The 5th Australasian Conference on Safety and Quality in Health Care was held in Brisbane at the beginning of August. For the second year running it attracted more than 900 delegates, and the number of exhibitors was double that of the previous year. ACHS is delighted to have co-hosted this important event with the Australasian Association for Quality in Health Care and to have had the pivotal support of both the Australian Commission on Safety and Quality in Health Care (ACSQHC) and Queensland Health. The international keynote speakers included Professor Dianne Parker, Professor Sean Clark and Dr Simon Eccles supported by presentations from a number of key players from our region including Professor Diana Horvath AM, Dr Robin Youngson (from New Zealand), Dr Ian Reinecke, Ms Coral Rizzali, Dr SF Lui (Hong Kong) and Professor Warwick Anderson AM. Anecdotally the feedback on the quality of the program has been very good and if anything people found themselves spoiled for choice, something that we will have to consider carefully in constructing the program for next year.

Selections of the key messages delivered at the conference are highlighted elsewhere in the newsletter and presentations accessible on the ACHS website.

Whilst the 6th Australasian Conference will be held in Christchurch, New Zealand at the beginning of September next year, ACHS believes it is important that a major national forum be available in Australia to discuss the many issues associated with driving the quality and safety agenda in Australian healthcare systems, particularly given the current focus on reviewing national accreditation systems. I’m delighted to be able to announce that the National Forum on Safety and Quality in Health
continued from page 1

Care will be held at the Adelaide Convention Centre from 29 to 31 October 2008. I strongly encourage you to put these dates in your diary now given the sustained popularity of this high quality event. The National Forum theme will be ‘safety and quality is everyone’s business’. Supporting the ACHS in this undertaking will be the Australian Commission on Safety and Quality in Health Care (ACSQHC) and the South Australian Department of Health. There will be a particular focus on sharing experiences at an operational level, complemented by high-level national and international perspectives relevant to the Australian scene.

ACHS’ 2nd National Report on Health Services Accreditation Performance 2003–2006 was launched at the conference. Copies have been disseminated widely across all ACHS and affiliated organisations and may also be downloaded from our website. I commend the report to all persons interested in the performance of the health industry against agreed national standards and the major trends over that period.

Continuing a very busy conference week, the ACSQHC released its second consultative document on its current review of accreditation. Entitled “Consultation paper: an alternative model for safety and quality accreditation of health care, August 2007” the document can be accessed via the Commission’s website www.safetyandquality.gov.au. Written submissions in response to the paper must be received by the close of business 5 October 2007. ACHS will be responding, of course, and we would appreciate any comments which member organisations and other key stakeholders believe should be included in our submission. The review process so far has resulted in a stimulating and wide range of input and debate.

Public disclosure of performance information, such as accreditation survey results, remains very much on the agenda. The Commission has made specific reference to it in its work plan and more recently the Federal Minister for Health and Ageing has commented publicly on performance rating systems. In 2003 ACHS introduced on a voluntary basis the opportunity for organisations to either publish a performance statement or provide access to their survey reports using the members list on the ACHS website. Whilst support for this initial voluntary phase was relatively small, we are aware that a number of member organisations, and indeed jurisdictions have been progressively expanding access to a wide variety of information on performance levels. At the time of the introduction of the voluntary performance statement system the Board foreshadowed it would become a required part of the EQuIP program. Consequently, for surveys conducted from 1 July this year, preparation of an accreditation performance statement will be required. The contents of the statement will be contributed to by both the organisation and the ACHS survey team in a way that is administratively efficient and hopefully informative for both health professionals and the wider community. Alternatively, member organisations can provide access to the entire report using a link to their website from the ACHS website.

Finally, it is with great sadness that ACHS records the recent passing of its Foundation President, Dr E A (Ted) Booth at the wonderful age of 91 years. His life was lived to the full and his contribution to the health industry in general and the wider community was very substantial. A valediction is included elsewhere in this newsletter. Our condolences have been extended to his family.

