- National parenteral line labelling recommendations to address the safe delivery of injectable medicines to patients, including an education package and implementation plan
- A proposal for a national approach to clinical quality registries, targeting high priority clinical conditions. This will be informed by the findings from our six pilot projects
- The final *National Safety and Quality Framework*. The framework is currently being revised based on the consultation conducted over the last twelve months. Guides to assist healthcare teams, health service managers, hospital and health service executives and policy makers to implement the framework will also be provided.

You can read more about a number of these initiatives in this edition, or you can find more details on our web site.



Chris Baggoley  
Chief Executive

### Australian Commission on Safety and Quality in Health Care

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Please feel free to forward this newsletter to others who may be interested in Commission activities. If this newsletter was forwarded to you by someone else and you would like to receive future issues directly, please contact Amy Winter at the Australian Commission on Safety and Quality in Health Care: (02) 9263 3605 or [amy.winter@safetyandquality.gov.au](mailto:amy.winter@safetyandquality.gov.au). If you do not wish to receive future issues, please let us know.

# HEALTHCARE ASSOCIATED INFECTION INITIATIVES

## Australian Infection Control Guidelines

With the anticipated upcoming release of the *Australian Infection Control Guidelines: preventing and managing infection in health care* by the NHMRC in mid 2010, the Australian Commission on Safety and Quality in Health Care is developing a series of educational resources to support the implementation of the Guidelines in Australian practice.

The Australian Infection Control Guidelines primarily target clinicians, ancillary staff and administrators across healthcare settings, and aim to provide the evidence base and core principles of infection control. They are written from a care delivery perspective, utilising a risk management framework in a safety and quality context. Using this framework, practical implementation strategies have been designed to guide healthcare workers to effectively implement standard and transmission-based precautions to minimise the risk of transmission of infection. Following a public consultation for the Guidelines in early 2010, the NHMRC and the Commission have collaborated to develop an implementation strategy and associated resources for the Guidelines.

In the coming months, the Commission in conjunction with the NHMRC, will be supporting a range of workshops, conferences and events to coincide with the roll out of the Guidelines throughout Australia. It is anticipated that the key recommendations arising from the Guidelines will help to promote a consistent and coordinated approach to infection control across Australia.

## Antimicrobial Stewardship Publication

Prevention and control of healthcare associated infection (HAI) is an essential element of patient safety, and improving the safe and appropriate use of antimicrobials is an important component of preventing HAI.

One of the key initiatives being coordinated as part of the Australian Commission on Safety and Quality in Health Care's HAI Program is a publication designed to provide clinicians and health administrators with evidence for the use of specific quality improvement and patient safety activities to reduce preventable HAI.

The publication, *Reducing Harm to Patients from Healthcare Associated Infection: the Role of Antimicrobial Stewardship Programs in Australian Hospitals*, came about as the result of discussions at an Antimicrobial Stewardship forum (co-sponsored by the NSW Clinical Excellence Commission) held in September 2008.

The forum was attended by representatives of states and territories, private sector, Australia and New Zealand Intensive Care Society, Royal Australasian College of Physicians, Australian Infection Control Association, Therapeutic Advisory Group, Society of Hospital Pharmacists, and the Department of Health and Ageing.

The publication provides guidance on developing and introducing a hospital antimicrobial stewardship program. It describes the structure and governance required and the resources needed for an effective program, along with those strategies shown to influence antimicrobial prescribing and inappropriate use.

