ACHS is proud to have launched **The EXEMPLAR AWARD**, the much-awaited new program designed to showcase high-performing systems or services in healthcare organisations.

The new program allows for high-level recognition of systems or services in healthcare organisations that have achieved and sustained high performance results.

“We have been working for several years now towards delivering a program that recognises exemplary effort at an industry-leading level,” said ACHS CEO, Dr Christine Dennis.

“There have been numerous requests over time from our high performing member organisations who have been keen to seek recognition beyond the meeting of accreditation standards,” she said.

“We understand the need for recognition can be a driving force in attaining high-performance results that translate to high quality consumer / patient outcomes. “The Board of ACHS have strongly supported the exploration of developing such an award.

“I think **The EXEMPLAR AWARD** will truly be an industry-defining moment in health care as the recognition it provides will become the benchmark by which all exemplary projects and services are judged.

“The early feedback we have received from some of our members has been excellent. There is a sense of excitement that there is now an award that recognises exemplary innovation, appropriately judged against seven key factors of high performance.” Dr Dennis said.

There are four distinct application phases starting with an expression of interest phase, documented application, submission and assessed by an assessment team.

Importantly, all submissions are required to qualitatively and quantitatively demonstrate their achievements.

To learn more, download **The EXEMPLAR AWARD** brochure from the ACHS website, or speak with The Exemplar Award Liaison Officer, Dr Mark Burgess on +61 2 9281 9955, or mburgess@achs.org.au.
ACHS has a new Constitution

Following a Special General Meeting on Thursday 22 June, ACHS has adopted a new Constitution.

The ACHS Council and Board of Directors were asked to vote on the revised Constitution, with a unanimous result in its favour.

The new Constitution replaces the existing one, which had only had minor modifications to it since it was introduced in 2005. It will provide for more contemporary governance practices.

Work on the Constitution had been under review at Council meetings for the last 18 months.

“By unanimous endorsement, the Council voted to give ACHS a contemporary Constitution in line with modern business practices,” said President of the ACHS Board, Professor Len Notaras AM. “This gives us an important foundation to continue to be an adaptive organisation and move towards a skills-based board governance entity.”

Two important outcomes are the new Constitution allows for a more evenly-based representative voting system for the Council and improved clarification regarding the term ‘member’.

“In noting where similar sized not-for-profit organisations in this sector are at, it became timely to address some of the previous Constitution’s shortcomings. The Council has sought to ensure better clarity, as well as comprehensively address 10 key governance, business and Council function issues.

“We believe the new Constitution accurately reflects the intent and the direction of the business which remains focused on strengthening safe, quality health care by continuously advancing standards and education nationally and internationally,” Professor Notaras said.

“There is now greater clarification of the role of Council and more equitable ‘power’ regarding the election of the Board,” added ACHS CEO, Dr Christine Dennis.

Thank you Margaret

The ACHS Council took the opportunity at the June Council meeting to thank Councillor Margaret Cowling, from SA on her retirement from Council.

With nearly 10 years of service, Margaret was the representative for the Australian and New Zealand College of Anaesthetists. Margaret was thanked for her long-term involvement as the voice for the College, and will continue to be an ACHS Surveyor.

Thank you again Margaret!

Queen’s Birthday Honours List

Congratulations to Dr Garrett ‘Gus’ Hunter, surveyor, who received the Order of Australia Medal in the Queen’s Birthday Honours list in June.

Dr Hunter was awarded the medal for his service to medicine and the community in the Northern Territory.

Our ISQua membership

ACHS is proud to have had its membership to the International Society for Quality in Healthcare (ISQua) renewed.

As a member, ACHS not only has the responsibility of continuing to be accredited to their Organisation program, but also the opportunity of being a part of an extensive global network of Members.

This co-operation covers the entire continuum of care, ranging from systems and process to quality of patient care.

We are proud to be part of an international community working together to enhance patient safety and quality improvement. ACHS will undergo its own accreditation assessment to ISQua in October this year.
Congratulations to our latest group of Quality Lead ProProgram graduands

“Light tomorrow with today” E.B. Browning

“Quality” and “lead” were two very popular words in Melbourne on Friday 23rd June when 30 graduates gave their presentation at the Improvement Academy’s Quality Improvement Lead (QIL) Program Ceremony.

A strong combination of innovation, ingenuity and determination dominated the presentations as graduates shared their successes and learnings from undertaking the 12-month program, culminating in delivering a project and presenting on the results.

Guest speaker Ms Robyn Hudson, Director of Clinical Engagement, Safer Care Victoria (SCV) spoke on how SCV has been structured to support the many safety initiatives being undertaken in Victoria, whether through clinician or consumer engagement.

ACHS CEO, Dr Christine Dennis congratulated all participants as she presented their awards and spoke highly of the level of presentations.

“There are several outstanding projects and some should be fast-tracked for national, commercial implementation,” she said. “This Lead Program has certainly focused the brains in this room to deliver constructive solutions that bring quality to the forefront in healthcare. I am very impressed by the level of thought shown.”

The Quality Improvement Lead Training Program (QIL) has been designed for senior staff within healthcare organisations who lead quality improvement activities including: patient based care and co-design; improvements in patient safety, outcomes, efficiency and access to services; and those who need to design new models of care particularly for chronic and complex disease management across continuums of care.

Upcoming Courses

Upcoming courses include:

Executive Masterclass
This Masterclass will explore the regulatory and legal frameworks for healthcare Boards and executives – in addition it will explore approaches being taken by Boards from some of the top performing international health facilities that actively support and drive continuous improvement in health care to reduce harm, reduce cost and increase patient satisfaction with service delivery.

RCA
One day RCA training is available in 2017 for all clinicians. Public courses are being held in NSW, VIC, QLD and WA. Registrations are now open.

NSQHS Standards: Audits, Evidence and Survey Preparation
This one day program is essential for organisations preparing for accreditation. Registration for public courses are now open.
Author(s): Susana San Miguel; Prof. Josephine Chow; Prof. Michael Suranyi; Noemir Gonzalez
Name of Project: Dialysis Access Flow measurement: Early intervention through early detection
Abstract: What was the original idea/purpose of the project?
The aim of the project is to determine the effectiveness of using on-line access flow measurement, by the Thermodilution™ method in detecting thrombosis of haemodialysis fistula, so that early intervention could be instituted, thus preventing the use of temporary vascular catheters.

Introduction / Overview: What is the health problem/issue that you were trying to address or remedy?
Vascular dialysis access is considered to be the Achilles heel of haemodialysis, as maintaining an adequate permanent vascular dialysis access remains to be the biggest challenge to the smooth course of haemodialysis care. Well-functioning dialysis access is essential for optimal management of haemodialysis patients. Malfunctioning vascular dialysis access can lead to an inadequate dialysis delivery, disruption to the dialysis schedule, increased hospitalisation, and placement of temporary vascular catheters thus exposing patients to further risk such as infection and consequently increased patient morbidity and mortality.

What was your Aim?
The aims were:
- To have a reliable, user friendly dialysis access surveillance method that can be utilised by all dialysis staff.
- To avoid the utilisation of temporary dialysis catheter by 100%.
- To reduce the incidence of dialysis schedule disruption due to failed access.
- To reduce unnecessary admissions.
- To better utilise inpatient beds by 300 bed days in 12 months.
- To reduce waiting time for dialysis access surgery.

What was the Method?
- An interest group was established engaging key stakeholders such as the Clinical Nurse Consultant, Clinical Stream Managers, Nephrologists, Renal nurses and the Nurse Unit Managers.
- Installation of Vascular Access Flow Monitoring Database in all haemodialysis units.
- Establishment and delivery of an Education program for medical and nursing staff.
- The results for the access flow measurement were then collated, analysed and compared from each measurement and discussed in regular multidisciplinary meetings within the Renal Department.

What were the Project Outcomes?
- Avoidable insertion and utilisation of temporary dialysis catheter by 145%.
- Reduced disruption to dialysis schedules by unforeseen access failure.
- Reduction in hospital length of stay by at least 390 bed days in 2008.