Brian Johnston
Chief Executive

Valediction:
Dr Edward ‘Ted’ Booth AM

It is with great sadness that the ACHS recognises the recent passing of Dr Edward ‘Ted’ Booth AM.

Dr Booth was a respected radiologist from Sydney, past President (1966–1967) of the NSW branch of the Australian Medical Association and the first Chairman of the Joint Steering Committee on Hospital Accreditation (which evolved to become the ACHS).

Working with some very dedicated individuals, he was a dynamic force in establishing research into developing an accreditation program for public hospitals throughout Australia. It was the first time two such powerful and influential groups (NSW AMA and Victorian AHA) had met and worked together in a formal structure outside the framework of their professional bodies.

Dr Booth was also a former President of the Royal Australian and New Zealand College of Radiologists (1964–1965).

The ACHS is indebted to Dr Booth for his contribution to the development of internationally recognised accreditation for Australian health services.
Wrap up from Brisbane 07:

The Power of Us: 5th Australasian Conference on Safety and Quality in Health Care

The conference presentations are currently available via the ACHS website: [http://www.achs.org.au/5sqhc/](http://www.achs.org.au/5sqhc/)

Some photographs of the exhibition and conference are also available on the ACHS website: [www.achs.org.au/conferencephotos07](http://www.achs.org.au/conferencephotos07)

A key theme from Brisbane 07: caution with rigid performance targets

One theme emerging from a number of speakers (both local and international) was to caution against over-reliance on the “mountains of electronic performance data” now available.

“This is an example of how people can hit the mark and miss the point – there will be an inevitable fabrication or perverting of results if performance measures are too arbitrary.”

Professor Peter Cameron, Acting Director, Centre for Research Excellence in Patient Safety, Monash University said clinicians and health care workers were increasingly being measured and remunerated based on recorded data and results, but in some cases this created “perverse behaviour”.

“In the UK, for example, there has been a target for emergency patients to be seen in less than four hours – and to meet this target patients are sometimes made to wait for long periods outside in ambulances so that they are not officially in the hospital,” Professor Cameron said.

“This is an example of how people can hit the mark and miss the point – there will be an inevitable fabrication or perverting of results if performance measures are too arbitrary.”

He said it would be irresponsible not to utilise available data to improve standards and quality, but “we need a cautious approach to how data is analysed given the potential adverse consequences of wrongly using it”.

“"This is an example of how people can hit the mark and miss the point – there will be an inevitable fabrication or perverting of results if performance measures are too arbitrary.""
Launceston General Hospital (LGH) requested a Consumer Surveyor to participate on their recent onsite review team.

While consumer and carer surveyors have participated in ACHS onsite surveys of mental health services for many years, this was the first time a Consumer Surveyor has been part of the team for the organisation-wide survey of a hospital.

LGH Chief Executive Officer, Dr Stephen Ayre said that it was a very positive experience having a Consumer Surveyor included in the team. “It was great having their contribution particularly their input into our consumer engagement at LGH. Our Consumer Reference Group was delighted that we asked for a consumer to be included as this signalled our commitment in this important area.”

ACHS Consumer Surveyors undergo the same rigorous training in the ACHS standards and accreditation processes as the surveyors with health industry experience.

“It is the perspective of Consumer Surveyors that is so critical. They bring to the survey their expertise as carers or patients as well as members of the wider community. It is this perspective that helps the industry focus on the end game, in other words, the experience of the people interacting with the health service,” concluded ACHS Chief Executive, Mr Brian Johnston.

Wrap up from Brisbane 07:
The Power of Us: 5th Australasian Conference on Safety and Quality in Health Care continued…

A US expert, Dr Sean Clarke, echoed Professor Cameron’s sentiments, saying people tended to “do what you inspect, not what you expect” when it came to setting targets that are too narrow.

Dr Clarke is Associate Director of the Center for Health Outcomes and Policy Research and Assistant Professor of Nursing at the University of Pennsylvania.

The impact of the electronic age on health care was explored by the UK’s Dr Simon Eccles, who is helping lead the National Health Service’s $30 billion “Connecting for Health” electronic patient record initiative.