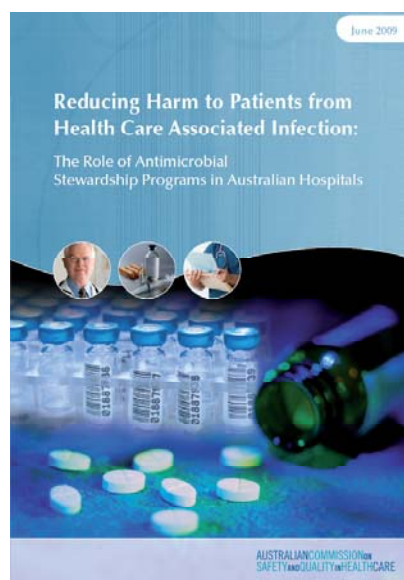
The publication contains 10 chapters that summarise current evidence about antimicrobial stewardship programs and their implementation in hospitals, and has two sections:

1. Strategies for implementing and sustaining antimicrobial stewardship (Chapters 1–6)
2. Resources required for antimicrobial stewardship (Chapters 7-10).

Each chapter begins with key points and recommendations required for implementing effective antimicrobial stewardship in hospitals.

The development of the publication is overseen by the Commission's Antimicrobial Stewardship Advisory Committee, which includes experts in the field from across the country.

*Reducing Harm to Patients from Healthcare Associated Infection: the Role of Antimicrobial Stewardship Programs in Australian Hospitals* is expected to be released mid-late 2010.



## Education Modules for Infection Control Practitioners

The Australian Commission on Safety and Quality in Health Care has initiated the development of several key educational resources to assist staff who undertake infection prevention as part of a clinical role, as well as for those who work in private or small hospitals. These resources comprise online interactive modules, a workbook, and assessment tools to facilitate learning for all practitioners, regardless of geographic or economic boundaries.

The education modules, which have been developed in agreement with the Infection Control Guidelines, are anticipated to assist in identifying risk management strategies in the reduction of healthcare associated infection. The education modules are to support a suite of other educational materials being developed, including an orientation package for all health care workers, and an OSSIE guide - a change management toolkit incorporating practical methods and approaches for widespread implementation.

The education modules form a series of ten online interactive modules, encompassing pertinent topics such as the principles of infection prevention, surveillance, immunisation, management of outbreaks and occupational exposures, disinfection and sterilisation, as well as basic microbiology principles.



## Central Line Associated Bacteraemia Prevention Project

A priority of the Australian Commission on Safety and Quality in Health Care's HAI Program is the prevention of blood stream infections.

Patients in intensive care units are at high risk of healthcare associated infections, including central line associated blood stream infections (CLAB), most of which are considered preventable. In spite of the high morbidity and cost of CLAB, there is no consistent national surveillance system in place; therefore its true prevalence is unknown. In addition, strategies to decrease CLAB have had varying success, and have been implemented with few links to ongoing surveillance reports. Consequently, sustained improvement has infrequently been achieved.

In December 2008, the Australian Health Ministers endorsed the national surveillance of *Staphylococcus aureus* blood stream infection. Since that time the Commission has developed a definition and a draft Data Set Specification to support the development of local processes and systems for surveillance of HAI SAB. A CLAB Prevention Project is the next step in the prevention of such blood stream infections.

The Commission, in conjunction with the Australian and New Zealand Intensive Care Society (ANZICS), is taking steps to address this issue with the initiation of a CLAB Project. The CLAB Project proposes to introduce a nationally consistent surveillance system, and a simple CLAB prevention strategy. This is intended to lay the foundations for a sustainable and effective CLAB management system.

The ANZICS Central Line Associated Bacteraemia Prevention Project (ANZICS CLAB) aims to:

- implement an agreed, evidence-based approach to reduce CLAB in all Australian ICUs to a benchmark of < 1/1000 line days
- facilitate a process for accurate and consistent measurement and reporting of CLAB in ICUs throughout Australia, maximising existing processes where possible.

## PROPOSED NATIONAL SAFETY AND QUALITY FRAMEWORK: CONSULTATION REPORT RELEASED

The Australian Commission on Safety and Quality in Health Care undertook an extensive consultation process, between June and September 2009, to seek feedback on the proposed National Safety and Quality Framework. Feedback was received from consumers, healthcare professionals, government health departments, clinical and professional peak bodies and other organisations. The consultation report contains summaries of the processes used to conduct the consultation, and the feedback received. You can access the report from the Commission's web site at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au). The final draft of the Framework will be presented to Health Ministers for endorsement at the end of 2010. The Framework and accompanying documents will then be publicly released.

