

# Quality of care reports – guidelines and minimum reporting requirements for 2007–08



## Publishing and submission timelines

As part of the *2007–08 Policy and funding guidelines*, all Victorian health services are required to publish an annual quality of care report for the financial year 1 July 2007 to 30 June 2008. *These reports are to be published by 31 December 2008.*

To receive feedback and/or be eligible for assessment in the Excellence in Quality of Care Reporting award category in the 2009 Victorian Public Healthcare Awards, **12 final copies** or final drafts of the quality of care report must be submitted by close of business on **Tuesday 28 October 2008**, to:

Director, Statewide Quality Branch  
Department of Human Services  
50 Lonsdale Street  
GPO Box 4057  
Melbourne, Victoria 3001

Reports not being submitted to the awards process must be lodged with the Department of Human Services, at the above address, by 31 December 2008. **One copy** is required to be lodged by this date to the Director, Statewide Quality Branch.

If you have any queries regarding the guidelines and timelines, please contact:

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## Purpose of quality of care reports

The quality of care report should describe the quality and safety systems, processes and outcomes of the health service. The primary audience includes consumers (patients), carers and the health service community. However, health services may also target other audiences, such as health service staff, the Department of Human Services and other key stakeholders.

Health service boards should consult with consumers, carers and community members and/or their community advisory committee about the specific content of their annual quality of care report.

## Presentation

The presentation of the report is important. It should:

- be understandable and accessible to a lay audience
- use clear formats and layouts
- be an appropriate length
- be interesting to read
- demonstrate the extent to which clinicians, consumers, carers and community groups were involved in developing the report, and in improving health services broadly
- demonstrate a mechanism for incorporating feedback
- show how the previous year's feedback has been used to improve current reporting.

All performance data published in an annual quality of care report should have a commentary, which is clear to a lay reader. It should explain:

- what the data measures
- how to interpret the figures in the report
- how the health service uses the data to improve care.

In some cases, for example where statutory immunity provisions apply, information will not be available for public scrutiny. In these cases the board must demonstrate that it has clear accountable management and clinical systems to review this information and respond appropriately where performance is unsatisfactory.

## Evaluation and distribution

Health services must report on the steps taken to ensure quality of care reports are readily available to the community for which they are written. This includes:

- identifying how the report will be distributed to your diverse community
- why that distribution approach was selected
- how the effectiveness of distribution strategies will be assessed.

For example, the report may be published on the service's website, the local newspaper or in local government newsletters.

It is important that health services report on the outcomes of the evaluation of the previous year's report. The report should address feedback from consumers, carers and community members, and highlight key changes to the report's style, content and information.

## Minimum reporting requirements

Individual health services, together with their communities, should determine the most appropriate measures to report on in relation to their service type, their community and their geographic location. They should also explain the rationale behind reporting on these measures. The purpose of the report, which is to describe the quality and safety systems, processes and outcomes of the health service, needs to guide this process. Similarly, the following minimum reporting requirements should also guide this process.

### Consumer, carer and community participation

Consumers are current or potential users of health services. This includes children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations, and health and illness conditions.

Minimum reporting areas for 2007–08 in consumer, carer and community participation include:

- the participation indicators and priority actions in the 'Doing it with us not for us' policy found at <http://www.health.vic.gov.au/consumer/>

- key result areas 1 to 4 of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program as specified in the guidelines at <http://www.dhs.vic.gov.au/health/koori/icap/icap-guidelines.pdf>
- reporting on the progress towards achieving the six minimum reporting requirements of a health service's cultural diversity plan, as specified in the Health Service Cultural Diversity Plan guidelines at <http://www.health.vic.gov.au/cald/>

Stand alone community health services should report on consumer, carer and community participation across the individual, program/department level and at the service organisational level. This can be reported through in-depth discussion and analysis of quality approaches in specific programs or projects including: partnerships with Koori communities and organisations; responses to chronic and complex conditions; and initiatives around refugee health. The focus should remain on how quality systems and measures are used to improve quality and safety. Services may also choose to discuss changes implemented as a result of the Primary Health Consumer Opinion Survey.

### Quality and safety

1. Using the dimensions of quality, metropolitan, regional/large rural and small rural health services should identify at least four key measures to report on annually. These should include:

- infection control and cleaning
- medication errors
- falls monitoring and prevention
- pressure wound monitoring and prevention
- clinical indicators for dental services.

As a minimum *stand alone community health services* should report on **infection control and cleaning** and **clinical indicators for dental services**, where these services are provided.

2. Accreditation and clinical risk management outcomes should be included for all health services, including community health, acute care, aged residential care and mental health. Services can report on the evidence of accreditation standards and clinical risk management strategies relating to:

- clinical governance
- credentialling and certification of staff

- risk management
- complaints management.

Reports should also refer to quality improvement and applied research projects funded by the Department of Human Services, or from other sources, and describe how the findings from research will be applied to improve ongoing service delivery.

### Continuity of care

The report should show how all health services respond to the needs of consumers, their families/ carers and the community across the continuum of care. Examples of responses to the growth in the number of people with Ambulatory Care Sensitive Conditions, including through partnerships with other providers are expected. Health services should provide examples or stories that show how these initiatives work in practice. This may include:

- preventative
- acute
- rehabilitation
- residential care flows and linkages
- clinical networks
- primary
- secondary
- sub-acute
- integrated cancer services

Other areas of interest for the community include how health services ensure access and discharge practices meet the needs of consumers. Common examples of indicators in this area are:

- the percentage of general practitioners notified of emergency admissions within 24 hours
- waiting time for outpatient appointments
- if general practitioners receive discharge summaries within one week
- percentage of consumers with chronic & complex conditions with care plans.
- application of indicators in the 'Continuous Improvement Framework, A Resource of the Victorian Service Coordination Practice Manual.

