

Draft Minutes of the Victorian Quality Council Meeting 8 May 2009



Agenda Item	Discussion Points	Actions/ Outcomes	Person/ Group	Due Date
Present	Dr Sherene Devanesen, Chair Ms Jo Bourke Associate Professor Caroline Brand Ms Maree Cuddihy Mr Martin Day Ms Lydia Dennett Dr Robert Grenfell Mr Ivan Kayne	Mrs Suzanne Kirsas Mr Stephen Marshall 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 (PI) Ms Kate Morrissy, Senior Project Officer Ms Ann-Maree Baker, Project Officer Ms Elena Boteva, Office Coordinator <i>Guests:</i> Ms B Mitchell-Dawson(DHS) (Item 3) Ms Sonia Caruana (Senior Project Officer – to commence 11 May 2009)			
1.	Welcome and apologies The Chair welcomed members.			
1.1	Apologies received Ms Jodie Ashworth Professor Christopher Christophi Dr Simon Fraser Professor Michael Grigg Ms Liza Newby			
1.2	Conflict of Interest Declaration Dr Robert Grenfell advised that he has taken up the position of Senior Advisor Preventative Health within the Public Health Branch of the Department of Human Services. Dr Grenfell continues to practise as a part-			

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	<p>time general practitioner in rural Victoria and because he is still actively involved in clinical practice he considers it appropriate to remain a member of the VQC.</p> <p>Associate Professor Caroline Brand identified her role at the Royal Melbourne Hospital and exempted herself from decision making on item 4.3 when the request for funding from Royal Melbourne Hospital was discussed.</p>			
2.	Minutes of the previous VQC Full Council meeting			
2.1	Minutes from 20 February VQC Full Council - for confirmation	Minutes to be posted on the VQC website	VQC Management Group	
	Proposed amendment to minutes of 20 February 2009 (item 6.4) accepted. Minutes accepted with amendment made.			
2.2	Responses/updates to actions from the last meeting			
2.2.2	Action regarding Website content	Implement stage 1 update.	VQC Management Group	
	<p>Ms Ann-Maree Baker reported the findings from an internal audit of the VQC website and proposed updating it in two stages.</p> <p>Council members agreed on the proposed Stage 1 changes.</p> <p>Approval was granted to commence scoping stage 2 and develop a draft proposal.</p> <p>An initial estimated budget of \$40,000 for the development of a proposal was approved. No timeframe was proposed or agreed. The Council agreed that any budget not expended in producing the proposal will go toward implementation costs.</p>	Develop draft proposal for Stage 2 and present to council for approval	VQC Management Group	
2.2.3	Conference Sponsorship	Investigate Adelaide conference on Evidence-based Clinical	VQC Management Group	
	The issue was raised of Working Group members attending conferences when relevant to the work of the group. One such conference is coming up in Adelaide on Evidence-based Clinical Leadership. Requests for sponsorship			

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	<p>to go to relevant conferences will be considered by the Council.</p> <p>In relation to the sponsorship program for the Australasian Association for Quality and Health Care (AAQHC) Australasian Conference on Safety and Quality in Health Care, it was agreed that we would proceed with the program in its current form and the Clinical Leadership Group will revise the future of this program in the longer term. If possible, a portion of the funds for the 2009 program is to be taken out of this year's budget to pay for conference registrations. As in previous years, Council will host an information session for sponsored attendees.</p> <p>Agreed that up to eight Council members will be funded to attend the AAQHC Conference in Sydney 7-9 September 2009.</p>	<p>Leadership.</p> <p>Council endorsed proposal to run conference sponsorship in its current form in 2009 and agreed that Clinical Leadership will review the program in time for Feb 2010.</p> <p>Seek expressions of interest from Council members directly.</p>	<p>VQC Management Group</p> <p>VQC Management Group</p>	
3.	<p>Presentation on Seclusion Practices project – Mental Health</p> <p>Ms B Mitchell-Dawson, Senior Clinical Advisor with the Clinical Policy and Standards unit of the Mental Health Branch of DHS presented the learnings of the Creating Safety project.</p> <p>Ms Mitchell-Dawson pointed out that physical restraint is not regulated and is harder to define. Seclusion and mechanical restraint are recorded at state level which makes Victoria fairly well progressed compared to other states. Physical restraint data are not captured. Physical restraint has been mooted as a key quality indicator because it often appears to lead to seclusion episodes.</p> <p>Additional clarifications and discussions between the Council members followed.</p>			