# NATIONAL SAFETY AND QUALITY HEALTHCARE (NSQH) STANDARDS

In November 2009, the Australian Commission on Safety and Quality in Health Care released the draft NSQH Standards for consultation. They were the first five of a set of ten standards developed by the Commission for accreditation of health services. They included:

1. Governance for Safety and Quality in Health Service Organisations
2. Healthcare Associated Infection
3. Medication Safety
4. Patient Identification and Procedure Matching
5. Clinical Handover

As a result of feedback from the 92 written submissions, four consumer focus groups and meetings held with organizational and individual stakeholders the language in the first five standards has been simplified and duplication removed. Stakeholders strongly recommended additional standards in the areas of:

- Blood and Blood Product Safety and
- Consumer Engagement.

Work is currently underway with technical expert working groups to develop a further five standards which will make up the complete set of National Safety and Quality Healthcare Standards. They include:

6. Blood and Blood Product Safety
7. Consumer Engagement
8. Prevention and Management of Pressure Ulcers
9. Recognising and Responding to Clinical Deterioration
10. Falls Safety

These NSQH Standards will be piloted in early 2011.

The Commission will recommend to Health Ministers in November 2010 that high risk health services be accredited against the NSQH Standards while health services that pose a lower risk of harm for patients should utilise the NSQH Standards as part of their internal quality assurance mechanisms.

# RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

## Human Factors and Observation Charts

Observation charts are an important tool for recognising abnormalities in vital signs that may signal when a patient's condition is deteriorating. As part of the Recognising and Responding to Clinical Deterioration program, the Australian Commission on Safety and Quality in Health Care is working to improve the design of observation charts.

There has been little research in this area and decisions that are made about observation charts tend to be made according to tradition or consensus. As part of this initiative the Commission has worked with Queensland Health and the University of Queensland to bring some science to this field – particularly through the application of human factors principles to the design of observation charts.

A research project has been conducted that compared a range of existing patient observation charts in order to identify which existing charts are best in terms of recording observation and identifying abnormalities. This project has been completed and an overview of methodology and the results on the outcomes of this research are now available on the Commission's website.

Activities conducted as part of the project include a heuristic analysis of 25 observation charts, a survey of clinicians about observation charts, and a comparison of performance of a small number of charts, including the Adult Deterioration Detection System (ADDS) chart, in a simulation centre. The simulation evaluation was performed with two groups of participants: novices in the use of observation charts (university students) and experts (clinicians from within Queensland Health). The research found that the design of the observation charts had a significant impact on the speed and accuracy of participants in identifying abnormal physiological parameters on the observation charts. Charts that were considered to be "well-designed" according to human factors principles performed better than poorly designed charts.

One of the main outputs of the research project was the development of the ADDS chart, which incorporated good design features present in existing observation charts as identified during the heuristic analysis phase of the project.

Based on the results of the project some general guidance has been prepared about improving the design of paper-based charts. This information is available for use and it is recommended that it be reviewed prior to

making any modifications to current charts, adapting the ADDS chart for local use or adopting the ADDS chart. This information and a report on the development of the ADDS chart is also available on the Commission's website.

The Commission is now extending its work on observation charts as part of this program. This work is based on "observation and response charts." These charts include:

- the essential design characteristics identified from human factors research
- a graph for recording physiological observations over time
- the capacity to record information on the physiological parameters that are associated with the occurrence of deterioration
- thresholds for each physiological parameter or combination of parameters that indicate abnormality
- actions required when thresholds are reached or deterioration is identified clinically

The Commission will be undertaking further simulation experiments with these observation and response charts, and will also be testing their performance in a clinical environment. The charts will then be piloted in a range of hospitals across Australia. For more information about this initiative please contact Nicola Dunbar at [nicola.dunbar@safetyandquality.gov.au](mailto:nicola.dunbar@safetyandquality.gov.au).

