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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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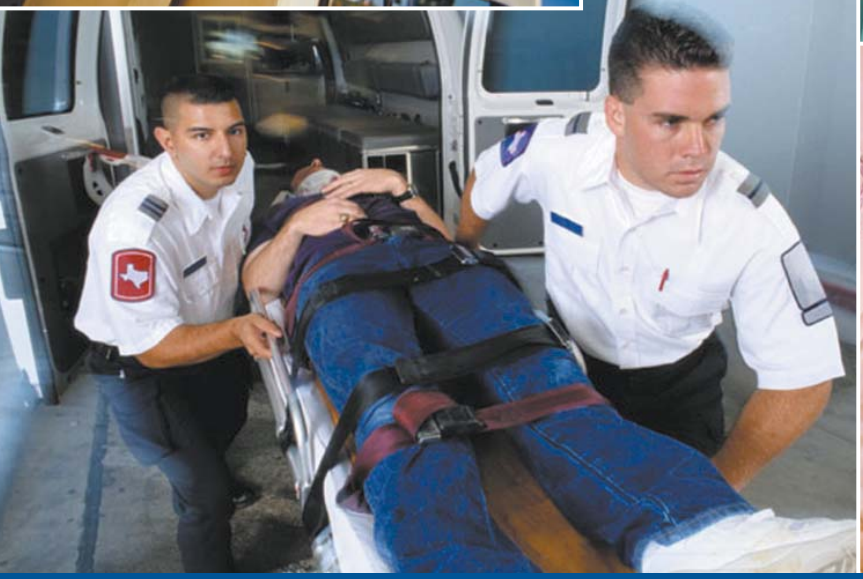
Safety+Quality
COUNCIL

National **Patient Safety** Education
Framework




The Australian Council for Safety and Quality in Health Care - July 2005

The Australian Council for Safety and Quality in Health Care

The Australian Council for Safety and Quality in Health Care was established in January 2000 by the Australian Government Health Minister with the support of all Australian Health Ministers to lead national efforts to improve the safety and quality of health care, with a particular focus on minimising the likelihood and effects of error. The Council reports annually to Health Ministers.

The National Patient Safety Education Framework is designed to provide a simple, flexible and accessible Framework that identifies the knowledge, skills, behaviours, attitudes and performance required by all health care workers in relation to patient safety. The Framework is accompanied by an extensive Bibliography which contains a summary of the literature used in the development of the Framework. Both documents were prepared by the Centre for Innovation in Professional Health Education at the University of Sydney on behalf of the Council.

Copies of this Framework and the accompanying Bibliography can be found at www.safetyandquality.org or by contacting the Office of the Safety and Quality Council on telephone: +61 2 6289 4244 or email to: safetyandquality@health.gov.au.

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Foreword

A clear and widely accepted understanding of the key concepts of patient safety and how they are part of everyday work in health care is critical in providing safe patient care. Health care workers are committed to their patients and are continually striving to improve their service and provide high quality care to all patients, however, in order to support continued improvement, education and training activities relating to patient safety need to be available for all health care workers

The Australian Council for Safety and Quality in Health Care has produced the National Patient Safety Education Framework to provide a simple, flexible and accessible Framework that identifies the knowledge, skills, behaviours, attitudes and performance required by all health care workers in relation to patient safety. The Framework is a world first product that has been developed through extensive research and consultation both nationally and internationally with input from all areas of the health workforce including contribution from international patient safety experts. The Framework is accompanied by an extensive Bibliography which reflects the evidence based nature of the Framework's development.

The Framework is patient-centred. It recognises that safety is everybody's business and is relevant for all health care workers at all levels. Given the complexity of the health system and diversity of the health workforce the Framework is a generic product that can be used in a variety of ways to suit different situations.

Individuals, organisations and institutions can use the Framework as a template or a guide when developing curricula, educational programs or training packages. For example, the Framework could be used by individuals as a self assessment tool for reviewing their own competence in specific areas and identifying areas for improvement. It may also be used by training providers to develop education packages, modules and tools on particular patient safety related topics such as managing risks and understanding health care errors. Universities, colleges, professional associations and hospitals may use the Framework as a basis for developing curricula and in-house training programs on patient safety. There is already great interest in the Framework and the vocational education and training sector is incorporating the Framework into its training packages.

The highly successful consultation phase in developing the Framework received input from a wide variety of stakeholders. The Council values this input and thanks all involved in the Framework's development for their contribution to making it such a valuable tool that will drive safety and quality education in Australia and we expect, in many other countries.

I encourage all involved in health care delivery to review the National Patient Safety Education Framework and adopt it in education and training activities. The Framework is an exciting new product which I believe will significantly help to embed patient-centred and safety-focused values in the culture and work of the Australian health workforce.

Professor Bruce Barraclough
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Contents

Important information to help you understand the Framework

What is the Framework?

The Framework is patient-centred and identifies the knowledge and performance required by all health care workers in relation to patient safety. It is designed to be flexible and can be used to develop curricula, competency-based training programs and other safety and quality initiatives.

NB: In the Framework we have used the term 'patient' to include consumer and client.

What's in a learning topic?

There are 22 learning topics, in each you will find:

- The *rationale*
- *Patient narratives* to highlight the topic from a patient's perspective
- *Levels of knowledge and performance* required for each category of health care worker (see below)
- The *content matrix* which was derived from the literature and best practice and contains the information used to create the framework knowledge and performance elements.

How is the Framework structured?

Four levels of knowledge and performance elements have been defined in the Framework. The level of knowledge and performance required by an individual is determined by their level of patient safety responsibility:

- **Level 1 Foundation** knowledge and performance elements are required by all Categories of health care workers (as defined below)
- **Level 2** knowledge and performance elements are required by health care workers in Categories 2 and 3
- **Level 3** knowledge and performance elements are required by health care workers in Category 3
- **Level 4 Organisational** knowledge and performance elements are required by health care workers in Category 4.

Please note that some knowledge and performance elements in levels 2 and 3 may not be relevant for all non-clinical managers.

Categories of health care workers have been defined as follows:

- **Category 1** – health care workers who provide support services (e.g. personal care workers, volunteers, transport, catering, cleaning and reception staff).
- **Category 2** – health care workers who provide direct clinical care to patients and work under supervision (e.g. ambulance officers, nurses, interns, resident medical officers and allied health workers).
- **Category 3** – health care workers with managerial, team leader and/or advanced clinical responsibilities (e.g. nurse unit managers, catering managers, department heads, registrars, allied health managers and senior clinicians).
- **Category 4** – clinical and administrative leaders with organisational responsibilities (e.g. CEOs, board members, directors of services and senior health department staff).

Health care workers can move through the Framework as they develop personally and professionally.

A Guide to the Framework

Each Learning Topic is differentiated by colour and is presented in the Framework using the following format for consistency and ease of curriculum development. Vertical tabs alert the reader to the relevant Level of the Framework to facilitate navigation through the document.

1. Communicating effectively

1.1 Involving patients and carers as partners in health care

Level 1 – Foundation

Knowledge and performance elements for ALL CATEGORIES* of health care workers

LEARNING OBJECTIVE

Provide patients and carers with the information they need when they need it.

KNOWLEDGE

A general understanding of:

1.1.1.1 the importance of respecting each patient's differences, religious and cultural beliefs, and

An applied knowledge of:

1.1.1.2 how to include patients and carers in discussions about safety[17]

1.1.1.3 how and when to use interpreter services.

PERFORMANCE ELEMENTS

(i) Respond in the appropriate way to a patient in your workplace

Demonstrates ability to:

1.1.1.4 actively encourage patients and carers to share their information

1.1.1.5 greet patients and carers appropriately[18]

1.1.1.6 listen carefully and be sensitive to patient and carer views[19]

1.1.1.7 ensure the patient or carer understands the information you have given them[19 20]

1.1.1.8 show empathy to patients and carers[19]

1.1.1.9 be honest with patients and carers[22]

1.1.1.10 show respect for patients and carers by being polite and avoiding negative comments[20]

1.1.1.11 comply with organisational protocols for electronic communication with patients and care

- Learning Area
- Learning Topic
- Patient Safety responsibility level and category(s) of health care worker targeted (see below)
- Overall learning objective for this learning topic
- The knowledge components that should be **understood** before demonstrating performance
- The knowledge components that should be **demonstrated** as part of work performance.
- The key performance element that should be demonstrated in the workplace
- The hierarchy of skills and behaviours needed to demonstrate the key performance element
- Learning descriptor numbers. Eg 1.1.1.11 The 11th performance descriptor in Learning Area 1, Learning Topic 1, Level 1 Foundation
- Categories of health care workers referred to in the learning topic responsibility level above

***CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

Patient Narratives

Patient narratives have been included for all learning topics. Fictitious names have been used for the majority of patient narratives, except where the patients are very well known (i.e. Mrs Whitaker and Libby Zion) or permission has been given by the family (i.e. Caroline Anderson).

We have highlighted Caroline's story below as it illustrates many of the issues surrounding patient safety including: involving patients and carers; continuity of care; managing risk; and medicating safely.

PATIENT NARRATIVES

Caroline's story

On 10 April 2001 Caroline, aged 37, was admitted to a city hospital and gave birth to her third child in an uncomplicated caesarean delivery. Dr A was the obstetrician and Dr B was the anaesthetist who set the epidural catheter. On 11 April Caroline reported that she felt a sharp pain in her spine and on the night before the epidural was removed she accidentally bumped the epidural site. During this time, Caroline repeatedly complained of pain and tenderness in the lumbar region. The anaesthetist, Dr B examined her and diagnosed 'muscular' pain. Still in pain and limping, Caroline was discharged from the city hospital on 17 April.

For the next seven days Caroline remained at her home in the country. She telephoned her obstetrician, Dr A about her fever, shaking, intense low back pain and headaches. On 24 April, the local medical officer, Dr C examined Caroline and her baby and recommended they both be admitted to the district hospital for back pain and jaundice respectively.

The admitting doctor at the district hospital, Dr D recorded that Caroline's back pain appeared to be situated at the S1 joint rather than at the epidural site. On 26 April, the baby's jaundice had improved, but Caroline had not yet been seen by the general practitioner, Dr E who admitted he had forgotten about her. The medical registrar, Dr F examined Caroline and diagnosed sacroiliitis. He discharged her with prescriptions for Oxycontin, Panadeine Forte and Voltaren. He also informed Caroline's obstetrician, Dr A of his diagnosis.

Caroline's pain was assisted by the medications until 2 May when her condition deteriorated. Her husband then took Caroline, who was in a delirious state, to the local country hospital. Shortly after arriving at the hospital on 3 May she started convulsing and mumbling incoherently. The local medical officer, Dr C recorded in the medical records '?excessive opiate usage, Sacroiliitis'. Her condition was critical by this stage and she was rushed by ambulance to the district hospital.

By the time she arrived at the district hospital, Caroline was unresponsive and needing intubation. Her pupils were noted to be dilated and fixed. Her condition did not improve and on 4 May she was transferred by ambulance to a second city hospital. At 1.30pm on Saturday 5 May, she was determined to have no brain function and life support was withdrawn.

A postmortem examination revealed an epidural abscess and meningitis involving the spinal cord from the lumbar region to the base of the brain with cultures revealing a Methicillin-resistant *Staphylococcus aureus* (MRSA) infection. Changes to the liver, heart and spleen were consistent with a diagnosis of septicaemia.

The coronial investigation concluded that Caroline's abscess could and should have been diagnosed earlier than it was. The following discussion of the Coroner's report into the death of Caroline Anderson highlights many of the issues addressed in the National Patient Safety Education Framework.

The observation that surfaced again and again in this story was the inadequacy in recording detailed and contemporaneous clinical notes and the regular incidence of notes being lost. The anaesthetist, Dr A was so concerned about Caroline's unusual pain that he consulted the medical library, but he didn't record this in her clinical notes. He also failed to communicate the risk of what he now thought to be 'neuropathic' pain to Caroline or ensure that she was fully investigated before being discharged. There were also concerns that evidence-based guidelines were not followed with respect to Dr A scrubbing prior to the epidural insertion as it was the view of an independent expert that the bacteria that caused the abscess was most likely to have originated from the staff or environment at the city hospital.

It was clear that Caroline would be managed by others after her discharge; however she was not involved as a partner in her health care by being given instructions about the need to seek medical attention if her back pain worsened. Similarly no referral letter or phone call was made to her local medical officer, Dr C.

It was the Coroner's opinion that each of the doctors who examined Caroline after she returned to the country was hasty in reaching a diagnosis, mistakenly believing that any major problem would be picked up by someone else down the track. Her local medical officer, Dr C only made a very cursory examination of Caroline as he knew she was being admitted to the district hospital. The admitting doctor, Dr D thought there was a 30 per cent chance of Caroline having an epidural abscess but didn't record it in the notes because he believed it was obvious. In a major departure from accepted medical practice, Dr E agreed to see Caroline and simply forgot about it.

The last doctor to examine Caroline at the district hospital was the medical registrar, Dr F who discharged her with prescriptions for strong analgesics without fully investigating his provisional diagnosis of sacroiliitis, which he thought could have been post operative or infective. With regards to medicating safely, Dr F's hand-written notes to Caroline were considered vague and ambiguous in instructing her to increase the dose of Oxycontin if the pain increased, while at the same time monitoring specific changes. The notes Dr F made on a piece of paper detailing his examination and the possible need for magnetic resonance imaging (MRI) have never been found.

The one doctor who the Coroner believed could have taken global responsibility for Caroline's care was her obstetrician, Dr A. He was phoned at least three times after her discharge from the city hospital with reports of her continuing pain and problems, but failed to realise the seriousness of her condition.

From the birth of her child to her death 25 days later, Caroline was admitted to four different hospitals and there was a need for proper continuity of care in the handover of responsibilities from each set of medical and nursing staff to another. The failure to keep adequate notes with provisional/differential diagnoses and investigations and provide discharge summaries and referrals led to a delay in the diagnosis of a life-threatening abscess and ultimately Caroline's death.

Inquest into the death of Caroline Barbara Anderson. Coroner's Court, Westmead, 9 March 2004.

Principles underpinning the Framework

Framework principles

The following principles underpin the Framework.

Safety is everybody's business

The context for the National Patient Safety Education Framework is the individual health care worker in their workplace. Reducing adverse events and improving the quality of health care for the community can be achieved with well-prepared health care workers who have the intention to and are ready to work safely. Health care workers who are educated and trained to work together can reduce risks to patients, themselves and their colleagues and when they manage incidents proactively and maximise opportunities to learn from adverse events and near misses. Organisations also have a responsibility to provide the appropriate systems and support to enable their workforce to learn and apply the skills and knowledge required for patient safety.

In the past most training and education in health care has been delivered using the learning objectives of a particular profession, occupation or discipline. This segregated approach is not appropriate in today's health care system where complexity, technology and specialisation are the norm. This Framework moves away from the 'silo' approach to training and education by identifying the learning necessary for each health care worker depending on their relationship or association with patients, clients or carers.

Being patient-centred

This patient-centred Framework puts patients, clients and carers at the centre of health care learning and service delivery. The underpinning knowledge and the required demonstration of performance are designed to promote patient safety. Much of the content in the Framework will require health care workers to change the way they currently work.

Patients and the wider community have largely been passive observers to the significant changes in health care over the last three decades with the result that many patients do not fully participate in decisions about their health care. Nor have they been involved in discussions about the best way to deliver health services. The current clinician-centred and disease-focussed model emphasises professional and organisational domains without consideration of the patients who are at the receiving end of health care. Patients need to be at the centre of care; not at the receiving end of care.

There is strong evidence that patients can effectively self-manage their conditions with appropriate support. Decreased attention to the acute setting and increased attention to treating patients in multiple sites requires health care workers to put patient interests first—to seek and provide full information, to be respectful of their cultural and religious differences, to seek permission to treat and work with them, to be honest when things go wrong or the care is suboptimal and to focus health care services on prevention and minimisation of risk or harm.

The consumer perspective

Consumer perspectives on health care reflect the changing needs for care over the individual's lifecycle associated with staying healthy, getting better, living with illness or disability and coping with the end of life. The changing health care environment[1]—including a shift from acute to chronic care, the need to handle a continually expanding evidence base and technological innovations, complex delivery arrangements, more care in teams and changing provider-patient relationships—have created new demands on the health care workforce. The Framework recognises this changing environment and caters for a wide variety of patients in multiple situations and locations being treated by multiple health care workers.

Emphasising the importance of quality health care

The Framework recognises that if there is good quality health care then patient safety is enhanced. Therefore the dimensions of quality health care—safety, effectiveness, appropriateness, efficiency, and access[2]—have been included as themes in all the Learning Topics and are embedded in the Framework.

Simple, flexible and accessible

The Framework is simple, flexible and accessible to stakeholders. This approach was necessary because of the complexity of the workplace and the breadth of knowledge, skills, behaviours and attitudes associated with the learning topics. Organisational stakeholders' needs in relation to developing curricula, workplace programs and workplace reforms and the

1 Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st Century*. Washington DC: National Academy Press, 2001.

2 *A Framework for managing the quality of health services in New South Wales.* Sydney: NSW Health, 1999.

professional development needs of individual health care workers were prime considerations in determining the structure and presentation format for the Framework.

All users of the Framework need to be able to easily navigate the topics and levels. This Framework allows the organisation or individual learner to identify the level of knowledge and performance they require to do their work or those they require if they wish to assume more responsibility for patient care or service delivery. While the Framework's Foundation Level applies to all health care workers there will be a few instances in which a particular set of knowledge or skills may not apply to every health care worker. For example a manager of food services who, because of their managerial responsibilities would be a Level 3 learner, may not require the Level 3 knowledge and performance around clinical practice.

Generic

The Framework is designed for all health care workers. Training and education frameworks in the past have usually targeted a particular profession or segment of workers. This Framework assumes that safety is everybody's business, not just the responsibility of doctors or nurses or a particular occupational group for a narrowly defined activity.

A patient-centred framework starts with the patient and then asks 'what does this health care worker need to know today to keep this patient safe?' Therefore this Framework identifies the knowledge, skills, behaviours and attitudes that are required by all health care workers in the workplace. In summary, a competent health care worker: will know how to communicate effectively with patients, colleagues and managers; is well prepared, has the intention and is ready to work safely; reduces risks to patients, themselves, and their colleagues; works safely even after all foreseeable risks have been reduced; manages incidents appropriately; and learns from their mistakes.

Use of standardised, easily understood language

The Framework has undergone plain English editing to ensure its comprehensibility. It is accompanied by a glossary that introduces words and concepts that may not be familiar to all health care workers. The use of standard terms across all levels will help create a safer environment by creating a culture where language about safety is not only common but understood in the same way by all, irrespective of the position they hold in an organisation.

Evidence based or identifiably best practice

The Framework has been built using the best available evidence from the literature about what people do that works to keep patients safe and from the experiences of health care workers at the coalface.

Template for workplace and institutional learning

This Framework is not a curriculum for patient safety, rather it is a template from which individuals, organisations and institutions can develop curricula, educational programs or training packages confident that their programs will correctly identify the knowledge, skills, behaviours and attitudes required by health care workers in the area of patient safety.

Educational principles

The following educational principles were used during the development of the Framework.

Building a matrix that integrates learning both horizontally and vertically

The Framework describes the required learning using a 'curriculum matrix' approach.

This approach, typical of a wide range of frameworks or curricula, lends itself particularly to modularisation and hence the building of new programs as well as integration with existing programs.

Horizontally the scope of the Framework integrates the content of 22 learning topics across seven key learning areas. The content of each learning topic has a consistent internal structure which supports modular use.

Vertical integration in the Framework is more subtle, using four levels of patient safety responsibility for each learning topic — Level 1 Foundation, Level 2, Level 3 and Level 4 Organisational. The specific work roles of health care workers and organisations can be viewed against these generic levels of responsibility.

This integration, based on content and generic responsibility levels, means that the Framework can be independent of, but adaptable to, individual workplace duty statements.

Analysis by learning domains

The Framework content matrix uses the classical learning domains of knowledge, skills, behaviours and attitudes to identify the required learning within each learning topic. Using these domains has provided a 'first principles' approach to the

analysis of learning requirements. It has kept the focus on patient safety as evidenced in the literature, giving flexibility to how the learning requirements might be allocated to specific health care worker positions.

This first principles analysis of required learning has been translated into a performance-based learning guide. This was done by distinguishing between knowledge as general understanding and applied knowledge, while skills, behaviours and attitudes were coalesced into performance elements. Both the content matrix and performance based format are presented in the Framework documentation to preserve the relationship between the original analysis and the performance-based version.

Progressive level of knowledge, skills, behaviours and attitudes for all health care workers

While safety is everybody's concern not everybody has the same responsibilities. This Framework recognises the different levels of knowledge, skills, behaviours and attitudes required depending on where a health care worker works and their level of clinical or managerial responsibly for patients and clients.

The Framework commences with a Foundation Level of knowledge, skills, behaviours and attitudes that are relevant and apply to everyone working in health care, irrespective of their role, rank or location. Levels 2 and 3 are designed for those with more hands-on clinical and managerial responsibilities. An additional level has been developed for organisations (Level 4). The learning outcomes are determined by the position of the health care worker and the place where they work. However, there will be nothing to prevent any health care worker achieving learning outcomes from levels more advanced than the one relevant to their current position.

Specifying 'performance'

The Framework describes required learning in terms of performance elements. This provides a useful starting point for practice or workplace-based training that relies on performance or competency based assessment. The decision by a health industry organisation or training provider to choose a competency based approach to assessment or credentialling will be their own. The Framework performance elements will provide both learners and educators with a clear starting point to describe how successful learning might be demonstrated.

It is important to note that the Framework does not specify full assessment or competency criteria. The detailed requirements for these will need to match the specific learning outcomes and activities of the curriculum adopted.

Assuming adult learning principles

The Framework draws on its educational approach from the widely accepted principles of adult learning. It assumes that health workers will bring to its implementation a mature learner's view of life and learning.

While there will be performance elements in the Framework's learning topics that will be new to many health care workers, the project's broad consultation process has shown that much of what needs to be formally learnt and assessed relates closely to existing work and life experiences.

Recognition of prior learning or current competency

The Framework is designed so that health care workers can move between levels, but ensures that each health care worker has the knowledge, skills, behaviours and attitudes required for the current position they hold.

The performance-based nature of the Framework allows for health care workers' prior learning and current competency to be taken into account.

Supporting the design of practice-based implementation

As the whole thrust of the Framework is to educate for workplace performance it relies on learning activities to be practice-based. Practice-based learning is a general term for learning that takes place as far as possible in the context of the learner's current work or professional environment. Learning activities, including assessments, need to be as authentic as possible and based on the requirements of the work role.

An integrated approach

Most modern curricula include the notion of integrated learning. This means simply that one part of the curriculum is not taught in isolation from other related or relevant pieces of learning.

The Framework aims to integrate learning requirements across all levels of the health care system, with particular emphasis on the both the foundation and organisational (or senior managerial) level. The latter will enable managers to support and positively reinforce the integration of learning about patient safety throughout the whole organisation, particularly with critical strategies such as team learning.

1 Communicating effectively

RATIONALE FOR THIS LEARNING AREA

A common theme in written material about quality and safety is the importance of communication among management, health care workers, patients and carers. Communicating accurate information in a timely way is not easy and there are few standard ways for communicating information within and between health care services.

Successful communication is often reliant on informal discussions between staff and their understanding of the workplace. There is a lot written about the link between mistakes and poor communication—either nil, inadequate[1-4] or wrong—and treatment outcomes are often determined by how well doctors communicate with other health care workers[5-10] and patients.[3 11-16]

Teaching the skills to facilitate better communication between health care workers and patients is common now in education programs for student doctors, nurses and allied health care workers; however, learning how to communicate in a complex environment such as a hospital is still uncommon.

From their first day of employment, health care workers are expected to know the methods used to communicate with a range of other staff and patients in a range of departments and clinical settings. The way health care workers experience their orientation to the workplace is relevant to their understanding of the role the system plays in adverse events.[17 12 18]

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1. Communicating effectively

1.1 Involving patients and carers as partners in health care

RATIONALE

A health care team is made up of more than the health care workers and professionals; the team also includes the patient and/or their carer.[1-4] Patients and carers play a key role in ensuring safe health care by: helping with the diagnosis; deciding about appropriate treatments; choosing an experienced and safe provider; ensuring that treatments are appropriately administered; as well as identifying adverse events and taking appropriate action.[5 6]

Currently the health care system underutilises the expertise patients can bring to the health care partnership. In addition to knowledge about their symptoms, pain, preferences and attitudes to risk, they are a second pair of eyes if something unexpected happens. They can alert a health care worker if the medication they are about to receive is not what they usually take, which acts as a warning to the team that checks should be made.

Research has shown that there are fewer errors and better treatment outcomes when there is good communication between patients and their carers and when patients are fully informed and educated about their medications.[7-14] Poor communication between doctors, patients and their carers has also emerged as a common reason for patients taking legal action against health care providers.[15 16]

PATIENT NARRATIVES

A woman suffers from a ruptured ectopic pregnancy

Samantha was 6½ weeks pregnant (via donor insemination) when she was referred by her general practitioner for an urgent ultrasound. Trans-abdominal and trans-vaginal ultrasounds suggested a right-sided ectopic pregnancy. During the procedure the radiographer asked Samantha when she would be consulting her medical practitioner. She said that it would be midday on the following day. The only discussion that followed was whether she would take the films with her or whether the clinic would courier them to the specialist. It was finally decided that she would take them with her.

Samantha was given the films in a sealed envelope marked 'To be opened only by the referring doctor'. At no time was she advised of the seriousness of her condition or to report to her doctor immediately. When Samantha arrived home she decided to open the envelope and read the ultrasound report. She immediately understood the gravity of her situation and urgently called her GP who advised her that she needed to be admitted to hospital immediately.

At 9pm she was admitted to hospital and underwent major abdominal surgery for a ruptured ectopic pregnancy. This story highlights the importance of full engagement with patients.

Case Studies—Investigations. *Health Care Complaints Commission Annual Report 1999–2000: 60.*

A carer resolves issues about his mother's treatment

Maria, aged 82, sustained a minor fracture to her hip after a domestic fall and was admitted to hospital. Up to this time, Maria had been active and received care at home from her son Nick. After two days, the hospital made an assessment of Maria that found her unsuitable for rehabilitation. Maria spoke little English and there was no interpreter to explain the hospital's assessment to her. Maria quickly lost confidence in the hospital. Nick thought that it was too early to forecast his mother's prognosis for recovery and was upset that the hospital refused to provide a copy of her X-ray report to her general practitioner. Nick contacted the Patient Support Office (PSO) when he learnt that the hospital planned to seek a guardianship order to facilitate Maria's transfer to a nursing home.

A resolution meeting was planned between the PSO officer, Nick and key members of the treating team. It was decided to a do a trial to see if Maria responded to rehabilitation. The team also agreed to release the X-ray report. Maria was transferred to the rehabilitation unit and successfully undertook therapy. She was later discharged home to Nick's care with community based support.
This good outcome could not have happened without the involvement of Nick and his mother in the discussions about her treatment.

Health Care Complaints Commission. *Case Studies—Volume 1*. Sydney: HCCC, 2003: 11.

1. Communicating effectively

1.1 Involving patients and carers as partners in health care
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care worker*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Provide patients and carers with the information they need when they need it.**	**Use good communication and know its role in effective health care relationships.**	**Maximise opportunities for staff to involve patients and carers in their care and treatment.**	**Develop strategies for staff to include patients and carers in planning and delivering health care services.**
Knowledge	Know how to include patients and carers in discussions about safety.[17] Know the importance of respecting each patient's differences, values, preferences and needs.[17]	Know the range of interpersonal communication principles and processes.[18 19 22 23] Know the meaning of patient-centred health care.[18 24] Know the models of clinician–patient relationships.[25] Know the basic methods for educating patients and carers.[17 18 20 27-29] Know the principles of shared decision making.[20 26] Know the barriers to good communication.	Know the models and characteristics of decision making in health care.[22 23 37] Know how patients and carers can improve outcomes through partnerships with health care providers. [8 35] Know how to involve patients and carers in health improvement activities.[1 17 26 38] Know how patients and carers can be involved in educating health care professionals.[6 31] Know the effectiveness of methods for educating patients about their conditions.[17 18 20 27-29]	Know the key principles underpinning partnerships with consumers, patients and carers.[39] Know how to engage consumers, patients and carers at every level of health care service delivery.[39] Know how to involve consumers, patients and carers in health improvement activities.[1 17 26 38]
Skills	Greet patients and carers appropriately.[18] Listen attentively to patients and carers.[19] Ensure the patient or carer understands the information you have given to them.[19 20] Actively encourage patients and carers to share information they have. Comply with organisational protocols for electronic communication with patients and carers. Know how and when to use interpreter services.	Actively explain to patients and carers about their role in care, decision-making and preventing adverse events. Actively encourage patients to provide complete information without embarrassment or hesitation. Involve patients and carers at every level of decision making.[6 31] Use a range of different skills and strategies to communicate with patients and carers.[18 30] Provide information appropriately and completely.[32] Know the value of self-management programs for people with chronic disease.[17 33 34] Manage difficult situations.[32] Set the stage for the patient encounter.[18 32]	Regularly provide feedback to staff about their interactions with patients and carers.[6] Produce appropriate information packages for patients and carers about a range of conditions.[31] Implement self-management plans for people with chronic illness.[3 33 34] Encourage patients and carers to ask questions and provide regular feedback about the service.[31]	Actively seek suggestions from consumers, patients and carers on improvements to health care. Provide regular reports to staff about the importance of engaging consumers, patients and carers in health care delivery. Foster community awareness about the role patients and the community can play in improving health care and making the health care system safe. Develop a variety of methods for fostering routine collaborations with consumers, patients and carers. Incorporate protocols for appropriate electronic communication between staff, patients and carers.

1. Communicating effectively continued

1.1 Involving patients and carers as partners in health care Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills Continued		Acknowledge the patient's perspective.[32] End the patient encounter appropriately.[32] Give information to patients and carers in a manner they can understand.[32] Involve patients in decisions about their health care, such as handovers and discharge processes.[27 35] Appropriately involve carers who accompany patients.[18] Ensure patients and carers are informed about how information is shared within teams and between those who will be providing their care.[36]		
Behaviours & attitudes	Show empathy to patients and carers.[19] Be honest with patients and carers.[21] Show respect for patients and carers by being courteous and avoiding any negative comments.[20]	Be sensitive to a patient's views when discussing health care.[18 21 25] Be sensitive to cultural and personal factors that might influence interactions with patients.[18] Be sensitive to the uncertainty and anxiety that patients' carers may experience.[18] Respect patient confidentiality.	Maximise opportunities for patients to be involved in their care and treatment. Be a leader by showing respect for patients and carers at all times, especially when patients or carers are at risk of being perceived as too difficult to manage.[21] Provide patients with routine access to their medical records.[1]	Respect the role patients and the community can play in improving health care. Support the role of consumers, patients and carers in making the health care system safe. Provide positive feedback and recognition for staff who engage effectively with consumers, patients and carers.

1. Communicating effectively

1.1 Involving patients and carers as partners in health care

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Provide patients and carers with the information they need when they need it.

KNOWLEDGE

A general understanding of:

1.1.1.1 the importance of respecting each patient's differences, religious and cultural beliefs, and individual needs.[17]

An applied knowledge of:

1.1.1.2 how to include patients and carers in discussions about safety[17]

1.1.1.3 how and when to use interpreter services.

PERFORMANCE ELEMENTS

(i) Respond in the appropriate way to a patient in your workplace

Demonstrates ability to:

1.1.1.4 actively encourage patients and carers to share their information

1.1.1.5 greet patients and carers appropriately[18]

1.1.1.6 listen carefully and be sensitive to patient and carer views[19]

1.1.1.7 ensure the patient or carer understands the information you have given them[19 20]

1.1.1.8 show empathy to patients and carers[19]

1.1.1.9 be honest with patients and carers[21]

1.1.1.10 show respect for patients and carers by being polite and avoiding negative comments[20]

1.1.1.11 comply with organisational protocols for electronic communication with patients and carers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.1 Involving patients and carers as partners in health care

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use good communication and know its role in effective health care relationships.

KNOWLEDGE

A general understanding of:

1.1.2.1 the range of interpersonal communication principles and processes[18 19 22 23]
1.1.2.2 the meaning of patient-centred health care[18 24]
1.1.2.3 the models of clinician–patient relationships[25]
1.1.2.4 the principles of shared decision making[20 26]
1.1.2.5 the barriers to good communication.

An applied knowledge of:

1.1.2.6 the basic methods used for educating patients and carers[17 18 20 27-29]
1.1.2.7 cultural and personal factors that might influence interactions with patients.[18]

PERFORMANCE ELEMENTS

(i) Use a number of different skills and strategies to accomplish communication tasks[18 30]

Demonstrates ability to:

1.1.2.8 actively explain to patients and carers their role in care, decision-making and preventing adverse events
1.1.2.9 actively encourage patients to provide complete information without embarrassment or hesitation
1.1.2.10 involve patients or their carers at every level of decision making[6 31]
1.1.2.11 provide information appropriately and completely[32]
1.1.2.12 recommend patient self-management programs[17 33 34]
1.1.2.13 utilise conflict resolution skills[32]
1.1.2.14 provide an appropriate environment for the patient encounter[18 32]
1.1.2.15 end the patient encounter appropriately[32]
1.1.2.16 develop and give information to patients and carers in a manner they can understand[32]
1.1.2.17 involve patients or carers in decisions about their health care, such as handovers and discharge processes.[27 35]

(ii) Be sensitive to the uncertainty, anxiety, embarrassment of loss of dignity that patients or carers may experience[18]

Demonstrates ability to:

1.1.2.18 appropriately involve carers who accompany patients[18]
1.1.2.19 be sensitive to a patient's views[18 21 25]
1.1.2.20 be sensitive to the uncertainty and anxiety that patients' carers may experience[18]
1.1.2.21 inform patients about how information is shared within teams and between those who will be providing their care[36]
1.1.2.22 respect patient confidentiality.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.1 Involving patients and carers as partners in health care

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Maximise opportunities for staff to involve patients and carers in their care and treatment.

KNOWLEDGE

A general understanding of:

1.1.3.1 the models and characteristics of treatment decision making[22 23 37]

1.1.3.2 how patients and carers can improve outcomes through partnerships with health care providers.[8 35]

An applied knowledge of:

1.1.3.3 how to involve patients and carers in health improvement activities[1 17 26 38]

1.1.3.4 how patients can be involved in educating health care workers[6 31]

1.1.3.5 the effectiveness of methods for educating patients about their conditions.[17 18 20 27-29]

PERFORMANCE ELEMENTS

(i) Maximise opportunities for staff to involve patients and carers in their care and treatment

Demonstrates ability to:

1.1.3.6 provide information packages for patients and carers about a range of conditions[31]

1.1.3.7 implement self-management plans for people with chronic illness[3 33 34]

1.1.3.8 provide patients with routine access to their medical records[1]

1.1.3.9 encourage patients and carers to ask questions and provide regular feedback about the service[31]

1.1.3.10 be a leader by showing respect for patients and carers at all times, especially when patients or carers are at risk of being perceived as too difficult to manage[21]

1.1.3.11 regularly provide feedback to staff about their interactions with patients and carers.[6]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.1 Involving patients and carers as partners in health care

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Develop strategies for staff to include patients and carers in planning and delivering health care services.

