

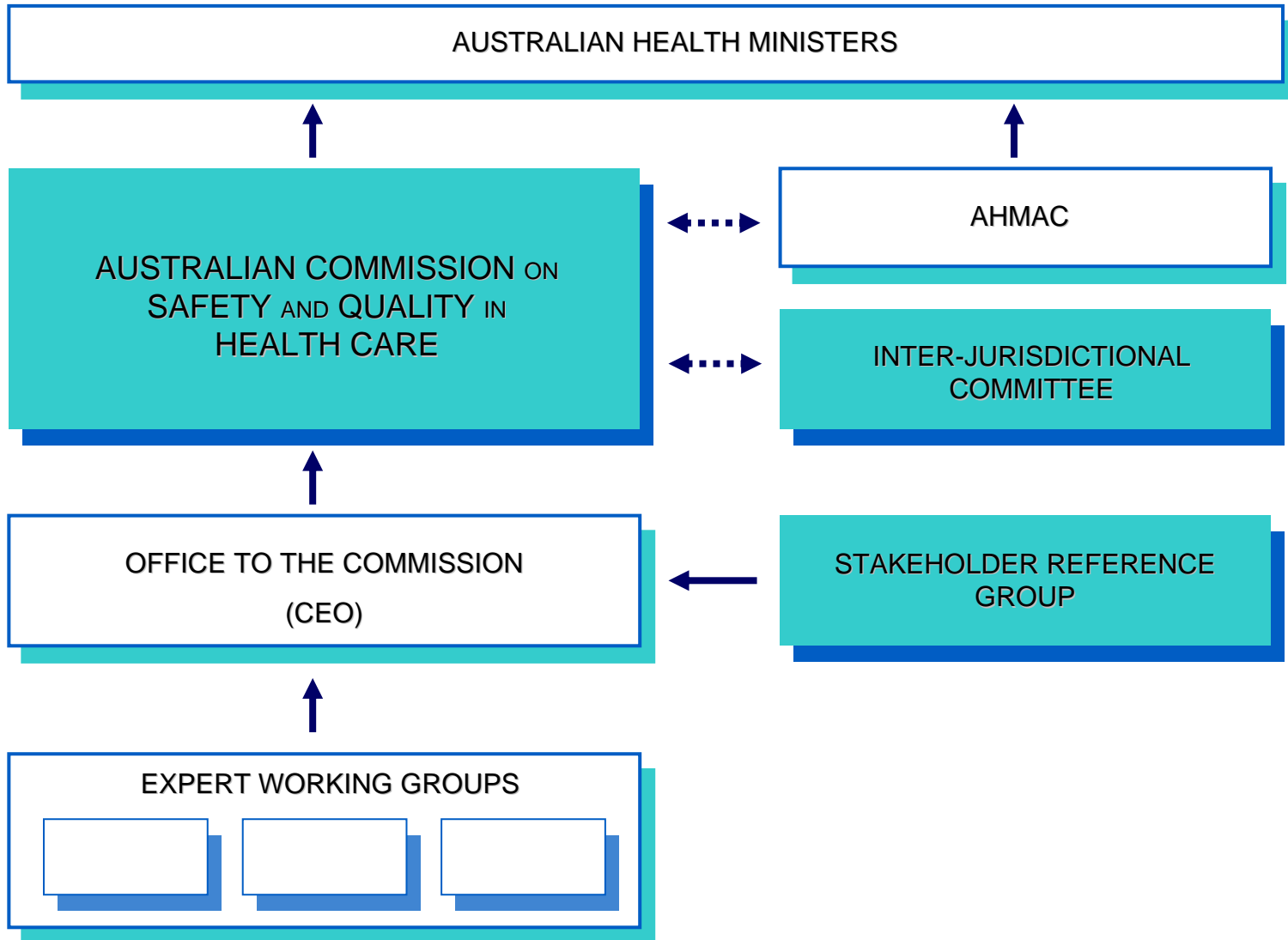
AUSTRALIAN COMMISSION ON
SAFETY AND QUALITY IN HEALTHCARE

Dr Diana Horvath AO
Chief Executive

Agenda

1. Governance Arrangements
2. The Commission
 - Role
 - Membership
 - Stakeholders
3. Matters from previous Council
4. Priorities