Where does this project stand now in 2017? Has it been elevated or expanded elsewhere?
Access flow measurements are now being utilised in all dialysis facilities within the South Western Sydney Local Health District (SWSLHD). The success of the project was so great that we have now acquired another device for measuring access flows, Transonic™ machine. This device is portable, easier to use, and provides quicker
results. In addition, we are now measuring access flows in patients’ home (for patients on home haemodialysis) using the Transonic, thus reducing the patients' hospital visits for access flow measurements. All access flow measurements results within the SWSLHD are now recorded in e-MR (Powerchart) and give the clinicians an alert when the results are reduced by 25%, prompting quicker referrals to the vascular surgeon and intervention instituted. The flow chart/algorith has been revised since it was developed and has been used extensively by all dialysis staff within the Local Health District.

What was its reach? Did any other agency, organisation or facility pick up on it? Was any further analytical research conducted to test its performance?

This project was published in an international profession journal (Journal of Renal Care) in 2009 and was presented in several local and international renal conferences. Other dialysis facilities such as, Western Sydney Local Health District (WSLHD), have adopted the project (using the BTM™, Thermodilution method). Sydney Local Health District (SLHD) and Northern Sydney Local Health District (NSLHD) are measuring access flows utilising the Transonic™ device.

What did you learn, personally from conducting and submitting the project? How do you feel about it now?

The project has empowered me and boosted my confidence in conducting a quality improvement project. I am very proud to promote leadership both within and outside the Renal Department. Winning the award has motivated other staff to collaborate, participate and instigate other projects. Since this project, other projects/ research studies have been developed and successfully implemented. The valuable findings were disseminated via conference presentations and publications.

Outstanding results show we are equipped for patient care and safety

By Hayley Mayne
Communications Coordinator, Southern Inland Health Initiative, WA Country Health Service

More than 60 staff from 46 different locations across gathered via video conference recently to receive feedback from our surveyors regarding the recent Corporate EQuIP accreditation.

Some of those locations included Bunbury, Geraldton, Norseman, Karratha, Kalgoorlie, Kununurra, Esperance, Broome, Northam, Harvey and Albany!

The surveyors conducted a four-day organisation-wide survey as part of the ACHS EQuIPNational Corporate program which supplements regional accreditation.

WACHS received a positive report following a rigorous assessment against the 10 National Safety and Quality Health Service (NSQHS) Standards and five EQuIP content standards.

Acting Chief Executive Officer Shane Matthews said confirmation of accreditation for WACHS was pending decision by the ACHS Board but feedback indicated that WACHS satisfactorily met all the mandatory criteria and would receive two recommendations for two developmental criteria.

“I would like to congratulate all staff across WACHS for this result which highlights the value of the high-quality patient care, and the systems supporting that care, which you provide every day,” he said.

Back row left to right – Chief Executive Officer Jeff Moffet, Chief Operating Officer – Strategy and Reform Melissa Vernon, Area Director Safety and Quality Wendy McIntosh, Chief Operating Officer – Operations Shane Matthews, Program Officer Sarah Beneke-Nielsen. Front row left to right: ACHS surveyors Adrienne Copley, June Graham, Mavis Smith, Kaye Hogan.
I think from personal experience working in Healthcare for 23 years, as well as experience with friends and family members, I would say that what matters to many/most patients/clients/users of healthcare systems apart from the details of their clinical care – and also to practitioners - is to be effectively acknowledged and treated with respect. Acknowledgement must be effective or it is not acknowledgement. That means it needs to be appropriate to the needs of the situation, timely, helpful to the person and the situation, sufficiently open and direct but also tempered, requiring judgement as well as sensitivity, authenticity as well as words. It needs to be real.

