

# 2008-2009 Action Plan for Implementing the Western Australian Strategic Plan for Safety and Quality in Health Care 2008-2013

Western Australian Council for Safety and Quality in Health Care  
Office of Safety and Quality in Healthcare  
Government of Western Australia  
Department of Health



Department of  
**Health**

DRIVER 1: LEADERSHIP					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
A. Strong leaders promoting a patient-centred, safe and high-quality health system.	1. Identify, employ and/or train leaders in leadership skills and behaviours, including patient safety.	Educate and train individuals in leading organisational change.	Delivering the Future Leaders Program – ‘Emerging and Future Leaders’.	June 2009	Institute for Healthy Leadership
		Promote and facilitate effective teamwork and communication processes.	Development of a plan for teamwork and communication training.	June 2009	Institute for Healthy Leadership
		Recognise the role of leadership in change management.	Safety and Quality Symposium 2009.	June 2009	OSQH
		Foster partnerships and collaboration in safety and quality across the health system.	Safety and Quality Awards.	June 2009	OSQH
			Strategies implemented under MAE Project to increase the sharing of information between hospitals and across the system.	September 2008	OSQH/AHS
	2. Use patient safety performance measurement indicators and frameworks to improve healthcare delivery.	Patient safety measures implemented for WA Health Operational Plan.	AHS report against safety measures in WA Health Operational Plan 2008-09.	Quarterly Reports in 2008-2009	AHS
			Develop patient safety measures for WA Health Operational Plan 2009-10.	June 2009	OSQH/AHS
		Incorporate clinical governance performance indicators into WA Health organisational reporting.	Revised clinical governance performance indicators.	June 2009	OSQH

DRIVER 2: GOVERNANCE STRUCTURES AND PROCESSES						
Objective	Strategy	Action	Deliverable	Milestone	Responsibility	
B. Structures and processes that support good governance and ongoing quality improvement.	3. Use organisational structures to enable clinical governance at all levels of the health system.	Clearly identify accountabilities/responsibilities for clinical governance in each facility.	Organisational framework identifying clinical governance accountabilities in each facility available to relevant WA Health staff.	June 2009	AHS	
		Implement recommendations from IAB Audit of Clinical Governance Standards.	AHS implement recommendations; Corporate Governance monitor performance (as appropriate).	September 2009	AHS & Corporate Governance	
	4. Align State, health service and hospital accreditation processes with national and international best practice.	Ensure WA clinical governance standards are current best practice.	Revised Clinical Governance Standards 2008, if required.	OSQH	June 2009	OSQH
		Ensure WA hospitals and health services are accredited by an external agency.	Accreditation of AHS facilities by an external agency.	AHS	Ongoing (dependent on facility accreditation status)	AHS
		Participate in the national review of accreditation arrangements.	Accreditation of private facilities by an external agency. Provide submissions to the Australian Commission on Safety and Quality in Health Care review of accreditation arrangements.	December 2008 (licensing cycle) As Required	Private Facilities OSQH, AHS, Private Facilities	

DRIVER 2: GOVERNANCE STRUCTURES AND PROCESSES						
Objective	Strategy	Action	Deliverable	Milestone	Responsibility	
B. Structures and processes that support good governance and ongoing quality improvement (Cont).	4. Align State, health service and hospital accreditation processes with national and international best practice (Cont).	Participate in the national review of accreditation arrangements (Cont).	Implement recommendations of the national review of accreditation arrangements.	As Required	OSQH, AHS, Private Facilities	
		Apply licensing standards in accordance with relevant legislation, including the <i>Hospitals and Health Services Act 1927</i> .	Monitor, identify and report compliance with licensing requirements.	Ongoing	LSRU, DOH	
	5. Ensure facilities are licensed in accordance with relevant legislation, including the <i>Hospitals and Health Services Act 1927</i> .	Apply licensing standards to both public* and private sector.	Private health care facilities are licensed.		December 2008 (licensing cycle)	Private Facilities
		Participate in the national review of legislation that enables patient safety and quality improvement activities.	Provide submissions to the Australian Commission on Safety and Quality in Health Care review of legislation to support patient safety and quality improvement activities.		June 2009	Legal & Legislative Services
	6. Ensure legislation is used to effectively enable patient safety and quality activities.	Administer the WA <i>Health Services (Quality Improvement) Act 1994</i> .	Quality Improvement Committees established and operational.		Ongoing	AHS
			Quality Improvement Committees gazetted and monitored.		As Required	OSQH
* Refers to newly-constructed facilities commencing with the opening of the Fiona Stanley Hospital.						

