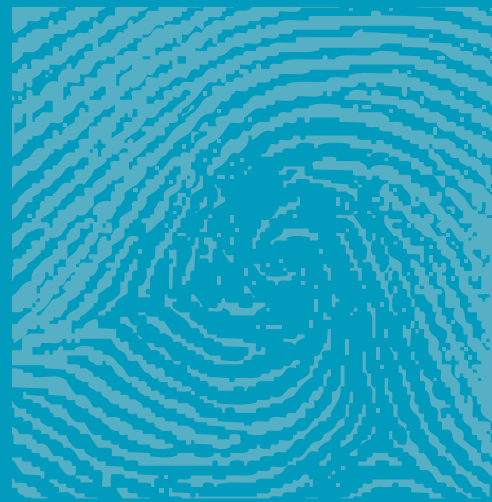


Quality plan 2003–2004

Metropolitan Health and Aged Care Services



**Metropolitan Health and Aged Care Services
Quality plan 2003–2004**

June 2003

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1 Introduction

In June 2001, the Department of Human Services Executive initiated the Quality in Services Flagship Project to manage development of a Department-wide service quality framework that will build on and improve the quality management systems in place across the Department.

In its first year (2002–03), the Plan defined dimensions of quality.

Quality dimension	Definition
Effectiveness and capability	The outcome desired by the client is achieved, with the requisite standard of skill, knowledge and tangible facilities.
Safety	Risks are accurately assessed, avoided or minimised.
Appropriateness	Justifiable interventions, relevant to the needs of client/patient, are provided in the least restrictive way and based on established standards.
Fairness	Services are provided according to the rules and to those for whom they are intended, without partiality or favouritism.
Acceptability and responsiveness	A respectful and caring approach, compliance with client's rights, the offer of useful information and relevant choices, and the encouragement and genuine consideration of feedback.
Accessibility and timeliness	Services are provided according to need, at the right time and place for service users.
Continuity	Continuity of care is assured across agencies/programs, and over time.
Sustainability	Stable, reliable provision and consistent improvement of services, responsive to emerging needs.
Good management and efficiency	Services are planned and well organised, perceived to be cost-effective and administratively lean.

This Quality Plan for the MHACS Division highlights policy development and activities to improve service quality outcomes for patients, consumers and carers that are being pursued across each program area. Common themes and directions include clinical governance, clinical risk management, consumer and carer participation and satisfaction, clinical innovation and strategies for spread and sustainability. Opportunities for cross program linkages and shared lessons are recognised and enhance the Division's alignment to health service and agency delivery arrangements.

For more information about the quality plan and the service quality framework, refer to http://intranet_1/pdpd/qualserv/index.htm.

The service quality framework describes five quality management building blocks that provide a practical approach to achieving the service quality dimensions. These building blocks form the basis of the initial MHACS Quality Plan. This 2003–04 Plan provides an overview of achievements to date, current priorities, initiatives and longer term directions. These are practical and outcome focussed actions to facilitate improved safety and quality.

About MHACS

Mission statement

The Metropolitan Health and Aged Care Services (MHACS) Division optimises health and social functioning and Victorians' experience of, and confidence in, hospitals, community-based services and ambulance services.

Grounded in listening to community, agencies, clinicians and regions, we support and challenge agencies to deliver high performing, innovative health and related services within the financial capacity of the State.

Role

The MHACS Division is responsible for the full range of health and aged care services in metropolitan Melbourne. The Division:

- provides advice and implements government policy
- develops statewide frameworks, policies and strategies including performance standards
- secures funding based on sound analysis and robust strategies
- allocates funds through a transparent and equitable process driven by policy and strategies
- works with metropolitan agencies and regions to define performance expectations and targets, monitor progress and assure performance
- builds and develops collaborative relationships
- facilitates system-wide service improvement, innovation and responsiveness
- builds capacity and capability for long-term sustainability
- actively anticipates and manages emerging risks.

The MHACS Division branches provide policy direction and support for both the metropolitan and rural and regional Divisions. These branches include Programs, Mental Health, Strategy and Performance Reporting, Funding and Financial Policy, Metropolitan Health Service Relations, the Office of Health Information Technology and the Office of the Chief Clinical Advisor.

Health services

Health services are complex organisations providing a broad range of multidisciplinary services across the continuum of care and in a variety of settings— inpatient, ambulatory, residential and community-based services. Ambulance services are a crucial part of both the health services sector and the State's emergency response capabilities.

