



ACTION PLAN 2011-2012

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



DRIVER 1: LEADERSHIP

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012
A. Strong leaders promoting a patient-centered, safe and high-quality health system.	1. Identify, employ and/or train leaders in leadership skills and behaviours, including patient safety.	Develop tailored leadership development opportunities for safety and quality staff.	Tailored leadership development opportunities developed	June 2012	AHS/QID/PSD
	2. Use patient safety performance measurement indicators and frameworks to improve healthcare delivery	Collect and report on patient safety measures for WA Health	Patient safety performance indicators included in WA Health Operational Plan and ABF/ABM Performance Management Framework 2011/12 AHS report against patient safety performance indicators in National Health Care Agreement 2010-2015; WA Health Operational Plan and ABF/ABM Performance Management Framework 2011/12	June 2012 As required	PAQ AHS
		Facilitate the introduction of national core performance indicators using administrative data in line with national strategic direction	Investigate exceptional rates identified as part of the national core performance indicators	As required	QID
		Participate in WA HAI surveillance program and demonstrate active use of surveillance data to improve patient safety	Participate in HICWA Executive Group, ensure implementation of agreed outcomes	Ongoing	AHS

DRIVER 2: GOVERNANCE STRUCTURES AND PROCESSES

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012	
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.	AHS report on implementation of National Safety and Quality Healthcare Standards – Governance for Safety and Quality in Health Service Organisations 'National Clinical Governance Standard' (self report)	As required	AHS	
		Review governance of SQulRe Program	Revised governance in place	June 2012	QID/AHS	
	4. Align State, health service and hospital accreditation processes with national and international best practice.	Agree on minimum accreditation standards for WA.	Ensure WA health services under state responsibility are accredited against the agreed minimum standards.	Agreed set of standards, i.e. NSQHS Standards, plus any additional standards from EQUIP5, that will be mandatory for all WA health services.	December 2011	QID/LSRU/AHS
				Develop and implement a transition plan to align with clinical governance standard	June 2011	QID/PSD/AHS
				Accreditation of AHS facilities against the agreed minimum standards	Ongoing	AHS
	5. Ensure facilities are licensed in accordance with relevant legislation, including the Hospitals and Health Services Act 1927.	Apply licensing standards in accordance with relevant legislation, including the Hospitals and Health Services Act 1927		Monitor and identify compliance with licensing requirements, as applicable to the Licensing Standards and Review Unit policies and objectives	Annually	LSRU
6. Ensure legislation is used to effectively enable patient safety and quality activities.	Work towards establishment of environment conducive to Open Disclosure and Clinical Incident Management		AHS have the option of establishing committees under State Act PSD examination of QP – Options Paper	June 2012	PSD	

PILLAR 1: CONSUMER VALUE

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012
C. Expanded patient-centred health care planning and delivery	7. Ensure consumers, carers and the community are well informed	Improved health consumer awareness of healthcare worker hand hygiene performance	Publication and dissemination of WA Health hand hygiene compliance data in a consumer friendly format	November 2011	CDCD (HAIU)/PAQ
		Review the Patient First Program	Discuss communication strategy for Patient First	June 2012	PSD
		Medication Safety Initiative - Improving patient awareness of medications <ul style="list-style-type: none"> • Consumer awareness and empowerment • Focus groups in the community • Support of NPS Medication Safety Initiative "Why" 	Audit of consumer medication information	Ongoing	QID
	8. Improve communication between patients and healthcare providers	Evaluate Procedure Specific Information Sheets (PSIS)	Report on the usage of PSIS.	June 2012	PSD
		Support Healthcare Consumer contract: training	Report on participation of consumer representatives in professional development or advanced skills training	June 2012	PSD/HCC
	9. Empower patients/carers/ community to be part of health care planning and delivery	Facilitate access to advanced skills training for consumer representatives.	Report on participation of consumer representatives in professional development or advanced skills training	June 2012	PSD/HCC
	10. Ensure organisational structures and health care providers effectively integrate patients/carers/ community in planning and delivering health care	Facilitate access to advanced skills training for consumer representatives	Report on participation of consumer representatives in professional development or advanced skills training Further engagement with the WA Carer's Council	June 2012	PSD/HCC

