




The Quality Systems Assessment Program

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A whole of system approach to evaluating patient safety and clinical quality programs in the NSW public health system

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Objectives of the QSA

- Provide assessment of level of development of
 - patient safety system
 - clinical quality improvement
- Support improvement at a local, facility and systems level
- Identify future risks to patient safety
- Focus on the systems in Public Health Organisations (PHOs) and not on individual performance


Scope of the QSA

- The QSA engages all **NSW Public health organizations, which include:**
 - **8 Area Health Services:** responsible for health care delivery in a wide range of settings, from primary care posts in the remote outback and rural areas to metropolitan tertiary health centres.
 - **The Ambulance Service of NSW:** responsible for the delivery of front line pre-hospital care, medical retrieval and health related transport.
 - **The Children's Hospital at Westmead:** provides community medical care and paediatric emergency as well as tertiary level paediatric services.
 - **Justice Health:** provides health services to adult and juvenile offenders in local courts, in custody and detention, and in the community. It also provides health services to adult offenders in police cells

Literature Review


- International Health : Standards and compliance focused.
 - USA
 - UK NHS
- Non Health: Self assessment, risk controls, proportionality, continuous improvement, outlier respondent focused.
 - Petroleum industry
 - Taxation
 - Financial sector
 - Customs




Assumptions Underpinning the QSA Program

- Organisation has a safety management system
- Organisation self-enforces
- Organisation continuously improves
- External regulator inspection
 - Checks self enforcement
 - Checks/monitors improvement


Source: ACSQHC The governance of health safety & quality

QSA Methodology

There are four components of the QSA

- Completion of a **self-assessment survey** (the activity statement) at three levels of the organisation
- **Verification** of the activity statements
- **Feedback and reporting** to respondents, the health system and the community
- **Development of improvement plans** at each level of the organisation to respond to the issues identified in the self-assessment process. The improvement plan will be subject to review in subsequent QSA assessments.



Methodology

- Self assessment of quality & safety systems
- Verification of self assessment using sampling
- Focus on translating policy into practice through the tiers of the system; occurs at three tiers:
 - AHS
 - Clinical Network / Facility
 - Clinical unit
- Self assessment interlinked and interdependent
- Based on role and responsibilities attributed to the tier
- Targeted focus on specific aspects on an annual basis
- Customised for specific systems issues identified in previous QSA

The overarching framework for AHS

The overarching framework

Building on the three tiers

Verification methods

Five methods will be used:

- Same level verification
- Between level verification
- Source of evidence verification
- Desktop review / targeted interview verification and
- Onsite verification visit

Auditing of respondents

- The onsite verification will focus on high risk areas identified from the self assessments

2007/08 QSA: Areas of Assessment

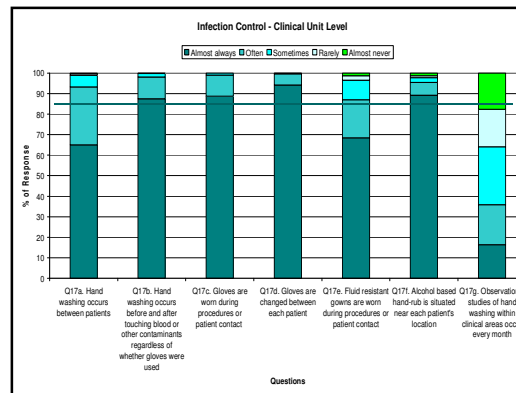
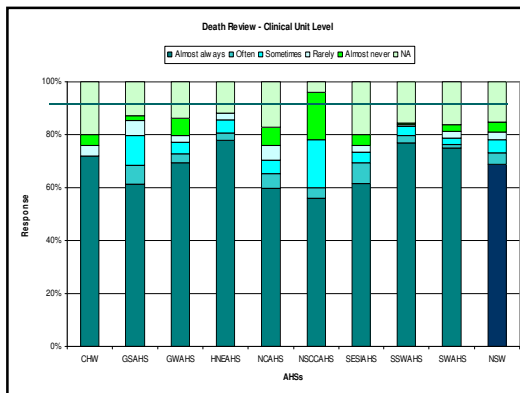
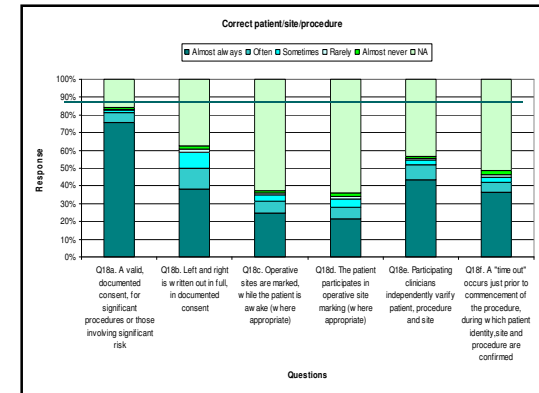
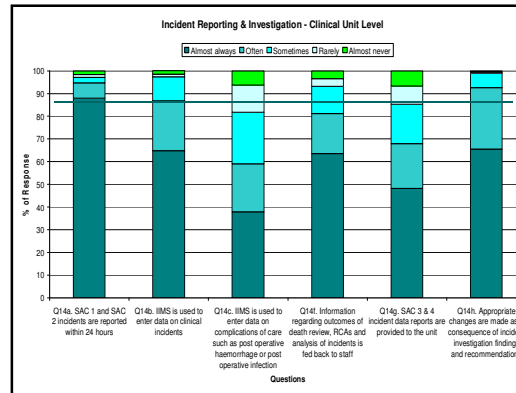
•Committee structure and Governance	•New interventional procedures
•Clinical indicators	•Correct patient / site / procedure
•Risk management	•Management of blood
•Communications	•Infection control
•Incident management	•Medical record review
•Death review	•Peer review
•Complaints management	•Credentialing and role delineation

2007/08 QSA: Response Rate



Level	Completed	%
AHS	9	100%
Network / Cluster	22	81%
Facility	97	95%
Dept/Clinical unit	841	83%
Justice Health	27	100%
NSW Ambulance Service	16	100%

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Qualitative Results

- All levels asked to nominate three highest risks to patient safety
- 12 major themes identified
 - Staffing
 - Inadequate Communication and Documentation
 - Patient Identification
 - Clinical Management
 - Problems in technical performance and procedures

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Qualitative Results Cont...

- Medications
- Falls
- Skin care and tissue breakdown in the elderly
- Patient factors
- Access
- Adverse events
- Maternity Units

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Qualitative Results Cont...

- Seven major causal factors identified:
 - Lack of clinical leadership for clinical issues and problems in communication/documentation
 - Lack of clinical ownership around recognition of the deteriorating patient, missed diagnosis and medication errors
 - Training and retention of staff with appropriate skill mix

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Qualitative Results Cont...

- Protocols and policies abrogated by medical and nursing clinicians
- Multiplicity of programs with little evidence of effectiveness
- Variation between AHSs and the need to apply ideas which work in one AHS/ clinical unit more broadly across others
- Some disparity between what AHS indicate as major issues and what the clinical units identify as major issues.

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Qualitative Results Cont...

- Risk identified by **Maternity units**
 - increased intervention in labour with no clear clinical cause
 - loss of experienced staff and skills to maintain services
 - maternal harm to baby and other siblings
 - patient co-morbidities
- The frequency and severity of the above issues were highlighted across the majority of maternity units in both rural and metropolitan AHS.

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Qualitative Results Cont...

- Risk identified by **High Dependency units**
 - Medication errors
 - Lack of experienced staff
 - unable to provide 24 hour cover
 - Unable to match skill to acuity
 - Complications of care
 - Infections
- Senior nursing and medical staff skill mix a major issue for rural centres

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Qualitative Results Cont...

Risk identified by **Emergency Departments**

- Access block especially with regard to mental health patients
- Lack of experienced staff / skill mix
 - Failure to recruit
 - Availability of senior medical and nursing staff after hours
 - Unable to match skill to acuity
- Overcrowding in the ED
- Lack of / failure of equipment


QSA



Key Recommendations


- Recommendation made in response to the analysis of all level responses

1. System-wide Communication	7. Quality Review Activities
2. Risk Identification and Management	8. Blood Management
3. Death Review	9. Infection Control
4. Open Disclosure	10. Correct Patient/Site/Procedure
5. Evaluation and Promulgation of Improvement Programs	11. Staffing and Skill mix
6. Complaints against a Clinician	12. Clinical Leadership

Expectations from QSA

- All services to develop an improvement plan which relates to the information obtained from the QSA: includes:
 - State wide recommendations
 - Areas of performance less that the state average
 - Area wide themes identified in the risks to patient safety




Next Steps

- 2009 thematic self assessment
 - Medication management
 - Communication in clinical environment
 - Clinical handover
 - The deteriorating patient
- Onsite verification visits
- Improvement plan review / update
- Strategic planning around the program to ensure program adds value to the system




For Further Information

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