

Safety and Quality Strategy

2018 - 2022



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South West Hospital and Health Service Safety and Quality Strategy 2018-2022

Published by the State of Queensland (South West Hospital and Health Service), July, 2018



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About the Safety and Quality Strategy

The South West Hospital and Health Service Safety and Quality Strategy 2018-2022 describes a vision for safe, individualised, person-centred, and highly reliable care. The Board's vision for highly reliable care includes progressing actions that minimise unwanted variation in care, and continually improve patients' care experiences and outcomes. The Safety and Quality Strategy sets out the actions needed to achieve this vision for the community served, and articulates a desired state whereby preventable harm is eliminated to achieve the best possible outcome for patients, at the best possible value in the care system. As the strategy matures over time, an intended path for South West HHS is to take a lead role in sharing applied knowledge in safety and high-quality care with the broader rural healthcare community nationally.

The Strategy specifies core building blocks for creating a system, and leading a safety movement, where patients and those that care for them are free from preventable harm. The foundations of the Strategy require that care is **individualised and person-centred, highly reliable, organised for safety, and led for excellence**. These building blocks are drawn from the wealth of expert opinion and best practice evidence internationally, and are based on the establishment of a *total systems approach* and a *culture of safety*.

Importantly, the Strategy respects and honours the key needs, preferences, and expectations of patients and carers, their families, and their social networks in the approach and direction of selected strategies. The patient and their experience with, and expectations of their healthcare interaction are at the core of this Strategy. Value, (and therefore quality) is defined by the patient, and the patient's voice has been purposefully embedded in our improvement activities, and at every level of organisational governance.

As a key part of this Strategy's consultation, further work will progress to understand how patients and the broader community assess their quality of care and experience. In the initial planning stages, the following assumptions have been made through the application of the patient's voice to inform the Strategy: *"As a person requiring a healthcare service, I expect"*:

- Appropriate treatment for my condition when I need it; acknowledging that there is a heightened level of responsibility to coordinate healthcare across sites when the required level of care cannot safely be met locally in my rural or remote community;
- The best possible care at all times, based on the latest evidence;
- To be treated with respect and dignity, kindness and compassion, and have easy and honest communication with the doctors, nurses and other health care professionals who are providing care to me;
- To be looked after by clinicians who have the necessary clinical skills for the work that they do;
- Those who provide care to me are well-supported and part of effective teams, and have access to the resources (including equipment, training and information) they need to do their work;
- Systems are designed to prevent inadvertent or accidental harm to me while in hospital or receiving any kind of care in another environment, or during a visit to a service;
- If I have concerns, I will be able to talk to someone immediately and have my concerns addressed to my satisfaction; and
- If something goes wrong with my care, there is a system in place to openly report, investigate and fix the underlying problems so that others are not harmed. In addition, I will be told openly and honestly what went wrong and what will be done.

Definition of Safety

The South West HHS has embraced a high reliability agenda as part of the forward safety and quality strategic plan, and defines safety to include the minimisation of unwanted variation in care.

Safety has been approached in its holistic sense throughout the Strategy to include cultural safety - respectful and culturally safe practices and places - which is the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms to overcome the power imbalances of places, people and policies. Cultural safety ensures Aboriginal and Torres Strait Islander community members are cared for in ways that, and in systems that are co-designed to improve healthcare access, increase the effectiveness of care, and improve the disparities in health outcomes.

Definition of Quality

The individual patients' experience is the fundamental source of the definition of 'quality' applies across South West HHS. The assessment of quality of care therefore lies at the level of patients, their loved ones, and the communities in which they live; and their experiences.

The South West HHS approach to quality improvement sets out to define quality through this key frame of reference, in that the patients' experience is viewed as a quality metric in its own right, and through a balanced, interdependent, relationship with the six internationally recognised domains of quality, being safety; person-centredness; effectiveness; efficiency; equity; and timeliness.

Strategy Development and Timelines

A three horizon timeframe has been proposed for the Strategy, with an annual targeted review and update of the forward horizons to further inform and plan for initiatives as the organisation matures in its approach.

Horizon 1 is based on the current status and role of safety and quality in the South West HHS. It focuses on strengthening the integration of core foundations which enhance current performance and ensure the organisation is both culturally and resource ready for Horizon 2 development and implementation. Horizon 1 actions have been defined as '**Reorientating to Future State and Embedding Core Principles and Practices**'.

The first year of the Strategy is intended to lay the groundwork for an integrated clinical governance system – drawing from pockets of excellence across the system and the application of evidence based practice to lift performance at a system level - supported by a culture of leadership devoted to quality. It sees the health service organise itself for safety at a whole-of-system level, and prepare the framework for improvement through undertaking key evaluations of elements within the current system.

Key to the building of this foundational year is the coordinated and cohesive approach by all involved to accelerate progress toward *total systems safety*. The formation of clinical collaboratives and networks of care is a key enabler to act as a focal point to align and prioritise patient safety efforts, and progress system-level high impact initiatives.

