ACHS International

Your trusted quality improvement partner

The importance of communication – safety and quality in healthcare service

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ACHS International

IEEA International Society for Quality in Health Care External Evaluation Association

Overview

- Australian experience
- Identifying harm and causes
- Improving communication for safe care
- Engaging with patients and family
- Case studies

ACHS Overview

- Australia's largest and longest established quality improvement agency
- Accredit over 1,600 organisations in Australia
- Accredit 100+ organisations in over 15 countries
- Represented by leading organisations from one of the world's best healthcare systems (Australia consistently ranks in the top 5)
- Independent, non-government organisation
- ACHS Council - representing peak healthcare organisations including consumers

Vision

Inspire excellence in healthcare

Mission

To strengthen safe, quality health care by continuously advancing standards and education nationally and internationally

The Royal Australian College of General Practitioners

Australian College of Nursing
Caring for your career

Consumers Health Forum of Australia

Australian Private Hospitals Association

AMA
AUSTRALIAN MEDICAL ASSOCIATION

Australian Healthcare System

- Top 3 – Overall Performance Ranking
- #1 for Health Outcomes
- #1 for Equity

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

Source: Commonwealth Fund, USA, Mirror, Mirror 2021: Reflecting Poorly (https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly#how-we-conducted-this-study)

Australian Adverse Events Study

- 1995 - Australia took the lead internationally by exploring safety and quality improvement across the health system
- The first large-scale published study of adverse events
- Ground-breaking *Quality in Australian Health Care Study*, published in *The Medical Journal of Australia*
- **Reported that 16% of patients in hospitals experienced some form of adverse event during their admission and 50% of these were preventable.**
- Turning point for the Australian health system, dramatically raising the profile of patient safety.

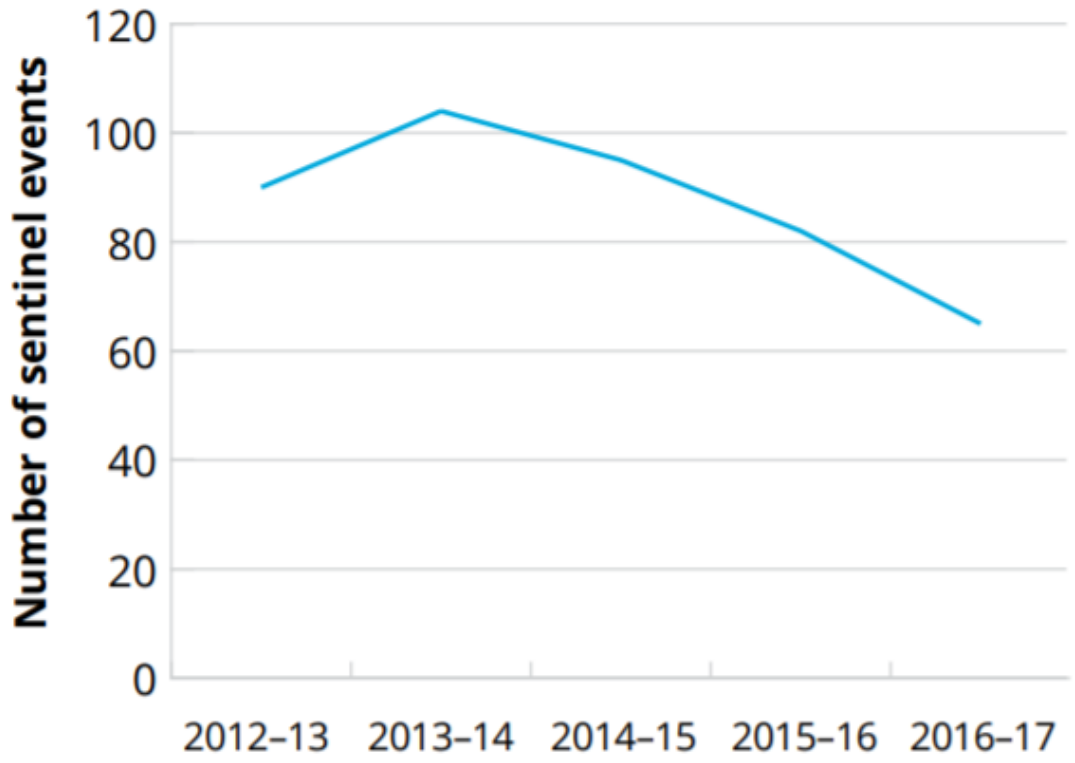
Wilson RM, Runciman WB, Gibberd RW, Harrison BT, Newby L, Hamilton JD. The Quality in Australian Health Care Study. Med J Aust. 1995;163(9):458-71.

