

2009 Program

Workshop 1:

5-6 March – Melbourne

Workshop 2:

7-8 May – Sydney

Site Visits:

17-21 August

Final Workshop:

14-15 October – Gold Coast (prior to Patient Safety Meeting)

Patient safety is a fundamental component of good patient care.



Standardising Actions For Excellent Patient Care

Health Roundtable SAFE Patient Care Program 2009

There are four clinical interventions at the heart of the SAFE Patient Care program, chosen because they relate to known major sources of harm in hospitals. We will be adapting materials from the Patient Safety First! Campaign in England to join in this international effort to reduce avoidable deaths in hospitals.

The clinical interventions at the heart of the SAFE Patient Care Program are:

- **Reducing harm from deterioration**
Aim: Reduce in-hospital cardiac arrest and mortality rate through earlier recognition and treatment of the deteriorating patient
- **Reducing harm in critical care**
Aim: Improve the care of patients receiving critical care through the reliable application of central line and ventilator care bundles
- **Reducing harm in peri-operative care**
Aim: Prevent surgical site infections for patients undergoing elective surgical procedures in the hospital setting
- **Reducing harm from high-risk medicines**
Aim: Reduce incorrect prescribing, dosing, and administration of anti-coagulants, opiates, insulin and injectable sedatives

The Health Roundtable Ltd.
PO Box 438
Turramurra, NSW 2074
Australia

Australia: (02) 9440-2016
New Zealand: (09) 889-2551
E-mail:
david.dean@healthroundtable.org

Standardising Actions For Excellent Patient Care

Health Roundtable SAFE Patient Care Program 2009

The Health Roundtable 'SAFE Patient Care Program' will provide members with the opportunity to benefit from the combined methodologies of Health Roundtable and Patient Safety First! to implement safer care regimes and build a safety culture in their organisations.

The Patient Safety First! Campaign in England aims to change the culture to one that makes the safety of patients the highest priority and makes ALL avoidable death and harm unacceptable.

The heart of our SAFE Patient Care Program to improve care by sharing good practice and learning 'to make the safety of patients everyone's highest priority.'

Our Approach

Health Services taking part in the SAFE Patient Care Program will select teams of up to five people to implement one of the four clinical initiatives selected for implementation during 2009. We will structure a collaborative program of three workshops, targeted site visits and regular coaching that provides:

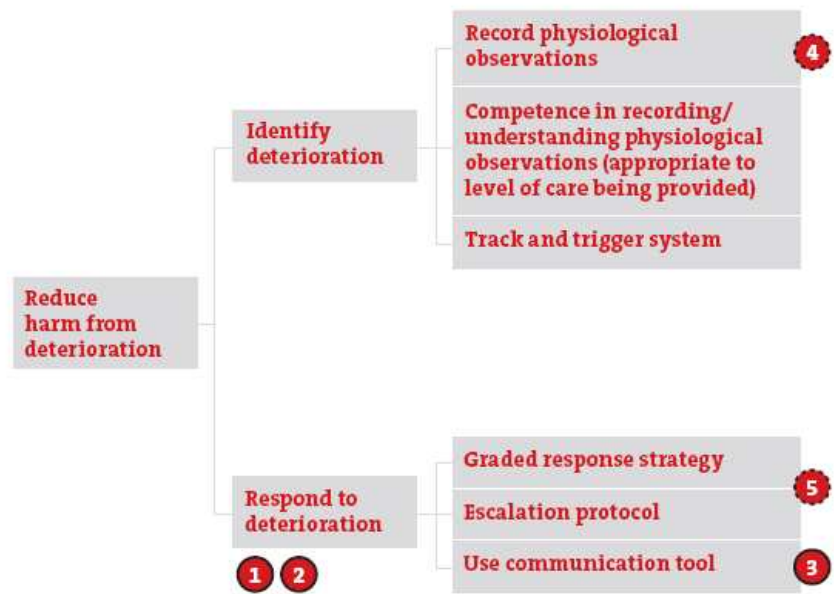
- **Expert assistance with the clinical interventions** – with input from Brian Dolan, our clinical consultant, and from Julie Wells and Stephen Ramsden of Luton & Dunstable Hospital NHS Foundation Trust. Stephen also leads the Patient Safety First Campaign in England.
- **Expert assistance with measurement and standardisation of work practices** – with input from our Lean Healthcare team of Michael Blatchford and Jamie Wilson
- **Expert assistance with change management issues** – with input from Psychologist Pieter Walker and Health Roundtable General Manager David Dean

