

# CEC eChartbook Portal Extract

## Quality Systems Assessment

### 2014 Quality Systems Assessment Survey Indicators

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# QUALITY SYSTEMS ASSESSMENT

## 2014 Quality Systems Assessment Survey Indicators

**Why is this important?** The Quality Systems Assessment (QSA) is an annual multi-level risk management framework that provides insight into how system structures and processes translate to clinical practice. It helps to highlight local and system level strengths or safety risks for action. All organisations in the public health system participate in the multi-level self-assessment and onsite visit process.

Understanding *practice as it happens*, not whether it is right or wrong, is the key principle that underpins the true value of QSA. Focussing on *practice as it happens* creates a safe and direct voice for clinicians and unit level managers into the systems that impact their work.

QSA supports local solutions to local issues identified by local data, as well as enabling aggregation of local data to influence the alignment of organisation and system level strategy.

Unlike much of the quantitative data in *eChartbook*, the QSA charts reflect data based on the perceptions of managers and clinical staff working in local health districts (LHDs). Unless stated otherwise, the results provided here reflect data provided at the department/clinical unit level for the LHDs and networks.

**Findings:** The QSA self-assessment in 2014 (QSA 2014) focused on Health Care Teams, Patient Nutrition and Pressure Injury Prevention. There were 1,793 responses to the self-assessment between 5<sup>th</sup> August and 29<sup>th</sup> September 2014 (99.4 per cent response rate), from right across the NSW health system. Community health units were included [1].

Only responses from unit level participants were included in this analysis. The questions of QSA 2014 were analysed by LHDs/SNs and additionally at times by four domains of: i) Acute; ii) Community; iii) Justice Health and Forensic Mental Health Network (JH&FMHN); and iv) Ambulance Service NSW

(ASNSW). Some questions required the LHDs/SNs analysis by one or more of these domains. Responses 'Not applicable' or blanks / missing cells were excluded from the analysis.

### **Clinical governance, Patient based care and Safety & Quality (Charts QS01 to QS05):**

A healthy patient safety culture is the foundation for high quality health care. This Safety & Quality component of QSA 2014 was analysed by LHDs/SNs, all four domains were included in the analysis. In NSW, 96 per cent of respondents 'Strongly agreed' or 'Agreed' that there was a positive patient safety and quality culture in their departments or clinical units. Responses from LHDs/SNs ranged from 87 to 100 per cent (Chart QS01).

QSA 2014 demonstrated that mechanisms required for clinical governance were in place in majority of LHDs/SNs as well as NSW. In NSW, 91 per cent of respondents 'Strongly agreed' or 'Agreed' that the organisation had 'clear, integrated and effective processes for safety and quality, including risk management and clinical incident management systems'. Responses from LHDs/SNs ranged from 71 to 100 per cent (Chart QS02). In NSW, 77 per cent of respondents 'Strongly agreed' or 'Agreed' that 'All staff are provided with adequate information, resources, training and professional development to support the organisation's quality & safety processes'. Responses from LHDs/SNs ranged from 48 to 94 per cent (Chart QS03).

This Patient based care component of QSA 2014 was analysed by LHDs/SNs, all domains were included in the analysis. In NSW, 88 per cent of respondents 'Strongly agreed' or 'Agreed' that 'Patients and their families and/or carers are viewed as integral members of the health care team'. Responses from LHDs/SNs ranged from 66 to 100 per cent (Chart QS04). The following question related to Patient based care in acute services only. In NSW, 26 per cent of respondents indicated that they fully implemented 'a process for patients, families or carers to escalate care and to request a clinical review or

rapid response if they are worried or concerned about any change in the patient's condition'. Responses from LHDs/SNs ranged from 5.4 to 63 per cent (Chart QS05).

#### **Health Care Teams (Chart QS06):**

In this section, a single question was selected to describe the Health Care Teams component of QSA 2014. As this question was not applicable to Ambulance NSW, only three domains were included in the analysis. Seventy-one per cent of respondents in NSW 'Strongly agreed' or 'Agreed' that 'It is clear what parts of the patient's record are in the eMR and what information is in the paper medical record in our department or clinical unit'. Responses from LHDs/SNs ranged from 55 to 85 per cent (Chart QS06).

#### **Patient Nutrition (Chart QS07):**

Good nutrition is fundamental for health, healing and recovery from illness and injury. The presence or absence of a nutrition guideline or protocol was assessed in QSA 2014. The selected question in this section was applicable to all domains but Ambulance NSW. In NSW, 84 per cent of respondents indicated that they used 'a patient nutrition guideline or protocol' in their departments or clinical units. Of these guidelines, 60 per cent was based on the organisation's approach and the other 24 per cent was based on a local approach. Responses from LHDs/SNs ranged from 73 to 97 per cent (Chart QS07).

#### **Pressure Injury Prevention and Management (Charts QS08 to QS10):**

Pressure injuries (PIs) can have a lengthy healing time and have consequences for quality of life including susceptibility to infection, pain, sleep and mood disturbance. Questions related to PI in this section were applicable to all domains but Ambulance NSW. Only responses from the three domains were included in the analysis.

In NSW, 95 per cent of respondents indicated that their departments or clinical units have 'a guideline or protocol in relation to PI prevention and management'. Responses from LHDs/SNs ranged from 66 to 100 per cent (Chart QS08). Eighty-six per cent of the state's unit level respondents 'Strongly agreed' or 'Agreed' that 'PI prevention and management is well

integrated with the broader wound management system'. Responses from LHDs/SNs ranged from 60 to 100 per cent (Chart QS09). Respondents who reported having the PI prevention and management guideline or protocol were asked a series of further questions. They were asked if there was Annual Point Prevalence surveys undertaken to monitor processes and outcomes of PI prevention in their departments or clinical units. In NSW, 35 per cent of respondents indicated that they undertook the surveys. Responses from LHDs/SNs ranged from 0.0 to 79 per cent (Chart QS10).

#### **Wound Management (Chart QS11):**

The question related to Wound Management in this section was applicable to all domains but Ambulance NSW. Respondents were asked how often were wound experts accessible when needed. In NSW, 92 per cent of respondents indicated that the accessibility was 'routinely' or 'occasionally'. Less than 10 per cent (7.9 per cent) reported 'Rarely' or 'Never'. Responses from LHDs/SNs ranged from 19 to 93 per cent (Chart QS11).

#### **QSA Evaluation (Charts QS12 to QS13):**

Questions related to QSA Evaluation in this section were applicable to respondents from all levels (LHD, Division, Facility and Unit levels) (N=1,789). In NSW, 64 per cent of all respondents 'Strongly agreed' or 'Agreed' that 'The QSA self-assessment is a valuable process that assists our Department or Clinical Unit to improve our quality and safety systems'. Responses from LHDs/SNs ranged from 41 to 90 per cent (Chart QS12). In NSW, 66 per cent of all respondents 'Strongly agreed' or 'Agreed' that 'The information from this self-assessment will be used in developing our quality and safety improvement plans'. Responses from LHDs/SNs ranged from 45 to 85 per cent (Chart QS13).

#### **Implications:**

The QSA self-assessment responses should always be interpreted in the local context. The responses do, however, provide an opportunity to highlight areas which may require improvement at a system level. In summary, the results from the QSA 2014 indicate that:

- The perception of a positive patient safety culture remains strong across NSW.
- About 30% of respondents reported that it was unclear where clinical information can be found as local teams transition between paper and electronic medical records.
- While most clinical units have a nutrition guideline or protocol implemented, or in planning, there is opportunity to reduce variability with greater uptake of organisational approaches based on the state policy, PD2011\_078.
- Pressure injury prevention guidelines or protocols are almost uniformly implemented across NSW, where the local protocol is well connected with the organisational approach and the state policy (PD2014\_007). There are improvements still to be found in the maturity of local policy implementation, particularly with regards to monitoring functions (such as Annual Point Prevalence Surveys – 35%).
- Access to wound experts when needed is generally more readily available in the metropolitan local health districts, compared to rural.

