Queensland Health

Consumer Safety and Quality System Strategy Map

Background, contextual information, and glossary of terms

Background

In early 2021 the Patient Safety and Quality Advisory Committee (PSQAC) embarked on the development of a draft Consumer Safety and Quality System Strategy, to unify the strategic approach to Patient Safety and Quality across Queensland Health. A high-level strategy, brokered through consultation and engagement, has the highest chance of delivering a cohesive approach in our complex, networked system.

Using the balanced scorecard approach, the PSQAC developed the draft Strategy Map, seeking endorsement by the Queensland Health Leadership Board for its broad socialisation and feedback with Queensland Health leadership, governance, clinicians, and consumers during June to September 2021. In November 2021, the Executive Leadership Team endorsed the final Strategy Map with the proposal to implement and embed the Strategy Map statewide.

Why 'consumer' instead of 'patient'?

The term 'consumer' is used in the strategy and related material rather than 'patient'[1] as it encompasses a broader range of stakeholders who access healthcare. 'Consumers' includes carers who often have an important role in healthcare decision making and care giving, and people who are not considered ill who access healthcare, e.g. pregnant women and pregnant people, people accessing screening services.

Contextual information and links to related material for each strategy and the mission statement, and a **Glossary of terms**, are provided to assist in understanding the intent of the strategies and the development of initiatives to address them. It also provides the opportunity to clearly articulate the meaning behind commonly used terminology, creating a shared understanding statewide.

Contextual information

Ref	Strategy	Supporting information
MS	Safe, compassionate, and connected care delivering high quality outcomes important to the people of Queensland	The strategy map defines the Healthcare Quality Domains as culture, safe, effective, consumer-centred, timely, efficient and **equitable.** All domains should be considered when measuring high quality outcomes. Noting that 'culture' is in addition to the recognised Institute of Medicine's 'Six Domains of Health Care Quality '[i] The strategy map is also underpinned by: • National Safety and Quality Health Service (NSQHS) Standards, developed by the Australian commission on Safety and Quality in Health Care (ACSQHC) https://www.safetyandquality.gov.au/standards/nsqhs-standards • Australian Charter of Healthcare Rights (ACSQHC) https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights

[1] The term 'patient' is retained in this document where it is in document titles and direct quotes

Ref	Strategy	Supporting information
C1	Care is safe and feels safe	Safe in the consumer context refers to consumer wellbeing and includes (but is not limited to) cultural, emotional, psychological, physical, clinical, social, spiritual, and financial safety. Cultural safety is linked to cultural capability. Clinicians should also be safe culturally, emotionally, clinically, physically, spiritually, socially, psychologically and financially when providing care. • Cultural guidelines, resources and protocols https://qheps.health.qld.gov.au/atsihb/working/cultural-guide • Multicultural Health - Checklists for Cultural Assessment https://www.health.qld.gov.au/multicultural/health_workers/checklist
C2	Outcomes are **equitable**, through how we design our healthcare	Whist this strategy encompasses equity for all consumers, it should be noted that the *Hospital and Health Boards Act 2011* requires each Hospital and Health Service (HHS) to have a Health Equity Strategy that has been developed and implemented in partnership with First Nations peoples and local Aboriginal and Torres Strait Islander community-controlled health organisations (ATSICCHOs). • Making Tracks Together: Health equity framework https://www.health.qld.gov.au/public-health/groups/atsihealth/health-equity/making-tracks-together-queenslands-atsi-health-equity-framework • First Nations Health Equity https://www.health.qld.gov.au/public-health/groups/atsihealth/health-equity • Rural and Remote Health and Wellbeing Strategy 2022 – 2027 https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rural-and-remote-health-and-wellbeing-strategy • Unleashing the potential: an open and equitable health system https://www.health.qld.gov.au/system-governance/strategic-direction/plans/unleashing-the-potential-an-open-and-equitable-health-system
C3	Care is **individualised**, easy to access and navigate, and experienced as seamless across episodes and settings of care	Individualised care requires collaboration and consultation with the consumer and their care providers. **Continuity of care** is also an integral component of this strategy. It requires an understanding of the consumer perspectives on, and expectations of continuity i.e. what is important to the consumer, within the context of what can be delivered within the constraints of the Australian health care system.
C4	Consumers are active partners in their care and in the design of care	For consumers to be active partners in their care and the design of care requires **consumer-centred care**. Consumers feel empowered, encouraged, enabled, are engaged from the beginning, have choices, and are supported to make informed decisions regarding their care and treatment. Noting that change is constant in the environment, there needs to be flexibility and ability to adapt and respond to consumer needs. • Person-centred care (ACSQHC) https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care
C5	Queensland Health actively engages with the community to enable ownership and influence of care delivery	This is supported by the national Partnering with Consumers Standard, developed by the ACSQHC Health Consumers Queensland has resources to support consumers and assist health services with consumer engagement https://www.hcq.org.au/guides/

