Introduction to Clinical Excellence

Some key examples that have highlighted suboptimal healthcare include:

Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (2008) commonly known as the **Garling Report,**

Royal Commission into Aged Care Quality and Safety

Paterson Inquiry (UK)

Organisations like the **Clinical Excellence Commission (CEC) NSW**, **Clinical Excellence Queensland** have been set up to promote partnership and collaboration between health services, clinicians and consumers in order to achieve Clinical Excellence.

What is Excellence?

Key aspects of Clinical Excellence

Appropriateness- Is the right care being provided to the right patient?

Timeliness- Is care given at the right time?

Effectiveness- Is care provided in the right way? Is it based on the best available evidence?

Efficiency- Is care given in the most cost-effective way?

Acceptability- Is it person centered care? Is it acceptable to the patient?

Accessibility- Is care easily available?

Equity- Is the care available to all patients on an impartial basis?

According to the CEC, Clinical Excellence is based on the following guiding principles:

- Openness about failures
- Emphasis on learning

- Obligation to act
- Accountability
- Just culture
- Appropriate prioritisation of action
- Teamwork

The Clinical Excellence Commission (CEC)

Established in 2004 the Clinical Excellence Commission (CEC), aims to make a positive difference to public health patients, staff, and their communities by equipping healthcare workers in NSW with the knowledge, tools, and resources they need to create a culture that ensures all patients across the state receive safe, high-quality care.

They are the specialists in safety and partners in improvement. That means they work with entities across NSW Health to create positive safety cultures. Their focus includes policy development, workforce capability, and fostering safety cultures to improve clinical care across the state.

Healthcare Safety and Quality Capabilities

The intention of the Healthcare Safety and Quality Capabilities is to create a shared language to describe the safety and quality capabilities and associated behaviours that are expected of all NSW Health employees, leaders and Board members when fulfilling their roles.

The Healthcare Safety and Quality Capability Set complements the NSW Public Sector Capability Framework, which describes the capabilities and associated behaviours that are expected of all NSW public sector employees, at every level and in every organisation.

The Six Dimensions of Healthcare Quality

Clinical Excellence is linked to broader health, quality, safety or performance indicators. There are different analytic frameworks that are used for assessing the quality of care provided in both private and public health sectors. However,

one of the widely used approaches that was put forth by the Institute of Medicine (IOM) identifies six dimensions of quality in health care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. It is based on the 2001 report Crossing the Quality Chasm that laid the foundation for health care reform in the United States and spread around the world.

One of the advantages of using frameworks such as the Six Dimensions of Healthcare Quality is that they make it easier to understand the quality of care in terms of the structure, process and (patient) outcomes. They help both clinicians and patients or consumers to see the meaning of excellence as it relates to care provided. This is not new in nursing, in fact Florence Nightingale analysed mortality data among British troops in 1855. She used the evidence to and accomplished significant reduction in mortality through organizational and hygienic practice. She is also widely credited with the creating the world's first performance measures of hospitals in 1859.

☐ https://youtu.be/I8Y962VTiBY

Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care leads and coordinates key improvements in safety and quality in health care across Australia.

What is safety and quality?

Patient safety and quality is often summarised as the right care, in the right place, at the right time and cost. The Commission defines patient safety as prevention of error and adverse effects associated with health care; and quality as 'the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge'.

The Commission's purpose

The Commission's purpose is to contribute to better health outcomes and experiences for all patients and consumers, and improved value and sustainability in the health system by leading and coordinating national improvements in the safety and quality of health care.

Within this overarching purpose the Commission aims to ensure people are kept safe when they receive health care and that they receive the health care they should.

Priority areas

The Commission works in four priority areas:

- Patient Safety
- Partnering with consumers, patients and communities
- Supporting health professionals to provide care that is informed, supported and organised to deliver safe and high-quality care
- Quality, cost and value

  Key functions of the Commission include: developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

Key functions

The Australian Commission on Safety & Quality in Health Care (ACSQHC) developed and endorsed a framework for safe, high-quality health care in 2010. It describes a vision for safe and high-quality care for all Australians, and sets out the actions needed to achieve this vision.

The framework describes three central tenets to ensure that health care is safe and of high quality. They state that safe, high quality care is always:

1. Consumer-centred
2. Driven by information
3. Organised for safety

The NSQHS standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers (ACSQHC 2021).

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met (ACSQHC 2021).

The Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

Below is an outline of the intentions for each of the NSQHS Standards:

Clinical Governance

To implement a clinical governance framework that ensures that patients and consumers receive safe and high-quality health care

Partnering with Consumers

To create an organisation in which there are mutually valuable outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose