



CLINICAL
EXCELLENCE
COMMISSION

YEAR IN REVIEW 2011-12



Leadership Capabilities

Profound Strategy | Purposeful Directions
Purposeful Behaviour | Profound Knowledge



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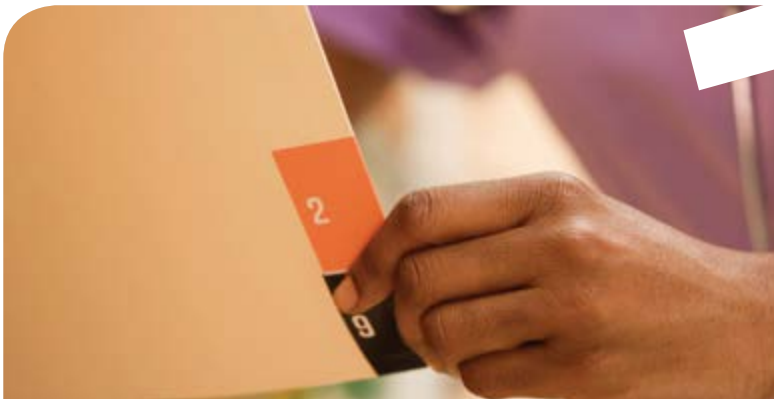
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1 Introduction

The CEC’s mission is to build confidence in health care in NSW by making it demonstrably better and safer for patients and a more rewarding workplace.

The NSW Clinical Excellence Commission (CEC) was established to promote and support improved clinical care, safety and quality across the NSW health system.

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Profile, purpose and goals

The Clinical Excellence Commission (CEC) has a central role in the responsibility for quality and safety in the NSW health system. The CEC was established in 2004, to promote and support improved clinical care, safety and quality across the NSW health system. The CEC is guided by NSW Health values of Collaboration, Openness, Respect and Empowerment.

Mission

The CEC's mission is to build confidence in health care in NSW by making it demonstrably better and safer for patients and a more rewarding workplace.

Vision

The CEC's vision is to be the publicly respected voice providing the people of NSW with assurance of improvement in the safety and quality of health care.

The key functions of the CEC are to:

- a) Provide system wide clinical governance leadership with local health districts and specialty networks, including support of the implementation and ongoing development of local quality systems;
- b) Develop policy and strategy related to improvements of clinical quality and safety across the NSW public health system and promote and support improvement in clinical quality and safety in public and private health services;
- c) Identify, develop and disseminate information about clinical quality and safety in health care on a state wide basis, including (but not limited to):
 - i. Working with Health Education and Training Institute to provide advice and inform the Institutes development, provision and promotion of training and education programs
 - ii. Identifying priorities for and promoting the conduct of research about clinical quality and safety in health care



- d) Review adverse clinical events arising in the NSW public health system and develop responses to those incidents including (but not limited to):
 - i. Coordinating responses to specific incidents with system or statewide implications; and
 - ii. Providing advice to the Director General on urgent request or emergent patient safety issues and staff safety issues in a clinical setting
- e) Monitor clinical quality and safety processes and performance of public health organisations and to report to the Director General and Minister thereon;
- f) Provide the Bureau of Health Information with relevant data about clinical quality and safety in the public health system, to support the Bureau's public reporting function;
- g) Consult broadly with public health organisations, health professionals and members of the community in performing its functions;
- h) Provide advice to the Director General and Minister for Health on issues arising out of its functions;
- i) To develop three year Strategic Plans and an Annual work Plan, linking these activities and priorities of the Commission to the statewide directions and priorities of NSW Health and work in accordance with these plans and Service Compact agreed with the Director General

The CEC fulfils these functions by:

- » Providing advice to the Minister and Director-General of Health
- » Notifying system-wide safety concerns
- » Conducting quality system assessments
- » Working with public health organisations to facilitate quality improvements
- » Providing a source of expert advice and assistance
- » Developing and promoting a Statewide approach to improving safety and quality
- » Engaging clinicians and the community
- » Identification and development of training and education strategies and clinical tools
- » Leading the development and system-wide dissemination of evidence-based guidelines
- » Focusing on system issues for improvement across NSW.

Highlights 2011–2012

Patient Safety

The Patient Safety Team provides six monthly public reports on the Incident Information Management System. Three Clinical Focus Reports addressing urgent and statewide clinical issues have been published.

The Deteriorating Patient

- » Electronic versions of the Standard Adult General Observation Chart (SAGO) and Standard Paediatric Observation (SPOC) Charts have been developed in collaboration with Health Support Services (HSS) and CERNER Corporation. These will enable observations to be recorded in the electronic medical record and will provide enhanced capability to recognise deterioration and escalate care.
- » The Standard Adult General Observation Chart (SAGO) has been revised. This completes the range of charts for the care of hospitalised patients and will provide a safety net for pregnant women in maternity services.
- » In the last 12 months there has been a 14% reduction in Root Cause Analyses (RCAs) related to failure to recognise and manage the deteriorating patient.
- » The **In Safe Hands** program, which was launched in September 2011, provides guidance and a framework for building high reliability patient care teams and seeks to foster clinician engagement in the development of solutions focused on improving the performance of the team.

Health Care

Associated Infections

- » The **Sepsis Kills** program has been enthusiastically adopted by clinicians in Emergency Departments throughout NSW, particularly in rural areas, with spread to inpatient wards in some hospitals
- » The NSW state median time from triage to administration of antibiotics has been significantly reduced from four hours at the commencement of the Sepsis Kills program to consistently less than 80 minutes and more than 50% of patients are receiving antibiotics in two hours or less.
- » The downward trend on **Central Line Associated Bacteraemia (CLAB)** in Intensive Care Units (ICU) continues with only 69 cases reported in the whole of NSW from 82,325 central line days
- » NSW *Staphylococcus aureus* blood stream infection rate of 1.17 bloodstream infections per 10,000 bed days is below the national benchmark of 2.0 per 10,000 bed days
- » The **Hand Hygiene** initiative of the Federal Government has been championed in NSW by the CEC. Between July 2011 and June 2012, improvement in hand hygiene performance continued, with compliance increasing from 74.7% to 78.9%. NSW continues to show compliance rates for hand washing above the national average. Medical officers improved by more than 8% to 66.5% and nurses/midwives by more than 3% to 84.2% compliance

» Medication Safety

The Clinical Excellence Commission has expanded on its existing role in medication safety and quality use of medicines, becoming a lead agency for this work in NSW. After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide. The CEC and Cancer Institute NSW sponsor this program in Australia, and contributed to its development.

Quality Systems Assessment

- » Continued increase in numbers of clinical units completing the self assessment (846 in 2007; 1203 in 2011) with corresponding increase in response rate (82% 2007; 99% 2011)
- » Overall, 16,095 self-assessment responses were verified with an accuracy rate of 97.8%. This result is consistent with the findings of the 2009 and 2010 verification programs
- » Over 80 clinicians from the system have received training and have completed on site visits as QSA Assessors
- » Bernadette King, Program Leader awarded status of Associate Fellow of Australasian Association for Quality in Health Care (AAQHC) October 2011



The CEC has become a recognised leader in driving improvements in safety and quality in health care



Falls Prevention

- » The focus for April Falls Day®/ Month this year was falls and bone health. The CEC hosted special events including forums and grand rounds at the CEC, Mid North Coast and Northern NSW Local Health Districts with visiting Professor Finbarr Martin from the UK.
- » A video on falls and bone health featuring the Australian Government Department of Health and Ageing, Ambassador for Ageing Noeline Brown was produced.

Education and Training

- **Clinical Leadership**
In 2011, 247 participants completed the Clinical Leadership Program (CLP) with all participants undertaking an individual or team clinical improvement initiative designed to improve patient safety and clinical quality. By the end of 2012 CLP over 1000 participants had completed the program since its inception in 2007.
- **Clinical Practice Improvement**
In a collaboration with the Royal Australasian College of Physicians (RACP), 24 advanced trainee doctors undertook a two day CPI workshop and they are also undertaking a project, over a year, to improve patient outcomes. The program has been very well received and the projects are underway.

- Undergraduate Education

A revision of the Newcastle university medical curriculum gave the opportunity to introduce patient safety teaching to first year students at the Newcastle and Armidale campus.

Special Committees

- » There were 1072 (68%) active NSW surgical fellows of the Royal Australasian College of Surgeons participating in the Collaborating Hospitals' Audit or Surgical Mortality (CHASM)
- » CHASM completed the audit of 5737 (96.5%) deaths reported by surgeons

Publications

- » Annual Report 2011
- » Chartbook 2010
- » Clinical Incident Information Management in the NSW Public Health System January – June 2010
- » Clinical Focus reports from Review of Root Cause Analyses and/or Incident Information Management Systems Data
- » Collaborating Hospitals Audit Surgical Mortality (CHASM) Case Book July 2010 – June 2011
- » Individual Report to a Participating Surgeon 1 July 2010 – 30 June 2011

- » *Activities of the Special Committee Investigating Deaths Under Anaesthesia 2009* for public release and distribution to hospitals and professional colleges
- » Safer Systems Better Care; Quality Systems Assessment NSW statewide report 2011
- » 2011 Quality Systems Assessment, Supplementary report – Paediatrics
- » 2011 Quality Systems Assessment, Supplementary report – Sepsis
- » 2011 Quality Systems Assessment, Supplementary report – Delirium
- » 2011 Quality Systems Assessment, Supplementary report – Mental Health
- » Clinical Leadership Program project summary booklet 2010/2011
- » Programs and Projects Summary Booklet 2011

More information on CEC publications can be found on our website www.cec.health.nsw.gov.au

Overview of performance against Strategic Plan 2011-2012

	Objective	Strategies 2011-2012
Public Reporting	Report publicly to the Minister and the community on quality and safety in NSW Health	<ul style="list-style-type: none"> » Develop and deliver, in collaboration with the Ministry of Health, a bi-annual Public Report on adverse events » To engage the community in an informed discussion around the quality and safety of health care
Clinical Practice Improvement	Assist Local Health Districts and specialist networks to implement effective clinical improvement programs working closely with the Agency for Clinical Innovation, its networks and clinical groups	<ul style="list-style-type: none"> » Assist local health districts to undertake quality improvement projects » Enhance professional skills within local health districts to implement effective improvement programs and methodologies » Conduct statewide quality and safety initiatives
Quality Systems Assessment	Continue Quality System Assessment (QSA) program across NSW, including identification of assessment criteria that allow themselves to be measured, benchmarked and trended over time	<ul style="list-style-type: none"> » Use QSA data to identify key themes and issues related to quality and safety in NSW » Continue the QSA program in all PHOs on an annual basis » The QSA methodology requires local health districts to develop improvement plans to address particular issues



Key

Ongoing	»
Completed	✓
Not Completed	✗

Outcomes 2011-2012	Status	Future Directions
<ul style="list-style-type: none"> » Bi-annual report of incident (IIMS) data p38 » Collaborating Hospitals Audit Of Surgical Mortality (CHASM) Reports p54 » Activities of the Special Committee Investigating Deaths Under Anaesthesia » Quality Systems Assessment Statewide Reports p46 » Annual Report 2010-2011 	<ul style="list-style-type: none"> » ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> » Continue to focus on public reporting as a tool to inform and engage the community in discussions around quality and safety of health care
<ul style="list-style-type: none"> » Clinical Practice Improvement (CPI) workshops conducted for staff from all Local Health Districts (LHDs) p48 » Clinical Leadership Program continued with increased enrolments p42 » Statewide programs in place <ul style="list-style-type: none"> - Between the Flags p22 - Hand Hygiene p28 - Medication Safety p30 - Sepsis - Health Care Acquired Infection - Falls Prevention - Transfusion Medicine 	<ul style="list-style-type: none"> ✓ ✓ ✓ 	<ul style="list-style-type: none"> » Ensure that there is equity in access to education in clinical practice improvement methods for all clinicians » Continue to actively promote continuation of the clinical leadership program, building on the linkages it makes between leadership, and patient safety » Continue to provide opportunities for CLP alumni to gather to network and reinforce their commitment to patient safety and quality » Continue current programs and investigate and implement new clinical improvement initiatives
<ul style="list-style-type: none"> » The 2011 QSA self assessment focused on four themes p46 » The Statewide report makes 15 key recommendations on which Local Health District improvement plans are based p47 	<ul style="list-style-type: none"> ✓ ✓ 	<ul style="list-style-type: none"> » Continue to undertake the QSA on an annual basis » Topics for assessment include <ul style="list-style-type: none"> - Clinical governance and risk management - Credentialing and clinical supervision - Blood management - Clinical audit - Mortality review - End of life management

	Objective	Strategies 2011-2012
Information Management	Build a robust and integrated information base and reporting for use by decision makers	<ul style="list-style-type: none"> » Continue to measure and report on safety and quality by producing a Chartbook annually » Continue to expand the Collaborating Hospitals Audit of Surgical Mortality
Health System Improvement	Design and lead the implementation of systems for improving the quality and safety of health care, in partnership with clinicians, the Ministry of Health and Local Health Districts, based on a clear framework and priorities	<ul style="list-style-type: none"> » Identify effective clinical practice improvement projects that should be developed into state-wide programs » Prioritise the major system problems and effective solutions to these problems » Establish, in collaboration with ACI, clinical advisory groups and networks to help design programs for NSW-wide improvement in health care systems to address the priority problems » Be a source of expert advice on the evidence to support the prioritisation process, including evidence on the scale of problems and the effective solutions to these problems » Lead the implementation of state-wide systems for improving the quality and safety of health care
Organisational Development	Design and build the Clinical Excellence Commission as an organisation characterised by excellence in governance	<ul style="list-style-type: none"> » Strengthen the CEC's governance arrangements, particularly in relation to project management, communication and budget planning » Develop and implement robust risk management practices » Invest in CEC's people » Develop strong partnerships » Strengthen links with regional coordinators of clinical governance and clinical governance units in Local Health Districts and specialist networks

Key

Ongoing	»
Completed	✓
Not Completed	✗

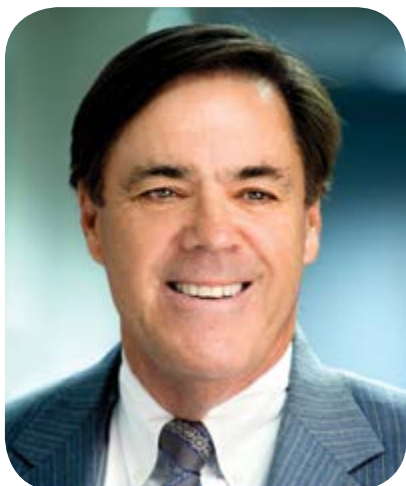
Outcomes 2011-2012	Status	Future Directions
<ul style="list-style-type: none"> » Chartbook 2010 released p52 » Chartbook 2011 in production » Review of Trim records management system p59 » Increased participation by surgeons in the Collaborating Hospitals' Audit of Surgical Mortality (CHASM) continues p54 » Twelve month individual reports provided to participating surgeons p54 	<ul style="list-style-type: none"> ✓ » ✓ ✓ ✓ 	<ul style="list-style-type: none"> » Implementation of a real time web-based publication format which is updated as new information becomes available » Explore with the Bureau of Health Information and the Agency for Clinical Innovation dissemination of relevant information for busy clinicians
<ul style="list-style-type: none"> » The Between the Flags program continued with education aimed at developing skills, knowledge and the confidence of clinicians to recognise and manage clinical deterioration p22 » The Sepsis Kills program has been enthusiastically adopted by clinicians in Emergency Departments throughout NSW p26 » In Safe Hands program designed to build high reliability patient care teams was launched in September 2011 p44 » Program to address issues of delirium » Three Clinical Focus Reports were finalised and distributed p38 » The CEC continues to manage the NSW component of the National Hand Hygiene initiative p28 	<ul style="list-style-type: none"> ✓ » » ✗ ✓ » 	<ul style="list-style-type: none"> » Continue the evaluation of the Between the Flags program with Local Health District and academic partners » Rollout of electronic medical record (eMR) across facilities in NSW » Development of an automated reporting template in the on-line Sepsis Data Collection and Reporting System » Rollout of the In Safe Hands program across NSW » Support ACI in the implementation of a Delirium program
<ul style="list-style-type: none"> » New staff are trained in project management processes » Risk management framework is incorporated into the independent Audit and Risk Management committee schedule p70 » Business Continuity Planning policies and procedures established and training undertaken » Regular internal professional development courses and workshops are held for CEC staff p90 » The CEC has appointed a fulltime Director of Clinical Governance p15 » A forum is held at the CEC every month to support Local Health District Directors of Clinical Governance p15 	<ul style="list-style-type: none"> ✓ » » ✓ ✓ ✓ 	<ul style="list-style-type: none"> » Continue to train new staff in project management processes » Continually reassess and update risk register and provide regular reports to the Board » Continue to conduct Business Continuity Planning training and exercises » Continue to strengthen relationships with the other members of the Four Pillars <ul style="list-style-type: none"> - Agency for Clinical Innovation (ACI) - Health Education and Training Institute (HETI) - Bureau of Health Information (BHI) » Continue to strengthen relationship with the Australian Commission on Safety and Quality in Health Care » Continue to strengthen relationships with other stakeholders in promoting the quality and safety agenda

	Objective	Strategies 2011-2012
Community Engagement	Be a leader in promoting improved care experience and patient engagement in safety and quality in health care	<ul style="list-style-type: none"> » Increase awareness in the community about issues relating to safety and quality in health care and the role of the CEC in promoting safety and quality and system wide improvement » Implement CEC programs to improve patient care experience and initiatives to promote partnering with patients, families and carers » Continue relationships with emerging primary care health networks to ensure coordination of CEC programs and projects across the primary and aged care sectors where relevant
Capacity Building	Provide clinical leaders and the CEC with skills and tools to effectively lead quality improvement	<ul style="list-style-type: none"> » Continue to deliver clinical leaderships development program » Support rural Local Health Districts by targeting rural participation in clinical practice improvement programs » Build the capacity of CEC staff to lead quality improvement through professional development practices and relationship management » Develop capacity within the CEC to respond to emerging crises and referred issues » Develop and promote safety and quality as a core component in undergraduate health care curricula
Communication and Culture Change	Influence current and future decision makers, at all levels of the NSW Health system to apply improvement programs and methodologies	<ul style="list-style-type: none"> » Develop and implement a communication strategy with health services that builds the profile of the CEC and inspires confidence in its work » Provide the Minister, the CEC, the CEC Board, the CEC Clinical Council, decision makers and the NSW health system with key safety and quality messages and evidence based information with a practical application » Work with Local Health Districts, Specialist Networks and the NSW Ministry of Health in effective uptake and implementation of workplace cultural change relating to clinical improvement strategies » Teach students in health sciences key patient safety concepts before graduation » Increase awareness in the community about issues relating to safety and quality in health care and the role of the CEC in promoting safety and quality and system wide improvement

Key

Ongoing	»
Completed	✓
Not Completed	✗

Outcomes 2011-2012	Status	Future Directions
<ul style="list-style-type: none"> » The Patient Based Care directorate promotes engaging patients, families and carers to improve safety and quality in health care p40 » The Partnering with Patients program works with Local Health Districts across NSW p40 » The development of a Patient Based Care Challenge has been used to promote practical strategies for improving patient based care p40 » Forums and meetings held with lead clinicians to foster relationships with Medicare Locals 	<ul style="list-style-type: none"> ✓ ✓ ✓ » 	<ul style="list-style-type: none"> » Developing guidance for health care services to identify health literacy barriers » Developing strategies for informing culturally and linguistically diverse communities about safety and quality issues » Supporting consumer engagement in CEC safety and quality initiatives » Continue to build relationships with primary care health networks to facilitate implementation of CEC programs
<ul style="list-style-type: none"> » Enrolment figures for Clinical Leadership Program (CLP) have increased every year since the program began p42 » CEC staff support participation of rural Local Health District staff in all capacity building programs p43 » Internal professional development courses and workshop are regularly held for CEC staff p90 » Undergraduates in medical, nursing and allied health are being taught about safety and quality p50 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> » A facilitated clinical practice improvement (CPI) course on line is under development » Support Local Health Districts to facilitate their own CPI workshops using e-learning modules » Opportunities for CLP alumni to network and collaborate are being explored » Supporting clinical teachers and educators at partner universities in producing and delivering patient safety program to undergraduates
<ul style="list-style-type: none"> » Communications officer in place » Website administrator appointed p60 » Continued liaison with Local Health Districts through Clinical Council, Directors of Clinical Governance, Citizens Engagement advisory Council p73 » Partnerships developed over time with various stakeholders have been instrumental in ensuring that clinical practice improvement projects are taken up and implemented p48 » Over 2,400 health science students were taught about quality and safety » Consumer advisor panel provides input of patients, family and carers into CEC programs 	<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ » 	<ul style="list-style-type: none"> » Regularly review website to ensure information is current and meets legislative requirements » Continue to work on relationships with all stakeholders to promote the quality and safety agenda » Continue to provide the Minister, CEC Board and other stakeholders with reliable evidence based information to support key safety and quality messages » The Clinical Leadership and Clinical Practice Improvement programs will continue to work with staff across NSW to ensure the effective uptake of clinical improvement strategies » Continue to teach quality and safety to undergraduates and support partner universities in developing and delivering patient safety units in their curricula » Continue to support consumer engagement in CEC safety and quality initiatives



Chair's Report

It has been my privilege to chair the Board of the Clinical Excellence Commission (CEC) through 2011-2012.

During this period, following the governance review in NSW Health, the CEC has taken on an expanded role and function with respect to quality and safety. Fortunately this change has been led by the Chief Executive Officer, Professor Cliff Hughes whose passion for excellence in quality and safety is clearly apparent. His commitment, and that of the professional and dedicated staff he leads, is evident as they pursue an extensive program of quality and safety initiatives. The CEC has become a recognised leader in driving improvements in safety and quality in health care not only in Australia but internationally. As the Chair, and on behalf of all Board members, I thank the entire staff at CEC for their continued commitment, dedication and hard work.

Education and Training

The CEC continues to drive education and training with the highly respected Clinical Leadership Program and the growing Undergraduate Education project, both of which play an important role in training clinical leaders of the future. I continue to be impressed by the projects and commitment of the participants in the Clinical Leadership Program. Clinical practice improvement training is also provided to front line clinicians in health facilities across NSW.

Clinical Practice Improvement

The Between the Flags Program lays the foundations for a comprehensive system in every hospital to recognise and respond to deteriorating patients and continues to develop,

impacting positively on the care of sick people. The Sepsis Kills program has been rolled out across the State and has attracted national and international interest from clinicians and clinical managers seeking to utilise the resources available on the CEC website. A new program, In Safe Hands was launched in September 2011 and is designed to build high reliability patient care teams, integration of care between disciplines being essential for optimal patient outcomes.

Public Reporting

Public reporting of accurate data is an essential element in changing behaviour to improve health outcomes. The CEC is committed to engaging the community in an informed discussion by providing timely, accurate and relevant information available to all stakeholders in a form that is meaningful to all.

The Board

The Clinical Excellence Commission works closely with the Agency for Clinical Innovation and both organisations share a common board. Although each organisation has its own focus of activity, the two organisations work closely together and are committed to improving quality and safety in health care for the people of NSW.

We have a dynamic and committed Board with the diversity of skills required to guide the CEC. I take this opportunity to thank all Board members for their commitment to

achieving the mission of the CEC to build confidence in health care in NSW by making it demonstrably better and safer for patients and a more rewarding workplace.

The Future

During the year the Board led the development of the Strategic Plan for 2012-2015. It is this plan that will inform the Compact between the CEC and the Ministry of Health to determine the agreed work plan and performance expectations for the organisation for the coming year. The CEC is well placed to continue its pivotal role in driving the quality and safety agenda in NSW. Critical to this agenda is the increasing interaction with the other pillars (Agency for Clinical Innovation, Bureau of Health Information and Health Education Training Institute) as well as the evolving Mental Health Commission and NSW Kids and Families.

Implementation of our programs across the Health system is dependent on a very close working relationship with the Local Health Districts and the Medicare Locals. We will continue to develop these relationships.

**Associate Professor
Brian McCaughan AM**
Board Chair

Chief Executive Officer's Report



The hallmark of the Clinical Excellence Commission (CEC) during 2011-2012 has been a purposeful strategy built upon profound knowledge.

The completion of our second Strategic Plan and the development of the third triennium occurred at the same time as the authority of the CEC was strengthened. The CEC has now become totally responsible for the Patient Safety and Clinical Quality program in NSW. The Quality and Safety Branch of the former Department of Health was disbanded and twelve staff translocated into the CEC.

At the same time, the newly-formed Local Health Districts (LHD) and their governing councils became totally responsible for clinical governance within their own boundaries. The Directors of Clinical Governance (DCGs) have been supported by enhancements to a forum held monthly at the CEC and supported by a fulltime CEC Clinical Governance Director.

There was also the opportunity to build upon new partnerships with the Agency for Clinical Innovation (ACI), the Health Education and Training Institute (HETI) and the Bureau of Health Information (BHI).

This report highlights just some of the key activities of the year. Details of each of our programs, now numbering more than twenty, may be viewed on the website of the CEC – www.cec.health.nsw.gov.au

Education and Training

Clinical Leadership

This year 222 health care staff across the State completed the Clinical Leadership Program. Demand for the modular course necessitated a second program. Participants have presented 216 clinical practice improvement projects.

Undergraduate Education

A quality and safety program has been deployed across all major universities educating 2,400 medical, nursing and allied health students.

Patient Safety

The **Patient Safety** Team provided a bi-annual report to the public on adverse events and the lessons learned from these incidents. Each Local Health District receives an annual report on incidents notified by severity and consequence. Clinical Focus Reports addressed the issues of fractured hip surgery in the elderly, inpatient suicide, diagnostic tests and how access and follow-up affect patient outcomes.

The **Sepsis Kills** program has been successfully rolled out across 71 Emergency Departments throughout the state. The median time from diagnosis to administration of antibiotics has been reduced from 4 hours to consistently less than 80 minutes in participating Emergency Departments. This program is supported by a Sepsis Toolkit which includes a "Sepsis Kills" antibiotic application available on both iPhone and Android mobile devices.

Clinical Practice Improvement

The CEC is responsible for the NSW component of the National **Hand Hygiene** Initiative. Over all hand hygiene compliance in NSW is the highest in the nation. Eighty new Gold Standard Auditors have been trained to assist in monitoring compliance on the ward. The CEC provides data to Hand Hygiene Australia for inclusion in the MyHospitals website.