PILLAR 1: CONSUMER VALUE							
Objective	Strategy	Action	Deliverable	Milestone	Responsibility		
C. Expanded patient-centred health care planning and delivery.	7. Ensure consumers, carers and the community are well informed.	Implement the Patient First program.	80% of inpatients receive Patient First Materials.	June 2009	AHS		
		Review consumer satisfaction with current Patient First resources.	Patient First Evaluation Report.	June 2009	OSQH		
		Expand Patient First resources for use by ATSI and CALD patients.	Patient First information/resources available in relevant formats for ATSI and CALD patients.	June 2009	OSQH/WACSQHC		
		Expand Patient First Ambassador Project.	Evaluation Report of Patient First Ambassador Project	June 2009	HCC		
		Implement the revised WA Consent to Treatment Policy.	Revised Consent to Treatment Policy, including Generic Consent Forms.	December 2008	OSQH		
			100% of surgical patients have documented consent to treatment.	June 2009	AHS		
		Provide updated consumer information sheets on common procedures to clinicians.	Suite of Procedure Specific Information Sheets available.	Ongoing	OSQH		
		Compliance with WA Complaint Management Policy.	80% of complaints have been resolved within 30 working days.	Quarterly	AHS		
		8. Improve communication between patients and health care providers.					

PILLAR 1: CONSUMER VALUE						
Objective	Strategy	Action	Deliverable	Milestone	Responsibility	
C. Expanded patient-centred health care planning and delivery (cont).	8. Improve communication between patients and health care providers (cont).	Review Complaint Management Policy.	Revised Complaint Management Policy.	November 2008	OSQH	
		Review current patient resources regarding patient rights and responsibilities.	Patient resources available in WA incorporating Australian Charter of Healthcare Rights.	June 2009	OSQH	
	9. Empower patients/ carers/community to be part of health care planning and delivery.	Recruit and train consumers to be effective participants in health care planning and delivery.	Consumer Participation Training Program.	Consumer Participation Training Program.	June 2009	HCC/OSQH/AHS
		Implement Consumer, Carer and Community Engagement Framework.	Consumer, Carer and Community Engagement Framework incorporated in planning and delivering health care.	Consumer, Carer and Community Engagement Framework incorporated in planning and delivering health care.	June 2009	DOH
		Incorporate the Carers Recognition Act 2004 into all health care planning and delivering processes.	Health Services comply with the Carers Charter in delivering health care.	Health Services comply with the Carers Charter in delivering health care.	Ongoing	AHS
	10. Ensure organisational structures and health care providers effectively integrate patients/carers/ community in planning and delivering health care.			Report to the Carers Advisory Council on compliance or non-compliance with the Carers Recognition Act 2004 and Carers Charter.	30 September 2008	AHS

**PILLAR 1: CONSUMER VALUE**

Objective	Strategy	Action	Deliverable	Milestone	Responsibility
D. Equitable access to safe, high quality health care.	11. Identify and apply elements and levers to improve access to health care for all sectors of the community.	WHO 'Patients for Patient Safety' Consumer Conference.	Proceedings and outcomes of Conference disseminated among WA Health.	June 2009	OSQH
	12. Apply health system economic modelling principles and techniques that incorporate patient safety into health service planning.			Actions and Deliverables to commence after June 2009.	