Recently in April, Professor Sir Liam Donaldson, World Health Organisation envoy for patient safety and former UK chief medical adviser, said he would like to see patients on an equal footing to their doctor and not deferential and passive. He said the patient was the expert in some cases involving chronic diseases, who could be assisted with technical help by medical professionals: "When I was a young doctor, I remember sitting in a diabetic clinic and when the patient had left the consultant said to me, 'The patient knows more about their condition than we do because they're living with it every day'. We've got to get rid of this patronising attitude in health care that patients are the passive recipients." As a small example, this can mean a comment to a patient probably not being self-referential (e.g. "Just take these tablets for me"), since it is about the patient, not the provider. And when patients/carers are participant rather than passive, it appears this then also assists their care outcomes.

I like to say that acknowledgement, or lack of it, is a major - even primary - force in the delivery of healthcare in all its settings, whether amongst patients, carers or healthcare staff themselves. I’ve sometimes considered even doing a study on this facet of healthcare delivery, so influential and pervasive do I believe this is – I call it the healthcare paradox, that sometimes for a variety of reasons this can be rather lacking. My personal observation over the years is that this has been consistently demonstrated (both very positively and sadly sometimes negatively) in all kinds of settings – emergency, acute medical/surgical inpatient units, outpatient services, community, mental health, drug & alcohol, support services – and at all levels, from the lowliest to the most senior and exalted.

Effective acknowledgement is inclusive, respectful, honest, thoughtful; this is why it is so important in most if not all areas of care delivery. Since we cannot know exactly what may be happening for another person, cannot fully walk in their shoes, we rely on communicating as effectively as we can to endeavour to deliver the best possible at the time for them and their situation. Having studied postgraduate communications, and also managed a state-wide confidential helpline, I can say that this is not just a matter of a checklist, honing techniques such as motivational interviewing and active listening: it also needs to have some less easily prescribed ingredients including empathy as well as sincerity, tempered with insight and awareness.

Robin Mead
Customer Services Manager

26 October, 2017
Sydney
ACHS launches a brand new product …

Watch this space.
The 2017 Joint Congress will be the perfect opportunity to re-jig your sails and brace for new seas as the winds of change are coming.

If you haven’t booked already – don’t delay, do it now and ensure you will be a part of this year’s Joint Congress where we partner with ACHSM.

The line-up of key speakers includes:

- **Helen Bevan**, Chief Transformation Officer, Horizons, NHS England
- **Ita Buttrose**, a truly exceptional Australian, a legendary media trailblazer, businesswoman, best-selling author, committed community and welfare contributor and the former 2013 Australian of the Year
- **Chai Chuah**, Director-General of New Zealand Dept of Health
- **Lesley Dwyer**, Chief Executive Medway NHS Foundation Trust
- **Stan Grant**, veteran TV journalist, advocate for the rights of Indigenous Australians
- **Elizabeth Koff**, Secretary, NSW Health
- **Ray Pentecost**, Policy Director, Global Green and Healthy Hospitals, Health Care Without Harm
- **Scott Slotterback**, Policy Director, Global Green and Healthy Hospitals, Health Care Without Harm

For those who live outside Sydney but will be visiting, preferential accommodation options are running out. The cost to attend the congress dinner is an additional $130. Go [www.achsm.org.au](http://www.achsm.org.au) to see the conference program.

Honouring an Individual in healthcare

**Nominations now open for ACHS Medal 2017**

The ACHS Medal continues to be one of the most prestigious awards in the Australian health sector, recognising outstanding achievement in the promotion of quality and safety in health care in Australia.

The awarding of the ACHS Medal recognises the stand-alone contributions an individual has made to improving quality and safety over a period of time that are also consistent with the goals of the Council.

Recent recipients include Professor Bryant Stokes AM (2016) from WA, Dr Sahadulla (2015), Kae Martin (2014) and Adjunct Professor Christopher Brook PSM (2013). The honour which has been awarded since 1984.

“The ACHS Medal is a fantastic opportunity to ensure there is suitable recognition for some of the outstanding work which occurs in healthcare.

The four criteria that are used to determine the level of commitment to quality and safety continue to be:

- Substantial achievement on research into quality and safety of health systems;
- Distinguished leadership in quality practices;
- Outstanding achievement in maintaining a continuous quality improvement focus in health care delivery systems; or
- Outstanding achievement in the promotion of quality in health care.

