ABOUT THE
NATIONAL
PATIENT SAFETY
CAMPAIGN

Our goal:
Safe, quality health care –
every day, every time.
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The Health Quality & Safety Commission aims to reduce avoidable deaths and harm, reduce waste and make the best use of health resources. We work towards the New Zealand Triple Aim for Quality Improvement (see right).

Across the health and disability system we need to reduce harm including that caused in the areas of:

- health care associated infections
- surgery
- medication
- falls.

With our Ministers, the Commission has decided to work with the sector to make improvements in these four areas. Initially, we’ll focus on improvements in hospital settings. We will focus on initiatives that are proven, and which fit within providers’ existing quality and safety strategies.

We will align and work with existing patient safety campaign initiatives, such as the campaign underway in the Northern Region, other local initiatives, and national initiatives, such as, Hand Hygiene New Zealand and Target CLAB Zero.

The facts

What: A nationally coordinated campaign to reduce patient harm by raising awareness and increasing knowledge, skills and use of interventions known to improve patient safety.

Why: Studies, and our serious and sentinel events reports, show too many New Zealanders are harmed by the health care that is intended to help them.

Where: In hospitals, initially, and in other health care settings as we proceed.

Who: Led and coordinated nationally by the Commission, implemented and led regionally and locally by the health sector. Clinical and consumer champions will be the face of the campaign, as they are the experts on what works best.

Primary audience: Frontline health professionals and patients/consumers.

When: To be launched in early 2013, and will run until June 2015.

Your involvement: We want your support and your ideas. How can we make it easier to apply what we know works to reduce patient harm?

How to get involved: Register your interest in the campaign at www.hqsc.govt.nz. By being part of the campaign, you will join a national network of people leading change in the health and disability sector. Through the campaign, clinical experts and consumers will share and learn from each other about how best to implement evidence-based practice to improve patient safety.

Campaign goal

Safe, quality health care – every day, every time.

Campaign objectives

- Increase the use of effective interventions, to reduce harm caused by:
  - health care associated infections
  - surgery
  - medication
  - falls.
• Be a catalyst for implementing small changes in practice that have a big impact on patient safety.
• Focus attention on doing the right thing, and doing it right, first time.

**Campaign milestones**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>20 September 2012</td>
<td>Announcement of campaign by Associate Minister of Health at APAC Forum.</td>
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<tr>
<td>September to November 2012</td>
<td>Gathering feedback and input from the sector, ensuring alignment with current activities, branding suggestions.</td>
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<tr>
<td>October 2012</td>
<td>Development of campaign resources begins.</td>
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<tr>
<td>December 2012</td>
<td>Measurement baselines confirmed to the sector (quality and safety markers).</td>
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<tr>
<td>Early in 2013</td>
<td>Campaign launched.</td>
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<tr>
<td>From June 2013</td>
<td>Measurement baselines published (quality and safety markers) and ongoing implementation of campaign.</td>
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<tr>
<td>From June 2014</td>
<td>Six monthly reporting against baselines (quality and safety markers).</td>
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<tr>
<td>To June 2015</td>
<td>Ongoing implementation of campaign.</td>
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**Resources to be produced as part of the campaign**

Feedback from the sector and consumers, and a stocktake of what is already available, will determine the resources developed.

We have confirmed:

• the development of a dedicated campaign website
• a scan of resources currently in use in DHBs in each priority area
• a scan of resources that have proven successful in other jurisdictions
• the development of recommendations on the best mix of future resources for the four priority areas, and the development of resources
• the development of a background paper that evidences the potential gains and benefits of improvement.

Other resources, depending on sector needs, could include:

• learning sessions
• presentations by clinical experts
• posters and other promotional resources
• ‘how to’ guides
• planning, measurement and implementation tools
• newsletters and factsheets
• consumer-led partnerships.

**How will we know if we have achieved our goal?**

The Commission is working with the sector to confirm quality and safety markers to track progress in reducing harm in the areas of hospital-acquired infections, surgery, medication and in-patient falls.

Quality and safety markers are made up of process measures which look at whether key changes are being implemented (for example, assessing patients for their falls risk, ensuring proper hand washing procedures are being followed), and outcome measures which look at the result of the changes put in place.

These quality and safety markers give us a practical and relevant way to track the progress of the campaign, in reducing harm in the four priority areas. Regular reporting of progress against the markers will begin from June 2013.
What works to prevent harm?

**Health care associated infections**

- Performing hand hygiene before and after contact with a patient, before and after performing a procedure, or when in contact with the patient environment, reduces the infection risk.
- Good management of central lines in ICUs can greatly reduce central line associated bacteraemia (CLAB) bloodstream infections. The cost of each CLAB is estimated to be between $20,000 and $54,000.
- International evidence shows that, with the right interventions, CLAB rates can be reduced and sustained at fewer than one per 1000 line days.

The quality and safety markers will:

- measure compliance with the ‘5 moments for hand hygiene’ by regularly auditing practice.
- measure how often ‘bundles’ of specific actions are followed correctly when the line is inserted and how often complementary ‘bundles’ of maintenance checks are carried out.

**Surgery: reducing perioperative harm**

- A cohesive team and strong safety culture improves surgical safety.
- The use of the surgical safety checklist reduces complications and deaths associated with surgery.
- International evidence shows that, with the right interventions, surgical complications can be reduced by about a third.

The quality and safety markers will measure the percentage of operations during which the three parts of the surgical checklist are used.

**Medication safety**

- Medication errors can be reduced by:
  - medicine reconciliation
  - standardising processes for prescribing and administration of medicines
  - identifying high-risk medicines/situations
  - the roll-out of electronic medicines management initiatives.
- International evidence shows that, with the right interventions, preventable adverse drug events can be reduced by around a quarter.

The process and outcome measures for medication safety are currently being developed.

**Falls**

- Older people have a higher risk of falling. International evidence supports a suite of interventions to reduce the number and harm from falls. For example, hospitals should undertake a falls risk assessment, and develop a care plan appropriate to the individual.
- International evidence shows, that with the right interventions, falls that result in fractures can be reduced by up to 30 percent.

The quality and safety markers will measure:

- the percentage of patients aged 75 and over who received a falls risk assessment
- the percentage of these that lead to an individual care plan.

**How can I be involved?**

We are creating a community of supporters, who will receive regular information about the campaign, and be invited to be actively involved in its development. To register, please go to the Commission’s website: [www.hqsc.govt.nz](http://www.hqsc.govt.nz), or email us at campaign@hqsc.govt.nz