

# Partnering with the Clinical Excellence Commission

Evette Buono

Senior Manager, Knowledge, Evaluation & Research

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# Who we are and what we do

- A pillar organisation within NSW Health
  - Primary function is to improve patient safety by creating and supporting systems to monitor, manage and prevent avoidable patient harm
  - Most well known in the research community for our work in deteriorating patients (Between the Flags and Sepsis Kills), falls prevention, medication safety (including high risk medicines and antimicrobial stewardship) and infection control
  - The CEC also manages two key data systems: Quality Improvement Data System (QIDS) and Quality Audit Reporting System (QARS) – these provide clinicians and managers with access to safety data and a platform for audits and improvement work
- We play a key role in:
    - Critical response and monitoring serious incidents in NSW hospitals
    - Clinical governance and supporting NSW health facilities to meet the National Safety and Quality Health Service Standards
    - Building knowledge and capability in patient safety and quality improvement
    - Facilitating staff and patient safety through use of the Safety Fundamentals, engagement of consumers, open disclosure, improved teamwork and safety culture measurement

# Examples of improvement programs

Adult Patient  
Safety

Mental Health  
Patient Safety

Maternity,  
neonatal and  
paediatric safety

Older persons  
patient safety

Medication  
safety for all  
populations

VTE prevention

Be a voice for  
safety

Safety  
fundamentals  
and teamwork

# What the CEC may bring to a TRGS project

- Expert advice in key patient safety areas
  - State-wide perspective and knowledge of practices relevant to the area
  - Relationships with key stakeholders
  - Advice on feasibility of scale-up and spread
  - Dissemination of new knowledge among program leads, communities of practice or professional networks
  - Use of findings in future policies and programs
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- We are unable to commit to statewide implementation of a program, unless it aligns very closely with an existing program
  - Some program teams are very small (1-2 people) and thus may have the interest, but not the capacity, to support the project

# How to partner with us – EOI stage

## Early engagement

- Contact relevant CEC team or the Knowledge team
- Outline your project and why you are interested in partnering with the CEC
- Gather information from the CEC team and what they might bring to the project

## Review of proposal

- Send draft project proposal to CEC
- Outline the CEC's proposed role and resource commitment
- At this stage, the CEC may suggest and/or liaise with other NSW Health pillar or state-level organisations

> 1 month before closing date

## Preliminary outcome

- CEC team to review the proposal to determine:
  - Alignment with CEC strategy
  - Alignment with program work plans and priorities
  - Capacity of CEC staff to contribute
  - Interest in the research question
- CEC to inform researcher of outcome

If supported, allow at least one week for approval and signature of the CE

Allow 2 weeks for this process

# How to partner with us – full application

## Follow steps from EOI stage

- If the CEC has provided an early indication of support, proceed to next steps

## Refine full application

- Seek clarity regarding including the role of the CEC and/or CEC staff prior to developing the full application
- Share draft full applications with the CEC directorate/team involved

> 1 month before closing date

## CE approval

- Provide full application signed by lead organisation CEO for review and approval by the CEC Chief Executive
- Note that CEC staff will need to prepare a covering brief and/or meet with the CE prior to approval

Allow 2 weeks for this process

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Senior Manager, Knowledge, Evaluation & Research  
| Clinical Excellence Commission

**T** 0428 801 329

**E** [CEC-Knowledge@health.nsw.gov.au](mailto:CEC-Knowledge@health.nsw.gov.au)

**W** [cec.health.nsw.gov.au](http://cec.health.nsw.gov.au)

Level 17, McKell Building  
2-24 Rawson Place, Sydney NSW 2000