	11. Identify and apply elements and levers to improve access to health care for all sectors of the community	Facilitate access to advanced skills training for consumer representatives.	Report on participation of consumer representatives in professional development or advanced skills training	June 2012	PSD/HCC
D. Equitable access to safe, high quality health care	12. Apply health system economic modelling principles and techniques that incorporate patient safety and quality into health service planning	Assist with ongoing development of the safety and quality components of the Activity Based Funding/Activity Based Management model for 2012-2013.	Expert advice, including discussion papers, briefing notes & facilitated workshops relating to options for the safety and quality components of the Activity Based Funding/Activity Based Management model for 2012-2013	June 2012	PSD/QID

PILLAR 2: CLINICAL PERFORMANCE AND EVALUATION

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012
E. Continuous clinical practice improvement	13. Translate evidence into routine health care practice.	Review SQulRe program to inform statewide implementation of SQulRe Plus	Initial review of SQulRe completed by 31/10/11	October 2011	AHS/QID
		Develop implementation framework for SQulRe Plus, to include strategies to apply CPI evidence into every patient, every time, everywhere.	Framework agreed by 31/12/11	December 2011	QID
		Implementation of SQulRe Plus, including application of CPI evidence to every patient, every time, everywhere.	Achievement of all agreed indicators	June 2012	AHS
		Implement National Safety and Quality Standards when endorsed by AHMAC	AHS report on implementation of National Safety and Quality Standards (self report)	June 2012	AHS
	14. Apply targeted initiatives to address identified clinical risks.	Medication Safety Initiate the development, maintenance and implementation of statewide standardised medication charts based on endorsed state and national requirements	Development and implementation of statewide standardised medication charts	June 2012	QID/AHS
			Participate in HSMEAG meetings and disseminate information across WA Health.	Ongoing	QID
		Align and progress national and state medication chart governance through HSMEAG and WAMCAC	Procurement of Labels from State supplier Standards implemented with tools provided for education of staff	March 2012	QID/AHS
		Develop, update, maintain and implement statewide standardised labelling of parenteral medicines, lines and fluids based on endorsed national recommendations.			
Clinical handover Develop and implement plan and strategies to improve clinical handover processes	Maintain WA Clinical Handover Network	Ongoing	QID		
	WA Health Clinical Handover Policy developed and implemented	March 2012	QID/AHS		

		Clinical deterioration Develop and implement plan and strategies to improve recognising and responding to clinical deterioration (RRCD) processes, including implementation of a statewide observation chart	Support RRCD Executive Steering Committee Support RRCD WA Observation and Response Chart Ensure all sites have appropriate policies in place to support the implementation of the WA Adult Observation and Response Chart	Ongoing Ongoing June 2012	QID QID AHS
15. Educate all staff in safety and quality clinical practice improvement.	Develop and implement State S&Q Education and Training Framework		S&Q Education and Training Framework finalised	June 2012	QID/AHS
16. Establish and use structures/mechanisms for routine audit of clinical performance and outcomes	Review to inform planning for SQulRe Plus		See E13	See E13	See E13
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 "From Death We Learn"	June 2012	PSD
18. Use clinical and administrative information to assess and improve system performance	Utilise ongoing development of the Activity Based Funding/Activity Based Management model - education sessions, communication via inter/intranet, integration with other divisions of PAQ - with a S+Q focus		Contribution to ABF/ABM Education and Information sessions	June 2012	QID

PILLAR 3: CLINICAL RISK

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012
F. Effective identification, treatment, mitigation and minimisation of clinical risk	19. Align clinical and corporate risk management processes across WA Health.	Update the Clinical Risk Management Guidelines Policy	Revised Clinical Risk Management Guidelines Policy	June 2012	PSD
	20. Deploy effective and efficient ICT support	Testing and implementation of new CIMS (AIMS 4 Upgrade) in AHS	Electronic notification and management of Clinical Incidents deployed across the WA Health Service	June 2012	BID/HIN
		Liaise with HIN to assist with development of Business Case for state-wide Complaints Management System	Collaborative approach to finalise the Business Case for procurement of statewide Complaints Management System	June 2012	HIN/BID
		Assist in the development of Clinical Safety Risk Assessment documents for all eHealth projects	Agreed processes to support Clinical Safety Risk Assessments for the development and deployment of ICT applications consistent with the eHealth strategy	June 2012	BID/HIN
	21. Appropriately investigate, manage and treat identified clinical incidents and/or complaints	Monitor compliance to the Sentinel Event Policy and the Review of Mortality Policy or equivalent to ensure timely management of Clinical Incidents	Report on % of Sentinel Events reported that have the SE report completed within 45 working days of initial notification	June 2012	PSD
		Monitor compliance to the Complaint Management Policy	Report on % of complaints resolved within 30 working days of receipt	June 2012	PSD/AHS
		Timely response to coronial inquest recommendations	Bi-annual report to the Coroner on the implementation/response to coronial recommendations	June 2012	PSD/AHS
		Disseminate integrated Clinical Incident Management (CIM) Policy and CIM Toolkit Guidelines to AHS	Integrated Clinical Incident Management Policy and CIM Toolkit Guidelines embedded in practice at all sites	June 2012	PSD/AHS
	22. Apply surveillance methods to prioritise	Collection, analysis and evaluation of State-wide death reviews, sentinel events	Publication of: <ul style="list-style-type: none"> • 'From Death We Learn' 2011 	June 2012	PSD

