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Quality Systems Assessment

2014 An Overview of Quality Systems Assessment

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Contributors:

Drafted by: CEC Quality Systems Assessment team

Data analysis by: CEC eChartbook team

Reviewed by: CEC Quality Systems Assessment team

Edited by: CEC eChartbook team

Any enquiries or comments about this publication should be directed to:

André Jenkins, Director, Information Management; A/Director, Corporate Services
Clinical Excellence Commission, Locked Bag 8, Haymarket NSW 1240
Phone: (02) 9269 5500 Email: cec-ehartbook@health.nsw.gov.au

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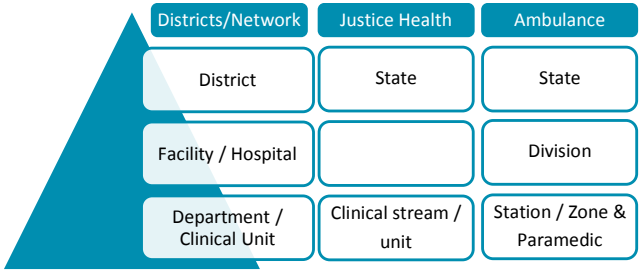
QUALITY SYSTEMS ASSESSMENT

2014 An Overview of Quality Systems Assessment

Why is this important? The Walker Inquiry into Campbelltown and Camden Hospitals (2004) [1] found gaps in systems of safety and quality that had led to adverse patient outcomes. This resulted in the development and implementation of the NSW Patient Safety and Clinical Quality Program - PD2005_608 [2].

The Clinical Excellence Commission was appointed to oversee its implementation across NSW and to develop a Quality Systems Assessment (QSA) as a critical piece of infrastructure to monitor the rigor of safety and quality systems.

The Quality Systems Assessment (QSA) is a multi-level and system-wide clinical risk management framework that aims to benefit patient safety and clinical quality, through a focus on annual priority risk topics.



Note: Districts/Networks include both Acute and Community Health Services

To succeed, a foundation principle of the QSA is that it seeks to understand practice as it happens, not whether it is right or wrong. Focusing on practice as it happens creates a safe and direct voice for clinicians and unit level managers into the systems that impact their work.

The QSA exists in an open and just context that supports honesty at all levels, with an obligation to act on risks as they are identified. In this manner, the QSA contributes to ongoing organisational learning and resilience. Resilience means that a system stands up under pressure, recovers quickly and, most importantly, learns when it fails. A learning system is one that adapts and improves to changes in its environment.

The QSA is a commitment to risk management and learning in health care. As such, it is a commitment to the people of NSW and their confidence in the NSW public health system.

To honour this commitment, it is important that the effort of identifying strengths and risks in safety and quality systems is matched by the effort and effectiveness of continuous improvement.

Click here to find out more about the QSA methodology.

Click here to find out more about how the QSA supports accreditation against the National Safety and Quality Health Service Standards [3]

Findings: The QSA has a high self-assessment participation and accuracy rate (both > 97 per cent annually). Accuracy is demonstrated in the verification of self-assessment answers at the onsite visits. This means that the system, and local teams, can have confidence in the findings and recommendations of the QSA clinical risk management approach.

Across the system level, there is a perception of a positive patient safety culture, with 49 per cent of respondents strongly agreeing (97 per cent Agree + Strongly Agree) in 2014 (Chart QSA02). This is a significant improvement to the 2009 figures, where only 34 per cent of respondents strongly agreed that there was a positive patient safety culture in their clinical unit. It should be noted that 2009 aligned with the time of the Special Commission of Inquiry to Acute Care Services [4] and was before devolution to local health districts.

The perception of clinical governance structures remains the same as that in 2013, with 38 per cent all Strongly Agreeing that their organisation has clear, integrated and effective processes for safety and quality, including risk management and clinical incident management systems (Chart QSA03). The

perceived alignment of resources and training to achieve the organisations safety and quality goals remains relatively unchanged as well, with 23 per cent strongly agreeing in 2014, compared to 22 per cent in 2013 (Chart QSA04).

Identifying patients, their carers and families as integral to the health care team has shown improvements across NSW since 2012. In 2014, 40 per cent of respondents strongly agreed that patients and carers are integral to the health care team (88 per cent strongly agreed + agreed), compared to 33 per cent strongly agreeing in 2012 (81 per cent strongly agreed + agreed) (Chart QSA05). It is important that QSA findings generate appropriate local and system level improvement responses.

From the self-assessment and the onsite visit process, a number of system level recommendations are made in the annual QSA: Safer Systems Better Care Report. Since the initial QSA in 2007/08, these now number 79 recommendations in total.

Implementation of these recommendations is monitored annually through self-reporting from the organisation to the CEC and via presentation during the onsite visits. As at February 2014, 66 per cent of all recommendations were reported as "fully implemented", showing a consistent incremental improvement in total recommendation implementation, while new recommendations are identified each year (2015 implementation progress is currently being reviewed and will be updated shortly).

Each year's topics have their own findings and recommendations to consider, specific to the annual priority clinical topics. If you would like to find out more, please click below:

- 2014
- 2013
- 2012
- 2011

Implications:

Ultimately, good information supports improved decision making. The QSA provides a unique multi-level perspective of the connections between local organisation level structures and clinical unit practice.

In an evolving health landscape with multiple variables, QSA data indicates that there are gradual net improvements to clinical governance, safety and quality.

There are also consistently high QSA participation and accuracy rates, as well as gradual improvements in the total proportion of QSA recommendations being fully implemented. This further indicates the commitment to quality and safety across NSW health and that the QSA, itself, is an important piece of that commitment.

What we don't know: The QSA seeks to understand practice as it happens, not whether it is right or wrong. For this reason, care must be taken to interpret QSA data in the local context. At the system level it is impossible to know whether a local response is representative of:

- A gap in systems, structures or processes
- A gap in perceptions between local clinical specialties/teams
- A gap in perceptions between organisation levels
- A local disruption, such as a change of governance structures, introduction of a new clinical system, a significant clinical incident, or contentious media event.

While the QSA provides critical infrastructure and information to identify local and system level risks, and monitors the level of recommendation implementation by the organisations, we do not know:

- The tangible outcomes and impacts of implementation in each organisation
- The full penetration of implementation to some, most or all clinical units
- What local improvement processes were initiated in addition to, or instead of the system level recommendations

- What methods, capabilities and resources are required to optimise local implementation outcomes
- The degree to which the QSA alone adds value
- How the health system needs may change in coming years may impact on its needs, structures and functions from the QSA.

References:

[1] Final Report of the Special Commission of Inquiry into Campbelltown and Camden Hospitals, Bret Walker SC, 30 July 2004 (Walker Inquiry)

[2] NSW Patient Safety and Clinical Quality Program - PD2005_608

[3] Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney

[4] Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, Peter Garling SC, 27 November 2008 (Garling Report)

[5] Clinical Excellence Commission, 2014, Safer Systems Better Care – Quality Systems Assessment Statewide Report (2013), Sydney: CEC