Governance



The Commission – Role

The Commission will undertake the following functions:

- ◆ lead and coordinate improvements in safety and quality in health care in Australia by identifying issues and policy directions, recommending priorities for action, disseminating knowledge, and advocating for safety and quality;
- ◆ report publicly on the state of safety and quality including performance against national standards;
- ◆ recommend national data sets for safety and quality, working within current multilateral governmental arrangements for data development, standards, collection and reporting;
- ◆ provide strategic advice to Health Ministers on ‘best practice’ thinking to drive quality improvement, including implementation strategies; and
- ◆ recommend nationally agreed standards for safety and quality improvement.

The Commission will formally report to all Health Ministers

The Commission – Membership composition

- ◆ **Independent Chair**
- ◆ **3 x AHMAC jurisdictional nominees** with at least 1 Chief Executive and 1 representative from Australian Government
- ◆ **1 x member with consumer background** in and knowledge of consumer issues and quality issues
- ◆ **1 x member with private health** care sector experience
- ◆ **1 x member with corporate enterprise** experience in running a complex industry (eg Health Insurance)
- ◆ **4 x members with recency of practice, clinical acceptability** and experience / knowledge of implementing and managing quality improvement for patient care (including 1 x GP and 1 x nursing)
- ◆ **1 x member with senior health services management** experience and knowledge in operational health system management

The Commission – Membership composition

- ◆ **Independent Chair**
- ◆ **Acting Chair** Mr Jim Birch (SA)
- ◆ Ms Rosemary Bryant (ACT)
- ◆ Ms Jane Halton (C'wealth)
- ◆ Ms Christine Gee (Q'l'd)
- ◆ Prof Katherine McGrath (NSW)
- ◆ Dr Christopher Newell (Tas)
- ◆ Dr Shiong Tan (WA)
- ◆ Prof Michael Ward (Q'l'd)
- ◆ Dr Tarun Weeramanthri (NT)
- ◆ Ms Jennifer Williams (Vic)
- ◆ A person with experience in Health Insurance.....

Stakeholder Reference Group/s

The Stakeholder Reference Group/s will undertake the following functions:

- ◆ responsible for providing information to, and drawing on the views of, a wide network of individuals on the priorities and policy directions of the national body;
- ◆ responsible for ensuring their home organisation is sufficiently informed and able to implement national policy; and
- ◆ accountable to the body for providing high quality advice.

A Stakeholder Management Plan is being prepared to inform the establishment process – **FORM FOLLOWS FUNCTION.**

Stakeholder Organisations

- ◆ ACHS
- ◆ AIH&W
- ◆ AHA
- ◆ AMA
- ◆ CPMC
- ◆ AMC & state boards
- ◆ ANC & state boards
- ◆ AHIA
- ◆ APHA
- ◆ RCNA
- CHF
- TGA
- HCCC
- AGPAL
- Medicare Australia
- NeHTA
- CEC
- CDAMS
- Medical Colleges
- WHO Patient Safety Alliance
- ACF
- Pharmacy Guild
- AHPA
- NH&MRC
- AHMAC
- NICS
- NATA
- ADGP
- MHC

Transferred matters from the previous Council

A Transition Taskforce has finalised most of the 183 projects, with fewer than 20 continuing into next financial year :

The major ongoing projects are:

- ◆ Open Disclosure Pilot (Q'l'd as lead contractor)
 - ◆ Safer Systems, Saving Lives (Vic as lead contractor)
 - ◆ National Inpatient Medication Chart (Maintainer role only)
 - ◆ National Critical Incident Report (AIH&W as lead contractor)
 - ◆ National Minimum Dataset (AIH&W)
 - ◆ Centre of Research Excellence (Monash)
- * * * * *
- ◆ The Commission will not be funding projects outside its own strategic workplan

Priorities

(for recommendation to ministers)

1. An agreed National Framework establishing specific accountabilities.
2. Specifically include ambulatory care, private sector & mental health.
3. Adopt national accreditation standards and contract out compliance measurement.
4. National Professional Registration.
5. Credentialing (not facility-based privileging).
6. Monitor & publicly report.
7. Relationships with other bodies.

Questions

