

Partnering with the Clinical Excellence Commission

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CLINICAL
EXCELLENCE
COMMISSION



Acknowledgement of Country and Elders

I acknowledge the Traditional Custodians of the various lands on which we work today and the Aboriginal and Torres Strait Islander people participating in this virtual meeting.

I pay my respects to Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.



Recognition of living experience

We recognise and value consumers, patients, carers, loved ones and staff as partners in healthcare.

The voices of people with living experience are powerful. Their contribution is vital to the work of continuously improving safety and quality in our health system.



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 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



Examples of improvement programs

Adult Patient
Safety

Mental Health
Patient Safety

Maternal,
neonatal and
paediatric safety

Older persons
patient safety

Medication
safety for all
populations

VTE prevention

Be a voice for
safety

Safety
fundamentals
and teamwork

Year in Review

<https://www.cec.health.nsw.gov.au/about-the-cec/annual-reports-year-in-review>



NSW IPAC Framework for Respiratory and COVID Safe Healthcare

Foundational level provides the minimum Infection Prevention and Control (IPAC) measures for preventing and managing Acute Respiratory Infections (ARIs) and COVID-19. Tier 1 (yellow and amber) and Tier 2 (red) levels provide escalation of prevention/management strategies and guidance to NSW health facilities in response to the levels of transmission risk. Changes to risk level across state-wide, (including escalation or de-escalation) will be assessed by the Risk Escalation Review Panel (RERP) and directed by the NSW Health Secretary. Enhancement to IPAC may also be applied during foundational level, relevant to local epidemiology.

	TRANSMISSION RISK	CLINICAL & PATIENT CARE	VISITORS AND HEALTH WORKERS	GENERAL PRINCIPLES
Foundational Level Strategies	<p>System prepared</p> <ul style="list-style-type: none"> Implement strategies¹ to reduce risk of exposure Get tested as soon as symptoms develop to enable timely access to antiviral medications Patients with an acute respiratory infection (ARI) to wear a surgical mask on presentation and tested if able Standard precautions, Personal Protective Equipment (PPE) as per Transmission Based Precautions (TBP) as required Monitoring and management of cases through IPC contact tracing measures Outbreak management <ul style="list-style-type: none"> Plan as per local health requirements Review and maintenance of plans 	<ul style="list-style-type: none"> Adhere to visitor policy (see guide to healthcare visitors) <ul style="list-style-type: none"> By symptom screening Stay away if asymptomatic and be tested Positive health worker (PHW) - May have mild acute symptoms, resolve, asymptomatic positive RAT / PCR stay home at least until day 7 (see HWT returns to work) 	<ul style="list-style-type: none"> Vaccination (COVID-19 & flu recommended/required) Symptomatic testing (after home if symptomatic or confirmed COVID-19 / flu) Infection Prevention and Control² <ul style="list-style-type: none"> Hand respiratory hygiene PPE including masks / eye protection Close contact monitoring for symptoms IPC training on IPAC principles Adhere Precautions for ARIs (without generating behaviours) Outbreak ventilation³ HW to wear surgical mask and eye protection (if fit) for all ARIs and as per risk assessment HW - PPE/IPC: respirator and eye protection to be worn when managing suspected or confirmed COVID-19 and other communicable diseases patients as per TBP directions 	
Escalation Strategies Tier 1				
YELLOW	<p>Low to moderate transmission risk</p>	<ul style="list-style-type: none"> All Patients to wear a surgical mask on presentation and during transit if able Testing of suspected COVID-19 / flu / RSV and symptomatic ARI patients 	<ul style="list-style-type: none"> HW to wear surgical mask and eye protection for all ARIs HW and visitors to wear surgical mask in clinical and patient facing areas 	<ul style="list-style-type: none"> Consider increasing areas of mask wearing where indicated including publicly accessible areas
AMBER	<p>Moderate to high transmission risk</p>	<ul style="list-style-type: none"> All patients to wear a mask on presentation and during transit if able Symptomatic and selected surveillance testing of patients Zoning of patients as required 	<ul style="list-style-type: none"> HWs and visitors to wear surgical mask including non-clinical areas and shared spaces (e.g., in entry, corridors, office spaces) 	<p>High community prevalence and/or Outbreak</p> <ul style="list-style-type: none"> Outbreak management (see activated and scaled up) Mask wearing for visitors⁴ Limit visitor numbers Staff surveillance testing RAT screening of visitors Surge workflows, if required PCR COVID-19 / flu testing National medical stockpile - deployment of additional PPE if required Enhanced surveillance testing of patients
Tier 2				
RED	<p>High transmission risk</p>	<ul style="list-style-type: none"> Universal surgical masking All ED PHWs and PHWs providing direct care in shared areas to wear PPE/RS (respirators and eye protection) 	<ul style="list-style-type: none"> Capacity limits, contingency staffing Work from home, where possible Selective surveillance testing for HWs 	

¹ For example, Standard and TBP, visitor screening, PPE, case identification, discharge primary contact tracing, hand hygiene, cough/sneeze hygiene, optimising well-ventilated settings, environmental cleaning
² Implementation of IPAC measures determined by CEC principles, facility IPAC guidelines in accordance with local risk assessment and Work, Health & Safety policies
³ Acute care and disability residential care settings only. Visitors not required to wear masks at base level (no residents can see faces). However, facilities to assess their own risk and may require visitor mask wearing at all times
⁴ Refer to published guidance: [Outbreak ventilation for infection prevention and control in health care settings](#)

Case studies:

- Reflective practice
- Engaging consumers for safer systems
- Building safety system capability

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 of patient safety initiatives
- Dissemination of new knowledge among program leads, communities of practice or professional networks
- Use of findings in future policies and programs

Limitations:

- We are unable to commit to statewide implementation of a program, unless it aligns very closely with an existing program
- Note that some program teams are very small (1-2 people) and may have limited capacity to be involved

Levels of partnership with the CEC

Inform

Regular updates provided to CEC

Results may inform future CEC policies and programs

Consult

Research team seeks advice from CEC on an as needed basis for safety and quality issues

General advice on scale up and spread, stakeholder engagement

Involve

CEC actively contributes to an advisory committee, steering committee and/or working group

CEC actively supports knowledge dissemination among networks

Collaborate

CEC contributes to the co-design of the project, or analysis of findings

Findings can be directly integrated into CEC policies and programs to support implementation

How to partner with us – EOI stage

Early engagement

- Contact relevant CEC team or CEC-Knowledge@health.nsw.gov.au
- 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 EOI 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

> 4 weeks before closing date

Preliminary outcome

- CEC team to review the EOI to determine:
 - Alignment with CEC strategy
 - Alignment with program plans and priorities
 - Feasibility of participation from the CEC
- CEC to inform researcher of outcome

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 team involved

> 4 weeks before closing date

CE approval

- Provide full application for final review and approval by the CEC Chief Executive and/or Director
- Note that CEC staff will need to prepare a partnership proposal form and brief as part of this step

Allow 2 weeks for this process

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