

Draft Minutes of the Victorian Quality Council Meeting 20 February 2009



Agenda Item	Discussion Points	Actions/ Outcomes	Person/ Group	Due Date
Present	Dr Sherene Devanesen, Chair Ms Jodie Ashworth Ms Jo Bourke Associate Professor Caroline Brand Ms Maree Cuddihy Ms Lydia Dennett Dr Simon Fraser Dr Rob Grenfell	Mr Ivan Kayne Mrs Sue Kirsa Ms Alison McMillan Dr Annie Moulden Associate Professor Leslie Reti Dr William Shearer Associate Professor Alan Wolff		
In Attendance	<i>VQC Management Group:</i> Dr Paul Ireland, Manager Ms Kate Morrissy, Senior Project Officer Ms Ann-Maree Baker, Project Officer <i>Guests:</i> Dr Melanie Benson (Alfred Health) (Item 3) Ms Rosie Forster (NHMRC-NICS) (Item 3) Dr Jinette DeGooijer (Innovative Practice) (Item 6.1)	Dr Gentle Ford (Success Works) (Item 6.1) Associate Professor Mike Faris (RMIT University) (Item 6.1)		
1.	Welcome and apologies The Chair welcomed members.			
1.1	Apologies received Professor Christopher Christophi Mr Martin Day Professor Michael Grigg Mr Stephen Marshall	Ms Vicky Mason Ms Liza Newby Ms Jennifer Williams		
1.2	Conflict of Interest Declaration No conflicts of interest declared.			
1.3	Membership changes to Council Dr Devanesen announced the resignations of Ms Vicky Mason and Ms Jennifer Williams. Congratulations were extended to Mr Ivan Kayne for receiving a Medal of the Order of Australia (OAM) in this year's Australia Day Honours. The award was "For service to the community through a range of charitable, health and service organisations".	Ministerial briefing to initiate the replacement process.	Manager	

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2.	Minutes of the previous VQC Full Council meeting Minutes from the meeting of 5 September 2008 were confirmed and accepted.	Minutes to be posted on the VQC website	Management Group	
3.	Presentation on improving the management of cancer pain Dr Melanie Benson, NHMRC NICS – VQC Fellow 2006-2008, is a palliative care consultant at Alfred Health. She presented the results of the project completed as part of her fellowship which was on pain management for palliative care patients at Peter MacCallum Cancer Centre. A key finding was that documentation of pain management improved during residents' three month rotations but deteriorated again when new residents took over. Brief educational outreach (academic detailing) was more successful in changing behaviour than conventional didactic lectures, which residents often struggle to attend. Educational outreach could be used to a greater extent in postgraduate training. Through Dr Benson's role, there is greater recognition of the scope for organisational change – educating residents and improving governance of pain management. Hospitals should be routinely auditing pain and organisations need to be structured to learn from experiences and utilise the knowledge and skills that pharmacists and nurses have in relation to pain management. Members agreed that the sponsorship of the NICS fellowship had been successful. Members agreed that it was refreshing to have a presentation at a VQC meeting and would like more in the future.	To consider future sponsorship of NICS fellowships, setting some direction for the nominated projects. A presentation to be part of future Council meetings, as appropriate.	Clinical Leadership Group Chair and Manager	
4.0	Matters Arising			
4.1	Strategic Plan 2008 – 2012 Dr Devanesen reported that format of the plan has changed this term with the evidence base behind each of the objectives included within the plan. We believe that if we are expecting clinicians to make evidence-based decisions then we should be leading the way on this practice. Mr Kayne tabled Ms Newby's comments and asked whether there was the possibility of focus groups and/or a consumer advisory committee to support the work of the Council. There was agreement that the detail around consumer participation strategies for each of the initiatives can be decided by the working group responsible for that area. Members acknowledged the explicit commitment to consumer participation up front. Specific suggested changes to wording and a diagram were noted and the Council approved the	Ministerial briefing to seek endorsement of the approved plan.	Manager	

