A conversation about health care safety and quality

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The Australian Commission on Safety and Quality in Health Care is providing doctors with an opportunity to say what they think about safety and quality

Early in 2009, the Australian Commission on Safety and Quality in Health Care (ACSQHC) developed a draft national safety and quality framework that sets out a vision for a health system that delivers safe and high-quality care (Box).

At the ACSQHC, we now want to talk to Australians about how the safety and quality of the nation's health care system can be improved. We are keen to hear from patients, consumers, clinicians, health service managers, policymakers and researchers about what aspects of safety and quality are important to them, the barriers they perceive to providing optimal care and suggestions for improving safety and quality. We have produced a detailed discussion paper as a starting point,[1] and we need to know what you, the people on the ground, think about the ideas it contains. Opportunities for providing input include completing a short survey available on our website,[1] providing written submissions and participating in meetings and focus groups. The result of these conversations will be a report, to be released mid 2010, that will include strategies for achieving sustainable, safe and high-quality patient care in all settings.

The Journal has recently published articles by leading commentators and academics advocating health care reforms,[3-7] and we

Draft national framework for a health system that delivers safe and high-quality care[1]

Characteristics of safe, high-quality health care	What it means for me as a patient or consumer	Strategies for action by administrators, policymakers and providers
1. Patient-focused This means providing care that is respectful of and responsive to individual preferences, needs and values. It means a partnership between consumers, family, carers and their health care providers. Processes of care are designed to optimise the patient experience.	I can access high-quality care when I need it.	Develop service models which improve access to health care for patients.
	I can obtain and understand health information so that I can make decisions about my own care and participate in ensuring my safety.	Increase health literacy. Involve patients so that they can make decisions about their care and plan their lives. Provide care that is culturally safe.*
	My health care is coordinated because people and systems work in partnership with me.	Enhance continuity of care. Minimise risks at handover. Provide case management for complex care. Facilitate patient-centred service models.
	I know my health care rights.[2]	Promote health care rights.
	If I am harmed during health care, it is dealt with fairly. I will get an apology and a full explanation of what happened.	Inform and support patients who are harmed during health care.
2. Driven by information This means enhancing knowledge and evidence about safety and quality. Safety and quality data are collected, analysed and fed back for improvement. Action is taken to reduce unjustified variation in standards of care and to improve patients' experiences and clinical outcomes.	My care is based on the best knowledge and evidence.	Reduce unjustified variation in standards of care. Collect and use data to improve safety and quality.
	My clinical outcomes and experiences are used to build the evidence base for care and for strategies designed to improve care.	Learn from patients' and carers' experiences. Encourage and apply research that will improve safety and quality. Continually monitor the effects of health care interventions.
3. Organised for safety This means that safety is a high priority in the design of health care. Organisational structures, work processes and funding models recognise and reward those who take responsibility for safety.	I know that governments, health care managers and health care staff take responsibility for my safety.	Clinicians, managers and governments recognise their responsibilities for safety.
	Our money funds a safe and efficient health system.	Restructure funding models to support safe, appropriate care. Support and implement e-health. Design facilities, equipment and work processes for safety.
	I know that, when something goes wrong, actions are taken to prevent it happening to someone else.	Take action to prevent or minimise harm resulting from health care errors.

*Clinicians provide care that is culturally safe by recognising and respecting the cultural differences of the patient or consumer. Cultural safety goes beyond cultural appropriateness by creating better partnerships with people of different backgrounds. ◆

have taken note of their views. A common theme was the need for a sustained focus on implementation — turning words into action — not just creating new policy.

We know that safe and high-quality care requires the vigilance and cooperation of a wide range of health care staff, and that the success of initiatives to improve safety and quality requires the participation of doctors.[8-11] Thus we believe it is crucial that frontline medical staff be involved in developing health policy in this area. Your participation in the conversations about safety and quality is essential to ensure that our final report is both practical and powerful.

We know that it can be difficult for doctors to find time to participate in activities such as this one. However, we need to know about what you are doing to keep your patients safe, what gets in the way of this, and what changes you think are needed.

We look forward to talking with you over the coming months and working with you to build a future of safe and high-quality patient care in Australia.

Drop in to our website[1] to read the discussion paper or fill in the survey to give us your views.

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