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
E. Continuous clinical practice improvement.	13. Translate evidence into routine health care practice.	Improve access to clinical decision support tools and evidence-based practice information.	Clinical decision support tools procured.	June 2009	Health Networks
		Enhance health care research supporting clinical best practice.	Develop mechanisms to ensure the application of research into clinical practice.	June 2009	Health Networks/ Research and Development Unit
			Improve dissemination of research findings and evidence-based best practice information to wider health community.	To commence in 2009	Health Networks/ Research and Development Unit
		Continued implementation of the eight SQuIRe CPI initiatives in AHS.	Implementation of the eight SQuIRe CPI initiatives; quarterly reporting on progress to OSQH.	June 2009	AHS/OSQH
			100% of patients receive risk assessments for: venous thromboembolism, falls and pressure ulcers.	June 2009	AHS (as appropriate)
			100% of staff comply with Hand Hygiene requirements as specified in SQuIRe bundle.	June 2009	AHS
		Expand eight SQuIRe CPI initiatives to include vascular access.	Definition & measurements for vascular access CPI initiative agreed.	June 2009	OSQH/Health Networks
			Commence implementation of vascular access CPI initiatives by AHS.	June 2009	AHS

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
E. Continuous clinical practice improvement (Cont).	13. Translate evidence into routine health care practice (Cont).	Evaluate SQulRe Program.	Evaluation report of SQulRe CPI program.	June 2009	OSQH
	14. Apply targeted initiatives to address identified clinical risks.	Develop and maintain a Standard Inpatient Medication Chart, plus any associated Medication Charts.	Standard Inpatient Medication Chart and other Medication Charts for WA endorsed by SHEF.  SHEF endorsed Standard Inpatient Medication Chart implemented across WA Health.	December 2008  To be determined	WATAG/WAMMSG  AHS
		Continue to implement the WA Correct Patient, Correct Procedure, Correct Site Policy.	100% compliance with the five step protocol for all surgical patients.	June 2009	AHS
		Audit compliance to WA Correct Patient, Correct Procedure, Correct Site Policy.	Compliance report.	June 2009	WACSQHC/OSQH/ LSRU
		Implement strategies endorsed by Australian Health Ministers in relation to the National Patient ID Band Standard.	Strategies relating to the National Patient ID Band Standard endorsed by Australian Health Ministers implemented in WA.	June 2009	AHS
		Participate in national strategy to improve clinical handover.	Seminar/grand round to disseminate knowledge gained from phase one to WA Health staff.  Implement tools as part of phase two.	June 2009  June 2009	WACHS/SMHAHS  AHS where applicable

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
E. Continuous clinical practice improvement (Cont).	15. Educate all staff in safety and quality clinical practice improvement.	Training in Model for Improvement methodology (or similar) for AHS staff.	Three SQuIRe workshops conducted with attendances from each AHS.	June 2009	AHS (attendance); OSQH (host)
	16. Establish and use structures/mechanisms for routine audit of clinical performance and outcomes.	Pilot measures of patient safety culture.	Pilot patient safety culture tool.	August 2008	OSQH
	17. Disseminate knowledge gained from clinical performance and outcomes audit.	Continue to undertake clinical performance and outcomes audit.	Options paper on use of patient safety culture tool across WA Health.	June 2009	OSQH
	18. Use clinical and administrative information to assess and improve system performance.	Establish process for disseminating clinical performance and outcomes audit findings.	Disseminate findings of SQuIRe CPI audits.	June 2009	OSQH
		Review the role of health administrative data sets in monitoring of clinical performance.	Dissemination process developed.	June 2009	OSQH & AHS
			Scoping paper on the use of administrative data for monitoring performance.	June 2009	OSQH

PILLAR 3: CLINICAL RISK MANAGEMENT					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
F. Effective identification, treatment, mitigation and minimisation of clinical risk.	19. Align clinical and corporate risk management processes across WA Health.	Align clinical and corporate risk management processes across WA Health in accordance with Treasurer's Instruction (TI) 825: Risk Management and Security and WA Health Policy.	Final draft of updated Clinical Risk Management Policy for consultation.	June 2009	OSQH
	20. Deploy effective and efficient ICT support.	Provision of Clinical Incident Management System software to support the clinical incident management process.	AIMS 2.4 maintained as effective robust clinical incident database. Procurement of web-based electronic CIMS software. Plan for implementation of CIMS in AHS.	June 2009 June 2009 June 2009	HICTS/OSQH HICTS/OSQH HICTS/OSQH/AHS
		Develop integrated database for managing sentinel events and preventable deaths.	Integrated database to manage sentinel events/preventable deaths.	June 2009	HICTS/OSQH
		Investigate database/system options for whole of system complaints recording and monitoring.	Database/system options paper for whole of system complaints recording and monitoring.	June 2009	HICTS/OSQH/AHS