“By highlighting an individual’s efforts we recognise the strong level of professionalism which is extended across many, different aspects of healthcare and provide a suitable focus on how they have achieved making a difference.

The closing date for nominations is 5pm, Friday 8 September, 2017, and a form for nominations can be found on the ACHS website.
Health services in a changing climate at our congress

Find out firsthand from Scott Slotterback what the risks, rewards and opportunities are of climate change at this year’s joint congress. As the Director, Global Green and Healthy Hospitals, Health Care Without Harm Policy, Scott has firsthand experience of assessing the many competing interests to get to the right sustainable solution.

Greenhouse gas emissions are resulting in increasingly dangerous environmental events and public health consequences, and are leading to a growing awakening of medical professionals and providers.

According to the World Health Organization (WHO), climate change has a range of complex health impacts, including temperature-related illness and death, injuries and illnesses due to extreme weather events, the spread of infectious disease vectors, increases in water borne illnesses, and wide-ranging impacts from air pollution.

Scott’s role is to ensure the smooth functioning of the Global Green and Healthy Hospitals Network while helping to lead its ongoing development.

Healthcare facilities around the world are reducing their use of hazardous chemicals and materials. Find out the many real-life examples where the hard work has already been done and you can take advantage of the alternatives products or processes to make a real difference.

If you think the use of high-priority chemicals and materials such as; mercury, PVC (vinyl plastic) and phthalates, brominated flame retardants, glutaraldehyde and ethylene oxide, pesticides and hazardous ingredients in cleaning products is inevitable - think again!

Having worked for nearly 30 years on complex building and land use planning projects, including a decade at Kaiser Permanente, Scott has led teams focused on improving the design and sustainability of over 60 major healthcare buildings. He has authored numerous sustainability focused case studies, design standards, white papers, and articles and is looking forward to sharing his knowledge with you at the congress.


Congratulations to Huntington’s Victoria

Huntington’s Victoria (HV), the leading specialist service that supports individuals impacted by Huntington’s disease broke open the champagne recently to celebrate their accreditation survey results.

Surveyed to EQuIP5 and the Human Services Standards, HV demonstrated how they have improved their services to meet the needs of their community as well as implement strategies to increase overall awareness of the disease and their work.

“We are very pleased to be recognised by ACHS for the high quality care provided to the HD community,” said HV CEO, Tammy Gardner.

And our staff were delighted that we were able to achieve for the first time three Extensive Achievement (EA) ratings in the following criterion:

- Promotes better health and wellbeing of the HD community
- Committed to community participation in the planning delivery and evaluation of service delivery.
- Committed to ensuring community members are aware and informed of their rights and responsibilities.

“This is a direct result of the staff’s engagement in continually trying to improve services for those affected by Huntington’s. The HV board and our community are also to be thanked for their invaluable ongoing support and contributions.” said Ms Gardner.

State Advisory Committee Meetings

The recent State Advisory Committee Meetings have been well-attended with a number of new members appointed. Comprehensive updates on various state-specific issues have been provided by members, allowing ACHS staff to act on stakeholder feedback. Thank you to all who have taken the time to participate, we really appreciate your contributions to this forum.
ACHS is Seeking General Practice Surveyors

ACHS will soon be undertaking accreditation to the RACGP’s 5th edition General Practice Standards with a new program and is seeking suitable surveyors. If you have surveying experience to the RACGP Accreditation Standards, ACHS will be commencing its new program in October 2017.

We are looking for appropriately qualified GPs, nurses, practice managers, allied health professionals or Aboriginal health worker/practitioners with relevant experience in general practice.

To register your interest in the first instance, please contact Ms Raelene Heaney, Supervisor-Surveyor Workforce, ACHS on (02) 8218 2763 or email rheaney@achs.org.au

Surveyors who meet the requirements will be asked to undertake ongoing surveyor training, as required by the Scheme to maintain their competence and knowledge of the Standards.

