Partnering with the Clinical Excellence Commission

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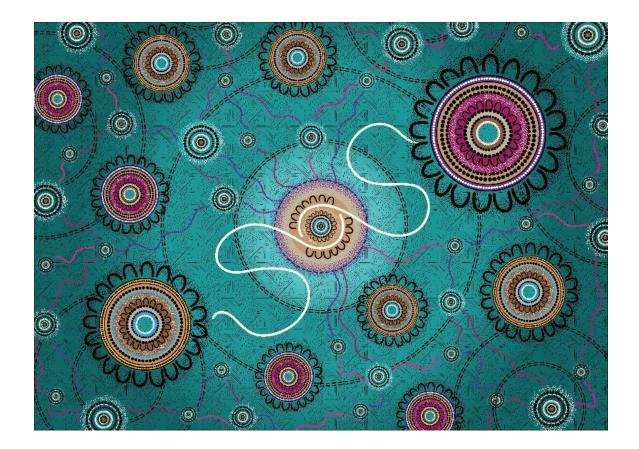




Acknowledgement of Country and Elders

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.

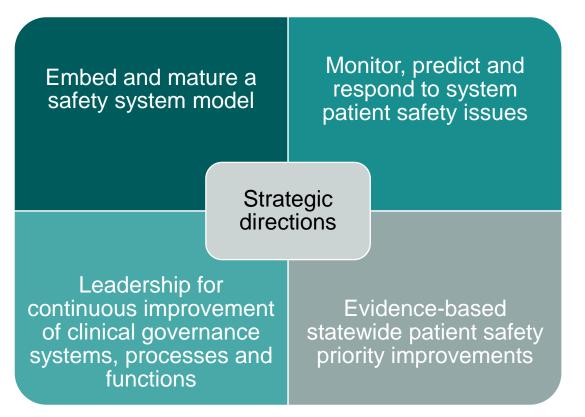
The voices of people with living experience are powerful. Their contribution is vital to the work of continuously improving safety and quality in our health system.





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





Year in Review

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

Major achievements:

- Reflective practice: Enhancing cultural safety and staff
 wellbeing in NSW Health
- NSW Medicines Formulary
- Quality Audit Reporting System



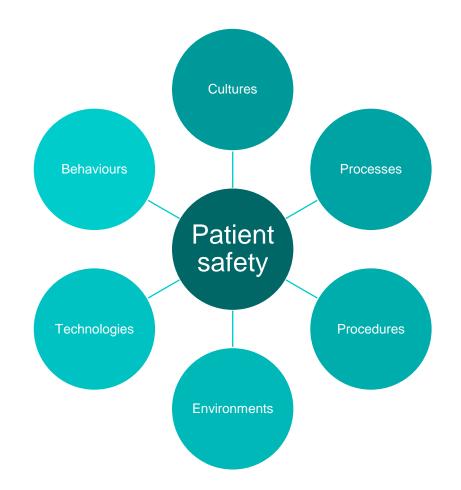
https://www.cec.health.nsw.gov.au/improve-quality/system-safetyculture/teamwork/reflective-practice



Patient safety defined

Clinical Governance in NSW Policy Directive

Patient safety aims to **prevent and reduce risks, errors and harm** and **improve human experience** during provision of health care

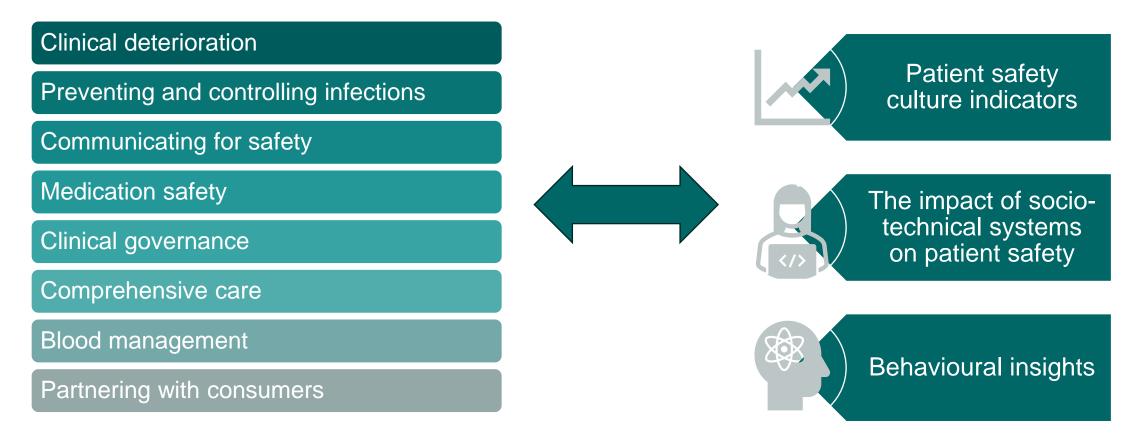


World Health Organization, Patient Safety (fact sheet), 2023. https://www.who.int/news-room/fact-sheets/detail/patient-safety



Potential research interest areas

Bringing together patient safety initiatives with innovative and novel change methods





What the CEC may bring to a TRGS project

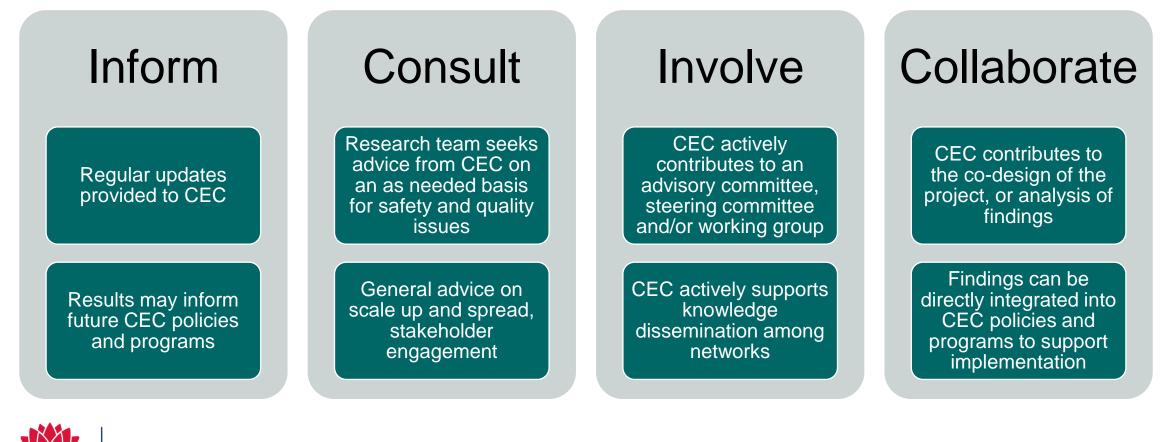
- Expert advice in key patient safety areas
- State-wide perspective and knowledge of practices relevant to the area
- Relationships with key stakeholders
- Advice on feasibility of scale-up and spread of patient safety initiatives
- Dissemination of new knowledge among program leads, communities of 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



How to partner with us

Early engagement

- Contact relevant CEC team or <u>CEC-</u> <u>Knowledge@health.nsw.gov.au</u>
- 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 application 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

Partner review and approval

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



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