KNOWLEDGE

A general understanding of:

1.1.4.1 the key principles underpinning partnerships with consumers, patients and carers.[39]

An applied knowledge of:

1.1.4.2 how to engage consumers, patients and carers at every level of health care service delivery[39]

1.1.4.3 how to involve consumers, patients and carers in health improvement activities.[1 17 26 38]

PERFORMANCE ELEMENTS

(i) Develop strategies for staff to include patients and carers in planning and delivering health care services

Demonstrates ability to:

1.1.4.4 actively seek suggestions from consumers, patients and carers on improvements to health care

1.1.4.5 respect and support the role patients and the community can play in improving health care and making the health care system safe

1.1.4.6 foster community awareness about the role patients and the community can play in improving health care and making the health care system safe

1.1.4.7 develop and implement a variety of methods for fostering routine collaborations with consumers, patients and carers

1.1.4.8 provide regular reports to staff about the importance of engaging consumers, patients and carers in health care delivery

1.1.4.9 provide positive feedback and recognition for staff who engage effectively with consumers, patients and carers

1.1.4.10 incorporate protocols for appropriate electronic communication between staff, patients and carers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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1. Communicating effectively

1.2 Communicating risk

RATIONALE

Risk communication is a term used to describe the open, two-way exchange of information and opinions about risk between health care workers and patients that leads to a better understanding and better decisions about clinical management.[1]

How to convey information to patients that indicates the possibility of a health care option giving rise to harm is central to patients being informed appropriately about their health care.[2 3] However, the process of providing accurate and complete information is complex. Firstly, patients have different perceptions of the level of risk associated with treatments and, secondly, health care workers need to have the knowledge and skills to provide such information to patients.

There are reasons why many patients find it difficult to make decisions. This is partly because of scientific uncertainties and the trade-offs they must make between the positives and negatives of the treatment options. There are also other more modifiable factors that include lack of knowledge, unclear values and inadequate support from health care providers and carers to enable patients to make decisions.[4] When health care workers are trained in methods to assist patients to understand the risks associated with each of the health care options, patients have a greater understanding of the decisions being made.[5]

PATIENT NARRATIVES

A bad outcome from eye surgery

In 1984, a surgeon performed surgery on the right eye of Mrs Whitaker to improve its appearance, restore more sight to the eye and assist to control early glaucoma. She had been blind in her right eye since a childhood injury when she was nine years old. After the operation, Mrs Whitaker suffered sympathetic ophthalmia, which caused her to lose sight in her other eye and as a result she became totally blind. Before the operation, Mrs Whitaker asked lots of questions and incessantly sought assurance that her other eye would not be affected by the operation. The surgeon was found to be negligent by not warning her of the possible complication of sympathetic ophthalmia, which has a one in 14 000 chance of occurring. Mrs Whitaker said that she would not have gone ahead with the operation had she known there was a chance of developing sympathetic ophthalmia.

Case Study—*Rogers v Whitaker* (1992) 175 CLR 479. Legal Information Access Centre website—Hot Topics. **www.austlii.edu.au** (accessed January 2005).

Patient not warned of risks of cosmetic surgery

Rose was referred by her GP for bilateral, upper and lower eyelid reduction (blepharoplasty). The operation was performed in the plastic surgeon's rooms under anaesthetic. On the way home after the surgery, Rose began to vomit and eventually required an injection to stop the nausea. Later her left eye became painful and the left eyelid drooped further than the right. A second operation was performed, but the eyelid continued to droop and remained painful. Rose sought a second opinion from another surgeon who confirmed that she had a drooping ptosis of 1–2 mm and that further surgery was not recommended. Rose had a number of concerns including the level of anaesthesia, the lack of information about complications provided to her pre-operatively by the surgeon and that he was not a member of the Australian Society of Plastic Surgeons, which she only found out after the operation.

Health Care Complaints Commission. *The Cosmetic Surgery Report*. Report to the Minister for Health. Sydney: HCCC 1999: 18.

1. Communicating effectively

1.2 Communicating risk
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Tell patients and carers if there are any risks in the choices they make.**	**Communicate risk information to patients and carers in an appropriate way and assist them to make informed decisions.**	**Implement strategies to ensure patients and carers are provided with quality risk information and assistance to make informed decisions.**	**Disseminate risk information and provide support mechanisms for staff required to provide risk information to patients and carers.**
Knowledge	Know that patients and carers have the right to information about the risks associated with care and treatments. Know the choices available to patients in your workplace.[6] Understand the right of the competent patient to refuse advice or a service after the risks have been outlined.	Know the different methods for communicating risk information about treatment options to patients and carers.[3 4] Know the benefits and pitfalls of the various ways for presenting risk information to patients and carers.[3] Know how to interpret results from epidemiological studies or clinical trials in ways that are meaningful to patients.[7] The different strategies for communicating risk to adolescents, third party decision makers, and patients from different cultural backgrounds.	Critique the methods for communicating risk information to patients and carers.[4 7 10] Know how to weigh up the beneficial and harmful effects of care and treatments according to individual circumstances and priorities.[4] Understand how you influence patient decisions by the way you frame the risk information associated with their treatment options.[2 11 12]	Understand the importance of decision aids for assisting consumers, patients and carers to make decisions about the various treatment options.[4 10] Know decision support service models to accommodate decisions based on individual preferences or cultural and religious beliefs.[10]

1. Communicating effectively continued

1.2 Communicating risk Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Clearly outline the options available to patients and carers.[3 6] Take notice of the choices made by patients and carers. Tell your supervisor or an appropriate person if you think a patient might be at risk.	Know the range of techniques used to improve communication between health care workers, patients and carers.[8] Use a range of risk communication tools to deliver information about the risks associated with the various treatment options, including no treatment.[3 9] Reduce misunderstanding by using standardised 'vocabulary' to describe the probability of a risk occuring.[8] Help patients to become involved in planning and implementing their treatment option.[4] Provide risk information to third party decision makers, interpreters and adolescents capable of independent decision making.	Integrate risk information into patient information materials.[3] Provide patients with access to information including their health situation, options, outcomes, other opinions and choices.[13] Provide guidance and coaching to patients in decision making, communicating with others, accessing support and resources, and handling pressure.[13]	Train staff in the appropriate use of decision aids.[10] Organise supervision, training and quality assurance of interpreter services.
Behaviours & attitudes	Be responsive to patients' choices. Acknowledge and respect patients who refuse a service.	Avoid information overload.[3] Avoid using only descriptive terms (e.g. low risk) that patients may not understand.[8] Allow sufficient time to ensure exchange of quality information. Ensure that the patient or carer understands what you have explained to them.[7]	Customise information to meet patients' needs.[7] Provide regular staff training sessions about communicating risk information to patients and carers.	Ensure staff provide appropriate information and use decision aids so that consumers, patients and carers from all backgrounds are fully informed about the risks associated with their treatments.[3]

1. Communicating effectively

1.2 Communicating risk

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Advise patients and carers if there are any risks in the choices they make.

KNOWLEDGE

A general understanding of:

1.2.1.1 the rights of patients and carers to be given information about the risks associated with services.

An applied knowledge of:

1.2.1.2 the choices available to patients in your workplace[6]

1.2.1.3 the right of competent patients to refuse advice or a service after the risks have been outlined.

PERFORMANCE ELEMENTS

(i) Advise patients and carers if there are any risks from the choices they make

Demonstrates ability to:

1.2.1.4 clearly outline the options available to patients and carers[3 6]

1.2.1.5 take notice of the choices made by patients and carers

1.2.1.6 advise your supervisor or an appropriate person if you think a patient might be at risk

1.2.1.7 acknowledge and respect patients who refuse a service.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.2 Communicating risk

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Communicate risk information to patients and carers in an appropriate way and assist them to make informed decisions.

KNOWLEDGE

A general understanding of:

1.2.2.1 the benefits and pitfalls of the various ways for presenting risk information to patients and carers.[3]

An applied knowledge of:

1.2.2.2 the different methods for communicating risk information about treatment options to patients and carers[3 4]

1.2.2.3 how to interpret results from epidemiological studies or clinical trials in ways that are meaningful to patients[7]

1.2.2.4 the range of techniques used to improve communication between health care workers, patients and carers[8]

1.2.2.5 the different strategies for communicating risk to adolescents, third party decision makers and patients from different cultural backgrounds.

PERFORMANCE ELEMENTS

(i) Use a range of risk communication tools to deliver information about the risks associated with the various treatment options including no treatment[3 9]

Demonstrates ability to:

1.2.2.6 help patients to become involved in planning and implementing their chosen treatment option[4]

1.2.2.7 reduce misunderstanding by using standardised 'vocabulary' to describe the probability of a risk occuring[8]

1.2.2.8 avoid using only descriptive terms (e.g. low risk) that the patient may not understand[8]

1.2.2.9 avoid information overload[3]

1.2.2.10 allow sufficient time to ensure exchange of quality information

1.2.2.11 ensure that the patient or carer understands what you have explained to them[7]

1.2.2.12 provide risk information to adolescents, third party decision makers and interpreters.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.2 Communicating risk

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Implement strategies to ensure patients and carers are provided with quality risk information and assistance to make informed decisions.

KNOWLEDGE

A general understanding of:

1.2.3.1 how to critique the methods for communicating risk information to patients and carers[4 7 10]

1.2.3.2 how you influence patient decisions by the way you frame the risk information associated with their treatment options.[2 11 12]

An applied knowledge of:

1.2.3.3 how to consider the beneficial and harmful effects of care and treatments according to individual circumstances and priorities.

PERFORMANCE ELEMENTS

(i) Provide patients and carers with access to information including their health situation, options, outcomes, other opinions and choices[13]

Demonstrates ability to:

1.2.3.4 integrate risk information into patient information materials[3]

1.2.3.5 provide guidance and coaching to patients and carers in decision making, communicating with others, accessing support and resources, and handling pressure[13]

1.2.3.6 customise information to meet patients' needs[7]

1.2.3.7 provide regular staff training sessions about communicating risk information to patients and carers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.2 Communicating risk

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Disseminate risk information and provide support mechanisms for staff required to provide risk information to patients and carers.

KNOWLEDGE

A general understanding of:

1.2.4.1 the importance of decision aids for assisting consumers, patients and carers to make decisions about the various treatment options.[4 10]

An applied knowledge of:

1.2.4.2 decision support service models to accommodate decisions based on individual preferences or cultural and religious beliefs.[10]

PERFORMANCE ELEMENTS

(i) Support staff to provide consumers, patients and carers with risk information associated with their care and treatment

Demonstrates ability to:

1.2.4.3 ensure staff are trained in the appropriate use of decision aids[10]

1.2.4.4 ensure staff provide appropriate information and use decision aids so consumers, patients and carers from all backgrounds are fully informed about the risks associated with their treatments[3]

1.2.4.5 organise supervision, training and quality assurance of interpreter services.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure)

RATIONALE

Open disclosure is the phrase used to describe the honest discussions between health care providers, patients and carers that take place as a result of a patient being harmed during or after their health care. Regardless of the cause(s) of an adverse event, a full explanation of what happened, the potential consequences and what will be done to fix the problem is essential.

National Open Disclosure guidelines published in 2003 by Australian Council for Safety and Quality in Healthcare provide managers and health care workers with a step-by-step guide on how to approach this important task.
The guidelines are designed to improve the two-way communication process, including an offer of regret or apology.

Many health care workers fear that apologising for an error or a bad outcome will result in legal action being taken against them (medical negligence claims). There is some literature that indicates that being honest with patients immediately after an adverse event decreases the chance of receiving a negligence claim.[1] Safe health care involves being honest about adverse events, taking care of the patient after the event and taking steps to ensure that the problem does not happen again.[1 2]

PATIENT NARRATIVES

Surgical damage during bypass surgery

Marjorie, a 69-year-old woman, was referred to a gynaecologist and obstetrician (Dr A) because of excessive uterine bleeding. It was arranged that a hysterectomy would be performed by another doctor (Dr B) with Dr A assisting. Neither doctor took an adequate medical and surgical history or conducted a pre-operative examination of Marjorie, so they were not aware of the position of her bypass graft, in place for over a decade. During the operation the graft was inadvertently cut, causing severe bleeding, and was ligated while the hysterectomy continued. Shortly after the operation, Marjorie complained of coldness and lack of feeling in the left foot and absent pulses were noted in the left leg. Neither doctor informed Marjorie or her vascular surgeon of the damage done to the graft during surgery and by the time he saw her, she required a mid-thigh amputation of her left leg, which later had to be repeated at a higher level. At no stage during the month that Marjorie remained in hospital was she informed about what had happened.

Professional Standards Committee Cases. *Health Care Complaints Commission Annual Report 2003–2004*: 33.

Acknowledgment of medical error

Frank is a resident of an aged care facility. One night, a nurse mistakenly gave Frank insulin, even though he does not have diabetes. The nurse immediately recognised his error and brought it the attention of the other staff, who in turn informed Frank and his family. The facility took immediate action to help Frank and arranged his transfer to a hospital where he was admitted and observed before being returned to the aged care facility. The nurse was commended for fully and immediately disclosing the incorrect administration of the insulin. Following this incident, the nurse undertook further training in medications to minimise the possibility of a similar error occurring.

Open Disclosure. *Case Studies—Volume 1.* Sydney: Health Care Complaints Commission, 2003: 16–18.

1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure) Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Show understanding for patients suffering as a result of adverse events or near misses.**	**Know the processes and your role in fully informing patients or carers after an adverse event or near miss.**	**Establish support systems for disclosing adverse events near misses to patients and carers based on open disclosure principles.**	**Develop open disclosure guidelines based on the National Open Disclosure Standard and ensure that staff know and apply the guidelines when patients suffer adverse events or near misses.**
Knowledge	Understand why patients and carers are entitled to information after they have been involved in an adverse event or near miss.[2] What information should be provided to patients immediately after an adverse event. Know the basic steps for informing patients or their families after adverse events.[2]	Understand the principles and processes involved in open disclosure. Know the different levels of response required for adverse events. Know how to manage, report and disclose adverse events. Know how adverse events are graded. Understand the importance of not attributing 'blame' prior to analysis of the adverse event or near miss.	Have a detailed understanding of the open disclosure process. Know the processes for notifying adverse events to patients and carers. Know the impact of adverse events on patients and carers. Know the impact on staff involved in adverse events. Know how to conduct an appropriate investigation into a significant adverse event (Root Cause Analysis or other methods).	Know the National Open Disclosure Standard. Understand the role and responsibilities of the organisation in open disclosure. Understand the role of clinical risk management and quality improvement processes in open disclosure.[2] Incorporate the principles of open disclosure into organisational guidelines.[2] Establish clear processes for managing adverse events and near misses in their organisation. Define responsibilities and accountabilities for each stage of the open disclosure process.
Skills	Refer a patient suffering an adverse event to an appropriate health care worker.[2] Communicate honestly with patients and carers following an adverse event.	Assess a patient suffering an adverse event and notify a senior health care worker. Show empathy to a patient suffering an adverse event.[2]	Inform patients suffering after an adverse event in an appropriate manner taking into account their different circumstances and cultural needs.[2]	Ensure education programs include the open disclosure process.[2] Develop organisational guidelines on open disclosure based on the National Open Disclosure Standard.[2]

1. Communicating effectively continued

1.3 Communicating honestly with patients after an adverse event (open disclosure) Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued		Complete appropriate documentation about an adverse event in the health care records, incident reports and records for investigation.[2] Participate in an investigation of an adverse event or near miss. Make referrals of patients suffering an adverse event or near miss to an appropriate senior health care worker or an appropriate community based trauma support program.[2 3]	Ensure that all adverse events are assessed and investigated where appropriate.[2] Educate all staff about the open disclosure process.[2] Provide staff members involved in an adverse event with support and advice.[2]	Define responsibilities and accountabilities for each stage of the open disclosure process. Establish clearly defined links to statutory, legal and insurance bodies. Ensure that patients and carers are provided with information about a range of support services including emotional support, advocacy and complaint information.[2] Provide support mechanisms for staff involved in an open disclosure process.[2] Provide emotional and trauma support services to patients, carers and health care workers who have been involved in an adverse event or near miss. Establish protocols for electronic communication with patients.
Behaviours & attitudes	Show support for patients and carers suffering as a result of an adverse event. Respectfully listen and respond to an emotional patient or carer.	Comply with standards for open and honest communication with patients. Engage actively with patients and carers after an adverse event.	Ensure that patients receive appropriate care after suffering an adverse event.[2] Make appropriate notifications of adverse events to other members of your health care team. Ensure all staff are aware of the requirements for open disclosure. Make appropriate notifications of adverse events as required to managers, insurers and coroners. Promote an environment that fosters peer support and discourages the attribution of blame.[2]	Create an environment that facilitates open and effective communication.[2] Learn from adverse events and disseminate this information to all parts of the organisation.[2] Foster community awareness of the occurrence of adverse events to users of health care services.[2]

1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure)

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Show understanding for patients suffering as a result of adverse events or near misses.

KNOWLEDGE

A general understanding of:

1.3.1.1 why patients or their carers should be given all the information after they have been involved in an adverse event or near miss.[2]

An applied knowledge of:

1.3.1.2 the organisation's policy (open disclosure) for advising patients suffering adverse events

1.3.1.3 the basic steps for talking to patients or carers after an adverse event[2]

1.3.1.4 what information should be provided to patients immediately after an adverse event.

PERFORMANCE ELEMENTS

(i) Show understanding for patients' and their carers' suffering as a result of adverse events or near misses.

Demonstrates ability to:

1.3.1.5 communicate honestly with patients and carers following an adverse event

1.3.1.6 advise your supervisor or an appropriate person about a patient suffering after an adverse event or near miss

1.3.1.7 show support for patients and carers suffering after an adverse event or near miss

1.3.1.8 respectfully listen and respond to an emotional patient or carer.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure)

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Know the processes and your role in fully informing patients or carers after an adverse event or near miss.

KNOWLEDGE

A general understanding of:

1.3.2.1 the principles of communicating honestly with patients and carers (open disclosure)
1.3.2.2 the processes involved in open disclosure
1.3.2.3 how adverse events are graded
1.3.2.4 the importance of not attributing 'blame' prior to analysis of the adverse event or near miss.

An applied knowledge of:

1.3.2.5 the different levels of response required for adverse events and near misses
1.3.2.6 how to manage, report and disclose adverse events and near misses.

PERFORMANCE ELEMENTS

(i) Respond to a patient suffering after an adverse event or near miss

Demonstrates ability to:

1.3.2.7 notify a senior health care worker
1.3.2.8 complete appropriate documentation in the health care records, incident reports and records for investigation[2]
1.3.2.9 participate in an investigation of an adverse event or near miss
1.3.2.10 show understanding to patients suffering after adverse events or near misses
1.3.2.11 make referrals of patients suffering an adverse event or near miss to an appropriate senior health care worker or an appropriate community based trauma support program[2]
1.3.2.12 provide patients and carers with information about communicating honestly after an adverse event (open disclosure)
1.3.2.13 comply with standards for open and honest communication with patients.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure)

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Establish support systems for disclosing adverse events and near misses to patients and carers based on open disclosure principles.

KNOWLEDGE

A general understanding of:

1.3.3.1 the impact of adverse events and near misses on patients and carers

1.3.3.2 the impact on staff involved in adverse events and near misses.

An applied knowledge of:

1.3.3.3 the open disclosure process

1.3.3.4 the processes for notifying adverse events and near misses to patients and carers

1.3.3.5 how to conduct an appropriate investigation into a significant adverse event or near miss (Root Cause Analysis or other methods)

1.3.3.6 the medico-legal and insurance obligations following an adverse event.

PERFORMANCE ELEMENTS

(i) Respond appropriately to a patient or carer suffering after a significant adverse event or near miss[2]

Demonstrates ability to:

1.3.3.7 inform members of your health care team about the adverse event or near miss

1.3.3.8 inform patients suffering after an adverse event or near miss in an appropriate manner taking into account their different circumstances and cultural needs[2]

1.3.3.9 ensure appropriate medical care and trauma support for patients, carers and health care workers after an adverse event or near miss.[2]

(ii) Establish and support systems for detecting adverse events or near misses[2]

Demonstrates ability to:

1.3.3.10 ensure that all adverse events and near misses are assessed and investigated where appropriate[2]

1.3.3.11 make appropriate notifications of adverse events and near misses as required to managers, insurers and coroners.

(iii) Establish and/or participate in education programs about communicating honestly with patients after an adverse event (open disclosure)[2]

Demonstrates ability to:

1.3.3.12 provide staff members involved in an adverse event or near miss with support and advice[2]

1.3.3.13 promote an environment that fosters peer support and discourages the attribution of blame.[2]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.3 Communicating honestly with patients after an adverse event (open disclosure)

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Develop open disclosure guidelines based on the National Open Disclosure Standard and ensure that staff know and apply the guidelines when patients suffer adverse events or near misses.

KNOWLEDGE

A general understanding of:

1.3.4.1 the role and responsibilities of the organisation in open disclosure

1.3.4.2 the role of clinical risk management and quality improvement processes.[2]

An applied knowledge of:

1.3.4.3 the National Open Disclosure Standard

1.3.4.4 how to incorporate the principles of open disclosure into organisational guidelines.[2]

PERFORMANCE ELEMENTS

(i) Establish clear processes for managing adverse events and near misses in their organisation

Demonstrates ability to:

1.3.4.5 define responsibilities and accountabilities for each stage of the open disclosure process

1.3.4.6 establish clearly defined links to statutory legal and insurance bodies.

(ii) Provide support mechanisms for patients and staff involved in an open disclosure process[2]

Demonstrates ability to:

1.3.4.7 ensure education programs about the open disclosure process are provided[2]

1.3.4.8 develop organisational guidelines on open disclosure based on the National Open Disclosure Standard[2]

1.3.4.9 create an environment that facilitates open and effective communication[2]

1.3.4.10 learn from adverse events and disseminate this information to all parts of the organisation[2]

1.3.4.11 establish protocols for electronic communication with patients.

(iii) Foster community awareness of the occurrence of adverse events and near misses to users of health care services[2]

Demonstrates ability to:

1.3.4.12 ensure that patients and carers are provided with information about a range of support services including emotional and/or trauma support, advocacy and complaint information[2]

1.3.4.13 ensure that emotional and trauma support services are available to patients, carers and health care workers who have been involved in an adverse event or near miss.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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1. Communicating effectively

1.4 Obtaining consent

RATIONALE

Respect for a patient's rights to make decisions about their own health care is an important part of the ethical and legal standards for health care services. Translated into clinical practice this requires health practitioners to provide information to patients and help them to understand the positives and negatives of the various health care options.

Patients should be allowed to make these informed decisions without the health care worker using force or trying to influence them in an inappropriate way. The health care worker should also anticipate that the outcome of any informed decision could be that the patient refuses the treatment or chooses a less invasive option. Involving patients in decisions about their care and treatment is crucial, particularly if an adverse event or complication occurs as the patient is aware that this outcome was always a possibility.

PATIENT NARRATIVES

Patient pressured to undergo surgery

A Vietnamese-speaking patient, Joe had reservations about the clinical information he had received from his urologist regarding a lump in his testes. Through the interpreter, Joe's specialist recommended removal of the testicle because it appeared to be enlarged, but Joe was uncomfortable about having the procedure.
Joe felt that he had not been given sufficient information to give his consent for the procedure, such as the other treatment options.

He said he agreed to the surgical procedure being done at a private day surgery clinic because he felt pressured by the specialist to undergo the procedure, which would be at a substantial cost. Joe's wife questioned whether the diagnosis was adequate as there was some confusion with the test results. Joe and his wife were unaware of their right to decline treatment until they were advised to seek a second opinion at the nearby community health centre.

The PSO team. Patient Support Office: The cost of money driven health care. *Health Investigator* 1998; Vol 1, No 6 (December): 16–19.

Consent to examination by a medical student

Grace attended an obstetrics and gynaecology clinic to be assessed for termination of pregnancy.
When she arrived, she was seen by a fifth-year medical student as well as the doctor. Grace was informed that the student would be sitting in while the doctor talked to her; however the student also conducted a physical examination. Grace complained about the medical student's attendance, conduct and the lack of consent.

The hospital amended its policy to ensure consent is sought from patients for student attendance at, or participation in, history taking, physical examination and vaginal examination.
Patients will also be offered the opportunity to have a support person present if they think this would help to allay their anxiety about the procedure.

Case Studies—Policy changes. *Health Care Complaints Commission Annual Report 1995–1995*: 37.

1. Communicating effectively

1.4 Obtaining consent
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Communicate with patients and carers about their choices and ask if they agree or not.**	**Know and apply the legal and ethical requirements for obtaining consent from patients and carers.**	**Ensure that patients and carers are fully informed about proposed services, treatments, alternative treatments and the health care providers.**	**Publish guidelines outlining the key ethical and legal requirements for obtaining consent from patients and carers.**
Knowledge	Know the basic elements and processes of obtaining consent.[1] Understand the impact of illness on a patient's decision-making capacity.	Know the types and elements of valid consent.[4 6 7] Understand the concept of decisional capacity.[1 3 4] Know the procedures for obtaining consent for intimate examinations.[6 7] Know the procedures for obtaining consent when patients are unable to consent for themselves.[7] Know the legal requirements for informed consent.[4] Understand the basic legal and ethical issues associated with patient consent.[1-4] Understand how cultural and religious diversity impact on the consent process.[3] Understand the basic requirements for obtaining consent from patients involved in clinical research.[5]	Know the methods used in clinical medicine and research for obtaining consent from patients and carers.[1 3] Understand the principle of providing an alternative decision maker (surrogacy).[3] Understand the elements of Advanced Planning.[1 4] Know the process of open disclosure following an adverse event.[8]	Understand the importance of consent both from an ethical and risk management perspective. Understand the legal and ethical requirements for consent in clinical health care and research.

1. Communicating effectively continued

1.4 Obtaining consent Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Communicate effectively with patients and carers about their choices.	Give information to patients about the risks and benefits of proposed treatments appropriately. Communicate effectively with patients and carers about the risks and benefits of their choices. Help patients to understand the effects of treatments or no treatment. Help patients clarify their preferences. Convey complex information clearly. Avoid using coercion with patients. Obtain and document consent following the ethical and legal requirements. Record a patient's refusal and advise your supervisor.	Involve the patient fully in discussions about their treatment and know how to avoid the pitfalls and barriers to obtaining informed consent. Implement a consent process that is designed to cover the essential components (ethical and legal) of consent.[1 4] Mediate differences between health care workers, patients and carers. Ensure that patients consent to their involvement in teaching.	Publish staff guidelines on the requirements of consent. Publish staff guidelines on the requirements for clinical research, and teaching and learning. Publish appropriate information materials for consumers, patients and carers.
Behaviours & attitudes	Respect decisions made by patients.[1]	Provide full details about the treatment, the people responsible for the treatment, and the risks and benefits of the treatment. Show respect for a patient's right to make decisions. Respect patients who make competent refusals of treatment.[3] Support patients who withdraw consent. Refer patients to a more senior staff member for consent when appropriate.	Allow sufficient time to discuss the risks and benefits of the proposed treatment with patients and carers. Ensure that patients and carers are provided with information about alternative treatments, including their risks and benefits. Ensure staff obtain consent appropriately.	Show leadership by providing organisational guidelines that promote patient autonomy and respect patient decision making.

1. Communicating effectively

1.4 Obtaining consent

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Communicate with patients and carers about their choices and ask if they agree or not.

KNOWLEDGE

A general understanding of:

1.4.1.1 the process of a patient agreeing or not agreeing to a service (obtaining consent).[1]

An applied knowledge of:

1.4.1.2 how illness, culture and socio-economic factors can affect a patient's ability to make decisions.

PERFORMANCE ELEMENTS

(i) Talk to patients and carers about their choices and ask if they agree or not

Demonstrates ability to:

1.4.1.3 talk to patients and carers about their choices

1.4.1.4 respect decisions made by patients.[1]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.4 Obtaining consent

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Know and apply the legal and ethical requirements for obtaining consent from patients and carers.

KNOWLEDGE

A general understanding of:

1.4.2.1 the basic legal and ethical issues associated with patient consent[1-4]
1.4.2.2 the basic requirements for obtaining consent from patients involved in clinical research[5]
1.4.2.3 the concept of a patient's capacity to make decisions (decisional capacity)[1 3 4]
1.4.2.4 how cultural and religious diversity impact on the consent process.[3]

An applied knowledge of:

1.4.2.5 the types and elements of valid consent[4 6 7]
1.4.2.6 the procedures for obtaining consent for intimate examinations[6 7]
1.4.2.7 the procedures for obtaining consent when patients are unable to consent for themselves[7]
1.4.2.8 the legal requirements for informed consent.[4]

PERFORMANCE ELEMENTS

(i) Give information to patients about the risks and benefits of proposed treatments

Demonstrates ability to:

1.4.2.9 involve the patient fully in discussions about their treatment and know how to avoid the pitfalls and barriers to obtaining informed consent
1.4.2.10 provide full details about the treatment, the health care providers and the risks and benefits of the treatment
1.4.2.11 allow sufficient time to discuss the risks and benefits of the proposed treatment with patients and carers
1.4.2.12 help patients to understand the effects of treatments or no treatment
1.4.2.13 help patients to clarify their preferences
1.4.2.14 convey complex information clearly1.4.2.15 avoid using coercion with patients
1.4.2.16 show respect for a patient's right to make decisions
1.4.2.17 obtain and document consent following the ethical and legal requirements
1.4.2.18 respect patients who make competent refusals of treatment[3]
1.4.2.19 support patients who withdraw consent
1.4.2.20 record a patient's refusal and advise your supervisor
1.4.2.21 refer patients to a more senior staff member for consent when appropriate.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.4 Obtaining consent

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Ensure that patients and carers are fully informed about proposed services, treatments, alternative treatments and the health care providers.

KNOWLEDGE

A general understanding of:

1.4.3.1 the principle of providing an alternative decision maker (surrogacy)[3]

1.4.3.2 the elements of making decisions in advance (Advanced Planning)[1 4]

1.4.3.3 dispute resolution.

An applied knowledge of:

1.4.3.4 the methods used in clinical medicine and research for obtaining informed consent from patients and carers[1 3]

1.4.3.5 the consent process after an adverse event.[8]

PERFORMANCE ELEMENTS

(i) Implement and manage a consent process that is designed to cover the essential components (ethical and legal) of consent[1 4]

Demonstrates ability to:

1.4.3.6 ensure that patients are provided with information about alternative treatments, including their risks and benefits

1.4.3.7 mediate differences between health care workers, patients and carers

1.4.3.8 ensure staff obtain consent appropriately

1.4.3.9 ensure that appropriate consent is obtained when the patients are to be involved in teaching and learning.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.4 Obtaining consent

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Publish guidelines outlining the key ethical and legal requirements for obtaining consent from patients and carers.

KNOWLEDGE

A general understanding of:

1.4.4.1 the importance of consent from both an ethical and risk management perspective.

An applied knowledge of:

1.4.4.2 the legal and ethical requirements for consent in clinical health care and research.

PERFORMANCE ELEMENTS

(i) Provide or incorporate organisational guidelines that promote patient autonomy and respect patient decision making

Demonstrates ability to:

1.4.4.3 publish staff guidelines on the requirements of consent

1.4.4.4 publish staff guidelines on the requirements regarding consent for clinical research, teaching and learning

1.4.4.5 publish or incorporate appropriate information materials on consent for consumers, patients and carers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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1. Communicating effectively

1.5 Being culturally respectful and knowledgeable

RATIONALE

Cultural competence is a term used to describe the knowledge, skills and attitudes that a health care worker needs to provide adequate and appropriate health care services to all people in a way that respects and honours their particular culturally based understandings and approaches to health and illness. People from various cultural backgrounds may have particular expectations and beliefs about their health care needs. Health care workers need to cater to the needs of all members of the community and maximise their understanding by providing care and treatment that respects, honours and supports cultural diversity.

Health care providers also need to ensure that people from various backgrounds have access to heath care that respects and supports their cultural beliefs and preferences. A culturally competent health care worker delivers care within the context of appropriate clinical knowledge, understanding and appreciation of cultural distinctions. This involves sensitivity to all aspects of diversity including issues of gender, culture, disability, religion and whether they come from a city or rural background.[1]

A culturally competent health care worker understands that health care at its best is supportive and gives the patient and family optimal power and control over their health journey. Cultural origins may influence the type of information to be conveyed, how it is conveyed and by whom. Sensitivity and skill on the part of the health care worker is crucial to ensure the best possible outcomes for people from culturally diverse backgrounds.

PATIENT NARRATIVES

Misdiagnosis in an emergency department

Gavin, a 39-year father of three from an Aboriginal community, presented at the hospital in the early afternoon and was diagnosed as suffering from migraine and possible withdrawal from the drug Physeptone, which he took for chronic back pain. He was sent home with medication to relieve the pain. He represented that evening after collapsing at home, becoming incontinent and still experiencing the headache. The same diagnosis was given by another doctor, a very new intern. Gavin deteriorated overnight, continued to be incontinent and suffered reduced consciousness. A third doctor, who gave the same diagnosis, thought he was suffering from alcohol withdrawal. Early in the morning his condition worsened and after being seen by a senior medical officer, was diagnosed as having a subarachnoid haemorrhage. Gavin was transferred to another hospital by helicopter for a CT scan, but his condition was inoperable. He died later that night. His wife was upset that her husband had been labelled a drug abuser, examined by inexperienced staff and left for five hours without medical attention.

Case Studies—Professional Standards Committees. *Health Care Complaints Commission Annual Report 1999–2000*: 63.

The importance of respecting religious beliefs

James, a 14-year-old boy with acute lymphocytic leukaemia, had suffered his second relapse and failed to respond to chemotherapy. He was anaemic and thrombocytopaenic. He understood that a transfusion would make him more comfortable, reduce the possibility of life-threatening bleeding, and perhaps allow him to leave the hospital. However, he stated his beliefs as a Jehovah's Witness and refused transfusion. James was aware of his impending death and the nature of his illness. He also appeared to show the characteristics of responsible decision making required as adults. His parents concurred with his choice. James's refusal of treatment was respected by the treating team.

Jonsen AR, Siegler M, Winslade WJ. *Clinical Ethics: A practical approach to ethical decisions in Clinical Medicine.* 5th ed. US: McGraw-Hill, 2002; 73.

1. Communicating effectively

1.5 Being culturally respectful and knowledgeable
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Be courteous and respectful and honour when working with patients and families from various backgrounds.**	**Ensure that people from various backgrounds are treated with respect and honour.**	**Deliver health care services in a culturally optimising manner.**	**Develop and implement a culturally oriented management plan for the organisation.**
Knowledge	Understand the main cultural issues of the patients using your health care service including such things as illness, wellness, community roles, language, ways of communicating, dying, death, birth etc.[2] Understand why culture matters in service industries such as health care. Understand issues of creating systems centred on respect and honour for culture.	Understand the concept of health status for all population groups.[2 6-11] Understand the impact of culture on health and health care delivery.[2 3] Know the core cultural issues in health care delivery.[2 3] Understand the different cultural perspectives on medicine and public health.[3] Understand the centrality of respect and honour for culture in service industries such as health care. Know the principles and practices associated with the participation of health and medical interpreters in the clinical encounter.[2] Know the issues surrounding power and control in making individual and family health decisions. The resources and specialised services available to provide advice or to assist with health care.	Know the methods for eliminating disparities in health care delivery.[2] Know how to teach and model cultural competency.	Understand the epidemiology of health and illness problems of diverse population groups.[3] Have a comprehensive management strategy to address the provision of culturally and linguistically appropriate services.[19]
Skills	Communicate with people from a variety of backgrounds. Know how to access interpreter services as required. Be an active listener and show respect.	Apply different interview approaches and methods that elicit information about the patient's social and cultural background.[2 12-14] Use interpreters appropriately.[2 12-14] Use self-reflection to ensure that in each clinical encounter you treat patients with respect, humility and compassion that honours the individual and their family.[2 15]	Incorporate culturally sensitive information into clinical practice using a variety of methods.[3] Teach and demonstrate to less experienced staff the benefits of effective working relationships with health and medical interpreters.[2 17 18] Teach and demonstrate the skills to develop environments that optimise trusting relationships through respect and honour of cultures.	Create environments that support dialogue on potentially contentious issues of culture, race, ethnicity, gender, disability, sexual orientation, class, language and immigration.[2] Create an environment where culture is respected and valued and used as the base for system design. Ensure staff are trained and provided with appropriate resources regarding cultural issues.[2 19]

1. Communicating effectively continued

1.5 Being culturally respectful and knowledgeable Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued		Create care environments that assure optimal patient and family control of decisions. Create physical and work environments that optimise respect for culture. Work collaboratively with other health care workers in a culturally sensitive and competent manner.[3]	Teach and demonstrate patient and family active involvement in all aspects of health journey. Teach and demonstrate ways to assess patient and family assets (often cultural) and intentionally build on them in planning. Actively involve patients, families, carers and other community members in system design, health decision making and priority setting.	Implement a cultural awareness program for all staff.[3 19] Ensure interpreters and bilingual staff are appropriately trained and certified.[19] Use ethnographic and epidemiological techniques in developing patient and community oriented health care services.[3] Utilise formal mechanisms to involve consumers and the community in the design of health care services.[19] Create environments and structures where optimal patient and community involvement occurs. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical and support staff. Train all staff to address the needs of the ethnic communities being served.[19] Create and support clinical and administrative systems that provide optimal involvement and control in the hands of the patient, family and carers. Optimise opportunities for members of the community being served to become active in the delivery of health care services.