Dr Eccles said Connecting for Health was the largest single civilian IT project in the world and was giving everybody in the UK an electronic patient record. Part of this could be accessed in their own homes. This ‘summary record’ would list their allergies, medical histories, immunisations and other practical information.

Dr Eccles said part of his role with the NHS project was convincing doctors and members of the public that electronic care pathways were going to make life better for them.

“What you’ve then got to do is to persuade clinicians and patients that they want to follow a pathway, rather than just feeling like a sausage in a factory,” he said.

“We’re still getting ‘don’t tell me what to do’ from doctors but the medical royal colleges are supportive.”


Safety and Quality is Everyone’s Business

This Forum will be hosted by the Australian Council on Healthcare Standards (ACHS) in collaboration with the Australian Commission on Safety and Quality in Health Care and the Department of Health SA.

Please visit the website http://www.sapmea.asn.au/forumsqhc2008 to register your interest and to receive updates on this Forum.
Helen Hoey has been the Consumer Representative for the Neuroscience and the Senses Health Network Executive Advisory Group since July 2006.

Motivated by her own experience after a burst aneurysm and successful treatment at Royal Perth Hospital in 2003, she credits the public health system’s neurological services with saving her life.

“What I discovered during my own recovery was that the journey is not an easy road for everyone, and that consumers sharing their experiences can help to improve services for others,” says Helen.

As well as being a mother of two and Social Coordinator for the Hamersley Districts Little Athletics, Helen volunteers at the Royal Perth Hospital’s FRIENDS* program and regularly visits Ward One, the neurological unit at Shenton Park Hospital. She is also a representative for the Health Consumers Council.

Our editor talked to Helen about her involvement as a consumer.

Editor: What attracted you to be involved with the ACHS as a consumer surveyor?
Helen: Michelle Kosky, Executive Director of the Health Consumers’ Council of Western Australia, told me and other consumers of the opportunity to become an ACHS Consumer Surveyor and encouraged us to apply. Michelle and her team at the Council have provided me with most valued support and guidance on my consumer journey. I also saw it as an invaluable opportunity to broaden my knowledge of the private and public health sector nationally and a unique opportunity to combine my education and personal experience.

Editor: How important do you think it is to have a consumer perspective on accreditation surveys?
Helen: Extremely! Any organisation providing services should make it a priority to understand the needs of clients.

Editor: How did you find your training survey? Is the role of the consumer surveyor what you expected?
Helen: Having never worked in the Health sector it was quite overwhelming, with so much information to absorb in three days. Thankfully EQuIP 4 comes with a well-developed manual that is easy to follow once I had been on my first survey. I was very lucky to get such a good team to work with on my first survey. Their experience and knowledge will certainly help me develop good foundations and understanding for future surveys. I believe there could be benefits for the ACHS to separate the training of the consumers for EQuIP 4 to give consumer surveyors the opportunity to gain a more grounded knowledge of the consumer role within the survey team and how it links to the clinical and support functions.

Editor: How can organisations become more connected and involved with consumers?
Helen: By true engagement in the decision making process, not with just token representation. It has become apparent to me during my time as a health consumer representative on various bodies that the consumer-clinical relationship has not always been healthy. Some individuals often come to the table with personal agendas and their own axe to grind from both perspectives which only results in building barriers and resentment. My approach is to foster healthy relationships with health professionals by educating myself and staying informed from both the clinical and consumer perspectives. This enables me to be more objective in articulating my views in a way that is heard and acted on. Organisations could adopt similar strategies in their own approach by really listening to the consumer voice.

Editor: What do you hope can be achieved with increased consumer participation in the health system?
Helen: Greater partnerships with health care providers and shared decision making with the outcome being better patient-centered care. The patient after all is the heart of the health system.

About FRIENDS of Royal Perth Hospital

The story of the Friends of Royal Perth Hospital (RPH) began in 1959 when the Hospital Administrator, Mr. Joseph Griffith OBE, recognised the need for a voluntary service to complement existing services; the Red Cross Association, Voluntary Transport and Patients’ Library.

