



# ACTION PLAN 2009–2010

WA Strategic Plan for Safety and Quality in Health Care 2008–2013



Delivering a **Healthy WA**

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

Government of Western Australia  
Department of Health



**DRIVER 1: LEADERSHIP**

Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009-2010	
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	Recognise the role of leadership in change management	WA Patient Safety Forum and Patient Safety Awards 2010	June 2010	OSQH	
		Foster partnerships and collaboration to improve patient safety and quality of healthcare across the WA health system	Strategies to enhance education and training collaboration with tertiary institutions	June 2010	OSQH/ Royal Street Divisions	
	2. Use patient safety performance measurement indicators and frameworks to improve healthcare delivery	Use patient safety measures for WA Health	Patient safety performance indicators developed for WA Health Operational Plan 2010/2011	Area Health Service report against safety measures in WA Health Operational Plan 2009/2010	June 2010	OSQH
				Area Health Service report against patient safety performance indicators in National Health Care Agreement 2010–2015	Quarterly	AHS
					As required	AHS

DRIVER 2: GOVERNANCE STRUCTURES AND PROCESSES					
Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
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	Use clinical governance standards to strengthen Area Health Service clinical governance accountabilities and processes	Implementation of WA Clinical Governance Standards (2005) across the WA health system  Review of WA Clinical Governance Standards (2005); release Clinical Governance Standards 2010	Quarterly  June 2010	AHS  OSQH
	4. Align State, health service and hospital accreditation processes with national and international best practice	Ensure WA hospitals and health services are accredited by an external agency	Accreditation of Area Health Service facilities by an external agency  Accreditation of private facilities by an external agency	Ongoing (dependent on facility accreditation status)  December 2009 (licensing cycle)	AHS  Private Facilities
	5. Ensure facilities are licensed in accordance with relevant legislation, including the <i>Hospitals and Health Services Act 1927</i>	Apply licensing standards in accordance with relevant legislation, including the <i>Hospitals and Health Services Act 1927</i>	Monitor and identify compliance with licensing requirements (2008–2009) as applicable to safety and quality policies and objectives	Quarterly	LSRU
	6. Ensure legislation is used to effectively enable patient safety and quality activities	Review of the <i>Health Services (Quality Improvement) Act 1994</i>	Report on outcomes of public consultation (pending Minister's initial endorsement of discussion paper)	February/ March 2010	L&LSD; MAE Project Implementation Committee

**PILLAR 1: CONSUMER VALUE**

Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
C. Expanded patient-centred health care planning and delivery	7. Ensure consumers, carers and the community are well informed	Provide feedback/results of evaluation report of Patient First booklet	Disseminate report	June 2010	OSQH
		Needs Analysis to expand Patient First resources for use by groups with special needs	Report on Needs Analysis	June 2010	OSQH/HCC
		Share patient safety information with Chairs of Community Advisory Councils (CACs) and District Health Advisory Councils (DHACs)	Patient safety report to CACS and DHACs	Quarterly	AHS
	8. Improve communication between patients and healthcare providers	Facilitate Australian Patients for Patient Safety Workshop	Disseminate lessons learned from the Australian Patients for Patient Safety Workshop	December 2009	OSQH
	9. Empower patients/carers/ community to be part of health care planning and delivery	Review current patient resources regarding patient rights and responsibilities	Patient charters available in health services align with Australian Charter of Healthcare Rights	June 2010	AHS
		Recruit and train consumers to be effective participants in health care planning and delivery	Evidence of attendance of members of CACs/ DHACs at consumer participation training	June 2010	AHS
	10. Ensure organisational structures and health care providers effectively integrate patients/carers/ community in planning and delivering health care	Implement Consumer, Carer and Community Engagement Framework	Carer representation on all CACs and DHACs	June 2010	AHS

**PILLAR 1: CONSUMER VALUE**

Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
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	Monitor patient safety indicators as part of implementation of 'four hour rule'	Patient Safety Indicators included in 'four hour rule' reports	Quarterly	OSQH/HSIU/AHS
	12. Apply health system economic modelling principles and techniques that incorporate patient safety into health service planning	Assist with development of a Safety and Quality component for inclusion in the WA Health Resource Allocation Model (RAM) as directed	Provide expert advice in the development of a safety and quality component of the WA Health RAM	June 2010	OSQH