Ref	Strategy	Supporting information
C6	Transparent reporting to the community creates accountability and drives improvement	At the statewide level this is supported by the Inform My Care website which 'collects, transforms and reports a wide range of comparative data and information enabling every Queenslander the opportunity to review and compare public and private hospitals in one central location'
I1	A culture of safety for consumers and staff underpins our ways of working	A **safety culture** is the combination of beliefs, values, attitudes and behaviours toward minimising consumer harm that are observed, displayed and conveyed within a health facility. Three key elements of a safety culture are considered to be: • Fair, just, and restorative culture • Reporting culture • Learning culture[ii] The Australian Commission on Safety and Quality in Health Care provides information and resources on Patient safety culture
I2	Care is **evidence informed**	It should be noted that all aspects of the strategy should be evidence informed. Staff can be enabled to provide evidence-based care through education, training, and support. **Evidence-informed** practice means using evidence to design, implement and improve programs and interventions. This evidence can be: • research evidence • lived experience and client voice • professional expertise.[iii]
I3	Value based models of care are fully implemented	The *Choosing Better Care Together Program* aims to reduce low value care and co-ordinate Queensland Health's transition to a value-based healthcare system. **Value based healthcare** means continually striving to deliver care that improves: • health outcomes that matter to consumers • experiences of receiving care • experiences of providing care • effectiveness and efficiency of care. [iv]
I4	Consumer needs are what drive the adaption of care settings	It is noted that "needs" may vary based on the perspective of the stakeholder. This requires **consumer-centred care** considerations, and collaboration between consumers and healthcare professionals and carers. • Partnering with consumers (ACSQHC) https://www.safetyandquality.gov.au/our-work/partnering-consumers
I5	Effective technology and its use enables optimal consumer care	Technology includes, but is not limited to clinical equipment, software, telecommunication, and their application. This strategy needs to be supported by an effective health technology assessment strategy and process, that includes cost-effectiveness factors relating to technology. The ability for consumers / staff to be able to easily use the technology may require digital literacy. Noting that rural and remote areas often have connectivity and internet speed issues that can impact on their access and use of technology, which in turn can impact their access to and use of optimal care.

Ref	Strategy	Supporting information
I6	Health professionals / workers work to their full **scope of practice**	The full scope of practice of a profession includes the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. The full scope of a profession is set by professional standards and in some cases legislation. • Credentialing and defining the scope of clinical practice Health Service Directive (Queensland Health) https://www.health.qld.gov.au/__data/assets/pdf_file/0038/670979/qh-hsd-034.pdf • Credentialing and defining the scope of clinical practice – Guideline (Department of Health) https://www.health.qld.gov.au/__data/assets/pdf_file/0032/670973/qh-pol-390.pdf • Credentialing and Defining Scope of Clinical Practice Committee (Department of Health) https://qheps.health.qld.gov.au/prevention/our-branches/ocho/credentialing-committee As noted by the Australian Commission on Safety and Quality in Health Care: 'Scope of clinical practice processes are key elements in ensuring patient safety. The purpose is to ensure that only clinicians who are suitably experienced, trained and qualified to practise in a competent and ethical manner can practise in health service organisations' Action 1.23 Credentialing and scope of practice | Australian Commission on Safety and Quality in Health Care
I7	Health professionals / carers provide **interdisciplinary care**	As noted by the Australian Commission on Safety and Quality in Health Care, 'To deliver comprehensive care that is safe and continuous, effective communication and teamwork are critical' Action 5.05 Collaboration and teamwork | Australian Commission on Safety and Quality in Health Care
L1	Staff and consumers are encouraged to recognise safety issues, empowered to speak up and leaders listen and respond, supported by a learning environment	It is important that the strategy focus on both creating a supporting learning environment (e.g. time for reflection, appreciation of diverse perspectives, leadership behaviours, psychology safety, openness to new ideas) and defined learning processes and practices (e.g. data collection and analysis, learning sets, incident reviews, capability building). Leaders must listen to matters raised and work with the relevant key stakeholders to collectively address and/or further escalate, ensuring those who raised the matter are updated on progress. To enable and support consumers to report culturally unsafe experiences may require innovative reporting mechanisms. It should be noted that consumers are not always able to recognise safety issues and may require support and education to do so e.g. Ryan's Rule – there need to be discussions about what it is and how consumers can use it/ recognise that it is a risk.
L2	Compassionate behaviour and decision-making underpin all we do	Compassionate behaviour is between colleagues as well as with patients and consumers and includes compassionate leadership. Compassionate care includes understanding the consumer's individual needs and responding to their need to ease the situation for them. A consumer's need/s may not be just their physical health (see C1 Care is safe and feels safe)