Team-based frontline safety programs will be supported by the Quality and Safety and Quality Unit expertise, with the approach ensuring clinicians are supported to undertake their own critical inquiry into care outcomes and improvement initiatives. The model will ensure activities are supported by centralised expertise allocated in a partnership model – readily

available and accessible to provide 'value add' support and tools as requested to front line teams.

Horizon 2 focuses on leveraging the organisation to the next phase of improvement. Many initiatives will represent systems and capabilities that are not currently within the system, and require preparation work during Horizon 1. Horizon 2 has been defined as '**Embedding further innovating**'.

This phase of the Strategy sees the formalisation and strengthening of the organisation's knowledge from both within the organisation and through partnerships more broadly. Stronger data systems will be in place to measure quality relentlessly, with systematic reporting and monitoring, real-time feedback, and regular benchmarking against peers and industry best practices. With a critical mass of data, the catalysts for improvement will be enhanced as clinicians see what works and what does not.

The organisation will develop models to tackle some of our biggest safety challenges, ensure organisational learning is planned, and the spread of solutions is deliberate. There will be a strong, engaging and effective suite of resources, tools and training programs that engage clinicians and staff — from frontline staff to executive leadership—to realise measurable advances in care delivery. The combination of rigorous patient safety research, combined with health systems operations, will foster more rapid translation of new knowledge to the frontline, whilst at the same time, providing scientific rigour and evaluation of safety initiatives.

Horizon 3 has an innovation focus, looking beyond what may be currently realistic or even possible in how healthcare will be delivered into the future. Many of these initiatives will be informed by disruptive technologies, procedures, and research findings across medical, technological and social changes (such as genomic sequencing, hand held diagnostics, neuro-technology, bioprinting, anti-aging therapies, RNA-based therapies, CAR-T cell therapies, skin-as-a-platform, and intelligent drug design). Horizon 3 has been defined as '**Innovation for future highly reliable and personalised healthcare**'.

Over time, the maturing and culmination of strategies will support and further cultivate a patient safety movement: connecting patients, researchers, clinicians, decision makers, quality improvement experts and human factors experts, along with ideas and technology to collaboratively confront the large scale challenges of preventable harm. For South West HHS, the pursuit of high reliability is an ongoing one as part of this forward plan that will continue, and strengthen, year on year. This clarity of focus demands a long-term perspective, and a clear, sustained strategy to ensure high standards of care are delivered consistently, and clinical teams are valued and supported to work as a team, ensuring the main focus is on patient/ resident care, and creating time to care.

In summary

South West HHS believes with the skills and commitment of our clinicians and workforce, we can achieve this ambitious vision, whilst remaining true to our most important goal of the individual care we provide to each of our patients in their local rural community, during each interaction, every day. South West HHS will drive the patient safety movement one initiative and one patient experience at a time. As an organisation, we will continue to act for the individual person we are with, and learn for the broader system – continually reflecting, researching, testing and embedding changes in the pursuit of service and operational excellence. The patient safety movement will break down silos between front line clinicians, researchers, quality improvement expertise, decision makers, technology, and most importantly, patients.

Above all else, care will continue to be delivered with compassion and kindness, continuity, individualised and culturally safe communication, and shared decision-making.

Everyone working in the system is invited and encouraged to be a part of this vision for safety and quality, and contribute their knowledge, commitment, passion and expertise to learn and innovate for solutions – for our community and patients served.

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	<ul style="list-style-type: none"> Build research into planning, delivery and evaluation of care across the system, and as part of the TOR for the Executive Safety and Quality Committee. Ensure visibility of research activities centrally as part of the clinical governance system, and include profiling of these activities in the Annual Quality of Care Report (when implemented). 	EDMS	December 2018	
Delegations Framework	<ul style="list-style-type: none"> Pending Board approval, ensure delegations are published, individual level communications occur, and good governance practices are progressed. 	EDFBS	January 2018	
Clinical Services Capability Framework	<ul style="list-style-type: none"> Formalise the Hub and Spoke model intents and progress through an implementation plan. Build in annual audit of DRG procedures outside of individual site CSCF levels as part of annual audit plan and annual CSCF review. Review CSCF procedure and annual cycle processes. Build internal CSCF for minimum suite of services in primary care clinics; multipurpose health services; community hospitals etc. and utilize to inform clinical equipment purchase prioritization etc. as part of annual and strategic planning. Undertake first gap analysis against framework. 	HSCE then handover EDN&MS NDQS NDQS EDN&MS EDN&MS	February 2018 December 2017 July 2018 August 2018 September 2018	Hub and Spoke operational KPI suite Annual CSCF assessment undertaken and results prepared for reporting in September 2018 (including new internal service capacity standard approach)
Policy, procedure and protocol (PPP) framework IA Rec 6.3.1	<ul style="list-style-type: none"> Undertake a formal PPP system evaluation and review in 2018, focusing on system alignment with clinical governance framework and principles of staff ease of access, relevance, and system value. Include core governance KPIs as part of standard reporting suite. 	NDQS	April 2018	Revised system ready for implementation June 2018
Risk Management Framework IA Rec 5.3.1	<ul style="list-style-type: none"> Work with Board Risk and Audit Committee and Board to review risk assessment matrix and customise to SWHHS context, aligning with Board risk appetite, and strengthening the integration across clinical and non-clinical risk approaches. 	COO	July 2018	Revised reporting commenced 1 st quarter 2018