The **Between the Flags** program, now in its third year, is standard practice for adults, paediatric patients, mothers at risk in maternity units and in Emergency Departments across the

state. The program has been taken up by hospitals in the private sector in other jurisdictions within Australia and overseas.

Clinical Practice Improvement

workshops have been conducted in 16 LHDs and Networks for over 500 staff.

Patient Based Care

The Citizen's Engagement Advisory Council has continued to guide consumer participation in CEC programs. A Patient Based Care challenge has been issued to the Chief Executive, the Boards and Chairs of all LHDs and the Executive team in the Ministry of Health. The rapid uptake of this challenge by health leaders has prompted a greater focus on the needs and desires of patients and engaged them more effectively in board decisions in the LHD.

The REACH (Recognise, Engage, Act, Call, Help) program builds a direct link between the patient, their family and carers and the Between the Flags program. Patients and families can themselves initiate a medical emergency response call in pilot hospitals.

Team Based Care

In September 2011, the Minister launched the **In Safe Hands** program. The program is a collaboration between CEC, the Agency for Clinical Innovation (ACI) and the Health Education Training Institute (HETI). It is designed to liberate the expertise of the cellular elements of the complex health system, namely wards, clinical units and clinical teams.

Working with international partners from Atlanta, Georgia, the team has implemented a program of Structured Inter-disciplinary Bedside Rounds in key pilot sites.

»

The CEC has now become totally responsible for the Patient Safety and Clinical Quality program in NSW.

»

Public Reporting

The fourth edition of the **Chartbook** published in June 2012 has provided meaningful data for analysis of the safety and quality of care provided across the state. This year saw a new partnership with the Cancer Institute, demonstrating the importance of data in the provision of cancer services. Several, low volume, high risk procedures are now under a statewide review by the Surgical Services Taskforce with a view to the formalisation of a small number of inclusive multi-disciplinary teams.

The CEC manages three Special Committees afforded privilege under Section 23 of the Health Services Act. The **Collaborating Hospitals Audit of Surgical Mortality** and the **Special Committee Investigating Deaths Under Anaesthesia** provide annual public reports on their professions as well as immediate feedback to the reporting clinicians on each case referred.

The Surgical committee also provides a case booklet with illustrative, de-identified but real cases with learnings for the surgical committee and the public at large.

The CEC now has total responsibility for the **Clinical Risk Review Committee** and reports on the analysis of the most severe adverse events and incidents reported. This committee also provides expert advice on urgent safety issues and drug and device recalls.

The CEC and staff have published 17 reports and journal articles and 21 abstracts for presentation at state, national and international meetings.

Research

The **Ian O'Rourke PhD Scholarship** holder, Ms Elizabeth Rix has completed her second year of research into

"The experiences and perceptions of Aboriginal people receiving haemodialysis in regional NSW".

The CEC has developed strong relationships with The Sax Institute and is a key partner in the Hospitals Alliance for Research Collaboration (HARC) with Sax and ACI. Two staff has received **HARC scholarships**:

Bronwyn Shumack: *Bridging the gulf between human factors theory and everyday practice at the clinical frontline*

Paula Cheng - *Best practices in managing surgical and anaesthetic mortality audits"*

Engaging Others in Culture Change

The CEC, in collaboration with ACI, HETI and BHI, is now seen to be "at the epicentre of safety and quality" (Jason Stein). The CEC has continued its close collaboration with BHI in public reporting of safety and quality information and performance measures respectively.

The CEC and ACI collaborate strongly in many clinical improvement projects on topics as diverse as dementia, bloodstream infection, clinical handover and medication safety.

The CEC has developed an effective partnership with HETI to develop joint and focused education modules in safety and quality and system management.

The CEC is also partnered with Nursing and Midwifery Office to support the program of the latter on the Essentials of Care and to integrate this program with In Safe Hands program.

The CEC continues its close dialogue and engagement with the Australian Commission on Safety and Quality in Health Care and maintains close

relations with safety and quality branches in each of the other state jurisdictions.

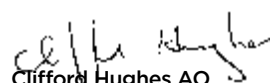
Financial Sustainability

The CEC reported a Net Result deficit of \$1.323 million against a budget Net Result deficit of \$1,934 million resulting in a favourable variance of \$611,000 or 32%. The variance can be attributed to the Commission calling on its own funds to assist with the Net result compared to budget.

Total expenditure for the year increased from \$10,297 million (2010/11) to \$11,797 million (2011/12) resulting in an increase of \$1.5 million or 15%. The increased expenditure is mainly due to the transfer of the Ministry of Health staff to the Commission completed in November 2011. Other activity expenditure increases can be attributed to projects and programs that are now in their full delivery stage compared to previous years.

Strategic Planning and Development

The staff and Board has worked together to develop a third Strategic Plan for 2012-2015. This plan has been approved by the Minister and Director-General and builds on many partners in the Patient Safety and Clinical Quality program of NSW Health.



Clifford Hughes AO
Clinical Professor
Chief Executive Officer

Finance Manager's Report



The Clinical Excellence Commission for the 2011-2012 financial year was allocated a total expenditure budget of \$11.650 million by the Ministry of Health. Audited financial statements reported a total expenditure of \$11.797 million, resulting in a slight variation of \$147,000 or 1.0%.

Total expenditure for the year saw an increase of \$1.5M from the previous year 2010/11. The increased expenditure can be attributed to the additional staff transfer from the Ministry of Health during 2011/12.

Projects that had been in their early stages of development in previous years are now in their full delivery stages and also had an impact on the increased expenditure for 2011/12.

Total Net Result for the 2011/12 financial year is (\$1,323) million compared to a budget Net Result of (\$1,934) million. The variance for the year was higher than budget by \$611K resulting in the Commission calling on its own funds to make up the shortfall for unallocated revenue budget.

The CEC's liquidity position is stable with a working capital of \$4.5 million compared to \$5.4 million last year.

This result reflects a reduction in current assets compared to the previous year as the Commission had to call on some of its investments funds for its increased activity, and the decision by the Ministry not to provide cash to cover the cost of the transferred activities. Total current liabilities increased compared to last year as a result of the staff transfer from the Ministry of Health affecting the leave provisions.

The current asset ratio decreased from 4.35 (2011) to 3.16 (2012) which highlights the Commission using its own investment funds to settle its liabilities during 2011/12.

During the year the CEC used its own cash reserves to invest in leasehold improvements of \$245,000 for the relocation of the additional Ministry of Health staff to the offices at Elizabeth Street, Sydney. This relocation was completed in accordance with the approved budget and endorsement of the Ministry of Health.

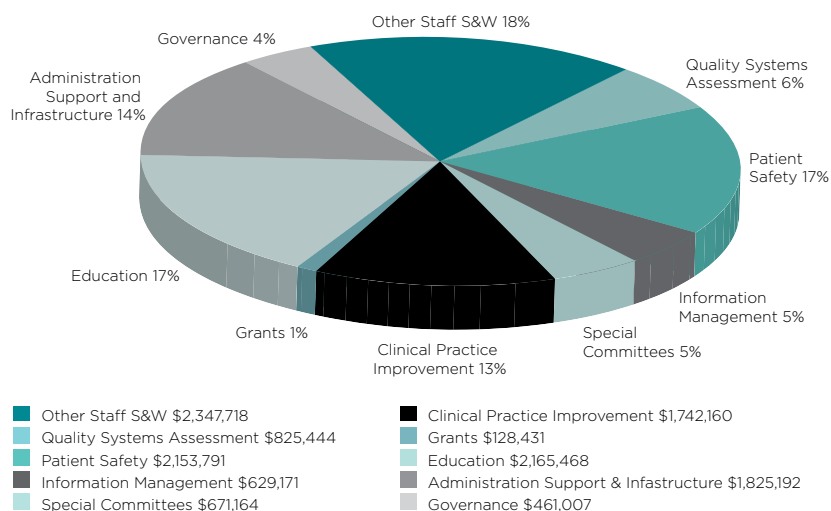
Total assets are \$7.629m compared to \$8.425m in (2011). This decrease is due to the use of cash to cover capital leasehold improvements and the full amortisation of Intangible assets.

Total liabilities are \$2,247m compared to \$1.720m in 2011. The increase in liabilities is due to the additional staff in-take for 2011/12 resulting in increased annual leave provisions, for which discussions are occurring with the Ministry of Health to obtain the cash value consistent with NSW Treasury policy.

Nick Didnal
Finance Manager

Financial Summary

Financials (\$000)	2011/12	2010/11	2009/10	2008/09	2007/08
Expenses	11,797	10,297	9,795	8,050	7,595
Revenue	722	721	633	564	254
Gain/(Loss) on Disposal	3	(393)	(2)	5	(9)
Government Contributions	9,749	9,592	8,511	7,837	10,187
Net Result for the Year	(1323)	377	653	356	2,855
Total Assets	7,629	8,425	8,637	8,735	7,268
Total Liabilities	2,247	1,720	2,570	2,015	904
Equity	5,382	6,705	6,067	6,720	6,364



The difference between total expenses in the table and the pie chart relates to the transfer to Local Health Districts of the Clinical Leadership Program budget of \$1.15M.

Alliance With The State Health Plan's Strategic Directions

The CEC's Strategic Plan and Key Result Areas align with the seven strategic directions outlined in the State Plan and State Health Plan. Key ways in which the CEC's strategic directions and core activities align with the State Health Plan are outlined below. Additional information is contained in the Performance section.

1 Make prevention everybody's business

- » Falls Prevention Program
- » Management of the Deteriorating Patient – *Between the Flags* project
- » *In Safe Hands*
- » Severe Infection and Sepsis project
- » Hand Hygiene
- » Health Care Associated Infections
- » Clinical Practice Improvement training program
- » Blood Watch program
- » Undergraduate Education in Quality and Safety
- » Special Reviews
- » Special Committees
- » Review of incident management data
- » Chartbook

2 Create better experiences for people using health services

- » Clinical Leadership Program across NSW
- » Recognition and Management of the Deteriorating Patient – *Between the Flags*
- » *In Safe Hands*
- » Severe Infection and Sepsis program
- » Blood Watch program
- » Hand Hygiene
- » Health Care Associated Infections
- » Falls Prevention Program
- » Medication Safety
- » Paediatric Clinical Practice Guidelines
- » Clinical Practice Improvement training program
- » Partnering with Patients program
- » Citizens Engagement Advisory Council (CEAC)
- » Fostering of partnerships via the CEC Clinical Council
- » Review of incident management data and investigations
- » Participation in Statewide Incident Information Management System project
- » Undergraduate Education in Quality and Safety

3 Strengthen primary health care and continuing care in the community

- » Falls Prevention Program
- » *In Safe Hands*
- » Citizens Engagement Advisory Council (CEAC)
- » Clinical Leadership program across NSW
- » Health Care Associated Infections
- » Hand Hygiene
- » Partnering With Patients program
- » Partnerships with primary health care providers and managers
- » Review of incident management data and investigations
- » Chartbook



4 Build regional and other partnerships for health

- » Citizens Engagement Advisory Council (CEAC)
- » Clinical Leadership program provided across NSW
- » Clinical Practice Improvement training program
- » Severe Infection and Sepsis program
- » Management of the Deteriorating Patient – *Between the Flags* project
- » Visits by CEC staff to health services across NSW
- » Hand Hygiene
- » Falls Prevention Program
- » Blood Watch program
- » Shared quality and safety reporting function with Department of Health
- » Partnerships with key stakeholders within and outside health sector

5 Make smart choices about the costs and benefits of health services

- » Quality Systems Assessment (QSA) program
- » Partnership with Ministry of Health regarding quality and safety data
- » Clinical Practice Improvement training program
- » Health Care Associated Infections
- » Hand Hygiene
- » Participation in Statewide Incident Information Management System project
- » Partnering with Patients program
- » Release of incident management data and recommendations to the system
- » Blood Watch program

6 Build a sustainable health workforce

- » Clinical Leadership program across NSW
- » Clinical Practice Improvement training program
- » Recognition and Management of the Deteriorating Patient – *Between the Flags*
- » *In Safe Hands*
- » Hand Hygiene
- » Quality systems Assessment (QSA) program
- » Undergraduate Education in Quality and Safety
- » Participation in Statewide Incident Information Management System project
- » Recruitment of skilled workers to key positions within the CEC
- » Chartbook
- » Inservices and training opportunities available to all CEC staff

7 Be ready for new risks and opportunities

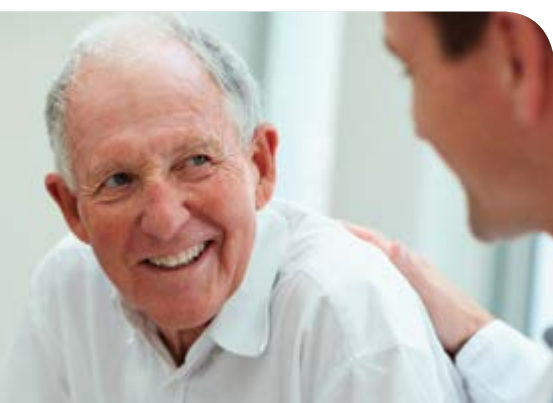
- » Review of internal risk management framework and strategy
- » Clinical Practice Improvement training program
- » *In Safe Hands*
- » Participation in Statewide Incident Information Management System project
- » Partnership with Ministry of Health regarding quality and safety data
- » Health Care Associated Infections
- » Hand Hygiene
- » Medication Safety
- » Paediatric Clinical Practice Guidelines
- » Undergraduate education in quality and safety
- » Quality Systems Assessment program
- » Chartbook



2 Performance

The CEC's mission is to build confidence in health care in NSW by making it demonstrably better and safer for patients and a more rewarding workplace.

Between the Flags	22	Quality Systems Assessment (QSA)	46
Health Care Associated Infection	24	Clinical Practice Improvement	48
Severe Infection and Sepsis Project	26	Teaching Quality and Safety to Undergraduates	50
Clean hands save lives	28	Chartbook	52
Medication Safety	30	The Collaborating Hospitals' Audit Of Surgical Mortality (CHASM)	54
Blood Watch – Transfusion Medicine Improvement Program	32	Special Committee Investigating Deaths Under Anaesthesia	56
Falls Prevention Program	34	Information management and information and communications technology initiatives	58
Paediatric Clinical Practice Guidelines	36	Website management and administration initiatives	60
Patient Safety and Incident Management	38	Research	62
Patient Based Care	40		
Clinical Leadership Program	42		
In Safe Hands	44		



Between the Flags

The BTF Program lays the foundations in every hospital for a comprehensive system to recognise and respond to deteriorating patients. The five elements of the program aim to provide patients and staff with a safety net that aids them to recognise when clinical deterioration is occurring and ensure that appropriate escalation occurs.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 5 Health system improvement
- 8 Capacity building
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 4 Build regional and other partnerships for health
- 6 Build a sustainable health workforce

The *Between the Flags* program uses the analogy of Surf Lifesaving Australia where lifeguards and Lifesavers aim to keep people safe by ensuring they are under close observation and, should something go wrong, are rapidly rescued.

The five elements are:

1. Governance structures to ensure that the program is implemented and maintained in all acute hospitals
2. Standard observation charts to assist staff with early recognition of deterioration in the clinical condition of a patient, using a 'track and trigger system'¹
3. Clinical Emergency Response Systems (CERS) include defined procedures for seeking Clinical Review and Rapid Response, including 'CERS Assist' by Ambulance Officers in rural and regional facilities
4. Evaluation, including key performance indicators
5. Education, aimed at developing skills, knowledge and the confidence of clinicians to recognise and manage clinical deterioration, and be empowered to use their CERS

Key Achievements

- » Electronic versions of the Standard Adult General Observation Chart (SAGO) and Standard Paediatric Observation Charts (SPOC) have been developed in collaboration with Health Support Services (HSS). These will enable observations to be recorded in the electronic medical record and will provide enhanced capability to recognise deterioration and escalate care

- » The Standard Adult General Observation Chart (SAGO) has been revised
- » The Standard Maternity Observation Chart (SMOC) has been implemented in all facilities caring for pregnant women and will provide a safety net for pregnant women in maternity services
- » Adult Emergency Chart has been finalised
- » The existing paediatric charts for children under 12 months have been reviewed resulting in new 0-3 months and 3-12 months SPOCs. This has completed the range of charts for the care of hospitalised patients
- » *Between the Flags* program managers' workshops were held to facilitate feedback to the CEC from Local Health Districts (LHD) and promote sharing of solutions.
- » CEC is working with Midwifery Services Network (MSN) and the Ministry of Health to finalise a Newborn Risk Assessment Tool for use with the neonatal chart
- » Collaboration with the Partnering with Patients Program, to pilot REACH (Recognise, Engage, Act, Call, Help is on the way) as a mechanism for patients and families to seek help for clinical deterioration by activating the CERS System
- » Collaboration with the Clinical Redesign Unit to develop the deteriorating patient component of the ISBAR iPhone application
- » Chapter one "When to Worry" of the BTF paediatric education program published in July 2011

¹ A track and trigger system involves the graphical recording of observations (tracking) and colour coding for early and late thresholds for escalation (triggering of a response).

- » Piloting of a module to train Allied Health staff to recognise and respond to clinical deterioration within their scope of clinical practice, in collaboration with Sydney Local Health District
- » Collaboration with MSN to revise the mandatory FONT education (fetal, obstetric, neonatal training) to integrate core *Between the Flags* concepts, for midwives and obstetricians
- » Collaboration with Health Education Training Institute to develop the e-learning component of the BTF paediatric education program
- » A strategy document to guide the further development and enhancement of *Between the Flags* education to ensure that it continues to meet the needs of clinicians and the system
- » Evaluation Collaborative Workshop established to inform the development of the evaluation strategy and collate tools currently used in LHDs
- » Partnership with the Simpson Centre University of NSW, to evaluate the implementation of the *Between the Flags* Program
- » Development of the electronic Power Chart forms in partnership with HSS, to collect Clinical Review and Rapid Response Call data
- » The *Between the Flags* Program was evaluated in the 2012 Quality Systems Assessment (QSA). Over 77% of respondents stated that the program has benefitted patient safety in their department or unit
- » In the last 12 months there has been a 14% reduction in Root Cause Analyses (RCAs) related to failure to recognise and manage the deteriorating patient

Partnerships

- » Local Health Districts
 - Chief Executives/Directors of Clinical Governance
 - *Between the Flags* Project Managers
 - Educators
 - Clinicians
 - Children's Hospital Westmead IT
- » NSW Ministry of Health
 - Clinical Safety Quality and Governance Branch
 - Chief Paediatrician
 - Chief Obstetrician
 - Statewide Services
 - Clinical Redesign Unit
 - Primary Health and Community Partnerships
 - Nursing and Midwifery Office (NaMO)
 - State Forms Management Committee (SFMC)
 - Maternity Health Priority Taskforce (MHPT)
- » Health Support Services
 - NSW Electronic Medical Record Application Advisory Group (eMR AAG)
 - NSW First Net Application Advisory Group
 - NSW Power Chart Application Advisory Group
- » Australian Commission for Safety and Quality in Health Care (ACSQHC)
- » Health Education and Training Institute (HETI)
- » Agency for Clinical Innovation (ACI)
- » Child Health Networks' co-funding of a Nurse Educator to support the development of the BTF paediatric education program
- » Pregnancy and Newborn Services Network (PSN) / Midwifery Services Network
 - FONT Advisory Group

- » Ambulance Service of NSW
- » Justice Health
- » Expert advisors on the *Between the Flags* steering and advisory committees
- » CEC
 - NSW Falls Prevention program
 - NSW Sepsis Program
 - Patient and Family Activated Rapid Response (PFARR) committee
 - Quality Systems Assessment
 - In Safe Hands
 - RCA Review Committee

Future Directions

- » In collaboration with LHDs, develop strategies for addressing remaining barriers to recognition and response to deteriorating patients
- » Continue evaluation of the *Between the Flags* Program with LHD and academic partners
- » Rollout of the eMR across facilities in NSW
- » Implementation of the Adult and Paediatric observation charts in the Emergency Department
- » Convene an Education Strategy Committee to enact the education strategy document for further enhancement of BTF education.
- » Pilot the Rapid Response and Clinical Review database

Challenges

- » Continuing to work with LHDs to embed BTF processes as core business in all clinical units
- » Ensuring BTF education continues to meet the needs of the program
- » Conducting a large-scale and complex evaluation of the BTF with its five elements
- » Upgrading LHD IT infrastructure to support implementation of the eMR

Healthcare Associated Infections

The Healthcare Associated Infections (HAI) Program is new at the CEC. It transferred from the NSW Ministry of Health in December 2011. The HAI Program is responsible for assisting facilities to minimise the risk of patients developing a preventable health care associated infection by infection control, environmental cleaning, antimicrobial stewardship and reprocessing of instruments.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 2 Clinical practice improvement
- 5 Health system improvement
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 5 Make smart choices about the costs and benefits of health services
- 7 Be ready for new risks and opportunities

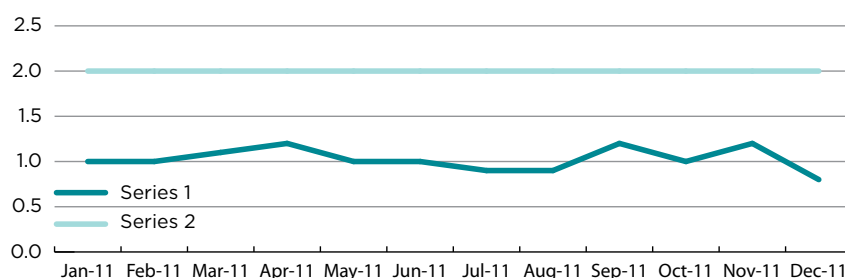
Infectious organisms evolve over time and continue to present new challenges for infection prevention and management. In Australia HAIs are one of the most common, significant and preventable patient safety issues facing health care today. Each year around 200,000 patients suffer an HAI that prolongs hospital stay and results in an additional two million hospital bed days. The impact of HAIs includes increased patient morbidity and mortality, prolonged hospital stay, reduced quality of life and increased additional costs to treat the infection/s for both patient and the system. Added to this is that the widespread use of antibiotics as a first line of defence to treat infections has led to the emergence and rise of antimicrobial resistant bacteria such as methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *enterococci* (VRE) along with *Clostridium difficile* and multi-resistant Gram-negative bacteria. These resistant bacteria are considered to have a greater impact on patient morbidity and mortality, length of stay, and economic costs than those infections caused by bacteria susceptible to antibiotics.

The HAI Program aims to minimise risk of transmission of infections among patients and reduce the development of resistant pathogens through prudent antimicrobial use. However, just as there is no single cause of infection, there is no single solution to the problems posed by HAIs.

Key Achievements

- » Reported a *Staphylococcus aureus* blood stream infection rate of 1.17 bloodstream infections per 10,000 bed days which is below the national benchmark of 2.0 per 10,000 bed days
- » Reported on the downward trend on Central Line Associated Bacteraemia (CLAB) in Intensive Care Units (ICU) with only 69 cases reported in the whole of NSW from 82,325 central line days
- » The Antimicrobial Stewardship (AMS) project which resides within HAI Program and is linked to the Medication Safety and Quality Program
- » Developed an Audit Tool for sterilising services which assists Sterilising Departments in identifying compliance with Australia Standard AS4187

Staphylococcus aureus Blood Stream Infection Rate for NSW



In 2011, in NSW, 402 cases of Staph aureus blood stream infections were seen for a rate of 1.17 per 10,000 bed days. The national benchmark is less than 2.0 infections per 10,000 patient days.

- » Developed an Environmental Cleaning audit tool that assists sites to monitor cleaning performance and standards
- » Developed a suite of Environmental Cleaning Standard Operating Procedures that outline how cleaning tasks are to be performed
- » Developed the NSW Policy Directive on Environmental Cleaning
- » Created the HAI webpage on the CEC website that provides resources, tools and links for NSW clinicians – www.cec.health.nsw.gov.au

Partnerships

- » Staff in Local Health Districts/ Networks throughout NSW
- » Australian Commission for Safety and Quality in Health Care
- » NSW Therapeutic Advisory Group
- » NPS : Better Choices, Better Health
- » The Agency for Clinical Innovation
- » Hand Hygiene Australia
- » Bureau of Health Information
- » Intensive Care Monitoring Unit

- » Australasian College for Infection Prevention & Control
- » Australasian Society for Infectious Diseases
- » The Society of Hospital Pharmacists of Australia Infectious Diseases Committee of Specialty Practice

Future Directions

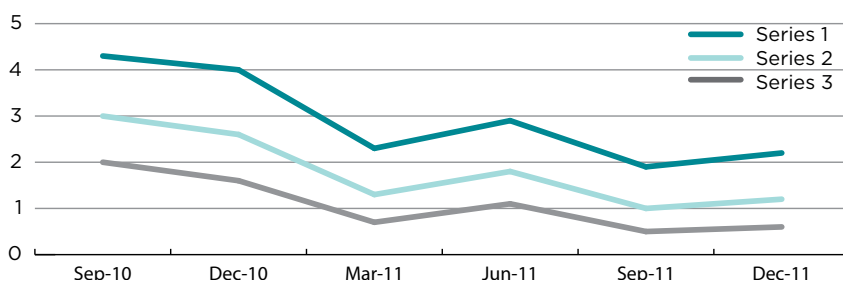
- » Review and development of policies covering infection control, multi-resistant organisms, instrument reprocessing and peripheral intravenous cannulation
- » Review and expand the HAI clinical indicator surveillance program
- » A multi-disciplinary expert advisory committee will be formed to guide the antimicrobial stewardship program and ensure it meets the needs of Local Health Districts/ Networks and facilities
- » Interventions for the Quality Use of Antimicrobials in Intensive Care (QUAIC) pilot program will be evaluated in early 2013

- » Awareness of antimicrobial stewardship principles in all LHD hospitals will be raised through site visits and active participation in national and State activities
- » Develop a network of clinicians involved in improving quality use of antimicrobials in LHD hospitals
- » Explore electronic surveillance systems for both HAI surveillance and antimicrobial stewardship
- » Conduct a point prevalence study on HAI surveillance and antimicrobial use with NSW public hospitals

Challenges

- » Ensuring that infection prevention and control is adequately resourced
- » Meeting the time requirement for the introduction of the National Safety and Quality Health Service Standards

Central line associated bacteraemia in ICU (CLAB-ICU)



CLAB in ICU demonstrates a consistent downward trend in reported cases across NSW. The 2011 reporting period saw only 69 cases diagnosed from a total of 82,325 central line days in 40 ICUs, with an infection rate of 0.84 per cent.

Severe Infection and Sepsis Project



Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 3 Quality systems assessment
- 6 Organisation development
- 8 Capacity building

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 4 Build regional and other partnerships for health

- » Appropriate recognition and timely management of patients with severe infection and sepsis is a significant worldwide problem in health care. The SEPSIS KILLS program is working with clinicians and health service managers to improve the recognition and treatment of severe infection and sepsis to reduce their impact, mortality and financial costs in NSW
- » Sepsis and septic shock are life-threatening conditions which are difficult to diagnose and require immediate clinical care
- » Key elements of the SEPSIS KILLS program are:
 - **Recognition** of risk factors, signs and symptoms of sepsis
 - **Resuscitation** with rapid intravenous fluids and administration of antibiotics within the first hour of diagnosis of sepsis
 - **Referral** to senior clinicians and teams including retrieval if appropriate
- » These elements underpin the project goal to *Reduce preventable harm to patients through early recognition of sepsis and prompt initiation of treatment*
- » Links between the Clinical Excellence Commission Between the Flags program and the SEPSIS KILLS program have been strongly established to ensure an integrated and comprehensive approach to recognition and management of the deteriorating patient
- » A Sepsis Toolkit is available to support project implementation and staff education at the hospital sites. Resources include an **adult sepsis pathway** and **empirical first dose intravenous antibiotic guideline**, sepsis education packages and implementation guidance

Key Achievements

- » Phase 1 of the SEPSIS KILLS program (launched May 2011) is continuing and 65 Emergency Departments across NSW are actively participating with strong uptake by clinicians and facility managers
- » Clinical Governance Units in the Local Health Districts (LHDs) have provided strong support for the project at LHD and facility levels to build capacity to implement and sustain the improvements
- » More than 3000 records have been entered onto the sepsis database. The NSW State median time from triage to administration of antibiotics has been significantly reduced from four hours at the commencement of the program to consistently less than 80 minutes
- » Evaluation of clinical outcome utilising data linkage between clinical records and the Clinical Excellence Commission Sepsis Data Collection is in progress
- » A paediatric sepsis pathway and antibiotic guideline is being developed by the Clinical Excellence Commission's Paediatric Between the Flags Sepsis Reference Group
- » Phase 2 commenced in 2012 and is focused on improvement initiatives in hospital inpatient wards. Preliminary data suggests that 30% of deteriorating patients requiring a rapid clinical response call are septic



ABOVE World Sepsis Day 2011 Griffith Base Hospital Sepsis Cake



CENTRE Veronica Cargines, Nurse Manager Mullumbimby with a Sepsis Pack



RIGHT Damien Limberger facilitating a Sepsis workshop for Murrumbidgee Medicare Local

- » Phase 2 is initially targeting implementation in Emergency Departments and wards in small facilities in rural and remote areas of NSW followed by implementation in large facility inpatient wards
- » The SEPSIS KILLS program has attracted national and international interest from clinicians and clinical managers seeking to utilise the sepsis resources available on the Clinical Excellence Commission's website.
- » The Clinical Excellence Commission is actively working with the Global Sepsis Alliance, Intensive Care Foundation and the Australian College of Critical Care Nurses on strategies for Sepsis Awareness Month and the inaugural World Sepsis Day (13 September 2012)

Partnerships

The Sepsis Project has worked closely with a range of health care providers and agencies including:

- » Clinical staff in all Local Health Districts throughout NSW
- » Chief Executives and facility management in all Local Health Districts
- » Directors of Clinical Governance in all Local Health Districts
- » Agency for Clinical Innovation and Clinical Networks
- » Emergency Care Institute
- » Ministerial Taskforce on Emergency Care
- » *Between the Flags* program
- » Antimicrobial Stewardship Program

- » Paediatric *Between the Flags* Sepsis Reference Group
- » Rural Critical Care Taskforce
- » Rural Critical Care Clinical Nurse Consultants Group
- » NSW Ambulance Service
- » NSW Ministry of Health
- » Healthcare Education and Training Institute
- » The Australasian Resuscitation in Sepsis Evaluation (ARISE) Investigators
- » Agency for Clinical Innovation Policy and Technical Support Unit

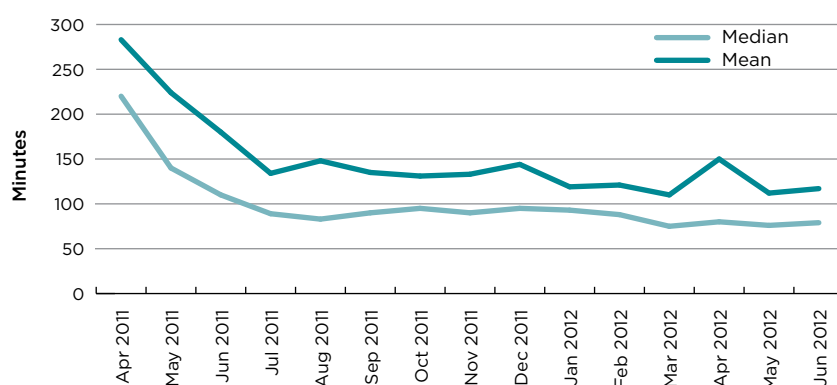
Future Directions

1. Development of an automated reporting template in the on-line Sepsis Data Collection and Reporting System to enable descriptive report generation at facility, Local Health District and State levels to promote ongoing clinician engagement
2. Integrating the sepsis program with other quality and safety initiatives such as Falls Prevention, Delirium, *In Safe Hands*, Clinical Handover and to facilitate clinician uptake and reduce clinician overload with multiple clinical project demands
3. Working further with the NSW Ambulance Service to develop links between pre-hospital and in-hospital recognition and management of sepsis

Challenges

1. Ensure data collection processes are sustainable to enable monitoring by facilities and LHDs
2. Integration and sustainability of the Sepsis Kills program in complex inpatient environments

NSW median time from triage to antibiotic administration



Data from April 2011 – June 2012

Clean hands save lives

The Clinical Excellence Commission is leading the National Hand Hygiene Initiative in NSW. The program is based on the '5 Moments for Hand Hygiene' promoted by the World Health Organization (WHO) World Alliance for Patient Safety program 'Clean Care is Safer Care'.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 2 Clinical practice improvement
- 4 Information management
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make Prevention everybody's business
- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 4 Build regional and other partnerships for health
- 5 Make smart choices about the costs and benefits of health services
- 6 Build a sustainable health workforce
- 7 Be ready for new risks and opportunities

The 5 moments where cleaning your hands can make a difference in preventing Healthcare Associated Infections (HAIs) are:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure
4. After touching a patient
5. After touching a patient's surrounds

Key Achievements

- » Between July 2011 and June 2012, NSW demonstrated continuous improvement with hand hygiene rates from 74.7% to 78.9% and has continuously trended above the national average
- » The CEC delivered 11 Gold Standard Assessor (GSA) workshops with 80 new GSAs trained. To become validated, all auditors are required to attain a 90% assessment pass mark
- » More than 1,000 auditors from across NSW participated in collecting hand hygiene data between July 2011 and June 2012
- » Eight hundred wards from 200 public health facilities from all Local Health Districts and three Specialist Networks in NSW are now regularly submitting hand hygiene data, with most using the online Hand Hygiene compliance program (HHCApp)
- » All Local Health Districts are participating in the hand hygiene program in NSW and have submitted hand hygiene compliance data for the three National Audits between July 2011 and June 2012
- » NSW represents 30 – 35% of the national data on hand hygiene compliance. Medical officers improved by more than 8% to 66.5% and nurses/midwives by more than 3% to 84.2% compliance
- » The 5 Moments for Hand Hygiene education and auditing programs have been extended to sub-acute facilities – aged care, community health, oral health and mental health facilities

Partnerships

- » Hand Hygiene Australia
- » The Australian Commission on Safety and Quality in Health Care
- » The Australian Institute for Health and Welfare – the MyHospitals website
- » The Queensland University of Technology in a national research project evaluating the Impact of the National Hand Hygiene Initiative on Reducing Hospital Acquired Infections
- » The University of New South Wales through contributing to research to establish a minimum number of hand hygiene audits that would provide a level of certainty of compliance

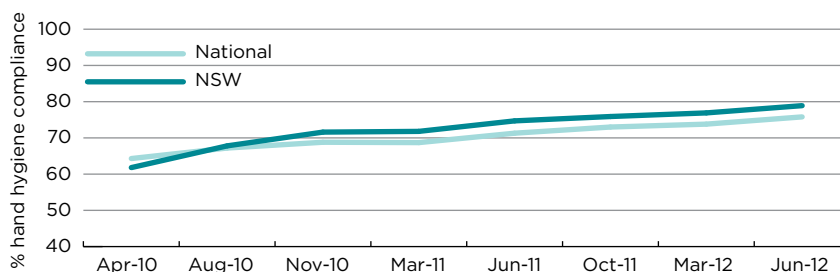
Future Directions

- » Using web-enabled devices to collect hand hygiene compliance data in the ward thus improving efficiency in data collection, verification and submission
- » Working with all Local Health Districts to develop strategies to improve sustainability for the hand hygiene program

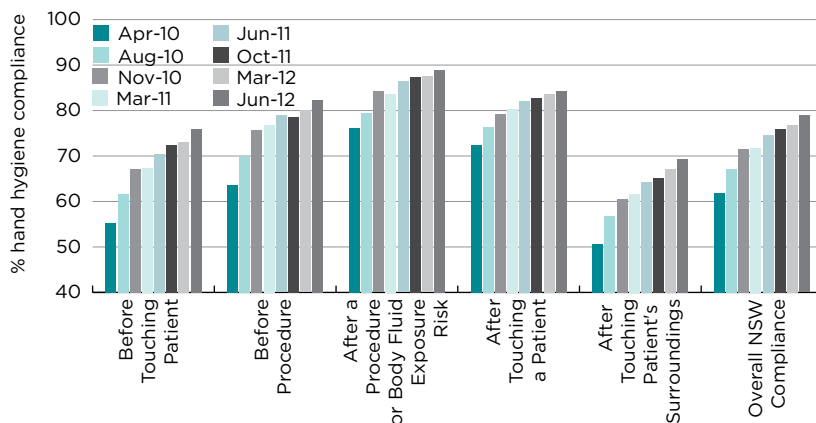
Challenges

- » Ensuring that each LHD has the capacity to train local auditors for the collection of hand hygiene compliance auditing
- » Actively engaging with medical practitioners and involving them in the hand hygiene program in the facilities in which they practise

Hand hygiene compliance rates NSW compared with National, April 2010 to June 2012

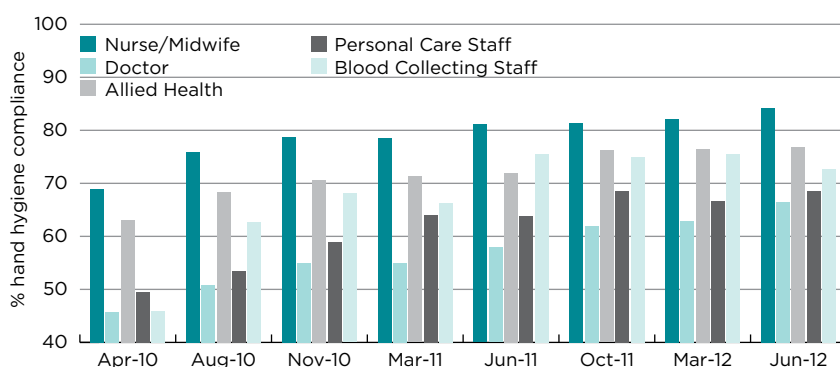


NSW hand hygiene compliance by moment by audit period, April 2010 to June 2012



NSW hand hygiene compliance by health care worker by audit period, April 2010 to June 2012

5 HCW groups with frequent patient contact



Medication Safety

The Clinical Excellence Commission (CEC) has expanded on its existing role in medication safety and quality use of medicines, becoming a lead agency for this work in NSW.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement

Aligns with State Health Plan Objectives

- 2 Create better experiences for people using health services
- 7 Be ready for new risks and opportunities

The CEC continues to support tools that assist hospitals to assess their medicines management systems. These tools highlight safe medicines management practices and allow facilities to identify where they can enhance the safety of their systems. They include:

- » Medication Safety Self-Assessment for Australian Hospitals (MSSA)
- » Medication Safety Self-Assessment for Antithrombotic Therapy in Australian Hospitals (MSSA-AT)
- » Indicators for Quality use of Medicines in Australian Hospitals

The Medication Safety Self-Assessment tools have been used extensively across Australia and continue to be relevant to hospital practitioners in all States and Territories, in both the public and private sectors. Significant improvements in practice have been made by facilities in response to undertaking the self-assessments. By continuing to support these tools, the CEC assists health care organisations to improve the quality of service delivery and patient safety.

The importance of the MSSA has been recognised by State and Federal organisations which continue to promote the safe and quality use of medicines. The Australian Commission on Safety and Quality in Health Care and SA Health have strongly supported and encouraged the use of the MSSA.

Key Achievements

Medication Safety Self-Assessment

- » Use of the Medication Safety Self-Assessment tools has continued to increase, with 240 facilities now having submitted MSSA data to the CEC. In this reporting period, seven facilities submitted data for the first time and 21 facilities repeated the self assessment. Sixty seven facilities have now completed the self assessment more than once
- » Three facilities reported MSSA-AT data for the first time, bringing the total number to 24. Three repeated the self-assessment. The average improvement in overall score for these facilities was 13% representing a strengthening of systems to manage these high risk medicines
- » After a successful pilot, the 2012 ISMP International Medication Safety Self Assessment for Oncology was released for use worldwide. Initial interest in the tool has been promising with 65 Australian sites registered to participate, 10 of whom submitted data during this reporting period. This number is anticipated to grow significantly before the close of data submission on September 30, 2012

NSW Medication Safety Expert Advisory Committee

The CEC has assumed responsibility for the NSW Medication Safety Expert Advisory Committee and for supporting the safe and quality use of medicines across the NSW public health system. Priorities have been established for the CEC medication safety and quality program and planning is underway for specific projects that will address these priorities.

Publications

Lalor DJ. Medicines Labelling. Australian Prescriber. 2011 Oct;34(5):136-138.

Bedford G, Lalor D. Preventing medication errors by using Tall Man lettering. MJA. 2011 Nov;195(9): 492

Partnerships

- » The CEC continues to support medication safety by contributing to various NSW Health committees, programs and advisory panels, providing expert advice on medication safety and quality issues. Where relevant, the CEC provides analyses of medication related incident data to NSW Health and Local Health Districts to help inform decisions and quality improvement activities
- » The NSW Therapeutic Advisory Group and the CEC are close partners, having worked together on the development of tools and resources for medication safety. The CEC continues to contribute to working groups within the Group, especially the SAFERx Medicines Group that focuses on reducing medication errors
- » The medication safety work of the CEC is closely aligned with that of the Australian Commission on Safety and Quality in Health Care (ACSQHC). The CEC now represents NSW on the Commission's Health Services Medication Expert Advisory Group and the Anticoagulation Working Party

- » The CEC Medication Safety and Quality team continues meaningful relationships with universities across NSW, conducting lectures and workshops at various sites, and contributing to research projects. This year, for the first time, the CEC hosted a summer research scholar from the Faculty of Pharmacy, University of Sydney

Future Directions

The CEC will continue to support Australian hospitals to participate in the ISMP International Medication Safety Self Assessment for Oncology as well as other self-assessment tools.

A review of the MSSA will be undertaken to ensure that the tool remains contemporary and relevant to the NSW health care system.

Projects to support the continuity of medicines management and the prevention of venous thromboembolism will be planned during the second half of 2012 and commenced by mid 2013.

Challenges

Challenges identified in the last reported period included taking action to address the pending National Safety and Quality Health Service Standards and improving uptake of the Medication Safety Self Assessment for Antithrombotic Therapy in Australian Hospitals. These have been addressed through the recruitment of new team members dedicated to projects that will help facilities meet the requirements of the National Safety and Quality Health Service Standards.

Challenges for the coming year will include adjusting to the increased responsibility for medication safety and quality in NSW and establishing new relationships with clinicians across the 17 Local Health Districts and Networks. While new team members are helping to support facilities meet the requirements of the National Safety and Quality Health Service Standards, providing this support remains a challenge for the coming year.

Blood Watch – Transfusion Medicine Improvement Program

Since 2006 the CEC Blood Watch program has worked to promote and improve the provision of world-class transfusion medicine practice in NSW, specifically in regard to fresh blood products including red blood cells, and fresh frozen plasma (FFP), cryoprecipitate and platelets.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 6 Organisational development
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 4 Build regional and other partnerships for health
- 5 Make smart choices about the costs and benefits of health services

Key improvements have been facilitated by local systems redesign using a collaborative clinical practice improvement methodology. Local transfusion improvement teams made up of nursing, scientist and medical clinicians with expertise in transfusion drive and support local initiatives to sustain transfusion best practice.

The Blood Watch program has also focussed on the reduction of costs associated with red blood cell transfusion by reducing the number of inappropriate transfusions, as well as inappropriate usage of platelets and FFP and more effective management of inventory based on improved clinical practice.

In line with national strategies endorsed by the National Blood Authority and other jurisdictions, Blood Watch is now underpinned by the Patient Blood Management Guidelines which aims to improve clinical outcomes by avoiding unnecessary blood transfusion. The guidelines include the three pillars of optimisation of blood volume and red cell mass, minimisation of blood loss, and optimisation of patient's tolerance of anaemia, which are now advocated in the National Patient Blood Management Guidelines.

Key Achievements

- » An extensive analysis of elective surgical blood use across five specialities was undertaken in collaboration with the University of NSW's Simpson Centre for Health Services Research to determine the impact of the Blood Watch program on blood usage in NSW public hospitals. The final report will be distributed upon publication of a methodology and results paper in a peer-reviewed journal
- » The BloodSafe e-Learning program has been supported and implemented across all NSW public hospitals. It has also been endorsed by the Ministry of Health in the revised Policy Directive which mandates completion of the course for all relevant staff. Over 32,000 NSW registrants have successfully completed the education modules on blood administration and safety, specimen collection, transporting blood products, iron deficiency anaemia and post-partum haemorrhage. There has been a 68% increase in NSW users completing the modules

Partnerships

- » Continuous collaboration with the National Blood Authority in the areas of haemovigilance and data linkage
- » Continuous partnerships with all Local Health Districts in the implementation of Blood Watch initiatives
- » Close partnerships with key stakeholders such as the Australian Blood Service and NSW Ministry of Health through the Blood Clinical and Scientific Advisory Committee
- » Sharing of information and methodologies with other jurisdictions. For example we have advised and worked with the Queensland Department of Health and the Western Australian Department of Health on their Patient Blood Management programs
- » Assistance provided to the Bloodsafe e-Learning Australia program management group on their new communications and marketing campaign
- » The CEC is currently engaged in two research projects which relate directly to Blood Watch and its red cell utilisation database specifically:
 - **Population health data analyses investigating use of blood products in mothers and babies**
This research is conducted by The University of Sydney, Clinical and Population Perinatal Health Research unit at Royal North Shore Hospital. The overall aim of the research is to improve the safety and appropriate use of blood and blood products during pregnancy, childbirth and the newborn period

- **Quantification of the relationship between adverse outcomes and age of red blood cells at transfusion.** This research is conducted by The Sax Institute and the Australian Red Cross Blood Service. The initial aim is to establish the feasibility of conducting a large-scale data linkage study investigating the age of blood transfused and adverse outcomes

Future Directions

- » Implementation of Blood Watch work plan 2011- 2015 with particular emphasis on the recognition and treatment of iron deficiency anaemia as a way of reducing inappropriate red cell transfusion
- » Dissemination and implementation of the new National Patient Blood Management Guidelines
- » Support Local Health Districts to meet Standard 7 – Blood and Blood Products – of the National Safety and Quality Health Service Standards through the provision of relevant tools and resources
- » Promote the success of Blood Watch and its strategic plan for 2012-16 through a State Blood Forum in early 2013
- » Develop and provide to Local health Districts a web-enabled Red Cell Utilisation database that will allow easy access to usage reports and analysis of relative usage of red blood cells

Challenges

- » Continuous improvement of transfusion practice and sustaining those improvements

Falls Prevention Program

The NSW Falls Prevention Program is focused on older people to reduce the incidence and severity of falls and to reduce the social, psychological and economic impact of falls on their families and carers, and the community.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 4 Build regional and other partnerships for

Key Achievements

Working With Partners

NSW Falls Prevention Network Forum June 2012

- » Two hundred and ninety eight (298) health professionals from across the state attended the forum. The focus of the forum was on working with special populations such as Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD)
- » The plenary sessions were web streamed with 53 participants taking part including a number from interstate. There were 334 views with positive feedback after the event
- » Key presentations can be viewed at: <http://fallsnetwork.neura.edu.au/events/index.php>

Community Service Provider Forum

- » In collaboration with the NSW Falls Prevention Network the CEC conducted a falls prevention workshop with a range of community service providers at NeuroScience Research Australia in March 2012. There were 35 participants representing not-for-profit community organisations, Local Government, Aged and Disability Support Services, Carers NSW, GP NSW, Ageing Disability and HomeCare, Department of Health and Ageing, Multicultural Services and NSW Health
- » The workshop participant evaluations applauded the NSW Falls Prevention Program and Network and the day was highly valued by the participants because the workshop provided an expert forum to:
 - Hear a number of excellent speakers who are leaders and experts in the field
 - Explore the challenges of establishing effective links between health and the community care sector
 - Fully understand how to implement effective interventions for people at risk of falls
 - The participants contributed to the facilitated discussions and recommended that repeating the day's program format could assist future linkages and assist services to consider other options



CLOCKWISE FROM TOP

NSW Falls Prevention Network Advisory Group
Professor Peter Schofield (CEO, NeuRA), Professor Stephen Lord (Senior Principal Research Fellow, NeuRA) and Professor Clifford Hughes (CEO, Clinical Excellence Commission)

Mid North Coast Executive Forum.
Dr Matt Kinchington, Staff Specialist, Port Macquarie, Lorraine Lovitt, CEC Dr Peter Kennedy DCEO, CEC Kathleen Ryan, Director of Clinical Governance, Stuart Dowrick, CEC, Mid North Coast, Professor Finbarr Martin



April Falls Day*/Month 2012

- » This year the focus was falls and bone health and the CEC hosted special events with visiting Professor Finbarr Martin, from the United Kingdom with forums, grand rounds at the CEC, Mid North Coast and Northern NSW Local Health Districts (LHD)
- » Professor Martin covered clinical practice improvements, clinical governance approaches and research in aged care, with discussion on the implications for service delivery in aged care. A copy of his presentations can be found at: <http://www.cec.health.nsw.gov.au/programs/falls-prevention>
- » Professor Martin also participated in a session on the development of a National Hip Fracture Registry (Australia and New Zealand), building on his experience as President of the British Geriatrics Society, Co-Chair, National Hip Fracture Database and Steering group member, Falls and Bone Health national audits in the United Kingdom

Falls Prevention and Bone Health

- » Falls Prevention presentations were shown on Community Network TV in 46 hospitals across the State
 - » A video and flyer featuring the Ambassador for Ageing Noeline Brown
 - » The video may be viewed on the Active and Healthy Website: http://www.activeandhealthy.nsw.gov.au/your_active_and_healthy_guide
- ### Future Directions
- » Working with NSW Ministry of Health, Local Health Districts, Falls Prevention Coordinators and other agencies to implement strategies as identified in the NSW Health Falls Plan and implementation of the Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards, Standard 10: *Preventing falls and harm from falls*
 - » Continuing partnerships with external agencies to implement targeted falls prevention strategies and engaging with consumers

Challenges

- » Demonstrating improved clinical practice and outcomes in falls prevention and linking with the workforce in providing care to older people across all health settings
- » Supporting LHDs to have systems in place to meet requirements for the National Safety and Quality Health Service Standards, Standard 10: *Preventing falls and harm from falls*

Bone health flyers showing Noeline Brown, Ambassador for Ageing



Paediatric Clinical Practice Guidelines

The CEC continued its two-year project Paediatric Clinical Practice Guidelines Audit Project. The aim is to develop sustainable strategies for monitoring implementation, and evaluating the outcome, of the NSW Paediatric Clinical Practice Guidelines (CPGs) that are developed by the NSW Ministry of Health.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 5 Health system improvement
- 8 Capacity building

Aligns with State Health Plan Objectives

- 2 Create better experiences for people using health services
- 7 Be ready for new risks and opportunities

The project has two key objectives: to develop and implement audit processes to monitor documentation compliance with Clinical Practice Guidelines implementation, and to obtain clinician feedback on the uptake and use of the guidelines in everyday clinical practice.

The CEC has also had an active role in the ongoing review of existing CPGs, and the development of new versions. This combined with the recommendations from the final report from the audit project will lead to the implementation of capacity building initiatives to enhance usage of the guidelines.

