

Quality of Care Reporting Awards News

Key messages for health services – 2006 awards
September 2007 – volume 4, issue 1

The Awards

The Quality of Care Reporting Awards for the 2005-06 reports were amalgamated into the Victorian Public Healthcare Awards ceremony held in September 2007. The award category is now known as the *Excellence in Quality of Care Reporting Award* with awards being given to the best report in each of the following categories: metropolitan, regional and large rural and small rural public health service.

The judging of the awards remains with three expert assessment panels whose members are independent of Victorian government, consumers and health service staff. Panel members have a wide range of experience including: being consumers and practitioners of health services in interstate jurisdictions; lecturers and researchers in quality and safety in healthcare and the Victorian Health Services Commissioner.



Final assessment panel

Dr Norman Swan (Chair of assessment panels)

Ms Beth Wilson

Dr Anne Johnson

Mr Tim Watson

Dr Shiong Tang

Short-list panel 1

Ms Kate Moore

Ms Barbara Anderson

Short-list panel 2

Ms Julie-Anne Anderson

Ms Stephanie Newell

Inside this issue

And the winners are... 2

Assessment panels' comments 2

Contact 4

And the winners are...

The Secretary of the Department of Human Services, Fran Thorn, announced the winners and congratulations for *Excellence in Quality of Care Reporting* go to:

Small rural health service



Edenhope and District Memorial Hospital

Regional/large rural health service



South West Health Care

Metropolitan health service



Peninsula Health

Assessment panels' comments

Accreditation outcomes, risk management, credentialing and complaints management

All Reports, to varying degrees, addressed issues relating to clinical risk management and clinical governance. In particular, health services have reported against program requirements initiated by the Department of Human Services including:

- the Limited Adverse Occurrence Screening (LAOS) program
- Sentinel Events Reporting Program and greater use of the Root Cause Analysis Method, as training in this area for health services has progressed extensively, and Open Disclosure policies
- external accreditation status and processes, for example on the Australian Council on Healthcare Standards (ACHS)
- a comprehensive system of committees reporting to boards on quality and safety, including Visiting Medical Officers Meetings in small rural services.

Under **clinical governance** health services need to report on how their model is working, is there evidence for change and identify outcomes in relation to policy implementation.

Other systems initiated and reported by health services to promote quality and safety systems included:

- an innovative theatre staff survey on procedures and practices compared to a US standardised tool
- patient safety committees
- clinical indicator audits including postoperative indicators, unplanned admissions to intensive care units and unplanned return to operating theatre
- credentialing of clinical staff and police checks.

Access and discharge practices

Health services reported on a wide range of indicators including:

- Emergency Departments (ED) and how triage systems prioritise patients, plus notable increases in use of ED services
- subacute transfers of appropriately identified patients
- elective surgery waiting lists and services to assist patients while waiting
- mental health readmission rates and reduction strategies
- transfer guidelines to larger hospitals in rural settings
- Victorian Patient Satisfaction Monitor discharge from hospital satisfaction rates.

One innovation was the installation of an ED tracking computer system. This allows staff on wards to know the admission details of a patient from the ED and to make preparations to receive the patient.

Infection Control

The influence of the Department of Human Services' Infection Control and Cleaning Program is evident in the activities and projects undertaken and reported on in health services' quality of care reports.

- pandemic preparedness planning
- flu vaccination campaigns for staff
- hand hygiene projects commencing in 2006 recording of antiseptic solution useage, Methicillin Resistant Staphylococcus Aureus (MRSA) rates and promotion of hand hygiene to visitors.
- participation in VICNISS data collection and piloting
- reporting on the processes and results of internal and external cleaning audits.

This area was consistently well reported on by health services across the three categories and services are proactive.

Medication errors

Health Services reported on actions in this area including:

- use of the National Inpatient Medication Chart through the Department of Human Services' Quality Use of Medications Program
- Safer Systems Saving Lives projects reported on increased pharmacist reviews of medication on admission
- revised policies on both the prescribing and administration of medication: right medication, right dose, right time, right route, right patient.

One health service's pharmacy unit produced a DVD for patients explaining how to manage the drug Warfarin and its use is currently being trialled to determine its effectiveness as a medication safety tool.

Falls monitoring and prevention

Reporting in this area demonstrates ongoing consistency across reports. The areas reported on included:

- increase in falls prevention in residential services
- admission screening to identify people at risk of falls
- promotion of incident reporting tools developed in Victoria both nationally and internationally
- training and education for ward staff in identifying people at risk and reducing falls - 'Falls Champions'
- data collection and comparisons to last year usually showing improvement.



Contact

If you would like to discuss any information about the Quality of Care Reporting Awards please do not hesitate to contact:

Cath Harmer Program Manager, Consumer Participation and Information

50 Lonsdale Street

GPO Box 4057 Melbourne VIC 3001

Phone: (03) 9096 6176 Fax: (03) 9096 9196 Email: Catherine.Harmer@dhs.vic.gov.au

Website <http://www.health.vic.gov.au/consumer/>

Pressure wound monitoring and prevention

Quality of Care Reports presented data in a variety of ways, with an increase in reporting on skin integrity strategies and the formation of Skin Integrity Committees.

Where data has been reported well, it considers issues such as:

- prevalence of the use of risk screening tools, which some services identified as an area requiring improvement
- staff training in identification and management of pressure wounds based on the Victorian Quality Council's pressure ulcers basics training program
- Pressure Ulcer Point Prevalence Survey (PUPPS) reporting and benchmarking against all Victorian health services
- prevention strategies, particularly in maintaining older peoples' mobility and independence.

Continuity of care

Most of the reports address their discharge planning developments and programs. In particular, some services identified improving strategies around palliative care services for this growing sector of health care to promote shared care to improve quality of life and planning for care outside the hospital and end-of-life care.

Consumer participation, community consultation and information

Consumer participation in relation to the policy 'Doing it with us not for us' was well reported. It was often linked to the values of the health service and showing respect for health services' diverse communities. As in previous years there was:

- significant involvement of Community Advisory Committees in report development and now writing
- Victoria Patient Satisfaction Monitor findings are reported in most reports as were the new Participation Performance Indicators.

Reporting on the Improving Care for Aboriginal and Torres Strait Islander Patients Program (ICAP) was patchy with a small group of health services doing this well. The guidelines on reporting will be strengthened for this community group in future years.



Distribution and evaluation

A few health services changed reporting format to promote services rather than report on quality and safety and improvement. This was not well received by the three independent assessment panels for the awards.

Consulting with people in the community regarding what they want in a quality of care report was again done well by most health services. Smaller health services are developing community advisory committees to undertake this role as well as advise generally on what the community wants from its health service.

Reporting on feedback on last years report and what they have changed in response to the feedback improved markedly in the 2005-06 reports.

Overall comment...

Comparing the 2004-05 guidelines with the 2005-06 guidelines indicates that the flexibility in minimum reporting requirements introduced in this year's guidelines did not improve reporting. It increased inconsistency of reporting on the key quality and safety indicators.