MHACS Division is working with health services on quality improvement and ensuring quality outcomes for service users. Service quality is underpinned by factors such as Victoria's legislative framework, which includes the *Health Act 1958*,

the *Mental Health Act 1986*, the *Health Services Act 1988*, the *Disability Services Act 1991*, *Aged Care Act 1997*, *Occupational Health and Safety Act 1985*, *Drugs and Poisons Act 1981*, *Guardianship and Administration Board Act 1986*, *Nurses Act 1993*, the *Ambulance Services Act 1986*, the *Children and Young Persons Act 1989* and the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

In addition, there are the operations of the Health Services Commissioner, Community Visitors, the Office of the Chief Psychiatrist and the Coroner, and access to information provided through the Health Records Act 2001 and the Freedom of Information Act 1982.

The Health Privacy Principles, established by the Health Records Act, impose binding health-specific standards on health service providers and collectors of health information across the public and private sectors. These standards regulate the collection, use and handling of identifying health information about service users. Non-health personal information held by public sector bodies is regulated by the Information Privacy Act 2000.

The monitoring and review of health and ambulance services performance is carried out at different levels of the health care system through a range of mechanisms. Monitoring promotes a consistent collection of information over time to assess trends and outcomes. It ranges from individual case review at a local level to health service performance indicators and system-wide activities, such as the statewide collection of key performance indicators. It involves a variety of bodies including service providers, State and Federal governments, the Australian Council of Health Care Standards (ACHS) and specific purpose boards of review. Monitoring activities alone does not lead to service improvement, but provides a basis on which to foster reflection, innovation and improvement. In addition, it fulfils regulatory requirements.

Future directions

Directions for the MHACS Division include:

- Improve and streamline health service performance monitoring and communication, and minimise data collection requirements while focussing on data to improve quality outcomes for patients, consumers and carers.
- Implement the Metropolitan Health Strategy.
- Develop and implement strategies, policies and initiatives to address current and anticipated mental health workforce gaps.
- Increase focus on consumer and carer participation in service planning and management for quality outcomes.
- Improve partnership arrangements with the primary care sector and communities.

- Work with health service agencies to foster clinical innovation by engaging clinicians in improving safety and quality.
- Commence development of standards on the quality of care for ambulance patients.

2 Service user responsiveness

Service user feedback and participation is a key element of effective service planning, development, delivery and evaluation. A number of initiatives have been implemented to ensure that the views of health service users better inform service management and planning across all programs delivered by health services and ambulance services. Consumer and carer participation at all levels of decision making is encouraged as part of continuous service quality improvement.

All health services and ambulance services have established mechanisms to monitor service user satisfaction and respond to negative and positive feedback. These include patient liaison officers in all health services, community advisory committees in metropolitan health services, and consumer and carer consultants in area mental health services.

2.1 Aims

The MHACS Division aims to:

- progress toward public reporting and disclosure of service outcomes
- ensure the community is informed about the level of care and service outcomes they can expect from their mental health services, health services and ambulance services
- ensure public confidence is maintained.

2.2 Achieving these aims

The Division will achieve these aims by:

- continuing the Patient Satisfaction Monitor until project completion in January 2004 and then undertaking an evaluation
- continuing evaluation and implementation of the Mental Health Consumer and Carer Satisfaction Surveys
- continuing to publish the quarterly hospital services reports and considering incorporating more consumer outcome measures in these reports
- ensuring health services publish quality of care reports.

2.3 Targets and milestones

- Patient Satisfaction Monitor:
 - category A, B and C hospitals receive reports July 2003 and January 2004
 - category D, E and MPS receive reports January 2004.
 - evaluation is completed by June 2004.
- The Mental Health Consumer and Carer Survey was redeveloped in 2002. The new survey will be fully implemented 2003. This survey will report on consumer and carer experience of area mental health services by end of 2003.

- Hospital services reports continue to be released quarterly.
- All state hospitals and health services will publish a quality of care report by October 2003. This will be the third year for the major health services.

2.4 Long term plans

In the long term, the Division plans to:

- consider the possibility of extending consumer and carer consultant programs throughout area mental health services and psychiatric disability rehabilitation support services
- ensure the community is informed about the level of care and service outcomes they can expect from health services, mental health services and ambulance services.