## National Consensus Statement

On 22 April 2010, Australian Health Ministers endorsed the *National Consensus Statement: Essential Elements for Recognising and Responding to Clinical Deterioration*, as the national approach for recognising and responding to clinical deterioration in Australian acute care facilities.

The National Consensus Statement was developed following wide consultation and sets out the agreed practice for recognising and responding to clinical deterioration. Developed as a generic document to apply to all acute care facilities in Australia, the Statement also provides sufficient flexibility to be applied in a range of different situations.

The Statement has been informed by existing guidelines and evidence, including work undertaken by jurisdictional programs such as the Between the Flags program in NSW and the Compass program in the ACT.

Eight elements are included in the statement. Four are related to clinical processes that need to be locally delivered based on the circumstances of the facility in which care is provided. Four relate to the structural and organisational prerequisites that are essential for recognition and response systems to operate effectively.

The elements in the Consensus Statement are:

### A. Clinical processes

- Measurement and documentation of observations
- Escalation of care
- Rapid response systems
- Clinical communication

### B. Organisational prerequisites

- Organisational supports
- Education
- Evaluation, audit and feedback
- Technological systems and solutions

In line with the Health Ministers' decision, facilities will need to have systems in place to address all elements in the Statement. The Statement should guide health services in developing their own recognition and response systems in a way that is tailored to their patient populations and the resources and personnel available, whilst being in line with relevant jurisdictional or other programs. The Consensus Statement has been developed for:

- clinicians and managers responsible for the development, implementation and review of recognition and response systems in individual facilities or groups of facilities.
- planners, program managers and policy makers responsible for the development of jurisdictional or other strategic programs dealing with recognition and response to clinical deterioration.

Additionally, the Commission is developing an Implementation and Action Guide to support effective implementation and use of the National Consensus Statement.

The Statement is available on the Commission's website.

The Guide will provide further information on how acute care facilities can put in place systems that address the elements in the Statement that best fit their setting and capacity. The Implementation Guide will provide information by way of tools, worked best practice examples and case studies and will also be developed as a web-based interactive resource to allow users to easily interact with material.

In writing the Guide, we want to hear from you. Do you have examples of policies, procedures, clinical pathways, audit tools or presentations and training tools that would help other clinicians improve systems for recognising and responding to clinical deterioration? Please email any ideas and examples to Kerrie O'Leary at [kerrie.o'leary@health.gov.au](mailto:kerrie.o'leary@health.gov.au) or alternatively call (02) 9263 3630.

# FINALISED OSSIE GUIDE TO CLINICAL HANDOVER IMPROVEMENT

The Australian Commission on Safety and Quality in Health Care's finalised edition of the OSSIE Guide to Clinical Handover Improvement is now available on our website at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au).

The finalised Guide incorporates the sound and practical feedback we received from healthcare professionals on the Consultation Edition of the OSSIE Guide to Clinical Handover Improvement, which was released in March 2009. This edition has been endorsed by Australian Health Ministers as a national guide to improving clinical handover practices at shift change in a hospital setting.

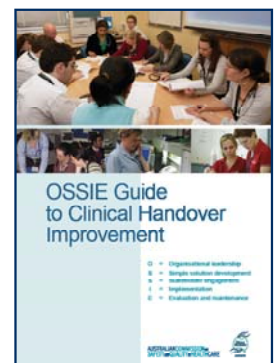
The Guide aims to provide a handover improvement team with all the information required to successfully introduce and sustain improvement to clinical handovers at shift change. The Guide offers an approach to change management, measurement and use of standardised processes for handover. The core of this Guide was developed based on workplace research conducted for the Commission as part of the National Clinical Handover Initiative and in particular, seminal work by Royal Hobart Hospital and the University of Tasmania. 'OSSIE' stands for: Organisational leadership, Simple solution development, Stakeholder engagement, Implementation and Evaluation and maintenance.