The workshops, site visits and coaching sessions are spread over eight months, beginning in March 2009 to enable you to share issues and solutions with other teams on these key patient safety issues, concluding with an awards presentation at our Patient Safety Roundtable in October 2009.

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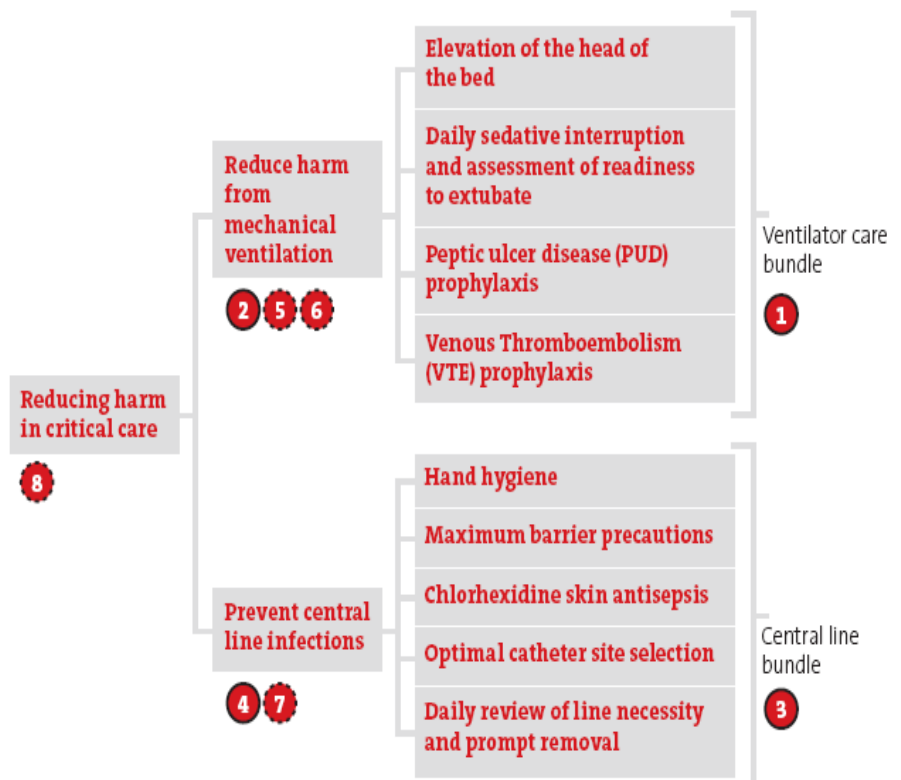
Reducing Harm from Deterioration



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Health Roundtable SAFE Patient Care Program 2009