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	plan subsequent to the changes being made. The plan now requires endorsement by the Minister for Health.			
4.2	<p>Operating principles</p> <p>Dr Ireland tabled an outline of an operating structure that included roles for the full Council, an executive, a rapid response group, a clinical leadership group, a metrics and monitoring group, and a patient journey and communication steering group with three subsidiary groups: health literacy; patient transfer; and culture and communication. As a starting point for discussion, members were assigned to the various groups based largely on their responses to an online survey in 2008 in which a question was asked about what they would most like Council to achieve this term. Groups will be supported by personnel from the Management Group. There was agreement that the structure was suitable but that it should be reviewed after 12 months of operation. Members to have the opportunity to review their suitability and fit with the proposed groups. Council has the capacity to coopt or second people onto working groups who would not become members of Council. This could include people representing a particular perspective or expertise.</p> <p>The role of working groups will be different to that which applied previously in that there will be less project management oversight and greater provision of strategic advice. It was suggested that NICS fellows could take on the role of work in areas where Council may have done so in past projects.</p>	<p>Members to review their availability to contribute to the proposed operating structure.</p> <p>Initiate meetings of working groups</p>	<p>Members</p> <p>Working Group Chairs and Management Group</p>	
4.3	<p>Work program</p> <p>Dr Ireland presented the draft work program the 21 objectives covered in the draft strategic plan. The aim was to demonstrate a framework that identified actions, responsibilities of the management group, responsibilities of Council members, stakeholders, resources, timeframe and outputs and key performance indicators. The work program was designed to assist the working groups and the information contained within was of an indicative nature only; the groups will determine the actual content. The work program complements the strategic plan and is reviewed periodically.</p>	<p>Working groups to review and modify the draft work program as required.</p>		
5	<p>VQC Budget Update</p> <p>Dr Ireland presented the financial position of the VQC as at the end of January 2009. Because of the transition phase the Council is going through with the development of a new strategic plan, the budget for the 2008–2009 financial year is considerably less than the normal operating budget of \$3.0 million plus indexation.</p>			
6	Recurrent Programs			

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6.1	<p>Consumer Leadership Development Program</p> <p>Dr DeGooijer and A/Prof Faris reported that the program that was delivered was based on two principles; learning from experience, and shifting from being advocates to leaders. The model was based on the concept of fostering emergent leadership. Essentially, the people who took part in the program had 'fallen into' their roles because of personal circumstances, they had not been seeking to become leaders per se. The program incorporated action learning and mentoring. Initially many saw themselves as leading 'issues' rather than groups. It is generally acknowledged that significant change takes three years to embed so a program that lasted for less than a year may not have produced the full extent of leadership development that was possible.</p> <p>Dr Ford reported that this program was found to be most beneficial to beginners. They have benefited from expanding their networks. They have discovered that there wasn't one expected norm of a consumer leader. They feel that the program has given them greater credibility and respect, plus confidence and a sense of direction. Through self-reflection they feel better able to communicate with the system.</p> <p>Participants had expressed their gratitude to VQC for offering the program but felt that they would have appreciated an introduction to the program from the VQC demonstrating that the initiative was not just a token gesture. They expressed an interest in knowing more about the how the health system works, i.e. the nuts and bolts of how consumer involvement takes place. The mentoring component was the most difficult aspect to influence and the part least able to be evaluated.</p> <p>As a member of the Program Reference Group, Ms Cuddihy spoke about background of the project and some of the issues. VQC now needs to determine what was hoped to be achieved from the program at the outset. Presently, there are 16 people whose consumer leadership we have cultivated and among whom there is strong peer network. VQC needs to decide what we can offer them to support and mobilise them. What role do we want from them? One option is to establish a Consumer Advisory Group to Council but the note of caution here is that we will be encouraged to take on specific issues when our role is to be a strategic advisory body.</p>	<p>Advise on the future direction of consumer leadership development and the best way to utilise the abilities of those who completed the initial program.</p>	<p>The Patient Journey and Communication Steering Group</p>	
6.2	<p>Update on the Acute Pain Audit Tools</p> <p>Ms Morrissy reported on the development of the acute pain audit tools. This includes an organisation self assessment which focuses on support for Acute Pain Management and governance issues and the clinical practice audit. These are currently being piloted and are expected to be launched in March.</p>			