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	<ul style="list-style-type: none"> Develop quality assurance processes to strengthen risk assessment and treatment process (i.e. Fact sheet and audit of quality of controls and treatments). Revise the standard suite of risk reports in line with good industry practice elements (including key lead risk indicators). Develop formalised annual system evaluation method to align with best practice and implement annual assessment against valid risk maturity framework. 			Annual Risk System maturity assessment and evaluation tabled at first Board Risk and Audit Committee 2018
Compliance Management System (Legislation Register; Health Service Directives; Internal Audit)	<ul style="list-style-type: none"> Undertake system review against best practice to ensure roles and responsibilities are defined and in line with governance best practice. Include compliance reporting, and legislation change reporting as part of standard revised risk reporting template to Executive and Board levels. Develop an assurance framework as part of integrated governance and risk framework. 	COO	July 2018	System evaluation undertaken and assurance framework ready for implementation September 2018
Quality Improvement Model (Quality Management System)	<ul style="list-style-type: none"> Review system effectiveness against better practice and SWHHS cultural intents and update QI procedure following (interim procedure developed as part of tranche one of clinical governance framework revision). Source options and consider electronic system to automate and support organisational learning and sharing of innovations and better practice (stage IT solution implementation plan). Include QI and PI as part of training and development forward strategy for all staff, with targeted approach to middle management, senior leaders and key clinicians. Consider how the elements of a physical 'innovation hub' with supportive technology can be incorporated the organization and the Roma Hospital build. Embrace the opportunity for the ANCC Pathways to Excellence program to be an organising framework and integrated into enhancing the system model for improvement and the creation of positive workplaces (particularly linking the quality and evidence based practice component). 	NDQS	June 2018	
		EDN&MS	Concept June 2018	
		EDN&MS	Plan to develop in 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	<ul style="list-style-type: none"> Develop the formal concept for clinical communities of practice or clinical collaboratives to progress system level improvement initiatives (IHI, ACHS and Pronovost toolkits). 	EDN&MS	Framework November 2018	
Safety and Quality Performance Monitoring and Reporting IA Rec 4.3.4 IA Rec 5.3.3	<ul style="list-style-type: none"> Undertake review of system and implement improvements against best practice (aggregate, theming, trends, alignment with key clinical priorities and risk profile, statistical process control enhancements). Enhance benchmarking elements. Ensure system links to performance and accountability framework and cyclic quality improvement model. Strengthen and develop an integrated operating model across the balanced scorecard (Pronovost model). In the third tranche of the data reporting improvement plan, commence consideration of inclusion of clinical quality registry data, Patient-reported experience measures (PREMs – patient reports into their treatment) and Patient-reported outcome measures (PROMs – patient reports into their outcomes) as part of the framework. 	NDQS EDFBS/ Prof Leads EDMS/ EDNMS	January 2018 December 2018 December 2018	
Clinical Consumables, medical technologies and procedures Patient Safety Alerts and TGA Alerts	<ul style="list-style-type: none"> Strengthen governance approval as part of Committee Structure revised model. Review procedure to ensure all required elements of process, document and record keeping, and reporting, are specifically covered. Audit current practice against procedure intents. Review systems and processes for clinical equipment resourcing and rationalisation of fleets. 	NDQS	December 2018	

2 - CLINICAL EFFECTIVENESS THROUGH MEASUREMENT OF PERFORMANCE: FOCUS ON MOVING FROM COMPLIANCE TO HIGHLY RELIABLE CARE AND VALUE-BASED HEALTHCARE

