Patient Safety and Clinical Quality

Strategic Planning

External Engagement

Government of **Western Australia**
Department of **Health**

1. Introduction to PSCQ
2. Our teams and stakeholders
3. Building our strategic direction

Welcome to PSCQ

Dr Audrey Koay
Executive Director
Patient Safety and Clinical Quality

Who we are

We are the Patient Safety and Clinical Quality Directorate, part of the Division of Clinical Excellence, WA Department of Health.

Our mission is to support a quality WA health system that is patient-centred, safe, effective, equitable, and efficient, in order to protect patients from harm and improve patient experience and outcomes.

What we do

PSCQ delivers two legislated functions on behalf of the system manager:

- Regulation, assurance, and reporting for patient safety
- Ongoing engagement to support quality improvement and promote high-value healthcare

Our directorate is made up of a diverse range of teams which contribute specialist clinical, technical, policy, and governance expertise to support WA Health Service Providers and other non-government organisations to deliver safe, quality patient care.

Our teams include:

- The Healthcare Quality Intelligence Unit (HQIU)
- The Patient Safety Surveillance Unit (PSSU)
- The Medicines and Technology Unit (MTU)
- The Licensing and Accreditation Regulatory Unit (LARU)
- The Reproductive Technology Unit (RTU)
- The Mental Health Unit (MHU)
- The Executive Office, Policy and Projects Unit (EOPP)

Why we do what we do

Because we believe that patient safety and continuous clinical quality improvement should be at the forefront of all health service design and delivery

Recent developments for PSCQ

Since the introduction of the *Health Services Act (2016)*, PSCQ has grown and diversified, encompassing many functions which address the broad remit of safety and quality.

We seek to deliver upon our responsibility to the System Manager for patient safety, by working with HSPs towards the elimination of avoidable patient harm and improving quality of care provided.

PSCQ was a subject of the 2017 Hugo Mascie-Taylor *Review of Safety and Quality in the WA health system: A strategy for continuous improvement.* The directorate also recently conducted an internal review around our assurance role, and has responsibilities towards fulfilling recommendations from the 2019 Sustainable Health Review; all of which contribute to improving healthcare safety and quality in our state.

The past few years have engendered new safety and quality approaches which emphasise quality, the importance of our workforce and recognised that patient outcomes are not merely the outcome of hospital based interventions, but the sum of the patient's experience and care.

COVID-19 has also required that as a health system and a society, we re-frame how we provide care and support staff and the vulnerable amongst us.

PSCQ is therefore keen to review its mission for safety and quality as part of strategic planning.

About this consultation

The PSCQ directorate is currently reviewing its strategic goals, key functions, internal and external processes, and work planning and programming.

The purpose of this document is to provide informational material to support PSCQ's engagement with its key stakeholders as part of this strategic planning process. Pages/slides 5-12 describe the PSCQ teams.

Pages/slides 13-18 describe our areas of work. Feedback can be provided on this document here.

The PSCQ Journey

PSCQ's function in promoting patient safety and clinical quality are part of well-established systems for clinical risk, governance, and consumer engagement that have been in place for many years* in WA Health...

2016

The Health Services Act redefined the DOH's and HSPs' roles. In this context, PSCQ took an oversight function of safety and quality.

2016

At this time, the directorate comprised of the Patient Safety Surveillance Unit, the Licensing and Accreditation Unit, and a Quality Office

2018

In 2018, the Mental Health Unit and the Reproductive Technology Unit joined PSCQ, broadening its regulatory, quality and policy function

2018

The directorate expanded again, with the creation of the "born-native" Medicines and Technology Unit and Healthcare Quality Intelligence Unit (formally commenced 2020)

2019

PSCQ completed its first strategic planning process, developing *PSCQ Priorities 2019-2022*

Our *2019-22 priorities* recognised the importance of clinical engagement and led work to support clinicians in understanding and addressing clinical variation and accessing clinical data