Key Achievements

The key achievements in the last 12 months have been:

- » Creation of audit tools for seven of the 12 Clinical Practice Guidelines, with a plan to draft the remaining five before the completion of the project
- » Creation of an Audit database ready for use
- » CEC project staff have visited 30 hospitals across NSW, auditing files as well as asking local clinicians how they feel the guidelines should be implemented and education rolled out, leading to improved usage



Partnerships

- » The project is a partnership between the CEC, the NSW Ministry of Health and the three NSW Child Health Networks (CHNs). The CHNs were established in 2001 by NSW Health in response to the Government Action Plan for Health. They are Greater Eastern and Southern (GESCHN), the Western (WCHN) and the Northern (NCHN). Each of CHNs has a tertiary children's hospital in its domain
- » A key element of the project remains the development of local partnerships with clinicians and facilities within the Local Health Districts (LHD)
- » The Health Education and Training Institute (HETI) and the Agency for Clinical Innovation (ACI), particularly the Emergency Care Institute

Future Directions

- » Improve education and training resources to support implementation of Paediatric CPGs
- » Report findings from the audit of usage and implementation of the Paediatric CPGs
- » Develop a Statewide plan for ongoing audit processes to measure clinical outcomes related to use of the CPGs
- » Provide support for the state-wide systematic audits process to assess guideline implementation and integration into clinical practice
- » Make recommendations for system improvement where appropriate, and provide advice regarding quality improvement projects to lift CPG uptake and compliance
- » Participate in the ongoing review of existing CPGs, and the development of new versions

Challenges

- » Engaging LHDs at all levels in the audit activities
- » Ensuring sustainability of the key indicators contained within the audit tools. The CEC plans to review the key indicators to ensure continued clinical relevance
- » Ensuring that Statewide initiatives are embedded in day to day clinical practice across the state

Patient Safety and Incident Management

The work of the Patient Safety team continues to be driven by issues identified by NSW Health staff in the Statewide Incident Information Management System (IIMS), root cause analysis (RCA) reports as well as discussions with key clinical groups and Directors of Clinical Governance.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 2 Clinical practice improvement
- 4 Information management
- 5 Health System Improvement
- 6 Organisational development
- 8 Capacity building
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 4 Build regional and other partnerships for health
- 6 Build a sustainable workforce
- 7 Be ready for new risks and opportunities

The team is responsible for analysing, articulating and disseminating this information to drive change and make it easier for clinical staff delivering care to "get it right the first time."

Following the transfer of Ministry staff in December 2011, the responsibilities of the team were extended to include administrative and monitoring functions for serious clinical incident notification and review processes.

Key Achievements

The team released three Clinical Focus Reports and continues to work with key stakeholders including the Agency for Clinical Innovation, the Ministry of Health and the Ministry of Mental Health in relation to the actions recommended within these reports.

Diagnostic Tests: How access and follow-up affect patient outcomes April 2012

Fractured Hip Surgery (developed in consultation with Collaborating Hospitals' Audit of Surgical Mortality (CHASM) and Special Committee Investigating Deaths Under Anaesthetic (SCIDUA) April 2012

Inpatient Suicide – final report June 2012

A report on Fetal monitoring was also developed and endorsed by Maternal and Perinatal groups. It will be released in September 2012

The team hosted two Canadian Human Factors experts, who provided education to Local Health District (LHD) Clinical Products Managers and Directors of Clinical Governance in relation to useability assessments of medical devices and clinical environments.

Root cause analysis (RCA) training was delivered in six LHDs.

Two consumers joined the Clinical Management RCA Review Committee

Conference presentations included:

Dr Tony Burrell, Director Patient Safety

Impact of NSW Incident Monitoring System at Royal Australasian College Physicians workshop titled *Working Together: Rural Health Outcomes across the Continuum of Care* in Alice Springs, in conjunction with the Rural Medicine Australia Conference, August 2011.

Bronwyn Shumack, Manager Patient Safety

SimHealth Sydney, September 2011. Workshop: *Human factors in healthcare – translating clinical problems into workable solutions for patient safety* with **Allison Lamsdale, M.A.Sc.**, Human Factors Specialist, Quality & Patient Safety, Vancouver Coastal Health, Canada

International Forum on Quality and Safety in Healthcare, Paris April 2012. Poster presentation: *It's all about understanding the narrative – improving patient safety through incident reporting and management.*

Partnerships

It is the clinical groups interested in using reports that drive improvements. In 2011-12 the CEC has worked with an increasing range of groups to promote patient safety

- » Maternal and Perinatal, Intensive Care, Paediatric Clinical Nurse Consultants, and Medication Safety groups
- » Local Health Districts (Directors of Clinical Governance and Patient Safety Managers)
- » Health Services Support to provide support for procurement and Incident Information Management Systems
- » Health Education and Training Institute in clinical supervision
- » Agency for Clinical Innovation (groups such as Emergency Care Institute, cardiothoracic, orthopaedic, geriatrics)
- » The CEC has developed strong links with Canadian human factors practitioners and like minded groups in NSW, for example the Hospital Alliance for Research Collaboration (HARC) funded the study tour undertaken by the Manager Patient Safety

Future Directions

Further focus reports are planned or underway, reflecting the team's commitment to assisting the NSW Health system to understand and address challenges to the provision of clinical care. This will include looking at issues with the introduction and use of electronic medical records and ordering systems, in conjunction with clinical staff, relevant stakeholders and expert groups.

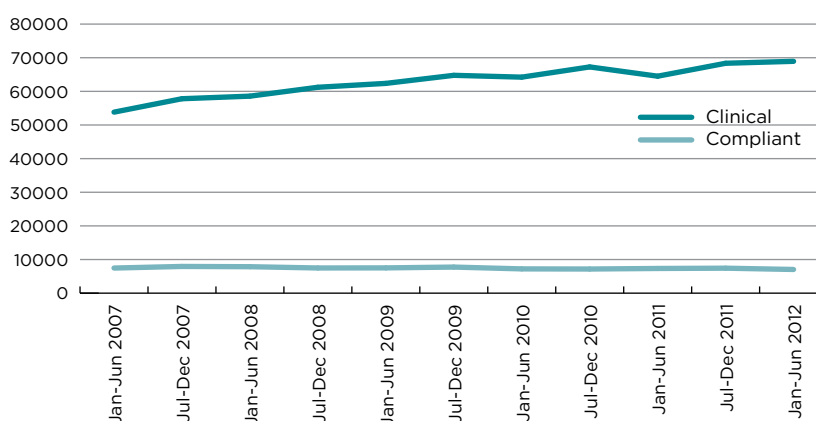
The team is also planning to provide improved models of incident investigation and support, including open disclosure and support for patients, families and staff affected by clinical incidents. It is recognised that a comprehensive education process will be required for this, as well as for the proposed upgrade to the current incident reporting platform (IIMS).

The core philosophy of supporting frontline staff to provide safe, effective care will continue to drive the team's work.

Challenges

- » Providing timely and comprehensive feedback to drive change across the system.
- » Supporting a new reporting platform
- » Educating new staff in principles of patient safety and open disclosure

Clinical Incident and Complaint Notifications in IIMS, January 2007 - June 2012



Patient Based Care



Patient based care promotes engaging patients, families and carers to improve safety and quality resulting in personal, clinical and organisational benefits. Involving patients in their own care and in the planning and governance of quality health care casts the safety net wider.

Aligns with CEC Key Results Areas

- 7 Community engagement
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 4 Build regional and other partnerships for health

Since establishment in 2010, the Directorate of Patient Based Care has been developing and implementing program streams promoting the importance of patient engagement to drive quality improvement. The Directorate has engaged patients, families and carers through the Citizens Engagement Advisory Council and the Consumer Advisory Panel which provide input to programs and projects within the CEC. The Partnering with Patients Advisory Committee provides strategic program guidance.

In 2011-2012, the Partnering with Patients program has focussed on strategies to:

- » improve consumer engagement in safety and quality
- » empower patients and families to engage with staff when a patient's condition deteriorates
- » build leaders to champion patient based care
- » promote patient based values and associated communication techniques to health care professionals
- » recognise and address health literacy barriers in health services

Program streams recognise the importance of utilising patient experience feedback while equally engaging staff to create supportive environments for all. The Partnering with Patients program is underpinned by evidence demonstrating the link between patient experience, safety, clinical outcomes and operational benefits.

This year has seen the program work with Local Health Districts (LHDs) across NSW to promote, engage and integrate principles of patient based care in health service provision. The development of a *Patient Based Care Challenge* for the LHDs has been used to galvanise the health services with

clear governance commitment to improve patient care experience.

Key Achievements

- » The *Patient Based Care Challenge* developed and disseminated to all LHDs to promote practical strategies for improving patient based care and consumer engagement. LHDs engaged through Board and executive meetings to sign-up to *The Challenge*
- » Consumer Advisor Panel expanded to facilitate increased input of patients, family and carers into CEC programs, initiatives and events. Evaluation of CEC consumer engagement completed, with positive outcomes
- » Patient and Family Activated Escalation of care for deteriorating patients being implemented in seven lead sites in NSW using CEC's 'REACH' model (**R**ecognise, **E**ngage, **A**ct, **C**all, **H**elp). Patient and Family Activated Escalation Network established to facilitate sharing of resources and ideas.
- » Grant awarded by HCF Health and Medical Research Foundation to implement a patient and carer engagement strategy for hospitalised patients with dementia. Based on the effective Central Coast LHD 'Top 5' program, the strategy actively integrates the knowledge of carers into hospital care and is being implemented in 20 NSW hospitals
- » Junior Clinician Orientation Working Group developed an educational program to be delivered to hospital sites. The program promotes patient-based values and associated communication skills to junior doctors, nurses and allied health professionals entering the health system



ABOVE Dr Rima Rudd, Health Literacy Expert, Harvard School of Public Health



RIGHT Dr Mary Foley, Director-General NSW Ministry of Health, Aunty Norma Ingram – welcome to country, Professor Cliff Hughes, Karen Luxford, Dr Nicola Dunbar – ACSQHC

- » Seminars conducted on topics of 'building leadership' and 'health literacy':
 - *Building leadership to improve patient based care* – with over 80 attendees from around NSW and across the country. The Seminar, launched by the Minister for Health (Hon. Jillian Skinner), featured two international experts (Dr Jocelyn Cornwell, UK and Dr Susan Frampton, USA). Evaluated as highly successful by attendees, the seminar was co-hosted by the CEC and the Australian Commission on Safety and Quality in Health Care
 - *Breaking Down the Barriers: Health Literacy, Communication and Health Services* – with over 150 attendees. The seminar, launched by the Director-General of Health (Dr Mary Foley), focused on strategies to actively identify barriers and improve health literacy in health services. Co-hosted by the Clinical Excellence Commission, Australian Commission on Safety and Quality in Health Care, NSW Health Care Complaints Commission and the University of Sydney, School of Public Health. Dr Rima Rudd, Health Literacy Expert, Harvard School of Public Health was the Plenary Speaker and CEC visiting guest
 - Teaching of undergraduate medicine students undertaken to promote patient-based values and associated communication skills

- Research report, commissioned by CEC, completed with findings on the *Service Quality and Communication in Emergency Department Waiting Rooms*. CEC response to the study recommendations developed
- Contributing to consensus on national core survey items for patient experience surveys in collaboration with the Australian Commission for Safety and Quality in Health Care
- Internationally, the Partnering with Patients program was featured at the Oxford University Leaders Forum addressing global challenges in patient based care. The forum was held by the Oxford Health Experiences Institute

Partnerships

- » Local Health Districts
 - Boards
 - Chief Executives
 - Directors of Clinical Governance
 - Directors of Operations
 - Patient Safety and Quality Managers
 - Community Participation Managers
 - Carer Support Managers
- » Health Consumers NSW
- » Consumers Health Forum Australia
- » Australian Commission on Safety and Quality in Health Care
- » Bureau of Health Information
- » Agency for Clinical Innovation
- » Health Education and Training Institute
- » NSW Health Care Complaints Commission
- » World Health Organization – Patients for Patient Safety
- » The University of Sydney – School of Public Health

- » Expert advisers on Partnering with Patients committees and working groups
- » Academic partners on collaborative grant applications

Future Directions

- » Supporting consumer engagement in CEC safety and quality initiatives
- » Developing practical guidance for health care services to assist with an organisation-wide approach to patient-based care, supporting the uptake of the *Patient Based Care Challenge*
- » Expanding the uptake of Partnering With Patients program streams within health services (e.g. REACH)
- » Developing guidance for health care services to identify health literacy barriers
- » Improving safety and quality through the integration of carer knowledge in the care of hospitalised dementia patients
- » Establishing communication avenues to inform the community and promote uptake of patient based care
- » Contributing to the local knowledge base in patient-based care through evaluation

Challenges

- » Broadening the uptake of *The Patient Based Care Challenge* as an essential component of quality and safety – and beyond the 'believers'
- » Gaining acceptance of patient-based programs, such as REACH, by health care professionals – casting the safety net further

Clinical Leadership Program

The CEC Clinical Leadership Program (CLP) has a focus on improving patient safety and clinical quality by supporting and developing clinical leaders in the workplace.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 5 Health system improvement
- 6 Organisational development
- 8 Capacity building
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 4 Build regional and other partnerships for health
- 6 Build a sustainable health workforce

The program is offered in two modalities: foundational and executive. The foundational program is multidisciplinary, delivered by local Facilitators within a Local Health District/Network (LHDN). The executive program is delivered as six intensive modules in Sydney, to senior clinicians. Both programs are delivered over a calendar year.

Enrolment figures have increased each year over the past five years. For 2012, over 180 participants are enrolled in the foundational program and 79 in the executive CLP. To meet increased demand a second cohort of the executive program has been offered since 2010. Retention levels are positive, with less than 5% from the executive program and around 10% withdrawals in the foundational program.

The value of investing in clinical leadership programs is recognised at statewide, national and international levels. The CEC's CLP links leadership with patient safety and governance to ensure that the interests of patients and staff remain at the heart of healthcare delivery.

Key Achievements

- » Two hundred and twenty two (222) participants completed the program in 2011, all undertaking an individual or team clinical improvement initiative designed to improve patient safety and clinical quality
- » At the end of the 2011 CLP over 1,000 participants had completed the program since its inception. It is growing in numbers each year and continues to build a cohort of effective clinical leaders who progressively become the 'critical mass' needed for patient-centred system change
- » The executive CLP graduations were attended by a number of senior health executives including the Director-General Dr Mary Foley. Similar graduations were held at the local level for participants completing the foundational CLP
- » Participants completing the 2011 program were surveyed on how well it met their expectations and key deliverables. Results continue to reinforce external evaluation of the program in 2008, indicating that the CLP has a strong and appropriate concept and that the content is well aligned to participants' needs
- » Strong interest and enrolment figures indicate the CLP is providing a much needed and welcome resource in NSW health



RIGHT Daniel Lalor, Project Manager Medication Safety taking part in CLP training workshop

Partnerships

- » The CLP is a collaborative enterprise between the CEC, Ministry of Health, Local Health Districts/Networks and external business partners. In addition to delivering specific program content, it links with associated programs at local and Statewide levels
- » Local partnerships have been strengthened within and between Local Health Districts/Networks, including between learning and development, clinical operations and clinical governance. This helps to promote an integrated health system where 'we are all responsible for patient safety'

Future Directions

The CEC will continue to actively promote continuation of its clinical leadership program, building on the linkages it makes between leadership, patient safety and governance within NSW Health. Opportunities for CLP alumni to network, collaborate and reinforce their commitment to patient safety are also being explored.

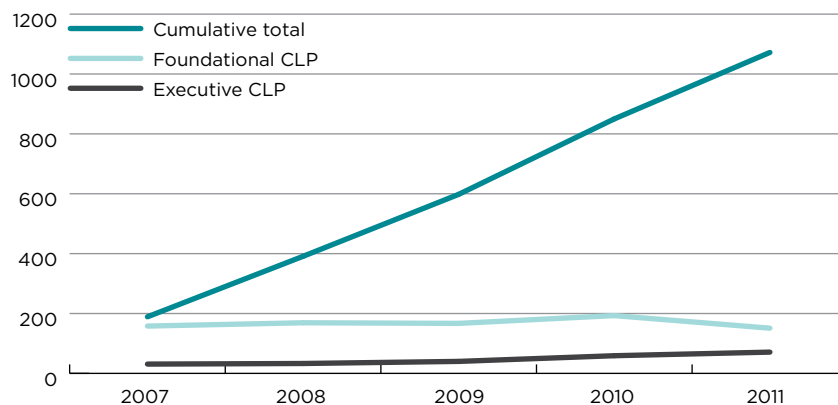
Publications

A summary of all projects undertaken through the program is compiled by the CEC annually and made available in hard and electronic copy to showcase across the health system. The 2010-2011 Clinical Leadership Program project summary booklet was published in 2012. The results of many of these projects clearly demonstrate a strong commitment to clinical practice improvement through effective clinical leadership.

Challenges

Significant gains have been made throughout the program's last five years. The challenge is to build on and sustain the momentum gained to date, while responding to the ongoing changes that are occurring within the health system.

Participant completion numbers for CLP by program and by year



In Safe Hands

The *In Safe Hands* program, launched in September 2011, is designed to build high reliability patient care teams and replicate them within the NSW public health care system.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 5 Health system improvement
- 6 Organisational development
- 8 Capacity building
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 3 Strengthen primary health care and continuing care in the community
- 6 Build a sustainable workforce
- 7 Be ready for new risks and opportunities

In Safe Hands provides guidance and a framework for building high reliability patient care teams and seeks to foster clinician engagement in the development of solutions focused on improving the performance of the team.

The foundation of *In Safe Hands* is based on the clinical microsystems approach. This approach focuses on developing and improving clinical teams to improve the health system. This is done by providing clinical teams the relevant standards, tools, skills and resources, supported by coaching and education.

Key Achievements

- » The *In Safe Hands* program was officially launched in September 2011 through a forum with a mixture of national and international speakers
- » The Director, Health System Performance Improvement undertook a series of visits to health services within the UK and USA to investigate programs that are relevant to the implementation of the *In Safe Hands* program. The main purpose of the visits was to view sites where clinical microsystems have been implemented and to obtain advice regarding the use of coaching as an essential supporting implementation tool
- » Seven development sites have been identified across NSW to implement *In Safe Hands*. The CEC will be supporting and assisting these sites throughout the implementation phase by providing the relevant tools and resources required
- » An Implementation Guideline has been developed to assist sites



Some of the speakers from the In Safe Hands Forum held in September 2011

RIGHT (L-R)Christy Pirone, South Australian Department of Health, Mary Salisbury, US Department of Defence, Dr Jason Stein, Emory University, US, Dr Charles Pain, CEC Director Health System Improvement, Dr Mary Foley, Director-General NSW Ministry of Health, Professor Cliff Hughes AO, CEC Chief Executive Officer



Partnerships

- » Partnerships have been formed between the Ministry of Health, Nursing and Midwifery Office, Agency for Clinical Innovation and the Health Education Training Institute
- » There are a number of synergies with current programs undertaken by other bodies. These are:
 - Essentials of Care (Nursing and Midwifery Office)
 - Team Health (Health Education Training Institute)
 - Improving Patients and Staff Experience program (Agency for Clinical Innovation)
- » These all have the general purpose of improving and building effective patient care teams. The CEC has formed a mutual understanding with these bodies to collaborate and form effective partnerships to ensure that high reliability patient care teams are developed
- » A partnership between the University of New South Wales and the CEC has been formed to evaluate pre and post implementation of *In Safe Hands*

Future Directions

- » The *In Safe Hands* program is scheduled to be implemented initially at Orange Hospital and Canterbury Hospital
- » Rollout of the In Safe Hands program across NSW
- » Evaluation of the benefits of the program to be done by the UNSW

Challenges

The key challenge for *In Safe Hands* is to form and maintain a coalition that has the capability to lead and influence these system-wide changes required to transform health care in NSW.

This will require the CEC to lead in forming partnerships with agencies and bodies such as the ACI, HETI and the Nursing and Midwifery Office.

Quality Systems Assessment (QSA)



The Quality Systems Assessment (QSA) is a quality and safety self-assessment conducted at multiple levels within all public health organisations in NSW. The program is based on a risk management framework which aims to evaluate the systems and processes which organisations have in place to control risks to patient safety using self-assessment and independent verification.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 2 Quality Systems Assessment
- 6 Organisational Development

Aligns with State Health Plan Objectives

- 5 Make smart choices about the costs and benefits of health services
- 6 Build a sustainable health workforce
- 7 Be ready for new risks and opportunities

NSW is the first state in Australia to introduce a self-assessment of quality and safety.

The QSA program has a five yearly assessment cycle. Year 1 is a baseline assessment of various quality and safety issues. Years 2-4 are focused/ thematic assessments of specific high risk topics. Year 5 is a review assessment.

There are four components of the QSA

Completion of a **self-assessment** at multiple levels of the organisation

Feedback and reporting to all respondents, the health system and community

Development of **improvement plans** to address gaps identified through self-assessment

Verification of the self-assessment through onsite visits to assess accuracy of responses

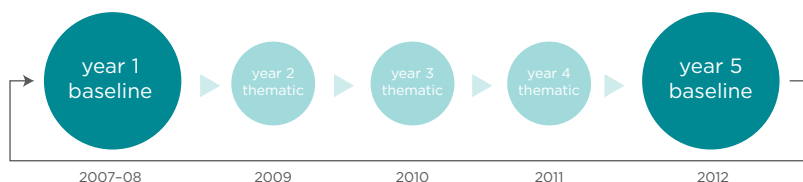
Key Achievements

1. Self-assessment

- » The focus of the 2011 self-assessment was:
 - Paediatric management
 - Sepsis
 - Delirium
 - Mental health
- » In 2011, at the clinical unit level 79% of respondent units involved more than one person in completing the self-assessment. This is an increase from 51% in 2010
- » An overall response of 99% was achieved which included over 1200 clinical departments and 113 facilities. This has not only been an increase in response rate over the last four years but a significant increase in the number of participants undertaking the self-assessment

2. Onsite verification program

- » In 2011 the CEC undertook the third year of the on-site Verification Program across all Public Health Organisations
- » The program now has over 80 clinicians trained as Assessors. These include Doctors, Nurses, Allied Health professionals, Ambulance paramedics and CEC Assessors
- » Overall, 16,095 self-assessment responses were verified with an accuracy rate of 97.8%. This result is consistent with the findings of the 2009 and 2010 verification programs





ABOVE Virginia McMahon, Bernie King, Wendy Jamieson and Roger Kerr



RIGHT Royal Hospital for Women newborn care team with QSA Assessors during onsite verification visit May 2012. (L-R) Yogendra Narayan (QSA Assessor); Dr Kei Lui; Dr Srinu Bollisetti; Dr Jo Rainbow (QSA Assessor); KweeBee Lindrea; Helen Dando

3. Reporting

- » Analysis of the findings of the QSA and their reporting to all levels of the health system is key to achieving the objectives of the QSA
- » As usual the QSA team developed the Statewide and facility specific reports from the self-assessment data. However for the first time four supplementary reports on each theme were also released
- » All reports available on CEC website www.cec.health.nsw.gov.au

4. Improvement plans

- » Development of the improvement plan by all PHOs addresses the identified risks found through the self-assessment and the means by which improvement will be achieved
- » A formal annual review and onsite verification visit has confirmed that not only have all public health organisations developed an improvement plan, they have acted on it

Partnerships

- » Local Health Districts/Networks
- » Clinical Governance
- » Ministry of Health
- » Agency for Clinical Innovation

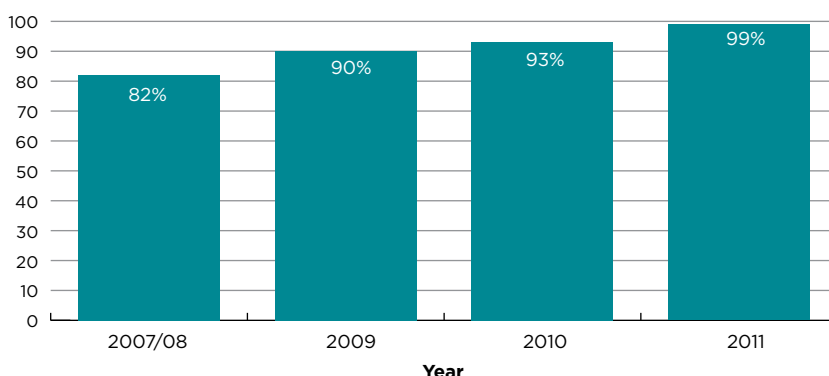
Future Directions

- » The Clinical Excellence Commission will continue to undertake the QSA on an annual basis
- » The 2012 QSA is the fifth year of the five year cycle and represents a unique opportunity for a repeat census view of various quality and safety topics thus far
- » Topics for assessment in 2012 include:
 - Clinical Governance and risk management
 - Credentialing and clinical supervision
 - Blood management
 - Clinical audit
 - Mortality review
 - End of life management

Challenges

- » Ensure themes chosen for assessment align with system wide high risk quality and safety priorities
- » Continue to make the QSA of increasing practical value to clinicians and managers
- » The QSA supports achievement of performance against the National Standards
- » Ensure that the QSA is recognised as a valuable process in the quality and safety agenda of all public health organisations

Overall % Response rate 2007 – 2011



Clinical Practice Improvement

The Clinical Excellence Commission (CEC) provides clinical practice improvement (CPI) training to participants of the Clinical Leadership Program and to front-line clinicians in NSW Health Facilities. The CEC also works closely with Local Health Districts/Networks (LHDN) including Justice & Forensic Mental Health and Ambulance Service of NSW Quality Managers, to build the capacity and capability for them to support health care improvement projects and teams within public health organisations (PHOs).

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 5 Health system improvement
- 6 Organisational development
- 8 Capacity building

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 4 Build regional and other partnerships for health
- 5 Make smart choices about the costs and benefits of health services
- 6 Build a sustainable workforce
- 7 Be ready for new risks and opportunities

The CPI methodology provides a framework for clinicians to undertake a comprehensive diagnostic phase of the causes of process failures which lead to inefficiencies and/or patient harm and to design solutions to continuously improve care for patients.

The basic principles of Clinical Practice Improvement include the following:

- » Health care is a process which can be analysed
- » Both the process and the outcomes of clinical work can be measured
- » Profound knowledge of the processes of care exist within individuals who work in the system, in particular 'microsystems'
- » Multi disciplinary teamwork and the design of novel solutions are essential in effecting improvements in health process
- » There is the will and leadership to implement change

CPI Program Objectives

The program aims to improve the safety and quality of care to patients through:

- » Enhancing the knowledge of clinicians about Quality Improvement theory
- » Improving the ability of clinicians to identify causes of process failures within their clinical teams
- » Enhancing clinicians' personal and professional leadership skills (teamwork)
- » Equipping health care facilities with personnel who can apply improvement methodology to effect change; implement evidence-based practice and address problems arising out of root cause analyses
- » Designing effective solutions using plan, do, study, act (PDSA) tests of change

- » Creating awareness of microsystem re-engineering, human factors and reliable design principles
- » Providing a foundation in measuring for quality using statistical process control charts
- » Spreading and sustaining change and improvement

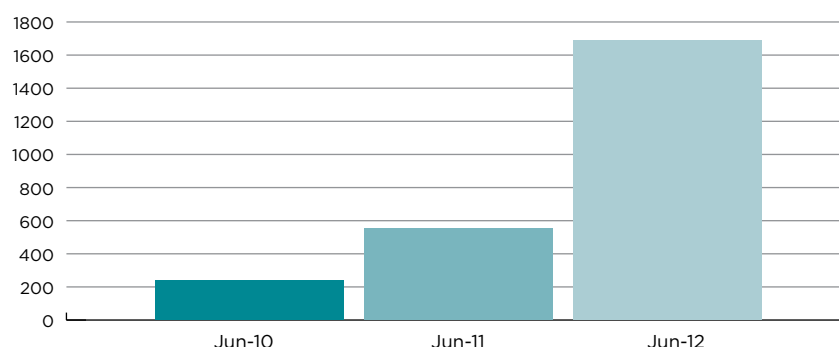
As an adjunct to face-to-face training, participants are encouraged to use the E-Learning modules in health care improvement methods including CPI methodology in order to provide a blended learning model.