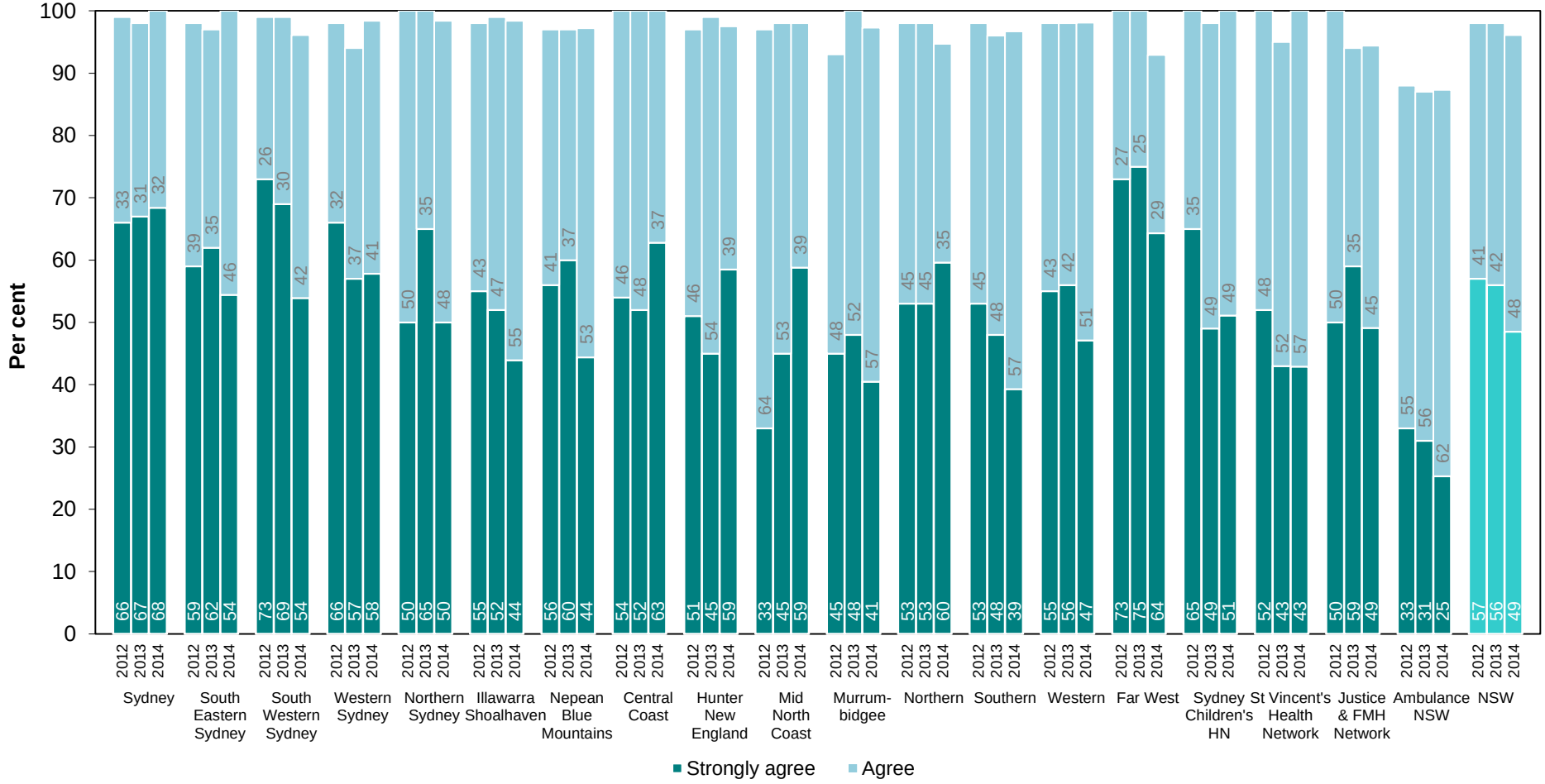
Chart QSA01 – Annual QSA Topic areas

2007/08	Clinical Governance | Clinical Indicators | Risk Management | Communications | Incident Management | Death Review | Complaints Management | New Interventional Procedures | Correct patient/site/procedure | Management of blood | Infection control | Medical Record Review | Peer Review | Clinical Audit | Credentialing and Role Delineation
2009	Medication Safety | Communication in the clinical environment | Clinical Handover | Deteriorating Patient
2010	Healthcare Associated Infections | Open Disclosure | Teamwork
2011	Sepsis | Delirium | Mental Health | Paediatrics
2012	Governance and Risk Management | Clinical Audit | Blood Management | Credentialing and Supervision | Mortality Review | End of Life
2013	High Risk Medications | Venous Thromboembolism | Anti-microbial Stewardship | Transition of Care | Falls Prevention
2014	Health Care Teams | Nutrition Care | Pressure Injury Prevention | Wound Management Systems

Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QSA02 – Quality and Safety culture by LHD/SN and year

