

# Patient Safety First

## Quality Health Care Framework

### 2017-2021

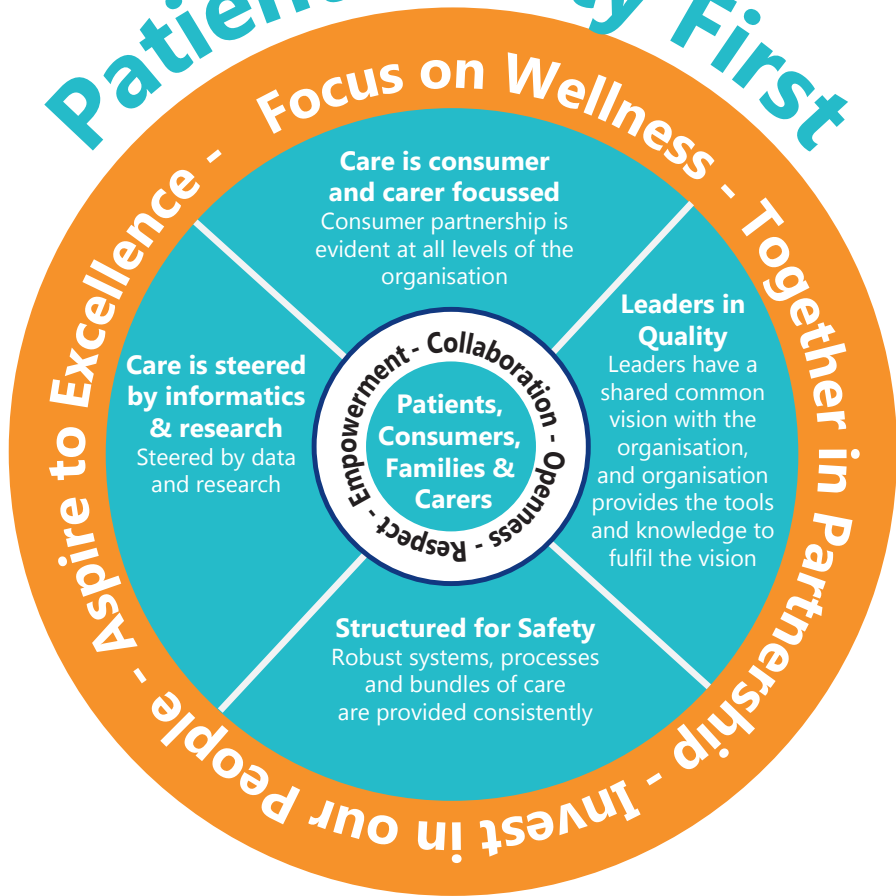


**MLHD**  
Our People  
Our Future



**Health**  
Murrumbidgee  
Local Health District

# Patient Safety First



## MURRUMBIDGEE LOCAL HEALTH DISTRICT

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# Contents

Patient Safety First Wheel.....	2
Contents .....	3
Foreward .....	4
Introduction .....	6
Care is consmer and carer focussed.....	7
Leaders in Quality.....	7
Structured for Safety.....	7
Steered by Infomatics amd Research .....	7
Quality Framework .....	8
Purpose .....	8
Domains .....	10
Care is consmer and carer focussed.....	10
Leaders in Quality.....	12
Structured for Safety.....	13
Steered by Infomatics amd Research .....	14
References .....	15



## Foreward

Patient safety and the reduction of preventable harm to patients is at the heart of what we do in Murrumbidgee Local Health District (MLHD). Our Patient Safety First Framework is a patient focussed program for excellence in quality and patient safety and a commitment to continual service improvement.

This endeavour is supported by the development of rigorous systems and supported by a commitment to innovation and research. We do this by working with healthcare clinicians, our staff, consumers, our communities and the Board.

MLHD has initiated *Our People, Our Future*, an excellence strategy to support bottom-up quality improvement that results in safer, harm-free care at all facilities across the region.

*Our People, Our Future* is the planned, disciplined approach to consistently doing the right thing for patients and their families, and underpins how we deliver our services with our CORE values of Collaboration, Openness, Respect and Empowerment.