Key Achievements

CPI is a module in the CLP program and forms the basic methodology for the Clinical Service Challenge undertaken as part of the program. Seven CPI workshops were held in 2011-2012 involving almost 160 participants where CEC staff provided input in the form of assistance in facilitation.

- » CPI workshops in a two day format were undertaken in four Local Health District Clinical Governance Units with over 90 participants attending local workshops and undertaking local improvement projects
- » The CEC continues to provide advice, support, resources and tools to quality managers at Local Health Districts to provide them with the skills required to improve their capability for delivering CPI workshops locally
- » In-house CPI training provided by Local Health Districts or networks include:
 - Two workshops in Northern Sydney LHD
 - Three workshops within the Sydney Children's Hospitals network

Number of participants who have participated in the on line CPI module



- Illawarra Shoalhaven LHD held a one-day CPI workshop and two x two hour "introduction to CPI" workshops
- Ambulance Service of NSW has trained over 140 staff in the last year in CPI methodology
- » Within the CPI facilitator network 30 participants undertook extended training to assist them in building capacity for CPI training and support of improvement projects within the LHDNs
- » The CPI facilitator cohort continues to meet monthly via teleconferences where between six and 20 participants regularly network and share resources
- » Two workshops on the use of quality tools in the diagnostic phase of a project were held at the Clinical Redesign school for over 50 participants
- » The CPI e-learning module is available on the NSW GEM platform for all NSW public health employees and there has been an increase of participants from 225 in July 2010, 650 in July 2011 and 1687 in June 2012
- » A resource kit is being compiled for the CPI facilitators to use within their own LHDNs to assist them in providing CPI training locally
- » A pilot program was conducted in collaboration with the Royal Australasian College of Physicians (RACP). Twenty four advanced-trainee doctors undertook a two-day CPI workshop and are undertaking a project, over a year, to improve patient outcomes. The interim feedback is promising and the advanced trainees are expected to graduate in February 2013
- » There are plans to repeat the program commencing in February 2013 once the evaluations have been assessed and the program adjusted accordingly

- » Staff are encouraged to upload their projects onto the Australian Resource Centre for Healthcare Innovations (ARCHI) repository where they are available for all health care staff to view multiple improvement projects

Partnerships

Initiatives to consolidate Health Care Improvement training include:

- » Creating a forum for collaboration around improvement training through partnerships between, the CEC, Agency for Clinical Innovation (ACI) and The Health Education and Training Institute (HETI)
- » Progressing more standardised care processes across the system, including more reliable work setting design and training front line staff in improvement methods and human factors through partnership with the CEC and the ACI
- » Improving measurement capability in the system e.g. Electronic Medical Record to enhance data linkage and feedback loops, through partnership with the Bureau of Health Information (BHI)
- » Continue to build on the successful international partnership with Dr Brent James of Intermountain Health Care's Institute for Health Care Delivery research in the USA. He is a key advisor for the CEC's CPI Program
- » Continue to build on the successful collaboration with the Institute for Healthcare Improvement (IHI) in Boston and continue to contribute to international best practice in quality and safety education for front-line staff

Future Directions

- » We will continue to provide support for LHDs and assist with facilitation when required
- » An on line facilitated CPI course is under development, to better support staff from rural and remote LHDs undertaking CPI improvement projects
- » Increasingly LHDNs are facilitating their own workshops and using the CPI e-learning modules on the GEM platform as a blended model of learning
- » Development of resources for CPI facilitators at the LHDs

Challenges

- » Collaboration, coordination and communication of improvement training initiatives particularly between the 'peak bodies' running improvement training
- » Linking improvement initiatives to align with strategic intent of LHD's
- » Clarity for front-line staff regarding which methods work well and with which problems
- » Continuing to encourage staff of the importance of involving patients and families in improvement project teams
- » Asking staff in LHDs to identify Incident Management issues and then using CPI methodology for process improvement to address the issues
- » Including guidelines on health literacy in the workshops for staff developing information for patients and families as a result of projects

Teaching Quality and Safety to Undergraduates

Because medical and other students in health sciences need to understand key patient safety concepts before graduation, the CEC delivers quality and safety education to these students at universities across NSW. Over 2,400 students were taught about quality and safety through the program in 2011-2012.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 8 Capacity building
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 2 Create better experiences for people using health services
- 6 Build a sustainable workforce
- 7 Be ready for new risks and opportunities

Medical Student Teaching

University of Notre Dame School of Medicine

This teaching, delivered by CEC, is in its third year. A module for second year developed by the CEC Patient Based Care Directorate emphasises involving patients in their own care. Teaching is delivered mainly by CEC staff with Notre Dame staff now confidently leading the discussion groups, compared with previously where they were co-teaching with CEC staff.

University of Western Sydney (UWS) School of Medicine

Teaching involves first and second year students with year five (final year) students included from late 2011. Tutor guides, a tutor manual and tutor training is provided at the start of each year for UWS staff who lead the discussion groups. The four modules for final year students focus on safety in the intern and resident years (safe prescribing, clinical documentation and handover, fatigue and stress, reporting adverse events)

Sydney Medical School (University of Sydney)

The CEC has co-taught in the patient safety component of the course and from September 2012 will deliver a human factors workshop

University of Newcastle

A revision of the University of Newcastle medical curriculum gave the opportunity to introduce patient safety teaching to first year students at the Newcastle and Armidale campuses. It is delivered in four modules, each of two hours, comprising interactive lectures, film and video clips, discussion groups and feedback. Student reaction has been very favourable

Nursing school teaching

University of Technology Sydney (UTS)

Because of the large numbers (over 500 students in each year at each nursing school) lectures are delivered by podcast. Tutor training is provided for nursing school staff who lead the discussion groups. A pre-test post-test design assesses knowledge transfer. Follow-up by UTS shows high student satisfaction. A joint UTS-CEC research paper has been submitted for publication.

University of Newcastle

Teaching started in 2011 with pre-recorded lectures and tutor training for university academic staff provided by CEC. It continues in 2012 and is currently being evaluated.

University of Sydney Advanced Nursing

A two-hour interactive session is provided for senior nurses enrolled in the Advanced Nursing course.

Allied Health

University of Sydney - Cumberland College of Health Sciences Campus

Following tutor training by CEC, three Patient Safety interactive modules were delivered to combined classes (Physiotherapy, Occupational Therapy, Radiography and Orthoptics in late 2011. The expectation is that this will continue.

The table shows where CEC university teaching occurs, reaching approximately 2,400 students annually.

» This has been one of the most interesting parts of the course so far

» *First year medical student*



ABOVE Kim Oates and a group of medical students at the University of Newcastle

Participating Universities in 2011	Faculty	Year
University of Notre Dame	Medicine	1 and 2
University of Western Sydney	Medicine	1, 2 and 5
University of Technology Sydney	Nursing	1 and 2
University of Sydney	Nursing Postgraduate	Annually
University of Sydney	Medicine	2
University of Newcastle	Nursing	1
University of Newcastle	Medicine	1
University of Sydney	Allied Health	3

Training Young Doctors

The CEC has developed a pilot project for advanced Royal Australasian College of Physician (RACP) trainees to do a Clinical Practice Improvement (CPI) project. Twenty three advanced trainees undertook the project involving an assessment of their patient safety knowledge followed by a two-day workshop. Participants did a CPI project which was monitored and supervised. At the end of year projects will be presented to a panel of senior representatives from the RACP and CEC. A knowledge post-test and survey will assess changes in knowledge and attitudes. The RACP plans to publish the results of some projects.

Partnerships

Universities throughout NSW

Royal Australasian College of Physicians

University of Chicago, Illinois

Other activities

Teaching at Hanoi Medical University

A session on the importance of safe handover and clear communication, using role play is presented annually to a group of future medical leaders at Hanoi Medical University.

Future directions

- » Increased emphasis on supporting clinical teachers and educators at partner universities to work with CEC in producing and delivering patient safety programs
- » An increased research focus to measure and evaluate the impact of these initiatives

Challenges

- » Adding more medical and nursing schools to the program
- » Securing funding for a Fellowship program to develop skills in the next generation of leaders in patient safety

Chartbook

As part of its goal to provide assurance through credible public reporting the CEC publishes The Chartbook of health system safety and quality indicators.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 4 Information management

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 3 Strengthen primary health care and continuing care in the community
- 5 Make smart choices about the costs and benefits of health services
- 7 Be ready for new risks and opportunities

In 2012, the fourth edition, Chartbook on Safety and Quality in Healthcare in NSW 2010 (Chartbook 2010), contained 90 indicators. The Chartbook is produced annually by calendar year using a retrospective five-year trend analysis model.

Building on the success of previous editions, Chartbook 2010 provides analysis and commentary on a broad range of indicators of safety and quality that can help drive improvements in the quality of health care provided to NSW residents. Data is presented in chart form according to local health district (LHD), and has been reviewed by clinical experts, NSW Health and external providers. Expert commentary for each indicator is included under the headings "importance", "findings", "implications" and "what we don't know".

The Chartbook series provides:

- » a tool for measuring and reporting safety and quality in the NSW health system at a State and Local Health District level
- » a key resource for driving change, to facilitate self-examination by doctors, nurses and health professionals and managers in our health care system. For clinicians to use to monitor and influence key trends in safety and quality in NSW
- » an overview of the state of knowledge of the safety and quality of health care services in NSW for use by the public and non-specialist audiences
- » reports on outcomes of key initiatives of the CEC and NSW Health that address safety and quality issues

» Chartbook 2010 provides analysis and commentary on a broad range of indicators of safety and quality that can help drive improvements in the quality of health care provided to NSW residents

»

Key Achievements

- » Chartbook 2010 includes new indicators on Cancer care. Several existing chapters have been expanded with additional charts. In some cases charts have been 'retired'
- » Clinician engagement and feedback has contributed to the increase in indicators reported and improved the relevance of the commentary
- » Chartbook 2010 continues to provide an expert-informed overview of key safety and quality issues and trends in the NSW public health system. With other recently released reports, it confirms that NSW residents have access to an excellent health care system

Future Directions

Preparation of the fifth edition – Chartbook 2012 – is underway. In 2012 it will be significantly revised, in order to provide more timely data to clinicians, the health system and the public. Instead of a single annual paper-based publication the Chartbook Advisory Group (CAG) has endorsed:

- » A partnership with other Pillars to prepare and disseminate information;
- » A thematic approach to the presentation of like information; and,
- » The adoption of a continuous web-based publication format which is updated as new information becomes available.

CEC is firmly of the view that the more accessible, timely and relevant information is, the more health professionals will use it to identify and take up opportunities for improvement. With increasing accessibility, CEC enables the public to remain informed about the safety and quality issues of health care in NSW and how the health system is responding to these challenges.

Challenges

- » Delivering relevant, timely and more immediately actionable data to frontline clinicians where it can be a catalyst to drive change
- » Facilitating clinicians' continued input into the analysis and interpretation of clinically-relevant indicators
- » Ensuring that the information contained in Chartbook is accessible to the public without over simplifying important issues
- » Developing different presentation modalities and publication schedules as CEC moves to a web-based edition to better suit the specific needs and timeframes of its intended audiences

The Collaborating Hospitals' Audit Of Surgical Mortality (CHASM)

The Collaborating Hospitals' Audit of Surgical Mortality (CHASM) is a systematic peer review of deaths of patients who were under the care of a surgeon or where a surgeon had major input to care, irrespective of whether an operation was performed or not. The audit methodology is based on the Scottish Audit of Surgical Mortality established in 1994.

Aligns with CEC Key Results Areas

- 2 Clinical practice improvement
- 4 Information management
- 6 Organisational development
- 9 Communication and culture change

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 4 Build regional and other partnerships for health
- 7 Be ready for new risks and opportunities

CHASM is overseen by an expert committee appointed by the Minister for Health under section 20 of the *Health Administration Act 1982*. Information collected for CHASM is privileged by section 23 of the same Act and the Commonwealth Qualified Privilege Scheme under Part VC of the *Health Insurance Act 1973*.

The Royal Australasian College of Surgeons (RACS) has mandated participation in the Australian and New Zealand Audit of Surgical Mortality (ANZASM) a requirement for re-certification through the Continuing Professional Development Program. CHASM is the NSW component of ANZASM.

Key Achievements

From 1 July 2011 to 30 June 2012, CHASM:

- » Recorded 2131 deaths notified by all local health districts
- » Received 1624¹ completed surgical case forms from surgeons
- » Completed the audit of 1534² notified deaths.

The figure below shows the key output data of CHASM from the start of data collection in January 2008 to June 2012.

There was continued improvement in the participation of surgeons in the audit. At 30 June 2012, 1072 (68%) active surgical fellows of RACS were participating in CHASM, and 416 of them agreed to be first-line assessors and 314 to be second-line assessors. The next figure shows the participation rates of surgeons in CHASM by surgical specialty at 30 June 2012.

Vascular, urology, neurosurgery, general and cardiothoracic were the top five participating specialties.

CHASM published the third edition of the Case Book and distributed the third batch of individualised annual feedback reports.

The CHASM Committee amended its Terms of Reference to enable sharing of privileged data with other committees that have special privilege under section 23 of the *Health Administration Act 1982*.

During the reporting period, the project team gave the following presentations:

- » a PowerPoint presentation on the partnership approach used to implement a Statewide surgical mortality audit program in NSW at the Clinical Audit Improvement Conference held in Melbourne 8-9 September 2011
- » a poster on the automated CHASM individual surgeon report template at the Australasian Mortality Data Interest Group Workshop held in Brisbane 31 October - 1 November 2011
- » a poster on surgical mortality audit methodology to engage surgeons in improving patient safety at the International Forum on Quality and Safety in Healthcare in Paris 18-20 April 2012

1 This figure includes 292 returned forms that were sent in the previous financial years.

2 This figure includes 153 deaths that were recorded in the previous financial years.

Partnerships

CHASM is funded by NSW Health, administered by the CEC and co-managed by the NSW State Committee of the RACS. It works collaboratively with local health districts, which notify CHASM of surgical deaths and provide medical notes for assessment and local support to surgeons. At the national level, CHASM is a partner of the Australian and New Zealand Audit of Surgical Mortality (ANZASM), which was formed by the RACS in 2005 to coordinate the development and implementation of surgical mortality audits in the two countries.

Future Directions

Over the next 12 months, CHASM will:

- » Publish its second annual report, fourth Case Book and fourth batch of individualised annual feedback reports to surgeons
- » Expand the audit to include gynaecological related surgical deaths in partnership with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and ANZASM.
- » Continue to improve the audit process based on feedback from surgeons and broadened access to post mortem and root cause analysis reports
- » Continue to improve database functionality for a more efficient and cost-effective audit process.
- » Further investigate preventable deficiency of care in the surgical management of patients

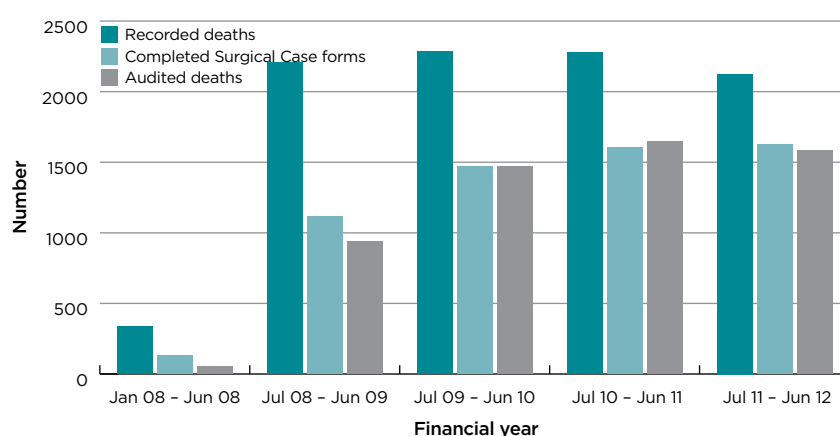
Challenges

- » Recruit surgeons to participate in CHASM as assessors
- » Expand CHASM to private hospitals
- » Pursue online reporting facilities for surgeons in NSW

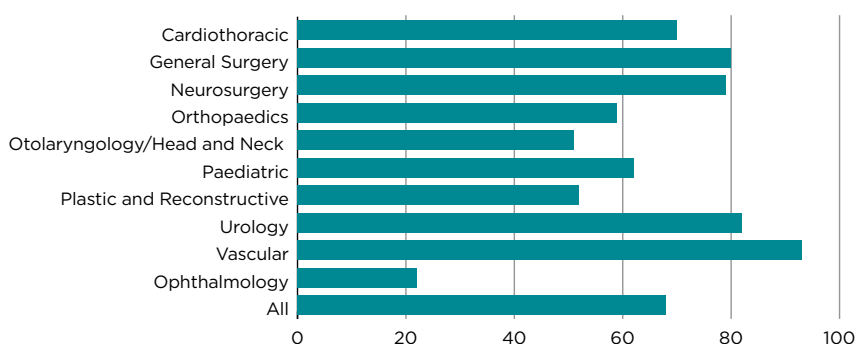
Publications

- » CHASM Case Book July 2010 – June 2011
- » Individual Report to a Participating Surgeon 01 July 2010 – 30 June 2011

Key CHASM Outputs, January 2008 to June 2012



Participation rates of active surgical fellows in CHASM by surgical specialty at 30 June 2012



* The rates were calculated using the NSW surgical workforce data reported by the RACS at June 2012.

Special Committee Investigating Deaths Under Anaesthesia

The Special Committee Investigating Death Under Anaesthesia (SCIDUA) was established in 1960, and is the longest serving committee of its kind in the world. It is an expert committee appointed by the Minister for Health under section 20 of the *Health Administration Act 1982*.

Aligns with CEC Key Results Areas

- 1 Public reporting
- 2 Clinical practice improvement
- 4 Information management

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 2 Create better experiences for people using health services
- 7 Be ready for new risks and new opportunities

SCIDUA reviews deaths which occur while under, as a result of, or within 24 hours after administration of anaesthesia or sedation for procedures of a medical, surgical, dental or investigative nature to identify any area of clinical management where alternative methods could have led to a more favourable result. Information collected for SCIDUA is privileged from subpoena under section 23 of the same Act.

Key Achievements

From 1 July 2011 to 30 June 2012, SCIDUA:

- » Recorded 253 deaths notified under the *Public Health Act 1991*
- » Completed the audit of 276 notified deaths
- » Classified 267 notified deaths

The following figure shows the frequency distribution of deaths classified by SCIDUA from 1 July 2007 to 30 June 2012.

The Minister for Health approved the special report, *Activities of the Special Committee Investigating Deaths Under Anaesthesia 2009*. The report was published and distributed to Heads of Anaesthetic Departments, directors of clinical governance and the Chairs of the Australian and New Zealand College of Anaesthetists, Australian Society of Anaesthetists, Royal College of Surgeons and the Australian Medical Association. It reported on its audit activities and findings from 2006 to 2009.

During the reporting period, the project team gave the following presentations:

- » a poster on the key findings from fifty years of anaesthetic mortality review at the International Forum on Quality and Safety in Healthcare, which was held in Paris in April 2012
- » a poster on the experience of improving data quality for the SCIDUA program due to legislative reform at the Australasian Mortality Interest Group, which was held in Brisbane in November 2011

Partnerships

SCIDUA is a long standing partner of the Australian and New Zealand College of Anaesthetists and provides data annually for the College's triennial report on safety of anaesthesia in the two countries. SCIDUA works collaboratively with local health districts to ensure notification of anaesthesia related deaths as stipulated in the *Public Health Act 1991*.

Future Directions

Over the next 12 months, SCIDUA will

- » Finalise the development of an online reporting application for notification of deaths
- » Work with the Ministry of Health to develop policy guidelines on notification of death arising after anaesthesia or sedation for operations or procedures, in preparation for commencement of the *Public Health Act 2010* on 1 September 2012
- » Develop a special report on the audit findings from 2001 to 2010
- » Contribute to the national triennial report on safety of anaesthesia by submitting de-identified audit data to the Australian and New Zealand College of Anaesthetists

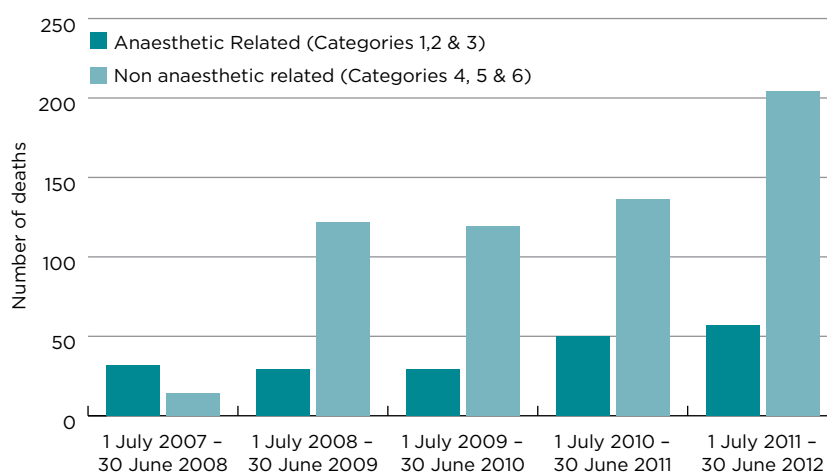
Challenges

- » Ensure that anaesthetists and other health practitioners are aware of the legal requirement to notify anaesthesia or sedation-related deaths to SCIDUA
- » Provide online reporting facilities for notification to SCIDUA

Highlights

- » The Minister for Health approved the special report, *Activities of the Special Committee Investigating Deaths Under Anaesthesia 2009* for public release and distribution to hospitals and professional colleges

Classification of SCIDUA cases reviewed over a five year period



Information management and information and communications technology initiatives

Aligns with CEC Key Results Areas

- 1 Public reporting
- 4 Information management

Aligns with State Health Plan Objectives

- 1 Make prevention everybody's business
- 4 Build regional and other partnerships for health
- 5 Make smart choices about the costs and benefits of health services
- 7 Be ready for new risks and opportunities

Information Management

Initiatives and reporting activities

The CEC is an evidence-driven organisation. The Information Management (IM) Directorate supports all CEC programs in their acquisition, use, management and dissemination of information. It does this by retrieving and distributing evidence-based data, and brokering data linkage. Additionally, it provides advice about data collections, collection methodologies, data sources, privacy and confidentiality issues, data analysis and publication, and bio-statistical advice. The team is also responsible for overseeing the CEC website and intranet as well as Record's Management activities internally, and for the provision of advice regarding documents for external publication.

Key Achievements

The CEC Information Directorate has provided support and advice to:

- » Patient Based Care
- » Medication Safety Self-Assessment (MSSA)
- » Sepsis Project
- » Quality Systems Assessment (QSA)
- » BloodWatch
- » Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
- » Special Committee Investigating Deaths Under Anaesthetic (SCIDUA) database
- » *Between the Flags* and other programs

Advice on:

- » Data collections and information management
- » Risk management and records management
- » Privacy, security, secure storage and disposal of paper and electronic record collections

Implemented:

- » A CEC peer-reviewed publications repository and corporate library
- » New or revised policies and procedures for Government Privacy Information Act (GIPA) and records management

Future Directions

- » The IM Directorate continues to develop its support role in information management, Information Communication Technology (ICT) knowledge management and health system reporting for all functional areas within CEC
- » Enabling CEC to help monitor the health system, especially the LHDs and assisting them improve their safety and quality performance



LEFT Web Administrator Scott Stanley

ICT planning and development

- » As part of the rollout of the ICT Strategic Plan the CEC's information and communication technology was reconfigured. Under the plan nineteen key ICT projects will be implemented over the next five years and will provide renewed capacity, sustainability and compliance
- » The Director is a member of the NSW Health Chief Information Officer's Forum
- » The CEC website is our corporate portal to the world: www.cec.health.nsw.gov.au. It continues to receive thousands of unique visitors and download requests every month. It is the entry point to several CEC online data collections and education and collaboration tools

Key Achievements

- » The 2011 redesign and update of CEC's information and communication technology continues to provide additional ICT capacity and tools for CEC staff.
- » Planning and implementing an upgrade of our Records Management software system, and the development of revised business processes for CEC's records management
- » Policies and procedures are in place for Business Continuity, enterprise architecture standards, information security management and procurement

- » Staff now have the capacity to work remotely via secure log-in and utilise a range of technologies to access enterprise business applications (including via non-Windows devices and mobile devices)
- » The IM Directorate has initiated a forum within CEC for sharing and communicating topics of interest to staff in relation to information management systems and ICT

Future Directions

- » Complete several key remaining projects within the ICT Strategic Plan, including the development of bespoke business applications and databases
- » CEC will continue to improve its in-house ICT tools, and web presence and to augment it with additional internet capabilities, such as additional intranet, and extranet capacities and a social media presence

Key Partnerships

The IM Directorate maintains key partnerships with

- » Ministry of Health (Centre for Epidemiology and Research, and Demand, Performance and Evaluation Branch)
- » Health Support Services (ICT MSA, support and Web Services agreements)
- » Bureau of Health Information
- » Agency for Clinical Innovation
- » The Centre for Health Record Linkage (CHeReL)

Website management and administration initiatives

Aligns with CEC Key Results Areas

- 1 Public reporting
- 4 Information management

Aligns with State Health Plan Objectives

- 4 Build regional and other partnerships for health
- 5 Make smart choices about the costs and benefits of health services

Website Management initiatives and reporting activities

The Clinical Excellence Commission (CEC) Internet site provides current publically accessible information for all CEC's projects and programs. The Information Management (IM) Directorate supports CEC's web presence.

