



Government of Western Australia  
Department of Health

# SAFETY AND QUALITY NEWSLETTER

## A MESSAGE FROM THE EXECUTIVE DIRECTOR, PATIENT SAFETY AND CLINICAL QUALITY

In this issue, we are delighted to highlight a range of initiatives and professionals dedicated to enhancing safety and quality within our health system.

We provide an update on the Safety and Quality Workforce Capability and Capacity program, which has achieved many significant milestones. The team continues to work collaboratively with health services to integrate safety and quality capabilities into workforce processes and develop comprehensive training programs.

Data-driven improvement remains central to our approach, playing a crucial role in monitoring outcomes and assessing the impact of quality improvement initiatives. The intersection of data with increasingly accessible technology is enabling greater access to information that can drive improvements in care. We invite you to learn more about this work and meet one of our outstanding team members, Dr. Andrew Johnson, who is instrumental in these efforts.

We continue to collaborate both locally and nationally and have included a selection of initiatives to share insights into the great work being undertaken by the dedicated staff championing safety and quality across the system



**Dr Emily Kuzich**  
*A/Executive Director,  
Patient Safety and Clinical Quality*

**SAFETY & QUALITY  
WORKFORCE  
CAPABILITY AND  
CAPACITY  
PROGRAM: 2025  
SUMMER/AUTUMN  
UPDATE**

**5 MINUTES WITH  
DR ANDREW  
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ANTIMICROBIAL  
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2026 – 2030**

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# Safety & Quality Workforce Capability and Capacity Program: 2025 Update

WA Health continues to lead the way in clinical governance, and our Safety & Quality Workforce Capability Program has achieved significant milestones through stakeholder engagements and collaborative efforts. We are enhancing safety & quality capabilities across the system by integrating them into workforce processes and developing comprehensive training programs.

## Launch of the Safety and Quality Essentials eLearning Pathway:

On November 20 2024, we successfully launched the Safety and Quality Essentials eLearning Pathway on [MyLearning](#). This eLearning pathway provides essential training on safety and quality, supporting the [Healthcare Safety & Quality Capabilities Framework](#) (WA Health internal access only).

This innovative eLearning pathway aims to provide essential knowledge and skills to improve healthcare outcomes to all WA Health staff. The pathway includes 3 courses at differing levels:

### Foundations of Safety and Quality

Safety and Quality  
Essentials Pathway

**Foundational level** - Foundations of Healthcare Safety and Quality: Develop a strong foundation in healthcare safety and quality, essential for all staff.

**Intermediate level** - Introduction to Improvement Science: Learn about safety and quality improvements using proven Improvement Science methodologies.

**Intermediate level** - Readiness to Lead for Safety and Quality: Reflect on your leadership potential and prepare to lead safety and quality initiatives with confidence.

### Introduction to Improvement Science

Safety and Quality  
Essentials Pathway

### Readiness to Lead for Safety and Quality

Safety and Quality  
Essentials Pathway



We strongly encourage all WA Health staff to undertake this training to enhance their professional skills and contribute to a safer, higher-quality healthcare environment. It's available on [MyLearning](#) now!

Alongside this, there has been work to embed S&Q capabilities into workforce inclusion initiatives via creation of resources to support staff capability growth, and preparing for local implementation across Health Service Providers (HSPs).

These efforts have advanced the implementation of the Healthcare Safety and Quality Capabilities Framework, promoting a safety and quality systems-based approach to improving healthcare with a patient-centred focus.

Stay tuned for more exciting developments!

If you have any queries or comments, please reach out to the S&Q Workforce Capacity & Capability team at [DoH.SQWoCC@health.wa.gov.au](mailto:DoH.SQWoCC@health.wa.gov.au)

## 5 Minutes with Dr Andrew Johnson



Dr Andrew Johnson is a Principal Data Scientist in the Healthcare Quality Intelligence Unit (HQUI), at Department of Health. Andrew first joined the Department in 2020 before leaving in 2022 for a Post-Doctoral Research position in Finland but returned to the fold last year.

Andrew manages the suite of deep-dive dashboards in HQUI, key to identifying areas for quality improving in the WA health system. He was also instrumental in the development of open-source tools for Quality Improvement visualisation that are used internationally.