PILLAR 3: CLINICAL RISK MANAGEMENT					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
F. Effective identification, treatment, mitigation and minimisation of clinical risk (Cont).	21. Appropriately investigate, manage and treat identified clinical incidents and/or complaints.	Compliance with the Clinical Incident Management Policy in WA.	100% of sentinel events are documented in the patient's medical record.	Ongoing	AHS
		Review existing mechanisms and implement strategies to improve the timeliness of clinical incident reporting and management across the health system.	Implementation of endorsed strategies to improve the timeliness of clinical incident reporting and management across the health system.	June 2009	AHS/HICTS/OSQH
		Compliance with the WA Sentinel Event Policy.	80% of sentinel events have been closed within a 12-month period from the date of reporting of recommendations.	Ongoing	AHS
		Monitor implementation of recommendations from sentinel event investigations.	Compliance Reports tabled at Sentinel Event Review Group.	Biannually	OSQH/AHS
		Participate in response to Coronial Investigations, Recommendations and Findings.	WA Health response to Coronial Findings.	Biannually (July)	OSQH & AHS
		Implement WARM policy.	70% of possible preventable deaths are investigated to confirm preventability and remedial action agreed within 3 months of date of death; 90% of deaths are reviewed and categorised within six months of the date of death.	Ongoing	AHS

PILLAR 3: CLINICAL RISK MANAGEMENT					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
F. Effective identification, treatment, mitigation and minimisation of clinical risk (Cont).	21. Appropriately investigate, manage and treat identified clinical incidents and/or complaints (cont).	Review the WARM policy (2006).	Release updated WARM policy (2008).	December 2008	OSQH
		Review current Clinical Incident Management Policy and Sentinel Event Policy.	Final draft of Integrated Clinical Incident Management Policy for consultation.	June 2009	OSQH
		Monitor implementation WARM and WAASM recommendations.	Submission of quarterly WARM and WAASM Reports.	Quarterly	AHS
		Work towards implementation of National Standard for Open Disclosure.	Implementation of WA Open Disclosure Policy commenced.	June 2009	AHS
		Analysis and evaluation of CIMS data.	Publish CIMS Annual Report. Provide CIMS Reports to AHS as required.	June 2009 Ongoing	OSQH OSQH
	22. Apply surveillance methods to prioritise and respond to clinical risk.	Collection, analysis, evaluation and reporting of sentinel event data.	WA Sentinel Event Report 2007–2008.	June 2009	OSQH
		Collection, analysis, evaluation and reporting of Statewide complaints data.	Annual Complaint Management Report.	June 2009	OSQH

PILLAR 3: CLINICAL RISK MANAGEMENT					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
F. Effective identification, treatment, mitigation and minimisation of clinical risk (Cont).	23. Disseminate knowledge gained from investigations and/or surveillance across the system.	Disseminate lessons from mortality reviews.	Publication of 3rd edition of 'From Death We Learn'.	December 2008	OSQH
		Disseminate lessons from clinical incident investigations.	Identification of appropriate strategies to share identified high level risks. Standing agenda item at Clinical Governance Network meetings.	As Required Monthly	OSQH OSQH/AHS
	24. Ensure all staff are appropriately trained and supported to manage clinical risk.	Review current methods of clinical incident investigation.	Endorsed training package for clinical incident investigation.	June 2009	OSQH
		Review current clinical incident management education.	Endorsed training package for clinical incident management.	June 2009	OSQH/AHS
		Share lessons learnt and challenges for staff involved in clinical risk management.	Annual Clinical Incident Management Seminar.	June 2009	OSQH
		Educational sessions on the coronial notification process for new doctors.	Presentations at intern orientation sessions on the coronial notification process.	June 2009	OSQH