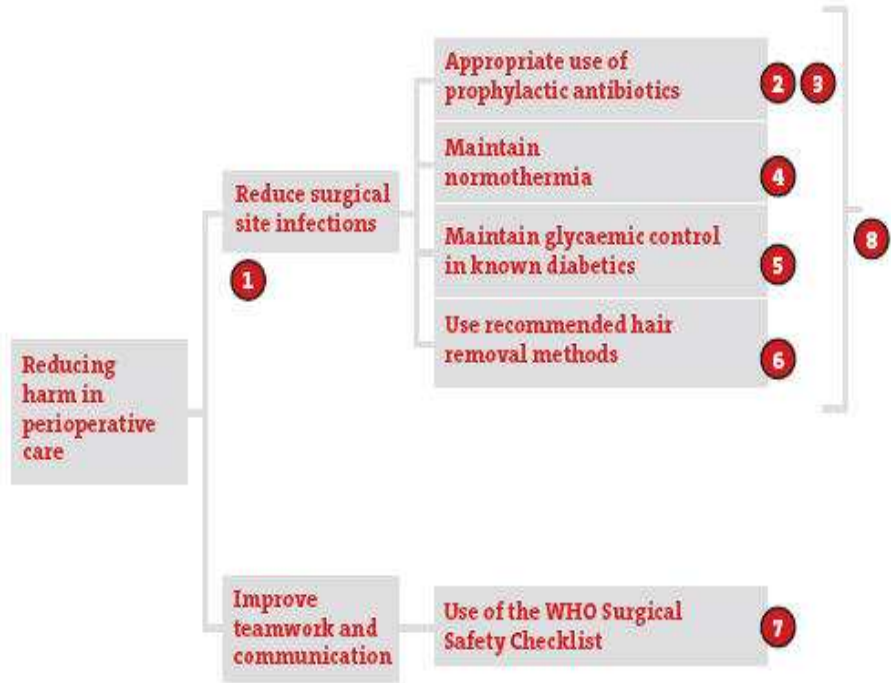
Reducing Harm in Critical Care



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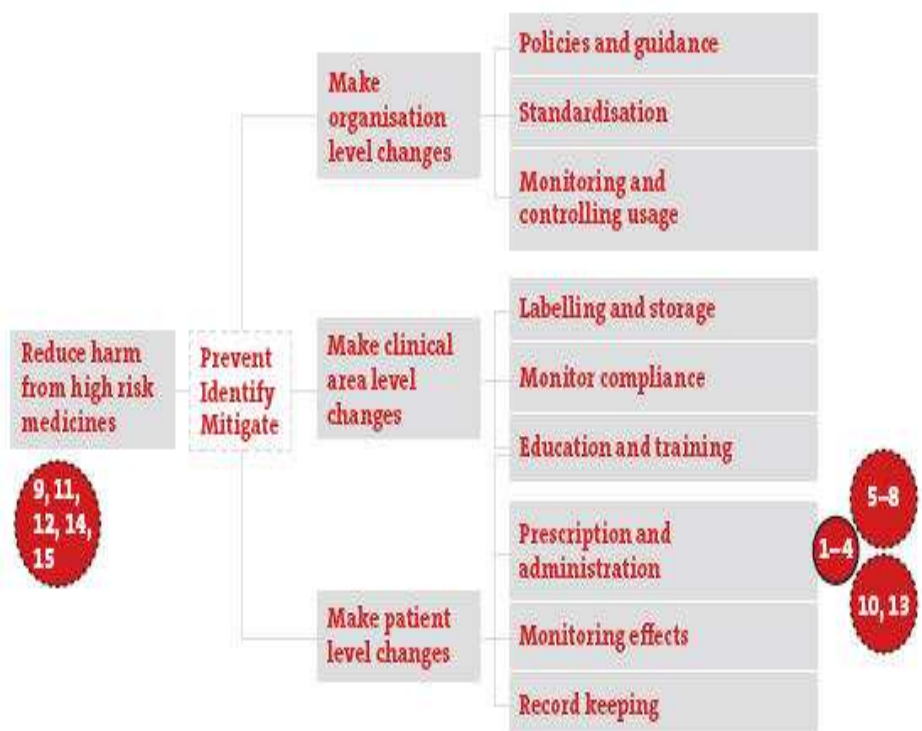
Reducing Harm in Perioperative Care



Standardising Actions For Excellent Patient Care

Health Roundtable SAFE Patient Care Program 2009

Reducing Harm from High Risk Medicines



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Health Roundtable SAFE Patient Care Program 2009

Eight Month Program

5-6 March - Workshop One - SAFE Program launch

Evidence and examples from the Patient Safety First campaign
Description of the harm reduction initiatives
How to collect baseline data
Developing your Goals and Aim Statements

March/April Fortnightly Teleconference with each team

7-8 May - Workshop Two - Designing your interventions

Review of baseline data and key safety issues
Designing interventions to address issues
Identifying change management approaches
Using the Plan/Do/Study/Act approach

June/July Fortnightly Teleconference with each team

17-21 August - Site Visits

Designated team members visit two or more other sites working on same initiative with the coaches
Meeting with full team at each site, members from other sites share their observations and ideas

September Weekly Teleconference with each team

14-15 October - Workshop Three - Celebrating your progress

Each team prepares review of progress on their interventions, issues, and further ideas
Awards program as part of Patient Safety Roundtable to share insights with other member organisations

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Who Should Participate?