2.5 Initiatives

Consumer, carer and patient feedback

Patient Satisfaction Monitor

The Patient Satisfaction Monitor commenced in Victorian acute care hospitals in September 2000. It provides regular monitoring and reporting of patient satisfaction in six key areas of service delivery including:

- access and admission
- general information
- treatment information
- physical environment
- complaints management
- discharge.

The Monitor is conducted over three years with surveying due to finish in October 2003. Reports are provided to major hospitals six-monthly and all other hospitals annually. Reports address areas of best practice and identify areas for improvement.

Milestones: All Category A, B and C hospitals receive reports in July 2003 and January 2004. Category D, E and MPS receive reports in January 2004. An evaluation of the Monitor will be undertaken and completed by June 2004.

Mental Health Consumer and Carer Satisfaction Surveys

The Statewide Consumer and Carer Satisfaction Surveys commenced in 1996–97 in adult mental health services. They were extended to child and adolescent and aged person's mental health services in 1997–98 and continued annually. In 2002, the survey was redeveloped to reflect trends and innovations in health research and enable area mental health services to use the feedback to better respond to consumer and carer needs.

Milestones: Full implementation of the new survey in 2003. The new survey will report on consumer and carer experience of area mental health services by end of 2003.

A project has commenced to develop a method for measuring the experience of consumers and carers of psychiatric disability rehabilitation support services (PDRSS). The method will be piloted and an implementation plan with recommendations will be submitted to the Department of Human Services by June 2003.

Milestones: Commence measurement of consumer and carer experience of PDRSS in July 2003 with a first report by October 2003.

Quality of care reports

Hospital and health service boards report annually to their communities on the quality of care delivered within their organisations across all service areas. This includes delivery of acute, sub-acute and mental health services. All metropolitan health services and rural and regional hospitals will publish a quality of care report for the 2002–03 financial year.

The 2002–03 reports focus on identifying two key patient care programs or areas for reporting in the 2002–03 quality of care reports.

Services will identify specific programs or service areas that represent the health service's 'core business', demonstrating the link between the program area and patient casemix and community health needs. The aim is to allow for in-depth discussion and analysis of quality approaches in specific areas. The focus, however, should remain on how organisation-wide quality systems and measures are used by specific program areas.

Health services will report on progress in the mandatory areas. For metropolitan and regional health services, these mandatory areas are hospital initiated surgical postponements and clinical governance framework. For rural health services the mandatory areas are credentialing and certification for clinical staff, infection control and clinical governance framework. In particular, health services will need to:

- discuss the processes used to identify the action required
- discuss action taken in relation to these areas
- identify improvements achieved in response to action taken.

Milestones: All hospitals and health services will publish a quality of care report by October 2003.

3 Staffing and physical resources

Health organisations are committed to the sustainability of a skilled professional health workforce. Significant issues to be addressed include the availability of a suitably skilled workforce for mental health services and meeting the demand for nurses, particularly in areas requiring specialist training, such as critical care. Appointments, credentialing, and privileging processes in accordance with legal and ethical requirements form part of a clinical governance framework which is necessary to support the continuous development of a quality health and community workforce.

Quality service delivery is moving rapidly with the move towards more ambulatory based care, and the introduction of new technologies and therapies. The challenge for the system is to provide infrastructure that delivers state of the art care in meeting community expectations.

The MHACS Division works with the Policy and Strategic Projects Division to improve health service labour force requirements and ensure strategies align with the Metropolitan Health Services Plan and hospital demand management.

Recent improvements include the Psychiatric Services Enterprise Bargaining Agreement (2000), which supports the development and implementation of a comprehensive package of professional development initiatives. This agreement includes the creation of an additional 63 training and development nurse positions within mental health services and support for 42 positions in the Specialist Graduate Year Mental Health Nurse Program. A major vehicle replacement program resulted in 165 new ambulance vehicles deployed throughout Victoria, capital infrastructure surveys of health services, and completion of a comprehensive building audit of 197 ambulance stations across Victoria.

3.1 Aims

The MHACS Division aims to:

- recruit and sustain a workforce
- develop facilities to support the achievement of quality outcomes for patients, consumers and carers, in line with contemporary and emerging trends.

3.2 Achieving these aims

The Division will achieve the aims through:

- hospitals and health services annually reporting the results of an external audit of the cleaning standards and infection control plans
- Redeveloping, in consultation with the Bureau of Emergency Services Telecommunications, ambulance services communications infrastructure in regional and rural Victoria

- the commencement of the Senior Nurse Advisor for Mental Health with the Department in January 2003, who will contribute to the development, recruitment and retention of the psychiatric nursing workforce
- completing the Mental Health Workforce Study under the Department's Workforce Flagship Project
- engaging the Centre for Psychiatric Nursing Research and Practice to further develop the Specialist Graduate Year Mental Health Nurse Program during 2003.

