PATIENT SAFETY AND QUALITY IMPROVEMENT CAPABILITIES GROUP

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Appendix A: Origins of the Patient Safety and Quality Improvement Capabilities

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Appendix A

Origins of the Patient Safety and Quality Improvement Capabilities

The development of the Patient Safety and Quality Improvement Capabilities was initiated in recognition of the fact that healthcare is a safety critical domain with high-variation in clinical processes and outcomes. To ensure that patients receive safe, quality care every time, we must be clear about every individual's safety and quality role in NSW Health. The goal of the Patient Safety and Quality Improvement Capabilities was to translate key safety and quality concepts into the common language and format used by local workforce teams. For this reason, the document was designed to reflect the language and needs of workforce practitioners, rather than clinicians. It is also important to note that the capabilities are a guide for Workforce and Clinical Governance teams to create a language for describing the safety and quality behaviours for all staff, at all levels in NSW Health.

To develop the two Quality Improvement Capabilities, the capabilities outlined in the Public Service Commission's (PSC) NSW Public Sector Capabilities Group were mapped to the four areas of continuous improvement described in Deming's (1993) System of Profound Knowledge: Psychology, Appreciation for a System, Knowledge of Variation and Theory of Knowledge[1]. This mapping is summarised in the table on the following page. The PSC's framework was selected as it was the most commonly used in NSW Health. There is no one capability framework that is used ubiquitously across the sector.

Based on consultation with improvement experts, it was determined that *Understanding of Variation* and *Theory of Knowledge* were not adequately covered by the existing NSW Public Sector Capabilities Group. Definitions of each level of capability were developed based on interviews with capability improvement advisors and experts. The two new capabilities are:

- Utilise Improvement Methodologies
- Think Creatively and Innovatively

Next, it became apparent that a definition of critical patient safety capabilities were needed, which were largely undocumented. Consequently, the CEC consulted with patient safety subject-matter experts and reviewed a variety of NSW Health policies and guidelines to identify critical patient safety functions and responsibilities. The following documents were included in this review:

- Complaint or Concern about a Clinician – Management – Management Guidelines (GL2006_2002)
- Complaint or Concern about a Clinician – Management – Principles for Action (PD2006_007)
- Complaints Management Policy (GL2006_023) and Guideline (PD2006_073)

[1] Deming, W. E. (1993). The New Economics: For Industry, Government, Education, Cambridge, MA: MIT-CAES.

- Incident Management Policy (PD2014_004)
- Lookback Policy (PD2007_075)
- Open Disclosure Guidelines (GL2007_007) and Policy (PD2007_040)
- Patient Safety and Clinical Quality Program (PD2005_608)
- Quality and Safety Handbook of Healthcare in NSW Chartbook 2008
- Risk Management – Enterprise-Wide Policy and Framework – NSW Health (PD2009_039)
- Safety Alert Broadcast Directive (PD2013_009)
- Workplace Health and Safety: Policy and Better Practice Guide (PD2013_050)

Four broad functional areas were identified that were not fully defined by the NSW Public Sector Capability Framework. Patient safety experts were then surveyed to articulate the critical capabilities supporting those four functions. Due to similarities in the underlying capabilities, the initial four functional areas were consolidated into two capabilities, with appropriate definitions and behavioural indicators by level. Those capabilities are:

- Manage Clinical Risk
- Manage Factors that Influence Human Performance

This process resulted in defining the four quality improvement and patient safety capabilities. This draft capabilities, definition and level behavioural indicators were circulated internally within the CEC and to a limited number of clinical governance and quality improvement experts. Based on initial feedback, the document was revised and then released to Directors of Clinical Governance and Directors of Workforce across NSW Health for wider consultation. The Public Service Commission, the Health Education and Training Institute and the Ministry of Health were also consulted in the drafting process. Feedback from this process was integrated into the document, resulting in the final four capabilities, definitions and behavioural indicators.

Mapping of NSW Public Service Capabilities to Deming's (1992) System of Profound Knowledge

Deming's Theory	Description	Capability
Psychology	Psychology is the human side of improvement. These six capabilities describe the Knowledge, Skills and Associated Behaviours (KSA) of employees and teams that are motivated, confident, willing to share their views and able to work in teams to achieve outcomes.	• Manage Self • Display Resilience and Courage • Commit to Customer Service • Communicate Effectively • Work Collaboratively • Influence and Negotiate
	The people leadership capabilities describe what leaders need to be able to demonstrate to show support for teams to improve their work.	• Manage and Develop People • Inspire Direction and Purpose
Appreciation for a System	These four capabilities describe what employees need to be able to demonstrate in order to effectively view the organisation as a system of internal and external interrelated connections and interactions, as opposed to discrete and independent departments or processes governed by various groups.	• Plan and Priorities • Think and Solve Problems • Deliver Results • Demonstrate Accountability
Understanding of Variation and Theory of Knowledge	These new capabilities describe Deming's (1993) Understanding of Variation and Theory of Knowledge. The Framework required expansion to capture the technical aspects that are necessary in roles, such as interpreting data, applying quality improvement methodologies and how to use that information to develop innovative improvements. They also describe what employees need to demonstrate to show they are capable of understanding variation in a system and how to integrate that information effectively into decision-making.	• Utilise improvement Methodologies • Think Creatively and Innovatively

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