The initiative focuses on aligning MLHD's vision and goals with the behaviours required to achieve them. It also involves developing processes and learning systems and stopping work arounds.

Every team in MLHD – whether a ward, department, office, service or centre – will identify and agree to demonstrate behaviours that enables a safety culture program.



The elements of the Safety Culture Program are:

### **Staff role in Safety and Quality Improvement**

Reducing unwanted variation in the delivery of care to reduce errors and preventable harm, through improvements at the team, ward or unit level and organisation-wide.

### **Speaking Up for Safety**

Creating a culture of feedback, where staff are empowered to speak up for safety.

### **Leadership building**

Leaders are critical to the success of *Patient Safety First*. This is in changing the behaviours to improve

our culture, and maintaining a focus on reliability and accountability over the long term.

We are working with all staff and clinicians to support their ongoing work in improving consumer experience and patient outcomes.

An important aspect of the *Patient Safety First* initiative is to improve staff satisfaction and create a positive environment in the workplace.

We encourage our staff to never stop asking questions. Questioning lead towards learning and improving. Never forget that you and your loved ones may be patients and family members too.

Jill Ludford  
Chief Executive

Gayle Murphy  
Board Chair

Jill Reyment  
Director Clinical Governance



“  
Quality is not an act.  
It is a habit.”



## Introduction

Safer and better quality care occurs when patients/consumers, families/carers, health care workers, patient support staff and those in leadership roles work together at all levels of our organisation with a common purpose.

In 2016 more than 135,000 patients presented at our emergency departments, we had over 71,000 admissions to facilities and 851,000 non-admitted episodes of care across our health district. Everyone working in the health sector comes to work to do their best for the patient/consumer. We all share a common purpose to improve safety and to continually improve the quality of outcomes for patients.

Achieving excellent person centred-care requires more than technical knowledge and skills. It requires a capable workforce that can adapt to meet the changing needs of the complex health care environment. Compassionate care, underpinned by openness and transparency to ensure mutual trust and respect, is fundamental to enable patients/

consumers, families/carers and the health care workforce to work effectively together. MLHD works to combine high standards in clinical outcomes with what matters to patients, patient experience and patient identified outcomes.

We have a mandate to develop and support capability and leadership in patient safety and quality improvement to ensure the delivery of excellent health care.

The *Our Patient Safety First* framework includes building the quality improvement capability of the future workforce, developing specialist roles in quality improvement, supporting patient/consumer/families/carers participation, ensuring decision making is based on data and evidence and supporting leadership that encourages quality improvement throughout the MLHD.

This document describes a framework to guide the development of quality and safety capability across all levels of the health district.



The framework identifies four domains:

## 1 Care is consumer and carer focussed

Empowering patients/consumers and their families/carers to participate in decision making with health care providers to achieve desired outcomes for what matters to patients.

## 2 Leaders in Quality

Growing a knowledgeable and skilled workforce in quality and safety is aligned with a culture which prioritises quality and patient safety as top priorities across all levels across the organisation.

## 3 Structured for Safety

Robust systems, processes and bundles of care that are reliable, each and every time. These systems will drive the delivery of excellent healthcare.

## 4 Steered by Informatics & Research

Teams are facilitated to integrate, analyse, critically appraise information and monitor over time and also in real time so they can adapt and respond to changing demands to improve patient/consumer outcomes.



## Quality Framework

*Our Patient Safety First* has built on other frameworks described by healthcare organisations across Australia and the Health Quality and Safety Commission of New Zealand. Our people and communities rely on

each of you as healthcare providers to deliver the best possible care to consumers, their families and friends. They rely on us to guide them with compassion, kindness and understanding.

## Purpose

Provision of safe, high quality care is at the heart of what we do. On occasions despite the best-efforts of our health care teams, adverse events occur. Harm to patients occurs in every healthcare setting: hospitals, residential aged care, clinics, community health centres and in patient/consumer's homes.