Implementing Standards

- Implementation of an **open disclosure** response
- Ensuring that **incident management and investigation systems** provide adequate surveillance
- Implementation of corrective **action in response to identified patient safety risks**
- Establishment of **complaint management systems in partnership with patients and carers**
- Implementation of **informed patient consent**
- Ensuring a robust and positive **safety culture**
- Clearly understanding the **roles and responsibilities** of governing bodies, the executive, clinical teams and clinicians **in clinical governance**.

Sentinel Events

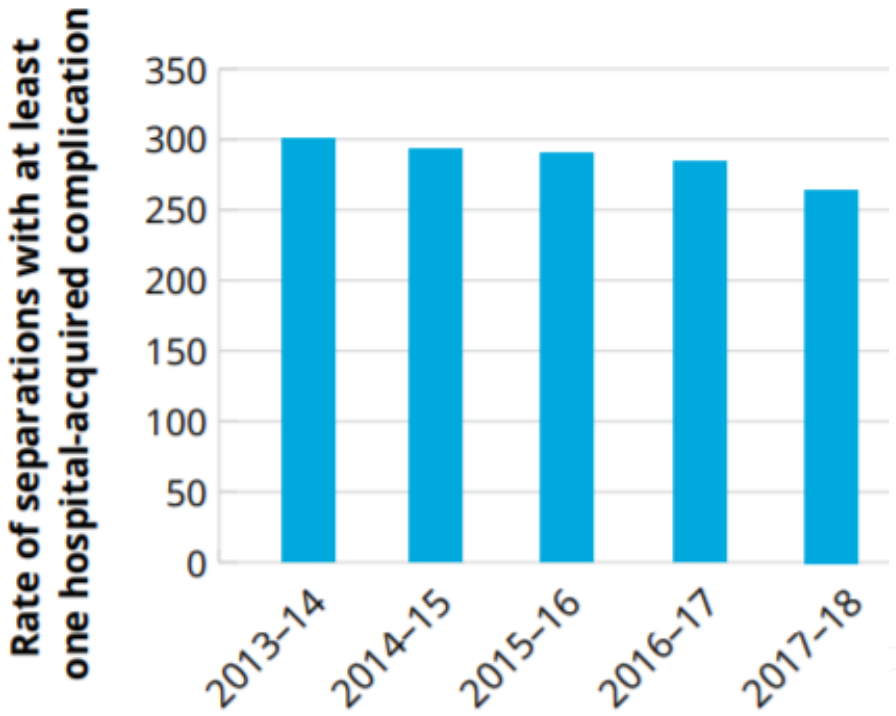
Figure 2: Total number of sentinel events by year Australia, 2012–2017



Source: Productivity Commission, Report on Government Services 2019.

Hospital Acquired Complications

Figure 7: Rates of identified hospital-acquired complications per 10,000 separations, 2013–14 to 2017–18



Source: Admitted Patient Care National Minimum Data Set, 2013–14 to 2017–18.

Note: Public hospitals only, which meet the robust condition onset flag coding criteria, all care types. Rates are per 10,000 separations

Multiple Factors Driving Potential Errors

The preferred 'systems approach' looks at:

- Patient factors
- Provider factors/Human factors
- Task factors
- Technology and tool factors
- Team factors
- Environmental factors
- Organizational factors

(Emanuel, Taylor, Hain et al., 2010)

Healthcare is a highly pressured complex system

….Moving "Beyond projects" to Systemic approach to improving patient-focussed quality, health care

Healthcare system model:

- the individual **patient**;
- the **care team**, which includes professional care providers (e.g., clinicians, pharmacists, and others), the patient, and family members;
- the **organization** (e.g., hospital, clinic, nursing home, etc.) that supports the development and work of care teams by providing infrastructure and complementary resources; and
- the **political and economic environment** (e.g., regulatory, financial, payment regimes, and markets), the conditions under which organizations, care teams, individual patients, and individual care providers operate

Reid, Compton, Grossman, and Fanjiang (2005)

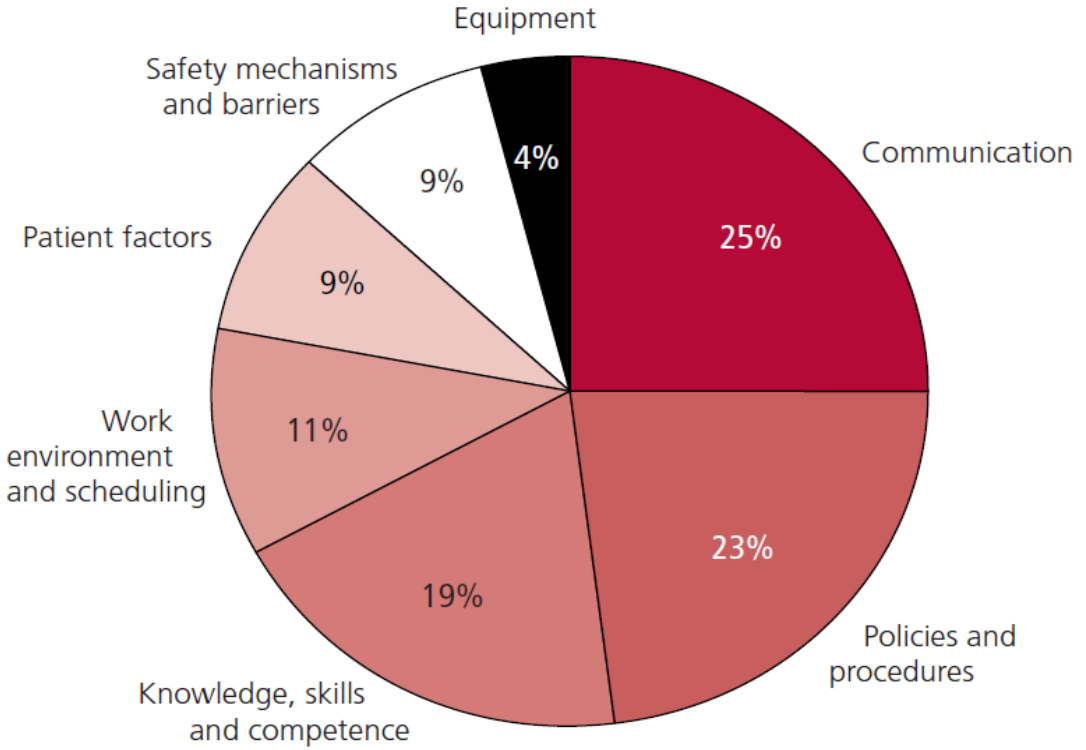
What affects quality in health care?

The level of quality in hospital environments is affected by:

- (1) the quality of technical care;
- (2) the quality of interpersonal relationships;
- (3) the quality of hospital amenities and the environment

(Potter et. al, 1994. Int J of Health Care Qual Assur, Vol 7, pp.4–29).

Communication Errors



Communication – remains the largest issue as the complexity of patient care often involves a variety of specialist teams and facilities. Transferring information between these teams and tracking a patient's pathway through the treatment