**What we don't know:** The responses given by participants may reflect a practice and/or perception gap.

It is impossible for the system level analysis of QSA data to comprehend the specific local context around clinical practice as it happens. For this reason, QSA data needs to be reviewed by local teams at the local level to assign true meaning and to understand the root causes for clinical practice as it happens.

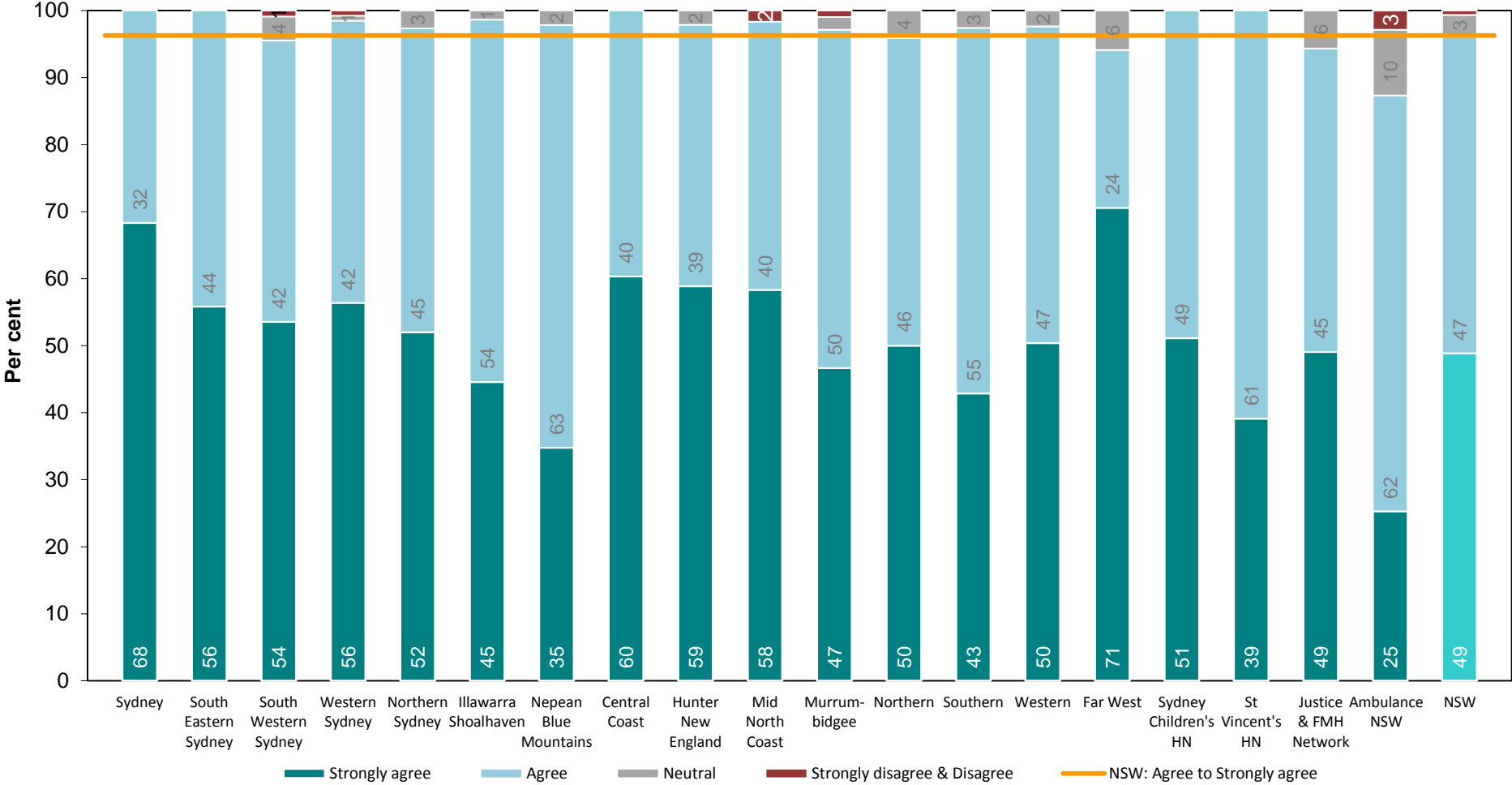
Local teams develop and implement their own action plans, aligned with their identified local priorities from the QSA data. The detail, implementation status or impact of local action plans is not known.

#### References:

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

Chart QS01 – Quality and Safety culture by LHD/SN, NSW, 2014

Agreement of unit level respondents (%) for “There is a positive patient safety and quality culture in our department or clinical unit” (n=1,643)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QS02 – Clinical Governance by LHD/SN, NSW, 2014

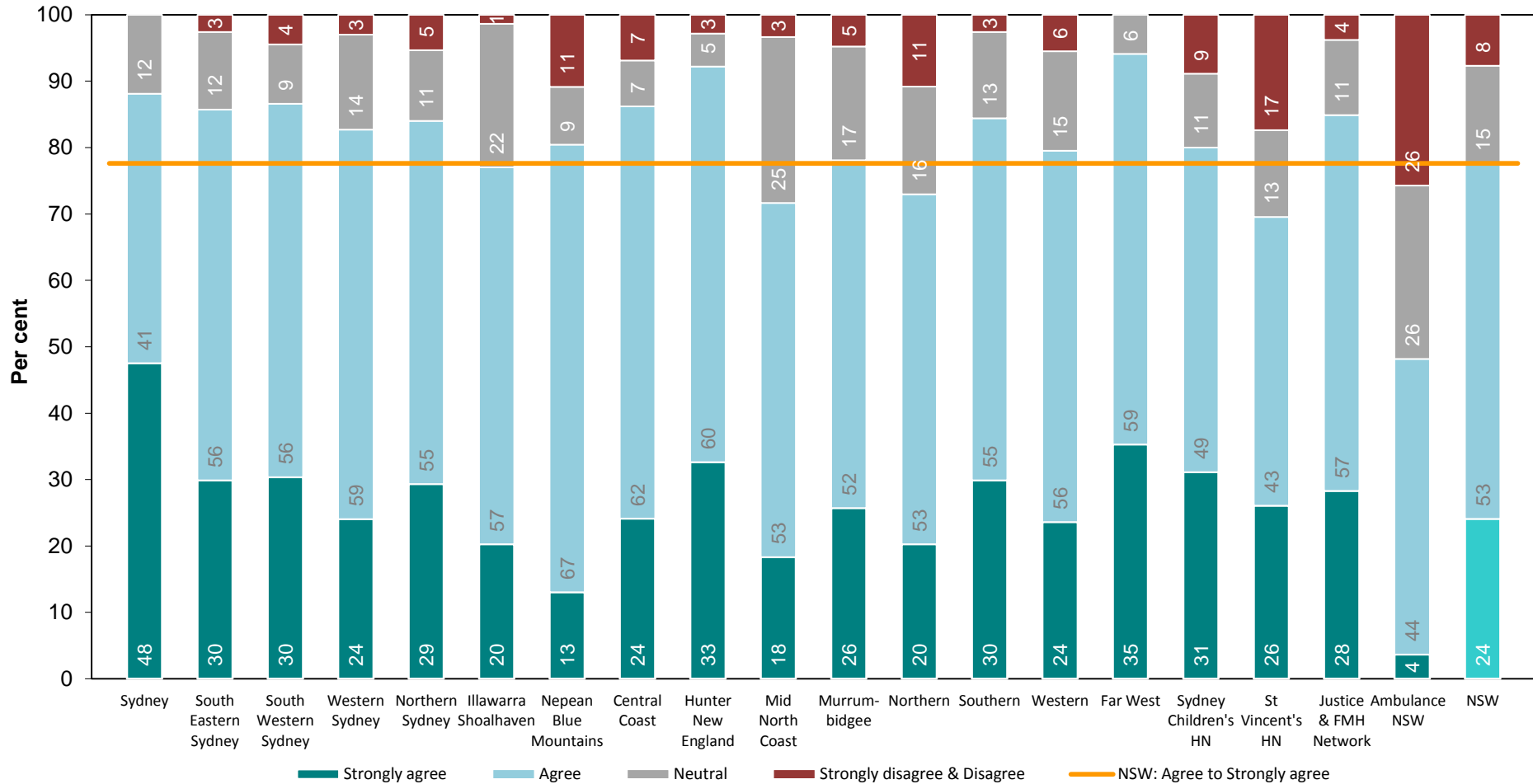
Agreement of unit level respondents (%) for “The organisation has clear, integrated and effective processes for safety and quality, including risk management and clinical incident management system” (n=1,643)