Member Health Services wishing to participate should:

- **Set a Bold, Measurable “Aspirational” Goal to improve patient safety in one of the four harm-reduction initiatives:**
 - ⇒ Reducing harm from deterioration
 - ⇒ Reducing harm in critical care
 - ⇒ Reducing harm in perioperative care
 - ⇒ Reducing harm from high-risk medicines
- **Nominate a team of up to five people to participate.** The team should include senior stakeholders within the area seeking to improve patient care. All members should commit to being available to attend all workshops and coaching sessions.
- **Designate an Executive Sponsor** who will link the team with Senior Management to ensure that support, time and resources are available.

Cost of the Program

The fee for participation in the overall program will be \$A15,000 per team of up to five people who are working on the same clinical intervention at a member health service. The fee covers professional facilitation of the workshops, coaching, and teleconferencing costs and venue hire fees. Participants will pay travel, food and accommodation costs separately.

Participation in 2009 will be limited to a maximum of six teams per clinical initiative. Enrolment in the Program will be on a first-come, first-serve basis.

Please complete the Application Form on the next page and fax it to us as soon as possible to reserve your place.

Acknowledgements

We wish to thank and acknowledge the Institute for Health Care Improvement (IHI) for their support and contribution to the SAFE Patient Care Program. The material contained in Campaign Summaries, How To Guides and Reference/ Bibliography documents has been adapted from those created for their 1,000 Lives Campaign team and subsequently 5 Million Lives Campaigns. Thanks also to Wales’s 1,000 Lives Campaign team for the use of their materials. Thanks also to the English Safety First! Campaign team members and others for the use of their materials.

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The Health Roundtable SAFE Patient Care Program 2009 Project Team Application to Participate

It is essential that each participant in the SAFE Patient Care Program is aware of the expectations and time commitment required for the eight-month improvement process. Please review these requirements, and sign if you agree to them.

Executive Sponsor Agreement

1. I have approved the proposed project to be undertaken by the participants from my organisation
2. I have organised appropriate "back-fill" resources to enable the participants to attend all workshops and devote at least 2 hours per week to the project between workshops
3. I have set aside at least 1 hour of my time per fortnight to review the project with the team
4. I understand that it is essential to assist the team in expediting linkages between the team and other units in the health service that are involved in the process being examined by the team.
5. I understand that the professional fee and venue cost per team of up to five participants will be \$AUD 15,000 plus GST, and that travel, food and accommodation expenses for delegates are not included.

Select one Initiative Per Team: <input type="checkbox"/> Deteriorating Patient <input type="checkbox"/> Critical Care <input type="checkbox"/> Perioperative Care <input type="checkbox"/> High Risk Medications Team Aim Statement: (e.g. to improve XXX by YYY amount in ZZZ area)		
Executive Sponsor Name	Signature	Health Service Name
Email:		Phone:

Participant Agreement

1. I will make myself available to participate in all workshop sessions as scheduled.
2. I will set aside at least 4 hours per week to work on the selected project between the workshop sessions
3. I will participate in coaching teleconferences with our team and the Roundtable Facilitators

Participant / Job Title	Signature	Email / Phone
1		
2		
3		
4		
5		

Participants may be substituted prior to the start of the program, but any further substitution requires the consent of the facilitators.

Teams will be enrolled in the program in the order Completed Agreements are received, up to a maximum of six teams for each of the four initiatives.

**From Australia, please fax one agreement per team to (02) 9988-4552.
From New Zealand, please fax to +61 2 9988-4552.**