

THE VICTORIAN
QUALITY
COUNCIL
Safety and
Quality in Health



Evaluation of Victorian Quality Council Better Quality, Better Health Care: A Safety and Quality improvement Framework for Victorian Health Services

May 2005

Introduction

The Victorian Quality Council (VQC) launched “**Better Quality, Better Health Care, A Safety and Quality Improvement Framework for Victorian Health Services**”, (The Framework) in November 2003. The purpose of the Framework is to provide a strategic overview of the key principles and practices necessary for the effective monitoring, management and improvement of health services, which can be adapted and applied to individual settings.

An evaluation of the perceived usefulness of the Framework was undertaken in January 2005. This involved a survey to collect qualitative and quantitative information on: how health service staff with responsibility for safety and quality have used and adapted the Framework in different settings, and how useful they have found it as a safety and quality improvement tool. The survey was sent to the quality managers of 87 Victorian health services.

Summary of findings

Overall health service feedback indicated that the Framework is a useful and practical tool for safety and quality improvement. The way in which the Framework is utilised appears to be related to the maturity of a health service safety and quality program. For example, services with established safety and quality programs mainly used the Framework as a reference or checklist for benchmarking and to identify gaps in their existing programs. Health services with evolving safety and quality programs or undertaking strategic planning activities appeared to make greater use of the Framework to remodel existing reporting structures and processes, or as the basis for a new model of safety and quality with greater emphasis on clinical governance. Involvement in the use and adaptation of the Framework appears to be largely confined to the Executive, CEO, Board and Quality Committees and Units.

Results

Responses were received from 40 health services, 11 metropolitan and 29 rural and regional. This represents an overall response rate of 47%, with a higher response rate from metropolitan health services. It is possible that health services that have used and adapted the Framework are more likely to have participated in the survey and provide a bias in favour of the Framework, although this has not been investigated.

The roles of those responding to the survey were primarily quality managers. In smaller organisations this was sometimes combined with other roles. A breakdown of respondents' by role is provided in Table 1.

Respondents role	% (number) of responses
Quality Manager/Quality & Clinical Risk Managers/Quality Director	55% (n=22)
Director of Nursing	12% (n=5)
Chief Executive Officer	5% (n=2)
Medical Director/Chief Medical Officer	5% (n=2)
Dual roles such as, Quality + DON	5% (n=2)
Other executive position	10% (n=4)
Unknown	5% (n=2)
Director Clinical Governance	3% (n=1)

Table 1. Respondents by Organisational Role

Organisational Awareness

The Framework has been received and read by 98% (n=39) of respondents. Of those, 90% had used the Framework in some way to review and/or modify their safety and quality program. Other personnel most consistently reported as being aware of the Framework were the Executive, CEO and Quality Unit. Figure 1 provides a breakdown by personnel group.

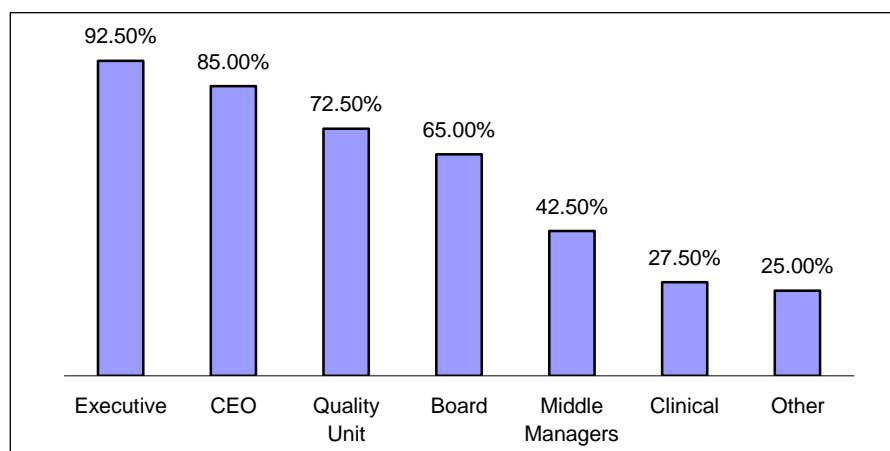


Figure 1. Personnel aware of the Framework

In the majority of health services, personnel involved in internal discussions about the use of the Framework as a quality improvement tool included the Quality Committee, Executive, CEO and Quality Unit. A breakdown of those involved in discussions by personnel, group or committee is provided in Figure 2.