The website assists to enhance CEC's online reputation and brand. CEC is an open transparent organisation that shares its learning with others. In consultation with CEC program team members, IM provide advice on all aspects of web development, including design, coding, image selection, accessibility, and media.

Internally, CEC maintains a comprehensive intranet to support staff collaboration and provide a single point, corporate information portal regarding the organisation, its strategy, policies and governance. The CEC's intranet continues to grow and complement our internal information management strategy and knowledge management goals.

Key Achievements

The CEC's website and intranet achievements for 2011-12 included:

- » Moving to a new content management system (CMS) website giving us additional scope to expanded website CEC project and program content pages and easier access to information for users. Risk management and records management
- » Uploading the Quality Systems Assessment (QSA) program, Partnering with Patients program, Severe Infection and Sepsis Project, In Safe Hands and Falls Prevention
- » Promotion of Resources – Programs and Projects – QSA, Patient Safety Reports, One Page Flyers, The 2011 Safer Systems Better Care report and the Chartbook 2010
- » Developing a Social Media presence – via Twitter in relation to CEC Chartbook and Sepsis Projects
- » In November 2011 Lee Aase from the Mayo Clinic Centre for Social Media visited the CEC to work with staff on developing our approach to the use of social media in health care
- » Customised committee pages with member only login for access to selected resources
- » Conformity with NSW Government's Web Content Accessibility Guidelines (WCAG)

Future Directions

- » Continue to monitor and evaluate the effectiveness of our public website to meet the needs of our stakeholders
- » We are continually assessing the potential to use web enabled technologies, mobile platforms and social media

Key Partnerships

- » The IM Directorate maintains key partnerships with:
 - » 15 Local Health Districts – providing Program and Project initiatives.
 - » Ministry of Health (through the Centre for Epidemiology and Research, and the Demand, Performance and Evaluation Branch)
 - » Bureau of Health Information
 - » Agency for Clinical Innovation
 - » The Cancer Institute NSW
 - » The Centre for Health Record Linkage (CHeReL),
 - » Health Support Services (ICT support and Web Services).
 - » Australian Commission on Safety and Quality in Health Care

Key Website Metrics 1 July 2011 – 30 June 2012

Visit Summary		Page View Summary	
Visits	50,544	Page views	164,876
Average per day	138	Average per day	450
Average visit duration	00:05:51	Average page views per visit	3.26
Median visit duration	00:01:50		
International visits	25%		
Visits of unknown origin	2%	Home Page	
Visits from Australia	73%	Home page hits	22,271

Research

The Board's Research sub-committee oversees the research activities of the CEC.

Specific research-related activities in which the CEC has been involved in the reporting period are highlighted below:

Ian O'Rourke PhD Scholarship in Patient Safety

The Clinical Excellence Commission awards one Ian O'Rourke Scholarship every three years in NSW and supports a graduate for three years to undertake a program of full time health services research, leading to a PhD, to improve patient safety and quality in Indigenous health. The scholarship is named in honour of the late Dr Ian O'Rourke who was the Chief Executive Officer of the Institute for Clinical Excellence which preceded the Clinical Excellence Commission. Dr O'Rourke fulfilled many roles in health as a surgeon, educator, academic and researcher with a particular interest in Aboriginal health.

The current Ian O'Rourke Scholarship holder is Elizabeth Rix who is researching the *experiences and perceptions of Aboriginal people receiving haemodialysis in regional NSW*. Liz Rix has completed the second year of her research which is using a qualitative approach with an Indigenous methodology to gather patients' stories using a yarning and storytelling approach. The study incorporates principles of Community Based participatory Research. Perspectives of renal service providers and other stakeholders are also being sought to inform recommendations for policy and practice.

Achievements so far include:

- » Completion of 18 in-depth interviews with Aboriginal patients with concurrent data analysis completed by the end of 2011
- » Data analysis, findings and recommendations discussed and confirmed with supervisory team and Aboriginal Community Reference Group
- » Patient data paper presented to the Aboriginal Community Reference Group for their feedback. The group provided positive feedback and approved the paper for publication
- » Presentations to five bi-annual PhD student seminars held with the School of Public Health at the University Centre for Rural Health
- » A presentation to the Emerging Researchers in Health policy conference at Menzies Centre for Health Policy

Next Steps

- » Completion of qualitative analysis of service provided data followed by writing up for publication
- » A publication bringing together the patient and service provider data to compare and discuss the two perspectives and make recommendations for policy and practice.

Ambulance Service of NSW Data Linkage

The Australian Pre-hospital Outcomes Study of Longitudinal Epidemiology (APOSTLE) is an important initiative that aims to examine the patient journey from the time of the '000' call to hospital discharge, or death. The linked dataset may help the Ambulance Service to:

- » Gain insight into how operational or clinical practice affects patient outcomes
- » Assess which '000' calls may be safely moved to lower dispatch priorities
- » Assess which patients may be safely assessed, treated and not transported to a health care facility
- » Establish pre-hospital indicators that predict patient outcomes

Four datasets have been linked with Ambulance data: Emergency Department Data Collection (EDDC), Admitted Patient Data Collection (APDC), NSW Births, Deaths and Marriages (RBDM); and Australian Bureau of Statistics Mortality Data (ABS). The study is important because little is known about the overall impact of ambulance operations and the subsequent clinical practices, upon patient outcome within the emergency medical services domain.

Linkage for this project was funded by the CEC.



Key Achievements

- » The cleaning of the linked dataset has been completed
- » It contains information for 1.16 million patients who were attended by Ambulance Service NSW (Ambulance) paramedics during 2006-09
- » A Scientific Advisory Committee has been established to ensure that the dataset is utilised to its fullest extent and that studies are undertaken in the most rigorous manner. External membership is comprised of: André Jenkins (CEC), David Muscatello (NSW Health), Professor Judy Simpson (University of Sydney), Professor Louisa Jorm (University of Western Sydney) and Katie Irvine (CHeReL)
- » An Ambulance epidemiologist has been allocated to work on this project
- » Proposals for eight studies have been received from investigators wishing to utilise the dataset. Two projects are currently underway:
 - Linkage Quality study: This study aims to identify the characteristics of those patients whose records linked and those whose did not link with EDDC, APDC, or mortality databases. It will inform the development, analysis and interpretation of all subsequent projects
 - Spinal Project: This study forms part of a National Health and Medical Research Council (NHMRC) Partnership Grant, with the University of Sydney, and aims to investigate pre-hospital delays in the receipt of definitive spinal care and the predictors or factors that are likely to lead to delay

- » Once ethics approval has been obtained, it is planned to migrate the linked dataset to the NSW Health SAPHaRI secure network. This will provide many advantages including faster analyses and the capacity for a number of approved researchers to access the dataset simultaneously
- » Although the CEC has provided a biostatistician to assist with the project for a total of four days until August 2013, the lack of reliable access to a biostatistician may impede the full and timely utilisation of the dataset

Blood Watch

The CEC is currently engaged in two research projects which relate directly to Blood Watch and its red cell utilisation database

- » **Population health data analyses investigating use of blood products in mothers and babies.** This research is being conducted by the University of Sydney Clinical and Population Perinatal Health Research Unit at Royal North Shore Hospital. The overall aim of the research is to improve the safety and appropriate use of blood and blood products during pregnancy, childbirth and the newborn period
- » **Quantification of the relationship between adverse outcomes and age of red blood cells at transfusion.** This research is being conducted by The Sax Institute and the Australian Red Cross Blood Service. The initial aim is to establish the feasibility of conducting a large-scale data linkage study investigating the age of blood transfused and adverse outcomes

Centre for Health Record Linkage (CHeReL)

- » The CEC strongly supported the introduction of data linkage in NSW to enable longitudinal linked research. CEC funded the Centre for Health Record Linkage (CHeReL) until 2009 and continues a strong relationship. Ongoing capacity for CEC (and others) to report linked mortality data. Currently several charts in *The Chartbook* rely on this capacity via the Health Outcomes Information and Statistical Toolkit (HOIST)
- » Support for four health care research projects with a safety and quality focus that required linked data. Two of these projects involve:
 - » A partnership between CEC and the Bureau of Health Information (BHI) examining 30-day mortality contracted to the University of Western Sydney (UWS)
 - » A collaboration with Ambulance Service of NSW

30-Day Mortality Data Linkage Project with Bureau of Health Information (BHI) and Australian Commission on Safety and Quality in Health Care (ACSQHC)

This project is a collaboration led by CEC, with ACSQHC and BHI to develop performance metrics for examining deaths within and up to 30 day post-hospital discharge. It involves analysis of linked population-based data for NSW about admissions to hospital, emergency department presentations and mortality (fact and cause of death), answering a series of five questions about the use and applicability of hospital standardised mortality ratios (HSMRs). Ethics approval for the study has been obtained and the University of Western Sydney was appointed to run the project.

Key Achievements

- » Linked data obtained, cleaned and analysed
- » Draft report provided to the funding bodies
- » Key research findings presented to the CEC Research Committee, National Core Indicators Working Party, including Australian Institute of Health and Welfare (AIHQ) and Australian Commission on Safety and Quality in Health Care (ACSQHC) staff
- » Research findings disseminated at national and international conferences:
 - World Congress of Epidemiology, Edinburgh, Scotland, 2011
 - Health Services and Policy Research Conference, Adelaide, 2011
- » Upcoming conference presentations include:
 - Population Health Congress, Adelaide
 - The Quantum Leap, Measurement: redefining Health's boundaries, Sydney

National Health and Medical Research Council (NHMRC) Research grant success for CEC Biostatistician

CEC biostatistician, Dr Mohsin Mohammed is working as one of the associate investigators with R Forero and K Hilman et al through the Australian Institute of Health Innovation, Faculty of Medicine, University of NSW who have been awarded \$1,554,000 by NHMRC for the project entitled "Validation and Impact of the four-hour rule in the Emergency Department: A large data linkage study, NHMRC Partnership Grant No APP1029492 2012-2015"

3 CEC Board

The CEC is a board-governed, statutory health corporation established under the Health Services Act 1997 responsible for improving safety and quality in NSW health.

The Chair of the Board is Associate Professor Brian McCaughan AM and the Chief Executive Officer is Professor Cliff Hughes AO.

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CEC Board



Associate Professor Brian McCaughan AM

- » A cardiothoracic surgeon and his major clinical interest is the management of lung cancer.
- » Clinical Associate Professor at Sydney Medical School
- » Held a number of positions with the Royal Australasian College of Surgeons culminating in Chairmanship of the NSW State Committee from 1992 to 1994
- » Was appointed to the NSW Health Council
- » Served as the President of the New South Wales Medical Board from October 1999 until December 2004
- » Currently Chair of the Sustainable Access Committee of the Agency for Clinical Innovation
- » Member of the NSW Ministerial Advisory Committee
- » Currently Chair of the Board of the Agency for Clinical Innovation
- » Currently a member of the Judicial Commission of NSW
- » Holds honours undergraduate degrees in medicine and surgery and is a Fellow of the Royal Australasian College of Surgeons
- » Awarded Member of the Order of Australia for services to medicine

Board member since: 2 March 2010

Board Chair since: 1 January 2011

Appointment expires: 10 January 2014



Professor Clifford Hughes AO

- » Chief Executive Officer of the Clinical Excellence Commission
- » The appointment follows a 25-year career as a cardiothoracic surgeon in Sydney
- » Has been Chairman or member of numerous State and federal committees associated with quality, safety and research in clinical practice for health care services.
- » Has held various positions in the Royal Australasian College of Surgeons, including Senior Examiner in Cardiothoracic Surgery and member of the College Council.
- » Member of four editorial boards and has published widely in books, journals and conference proceedings on cardiothoracic surgery, quality and safety
- » Has a particular passion for patient-driven care, better incident management, quality improvement programs and development of clinical leaders
- » Received a number of awards for his national and international work including an Alumni Award from the University of NSW
- » In 1998, Australia recognised his contribution by making him an Officer in the Order of Australia for *"service to cardiac surgery, international relations and the community"*

Board member since: 1 February 2005

Appointment expires: 4 January 2014



Lee Ausburn

- » Bachelors and Masters Degrees in Pharmacy; Diploma Hospital Pharmacy University of Sydney
- » Graduate Australian Institute of Company Directors
- » Non-executive Director, Australian Pharmaceutical Industries Ltd
- » Non-executive Director, SomnoMed Ltd
- » Vice President, Council, Pharmacy Foundation, University of Sydney
- » 24-year career in the global pharmaceutical industry in a variety of roles including Vice President, Asia until 2007
- » Currently member of the Board of the Agency for Clinical Innovation

Board member since: 2 March 2010

Appointment expires: 10 January 2014



Ken Barker

- » Many years experience in NSW public sector and financial management and strategic expertise
- » Former Chief Financial Officer of the NSW Department of Health
- » Expertise in the NSW public health system and its position within the Australian health care system
- » Graduate of the Australian Institute of Company Directors and a Fellow of the Institute of Public Accountants
- » Chair of the NSW Treasury Managed Fund Advisory Board for sixteen years
- » Awarded the Public Service Medal in 2002
- » Currently member of the Board of the Agency for Clinical Innovation
- » Currently the financial/business expert on the National Blood Authority Advisory Board and member of its Audit Committee
- » Currently Deputy Chair of the Justice Health and the Forensic Mental Health Network Board

Board member since: 2 March 2010
Appointment expires: 10 January 2014



Melinda Conrad

- » Director and company advisor, specialising in strategy and communications to the business, health and social services sectors
- » Board member of the Garvan Institute Foundation, the Australian Brandenburg Orchestra, APN News & Media Ltd., and the Reject Shop Ltd.
- » Professional training and executive experience is grounded in business, with particular emphasis on organisation design, change management, community engagement and systems improvement
- » Currently a member of the Board of the Agency for Clinical Innovation
- » Holds a Masters in Business Administration from Harvard University

Board member since: 2 March 2010
Appointment expires: 10 January 2014



Dr Andrew Cooke

- » Is an Emergency Medicine Trainee at St George Hospital
- » He is a conjoint Associate Lecturer at the UNSW School of Medicine
- » Also holds a LLB (Hons) and a Masters of Law (Hons) from the University of Cambridge (Commonwealth Scholarship) and has worked as a solicitor in both NSW and Victoria
- » Presents regularly on medico-legal issues, in particular in the context of emergency medicine, negligence and risk management
- » Currently a member of the Board of the Agency for Clinical Innovation

Board member since: 2 March 2010
Appointment expires: 10 January 2014



Robyn Kruk AM

- » Has extensive executive experience in human services, natural resources and central agencies
- » Served as the Director-General of NSW Health (2002–2007)
- » Former Director-General of NSW National Parks and Wildlife (1994–1998) and Secretary of the Commonwealth Environment, Water, Heritage and Art portfolio (2009–2011)
- » Held executive positions in both the NSW Cabinet Office and Department of Premier and Cabinet, culminating as Director-General of the Department of Premier and Cabinet (2007–2008)
- » Co-chair of the Reforming States Group (RSG). The RSG is a US-based not-for-profit organisation to support reform in the delivery of health services
- » Currently Chief Executive Officer and Ex-officio Commissioner of the National Mental Health Commission
- » Currently a member of the Board of the Agency for Clinical Innovation

Board Member since: 3 February 2009
Appointment expires: 10 January 2014



Dr Richard Matthews AM

- » Until June 2007 carried a dual role as Deputy Director-General and Chief Executive of Justice Health
- » Commenced his career in general practice and developed a special interest in drug and alcohol
- » Association with Justice Health began in 1992, when he assumed responsibility for administration of the Methadone Maintenance Program
- » In 1993, appointed Director of Drug and Alcohol Services for Justice Health, in 1998 Director of Clinical Services and Chief Executive Officer in 1999
- » Currently Chair of General Practice Education and Training
- » Currently board member of Calvary Healthcare, Alzheimers NSW and the Neuroscience Research Institute
- » Currently a member of the Board of the Agency for Clinical Innovation
- » Awarded Member of the Order of Australia for services to the health sector through leadership roles

Board member since: 2 March 2010
Appointment expires: 10 January 2014



Professor Carol Pollock

- » Trained as a specialist in Renal Medicine and gained her PhD in renal physiology in 1992
- » 2000, appointed Chair of Medicine, University of Sydney, Royal North Shore Hospital
- » Inaugural Chair of the Board of the Northern Sydney Local Health District
- » Immediate past Chair of the boards of Clinical Excellence Commission and the Agency for Clinical Innovation
- » Chair of Research for the Northern Health District and Associate Director of the Kolling Institute of Medical Research
- » Member of the NSW Ministerial advisory Committee
- » Previously been a member of the NSW Ministerial Advisory Council for Science and Medical Research and regularly serves on the National Health and Medical Research Council Committees, both as a member and panel Chair
- » Prior member of the Executive Committee of the International Society of Nephrology
- » Chair of the Scientific Committee of the 2013 World Congress of Nephrology (Hong Kong)
- » Currently a member of the Board of the Agency for Clinical Innovation
- » Serves on the Board of several not-for-profit organisations in the Health and Medical Research sector

Board member since: 11 January 2010
Appointment expires: 10 January 2014



Tomas Ratoni

- » Paediatric Clinical Nurse Consultant in the Northern NSW Local Health District
- » Graduate certificate in paediatric critical care medicine
- » Background primarily in paediatric critical care and paediatric and neonatal retrieval medicine
- » An instructor for Advanced Paediatric Life Support (Australia)
- » An active participant in CEC programs, Paediatric *Between the Flags* and Paediatric Clinical Practice Guidelines
- » Currently a member of the Board of the Agency for Clinical Innovation

Board member since: 2 March 2010

Appointment expires: 10 January 2014

Professor Janice Reid AM

- » Vice-Chancellor of the University of Western Sydney since 1998
- » Recipient of several awards and honours, both in Australia and overseas
- » Has been a member of the boards of public agencies at State and federal levels in the areas of health information and research, welfare, schools, arts, higher education, energy and international relations
- » In January 1998, was made a Member of the Order of Australia for services to cross-cultural public health research and the development of health services for socio-economically disadvantaged groups in the community
- » In 2003, received the Centenary Medal for service to Australian society through health and university administration
- » Currently a member of the Board of the Agency for Clinical Innovation

Board member since: 3 December 2007

Appointment expires: 10 January 2014

Adjunct A/Professor Gabriel Shannon

- » Has practised as a General and Renal Physician at Orange in central western NSW since 1980
- » Helped establish renal dialysis services and a diabetic education centre in Orange, servicing the surrounding area in the early 1980's.
- » In 2001, took a senior staff specialist position at Orange and became the Director of Physician Training at that site
- » In 2002, appointed Sub-Dean of the Orange Campus of the School of Rural Health, University of Sydney and currently Deputy Head, School of rural Health
- » Clinical Leader of the Clinical Governance Unit, Western NSW Local Health District
- » Chair of the Clinical Council of the Clinical Excellence Commission
- » Currently a member of the Board of the Agency for Clinical Innovation

Board member since: 19 August 2008

Appointment expires: 10 January 2014

Table 2: Board Member Meeting Attendance 2011/12

The board meets bi-monthly.

Directors	18.8.11	20.10.11	15.12.11	16.2.12	19.4.12	21.6.12
A/Professor Brian McCaughan	✓	✓	✓	✓	✓	✓
Lee Ausburn	✓	✓	✓		✓	✓
Ken Barker	✓	✓		✓	✓	
Dr Andrew Cooke	✓	✓	✓	✓	✓	✓
Melinda Conrad	✓	✓	✓		✓	✓
Professor Clifford Hughes	✓	✓	✓	✓	✓	✓
Robyn Kruk	✓	✓	✓	✓	✓	✓
Dr Richard Matthews		✓	✓	✓		
Professor Carol Pollock	✓	✓	✓	✓		✓
Tomas Ratoni	✓	✓	✓	✓	✓	✓
Professor Janice Reid	✓	✓	✓	✓	✓	
Adjunct A/Prof Gabriel Shannon	✓		✓	✓		

Independent Audit and Risk Management Committee

Membership

- » Allan Cook (Chair – independent)
- » Gerry Brus (independent member)
- » Robyn Kruk (CEC board member)
- » Professor Clifford Hughes AO (Chief Executive Officer)
- » In attendance
- » Deputy CEO, CEC Chief Audit Executive

Objective

The objective of the Committee is to provide independent assistance to the Corporations' Boards in respect of the three Statutory Health Corporations (Clinical Excellence Commission, Agency for Clinical Innovation and Bureau of Health Information), and to the Chief Executive of the Health Education and Training Institute by overseeing and monitoring the Statutory health Corporation's governance, risk and control frameworks, and its external accountability requirements.

Functions

Functions of the Audit and Risk Management Committee include assisting the board in carrying out its responsibilities as they relate to the CEC's:

- » Financial and other reporting
- » Risk management
- » Internal control
- » Compliance with laws, regulations and ethics

Activities of the Audit and Risk Management Committee include:

Internal Audit

- » Act as a forum for communication between the Board, senior management and internal and external audit
- » Review and approval of the internal audit charter
- » Review the internal audit coverage and annual work plan
- » Oversee the coordination of audit programs conducted by internal and external audit and other review functions
- » Review all audit reports and provide advice to the relevant Boards on significant issues identified in audit reports and action taken on issues
- » Monitor management's implementation of internal audit recommendations
- » Co-ordination with the external audit plan

External Audit

- » Act as a forum for communication between the Board, senior management and internal and external audit
- » Provide input and feedback on the financial statements and performance audit coverage proposed by external audit and provide feedback on the audit services provided
- » Review all external plans and reports in respect of planned or completed audits and monitor management's implementation of audit recommendations
- » Provide advice to the Board on action taken on significant issues raised in external audit reports and better practice guides

Audit & Risk Management Committee meetings during 2011/12

8 August 2011
 28 September 2011
 24 November 2011
 15 February 2012
 18 April 2012
 20 June 2012

Board Sub-Committee: Finance and Performance Committee

Membership

- » Ken Barker – Chair
- » Lee Ausburn
- » Melinda Conrad
- » Professor Clifford Hughes AO

CEC staff in attendance

- » Deputy CEO
- » Finance Manager
- » Manager Executive Support

The Finance and Performance Committee meets bi-monthly.

Objective

The primary role of the Finance Committee is to ensure that the operating funds, and service outputs required of the CEC by the NSW Department of Health are being achieved in an appropriate and efficient manner.

Functions

The Finance Committee brings to the attention of the board matters of accountability, control, audit and advice relating to:

- » Forward Estimates and Plans
 - Financial planning and policy
 - Annual budget for capital, operating receipts and payments and cash flow
- » Financial Management
 - Income and expenditure budgets
 - Balance sheet budgets
 - Cash flow budgets
 - Accounting standards, instructions and determinations of the board
 - Financial delegations
- » Performance Reporting
 - Activity budgets, efficiency targets, benchmarks and best practice
- » Other Board Committees
 - Liaise with Audit Committee with respect to accounting controls, risk management issues and insurance generally

The board complies with the provisions of the Accounts and Audit Determination for Health Services.

Finance Committee meetings during 2011/12

19 July 2011

4 August 2011

24 November 2011

24 January 2012

15 March 2012

17 May 2012

Board Sub-Committee: Research

Membership

- » Professor Janice Reid AM (Chair)
- » Professor Phillip Harris AM
- » Professor Clifford Hughes AO
- » Dr Andrew Cooke
- » Professor Glen Salkeld
- » Dr David Peiris
- » Professor Sandy Middleton
- » Professor Mary Haines

In attendance

- » Deputy CEO
- » Manager Executive Support

Objective

- » To advise the Board on the priority, quality and relevance of research undertaken or proposed to be undertaken by, on behalf, or in partnership with, the organisation
- » When providing this advice specific regard will be had to the roles and responsibilities of the CEC as set out in the Determination of Functions

Functions

- » Oversee the selection and progress of the Ian O'Rourke Scholar
- » Oversee and provide advice on CEC research activities, in particular those involving applications for grants from third parties and partnerships with funding implications for either organisation.
- » Ensure that research is consistent with the mission of the Clinical Excellence Commission, relevant and undertaken in accordance with applicable guidelines and ethical clearances
- » Provide ongoing review of the research activities of the CEC and ensure appropriate peer review and quality assurance of research proposals and projects
- » Provide advice on the funding of research activities
- » Have a governance role in regard to the publication of research findings and the protection of intellectual property
- » Review and advise on the communication strategy for research outcomes, including communication with government, the community, clinicians, health managers and consumers
- » Receive timely reports from the CEC and such third parties as may be appropriate on the progress and outcomes of funded research projects and programs
- » The committee will meet in a face-to-face meeting or via teleconference at least three times per year or as often as deemed necessary by the Chair

Research Committee meetings during 2011/2012

21 July 2011

15 September 2011

17 November 2011

22 March 2012

28 June 2012

Board Sub-Committee: Citizens Engagement Advisory Council

Members

- » Melinda Conrad (Chair)
- » Maha Abdo (until August 2011)
- » Darren Ah See
- » Dr June Heinrich
- » Adjunct Professor Don Palmer
- » John Ross
- » Adjunct Lecturer Sue West
- » Professor Clifford Hughes AO

In attendance

- » Deputy Chief Executive Officer, CEC
- » Media Advisor, CEC
- » Director Patient Based Care, CEC
- » Project Coordinator Patient Based Care, CEC

Description

The Citizens Engagement Advisory Council (CEAC) is a committee of the Board of the Clinical Excellence Commission (CEC). Since it was established in 2006 the council has been advising the CEC on how best to transform programs, initiatives and events by engaging with the community on quality and safety in health care.

The central role of the CEAC is to provide advice to the Board on models and processes for engaging the community. An integral component is to advise the Board on avenues and methods for disseminating and embedding CEC core values within the community. CEAC is supported by the Directorate of Patient Based Care.

The CEAC is chaired by Board member Ms Melinda Conrad. Members are recruited based on their skills and experience in engaging and consulting with the community.