3.3 Targets and milestones

- Redevelopment of the ambulance radio communications network by June 2004.
- Refurbishment and replacement of equipment in the five Rural Ambulance Victoria (RAV) operations centres by June 2004.
- Health service cleaning audits to be completed by May 2004.
- Further development of the Specialist Graduate Year Mental Health Nurse Program by February 2004.
- Completion of the Mental Health Workforce Study by end of 2003.

3.4 Long term plans

The MHACS Division plans to:

- implement the Metropolitan Health Services Plan to meet the service delivery requirements expected with the growth in demand due to the ageing of the community and improvements in technology
- develop and implement strategies, policies and initiatives to address current and anticipated mental health workforce gaps.

3.5 Initiatives

Ambulance service infrastructure

Dimensions of quality: Effectiveness and Capability, Safety, Appropriateness, Accessibility and Timeliness, Continuity, Sustainability, Good Management and Efficiency.

Call taking and dispatch (CTD) of ambulance resources is a critical function undertaken by RAV through its five operations centres. Providing CTD services across rural Victoria requires RAV to maintain an extensive communications infrastructure.

In consultation with the Bureau of Emergency Services Telecommunications, which has responsibility for the statewide development of emergency service communications, RAV has developed a transition strategy to redevelop the communications infrastructure. The strategy addresses immediate minimum works

required in advance of more comprehensive projects, which will arise from the Government's Statewide Integrated Public Safety Communications Strategy (SIPSaCS).

Milestones:

- Redevelopment and modernisation of the radio communications including minimising radio black spots, radio network refurbishment and mobile equipment upgrade by June 2004.
- Refurbishment and replacement of equipment in the five operations centres including new voice logging systems, 000 call answering and pager replacements by June 2004.

Infection control and cleaning standards

Dimension of quality: Safety.

Cleaning standards

The *Cleaning standards for Victorian public hospitals* document was released in July 2000 to provide metropolitan and regional health services with an outcome-based set of tools to monitor and further improve hospital cleaning services.

Following a pilot and an external audit of cleaning standards, health services took ownership of the tool for ongoing self-monitoring and self-reporting of cleaning performance. In addition, health services are required to report annually the results of internal and external audits. This has led to the establishment of a peer review process and ongoing opportunities for learning and improved implementation of the cleaning standards.

Milestones: Health service cleaning audits to be reported bi-annually by April and October.

Infection control

Over the last three years there has been a significant investment in ensuring that systems and processes are in place to prevent hospital acquired infections.

The Victorian Advisory Committee on Infection Control was established to advise the Department on technical matters. The VICNISS Hospital Acquired Infection Surveillance Centre was established to collect and report on risk adjusted aggregate hospital acquired infection data. In 2001–2002 the Department undertook a comprehensive survey of 107 health services looking at adherence to infection control guidelines, practices and policies. The results demonstrated a definite improvement since the 1996–97 survey in the effectiveness of our public hospital infection control programs.

All health services and rural regions have developed infection control strategic management plans and are required to report annually against progress on their plans. To further enhance infection prevention processes, the Department will

revisit the Government's five-point infection control plan and strategy, including further performance indicator development.

Milestones: Health service strategic management plan annual reporting to be completed by August 2003. A new suite of indicators will be implemented for health service reporting in 2004.

Mental health workforce

Dimensions of quality: Effectiveness and Capability, Appropriateness, Safety and Sustainability.

A significant issue for mental health services is the shortage of suitably qualified nurses, allied health clinicians and psychiatrists. Mental health workforce initiatives include the introduction of 63 new training and development nurse positions within mental health services across Victoria in November 2001. Additional support was also provided for 42 positions in the Specialist Graduate Year Mental Health Nurse Program that commenced in January 2002 to encourage recruitment and skill development. During 2003, the Specialist Graduate Year Mental Health Nurse Program will be further developed to respond better to local service needs.

The mental health workforce would benefit from improved training and professional development opportunities. It could then better meet the current competency expectations and requirements, including addressing the needs of an increasingly complex client group. These issues require a comprehensive program to provide consistent and high quality training. Building a strong and skilled mental health workforce is a key direction under *New directions for Victoria's mental health services: the next five years*. A mental health workforce study is currently underway as part of the Department's Workforce Flagship Project.

