



Rising to Excellence

2009 QSA Self Assessment

Executive Summary June 2010



CLINICAL
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COMMISSION



Australia's health care system has been described as being in the top five in the world. The NSW system itself deals with more than 1.5 million admissions, 70,000 births and about 250,000 surgical patients a year. Within such a busy system, occasionally things go wrong. The aim of the CEC is to work closely with clinicians and managers to prevent these mistakes where we can and to deal with them and learn from them when they do.

The Clinical Excellence Commission

The CEC was established with a simply stated vision:

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

One of the CEC's most important programs is the Quality Systems Assessment (QSA) program. The QSA assists the health system identify areas of potential risk to patient safety. Participants are able to learn from the process and from each other, then act to improve their quality systems.

In days past, when mistakes happened, the first question asked was: 'Whose fault is it?' and all efforts were focused on finding someone to blame. But health systems have learnt, from the best practice of diverse industries around the world, to approach things differently. They have learnt that most mistakes are due to a combination of factors, rather than one single error. Better systems are needed, not greater penalties for individuals.

Structure of the QSA

The QSA program aims to improve patient safety by identifying and assessing risks in the system, then working with clinicians and managers to make things safer.

The QSA is carried out annually and has four main elements:

- self assessment
- verification
- feedback and reporting
- developing improvement plans.

The 2009 QSA self assessment covered all levels of the NSW health system, involving about 1,200 departments or clinical units, 99 facilities, 36 networks/clusters and eight area health services, as well as The Children's Hospital at Westmead, Justice Health and the Ambulance Service of NSW. The key findings of this self assessment, which achieved an extraordinary 90% response rate, are summarised below.

The 2009 QSA self assessment

The 2009 QSA self assessment provides encouragement that the direction set by the Garling Report and *Caring Together: The Health Action Plan for NSW* is appropriate and that progress towards the key clinical recommendations is being made within the NSW public health system.

In general, the findings identify a number of areas where considerable progress has been made. However, there is still work to be done.

Culture of safety and quality



† percentage of clinical unit level respondents who agreed or strongly agreed

* percentage of clinical unit level respondents who answered 'yes'

Across all levels in NSW public health organisations, the quality and safety culture was found to be positive and resilient.

The four focus areas for the 2009 self assessment provided several key findings and recommendations.

Medication safety

Medication safety is still the major issue of concern for clinicians. The CEC recommends that all facilities put in place a medication action plan with formal policies and processes around high-risk medications, antibiotics, anticoagulants and medication reconciliation.

Clinical handover

There are significant barriers to effective clinical handover, including the lack of a standardised process across the system. The statewide policy on clinical handover, released in September 2009, needs to be implemented broadly and processes need to be established to monitor its effectiveness.

The deteriorating patient

The importance of identifying and managing deteriorating patients is recognised throughout the system, as evidenced by the significant number of units that have established a policy around this issue. The CEC's *Between the Flags* program will add further weight to fully addressing this issue.

Communication in the clinical environment

Standardised systems for communicating information, such as laboratory and radiology results, are being recognised as important ways to reduce error. Standardised methods for clinical communication are quite widespread, but gaps exist.

The lack of multidisciplinary team communication was identified as a problem. The implementation of NSW Health's strategy to promote multidisciplinary ward rounds will be helpful in this regard.

The 2009 QSA findings support the CEC's position that clear guidelines and workable policies are essential, but monitoring mechanisms are needed to ensure that these are appropriately implemented and evaluated at all levels of the system.

The QSA self assessment will be undertaken again this year. The insights it provides will continue to inform clinicians and managers and assist them in delivering safe, high quality care.

For more detailed results and information on the QSA process, see the 2009 QSA Statewide Report and accompanying Supplementary Report. Both of these reports are available at www.cec.health.nsw.gov.au