2020

2020 saw the release of the Safety and Quality Indicator Set, the Clinical Governance Framework, and the internal Patient Safety Strategy

*For a timeline of safety and quality milestones in WA Health from 1992- 2013, see *Placing Patients First: Safety and Quality Strategic Plan 2013-2017,* (Appendix A)

PSCQ Management Team

Dr Audrey Koay
Executive Director

Kerry Fitzsimons
A/Manager
Medicines and Technology Unit

John Banfield
Manager
Mental Health Unit

Dominic Goodwin
Manager
Executive Office, Policies & Projects

Lynda Campbell
Manager
Licensing and Regulatory Unit

Dr Tina Bertilone
Manager/ Senior Medical Advisor
Healthcare Quality Intelligence Unit

Karen Lennon
Manager
Patient Safety Surveillance Unit

Dr Karen Pedersen
A/Manager
Reproductive Technology Unit

Executive Office, Policies and Projects (EOPP)

Applying quality measurement, analysis, & intelligence to drive a culture of continuous improvement and clinical excellence

WHO WE ARE

EOPP assist the Executive Director to provide wider directorate support for safety and quality initiatives and programs.

EOPP administers the Clinical Governance, Safety and Quality Policy Framework; developing and providing assurance for several of the policies within the Framework. In addition to this, EOPP supports specific time-bound safety and quality strategies and projects.

Dominic Goodwin
Manager

Joanne Cronin
Senior Policy Officer

Sue Hughes
Executive Assistant

Jane-Heloise Nancarrow
S/ Policy Officer

Louise Mason
Senior Policy Officer

Shae MacGregor
Project Officer

Yvonne Wong
Senior Policy Officer

Philippe Chapman
A/Research Officer

WHAT WE DO

- EOPP supports the PSCQ Executive Director through facilitating internal and external communications for PSCQ (e.g. ministerial and media communications, web content, PSCQ newsletter); and providing administrative support for the Executive Director
- EOPP supports the wider PSCQ Directorate for:
  i. Strategic planning and logistics
  ii. Budget and financial reporting
  iii. OSH, building and accommodation management
  iv. Recruitment and HR support when required
  v. General ICT support
- EOPP supports Safety and Quality activities across DoH and HSPs; co-ordinating policy ownership/assurance with DoH Executive (including some legacy projects)
- EOPP administers the Clinical Governance, Safety and Quality Policy Framework with direct responsibility and support for specific policies: Consent to Treatment Policy, Clinical Handover, Acute Deterioration, You Matter; support for the *Health Services (Quality Improvement) Act 1994* – (e.g. qualified privilege)
- EOPPS provides advisory, liaison, and work planning for Australian Commission on Safety and Quality in Healthcare activities in PSCQ and across WA Health
- EOPP manages project/program areas as required by external stakeholders within specified time-bound parameters (e.g. Hand Hygiene activities for WA Health)
  i. Data management and reporting
  ii. Education and training
  iii. Contract management
  iv. Governance and meetings

HOW WE DO IT

PSCQ support

Executive support

Policy

Ad-hoc projects: Responsive to external needs, having identified final custodian/project end

Licensing and Accreditation Regulatory Unit (LARU)

Using Regulatory Stewardship and Risk-Based approaches to monitor WA Healthcare Organisations

WHO WE ARE

LARU is the regulator of health service accreditation as part of the Australian Health Service Safety and Quality Accreditation Scheme for both public and private hospitals.

LARU provides expert advice, investigations, reviews and makes responsive recommendations to areas of high risk or perceived non-compliance, to ensure health facilities are safe and provide an appropriate environment of care.

Lynda Campbell
Manager

Vanessa Mcdonald
Principal Consultant

Samantha Worral
Executive Assistant

Judith Tunnicliff
Principal Consultant

Maree Sheehan
Principal Consultant

Karen Zieglarr
Principal Consultant

Carol Auston
Consultant

Illana Gomez
Consultant

Alison Thrum
Consultant

Anita Galvans
Consultant

Elizabeth Hearne
Compliance Officer

Lorraine Briggs
Compliance Officer

Rosemary Diplock
Support Officer

WHAT WE DO

- LARU administers the *Private Hospitals and Health Services Act 1927* and the *National Health Reform Act 2011* and oversees accreditation of WA healthcare organisations
- LARU undertakes regulation of the *Private Hospitals and Health Services Act* including:
    i. Legislative compliance
    ii. Licensing regulation
    iii. Building regulation (facilities)
    iv. Arrangement regulation (equipment and staffing)
- LARU supports regulation of the Australian Health Service Safety and Quality Accreditation Scheme for both private and public hospitals
- LARU administers the Licensing and Conduct of a Private Psychiatric Hostel Regulations, specifically the regulation of appointed supervisors of private psychiatric hostels.
- LARU undertakes corporate governance for licensing and accreditation regulation, including:
    i. Developing supporting content for LARU functions (policies, guidelines, fact sheets)
    ii. Maintaining databases and web content
    iii. Representation on federal, state and local committees
    iv. Participating in relevant reviews and engagement activities relating to LARU

LARU is responsible for the WA private health care industry standards and WA Health Facility engineering and architectural guidelines that are used as the benchmark to measure compliance with the PHHSA requirements.

HOW WE DO IT

Healthcare Quality Intelligence Unit (HQIU)

Applying quality measurement, analysis, & intelligence to drive a culture of continuous improvement and clinical excellence

WHO WE ARE

We are a multi-disciplinary team led by a medical epidemiologist, with a mix of skills including ICT project management, business analysis, epidemiology, statistics, data analysis, research and quality improvement.

Dr Tina Bertilone
Manager

Jim Tunsch
Program Manager

Dr Ben Hartman
Senior Analyst

Rich Gillett
Senior Analyst

Kathy Crouchley
Research Analyst

Ben Weber, Senior Project Officer

Denise McMahon
Data Analyst

Andrew Johnson
Lead Quality Analyst

Jared Eads, Snr Program Officer

Emily Rtschiladze
Senior Data Analyst

Tina Lloyd
Snr Data Analyst

Weng Yap
Project Officer

WHAT WE DO

HQIU works with clinicians and other HSP stakeholders to describe clinical variation in health outcomes and lead work to enable data-driven change.

We manage several programs of work, including:

- Reform of cancer multi-disciplinary meetings across WA (CanMAP) – introducing new software to support cancer MDMs and resourcing the reporting of cancer quality indicators (CoCA)
- Leadership of the WA Cardiology Outcomes Registry (WACOR), in partnership with the National Cardiac Registry, Commonwealth Department of Health, cardiology Heads of Department and academics
- Managing contracts for several other national Clinical Quality Registries and working closely with national agencies leading national reform of CQRs
- Delivering the Safety and Quality Indicator Set (SQuIS) – a set of indicators for use across WA Health, which compare hospital outcomes using specialist statistical techniques
- Coordinating the WA Health Quality Surveillance Group, which reviews SQuIS and other data-related reports to provide quality assurance and drive quality improvement

Over the next three years, HQIU will use available indicators and data available to inform and support state-wide quality improvement initiatives such as quality improvement collaboratives and clinician peer review models.

We will also aim to work with consumers to measure patient-reported outcomes (PROMs) and introduce public reporting of safety and quality indicators.

HOW WE DO IT

Key deliverables

Data for improvement - workstreams

- Safety and Quality Indicator Set
- WA Cardiology Outcomes Registry & National Cardiac Registry
- Cancer Multidisciplinary Activity Program
- Clinical quality registries

Building blocks

Stakeholder engagement and governance

- Clinician engagement
- Quality Surveillance Group
- Stakeholder advice re data for QI
- National engagement e.g. Atlas of Variation

Foundations

- Project management
- Indicator development
- Procurement
- Information management
- Contract management
- Data analysis
- Business analysis
- Statistical analysis
- Data visualisation

Mental Health Unit (MHU)

Building Capacity in WA Health's Mental Health System

WHO WE ARE

The MHU team comprises 8.0 FTE passionate about supporting safe and high-quality mental health services within WA.

The MHU assists WA's mental health services to deliver an evidence-based, person-centred, trauma-informed, safe, respectful, and supportive mental health system.

John Banfield
Manager

Tony Standen
Senior Analyst

Rikki Ismail
Senior Program Officer

Chad Barton
Senior Program Officer

Avonia Donnellan
Senior Clinical Policy Officer

Kyran Graham-Schmidt
Project Officer

Gilles Gaudet
Program Officer

Alison Burch
Project Officer

WHAT WE DO

- The MHU develops system-wide policies for mental health services included in the Mental Health Policy Framework;
- The MHU co-ordinates reviews, monitoring, and improvement of safety and quality in public mental health services;
- The MHU liaises with the Office of the Chief Psychiatrist, the Mental Health Commission, and the System-wide Mental Health Clinical Policy Group on behalf of the System Manager;
- The MHU provides advice to the Director General, Minister for Health and Minister for Mental Health in relation to the Unit's functions
- Works within WA Health and with other state and national agencies and HSPs to achieve mental health strategic activities, are one of the few forums that bring agencies, clinicians, consumers and carers together.

Over the next three years, the MHU will work with the Healthcare Quality Intelligence Unit to implement a Mental Health Safety and Quality Indicator set.

The MHU will also develop new Risk and Safety Planning, and Care Change policies for use in WA Health.

The MHU is collaborating with the Digital Health Co-operative Research Centre to deliver a project on "'good care' for mental health consumers in ED", which will feed into a larger linked data repository to understand the patient journey and outcomes in WA's mental health system.

HOW WE DO IT

Develop

- Grow leadership role in research and direction setting
- Develop cross-sector quality improvement and mental health related activities with external stakeholders and consumers
- Explore Initiatives to improve co-ordinated care and primary prevention for mental health

Support and co-ordinate

Assurance

- Provide advice on Mental health matters and contentious issues for relevant ministers, Director General, Commonwealth, other state agencies, other areas

Facilitation

- Support system-wide committees related to mental health matters
- Support cross-sector stakeholders with research, data procurement, and strategic direction setting

Lead

Develop and assess compliance for mandatory, system-wide policies

Build analytics capability to support service improvement for mental health

Medicines and Technology Unit (MTU)

Promotes, Regulates, and Supports Safe, High-quality, and Sustainable Use of Medicines & Health Technology

WHO WE ARE

The MTU provides governance and expertise to facilitate the safe, cost-effective, equitable and quality use of medicines and health technology for WA patients.

The MTU coordinates the State-wide Medicines Formulary and the High Value Healthcare Collaborative, leads the response to the Sustainable Health Recommendation 16, and manages state-wide policies relating to safety and quality for medicines and health technology.

Kerry Fitzsimons
A/Manager

Dr Chantal Ferguson
Senior Medical Advisor

Maureen Harris
Project Co-ordinator

Charmaine Larment
Senior Project Officer

Holly Signal
Senior Pharmacist
Medicines Formulary

Vacant
Senior Pharmacist
Medicines Formulary

Lesley Gregory
A/Senior Policy Officer
Medication Safety

Matthew Rooney
A/Senior Policy Officer
WATAG

WHAT WE DO

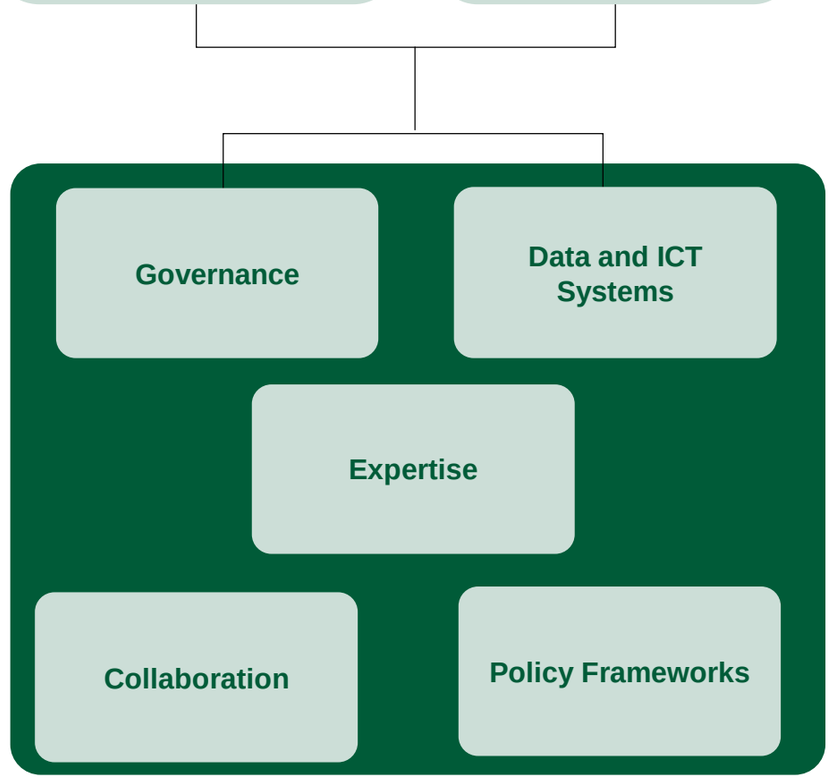
- Project management for a range of initiatives relating to medicines and emerging health technologies
- Providing ICT solutions, procurement, and contract management for the Western Australian Individual Patient Approval System (WAIPAS) and the State-wide Medicines Formulary (Formulary One).
- Developing and maintaining policy frameworks: State-wide Medicines Formulary Policy, Medication Chart Policy, Medication Review Policy, High Risk Medication Policy, Clinical Alert Policy, WA Health Technology Assessment Policy
- Mapping unwarranted clinical variation and developing partnerships within the Department of Health and with HSPs to measure low value care to allow benchmarking; currently scoping the potential to link to purchasing and commissioning decisions.
- Facilitating the system-wide implementation of high-value care initiatives and reduce low care through the High Value Healthcare Collaborative and its workstreams.
- Data management and reporting for low value procedures in WA Health; management and reporting for low volume, complex care.
- Governance for medicines and technology: providing strategic direction, secretarial support and representation for WA Health on a range of federal, state, and local networks and committees relating to medicines and technology.
  - WA Medication Governance – WA Therapeutic Advisory Committee, WA Drug Evaluation Panel, WA Committee for Antimicrobials, WA Psychotropic Medication Group, WA Medication Safety Collaborative
  - WA Technology Governance – WA Policy Advisory Committee on Health Technology Committee.

HOW WE DO IT

Key deliverables

Safety
Clear systems and processes to support WA Health Service Providers to respond to safety issues with medicines and medical devices, and regulate low-value care

Quality
High-value care initiatives for quality use of medicines and technology, to ensure safe, high-quality and sustainable health care



Building blocks

Patient Safety Surveillance Unit (PSSU)

Applying quality measurement, analysis, & intelligence to drive a culture of continuous improvement and clinical excellence

WHO WE ARE

We are a team of 5.7 FTE responsible for state-wide patient safety policy and reporting.

Areas of current focus include consumer feedback/complaints, clinical incidents, clinical risk management and mortality review.

The PSSU also administers the state-wide Clinical Incident Management and Consumer Feedback Systems (Datix CIMS/CFM) and its related data governance.

Karen Lennon
Manager

Helga Weaving
Senior Clinical Advisor

Karen McKenna
Senior Clinical Advisor

Wei Soong
Senior Clinical Advisor

Tim van Bronswijk
Senior Policy Officer

Jarrod Phillips
Senior Policy Officer

Susan Woolley
A/Senior Policy Officer

Vi Tran
Senior Policy Officer

Rebecca Collier
Senior Policy Officer

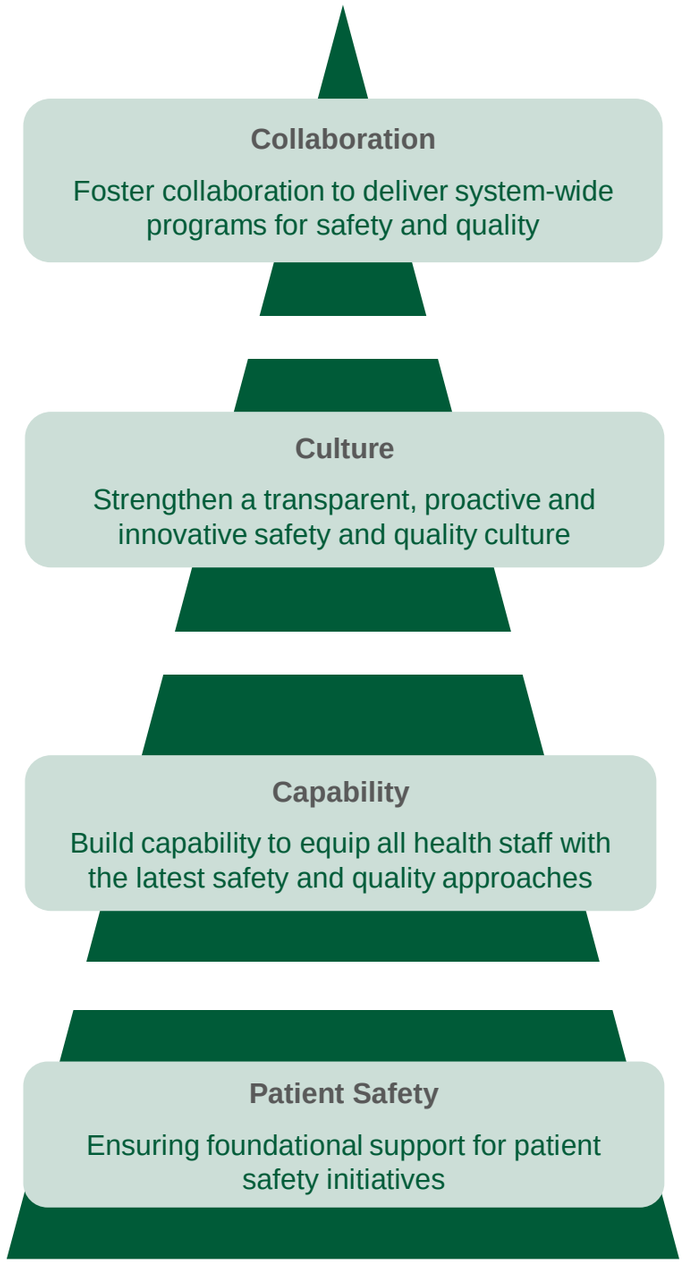
Annie Chacha-Gan
Senior Policy Officer

WHAT WE DO

- PSSU program areas include:
    i. Clinical governance - culture and systems
    ii. Clinical Incident Management, including SAC1/Sentinel Events Program
    iii. Consumer Feedback
    iv. Mortality review, including WA Audit of Surgical Mortality, Coronial Liaison and Review, and Review of Death
- Data management and reporting (including public reporting annual *Your Safety in our Hands* publication, Patient Safety dashboards, thematic lessons learned, report on the progress of coronial inquest findings and recommendations, National reporting of Sentinel Events)
- Policy Frameworks and supporting content (guidelines, toolkits, web content)
- Engagement with HSS, Coroner, Ombudsman, Chief Psychiatrist, HSPs/ private health services/ clinicians/ consumers; and provision of advice to System Manager/Minister
- Secretariat for the State Datix Committee, Coronial Review Committee
- Contract Management for the WA Audit of Surgical Mortality

Over the next three years, PSSU will work towards delivery of governance and capability initiatives that aim to create a positive safety culture, build staff capability, and foster collaboration across the health system.

HOW WE DO IT



Reproductive Technology Unit (RTU)

Supports the Minister for Health, System Manager, and WA Families with Reproductive Technology and Surrogacy

WHO WE ARE

The RTU is a team of 3 FTE providing oversight, regulation and advice regarding trends, new technologies and social issues relating to assisted reproductive technology practices in Western Australia.

RTU has legislative responsibilities, provides executive support for the WA Reproductive Technology Council, advises the Minister for Health and System Manager of WA Health, and provides information and support for community accessing reproductive technologies and surrogacy.

Karen Pedersen
A/Manager

Kate Brameld
Senior Policy Officer

Laura Hodgson
Program Officer

WHAT WE DO

- Administers the *Human Reproductive Technology Act (1991)* and *Surrogacy Act 2008*
- Provides advice to the Minister for Health and Director General of WA Health regarding Assisted Reproductive Technology
- Provides executive support for the Reproductive Technology Council (RTC) – a Ministerially-appointed advisory group that has responsibilities under the HRT Act to oversee the regulation of ART in WA
- Supports amendments to relevant legislation, as required. Provision of advice regarding reproductive technology policy and surrogacy policy; and review and monitoring of reproductive technology policy and related areas at national and international level
- Supports the RTC with licencing of Fertility Clinics and monitoring of ART practices in WA; undertakes investigation of adverse incidents, as required
- Manages contracts for management services for the voluntary register and (from end 2021) support services for release of donor identifying information to donor conceived offspring
- Management of specific projects related to ART, as required
- Data management, reporting, and information management: annual reporting, supporting the Human Reproductive Technology Register, maintaining web content and information

HOW WE DO IT

Minister for Health

System Manager

Reproductive Technology Council

Fertility Service Providers

Legislation

Human Reproductive Technology Act (1991) and Surrogacy Act 2008

Reproductive Technology Unit

Families accessing assisted reproductive technology and surrogacy

Our Vision

A safety and quality system that supports equitable, effective, safe, patient-centred, and efficient health care in WA

Our Mission/Operating Model

To build high-reliability WA health organisations by providing stewardship and supporting clinical quality; and to maintain assurance for patient safety for the System Manager

Our approach:

Four pillars supporting the PSCQ strategic direction

Quality Intelligence

Translate health data to provider assurance for the System Manager, support clinicians, and inform the community

Quality Improvement

Undertake leadership and governance and foster the systems and environment for continuous quality improvement activities

Culture and capability building

Contribute to building a culture of continuous improvement supported by strong workforce capability for patient safety

Regulatory Stewardship

Provide proactive, collaborative regulation and assurance to the System Manager for patient safety in private and public health facilities

Fulfilling our Mission

Quality Intelligence

What we will do

Translate health data to provider assurance for the System Manager, support clinicians, and inform the community

How we will do this

Establish data sources, governance, processes, systems, and platforms to provide robust metrics for healthcare quality

What this looks like

- Maximise the use of routinely collected data in WA Health by driving collection and acquisition for the purposes of quality improvement
- Commission or develop collaborative solutions and platforms to support the storage, management, and governance of data for quality improvement
- Integrate national clinical quality registries, and improve visibility and accessibility of clinical quality registry data at the state/clinical level
- Use data analytics methods and metrics (e.g. triangulation of soft and hard intelligence, clinical variation) to develop evidence-based indicators for clinical quality
- Engage clinicians directly through the Clinical Quality Surveillance Group to interpret data and visualisations in order to self-monitor areas of clinical concern
- Develop tools and training for clinicians to build system capacity in use of data for quality improvement
- Explore opportunities to undertake public reporting of quality-of-care data, such as Patient-Reported Outcome or Experience Measures

Guiding principle

“Data is not information, information is not knowledge, and knowledge is not wisdom.” Quality intelligence takes us from data to wisdom.

Quality improvement

What we will do

Undertake leadership and governance and foster the systems and environment for continuous quality improvement activities

How we will do this

Support quality improvement activities and quality systems across WA Health which align with PSCQ's existing remit

What this looks like

- Collaborate to maximise the effectiveness of WA Health's existing quality improvement systems, infrastructure, and governance processes
- Support state-wide clinical improvement collaboratives which arise from PSCQ and HSP priority areas, reported findings from the Australian Commission on Safety and Quality in Health Care, and other sources
- Lead System-Manager governance for high-value healthcare initiatives, and to reduce unwarranted variation and low value care
- Develop and evaluate platforms and frameworks to support specific portfolio areas and quality improvement activities
- Engage researchers and professional societies to partner in the delivery of state-wide quality improvement activities
- Promote standardised guidance, tools, and frameworks to support HSPs to deliver co-ordinated quality improvement activities

Guiding principle

Applied quality improvement activities require support from robust and co-ordinated systems and processes

Culture and Capability

What we will do

Contribute to building a culture of continuous improvement supported by strong workforce capability for patient safety

How we will do this

Partner with HSPs to develop skills and workforce capability for quality improvement

What this looks like

- Promote a nurturing patient safety culture to ensure staff, patients, and families feel, and are safe
- Promote a safe systems thinking approach in order to learn from safety incidents
- Facilitate resources for clinical teams and HSP Boards to build greater quality improvement capability
- Provide access to online learning content provided by QI faculty and QI academies elsewhere in Australia and nationally
- Develop a tailored online platform and WA Health communities of practice for networking and the sharing of information and expertise about safety and quality
- Work with national partners to assist HSPs to self-administer maturity assessment and capability frameworks to develop their safety and quality functions
- Engage with tertiary partners to deliver S&Q curricula as part of health professions training

Guiding principle

Healthcare is complex; with multiple interacting teams, external factors and competing demands. Good care for our patients requires safe cultures for staff, combined with a mindset of sharing, collaboration, inquiry, and support

Regulatory Stewardship

What we will do

Provide proactive, collaborative regulation and assurance to the system manager for patient safety in private and public health facilities

How we will do this

Flexibly combine effective risk-based regulation (governance, standards, policies, and processes) with a stewardship approach (functional expertise, case-management, and outcomes-focused support)

What this looks like

- Work with private providers to ensure and support legislative compliance, licensing, building and other regulatory requirements
- Undertake regular reporting, reviews, and liaison with external agencies to support patient safety across WA Health
- Maintain whole-of-health policies to guide and improve safety and quality outcomes; and advocate for, and (if possible) develop, and implement best-practice contemporary regulatory legislation (e.g. Human Reproductive Technology and Surrogacy Acts, Private Hospital and Health Services Act 1927)
- Work directly with HSPs to strengthen clinical governance processes and systems
- Develop a regulatory stewardship function that is well-designed, proportionate, and subject to continuous review and improvement

Guiding principle

“The problems of the real world come in awkward shapes and sizes. Regulators need fluidity to organise themselves around specific risks, without sacrificing their established expertise in functional areas or damaging performance of their core processes.”

Provide your feedback on the draft strategic direction here.

This online survey closes on 7 November 2021.

Thank you for providing your valuable perspective on the future direction of the Patient Safety and Clinical Quality Directorate

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