**PILLAR 4: PROFESSIONAL DEVELOPMENT AND MANAGEMENT**

Objective	Strategy	Action	Deliverable	Milestone	Responsibility
G. Employment of clinical staff in accordance with designated requirements, individual skills and experience, community needs, and facility capabilities.	25. Ensure standardised credentialling and scope of clinical practice processes are applied.	Implement WA Credentialling and Scope of Clinical Practice Policy.	100% of medical practitioners employed in accordance with the WA Credentialling and Scope of Clinical Practice Policy.	Quarterly reporting to OSQH	AHS
		Implement recommendations from IAB Review of WA Credentialling and Scope of Clinical Practice Policy.	Revised Credentialling PI endorsed by SHEF.	July 2008	OSQH
			Revised WA Credentialling and Scope of Clinical Practice Policy developed.	June 2009	OSQH
			AHS implement other IAB recommendations as applicable.	As Applicable	AHS
			Monitor system performance against IAB Credentialling and Scope of Clinical Practice Policy recommendations.	As Applicable	Corporate Governance
			AHS implement recommendations as applicable.	As Applicable	AHS
	Audit AHS nurse employment process according to <i>Nurses and Midwives Act 2006</i> .	Monitor system performance against IAB <i>Nurses and Midwives Act 2006</i> recommendations.	As Applicable	As Applicable	Corporate Governance

PILLAR 4: PROFESSIONAL DEVELOPMENT AND MANAGEMENT					
Objective	Strategy	Action	Deliverable	Milestone	Responsibility
G. Employment of clinical staff in accordance with designated requirements, individual skills and experience, community needs, and facility capabilities (cont).	25. Ensure standardised credentialling and scope of clinical practice processes are applied. (Cont).	Investigate options for centralised recording and monitoring credentialling status of doctors.	Briefing Note to WA Health Executive on options for centralised recording and monitoring credentialling status of doctors.	June 2009	OSQH/Workforce/ AHS/Health Corporate Network
	26. Identify and address issues of concern around clinical practice, including performance monitoring and management.	Identification of local policies and processes to assess and remediate unsafe practice.	Produce report describing AHS policies and processes to assess performance and manage/remediate unsafe practice.	June 2009	OSQH/AHS/ Workforce
	27. Educate clinicians in management roles.	Demonstrate that clinicians in management roles are provided with appropriate professional development and education/training in Health Service Management.	Register of Health Service Management training undertaken by clinicians.	June 2009	AHS Institute of Health Leadership
H. Safe introduction of new procedures/technologies/clinicians.	28. Establish and utilise system and organisational structures/mechanisms to review and monitor the introduction of new procedures/technologies.	Actions and Deliverables to commence after June 2009.			
	29. Ensure clinicians are appropriately trained and supported.	Educate and train clinicians in safety and quality field.	Safety and quality policy guide for newly employed medical practitioners.  Produce report identifying current undergraduate/graduate/postgraduate training in safety and quality for local clinicians.	June 2009  June 2009	OSQH  WACSQHC

## Glossary of Terms/Abbreviations

AHS	Area Health Service
AIMS	Advanced Incident Management System
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CIMS	Clinical Incident Management System
CPI	Clinical Practice Improvement
HCC	Health Care Commission
HICTS	Health Information and Communications Technology Services
IAB	Internal Audit Branch
ICT	Information and Communications Technology
ID	Identification
LSRU	Licensing Standards and Review Unit
MAE	Managing Adverse Events
OSQH	Office of Safety and Quality in Healthcare
PI	Performance Indicator
SHEF	State Health Executive Forum
SMAHS	South Metropolitan Health Service
SQuIRE	Safety and Quality Investment in Reform Program
TBD	To be delivered
TI	Treasurer's Instruction
WA	Western Australia
WAASM	Western Australian Audit of Surgical Mortality
WACSQHC	Western Australia Council for Safety and Quality in Health Care
WAMSG	Western Australian Medication Safety Group
WARM	Western Australian Review of Mortality
WATAG	Western Australian Therapeutic Advisory Group



## Delivering a Healthy WA



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