Ref	Strategy	Supporting information
L3	Exchange of learning occurs between consumers and clinicians and between clinicians to improve **health literacy**, enhance shared decision-making and inform care	There are a number of resources and mechanisms that can assist in improving collaboration and learning between consumers and clinicians and between clinicians e.g.: • Informed decision making Informed Consent | Queensland Health • Consumer centred care • Declining recommended care Partnering with the woman who declines recommended maternity care • Statewide clinical networks • Queensland Clinical Senate Noting that systems need to be enabling to provide consumers with access to services and/or technology that will improve communication and remove barriers that impact on health literacy e.g., access to interpreters for culturally and linguistically diverse consumers. Health services need to understand their communities and have appropriately resourced cultural safety and Cultural capability teams.
L4	Staff are empowered to deliver their best, practicing in an environment where **positive workplace culture** thrives	Positive workplace culture contributes to consumer safety through maintenance of positive relationships between healthcare workers, which contributes to positive communication. It is supported by the Code of Conduct for the Queensland Public Service, in particular standard 1.5 'Demonstrate a high standard of workplace behaviour and personal conduct' • Our people Our culture, (Queensland Health) https://qheps.health.qld.gov.au/csd/employee-centre/workplace-culture-and-diversity/culture
L5	Innovative approaches to workforce planning, recruitment, diversity, retention and development and evaluation are implemented	Noting that • workforce planning needs to be responsive to the needs of the population • workforce planning strategies must also meet professional awards and agreements, and other relevant industrial instruments • workforce capability development and evaluation may require generation of needs-based education and training development plan, and work-based self and peer evaluation and feedback • there may be a need to enhance system capability in the areas of co-design, contemporary safety literature, quality improvement literature and systems science, human factors, and ergonomics
R1	Funding decisions ensure best benefit for all consumers and communities, equitably meeting needs	Noting that • decisions should be based on using reliable data and appropriate analysis. • 'Best benefit' can include environmental safety and sustainability obligations.
R2	A culture of improvement is nurtured, and innovations are shared and scaled to ensure benefits are realised across the system	A networked governance model for Queensland Health may support enhanced cross-functional/jurisdictional working, transparency, consistency in care and outcomes and promote innovation and shared learnings. Consideration of incorporating Safety-II principles, i.e. learning from when things go well. (See 'From Safety-I to Safety-II: A white Paper' for more information)