Source: Quality Systems Assessment, Clinical Excellence Commission.

### Chart QS03 – Clinical Governance by LHD/SN, NSW, 2014

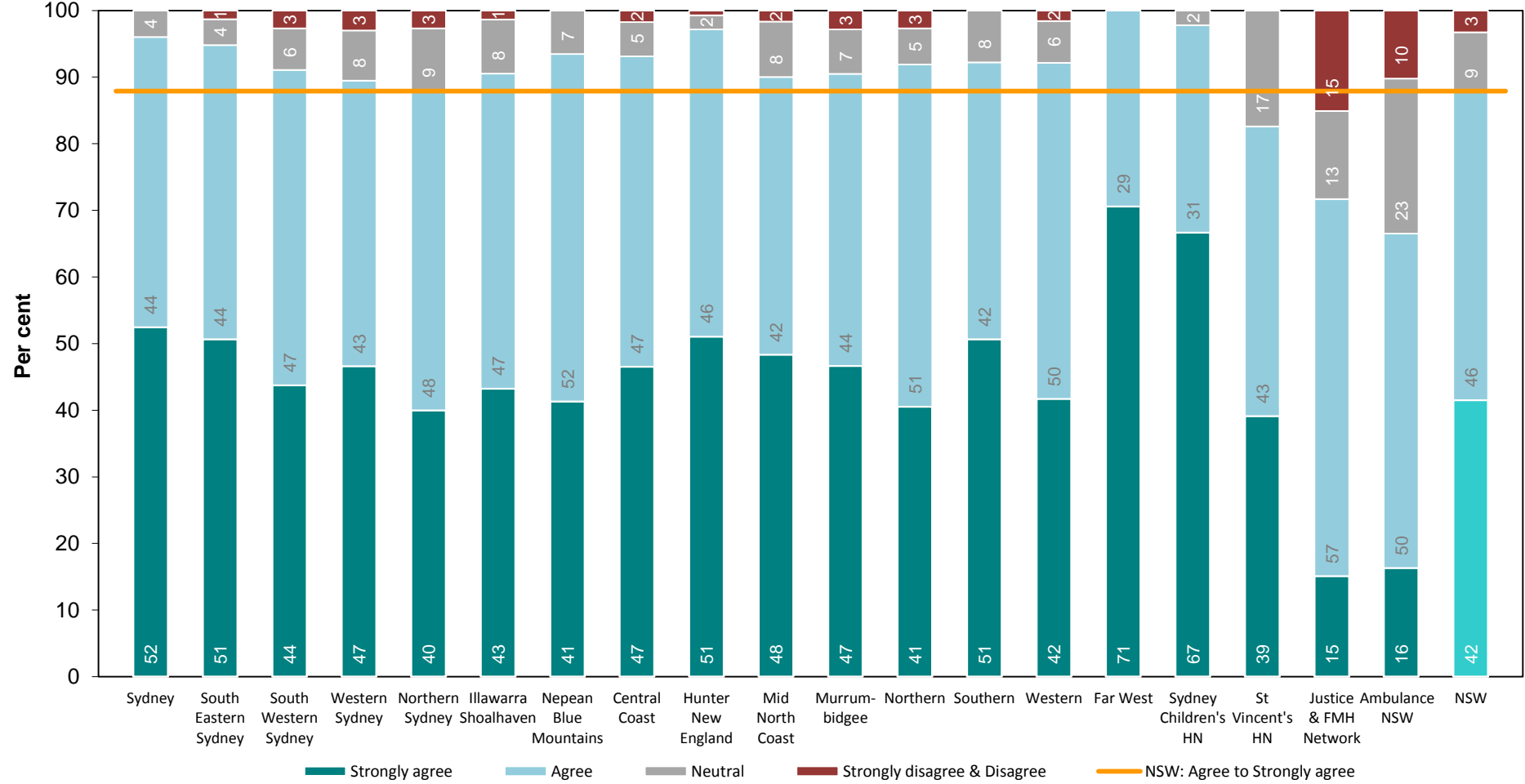
Agreement of unit level respondents (%) for “All staff are provided with adequate information, resources, training and professional development to support the organisation's quality & safety processes” (n=1,643)



Source: Quality Systems Assessment, Clinical Excellence Commission.

Chart QS04 – Patient Based Care by LHD/SN, NSW, 2014

Agreement of unit level respondents (%) for “Patients and their families and / or carers are viewed as integral members of the health care team” (n=1,643)

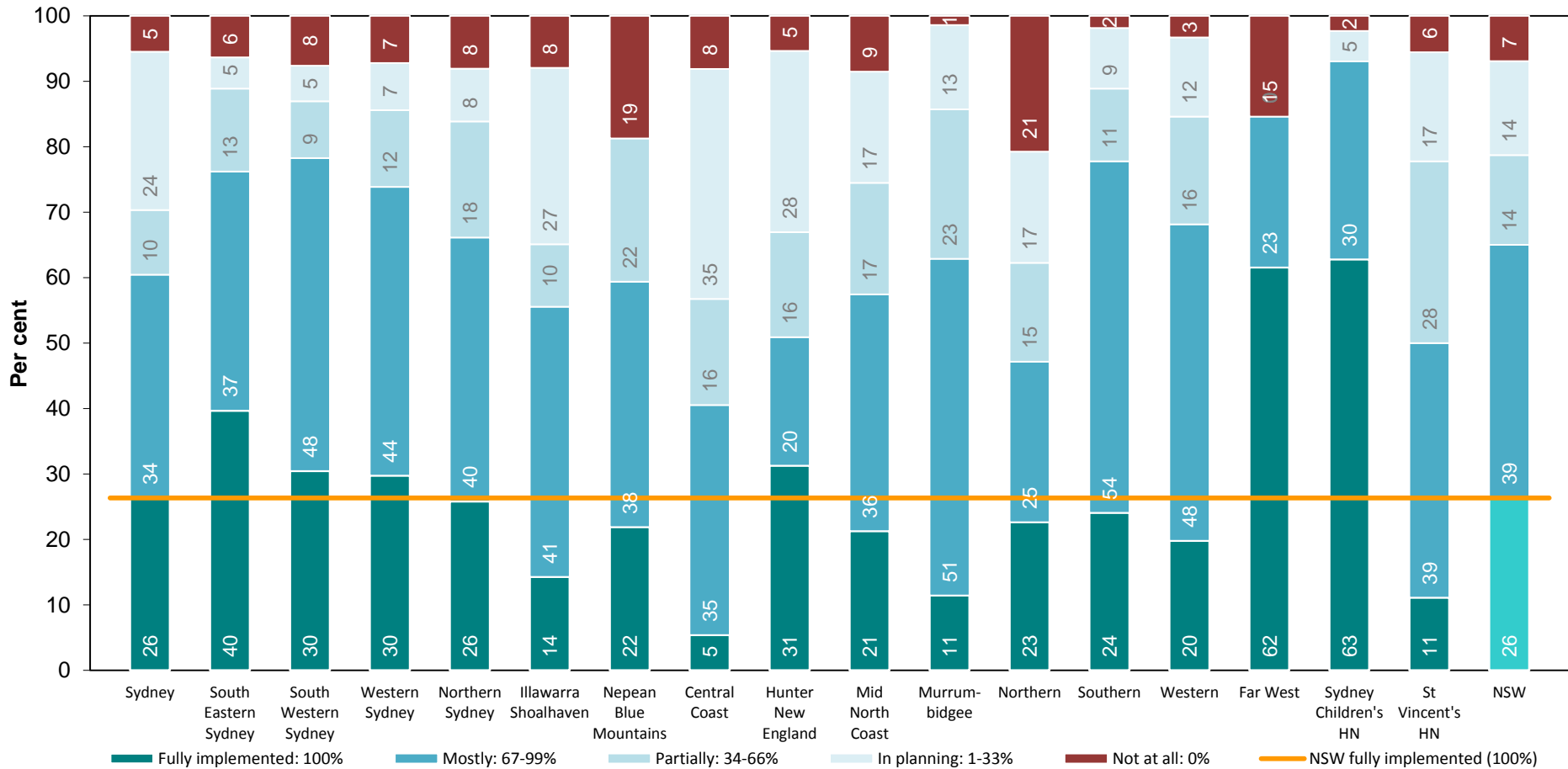


Source: Quality Systems Assessment, Clinical Excellence Commission.



### Chart QS05 – Patient Based Care by LHD/SN, NSW, 2014

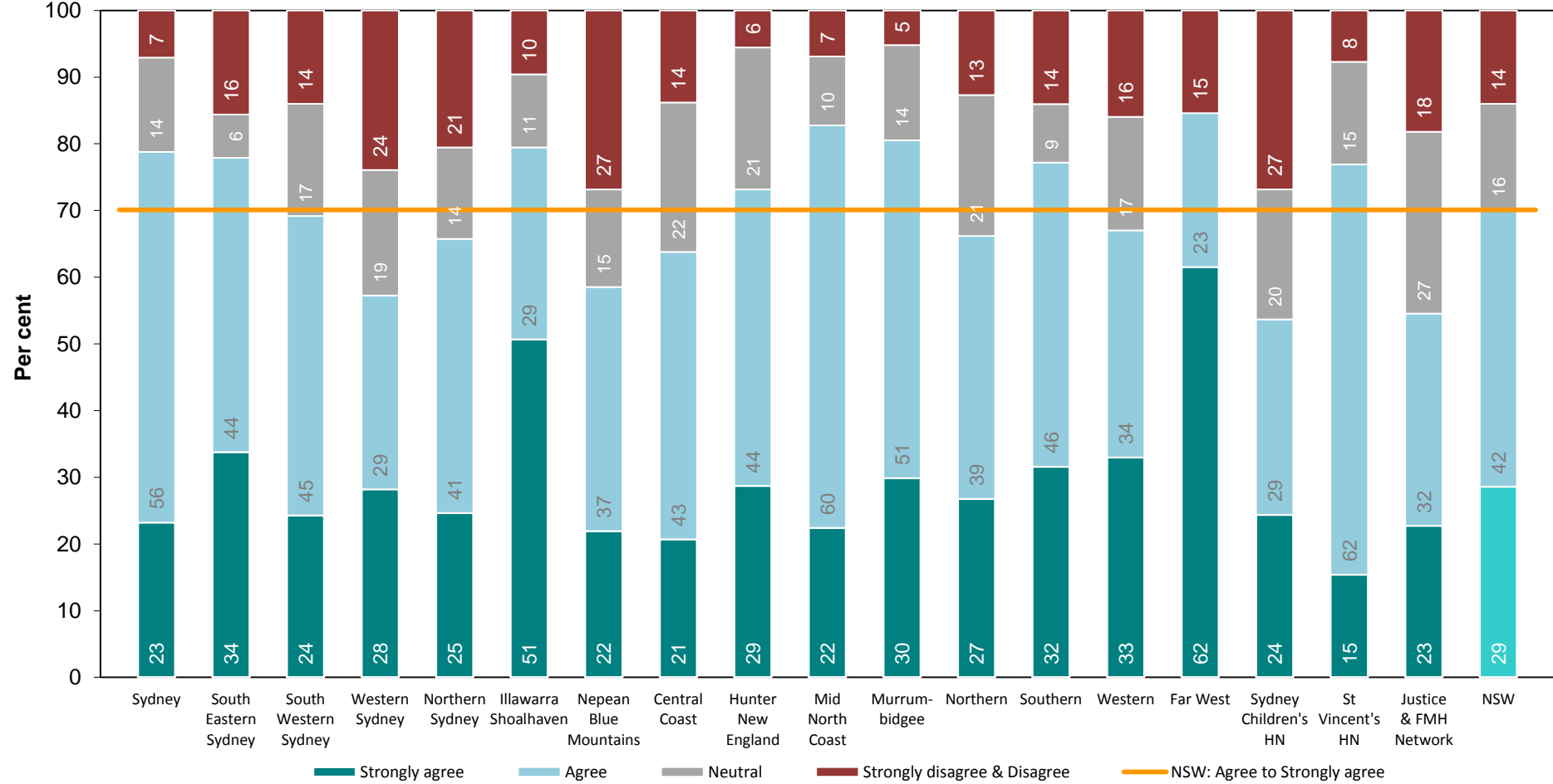
Implementation of unit level respondents (%) for “Our department or clinical unit has a process for patients, families or carers to escalate care and to request a clinical review or rapid response if they are worried or concerned about any change in the patient’s condition” (n=1,052)\*



Note: \* Unit level respondents (acute services only). 'Not applicable' responses were excluded from the analysis.  
Source: Quality Systems Assessment, Clinical Excellence Commission.