Consumers are also interested in health promotion activities. The community and all health services are encouraged to include progress in this area in their quality of care reports.

## Quality of care report awards

### Selection criteria include whether the report:

- uses a presentation that is understandable to a lay reader
- uses formats that convey information clearly
- demonstrates that an adequate level of consultation has taken place with key stakeholders including *staff* and members of the service's diverse *community*
- identifies a distribution strategy to the community, and a means of evaluating the effectiveness of the strategy
- demonstrates that the health service has specific measures to identify groups for which it should improve service quality
- reports on the minimum reporting requirement areas using evidence, best practice and accepted standards
- provides quantitative and qualitative information about the quality of services
- explains how performance data can be understood and interpreted by a lay audience
- presents information that is valid, relevant and able to be confirmed by external audit, including determination of the effectiveness of the distribution strategy
- clearly identifies areas of relative strength, as well as areas that require further improvement
- specifies processes that have been implemented across a continuum of care to improve safety and quality, with at least one improvement made in response to a consumer/carer complaint or feedback.

### Award categories

The Minister for Health will present awards for Excellence in Quality of Care Reporting for 2007–08 as part of the Victorian Public Healthcare Awards in 2009. The award categories are:

- best metropolitan health service
- best regional/large rural health service
- best small rural health service (D, E group health services/multipurpose services)
- best stand alone community health service.

An external panel will decide the recipients of these awards on the basis of the content and presentation of the reports. The composition of these panels and other relevant information is available on the website, at: <http://www.health.vic.gov.au/consumer>

## Helpful resources

The Department of Human Services has provided a summary of the assessment panel's comments to highlight the strengths and challenges of the quality of care reports submitted for 2006–07. This information is on the department's consumer website, at: <http://www.health.vic.gov.au/consumer>, in the *Quality Care Reporting Awards newsletter*, Issue 4, Vol 1, 2008. This site will also have links to the winning services for the 2006–07 Quality of Care Reporting Awards after their announcement in mid 2008.

### Useful documents

1. *Review of existing models of reporting to consumers on health service quality: summary report and guidelines*. The full text is available at: <http://www.participateinhealth.org.au/clearinghouse/#R>
2. Quality of Care Report Training for Stand Alone Community Health Services 2006 resources located at: <http://www.health.vic.gov.au/consumer/pubs/training.htm>
3. Primary and community health clinical governance and credentialling resources at: <http://www.vha.org.au/> (also includes: *Community participation in community health quality of care reporting*)
4. Information about the clinical indicators for dental care are available at: <http://www.dhsv.org.au/default.asp>
5. The *Continuous Improvement Framework, A Resource of the Victorian Service Coordination Practice Manual* is available at: <http://www.health.vic.gov.au/pcps/downloads/continuous.pdf>
6. Centre for Culture Ethnicity and Health <http://www.ceh.org.au/resources/index.html>
7. *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services - a policy handbook* available at: [http://www.health.vic.gov.au/credentialling/downloads/dhs\\_credentialling.pdf](http://www.health.vic.gov.au/credentialling/downloads/dhs_credentialling.pdf)
8. Residential Aged Care Accreditation Standards at: <http://www.accreditation.org.au/AccreditationStandards>
9. The Centre for Cultural Diversity in Ageing has resources for encouraging and enabling participation of culturally diverse older people at: <http://www.culturaldiversity.com.au/>
10. Australian Council of Healthcare Standards: <http://www.achs.org.au/Home/>
11. Quality Improvement and Community Services Accreditation Inc: <http://www.latrobe.edu.au/aipc/qicsa/>
12. Quality use of medicines indicators initiative tools accessible at: [http://www.health.vic.gov.au/vmac/projects/qum\\_indicators.htm](http://www.health.vic.gov.au/vmac/projects/qum_indicators.htm)
13. The Victorian Quality Council has a range of resources including: *Consumer Leadership, Communicating with Consumers, Acute Pain Management Measurement Toolkit, Process Mapping - A guide for health service staff, VTE Prevention Case Studies* available at: <http://www.health.vic.gov.au/qualitycouncil>
14. Resources of the Integrated Cancer Services can be found at: <http://www.health.vic.gov.au/cancer/>

### Consumer reporting –relevant websites

- <http://www.safetyandquality.org/index.cfm?page=Publications#consmrnews>
- <http://www.health.state.ny.us/nysdoh/healthinfo/index.htm>
- [http://www.health.state.ny.us/nysdoh/heart/heart\\_disease.htm](http://www.health.state.ny.us/nysdoh/heart/heart_disease.htm)
- <http://www.nhmrc.gov.au/publications/synopses/cp72syn.htm>
- <http://www.aushealthreview.com.au/publications>
- <http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pq-consumernrccph.htm>
- [http://www.healthissuescentre.org.au/new\\_resources/index.asp](http://www.healthissuescentre.org.au/new_resources/index.asp)
- <http://www.mhsip.org/about.html>
- <http://www.ahrq.gov>