It introduced a new dimension to volunteer services, with an emphasis on direct contact with patients, both in the wards and in the outpatient clinics. Six Avenues of Service were designated, Patient, Country, General, Organisation, Rehabilitation and Outside.

In 1999 the FRIENDS celebrated the magnificent contribution of 40 years services at RPH. For more information please contact the FRIENDS office on +61 8 9224 2036 between the hours of 9am and 3.30pm.
Education
For the latest information on ACHS education programs, the calendar workshops and customised in-house education, please visit: http://www.achs.org.au/educationandsupports/

Look out for another education facilitator profile in the next edition of ACHS News!

ACHS Members adopting EQuIP 4
ACHS is pleased with the take up of EQuIP 4. ACHS Chief Executive, Brian Johnston commented that “ACHS members have commenced their transition and are working hard to implement the updated accreditation framework.”

Many organisations, such as NephroCare Queensland, which is the first organisation to achieve full accreditation under the new standards (EQuIP 4), have chosen EQuIP 4 for their accreditation survey or self assessment ahead of being required.

Another early adopter, The Royal Victorian Eye & Ear Hospital, was the first organisation to undergo a survey with the new standards and have since received full accreditation.

Organisations that participate in ACHS accreditation had the option to be assessed against either the 3rd edition or 4th edition (EQuIP 4) standards prior to 30 June 2007. From 1 July 2007 all health care organisations seeking accreditation through the ACHS will use EQuIP 4.

63% of ACHS members participating in a self assessment or onsite survey in the first half of 2007 elected to use EQuIP 4. The remaining organisations have commenced the process of transitioning to the new standards.

EQuIP 4 increases the emphasis on issues such as the safe management of blood, falls prevention, continuity of care between health care providers and infection control.

“The updated standards strengthen the focus on safe delivery of clinical care and consumer expectations, so it’s encouraging to see the number of organisations which have opted to use EQuIP 4 prior to being required,” concluded Mr Johnston.

New indicators for quality use of medicines now available for Australian Hospitals.
A new manual of indicators for quality use of medicines is now available that can help organisations demonstrate they have fulfilled required criteria under EQuIP 4.

The Indicators for Quality Use of Medicines in Australian Hospitals presents a set of process indicators that are designed to inform an ongoing program of continuous quality improvement. The manual has been developed by the NSW Therapeutic Advisory Group in collaboration with the Clinical Excellence Commission in NSW and the indicators have been tested in 31 hospitals in five Australian states to ensure suitability of the indicators nationally.

These indicators are designed primarily for use by clinicians involved in medication management in hospitals, especially doctors, nurses, and pharmacists. Ideally, the clinicians directly responsible for patient care will be involved in the measurement of these indicators, interpretation of results, and decisions about subsequent action.

Although designed as tools for internal hospital use over time, these indicators may also be used to inform system improvements at various levels, including:

- Units or departments
- Hospitals or facilities
- Area or regional health services
- State or territory based organisations (government or non-government)
- National organisations (government or non-government)

The Indicators for Quality Use of Medicines in Australian Hospitals particularly support EQuIP 4 criterion 1.5.1, but other criteria supported by these indicators may include criteria 1.1.4, 1.3.1, 1.4.1, 2.1.1, 3.2.1 and others.

For more information please contact NSW Therapeutic Advisory Group on +61 2 8382 2852 or the Clinical Excellence Commission on + 61 2 9382 7600. For more information about the NSW Therapeutic Advisory Group visit www.nswtag.org.au

Oral Health Clinical Indicators Workshop
The Oral Health Clinical Indicators version 2 were introduced from the first half 2006. ACHS suggests that new clinical indicators be reviewed after 12 months to ensure that they are performing as intended.

