

Submission in response to the ACSQH discussion paper outlining the
National Safety and Quality Framework

Submitted by the Council of Deans of Nursing and Midwifery (Australia &
New Zealand)

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Thank you for the opportunity to provide comment on the ACSQH discussion paper outlining the National Safety and Quality Framework. Overall the framework is an impressive attempt to provide guidance to the health care profession. The clear aims are improvements in quality and safety and improved patient care outcomes.

The Framework contains twenty-two strategies for improving the safety and quality of care for patients and consumers. The framework has been developed using the latest research, is consumer focussed and promises to provide very worthwhile guidance for the implementation of improved safety and quality in the provision of health care. The Australian Commission on Safety and Quality in Health Care plan to prioritise these strategies poses some challenges due to the need for many of them to be addressed urgently and concurrently.

There are also challenges surrounding the funding available to implement immediate change. At this point in time hospitals are not funded to implement many of the strategies outlined. The framework is necessarily ambitious in the context of care but thought will need to be given as to how issues of funding and context are addressed. As an example, if an organisation has no low beds for use in preventing falls it will take substantial planning and funding to obtain them.

Below we have provided comment on the questions posed in the discussion paper:

1. What do you consider most important for safe, high quality care?

- Patient involvement in goals for care, empowerment through information giving that allows informed choices
- A highly skilled and knowledgeable workforce
- Capacity and systems that facilitate evidence based/informed practice
- Attention to environment in relation to cleanliness, infection control and physical organisation in order to minimise risk of harm for patients
- Equitable affordable access to healthcare
- Preventative health strategies
- No blame systems that allow people to learn from mistakes/errors
- Excellent communication systems that are effective

2. How do your current activities align with the strategies described in the discussion paper?

- The research foci of many nurses align closely with the strategies described in the paper especially 2.1, 2.2, 2.4.
- There is inconsistency in the quality of some existing Australian guidelines. While some have been developed using rigorous processes others are less meticulous. This reduces the adaptability of some guidelines and thus confidence in their use. It will be important for transparency and expertise in guideline development. The nursing profession has many high calibre researchers who are at expertise in evidence based practice as well as in clinical decision-making which forms a significant focus of current activity and again align well with foci 1, 2 and 3.

3. How could your future activities align with the strategies described in the discussion paper?

- There is a need to increase the amount of knowledge translation (KT) activities as indicated in the paper. Again there are nurses with expertise in implementation and evaluation methodologies that align closely with the needs identified in the paper. Dedicated funding that includes evaluation studies and does not discriminate against health service researchers is urgently needed. This was identified by an expert KT group in 2008 and, apart from Canada, no other countries currently have such dedicated funds.
- Interdisciplinary research will be vitally important and will be a growth area if this framework is adopted, and it is our recommendation that it is.

4. What have been the biggest improvements in safety and quality in the last five years?

- Increased use of information technology (IT) to capture adverse events
- 'No blame' approach to reporting of adverse events.
- The formation of national bodies overseeing safety and quality eg NICE, NPSA.

5. What are the main barriers in your work to improve safety and quality? Could any of these be addressed by national coordination?

- According to a number of high quality systematic reviews (Bero et al 1998 and Grimshaw et al 2003) one of the main barriers to improving safety and quality is the continued focus on education as the first tool to be used for any implementation studies. Education has been identified as a passive approach that does not bring about change. More active strategies such as patient. Staff involvement and attention to barriers related to context and culture should be considered. The impact of educational processes that is proposed as part of the framework would need to be evaluated although this is not included in the details related to the strategies, particularly 3.1.
- The lack of dedicated funding for implementation and evaluation studies. These are addressed in this proposal and welcomed.
- Low use of evidence based guidelines – due in part of shortages of technology close to the bedside. Also there continues to be a low level of access to the Cochrane library and other evidence based resources – some of this is due to restricted access (eg to Joanna Briggs resources which are limited by membership), whilst others are due to perceptions about relevance of the literature (eg Cochrane for Nursing). The latter is being addressed whilst the former is hindered by a lack of national access.
- Adherence to traditional practices – clinical handover is one such practice and is addressed in the framework. Clinical handover poses a significant risk to patient safety and the lack of a national framework that is widely utilised is a major shortcoming and needs urgent attention. The management of the deteriorating patient is another area that requires urgent attention given the variations in practices that exist across the country. The lack of use of graded response frameworks is a concern given the recommendations from the UK and US.