### Chart QS06 – Health Care Teams by LHD/SN, NSW, 2014

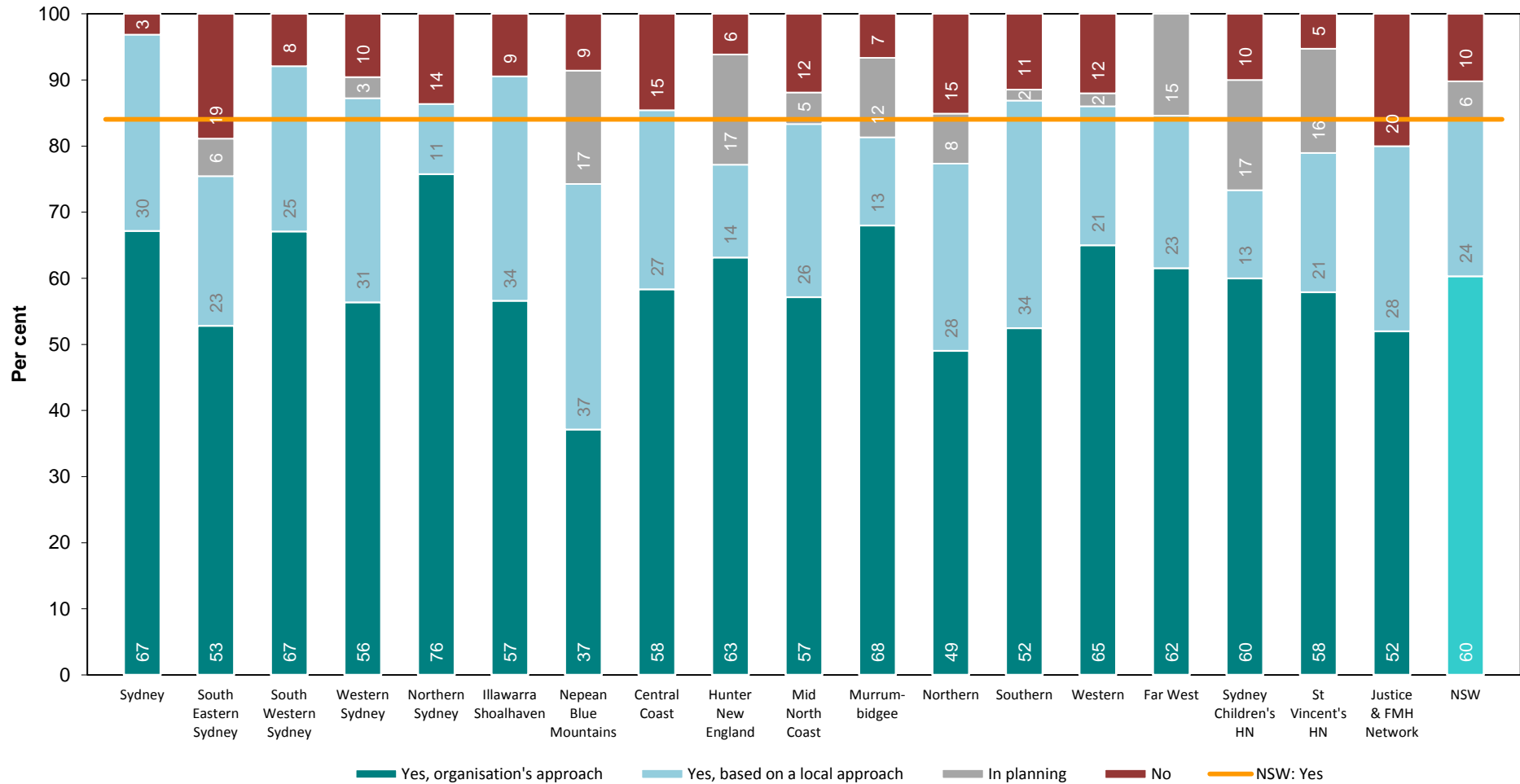
Agreement of unit level respondents (%) for “It is clear what parts of the patient’s record are in the eMR and what information is in the paper medical record in our department or clinical unit” (n=1,221)\*



Note: \* Unit level respondents (acute services only). 'Not applicable' and 'Don't know' responses were excluded from the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

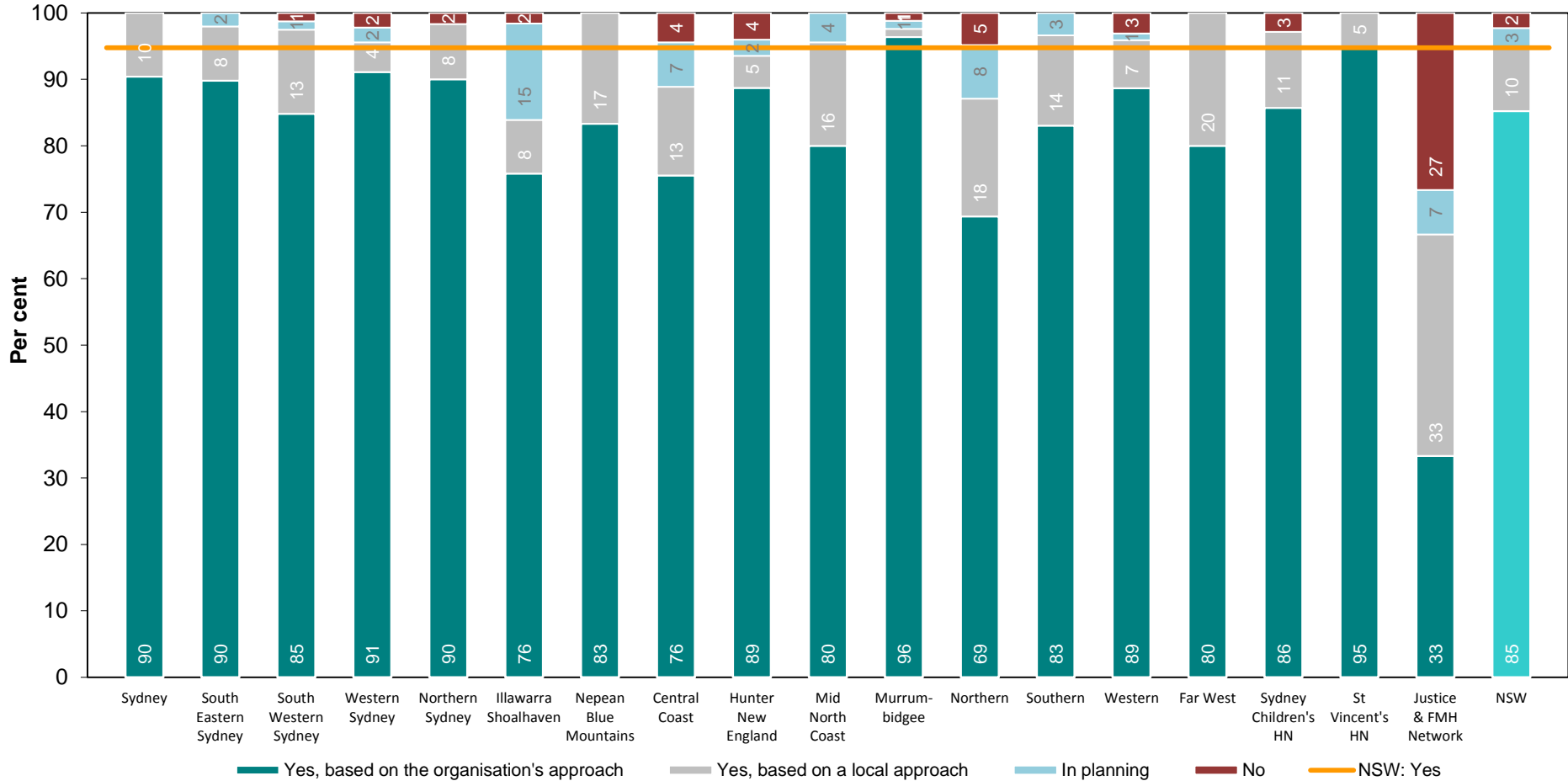
### Chart QS07 – Patient Nutrition by LHD/SN, NSW, 2014

Per cent of unit level respondents using “a patient nutrition guideline or protocol in their department or clinical unit” (n=1,021)\*



Note: \* Unit level respondents (acute services only). Responses as 'Not applicable', 'Don't know' or blanks were excluded from the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