A workshop is proposed for late 2007 to conduct a review and to provide a forum for discussion of issues which pertain to the Oral Health Clinical Indicators. These may include:

- data definitions
- data collection methodologies
- how organisations are using the CI data and CI results in quality improvement

Workshop information:
Date: late November or early December 2007
Location: HCF House, George St, Sydney
Duration: 1 – 2 days (depending on the final agenda)
Participants: all current and prospective users of the Oral Health Clinical Indicators
Cost: nil (travel and accommodation at own expense)

If you are interested, please contact Dr Mark Smith, Manager Quality Improvement & Performance Evaluation, HCF Dental Centre Network, +61 2 9290 0696, mwsmith@hcf.com.au.
Review: National Standards for Mental Health Services (NSMHS)

The project to review the NSMHS was funded by the Commonwealth Department of Health and Ageing (DoHA). On behalf of the DoHA, ACHS commenced the review in November 2006; which is scheduled to conclude in May 2008.

The principles guiding the revision of the NSMHS are aligned with those underpinning the National Mental Health Strategy.

The revised NSMHS are being developed to assist mental health service providers to deliver quality, evidence based, recovery-focussed integrated care to people with a mental illness (consumers). The standards acknowledge and respect the consumer’s rights and needs, as well as the rights and needs of their carers and are structured to include a service level assessment framework to enable providers to assess their capability to deliver services that meet the standards.

The revised NSMHS reflect:

- the rights of consumers and carers to participate at all levels in the planning, development, delivery and evaluation of services to optimise outcomes for consumers.
- the right of consumers and carers to expect that mental health service staff with whom they come into contact will uphold their rights and deliver fair and proper standards of care and service provision.
- the need for the mental health service to promote positive outcomes and facilitate sustained recovery.

The review is currently in its second phase, which commenced March 2007 and is scheduled to conclude January 2008.

A report on phase one was published in March this year: http://www.achs.org.au/pdf/full_report_to_Cth_22_Mar_07_ver_01.pdf

The extensive consultation process to develop and test a revised draft set of standards is continuing in the second phase of the review.

The draft of the revised standards and criteria will be available for field review in September 2007. At this time an online field review will be conducted over a four week period. The field review is open to mental health professionals, allied health professionals, primary care providers, consumers, carers and other interested stakeholders.

The feedback from the field review, the pilots and the desk top audit will be analysed to inform amendments that may be made to the draft NSMHS.

It is envisaged that the revised National Standards for Mental Health Services will be completed by the end of December 2007. The third and final phase of the review will commence in January 2008 and conclude in May 2008.


For further information please contact: Liane Walters, Senior Project Officer, ACHS, phone: +61 2 9281 9955, email: acls@achs.org.au

ACHS Medal

Nominations are invited for this prestigious award that recognises an outstanding contribution by an individual to improving the quality and safety in Australian health services in a manner consistent with the mission and values of the Australian Council on Healthcare Standards:

To improve the quality and safety of healthcare through excellence, leadership, commitment, integrity, transparency, teamwork, consumer focus and cultural responsiveness.

CLOSING DATE: 5.00pm, Monday 24 September 2007

For more information please contact: Mr. Brian Johnston, Chief Executive, ACHS on +61 2 9281 9955

To view information on previous recipients, visit: http://www.achs.org.au/ACHSGoldMedal2006/

To access the ACHS Medal – Nomination Criteria and Form, please visit: http://www.achs.org.au/achsmedal07/

WHO-World Alliance for Patient Safety

The World Health Organization’s World Alliance for Patient Safety has issued its NewsAlert – July 2007, which includes information on the first Global Patient Safety Challenge: Clean Care is Safer Care.

For more information, visit: http://www.who.int/patient sécurité/en/

COMING SOON:
update on ACHS Research initiatives

ARC funded studies:
In 2005 the ACHS undertook four Australian Research Council funded studies (along with The University of NSW and industry partners) to explore the relationship between accreditation and organisational performance. There had existed a dearth of information in this area internationally so it is timely that Professor Jeffrey Braithwaite from the University of NSW will present on the outcomes of the first of the four studies in the coming weeks.

Australian Accreditation Research Network:
The ACHS is conducting a Commonwealth Department of Health and Ageing funded project supporting the development of the Australian Accreditation Research Network (AARN or the Network). The purpose of the project is to identify and prioritise future topics for research into accreditation. ACHS and the Centre for Clinical Governance Research at the University of New South Wales (CCGR) were the lead agencies bringing the Network together and remain committed to developing it as a dynamic research network to provide this much needed evidence base for accreditation.