Milestones:

- Further development of the Specialist Graduate Year Mental Health Nurse Program by February 2004.
- Completion of the mental health workforce study by end of 2003.

4 Quality assurance: standards and monitoring

Health services and hospitals monitor and review their performance across program and service delivery areas, including standards and guidelines for practice; performance indicators and benchmarking; accreditation processes and clinical review. Victoria participates in the development of national approaches to standards and monitoring, for example, through the National Health Performance Committee and Australian Council for Safety and Quality in Health Care and the Australian Institute of Health and Welfare (AIHW).

Accreditation is mandatory for all Victorian health services. In May 2000, legislative changes to establish metropolitan health services required health service boards to focus on clinical accountability and financial results through a clinical governance framework. Metropolitan Ambulance Service (MAS) and RAV achieved ISO 9001:2000 certification and regularly review their processes and procedures to ensure quality is maintained and improved across their organisations.

The *National standards for mental health services* (1996) guide quality improvement activities and service development and inform consumers and carers about what to expect from mental health services. All area mental health services and specialist mental health services are scheduled for, or have completed, an external and in-depth review against the standards.

An accreditation process for PDRSS will be developed by June 2003.

The *Standards for PDRSS* (2000) have been adapted from the National Standards for Mental Health Services to reflect the specialist function of the PDRSS.

Clinical reviews are also undertaken by the Office of the Chief Psychiatrist to ensure that treatment and care of people with a mental illness is consistent with legislative requirements and principles, as well as established clinical best practice. A Quality Assurance Committee established under the Mental Health Act and chaired by the Chief Psychiatrist oversees and monitors mental health services, particularly in relation to clinical care standards.

4.1 Aims

The MHACS Division aims to develop, disseminate and implement established evidence and knowledge based clinical practice methodologies and processes, so that clients, patients, consumers and carers are assured of quality service outcomes.

4.2 Achieving these aims

The aims will be achieved by implementing the routine measurement and collection of consumer health outcomes in all area mental health services, specialist mental health services and relevant Psychiatric Disability Support Services.

4.3 Targets and milestones

- Commence implementation of routine outcome measurement in all area mental health services, specialist mental health services and relevant PDRSS by December 2003.

4.4 Long term plans

The Division plans to:

- continue deployment of the Victorian Ambulance Clinical Information System (VACIS), a data capture and warehouse system that supports evidence-based research into paramedic clinical practice
- begin developing standards on the quality of care for ambulance patients
- routinely measure and collect consumer outcomes in all area mental health services, specialist mental health services, and relevant PDRSS
- continue to focus on development and implementation of performance indicators, data collection, monitoring and reporting to support system and process improvements across the continuum of care
- work with clinicians and health services to ensure data is valid, risk adjusted, reproducible and reliable to facilitate and maintain credibility of the process.

4.5 Initiatives

Mental health routine outcome measurement

Dimensions of quality: Effectiveness and Capability, Appropriateness.

The routine measurement and collection of consumer outcomes in mental health services will be used to determine if interventions are making a positive difference to consumers. Nationally agreed measures have been developed to assess symptom severity, level of functioning and consumer self-assessment for use in all area mental health services and specialist mental health services. A project has also commenced to develop the measures and process required for implementing outcome measurement in relevant PDRSS.

Outcomes information will be used to:

- promote continuous quality improvement by reflecting on and evaluating the effectiveness of interventions to assist with treatment planning and resource allocation
- enable consumer health status and progress to be monitored over time by both consumers and clinicians, using a suite of valid and reliable measures including a consumer self-rating tool
- encourage consumer participation in treatment planning, implementation and review

- enable the comparison of services at program management level
- foster an ethos of routine outcome measurement and evidence-based practice in mental health services.

In the long term, all area mental health services, specialist mental health services and relevant PDRSS will be involved in routine outcome measurement.

Milestones: Training in the implementation of routine outcome measurement will be completed by June 2003.

General clinical indicators

Dimensions of quality: Effectiveness and Capability, Safety, Appropriateness, Sustainability, Good Management and Efficiency.

Aims

The Division aims to develop a clinical indicator research and implementation program that supports a comprehensive system of quality monitoring and assessment in Victorian public hospitals.