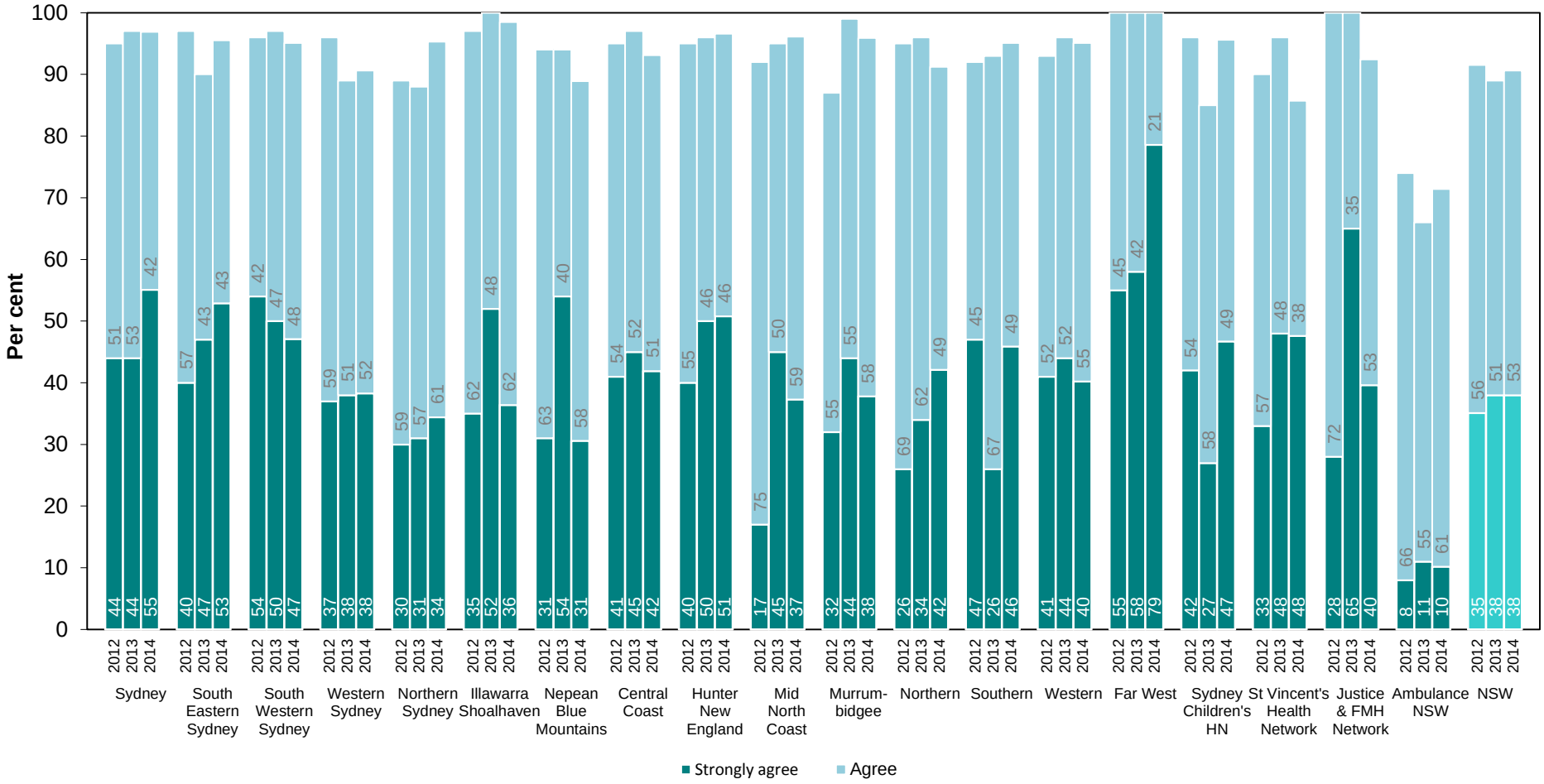
Agreement of unit level respondents (per cent) for “There is a positive patient safety and quality culture in our department or clinical unit” by LHD (acute services only) /SN and ASNSW (n=1,446)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QSA03 – Clinical Governance (systems /structure) by LHD/SN & year