We all have an opportunity, every day to minimise harm and deliver the best possible outcomes for our patients/

carers and their families/carers. *Our Patient Safety First* is our plan for excellence in performance in the realm of Patient Safety and Quality Improvement and what matters to patients, patient outcomes and patient experience. The framework recognises that patient care and improvement occurs at the frontline in every unit or department. It is about moving from a reactive to a proactive culture and driving excellence.





The *Our Patient Safety First* Framework will:

- articulate our vision for patient safety and quality improvement
- describe the “building blocks” on which safety and improvement is built
- set targets and goals for minimising harm and improving care
- outline how to implement the key elements across the LHD
- describe priority areas for action

The *Our Patient Safety First* Framework is underpinned by the CORE values of NSW Health (Collaboration, Openness, Respect and Empowerment) as well as the principles for safe, high quality care identified by the Australian Commission on Safety and

Quality in Healthcare (Care that is consumer-centred, Care that is driven by information and Care that is organised for safety).

Our commitment to excellence in healthcare is aligned with state and local plans and strategic directions including:

- National Safety and Quality Health Service Standards
- NSW State Health Plan
- NSW Aboriginal Health Plan
- NSW Rural Health Plan
- NSW Patient Safety and Clinical Quality Program
- MLHD Strategic Plan
- The Murrumbidgee Action Plan (*MAP*)
- Our People Our Future
- Research and Innovation Plan

## Domains

The *Our Patient Safety First* is underpinned by four key domains:

- Patient Focussed Care
- Leaders in Quality
- Structured for Safety
- Steered by Data

These domains apply across the entire framework and are the “building blocks” for implementing a safety and improvement culture across our local health district.



### 1 Care is consumer and carer focussed

We will strive to empower our patients/consumers and their families/carers to interact with health care providers to achieve desired outcomes by:

- Modelling a culture where quality and safety are top priorities and communicating in a way that shows mutual trust and respect
- Working with others across professional, organisational and cultural boundaries to achieve shared quality and safety goals

We will provide care that matters to our patients/consumers and their families/carers. We know that no act of kindness, however small is never wasted. Compassionate care is about finding the person in the patient.

We will reflect the values of person centred-care as an integral part of our everyday practice. *Our Patient Safety First*.

We will identify the health literacy of our patient/client and their families/carers and adapt our communication style to ensure they understand important information and are supported to ask questions

We will find out what matters to patients by moving to collect patient reported outcome measures.



We will evaluate the patient/client and their families/carers experience to measure the quality of care. Evidence shows that patients/consumers who have a poor experience also have more adverse events and poor outcomes.

When an adverse event occurs an open discussion with the patient/client and/or their families/carers will be an integral step in the incident management.

We will focus on sustaining a knowledgeable and skilled workforce in quality and safety by developing a culture where patient safety and quality improvement are top priorities across all levels of the organisation.

### **Why is this important?**

We want to respond to the needs of all our people and communities by providing culturally appropriate, responsive and safe services through a person-centred care structure.

Person-centred care leads to improvements in safety, quality and cost effectiveness as well as improvements in consumer and staff satisfaction.



## 2 Leaders in Quality

We will focus on consistency, accountability and sustainability in service delivery and patient care, which is supported by a fair and just culture.

We will report and acknowledge incidents openly and without fear of blame. We will be transparent in our actions and activities.

We will focus not only on providing safe care but identifying, measuring and acting on ways to improve the care we provide.

We will model “doing the right thing” in both words and actions and set an example for others to follow.

We will create an environment in which team work and engagement is encouraged and speaking up when

concerns are noted about patient safety is the norm.

We will allow individuals to bring their own lens to spot ways to make things safer and better, as we know improvement occurs at the frontline.

### Why is this important?

We want to build a culture that prioritises patient safety and aims to reduce preventable harm at each and every opportunity.

We want strong collaboration and coordination of teams and services to make it possible to provide high quality safe care as one health service across many places.







### 3 Structured for Safety

We will have robust systems, processes and bundles of care that are reliable, each and every time.

We will have systems that are orientated toward learning from reflection and evaluation, as well as systems that learn from errors and sharing lessons learnt across the organisation.

We will use appropriate tools, methods and techniques to achieve excellence in healthcare and ensure these are part of everyone's skill set.

