

Training for Community Health Centres: Quality of Care Report Quality and Safety Measures

DHS Workshop

Monday, October 9 2006

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Question for discussion

How should stand alone community health services report on quality and safety measures in their quality of care reports?

- Qualitative information
- Quantitative Information



Target Audience

- What information would consumers/clients, carers, partners, the local community want to see in a quality of care report?
- How do you know (have you asked them?)



What message do we want to convey?

- Are our services:
 - Safe? (i.e. – no harm arising from our care, and from the health service environment)
 - Effective? (Are consumers benefiting from the treatment/intervention/service)
 - Appropriate? (Do the interventions produce the desired outcome for clients?)

*From the Victorian Quality Council Safety and Quality Improvement Framework
for Victorian Health services*



What message do we want to convey?

- Acceptable? (Are opportunities provided for consumers to participate in health service planning, delivery and monitoring)
- Easy to access?(Do we provide equitable access to health services which may include the physical environment, cultural safety and suitable access to information)

*From the Victorian Quality Council Safety and Quality Improvement Framework
for Victorian Health services*



What are the measures relevant to community health?

- Clinical governance frame work
- Qualified and credentialed staff
- Conversant with contemporary health care approaches
- Compliant with legislative requirements
- Opportunity for consumers to provide input into the quality of care and service delivery/development
- Satisfaction with service and service environment
- Ability to provide feedback effectively



What are the measures relevant to community health?

- Clarity around client rights and responsibilities
- Good Infection Control processes
- Language and cultural safety
- Risk Management
- Accessibility of intake pathways
- Equipment maintenance
- Client records kept in accordance with legislation
- Access to personal information
- Information on waiting lists
- Incident reporting
- Quality accreditation status



Qualitative Information:Key Achievements

- Research and development
- Waiting list reductions
- Accreditation (QICSA, EQUIP, Dental, Disability etc)
- Working with CALD community to ensure equitable access
- Improvement to buildings/infrastructure
- Client Surveys
- Awards (list)
- Work with the acute sector to ensure continuity of care for clients
- Community events
- Establishment of New services
- Staff satisfaction/cultural survey
- Building workforce capacity



Qualitative Information: Identified areas for improvement

- Ensure you explain how consumers provided input into identifying areas for improvement and the implementation of the action plan
- For example, input may have been through
 - AIPC Survey
 - Other Consumer/community surveys, focus groups, an analysis of client complaints and incident reports, relationship with your local CAG.



Quantitative data

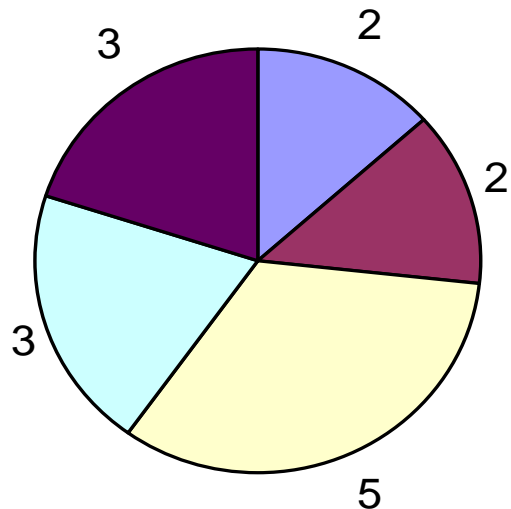
What information would best be depicted in a graph/table/statistics?

- Episodes of care
- Recruitment and retention data
- Professional Development
- Incident reports (client injury etc)
- Client complaints/feedback
- Waiting lists by service
- Client satisfaction