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	<p>Ms Mitchell-Dawson pointed out that evidence has shown that practice can be improved by early interventions. She reported a key learning was the vital role of leadership. Education and training would be a good way of taking the work further.</p> <p>As a result of the project, across the state there has been 25% reduction in duration of seclusion and number of episodes (30% reduction in adults).</p> <p>Members agreed that the sponsorship of the Creating Safety – Reducing Seclusion Practices project had been successful.</p>			
4.0	Matters Arising			
4.1	<p>Response to the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Clinical Handover Guide</p> <p>It was agreed that the VQC comments should both clearly point out the merits of the document but also indicate the need for improvements. VQC supports the existence of a handover guide and what is more, is keen to be involved, and has strong commitment to improving the document. Our relationship with ACSQHC is an important one so our correspondence has to recognise that reality. The aim is to work with the Commission. The Council believes that the guide should focus on the principles of handover.</p> <p>Feedback on the document by various clinicians in Victoria has not been very positive. Examples were given of the successful use of ISBAR at Southern Health whereas the ISOBAR mnemonic has not been validated. It was suggested that we could include some information on Southern Health's experience in the letter. Discussions concluded that there has been no academic support or intellectual justification for the graduation from ISBAR to ISOBAR.</p>	<p>Tone down the draft response. Take out 2nd paragraph. Put Southern Health project information as a preamble in the response.</p> <p>Have a conversation with the Chair of ACSQHC prior to sending the response.</p>	<p>VQC Management Group</p> <p>VQC Chair</p>	

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4.2	<p>Scheduled meeting with VQC Chair and the Minister regarding VRE and Immunisation</p> <p>There were discussions around the difficulties of screening staff for immunisations such as getting accurate statistics on the immunisation status. It was pointed out that updating that status is very costly but also there is the issue of confidentiality. One of the options is to do screening at appointment for: Hepatitis B, Hep C and tuberculosis (TB) vaccinations.</p> <p>This is not only a clinical quality issue. It also relates to an employer's responsibilities with respect to the occupational health and safety risk. Legislation requires physicians to be aware of their Hep B/C/HIV status.</p> <p>It was suggested that the VQC focus from Q&S perspective should be on education on vaccination.</p>	<p>VQC Chair and VQC Manager to meet with Hon Daniel Andrews on 11 June 2009 re Healthcare Worker Immunisation and VRE.</p>		
4.3	<p>Request for funding from Royal Melbourne Hospital</p> <p>The VQC Manager, Dr Paul Ireland, had not received a response from Dr Greenberg. Dr Ireland's letter requested clarification on the engagement of a NZ facilitator, and an option to involve more participants from health services other than RMH.</p> <p>It was agreed that the priority of the Council is to support the work of the working groups and to comply with the current Terms of Reference which require the Council to focus on more strategic, system wide and sustainable initiatives.</p> <p>The council agreed that a larger number of participants will require the program to be extended to a two-day workshop. Council would be willing to consider funding such an event but not the current proposal as it stands.</p> <p>Members also agreed that the VQC will judge applications on a case by case basis and defer back to individual working groups.</p>	<p>Suggest extending the program to allow a second day that would be open to people from across the sector.</p> <p>In the response request a clear set of learning objectives and information on how the program will be evaluated.</p>	<p>VQC Management Group</p>	