GP surveyors must:
- be vocationally registered under the Health insurance (Vocational registration of General Practitioners) regulation 1989 (CTH)
- if appointed after 31 October 2017, hold Fellowship of the RACGP or Australian College of Rural and Remote Medicine (ACRRM)
- have at least five years fulltime or equivalent part-time experience as a vocationally registered GP.
- satisfy their College’s requirements for their continuing professional development program.

We look forward to hearing from you - soon!

Investing in our future – Surveyor Development Days

If it’s July it must be Surveyor Development Day Season.

It’s the time of year when the Surveyor Development Days (SDDs) are held throughout the country, and we provide the latest information available to our surveyor workforce as well as using their vast experience to generate discussion and improvement opportunities.

“These development days have grown into a significant feature of the ACHS annual calendar where surveyors from all states are upskilled; get together to network with each other and exchange ideas on opportunities for improvement for our stakeholders especially our members,” said Executive Director Corporate and Surveyor Workforce, Dr Lena Low.

“Every state is different in terms of the information exchange, and we continue to learn from our surveyors as much as they hopefully learn from us,” she said.

Key issues which have been discussed in the current series of SDDs have been:
- Strategies to ensure consistency at survey
- ACHS accreditation programs
- Challenges in the field - Standard 4 Medication Management
- Update from the ACSQHC
- Pre-survey assessment guidelines to support members
- Survey evidence guidelines to support members and surveyors
- Skills for Summation conferences
- Report writing

The Surveyor Development Day for QLD/NT held in Brisbane in July was a great success.
There have been many great examples of feedback received at the conclusion of the 2016-17 Lead Program courses. Here are some of them:

“Wonderful learning and networking opportunity. There were a lot of great things to take back and apply at work.” Zoe Eaton, QLD, Regional Tertiary

“Thank you so much for the opportunity to learn. Have learnt so much about quality improvement and project development. It’s been a fantastic course.” Andrew Underhill, Vic Metropolitan

“I learnt a terrific amount of useful information and it will be great to apply it.” Jolene, Tas, Tertiary Regional

“QIL program – great skills and knowledge which are adaptive to individual situations. This is very valuable in a regional role.”

“The course has helped bring core concepts together onto an integrated system for quality management and improvement. I have learnt a lot of new skills that can be applied to my workplace. Thanks.” Narelle Mills

“This course has helped me to fill in the missing pieces to implement a quality management program. The tools and techniques are enduring and can be applied in many settings” Liz Handler

“Thanks. The course has strengthened my understanding of the importance of quality systems, consumer engagement and diagnostic phase of the project improvement.” Trish Roberts

“I’ve always had great ideas but never knew how to get started and how to get there. Now I’ve got some tools, thank you.” Yolande Weiner

“Piecing together the jigsaw puzzle of Plan, Do, Study, Act as been made clear and simple during the course and I cannot stress how much I have appreciated and been able to apply the experience shared with us, the participants by the guest presenters and Bernie Harrison.” Emma Hay

“The tools used and the skills to use them.” Rural, Victoria

“New to my role – this course provided me with skills to build confidence.” Melb

“Sincerely the whole program, has cemented the fundamentals that we all thought we knew. Thank you for sharing to all presenters and especially Bernie who I feel provided some very precise insights.” Louise Andrew

“Quality Improvement can sometimes feel like more luck than anything else. Thank you for providing structure and guidelines to help with future QI programs. The whole course was fantastic and already has benefits within my department.” Carl Metropolitan VIC

“Thank you for a great 12 months – lots has been learned and will be taken away and used … wisely! Will certainly recommend it to all and sundry.” Metro, Victoria

“Thanks for teaching us another language. It has been great to take QI back to the workplace to apply theory into practice.”

“Better had no limit”

“Such amazing tools to assist with guiding my ongoing quality journey.” QLD Regional

“Thank you – the content, tools networking and input from amazing quality people has been invaluable” Metro and Rural NT

“The QIL program has given me a real foundation of learning to build on. The resources, links and network made available through this course will support me in progressing with that learning.” Rural, Victoria

“Content relevant and contemporary and address current issues, gave tools and resources to implement a QI system. Great to network and share ideas and experiences.” Sunny Coast, Queensland.