1. Communicating effectively continued

1.5 Being culturally respectful and knowledgeable
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Behaviours & attitudes	Show respect for others.[2] Avoid stereotyping patients and carers.[2 3] Develop skills in active curiosity and active listening. Optimise opportunities to put the patient and family in control of decisions.	Respect all patients and co-workers and their cultural backgrounds.[2 3] Acknowledge health care interpreters as valued health colleagues. Seek the advice/desires of the patient regarding appropriate health care approaches. Identify and address bias, prejudice, and discrimination in health care service delivery.[2 16] Be aware of the impact of socioeconomic factors on patients and carers.[3] Recognise your own personal biases and reactions to people from different cultural, ethnic and socioeconomic backgrounds.[3] Actively pursue understanding of cultures and diversity. Recognise organisational assumptions and biases that impact on patient care. Deepen ability to develop active listening skills and curiosity. Make clinical decisions that are free from bias or stereotypic views of patients or population groups and that respect the culture and wishes of the patient and family.[2 15]	Ensure the clinical setting is accessible to patients and workers by considering their location, economic circumstances, language, communication needs, disabilities and other environmental circumstances.[3 19] Be a role model for the organisation. Show leadership by expressing respect and honour for cultural and social class differences and their value in a pluralistic society.[3] Actively pursue further understanding of cultures and diversity.	Demonstrate (visible) institutional leadership for the delivery of health care to patients from diverse cultural and language backgrounds.[2 3] Provide staff who have limited English proficiency with access to bilingual staff or interpreters.[19] Provide regular organisational self assessments of cultural and linguistic competence. Integrate measures of patient satisfaction about access to the service, quality, respect and self care and outcomes of care into improvement programs.[19]

1. Communicating effectively

1.5 Being culturally respectful and knowledgeable

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Be courteous and respectful when working with patients from various backgrounds.

KNOWLEDGE

A general understanding of:

1.5.1.1 the importance of showing respect and understanding for people from various cultures and backgrounds (cultural sensitivity)

1.5.1.2 the cultural values, beliefs and assumptions inherent in the Australian health care system.

An applied knowledge of:

1.5.1.3 the main cultural issues of the patients using your health care service.[2]

PERFORMANCE ELEMENTS

(i) Treat patients and carers in your workplace with respect and understanding

Demonstrates ability to:

1.5.1.4 work with people from a variety of cultural and backgrounds

1.5.1.5 organise an interpreter service if needed

1.5.1.6 show respect for patients, carers and other workers from a variety of different backgrounds[2]

1.5.1.7 avoid making too many assumptions about people based on their culture or backgrounds[2 3]

1.5.1.8 opti mise opportunities to put the patient and family in control of decisions.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.5 Being culturally respectful and knowledgeable

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Ensure that people from various backgrounds are treated with respect and honour.

KNOWLEDGE

A general understanding of:

1.5.2.1 the culture basics (definitions, terms, language concepts, relationship to health and health care, health care systems as cultural systems)[2-5]

1.5.2.2 the concept of health status for all population groups[2 6-11]

1.5.2.3 the core cultural issues (e.g. positions of authority in families, and views about birth, illness, wellness, dying and death, and ways of communication)[2 3]

1.5.2.4 the different cultural perspectives on medicine and public health.[3]

An applied Knowledge of:

1.5.2.5 the principles and practices associated with the participation of health care interpreters in the clinical encounter[2]

1.5.2.6 the issues surrounding power and control in making individual and family health care decisions

1.5.2.7 the resources and specialised services available to provide advice or to assist with health care.

PERFORMANCE ELEMENTS

(i) Respect all patients and co-workers in the context of their cultural backgrounds[2 3]

Demonstrates ability to:

1.5.2.8 seek the advice/desires of the patient regarding appropriate health care approaches

1.5.2.9 use interpreters appropriately[2 12-14]

1.5.2.10 acknowledge interpreters as valued health professional colleagues

1.5.2.11 use self-reflection to ensure that in each clinical encounter you treat patients with respect and compassion that honours the individual and their family[2 15]

1.5.2.12 create care environments that assure optimal patient and family control of decisions

1.5.2.13 work collaboratively with other health care workers in a culturally sensitive and competent manner[3]

1.5.2.14 make decisions that are free from bias or stereotypic views of patients or population groups and which actively incorporate patient and family preferences in the context of their culture.[2 15]

(ii) Identify bias, prejudice and discrimination in health care service delivery[2 16]

Demonstrates ability to:

1.5.2.15 consider the impact of socioeconomic factors on patients and carers[3]

1.5.2.16 analyse your own personal biases and reactions to people from different cultural, ethnic and socioeconomic backgrounds[3]

1.5.2.17 check for organisational assumptions and biases that impact on patient care.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.5 Being culturally respectful and knowledgeable

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Deliver health care services in a culturally appropriate manner.

KNOWLEDGE

A general understanding of:

1.5.3.1 the impact of culture on health and health care delivery[2 3]

1.5.3.2 the methods for minimising disparities in health care delivery.[2]

PERFORMANCE ELEMENTS

(i) Deliver health care services in a culturally appropriate manner

Demonstrates ability to:

1.5.3.3 create and support clinical and administrative systems that provide optimal involvement and control in the hands of the patient and family

1.5.3.4 optimise opportunities for members of the community being served to become active in the delivery of health care services

1.5.3.5 show less experienced staff how to establish effective working relationships with interpreters.[2 17 18]

(ii) Show leadership by expressing respect and honour for cultural and social class differences and affirming their value in a pluralistic society[3]

Demonstrates ability to:

1.5.3.6 ensure flexibility of service delivery of preventative and curative health care services taking into consideration a patient's disability, location, economic circumstances, language, culture, communication needs or other environmental circumstances[3 19]

1.5.3.7 actively involve patients, families and other community members in system design, health decision making and priority setting

1.5.3.8 teach and role model respect and knowledge of the main cultures in the organisation's target community.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

1. Communicating effectively

1.5 Being culturally respectful and knowledgeable

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Develop and implement a culturally oriented management plan for the organisation.

KNOWLEDGE

A general understanding of:

1.5.4.1 the epidemiology of health and illness problems of diverse population groups.[3]

An applied knowledge of:

1.5.4.2 how to implement a comprehensive management strategy to address the provision of culturally and linguistically appropriate and respectful services.[19]

PERFORMANCE ELEMENTS

(i) Implement a cultural competency program for all staff[3 19]

Demonstrates ability to:

1.5.4.3 create environments that support dialogue on the potentially contentious issues of culture, race, ethnicity, gender, disability, sexual orientation, class, language and immigration[2]

1.5.4.4 ensure staff are trained and provided with appropriate resources regarding cultural issues[2 19]

1.5.4.5 provide (visible) institutional leadership for the delivery of health care to patients from diverse cultural and language backgrounds[2 3]

1.5.4.6 ensure staff who have limited English proficiency have access to bilingual staff or interpreters[19]

1.5.4.7 conduct regular organisational self assessments of cultural and linguistic competence

1.5.4.8 integrate measures of patient satisfaction about access to the service, quality, degree of respect and honour, degree of patient involvement and outcomes of care into improvement programs[19]

1.5.4.9 create and support clinical and administrative systems that provide optimal involvement and control in the hands of the patient and family

1.5.4.10 optimise opportunities for members of the community being served to become active in the delivery of health care services.

(ii) Use ethnographic and epidemiological techniques in developing patient and community oriented health care services[3]

Demonstrates ability to:

1.5.4.11 develop formal mechanisms to involve consumers and the community in the design of services[19]

1.5.4.12 develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent staff that reflect the community being served as much as possible

1.5.4.13 ensure all staff are trained to address the needs of all groups in the communities being served[19]

1.5.4.14 ensure all staff are trained to optimise the involvement and control that patients and families have in making decisions about their health journey

1.5.4.15 ensure interpreters and bilingual staff are appropriately trained and certified[19]

1.5.4.16 design services appropriate for the communities using the services.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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2 Identifying, preventing & managing adverse events & near misses

RATIONALE FOR THIS LEARNING AREA

It is universally recognised that we cannot reduce health care errors and system failures unless we know the cause and nature of errors made in the workplace. Errors occur across all health care settings—including hospitals, nursing homes, doctors' offices, pharmacies, health care centres and many others—but we do not yet have sufficient data to learn from them.[1]

Health care organisations are testing a variety of methods for learning from incidents (near misses and adverse events), including sentinel reporting, medical record audits, clinical practice improvement activity and root cause analysis. Quality improvement programs require health care workers to be skilled and knowledgeable about what they are reporting, analysing and seeking to improve. Research shows that applying quality methods and principles reduces errors, waste, inefficiency and delays in health services.[2 3]

Learning how to recognise errors and system failures, understand the underlying factors causing them and how to make improvements requires a skilled and knowledgeable workforce. Most things that go wrong are system failures and do not concern the professional negligence or misconduct of an individual.[4] If we remain focused on individuals, we will not appreciate the complexity of health care delivery and as a result patients will continue to be at an unacceptably high risk of harm.[5]

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2. Identifying, preventing and managing adverse events and near misses

2.1 Recognising, reporting and managing adverse events and near misses

RATIONALE

It is widely recognised that health care can be improved by reducing human error and system failures. In order to improve health care we need to understand the main causes of the problems. However, finding these problems is difficult because information about health care errors is not routinely identified and collected.

Major studies have reported substantial shortcomings in many health care services, including nursing homes, hospitals, health care centres and ambulatory settings.[1-3] The likelihood of underreporting of near misses and adverse events in these settings is high due to a fear of blame and potential litigation.[3 4] While there are many reporting systems that focus on adverse events, only a small proportion collect and analyse information on near misses. From the data that is available, it has been possible to identify some common factors associated with health care errors and system failures, such as the factors most commonly associated with drug errors.[5]

Clinical and administrative leaders of health care services need to make decisions about the types of events to be identified and reported and demonstrate that data collection can lead to improvements in health care. Skills for analysing this information and making improvements are also required to prevent the repetition of such errors.[6]

PATIENT NARRATIVES

No one checked the order for potassium

Richard was a very sick patient in the cardiac unit waiting for a heart transplant. A new intern, Dr C, came on duty to cover the other intern on his weekend off. He noticed that despite high doses of potassium, Richard's levels remained low. Because there was no apparent renal insufficiency, Dr C decided to increase the potassium dose and schedule a dose three times a day, assuming it would be monitored in his absence. The next morning Richard's potassium level was normal so Dr C decided to continue him on the dose. When Dr C returned after the weekend, Richard's name was not on the list.

When Dr C asked what had happened he was told that Richard had become septic and had been taken to the operating room to remove an indwelling catheter. Laboratory tests undertaken at the time of the operation revealed a high level of potassium in his blood, which required Richard to receive dialysis. Although Richard survived the operation, he died later that night.

Kushner TK, Thomasma DC. *Ward Ethics: Dilemmas for medical students and doctors in training*. Cambridge: Cambridge University Press, 2001: 231.

A man dies when ambulance fails to turn up

David's GP called an ambulance to take him from his home to the hospital. The ambulance was on its way to David's home when it was diverted to respond to another emergency call. The Ambulance Service failed to book another ambulance for David and he died while waiting at home.

An investigation revealed that a clerical error had occurred. The Ambulance Service put into practice a process within the coordination centre to ensure that booking sheets are regularly checked by supervisors to minimise the possibility of a similar incident occurring.

Case studies—Policy changes. *Health Care Complaints Commission Annual Report 1994–1995*: 38.

2. Identifying, preventing and managing adverse events and near misses.

2.1 Recognising, reporting and managing adverse events and near misses Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Advise your supervisor or an appropriate person about a near miss or adverse event in your workplace.**	**Identify, report and learn from errors and system failures including supporting those making errors.**	**Implement strategies to minimise health care errors and support patients and staff affected by errors.**	**Provide mechanisms to enable the honest and objective reporting and management of adverse events and near misses in the workplace.**
Knowledge	Be aware of the potential for harm in the health care system.[7-9] Know the most common adverse events and near misses occurring in your workplace. Recognise situations likely to provoke error. Recognise and correct your own errors. Know how to identify a near miss.[13] Know the method used for reporting adverse events in your workplace. Know the benefits of reporting adverse events and near misses.[10] Know the benefits of a blame-free approach to reporting.[11]	Understand the harm caused by health care errors.[7 9 15 16 17] Know the basics of error theory.[20] Know the common causes of human and medical errors. Understand the difference between system failures, violations and errors.[10 18 19] Know how reporting near misses can improve health care delivery.[10 13] Know the lessons about error and system failure from other industries.[10] Know the history of patient safety and the origins of the blame culture.[10] Know the strengths and weaknesses of the different systems for reporting and managing adverse events.	Understand the role of human factors in system design and strategies for minimising health care errors in the workplace.[23] Understand the components of the blame culture.[9 25] Know how to analyse incident reports, near misses and adverse events to identify opportunities for improvements in patient care.[7 11 24] Know the different systems used to manage adverse events in other industries.[10 11 24] Know the many factors (system, environmental, situational, professional) that contribute to adverse events.[7 10] Know how to create a fair and transparent culture where near misses and adverse events are reported.[15] Know the medico-legal issues relating to the investigation and disclosure of adverse events.	Know how adverse event reporting can improve the organisational response to patient safety.[7 12 15 25] Know the importance of leadership from senior managers and health care workers.[29 30] Know how to create a fair and transparent culture where adverse events and near misses are reported.[15] Know the principles supporting the full disclosure of information to patients, carers and families after an adverse event.
Skills	Identify an adverse event or incident in your workplace.[7 12] Routinely report adverse events.[7 23] Identify an example of a near miss in your workplace.[10] Report near misses.[10 12 23]	Participate in a quality improvement activity.[21]	Analyse data from adverse events and near misses to identify improvement opportunities.[23] Provide regular feedback to staff about adverse events and near misses.[12 23] Facilitate a blame-free environment for adverse events and near miss reporting.[12] Design a system for collecting and examining near misses in your workplace.	Establish an adverse event and near miss reporting system.[7 12 23] Provide multiple channels for reporting by multiple groups and in multiple locations.[6] Publish deidentified adverse events and near miss reports. Identify performance standards for the collection of data (adverse events and near misses) for managers and department heads.[12]

2. Identifying, preventing and managing adverse events and near misses continued

2.1 Recognising, reporting and managing adverse events and near misses Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued			Routinely and continuously use Root Cause Analyses (RCA) or apply clinical practice improvement methods to make health care improvements.[7 27 28] Know how to analyse incident reports, adverse events and near misses.[11] Develop a local policy describing the criteria your department/organisation could use to undertake analysis of adverse events.[22] Investigate adverse events and near misses.[7 10] Use adverse event and near miss data to identify solutions to minimise health care errors.[7 23 28] Categorise adverse events and near misses.[7 27] Appropriately manage patients' physical and emotional needs. Prepare reports after investigations of adverse events.[7 27] Review any changes to make sure they are effective and continue to be implemented.[22]	Provide education programs for all staff on adverse event reporting systems.[23] Provide user-friendly reporting forms.[23] Ensure relevant staff are trained to undertake appropriate investigations that will identify the underlying causes of near misses and adverse events.[22] Establish adverse event and near miss data systems that permit easy access and retrieval.[23] Use the information generated from adverse event reporting systems (and other methods) to identify local solutions. This could include redesigning systems and processes and facilitating staff training.[22] Measure the impact of any changes made.[22] Provide feedback on any actions taken as a result of reported adverse events.[22]
Behaviours & attitudes	Share lessons from reporting near misses and adverse events.[14] Communicate honestly about adverse events and near misses.[4]	Promote awareness of the blame culture and the importance of a non-punitive approach to adverse event management.[11 12] Share lessons from the analysis of patient safety incidents with co-workers.[22]	Demonstrate leadership by promoting a blame-free workplace.[7 12 21] Demonstrate to staff that adverse event reporting makes improvements to health care. Establish mechanisms to support staff involved in adverse events.[7] Provide reports showing the level of adverse event reporting and any improvements.[7] Involve your team in developing ways to make patient care better and safer.[22]	Promote a blame-free culture.[12] Demonstrate a commitment to reducing health care errors by sponsoring the creation of a fair and transparent culture.[32] Avoid jargon and management language.[31] Provide education for board members on quality improvement initiatives.[31] Invest in clinical information systems to enable data to be collected.[31]

2. Identifying, preventing and managing adverse events and near misses

2.1 Recognising, reporting and managing adverse events and near misses

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Advise your supervisor or an appropriate person about a near miss or adverse event in your work place.

KNOWLEDGE

A general understanding of:

2.1.1.1 the potential for harm in the health care system[7-9]

2.1.1.2 the most common near misses and adverse events occurring in your workplace

2.1.1.3 the benefits of advising your supervisor or an appropriate person about near misses and adverse events[10]

2.1.1.4 the benefits of not blaming other workers when they make errors.[11]

An applied knowledge of:

2.1.1.5 how to identify an incident (near miss or adverse event)[7 12]

2.1.1.6 how to identify a near miss[13]

2.1.1.7 the method used for reporting near misses and adverse events to a supervisor or an appropriate person in your workplace.

PERFORMANCE ELEMENTS

(i) Identify an incident (near miss or adverse event)

Demonstrates ability to:

2.1.1.8 describe the most common incidents occurring in your workplace[11 7]

2.1.1.9 recognise situations likely to lead to error

2.1.1.10 recognise and correct your own errors.

(ii) Advise your supervisor or an appropriate person about an adverse event or near miss

Demonstrates ability to:

2.1.1.11 follow the method used in your workplace to report adverse events and near misses to a supervisor or an appropriate person[7 10-12]

2.1.1.12 give an accurate and honest account of an adverse event in your workplace[4]

2.1.1.13 share your experiences about reporting adverse events and near misses with other workers.[14]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.1 Recognising, reporting and managing adverse events and near misses

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Identify, report and learn from errors and system failures, including supporting those making errors.

KNOWLEDGE

A general understanding of:

2.1.2.1 the harm caused by health care errors and system failures[7 9 15 16 17]

2.1.2.2 the lessons about error and system failure from other industries[10]

2.1.2.3 the history of patient safety and the origins of the blame culture[10]

2.1.2.4 the difference between system failures, violations and errors.[10 18 19]

An applied knowledge of:

2.1.2.5 the basics of error theory[20]

2.1.2.6 how identifying near misses can improve health care delivery[10 13]

2.1.2.7 the common causes of human error

2.1.2.8 the common causes of medical error

2.1.2.9 the strengths and weaknesses of the different systems for reporting and managing adverse events.

PERFORMANCE ELEMENTS

(i) Apply basic error theory when dealing with workplace errors

Demonstrates ability to:

2.1.2.10 identify the most common errors in your workplace.

(ii) Participate in a quality improvement activity[21]

Demonstrates ability to:

2.1.2.11 share lessons from the analysis of system failures and patient safety incidents with co-workers[22]

2.1.2.12 promote awareness of the blame culture and the importance of a non-punitive approach to adverse event management.[11 12]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.1 Recognising, reporting and managing adverse events and near misses

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Implement strategies to minimise health care errors and support patients and staff affected by errors.

KNOWLEDGE

A general understanding of:

2.1.3.1 the role of human factors in system design and strategies for minimising health care errors in the workplace[23]
2.1.3.2 the incident management systems used in other industries[10 11 24]
2.1.3.3 the components of the blame culture and a fair and transparent culture.[9 25]

An applied knowledge of:

2.1.3.4 how analysis of incident reports, adverse events and near misses are used to identify opportunities for improvements in patient care[7 11 24]
2.1.3.5 the many factors (system, environmental, situational, professional) that contribute to adverse events[7 10]
2.1.3.6 medico-legal issues relating to the investigation and disclosure of adverse events.

PERFORMANCE ELEMENTS

(i) Design a system for collecting and examining adverse events and near misses in the workplace

Demonstrates ability to:

2.1.3.7 develop a local policy describing the criteria your department/organisation could use to analyse adverse events[26]
2.1.3.8 implement a method for categorising adverse events
2.1.3.9 appropriately manage patients' physical and emotional needs.

(ii) Analyse data from near misses and adverse events to identify improvement opportunities[23]

Demonstrates ability to:

2.1.3.10 categorise adverse events and near misses[7 27]
2.1.3.11 investigate adverse events and near misses[7 10]
2.1.3.12 routinely and continuously use quality improvement methods to make health care improvements[17 24]
2.1.3.13 prepare reports after investigations of adverse events.[7 27]

(iii) Use the adverse event and near miss data to identify solutions and minimise health care errors[21 23 28]

Demonstrates ability to:

2.1.3.14 provide regular feedback to staff about incidents[11 12 23]
2.1.3.15 involve your team in developing ways to make patient care better and safer[26]
2.1.3.16 share lessons from the analyses of patient safety incidents and near misses within your department[11]
2.1.3.17 review any changes to make sure they are effective and continue to be implemented[26]
2.1.3.18 provide reports showing the level of adverse event reporting and the resulting improvements.[7]

(iv) Facilitate a fair and transparent environment for incident reporting[12]

Demonstrates ability to:

2.1.3.19 show leadership by promoting a fair and transparent workplace[7 12 21]
2.1.3.20 establish mechanisms to support patients and staff involved in adverse events[7]
2.1.3.21 show staff that adverse event reporting facilitates improvements to health care.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.1 Recognising, reporting and managing adverse events and near misses

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Provide mechanisms to enable the honest and objective reporting and management of adverse events and near misses in the workplace.

KNOWLEDGE

A general understanding of:

2.1.4.1 the difference between system failures, violations and errors.[10]

An applied knowledge of:

2.1.4.2 how near miss and adverse event reporting can improve the organisational response to patient safety[7 12 15 25]

2.1.4.3 how to create a fair and transparent culture where near misses and adverse events are reported[15]

2.1.4.4 the importance of leadership from senior managers and health care workers in promoting a safety culture in their organisation[29 30]

2.1.4.5 the principles supporting the full disclosure of information to patients, carers and families after an adverse event.

PERFORMANCE ELEMENTS

(i) Design a system for collecting and examining near misses and adverse events in the workplace

Demonstrates ability to:

2.1.4.6 establish an adverse event and near miss reporting system that permits easy access and retrieval[7 12 23]

2.1.4.7 publish deidentified adverse event and near miss reports

2.1.4.8 identify performance standards for the collection of data (adverse events and near misses) for managers and department heads[12]

2.1.4.9 provide user-friendly reporting tools[23]

2.1.4.10 provide education programs for all staff on adverse event reporting systems[23]

2.1.4.11 invest in clinical information systems to enable adverse event data to be collected.[27 31]

(ii) Use the information generated from incident reporting systems (and other methods) to identify local solutions

2.1.4.12 redesign systems and processes and adapt staff training or clinical practice to minimise errors and system failures in the organisation[26]

2.1.4.13 identify the areas of their organisation in which there is a need to measure the impact of any changes made[26]

2.1.4.14 ensure relevant staff are trained to undertake appropriate investigations that will identify the underlying causes of adverse events and near misses[26]

2.1.4.15 provide multiple channels for reporting by multiple groups and in multiple locations[6]

2.1.4.16 provide feedback on any actions taken as a result of reported near misses and adverse events.[26]

(iii) Demonstrate a commitment to reducing health care errors by sponsoring the creation of a fair and transparent culture[32]

Demonstrates ability to:

2.1.4.17 promote an environment where staff feel comfortable and confident to report incidents

2.1.4.18 avoid jargon and management language[31]

2.1.4.19 provide education for board members or advisory committees on quality improvement initiatives.[31]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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2. Identifying, preventing and managing adverse events and near misses

2.2 Managing risk

RATIONALE

Risk management has been defined by Standards Australia as the culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.[1] Within the health system, risk management is concerned with creating and maintaining safe systems of care.[2] It does this by managing and reducing the adverse events with the overall goal of improving human performance.[3]

Risk management involves every level of the organisation, so it is essential that all health care workers understand the objectives and relevance of the risk management strategies in their workplace. Most risk management programs aim to improve safety and quality in addition to minimising the risk of litigation and other losses (staff morale, loss of staff, diminished reputation) through a four-step process: 1) identify the risk; 2) assess the frequency and severity of the risk; 3) reduce or eliminate the risk[4,5]; and 4) cost the risk.

Clinical risk management focuses on improving the quality and safety of health care services by identifying the circumstances and opportunities that put patients at risk of harm and acting to prevent or control those risks.

PATIENT NARRATIVES

A failure to check a child's intravenous drip site

A father brought his 2-year-old daughter Chloe into the emergency department of a regional hospital on a Friday evening. Chloe had a recent history of a 'chesty cold' and had already been seen as an outpatient. The medical officer admitted Chloe for treatment of pneumonia. An intravenous (IV) cannula was inserted in her left upper foot and a bandage applied. Chloe was admitted to the ward and was under the care of nursing staff, a general practitioner and visiting medical officer over the weekend.

The bandage on her foot was not removed until early on Sunday evening (nearly 48 hours later), despite the fact that damage to the skin is a known risk factor in infants that can occur within 8 to 12 hours. There was an area of necrosis noted on the left heel and ulcers developed later on the left upper foot. After discharge and outpatient treatment locally, Chloe was eventually admitted to a major children's hospital where she required ongoing treatment. She also developed behavioural problems as a result of her experience.

Case Studies—Investigations. *Health Care Complaints Commission Annual Report 1999–2000*: 59.

Inadequacy in orthopaedic surgeon's practice management systems

Brian was being treated by a new specialist and needed his records from the orthopaedic surgeon who operated on his knee two years earlier. When the records finally arrived, Brian's new doctor informed him that they were not 'up to scratch'.

The records were poorly documented with no meaningful notes concerning the consent discussion for Brian's operation. There were also gaps in the information recorded in the operation report and there was no documentation of the orthopaedic surgeon's verbal advice about the risks and complications of the operation. Brian was dismayed to discover that the surgeon had not followed up on a missed post-operative review.

Case adapted from: Payne S. Case Study—Managing risk in practice. *United Journal* 2003; Spring: 19.

2. Identifying, preventing and managing adverse events and near misses

2.2 Managing risk
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Reduce near misses and adverse events by identifying dangers and risks in your workplace.**	**Apply risk management principles by identifying, assessing and reporting hazards and potential risks in the workplace.**	**Anticipate adverse events and apply risk-management strategies to minimise and reduce them.**	**Implement risk-management strategies throughout the organisation.**
Knowledge	Understand the role of your position and the patient population it serves. Know how to identify a potential risk or danger (hazard) in your workplace.[4] Understand why reporting a potential hazard or risk helps make improvements in your workplace.[4] How to undertake a risk assessment.	Know the four levels of risk management (clinical risk to patients, non-clinical risks to patients, risks to staff and organisational risks).[12] Know the role and functions of the organisation.[9] Know the relationship of your immediate work environment with other parts of the organisation.[9] Know how a risk assessment is undertaken.[10] Know how risk management can reduce litigation.[11] Know the main risks relating to clinical care in your workplace.[4 12] Know the value of incident management.[4]	Know how to identify, analyse and control risks.[4] Know how to undertake a clinical risk assessment in your workplace.[10 13] Know the main clinical risks in your workplace and identify incidents giving rise to adverse events.[4 10 13] Know how to use information (i.e. complaints, outcome data, incident reports, litigation) to control risks.[4] Know why accurate documentation and secure information storage is important.	Know how to develop a risk-reduction program for the organisation.[4 10 11] Know how to undertake a risk assessment of the organisation.[4] Know the costs of litigation, staff morale, loss of staff, patient suffering to the organisation.[10 11] Know how to use information about risks to improve systems in order to reduce the risks.[4] Know that accidents are symptomatic of underlying system problems.[3]
Skills	Report all potential and actual incidents to your supervisor.[4] Respond appropriately to complaints.[16] Participate in meetings that discuss risk-management and patient safety.	Keep accurate and complete records.[12] Undertake self-assessment to reduce the risk of errors caused by inadequate knowledge and skills.[9] Assess the risk to individual patients prior to treatment.[9] Review any risk strategies that have been implemented.[9]	Operate a clinical incident reporting system.[4] Incorporate specific activities that will reduce adverse events, such as improved supervision, triage and protocols (e.g. hand washing, infection control, confidentiality).[14] Take account of clinical, legal, ethical and financial criteria in delivering services.	Develop a written risk-management strategy.[4] Develop a risk register. Know how to review structures and processes for managing clinical and non-clinical risk.

2. Identifying, preventing and managing adverse events and near misses continued

2.2 Managing risk
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued			Establish local forums to discuss risk-management and patient safety issues and provide feedback to local management groups. Implement appropriate complaint mechanisms. Establish a regular process for risk assessment.[9] Ensure effective reporting of risk assessments to the wider organisation.[9] Define the likelihood and acceptability of each risk and take appropriate action to minimise it.[9]	Ensure risk-management strategies are integrated with processes for managing patient and staff safety, complaints, clinical negligence as well as financial, environmental and occupational risk. Develop performance indicators that can be monitored by the organisation. Target specific risk-management activities.[15] Act promptly on information from incident reporting systems and organisation-wide risk assessments, prioritise changes and implement review cycles. Assess the positive and negative effects of any flow-on effects of changes as a result of collecting and analysing risk information. Implement a clinical risk-management system.[4] Provide staff incentives and sanctions to encourage effective risk management.
Behaviours & attitudes	Report known risks in your workplace to your supervisor or an appropriate person.[6]	Respond appropriately to patients and carers after adverse events.[9] Be aware of risk. Report known hazards and risks in the workplace.[12] Participate in meetings that discuss risk management and patient safety.[8]	Make reports on risk-management strategies, including the resulting action taken.[6] Practise full disclosure to patients (or their carers) after suffering an adverse event. Demonstrate leadership by sharing the lessons from analysing and assessing workplace errors. Ensure staff are trained about risk issues.	Monitor and receive regular reports on the risk-management strategies used to reduce adverse events.[6] Promote a culture of risk management through the organisation. Ensure that everyone in the organisation knows about open disclosure. Demonstrate leadership by creating a reporting culture in which risks are analysed, assessed and acted upon.[17]

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Reduce near misses and adverse events by identifying dangers and risks in your workplace.

KNOWLEDGE

A general understanding of:

2.2.1.1 why informing your supervisor or an appropriate person about a risk or danger (hazard) helps reduce errors and system failures in your workplace[4]

2.2.1.2 why reporting near misses adverse events and potential problems helps make improvements in your workplace.[4]

An applied knowledge of:

2.2.1.3 how to identify dangers (hazards) or possible risks in your workplace.[4]

PERFORMANCE ELEMENTS

(i) Identify and report risks in your workplace to a supervisor or an appropriate person[6]

Demonstrates ability to:

2.2.1.4 report any dangers (hazards) or risks to patients in your workplace to a supervisor or an appropriate person[2]

2.2.1.5 report possible and actual near misses and adverse events to a supervisor or an appropriate person[6]

2.2.1.6 respond in the appropriate way to complaints[7 8]

2.2.1.7 attend meetings that discuss how to reduce risks and improve patient safety.[9]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.2 Managing risk

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Apply risk management principles by identifying, assessing and reporting hazards and potential risks in the workplace.

KNOWLEDGE

A general understanding of:

2.2.2.1 the role and functions of the organisation
2.2.2.2 the relationship of your immediate work environment with other parts of the organisation
2.2.2.3 how a risk assessment is undertaken[10]
2.2.2.4 how risk management can reduce adverse events or injury to patients or staff [9 11]
2.2.2.5 the value of incident management.[4]

An applied knowledge of:

2.2.2.6 the four levels of risk management[12]
2.2.2.7 the main risks relating to clinical care in your workplace.[4 12]

PERFORMANCE ELEMENTS

(i) Identify and report a potential risk in the workplace

Demonstrates ability to:

2.2.2.8 report known hazards and risks in the workplace[12]
2.2.2.9 review any risk strategies that have been implemented
2.2.2.10 keep accurate and complete records[12]
2.2.2.11 self assess to reduce the risk of errors caused by inadequate knowledge and skills[9]
2.2.2.12 participate in meetings that discuss risk management and patient safety[8]
2.2.2.13 be aware of risk
2.2.2.14 respond appropriately to patients and carers after adverse events.[9]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.2 Managing risk

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Anticipate adverse events and apply risk-management strategies to minimise and reduce them.

KNOWLEDGE

A general understanding of:

2.2.3.1 how to identify, analyse and control risks.[4]

An applied knowledge of:

2.2.3.2 how to undertake a clinical risk assessment in your workplace[10 13]
2.2.3.3 the types of incidents in your workplace known to lead to adverse events
2.2.3.4 the main clinical risks in your workplace[4 10 13]
2.2.3.5 how to use information from complaints, incident reports, litigation, Coroners' Reports and quality improvement reports to control risks[4]
2.2.3.6 why accurate documentation and secure information storage is important.

PERFORMANCE ELEMENTS

(i) Operate a clinical incident reporting system and manage risk[4]

Demonstrates ability to:

2.2.3.7 incorporate specific activities that will reduce adverse events[14], such as improved supervision, triage and protocols (e.g. hand washing, infection control, confidentiality)
2.2.3.8 establish local forums to discuss risk management and patient safety issues and provide feedback to local management groups
2.2.3.9 implement appropriate complaint mechanisms.

(ii) Have a regular process for assessing risks in your workplace[9]

Demonstrates ability to:

2.2.3.10 define the likelihood and acceptability of each risk and take appropriate action to minimise it[9]
2.2.3.11 effectively report risk assessments to the wider organisation
2.2.3.12 make regular reports on risk-management strategies and act upon them[6]
2.2.3.13 practise full disclosure to patients or carers after suffering an adverse event
2.2.3.14 train staff about risk issues
2.2.3.15 demonstrate leadership by sharing the lessons from analysing and assessing workplace errors
2.2.3.16 take account of clinical, legal, ethical and financial criteria in delivering services.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.2 Managing risk

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Implement risk-management strategies throughout the organisation.

KNOWLEDGE

A general understanding of:

2.2.4.1 how to use information about risks to change systems in order to reduce the risks[4]

2.2.4.2 how accidents are symptomatic of underlying system problems.[3]

An applied knowledge of:

2.2.4.3 how to develop a risk-reduction program for the organisation[4 10 11]

2.2.4.4 how to undertake a risk assessment of the organisation[4]

2.2.4.5 the costs of litigation, staff morale, loss of staff, patient suffering to the organisation.[10 11]

PERFORMANCE ELEMENTS

(i) Provide leadership and mechanisms to enable reporting and management of errors in the workplace

Demonstrates ability to:

2.2.4.6 develop a written risk-management strategy[4]

2.2.4.7 develop a risk register

2.2.4.8 review structures and processes for managing clinical and non-clinical risk

2.2.4.9 implement a clinical risk-management system[4]

2.2.4.10 integrate risk management strategies with other management strategies, for example; patient and staff safety; complaints; clinical negligence; and financial, environmental and occupational risk.[9]

(ii) Develop performance indicators that can be monitored by the organisation[9]

Demonstrates ability to:

2.2.4.11 target specific risk-management activities[15]

2.2.4.12 act promptly on information from incident reporting systems and organisation-wide risk assessments, prioritise changes and implement review cycles

2.2.4.13 assess both positive and negative effects of changes made as a result of collecting and analysing risk information.