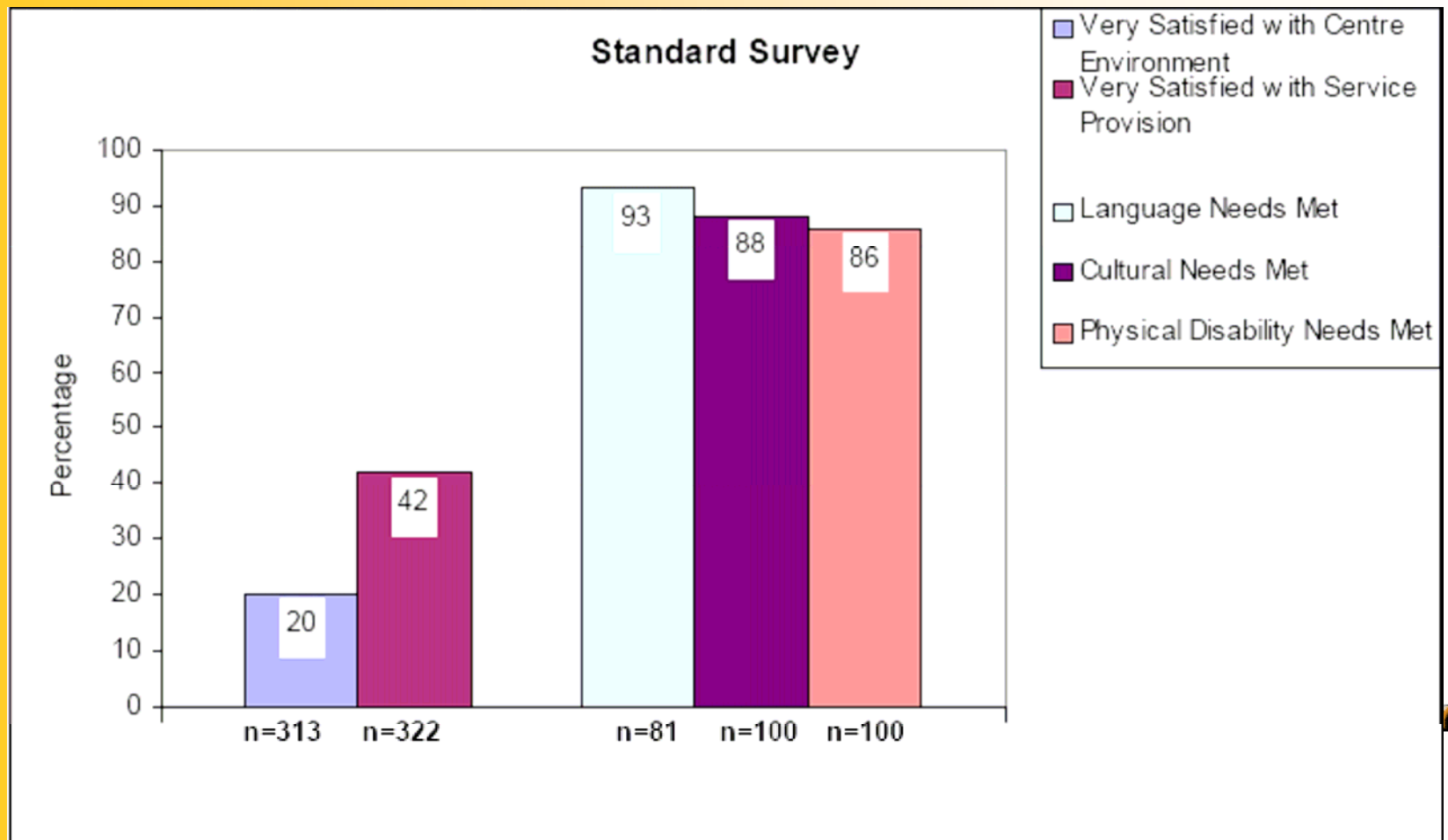
Quantitative: Client feedback

Complaints received by ISCHS in 2006



- Access to information
- Rights and responsibilities
- Centre environment
- Waiting list times
- Quality of treatment

Quantitative: Client Satisfaction



Quantitative data

- All performance data should have a commentary to explain
 - what the data measures
 - How to interpret the figures in the report
 - How the health service can use the data to improve care



Activity

- What information do you need to be collecting for your quality of care report?
- Who should be responsible for ensuring this occurs?
- What are the timeframes?
- How will you do it?
- How will you involve consumers?



Planning and Preparation

Minimum reporting requirement	Timeline	Strategies	Who
Determine responsibility for the oversight of the quality of care report	By November 2006	<p>Identify who would have the most appropriate skills to oversee the project (eg QWG)</p> <p>Develop Project brief</p>	<p>CEO and Senior Management Team</p> <p>CEO and Senior Management Team</p>



Planning and Preparation

Minimum reporting requirement	Timeline	Strategies	Who
Identify what data needs to be collected for the report	Feb 07	Audit current data collection activity against table of contents to identify gaps	Quality WG
	March 07	Allocate responsibility for the collection of data where gaps exists	CEO and QWG



Planning – quality measures

Minimum reporting requirement	Timeline	Strategies	Who
Collate information & develop draft report for endorsement	April 07	<p>Draft report to be presented to CAG to ensure it is clear and easy to understand</p> <p>Present at April/May Board Meeting for sign off</p> <p>Ensure QWG Sign off on Key achievements and progress against areas for improvement</p>	CEO and CP Worker



Discussion

- Questions?