Andrew holds a PhD in Psychology from Curtin University and Master of Biostatistics from University of Sydney.

Outside of work, Andrew enjoys spending time with his lovely Labrador Izzy and volunteering as a developer for a range of open-source projects.

### **What is your job title and how would you explain it to someone unfamiliar with your industry?**

I am a "Principal Data Scientist", which just means that I work on developing ways that we can combine and analyse health data from a variety of sources to answer clinical questions and drive quality improvement throughout WA Health.

### **Are you currently working on any passion projects?**

For many years now I've been volunteering my time as a developer for a statistical analysis program called Stan (specialising in Bayesian statistics). While it only started as a way to ignore working on my thesis during my PhD, I found that I enjoyed the community and have never left!

My time as a developer for Stan has enabled me to work with a range of amazing people and projects internationally and has opened some brilliant opportunities for me (including this position!).

### **I believe you recently pursued a professional opportunity overseas, could you tell us more about it?**

I was lucky enough to be able to spend the last two years as a Postdoctoral Researcher at Aalto University in Helsinki, Finland. It was an amazing opportunity, where I worked on projects for developing robust, evidence-based guidance for applying Bayesian and probabilistic artificial intelligence methods.

The experience was invaluable, including supervising a range of students (who knew much more than me) and teaching workshops at conferences across the EU – not to mention -20° weather!

# 5 Minutes with Dr Andrew Johnson

## How do your projects contribute to the overall goals of the Department of Health?

My work at the Department is primarily focussed on ways that we can use data to help improve quality and patient outcomes throughout WA. A key project that I'm responsible for is managing our suite of deep-dive dashboards (you might be familiar with some of these – such as our maternity or cardiovascular dashboards). This lets me work with a range of clinicians and hospital staff across the state to identify areas where we can provide a richer and more comprehensive perspective of patient outcomes.

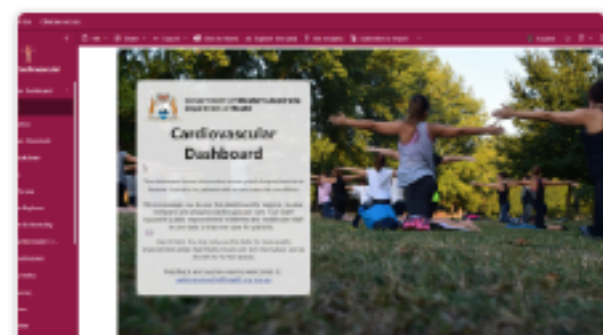


Maternity

*"I developed some free and open-source tools for quality improvement visualisation in PowerBI. After their release, these visualisations have seen tremendous uptake internationally – and have saved several NHS trusts tens of thousands of pounds in license fees!"*

## Would you share a specific personal or professional accomplishment that made you feel especially proud?

As part of a collaboration with the NHS [National Health Service, England], I developed some free and open-source tools for quality improvement visualisation in PowerBI (for funnel plots and Statistical Process Control [SPC] charts). These previously required expensive and proprietary licenses, with no other alternatives. After their release, these visualisations have seen tremendous uptake internationally – and have saved several NHS trusts tens of thousands of pounds in license fees!



Cardiovascular

## GLOSSARY

**Bayesian Statistics:** Branch of statistics that incorporates prior information and assumptions about a topic when making inferences from data and analysis.

**Developer:** A professional who designs, writes, and maintains code to create software applications, websites, or systems, ensuring they function correctly and efficiently.

**Open-source tools:** Software programs whose source code is freely available for anyone to view, modify, and distribute. This means developers can collaborate, improve, and customize these tools to fit their needs.

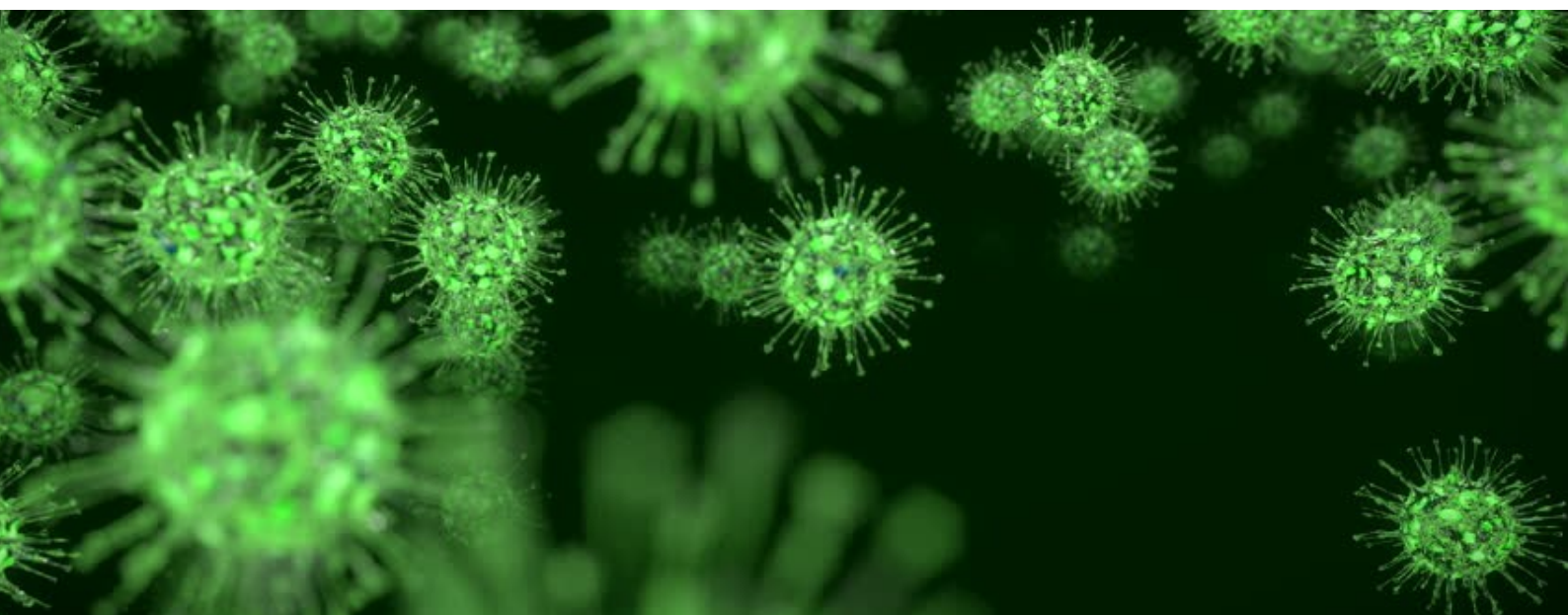


## Antimicrobial Stewardship Strategic Plan 2026 – 2030

The [Antimicrobial Stewardship Strategic Plan 2026 – 2030](#) (link only available to WA Health employees) has been revised by the Medicine and Technology Unit (MTU), Department of Health alongside the WA Committee for Antimicrobials (WACA).

The use of antimicrobials is broad, and the effect of antimicrobial resistance is far reaching.

Thank you everyone who have contributed to and participated in the recently closed consultation survey. We will now work on incorporating the feedback and input in the strategic plan. Please keep an eye out, as the AMS Operational Plan will be available for consultation soon .



The revised strategic plan builds upon the foundation of the original AMS Strategy 2020 – 2025. It outlines PSCQ's 5-year vision to minimise the development and spread of antimicrobial resistance (AMR) through hospital focused activities and the interface with primary care in WA.

- form partnerships to facilitate strategic conversations and information sharing.
- improve awareness and understanding of antimicrobial awareness and the impact on patient safety and support practice change.

For more information, a copy of the plan, or to discuss the plan in person, contact MTU at [DoH.MedicinesandTechnologyUnit@health.wa.gov.au](mailto:DoH.MedicinesandTechnologyUnit@health.wa.gov.au).

The 4 key strategic goals are:

- optimising antimicrobial prescribing and use in WA Health.
- improve the use of data and advocate for electronic prescribing systems to monitor trends and antimicrobial prescribing.

# PROCEDURE SPECIFIC INFORMATION SHEETS NEW CONTRACT



Before any medical or surgical procedure, it's essential to obtain the patient's 'informed consent'. This is both a legislative requirement and a requirement of the National Safety and Quality Health Service Standards (NSQHS Standards). This means clinicians need to provide patients with all the details they need to make a well-informed choice about their treatment or surgery. Providing written information is considered best practice in Australia to help patients understand their options and make the best decision for their health.

**Providing written information is considered best practice in Australia to help patients understand their options and make the best decision for their health.**

The Department of Health supports the compliance of this requirement by providing clinicians access to Procedure Specific Information Sheets (PSIS). PSIS provide plain language information with high quality diagrams regarding the body parts to be impacted by the surgery or procedure. The treating doctor, the patient and the Health Service Provider (HSP) all derive benefit from the use of PSIS.

The Patient Safety and Clinical Quality Directorate underwent a procurement process last year, ensuring continuity of access to PSIS for the next three to five years. EIDO Healthcare Australia, who have been the PSIS provider for WA

Health since 2006, have been awarded the new contract and will continue to provide this service.

This online suite of Surgical and Procedure Specific Information Sheets offers more than 400 documents. The most regularly accessed PSIS having been translated to the most applicable languages other than English within the WA context. The PSIS are high quality and able to be displayed, downloaded or printed; they are regularly reviewed and developed with consumer input. The full range of PSIS are available to be accessed WA Health wide via the intranet at HealthPoint, [Procedure Specific Information Sheets for informed consent](#). Content from PSIS is also used to build webpages on the [HealthyWA website](#).

The new contract allows PSIS to be sent directly to patients via SMS or email. We expect this service to be rolled out statewide this year.

Since 2019, with the [PSIS Dashboard](#), WA Health staff are also able to track the number of downloads of PSIS with the ability to filter by Health Service Provider, by procedure and by date, among others.

If you would like more about PSIS, how to access them or any other related details, you can contact us at [eopp@health.wa.gov.au](mailto:eopp@health.wa.gov.au)



Government of Western Australia  
Department of Health



## Procedure Specific Information Sheets (PSIS) Dashboard

This dashboard aims to show the number and type of Procedure Specific Information Sheets downloaded by WA hospitals from the EIDO Healthcare Library. This dashboard is updated monthly, displaying data from 2020 onwards. Please email suggestions for improvement to: [EOPP@health.wa.gov.au](mailto:EOPP@health.wa.gov.au)

[Quick Start Guide](#) [Main Report](#) [Languages Other Than English](#)



# NURSE TO PATIENT RATIO UPDATE

PSCQ thanks North Metropolitan Health Service (NMHS) for sharing this item

Latest feedback shows the phase one roll out of nurse and midwife to patient ratios across nine wards at Sir Charles Gairdner Osborne Park Health Care Group has been highly successful.

Launched on 7 October 2024, the participating wards have applied the minimum requirement for the number of nurses working on a particular ward, in relation to the number of patients they care for across a shift.

Graeme Boardley, Nursing and Midwifery Director – Workforce Projects, said he was delighted that staff had embraced the implementation of ratios. “We are really proud of our teams,” he said.

“They’ve worked really hard to make necessary changes, educate themselves and implement the ratios methodology.”

Results of a staff implementation surveys carried out by the Department of Health across the participating wards demonstrated a high understanding of the nurse and midwife to patient ratios.

The survey identified that more information on escalation pathways was required, which will continue to be actioned in 2025.

“Our staff have done an incredible job of leading this phase one and demonstrating to the whole health system that nurse and midwife patient ratios can be successfully implemented.”

“The project staff have focused on providing education and training and we are now moving towards supporting teams with mandatory reporting,” Graeme said.

From 10 February departments need to provide mandatory reporting, which forms part of the final component of the phase one rollout.



Education sessions have been available since early this year for staff to familiarise themselves with the escalation pathways and formal reporting requirements.

“Educating staff on the escalation pathways is all part of implementing the whole process,” Graeme said.

“Our staff have done an incredible job of leading this phase one and demonstrating to the whole health system that nurse and midwife patient ratios can be successfully implemented.”



## Barbara inspires registrars to SHFT their thinking

*PSCQ thanks South Metropolitan Health Service (SMHS) for sharing this item*

South Metropolitan Health Service Human Factors Training (SHFT) Ambassador and Clinical Lead Barbara Biki recently spoke to SMHS new registrars at their orientation, providing a fresh perspective on mistakes.

“Just communicate – we hear that all the time. It's easy, right?”

These are the opening words from Barabara's presentation, setting a relatable tone for the registrars with the goal to introduce them to human factors in a way that felt human, practical, and grounded in real-life challenges.

“What happens when communication doesn't go as planned? When mistakes happen and everything feels like it's on your shoulders? At some point, you might make a mistake and feel like it's all your fault. But have you ever stopped to ask: what if the system failed you?”

Having a human factors mindset isn't about dodging accountability, it's about understanding that mistakes often reflect larger system issues.

***“Mistakes don't have to be failures.”***

Referencing W. Edwards Deming, Barabara said “Every system is perfectly designed to get the results it gets. If errors happen, they are often the result of how the system is set up, not just individual performance.”

Barbara explained that at the core of the message was a simple truth: when tasks, people, and environments fit together well, healthcare professionals thrive. The science of human factors focuses on designing work systems that match human capabilities and limitations. When the fit is right, work doesn't just feel manageable – it brings satisfaction and enjoyment, and at the same time, delivers efficient, safer care for patients.



Barbara also shared examples of situations where poor system designs created errors that impacted patients and showed how small changes – such as improving communication or teamwork – could make a big difference.

“Mistakes don't have to be failures,” Barbara said.

“They can be opportunities to learn and improve. As future leaders, you'll play a role in creating an environment where it's safe to speak up, where mistakes lead to growth, and where the system supports you.”

The SHFT program is designed to improve safety culture, minimise human error, enhance teamwork, leadership, and workplace satisfaction across all teams.

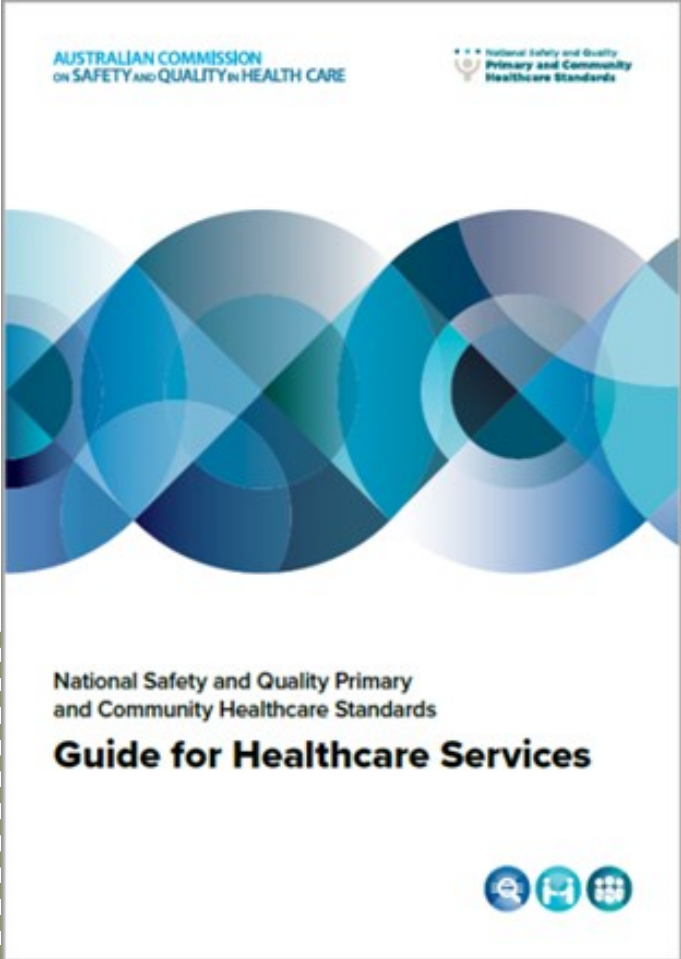


# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

## RECENT PUBLICATIONS

### NEW GUIDE FOR THE PRIMARY AND COMMUNITY HEALTHCARE

A new guide that includes guidance and examples that can be used by services implementing the National Safety and Quality Primary and Community Healthcare Standards.

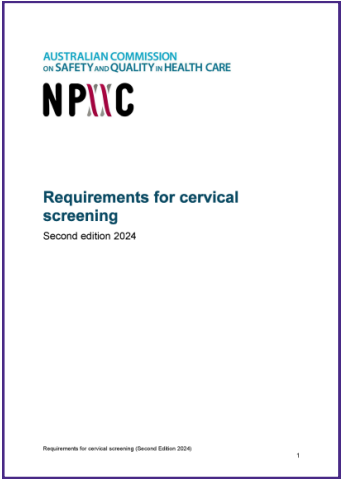


### NEW REPROCESSING REUSABLE MEDICAL EQUIPMENT GAP ANALYSIS TOOL

The Commission released the gap analysis tool to support health service organisations assess their compliance to AS 5369:2023, and to support development and monitoring of quality improvement plans for reprocessing of reusable medical equipment, instruments and devices. The tool should be used by stakeholders within a health service organisation that use, reprocess or have oversight of reusable medical devices.

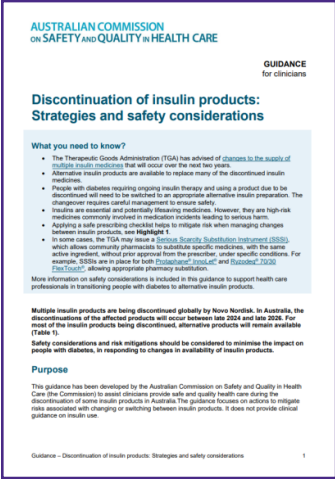
### REQUIREMENTS FOR CERVICAL SCREENING (SECOND EDITION 2024)

From 1 February 2025



### DISCONTINUATION OF INSULIN PRODUCTS: STRATEGIES AND SAFETY CONSIDERATIONS

Information on safety strategies and considerations related to the discontinuation of multiple insulin products in Australia.



OTHER RECENT PUBLICATIONS

HEALTH CARE  
WORKERS’ TRUST IN  
LEADERSHIP: WHY IT  
MATTERS AND HOW  
LEADERS CAN BUILD IT

The Joint Commission  
Journal on Quality  
and Patient Safety,  
Volume 51, Issue 1,  
January 2025

UNDERREPORTING OF  
ADVERSE EVENTS TO  
HEALTH AUTHORITIES  
BY HEALTHCARE  
PROFESSIONALS: A RED  
FLAG-RAISING  
DESCRIPTIVE STUDY

International  
Journal for Quality  
in Health Care,  
Volume 36, Issue 4,  
2024

CARE PARTNER  
ENGAGEMENT IN PATIENT  
SAFETY AT THE DIRECT  
CARE LEVEL IN HOSPITAL:  
A QUALITATIVE  
SYSTEMATIC REVIEW  
PROTOCOL

JB I Evidence Synthesis,  
Issue 1, January 2025

IMPROVEMENTS TO  
SAFETY AND QUALITY:  
MASTERY OF TOOLS AND  
TECHNIQUES IS NOT  
ENOUGH, PEOPLE AND  
CULTURE MATTER

International Journal  
for Quality in Health  
Care online first  
articles

AWARENESS CAMPAIGN  
ON THE SPOTLIGHT

5 MAY: WORLD HAND HYGIENE DAY

On World Hand Hygiene Day 2025, the Commission's focus is 'Gloves at the right time. Hand hygiene all the time: A sustainable path to better hand hygiene'.

This initiative aims to guide healthcare workers in improving safety and sustainability in hand hygiene by:

- Assessing whether gloves are needed
- Choosing the right gloves
- Using gloves correctly Performing hand hygiene.

Regardless of whether gloves are used, maintaining proper hand hygiene at the correct times remains one of the most crucial actions to safeguard both patients and healthcare professionals.



1

ASSESS the need for gloves

Use gloves only when necessary to improve hand hygiene and reduce waste



2

CHOOSE the right gloves for the task

Sterile, non-sterile, non-medical or utility gloves



3

PERFORM proper hand hygiene

Hand hygiene must be performed before and after using gloves



4

WEAR gloves correctly

Wear only when required and change between tasks and patients



5

REMOVE gloves correctly

Remove and dispose of gloves safely to avoid self-contamination

04/2025

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE



SCAN HERE  
for more  
information

World Hand  
Hygiene Day  
Gloves at the right time,  
hand hygiene all the time

We would love to hear from you. Send us your feedback or queries, and suggest a topic for the next newsletter to EOPP@health.wa.gov.au