Achieving these aims

These aims will be achieved by:

- engaging clinicians, professional colleges and hospitals in the clinical indicator program
- establishing a process across hospitals, professional colleges and the Department to develop agreed clinical indicator definitions, collection processes, analysis and action
- providing opportunities for innovative clinical indicator projects
- timely reporting of data and support improvements at unit, organisational and system-wide levels
- establishing benchmarking opportunities for hospitals to improve the quality, effectiveness and efficiency of care.

Milestones: Develop a governance framework for clinical indicators by June 2003; contribute to the establishment of an expert CRM committee to review strategies, educational requirements and specific cases with system-wide implementation; and establish a common data platform for collecting and reporting of clinical indicators.

Long term plans

The Division plans to:

- identify a core suite of indicators suitable for statewide comparison
- work towards providing better information to consumers on the performance and quality of health care at all levels.

5 Safety and adverse event management

Hospitals and health services have established quality of care committees to oversee the organisation's clinical governance framework. This framework includes clinical risk management (adverse events reporting, medication safety, infection control, falls management, and pressure care), safe staffing, patient involvement, and clinical effectiveness (peer review and audit). The Surgical Consultative Committee, the Consultative Council on Anaesthetic Mortality and Morbidity, and the Consultative Council on Obstetric and Paediatric Mortality and Morbidity review individual cases.

Senior paramedics within the Victorian ambulance services regularly review records that document the care provided to all patients. Ensuring staff safety is an important priority for the ambulance services, as illustrated by the fact that the MAS has achieved certification in AS4801:2001, the Australian Standard for Occupational Health and Safety Management Systems.

The Office of the Chief Psychiatrist monitors use of electro-convulsive therapy, mechanical restraint, seclusion and reportable deaths. Its Quality Assurance Committee, established under the Mental Health Act, oversees and monitors standards of mental health services. Authorised officers of the Quality Assurance Committee are involved in reviewing clinical standards and practice in all mental health services. The clinical review program recommends clinical practice enhancements and identifies opportunities for system improvement.

5.1 Aims

The MHACS Division aims to minimise the risk of harm to patients, consumers, carers and staff in the health service environment.

5.2 Achieving these aims

These aims will be achieved by:

- enhancing and further rolling out the Clinical Risk Management Strategy (CRM)
- developing and delivering training for professionals, to support adverse event monitoring and root cause analysis training within health services
- working with the Victorian Quality Council (VQC) to implement their strategic plan
- continuing activities of the Office of the Chief Psychiatrist.

5.3 Targets and milestones

- Consolidate health service CRM programs and streamline reporting processes.
- The VQC to establish a quality and safety framework by June 2003; to be trialed by June 2004.
- The VQC to progress its key strategic areas within the three year plan.

- The current cycle of mental health services clinical reviews will conclude in October 2003. Clinical reviews will continue following improvements to the current format.
- Consider the feasibility of linkages between the Quality Assurance Committee of the Office of the Chief Psychiatrist and the VQC by December 2003.
- Develop a framework for CRM to be trialed and implemented over 2003–04.
- Establish an expert CRM committee to review strategies, educational requirements and specific cases with system-wide implementation.

5.4 Long term plans

The Division plans to:

- develop a project on risk assessment tools for manual handling, designed to reduce musculoskeletal disorders and improve staff health and safety
- continue to assist health services systems to identify, monitor and implement strategies to address adverse events, which cause harm, as well as near misses.

5.5 Initiatives

Clinical risk management

Development of the Victorian CRM Strategy focuses on key areas in order to provide a statewide framework for CRM by June 2004. These areas include:

- Health services demonstrating progress in implementing and integrating appropriate CRM structures and processes within their organisation through:
 - i. Executive support and sponsorship for the program ensuring that patient safety is a priority.
 - ii. Clinician support and involvement in the program, including a proportion of paid work hours dedicated to these tasks.
- Development of a multidisciplinary committee structure with defined reporting mechanisms that support CRM.
- Implementation of systems for identifying and monitoring adverse events, such as limited adverse occurrent screening and clinical incident reporting.
- Implementation of systems to analyse unwanted events and identify system errors that contribute to such events, such as root cause analysis.
- Implementation of systems for responding to coroner's comments, findings and recommendations in relation to deaths occurring in hospitals.
- Implementation of systems of response to adverse events.
- Integration of CRM with other components of the quality program that relate to patient safety, for example, patient complaints, infection control, clinical indicators and clinical audit.