	and respond to clinical risk	and clinical incidents	<ul style="list-style-type: none"> • WA Sentinel Event Report 2010-2011 • CIMS Bi-ennial Report • Complaints Annual Report 2008-2011 		
	23. Disseminate knowledge gained from investigations and/or surveillance across the system	Work with AHS to support clinical investigation management	New CIMS Policy and Educational Tools	June 2012	PSD & AHS
	24. Ensure all staff are appropriately trained and supported to manage clinical risk	Develop and implement State S&Q Education and Training Framework	State S&Q Education and Training Framework	See strategy 15	QID/AHS

PILLAR 4: PROFESSIONAL DEVELOPMENT AND MANAGEMENT

Objective	Strategy	Action 2011-2012	Deliverable 2011-2012	Milestone 2011-2012	Responsibility 2011-2012
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 is applied.	Standardise/ integrate medical/ nursing and allied health credentialling processes Audit implementation of revised Credentialling and Scope of Clinical Practice Policy 2009	Commence planning process of standardised/ integrated medical/ nursing and allied health credentialling processes Report identifying progress with implementation of policy	June 2012 June 2012	QID Corporate Governance
	26. Identify and address issues of concern around clinical practice, including performance monitoring and management	No action this year – Australian Health Practitioner Regulation Agency established.	N/A this year	n/a	n/a
	27. Educate clinicians in management roles	See E15	See E15	See E15	See E15
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	See F20			BID - Lyn to advise
	29. Ensure clinicians are appropriately trained and supported	See F20			

GLOSSARY OF TERMS/ABBREVIATIONS

AIMS: Advanced Incident Management System

ACSQHC: The Australian Commission on Safety and Quality in Health Care

BID: Business Integration Directorate, Performance Activity and Quality Division, DoH

CACs: Community Advisory Councils

CMO: Chief Medical Officer

CNMO: Chief Nursing and Midwifery Officer

GEKO: Information and storage software currently being piloted in SMAHS

G: Governance

E: Evidence

K: Knowledge

O: Outcomes

HIN: Health Information Network

HSIU: Health System Improvement Unit

HSMEAG: Health Service Medication Expert Advisory Group (national)

L&LSD: Legal and Legislative Services Directorate

LOTE: Languages other than English

OSSIE:

O: Organisational Leadership

S: Simple Solution Development

S: Stakeholder Engagement

I: Implementation

E: Evaluation and maintenance

PAQ: Performance Activity & Quality

PSD: Patient Safety Directorate

QID: Quality Improvement Directorate

SERG: Sentinel Event Review Group

SQuEAC: Safety and Quality Executive Advisory Committee

SQuIRe: Safety and Quality Investment for Reform

CDCD (HAIU): Communicable Disease Control Directorate (Healthcare Associated Infection Unit)

WAMCAC: WA Medication Chart Advisory Committee

Version	Effective date	Author Comment
5.0	July 2011	Updates and comments added by PSD and QID staff
6.0	18/08/11	Updates and comments reviewed and “tidied” by Clare Mullen – tabled at SQuEAC 31/08/11
7.0	14/09/11	Updates by Lyn David, Business Integration Directorate
8.0	14/09/11	Updates by Clare Mullen based on feedback from SQuEAC
9.0	04/10/2011	Updates by Yvonne Wong based on feedback from SQUEAC, PSD, QID and BID
10.0	10/11/2011	Approved by Dr Dorothy Jones, Executive Director, PAQ



Delivering a **Healthy WA**