Ref	Strategy	Supporting information
R3	Emerging risks/issues are identified timely to inform system change to mitigate recurrence	Use of incident management systems can assist in identifying issues and lessons learnt between HHSs. Understanding and sharing what has been further implemented and evaluated to know if it is successful in mitigation of recurrence.
R4	Safety and quality data are meaningful, timely, accurate, accessible, easy to understand, monitored, equitably inclusive and used to improve safe, high quality consumer outcomes and experiences	Examples include (but are not limited to): • Real time, transparent ward to Board Statistical Process Control Charts of key clinical indicators aligned with ASQHS Standards. • Patient Reported Experience Measures (PREMs) • Patient Reported Outcome Measures (PROMs) • Indicators for cultural safety and cultural capability. Noting that: • data needs to be benchmarkable • outputs can be actionable • evaluation should be included as part of data being monitored
R5	Information systems are linked enabling accessible, relevant information to provide safe, high quality care, also empowering consumers	Consider: • Integration of health record management systems that are designed to collect patient data e.g., ieMR (integrated Electronic Medical Record) with QRIS (Queensland Radiology Information System), CIMHA (Consumer Integrated Mental Health and Addiction Application) and rural hospital paper-based records. • integration with primary care, between paper-based and ieMR sites • integration with public and private pathology and radiology services' • needs to be within privacy / security constraints.
R6	System-wide and local clinical governance frameworks / models are robust and operationalised	Consider inclusion of system-wide clinical audit frameworks (which may be implemented by clinical networks) to ensure a structured approach to the regular evaluation of the quality of clinical activity at the system (distinct from the HHS) level (e.g. Quality framework for Queensland gastrointestinal endoscopy services).

Healthcare domains definitions

Domain	Definition[v]
Safe	Avoiding harm to consumers from the care that is intended to help them.
Effective	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
Consumer-centered	Providing care that is respectful of and responsive to individual consumer preferences, needs, and values and ensuring that consumer values guide all clinical decisions.
Timely	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
Efficient	Avoiding waste, including waste of equipment, supplies, ideas, and energy
Equitable	Providing care that does not vary in quality on the basis of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Culture	A compassionate, supportive and kind atmosphere where staff are respectful to each other and consumers.

Glossary of terms

Term	Definition
Carer	Person who provides paid or unpaid care and support to a person (family member, friend, or client) who has a disability, chronic condition, terminal illness or general frailty. Includes parents and guardians caring for children.
Collaborative	The way in which clinicians work together with the consumer to meet the consumer's expectations and achieve the best possible outcome. Elements include: • Respectful communication and teamwork • Co-development of local clinical protocols and clear 'time-critical' response systems • Regular involvement in multidisciplinary case review, clinical indicators, learning and quality improvement • Working together to keep the consumer fully informed and respect their choices.
Compassionate behaviour / decision-making	• compassionate behaviour is between colleagues as well as with consumers, and includes compassionate leadership • compassionate care - includes consumer's wellbeing i.e. not just their physical health (see C1 Care is safe and feels safe)
Consumer-centred care	Consumer-centred care recognises the consumer, their partner, family, and community, and respects cultural and religious diversity as defined by the consumer. Consumer-centred care considers the consumer's individual circumstances, and aims to meet their physical, emotional, psychosocial, spiritual and cultural needs. This care is built on a reciprocal partnership through effective communication. It enables individual decision-making and self-determination for the consumer to care for themselves and their family. Consumer-centred care respects the consumer's ownership of their health information, rights and preferences while protecting their dignity and empowering their choices. (Adapted from NMBA 2018[vi])
Consumer needs	"Needs" may vary based on the perspective of the stakeholder, and professional views as well that may require "meeting in the middle", collaboration is a more viable approach.
Continuity of care	There are three broad types of continuity of care: • *Informational continuity*—The use of information on past events and personal circumstances to make current care appropriate for each individual • *Management continuity*—A consistent and coherent approach to the management of a health condition that is responsive to a consumer's changing needs • *Relational continuity*—An ongoing therapeutic relationship between a consumer and one or more providers [vii]
Equitable	Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically [viii] Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender identity, sexual orientation, disability, age, social class, socioeconomic status or other socially determined characteristic.