- Development of the statewide sentinel event reporting program through a CRM reference group, an annual report to the Victorian public on the sentinel event program, a newsletter to health services providing information about trends and recurring themes in sentinel event reporting, and safety alerts to complement the work of the Therapeutic Goods Administration in rapidly notifying health services of major issues.

Milestones: During 2003–04 there will be a continued focus on the consolidation of the CRM programs and development of the sentinel events program.

Victorian Quality Council

Dimensions of quality: Effectiveness and Capability, Safety, Appropriateness, Fairness, Acceptability and Responsiveness, Accessibility and Timeliness, Continuity, Sustainability, Good Management and Efficiency.

The VQC was established in October 2001 to foster quality and safety in health services across Victoria. The VQC works with stakeholders to identify and act on opportunities for improvement. The council has undertaken a planning process and developed a three-year strategic plan to improve safety and quality for patients in Victorian health services.

Milestones:

- VQC to establish a quality and safety framework as part of a clinical governance model for health services. This will include an education and implementation strategy.
- VQC to demonstrate improvement in outcomes in the key strategic areas, including falls, pressure care, medication safety, hospital acquired infection, safe and appropriate use of blood and blood products, and appropriateness of care.

Office of the Chief Psychiatrist

The Chief Psychiatrist is responsible for the medical care and welfare of persons receiving treatment or care for a mental illness and has statutory powers, duties, functions and immunities under the Mental Health Act and other Acts.

The Chief Psychiatrist is assisted in this role by the Quality Assurance Committee, which oversees and monitors standards of mental health services. Information obtained through other activities of the office, including statutory monitoring, complaints management and clinical reviews, contributes to the functions of the committee.

The Chief Psychiatrist is responsible for statutory monitoring of reportable deaths, electroconvulsive therapy, seclusion and mechanical restraint, as regulated under the Mental Health Act.

The Office of the Chief Psychiatrist is also involved in managing complaints and providing information about access to services, clinical guidelines and legislative requirements.

Authorised officers of the Quality Assurance Committee undertake clinical reviews of mental health services. This involves reviewing documentation, treatment and support, discharge and closure, patient rights and statutory reports. The views of stakeholders, including Community Visitors, are sought as part of this process. Services are required to address any recommendations made by the clinical review team.

Milestones:

- Explore the feasibility of linkages between the Quality Assurance Committee and the VQC by December 2003.
- The current cycle of clinical reviews will conclude in October 2003.

6 Quality improvement processes

Established initiatives to enhance outcomes for health service patients, consumers and carers include a clinical innovation program that funds projects to improve the quality and safety of practices in hospitals and sub-acute facilities. Projects apply research evidence and knowledge to improve systems and practice. The Clinical Innovation program is based on the successful Quality Improvement Fund and Designing Care initiatives.

The health service quality framework focuses on an integrated facility approach to clinical governance, performance monitoring, extending and maintaining best practice initiatives, and improving consumer and carer involvement. Health services are funded to assist in implementing the quality framework, and are required to report on a number of areas detailed in the Policy and funding guidelines. In addition, they are required to participate in developmental and collaborative work.

Major reform in the mental health sector in recent years has resulted in a shift in focus from institutional care to non-stigmatising, mainstream and community-based care. Growing demand and the increasing complexity of consumer and carer needs present significant challenges for the sector and new service models will be developed to respond to these changes. Careful monitoring and evaluation of new approaches is vital at this stage of development, as the sector builds on its strengths and responds to emerging needs in service provision.

6.1 Aims

The MHACS Division aims to ensure continuous improvement in service outcomes for patients, consumers and carers.

6.2 Achieving these aims

These aims will be achieved through:

- continuing to foster, through the Pre Ambulance Basic Life Support strategy, the development of initiatives that empower members of the community to commence life saving treatment prior to ambulances arriving at the scene of an emergency
- the Mental Health Quality Incentive Strategy (QIS) which provides financial incentives to support the provision of high quality area mental health services
- adapting and implementing the Institute for Healthcare Improvement Breakthrough Collaborative methodology that brings clinical teams together, working on a common aim to adapt and implement existing knowledge and improve patient care
- funding ‘test bed sites’ in key strategic areas to inform knowledge and ideas of best practice.

6.3 Targets and milestones

- Introduction of five Community Emergency Response Teams and ten public access defibrillation sites by June 2004.
- Review the Mental Health QIS in 2003–04 to set future directions and develop its value in encouraging high quality area mental health services.
- Implementation of the Adult Intensive Care Breakthrough Collaborative, Acute to Sub-Acute Patient Flow Breakthrough Collaborative maintenance program, and manage the Blood Matters, Acute Flow and Cancer Breakthrough Collaboratives.