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	VQC will also require participants to provide us with an evaluation.			
4.3.1	<p>Strategy for dealing with unsolicited requests for funding</p> <p>Discussions followed regarding the Sponsorship item on website. As a way of managing unsolicited requests for funding, a proposal was put forward to specify on the website that VQC is not a funding body but that we are open to proposals to work in partnership. It was suggested that the Council consider allocating a small amount of the budget to these kinds of requests as long as they are aligned with key initiatives within the strategic plan. VQC should look into limiting the amount of money available per request.</p> <p>It was agreed that the document will not be put on the website, but VQC Management group will note feedback and put a proposal forward at the next Council meeting.</p>	Make a decision about funding request process at our next meeting. Decision deferred until then.	VQC Full Council	
5	<p>VQC Budget Update</p> <p>There was a request to have the budget presented in a way that separates committed and discretionary funds.</p> <p>It was suggested that working groups decide their own budgets.</p>	Format for budget reporting to be reviewed.	VQC Management Group	
6	Recurrent Programs			
6.1	<p>Update of the Falls Package</p> <p>Ms Kate Morrissy reported that due to non-compliance issues with the department's AAA access standards, the web team has advised that the online falls education package will need to be re-built entirely.</p>	Package will be AAA compliant.	VQC Management Group	

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	<p>This has resulted in a delay in the completion which is now expected late June. Additional funds have been approved by the VQC Exec.</p>			
<p>6.2</p>	<p>Update on the Acute Pain Project and submission to ACHS</p> <p>Ms Morrissy reported that the Acute Pain Management Audit tools are now complete and a mail out will be commenced shortly. No comments on the Draft letter to ACHS.</p> <p>The following suggestions were put forward by Council members regarding the Acute Pain Management Measurement Audit Tool Guidelines:</p> <ul style="list-style-type: none"> • Shift definition of pain before the Introduction. • Change 'is' to 'in' in 8.1. • Consider writing a letter, similar to the ACHS one, to the AusPSI program. • Make sure that in the Communication Strategy to Private Hospitals includes the Head Office for each of the big groups. • Send a letter to Healthscope, Ramsay, St John of God etc. It should also go to CEOs or Directors of Nursing of private sector hospitals. 			
<p>6.3</p>	<p>Update on the Pressure Ulcer Basics Online Education for Residential Aged Care</p> <p>The VQC Management group have received requests to have a certificate available at the completion of the online package as had been built into the previous package.</p> <p>The Council agreed that the VQC Management Group should look into these options.</p> <p>Update provided for council and decision noted.</p>	<p>Investigate feasibility of enabling the provision of certificates</p>	<p>VQC Management Group</p>	

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7	Working Group Meetings			
7.1	<p>Metrics and Monitoring</p> <p>Ms Alison McMillan reported that the group had met twice and discussion had focussed on the plethora of indicators and reporting measures already in place or in development locally and nationally.</p> <p>Ms McMillan had circulated to the Group all the indicators currently collected by the department and these will be mapped against the dimensions of quality.</p> <p>The definition of the dimensions of quality as it appears in the Better Quality, Better Health Care 2005 framework was circulated for discussion. Given the ACSQHC is about to release the draft national framework it was decided to hold off on further discussion until the new definition is available, to ensure consistency.</p>	<p>Wait for consultation document to come out from ACSQHC before agreeing on the definition. Due to be released on Monday.</p>		
7.2	<p>Clinical Leadership</p> <p>Associate Professor Leslie Reti reported the group was currently identifying other interested groups to ensure a coordinated approach to this topic. NHS framework has been most useful for the group.</p> <p>It was mentioned that Brendan Murphy (VHSMIC) believed we should not be doing different programs in Clinical Leadership.</p> <p>College of Medical Administrators and VMIA have a Clinical leadership stream.</p> <p>The Innovation Council is currently speaking to a large group in the field.</p> <p>The Clinical leadership group has been invited to add any questions to their consultation.</p> <p>The work of the Clinical Leadership group is still in scoping phase.</p>			
7.3	Patient Journey			

