

Feedback Quality of Care Reports Review Day 13 December 2005

General feedback on workshop itself

- On average the rating of satisfaction with presentations ranged from good → very good
- On average the rating of satisfaction with break out sessions ranged from poor → good. Key concerns were that groups were too large and the time allocation for discussion was insufficient to discuss specific issues of individual participants and brainstorm ideas for the new guidelines
- On average the rating for the food and facilities was very good.

General feedback on existing guidelines

- Feedback from the judging panel is helpful but may need further editing to ensure it is meaningful to the recipients
- Continue with an awards process but no longer give a monetary award
- Hospital initiated postponements are not a good measure
- Continue to encourage services to report complaints constructively
- Continue to encourage services to use stories to effectively convey information about the quality & safety program
- Department of Human Services to continue to profile effective dissemination strategies.

Recommendations to be considered in developing new guidelines

- Extend time lines for reporting to coincide with the annual report.
- Send guidelines out early in the year.
- Audience of the report needs to be clearly defined.
- Clearly define the purpose/objectives of the reports.
- Guidelines to be written simply, concisely and in plain English.
- Flexible measures and criteria to be included around the dimensions of quality. Individual health services together with their community are to determine which measures are most appropriate to report on in relation to their service type, their community, their geographic location and explain the rationale behind reporting on the chosen measures.
- Community to be consulted by Department of Human Services regarding their perspectives on the areas they would like to see included in reports and how it should be reported.
- Guidelines to be flexible enough to allow health services to combine their quality of care report with their annual report if they so desire; alternatively flexibility to allow some of the criteria to be reported into the annual report rather than the quality of care report.
- Report to cover all health services.
- Encourage services to report on how doctors and nurses are communicating, not just consumer liaison officers.

Specific feedback from groups regarding new guidelines

Group 1 - consumer participation

- Progress in areas such as cultural and linguistic diversity and Koori Liaison Programs can be reported separately to the Department of Human Services
- Cultural and linguistic diversity communication strategy to assist health services with integration of diversity across all care and service delivery areas.

Group 2 - quality & safety indicators

- Accreditation outcomes to be included as one criteria
- Reports to be linked with health service strategic directions
- Blood transfusion adverse events, medication errors, falls, pressure ulcers all good measures for majority of health services.

Group 3 - continuity of care

- Access indicators to be included such as access to information, interpreters, health and community care
- Remove unplanned readmission indicator
- Percentage of General Practitioners notified of emergency admissions within 24 hours
- Waiting time for outpatients appointments
- General Practitioners receiving discharge summaries within one week.

Feedback incorporated into this report has been sourced from:

- People from health services, the community, and DHS who were unable to attend the workshop but wanted to provide input into the guidelines
- The discussions in the break out sessions
- General comments throughout the workshop, and
- The feedback sheets returned from 29 participants at the end of the day via feedback sheets.