6.4 Long term plans

The Division plans to:

- apply flexible and responsive incentives to address emerging operational quality performance issues for the system
- regularly review quality framework focus areas to promote the appropriate drivers and accountability requirements to ensure system-wide improvement.

6.5 Initiatives

Quality Incentive Strategy

Dimensions of quality: Acceptability and Responsiveness, Accessibility and Timeliness, Good Management and Efficiency.

In 1996–97 the QIS was introduced to provide financial incentives to support the provision of high quality adult mental health services. The QIS now covers adult, child and adolescent and aged persons mental health services. It comprises three key elements: consumer and carer satisfaction, service responsiveness and timeliness of data reporting.

The QIS has been significant in improving the responsiveness of services, in particular to the needs of women, people from non-English speaking backgrounds, statutory clients, children at risk and their parents and carers and aged persons in residential services. It has also improved the timeliness of data provided to the Department and provided a mechanism for regular feedback from consumers and carers for service improvement.

Milestones: The QIS will be reviewed in 2003–04 to set future directions and encourage continuous quality improvement in Victoria's mental health services.

Pre Ambulance Basic Life Support

Dimensions of quality: Effectiveness and Capability, Fairness, Acceptability and Responsiveness, Accessibility and Timeliness, Good Management and Efficiency.

The Pre Ambulance Basic Life Support strategy is funded by the Department. It aims to encourage the development of trained first responders and community

members able to take appropriate action in medical emergencies and maintain a person's vital signs until an ambulance arrives. There are a number of life-saving treatments that may be effectively administered by members of the community or first aid qualified staff prior to an ambulance arriving. This is particularly important in cases of cardiac arrest and conditions where the patient is unconscious or not breathing. Communities with members trained in these skills have a stronger sense of 'community safety' knowing that local help is available until an ambulance arrives.

Two initiatives under the strategy that will optimise 'the chain of survival' through the early provision of CPR and defibrillation are:

- dispatching trained community emergency response teams simultaneously with an ambulance to medical emergencies
- placing semi-automatic external defibrillators at ten major public locations and training venue staff in their use.

Milestones: Training and equipping five community emergency response teams in regional and rural Victoria by June 2004.

Training venue staff and establishing ten public access defibrillation sites in metropolitan Melbourne by June 2004.

Breakthrough collaboratives

Dimensions of quality: Effectiveness and Capability, Appropriateness, Acceptability and Responsiveness, Accessibility and Timeliness, Continuity, Sustainability, Good Management and Efficiency

Victoria is leading Australia in adapting the Institute for Healthcare Improvement (IHI) Breakthrough Collaborative methodology to improve the delivery of health care. The breakthrough methodology brings clinical teams together to work on a common aim, adapting and implementing existing knowledge to improve patient care.

The Department supports the following breakthrough collaboratives:

- *Adult Intensive Care Breakthrough Collaborative.*

This involved 15 Victorian and three South Australian intensive care teams aiming to improve the timely delivery of appropriate, safe patient care while increasing family and staff satisfaction. During 2003–04, a maintenance program will continue to support data collection and clinical teams working together.

- *Acute to Sub-Acute Patient Flow Breakthrough Collaborative.*

This collaborative involved 21 Victorian health services, Royal North Shore Hospital (NSW) and Prince Charles Hospital District Health Service (QLD). It aimed to improve the timely, safe and appropriate transfer of care from acute hospitals to sub-acute services. During 2003–04, a maintenance program will continue the collaboration.

- *Blood Matters Breakthrough Collaborative.*

This collaborative will draw on proven strategies developed by the pilot sites to engage clinical teams to improve the safe and appropriate use of blood products and blood in transfusion practice.

Milestones:

- Develop maintenance programs for the Adult Intensive Care Breakthrough Collaborative and Acute to Sub-Acute Patient Flow Breakthrough Collaborative.
- Complete learning sessions for Blood Matters Breakthrough Collaborative.
- Develop change packages and strategies to implement Acute Flow and Cancer Collaboratives.
- Encourage hospitals to participate in the National Medication Safety Collaborative.

7 Future directions

- Work to build the change methodology and clinical engagement in health services.
- Develop a strategic plan for future collaboratives.