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
Clinical Guidelines/ Pathways and Care Bundles	<ul style="list-style-type: none"> Review system as part of annual audit plan and build rigour around assessment of variation and process of review, reporting, and shared learning model (i.e. clinical collaborative model based on IHI and ACHS tools). 	EDN&MS lead in partnership across system leads	September 2018	
National Standards	<ul style="list-style-type: none"> Update systems and processes (and associated documentation) and integration as part of revised version implementation. 	NDQS	November 2018	
Clinical Audit and Review IA Rec 5.3.2 5.3.5 + 5.3.3 and 5.3.4	<ul style="list-style-type: none"> Develop best practice overarching procedure. Review forward plan and focus of audit plan, and review function of how audit is built into clinical care processes to ensure value-add and links to front line determined clinical improvement (e.g. unit level high volume/ high risk clinical outcomes and process of care measures). Include stronger focus on clinical outcome audits and process of care quality indicators for high risk, high volume selection of DRGs (e.g. cardiac, retrieval). Enhance current MultiD case conference model and progress implementation across all core clinical streams. Review framework for clinical indicator collection and promote processes for clinician leadership and direction with clinical audit. Mobilise full use of benchmarking memberships/ enroll in high value memberships. Investigate technology to aid clinical audit (e.g. app through perioperative innovation initiative; SHERPA model piloted by Metro North) 	NDQS EDCAH lead EDN&MS lead EDN&MS EDNMS	April 2018 March 2018 March 2018 March 2018 October 2018	
Accreditation systems	<ul style="list-style-type: none"> Review process for Medical College recommendations, and all source accreditation reviews to be included in single recommendation register, monitoring and reporting system (link to Recommendations Management action). Review model for GP practice accreditation governance system as part of SWHHS framework to ensure aligned and integrated. Prepare options paper to Board for consideration of next generation approach to accreditation membership and processes. 	EDMS EDMS NDQS	March 2018 May 2018 June 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	<ul style="list-style-type: none"> Develop model of routine 'accreditation every day' preparation and a future state accreditation mindset (e.g. peer review short notice visit). 	NDQS	September 2018	
3 - ENGAGED AND EFFECTIVE WORKFORCE: FOCUS ON CAPABLE CLINICAL LEADERSHIP, EMPOWERMENT, ENGAGEMENT AND SYSTEMS TO SUPPORT MAKING THE RIGHT THING TO DO THE EASY THING TO DO				
Role descriptions and responsibilities	<ul style="list-style-type: none"> Review unified wording (across all clinical and non-clinical templates) following organisational values and strategic plan review and finalization. Build stronger review processes into CDLA system that aligns with engagement and cultural intents of the organisation (with links to staff education training and development investments and plans, talent management and succession planning framework and KPIs). Explore and consider options to use electronic system for CDLA. 	DP&C	September 2018	
Orientation and On-boarding system and recruitment system	<ul style="list-style-type: none"> Full review and revitalisation of the onboarding and recruitment system to align with cultural and strategic intents. Implement 30 and 90 Day interview method. 	DP&C	June 2018	
Mandatory and Legislative Training	<ul style="list-style-type: none"> Address IT system limitations. Review and develop SWHHS programs in place of standard Department programs to improve value and engagement. Utilise patient stories and consumer and community partnerships as part of program co-design. 	DP&C	December 2018	
Performance Planning and Review (CDLA)	<ul style="list-style-type: none"> High priority review required of the system and IT supporting elements. 	DP&C	June 2018	
Performance Improvement Framework and Support	<ul style="list-style-type: none"> Skills development programs to be integrated and promoted to workforce as part of integrated workforce learning and development plan. 	DP&C	September 2018	
IA Rec 7.2 Leadership and	<ul style="list-style-type: none"> Finalise Leadership and Workforce Development strategy (Board 	DP&C	March 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
Workforce Development Strategy	<p>approval).</p> <ul style="list-style-type: none"> Develop detailed implementation plan to ensure best approach to staging. Agree formal progress reporting requirements, and refresh annual priorities in line with annual planning framework. Specifically review safety and quality focus, and needs analysis and approach to capability and cultural development and enablers. *Investigate Jönköping County Council model in Sweden, which has developed its own expertise in developing individuals and teams through the establishment of Qulturum (an in-house learning and quality improvement resource); and Intermountain Healthcare in the United States which has achieved international recognition for the quality and consistency of the care it provides, stated to be due to the Advanced Training Programme developed by Brent James. 			
Organisational (system) learning model	<ul style="list-style-type: none"> Further work-up and understanding required to formalise system as part of Training and Development strategy and workforce strategy. 	DP&C	June 2018	
Cultural Capability	<ul style="list-style-type: none"> Formalise approach to measuring safety and improvement culture. Ensure formal development and monitoring/ reporting on 2017 staff opinion survey, including forward b/u plan for cyclic evaluation and improvement for next round. 	EDMS DP&C	September 2018 January 2018	
Credentialing and Defining Scope of Clinical Practice	<ul style="list-style-type: none"> Review of system and supporting procedural documents required in light of Advanced Practice Nursing Health Service Directive changes. 	EDN&MS (system lead for all disciplines)	March 2018	
Fatigue Risk Management	<ul style="list-style-type: none"> Review of system and processes/ supporting procedures required. 	EDMS	September 2018	
Team Based Skills Training	<ul style="list-style-type: none"> Formal needs analysis targeting skills and capabilities of a workforce which delivers highly reliable care to progress (i.e. process improvement and redesign methodology). 	DP&C	June 2018	
IA Rec 5.3.4	<ul style="list-style-type: none"> Ensure standard built-in benefits realisation approach following all training programs. 	DP&C	June 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
6.3.2 6.3.3	<ul style="list-style-type: none"> Development of strong programs and approach required, including optimisation of simulation and virtual/ tele based methods within work environments. Prioritise plan for Open Disclosure, clinical disclosure and complaints/ feedback management training for targeted staffing groups (analysis of need informed by current clinical incident/ complaint management findings). 	EDMS EDMS	September 2018 February 2018	
Clinician Engagement IA Rec 5.3.5 and 5.3.6	<ul style="list-style-type: none"> Develop next generation strategies as part of Clinical Engagement Strategy review. Development and implementation of Clinical Council framework and supporting processes. Development and monitored implementation of Leader Rounding Framework across HSCE and Executive, and a 'Let's Talk' focus group and HSCE model. Model for how outcomes/ lessons learned and success measures are fed back and shared/ spread. 	HSCE then handover EDN&MS NDQS	March 2018 March 2018	