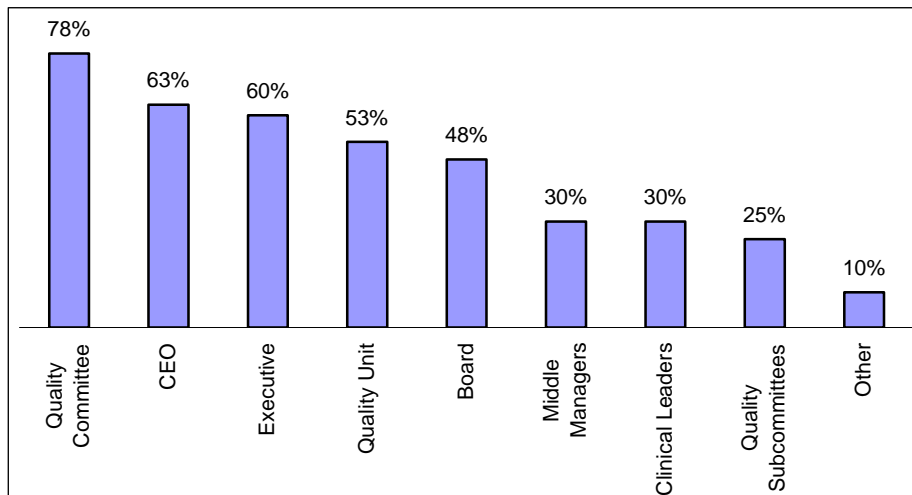


Figure 2. Personnel involved in discussion of the Framework

How the Framework was used

Respondents chose between six alternative uses for the Framework, the 3 most frequently chosen alternatives are listed in Table 2.

Type of Use	% (Number) of responses
Source of ideas for specific areas of clinical governance program	72%(n=29)
Reference for personal use	70% (n=28)
Benchmark to review existing safety and quality program	67 % (n=27)

Table 2 Most frequent uses of the Framework

The following comments, derived from the survey, provide examples of how the Framework has been used to review and improve safety and quality programs:

- *We have used the framework to review our existing framework - currently updating this to ensure we include the elements noted in the VQC Framework document.*
- *The safety & quality matrix provided a useful aid in consideration of how best to structure aligned overall approach to Governance with its approach to Quality & Risk Management.*
- *The Framework has been used as reference against which many of the components of our system have been assessed to identify opportunities for improvement and/or gaps.*
- *Framework used as part of review of committee effectiveness and reporting.*
- *The approach has been used in restructure of organisational committees.*
- *...It has also been provided for staff to assist in the development of KPIs.*
- *To inform the development of Governance framework.*
- *Useful as a basic framework for Quality of Care report. Helped to set out our reporting to the community in a structured way and to assist in making sure all areas were covered.*
- *To be used as part of education series in future.*

Use of Framework components

The components of the Framework that were reported as most useful were:

- *the Framework checklist;*
- *clinical governance roles from the safety and quality matrix; and*
- *the organisation wide approach to safety and quality.*

Respondents were asked to prioritise the components in order of perceived usefulness by allocating a rating between one and seven to each component, with one being the 'most useful'. For example the component, *Organisation-wide approach to safety and quality improvement* was rated as 'most useful' (rating 1) eleven times.

Table 3 shows the priority ratings and scoring frequency for each component. The Table is set out in the same order as the components appear in the survey.

Priority Rating	Overview of the Victorian S & Q Improvement Framework	Organisation-wide approach to S & Q Improvement	Organisational Example	The Safety and Quality Matrix			The Framework Checklist
				Organisational Elements	Dimensions of quality	Clinical Governance Roles	
1	3	11	2	1	3	2	8
2	2	4	2	3	4	5	6
3	2	3	2	4	4	6	3
4	2	0	2	5	0	7	3
5	2	2	2	1	2	2	3
6	3	1	4	2	2	0	1
7	3	0	2	1	5	0	2
No. of times ranked	17	21	16	17	20	22	26

Table 3. Framework components considered 'most useful' by priority rating

The 3 components of the Framework most frequently adopted by health services for ongoing use are provided in Table 4.

Framework Component	% (Number) of responses
Organisational wide approach to safety and quality	45% (n=18)
Clinical governance roles, from the safety and quality matrix	40% (n=16)
Framework checklist	45% (n=18)

Table 4. Framework components most frequently adopted for use

Barriers to Using the Framework

All metropolitan health services responding to the survey have used the Framework in some way to assess or improve their safety and quality program, with no barriers to use or implementation noted.