Key Achievements

Consumer advisor engagement

- » In 2011-2012, the CEAC informed the expansion of Consumer Advisor engagement, matching interested consumers with CEC's activities in safety and quality
- » CEC provided the Consumer Advisors with training in safety and quality in 2011 to support their role
- » All CEC Consumer Advisors feel that they have 'made an impact in their role', have been 'engaged by staff and by working group members'
- » The CEAC has overseen the development of the report, 'Community Update on Safety and Quality: Health Care in NSW' to inform the community about current issues in that field
- » In 2011, the Community Update included four key topics –
 - hand washing
 - handover
 - falls
 - medication safety – and practical advice to improve the care experience
- » The report will be distributed electronically in August 2012

Health Literacy

- » A seminar entitled "*Breaking Down the Barriers: Health Literacy, Communication and Health Services*" held in April 2012 was attended by over 150 health care professionals, managers, executives and consumers within NSW and other States
- » Dr Rima Rudd, Health Literacy Expert, Harvard School of Public Health was the Plenary speaker and CEC visiting guest
- » The seminar was launched by the Director-General of Health and co-hosted by the CEC, Australian Commission on Safety and Quality in Health Care (ACSQHC), NSW Health Care Complaints Commission (HCCC) and the School of Public Health, University of Sydney
- » The program focused on strategies to actively identify barriers and improve health literacy in health services

Board Sub-Committee: Citizens Engagement Advisory Council

Research into Communication in Emergency Departments

- » The CEAC sponsored research conducted by the Southern Cross University was completed in July 2011
- » The study focussed on communication and service quality in emergency department waiting rooms
- » It has involved observation of behaviour and interactions in four NSW emergency department waiting rooms and interviews with staff
- » The outcomes of this research will be used to inform approaches to improving the experience of people waiting for treatment within emergency departments

Partnerships

The CEAC is a dynamic representation of the CEC's contribution to partnering with the community to improve safety and quality. In 2011-2012, membership was reviewed and plans for new membership developed. Activities of the CEC's Partnering with Patients program are reported to CEAC.

CEC continues to engage with the Health Care Complaints Commission, the Bureau of Health Information, the Agency for Clinical Innovation, the Health and Education Training Institute, and the Australian Commission for Safety and Quality in Health Care.

Future Directions

The CEAC will focus on the following areas:

- » Modelling community and consumer engagement in health care governance
- » Strategies for communication with lay audiences about trends in safety and quality
- » Supporting improvement in health literacy in partnership with health services
- » Strategies for informing culturally and linguistically diverse communities about safety and quality issues

Challenges

Engaging consumers is of benefit to CEC, as evidenced by the recent evaluation. The challenge is to broaden consumer engagement within CEC programs, events and initiatives. To facilitate this CEAC will work with the Directorate of Patient Based Care to support broader engagement.

Clinical Council

The Clinical Council is a Board sub-committee, comprised of medical, nursing, and allied health clinicians who work within the public health sector across NSW. Its role is to advise the Board on matters of clinical relevance to the CEC. It is chaired by Board member, Adjunct A/Professor Gabriel Shannon, with the support of the Deputy Chair, Phillip Ebbs. The activities of council are supported by Dr Charles Pain, Director, Health Systems Improvement. Wilson Yeung provides the secretariat.

Key Achievements

1. Visiting Professors to the CEC, including Professor Pat Croskerry, Professor in Emergency, Dalhousie University, Halifax, Nova Scotia, Canada, have been invited to speak and present to the Council. This has allowed Members to gain insights into current developments locally and internationally in the area of safety and quality in health care
2. Council met face-to-face six times throughout the year and convened a planning session in February 2012
3. One of the functions of the Council is to advise and assist the CEC on initiatives to improve clinical care, safety and quality across the NSW health system. It undertook the planning session to clarify its priorities and work program for the next 12-24 months. The planning session endorsed twin broad roles of the Council to:
 - Advise the CEC on its priorities and how to best engage Local Health Districts, managers and clinicians in promoting clinical safety and quality
 - Advocate and champion the CEC and its programs

4. Under these broad roles, it was agreed that the Council would:
 - Identify a small number of key initiatives
 - focus on how to strengthen clinical leadership in improving safety and quality for these priority issues
 - adopt a systems approach in addressing these issues
5. The initiatives identified for Council Members to be involved in focus on:
 - Teamwork
 - Healthcare Associated Infections
 - Clinical Supervision

As a result of the identification of these initiatives, Members are now assisting in the work being undertaken in these areas by the CEC which includes being members of steering committees and providing feedback and advice on the projects.

Future Directions

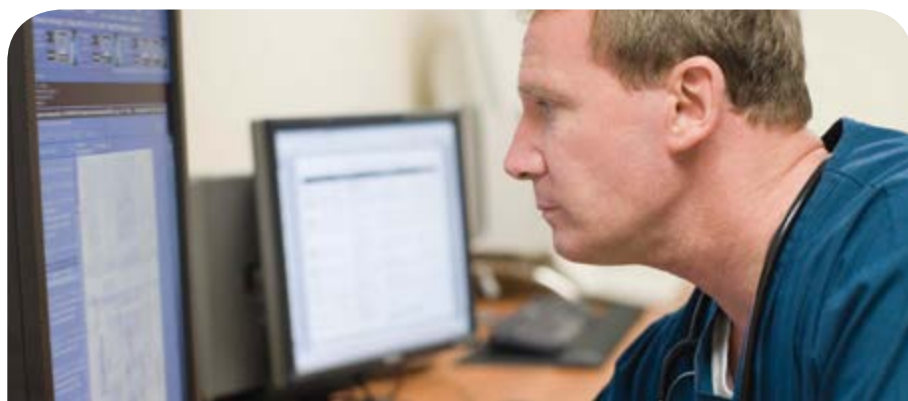
- » Support the CEC with the development and implementation of the programs focused on teamwork, healthcare associated infections and clinical supervision
- » Continue to support the CEC with the development and implementation of the In Safe Hands Program

Partnerships

- » With Local Health District Directors of Clinical Governance on CEC projects
- » With clinical colleagues, managers and administrators on implementing the In Safe Hands Program

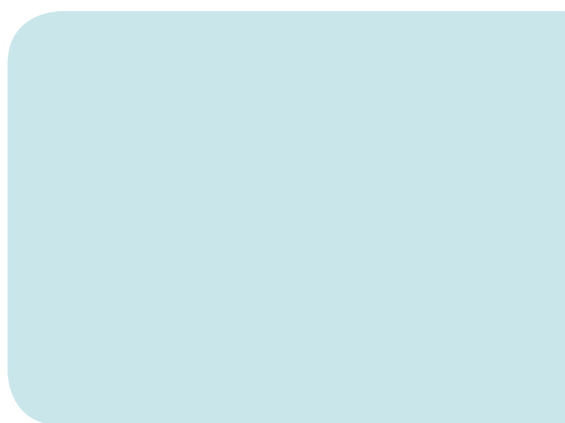
Challenges

- » Ensure the Council continues to focus on the identified priority areas
- » Continue to engage a variety of interests and priorities among a diverse range of clinicians



4 Corporate Governance Statement

This statement sets out the main corporate governance practices in operation throughout the 2011-2012 financial year.



Corporate Governance Statement

The CEC Board

The CEC is a board-governed, statutory health corporation established under the Health Services Act 1997. The Board of the Clinical Excellence Commission and the Agency for Clinical Innovation (ACI) share a common membership.

The board is responsible for the Clinical Excellence Commission (CEC)'s corporate governance.

The board executes its functions, responsibilities and obligations in accordance with the Health Services Act of 1997.

The board is committed to better practices contained in the Guide on Corporate Governance, issued jointly by the Health Services Association and the NSW Ministry of Health.

Board membership consists of a chair, ten other non-executive members and the chief executive officer.

The board has in place practices that ensure that its primary governing responsibilities are fulfilled in relation to:

- » Setting strategic direction
- » Ensuring compliance with statutory requirements
- » Monitoring organisational performance
- » Monitoring the quality of health services
- » Board appraisal
- » Community consultation
- » Professional development.

The board identifies each board member, noting the:

- » Qualifications, specific skills and experience they bring to the board
- » Term of appointment of board members
- » Frequency of board meetings and members' attendance at meetings

Resources Available to the Board

The board and its members have available to them various sources of independent advice. This includes advice of the external auditor (the Auditor-General or the nominee of that office), the internal auditor (IAB Services), and the Chair of the Independent Audit and Risk Management Committee who are available to give professional advice direct to the board.

The engagement of independent professional advice subject to the approval of the board, or of a committee of the board.

Strategic Direction

The board has in place processes for the effective planning, delivery and monitoring of programs and projects to improve the safety and quality of health care in NSW. These include the setting of a strategic direction for the organisation and providing strong and positive leadership on patient safety and quality. The CEC is currently working to Strategic Plan 2011-2012.

Code of Ethical Behaviour

As part of the board's commitment to the highest standard of conduct, it has adopted a code of ethical behaviour to guide board members in carrying out their duties and responsibilities. The code covers such matters as responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

Risk Management

The board is responsible for supervising and monitoring the CEC's risk management, including its system of internal controls. The board has mechanisms for monitoring the operations and financial performance of the CEC.

The board receives and considers all reports of the CEC's external and internal auditors and, through the Independent Audit and Risk Management Committee, ensures that audit recommendations are implemented.

A risk management policy and framework, incorporating a Risk Register, is in place. This is regularly reviewed, with mechanisms put in place for routine review of risk and activity, via the board's Audit and Risk Management Committee.

Committee Structure

The board meets at regular intervals and has in place mechanisms for the conduct of special meetings. They include a committee structure to enhance its corporate governance role in audit and risk management, finance, research and community engagement. These sub-committees meet on a regular basis throughout the year. Their terms of reference and membership are detailed in the previous section of this report.

Performance Appraisal

The board has processes in place to:

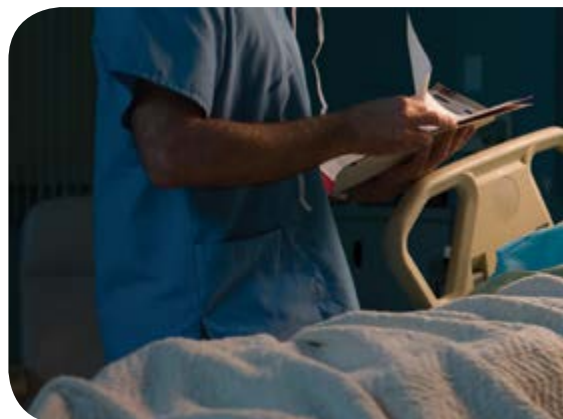
- » Monitor progress of the matters contained within the performance agreement between the board and the Director-General of the NSW Ministry of Health
- » Regularly review the performance of the board through a process of self-appraisal

Credit Card Use

It is affirmed that for the 2011-2012 financial year credit it card use within the Clinical Excellence Commission was in accordance with Ministry of Health requirements

Consultants

One consultant was engaged during the year. The total cost of all engagements was \$4,000.

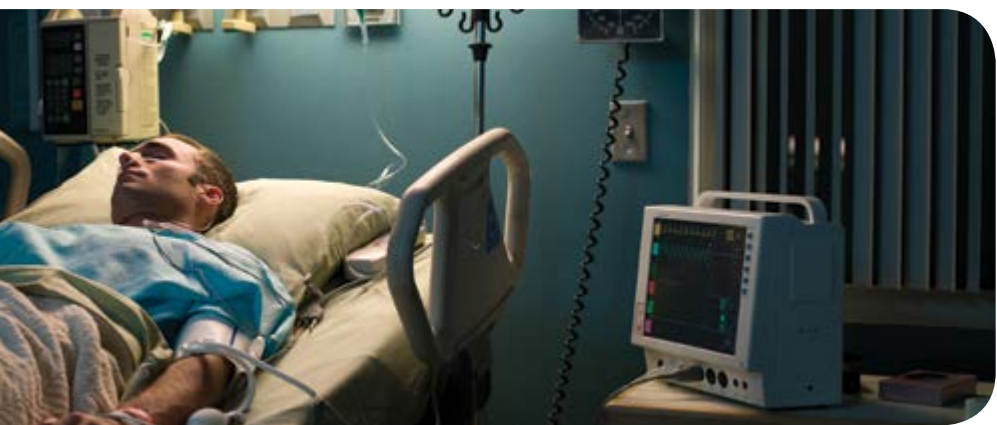


5 Our People

The CEC is a people focussed organisation and our staff are supported by the executive management group of the Chief Executive Officer, the Deputy Chief Executive Officer and five portfolio directors.

Operational Management of the CEC is overseen by a chief executive officer, supported by directors who are responsible for discrete portfolio areas

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OUR PEOPLE



Leadership Team

Chief Executive Officer

Professor Clifford Hughes AO
MBBS, FRACS, FACC, FACS, FCSANZ,
FIACS, FAAQHC, AdDipMgt
Appointed 18.1.05

Deputy Chief Executive Officer

Dr Peter Kennedy
MBBS, FRACP
Appointed 1.8.07

Director Clinical Governance

Dr Paul Curtis
MBBS, MHA, FRACMA
Transferred from Ministry of Health 8.12.11

Director Health Systems Improvement

Dr Charles Pain
LRCP (Lond.), MRCS (Eng.), MSc,
FFPH (UK), FAFPHM, AFCHSE
Appointed 29.6.09

Director Information Management

André Jenkins BA (Hons)
Appointed 5.9.05

Director Clinical Leadership Development and Training

Bernie Harrison RN, RM, MPH (Hons),
Grad.Cert.Med.Ed
Appointed 5.9.05

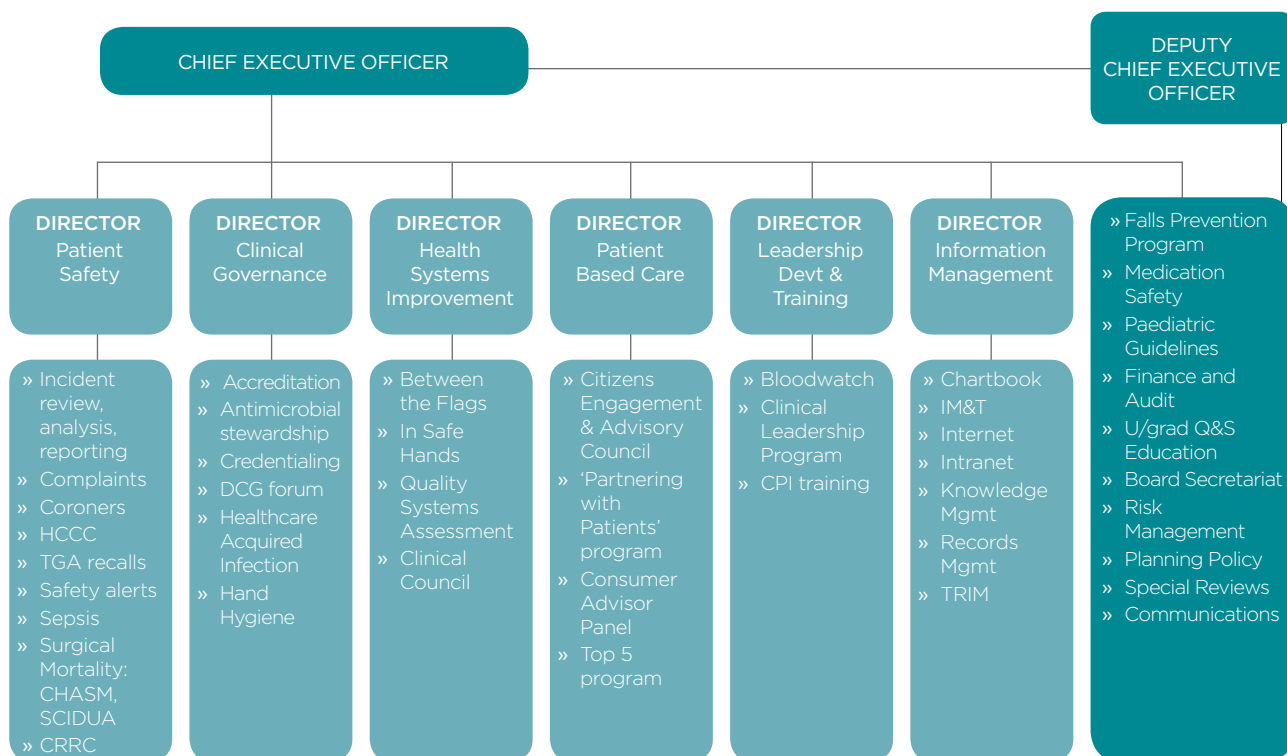
Director Patient Safety

Adjunct Professor Tony Burrell
MBBS, BA, FANZCA, FCICM
Appointed 14.4.08

Director Patient Based Care

Dr Karen Luxford
BSc (Hons 1), PhD, FAIM
Appointed 30.8.10

Organisation Chart





Staff Profile

The CEC is committed to having a skilled and valued workforce, to enable it to meet key objectives in its Strategic Directions and Strategic Plan 2011-2012. Following the governance review in NSW Health, the CEC has taken on an expanded role and function with respect to quality and safety. In December 2011 eleven staff from the Health Services Improvement Performance Branch of the former Department of Health transferred with their functions to the CEC.

The transferred roles are in the areas of

- » Clinical Governance
- » Healthcare Acquired Infection
- » Patient Safety

Information Management

In addition to the transferred staff, the CEC recruited to key positions in the strategic areas of

- » Medication Safety
- » Patient Safety
- » Health System Improvement
- » Patient Based Care
- » Data Management
- » Records Management

The number of full-time equivalent (FTE) staff at 30 June 2012 was 64.4 (6 of these medical).

Retaining our staff

Our commitment to creating a culture that nurtures and values individuals is reflected in our staff turnover figures which are decreasing while our overall staff numbers are increasing. Our turnover rate for permanent staff this year was 6% (last year 6.2%).

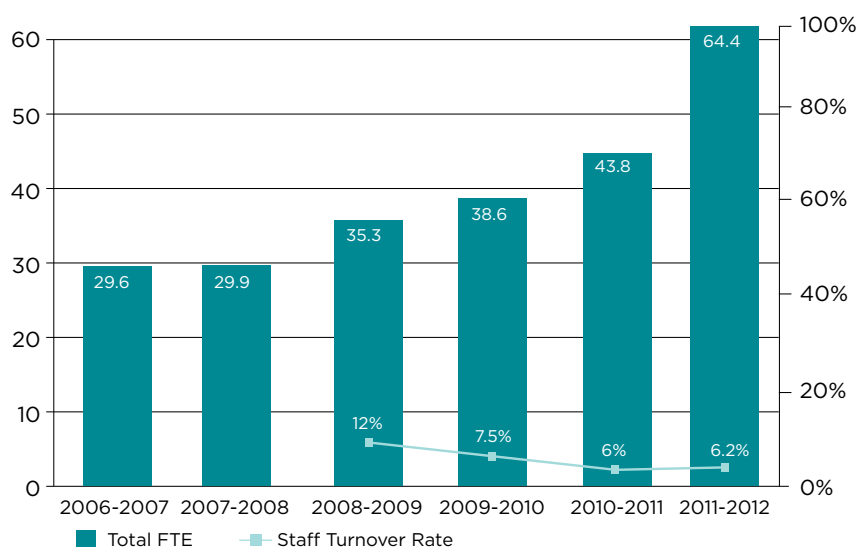
Executive Reports

Name: Professor Clifford F Hughes AO

Health Service: Clinical Excellence Commission

Period in Position: 18 January 2005 to 30 June 2012

Staff Numbers



Strategic Initiatives

- » Continued development of additional strategies in key portfolios of Quality Systems Assessment, Clinical Practice Improvement Projects, Patient Based Care, Information Management and Organisation Development and Education
- » Provide Statewide leadership, support and guidance for clinical practice improvement projects, including recognition and management of the deteriorating patient – Between the Flags, hand hygiene, health care acquired infection; building multi-discipline teams – In Safe Hands; falls; medication safety; transfusion medicine
- » 2011 QSA state-wide and individual public health organisation reports completed
- » Continuation of Statewide Clinical Leadership Program
- » Publication of bi-annual report of IIMS Statewide data January – June 2010

OUR PEOPLE

- » Three Clinical Focus Reports released
- » The fourth annual CEC Chartbook – 2010 containing 90 NSW safety and quality indicators released and Chartbook distributed to all wards and workplaces across NSW Health
- » Chartbook 2011 in preparation
- » Collaborating Hospitals Audit of Surgical Mortality (CHASM) produced individualised feedback report to participating surgeons.
- » Activities of the Special Committee Investigating Deaths Under Anaesthesia 2009 released to the public and distributed to hospitals and professional colleges
- » Developed strong partnerships which include regular meetings with the Ministry of Health; the other agencies of the “Four Pillars” – Agency for Clinical Innovation (ACI), Bureau of Health Information (BHI) and Health Education and Training Institute (HETI)
- » The Ian O’Rourke Scholar is in the second year of her three year research program
- » Each month between 30-35 meetings are sponsored at the CEC bringing six to 40 attendees to various work programs

Management Accountabilities

- » Ongoing management of CEC projects in collaboration with executive staff
- » Continued engagement of IAB Services as Internal Auditor
- » Review of Intellectual Property management conducted
- » Review of Fiduciary Controls conducted
- » All statutory and financial reporting requirements completed
- » TRIM records management system implemented

Membership Of The Advisory Board

The CEC continued its membership of the Advisory Board Company in Washington DC, USA and our staff have used this valuable resource for research purposes.

Sponsorships

The CEC provided sponsorships to the following conferences/meetings

- » SimHealth – Annual Conference on Simulation in Health Care Melbourne, September 2011
- » Improving the Health Care Experience, Sydney, September 2011
- » 7th International Conference on Rapid Response Systems and Medical Emergency Teams, Sydney May 2012
- » Breaking Down the Barriers – Health Literacy Conference, Sydney April 2012

Conference Presentations

The following outlines conference presentations by CEC staff during the review year. It does not include professional in-services, seminars or lectures which staff also delivered

Professor Clifford Hughes AO Chief Executive Officer

- » *“Broken Windows, Tidy Wards and Keeping Score: Clinical Governance does have a human face”*
Central Coast Local Health District, Gosford, NSW, July 2011
- » *“Bicycles, Broken Windows and Back Alleys! Does Clinical Governance work?”*
HSS Expo, Sydney, NSW, August 2011
- » *“Bicycles in Order? Clinical Governance in Western Sydney”*
Western Sydney Local Health District, Auburn, NSW, August 2011
- » *“The Blue Peter: Patient quality begins today!”*
Clinical Leadership Programme, Sydney, NSW, August 2011

- » *“Railways – Precision or just Huff and Puff?”*
CETI Clinical Leadership Programme, Sydney, NSW, August 2011
- » *“Effective Partnerships – Clinical Excellence Commission and Far West Local Health District”*
Far West Local Health District, Broken Hill, NSW, October 2011
- » *“Effective Partnerships – Clinical Excellence Commission and Mid North Coast Local Health District”*
Mid North Coast Local Health District, Coffs Harbour, NSW, November 2011
- » *“Working in Partnership in a C of Change – Western NSW Local Health District”*
Western NSW Local Health District Primary and Community Health Symposium, Dubbo, NSW, November 2011
- » *“Working in Partnership in a C of Change”*
Consumer Advisor Panel, Safety and Quality Training, Sydney, NSW, November 2011
- » *“Keeping Yourself and Your Patients Safe – The safety and quality agenda”*
Royal Australasian College of Surgeons, Melbourne, VIC, November 2011
- » *“Health Care Orders”*
Nepean Blue Mountains Local Health District, NSW, December 2011
- » *“Order or Disorder – The Future of Healthcare”*
Goulburn Valley Health, Shepparton, VIC, December 2011
- » *“Effective Partnerships: Clinical Excellence Commission and Northern Sydney Local Health District”*
Northern Sydney Local Health District, Sydney, NSW, December 2011
- » *“Conjoint Medical Education Seminar”*
Royal Australasian College of Surgeons, Melbourne, VIC, February 2012
- » *“Planning for less risk and better performance – what Doctors can teach Barristers!”*
Bar Association of Queensland, Gold Coast, QLD, March 2012
- » *“Leadership for Quality, Leadership*

for Change"

NSW Nursing & Midwifery Leaders Forum, Sydney, NSW, March 2012

- » "Clinical Excellence Initiatives to Improve Healthcare Safety and Quality"
21st Global GSI Healthcare Conference, Sydney, NSW, March 2012
- » "Clinical Excellence at the Interface of Primary and Acute Health Care"
Australian General Practice Network, Sydney, NSW, March 2012
- » "Stasis and VTE - Is lack of order putting patients at risk?"
Improving Patient Safety: Preventing and Managing VTE, Melbourne, VIC, March 2012
- » "The Journey Begins! Leadership in a Climate of Change"
Clinical Leadership Programme Completion Ceremony, Royal North Shore Hospital, Sydney, NSW, April 2012
- » "Clinical Excellence at the Interface of Primary and Acute Health Care"
Central Coast Division of General Practice, Gosford, NSW, May 2012
- » "Leadership and Safety in Health Care ... A vision for the future"
Australian Healthcare and Hospitals Association, Leading the Change in Care Pathways - an audience with Lord Darzi of Denham, Sydney, NSW, May 2012
- » "Leadership and Safety in Health Care ... a vision for the future"
Western NSW Local Health District Board, Rylstone, NSW, June 2012
- » "National Safety and Quality Health Services Standards: Another Mountain to Climb?"
Local Health District and Speciality Network Board Conference, Sydney, NSW, June 2012

Dr Karen Luxford **Director Patient Based Care**

- » *Partnership at the 'Sharp End'*. Consumers Reforming Healthcare Conference, Melbourne, July 2011.
- » *Patient Based Care: better for all - Patients, staff, funders...??* Queensland Health Quality Awards, August 2011 (keynote address)
- » *If Rex™ can do it, why can't we??* Improving Health Care Experience

Conference, Sydney, Sept 2011

- » *Excellence in Patient Based Care: Innovation, Governance and System Improvement*. The Great Healthcare Challenge Conference (AAQHC), Melbourne, Oct 2011
- » Enhancing patient-centred care: Taking up the challenge. The Great Healthcare Challenge Conference (AAQHC), Melbourne, Oct 2011
- » *Rising to the Challenge of Patient Centred Care: Hypothetical Debate*. The Great Healthcare Challenge Conference (AAQHC), Melbourne, Oct 2011
- » *Patient centred units? Designing Hospital Units for Optimal Outcomes*. Melbourne, Dec 2011.
- » *Partnering With Patients - How to make it a reality*. Patient-Centred Palliative Care Forum. Sydney, Nov 2011
- » *The value of engaging patients to inspire improvements in health care quality*. Health Services & Policy Research Conference. Adelaide, Dec 2011
- » "When the shoe is on the other foot" - barriers to safety and quality. In their Shoes - Health Literacy Forum. Melbourne, March 2012
- » *The UK experience and patient reported outcomes*. Patient Reported Outcomes Forum - Cancer Institute of NSW. Sydney, April 2012
- » *Patient-Centred: Says who?* International Conference on Rapid Response Systems. Sydney, May 2012. (keynote address)
- » *'Putting it into practice': patient and family activated escalation*. International Conference on Rapid Response Systems. Sydney, May 2012
- » *Partnering with patients - Rising to the Challenge*. North Coast Nurse Practitioners Seminar. Coffs Harbour, May 2012
- » *Partnering with patients - Moving beyond the Rhetoric*. St Vincent's Health Australia Senior Leadership Conference. Melbourne, May 2012
- » *Partnering with patients - Moving beyond the Rhetoric*. Private Hospitals Association of Queensland Safety & Quality Conference. Brisbane, June 2012