4 - OPTIMISING AND STANDARDISING PROCESSES THROUGH ORGANISATIONAL LEARNING: FOCUS ON BUILDING THE CAPABILITIES OF AN AGILE AND INNOVATIVE ORGANISATION. CULTURALLY BUILDING CONTINUOUS LEARNING AND EVIDENCE BASED PRACTICE INTO THE CORE BUSINESS AND OPERATING MODELS AT EVERY LEVEL.

Clinical Incident and Disclosure Management IA 5.3.6	<ul style="list-style-type: none"> Implement weekly high risk item triage with HSCE (incidents, complaints, ministerials and MD07, medico-legal, progress with RCA and HEAPS and case management). Undertake annual evaluation of system and review procedure in parallel (include targeted consideration of system for feedback of analysis from reported incidents to optimise organisational learning). Link into model for Open Disclosure and other staff Training (i.e. actual scenarios and lessons learned). Develop recommendation checklist to ensure recommendations are formulated in a way that effects system safety change. Develop model for reviewing 'when things go well' and build into standard 	HSCE EDMS (NDQS) NDS&Q EDMS	January 2018 July 2018 February 2018 July 2018	
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Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	<p>organisational quality improvement system and supporting documents.</p> <ul style="list-style-type: none"> Implement a standardized system-wide breakthrough improvement program, targeting the development of 'ALWAYS EVENTS' (and linked to performance accountability meetings with ELT and cascaded KPIs): <ul style="list-style-type: none"> 'Rapid Cycle Test of Change' system improvement event once every 6 months with a clinical focus and once every 6 months with a non-clinical support function focus – i.e. 4 events per year (one each quarter). Implement a patient shadowing model across each Hub and Spoke cluster each quarter as part of standard work and patient experience reporting. Implement a patient journey simulation exercise every six months. 	EDMS clinical lead COO non-clinical lead	Framework and planned approach due April 2018 1 st non-clinical due July 2018 1 st clinical due October 2018	
Recommendation management and review audit	<ul style="list-style-type: none"> Collate in a single recording system, all prior reviews and all recommendations from all audit sources and ensure due diligence is applied to the acceptance of recommendations and any residual or overdue recommendations. Establish stronger central governance for this function moving forward. The future model will ensure similar recommendations are identified and co-recorded to avoid duplication of effort and organisational alignment. Review and change governance procedures to ensure authorization of extension to implementation of recommendations delegation is with HSCE, and is required to be reported to Board level. 	NDQS NDQS	March 2018 March 2018	
Staff incident and support management	<ul style="list-style-type: none"> Refer to occupational health and safety plans. 			
Consumer Feedback; Consumer Experience and Patient Reported Outcomes	<ul style="list-style-type: none"> Next generation developments and improvements to be included in review of Consumer Engagement Strategy to ensure patient experience metrics drive safety and quality improvement. Review of policy and procedure framework to align with best practice models, and ensure inclusion of evaluation of individual's satisfaction with the complaint management process. 	CCLO	February 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
IA Rec 8.3.1 + 5.3.5 and 5.3.6	<ul style="list-style-type: none"> Enhanced reporting to be progressed to ensure best practice inclusions. Promotional knowledge, visual cues, easy access to consumers to provide feedback (multiple mediums) – revision of traditional ‘have your say’ approach. This needs to better articulate how intimidating and unsafe it can feel to provide negative feedback in very small communities. (Aged Care Commissioner examples of tone of wording). Voice of the Patient at every organisational level (use of patient stories). ‘Seat of the Patient’ concept to be implemented at ELT committees. Consider engaging simple technology patients and staff can interact with to promote positive feedback systems (e.g. electronic bunch of flowers and thank you notes such as implemented in private best practice healthcare facilities). Strategies for co-design and co-ownership to be built into all project management tools, templates and processes. Staff education and training program to be progressed as part of team based skills training work program. Assess benefits and propose model for Patient Experience Trackers (utilising iPads in inpatient settings). Progress Model for “Medical Patient Experience Champion” (or alternate name), based on the Advisory Board model of Medical Chief Influencer, utilising Clinical Council consultation to develop approach. 	<p>CCLO</p> <p>HSCE (OSM)</p> <p>NDQS/DP&C</p> <p>EDN&MS</p> <p>EDMS</p>	<p>April 2018</p> <p>March 2018</p> <p>March 2018</p> <p>May 2018</p> <p>September 2018</p>	
Morbidity and Mortality Meetings and Death Review process	<ul style="list-style-type: none"> Review current process and ensure minimum standard framework for Morbidity and Mortality Meetings is established and includes targeted monitoring and reporting for roll out across HHS. Ensure the model includes alignment with Hub and Spoke model, and links to tertiary/ referral sites for expertise and additional strength of process/ death and incident 	EDMS	March 2018	

