Submission in response to the discussion paper *A review of hospital safety and quality assurance in Victoria*

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Comments are based on my extensive experience as a clinician, health services executive and as manager of a clinical network

3 key ideas for a safer hospital system

1. **Implement unique patient identifier in Victoria**

- A unique patient identifier is one way to help patients be participants in their care rather than observers.

Source https://www.statnews.com/2016/01/28/experts-argue-unique-patient-identifier/

- Value of unique patient identifier in Scotland (ten-digit number known as the CHI number) in contributing to a national suite of IT products to support the treatment of people with diabetes across the system. *"Scotland has an international reputation for having some of the best data of diabetes anywhere in the world. SCI-DC has allowed us to demonstrate year on year improvements in the quality of diabetes care".*

Source http://www.healthsciencescotland.com/148_ScottishCareInformationDiabetesCollaboration.html

2. **Ensure clarity of goals to deliver safe and high value health care**

- High value health care should be defined around what matters to the patients encompassing all services or activities that contribute to meeting the patient's needs.
- Goals should be concise, consistent and easily understood across the system. They should not be conflicting and unite the interest of all participants in the health care system especially, clinicians, managers, service providers, bureaucracies and governments.
- Value depends on outcome relative to costs so we need to be able to measure by outcome achieved and cost across the range of providers and service contributing to meeting the patient's needs.
- Accountability for value should be shared amongst all providers and services contributing to meeting the patient's needs.

Source Porter, Michael E "What IS Value in Health Care ." *The New Engalnd Journal of Medicne* . December, 2010: 2477.http://www.nejm.org/doi/full/10.1056/NEJMp1011024

3. **Bring about change and improvement from within hospitals to create a safe and reliable the health system**

- Invest in clinical staff and their intrinsic motivation to provide the best care possible within available resource
- Listen to the perspective of the patient
- Promote clinical excellence using evidence-based medicine
- Tackle variation and reduce waste in clinical practice
- Standardise care around acceptable good practice
- Address overuse, underuse and misuse in care
- Integrate work on quality improvement with developing and strengthening clinical leadership
- Engage and build front line clinical staff capability to improve care
- Encourage organisational stability, continuity of leadership and support of senior leaders to create an environment where safety improvement can flourish

- Create learning organisations
- Hospitals to have explicit improvement methodology and measurement and the support of information technology
- A need to approach the work with curiosity, dialogue, reflection, teamwork, trust, sincerity, hope and openness

Sources Ham, Chris "Reforming the NHS form within, beyond hierarchy, inspection and markets" *The Kings Fund*. June 2014 http://ow.ly/10r3nP
Illingworth, John "Continuous improvement of patient safety, the case for change in the NHS, *The Health Foundation.* November 2015 http://ow.ly/10r3Xy
Ham, Chris; Berwick, Don; Dixon, Jennifer; " Improving quality in the English NHS a strategy for action" *The Kings Fund*. February 2016 http://ow.ly/10r7j5
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Clinical network experience of improving safety and quality of care

Context

The Emergency Care Clinical Network (ECCN) was formed in 2008 by the then Department of Health and works with emergency clinicians to improve the quality of care and patient experiences in Victoria 40 emergency departments. The ECCN operates across organisational boundaries to facilitate and support quality improvement activities which improve emergency care. The network promotes sharing of innovation, knowledge and information between emergency clinicians to spread local improvement and fosters continuous learning.

Key features of Emergency Care Clinical Network

- It is clinician led with a multi discipline sector wide steering group
- Improvement activities focus on clinical conditions of the 1.57 million patient presentations that are discharged (70%) from the emergency department
- Engage, invest and listen to emergency clinicians from the 40 emergency departments across the state
- Recently including 7 private and 2 New Zealand emergency departments
- Use a consistent approach to improvement – improvement science, PDSA cycles
- Use standard measures in improvement projects
- Front line clinicians lead improvement
- Low cost, efficient model for improving clinical practice
- Participation in network activities is via an expression of interest process with health service executive endorsement and emergency department director and nurse unit manager approval
- High completion rate of projects
- Produce end of project reports which are circulated to key stakeholders in health services and the department
- National and international profile via publication and conference presentations
- ECCN management team (2.3 EFT) act as drivers, facilitators, supporters and mentors for clinicians
- Network manager has extensive clinical and health service executive experience and senior clinical advisor is an emergency clinician, academic and researcher and they have both been in these roles for 8 years.
- Clear vision and goals with network priorities developed with the sector and have remained the same for 8 years

Network priority areas

- Enhancing the use of evidence-based care to reduction in variation in clinical practice and improve consistency
- Implementing best practice in caring for vulnerable groups: the young, the old and patients exhibiting difficult behaviour
- Improving patient safety: medication safety
- Promoting patient-centred care
- Building staff capability to lead and improve care

Three examples of ECCN work and success

1. Use of evidence-based care

- 2016 is our 8th annual 9 month cycle of evidence-based quality improvement cycle with emergency departments with 60 projects in 6 different clinical conditions in 37 emergency departments.
- This year there is a 100% increase in the number of projects and a 48% increase in number of emergency departments participating compared to 2013 cycle.
- In 2015 there was a 90% completion rate of projects (49) on time and 100% (5) completion within 3months of end of project date.
- Emergency departments choose the most appropriate topics relevant to their department
- Over the last 7 years there have been 24 topic areas covering a wide variety of clinical presentations