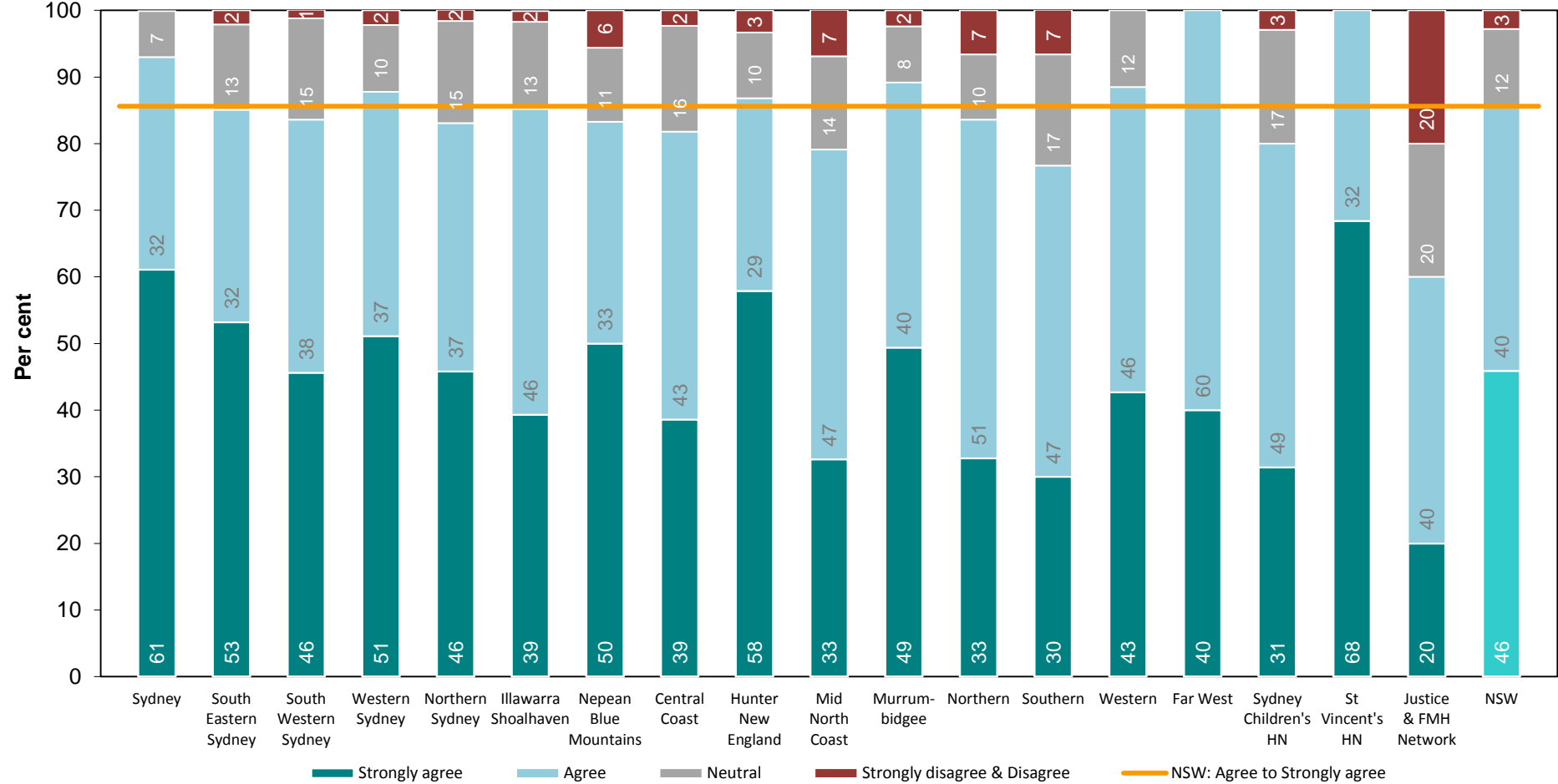
Chart QS08 – Pressure Injury (PI) Prevention by LHD/SN, NSW, 2014  
 Per cent of unit level respondents having “a guideline or protocol in relation to pressure injury prevention and management”  
 (n=1,048)\*



Note: \* Unit level respondents (acute services only). Responses as 'Not applicable', 'Don't know' or blanks were excluded from the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

### Chart QS09 – Pressure Injury Prevention by LHD/SN, NSW, 2014

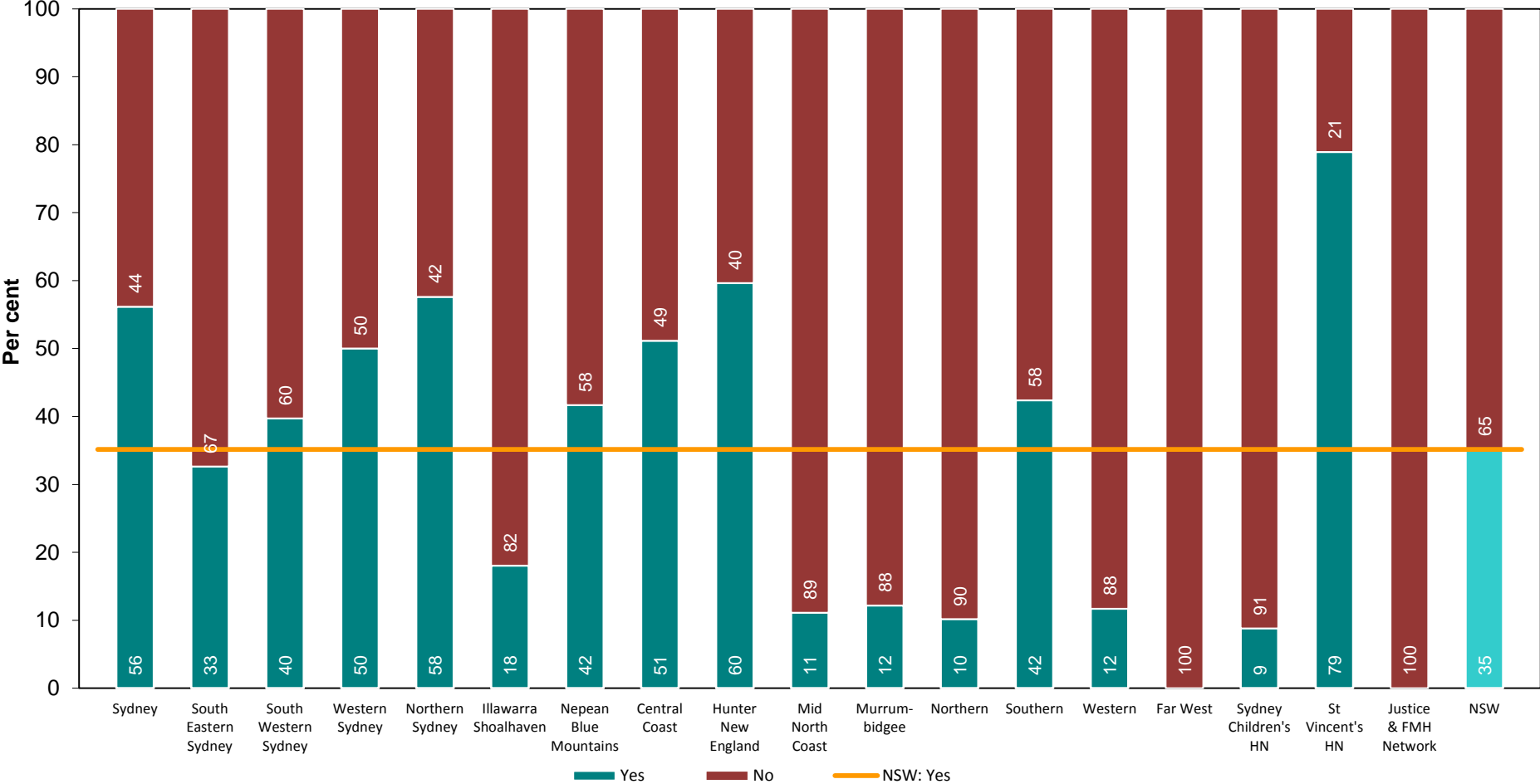
Agreement of unit level respondents (%) for “Pressure Injury prevention and management is well integrated with the broader wound management system in our department or clinical unit” (n=1,031)\*



Note: \* Unit level respondents (acute services only). Only respondents completed this question were included in the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