(iii) Create a reporting culture in which risks are analysed, assessed and acted upon

Demonstrates ability to:

2.2.4.14 provide staff incentives and sanctions to encourage effective risk management

2.2.4.15 promote a culture of risk management through the organisation

2.2.4.16 have regular cycles of risk review to evaluate changes.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
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CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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2. Identifying, preventing and managing adverse events and near misses

2.3 Understanding health care errors

RATIONALE

Understanding why health care workers make errors is necessary for appreciating how poorly designed systems and other factors contribute to errors in the health care system. While errors are a fact of life, the consequences of errors on patient welfare and staff can be devastating. Health care workers need to understand how and why systems break down and mistakes are made so they can act to prevent and learn from them. An understanding of health care errors also provides the basis for making improvements and implementing effective reporting systems.[1]

The technological revolution in health care has increased the relevance of human factors in errors because the potential for harm is great when technology is mishandled. At the core of human factors is the belief that the environment is central to improving human performance and resolving human–machine interactivity problems. To reduce errors we need to resolve the problems that occur when humans interact with each other and machines in the workplace. By extracting cases from the Harvard Medical Study, Leape and his Colleagues[2] have written extensively about the importance of viewing errors as system failures rather than evidence of individual guilt. However, this requires a massive shift from how many health care workers currently perceive medical errors.

PATIENT NARRATIVE

Chest X-rays not checked

Colin, 60 years old, had severe abdominal pain, nausea and vomiting and was referred by his GP to a surgeon. On his admission to hospital, the medical staff ordered abdominal and chest X-rays. The abdominal X-rays were not diagnostic, but the chest X-rays showed opacities in the right upper chest, with localisation uncertain, but according to the report 'consistent with a tumour or granuloma'.

The surgeon examined Colin, but did not see the X-rays. He accepted the medical officer's opinion that the X-rays were not diagnostic. Colin did not settle and was operated on for small bowel obstructions due to adhesions. Colin had repeat X-rays, which showed unchanged chest opacity.

When Colin was discharged from hospital he was given two copies of the chest X-ray results to pass on to his GP and surgeon, but he failed to do this. The surgeon later phoned the GP to discuss Colin's case, but they did not discuss the X-rays or their results.

Colin continued to see his GP on a regular basis and 18 months later presented with severe chest pain and was found to have inoperable cancer of the right lung. Colin died a few months later.

Peer reviewing—A case study. *Health Investigator* 1998; Vol 1, No 3 (February): 12–14.

2. Identifying, preventing and managing adverse events and near misses

2.3 Understanding health care adverse events and near misses Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Understand the main causes of near misses and adverse events in your workplace.**	**Learn from near misses and adverse events and apply safety principles in the workplace.**	**Use a systems approach to apply safety principles in the workplace.**	**Adopt an organisational approach to the management of near misses and adverse events.**
Knowledge	Understand how the health care system can contribute to patient harm.[8 9] Be aware of the severity of the problem caused by errors.[3-5] Know the main types of errors in your workplace.[10-12] Understand the main causes of near misses and adverse events in your workplace.[3 6 7 10 11] Know how to define 'errors'.	Understand and describe the main causes of health care errors.[3 9-11] Understand the internal and external factors associated with human error.[6 7 14 15] Understand the principles underpinning systems theory.[7 8 16] Know the main types of errors in your workplace and in health care generally.[10-12] The multifactorial nature of health care errors.[9] The classification of error types.[8]	Know the models for understanding health care errors.[8 10] Understand systems theory and the role complex systems play in errors.[6-8 16]	Understand the severity of the problems caused by errors.[3-5] Understand the organisational factors associated with health care errors.[3 10 11] Know the epidemiology of errors occurring in your organisation.[10-12] Understand how humans and systems contribute to errors.[6 7 14 15 21] Know the different approaches to managing risks and errors.[6 8 11 16 22]
Skills	Describe how environmental factors are most likely to cause adverse events in your workplace.	Classify the different types of errors. Reduce reliance on memory.[3] Recognise the psychological precursors of error—inattention, distraction, preoccupation, forgetfulness, fatigue and stress.[6]	Identify the activities that rely on memory and implement strategies to reduce reliance on memory.[3 17 23] Identify the medications susceptible to medical errors and implement mechanisms to facilitate safe prescribing.[12 18-20] Implement strategies aimed at reducing or managing errors caused by inattention, distraction, preoccupation, forgetfulness, fatigue and stress.[6]	Ensure that managers are able to identify workplace practices that are susceptible to errors.[13] Use design safety principles, such as standardisation and simplification.[21]
Behaviours & attitudes	Acknowledge that errors can occur. Suggest ways to reduce adverse events caused by human or environmental factors in your workplace.	Display an understanding of the complexity of errors in your workplace.	Demonstrate leadership by implementing organisational models of safety to meet the current needs of patients and staff.[9]	Demonstrate leadership by supporting those who apply their understanding of safety principles.[8] Provide health care workers with opportunities for understanding the complexity of the health care system and the multiple causes of adverse events and near misses.

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Understand the main causes of near misses and adverse events in your workplace.

KNOWLEDGE

A general understanding of:

2.3.1.1 the problems caused by near misses and adverse events[3-5]

2.3.1.2 how people cause near misses and adverse events[6 7]

2.3.1.3 the health care system and how it can cause harm to patients.[8 9]

An applied knowledge of:

2.3.1.4 how 'errors' are defined

2.3.1.5 the main causes of near misses and adverse events in the type of work you do[3 6 7 10 11]

2.3.1.6 the main types of near misses and adverse events in your workplace[10-12]

2.3.1.7 the many causes of near misses and adverse events in your workplace.

PERFORMANCE ELEMENTS

(i) Understand the main causes of near misses and adverse events in your workplace

Demonstrates ability to:

2.3.1.8 describe how **humans** (staff and patients) are most likely to cause adverse events in your workplace[13]

2.3.1.9 describe how **environmental** factors are most likely to cause adverse events in your workplace[13]

2.3.1.10 suggest ways to reduce adverse events cause by human or environmental factors in your workplace.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Learn from near misses and adverse events and apply safety principles in the workplace.

KNOWLEDGE

A general understanding of:

2.3.2.1 the severity of the problem caused by errors[3-5]

2.3.2.2 the main causes of health care errors[3 9-11]

2.3.2.3 the internal and external factors associated with human error[6 7 14 15]

2.3.2.4 the principles underpinning systems theory.[7 8 16]

An applied knowledge of:

2.3.2.5 the main types of errors in your area and in health care generally[10-12]

2.3.2.6 the multifactorial nature of health care errors[9]

2.3.2.7 the complexity of errors that occur in the workplace

2.3.2.8 the classification of error types.[8]

PERFORMANCE ELEMENTS

(i) Learn from errors and apply safety principles in the workplace

Demonstrates ability to:

2.3.2.9 classify the different types of errors

2.3.2.10 reduce reliance on memory[3 17]

2.3.2.11 recognise the psychological precursors of error—attitude, inattention, distraction, preoccupation, forgetfulness, fatigue and stress.[6]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use a systems approach to apply safety principles in the workplace.

KNOWLEDGE

A general understanding of:

2.3.3.1 the models for understanding health care errors and system failures[8 10]

2.3.3.2 systems theory and the role complex systems play in errors.[6-8 16]

PERFORMANCE ELEMENTS

(i) Use a systems approach to apply safety principles in the workplace

Demonstrates ability to:

2.3.3.3 develop a local policy describing the criteria your department/organisation could use to identify the activities that rely on memory and implement strategies to reduce reliance on memory[3 17]

2.3.3.4 identify the medications susceptible to medical errors and implement mechanisms to facilitate safe prescribing[12 18-20]

2.3.3.5 implement strategies aimed at reducing or managing errors caused by inattention, distraction, preoccupation, forgetfulness, fatigue and stress[6]

2.3.3.6 implement organisational models of safety to meet the current needs of patients and staff.[9]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Adopt an organisational approach to the management of near misses and adverse events.

KNOWLEDGE

A general understanding of:

2.3.4.1 the severity of the problems caused by errors and system failures[3-5]

2.3.4.2 the organisational factors associated with health care errors and system failures[3 10 11]

2.3.4.3 how humans and systems contribute to errors.[6 7 14 15 21]

An applied knowledge of:

2.3.4.4 the epidemiology of errors occurring in the organisation[10-12]

2.3.4.5 the different approaches to managing risks and errors[6 8 11 16 22]

2.3.4.6 design safety principles, such as standardisation and simplification.[21]

PERFORMANCE ELEMENTS

(i) Adopt an organisational approach to the management of errors

Demonstrates ability to:

2.3.4.7 ensure that managers are able to identify workplace practices that are susceptible to errors[13]

2.3.4.8 demonstrate leadership by recognising those who apply an understanding of safety principles and supporting those who require further education[8]

2.3.4.9 provide health care workers with opportunities for understanding the complexity of the system and the multiple causes of adverse events and near misses

2.3.4.10 design services using safety principles.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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2. Identifying, preventing and managing adverse events and near misses

2.4 Managing complaints

RATIONALE

A complaint from a patient or carer about their health care is an important indicator that there may be a problem with an aspect of the care provided. Many complaints highlight problems that, when analysed, provide opportunities for reducing adverse events and near misses and improving clinical practice. While communication is a factor in nearly all complaints, problems involving diagnoses and treatment are also common factors. There is also ample room for adverse events and near misses in clinical decision making and patient management, as they both involve multiple tasks and complex processes.

There is wide acceptance of the importance of complaints and the need for mechanisms that enable complaints to be made easily and effectively. Most people who make complaints want an explanation about what happened and an assurance that it will not happen again. Complaint bodies provide a range of options for resolving complaints including meetings (mediations and conciliations) between the parties, investigations and/or providing information. Complaint-handling systems provide an alternative to patients seeking answers or compensation through the courts. If these options were not available, more patients would seek the help of lawyers. Knowing how to manage complaints is an important part of making improvements to the health care system.

PATIENT NARRATIVES

GP rooms not up to standard

When Denise visited her local medical practice, she was shocked to see that the practice was not as hygienic as she expected. It was so bad that she complained to the NSW Department of Health. A health inspector noted that Dettol was stored in a drink container, drugs were stored beyond their use-by date, there was no adrenaline in the surgery to treat a heart attack, patients at times had unsupervised access to the doctor's medical bag containing injectable narcotics and a prescription pad, paper sheets on the examination table were not changed between patients and the doctor did not wash his hands following examinations. There were also no sinks in the consulting rooms.

The Health Care Complaints Commission (HCCC) recommended counselling by the NSW Medical Board and an on-site visit to advise the staff on Department of Health guidelines on infection control and make sure the appropriate steps had been taken to protect public health. Denise was glad to learn that the centre made improvements as a result of her complaint.

Review of investigation outcomes. *Health Care Complaints Commission Annual Report 1998–99*: 39–40.

Inadequate complaints management

Alexandra had been seeing a psychologist who was practising in a private hospital. On both her first and second consultations, the psychologist breached patient confidentiality by discussing personal details about his other patients. Alexandra decided she should raise her concerns with someone at the hospital. She attended one meeting with hospital representatives about a number of concerns she had with the hospital, including those with the psychologist. Many months passed with no written response from the hospital detailing the actions they had promised to take. With the help of the Patient Support Office (PSO), Alexandra attended a meeting with the PSO Officer, the CEO and deputy CEO of the hospital. The hospital made an apology to Alexandra and a commitment to ongoing staff training in complaints management. They also encouraged Alexandra to lodge a formal complaint with the Psychologists Registration Board regarding the psychologist's behaviour.

Patient Support Service. *Health Care Complaints Commission Annual Report 1999–2000*: 37–46.

2. Identifying, preventing and managing adverse events and near misses

2.4 Managing complaints
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objective	**Understand how complaints are managed in your workplace.**	**Understand the components of an effective consumer-focused complaint-management system and the value of complaints to an organisation.**	**Establish an effective consumer-focused complaint-management system and know how to use complaints to improve services.**	**Provide a consumer-focused complaint-management system and provide staff with training to facilitate effective complaint management.**
Knowledge	Understand why patients, carers and clients make complaints. Know the method for handling complaints in your workplace.[2 3] Know how complaints can improve services.[1]	Know the complaint-management policy for your organisation.[6] Know the rights and responsibilities of patients and carers.[4]	Know the components of an effective complaint-management system. Know the various methods for collecting complaint data. Understand the basic principles of fairness and the rules of natural justice. Know how to use complaints to make improvements in health care services.[4 6] Know how to create a consumer-centred feedback system.[1]	Know how to develop guidelines for an effective consumer-focused complaint-management system that is fair and transparent to all parties.[1-4 6 9 12-15] Know how to develop guidelines that identify the different types of complaints and their appropriate management.[3] Know how complaints data can lead to quality improvement.[3] Know the value of staff training and education on effective complaint management.[3 4]
Skills	Advise a patient or carer about how to make a complaint to your organisation.[4] Respond promptly to a complaint.[2 3 5] Provide information on request about facts associated with the complaint.[5] Acknowledge a complaint appropriately and act to minimise conflict.	Know the various complaint avenues available for patients and carers.[3] Provide a written report in response to a complaint when requested.[5]	Establish a consumer-focused complaint-handling system that is transparent, fair and easily accessible to patients and carers.[3] Actively seek feedback from patients and carers about their concerns and complaints. Establish a system for collecting and analysing complaint data.[3 4 8]	Provide information to consumers in a range of ways to ensure they are aware of the complaints management policy and what to expect. Facilitate staff training in complaint management. Make improvements as a result of complaint data.[3] Provide support mechanisms for staff who are the subject of a complaint.[3]

2. Identifying, preventing and managing adverse events and near misses continued

2.4 Managing complaints Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued			Provide assistance to consumers who need to make a complaint. Be able to investigate a complaint objectively and thoroughly. Use information from complaints to make improvements in service delivery.[9-11] Train and educate staff in complaint management.[3 4] Inform staff about trends in consumer feedback and complaints. Use mediation skills to resolve complaints. Ensure health care workers know how to write an investigation report.	Appoint a dedicated senior staff member who is responsible for complaints.[3] Prepare reports for the public on trends in consumer complaints and feedback as part of quality reporting. Refer complaints raising significant health and safety issues to the relevant body. Ensure information from complaints results in improvements to service delivery.
Behaviours & attitudes	Show respect and respond sensitively to patients or carers who make a complaint to your service.[4] Don't criticise other workers who are the subject of complaint.[3] Maintain confidentiality at all times.[3]	Be open and honest with patients, carers, co-workers and supervisors.[3 7] Maintain confidentiality at all times except when required by law to do otherwise.[3]	Respond appropriately, sensitively and respectfully to complainants. Ensure information is provided to complainants throughout the complaint process.[3] Routinely report on complaint trends to management and staff.[3] Manage information in a fair manner so that relevant facts and decisions are openly communicated while confidentiality and personal privacy is protected. Refer complaints raising significant health and safety issues to the appropriate body.	Show leadership by providing a robust, consumer-focused complaint management system.[3 4] Show leadership by publishing improvements made as a result of complaint information.[3] Encourage consumers to provide feedback about the health care service. Routinely report about complaints and facilitate complaints discussions at staff forums.

2. Identifying, preventing and managing adverse events and near misses

2.4 Managing complaints

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Understand how complaints are managed in your workplace.

KNOWLEDGE

A general understanding of:

2.4.1.1 how complaints can improve services.[1]

An applied knowledge of:

2.4.1.2 the appropriate way for handling patients' complaints in your workplace.[2 3]

2.4.1.3 why patients, carers and clients make complaints.

PERFORMANCE ELEMENTS

(i) Respond appropriately when a patient or carer makes a complaint

Demonstrates ability to:

2.4.1.4 advise a patient or carer about how to make a complaint about a service[4]

2.4.1.5 respond quickly to a complaint[2 3 5]

2.4.1.6 give information about a complaint when asked to[5]

2.4.1.7 acknowledge a complaint in the appropriate way and avoid making the patient angry or upset (minimise conflict)

2.4.1.8 show respect and respond sensitively to patients or carers who make a complaint about a service[4]

2.4.1.9 treat workers who have had a complaint made about them appropriately and non-judgmentally[3]

2.4.1.10 maintain confidentiality at all times.[3]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.4 Managing complaints

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Understand the components of an effective consumer-focused complaint-management system and the value of complaints to an organisation.

KNOWLEDGE

A general understanding of:

2.4.2.1 the rights and responsibilities of patients and carers to make complaints.[4]

An applied knowledge of:

2.4.2.2 the complaint management policy for your organisation[6]

2.4.2.3 the various ways patients and carers can make complaints in your organisation and to external organisations.[3]

PERFORMANCE ELEMENTS

(i) Respond to complaints from patients and carers by acting within your organisation's complaint-management policy

Demonstrates ability to:

2.4.2.4 provide a written report in response to a complaint[5]

2.4.2.5 be open and communicate honestly with patients, carers, co-workers and supervisors when dealing with complaints[3 7]

2.4.2.6 maintain confidentiality at all times except when required by law to do otherwise.[3]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

2. Identifying, preventing and managing adverse events and near misses

2.4 Managing complaints

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Establish an effective consumer-focused complaint-management system and know how to use complaints to improve services.

KNOWLEDGE

A general understanding of:

2.4.3.1 the basic principles of fairness and the rules of natural justice.

An applied knowledge of:

2.4.3.2 how to create a consumer-centred feedback system.[1]
2.4.3.3 the various methods for collecting complaint data
2.4.3.4 how to use complaints to make improvements in health care services[4 6]
2.4.3.5 the components of an effective complaint-management system.

PERFORMANCE ELEMENTS

(i) Establish a consumer-focused complaint-handling system that is transparent, fair and easily accessible to patients and carers[3]

Demonstrates ability to:

2.4.3.6 actively seek feedback from patients and carers about their concerns and complaints
2.4.3.7 establish a system for collecting and analysing complaint data[3 4 8]
2.4.3.8 provide assistance to consumers who need to make a complaint.

(ii) Investigate complaints objectively, thoroughly and in a timely manner

Demonstrates ability to:

2.4.3.9 ensure information is provided to complainants throughout the complaint process[3]
2.4.3.10 use information from complaints to make improvements in service delivery[9-11]
2.4.3.11 manage information in a fair manner so that relevant facts and decisions are communicated openly, while confidentiality and personal privacy is protected
2.4.3.12 use mediation skills to resolve complaints
2.4.3.13 refer complaints raising significant health and safety issues to the appropriate body.

(iii) Train and educate staff in complaint management[3 4]

Demonstrates ability to:

2.4.3.14 inform staff and management about trends in consumer feedback and complaints[3]
2.4.3.15 ensure health care workers know how to write an investigation report.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Provide a consumer-focused complaint-management system and provide staff with training to facilitate effective complaint management.

KNOWLEDGE

A general understanding of:

2.4.4.1 how complaints data can lead to quality improvement within the organisation and health care sector more generally[3]

2.4.4.2 the value of staff training and education in effective complaint management.[3 4]

An applied knowledge of:

2.4.4.3 how to develop guidelines for an effective consumer-focused complaint-management system that is fair and transparent to all parties[1-4 6 9 12-15]

2.4.4.4 how to develop guidelines that identify the different types of complaints and their appropriate management.[3]

PERFORMANCE ELEMENTS

(i) Show leadership by providing a robust consumer-focused complaint-management system[3 4]

Demonstrates ability to:

2.4.4.5 encourage consumers to provide feedback about the health care service

2.4.4.6 ensure that information is provided to consumers, patients and carers in a range of ways to ensure they are aware of the complaints management policy and what to expect

2.4.4.7 arrange and facilitate staff training in complaint management

2.4.4.8 provide support mechanisms for staff who are the subject of a complaint[3]

2.4.4.9 appoint a dedicated senior staff member who is responsible for complaints[3]

2.4.4.10 refer complaints raising significant health and safety issues to the relevant body.

(ii) Make improvements as a result of complaint data[3]

Demonstrates ability to:

2.4.4.11 ensure information from complaints results in improvements to service delivery

2.4.4.12 prepare reports for the public on trends in consumer complaints and feedback as part of quality reporting

2.4.4.13 publish improvements made as a result of complaint information[3]

2.4.4.14 routinely report about complaints and facilitate complaints discussions at staff forums.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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3 Using evidence & information

RATIONALE FOR THIS LEARNING AREA

Health care is supported by a large and ever increasing body of evidence from clinical practice, trials and research. Assessing whether a treatment or intervention is appropriate and under what circumstances is a key factor in maximising good outcomes for patients. Safe health care requires that all health care workers understand the principles of evidenced-based practice and how to use the information technology (IT) and electronic communication tools—such as computers, email and electronic medical records—relevant to their position. New methods for understanding the applications of medical research have enabled health care workers to access results and evidence in order to prevent the under-use, misuse and overuse of care and treatment for patients.

3. Using evidence and information

3.1 Employing best available evidence-based practice

RATIONALE

Keeping abreast of the constant changes in the knowledge base and management of health care services makes it essential for health care workers to be involved in life-long learning in the workplace. This continual updating of knowledge and skills is essential for maintaining patient safety. Memorising a lot of facts is an outdated method for gaining knowledge[1] and today health care workers need to learn how to incorporate evidence from the literature and research into everyday clinical practice.[2]

Evidence-based practice refers to the combining of best research evidence, clinical expertise and patient values when making decisions about the care of individual patients.[3 4] Best research evidence includes evidence that can be quantified—such as randomised controlled trials, laboratory experiments, clinical trials, epidemiological research and outcome research—as well as evidence based on qualitative research and evidence learnt from the practice knowledge of experts (i.e. inductive reasoning).[5] Health care workers in particular should be able to know where to find the best evidence, how to formulate relevant clinical questions and incorporate the findings into practice.[2 6 7]

PATIENT NARRATIVE

Meningitis missed because guidelines were not followed

Melissa, a teenage girl, was taken to hospital with a referral note from her general practitioner that queried the presence of meningitis. Melissa had been sick for about 12 days with a history of ear ache, vomiting, fever, neck stiffness and headache. Her vomiting had persisted despite being given anti-emetics.

On presentation to the emergency department she was assigned a triage score of 4. While her other symptoms were still present she had no fever, as she had been taking Panadol. The hospital doctor excluded meningitis on clinical assessment. He had not followed the Department of Health guidelines requiring lumbar puncture and blood cultures and made an error in diagnosing bacterial infection. One of the other treating doctors also didn't follow-up on test results.

Four days later Melissa suffered a cardiopulmonary arrest and was taken by ambulance to another hospital in a moribund (dying) state. She died two days later. A lumbar puncture of her spinal fluid confirmed the diagnosis of meningitis.

Inquest into the death of Charissa Tsouvallas. Coroner's Court, Gosford, June 2000.

3. Using evidence and information

3.1 Employing best available evidence-based practice Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Follow all the steps in the guidelines on how to do your work.**	**Use the tools of evidence-based practice to treat and manage patients and carers.**	**Ensure the best evidence is available and used routinely to treat and manage patients and carers.**	**Facilitate the education, training and routine use of evidence-based practice throughout the organisation.**
Knowledge	Understand why there are guidelines on how to do your work. Understand how these work guidelines have been developed.	Know the principles of evidence-based practice.[5] Know the hierarchy of levels of evidence and their use in treatment decisions.[5] Know how to analyse and synthetise health care evidence.[4 8 9] Know how to interpret practice guidelines.[4 8 9] Conduct a comprehensive search of articles using set criteria to select the articles for review.[8] Critically appraise the research designs of the articles under review for scientific soundness.[8] Know how to help patients and carers to identify reliable and accurate health information.[8]	Know how to measure improvements in priority health conditions.[8] Know the tools available to assist evidence-based practice.[5 14] Know the most effective methods for developing and disseminating practice guidelines.[15] Understand how patient values and preferences affect the management options available and the ability to involve patients appropriately in that decision.[5]	Know the benefits of evidence-based practice. Know the general steps involved in the development of practice guidelines and protocols. Know the methods available for supporting clinical decisions made by health care workers, consumers, patients and carers.[8 16-18]
Skills	Identify the missing steps and problems (deficiencies) in your work guidelines and report them to your supervisor or an appropriate person.	Know how to integrate best research with clinical expertise and patient values.[8] Avoid under-use, misuse and overuse of care.[11] Synthetise data and interpret results.[8] Determine how applicable the evidence is to an individual patient.[10] Individualise treatment decisions.[10] Calculate the risk benefit ratio in an individual patient regarding treatment options.[10] Incorporate patient values and preferences into treatment decisions.[10]	Apply a systematic approach to analysing and synthesising medical evidence for health care workers, patients and carers.[8] Identify best practice in the design of care processes.[16] Use a variety of methods to facilitate the use of evidence-based practice including continuing education and training, patient-specific reminders and clinical audits.	Establish mechanisms to ensure care provided is reviewed against practice guidelines and protocols. Disseminate evidence and guidelines to staff and consumers.[16] Develop decision- support tools to assist health care workers, consumers, patients and carers in applying this evidence.[16]
Behaviours & attitudes	Follow your work guidelines unless there is a good reason for not doing so.	Fully document significant departures from practice guidelines and explain the reasons for the differences in the patient's case notes at the time of the decision. Actively seek and report information.[12 13] Make evidence available to co-workers and patients.	Monitor compliance with practice guidelines.	Involve leaders, health care workers, consumers, patients and carers in all aspects of the development of evidence-based practice guidelines.[16]

3. Using evidence and information

3.1 Employing best available evidence-based practice

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Follow all the steps in the guidelines on how to do your work.

KNOWLEDGE

A general understanding of:

3.1.1.1 why there are guidelines on how to do your work.

An applied knowledge of:

3.1.1.2 how these work guidelines have been developed.

PERFORMANCE ELEMENTS

(i) Follow your work guidelines

Demonstrates ability to:

3.1.1.3 follow work guidelines unless there is a good reason not to

3.1.1.4 discuss with your supervisor or an appropriate person any missing steps or problems in work guidelines.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.1 Employing best available evidence-based practice

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use the tools of evidence-based practice to treat and manage patients and carers.

KNOWLEDGE

A general understanding of:

3.1.2.1 the principles of evidence-based practice[5]

3.1.2.2 the different forms of evidence and their use in treatment decisions.[5]

An applied knowledge of:

3.1.2.3 analysing and synthesising health care evidence[4 8 9]

3.1.2.4 interpreting practice guidelines[4 8 9]

3.1.2.5 integrating the best evidence into your practice, taking into account the patient's preferences.[8]

PERFORMANCE ELEMENTS

(i) Apply the tools of evidence-based practice

Demonstrates ability to:

3.1.2.6 conduct a comprehensive search of potentially relevant articles using set criteria to select articles for review[8]

3.1.2.7 critically appraise the research designs of the articles under review for scientific soundness[8]

3.1.2.8 correctly interpret the results of studies[8]

3.1.2.9 help patients and carers to identify reliable and accurate health information[8]

3.1.2.10 make evidence available to co-workers and patients.

(ii) Individualise treatment decisions[10]

Demonstrates ability to:

3.1.2.11 determine how applicable the evidence is to an individual patient[10]

3.1.2.12 calculate the risk benefit ratio in an individual patient regarding treatment options[10]

3.1.2.13 incorporate patient values and preferences into treatment decisions[10]

3.1.2.14 prevent under-use, misuse and over-use of care.[11]

(iii) Actively seek and report information[12 13]

Demonstrates ability to:

3.1.2.15 fully document significant departures from practice guidelines and explain the reasons for the differences in the patient's case notes at the time of the decision.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.1 Employing best available evidence-based practice

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Ensure the best evidence is available and used routinely to treat and manage patients and carers.

KNOWLEDGE

A general understanding of:

3.1.3.1 the tools used to assist evidence-based practice[5 14]

3.1.3.2 the most effective methods for developing and disseminating practice guidelines[15]

3.1.3.3 how patient values and preferences affect the management options available and the ability to involve patients appropriately in that decision.[5]

An applied knowledge of:

3.1.3.4 how to measure improvements for priority health conditions.[8]

PERFORMANCE ELEMENTS

(i) Apply a systematic approach to analysing and synthesising health care evidence for health care workers, patients and carers[8]

Demonstrates ability to:

3.1.3.5 apply best practice in the design of care processes[16]

3.1.3.6 use a variety of methods to facilitate the use of evidence-based practice

3.1.3.7 monitor compliance with practice guidelines.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.1 Employing best available evidence-based practice

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Facilitate the education, training and routine use of evidence-based practice throughout the organisation.

KNOWLEDGE

A general understanding of:

3.1.4.1 the benefits of evidence-based practice

3.1.4.2 the steps involved in developing practice guidelines and protocols

3.1.4.3 the methods available for supporting clinical decisions made by health care workers, consumers, patients and carers.[8 16-18]

PERFORMANCE ELEMENTS

(i) Ensure the routine use of evidence-based practice throughout the organisation

Demonstrates ability to:

3.1.4.4 establish mechanisms to ensure care provided is reviewed against practice guidelines and protocols

3.1.4.5 ensure the dissemination of evidence and guidelines to staff and consumers[16]

3.1.4.6 implement and/or develop decision-support tools to assist health care workers, consumers, patients and carers in applying this evidence[16]

3.1.4.7 involve leaders, health care workers and consumers in all aspects of the development of evidence-based practice guidelines.[16]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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3. Using evidence and information

3.2 Using information technology to enhance safety

RATIONALE

Health informatics is defined as the systematic application of computer science and technology to health practice, health care services, research and education.[1] There is strong evidence that routine use of IT (information technology) and information and communication technology (ICT) will contribute greatly to improvements in the health care system.[2] The benefits include: quality improvements; the capacity to use data in real time to support clinical decisions; reducing medical errors; as well as supporting health care workers and patients with better access to reliable health information. Examples of IT and ICT tools that could streamline communications across the health care system are computerised patient records and computerised physician order entry systems for prescribing medications.[3]

A major barrier to providing quality care to patients at the present time is the way health information is collected and stored in paper-based records in locations that are often a long way from where the care is provided. Paper-based record systems are also more susceptible to errors as there are fewer checks and balances on them than electronic systems.[4] The goal is to develop and implement IT systems to solve problems in collecting and storing information in areas including health care, research and education.[5]

PATIENT NARRATIVE

Computer network at medical centre infiltrated

On 20 December 2000 Katherine received a letter in the mail informing her that her hospital medical records, which are confidential, had been obtained by a computer hacker. The letter said that every effort was being made to contain the problem. Katherine read that she was one of 5000 cardiology and rehabilitation medicine patients whose records the hacker had gained access to. The records the hacker downloaded included their names, addresses and medical procedures.

Katherine was shocked, but was told in the letter that the hospital had bolstered security for databases and was reviewing its security procedures and systems. She was also assured that the benefits of using electronic medical records to improve patient care and practice efficiency outweighed the security risks.

Adapted from AMNews: Jan 29, 2001. Security breach: Hacker gets medical records. **www.ama-assn.org/amednews/** (accessed January 2005).

3. Using evidence and information

3.2 Using information technology to enhance safety
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Use the information technology (IT) tools in your workplace.**	**Use information technology (IT) in your practice to improve patient care.**	**Use information technology (IT) to reduce risks and improve patient care.**	**Provide information technology (IT) systems and ensure all staff are trained appropriately in their use.**
Knowledge	Understand the benefits of computers in your workplace. Understand the ethical and legal issues related to the use of IT in your workplace.[6]	Understand the benefits of computer-aided decision support systems.[1 6 7] Know the privacy, confidentiality, legal and ethical issues for protecting access to patient–provider communications.[6] Understand security protection systems such as access control, data security and data encryption.[6]	Know how IT can reduce the rate of errors in the local environment.[12] Know the IT tools available for preventing errors.[12] Know the applications of clinical informatics.[11] Know the main users of IT (personal health dimension, health care provider dimension and population health dimension).[8]	Know how IT can reduce the rate of errors in the organisation.[8 12] Know how to establish an electronic medical records system.[11] Know the levels of risk in the use of health telematic systems.[13]
Skills	Demonstrate basic computer skills. Make effective and appropriate use of information and information and communication technologies (ICT) in your workplace.[6] Use the internet to inform yourself and others.[6] Use basic word processing and email to communicate with other workers.[6] Use IT tools and protocols for the full range of electronic communication appropriate to your duties and program area.[1 6]	Communicate using the appropriate IT tools.[6 8] Use electronic medical records.[6] Access the knowledge base and literature sources needed to conduct evidence-based practice.[9] Utilise personal computers and other office IT tools for working with electronic files.[1 6 14]	Use IT to measure outputs of work and outcomes of patient care.[6] Introduce mandatory steps into work practices (forcing functions) to reduce errors. Use IT tools to identify, access, interpret and use online health-related information and data.[1 5 6 8 10]	Establish standards for IT in the organisation.[6] Provide technology systems designed to produce safe, efficient and patient-centred care.[2] Undertake a risk assessment of health information services.[13] Develop an overall strategic plan for IT services.[8] Ensure an adequate IT and electronic communication infrastructure.[8]
Behaviours & attitudes		Be familiar with IT formats.[8] Apply all relevant procedures (policies) and technical means (security) to ensure that confidential information is appropriately protected.[1] Utilise IT to ensure the integrity and protection of electronic files and computer systems.[1]	Encourage all staff to participate in training programs to improve their use and understanding of technology. Use technology appropriately to facilitate and improve patient care.	Ensure that all staff receive IT training and support in the workplace.[11] Provide strategic leadership on issues related to IT development and implementation.[8]

3. Using evidence and information

3.2 Using information technology to enhance safety

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Use the information technology (IT) tools in your workplace.

KNOWLEDGE

A general understanding of:

3.2.1.1 the benefits of computers in your workplace

3.2.1.2 the rules for the proper use (legal and ethical issues) of IT in your workplace.

An applied knowledge of:

3.2.1.3 how to use a computer, including basic word processing skills and the internet.[6]

PERFORMANCE ELEMENTS

(i) Use information technology (IT) tools in your workplace[6]

Demonstrates ability to:

3.2.1.4 use the internet to access and retrieve work-related information[6]

3.2.1.5 use information and communication technology to communicate with other workers[6]

3.2.1.6 use electronic communication tools wherever they are provided to help you do your work[1]

3.2.1.7 comply with protocols regarding the use of IT and information and communication technology (ICT).

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.2 Using information technology to enhance safety

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use information technology (IT) in your practice to improve patient care.

KNOWLEDGE

A general understanding of:

3.2.2.1 the benefits of computer-aided decision support systems[1 6 7]

3.2.2.2 security protection systems such as access control, data security and data encryption.[6]

An applied knowledge of:

3.2.2.3 the privacy, confidentiality, legal and ethical issues for protecting access to patient–provider communications.[6]

PERFORMANCE ELEMENTS

(i) Use IT hardware and software in your workplace[8]

Demonstrates ability to:

3.2.2.4 use electronic communication technology for the full range of electronic communication appropriate to your duties[6 8]

3.2.2.5 use electronic medical records[6]

3.2.2.6 apply relevant procedures (policies) and technical means (security) to ensure that confidential information is appropriately protected.[1]

(ii) Access the knowledge base and literature sources needed to conduct evidence-based practice[9]

Demonstrates ability to:

3.2.2.7 search and retrieve information from electronic sources to improve your knowledge and patient care.[1 5 6 8 10]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.2 Using information technology to enhance safety

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use information technology (IT) to reduce risks and improve patient care.