Dr Charles Pain **Director Health System Improvement**

- » *Launch of DETECT Junior Education Program*. Child Health Networks Forum "Caring for Children", Sydney, July 2011
- » *BTF Implementation in NSW*. South Australian Health Recognition & Response to the Deteriorating Patient Workshop, Morphettville, SA, August 2011
- » *In Safe Hands: Releasing the Potential of Clinical Teams*. In Safe Hands Forum, Sydney, September 2011
- » *Education for Patient Safety*. Centre for Education and Workforce Development Forum, Sydney, September 2011
- » *In Safe Hands: Releasing the Potential of Clinical Teams*. Western NSW LHD Patient Safety Seminar, Orange, NSW, November 2011
- » *Unit-based Teams*. Monash University's Designing Hospital Units for Optimal Outcomes Seminar, Melbourne, December 2011
- » *In Safe Hands: Releasing the Potential of Clinical Teams*. Hunter New England LHD Patient Safety Seminar, Newcastle, December 2011
- » *Leading the Quality and Safety Agenda in NSW*. ACHSM Graduate School of Management Program 2012, Sydney, January 2012

Bernie Harrison **Director Organisation Development and Education**

- » *Patient Blood Management Program in NSW* TORC Seminar series - Melbourne September 2011

A/Professor Tony Burrell **Director Patient Safety**

- » *Impact of NSW Incident Monitoring System* at Royal Australasian College Physicians workshop titled *Working Together: Rural Health Outcomes across the Continuum of Care* in Alice Springs, in conjunction with the Rural Medicine Australia Conference, August 2011
- » 11th Rural Critical Care Conference, Port Macquarie, August 2011

- » ANZICS / ACCCN Conference Intensive Care ASM, Brisbane, October 2011
- » *Quality use of Antimicrobials in ICU*, Safety Quality and Audit Outcomes (SQAO 2011) Winter Clinical Trials Group, Hunter Valley August 2011

Bronwyn Shumack
Manager Patient Safety

- » Workshop: Human factors in healthcare – translating clinical problems into workable solutions for patient safety with Allison Lamsdale, M.A.Sc., Human Factors Specialist, Quality & Patient Safety, Vancouver Coastal Health, Canada, SimHealth Sydney, September 2011

Paula Cheng
Project Coordinator Special Committees

- » *Implementing a State-wide Surgical Mortality Audit Program in NSW: A Partnership Approach*, Clinical Audit Improvement Conference, Melbourne, September 2011.
- » Poster – *An automated reporting template to provide individualized annual feedback on surgical mortality audit to surgeons*, Australasian Mortality Data Interest Group Workshop, Brisbane, November 2011

**Official Overseas Travel
By CEC Staff**

Professor Clifford Hughes AO
Chief Executive Officer

- » *“From the Beach to the Bed: Lessons for the recognition and management of the deteriorating patient”* International Society for Quality in Health Care (ISQua), Hong Kong, September 2011
- » *“WHO Patient Safety: Global Leadership ... Local Action – Where are the Statespersons in Patient Safety?”* International Society for Quality in Health Care (ISQua), Hong Kong, September 2011

- » *“Patient Centred Care: Have we come full circle?”* International Society for Quality in Health Care (ISQua), Hong Kong, September 2011
- » *“Mirror Mirror: QSA Self-assessment – Seeing Risks, Reflecting Successes”* International Society for Quality in Health Care (ISQua), Hong Kong, September 2011
- » *“Quality Systems Assessment – Balancing the needs of risk management and accreditation”* International Society for Quality in Health Care (ISQua), Hong Kong, September 2011
- » *“Quality and Safety Management in NSW Australia”* Beijing, China, December 2011
- » *“Leadership and Safety in Health Care ... A vision for the future”* Royal Australasian College of Surgeons Annual Scientific Congress, Kuala Lumpur, Malaysia, May 2012

Dr Charles Pain
Director Health Systems Improvement

- » *In Safe Hands: Releasing the Potential of Clinical Teams*. 8th International Organisational Behaviour in Healthcare Conference, Trinity College, Dublin, Ireland, April 2012*

Dr Karen Luxford
Director Patient Based Care

- » *Transforming Care for Improved Patient Care Experience*. 28th International Conference of the International Society for Quality in Health care (ISQua), Hong Kong, Sept 2011
- » *Rising to the Global Challenge: patient experience, leadership & moving beyond the rhetoric*. NHS Trust Leaders Forum. The Oxford Health Experiences Institute, University of Oxford. March 2012. (keynote address)
- » *From the Board to the Ward: leadership, patient experience and partnership at the ‘sharp end’*. The Kings Fund, London, March 2012

Bernie Harrison
Director Clinical Leadership Development and Training

- » *Building Contagious Commitment for Improvement* with Helen Bevan IHI 23rd Annual National Forum on Quality Improvement in Health Care, Orlando, Florida, December 2011

Paula Cheng
Project Coordinator Special Committees

- » Poster – *Surgical mortality audit – A way of engaging surgeons in improving patient safety*, International Forum on Quality and Safety in Healthcare, Paris, April 2012

Bronwyn Shumack
Manager Patient Safety

- » International Forum on Quality and Safety in Healthcare, Paris April 2012. Poster presentation: It’s all about understanding the narrative – improving patient safety through incident reporting and management

Visits marked with an asterisk (*) were funded from staff specialist TESL entitlement.

CEC Visiting Professor

The 2011 CEC Visiting Professor was Professor Jason Stein who is the Associate Vice Chair in the Department of Medicine and the Associate Director for Quality and Research for the Division of Hospital Medicine at Emory University, Atlanta. Jason Stein has developed hospital care improvement strategies which have been incorporated into position papers published by the US Agency for Healthcare Research and Quality and the National Health Service in the United Kingdom. As CEC Visiting Professor, Jason Stein spent two weeks working with CEC staff on team work, especially multidisciplinary teams.

Visits from International Leaders in Safety and Quality

During 2011-2012 the following international leaders in their fields visited the CEC and engaged with staff, taking part in seminars, discussions and workshops that were enthusiastically attended by CEC project staff. These visitors include:

- » Professor Chris Landrigan, Associate Professor of Medicine and Paediatrics, Brigham Young Children's Hospital and Harvard University
- » Professor Raj Behal, Senior Patient Safety Officer and Associate Chief Medical Officer, Rush University Medical Centre, Chicago
- » Professor Finbarr Martin, President of the British Geriatrics Society, Senior Research Fellow at King's College London Institute of Gerontology
- » Jocelyn Cornwell, Director of The Point of Care program, The King's Fund, United Kingdom
- » Dr Rima Rudd, Senior Lecturer on Society, Human Development, and Health at the Harvard School of Public Health
- » Dr. Pat Croskerry, Professor in Emergency Medicine at Dalhousie University, Halifax, Nova Scotia, Canada
- » Mary Salisbury, United States Department of Defence

Fostering Partnerships

Dr NiuYun Sun, Director of Medical Safety and Clinical Risk Management at the National Institute of Hospital Administration, People's Republic of China visited the CEC for three months between April and June 2012. During her stay Dr Sun rapidly absorbed the culture and programs conducted by the CEC. She worked with many of our project staff on such programs as Quality Systems Assessment, clinical leadership, surgical and anaesthesia audits, medication safety, Incident Information Management systems, Health Care Acquired Infections and

Sepsis programs, as well as innovative programs around the recognition and management of the deteriorating patient. It was clear from her early involvement with the CEC that NiuYun Sun not only wished to learn from us but also to teach us what she could and this bilateral cultural exchange has proved invaluable. The visit fostered partnerships between the peoples of China and Australia, in particular NSW. Dr Sun was accompanied by Tian Lan who acted as her interpreter.

Articles/Papers written by CEC Staff and accepted for Publication

Professor Cliff Hughes AO Chief Executive Officer

Outcomes from the first 2 years of the Australian National Hand Hygiene Initiative, Grayson, M.L.; Russo, P.L.; Cruickshank, M.; Bear, J.L.; Gee, C.A.; **Hughes, C.F.**; Johnson, P.D.R.; McCann, R.; McMillan, A.J.; Mitchell, B.G.; , Med J Aust, 2011, 195(10):615-619

Evolution in the Techniques and Outcomes of Aortic Arch Surgery: A 22 Year Single Centre Experience, Davies, R.A.; Black, D.; Jeremy, R.W.; Bannon, P.G.; Bayfield, M.S.; Hendel, P.N.; **Hughes, C.F.**; Wilson, M.K.; Vallely, M.P.; , Heart, Lung and Circulation, 2011, 20(11):704-11.

Strengthening organizational performance through accreditation research-a framework for twelve interrelated studies: the ACCREDIT project study protocol, Braithwaite, J.; Westbrook, J.; Johnston, B.; Clark, S.; Brandon, M.; Banks, M.; **Hughes, C.**; Greenfield, D.; Pawsey, M.; Corbett, A.; , BMC research notes, 2011, 4(1):390.

Readmissions After Cardiac Surgery: A 10-Year Study, Bianco, A.C.; Chan, J.Y.; **Hughes, C.F.**; McCaughan, B.C.; Bayfield, M.S.; Hendel, P.N.; Bannon, P.G.; Wilson, M.K.; Vallely, M.P.; , Heart, Lung and Circulation, 2011, 20(4):272-272.

Using the CEC paediatric calling criteria in emergency department triage., Pain, C.H.; **Hughes, C.F.**; Festa, M.; Ekholm, J.; O'Meara, M.; , The Medical journal of Australia, 2011, 194(4):210.

Practitioner characteristics and the treatment of children and adolescents with attention deficit hyperactivity disorder, Mitchell, P.B.; Levy, F.; Hadzi-Pavlovic, D.; Concannon, P.E.; Hutchins, P.; Mulcahy, D.L.; Clarke, S.D.; Salmelainen, P.A.; Warner, A.; **Hughes, C.F.**; , Journal of Paediatrics and Child Health, 2011, 48(6):483-9.

Is home warfarin self-management effective? Results and implications of the warfarin S.M.A.R.T. study, Dignan, R.; Keech, A.; Powell, C.; Turner, L.; Bayfield, M.; Hendel, N.; Bannon, P.; McCaughan, B.; **Hughes, C.**; Gebeski, V.; , Heart, Lung and Circulation, 2011, 20(4):257-258.

In Safe Hands Releasing the Potential of Clinical Teams, Published in Conference Proceedings from above OHBC May 2011 Pain C H., Johnson J.K., Amalberti, R., Stein, J., Braithwaite, J., **Hughes , C.F**

Dr Charles Pain Director Health Systems Improvement

Using the CEC paediatric calling criteria in emergency department triage., **Pain, C.H.**; Hughes, C.F.; Festa, M.; Ekholm, J.; O'Meara, M.; , The Medical journal of Australia, 2011, 194(4):210.

In Safe Hands Releasing the Potential of Clinical Teams, Published in Conference Proceedings from above OHBC May 2011 **Pain C H.**, Johnson J.K., Amalberti, R., Stein, J., Braithwaite, J., Hughes, C.F

Dr Karen Luxford Director Patient Based Care

Patient perspectives. Celebrating Achievements of Health Services Research in Australia and New Zealand 2001-2011. **Luxford K.** (2011) Editors J. Hall, J. Cumming and M. Haas. Health Services Research Association of Australia and New Zealand. Sydney. p35-36.

The World Health Report 2008 - Primary Health Care: the implementation gap in 12 developed world health systems. Gauld, R, Blank R, Burgers J, Cohen A, Dobrow M, Ikegami N, Kwon S, **Luxford K.** Millet C, Wendt C. (2012) Healthcare Policy. Vol 7(3):38-58.

Dr Mohsin Mohammed Biostatistician

A Literature Review on Care at the End-of-Life in the Emergency Department. Forero R, McDonnell G, Gallego B, McCarthy S, **Mohsin M**, Shanley C, Formby F, Hillman K.

Emergency Medicine International. 2012; 2012:486516. Epub 2012 Mar 6, PMID:22500239

Daniel Lalor Manager Medication Safety

Medicines Labelling Lalor DJ. Australian Prescriber. 2011 Oct;34(5):136-138. Preventing medication errors by using Tall Man lettering, Bedford G, **Lalor D**. Preventing medication errors by using Tall Man lettering. MJA. 2011 Nov;195(9): 492

Eda Calabria Project Coordinator Patient Based Care

Nurse-led central venous catheter insertion – procedural characteristics and outcomes of three intensive care based catheter placement services

Alexandrou E., Murgo M., **Calabria E.**, Spencer T.R., Carpen H., Brennan K., Frost S.A., Davidson P.M., Hillman K., International Journal of Nursing Studies August 2011

Margherita Murgo Project Officer Medication Safety

Nurse-led central venous catheter insertion – procedural characteristics and outcomes of three intensive care based catheter placement services

Alexandrou E., **Murgo M.**, Calabria E., Spencer T.R., Carpen H., Brennan K., Frost S.A., Davidson P.M., Hillman K., International Journal of Nursing Studies August 2011

Professor Kim Oates Undergraduate Safety and Quality Education

Patient Safety Teaching in Australian Medical Schools: a national survey A study of availability of quality and safety teaching in Australian medical schools Spigelman, A., Debono, D., Oates, K., Dunn, A., Braithwaite, J, Clin. Risk 2012, 18:46-51.)

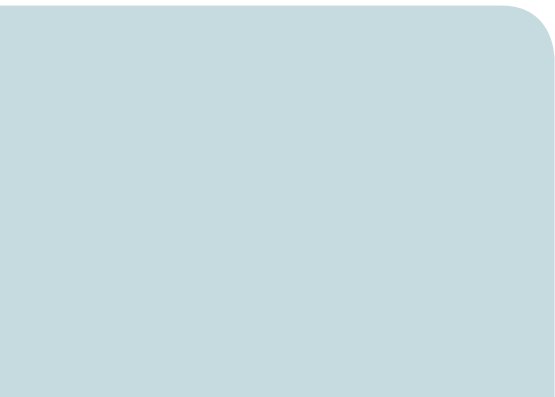
An invited commentary on clinical leadership in the future The New Clinical Leader, **Oates, K.**, J. Paed Ch Health 2012, 48:472-475)

6 Sustainability

The CEC is committed to supporting a happy and healthy workplace that encourages professional and personal development.

All staff are able to participate in programs to ensure a sustainable environment.

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ABOVE Scott Stanley receives his flu vax from accredited vaccinator colleague Paul Smollen

CENTRE Trim Adminstrat Gene Melzack conducting TRIM training for staff

RIGHT Sydney Running Festival September 2011 - L-R Felicity, Lesley and Ian Harvey, Bronwyn Shumack, Cathy Vinters



Learning and Organisational Development

The CEC is committed to professional development of its staff. Sharing knowledge on safety and quality initiatives from around the world is fundamental to the work of the CEC. In response to this need, a development program provides regular professional development opportunities and a forum for sharing information and knowledge.

Internal professional and personal development courses and workshops have been held in the CEC – including presentations / workshops by CEC staff and external consultants. Topic areas have included:

- » Building better primary care systems for indigenous peoples
- » Presentation skills (part 1)
- » Building Leadership to improve Patient Based Care
- » Patient Safety update
- » Quality improvement and patient safety
- » Applying human factors to patient care
- » Presentation skills (part 2)
- » A framework for engaging physicians and other interesting tales from a Harkness fellow
- » Social media workshop
- » Smartboard training
- » Falls update
- » Sepsis update
- » Hand Hygiene update
- » QSA update
- » Smartboard Train the trainer
- » Sleep deprivation and patient safety
- » Falls and Delirium
- » Survey Manager training
- » Critical thinking
- » Cognitive de biasing workshop

- » Accreditation and the national healthcare standards
- » Communicating with aboriginal patients
- » CIAP
- » TRIM Training

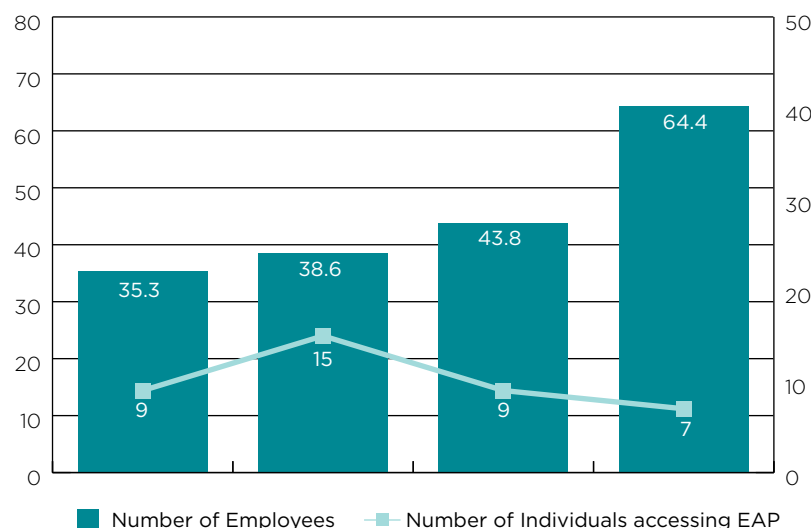
Wellness and Wellbeing Activities

- » To enhance staff wellness, the CEC walking group continues to walk on week ends and after work. The goal this year was to build the fitness required to complete the Sydney Running Festival Harbour Bridge Run in September. The run was completed by six CEC staff and family members.
- » Each year a special staff lunch is held in our main meeting room. The lunch was held in September 2011 and the male members of staff prepared or procured the food and all staff enjoyed delicious food from a wide variety of international cuisines.

- » Every second month staff are invited to a 'picnic in the park'. All staff are encouraged to take a sandwich and walk across the road to Hyde Park to enjoy some fresh air and sunshine and the company of their colleagues.

Employee Assistance Program

We provide access to an employee assistance program for employees and their immediate families. The program provides confidential counselling and support and is not confined to work related issues. The program commenced in October 2008. The figures show that while staff levels have increased over the period of the program, numbers of consultations have decreased.





ABOVE OH&S Representatives Maree Connolly and Lisa Coombs

LEFT A group of CEC staff members with one of the many rugs for Wraps with Love

Occupational Health and Safety

The health and safety of our employees is a priority. The Board, through the Audit and Risk Management Committee, oversees our occupational health and safety (OH&S) compliance.

In the reporting period 1 July 2011 to 30 June 2012, three workers compensation claims were received compared to no claims in 2011, one claim in 2010, and no claims in 2009.

Bronwyn Shumack retired from the position of OH&S representative in March 2012 and Maree Connolly and Lisa Coombs were elected as joint OH&S representatives. Under consultation guidelines, staff have agreed to elect a representative annually.

In December 2011 we welcomed 11 staff who transitioned from the Ministry of Health to the Clinical Excellence Commission. These staff members and any new staff members receive manual handling and risk assessment training within the first week of starting work with the CEC. Assessment of workstations is ongoing and staff are encouraged to report any requirements such as footstools, chair adjustments etc.

Prior to winter, flu vaccinations were offered to all staff and most staff participated in the program.

Regular audits are conducted to ensure that OH&S requirements are complied with.

Seven employees are trained as fire wardens and their training is regularly updated by the building management. All staff participates in evacuation drills.

The large proportion of our staff are medically trained (doctors and nurses) to deliver first aid, CPR and defibrillation. We maintain first aid kits and a defibrillator in the workplace.

Our offices contain a quiet room. The room, which can be locked, is equipped with a fridge and sink for the convenience of staff members who are nursing mothers.

Disability Action Plan

The Clinical Excellence Commission (CEC) is committed to achieving the outcomes for people with a disability as set out in the NSW State Plan and Guidelines for Disability Action Planning by NSW Government agencies.

The overall aim of our disability action planning process is to ensure that people with a disability in NSW are able to access our services, facilities and jobs on an equitable basis through the delivery of better services that promote fairness and opportunity for all citizens. One staff member has identified as being a person with a disability.

The CEC is committed to providing a work environment which supports the needs of all our staff. We included two adjustable work stations in our offices. Our office is accessible via ramps and lifts and there is a modified restroom available for the use of disabled staff and visitors.

Environmental Sustainability

We have worked to raise staff awareness about how they can help the organisation be part of the NSW Government's commitment to being carbon neutral by 2020. Our offices have environmentally sound practices built into the design.

- » motion sensor lighting in the offices
- » motion sensor lighting in meeting rooms
- » recycling bins for bottles and cans built into the kitchen benches

Other sustainability measures include:

- » Recycling waste paper and cardboard: We have recycle boxes at every workstation and large recycle bins in printing rooms
- » Recycling toner cartridges
- » Using 20% E10 fuel for the CEC's two pool cars
- » Double sided printing of documents
- » Using online payment of accounts
- » Publishing internal policies on our intranet
- » Encouraging staff to turn off monitors at the end of each day
- » Collecting coffee grounds, tea bags and tea leaves and recycling into a staff member's worm farm

The Community

- » For the fourth year CEC staff took part in the annual ABC Radio Knit-In for Wraps with Love and the busy fingers of staff members and family and friends produced a total of seventeen rugs each made up of 28 multicoloured squares
- » Throughout the year staff have conducted fund raising activities on behalf of various charities. Activities included Australia's Biggest Morning Tea for the Cancer Council and Cup Cake Day for the RSPCA

Equal Employment Opportunity (EEO)

A) Statistical Information on EEO target groups

Table 1: Trends in the representation of EEO Groups¹

EEO Group	Benchmark or target	% of Total Staff ²		
		2009-2010	2010-2011	2011-2012
Women	50%	67%	73%	67%
Aboriginal people and Torres Strait Islanders	2.6% ³	-	-	-
People whose first language was not English	19%	18%	20%	24%
People with a disability	12%	-	-	1.5%
People with a disability requiring work-related adjustments	7%	-	-	-

Table 2: Trends in the distribution of EEO Groups⁴

EEO Group	Benchmark or target	% of Total Staff ²		
		2009-2010	2010-2011	2011-2012
Women	100	100	95	95
Aboriginal people and Torres Strait Islanders	100	-	-	-
People whose first language was not English	100	95	95	95
People with a disability	100	-	-	-
People with a disability requiring work-related adjustments	100	-	-	-

B) Commentary on initiatives to eliminate discrimination in employment and promote equal employment opportunity

The CEC applies Ministry of Health EEO strategies regarding recruitment, and has developed a targeted professional development program to ensure that the skills and experience of its staff are enhanced during their periods of employment.

1 Staff members as at 30 June 2012 = 67

2 Excludes casual staff

3 Minimum target by 2015

4 A distribution of 100 indicates that the centre of

distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. An index of more than 100 indicates that the EEO group is less concentrated at the lower salary levels.

5 Excludes casual staff

Ethnic Affairs Priority Statement

In undertaking its core duties and in developing and implementing projects and strategies, the CEC is committed to supporting and endorsing the principles of multiculturalism contained within the Community Relations Commission and Principles of Multiculturalism Act 2000 and the white paper, Cultural harmony: The next decade 2002 – 2012.

Specifically and in accordance with the Act, the CEC undertakes, via its Ethnic Affairs Priority Statement, to:

- » Respect and make provision for the expression of culture, language and religion by staff and constituents
- » Provide full opportunity for staff and constituents to utilise and participate in relevant CEC activities and programs
- » Recognise the linguistic and cultural assets in the population of New South Wales as a valuable resource, and promote this resource where possible
- » Consider in its service planning and development activities, strategies to incorporate and draw on the experience and wisdom of its diverse and multicultural population
- » Not limit or withhold provision of its services to any individuals or organisation on the basis of linguistic, religious, racial or ethnic background

For the reporting period, the CEC has upheld the Ethnic Affairs Priority Statement by:

- » Continuing to fund a three-year PhD scholarship in indigenous health, via the Ian O'Rourke Scholarship
- » Offering its services and knowledge to all people of NSW, irrespective of linguistic, religious, racial or ethnic background

- » Broadening its multicultural staff base via merit-based recruitment from 20% of people whose first language was not English in 2011 to 24% in 2012
- » Development of a Citizens Engagement Advisory Council, which links in with multicultural and indigenous agencies, and identifies strategies to enable the CEC to engage effectively with its diverse community
- » Including representatives from multicultural communities to participate in project steering committees

Government Information (Public Access) Act 2009

The Government Information (Public Access) Act 2009 (NSW) replaced the Freedom of Information Act 1989 (NSW) on the 1st July 2010. Under Section 125 (1) of the Act, each agency must prepare an annual report on the agency's obligations under this Act.

Under the GIPA Act the CEC and all other NSW government agencies are required to publish a range of open access information. This information, published on our website www.cec.health.nsw.gov.au, includes our disclosure log, details of information not disclosed, details of documents tabled in Parliament, policy documents, publication guide and a register of government contracts

We conducted review under section 7(3) of the Act during the reporting year and after feedback from feedback from the Office of the Information Commissioner amended our publication guide.

In the financial year 2011-2012 the CEC did not receive any access applications under the Government Information (Public Access) Act 2009 (GIPA Act).

As access applications are received that are likely to be of interest to members of the public, the CEC will publish a Disclosure Log, which will detail our response to applications for information about the CEC.

Statutory obligations require the following tables to be included in this report.

Table A: Number of applications by type of applicant and outcome*

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is	Application withdrawn
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0

More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B: Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is	Application withdrawn
Personal information applications*	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

* A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

Table C: Invalid applications

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

	Number of times consideration used*
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of Act

	Number of occasions when application not successful
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	0
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	0

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	Decision varied	Decision upheld	Total
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H: Applications for review under Part 5 of the Act (by type of applicant)

	Number of applications for review
Applications by access applicants	0
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

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