Rural and regional health service responses ranged from those who had used the Framework to review their safety and quality program without encountering any barriers, to those interested in implementing the Framework but who experienced challenges in trying to achieve this.

These challenges included: a lack of understanding by some staff, at various levels within the organisation, of the importance of safety and quality; the need for further education to assist staff to better understand their roles in safety and quality; concerns about aligning various frameworks and factors relating to smaller organisations, such as multiple roles; and lack of time and resources.

- ...as yet quality is not represented at leadership and management meetings.
- Despite ongoing education, many staff needed further instruction to grasp the concept that safety and quality improvement are critical dimensions in the delivery of health care to the consumer.
- Lack of knowledge/importance of the framework and willingness to change.
- Resistance amongst some middle managers to developing an understanding of the framework.
- We have not yet been successful in getting clinicians engaged as yet. More education is required.
- It is one of multiple frameworks (eg ACHS). If there was a single framework its utility would be greatly enhanced.
- Issues tend to be, staff not wanting to duplicate effort, and they often ask what the links are with ACHS criteria. If there was a simple way of bringing the two together it would be very helpful.
- Our organisation would like to implement but due to being small, rural, a shortage of staff and too many other urgent requirements it has been pushed down the list.

Implementing the Framework

40% (n=16) of health services indicated they are in the planning stage of implementing components of the Framework, with 20% (n=8) implementing and 10% (n=4) embedding change. 27.5% (n=11) of health services had no implementation planned. Four main groups provided support for implementation of the Framework: Boards, CEOs, Executive and Quality Improvement Staff. Figure 2 provides a breakdown, by personnel and group, of those supporting implementation of the Framework. The groups participating in implementation were similar, with little involvement of middle managers or clinicians.

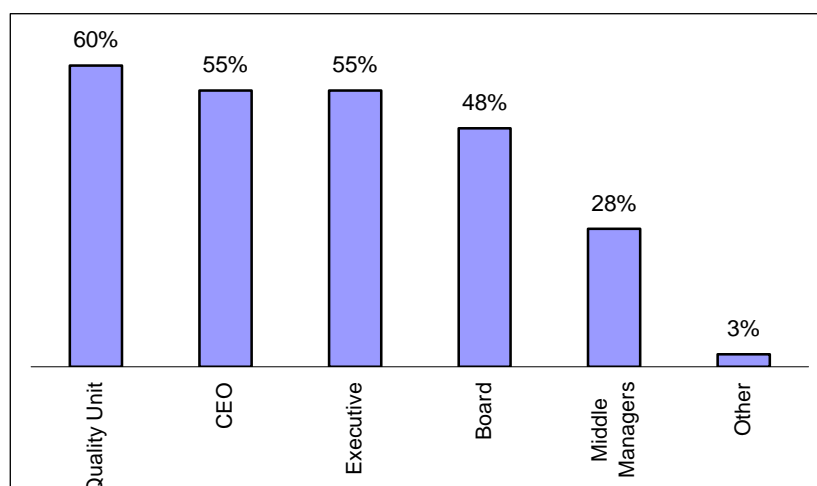


Figure 2. Organisational Support for Implementation by Personnel and Group

Most organisations appear to have taken a multifaceted approach to leading and spreading the use of the Framework in their organisations as seen in Table 5.

Implementation Approaches	% (Number) of responses
Promotion by Quality Manager	57% (n=23)
Communication strategies	45% (n=18)
Revised organisational quality program structure / process	42%(n=17)
Education	35% (n=14)
Board / Executive policy directive	27% (n 11)
Clinical governance champions	22% (=9)
Reallocated resources	10% (n=4)
Other	7.5%(n=3)

Table 5. Main approaches to Implementation of the Framework

Using the Framework to achieve and sustain quality and safety improvement

Improvements to safety and quality programs attributed to implementation or use of the Framework were mainly focused around increased understanding of clinical governance by Boards and others, and improved reporting and monitoring of safety and quality through revised structures and processes:

- *Revision of adverse event reporting process, clinical review process, structure for responding to coroners' recommendations, clinical indicator collection and reporting.*
- *Greater understanding of clinical governance and how to measure outcomes*
- *Organisational wide approach with BOM support. The framework has given us a practical way to implement our quality programs.*
- *Greater understanding of clinical issues by the Board as reporting is based on the framework. Improved reporting of meaningful data at the Quality & Safety Committee.*
- *Committee restructuring leading to improved flow of information across organisation. Review of strategic direction of organisation. Increased awareness of relationship between safety and quality across organisation.*
- *Extended performance indicators.*
- *New style of Board of Management ... Organisational Policy and Procedure and Quality Plan. Development of Quality Committee to monitor progress. Increase reporting of incidents.*

Several respondents noted that the Framework can provide guidance for those working in smaller organisations where there are limited resources to support staff responsible for quality and safety:

- *appreciated the framework because it is difficult to work as a sole quality practitioner without proper guidelines and this document gave me that!*

- *As with all small to medium sized organisations, we do not have dedicated resources for individual initiations, therefore resources such as these are invaluable in keeping abreast of current industry issues and freeing up more time for 'action' plans and service improvements.*

The Framework appeared to reinforce existing approaches to quality and safety, and clarified staff roles and general understanding of clinical governance. A number of health services noted that improvements would be sustained through ongoing monitoring and reporting processes to Board quality committees:

- *The organisational elements and framework checklist were utilised to focus the Board Quality Committee on key themes for monthly Committee Agenda.*
- *....used as a template for reporting Quality and Safety to our BOM and Executive.*
- *The Framework Checklist will be utilised to inform ongoing role, activity and achievements.*
- *The framework has been a very useful tool as it is consistent with approach we have been using over the last 3 years. It has been helpful to be able to demonstrate this to the Board and staff and the VQC framework has been officially adopted and incorporated into our documentation on our quality framework and quality planning approach.*
- *The aim for 2005 is to actively use the checklist and review our organisational elements against the Framework.*
- *Increased BOM and clinical staff awareness of importance of safety and quality.*
- *Framework is embedded into day-to-day practice.*

Discussion and conclusion

Findings from the survey indicate that practical tools such as the VQC Safety and Quality Framework can provide useful guidance and support for health services to improve safety and quality programs. Health services responding to the survey demonstrated a willingness to invest time and resources in utilising the Framework to improve clinical governance.

The usefulness of the Framework appears to span both metropolitan and rural health services. Survey results suggest that the Framework enabled health services to measure their safety and quality programs against best practice, and provided ideas for improvement. It was also reported as an important tool in promoting the importance of safety and quality of care to health service Boards and others in the organisation.

The findings suggest that participation in discussion about the potential use of the Framework and involvement in its use or implementation has been largely confined to senior management, the Board and Quality Units and Committees, with little involvement of middle managers or clinicians. The challenge of engaging clinicians, middle managers and others in clinical governance, and the need for further education to assist staff to better understand their roles in safety and quality was a reoccurring theme in comments provided in the survey.

The apparent limited participation by middle managers and clinicians in such safety and quality activities may reduce their effectiveness. A review of the role of leadership in quality and safety improvement suggests that health service middle managers have

an important role to play in enhancing organisational performance.¹ The role of clinicians in clinical governance is also a significant one. The concept of clinician leadership is explored more fully in *Developing the clinical leadership role in clinical governance – A guide for clinicians and health services, Victorian Quality Council Secretariat April 2005*: 'Clinician input into safety and quality improvement is critical for predicting the 'bedside impact' of changes, and for promulgating new ideas within and across clinical and professional boundaries'.² It also suggests that clinicians are more likely to engage in clinical governance activities if involved in the design and planning phase, this is likely to apply equally to middle managers.³

Education and training are consistently identified in the literature as a key element of successful quality improvement, whether for an organisation-wide program or a specific practice change/improvement activity.⁴ In recognition of this fact and the identified need for an easily accessible, basic safety and quality short course for health services, VQC has undertaken to develop, pilot and evaluate a short course education program for Victorian health services. Health services also need to support clinicians and middle managers to take an active role in clinical governance. This could include: tailored leadership roles that fit with organisational clinical roles, support from executive managers, provision of evidence and data to promote understanding of what they do, and how they compare with others, and clearly articulated responsibilities for improving quality and safety improvement.²

Thank you

We appreciate the time taken by staff to complete and return the survey and thank all health service staff that participated. Your input is invaluable in assisting us in the development of useful safety and quality approaches.

Report prepared by Ms Lesley Thornton with input from Dr Cathy Balding and Mrs Veronica Strachan

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