Term	Definition
Evidence-informed	An evidence-informed approach to practice can be defined as the integration of research evidence alongside practitioner expertise and the people experiencing the practice (e.g. child and parent using a service or program). Blending knowledge from different sources is an inclusive and useful approach because knowledge is personal, context driven and evolving. This type of approach also allows for innovation and adaptation based on factors and context at individual, organisational and service levels, while reducing biases.[ix]
Health literacy	Relates to how people access, understand and use health information in ways that benefit their health. People with low health literacy are at higher risk of worse health outcomes and poorer health behaviours.[x] The Fourth Atlas of Healthcare Variation 2021 | Australian Commission on Safety and Quality in Health Care separates health literacy into two components: individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system, and affect the way in which people access, understand, appraise and apply health-related information and services. It reflects the demands and complexity of the health system and society at large [xi]
Individualised care	Care that is specific to the consumer needs due to geographic / demographic differences while still minimising inappropriate healthcare variation. These can include but are not limited to race, ethnicity, religion, gender identity, sexual orientation, disability, age, social class, socioeconomic status or other socially determined characteristic.
Interdisciplinary care	A team of clinicians from different disciplines, together with the consumer, undertakes assessment, diagnosis, intervention, goal-setting and the creation of a care plan. The consumer may invite their family and carers to be involved in any discussions about their condition, prognosis and care plan. ([xii])
Positive workplace culture	Positive organisational and workplace cultures are related to positive consumer outcomes. Positive workplace culture includes a cohesive, supportive, collaborative, and inclusive culture [xiii]. It includes mutual respect and values-based leadership.
Shared decision making	Involves discussion and collaboration between a consumer and their healthcare provider/s. It is about bringing together the consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person[xiv]
Scope of practice	Describes the services that a qualified health professional is deemed competent to perform, and permitted to undertake, in keeping with the terms of their professional license and permitted by law. The Australian Health Practitioner Regulation Agency (AHPRA) defines the scope of a profession as the full spectrum of roles, functions, responsibilities, activities, and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. The scope of practice of an individual is then defined as that which they are educated, competent and authorised to perform. (From Australian Nursing & Midwifery Federation (anmf.org.au) 2014)

Term	Definition
Scope of clinical practice (SoCP)	The extent of an individual health professional's approved clinical practice within an organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the health professional's SoCP. (Credentialing and defining the scope of clinical practice – Queensland Department of Health Policy)
Safety culture	A safety culture is an organisational culture that places a high level of importance on safety beliefs, values and attitudes—and these are shared by the majority of people within the company or workplace. It can be characterised as 'the way we do things around here'. A positive safety culture can result in improved workplace health and safety (WHS) and organisational performance [xv]
Value based healthcare	Value in health care is the measured improvement in a person's health outcomes for the cost of achieving that improvement. While some descriptions conflate value-based health care and cost reduction, quality improvement, or consumer satisfaction, those efforts—while important—are not the same as value, which focuses primarily on improving consumer health outcomes. [xvi]

[i] Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington (DC): National Academies Press (US); 2001. Executive Summary. Available from: https://www.ncbi.nlm.nih.gov/books/NBK222271/

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[iv] New South Wales Government (2021) *About value based healthcare - Value based healthcare.* https://www.health.nsw.gov.au/Value/Pages/about.aspx

[v] Agency for Healthcare Research and Quality (2021) *Six Domains of Health Care Quality* https://www.ahrq.gov/talkingquality/measures/six-domains.html

[vi] Nursing and Midwifery Board of Australia (2018) Midwife standards for practice https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/midwife-standards-for-practice.aspx

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[x] Australian Institute of Health and Welfare (AIHW) 2020) Health literacy https://www.aihw.gov.au/reports/australias-health/health-literacy

[xi] Australian Commission on Safety and Quality in Health Care (2021) The Fourth Australian Atlas of Healthcare Variation – Glossary https://www.safetyandquality.gov.au/our-work/healthcare-variation/fourth-atlas-2021

[xii] Victoria State Government (2021) An interdisciplinary approach to caring https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/resources/improving-access/ia-interdisciplinary

[xiii] Braithwaite, J., Herkes, J., Ludlow, K., Testa, L., & Lamprell, G. (2017). Association between organisational and workplace cultures, and patient outcomes: systematic review. *BMJ open*, *7*(11), e017708. https://doi.org/10.1136/bmjopen-2017-017708

[xiv] Australian Commission on Safety and Quality in Health Care (2021) Shared decision making https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making

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[xvi] Teisberg, E., Wallace, S., & O'Hara, S. (2020). Defining and Implementing Value-Based Health Care: A Strategic Framework. *Academic medicine: journal of the Association of American Medical Colleges*, *95*(5), 682–685. https://doi.org/10.1097/ACM.0000000000003122