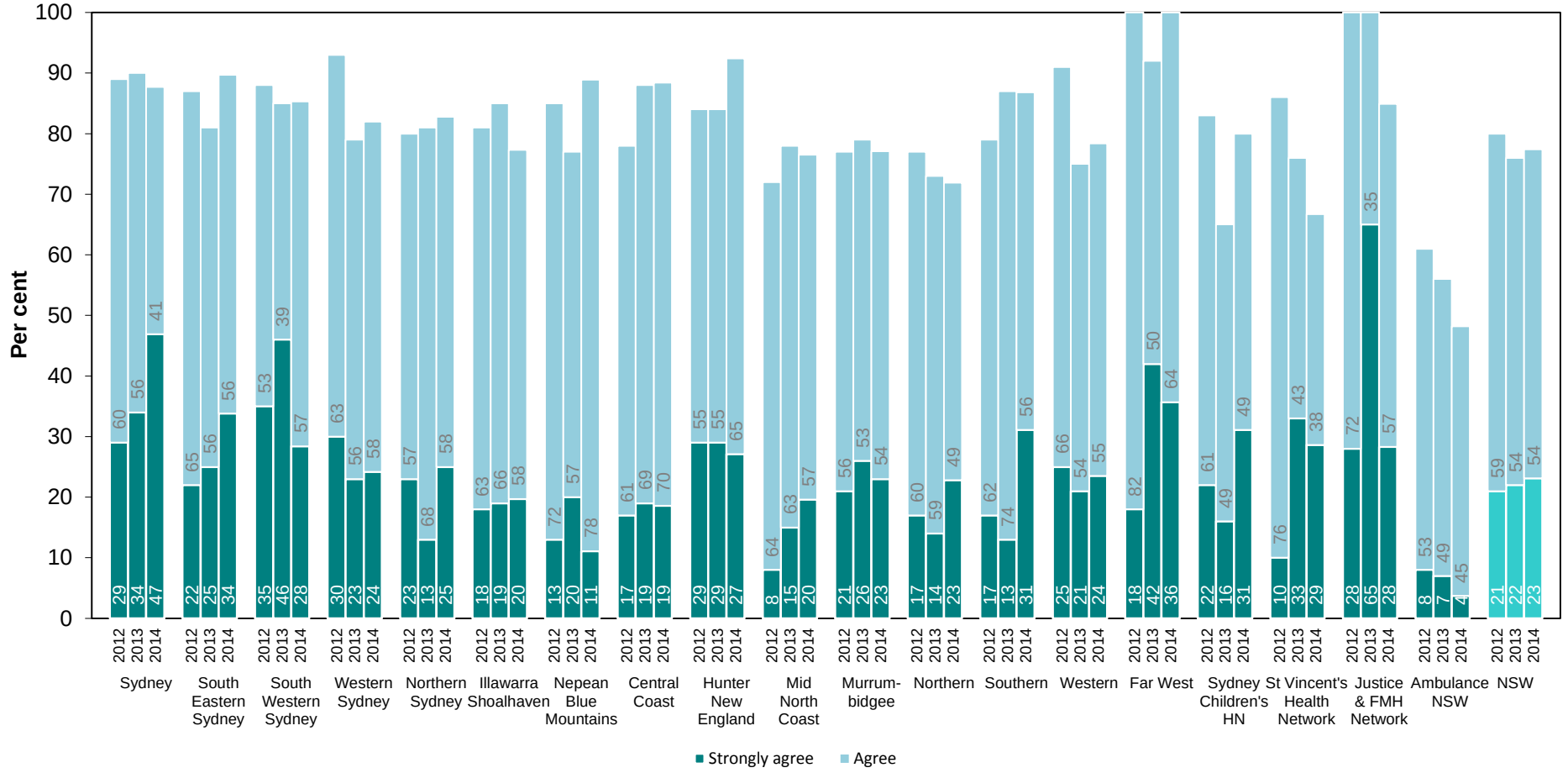
Agreement of unit level respondents (per cent) for “The organisation has clear, integrated and effective processes for safety and quality, including risk management and clinical incident management systems” by LHD (acute services only) /SN and ASNSW (n=1,446)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QSA04 – Clinical Governance (resources) by LHD/SN and year

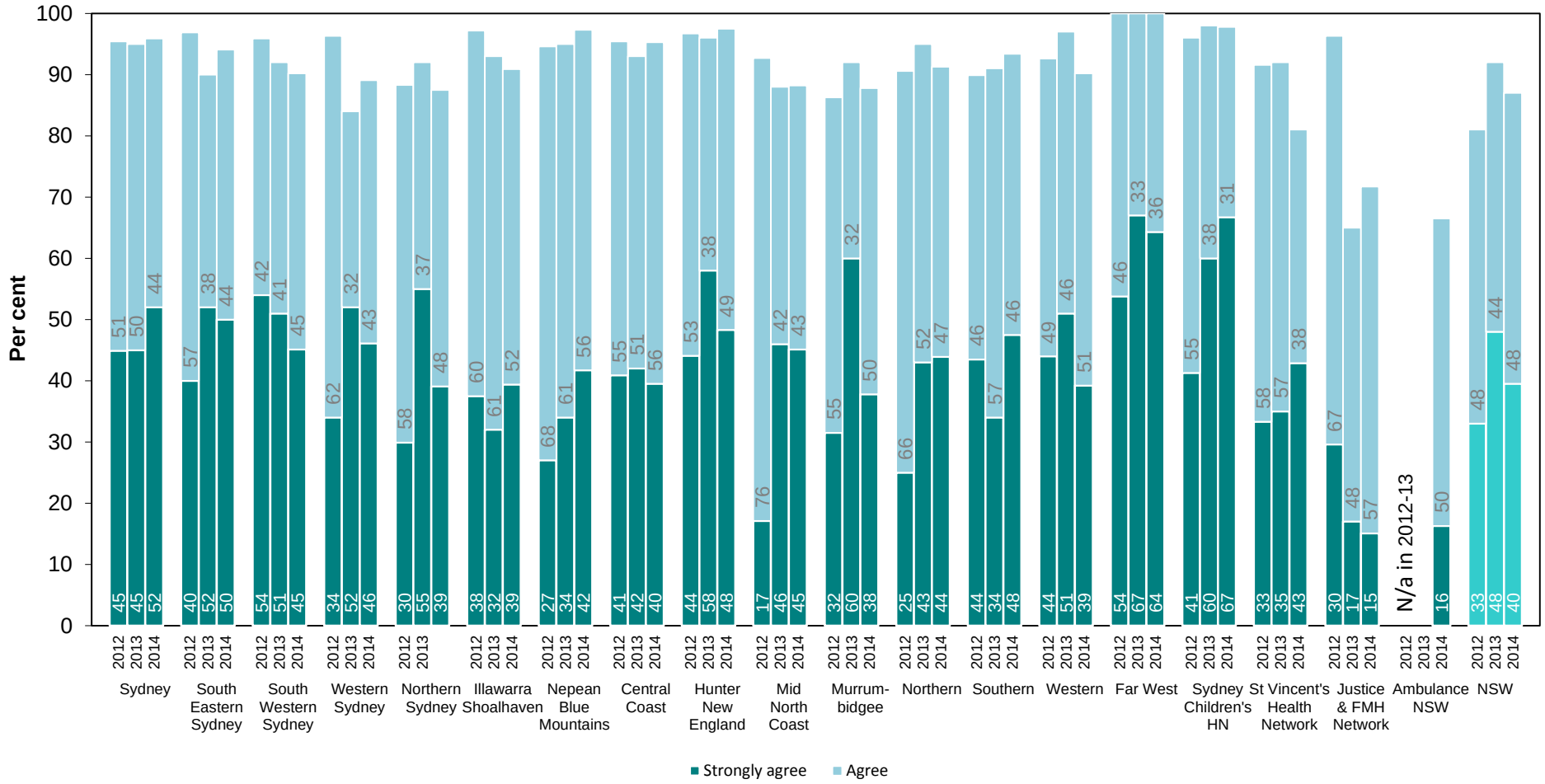
Agreement of unit level respondents (per cent) for “All staff are provided with adequate information, resources, training and professional development to support the organisation’s quality & safety processes” by LHD (acute services only) /SN and ASNSW (n=1,446)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QSA05 – Patient Based Care by LHD/SN and year