KNOWLEDGE

A general understanding of:

3.2.3.1 the applications of clinical informatics[11]

3.2.3.2 how IT can reduce the rate of errors in the workplace.[12]

An applied knowledge of:

3.2.3.3 the IT tools available for preventing errors[12]

3.2.3.4 how introducing mandatory steps into work practices (forcing functions) can reduce errors

3.2.3.5 the main users of IT.[8]

PERFORMANCE ELEMENTS

(i) Use information technology to reduce risks and improve patient care

Demonstrates ability to:

3.2.3.6 use IT to measure the level of performance of health care workers and providers[6]

3.2.3.7 use IT tools to identify, access, interpret and use online health-related information and data[1 8]

3.2.3.8 encourage all staff to participate in training programs to improve their use and understanding of technology.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

3. Using evidence and information

3.2 Using information technology to enhance safety

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Provide information technology (IT) systems and ensure all staff are trained appropriately in their use.

KNOWLEDGE

A general understanding of:

3.2.4.1 how IT can reduce the rate of errors in the organisation.[8 12]

An applied knowledge of:

3.2.4.2 how to establish an electronic medical records system[11]

3.2.4.3 the levels of risk in the use of health information and electronic communication systems.[13]

PERFORMANCE ELEMENTS

(i) Oversee the development of electronic communication technology within the organisation

Demonstrates ability to:

3.2.4.4 establish standards for IT in the organisation[6]

3.2.4.5 provide technology systems designed to produce safe, efficient and patient-centred care[2]

3.2.4.6 undertake a risk assessment of health information services[13]

3.2.4.7 develop an overall strategic plan for IT services[8]

3.2.4.8 ensure an adequate IT and electronic communication technology infrastructure[8]

3.2.4.9 provide strategic leadership on issues related to IT development and implementation.[8]

(ii) Ensure all staff are appropriately trained

Demonstrates ability to:

3.2.4.10 ensure that all staff receive IT training and support in the workplace.[11]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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4 Working safely

RATIONALE FOR THIS LEARNING AREA

Working safely and providing continuity of care for patients can only occur when every health care worker and professional knows their role in the organisation and understands the importance of working with other members of the health care team. The literature shows that just applying knowledge and skills about diseases and medical conditions alone does not prevent adverse events or errors in health care delivery. Managing stress and fatigue as well as knowledge about human factors, the environment and a patient's journeys through the health care system are equally important for preventing harm to patients.

4. Working safely

4.1 Being a team player and showing leadership

RATIONALE

A multidisciplinary team is made up of different health care workers and professionals who work together to treat and care for patients. An effective team is one in which the team members communicate with one another as well as combining their observations, expertise and decision-making responsibilities to optimise patient care.[1]

The task of communication and flow of information between health providers and patients can be complicated due to the spread of clinical responsibility among members of the health care team.[2 3] This can result in patients being required to repeat the same information to multiple health providers. More importantly miscommunication has also been associated with delays in diagnosis, treatment and discharge as well as failures to follow up on test results.[4-8]

Effective health care teams need to keep pace with the demands of the new safety principles, including ensuring the competency of the health providers and viewing patients as being part of the health care team. There is some evidence that multidisciplinary teams improve the quality of services and lower costs.[9-11] Good team work has also been shown to reduce errors and improve care for patients, particularly those with chronic illnesses.[12-14]

PATIENT NARRATIVE

A treating team didn't communicate with each other

Simon, an 18-year-old man, was brought by ambulance to hospital. He had been involved in a fight and suffered a serious head injury when his head hit the pavement. Simon wasn't able to say his name or speak clear words. The doctor in attendance, an intern, was only weeks out of medical school. He didn't have a supervisor on that night and he failed to recognise (along with the nursing staff) the seriousness of Simon's head injury.

Simon had been drinking and the intern decided that he was simply drunk; a diagnosis supported by Simon's rowdy and aggressive behaviour. However, such behaviour can also indicate serious head injury. Simon was prescribed medication for nausea and placed under observation. On a number of occasions the nurses and intern separately tested his verbal and motor responses.

As time passed the nurses documented his deteriorating condition in the clinical notes but did not communicate this directly to the intern. Unfortunately the intern relied on verbal communications and didn't take sufficient notice of the notes. Simon died four and half hours after entering the hospital.

Transcript of 'Death by bad medicine' from the archives of the program, Sunday on 25 July 1999. **www.sunday.ninemsn.com.au/sunday/** (accessed January 2005).

4. Working safely

4.1 Being a team player and showing leadership
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Know how to communicate with people and work as part of a team.**	**Use teamwork to deliver effective health care and know how to include patients as members of the team.**	**Provide training and support for all staff in effective teamwork.**	**Facilitate effective teamwork and leadership development appropriate to the needs of the organisation.**
Knowledge	Know who is on your team. Understand the role of everyone on the team.[15] Know how to work as a member of a team. Know the benefits of team work.	Understand the characteristics of effective teams.[17 19 21 26] Describe the different types of health care teams (multidisciplinary, interdisciplinary and transdisciplinary).[21 27] Understand the barriers to forming multidisciplinary teams.[21 28 29]	Know the importance of clear goals and objectives for the health care team.[15] Know how out-of-hours teams can improve patient care.[32] Know how to facilitate effective and efficient teamwork.[33] Know the elements of good leadership.	Understand the importance of multidisciplinary teams in delivering care to patients and populations.[25 33 39 40] Understand why team functioning is important for improving the quality of health care and reducing errors.[19 40] Know the characteristics of good team leaders.[15] Know the composition and role of teams within the organisation.
Skills	Give and receive feedback on how well a task was done.[15] Demonstrate caring and respectful behaviour to others.[16] Listen carefully to others.[16] Obtain information by asking the correct questions.[16] Provide information using clear explanations.[16] Monitor the performance of each member of the team.[17]	Describe the roles of team members and how psychosocial factors affect team interactions.[18] Be able to identify your own values and assumptions and know how these affect interactions with other members of the health care team. Recognise the impact of change on other team members. Filter and accurately record important information.[30] Ensure accurate and timely information reaches those who need it at the appropriate time.[21-23]	Create and maintain effective working teams.[19] Know how to enhance team effectiveness[15] (e.g. decision making, listening skills, rewards, encouraging innovation, autonomy and accountability). Facilitate the participation of all team members.[17] Ensure that all team members maintain appropriate standards of conduct and care.[24] Provide effective supervision of clinical multidisciplinary teams.[34]	Facilitate leadership development for staff.[15] Facilitate integrated multidisciplinary learning.[1 40-44]

4. Working safely continued

4.1 Being a team player and showing leadership Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills continued	Use conflict resolution skills to facilitate team interactions.[17 18] Provide constructive feedback to individuals irrespective of their level of seniority.[15 17 20] Demonstrate basic group skills including communication, negotiation, delegation, time management and assessment of group dynamics.[21-23] Give feedback on your own and other team member's performance.[15]	Ensure that patients are appropriately cared for by the team even when the team members are in entirely different physical locations.[21-23] Coordinate and integrate care processes to ensure continuity and reliability of patient care.[21-23] Manage effective handovers to and from night teams[31] Include the patient as a member of your team.	Coach new members of the team in their work relationships.[19] Establish clear lines of accountability and authority.[15] Ensure staff include patients in the team.[20] Ensure the team has the right competencies.[31] Develop clinical governance mechanisms for the team.[31] Prioritise calls to the night team.[31] Ensure patients know who to contact if they have questions or concerns about their care or treatment.[24] Ensure patients know how to contact members of their health care team.	
Behaviours & attitudes	Show respect for other workers on your team. Show respect for all health care workers and professionals in your organisation.[25] Show a positive attitude to teamwork.[18] Trust and respect the skills and contributions of fellow team members and other health care workers.[24] Participate in regular informal and formal communications with other team members.[15] Participate fully in your team.[15]	Accept full responsibility for your professional and personal actions. Recognise professional limits.[30]	Promote an environment where all individuals within the team are respected and feel able to communicate when they think something is wrong.[36 37] Provide regular feedback on the performance of each team.[17 35] Monitor team objectives.[17] Reward team members for good work.[17] Encourage a diversity of skills and personalities.[15 38] Ensure team members understand their personal and collective responsibility for the safety of patients.[24] Encourage team members to discuss any problems openly and honestly.[24]	Offer staff opportunities for multidisciplinary learning.[45] Show support (leadership) for multidisciplinary teams.[21 35 46 47] Acknowledge the success of multidisciplinary teams.[35] Commit to conflict management.[33] Monitor the effectiveness of teams in the organisation. Spend time with all levels of workers within the organisation.

4. Working safely

4.1 Being a team player and showing leadership

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Know how to communicate with people and work as part of a team.

KNOWLEDGE

A general understanding of:

4.1.1.1 how to work as part of a team

4.1.1.2 the benefits of team work.

An applied knowledge of:

4.1.1.3 who is on your team

4.1.1.4 the role of everyone on your team.[15]

PERFORMANCE ELEMENTS

(i) Work as part of a team

Demonstrates ability to:

4.1.1.5 be able to communicate with other workers in your workplace

4.1.1.6 give and ask for feedback on how well a task was performed[15]

4.1.1.7 listen carefully to other people[16]

4.1.1.8 ask questions to find the information you need[16]

4.1.1.9 explain clearly when you give information to other people[16]

4.1.1.10 monitor the activities of each member of the team[17]

4.1.1.11 use conflict resolution skills to facilitate team interactions[17-19]

4.1.1.12 provide constructive feedback to individuals irrespective of their level of seniority[15 17 20]

4.1.1.13 demonstrate basic group skills including communication, negotiation, delegation, time management and assessment of group dynamics[21-23]

4.1.1.14 trust and respect the skills and contributions of fellow team members and other health care workers[24]

4.1.1.15 regularly use informal and formal communications with other team members[15]

4.1.1.16 participate fully in your team[15]

4.1.1.17 give feedback on your own and other team members' performance.[15]

(ii) Be caring and show respect for other people[16]

Demonstrates ability to:

4.1.1.18 show respect for other workers on your team

4.1.1.19 show respect for other health care workers in your organisation[25]

4.1.1.20 show that you are willing to work as part of a team.[18]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.1 Being a team player and showing leadership

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Use teamwork to deliver effective health care and know how to include patients as members of the team.

KNOWLEDGE

A general understanding of:

4.1.2.1 the characteristics of effective teams[17 19 21 26]

4.1.2.2 the different types of health care teams (multidisciplinary, interdisciplinary and transdisciplinary)[21 27]

4.1.2.3 the barriers to forming multidisciplinary teams.[21 28 29]

PERFORMANCE ELEMENTS

(i) Use teamwork principles to promote effective health care

Demonstrates ability to:

4.1.2.4 identify your own values and assumptions and know how these affect interactions with other members of the health care team

4.1.2.5 describe the roles of team members and how psychosocial factors affect team interactions[18]

4.1.2.6 recognise the impact of change on other team members

4.1.2.7 include the patient as a member of your team.

(ii) Coordinate and integrate care processes to ensure continuity and reliability of patient care[21-23]

Demonstrates ability to:

4.1.2.8 filter and accurately record important information[30]

4.1.2.9 ensure accurate and timely information reaches those who need it at the appropriate time[21-23]

4.1.2.10 ensure that patients are appropriately cared for by the team even when the team members are in entirely different physical locations[21-23]

4.1.2.11 manage effective shift handovers.[31]

(iii) Accept full responsibility for your professional and personal actions when working as part of a team

Demonstrates ability to:

4.1.2.12 recognise professional limits.[30]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.1 Being a team player and showing leadership

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Provide training and support for all staff in effective teamwork.

KNOWLEDGE

A general understanding of:

4.1.3.1 the importance of clear goals and objectives for the health care team.[15]

An applied knowledge of:

4.1.3.2 how out-of-hours teams can improve patient care[32]

4.1.3.3 how to facilitate effective and efficient teamwork[33]

4.1.3.4 know how to enhance and maintain team effectiveness (decision making, listening skills, rewards, encouraging innovation, autonomy and accountability)[15]

4.1.3.5 the principles of good leadership.

PERFORMANCE ELEMENTS

(i) Create and maintain effective working teams[19]

Demonstrates ability to:

4.1.3.6 facilitate the participation of all team members[17]

4.1.3.7 ensure that all team members maintain appropriate standards of conduct and care[24]

4.1.3.8 provide effective supervision of clinical multidisciplinary teams[34]

4.1.3.9 coach new members of the team in their work relationships[19]

4.1.3.10 establish clear lines of accountability and authority[15]

4.1.3.11 ensure staff include patients in the team[20]

4.1.3.12 ensure the team have the right competencies[31]

4.1.3.13 develop governance mechanisms for the team[31]

4.1.3.14 prioritise calls for the night team[31]

4.1.3.15 ensure patients know how to contact members of their health care team e.g. if they have questions or concerns about their care or treatment.[24]

(ii) Provide regular feedback on the performance of each team[17 35]

Demonstrates ability to:

4.1.3.16 promote an environment where all individuals within the team are respected and feel able to communicate when they think something is wrong[36 37]

4.1.3.17 provide regular feedback on the performance of each team[17 35]

4.1.3.18 monitor team objectives[17]

4.1.3.19 reward team members for good work[17]

4.1.3.20 encourage a diversity of skills and personalities[15 38]

4.1.3.21 ensure team members understand their personal and collective responsibility for the safety of patients[24]

4.1.3.22 encourage team members to discuss any problems openly and honestly.[24]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.1 Being a team player and showing leadership

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Facilitate effective teamwork and leadership development appropriate to the needs of the organisation.

KNOWLEDGE

A general understanding of:

4.1.4.1 the importance of multidisciplinary teams in delivering care to patients and populations[25 33 39 40]

4.1.4.2 why team functioning is important for improving the quality of health care and reducing errors.[19 40]

An applied knowledge of:

4.1.4.3 the characteristics of good team leaders[15]

4.1.4.4 the composition and role of teams within the organisation.

PERFORMANCE ELEMENTS

(i) Require health care workers and professionals to work in teams

Demonstrates ability to:

4.1.4.5 facilitate leadership development for staff15

4.1.4.6 facilitate integrated multidisciplinary learning1 [40-44]

4.1.4.7 offer staff opportunities for multidisciplinary learning[45]

4.1.4.8 show support (leadership) for multidisciplinary teams[21 35 46 47]

4.1.4.9 acknowledge the success of multidisciplinary teams[35]

4.1.4.10 establish systems for conflict management[33]

4.1.4.11 redesign services to enable health care teams to put patients first

4.1.4.12 monitor the effectiveness of teams in the organisation

4.1.4.13 spend time with all levels of workers within the organisation.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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4. Working safely

4.2 Understanding human factors

RATIONALE

Human factors is the study of the interrelationship between humans, their tools and the environment in which they live and work.[1] It covers the human–machine and human-to-human interactions, such as communication, team work and organisational culture.

Industries, such as aviation, manufacturing and the military have applied knowledge of human factors to improve systems and services. Health care providers are currently looking at whether knowledge of human factors can be used to help reduce adverse events and errors by identifying how and why systems break down and how and why humans mis-communicate. Using a human factors approach the human–system interface can be improved by providing better-designed systems and processes. This involves simplifying processes, standardising procedures, providing back up when humans fail, improving communication, redesigning equipment and engendering a consciousness of behavioural, organisational and technological limitations that lead to error.

PATIENT NARRATIVE

An unaccounted retractor

Suzanne's medical history included four caesarean sections in a 10-year period. The second and third operations were held at Hospital B and the fourth at Hospital C. Two months after her fourth caesarean, Suzanne presented to Hospital C suffering from severe anal pain.

A doctor performed an anal dilation under general aneaesthesia and retrieved a surgical retractor from the rectum that was 15 cm long by two cm wide, with curved ends. It was of a type commonly used by NSW hospitals and the engraved initials indicated it came from Hospital B. The doctor thought that the retractor had been left inside Suzanne after one of her caesareans and it had worked its way gradually through the peritoneum into the rectum.

During her fourth caesarean, the surgeon noted the presence of gross adhesions, or scarring, to the peritoneum; whereas no scarring had been seen by the doctor who had performed the third caesarean two years earlier. While it is not known for certain what had occurred, the instrument was most likely to have been left inside Suzanne during her third caesarean and remained there for more than two years.

Case Studies—Investigations. *Health Care Complaints Commission Annual Report 1999–2000*: 58.

4. Working safely

4.2 Understanding human factors Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Understand how workers can make mistakes.**	**Know how human factors contribute to errors in the workplace.**	**Establish work practices that take into account human factors and minimise the opportunities for error.**	**Design the Infrastructure of the organisation using knowledge of human factors so staff can avoid or minimise workplace errors.**
Knowledge	What is meant by 'human factors' and 'safe practice'.[1 2] Understand the role of the environment in human errors.[1] Understand the importance of always paying attention and being careful (vigilance) in your workplace. Know the tasks required for your work.	Understand the specific behaviours that trigger human errors.[6] Understand the reasons why humans make errors. Know the situations that increase the likelihood of errors.[5] Know the types of human errors. Know the tasks associated with each clinical activity before using them on patients.	Know the components of a safe working environment. Know the components of safe working cultures.	Know the components of high- and low-reliability organisations. Know how to design jobs to promote patient safety.[1]
Skills	Assess your workplace for potential risks that could lead to errors. Be familiar with your workplace. Follow standard procedures and practices.[4] Use equipment properly. Read the labels and follow the instructions on all packaging. Know how to check that you are prepared for the tasks you are required to do. Work at a safe pace. Establish routines in your work.	Be able to distinguish human errors from system errors.[1 7] Reduce the factors that affect performance such as fatigue and inadequate handovers. Follow established protocols and guidelines. Ensure your team shares the same approach to work ('mental model').[8] Check your proposed actions with other members of your health care team and alert each other if there is the potential for an unsafe act or error.	Incorporate human factors into your error-management activities. Elicit from staff any difficulties they encounter with communication, procedures, and work practices, physical environment and equipment. Standardise work practices.[1] Involve staff in designing their work environment. Ensure that all staff are aware of the role the environment plays in human error. Establish checking systems for high-risk activities. Use tools that help prevent health care workers taking inappropriate actions when performing tasks ('forcing functions'). Introduce error-proofing strategies into the workplace. Train staff to identify work conditions that cause errors. Simplify key work processes.[1]	Provide mechanisms to reduce the reliance on memory and introduce 'error proofing' strategies.[6 9] Incorporate human factors and ergonomics into facility design, equipment purchasing, drug formularies and development of procedures and protocols.[10] Ensure equipment meets the required standards and staff are trained to use equipment appropriately.[11] Design systems and processes for recovery by making errors visible in the organisation.[1]

4. Working safely continued

4.2 Understanding human factors Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category 3 health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Behaviours & attitudes	Make sure you are trained for the tasks you are required to do. Manage your workload so you are working safely. Avoid changes in the way you perform your duties (work routine). Be careful and attentive (vigilant) in your actions. Use standardised approaches to common tasks. Share information about tasks with other workers. Don't rely on memory when performing tasks.	Delegate to an appropriate team member or other health care worker. Reduce distractions when performing tasks (avoid multi-tasking). Improve your awareness of location and circumstances (situational awareness). Anticipate the unexpected.[1]	Maintain constant vigilance in the work environment. Design services to anticipate the unexpected.[1] Use simulations whenever possible in staff training programs to minimise errors.[1]	Introduce automated processes where possible. Improve access to accurate and timely information. Provide staff with access to simulation training whenever possible.[1] Encourage safety culture that emphasise openness about near misses and adverse events.

4. Working safely

4.2 Understanding human factors

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Understand how workers can make mistakes.

KNOWLEDGE

A general understanding of:

4.2.1.1 what is meant by 'human factors' and 'safe practice'[1 2]

4.2.1.2 how human factors in the workplace cause errors[1]

4.2.1.3 the importance of being aware of possible causes of errors in your workplace.[3]

An applied knowledge of:

4.2.1.4 what's expected of you in performing your duties.[1]

PERFORMANCE ELEMENTS

(i) Understand how workers make mistakes (knowledge of human factors)[1]

Demonstrates ability to:

4.2.1.5 follow written or spoken instructions for your regular work tasks[4]

4.2.1.6 check instructions when using equipment[5]

4.2.1.7 ask if you are not sure about labels or instructions on packaging[6]

4.2.1.8 ensure that you know what is needed to do a task[6]

4.2.1.9 ensure that the equipment you need is stored properly and safe to use

4.2.1.10 pay attention and be careful in the workplace[6]

4.2.1.11 do regular tasks the correct way each time[1]

4.2.1.12 discuss with other workers the tasks you need to do together[6]

4.2.1.13 request training if you need it

4.2.1.14 don't try to do too many things at once

4.2.1.15 work at a safe pace

4.2.1.16 be aware of things that could go wrong.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.2 Understanding human factors

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Know how human factors contribute to errors in the workplace.

KNOWLEDGE

A general understanding of:

4.2.2.1 the types of human errors
4.2.2.2 the reasons why humans make errors
4.2.2.3 the situations that increase the likelihood of errors.[5]

An applied knowledge of:

4.2.2.4 the tasks associated with each clinical activity before using them to treat patients
4.2.2.5 the specific behaviours that trigger human errors[6]
4.2.2.6 human errors as distinct from system errors.[1 7]

PERFORMANCE ELEMENTS

(i) Know how human factors contribute to errors in the workplace.

Demonstrates ability to:

4.2.2.7 reduce the factors that affect performance including fatigue and inadequate handovers
4.2.2.8 follow established protocols and guidelines
4.2.2.9 ensure your team shares the same approach to work ('mental model')[8]
4.2.2.10 check your proposed actions with other team members and alert them if there is the potential for an unsafe act or error
4.2.2.11 ensure you delegate to an appropriately qualified team member or other health care worker or professional
4.2.2.12 reduce distractions when performing complex or potentially hazardous tasks
4.2.2.13 improve your awareness of your immediate work environment (situational awareness)
4.2.2.14 anticipate the unexpected.[1]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.2 Understanding human factors

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Establish work practices that take into account human factors and minimise the opportunities for errors.

KNOWLEDGE

A general understanding of:

4.2.3.1 the components of a safe working environment

4.2.3.2 the components of safe working cultures.

An applied knowledge of:

4.2.3.3 the role the environment plays in human errors.

PERFORMANCE ELEMENTS

(i) Incorporate human factors into your error-management activities

Demonstrates ability to:

4.2.3.4 ensure that all staff are aware of the role the work environment can play in human error

4.2.3.5 involve staff in designing their work environment

4.2.3.6 elicit from staff any difficulties they encounter with communication, procedures, work practices, physical environment and equipment

4.2.3.7 standardise work practices[1]

4.2.3.8 establish checking systems for high-risk activities

4.2.3.9 use tools that help prevent health care workers taking inappropriate actions when performing tasks (forcing functions)

4.2.3.10 introduce error-proofing strategies into the workplace

4.2.3.11 train staff to identify work conditions that cause errors

4.2.3.12 simplify key work processes[1]

4.2.3.13 be constantly vigilant in the work environment

4.2.3.14 design services to anticipate the unexpected[1]

4.2.3.15 use simulations whenever possible in staff training programs to minimise errors.[1]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.2 Understanding human factors

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Design the infrastructure of the organisation using knowledge of human factors so staff can avoid or minimise workplace errors.

KNOWLEDGE

A general understanding of:

4.2.4.1 the components of high- and low-reliability organisations.

An applied knowledge of:

4.2.4.2 how to design jobs to promote patient safety.[1]

PERFORMANCE ELEMENTS

(i) Provide governance and infrastructure using knowledge of human factors

Demonstrates ability to:

4.2.4.3 provide mechanisms to reduce the reliance on memory and introduce "error proofing" strategies[6 9]

4.2.4.4 incorporate human factors and ergonomics into facility design, equipment purchasing, drug formularies and development of procedures and protocols[10]

4.2.4.5 ensure equipment meets the required standards and staff are trained to use equipment appropriately[11]

4.2.4.6 design systems and processes for error recovery by making errors visible in the organisation[1]

4.2.4.7 introduce automated processes where possible

4.2.4.8 improve access to accurate and timely information

4.2.4.9 provide staff with access to simulation training wherever possible[1]

4.2.4.10 create a safety culture that emphasises openness about near misses and adverse events.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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4. Working safely

4.3 Understanding complex organisations

RATIONALE

The health care system is not one but many systems made up of organisations, departments, units, services and practices. Health care is also complex because of the huge number of relationships between patients, carers, health care providers, support staff, administrators, bureaucrats, economists and community members as well as the relationships among the various health and non-health care services.

Advances in technology and the increased specialisation of health care professionals have led to a wider range of patient treatments and services, but also more opportunity for things to go wrong and errors to be made.

Much of the knowledge about complex organisations comes from other disciplines, such as organisational psychology. The Institute of Medicine report, *To Err is Human*[1] states that organisational processes, such as simplification and standardisation, are recognised safety principles. However, the report portrayed the health care system as being unable to apply this knowledge to health care delivery systems. Knowledge about the complexity of health care will enable health care workers and professionals to understand how structures and processes contribute to the overall quality of patient care.

PATIENT NARRATIVE

Patients injected with wrong solution

Jacqui had an exploratory procedure called an Endoscopic Retrograde Cholangio Pancreatography (ERCP) at a large teaching hospital for a suspected disorder of her gallbladder. Under general anaesthetic, an endoscope was inserted into her mouth and guided through the oesophagus to the duodenum. Cannulas were inserted through the endoscope into the common bile duct and a contrast medium injected so an X-ray could be taken.

Two months later, Jacqui was told she was one of 28 patients who had been injected with contrast medium containing a corrosive substance, phenol. Normally the pharmacy department ordered 20 ml vials of 'Conray 280'. However, for a period of approximately five months they incorrectly ordered and supplied to theatre 5 ml vials of 60 per cent 'Conray 280' with 10 per cent phenol in which the label clearly stated 'use under strict supervision—caustic substance' and 'single dose vial'. A nurse finally picked up the mistake, which had been missed by the pharmacy department and many teams of theatre staff.

The way medications are ordered, stored, delivered to theatres and the method for ensuring correct medications are given to patients involve multiple steps with many opportunities for errors. Understanding the complexity of the system is necessary to understand where and how the components fit together.

HCCC. *Report on an investigation of incidents in the operating theatre at Canterbury Hospital 8 February – 7 June 1999*. Sydney: Health Care Complaints Commission, September 1999: 1–37.

4. Working safely

4.3 Understanding complex organisations
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Understand what your organisation does and how it works.**	**Identify the components of complex organisations.**	**Develop strategies to reduce the impact of complexity on patient care.**	**Design health care services to reduce the impact of complexity on patient care.**
Knowledge	Know what your organisation does and how it works. Know how your role relates to other parts of the organisation. Understand the terms governance and clinical governance.[2]	Understand work as a process.[6] Understand the role of organisational and professional cultures.[6 7] Understand the problems associated with division of labour in complex organisations.[3] Understand the hierarchical structures underpinning the health care professions.[3] Identify the structural barriers to communication.[3] Understand how professional allegiances impact on health care settings (homophily principle).[3] Know the elements of organisations that have low error rates.[4] Understand the types and nature of complex adaptive systems[4 5] (mechanical and naturally adaptive). Know the basics of organisational theory.[1 4]	Understand the impact of specialisation on organisations.[3] Know the organisational models relevant to quality patient care.[2] Identify the key elements for thinking about complex organisational systems.[5] Understand the benefits of standardisation of routine practices and processes.[3]	Understand the terms governance and clinical governance.[2] Understand the role of organisational and professional cultures.[6 7] Identify the barriers to the redesign of health care organisations.[4]
Skills	Understand that accidents and mistakes can harm patients.	Identify poorly designed systems.[4] Apply human factors in systems redesign.[4] Apply redesign principles[1] using the 80/20 principle: design for the usual, plan for the unusual. Analyse errors using a systems approach.[6] Describe the characteristics of high-reliability organisations in error prevention.[6] Describe the characteristics of large organisations.[3]	Demonstrate leadership and management skills.[2] Incorporate safety principles such as standardisation, simplification and team training.[4] Know how to redesign care processes.[4] Design jobs avoiding reliance on memory and vigilance.[4] Apply knowledge of organisational structures to the provision of health care services.	Develop organisational objectives.[2] Design services to enhance patient safety.[4] Promote team and organisational learning.
Behaviours & attitudes	Understand the role of your job and its relationship to other parts of the health care system.	Know that the care and treatment of patients involves many complex relationships.	Take into account the complexity of health care service in delivering patient care.	Provide staff education about governance and organisational responsibilities.

4. Working safely

4.3 Understanding complex organisations

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Understand what your organisation does and how it works.

KNOWLEDGE

A general understanding of:

4.3.1.1 organisations having many parts

4.3.1.2 why it is necessary to have rules and responsibilities in organisations (governance).[2]

An applied knowledge of:

4.3.1.3 how your role fits into the whole organisation.

PERFORMANCE ELEMENTS

(i) Understand the organisation's structure and where your role fits

Demonstrates ability to:

4.3.1.4 know how your role can affect other parts of the organisation.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.3 Understanding complex organisations

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Identify the components of complex organisations.

KNOWLEDGE

A general understanding of:

4.3.2.1 the problems associated with division of labour in complex organisations[3]
4.3.2.2 the hierarchical structures underpinning the health professions[3]
4.3.2.3 how professional loyalties impact on health care settings[3]
4.3.2.4 the types and nature of complex systems that are constantly changing (complex adaptive systems)[4 5]
4.3.2.5 the basics of organisational theory.[1 4]

An applied knowledge of:

4.3.2.6 work as a process[6]
4.3.2.7 the structural barriers to communication[3]
4.3.2.8 the elements of high-reliability organisations where errors are minimised[4]
4.3.2.9 the rules operating in complex adaptive systems.[4]

PERFORMANCE ELEMENTS

(i) Work effectively in a complex organisation

D*emonstrates ability to:*

4.3.2.10 identify poorly designed systems[4]
4.3.2.11 apply human factors in systems redesign[4]
4.3.2.12 apply redesign principles using the 80/20 principle: design for the usual, plan for the unusual[1]
4.3.2.13 analyse errors using a systems approach[6]
4.3.2.14 describe the characteristics of organisations that have low error rates[6]
4.3.2.15 describe the characteristics of large organisations[3]
4.3.2.16 show awareness that the care and treatment of patients involves many complex relationships.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.3 Understanding complex organisations

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Develop strategies to reduce the impact of complexity on patient care.

KNOWLEDGE

A general understanding of:

4.3.3.1 the impact of specialisation on organisations[3]

4.3.3.2 the key elements for thinking about complex organisational systems.[5]

An applied knowledge of:

4.3.3.3 organisational models relevant to quality patient care[2]

4.3.3.4 the benefits of standardising routine practices and processes[3]

4.3.3.5 how to redesign care processes.[4]

PERFORMANCE ELEMENTS

(i) Develop strategies to reduce the impact of complexity on patient care

Demonstrates ability to:

4.3.3.6 provide leadership and management skills[2]

4.3.3.7 incorporate safety principles such as standardisation, simplification and team training[4]

4.3.3.8 design jobs avoiding reliance on memory and vigilance[4]

4.3.3.9 apply knowledge of organisational structures to the provision of health care services

4.3.3.10 take into account the complexity of health care services in delivering patient care.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.3 Understanding complex organisations

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Design health care services to reduce the impact of complexity on patient care.

REQUIRED KNOWLEDGE

A general understanding of:

4.3.4.1 the role of organisational and professional cultures[6 7]

4.3.4.2 the terms governance and clinical governance.[2]

An applied knowledge of:

4.3.4.3 the barriers to the redesign of health care services and organisations.[4]

PERFORMANCE ELEMENTS

(i) Design health care services to reduce the impact of complexity

Demonstrates ability to:

4.3.4.4 develop organisational objectives[2]

4.3.4.5 design services to enhance patient safety[4]

4.3.4.6 promote team and organisational learning

4.3.4.7 provide staff with education about governance and organisational responsibilities.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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4. Working safely

4.4 Providing continuity of care

RATIONALE

Many health care settings, such as hospitals, community health care and nursing homes, are complex organisations and continuity of care requires a multidisciplinary, organised and interpersonal service.[1]

Providing patients with a continuous service requires more than the efforts of a single care provider. Continuity of care requires a stable workforce with staff working effectively in teams and having the appropriate knowledge and skills so they can share responsibility for providing consistent care, treatment and information to patients.

Research[2 3] shows that relying on one person to take full responsibility for the patient (personal continuity) may put patients at risk of harm, because other staff may think they are not responsible for the patient.[1] The reality is that many people care for the one patient; passing on information either temporarily or permanently.[4]

Health care workers will often use different methods and protocols[5] for providing care and this duality of purpose can lead to errors of communication, omission and commission. It also reinforces the continuation of different protocols that are discipline based instead of a team-based approach to patient care. Examples of discontinuity of care include: patients being asked the same questions repeatedly when the information has already been documented; missing records when the patient is being examined; missing, incomplete and conflicting information; and too many doctors treating the one patient with insufficient knowledge of their condition and care plan.[1 6]

PATIENT NARRATIVE

A lack of continuity of care in hospital accident and emergency

An older man, Gerald, was taken to the emergency department of a major metropolitan hospital after an accident complaining of pain in his neck, left shoulder and back. It was noted that there was a surgical collar in place and there were no motor or sensory deficits. After a lengthy wait, Gerald was seen by an intern who ordered X-rays of his shoulder and cervical and thoracic spine. Unfortunately the initial cervical spine film was inadequate and no further radiological investigations were ordered.

While in the radiology department, Gerald collapsed and was re-examined by the intern.

Gerald claimed to have left-sided weakness and severe neck pain. He also developed signs of weakness and sensory disturbance. Because the intern did not notice the importance of the neurological symptoms exhibited by Gerald or consult a more senior staff member he discharged Gerald a few hours later. However, while waiting for transport, Gerald collapsed twice and slipped off the chair onto the floor. It was decided to admit Gerald overnight to the observation room in the emergency department.

The reason for admission was 'acopia' (i.e. without a necessary medical indication) and the only medical documentation of the reason was that his family insisted. During Gerald's stay in observation, his deteriorating neurological condition was noted, but medical staff may not have been advised of his previous symptoms. Gerald died of pneumonia four days later.

Case study—Investigation into continuity of care. *Health Care Complaints Commission Annual Report 2002–2003*: 49.

4. Working safely

4.4 Providing continuity of care
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Provide accurate and sufficient information to the correct people at the right time so patients are provided with the best care.**	**Provide continuity of care for all patients through good teamwork and communication.**	**Introduce staff protocols that promote continuity of care for all patients.**	**Design patient services and staff training taking into account the importance of continuity of care for all patients.**
Knowledge	Know the benefits to patients of continuous care.[7] Know the role of good team work and communication in continuity of care. Know your role in the health care team in providing continuity of care. Understand how patients move between different parts of the community and organisation.[8]	Know and understand the definitions of continuity of care.[9] Understand the problems associated with handovers and shift changes.[4]	Understand how shift changes impact on continuity of care.[14] Understand the components of a patient-centred service. Know the various communication strategies required to ensure effective patient consultations, handovers and other activities involving different parts of the organisation.[11] Understand how shift changes, rotations or locums impact on a patient's continuity of care.[14] Understand the impact of casual and short-term staff on a patient's continuity of care.	Know how poorly designed services can affect the ability to provide continuity of care to patients. How shift changes impact on the design of patient services. How casual and short-term staff impact on the design of patient services. Understand the processes in transition of care.[11]

4. Working safely continued

4.4 Providing continuity of care Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Follow your organisation's guidelines for transferring and handover of patients including relevant information. Establish good working relationships with other workers.[1] Share responsibility for patients with other workers on your team.	Record information clearly and legibly. Know how to document patient records to show patient progress.[10] Accurately transfer information about a patient's status and care plan to another team member or health care team.[11] Manage medications effectively.[13] Communicate clinical findings clearly to other members of the health care team.[10] Know how to handover a patient's care to a treating health care worker or relieving member of the health care team.	Provide interprofessional team building.[18] Establish a system that ensures the right records are available with the right patient at the right time. Provide a patient-centred service. Establish an effective handover system.[15] Establish a system that ensures that all patients being transferred between wards or health care services are accompanied by a staff member knowledgeable about their status and care plan.[16]	Design a patient-centred service. Design guidelines for health care workers about the transferring of responsibility of patient care including medication information to another team member or health care team.[19]
Behaviours & attitudes	Communicate clearly with patients at every stage of their care. Check with patients for accuracy and completeness of information.	Promote the coordination of continuous care for all patients.[12]	Arrange services to promote continuous patient care. Arrange and facilitate appropriate staffing cover for patients at all times.[17] Manage issues regarding casual and temporary staff membership of health care teams.	Regularly review services to ensure continuity of care for all patients.