We will know and use the principles of change management to support the implementation and sustainability of safety and quality improvements.

We will develop a system whereby clinical supervision is in place and appropriate to the needs of all clinicians.

We will improve adherence and acceptance of state-wide and disciplines endorsed pathways, guidelines, models of care and policy directives and minimise variation in practice. We will collectively sign up to campaigns to improve patient safety and clinical care and measure our performance against our targets.

#### Why is this important?

Whilst providing safe high quality care is at the heart of what we do, it is also important to ensure we are appropriately accountable for the care we provide it is essential that we learn from both successes and mistakes.

Quality improvement is the combined and unceasing efforts of everyone to make changes that will lead to good patient experience, better patient outcomes improved system performance and professional development.

## 4 Steered by Informatics & Research

We will have safety and quality embedded as part of routine practice, resulting in measurable improvements in patient/client experiences of care and outcomes.

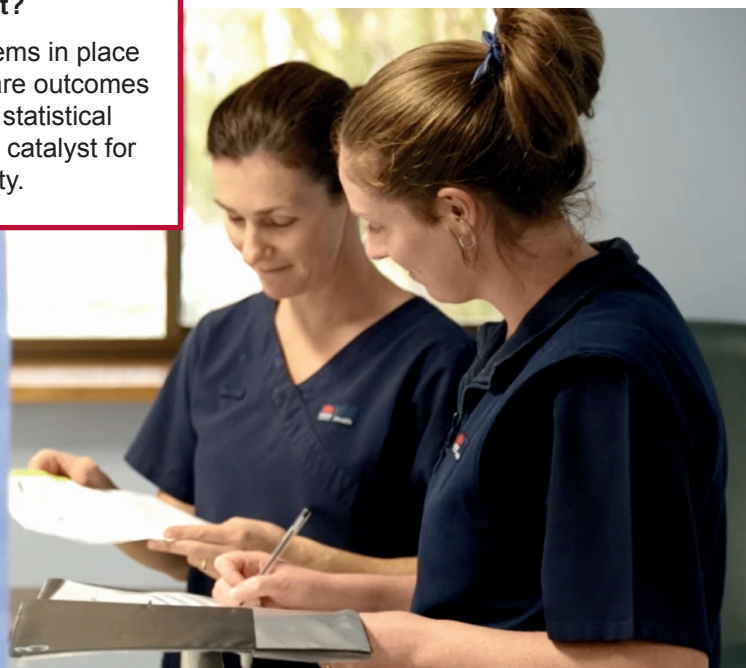
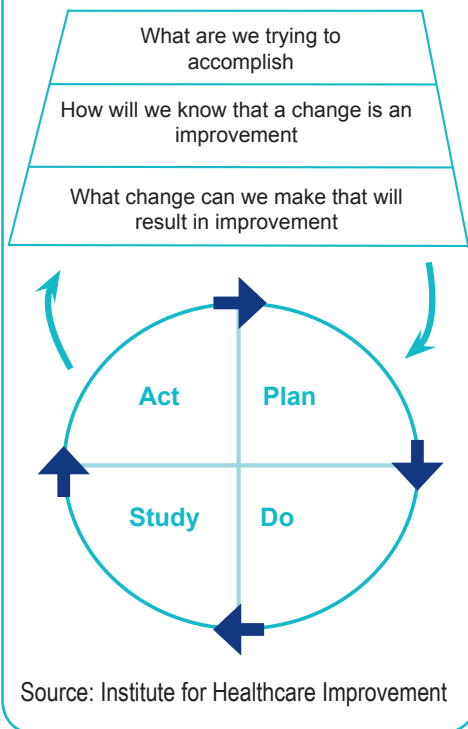
We will use evidence and data to drive improvement and innovation. We will use meaningful data to critically analyse and benchmark to guide practice and performance improvement.

We will develop the skills to allow individuals and improvement teams to integrate, analyse and critically review information in real time to allow for adapting and responding to changing demands. We will identify and address unwarranted clinical variation.

### Why is this important?

We want to have systems in place that allow us to compare outcomes for our patients where statistical information provides a catalyst for improving patient safety.

### Model for Improvement





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