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION					
Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
E. Continuous Clinical Practice Improvement (cont.)	13. Translate evidence into routine health care practice.	AHS implementation of SQuIRe Phase 2 initiatives	Reports identifying progress against SQuIRe Phase 2 Initiatives	Quarterly	AHS
	14. Apply targeted initiatives to address identified clinical risks.	Develop, maintain and implement State standardised inpatient medication charts based on endorsed national standards	Implement <ul style="list-style-type: none"> <li>National Inpatient Medication Chart</li> <li>Paediatric National Inpatient Medication Chart</li> <li>SHEF endorsed auxiliary medication charts</li> </ul>	January 2010 June 2010 As required	AHS/OSQH
		Implement National Hand Hygiene Australia initiative to achieve targets set by Hand Hygiene Australia	Report on Coordination of local strategies and data collection	June 2009	AHS
			Report on progress with Implementation of National Hand Hygiene Australia initiative	Quarterly	AHS
		Revise and update policy and protocols to improve safety of medical procedures, incorporating key elements of the WHO Surgical Safety Checklist	Updated policy and protocols that reduce the risk of wrong-patient/wrong-site procedures in WA Health	June 2010	OSQH
		Develop WA Patient Identification Policy, incorporating the National Patient Wristband Standards endorsed by Health Ministers	WA Patient Identification Policy for implementation	June 2010	OSQH
		Work towards implementation of OSSIE Guide to Clinical Handover (likely release date by ACS&QHC Dec 09)	Coordinated plan and strategies to implement OSSIE Guide to Clinical Handover in WA	June 2010	OSQH (in conjunction with CNMO)
	15. Educate all staff in safety and quality clinical practice improvement	Provide education for AHS staff in quality improvement methodologies, including clinical practice improvement	Training plan for staff in Clinical Practice Improvement methodology (see 24)	Quarterly	AHS
		Evaluate current Safety and Quality tools available for educating junior doctors	Feedback report	June 2010	AHS

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION					
Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
E. Continuous Clinical Practice Improvement (cont.)	16. Establish and use structures/mechanisms for routine audit of clinical performance and outcomes	Conduct clinical audit of compliance with WARM standards	Audit report submitted	June 2010	AHS
	17. Disseminate knowledge gained from clinical performance and outcomes audit	Disseminate lessons learned from system issues arising from Mortality Audit and Review, including Coronial inquest	Publish 4 <sup>th</sup> Edition "From Death We Learn"	June 2010	OSQH
	18. Use clinical and administrative information to assess and improve system performance	Assist the development of a methodology to identify system performance using administrative data sets	Advice on feasibility of progressing methodology for monitoring system performance using administrative data sets in WA	December 2009	OSQH

**PILLAR 3: CLINICAL RISK**

Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
F. Effective identification, treatment, mitigation and minimisation of clinical risk	19. Align clinical and corporate risk management processes across WA Health	Update clinical risk management guidelines to be consistent with revised WA Health Risk Management Policy	Revised clinical risk management guidelines implemented	June 2010	Corporate Governance / OSQH/AHS  AHS
	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 clinical incident database during procurement of new CIMS	December 2009	HIN/OSQH
			Procurement of web-based electronic CIMS software	December 2009	HIN/OSQH
			Commence implementation of new CIMS in AHS	June 2010	HIN/OSQH/AHS
		Provision of complaints management system software to support the complaints management process across WA Health	Procurement process commenced	June 2010	HIN/OSQH
	21. Appropriately investigate, manage and treat identified clinical incidents and/or complaints	Timely management of clinical incidents across WA Health.	Report on timeliness of management of clinical incidents across WA Health.	June 2010	HIN/OSQH
		Monitor implementation of recommendations from Sentinel Event investigations.	Report on the status of implementation of recommendations to SERG	6 monthly	OSQH
		Develop mechanism to track notification of reportable deaths under Coroner's Act	Mechanism in place to track reportable death under the Coroner's Act 1996	June 2010	AHS
		Respond to coronial inquest recommendations where appropriate	Response to OSQH on coronial inquest finding recommendations	As required	AHS
		Coordinate response to Coronial inquest recommendations and Findings.	WA Health response to State Coroner	6 monthly	OSQH