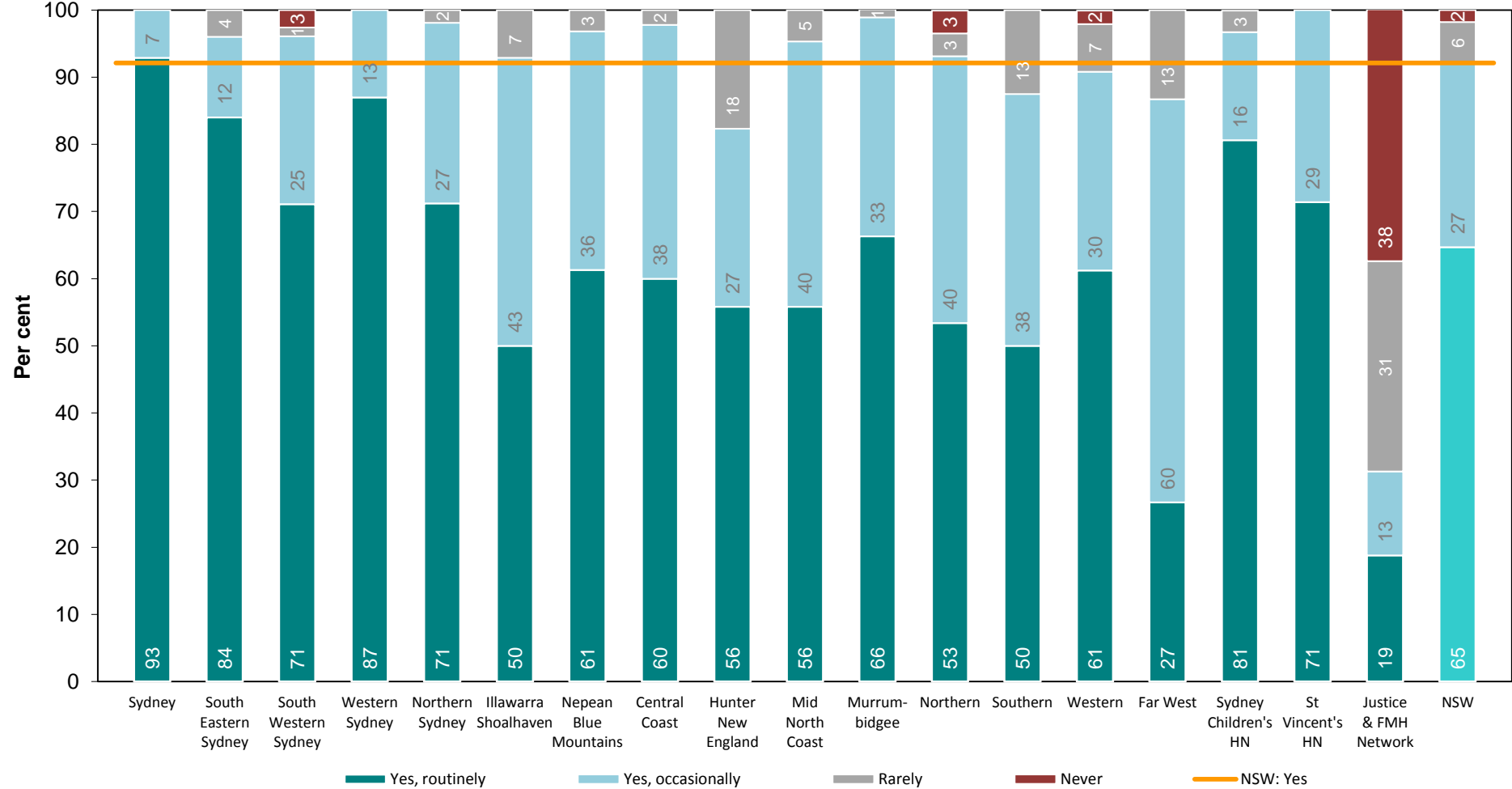
### Chart QS10 – Pressure Injury Prevention by LHD/SN, NSW, 2014

Per cent of unit level respondents undertaking “annual point prevalence surveys” to monitor processes and outcomes of pressure injury prevention in their department or clinical unit (n=1,024)\*



Note: \* Unit level respondents (acute services only) reported having a guideline or protocol in relation to PI prevention and management were included in the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

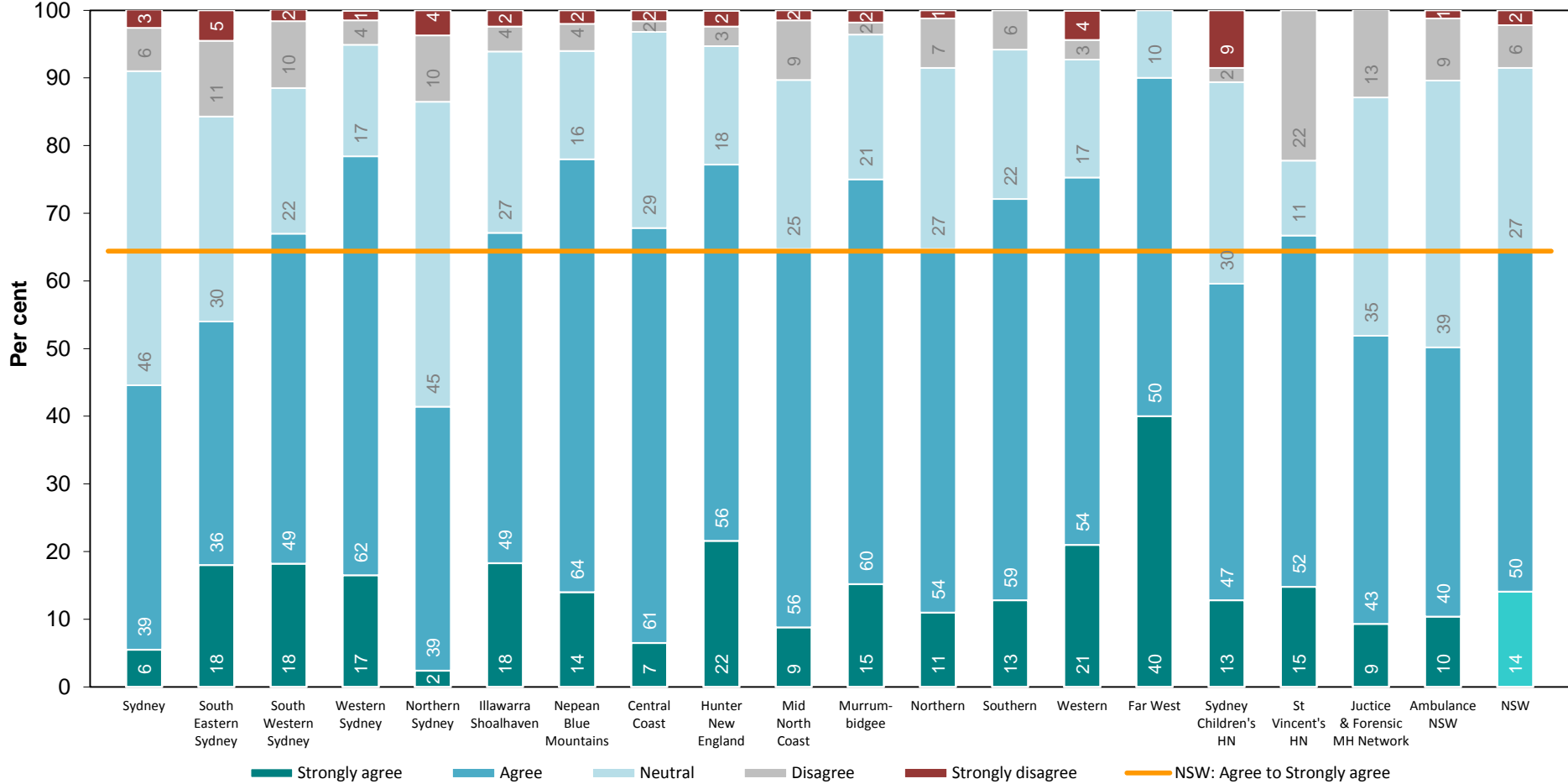
Chart QS11 – Wound management by LHD/SN, NSW, 2014  
 Per cent of unit level respondents reporting frequency of “Wound experts are accessible when needed” (n=1,002)\*