4. Working safely

4.4 Providing continuity of care

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Provide accurate and sufficient information to the correct people at the right time so patients are provided with the best care.

KNOWLEDGE

A general understanding of:

4.4.1.1 why it is important for everyone looking after a patient to have the information they need (continuity of care).[7]

An applied knowledge of:

4.4.1.2 why good communication and working as part of a team are important for patient care

4.4.1.3 how patients move between different parts of community and organisational health care services[8]

4.4.1.4 your role in the health care team in providing continuity of care.

PERFORMANCE ELEMENTS

(i) Provide information to the right people at the right time

Demonstrates ability to:

4.4.1.5 follow your organisation's guidelines for transferring and handover of patients, including relevant information

4.4.1.6 share responsibility for patients with the other workers on your team[1]

4.4.1.7 communicate clearly with patients at every stage of providing care or a service

4.4.1.8 check with patients for accuracy and completeness of information.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.4 Providing continuity of care

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Provide continuity of care for all patients through good teamwork and communication.

KNOWLEDGE

A general understanding of:

4.4.2.1 the importance and relevance of continuity of care.[9]

An applied knowledge of:

4.4.2.2 the problems associated with handovers and shift changes.[4]

PERFORMANCE ELEMENTS

(i) Provide information to the right people at the right time to ensure that patients receive continuous care and treatment

Demonstrates ability to:

4.4.2.3 record information clearly and legibly

4.4.2.4 document patient records to show patient progress[10]

4.4.2.5 accurately transfer information about a patient's status and care plan to another team member or health care team[11]

4.4.2.6 communicate clinical findings clearly to other members of the health care team[10]

4.4.2.7 handover a patient's care to a treating health care worker or relieving member of the health care team

4.4.2.8 ensure the coordination of continuous care for all patients[12]

4.4.2.9 effectively manage medications.[13]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.4 Providing continuity of care

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Introduce staff protocols that promote continuity of care for all patients.

KNOWLEDGE

A general understanding of:

4.4.3.1 how patients move between systems of care[8]

4.4.3.2 the components of a patient-centred service.

An applied knowledge of:

3.3.3.3 the various communication strategies required to ensure effective patient consultations, handovers and other activities involving different parts of the community or organisation[11]

3.3.3.4 how shift changes, rotations or locums impact on a patient's continuity of care[14]

3.3.3.5 the impact of casual and short-term staff on a patient's continuity of care.

PERFORMANCE ELEMENTS

(i) Ensure the delivery of a patient-centred service

Demonstrates ability to:

4.4.3.6 establish a system that ensures the right records are available with the right patient at the right time

4.4.3.7 establish and maintain an effective handover and discharge system[15]

4.4.3.8 establish a system that ensures that all patients being transferred between wards or transferred to otherhealth care services are accompanied by a staff member knowledgeable about their status and care plan[16]

4.4.3.9 arrange and facilitate appropriate staffing cover for patients at all times[17]

4.4.3.10 provide interprofessional team building[18]

4.4.3.11 manage issues regarding casual and temporary staff membership of health care teams.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.4 Providing continuity of care

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Design patient services and staff training taking into account the importance of continuity of care for all patients.

KNOWLEDGE

A general understanding of:

4.4.4.1 the processes in transition of care[11]

4.4.4.2 how poorly designed services can affect the ability to provide continuity of care to patients.

An applied knowledge of:

4.4.4.3 how shift changes impact on the design of patient services

4.4.4.4 how casual and short-term staff impact on the design of patient services.

PERFORMANCE ELEMENTS

(i) Develop and implement patient-centred services

Demonstrates ability to:

4.4.4.5 design a patient-centred service

4.4.4.6 design guidelines for health care workers about the transferring of responsibility of patient care including medication information to your health care team, another health care team and patient[19]

4.4.4.7 regularly review services to ensure continuity of care for all patients

4.4.4.8 Provide infrastructure to ensure casual staff are adequately prepared for their roles.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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4. Working safely

4.5 Managing fatigue and stress

RATIONALE

Tiredness and mental fatigue in the workplace are significant occupational health and safety risks in many industries. While organisations and managers are primarily responsible for introducing risk-management practices to reduce fatigue, individuals can assist by becoming more aware of the problems associated with stress and fatigue.

There is scientific evidence linking tiredness with ability to work (performance). Fatigue can also affect the wellbeing of health care workers by causing depression, anxiety, anger and confusion.[1-7] Fatigue has also been linked to increased risk of errors[1 2 8-17] and car accidents.[18-22] Studies show that the main factors associated with job stress are demands from patients, interruptions, time pressures and interferences with social life.[23-25] In one UK study, doctors were able to tell researchers they were feeling stressed, but they found it difficult to tell other doctors because they thought they should be able to manage.[26]

The Institute of Medicine (USA)[27] identified work organisation as a feature of system failures.[28-30] It has also been observed that 'whole organisations' can be stressed.[31] Known benefits of an organised and predictable workplace are improvements in performance and job satisfaction.[31-33] The tasks of health care workers are dependent on many relationships and interconnecting factors, which have the potential to put patients at risk of harm.[34] It is important to manage stress in the workplace because, as discussed above, it also leads to lower staff morale, job dissatisfaction and poorer work performance.[35-38]

PATIENT NARRATIVE

Overworked and fatigued residents

On a Sunday night, an 18-year-old college student, Libby, was brought by her parents to hospital. She was agitated and had a fever of 39.4˚C. Libby's parents were assured that she would be taken care of and they went home for the night. However by 6.30am the next morning Libby was dead. The only doctors who saw and treated Libby that night were junior doctors; one was nine months out of medical school and the other had been a resident for two years. A senior physician was contacted by phone but did not attend the hospital personally. The two doctors had been on duty for 18 hours and 19 hours when Libby died.

The Grand Jury's report into the death of Libby concluded that the most serious deficiencies in the case were permitting inexperienced physicians to staff emergency rooms and the practice of allowing inexperienced interns and junior residents to practice medicine without supervision. The reforms suggested in relation to supervision and minimising fatigue and stress include: closer supervision of residents, particularly in hospital emergency departments; 'night float' coverage to relieve busy house officers; and fewer numbers of patients under the care of single resident.

New York Supreme Court New York County. *Report of the Fourth Grand Jury for the April/May term of 1986 concerning the care and treatment of a patient [Libby Zion] and the supervision of interns and junior residents at a hospital in New York County*. Albany NY New York County, 1986.

4. Working Safely

4.5 Managing fatigue and stress Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Know the signs of stress and tiredness in your workplace.**	**Recognise and respond to the symptoms of stress and fatigue.**	**Develop strategies to minimise the impact of stress and fatigue on staff, their co-workers and patients.**	**Establish a safety framework for managing stress and fatigue in the organisation.**
Knowledge	Know the main causes and signs of stress and tiredness (fatigue) in your workplace.[39-41] Know about the dangers (hazards) associated with shift work.[40] Know the impact of shift work and extended hours on your health and ability to do your work.[40 42] Know the services available to help staff cope with shift work and extended hours. Know how to report accidents and mistakes that happen as a result of shift work and extended hours.	Recognise the symptoms of stress and fatigue and apply this knowledge to your workplace.[39 42] Know the physiological basis of fatigue.[40 42 44] Know about sleep disorders, sleep hygiene and non-pharmacological approaches to insomnia.[42] Understand the principles of time management and goal setting.[39] Understand the implications of voluntarily seeking additional hours both at your workplace and elsewhere that may increase risks to your health and safety and to patient care.[42]	Recognise and understand the impact of stress and fatigue in your workplace.[40] Understand rostering and the implications of shiftwork and extended hours.[40] Understand the principles of stress management.[40] Know where and how to collect information on hazards associated with shiftwork and extended hours.[42]	Understand the duties of employees and employers under the Occupational Health and Safety (OH&S) legislation.[42] Understand the impact of shift work and extended hours on stress and fatigue.[40] Develop an education program for all staff on stress and fatigue management.[40] Know how to undertake an assessment of fatigue and stress in the organisation.[40] Identify the causes of stress and fatigue in the organisation.[43] Know how to provide and maintain a safe system for scheduling work and where necessary undertake control measures to prevent or minimise hazards. Know the factors associated with staff who are at moderate or high risk of suffering fatigue or stress from work scheduling.[42]

4. Working Safely continued

4.5 Managing fatigue and stress Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Know how to cope with bullying or unreasonable requests.[41] Compile a list of the times you have felt stressed in your workplace (stress inventory sheet).[40] Identify when stress or fatigue may be present.[43 42]	Know how to avoid and manage stress.[40] Know how to undertake a self assessment for measuring stress and fatigue.[40 42] Know how to minimise stress caused by role conflicts.[42] Identify the hazards associated with shift work and extended hours.[40 42] Recognise the signs of sleep deprivation or fatigue and the impact it has on yourself and others.[42]	Organise rosters that avoid fatiguing staff. Provide clear role descriptions for each health care worker.[40] Manage stress by reducing the extent or impact of stressors.[40] Increase the match between people and tasks by selection and training.[40] Provide assertiveness training for staff.[41] Provide support for staff at work.[40] Respond to reports of stress or fatigue in the workplace.[43] Eliminate bullying.	Develop control measures to minimise stress in the organisation.[43] Develop guidelines for managing fatigue, stress and bullying in the organisation.[41] Provide all staff with information on shiftwork and extended hours.[42] Design rosters and shift work using safety principles.[40] Provide appropriate welfare and counselling services for staff.[42] Undertake regular consultation with staff and managers about rostering and extended hours.[42]
Behaviours & attitudes	Take enough breaks.[42] Consistently advise your supervisor or an appropriate person about mistakes or problems that happen as a result of shift work or extended hours.[42]	Work safe hours.[42 45] Undertake strategic napping before or during shifts.[39 42] Limit work hours to 10 hours in one period.[42]	Promote good health for all staff.[42] Routinely schedule complex tasks during the day where practicable.[42] Routinely and appropriately respond to incident reports relating to shift work and extended hours.[42] Respond appropriately to staff stress inventory sheets.	Provide guidelines for shift arrangements based on safety principles.[39 42 46 47] Reorganise work schedules that cause fatigue.[40] Ensure appropriate staff facilities are available and readily accessible.[42]

4. Working safely

4.5 Managing fatigue and stress

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVE

Know the signs of stress and tiredness in your workplace.

KNOWLEDGE

A general understanding of:

4.5.1.1 the main causes and signs of stress and tiredness in your workplace[39-41]

4.5.1.2 the effects of shift work and long hours on your health and ability to do your work.[40 42]

An applied knowledge of:

4.5.1.3 the services available to help workers cope with shift work and long hours.

PERFORMANCE ELEMENTS

(i) Know the signs of stress and tiredness in your workplace

Demonstrates ability to:

4.5.1.4 know how to cope with bullying or unreasonable requests[41]

4.5.1.5 compile a list of the times you have felt stressed in your workplace (stress inventory sheet)[40]

4.5.1.6 identify the dangers (hazards) associated with shift work[40 42]

4.5.1.7 know when you are stressed or tired[42 43]

4.5.1.8 take enough breaks[42]

4.5.1.9 report to your supervisor or an appropriate person mistakes or problems that happen as a result of shift work or working long hours.[42]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.5 Managing fatigue and stress

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVE

Recognise and respond to the symptoms of stress and fatigue.

KNOWLEDGE

A general understanding of:

4.5.2.1 the physiological basis of fatigue [40 42 44]

4.5.2.2 sleep disorders, sleep hygiene and non-pharmacological approaches to insomnia[42]

4.5.2.3 the principles of time management and goal setting[39]

4.5.2.4 the implications of voluntarily seeking additional hours both at your workplace and elsewhere that may increase risks to your health and safety and to patient care.[42]

An applied knowledge of:

4.5.2.5 how to avoid and manage stress[40]

4.5.2.6 how to undertake a self assessment for measuring stress and fatigue[40 42]

4.5.2.7 how to minimise stress caused by role conflicts[42]

4.5.2.8 the hazards associated with shift work and extended hours[40 42]

4.5.2.9 how to recognise the signs of sleep deprivation or fatigue and the impact it has on yourself and others[42]

4.5.2.10 how to recognise the symptoms of stress and fatigue and apply this knowledge to your workplace.[39 42]

PERFORMANCE ELEMENTS

(i) Recognise and respond to the symptoms of stress and fatigue

Demonstrates ability to:

4.5.2.11 limit the amount of additional work done outside your employment[42 45]

4.5.2.12 undertake strategic napping before or during shifts[39 42]

4.5.2.13 limit work hours to 10 hours in one period[42]

4.5.2.14 consistently report incidents arising from hazards related to shift work and extended hours.[42]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.5 Managing fatigue and stress

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVE

Develop strategies to minimise the impact of stress and fatigue on staff, their co-workers and patients.

KNOWLEDGE

A general understanding of:

4.5.3.1 the principles of stress management.[40]

An applied knowledge of:

4.5.3.2 the impact of stress and fatigue in the workplace[40]
4.5.3.3 rostering and the implications of shift work and extended hours[40]
4.5.3.4 where and how to collect information on hazards associated with shift work and extended hours.[42]

PERFORMANCE ELEMENTS

(i) Identify hazards associated with shift work and extended hours[40 42]

Demonstrates ability to:

4.5.3.5 organise rosters that avoid fatiguing staff
4.5.3.6 manage stress by reducing the extent or impact of stressors[40]
4.5.3.7 respond to reports of stress or fatigue in the workplace[43]
4.5.3.8 routinely schedule complex tasks during the day where practicable[42]
4.5.3.9 manage incident reports relating to shift work and extended hours.[42]

(ii) Provide support for staff at work[40]

Demonstrates ability to:

4.5.3.10 provide clear role descriptions for each health care worker[40]
4.5.3.11 increase the match between people and tasks by selection and training[40]
4.5.3.12 provide assertiveness training for staff[41]
4.5.3.13 promote good health for all staff[42]
4.5.3.14 eliminate bullying
4.5.3.15 respond appropriately to staff stress inventory sheets.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

4. Working safely

4.5 Managing fatigue and stress

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVE

Establish a safety framework for managing stress and fatigue in the organisation.

KNOWLEDGE

A general understanding of:

4.5.4.1 the duties of employees and employers under the Occupational Health and Safety (OH&S) legislation[42]

4.5.4.2 the factors associated with staff who are at moderate or high risk of suffering fatigue or stress from work scheduling[42]

4.5.4.3 the impact of shift work and extended hours on stress and fatigue.[40]

An applied knowledge of:

4.5.4.4 how to undertake an assessment of fatigue and stress in the organisation[40]

4.5.4.5 how to identify causes of stress and fatigue in the organisation[43]

4.5.4.6 how to provide and maintain a safe system for scheduling work and where necessary undertake control measures to prevent or minimise hazards.

PERFORMANCE ELEMENTS

(i) Develop control measures to minimise stress in the organisation[43]

Demonstrates ability to:

4.5.4.7 develop guidelines for managing fatigue, stress and bullying in the organisation[41]

4.5.4.8 ensure all staff are provided with information on shift work and extended hours[42]

4.5.4.9 ensure all rosters and shift work are designed using safety principles[40]

4.5.4.10 undertake regular consultation with staff and managers about rostering and extended hours

4.5.4.11 provide guidelines for shift arrangements based on safety principles.[39 42 46 47]

(ii) Reorganise work schedules that cause fatigue or stress[40]

4.5.4.12 ensure appropriate staff facilities are available and readily accessible[42]

4.5.4.13 provide appropriate welfare and counselling services for staff[42]

4.5.4.14 develop an education program for all staff on stress and fatigue management.[40]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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5 Being ethical

RATIONALE FOR THIS LEARNING AREA

The way patients receive health care services is continually changing and expanding with the focus shifting from individual health care providers to complex services provided by teams of health care workers.

Ethical codes of practice have greater significance today because of the potential problems caused by increased use of technology and a wider range of care and treatment options. Health care workers should be aware of the pressures that impact on health outcomes for patients including limited resources, financial pressures, consumer requirements and poorly designed systems.[1] One important way to manage the tensions caused by these pressures and optimise patient care and treatment is to provide all health care workers with a framework to help them practice ethically.

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5. Being ethical

5.1 Maintaining fitness to work or practice

RATIONALE

Fitness to work or practice refers to the knowledge, skills and attitudes required by a health care worker to be able to carry out their duties. Monitoring fitness for work is not only the responsibility of the individual health care worker but also employers and professional organisations. Health care workers are required to have transparent systems in place to identify, monitor and assist them to maintain their competence. Credentialling is one way an organisation uses to ensure that clinicians are adequately prepared to treat patients with particular problems or undertake certain procedures.

The determination of a worker's fitness to work or practice involves a number of considerations including: the person's required level of training and education, the location of their practice and any impairment that could affect their duties. They are also required to behave ethically and/or professionally towards patients, carers and other workers in the workplace at all times. A safe health care system requires that health care organisations foster an environment that encourages all health care workers to be vigilant and scrutinise their own and other worker's fitness to work in order to minimise deficiencies and errors caused by incompetence or impairment.

PATIENT NARRATIVES

An impaired nurse

During Alan's operation, a nurse knowingly replaced the pain-killing fentanyl, which was ordered to treat Alan, with water. This nurse placed Alan in physical jeopardy because of his desperate need to obtain an opiate drug to satisfy his drug addiction.

This was not the first time that the nurse had stolen Schedule 8 drugs for the purposes of self-administering them. A number of complaints had been made about the nurse while he was working at a private hospital including: professional misconduct, impairment for drug addiction, lack of good character and convictions which rendered the nurse unfit to practice.

Swain D. The difficulties and dangers of drug prescribing by health practitioners. *Health Investigator* 1998; Vol 1, No 3 (February): 14–18.

A doctor with bipolar disorder

Irene was upset because her new doctor verbally abused her during the consultation. She asked for another doctor and made a complaint to the hospital administration. Irene's complaint was just one of a number of complaints against the doctor including a refusal to treat a patient, making sexual advances to staff and patients, and neglecting his own diabetes condition. He also refused to comply with psychiatric treatment suggestions. Two years previously, the doctor had been investigated for prescribing errors and sexual advances to patients. At that time the doctor had been reviewed and diagnosed with a long-standing bipolar (manic depressive) disorder. He had made undertakings in relation to treatment of his mental illness, which he was obviously not observing now.

Case Studies. *Health Care Complaints Annual Report 1995–1996*: 35.

5. Being ethical

5.1 Maintaining fitness to work or practice Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Advise your supervisor or an appropriate person when you or other workers are not able or willing to do your work.**	**Maintain professional standards at work.**	**Establish clear mechanisms for ensuring all staff are fit to work.**	**Provide a fair and transparent system for reporting and monitoring each staff member's fitness to work or practice and give appropriate support and resources to enable them to provide safe quality of care.**
Knowledge	Know your employer's requirements for the role. Know how to learn from constructive feedback about your performance. Know how to report unethical, impaired or incompetent workers to your supervisor or an appropriate person.	Know the standards of practice set out by your professional body. Know the requirements and process for reporting unsafe, incompetent and unethical workers.[2] Understand the role, functions and expectations of your professional regulation authority or professional association. Know how to keep your skills and knowledge up to date.[1]	Know how to review and audit the standard of performance of the team and address any deficiencies.[1] Be aware of the principles of Procedural Fairness involved in managing concerns or complaints about a worker's competence or conduct.[2]	Establish a system for managing poor performance in the workplace. Know the reporting requirements of professional registration authorities. Know the components of 'fitness to practice'.

5. Being ethical continued

5.1 Maintaining fitness to work or practice Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Perform to a satisfactory level and have the skills and knowledge required for your work.	Provide a good standard of practice and care.[1] Appropriately address the poor conduct or performance of a co-worker.[1] Recognise and work within the limits of your professional competence.[1] Keep up to date with laws and statutory codes of practice that affect your work.[1 3] Accept delegation appropriate to professional competence.	Manage issues of staff performance and conduct effectively and promptly.[1] Delegate tasks to people with the required level of competence. Investigate the competence of a worker where there is evidence of a pattern of misconduct or practice.[2]	Provide appropriate education and training programs for all staff. Establish appropriate relationships and links with the professional bodies and regulatory authorities. Ensure fair and transparent systems are in place for managing poor performance and inappropriate behaviour in the workplace. Define the competence of health care workers and professionals required to provide the appropriate level of service.[2] Establish a system that measures the competence of the workers providing services.[2] Ensure that all staff know the standards expected of them.[2] Maintain up-to-date records about the qualifications, accreditation and credentialling of all staff.
Behaviours & attitudes	Honestly disclose criminal offences to your employer.[1] Keep up to date with your knowledge and skills and be fit to work.[1] Be aware of any health conditions that may conflict with your work and make you 'unfit' to work. Maintain confidentiality by not discussing the details of reports made to a supervisor about other workers.	Be willing to consult co-workers. Participate in education programs that maintain and develop performance.[1] Respond appropriately to the results of clinical audits.[1] Demonstrate the skill and knowledge required for safe practice.[3]	Support and encourage staff to enhance their skills and knowledge. Maintain appropriate staff and patient records.[2] Refer 'unfit' persons to the appropriate person or authority. Support health care workers suffering impairment. Respect the confidentiality attached to reporting obligations.	When necessary communicate with the relevant statutory bodies, professional associations or the health authorities.[2] Provide all staff with opportunities to participate in education programs to maintain their competence. Communicate effectively with all staff about education and training opportunities. Protect the public by ensuring all staff are appropriately qualified and accredited.[4] Create a culture of responsibility for continuing training and professional development.[5] Foster a culture of zero tolerance for unprofessional or dishonest conduct.

5. Being ethical

5.1 Maintaining fitness to work or practice

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Advise your supervisor or an appropriate person when you or other workers are not able or willing to do your work.

KNOWLEDGE

A general understanding of:

5.1.1.1 what your employer expects you to be able to do in your work (employer requirements).

An applied knowledge of:

5.1.1.2 how to learn from feedback given to you about how well or badly you performed a task

5.1.1.3 how to advise your supervisor or an appropriate person if another worker is not performing their work properly or not being honest.

PERFORMANCE ELEMENTS

(i) Know if you and other workers are able to work properly

Demonstrates ability to:

5.1.1.4 work to a satisfactory level and have the skills and knowledge needed to perform your work

5.1.1.5 keep up to date with your skills and knowledge and be fit to work[1]

5.1.1.6 advise your supervisor or an appropriate person if you have any health conditions or environmental concerns that would stop you from being able to perform your work

5.1.1.7 advise your supervisor or an appropriate person if you have been convicted of a criminal offence[1]

5.1.1.8 respect the privacy of workers who have been reported to a supervisor by not talking about them to other people (confidentiality).

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

5. Being ethical

5.1 Maintaining fitness to work or practice

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Maintain professional standards at work.

KNOWLEDGE

A general understanding of:

5.1.2.1 the standards of practice set out by your professional body

5.1.2.2 the role, functions and expectations of your professional regulatory authority or professional association.

An applied knowledge of:

5.1.2.3 the requirements and process for reporting unsafe, incompetent and unethical workers and unsafe work situations[2]

5.1.2.4 how to keep your skills and knowledge up to date.[1]

PERFORMANCE ELEMENTS

(i) Maintain professional standards of practice at work

Demonstrates ability to:

5.1.2.5 provide a good standard of practice and care[1]

5.1.2.6 recognise and work within the limits of your professional competence taking into account the level of experience and support required to provide safe care.[1]

5.1.2.7 keep up to date with laws and statutory codes of practice that affect your work[1 3]

5.1.2.8 willingly consult co-workers

5.1.2.9 participate in education programs that maintain and develop performance[1]

5.1.2.10 respond appropriately to the results of clinical audits[1]

5.1.2.11 demonstrate the skill and knowledge required for safe practice[3]

5.1.2.12 accept delegation appropriate to professional competence

5.1.2.13 report the poor conduct or performance of a co-worker or situations that are unsafe for work.[1]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

5. Being ethical

5.1 Maintaining fitness to work or practice

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Establish clear mechanisms for ensuring all staff are fit to work.

KNOWLEDGE

A general understanding of:

5.1.3.1 the principles of Procedural Fairness involved in managing concerns or complaints about a worker's competence or conduct.[2]

An applied knowledge of:

5.1.3.2 how to review and audit the standard of performance of the team and address any deficiencies.[1]

PERFORMANCE ELEMENTS

(i) Establish fair and transparent systems for reporting and monitoring each staff member's fitness to work or practice

Demonstrates ability to:

5.1.3.3 manage issues of staff conduct and performance effectively and promptly[1]
5.1.3.4 delegate tasks to people with the required level of competence
5.1.3.5 investigate the competence of a worker where there is evidence of a pattern of misconduct or practice[2]
5.1.3.6 support and encourage staff to enhance their skills and knowledge
5.1.3.7 maintain appropriate staff and patient records[2]
5.1.3.8 refer 'unfit' persons to the appropriate person or authority
5.1.3.9 respect the confidentiality attached to reporting obligations
5.1.3.10 support health care workers suffering impairment.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

5. Being ethical

5.1 Maintaining fitness to work or practice

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Provide a fair and transparent system for reporting and monitoring each staff member's fitness to work or practice and give appropriate support and resources to enable them to provide safe quality care.

KNOWLEDGE

A general understanding of:

5.1.4.1 the reporting requirements of professional registration authorities

5.1.4.2 the components of 'fitness to practice'.

An applied knowledge of:

5.1.4.3 how to establish a system for managing poor performance in the workplace.

PERFORMANCE ELEMENTS

(i) Protect the public by ensuring all staff are appropriately qualified and accredited[4]

Demonstrates ability to

5.1.4.4 provide appropriate education and training programs for all staff

5.1.4.5 provide all staff with opportunities to participate in education programs to maintain their competence

5.1.4.6 communicate effectively with all staff about education and training opportunities

5.1.4.7 create a culture of responsibility for continuing training and professional development.[5]

(ii) Ensure all staff know the standards expected of them and the resources that will be provided by the organisation to achieve these standards.[2]

Demonstrates ability to

5.1.4.8 define the competence of the health care workers and professionals required to provide the appropriate level of service[2]

5.1.4.9 establish a system that measures the competence of the workers providing services[2]

5.1.4.10 ensure fair and transparent systems are in place for managing poor performance and inappropriate behaviour in the workplace

5.1.4.11 maintain up-to-date records about the qualifications, accreditation and credentialling of all staff.

(iii) Maintain relationships and links with the professional bodies and regulatory authorities

Demonstrates ability to

5.1.4.12 communicate when necessary with the relevant statutory bodies, professional associations or health authorities[2]

5.1.4.13 foster a culture of zero tolerance for unprofessional or dishonest conduct.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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5. Being ethical

5.2 Professional and ethical behaviour

RATIONALE

Professionalism and ethical conduct are important components in patient safety. In the health care setting, the term professionalism covers those attitudes and behaviours that serve to promote and maintain the patient's best interests above and beyond considerations of providing health care and services. Ethical behaviour is a mandatory component required by all health professions and employers and covers a range of attitudes and behaviours including: being respectful and sensitive to a patient's individual needs (i.e. cultural and religious beliefs) and a broader commitment to society's health care goals.

Accrediting organisations responsible for maintaining professional and ethical standards have begun to include professionalism as one of the standards by which health care workers are judged. Knowledge of health care ethics and professionalism in the workplace have also been identified as core competencies for health care students, interns and resident medical officers, and advanced training programs.

Health registration boards, health departments, hospitals and other health care services are increasingly providing guidance to individuals on the importance of maintaining ethical practice and professionalism. An ethical health care worker (irrespective of their position) would put patients' interests above their own, avoid harm, respect patient autonomy, maintain competence and only work and practice within the bounds of their knowledge and experience.

PATIENT NARRATIVES

Fraudulent misappropriation of money

Ken, who suffers from dementia and schizophrenia, has been very dependent for the past five years on the nurse who was manager of his retirement village. She organised the purchase of clothes for him and deposited money in his personal bank account.

Ken was shocked one day when he was told that the nurse was fined with stealing money from four residents, including him, of amounts between $50 and $5000. She also received commission from the sale of the clothes to the residents.

Health Care Complaints Commission. *Case Studies—Volume 1*. Sydney: HCCC, 2003: 28.

Sexual misconduct

While treating Elizabeth for depression, her GP began a sexual relationship with her. Elizabeth was feeling very vulnerable at the time and the relationship lasted for four years. During this time the doctor continued to treat Elizabeth, her husband and children. Elizabeth was very distressed when she realised the GP had acted unethically to her and her family.

Case studies—Medical Tribunal. *Health Care Complaints Commission Annual Report 2003–2004*: 31–32.

A locum GP out of date

Bev had been vomiting for 24 hours and felt too unwell to go to the emergency department so her husband called the after hours medical service. When the doctor arrived he took Bev's temperature and blood pressure, but did not otherwise physically examine her. Bev's husband told the doctor that she was an insulin-dependent diabetic, but he did not take a medical history in which he would have discovered that Bev had surgery for diverticulitis 12 months previously

A diagnosis of a 'tummy bug' was made and the doctor gave Bev a prescription for Stemetil tablets and Ketostix. When Bev's husband called the doctor a second time, he again did not perform a physical examination or urinalysis. A few hours later, Bev was taken by ambulance to emergency where an intestinal obstruction was diagnosed.

For more than 20 years, the doctor had practiced only on weekends as part of a locum service to a local general practice and had not attended any continuing medical education. As a consequence he was not competent to practice.

Case study—After hours care of an insulin dependent diabetic. *Health Care Complaints Commission Annual Report 1998–1999*:47–48.

5. Being ethical

5.2 Professional and ethical behaviour Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Behave appropriately and show respect for patients, carers and other workers at all times.**	**Act ethically at all times and apply ethical reasoning in all health care activities.**	**Integrate ethical reasoning into decision making and act appropriately at all times.**	**Demonstrate ethical leadership at all times.**
Knowledge	Know the code of conduct for your workplace. Know how to manage stress. Understand and respect the roles of other health care workers.[1]	Understand the theories and principles that govern ethical decision making and address the major ethical dilemmas in health care.[1 7] Know the personal qualities that are necessary to have ethical relationships with patients, carers and other workers.[8] Discuss with the team the ethical principles that impact on decision making.[1] Know the code of professional conduct relevant to your occupation/profession. Know the charter of patient rights and responsibilities that apply in your workplace. Know the relevant local, state and Commonwealth legislation and statutes.[4] Know the characteristics and responsibilities of a profession.[1]	Know how to integrate ethical reasoning and decisions into clinical and managerial practice and the workplace.[12] Know how to integrate statutory laws and department of health requirements into formats accessible to staff. Know how to establish a mechanism for staff to report incompetence, unethical conduct or impairment.[4] Know how to include patients and their carers as members of the health care team.[13 14]	Know the place and importance of professional duties and obligations for the different professional and occupational groups. Know how to establish a fair and transparent system for managing unethical and incompetent conduct. Know how to develop a code of ethical practice that is appropriate and relevant to health care workers and professionals in the organisation.

5. Being ethical continued

5.2 Professional and ethical behaviour Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Request permission from patients and carers before proceeding with actions that affect them. Listen carefully to patients and carers and respect their views.[2 4] Complete assigned tasks without prompting.[2] Control your emotions.[2] Maintain appropriate personal interactions with patients and carers.[3] Report to your supervisor or an appropriate person any instances of inappropriate behaviour that puts patients or other workers at risk.[2] Maintain patient confidentiality.[3]	Recognise the ethical components of practice guidelines and health policy. Take into account the full ethical complexity of your actions.[8] Demonstrate ethical practice at all times. Be able to communicate appropriately and effectively with patients, carers and co-workers.[2] Develop a personal plan for your continuing professional development.[3] Report adverse events including drug or device events appropriately.[9] Recognise, avoid or address conflicts of interest.[4] Consult co-workers about ethical dilemmas.[4] Be accountable for any ethical breaches. Update your knowledge and skills regularly.[4] Organise a second opinion for a patient or carer.[4] Provide honest and complete information to patients at all times including when things go wrong.[4 11] Recognise and address impairment and unethical conduct.[4 6] Apply ethical principles to the collection, maintenance, use and dissemination of data and information.	Provide tools and examples to assist health care workers to make ethical decisions. Establish a system for managing disputes related to work or education.[15] Identify improvements that provide more cost-effective alternatives and accomplish better care for patients.[5] Know how to be a mentor and role model for younger health care workers[6]. Know how to avoid causing defensiveness in others.[2]	Ensure that all staff are aware of the organisation's expectations regarding ethical practice. Establish appropriate ethical committees to assist health care workers and professionals to manage ethical dilemmas.[16] Sponsor workshops and symposia on the importance of professionalism in the workplace.[9] Develop a standardised approach to address professional duties and responsibilities in the organisation. Establish mechanisms or processes that identify new procedures and discoveries that have the potential to benefit the community.[5] Establish mechanisms or processes to ensure that new procedures and treatments are safe.

5. Being ethical continued

5.2 Professional and ethical behaviour Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Behaviours & attitudes	Treat patients with compassion and respect their views.[1 6] Cooperate with other workers who treat and care for patients.[5] Wear appropriate identification and identify yourself to patients, carers and co-workers. Place the needs of patients first.[2 6] Treat patients and carers with competence, compassion and without prejudice. Follow the rules in the code of conduct and institutional procedures for your organisation. Do not bully others. Be honest in all interactions with patients, carers and other workers.[1]	Do not talk down to co-workers or over a patient or carer.[2] Do not use your professional position for personal gain.[2 4 10] Show support for patients and carers of the service (advocacy).[4 5] Participate in community service, professional activities and institutional committees.[3 4 6] Recognise and respond to a patient's rights and responsibilities. Be responsive to the needs of patients and society.[9] Commit to excellence and ongoing professional development.[9] Provide only those treatments, medications or appliances that serve the patient's needs.[4] Respect the rights of patients to be fully involved in decisions about their care.[4]	Commit to continued improvement even when the improvement may have negative financial implications for you or your department.[5] Help all staff meet their ethical and professional responsibilities.[6] Be responsive to the health care needs of society.[4] Foster a workplace environment where patients and staff are valued and respected.[2] Refer a peer or colleague to the appropriate organisation when there are concerns about professional competence and behaviour. Inform all staff about whistle blower protections.	Undertake work in a manner consistent with ethical responsibilities to patients and the good of society.[5] Ensure the organisation fulfils its social responsibility by caring for patients, being responsive to illness and alleviating disabilities.[5]

5. Being ethical

5.2 Professional and ethical behaviour

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Behave appropriately and show respect for patients, carers and other workers at all times.

KNOWLEDGE

A general understanding of:

5.2.1.1 the rules for how you should behave at work (code of conduct)

5.2.1.2 what other health care workers do in their work.[1]

An applied knowledge of:

5.2.1.3 how to manage stress.

PERFORMANCE ELEMENTS

(i) Behave appropriately at work

Demonstrates ability to:

5.2.1.4 follow the rules of how to behave and work in your workplace (code of conduct)

5.2.1.5 perform each part of your work without being reminded to do so[2]

5.2.1.6 control your emotions[2]

5.2.1.7 not bully others

5.2.1.8 behave appropriately when you work with patients and carers[3]

5.2.1.9 wear an identification badge and tell patients, carers and other workers who you are

5.2.1.10 be honest when you are with patients, carers and other workers.[1]

(ii) Show respect for patients, carers and other workers at all times

Demonstrates ability to

5.2.1.11 ask patients and carers if they agree before doing anything that might affect them

5.2.1.12 listen carefully to patients and carers and respects their views[2 4]

5.2.1.13 advise a supervisor or an appropriate person when someone behaves in a way that puts patients or other workers at risk of harm[2]

5.2.1.14 maintain patient confidentiality[3]

5.2.1.15 cooperate with other workers who are treating and caring for patients[5]

5.2.1.16 put the needs of patients first[2 6]

5.2.1.17 treat patients with understanding and don't judge them

5.2.1.18 maintain appropriate boundaries with patients and carers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

5. Being ethical

5.2 Professional and ethical behaviour

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Act ethically at all times and apply ethical reasoning in all health care activities.