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	<p>AM reported that the Steering Group had met and the group had agreed on the structure and composition of the sub-groups:</p> <ul style="list-style-type: none"> - Dr Simon Fraser as chair of Patient Transfer - Ms Marie Cuddihy – Culture and Communication - Mr Ivan Kayne – Health Literacy. <p>Scheduling of the sub-group meetings is underway and the Steering Group will meet again at the end of June.</p> <p>The Patient Transfer Group will re-look at work done in the previous council on patient transfer.</p> <p>The Group had been given the task of looking at the Consumer Leadership Development Program and determining:</p> <ol style="list-style-type: none"> a. The future of the Program b. The future for the graduates of the Program. <p>The following had been agreed by the Group.</p> <ol style="list-style-type: none"> a. Ongoing provision of the program by VQC is not aligned to the current strategic plan and therefore a new owner within the Statewide Quality Branch could be sought. This decision was also endorsed by the VQC Executive and their meeting on 24th April. Dr Ireland reported that he has discussed this option with Cath Harmer, Manager, Policy and Strategy Unit, Statewide Quality Branch (SQB) and she doesn't see it fitting with the SQB priorities at the moment. Dr Ireland asked the Group to develop a range of options for the future of the program to be considered again by the Council. b. The Steering Group had agreed that graduates of the program should be supported through an alumni program. Mr Kayne has agreed to be graduates' Mentor and act as the liaison between them and the Council. He has also contacted the Health Issues Centre to make sure they have an ongoing role. Each participant does – they all have jobs. <p>Ms Liza Newby returns in August.</p> <p>In a resulting discussion Associate Professor Brand raised the question</p>	<p>Formally have a meeting with the Health Issues Centre to present the experience of the Consumer Leadership Program.</p> <p>Formally have a</p>	<p>Patient Journey Group</p>	

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	<p>whether VQC would support a more extended pilot with a more thorough evaluation and then look at handing it on.</p> <p>Ms Cuddihy pointed out that the achieved result is intellectual property and VQC owns it. The general feel for this project has been that it was good that 'the Government' had invested in the development of the programme.</p> <p>Dr Annie Moulden expressed the belief that Health Issues centre would be keen to take the 'good bits' and make use of them.</p>	meeting with the Health Issues Centre to present the experience of the Consumer Leadership Development program.	Patient Journey & Communication Group	
7.4	<p>Draft minutes from VQC Executive meeting 24 April 2009 – for information only</p>	Noted.		
8	<p>Reports from other agencies</p>			
8.1	<p>Report from the Department of Human Services</p> <p>Ms McMillan circulated a copy of the new Clinical Governance Policy Framework, which has been recently released. It is a reflection of the current practice but brought into one consistent framework. Compliance elements have been included partially as a result of experiences at the Alfred Hospital.</p> <p>It was noted that the framework is not designed to be prescriptive, it must be flexible. Look at this partially as a compliance mechanism.</p> <p>Update on other activities of the branch/department followed, including the actions around the Bushfire recovery and the Swine flu.</p> <p>The department hosted the <i>Healthcare Innovation in Victoria 2009 Showcase Conference</i> on 6 and 7 April, with keynote speakers Dr Helen Bevan OBE, Mr Peter Fitzgerald and Dr Michael Walsh.</p> <p>A discussion around Standardised Hospital Mortality Ratios followed. The question was raised whether there are plans to make the data public. Ms McMillan replied that there is no clarity whether the data can be subject to</p>			

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	Freedom of Information requests.			
8.2	<p>Overview of ACSQHC Safety and Quality meeting held in Sydney 23 April 2009</p> <p>Presentation by the VQC Chair, Dr Sherene Devanesen.</p> <p>Additional comments: The ACSQHC is not planning to modify the draft framework document for consumers. Dr Devanesen suggested to the Commission that this should be re-considered. The Commission is planning to run focus groups in each of the states for consultation on the framework. Dr Devanesen advised them to contact VQC to organise this and suggested that the graduates of the consumer leadership program might be suitable participants.</p>			
9	<p>VQC Manager's Report</p> <p>Dr Ireland advised of recent appointments to VQC Management Group.</p>			
10	<p>Articles and Reports of Interest</p> <ul style="list-style-type: none"> - Latest quarterly report - Extract from Associate Professor Alan Wolff's book – Enhancing Patient Care - Extract from the Principles and Practice of Change 			

Meeting closed at 4:30pm

Next meeting scheduled for Friday 14 August 2009, 1:00 to 4:30pm.