**PILLAR 3: CLINICAL RISK**

Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009-2010	Responsibility 2009-2010
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 current Clinical Incident Management Policy and Sentinel Event Policy	Release revised Clinical Incident Management Policy	June 2010	OSQH
		Compliance with WA Complaint Management Policy 2009	Process in place to ensure all recommendations stemming from complaints are implemented and reviewed within 12 months of complaint resolution	June 2010	AHS
		Implement WA Open Disclosure Policy	Develop and roll out a coordinated educational program to implement Open Disclosure	June 2010	AHS/OSQH
	22. Apply surveillance methods to prioritise and respond to clinical risk	Analysis and evaluation of clinical data	Appropriate reports to WA Area Health Services	Ongoing	OSQH
	23. Disseminate knowledge gained from investigations and/or surveillance across the system	Collection, analysis and evaluation of Statewide death reviews, sentinel events, clinical incidents and complaints data	Publication of: <ul style="list-style-type: none"> <li>• 4th edition 'From Death We Learn'</li> <li>• WA Sentinel Event Report 2008–2009</li> <li>• 2008–2009 Annual Complaint Management Report</li> <li>• CIMS 2006–2007/2007–2008 Annual Report</li> </ul>	June 2010 October 2009 December 2009 December 2009	OSQH OSQH OSQH OSQH
24. Ensure all staff are appropriately trained and supported to manage clinical risk	Provide education for staff in human error and patient safety	Report to OSQH on number of staff trained	June 2010	AHS	

PILLAR 4: PROFESSIONAL DEVELOPMENT AND MANAGEMENT					
Objective	Strategy	Action 2009–2010	Deliverable 2009–2010	Milestone 2009–2010	Responsibility 2009–2010
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 Revised WA Credentialling and Scope of Clinical Practice Policy 2009	Reports identifying progress with implementation of Policy	Monthly	AHS
		Implement systems for recording and monitoring credentialling status of Health Practitioners	Effective mechanisms in place for recording and monitoring Credentialling and Scope of Clinical Practice for medical practitioners	June 2010	AHS
	26. Identify and address issues of concern around Clinical Practice, including performance monitoring and management	Identification of local policies and processes to address and remediate unsafe practice	Advise OSQH of AHS policies and processes in place to ensure safe practice	December 2009	AHS
		27. Educate clinicians in management roles	Provide clinicians employed in management roles with appropriate professional development and education/ training in health service management	Report to OSQH on policy, process and implementation strategies	December 2009
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	Develop a process with Health Networks to flag risks, monitor the introduction of new procedures and technologies	An endorsed process for liaising with Health Networks to oversee relevant technical and procedural introduction	June 2010	CMO
		29. Ensure clinicians are appropriately trained and supported	Provide clinicians with education and training prior to introduction of new procedures/ technologies	Plan for effective education and training for new technologies and procedures	February 2010

## Glossary of Terms/Abbreviations

AIMS	Advanced Incident Management System
ACS & QHC	The Australian Commission on Safety and Quality in Health Care
AHS	Area Health Service
CACs	Community Advisory Councils
CIMS	Clinical Incident Management System
CMO	Chief Medical Officer
CNMO	Chief Nursing and Midwifery Office
DHACs	District Healthy Advisory Council
HCC	Health Care Commission
HIN	Health Information Network
HSIU	Health System Improvement Unit
ICT	Information and Communications Technology

L&LSD	Legal and Legislative Services Directorate
LSRU	Licensing Standards and Review Unit
MAE	Managing Adverse Events
OSSIE	O: Organisational Leadership S: Simple Solution Development S: Stakeholder Engagement I: Implementation E: Evaluation and Maintenance
OSQH	Office of Safety and Quality in Healthcare
RAM	Resource Allocation Model
SERG	Sentinel Event Review Group
SQIRe	Safety and Quality Investment for Reform
WA	Western Australia



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