Example of the results

- The proportion of patients with fractured hip receiving a nerve block for analgesia **increased from 23% to 64%** (9 hospitals)
- The proportion of patients with chronic airways disease treated with controlled oxygen delivery after ED nurse assessment **increased from 58% to 70%** (5 hospitals)
- The proportion of patients with early pregnancy bleeding treated according to a local pathway **increased from 6% to 81%** and the proportion receiving written information at **triage increased from 1% to 41%.** (10 hospitals)
- For children with 'gastro' the proportion with weight recorded in assessment **increased from 64% to 86%,** the proportion with a formal hydration assessment **increased from 1% to 45%** and the proportion with rehydration commenced in waiting room **increased from 13% to 43%.** (5 hospitals)
- The proportion of patients with clinical instability that was recognized and acted on **increased from 68% to 83%.** (9 hospitals)
- The proportion of patients presenting with atrial fibrillation with rapid ventricular response treated according to a pathway **increased from 9% to 68%** and the proportion of patients with a documented CHADS2 score **increased from 17% to 46 %** (9 hospitals)

An emergency clinician comments on the skills and knowledge gained in the leading a 2015 evidence-based quality improvement project

"My negotiation skills improved dramatically. Confidence in the evidence supporting the project allowed me to enthusiastically meet with those who opposed some aspects of our project and seek cooperation through robust debate, when it would have been easier to avoid those groups entirely.

When things appear to stall you need to remain persistent and seek advice from colleagues, there will always be a solution.

Sometimes you just need to pull out the hammer! Developing our own ED guideline to guide our practise and informing other units of "our" change in practise allowed this project to be successful. However this required a process to be followed. I feel I have increased my knowledge base around investigating and implementing change utilising the "correct process" within our organisation.

Question your practise and always make sure it is in line with current evidence.

If staff believe in the evidence and support the change then a change in practise is much simpler to achieve."

2. Standarsied paediatric procedural sedation in emergency department

- The project aimed to increase quality and safety of procedural sedation of children and promote family-centred care.
- The project adapted and expanded the sedation manual created by The Royal Children's and Sunshine hospitals
- The network was able to harness the knowledge of clinical experts to develop resources and support the implementation across
- A total of 20 participating hospitals in two rollouts in 2011 and 2013

Project impact

- Over 1000 staff trained

Children and families benefited from:

- reduced pain and distress for children
- increased parental participation
- a standardised approach
- improved patient safety.

Clinicians benefited from:

- an increase in the use of a risk assessment tool
- increased skills and confidence
- improved clinical practice
- access to training and resource materials.

Health services benefited from:

- a reduction in clinical risk
- increased efficiency and use of limited resources
- an upskilled workforce
- an approach that is applicable to other clinical procedures in other clinical environments.

Emergency clinician's comments

"We had a real sense of being involved in something significantly helpful for the clinical management of children in pain… I think this has led to us being more pro-active as nursing staff, particularly with distraction techniques for managing children's distress."

"The materials provided took away the intensive labour required for such a project. 'The DVD was fun and informative."

"Although I have been doing paediatric sedation for quite a while, I found many new ideas and information to improve my practice."

"Staff are feeling more confident when using nitrous and ketamine and encouraging its use when appropriate".

3. Critical LINK leadership program for emergency department directors and nurse unit mangers

- ECCN collaborated with the Critical LINK program to enhance and develope the leadership capability in clinicians leaders in the areas of
    - Leading self and others
    - Setting directions
    - Delivering the service
- A total of 18 emergency departments participated in two rollouts in 2013 and 2014

Selected comments from participants what they gained or changed:

- *'(I) ..stopped trying to fix it all in one day.'*
- *'(Now I have) a strategic approach to my management style, which includes future proofing my direction.'*
- *'I am ..more 'present' in the sense that I have tried to engage more with all stakeholders in the ED'*
- *'(I am) ..approaching impossible problems and extra work with a positive attitude.'*
- *'I feel stronger and braver to challenge the staff about their clinical practice.'*
- *'Communication is more open and relaxed.'*
- *'(I have) ..Optimism, energy, embracing change.'*
- *'Understanding of staff and that their driving forces are all different'*
- *Seeing outside of the ED, as ED is a small part of a bigger picture.*

Selected comments from participants about the program:

- *'I enjoyed the lot Just wish it went on for longer.'*
- *'Excellent presenters, got you interested with real stories and held you there to make you reflect on your own leadership.'*
- *'I found the workshop invigorating and informative and helpful'*
- *'Coaches were engaging and seemed to have a handle on health issues'.*
- *'All excellent.'*

Benefits of clinical network

The term clinical network covers a heterogeneous group of models aimed at improving care for patients across organisational boundaries. They may be 'top-down' for example aimed at implementing a policy document or strategic plan(mandated form), 'bottom-up' with priorities set by clinicians at the coal face (alternatively known as communities of practice; 'natural' form) or a mixture of the two. They can focus on a disease (e.g. cancer) or a discipline (e.g. cardiology) or a location of care (e.g. emergency department or primary care)

Benefits include:

- Focus on clinical issues
- Bringing together specialist expertise
- Standardising care and reducing variation in practice
- Improving access by regional and rural clinicians to evidence, tools, etc.
- Stimulating creativity and innovation
- Increased speed of evidence implementation
- Engagement of clinicians
- Fostering inter-disciplinary and inter-organisational collaboration
- Promoting patient-centred care