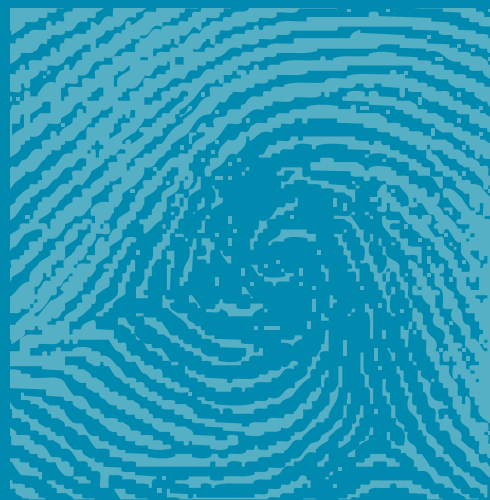


# Quality Care Reporting Awards News

Key messages for Health Services – 2003 awards

January 2004 – volume 1, issue 1



## The awards

The Minister for Health, The Hon. Bronwyn Pike, commended all the Health Services on their reporting of quality and safety issues. The Minister highlighted that the winners demonstrated: an integrated approach to monitoring and improving quality and safety; an understanding of the health needs of their community; and detailed what structures and processes they have in place to monitor infections, medication errors, falls and pressure wounds.



*The Minister for Health, The Hon. Bronwyn Pike and members of the Awards Assessment Panel; Dr Anne Johnson, Ms Sandy Robinson and Dr Norman Swann.*

The winners of the three categories are listed below and we encourage you to visit their websites where available.

## Congratulations to:

### Rural award

Djerriwarrh Health Service  
*No website available*



### Regional/large rural award

Goulburn Valley Health  
[www.ghv.org.au](http://www.ghv.org.au)



### Metropolitan award (jointly awarded)

Peninsula Health  
[www.phcn.vic.gov.au](http://www.phcn.vic.gov.au)



The Royal Women's Hospital  
[www.rwh.org.au](http://www.rwh.org.au)



## Inside this issue

The awards	1
Highly commendable	2
Newsflash	2
The 2004 awards	2
Chair's comments	3
Key issues	3
Contact details	3

## The real winners were

- The people of Victoria.
- The public, through these reports, are able to access high quality, honest and respectful information about safety and quality issues that affect health care.
- This is what the Quality Care Reports are there to do.



## Highly commendable

These awards were established to promote commendable work in rural health services relating to the Quality of Care Reports. Four highly commendable awards were presented.

### Congratulations to:

#### Ballarat Health Services

[www.bhs.grampianshealth.org.au](http://www.bhs.grampianshealth.org.au)



#### Wodonga Regional Health Service

[www.wrhs.org.au](http://www.wrhs.org.au)



#### The Kilmore & District Hospital

*No website available*



#### West Gippsland Healthcare Group

[www.wghg.com.au](http://www.wghg.com.au)

*"I am pleased that many rural health services reported on how they were improving privacy and confidentiality... this is a significant issue in rural areas"*

*Minister for Health,  
The Hon. Bronwyn Pike*

## The 2004 awards

### Training

For information regarding a training session to assist you in developing your 2004 Quality Care Report we are planning on running a session in March at the Department of Human Services, 555 Collins Street. Times and venue details will be posted on [www.health.vic.gov.au/consumer](http://www.health.vic.gov.au/consumer)

### Guidelines

The 2004 reporting guidelines will be posted on the [www.health.vic.gov.au/consumer](http://www.health.vic.gov.au/consumer) website in February, 2004.

## Contact

If you would like to discuss any of the information in the newsletter please do not hesitate to contact our staff contact person on the details provided.

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## Chair's comments

The Chair of the Quality Care Reporting Awards Final Assessment Panel, Dr Norman Swan, highlighted that in 2003 it was a hard task to choose between the various short listed health services. Dr Swan, indicated that the reports demonstrated that the knowledge of technical matters of safety and quality were pervasive throughout the Victorian health care system and that there was an enormous improvement in reporting.

## Highlights

### Consumer and community involvement and access

*"The language was appropriate, and appropriate to consumers, and I don't think I found a single report where I thought it was inappropriate."*

*"There was also better consultation you seemed to be out there a bit more with the community..."*

### Layout

*"The layout was important and there were some really great examples of simple, elegant layouts that were easy to read. And different styles work. There is not one way of doing this."*

### Content

*This year, people were much more straight about confronting the problems which challenged them, ... So I thought, felt, that this was a much more transparent process."*

*"...some of you were talking about remediation, and that was really impressive to see."*

**Discharge planning** was stronger in the rural and regional reporting describing actions and links with the community.

### Clinical governance

*"You were really good on governance... and there were very few gaps."*

### Standard

*"...some of you went beyond what you were asked to do, and voluntarily showed how you were benchmarking yourselves, not just to a local benchmark or an internal benchmark, but to the international benchmark..."*

### Improvements

#### Data

*"we would like to see what you are actually doing, and so time frame data would be really handy... Your in the first year of a three year cycle, so you will be able to see time trend data... [when you have it this should be translated] into quality and what does that mean for our quality improvement cycle."*

#### Consumers and community

*"We are still not getting as great a picture from you of the communities that you are serving... in particular, the groups that are a lot more marginal, that need more services..."*

*"partnerships with general practitioners, which I know a lot of you have, and it would be nice to see that described."*

*Given what was reported, "then the next step is how you use that with clinical governance to get evidence into practice."*

## Key issues

### Strengths

#### Systems and processes

Reporting of systems in relation to improving clinical governance, safety and quality built upon what was provided in the last reporting year.

#### Access issues

Overall, health services report this data well, and include discussions about what the health service is doing to improve waiting times and bypass in response to the data.

### Weaknesses

#### Infection control, medication errors, falls and pressure wound monitoring and prevention.

There was considerable variation in the level of reporting across these minimum required reporting areas. All of these areas will continue into next years reporting requirements. It is expected that outcomes reporting in these areas will improve over time as will inclusion of data.



*The balance sheet in perspective*