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	review). Revise procedure, and associated templates and reporting to align with revised framework.			
5 - CONSUMER PARTICIPATION AND PARTNERSHIP				
Consumer partnership and participation	<ul style="list-style-type: none"> Bundle initiatives to more reliably apply a 'Person and Family-centred Care bundle, including: #hellomynameis program; AIDET communication framework; patient <i>and family</i> rounding; individualized care planning "what is most important to me plan"; discharge and contact follow-up phone calls. Further develop approach to use of patient experience trackers. 	EDN&MS	April 2018	
		EDN&MS	April 2018	
Consumer Engagement	<ul style="list-style-type: none"> See Above Review of Consumer Engagement Strategy. Formally identify and utilise validated tool for measuring consumer engagement maturity and report as part of strategic metrics to Board level. 	HSCE/ NDQS	June 2018	
Consumer Information	<ul style="list-style-type: none"> Review approach to consumer consultation with patient information brochure preparation (e.g. IT solution for literacy levels and targeted focus groups/ focused interviews). Update procedural minimum standard and audit framework. Progress the implementation of an infographic on all South West approved consumer publications to identify consumer review as part of co-design. Build an annual evaluation into the Safety and Quality Reporting Framework. 	NDQS	March 2018	
Informed Consent	<ul style="list-style-type: none"> Undertake annual system evaluation and review procedure to ensure explicit alignment with national policy requirements and audit peripheral high risk inclusions, such as oral health services and medical imaging. Build the annual evaluation into the Safety and Quality Reporting framework. 	EDMS	September 2018	
Confidentiality and Privacy	<ul style="list-style-type: none"> Audit compliance with legislation policy and procedure requirements, drawing on internal and external audit results from other sites (QAO; HHS) 	COO	June 2018	

Horizon 2 – 2019-2020 Embedding and further innovating

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
	Commence the publication of an Annual Quality of Care Report in 2018-19 as part of the public reporting and transparency of safety and quality outcomes.			
	Concept test and scale the 'expert patient' model with specific programs (e.g. Family Liaison Program).			
	Scale up patient/ consumer shadowing model to build in as part of standard requirement and evaluation and improvement model across all services			
	Formalise the implementation of 'Always Events' initiative each quarter to emphasise the positive as well as 'never event' system of management and measurement (utilise the tested Collaborative model and Rapid Cycle test of Change model from Horizon 1 to frame the approach)			
	Consider expanding the scope of the incident management framework to review 'when things go well', adopting new analysis methods based on human factors techniques and tools.			
	Chronic Disease mHealth home innovation technologies to enhance model of care and personalised care outcomes.			
	Assess maturity readiness for further developing patient voice and partnership model through consumer representatives at Executive and Board level safety and quality governance committees.			
	Rapid cycle system improvement for 'partnerships in handover' model and 'personalised care bundle' concept for highly reliable process.			
	Publish and promote key safety and quality research insights to position South West as a thought leader, innovator, and successful population health place based initiative to assist to inform sharing of learning and public policy development.			

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
Strengthen the system elements of the clinical governance framework utilising the Shingo Model and Baldrige Criteria.				
Strengthen approach to training the workforce in process improvement and redesign methodologies, and develop a Comprehensive Unit-based Safety Program based on international best practice lessons.				
Strengthen the organisation's research agenda in both clinical and systems safety areas.				

Horizon 3 – 2020 and beyond: Innovation for future highly reliable and personalised healthcare

Program Area	Description	Responsible Officer	Timeframe	Performance indicator/ Outcome
ICT related innovations included digital/ eHealth next phase implementation, including mHealth and virtual health and workforce training initiatives.				
Clinical care research developments.				
Enhanced data analytics to inform care advances e.g. predictive care algorithms.				