A progress report will be available to readers in the coming weeks.
ACHS News in brief… continued

Surveyor Days and Pocket Guide

The 2007 Surveyor Pocket Guide is now available for ACHS surveyors and is being distributed at the August/September Surveyor Development Days. If you do not receive a copy, please call the ACHS to obtain one.

For more information on upcoming training days for surveyors and coordinators login to the restricted Surveyors section of the ACHS website or follow the link:

ACHS position statements

To provide more information on the direction and principles which underpin the work of the ACHS, we have published position statements on the following topics:
1. The purpose of an accreditation program;
2. Accreditation and regulation – different but linked;
3. Accreditation agencies – the case for independence;
4. Standards and their development;
5. Standards for Clinical Services;
6. Publicly accessible standards;
7. Disclosure of performance information;

These statements are available on the ACHS website: www.achs.org.au by selecting the link from the home page.

Updates: Clinical indicator program

Benchmarking clinical indicators

Since its inception in December 2006 the ACHS Clinical Indicator benchmarking list now has participants in 19 of the 23 indicator sets.

ACHS members may log onto the website to view a list of possible benchmarking partners against the relevant indicator set; to compare data and / or processes. If you are interested, please complete the Benchmarking Participants form available via the link below: http://www.achs.org.au/CIBenchmarking/

Clinical indicator data: January – June 2007

Thank you to the 726 health care organisations that submitted clinical indicator data for January to June 2007. Thanks to all our members for their cooperation with data cleaning queries. The comparative reports will be available in the coming weeks.

Conferences and Events

3rd Annual Executive Masterclass

March–April, 2008, Sydney NSW, Brisbane QLD and Melbourne VIC

We are delighted to announce the 3rd ACHS Annual Executive Masterclass. Each year we choose a contemporary, useful and interesting topic. This year the topic is Managing for quality – aligning the efforts. It responds to the Australian Commission on Safety and Quality in Health Care’s agenda for health care organisations and the health system more broadly – and makes it work.

Professor Jeffrey Braithwaite (University of New South Wales, Sydney, Australia) will be supported by several international speakers of renown who have researched the area of quality and management and have planned to visit Australia in March/April.

To register your interest please contact:
C.Gray@murdoch.edu.au.

ISQua in Boston

24th International Conference of ISQua

30 September –3 October 2007, Boston, USA

Transforming healthcare in the electronic age…

For more information, please visit:
http://www.isqua.org/isquaPages/boston07.html

AUCKLAND 08

Safety and Quality is Everyone’s Business

The National Forum on Safety and Quality in Health Care
29—31 October 2008

Whilst the 6th Australasian Conference on Safety and Quality in Health Care will be held in Christchurch, New Zealand at the beginning of September 2008, the ACHS believes it is important that a major national forum be available to discuss the issues associated with driving the quality and safety agenda in Australian health care, particularly given the current focus on reviewing national accreditation systems. Key partners will be the Commission and the South Australian Department of Health.

Please register your interest to receive updates:

Bold Aims – Bold Outcomes

6th Australasian Conference on Safety and Quality in Health Care
1–3 September 2008, Christchurch, New Zealand

Hosted by the Australasian Association for Quality in Health Care. For more information, visit: http://www.aaqhc.org.au/

Short course: Quality & Safety in Health & Aged Care

Murdoch University School of Nursing in Western Australia is pleased to announce the introduction of a stand alone course in Quality and Safety in Health and Aged Care commencing in early September 2007.

The short course consisting of two hours over 12 weeks will cover three main areas of continuous quality improvement and risk management with a focus on providing health care professionals with a practical understanding of quality improvement and risk management and applying these in the workplace.

The course can also be structured to be delivered at the workplace and in future may also be offered on an external basis (subject to demand).

To register your interest please contact:
C.Gray@murdoch.edu.au.

ADELAIDE 08

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