KNOWLEDGE

A general understanding of:

5.2.2.1 the theories and principles that govern ethical decision making and address the major ethical dilemmas in health care[1 7]

5.2.2.2 the personal qualities that are necessary to have ethical relationships with patients, carers and other workers[8]

5.2.2.3 the ethical components of practice guidelines and health policy

5.2.2.4 the ethical principles that impact on decision making.[1]

An applied knowledge of:

5.2.2.5 the code of professional conduct relevant to your occupation/profession

5.2.2.6 the charter of patient rights and responsibilities that apply in your workplace

5.2.2.7 the relevant local, state and Commonwealth legislation and statutes[4]

5.2.2.8 the characteristics and responsibilities of a profession.[1]

PERFORMANCE ELEMENTS

(i) Act ethically at all times

Demonstrates ability to:

5.2.2.9 take into account the full ethical complexity of your actions[8]

5.2.2.10 report adverse events including drug or device events appropriately[9]

5.2.2.11 recognise, avoid or address conflicts of interest[4]

5.2.2.12 consult co-workers about ethical dilemmas[4]

5.2.2.13 recognise and address impairment and unethical conduct[4 6]

5.2.2.14 be accountable for any ethical breaches

5.2.2.15 apply ethical principles to the collection, maintenance, use and dissemination of data and information

5.2.2.16 avoid talking down to co-workers or over a patient or a carer[2]

5.2.2.17 use professional position appropriately and not exploit it for personal gain[2 4 10]

5.2.2.18 participate in community service, professional activities and institutional committees[3 4 6]

5.2.2.19 show support for patients of the service (advocacy)[4 5]

5.2.2.20 recognise and respond appropriately to patients' rights and responsibilities

5.2.2.21 be responsive to the needs of patients and society[9]

5.2.2.22 have a commitment to excellence and ongoing professional development[9]

5.2.2.23 provide only those treatments, medications or appliances that serve the patient's needs.[4]

LEVEL 2 continued

(ii) Communicate appropriately and effectively with patients, carers and co-workers[2]

Demonstrates ability to:

5.2.2.24 consult and communicate with co-workers appropriately[4]

5.2.2.25 respect the rights of patients to be fully involved in decisions about their care[4]

5.2.2.26 provide honest and complete information to patients and carers at all times including when things go wrong[4 11]

5.2.2.27 organise a second opinion for a patient or carer.[4]

(iii) Update your knowledge and skills regularly[4]

Demonstrates ability to:

5.2.2.28 develop a personal plan for continuing occupational and professional development.[3]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

5. Being ethical

5.2 Professional and ethical behaviour

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Integrate ethical reasoning into decision making and act appropriately at all times.

KNOWLEDGE

A general understanding of:

5.2.3.1 integrating ethical reasoning and decisions into clinical and managerial practice and the workplace[12]

5.2.3.2 making statutory laws and Department of Health requirements accessible to staff.

An applied knowledge of:

5.2.3.3 how to establish a mechanism for staff reports of incompetence, unethical conduct or impairment[4]

5.2.3.4 how to include patients and their carers as members of the health care team.[13 14]

PERFORMANCE ELEMENTS

(i) Demonstrate ethical practice at all times

Demonstrates ability to:

5.2.3.5 provide tools and examples to assist health care workers to make ethical decisions

5.2.3.6 establish a system for managing disputes related to work or education[15]

5.2.3.7 foster a workplace environment where all patients and staff are valued and respected[2]

5.2.3.8 avoid causing defensiveness in others[2]

5.2.3.9 refer a peer or colleague to the appropriate organisation when there are concerns about professional competence and behaviour

5.2.3.10 inform all staff about whistle blower protections.

(ii) Help all staff to meet their ethical and professional responsibilities[6]

Demonstrates ability to:

5.2.3.11 be a good mentor[6]

5.2.3.12 be a good role model.[6]

(iii) Be responsive to the health care needs of society[4]

Demonstrates ability to:

5.2.3.13 identify improvements that provide more cost-effective alternatives and accomplish better care for patients[5]

5.2.3.14 show a commitment to continued improvement even when the improvement may have negative financial implications for you or your department.[5]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Demonstrate ethical leadership at all times.

KNOWLEDGE

A general understanding of:

5.2.4.1 the place and importance of professional duties and obligations for the different professional and occupational groups.

An applied knowledge of:

5.2.4.2 how to establish a fair and transparent system for managing unethical and incompetent conduct

5.2.4.3 how to develop or incorporate a code of ethical practice that is appropriate and relevant to all health care workers in the organisation.

PERFORMANCE ELEMENTS

(i) Develop or incorporate a standardised approach to address professional duties and responsibilities in the organisation

Demonstrates ability to:

5.2.4.4 ensure that all staff are aware of the organisation's expectations regarding ethical practice

5.2.4.5 establish mechanisms to assist health care workers and professionals to manage ethical dilemmas[16]

5.2.4.6 conduct workplace meetings or workshops on professionalism in the workplace.[9]

(ii) Ensure the organisation fulfils its social responsibility to care for sick patients, be responsive to illness and alleviate disabilities[5]

Demonstrates ability to:

5.2.4.7 work in a manner consistent with ethical responsibilities to patients and the good of society[5]

5.2.4.8 establish mechanisms or processes that identify new procedures and discoveries that have the potential to benefit the community[5]

5.2.4.9 establish mechanisms or processes that ensure new procedures and treatments are safe.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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6 Continuing learning

RATIONALE FOR THIS LEARNING AREA

The amount of health care information and knowledge required to work and perform duties is expanding rapidly. We need to develop new methods of incorporating learning into our workplaces, rather than relying on outdated methods such as lecture-style formats provided away from the workplace.

If continuous learning of new skills and knowledge in the workplace are essential for providing safe and up-to-date care for patients then it follows that continuous teaching is also required. It is the responsibility of all health care workers to be involved in learning and teaching in the workplace. This can only be achieved when health care workers become active partners in the learning process and committed to sharing their skills, knowledge and experiences with other workers and members of their health care team. This becomes a life-long journey of learning and teaching for all health care workers.

6. Continuing learning

6.1 Workplace learning

RATONALE

It is well recognised that the sheer volume and speed of health care information makes it impossible for individual health care workers to keep up to date with the latest developments in work or practice using the traditional methods of reading journals or attending lectures and conferences. Health care workers need to develop a new set of competencies in workplace learning so they can acquire the knowledge and skills that are essential for providing appropriate and safe care for patients.

Using outdated methods that ill-prepare health care workers for work or practice puts patients at an unacceptable risk of harm. Working in health care is a life-long journey that requires the application of self-directed learning, self-monitoring and self-assessment techniques. One of the best ways to acquire new knowledge and skills is to be involved in active learning partnerships in the workplace.

PATIENT NARRATIVE

Training in emergency skills needed

Luke, a 12-year old resident in a large institution for people with developmental disabilities, was being visited by his mother to feed him lunch. Luke started to choke and it was some time before staff arrived at the scene. Luke's mother said that the staff members did not know how to resuscitate her son.

It was revealed that neither the nursing or medical staff at the institution were given regular training in emergency skills. For many of the staff this incident was their first experience with emergency resuscitation.

Case results. *The Complaints Unit NSW Department of Health Annual Report 1988*: 19.

6. Continuing learning

6.1 Being a workplace learner Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Improve your skills and learn more about how to perform your work.**	**Participate in a learning program suited to your professional duties and responsibilities.**	**Ensure that all staff are engaged in effective learning programs that include enhanced skills in management and supervision.**	**Create a learning culture in the organisation.**
Knowledge	Know how well you are expected to be able to perform your work (knowledge, skills and experience) and what the role requires. Know how to describe your own level of job knowledge, skills and experience.	Know how to be a self-directed learner.[2] Know how to recognise learning opportunities in the workplace. Know the different styles of learning.	Know and critique the different methods for learning in the workplace. Understand adult and life-long learning principles. Know how to structure a learning or teaching session to achieve and assess learning outcomes.	Know the value of a well-trained workforce. Know the training and accreditation requirements for all staff categories. Understand the competing demands faced by learners in the workplace. Understand the role education and training play in patient safety.
Skills	Provide constructive feedback about the service.[1] Participate, contribute and share ideas to improve knowledge and skills regarding your own role and other workers' roles Be an active learner. Experience different types of learning including: workshops, seminars, discussions, workplace visits and web-based learning.	Review learning and performance objectives relevant to your position and level of experience. Know how to self assess your current knowledge, skills and experience.[3] Apply newly acquired skills safely. Monitor your own performance. Recognise and remedy deficiencies in your knowledge and skills by participating in professional development programs. Participate in multidisciplinary and team-based learning that improves health outcomes. Employ methods of learning that suit the time constraints of your professional practice. Regularly review further accreditation needs.	Participate in education and training appropriate to your position. Consult with staff and implement access to education and training programs that meet their needs. Offer multidisciplinary learning opportunities for all staff categories. Evaluate the learning and performance outcomes of all staff.	Develop or incorporate and support training and education programs that are effective and also cater for individual workers. Evaluate and report on the contribution of staff learning outcomes to the service performance of the organisation. Anticipate future workforce requirements.
Behaviours & attitudes	Ask for feedback regarding your own performance. Participate in education and training needs assessments. Complete learning tasks and activities you are given. Learn from other workers and students.	Meet regularly with supervisors. Take responsibility for keeping up to date with new information.[3] Take advantage of unplanned learning opportunities that occur at work.	Develop or incorporate mentoring schemes for staff. Be a role model and advocate for life-long learning in the workplace. Monitor the quality of training provided to staff.	Value life-long learners and provide support for all staff to meet their education and training objectives.

6. Continuing learning

6.1 Workplace learning

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Improve your skills and learn more about how to perform your work.

KNOWLEDGE

A general understanding of:

6.1.1.1 how well you are expected to be able to perform your work (knowledge, skills and experience) and what your position requires

6.1.1.2 how to describe your own level of job knowledge, skills and experience.

PERFORMANCE ELEMENTS

(i) Improve your skills and learn more about how to do your work

Demonstrates ability to:

6.1.1.3 ask for feedback regarding your own performance

6.1.1.4 discuss with your supervisor or an appropriate person how a task could be done better or a service to patients could be improved[1]

6.1.1.5 discuss with your supervisor or an appropriate person learning styles that work best for you

6.1.1.6 perform all the learning tasks and activities you are given

6.1.1.7 participate fully in training and education programs, including evaluation

6.1.1.8 participate, contribute and share ideas to improve knowledge and skills regarding your own role and other workers' roles

6.1.1.9 experience different types of learning including: workshops, seminars, discussions, workplace visits and web-based learning.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.1 Workplace learning

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Participate in learning programs suited to your professional duties and responsibilities.

KNOWLEDGE

A general understanding of:

6.1.2.1 how to be a self-directed learner[2]
6.1.2.2 the different styles of learning.

An applied knowledge of:

6.1.2.3 the performance requirements of your position
6.1.2.4 how to determine your own professional learning needs
6.1.2.5 how to contribute to your own learning as an adult learner
6.1.2.6 opportunities in the workplace for learning.

PERFORMANCE ELEMENTS

(i) Identify your training and education needs and develop a program to maintain personal and professional standards

Demonstrates ability to:

6.1.2.7 review learning and performance objectives relevant to your position and level of experience
6.1.2.8 self assess your current knowledge, skills and experience[3]
6.1.2.9 recognise and remedy deficiencies in your knowledge and skills
6.1.2.10 meet regularly with your supervisor and discuss opportunities for workplace learning
6.1.2.11 regularly participate in professional development programs
6.1.2.12 regularly review further accreditation needs
6.1.2.13 take responsibility for keeping up to date with new information[3]
6.1.2.14 apply newly acquired skills safely
6.1.2.15 reflect on and monitor your own performance
6.1.2.16 take advantage of unplanned learning opportunities that occur at work
6.1.2.17 participate in multidisciplinary and team-based learning that improves health outcomes
6.1.2.18 employ methods of learning that suit the time constraints of your professional practice.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.1 Workplace learning

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Ensure that all staff are engaged in effective learning programs that include enhanced skills in management and supervision.

KNOWLEDGE

A general understanding of:

6.1.3.1 adult and life-long learning principles.

An applied knowledge of:

6.1.3.2 how to critique the different methods for learning and teaching in the workplace

6.1.3.3 how to structure a learning or teaching session to achieve and assess learning outcomes.

PERFORMANCE ELEMENTS

(i) Facilitate and support effective learning for adult workplace learners

Demonstrates ability to:

6.1.3.4 consult with staff about their education and training needs

6.1.3.5 offer multidisciplinary learning opportunities for all staff categories

6.1.3.6 monitor the quality of training provided to staff

6.1.3.7 evaluate the learning and performance outcomes of all staff

6.1.3.8 develop or incorporate mentoring schemes for staff

6.1.3.9 be a role model and advocate for life-long learning in the workplace.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.1 Workplace learning

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Create a learning culture in the organisation.

KNOWLEDGE

A general understanding of:

6.1.4.1 the value of a well-trained workforce

6.1.4.2 the competing demands faced by learners in the workplace

6.1.4.3 the role education and training play in patient safety.

An applied knowledge of:

6.1.4.4 training and accreditation requirements for all staff categories.

PERFORMANCE ELEMENTS

(i) Create a learning organisation where learners are valued

Demonstrates ability to:

6.1.4.5 develop or incorporate and support training and education programs that are effective and also cater for individual workers

6.1.4.6 value life-long learners and provide support for all staff to meet their education and training objectives

6.1.4.7 evaluate and report on the contribution of staff learning outcomes to the service performance of the organisation

6.1.4.8 anticipate future workforce requirements.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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6. Continuing learning

6.2 Workplace teaching

RATIONALE

The transition from being a workplace learner to teacher requires additional skills and knowledge. Workplace teaching is usually undertaken by those with more experience or seniority. However, many people who have clinical teaching roles within the health care system have received little training and their teaching activities are often an add-on to other duties and functions. Scarce time and resources may also result in inadequately prepared staff teaching the wrong technique or providing the wrong information.

Important issues for reducing risks to patients include: creating a learning environment; using appropriate teaching methods; and looking for opportunities to pass on knowledge, skills and experience to other workers. Workplace teachers would benefit from awareness of the importance of establishing learning contracts and giving constructive feedback to workers who are learning new skills.

PATIENT NARRATIVE

Who benefits from multiple examinations?

Pradip, an 80-year-old Indian man who spoke no English, had been brought to a clinic by his relatives. Pradip was being examined by the senior consultant, two junior doctors, three first-year interns and a medical student. The consultant was performing a rectal examination on Pradip to rule out prostate cancer when he said, 'Wow this is big. Get your gloves on and feel this.' One by one all of the seven training doctors followed the consultant and inserted their fingers into Pradip's rectum. The consultant had explained nothing to Pradip, who was very embarrassed by what he had been subjected to.

Kushner TK, Thomasma DC. *Ward Ethics: Dilemmas for medical students and doctors in training*. Cambridge: Cambridge University Press, 2001: 25

6. Continuing learning

6.2 Being a workplace teacher
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Share your knowledge and skills with other workers.**	**Be a teacher and provide regular feedback in a constructive manner.**	**Ensure that all staff have the opportunity to pass on their knowledge and skills to other workers.**	**Create an organisation that optimises learning.**
Knowledge	The roles and functions of supervisor and supervisee. Know the benefits of supervision from the perspective of the worker and supervisor. Understand the remedial assistance offered by the organisation. Be aware of what other workers need to know to do their work. Understand the value of sharing your work experiences with other workers. Know the best ways to communicate with other workers.	Know the principles and theories of adult learning.[1] Know the components of life-long learning.[1] Understand the elements of self-directed learning.[1] Understand the benefits of preparation in learning and assessing the acquired skills (formative and summative assessment). Understand the role and functions of assessment. Understand the role of the patient and the impact of teaching with patients.	Critique the different learning methods. Know the level of performance required of the learner. Know the different roles of mentoring, supervising and assessing. Know how to assist learners who are having difficulty. Understand student-centred learning approaches. Know how to assess learners against learning outcomes.	Understand the value of a well-trained workforce. Understand the principles and theories of adult learning, self-directed learning and life-long learning. Know the competing demands faced by learners in the workplace. Understand the role simulation can play in maximising training safety and minimising risk.[5 7] Understand the role education and training play in patient safety.

6. Continuing learning continued

6.2 Being a workplace teacher Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Skills	Recognise the importance of partnerships in the learning contract.[1] Give immediate and clear feedback to learners.[1] Request feedback regarding performance. Set up a group to share your ideas for learning more about your work with others.	Prepare for the learning session with the learner's needs in mind. Use teaching methods to suit the learning location and individual learners. Know how to structure 'on the job' teaching. Recognise that learners are individuals with different needs.[2] Match learning activities to learning outcomes and assessments. Set up a learning contract. Involve learners in discussions. Appreciate the different life and work experiences that learners bring to discussions. Provide constructive feedback to learners.	Offer multidisciplinary learning opportunities for all staff. Monitor the training and learning of all staff. Know how to structure 'on the run' teaching. Facilitate a learning environment. Regularly conduct formal teaching rounds.[3] Manage learning contracts. Be a mentor. Assess learners against the learning outcomes. Provide training and support for supervisors and team leaders. Design activities that engage learners and tap into their existing skills and knowledge. Engage in multidisciplinary teaching.	Create an effective learning environment.[3 5 6] Support teaching and learning methodologies that meet the needs of all staff categories. Seek resources for a variety of teaching and learning initiatives. Promote multidisciplinary teaching. Evaluate learning outcomes in terms of service improvement. Assess the impact of education programs on patients' perception of service provision.
Behaviours & attitudes	Be a coach or role model, particularly for new workers. Be supportive and give praise to other workers who successfully learn new skills.	Be aware of your personal teaching style. Teach professional values including humility by example.	Establish regular teaching schedules.[4] Support and encourage learners. Prevent learners from being disrupted during training sessions.	Fulfil learning contracts with staff. Report on the outcomes of education initiatives to governing bodies.

6. Continuing learning

6.2 Workplace teaching

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Share your knowledge and skills with other workers.

KNOWLEDGE

A general understanding of:

6.2.1.1 the roles and functions of supervisor and supervisee

6.2.1.2 what other workers need to know to do their work

6.2.1.3 the value of sharing your work experiences with other workers

6.2.1.4 remedial assistance offered by the organisation.

An applied knowledge of:

6.2.1.5 how to get the most out of following directions from your supervisor (benefits of supervision)

6.2.1.6 the best ways to communicate with other workers

6.2.1.7 how a learning contract works.[1]

PERFORMANCE ELEMENTS

(i) Share what you know about how to do your work with other workers

Demonstrates ability to:

6.2.1.8 set up a group to share your ideas about improving your work

6.2.1.9 support and give praise to other workers who successfully learn new skills

6.2.1.10 work together to learn new skills

6.2.1.11 listen to advice or feedback from other workers[1]

6.2.1.12 request feedback regarding your performance

6.2.1.13 be a coach or role model, particularly for new workers.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.2 Workplace teaching

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Be a teacher and provide regular feedback in a constructive manner.

KNOWLEDGE

A general understanding of:

6.2.2.1 the components of life-long learning[1]
6.2.2.2 the principles and theories of adult learning[1]
6.2.2.3 the elements of self-directed learning[1]
6.2.2.4 the benefits of preparation in learning and assessing the acquired skills (formative and summative assessment)
6.2.1.5 the role of patients and the impact of teaching on their care.

An applied knowledge of:

6.2.2.6 how to take into account different learning styles
6.2.2.7 how to structure 'on the job' teaching
6.2.2.8 how to set up a learning contract.

PERFORMANCE ELEMENTS

(i) Be a teacher and provide regular feedback in a constructive manner

Demonstrates ability to:

6.2.2.9 prepare for teaching sessions with the learner's needs in mind
6.2.2.10 use teaching methods to suit the learning location and individual learners
6.2.2.11 recognise that learners are individuals with different learning styles and needs[2]
6.2.2.12 match learning activities to learning outcomes and assessments
6.2.2.13 involve learners in discussions about the task being learned
6.2.2.14 appreciate the different life and work experiences that learners bring to discussions
6.2.2.15 analyse your personal teaching style
6.2.2.16 teach professional values, including humility, by example
6.2.2.17 provide constructive feedback to learners.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.2 Workplace teaching

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Ensure that all staff have the opportunity to pass on their knowledge and skills to other workers.

KNOWLEDGE

A general understanding of:

6.2.3.1 student-centred learning approaches
6.2.3.2 the levels of performance required of supervised staff or team members
6.2.3.3 the benefits of multidisciplinary teaching and interdisciplinary learning.

An applied knowledge of:

6.2.3.4 the different methods for learning available in your workplace
6.2.3.5 how to assess the educational quality of a structured learning program
6.2.3.6 how to structure 'on the run' teaching
6.2.3.7 how to assess learners against the learning outcomes
6.2.3.8 managing learning contracts
6.2.3.9 the different roles of mentoring, supervising and assessing.

PERFORMANCE ELEMENTS

(i) Ensure that all staff are engaged in an effective learning program suited to their needs

Demonstrates ability to:

6.2.3.10 promote new learning activities that can be based on the existing skills, knowledge and experience of staff
6.2.3.11 establish a learning contract system
6.2.3.12 allow staff sufficient time without disruption to engage in learning outside regular duties
6.2.3.13 provide suitable learning environments
6.2.3.14 regularly conduct formal teaching rounds[3]
6.2.3.15 manage any conflicts of supervisory or professional interest if acting as a mentor
6.2.3.16 use methods of assessment that match learning outcomes and activities
6.2.3.17 provide training and support for supervisors and team leaders
6.2.3.18 promote multidisciplinary teaching and interdisciplinary learning wherever feasible
6.2.3.19 establish regular teaching schedules[4]
6.2.3.20 support and encourage learners
6.2.3.21 assist learners who are having difficulty
6.2.3.22 monitor the training and learning of all staff.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

6. Continuing learning

6.2 Workplace teaching

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Create an organisation that optimises learning.

KNOWLEDGE

A general understanding of:

6.2.4.1 the value of a well-trained workforce

6.2.4.2 the competing demands faced by learners in the workplace

6.2.4.3 the role education and training play in patient safety

6.2.4.4 the principles and theories of adult learning, self-directed learning and life-long learning.

An applied knowledge of:

6.2.4.5 how to evaluate learning outcomes in terms of service improvement

6.2.4.6 how to create an effective learning environment.[3 5 6]

PERFORMANCE ELEMENTS

(i) Create an organisation that optimises learning

Demonstrates ability to:

6.2.4.7 seek or allocate resources for a variety of teaching and learning initiatives

6.2.4.8 support teaching and learning methodologies that meet the needs of all staff categories

6.2.4.9 promote multidisciplinary teaching

6.2.4.10 appreciate the role simulation can play in maximising training safety and minimising risk[5 7]

6.2.4.11 fulfil learning contracts with staff

6.2.4.12 assess the impact of staff education programs on patients' perception of service provision

6.2.4.13 report on the outcomes of education initiatives to governing bodies.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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7 Specific issues

RATIONALE FOR THIS LEARNING AREA

RATIONALE FOR THIS LEARNING AREA

The final two learning topics have been selected for individual attention because they have been highlighted as areas prone to error and causing great harm to patients.

Ensuring the right patient receives the right treatment requires that staff in all categories follow best practice guidelines and protocols. Administering medications to patients is another area that is particularly prone to errors because of the multiple steps involved.

The Framework is designed to be a template for curricula development, so those organisations with a specific interest in these two problem areas can design curricula and workplace programs using the specific knowledge and performance requirements.

In the future other problem areas may need to be added to the Framework and specific knowledge and performance elements developed. Conversely, as the workforce becomes more competent in these areas, the need for separate treatment of some topics will diminish and they will be integrated in the Framework.

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment

RATIONALE

The main causes of errors involving wrong patients, sites and procedures are a failure of health care providers to communicate effectively (inadequate processes and checks) in preoperative procedures.[1] Other examples of wrong site/procedure/patient are: the wrong patient in the operating room; surgery performed on the wrong side or site; wrong procedure performed; failure to communicate changes in the patient's condition; disagreements about stopping procedures; and failure to report errors.[2]

Minimising errors caused by misidentification involves developing best-practice guidelines for ensuring the correct patient receives the right treatment.[3] Health care services should develop comprehensive systems to ensure that all patients are treated in accordance with the correct site/procedure/patient policies and protocols.[4] All heath care workers and professionals in the organisation should follow the protocols and be familiar with the underlying principles supporting a uniform approach to treating and caring for patients.

There is little published research on wrong site/procedure/patient[5], but one study examining medication errors concluded that getting the correct medication to the correct patient would lead to a reduction in dispensing errors, since these errors accounted for 67 per cent of the medication errors.[6] Another study of hand surgeons found that 21 per cent of surgeons surveyed (n=1050) reported performing wrong-site surgery at least once during their careers.[7]

PATIENT NARRATIVE

Arthroscopy performed on wrong knee

Brian injured his left knee while exercising and was referred by his general practitioner to an orthopaedic surgeon. The orthopaedic surgeon obtained consent to perform an examination of the left knee under anaesthetic (EUA) as a day surgery procedure. Two registered nurses confirmed as part of the ordinary pre-operative processes that his signature appeared on the consent form for EUA on his left knee.

The surgeon talked to Brian before he entered the operating theatre, but did not confirm which knee was to be operated on. Brian was taken into the operating theatre and anaesthetised. The anaesthetic nurse saw a tourniquet draped over his right leg and applied it. She and a wards man applied a bandage to limit blood flow. The enrolled nurse checked the intended side on the theatre list so she could set up and when she saw the orthopaedic surgeon preparing the right leg, she told him that she thought the other leg was the intended operative site. The doctor was heard by both the enrolled nurse and scrub nurse to disagree and the right (incorrect) knee was operated on.

Case studies—Professional Standards Committees. *Health Care Complaints Commission Annual Report 1999–2000*: 64.

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Know how to ensure you have the correct patient.**	**Follow verification procedures to ensure the correct patient receives the right treatment at the right time and place.**	**Design and implement safe practices to ensure the correct patient receives the right treatment at the right time and place.**	**Produce policies and guidelines for the prevention of patients receiving the wrong care or treatment.**
Knowledge	Know your role and responsibilities in correctly identifying patients.[3 8] Know the procedure for ensuring the correct person is receiving a service.[3] Know the key times when patients are vulnerable to misidentification.[3]	Know the stages of a verification process to ensure the correct person receives the right treatment or procedure.[3-5] Understand the role good communication plays within the treating team in preventing patient misidentification.[3 4] Understand the organisation guidelines for preventing patient misidentification.[3]	Know the steps involved in the patient verification process to avoid misidentification.[3-5] Know the role human factors can play to reduce misidentification of patients.	Be aware of the harm caused through patient misidentification.[5] Know the methods for preventing patient misidentification.[5]
Skills	Correctly identify a patient at the time of providing a service. Communicate and confirm with others the correct identity of a patient.[4 5] Participate in teams formed to verify patient identity in theatres and wards.[5] Confirm a patient's identity before moving them to another place or to another person's care.[3]	Communicate face to face in language the patient understands.[10] Follow the organisation or department guidelines for avoiding patient misidentification.[3]	Develop a patient verification process to avoid misidentification.[3 5 11] Develop a checklist for the patient verification process in your department.[3] Ensure each member of the health care team knows their role and responsibilities for ensuring the correct patient receives the right treatment at the right time.[8] Develop rules for marking the site of the procedure.[3] Develop a procedure for patients who refuse site marking.[3] Routinely do 'time out' meetings before starting a procedure.[3] Document a summary of 'time out' meetings.[4]	Develop a verification policy for preventing the misidentification of patients of the health care service.[4] Ensure mechanisms are in place to prevent patients leaving a hospital ward/site for a procedure without a signed order and fully executed consent form in the medical records.[5] Develop protocols for communication of vital information when patients are located in inpatient units where staff are unfamiliar with their status and care plan.[5] Provide a mechanism for reconciling differences in staff responses during the 'time out' meetings.
Behaviours & attitudes	Report to your supervisor or an appropriate person about any potential or actual patient misidentifications.[5]	Routinely use checklists and communicate with the treating team about the identity of the patient and the recommended treatment or procedures.[10]	Routinely involve all staff in checking the identity of patients using or about to receive a service or treatment. Involve patients in the verification process.	Routinely report on deidentified misidentification events and share the lessons with staff.

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Know how to ensure you have the correct patient.

KNOWLEDGE

A general understanding of:

7.1.1.1 your role and responsibilities in correctly identifying patients[3 8]

7.1.1.2 the times when there is the most chance of not identifying a patient correctly (misidentification).[3]

An applied knowledge of:

7.1.1.3 how to make sure the correct patient receives a service[3 9]

7.1.1.4 the importance of checking you have the correct patient before moving them to another place or to another person's care[3]

7.1.1.5 your responsibility to correctly identify patients.[3 8]

PERFORMANCE ELEMENTS

(i) Make sure you have the correct patient at the time of providing a service

Demonstrates ability to:

7.1.1.6 confirm with other people to ensure you have the correct patient

7.1.1.7 participate in teams formed to verify patient identity (theatres and wards)[5]

7.1.1.8 check the correct identity of the patient using or receiving the service[4 5]

7.1.1.9 ensure the patient states their first and last name and birth date[9]

7.1.1.10 report to your supervisor or an appropriate person about possible or actual cases of patients not being identified correctly.[5]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Follow verification procedures to ensure the correct patient receives the right treatment at the right time and place.

KNOWLEDGE

A general understanding of:

7.1.2.1 the role good communication plays within the treating team in preventing patient misidentification.[3 4]

An applied knowledge of:

7.1.2.2 the stages of a verification process to ensure the correct person receives the right treatment or procedure[3-5]

7.1.2.3 the organisation guidelines for preventing patient misidentification.[3]

PERFORMANCE ELEMENTS

(i) Follow patient verification procedures

Demonstrates ability to:

7.1.2.4 communicate face to face in language the patient and carer understands[10]

7.1.2.5 follow the organisation or department guidelines for avoiding patient misidentification[3]

7.1.2.6 routinely use checklists and communicate with the treating team about the identity of the patient and the recommended treatment or procedures.[10]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Design and implement safe practices to ensure the correct patient receives the right treatment at the right time and place.

KNOWLEDGE

A general understanding of:

7.1.3.1 the steps involved in the patient verification process to avoid misidentification[3 5]

7.1.3.2 the role human factors can play to reduce misidentification of patients.

PERFORMANCE ELEMENTS

(i) Design or implement a protocol for correct patient, treatment, procedure, time and place

Demonstrates ability to:

7.1.3.3 develop a patient verification process to avoid misidentification[3 5]

7.1.3.4 routinely involve all staff in checking the identity of patients using or about to receive a service or treatment

7.1.3.5 develop a checklist for the patient verification process in your area of responsibility[3]

7.1.3.6 define the roles and responsibilities for each member of the team involved in treating the patient or involved in the procedure[8]

7.1.3.7 develop rules for marking the site of the procedure[3]

7.1.3.8 develop a procedure for patients who refuse site marking[3]

7.1.3.9 routinely do 'time out' meetings before starting a procedure[3]

7.1.3.10 document a summary of 'time out' meetings[4]

7.1.3.11 ensure patients are involved in the verification process.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.1 Preventing wrong site, wrong procedure and wrong patient treatment

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Produce policies and guidelines for the prevention of patients receiving the wrong care or treatment.

KNOWLEDGE

A general understanding of:

7.1.4.1 the harm caused through patient misidentification.[5]

An applied knowledge of:

7.1.4.2 the methods for preventing patient misidentification.[5]

PERFORMANCE ELEMENTS

(i) Produce or incorporate policies and guidelines for the prevention of patients receiving the wrong care or treatment

Demonstrates ability to:

7.1.4.3 develop a verification policy for preventing the misidentification of patients[4]

7.1.4.4 ensure mechanisms are in place to prevent patients leaving a hospital ward/site for a procedure without a signed order and fully executed consent form in the medical records[5]

7.1.4.5 develop or incorporate protocols for communication of vital information when patients are located in inpatient units where the staff are unfamiliar with their status and care plan[5]

7.1.4.6 provide a mechanism for reconciling differences in staff responses during the 'time out' meetings[3]

7.1.4.7 routinely report on deidentified misidentification events and share the lessons with staff.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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7. Specific issues

7.2 Medicating safely

RATIONALE

An adverse drug reaction has been defined by the World Health Organisation[1] as any response to a medication that is noxious, unintended and occurs at doses used for prophylaxis, diagnosis or therapy. Patients are vulnerable to mistakes being made in any one of the many steps involved in ordering, dispensing and administering medications.

The Institute of Medicine report, *To Err is Human*[2] highlighted that medication errors result in up to 7000 deaths per year in the United States. The picture is similar in many other countries, including Australia where studies[3 4] show that about one per cent of all hospital admissions suffer an adverse event related to the administration of medications.

There are many causes of medication errors including: inadequate knowledge of patients and their clinical conditions; inadequate knowledge of the medications; calculation errors; illegible hand writing; confusion regarding the name of the medication; and poor history taking.[5]

Accurate administration of medications requires that all steps in the prescribing and dispensing process be correctly executed.[6 7]

PATIENT NARRATIVES

Inappropriate medications for a child with nausea

While on holidays, Heather's 8-year-old daughter, Jane, was unwell and started vomiting. Heather took her to the local general practitioner (GP) and told the doctor that she thought her daughter was suffering from asthma and required a nebuliser. The GP diagnosed nausea secondary to an ear infection and prescribed an antibiotic. He injected Largactil, Maxolon and Atropine to treat the nausea.

Jane later suffered diminished consciousness and was admitted to the small local hospital. She was subsequently transferred to a larger hospital because of her respiratory symptoms.

The GP thought he was doing the right thing, having learnt about this cocktail of medications while training as an intern. However, the drugs weren't appropriate for nausea in children because of the potential for adverse reactions and the difficulty in monitoring the child's subsequent condition. The doctor also didn't give adequate information about the drugs to Heather.

Walton M. *Well being: how to get the best treatment from your doctor*. Sydney: Pluto Press, 2002: 51.

Methadone overdose

When Matthew presented himself at the methadone clinic, there were three nurses on duty. Two of the nurses failed to identify Matthew properly and administered methadone without paying proper attention to the dose.

The dose of methadone given was 150 mg when it should have been 40 mg. The nurses also failed to notify the treating doctor when they became aware of the excessive dose. They then instructed the third nurse to give Matthew a take-home dose of 20 mg, despite being aware of the excessive dosage and without the authorisation of the medical practitioner. Matthew died in the early hours of the following morning of methadone poisoning.

Case studies. *Health Care Complaints Commission Annual Report 1995–1996*: 38.