References:

The following material and reference areas were utilised in the initial formulation of this Strategy:

- Key risks and incident themes as identified through a review of risk registers, clinical incident reviews and root causes, coroners findings and patient/ consumer complaints and feedback
- Staff satisfaction surveys and other feedback mechanisms
- National Safety and Quality Health Service Standards <https://www.safetyandquality.gov.au/>
- Queensland Health Patient Safety Health Service Directives https://www.health.qld.gov.au/_data/assets/pdf_file/0020/150734/qh-hsd-032.pdf
- NSW Clinical Governance Policy <http://www.health.nsw.gov.au/mentalhealth/cg/Pages/default.aspx>
- Victorian Clinician Governance Framework <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/clinical-governance-policy>
- Western Australian Clinical Governance Framework http://www.health.wa.gov.au/circularsnew/frameworks/Clinical_Governance,_Safety_and_Quality.pdf
- Institute of Healthcare Improvement website <http://www.ihl.org/Pages/default.aspx>
- Advisory Board International website and meetings <https://www.advisory.com/international>
- Advisory Board Research Briefings relating to quality and the patient experience <https://www.advisory.com/international>
- Leapfrog Group Hospital Recognition program website <http://www.leapfroggroup.org/>
- Reliability Theory
- High Performing organisation literature search and learnings
- World Alliance for Patient Safety website <http://www.who.int/patientsafety/worldalliance/en/>
- Thedacare website and published articles <https://www.thedacare.org/>
- Planetree website <https://planetree.org/>
- The Agency for Healthcare Research and Quality website <https://www.ahrq.gov/>
- BMJ Safety and Quality Journals <http://qualitysafety.bmj.com/>
- Kings Fund website and articles on clinical governance, and leadership for safety and quality <https://www.kingsfund.org.uk/>
- Francis review report and learnings articles <http://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report>
- KPMG article "*The more I know the less I sleep*" <https://home.kpmg.com/xx/en/home/insights/2013/10/clinical-governance.html>
- Johns Hopkins and the Armstrong Institute Safety and Quality Websites and published articles <https://www.jhu.edu/>
- Keiser Permanente website and published articles <https://healthy.kaiserpermanente.org/>
- Published articles and interviews by Dr Donald Berwick <http://www.ihl.org/education/ihlopenschool/resources/Pages/ProfilesInLeadershipDonBerwick.aspx>
- Commonwealth Fund International Survey: Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries <http://www.commonwealthfund.org/interactives-and-data/surveys#/sort=%40date63677%20descending>
- Institute on Medicine "Crossing the Quality Chasm: A New Health System for the 21st Century" <http://www.nationalacademies.org/hmd/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>
- International Alliance of Patients' Organisations <https://www.iapo.org.uk/>
- Canadian Patient Safety Institute website <http://www.patientsafetyinstitute.ca/en/pages/default.aspx>
- Institute for Patient and Family-Centred Care website and publications <http://www.ipfcc.org/>
- Shingo Institute website and published articles <https://shingo.org/>
- Baldrige Excellence Framework for healthcare <https://www.nist.gov/baldrige/publications/baldrige-excellence-framework>

- “Free from Harm”: Accelerating Patient Safety Improvement Fifteen Years after *To Err Is Human* Report of an Expert Pan Convened by The National Patient Safety Foundation
<http://www.ih.org/resources/Pages/Publications/Free-from-Harm-Accelerating-Patient-Safety-Improvement.aspx>
- Grattan Institute Healthcare <https://grattan.edu.au/>

Version No	Author / Modified By (title)	Approved by Executive Sponsor (title)	
1	Health Service Chief Executive	Health Service Chief Executive	
APPROVAL			
Health Service Chief Executive	Name: Linda Patat	Title: Health Service Chief Executive	
	Signature:	Date:	

APPROVAL		
Board Chair	Name: James McGowan	Title: Board Chair
	Signature:	Date:

Appendix 1 - Glossary

Glossary of Terms		
Acronym	Term	Meaning
ACHS	Australian Council for Healthcare Standards	The Australian Council on Healthcare Standards (ACHS) is recognised as the leading health care accreditation body in Australia and now meets overseas requests for a quality healthcare accreditation program through ACHS International (ACHSI).
AIDET	Acknowledge, Introduce, Duration, Explanation, Thank you	AIDET® is a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. The acronym AIDET® stands for five communication behaviours: Acknowledge, Introduce, Duration, Explanation, and Thank You.
ANCC	American Nurses Credentialing Centre	The American Nurses Credentialing Center (ANCC) credentials both organizations and individuals who advance nursing.
b/u	Business as usual	
CCLO	Community and Consumer Liaison Officer	A person who is employed to form a working relationship between two organizations to their mutual benefit.
CDLA	Capability Development Learning Agreement	Process to enhance work capability and career development of the SWHHS employees by clarifying role expectations; recognising high quality performance and achievements; ensuring feedback and guidance on work capability, including the identification and agreed actions to address areas to requiring improvement; collaboratively identify education, learning and development needs and activities to enhance career opportunities; determining and identifying future.
CSCF	Clinical Services Capability Service	The Clinical Services Capability Framework for public and licensed private health facilities (CSCF) v3.2 is a suite of documents describing clinical and support services by service capability level. Each module relates to a specific service (e.g. intensive care, renal, pathology) and describes minimum capability requirements for that service by capability level.
DP&C	Director People & Culture	SWHHS Executive with the portfolio for: Organisational Development Education, Training and Development Human Resources and Management Advisory Change Management Work Health and Safety
DRG	Diagnostic Related Groups	The Australian Refined Diagnostic Related Group (AR-DRG) classification system is a patient classification system that provides a clinically meaningful way of relating the types of patients treated in a hospital to the resources required to treat patients.
EDCAH	Executive Director Community and Allied Health	SWHHS Executive with the portfolio for: <ul style="list-style-type: none"> • Health Communities • Primary Care • Aboriginal and Torres Strait Islander Health • Community and Allied Health Services • Mental Health and Alcohol and other Drugs Services

