

Australian Health Policy Institute,
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*The Most Important Challenges in Australian
Health Policy for 2003*

*“Workforce, Consumerism, Patient
Safety”*

Bruce Barraclough

Chair, Australian Council for Safety and Quality in Health Care

Chair, Board NSW Institute for Clinical Excellence

Australian Council For Safety and Quality in Health Care

- Established with support of all Health Ministers
- 25 Member expert based, collaborative body
- Resources: \$55 million over 5 years
- Role: To lead national efforts to promote systemic improvements in the safety and quality of health care in Australia with a particular focus on minimising the likelihood and effects of error

Brief of the Council

- Build will, skill and capacity for change
- Major focus on patient safety in context of quality improvement
- National action to improve services at the frontline – strengthen the culture of safety
- Growing interest in defining a research agenda - ‘opportunistic’ to ‘strategic’

Key Themes - Workforce

Context

More complex care

Global market for trained professionals

Needs

More support - people, equipment

Knowledge of improvement tools for systems safety

Knowledge of human factors

New workforce paradigm?

Redesign traditional roles

Key Themes - Consumers

Context

Better consumers

More discerning

More demanding

Needs

Greater openness

Increased accountability

More information

Key Themes - Patient Safety

Context

Highly valued

Expected

Needs

Patient centred values

Leadership – identified and nurtured

System redesign

Improvement tools

Measures of improvement

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Values

- **Respect**
 - È Through a continuing focus on the patient
 - È Through collaborative team work
- **Innovation**
 - È Through producing new ideas and change for the better
- **Courage**
 - È Through challenging the existing system
- **Teamwork**
 - È Through working collaboratively
 - È Through building clinical teams
 - È Through communication with stakeholders

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Values

- **Professionalism**
 - È Through being skilled in all we do
 - È Through being self starters
- **Equity of outcomes**
 - È Through working to reduce inequities
 - È Through working to reduce outcome disparities
- **Scientific method**
 - È Through using measurement and evaluation
 - È Through decisions based on evidence and reporting

Identifying Leaders

Characteristics:

- Optimism / energy / enthusiasm
- The team comes first
- Adaptability – able to re-focus goals quickly
- Commitment to task
- Bold in vision, careful in planning
- Willingness to change, to seize new opportunities and learn new skills

*“Optimism is true moral
courage”*

Sir Ernest Shackleton, 1874-1922

Recommendations to Health Ministers re: ACHAs

Agree to national goals for safety and quality improvement

- Measure reduced adverse events
- Develop more effective workforce
- Use I.T. to support evidence based medicine
- Support consumer input
- Design safe, accountable and open systems
- Achieve active health services research
- Clarify governance responsibilities
- Develop a consistent legislative and regulatory framework

Barriers to be Overcome

- Culture of blame drives problems underground
- Low investment in system redesign - means outdated, unsafe systems
- Limited use of information technology - high costs, privacy concerns
- Safe and effective staffing - health lags behind other industries
- Lack of useful measurement and feedback for health professionals

What does this mean in practical terms?

- Knowledge of patterns of care
- Audit, benchmarks, reporting to community
- Effective credentialing with performance agreements
- Evidence based guidelines with implementation programme