Engagement to prevent harm

Lewis Blackman
www.lewisblackman.net

Josie King
www.josieking.org

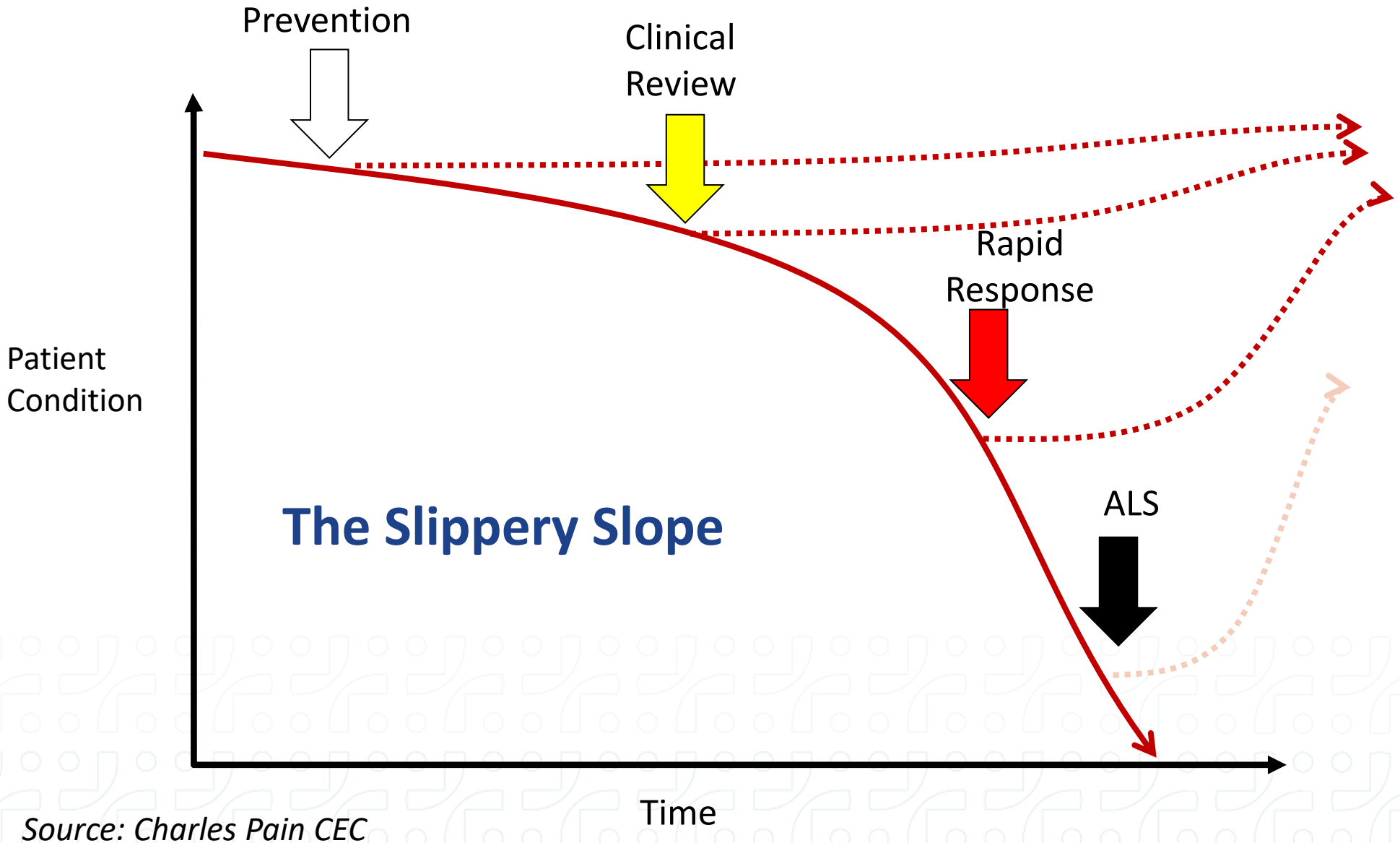
Hayley Fullerton
www.heal-trust.org/

Person-Centred Care

Refocusing care delivery around the patient

- Improves patient care experience....
- Improves clinical and operational-level outcomes:
  - improved patient adherence
  - fewer medication errors
  - decreased adverse events
  - improved staff satisfaction
  - enhanced staff recruitment
  - decreased length of stay
  - decreased ED return visits
- And the bottom line.