7. Specific issues

7.2 Medicating safely
Content matrix of the framework

	Level 1 Foundation *For Category 1–4 health care workers*	Level 2 *For Category 2 & 3 health care workers*	Level 3 *For Category health care workers*	Level 4 Organisational *For Category 4 health care leaders*
Learning objectives	**Understand that medications are the cause of many near misses and adverse events.**	**Minimise the main errors and the risks associated with medications.**	**Facilitate safe prescribing practices for all members of the health care team.**	**Implement an organisation-wide approach to minimising the risks associated with dispensing and administering medications.**
Knowledge	Understand that medications are the cause of many near misses and adverse events.	Understand the actions, indications, contraindications and adverse effects of medications.[5] Know the medications most commonly involved in dispensing errors.[5] Know the types, causes and risks of medication errors.[5 8-10] Know the steps in the medication process.[5 11] Know strategies for preventing medication errors.[5]	Understand the benefits of a multidisciplinary approach to medication safety.[5] Understand the process of administering medications to patients and the opportunities for errors at each stage of the process for the different patient locations. Know where and when errors are most likely to happen and take steps to reduce their occurrence.[14]	Understand the benefits of computerised prescribing.[5] Know the types, causes and risks of medication errors and mechanisms to reduce them. Understand the complexity of prescribing medications and the extent of medication errors in the health care system.
Skills	Identify unsafe practices associated with administering medications. Encourage patients to ask questions about their medications if they seem unsure.	Know how to prescribe and administer medications safely.[12] Know how to involve and educate patients about their medications.[2 5 11 13] Know how to reduce the risks associated with administering medications.[5 11] Double check and document all dose calculations.[5] Ensure clear documentation of people with allergies.[5]	Provide orientation programs for new staff about medication safety.[5] Use a variety of methods to minimise medication errors. Analyse and learn from medication errors.[5] Actively manage patients by reviewing long-term repeat prescribing.[5]	Standardise the work environment in relation to medications.[2 12] Produce standardised charts for the organisation.[5] Implement organisation-wide protocols to minimise medication errors.[2 5] Establish an effective medication error reporting system.[11 12] Establish a organisation-wide approach to medication error reduction.[2 15 16]
Behaviours & attitudes	Report medications left unattended to your supervisor or an appropriate person.	Confirm and double check all prescribing, dispensing and administering of medications to patients.[5] Report all medication errors (prescribing, dispensing, administering) and near misses.[5] Write clearly and legibly. Regularly update skills and knowledge required for medication safety.[5]	Reinforce the message to all staff that prescribing is a complex technical act.[12] Routinely include pharmacists in the work activities.[2] Use information technology (IT) where available to support prescribing, dispensing and administration of medications.[5]	Provide training in the handling of medications for all staff appropriate to their level of work and ensure appropriate supervision arrangements are in place [5 12] Provide computerised medication systems.[5]

7. Specific issues

7.2 Medicating safely

LEVEL 1 – FOUNDATION

Knowledge and performance elements for ALL CATEGORIES of health care workers*

LEARNING OBJECTIVES

Understand that medications are the cause of many near misses and adverse events.

KNOWLEDGE

A general understanding of:

7.2.1.1 how near misses and adverse events cause medication errors.

PERFORMANCE ELEMENTS

(i) Help other health care workers to provide a safe environment for giving medications to patients

Demonstrates ability to:

7.2.1.2 advise your supervisor or an appropriate person if you see patients taking medications in unsafe ways

7.2.1.3 encourage patients to ask questions about their medications if they seem unsure

7.2.1.4 advise your supervisor or an appropriate person if you find medications in the wrong place.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.2 Medicating safely

LEVEL 2

*Knowledge and performance elements for health care workers in CATEGORIES 2 & 3**
(some of which may not be relevant for all Category 2 & 3 non-clinical health care workers)

LEARNING OBJECTIVES

Minimise the main errors and the risks associated with medications.

KNOWLEDGE

A general understanding of:

7.2.2.1 the actions, indications, contraindications and adverse effects of medications[5]

7.2.2.2 where to find and how to access accurate and good quality information about medications.

An applied knowledge of:

7.2.2.3 the medications most commonly involved in dispensing errors[5]

7.2.2.4 the types, causes and risks of medication errors[5 8-10]

7.2.2.5 the steps in the medication process[5 11]

7.2.2.6 strategies for preventing medication errors.[5]

PERFORMANCE ELEMENTS

(i) Minimise medication errors through competent practice and appropriate engagement with patients

Demonstrates ability to:

7.2.2.7 prescribe and administer medications safely[12]

7.2.2.8 involve and educate patients about their medications[2 5 11 13]

7.2.2.9 double check and document all dose calculations[5]

7.2.2.10 provide clear documentation of people with allergies[5]

7.2.2.11 confirm and double check all prescribing, dispensing and administering of medications to patients[5]

7.2.2.12 report all medication errors (prescribing, dispensing, administering) and near misses[5]

7.2.2.13 write clearly and legibly

7.2.2.14 regularly update skills and knowledge required for medication safety.[5]

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.2 Medicating safely

LEVEL 3

*Knowledge and performance elements for health care workers in CATEGORY 3**
(some of which may not be relevant for all Category 3 non-clinical health care workers)

LEARNING OBJECTIVES

Facilitate safe prescribing practices for all members of the health care team.

KNOWLEDGE

A general understanding of:

7.2.3.1 the benefits of a multidisciplinary approach to medication safety[5]

7.2.3.2 where and when errors are most likely to occur[14]

7.2.3.3 the steps to reduce the occurrence of medication errors.[14]

An applied knowledge of:

7.2.3.4 the process of administering medications to patients

7.2.3.5 the opportunities for errors at each stage of the process of administering medications for the different patient locations.

PERFORMANCE ELEMENTS

(i) Facilitate safe prescribing practices for all members of the health care team

Demonstrates ability to:

7.2.3.6 establish a properly constituted drug committee to advise and be responsible for the administration of medications.

7.2.3.7 provide orientation programs for new staff about medication safety[5]

7.2.3.8 use a variety of methods to minimise medication errors

7.2.3.9 analyse and learn from medication errors[5]

7.2.3.10 actively manage patients by reviewing long-term repeat prescribing[5 11]

7.2.3.11 reinforce the message to all staff that 'prescribing' 'dispensing' and 'administering' is a complex technical act[12]

7.2.3.12 routinely include pharmacists in work activities[2]

7.2.3.13 use information technology (IT) to support prescribing, dispensing and administering of medications[5]

7.2.3.14 foster the multidisciplinary medication team approach involving patients, nurses, pharmacists and doctors.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

7. Specific issues

7.2 Medicating safely

LEVEL 4 - ORGANISATIONAL

*Knowledge and performance elements for health care workers in CATEGORY 4**

LEARNING OBJECTIVES

Implement an organisation-wide approach to minimising the risks associated with dispensing and administering medications.

KNOWLEDGE

A general understanding of:

7.2.4.1 the types, causes and risks of medication errors and mechanisms to reduce them.

An applied knowledge of:

7.2.4.2 the complexity of 'prescribing' 'dispensing' and 'administering' medications

7.2.4.3 the extent of medication errors in the health care system.

PERFORMANCE ELEMENTS

(i) Develop an organisation-wide approach to medication error reduction

Demonstrates ability to

7.2.4.4 standardise the work environment in relation to medications[2 12]

7.2.4.5 produce standardised charts for the organisation[5]

7.2.4.6 implement organisation-wide protocols to minimise medication errors[2 5]

7.2.4.7 establish an effective medication error reporting system[5 11]

7.2.4.8 establish an organisation-wide approach to medication error reduction[2 15 16]

7.2.4.9 provide training in the handling of medications for all staff appropriate to their level of work and ensure appropriate supervision arrangements are in place[5 12]

7.2.4.10 provide a computerised medication system and assure safe and effective implementation[5 11]

7.2.4.11 strive to be aware of, contribute to, and facilitate uptake of cross institutional processes such as medication order forms to reduce medication errors.

*** CATEGORY DESCRIPTIONS**

CATEGORY 1 - Health care workers who provide support services
CATEGORY 2 - Health care workers who provide direct clinical care to patients and work under supervision
CATEGORY 3 - Health care workers with managerial, team leader and/or advanced clinical responsibilities
CATEGORY 4 - Clinical and administrative leaders with responsibilities for health care workers in Categories 1–3

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Glossary

Term	Definition
A	
Accident or mistake	An event that involves damage to a defined system that disrupts the ongoing or future output of the system. (Perrow C. Normal Accidents: Living with high technologies. 2nd ed. Princeton University Press, 1999.)
Accountability	Being held responsible.
Accreditation	A formal process to ensure delivery of safe, high-quality health care based on standards and processes devised and developed by health care professionals for health care services. (ACSQHC) Public recognition of achievement by a health care organisation of requirements of national health care standards. (ISQUA)
Accessible care	Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background. (NHPF)
Active failures	Unsafe acts committed by people in direct contact with the patients or system.
Advanced Planning	Advanced Planning involves the patient or carer providing guidance or instruction about the future health care of a patient.
Adverse drug event	A particular type of adverse event where a drug or medication is implicated as a causal factor in the adverse event. This encompasses both harm that results from the intrinsic nature of the medicine (an adverse drug reaction) as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medicines. (ACSQHC)
Adverse drug reaction	A response to a drug which is noxious and unintended, and which occurs at doses normally used or tested in man for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function. (Therapeutic Goods Administration)
Adverse event	An incident in which unintended harm resulted to a person receiving health care. (ACSQHC)
Agent	Someone or something that can produce a change.
Aggregate data	Data collected and reported by organisations as a sum or total over a given time period, for example monthly or quarterly.
Appropriate care	An intervention or action provided that is relevant to the client's needs and based on established standards. (NHPF)
Assessment	Process of collecting, synthesising, and interpreting information to aid decision-making.
Autonomy (self rule)	The capacity to think and decide and to act on the basis of that thought and decision freely and independently and without hindrance. Respect for the autonomy of the patient is the moral principle on which the debate on informed consent relates.
B	
Benchmarking	The continuous process of measuring and comparing products, services and practices with similar systems or organisations both inside and outside the health care industry for continual improvement. (ACHS)
Best practice	The highest standards of performance in delivering safe high-quality care as determined on the basis of the best-available evidence and by comparison among health care providers.
Blame	Being held at fault (implies culpability). (ACSQHC)
Blame culture	An environment in which people fear reporting errors, near misses and adverse events for fear of being blamed and possible consequences including a fear of disciplinary action, punishment or litigation.
Bilingual staff	Health care workers who speak more than one language.
Breakthrough collaborative	A cooperative effort that brings together health care organisations with a common commitment to redesigning an aspect of their care (such as medication) and making rapid and sustainable changes to produce positive results in their organisations. It relies on the spread and adaptation of existing knowledge to multiple sites in order to accomplish a common aim, engaging multidisciplinary teams and creating partnerships between managers and clinicians. (ACSQHC)

C

Causation	The act by which an effect is produced.
Chart review	The retrospective review of the patient's complete written record by an expert for the purpose of specific analysis. For patient safety, to identify possible adverse events by reviewing the physician and nursing progress notes and careful examination for certain indicators.
Checklists	A list of all the steps that need to be done to accomplish a specified task.
Certification	A process usually carried out by a professional body that certifies a practitioner as qualified to practise in certain ways. It is usually based on the training and experience of the practitioner and his or her satisfactory performance at examinations set by a professional body.
Circadian rhythm	Circadian rhythms are the patterns of activity that occur on a 24-hour cycle and are important biological regulators in virtually every living creature.
Circumstance	All the factors connected with or influencing an event, agent or person/s.
Clinical audit	The process of reviewing the delivery of care against known or best practice standards to identify and remedy deficiencies through a process of continuous quality improvement. (ACSQHC) Assessment or review of any aspect of health care to determine its quality; audits may be carried out on the provision of care, community response, completeness of records, etc.
Clinical encounter	The interaction or consultation involving a provider of a health service and the patient or client receiving the service.
Clinical ethics	The identification, analysis and resolution of moral problems that arise in the care of a particular patient.
Clinical governance	The framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. (NHS)
Clinical negligence	Previously known as medical negligence, this relates to breaches of duties of care in the medical and dentistry professions giving rise to civil claims. Failure to use such care as a reasonably prudent and careful person would use under similar circumstances.
Clinical pathway	Optimal sequencing and timing of agreed interventions by doctors, nurses and other staff for a particular diagnosis or procedure, designed to use resources better, maximise the quality of care and minimise delays. Some hospitals provide clinical pathway documents to patients setting out the treatment during the patient's stay and enabling the patient to understand the complex web of public hospital care.
Clinical privileges	The scope of clinical practice which a health professional is authorised to undertake within an organisation. (ACSQHC)
Clinical protocols	Practice guidelines designed to assist health care workers to make optimal decisions about health care interventions for specific circumstances. Protocols may take the form of algorithms, which set out in sequential form particular treatment choices for particular circumstances.
Clinical risk management	Is one of a number of organisational systems or processes aimed at improving the quality of health care, but primarily concerned with creating and maintaining safe systems of care.
Clinical trials	Pre-planned, usually controlled, clinical study of the safety, efficacy, or optimum dosage schedule (if appropriate) of one or more diagnostic, therapeutic, or prophylactic drugs, devices or interventions in humans selected according to predetermined criteria of eligibility and observed for predefined evidence of favourable and unfavourable effects.(NH&MRC)
Clinician-patient relationships	The relationship between the person receiving the care and the person providing the care.
Close call	An event or situation that could have resulted in an adverse event but did not, either by chance or through timely intervention.
Communicating risk information	The act of providing information about the risks and benefits of a treatment in ways meaningful to the patient or carer so they can make an informed choice.
Competency	A range of abilities including clinical skills, knowledge and judgement together with communication skills, personal behaviour and professional ethics. (Royal Australian College of Surgeons) A complex combination of knowledge, skills and abilities that are critical to the effective and efficient function of the organisation and are a combination of observable and measurable skills, knowledge, performance, behaviour and personal attributes that contribute to enhanced worker performance and organisational success.

Complaint	An expression of dissatisfaction or concern with an aspect of a health care service. Complaints may be expressed orally or in writing and may be made through a complaints process or as part of other consumer feedback mechanisms such as consumer surveys or focus groups. (NSW HCCC)
Complex adaptive systems	A collection of individual agents with freedom to act in ways that are not totally predictable, and whose actions are interconnected so that one's agent's actions changes the context for other agents. (Plsek PE, Greenhalgh T. Complexity science: the challenge of complexity in health care. *British Medical Journal* 2001;323:625–8)
Computer-aided decision support systems	Computer systems designed to provide prompts to encourage clinicians to perform the correct steps and take preventive steps when indicated.
Computerised prescribing	Ordering medications using a computer drug order entry system.
Conceptual model	A model of the main concepts of a domain and their relationships.
Conflict resolution skills	Skills and techniques for reducing conflict in the workplace.
Consumer	A person who uses a health service.
Consumer participation	The process of involving health consumers in decision making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of health services. (Consumer Focus Collaboration Strategic Plan, August 1998)
Consumer-centred feedback system	A system that is designed to make it easy for people to make complaints and provide feedback to an organisation and is genuinely responsive to the issues.
Continuity of care	Infers that patients will receive the appropriate care and treatment they require when and where they need it.
Continuous quality improvement	The philosophy and activity of continually improving the quality of processes and their outcomes. It involves the ongoing collection of information on those processes and outcomes and its promotion to the use by all those involved to further improve quality.
Core curriculum	This term has developed among practitioners when referring to those elements of a learner's curriculum common across all specialities. These common elements are now incorporated into the general competencies. The competencies themselves do not constitute a curriculum. Rather they are the organising principles upon which a core curriculum can be developed.
Credentialling	The process of assessing and conferring approval on a person's suitability to provide specific consumer/ patient care and treatment services, within defined limits, based on an individual's licence, education, training, experience and competence. (ACHS)
Cultural competence	The capacity of health and mental health practitioners to design, implement, and evaluate culturally and linguistically competent service delivery systems.
Cultural diversity	Refers to the unique characteristics that all of us possess that distinguish us as individuals and identify us as belonging to a group or groups. Diversity transcends concepts of race, ethnicity, socio-economic, gender, religion, sexual orientation, disability and age. Diversity offers strength and richness to the whole. (Hastings Institute, US).
Culturally sensitive management plan	A management plan that takes into account the cultural factors of the patient or carer.
Cultural sensitivity	The capacity to take into account the perspectives of people from different backgrounds.
Curriculum	A system of planned activities intended to bring about specific learning outcomes. It is broader than a syllabus, which is simply a list of learning topics, and includes aims, objectives, teaching and learning methods as well as guidance of assessment and evaluation.
Customise information	Information that is written and conveyed in a way meaningful to a particular patient.

D

Decision aids	Tools designed to help people assess their decision-making needs, plan the next steps, and track their progress in decision making. (Ottawa Health Research Institute)
Deidentified adverse event and near miss reporting.	Reporting of adverse events and near misses where the identity or location of the person reporting is not disclosed.
Diagnosis	The art or act of identifying a disease from its signs and symptoms..
Dimensions of quality	Measures of health system performance, including measures of effectiveness, appropriateness, efficiency, responsiveness, accessibility, safety, continuity, capability and sustainability. (NHPC)
Director of clinical training	A medical practitioner responsible for the coordination of the clinical training program for interns and residents.

Disability	Any type of impairment of body structure or function, activity limitation and/or restriction of participation in society, associated with a past or present harm.(ACSQHC)
Discharge processes	The steps involved in the preparation of a patient being discharged from hospital and the arrangement for their future care after leaving the service.
Disease	A physiological or psychological dysfunction. (ACSQHC)
Distant Learning	Utilises modern distance learning technologies to support life-long learning appropriate to learner needs.

E

Effective health care	Care, intervention or action achieves desired outcome. (NHPC)
Efficient health care	Achieving desired results with the most cost-effective use of resources. (NHPC)
Epidemiological studies	Studies that involve the study and investigation of the distribution and causes of disease.
Ethnography	Ethnography is a branch of anthropology that deals with the scientific description of specific human cultures.
Error	Error is a generic term to encompass all those occasions in which a planned sequence of mental or physical activities fails to achieve its intended outcome, and when these failures cannot be attributed to the intervention of some chance agency. (James Reason 1990) The failure of a planned action to be completed as intended (i.e., error of execution), and the use of a wrong plan to achieve an aim (i.e., error of planning). (Institute of Medicine, 2000). It also includes failure of an unplanned action that should have been completed (omission). Is the failure of planned actions to achieve their desired goal.
Error (active)	An error in which the effects are felt almost immediately (James Reason, 1990).
Error (latent)	See Latent error.
Error of commission	An error which occurs as a result of an action taken, such as when a drug is administered at the wrong time, in the wrong dosage or using the wrong route, surgeries performed on the wrong part of the body and transfusion errors involving blood cross matched for another person.
Error of omission	An error that occurs as a result of an action not taken, such as when a delay in performing an indicated procedure results in a death, when a nurse omits a dose of medication that should be administered or when a patient suicide is associated with a breach in patient checks in a psychiatric setting.
Error-proofing strategies	Strategies that are designed to identify, predict and avoid potential errors, and ideally, prevent errors from occurring.
Ethics	The study of morals and values; that is, the study of right and wrong, justice and injustice, virtue and vice, good and bad, and related concepts and principles. (NH& MRC)
Evidence based	Based on a systematic review of scientific data.
Evidence-based guidelines	Consensus approaches for handling recurring health management problems aimed at reducing practice variability and improving health outcomes. Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone, as the basis for advisory materials.

F

Fair and transparent culture	A work environment in which everyone knows, understands and accepts that the processes for managing errors and adverse events are fair and an environment in which staff are able to accurately predict the consequences that flow depending on the type of errors and the underlying causes.
Fatigue	The temporary inability or decrease in ability, or strong disinclination to respond to a situation, because of previous over-activity, mental, emotional or physical activity.
Feedback	The process of giving information about a particular service or experience.
Fitness to work or practice	The application of knowledge, skill and attitudes to facilitate safe and effective health care or service.
Flow chart	A pictorial summary that shows with symbols and words the steps, sequence and relationship of the various operations involved in the performance of a function or a process.
Forcing functions	Building in protective measures to prevent the wrong decision or treatment being made.

Formative evaluation	In formative evaluation, findings are accumulated from a variety of relevant assessments designed for use either in program or resident evaluation.
Front-line staff	Individuals who carry out the bulk of the day-to-day tasks.

G

Generalisabilty	Measurements derived from an assessment tool are considered generalisable if they can be shown to apply to more than the sample of cases or test questions used in a specific assessment.
Goal (educational)	States the broad target of an educational effort. Goals are typically not measurable, but offer a general focus for an activity or set of experiences.

H

Handover	The process of passing on the care and treatment from one treating team or health care worker to another team or health care worker.
Harm	Death, disease, injury, suffering, and/or disability experienced by a person.(ACSQHC)
Hazard	A source of potential harm or a situation with a potential to cause loss. (AS/NZS 4360:1999 Risk Management Standard)
Health care	Services provided to individuals or communities to promote, maintain, monitor, or restore health. Health care is not limited to medical care and includes self care. (ACSQHC)
Health care incident	An event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage.
Health care outcome	Something that follows as a result or consequence of health care.
Health care team	Those responsible for the delivery of health care and treatment, including the patient or carer.
Health care worker	A person who works in the health sector.
Health improvement activities	Those activities that aim to improve the quality and safety of health care.
Health informatics	The systematic application of information and computer science and technology to health practice research and learning.
Human errors	See Error
Human factors	Human factors is the study of the interrelationship between humans, their tools and the environment in which they live and work.(Institute of Medicine, US) The discipline or science of studying man-machine relationships and interactions. The term covers all biomedical and psychological considerations; it includes, but is not limited to, principles and applications in the areas of human engineering, personnel selection, training, life support, job performance aids, and human performance evaluation. (Synthetic Environments National Advisory Committee, UK)
Health informatics	Health informatics or information technology (IT) is defined as the systematic application of computer science and technology to health practice, health services, research and education. (North West Centre for Public Health Practice, US)

I

Iatrogenic injury	Arising from or associated with health care rather than an underlying disease or injury. Consequences of omission (failing to do the right thing) as well as commission (doing the wrong thing) are included. (ACSQHC)
Impairment	The presence of a physical or mental condition that impacts on the capacity to work or practice safely.
Incident	An event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage. (ACSQHC)
Incident report	The documentation of any unusual problem, incident or other situation that is likely to lead to undesirable effects or that varies from established policies and procedures or practices.
Incompetence	The failure of a worker or practitioner to maintain their skills and knowledge.
Intern	A junior medical officer in the first postgraduate year of clinical practice.
Individual stress management	Where an individual is taught coping skills to manage stress in the workplace.
Information overload	When a person is provided with too much information.

Information technology (IT)	The acquisition, processing, storage and dissemination of all types of information using computer technology and telecommunication systems.
Information & communication technology (ICT)	Includes technologies such as radio, television, video, digital cameras, desktop and laptop computers, personal digital assistants (PDAs), CD-ROMS, software, peripherals and connections to the internet that are intended to fulfil information processing and communications functions.
Informed consent	A person consenting to health care must give free and voluntary consent for it to be valid. The elements of informed consent include the risks involved in the treatment and the treatment options.
Injury	Damage to tissues caused by an agent or circumstance. (ACSQHC).
Integrated multidisciplinary learning	Occurs when members of different professions learn together.
Interpreter service	An established system for providing appropriately qualified and accredited people who translate orally for parties conversing in different languages.
Intimate examinations	Examinations of the genital area.

J

Judgement	A discriminating or authoritative appraisal, opinion, or decision, based on sound and reasonable evaluation.
Justice	That which concerns fairness or equity, often divided into three parts: procedural justice, concerned with fair methods of making decisions and settling disputes; distributive justice, concerned with the fair distribution of the benefits and burdens of society; and corrective justice, concerned with correcting wrongs and harms through compensation or retribution. (NH&MRC)

L

Latent conditions	Conditions which lead to error-provoking conditions within the local workplace, including understaffing, time pressures, fatigue and inexperience.
Latent errors	Errors in the design, organisation, training or maintenance that lead to operator errors and whose effects typically lie dormant in the system for lengthy periods of time.
Levels of evidence	Level I evidence is randomised controlled trials, Level II-1 is non-randomised controlled trials, Level II-2 is a well-designed cohort or case controlled analytic study from more than one research centre/group and Level II-3 is evidence obtained from multiple time series with or without intervention.
Liability	Being answerable, chargeable, or responsible; under legal obligation. Responsible for an action in a legal sense.
Loss	Any negative consequence, financial or otherwise. (AS/NZS 4360:1999 Risk Management Standard) Any negative consequence, including financial, experienced by a person(s) or organisation(s).

M

Malpractice	Improper or unethical conduct or unreasonable lack of skill by holder of a professional or official position. Malpractice is a cause of action for which damages are allowed.
Medical mistake	A commission or an omission with potentially negative consequences for the patient that would have been judged wrong by skilled and knowledgeable peers at the time it occurred, independent of whether there were any negative consequences. This definition excludes the natural history of disease that does not respond to treatment and the foreseeable complications of a correctly performed procedure, as well as cases in which there is a reasonable disagreement over whether a mistake occurred.
Mistakes	When the plan of action is inadequate to achieve its intended outcome and can be divided into rule-based mistakes and knowledge-based mistakes.
Misuse of care	Refers to preventable complications of treatment. Misuse is not the same as error because not all errors result in adverse events or injury. (Mark Chassin 1998)
Monitor	To check, supervise, observe critically, or record the progress of an activity, action or system on a regular basis in order to identify change. (AS/NZS 4360:1999 Risk Management Standard)
Morbidity	The negative consequences (symptoms, disabilities or impaired physiological state) resulting from disease, injury or its treatment.

Mortality	Death from disease or injury.
Multidisciplinary, interdisciplinary and transdisciplinary	*Multidisciplinary* learning involves professionals from a variety of disciplines working and learning together as a team. *Interdisciplinary* learning occurs when each team member learns together but maintains responsibility for education and training that relates to his or her professional discipline. *Transdisciplinary* learning involves the deliberate exchange of information, knowledge and skill by all members of the health care team irrespective of the professional and work background of the members.
Multi tasking	The ability to perform more than one task at the same time.

N

National Open Disclosure Standard	The guidelines published by the ACSQHC that set out the steps to be followed when patients suffer an adverse event.
Near miss	An incident that did not cause harm. (ACSQHC)
Negligence	An action in tort law, the elements of which are: • the existence of a duty of care • breach of that duty • material damage as a consequence of the breach of duty. The existence of a duty of care is a legal obligation to avoid causing harm, and arises where harm is foreseeable if due care is not taken. (Butterworth's Legal Dictionary)
Nomenclature	A set of specialised terms that facilitates precise communication by the elimination of ambiguity.
Nosocomial	Pertaining to or originating in a health care facility (synonymous with 'health care acquired'). (ACSQHC)

O

Objective educational	A measurable target to be achieved by an educational activity or intervention. The educational objective specifies the educational outcome to be assessed.
Open disclosure	The process of open discussion of adverse events that result in unintended harm to a patient while receiving health care and the associated investigation and recommendations for improvement. (ACSQHC)
Organisational competence	The collective demonstration of knowledge, skills and abilities that optimise individual contribution of professional, technical and specialist expertise. It requires communication, coordination and collaboration within and between all levels of the public health organisation.
Organisational culture	The values, beliefs, assumptions, rituals, symbols and behaviours that define a group, especially in relation to other groups or organisations.
Organisational theory	Organisational theory involves the study of individuals and groups working within an organisational setting including the study of the nature of the organisations.
Outcome	Results that may or may not have been intended that occur as a result of a service or intervention. (ACHS)
Outcome assessment (educational)	Outcomes are results providing evidence that goals and objectives have been accomplished.
Over use of care	Occurs when a health service is provided and when its risks outweigh its benefits. (Chassin 1997)

P

Patient	A person who receives health care services and includes clients, consumers and other users of health care services.
Patient-centred health care	Health care that is designed to deliver health care according to the needs of the patients/clients using the service.
Patient safety	The prevention of harm caused by errors of commission and omission. The process by which an organisation makes patient care safer. This should involve: risk assessment; the identification and management of patient-related risks; the reporting and analysis of incidents; and the capacity to learn from and follow-up on incidents and implement solutions to minimise the risk of them recurring.
Patient safety incident	The process by which an organisation makes patient care safer. This should involve: risk assessment; the identification and management of patient-related risks; the reporting and analysis of incidents; and the capacity to learn from and follow-up on incidents and implement solutions to minimise the risk of them recurring.

Performance indicator	A statistic or unit of information which reflects, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome. (NHPF)
Preference-sensitive decisions	Decisions in which a patient or client makes a choice between at least two treatments that have different risks and benefits and taking into account cultural and personal preferences.
Preventable	Potentially avoidable in the relevant circumstances. (ACSQHC)
Preventative	That which hinders, obstructs or prevents disease. (Macquarie Dictionary)
Privacy	Control over the extent, timing, and circumstances of sharing oneself (physically, behaviourally, or intellectually) with others. Privacy implies a zone of exclusivity where individuals and collectivities are free from the scrutiny of others. (NH&MRC)
Protocol	A document which provides the background, rationale and objectives of the care and treatment or research and describes its design, methodology, organisation and the conditions under which it is to be performed and managed. (NH&MRC)
Provider	In healthcare, an organisation or individual that provides health care services for example a hospital, doctor or nurse.

Q

Qualified privilege	Qualified privilege legislation varies between jurisdictions but generally protects the confidentiality of individually identified information that became known solely as a result of a declared safety and quality activity. Certain conditions apply to the dissemination of information under qualified privilege. (ACSQHC).
Quality	The extent to which the properties of a service or product produces a desired outcome. (ACHS)
Quality assurance	The process of ensuring that clinical care conforms to a criteria or standards. The term implies quality assessment and corrective action if and when quality problems are detected.
Quality control	Refers to mechanisms that intend to ensure that a product or service meets the required specification or standard.
Quality improvement	The continuous process that identifies and test solutions to problems in health care delivery, and constantly monitors the solutions for improvement.
Quality of care	That kind of care which is expected to maximise an inclusive measure of patient welfare after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts. (Donabedian)

R

Reproducibility/Reliability/ Dependability	A reliable test score means that when measurements (scores) are repeated, the new test results are consistent with the first scores for the same assessment tool on the same or similar individuals. Reliability is measured as a correlation with 1.0 being perfect reliability and below 0.5 as unreliable. Evaluation measurement reliabilities above 0.65 and preferably near or above 0.85 are recommended.
Risk	The chance of something happening that will have an impact upon objectives. It is measured in terms of consequences and likelihood. (AS/NZS 4360:1999 Risk Management Standard) The probability that a hazard will give rise to harm.
Risk assessment	The qualitative or quantitative estimation of the likelihood of adverse effects that may result from exposure to specified health hazards or from the absence of beneficial influences.
Risk information	Information about a proposed treatment or procedure that includes all the risks and benefits in language the patient understands.
Risk management	The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects. (AS/NZS 4360:1999 Risk Management Standard) The process of minimising risk to an organisation by developing systems to identify and analyse potential hazards to prevent accidents, injuries, and other adverse occurrences, and by attempting to handle events and incidents which do occur in such a manner that their effect and cost are minimised.
Risk register	The risk register lists all the identified risks and the results of their analysis and evaluation.
Root Cause Analysis (RCA)	A systematic process whereby the factors which contributed to an incident are identified. (ACSQHC). A process used to review and analyse an incident seeking to identify as far as possible all causal and contributing factors leading to the incident and to identify corrective actions to minimise risk of recurrence.
Rule base	A component of production rule system that represents knowledge as 'if-then' rules.
Rules of natural justice	The minimum standards of fair decision making imposed on persons or bodies acting in a judicial capacity.

S

Safety	The degree to which the potential risk and unintended results are avoided or minimised. (ACSQHC)
Safety incident	Defined by the National Research Council as an event that, under slightly different circumstances, could have been an accident.
Self-management programs	Self-management programs help patients manage their own medical conditions through the provision of programs aimed at improving the knowledge, skills, and confidence (self-efficacy) needed to deal with their disease-related problems.
Senior health care worker	Individuals with a specialised staff function but not serving as managers. They have increased technical knowledge of principles in areas such as epidemiology program planning and evaluation, data collection, budget development and/or oversight of projects and programs.
Sentinel event	Events in which death or serious harm to a patient has occurred. (Vic DHS) An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof (James Reason, 1990). An incident with actual or potential serious harm, or death. (Standards Australia, 2001). A condition that can be used to assess the stability or chance in health levels of a population, usually by monitoring mortality statistics. Thus, death due to acute head injury is a sentinel event for a class of severe traffic injury that may be reduced by such preventive measures as use of seat belts and crash helmets. (Mosby's Medical, Allied Health and Nursing Dictionary)
Sentinel surveillance	Monitoring of rate of occurrence of specific conditions to assess the stability or change in health levels of a population.
Shift changes	When staff looking after a group of patients changes.
Situational awareness	A term used to describe a human operator's perception of reality. Humans interpret available information and will, at any given time, hold a set of beliefs about what is happening in the world around them and what action they should take if something goes wrong or unexpected happens. If a discrepancy exists between his or her beliefs and the reality of the situation (as might occur in conditions of high mental or physical workload, or as a result of the poor display of information), situational awareness becomes degraded, possibly leading to a chain of errors. (Synthetic Environments National Advisory Committee, UK)
Situational factors	Situational factors include workload, inadequate knowledge, ability, experience, poor human system interface design, inadequate supervision or instruction, stressful environment and mental state (fatigue, boredom) change.
Slips and lapses	Break in the routine while attention is diverted.
Standards	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level. (ACSQHC) A set of characteristics or quantities that describes features of a product, process, service, interface, or material. The description can take many forms, such as the definition of terms, specification of design and construction, detailing of procedures, or performance criteria against which a product, process, and other factors can be measured.
Stress	The awareness of not being able to cope with the demands of one's environment, when this realisation is of concern to the person, in that both are associated with a negative emotional response.
Stressors	Events or circumstances that may lead to the perception that physical or psychological demands are about to be exceeded.
Summative evaluation	In summative evaluation, findings and recommendations are designed to accumulate all relevant assessments for a go/no-go decision. In resident evaluation, the summative evaluation is used to decide whether the resident qualifies to continue to the next training year, should be dropped from the program, or at the completion of the residency, should be recommended for board certification. In program evaluation, summative evaluation is used to judge whether the program meets the accepted standards for the purpose of continuing, restructuring, or discontinuing the program.
Supervisory/management staff	Individuals responsible for major programs or functions of an organisation with staff they are responsible for and who report to them. Increased skill can be expected in program development, program implementation, program evaluation, community relations, writing, public speaking, managing time lines and work plans and presenting arguments on policy issues.
Surveillance	Supervision, close watch. Oversight; watch; inspection; supervision. (Macquarie Dictionary).
System	An interdependent group of items forming a unified whole. (Macquarie Dictionary)
System failure	A fault, breakdown or dysfunction within an organisation's operational methods, processes or infrastructure. (ACSQHC)

T

Task factors	Identifying and modifying tasks that are prone to failure and are essential steps in risk management.
Team factors	Identifying and modifying tasks that are prone to failure and are essential steps in risk management.
Time out	A planned interruption to a specified activity where the team members review or confirm their roles and responsibilities. A pause from doing something (as work).

U

Under use of care	Under use is the failure to provide a health service whose benefit is greater than its risk. (Mark Chassin 1997)
Unethical	Wrong or morally unacceptable.

V

Valid consent	Refers to the consent provided by a patient who has been given complete information about a proposed treatment and allowed sufficient time to consider the information and agreed to the proposals.
Validity	The specific measurements made with assessment tools in a specific situation with a specific group of individuals. It is the scores, not the type of assessment tool that are valid.
Variation	The difference in results obtained in measuring the same phenomenon more than once.
Violation	Intended deviations from safe operating procedures.
Voluntary reporting	Reporting systems for which the reporting of patient safety events is voluntary (not mandatory). Generally, reports on all types of events are accepted.

W

Workplace teaching	Teaching centred on the management of individual patients and clients in the workplace (bedside operating theatres, community health centres, clinics) usually conducted one on one or in small groups.

Key to abbreviations used in the Glossary

ACSQHC	Australian Council for Safety and Quality in Health Care
NPSF	National Patient Safety Foundation
ISQua	International Society for Quality in Health Care Inc.
ACHS	Australian Council on Healthcare Standards
Vic DHS	Victorian Department of Health Services
NH&**MRC**	National Health and Medical Research Council
NHS	National Health Service, UK
NSW HCCC	NSW Health Care Complaints Commission

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