EDFBS	Executive Director Finance, Infrastructure and Corporate Services	SWHHS Executive with the portfolio for: <ul style="list-style-type: none"> • Finance • Revenue • Infrastructure/ Asset Management • Building Engineering Management Systems • Information Technology • Contracts and procurement • Corporate Support • Administration and Professional Lead
EDMS	Executive Director Medical Services	SWHHS Executive with the portfolio for: <ul style="list-style-type: none"> • Clinical Governance • Research • Medic-legal • Health Information Management • Radiology • Pharmacy • Flying Specialist Service • Medical Professional Lead
EDONM	Executive Director Nursing and Midwifery	SWHHS Executive with the portfolio for: <ul style="list-style-type: none"> • Acute Services and Access to Tertiary Services • MPHs • Aged Care • Customer Experience • Innovation Program • Nursing Professional Lead
ELT	Executive Leadership Team	SWHHS Executive Team
GP	General Practitioner	A general practitioner (GP) is a medical doctor who treats acute and chronic illnesses and provides preventive care and health education to patients.
HEAPS	Human Error and Patient Safety	The purpose of a HEAPS review for clinical incidents is to ascertain and understand what happened, determine how and why it happened and develop and manage recommended actions for what can be done to reduce the risk of recurrence and make care safer.
HSCE	Health Service Chief Executive	The Health Service Chief Executive (HSCE) is the single point of accountability for ensuring that the organisation delivers its strategic priorities and that services are provided safely, effectively, and efficiently.
IHI	Institute for Healthcare Improvement	Institute for Healthcare Improvement (IHI) www.ihl.org is an American organisation offering quality continuous improvement educational courses for quality and safety in health care professionals.
IT	Information Technology	The use of systems (especially computers and telecommunications) for storing, retrieving, and sending information.
Multid	Multi-disciplinary team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient. ... The activities of the team are brought together using a care plan.
NDQS	Nursing Director Quality and Safety	Line Manager for SWHHS Quality and Safety Unit
PI	Performance Improvement	Performance improvement is measuring the output of a particular business process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure.

PREMS	Patient reported experience measures	<p>PREMs gather information on patients' views of their experience whilst receiving care. They are an indicator of the quality of patient care, although do not measure it directly. PREMs are most commonly in the form of questionnaires. PREMs do not look at the outcomes of care but the impact of the process of the care on the patient's experience e.g. communication and timeliness of assistance. They differ from satisfaction surveys by reporting objective patient experiences, removing the ability to report subjective views.</p> <p>PREMs can be classified as either relational or functional. Relational PREMs identify the patients experience of their relationships during treatment, e.g. did they feel listened to. Functional PREMs examine more practical issues, such as the facilities available.</p>
PROMS	Patient reported outcome measures	<p>PROMs are tools used to measure patient-reported outcomes. PROMs are standardized, validated questionnaires that are completed by patients' during the perioperative period to ascertain perceptions of their health status, perceived level of impairment, disability, and health-related quality of life. They allow the efficacy of a clinical intervention to be measured from the patients' perspective. Questionnaires are given to patients both pre and post operatively to allow comparison of outcomes pre and post procedure. In addition to outcomes relating to interventions, PROMs measure patients' perceptions of their general health or their health in relation to a specific disease. PROMs are a means of measuring clinical effectiveness and safety.</p>
Pronovost		An evidenced-based method for transitioning theory to practice.
QAO		Queensland Audit Office.
QI	Quality Improvement	Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance. A variety of approaches—or QI models—exist to help you collect and analyze data and test change.
RCA	Root Cause Analysis	Root cause analysis (RCA) is a systematic process for identifying "root causes" of problems or events and an approach for responding to them. RCA is based on the basic idea that effective management requires more than merely "putting out fires" for problems that develop, but finding a way to prevent them.
SHERPA		Metro North HHS's new business intelligence portal
TGA	Therapeutic Goods Act	The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health, and is responsible for regulating therapeutic goods including prescription medicines, vaccines, sunscreens, vitamins and minerals, medical devices, blood and blood products.
TOR	Terms of Reference	Terms of reference (TOR) define the purpose and structures of a project, committee, meeting, negotiation, or any similar collection of people who have agreed to work together to accomplish a shared goal.