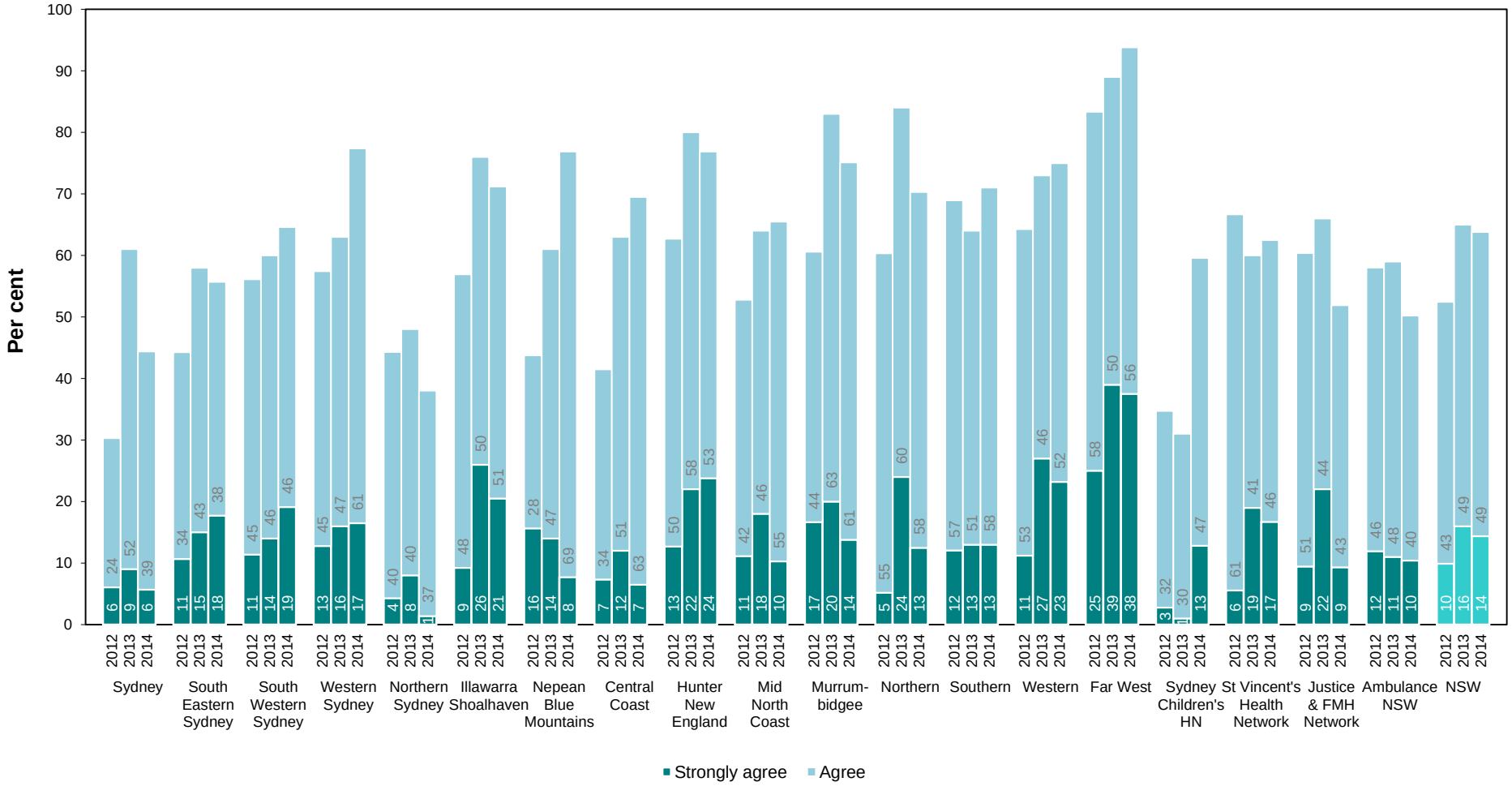
Agreement of unit level respondents (per cent) for “Patients and their families and / or carers are viewed as integral members of the health care team” by LHD (acute services only) / SN (n=1,446)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QSA06 – QSA Evaluation by LHD/SN and year

Agreement of all respondents for “The QSA self-assessment is a valuable process that assists our Department or Clinical Unit to improve our quality and safety systems” by LHD (acute services only) /SN and ASNSW (n=1,577)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Data Definitions

Chart:	**QSA02- QSA05**
Admin Status:	Current, 2014
Indicator Name:	An overview of QSA, 2012-2014
Description:	An overview of QSA program by LHD/SN and year of implementation
Dimension:	Patient safety
Clinical Area:	Initiatives in safety and quality health care
Data Inclusions:	Responses from Unit level respondents in three domains (Acute, JH&FMHN and ASNSW).
Data Exclusions:	Responses from the following levels; District, Division and Facility. Data from the Community domain were excluded
Numerator:	Number of participants by response categories for each question
Denominator:	Total number of participants responded to each question
Standardisation:	None (crude rate per 100 was calculated)
Data Source:	QSA 2012, QSA 2013, and QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
Comments:	Not Applicable

Chart:	**QSA06**
Admin Status:	Current, 2014
Indicator Name:	An overview of QSA, 2012-2014
Description:	An overview of QSA program by LHD/SN and year of implementation
Dimension:	Patient safety
Clinical Area:	Initiatives in safety and quality health care
Data Inclusions:	Responses from all level respondents (District, Division and Facility) in three domains (Acute, JH&FMHN and ASNSW)
Data Exclusions:	Data from the Community domain were excluded.
Numerator:	Number of participants by response categories for each question
Denominator:	Total number of participants responded to each question
Standardisation:	None (crude rate per 100 was calculated)
Data Source:	QSA 2012, QSA 2013 and QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
Comments:	Not Applicable