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6.3	<p>Update on the Falls Package and discussion of potential collaboration with the ACSQHC</p> <p>Ms Morrissy reported that there have been difficulties with the external web developer for this program and the package is currently being completed in-house by the DHS web team. It is expected to be ready in April. The Council will have the option of launching the package then as it now stands or bringing it in line with the national guidelines which are expected to be published by the Commission in March 2009. It was agreed by the Council that further amendments to the package to bring it in line with the new national guidelines is the preferred option.</p>			
6.4	<p>Update on the Pressure Ulcer Basics Online Education for Residential Aged Care</p> <p>Ms Baker provided an update on the project confirming that the design and development was complete and we are ready to release the package. Ms McMillan suggested adding the Department of Health and Ageing to the dissemination strategy because of its role in aged care.</p> <p>The question was raised as to what proportion of acute hospital beds now have appropriate mattresses for pressure ulcer reduction? It was thought that this question would have to come from the Statewide Quality Branch rather than VQC. By raising the question, there might be an expectation that we would consider funding mattress replacement again.</p> <p>With the shift for the third term Council working at a more strategic level, there is a sense that we are attempting to finish off the work in specific content areas (items 6.2, 6.3, 6.4). It was agreed that it would be best to capitalise on these materials. The VQC is well badged because of its achievements in pressure ulcers, hand washing and acute pain management so what is needed is to attach the quality improvement resources to the outputs of the metrics and monitoring group's work. By linking the resources to the data reports, we can say here are the things you can use when you have a variance. VQC resources need a use-by date. May need to rescind if not updated within last 3 years. There is evidence that a significant number of guidelines etc are no longer valid after 2-3 years. The issue of maintaining the currency of resources is critical; is it VQC's role to keep them up-to-date or to find others who can support them?</p>	<p>List the guidelines and tools, date of their development and where it is now available. Also need to know hits on website so it's easy to see what's being used and what's not. Report to Council who will decide what to do next.</p>	<p>Management Group</p>	
6.5	<p>The Victorian Travelling Fellowship Program</p> <p>Dr Ireland provided a brief outline of the history of the program. The annual budget of \$120,000 from VQC plus 0.6 EFT administration provided by the Statewide Quality Branch has remained constant. However, the nature of the program has changed; originally 10 fellows were funded for one year now it's 4 over a two year period. At time of change we agreed to fund 3 more rounds and then do an evaluation following the</p>	<p>Produce a proposal and put this as advice to the Minister.</p>	<p>Clinical Leadership Group</p>	

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	<p>2008 offers. Dr Ireland asked for greater clarity around what the fellowship program is really trying to do, develop clinical leadership or develop innovation?</p> <p>There is a sense that the original model (1 year) was better. A good example was research on the development of community kitchens in Canada in 2003 by Jenny Trezise, dietitian from Frankston Community Health Services. This initiative has led to real spread across the state and beyond.</p> <p>Consider offering the shorter program (1 year fellowships) for 5 or 6 fellows in 2009 and then do a rigorous evaluation. A condition of getting the money is to have Fellows present their findings to Council.</p> <p>There is a need to be strategic with respect to the areas studied to achieve alignment with VQC's strategies without being too autocratic in our approach.</p>			
6.6	<p>Conference sponsorship</p> <p>Dr Ireland outlined the history of VQC conference sponsorships in 2006 (Melbourne, included VQC information session), 2007 (Brisbane, included VQC information session) and 2008 (Adelaide, VQC and DHS display booth but no information session). At the time VQC initiated the conference sponsorship program, the Australian Council on Healthcare Standards (ACHS) national conference and the Australasian Association for Quality in Health Care (AAQHC) conference were held jointly. This was not the case in 2008, with AAQHC holding a successful conference in Christchurch. The Australasian Association for Quality in Health Care (AAQHC) is holding the 7th Australasian Conference on Safety and Quality in Health Care in Sydney 6-9 September 2009 (the deadline for abstracts is 25 March). ACHS will not be holding a national conference in 2009, rather they will be holding a series of workshops and masterclasses around the country.</p> <p>There was agreement that if sponsorship to a single conference is recommended, the VQC information session should be reinstated.</p>	<p>Create a diary of quality and safety events for the next 12 months.</p> <p>Review list of forthcoming events and recommend numbers of sponsorships.</p>	<p>Management Group</p> <p>The Clinical Leadership Group</p>	
7	<p>Report from Department of Human Services</p> <p>The Branch update reports were tabled and Alison McMillan focussed her update on the recent emergency efforts in responding to the heat wave and bushfire situation. She described to council the role of the department and the branch in managing these events.</p>			
8	<p>VQC Manager's Report</p>			
8.1	<p>VQC Management Group staffing update</p> <p>Dr Ireland reported that the Management Group was assisted by hosting a Public Health</p>			

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	Trainee, Ms Mary Kelly, for the past three months. This was a valuable opportunity for us and one that we would look favourably on repeating in the future. Two positions are currently being advertised, a VPSG5 Senior Project Officer, and a VPSG3 Office Coordinator.			
9	Australian Commission on Safety and Quality in Health Care update Jennifer Williams was not present at the meeting to provide an update. There was discussion about surgical checklists reducing adverse events, following the recent publication of an international study (Haynes AB et al, N Engl J Med 2009; 360: 491-9). VSCC is looking at doing something with this. Hand hygiene launch at the Austin was cancelled.			
10	Articles and Reports of Interest			
10.1	Final Report of the Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals (Garling Report) VQC will not be responding to the report because the Statewide Quality Branch has briefed the Minister already. A lot of consideration would need to be given before considering any of the recommendations for Victoria. There was general agreement amongst VQC members that the report was unclear on the practicalities of implementing some of the recommendations.			
10.2	VQC quarterly reports to the Minister No discussion.			

Meeting closed at 16:35pm

Next meeting scheduled for Friday 8 May 2009, 1:00 to 4:30pm.