Note: \* Unit level respondents (acute services only). Responses as 'Don't know' or blanks were excluded from the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

### Chart QS12 – QSA Evaluation by LHD/SN, NSW, 2014

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” (n=1,789)\*

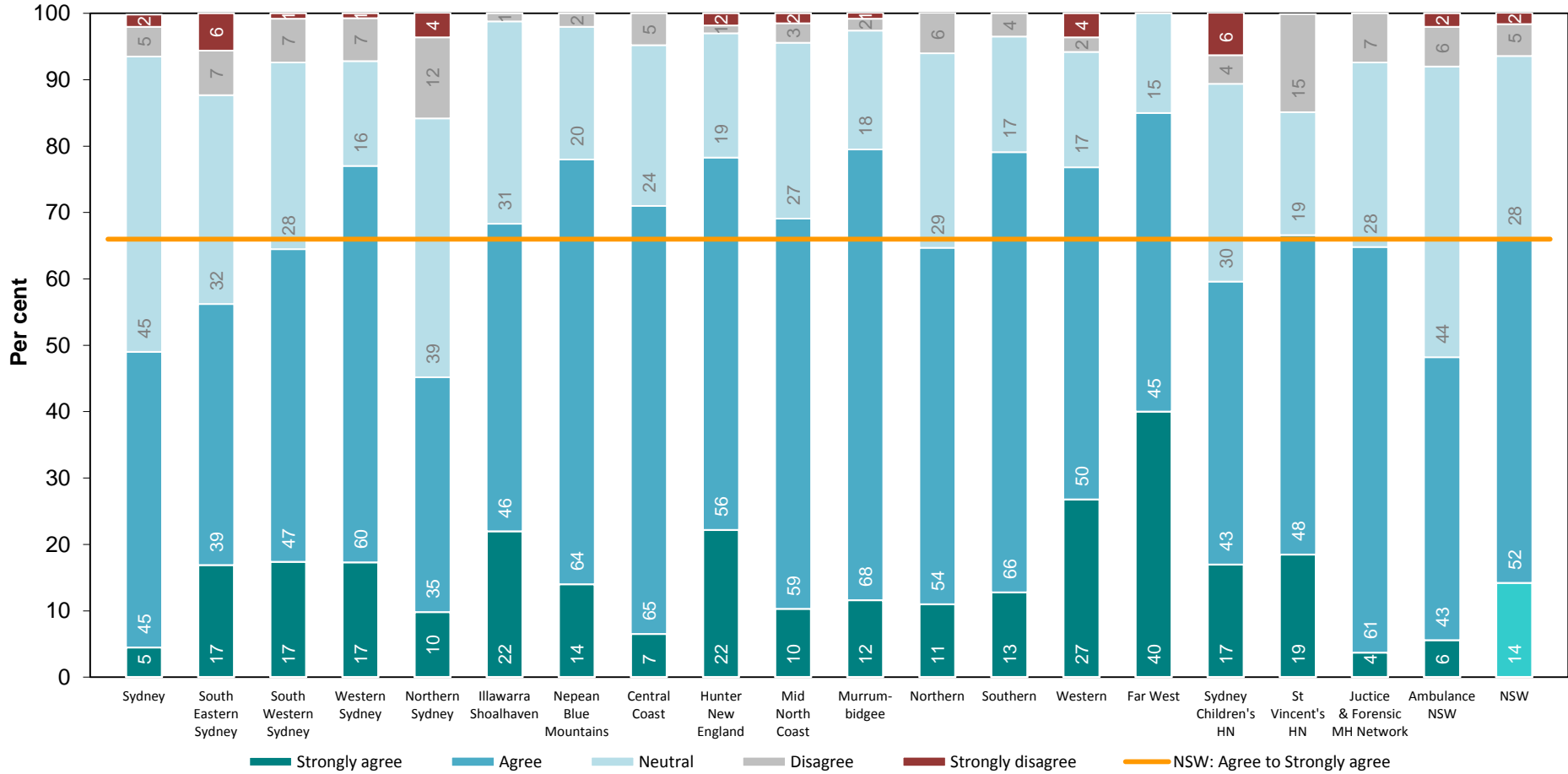


Note: \*Only respondents completed the self-assessment were included in the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.



### QS13 – QSA Evaluation by LHD/SN, NSW, 2014

Agreement of all respondents for “The information from this self-assessment will be used in developing our quality and safety improvement plans” (n=1,789)\*



Note: \*Only respondents completed the self-assessment were included in the analysis.  
 Source: Quality Systems Assessment, Clinical Excellence Commission.

## Data Definitions

<b>Chart:</b>	<b>QS01-QS04</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Quality & Safety culture, Clinical Governance and Patient Based Care
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to the Quality & Safety culture, Clinical Governance and Patient Based Care by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in all domains (acute, community, JH&FMHN and ASNSW)
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility
<b>Numerator:</b>	Number of participants by response categories for each question
<b>Denominator:</b>	Total number of participants responded to each question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS05</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Patient Based Care
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to the Patient Based Care by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in three domains (acute, community and JH&FMHN)
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility
<b>Numerator:</b>	Number of participants by response categories of the question
<b>Denominator:</b>	Total number of participants responded to the question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS06</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Health Care Teams
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to the Health Care Teams by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in three domains (acute, community and JH&FMHN)
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility
<b>Numerator:</b>	Number of participants by response categories of the question
<b>Denominator:</b>	Total number of participants responded to the question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS07</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Patient Nutrition
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to the Patient Nutrition by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in three domains (acute, community and JH&FMHN)
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility
<b>Numerator:</b>	Number of participants by response categories for each question
<b>Denominator:</b>	Total number of participants responded to each question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS08-QS10</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Pressure Injury Prevention
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to Pressure Injury Prevention by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in three domains (acute, community and JH&FMHN).
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility.
<b>Numerator:</b>	Number of participants by response categories for each question
<b>Denominator:</b>	Total number of participants responded to each question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS11</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: Wound Management
<b>Description:</b>	QSA 2014: Responses to self-administered survey question related to Wound management by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	Responses from Unit level respondents in three domains (acute, community and JH&FMHN).
<b>Data Exclusions:</b>	Responses from the following levels; District, Division and Facility
<b>Numerator:</b>	Number of participants by response categories for each question
<b>Denominator:</b>	Total number of participants responded to each question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable

<b>Chart:</b>	<b>QS12-QS13</b>
<b>Admin Status:</b>	Current, 2014
<b>Indicator Name:</b>	QSA 2014: QSA 2014 Evaluation
<b>Description:</b>	QSA 2014: Responses to self-administered survey questions related to the QSA 2014 Evaluation by LHD/SN
<b>Dimension:</b>	Patient safety
<b>Clinical Area:</b>	Initiatives in safety and quality health care
<b>Data Inclusions:</b>	All respondents participated in the QSA self-assessment 2014 survey
<b>Data Exclusions:</b>	None
<b>Numerator:</b>	Number of participants by response categories for the question
<b>Denominator:</b>	Total number of participants responded to the question
<b>Standardisation:</b>	None (crude rate per 100 was calculated)
<b>Data Source:</b>	QSA 2014 data, Clinical Excellence Commission, NSW Ministry of Health
<b>Comments:</b>	Not Applicable