Luxford K et al 2010

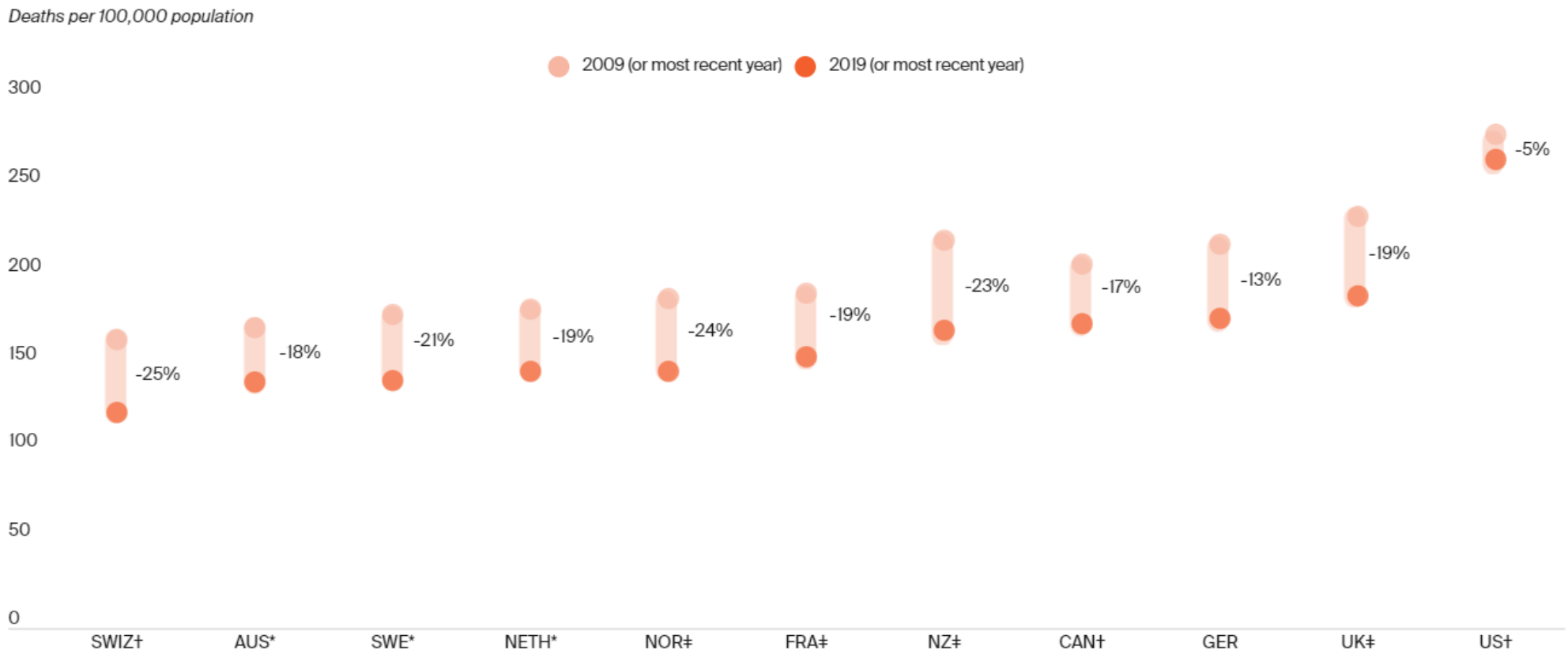


Source: Charles Pain CEC

Engaging consumers

Working with Consumers to improve communication and decrease errors

Avoidable Deaths and 10-Year Reduction in Avoidable Mortality Across Countries



Notes: Health status: avoidable mortality. Data years are: 2009 and 2019 (Germany); * 2008 and 2018 (Australia, the Netherlands, Sweden); † 2007 and 2017 (Canada, Switzerland, US); and ‡ 2006 and 2016 (France, New Zealand, Norway, UK).

Data: Commonwealth Fund analysis of data from OECD Health Statistics, July 2021.

EQuIP7 Modules

Scheme

Core	+	Service Specific	+	Advanced PCS *(optional)*
The Core Module is automatically selected as it is relevant to all types of healthcare organisations		Choose either the Hospital or Ambulatory Care Module based on your service profile *There will be relevant module guidelines designed for specific service types – these will be available by 1 Jan 2022*		Select the Advanced PCS Module if you want to aspire to Accreditation with Extensive or Outstanding Achievement
Core Module		**Hospital Module** **or** **Ambulatory Care Module**		**Advanced PCS Module**

Oral Health | **Dialysis** | **Telehealth**

Want To Learn More?

If you want to learn more about how to use standards to improve communication and person centred systems implementation, connect with our ACHS International team for more information

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