A range of tools for improving clinical handover is also available from the Commission's web site. These tools were developed and trialled across a range of health specialties and settings, as part of the National Clinical Handover Initiative pilot program.

The tools include:

- protocols and guidance for improving medical and nursing shift-to-shift handover;
- materials on using the briefing techniques (SBAR, ISBAR, ISOBAR, SHARED) at handover;
- tools for inter-facility transfers;
- online education tools; and
- materials on team communication.

For more information on the Commission's National Clinical Handover Initiative visit us at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)



## INFORMATION STRATEGY

### Structured Requesting and Reporting

The Commission is working with the healthcare associated infection (HAI) clinical community (microbiologists, infectious disease physicians and infection control professionals or ICPs) to develop national standards for structured microbiology requesting and reporting of HAIs. Laboratories have been at the leading edge of eHealth around the world, and the move to standardised lab request/report formats optimises best practice reporting, clinical management, HAI surveillance and research. These eHealth standards will also reduce the manual data collection processes in HAI surveillance in hospitals

### Safe ePrescribing and Electronic Medication Management

The Commission and the National E-Health Transition Authority are working with four sites that have implemented Electronic Medication Management (EMM) in hospitals, to develop a toolkit and guidelines for safe EMM implementation. Good EMM should reduce medication errors in hospitals, but implementation is a complex and multifaceted change management project with significant technical and infrastructural challenges. The Commission has delivered the draft toolkit to health CIOs (Chief Information Officers) for the states and territories, and will be publishing the toolkit in July 2010.

### Electronic Discharge

The Commission is partnering hospitals and GPs in Canberra, Melbourne and Brisbane to evaluate the safety and quality impact of electronic discharge summaries - e-discharge or EDS. As well as evaluating the benefits and work process impacts of EDS in these lead sites, a self-audit evaluation toolkit will be produced for EDS rollouts across the country.

## 2nd NATIONAL CONFERENCE, RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION

8 and 9 November 2010  
Adelaide, South Australia

The Australian Commission on Safety and Quality in Health Care invites participation in the 2nd National Conference, Recognising and Responding to Clinical Deterioration.

**Date:** 8-9 November 2010

**Venue:** Stamford Grand Hotel, Adelaide

### Conference aims

To showcase current approaches and practical solutions to the problem of properly recognizing and responding to patients who deteriorate in hospital.

The conference will provide participants with an opportunity to:

- hear from experts about current approaches and directions to recognizing and responding to clinical deterioration.
- learn about practical solutions for improving the recognition and response to clinical deterioration.
- discuss with colleagues the issues, barriers and enablers to implementing systems and programs to improve the recognition and response to clinical deterioration.

### Audience

- Critical care, emergency and general wards
- Rapid response, medical emergency and ICU liaison
- Risk, quality and patient safety
- Hospital management.

### Call for Abstracts

Authors are invited to submit abstracts for workshops, oral or poster presentations on original work for the conference.

Topic areas that may be covered, but are not limited to:

- Improving systems for recognizing patients whose condition is deteriorating
- Improving systems for responding to patients whose condition is deteriorating
- Organisational systems needed to improve the recognition of and response to clinical deterioration
- Clinical and other issues associated with improving the recognition of and response to clinical deterioration.

Abstract submission deadline is 30 July 2010 and notification of acceptance will be made by 27 August 2010.

Guidelines for submitting abstracts, including the templates that must be used for this process, are available from [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au). Abstracts should be saved in MS Word format and emailed to the event organiser, Sarah Dixon, at [info@catalystevents.com.au](mailto:info@catalystevents.com.au).

*For further information visit [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au).*