health

Governing quality in public sector residential aged care:

An organisational readiness tool



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Foreword

A defining feature of residential aged care service provision in Victoria is the significant role played by the State Government.

At 30 June 2010, almost 24 percent of all residential services in the state (194 services providing over 6000 places) were governed and operated by public sector providers. The majority of these are health services, and the residential aged care service is often co-located with the hospital. Within this operating environment, the Board and executive management of all health services need to have regard for residential aged care services as part of their overall governance responsibilities.

While the Commonwealth Government has primary responsibility for residential aged care services, the Victorian Government actively supports health services to provide high quality care to residents living in public sector residential aged care services. The *Beyond Compliance Strategy* provides the strategic framework for focusing on quality and safety and aspires to broaden approaches to quality, beyond minimum Commonwealth accreditation requirements.

As part of the strategy, this *organisational readiness tool* is designed to assist Victorian public sector health service boards and executives analyse the robustness of the clinical governance systems within their organisations and how they apply to their residential aged care services. The tool covers all aspects of the **Victorian clinical governance policy framework**¹ and adds some specific residential aged care components.

The intent is that health services will adapt the components as they best fit their governance arrangements. Use of the tool by boards and executives as a gap analysis, basis for discussion and planning should support health services to align and integrate their governance systems for acute and residential services.

This tool was developed by Dr Cathy Balding of Qualityworks Pty. Ltd. In developing the tool, she has drawn from previous work commissioned by the Department of Health Aged Care Branch, as well as work undertaken in developing the Department of Health's draft Mental Health Quality Framework (2010) and her own research.

I encourage you to work through this tool to assist you in your governance of high quality care and support quality of life for your residents.

Professor C W Brook

Executive Director

Wellbeing, Integrated Care and Ageing

Generic organisational components of governance to support quality in public sector residential aged care services⁵

Quality of life experienced by every resident, every day Create and deliver quality care and services for each resident: Person Centred, Safe, Effective and Appropriate, Integrated and Coordinated Frontline staff Supported by four governance system pillars *Middle managers Executive and Strategic Resident Effective & Quality & risk Boards planning, & carer accountable systems for leadership & participation workforce care & service effectiveness support

^{*} Middle management provides the essential day-to-day link between health service governance, operational management, care and service delivery

Four steps to integrating governance, risk and quality systems to create quality residential aged care

Step 1. Define quality aged care in your organisation: what should it look like every day?

Use dimensions of quality relevant to your services to develop a definition of quality care: *for example*, quality residential aged care is:

- person centred
- safe
- effective and appropriate
- integrated and coordinated.

Step 2. Use the dimensions of quality to develop strategic organisational goals for resident quality of life, for example:

- Care is focused on the individual resident, their rights, needs, capabilities, choices and preferences. (Person centred)
- Residents receive care and services that are safe and minimise risk of harm. (Safe)
- Care is evidence based, individually designed and implemented to achieve the best possible health and wellbeing outcomes for each resident.
 (Effective and appropriate)
- The resident experiences seamless care and services, planned and delivered by a coordinated team. (Integrated and coordinated)

Step 3. Identify objectives, priorities and targets within each strategic quality of life goal and develop a plan to achieve them that is cascaded down the organisation and to point of care.

Step 4. Using the following guidance sections in this document, develop the organisational governance systems required to support the achievement of quality of life goals.

Organisational governance systems to support, monitor and improve resident quality of life

| Strategic planning, leadership and culture | Planning in progress | Currently implementing | Established | Comments/Actions |
|---|----------------------|------------------------|-------------|------------------|
| Planning | | | | |
| The board and executive make the provision of quality care an organisational strategic priority. Planning to achieve quality aged care includes: ^{1, 3} | | | | |
| a vision for, and definition of, quality of life for every resident | | | | |
| strategic quality goals, priorities and targets for each dimension of quality aged care, developed and designed to achieve the definition of quality of life over the short and long term, linked to acute care strategic quality goals and the organisational strategic plan | | | | |
| identification and proactive management of key risks | | | | |
| strategic quality of life priorities, objectives and measures are operationalised via local business or quality plans that involve point of care staff and managers in designing local activities and processes to achieve the organisational priorities | | | | |
| resource allocation to support achievement of these goals. | | | | |

| Strategic planning, leadership and culture | Planning in progress | Currently implementing | Established | Comments/Actions |
|--|----------------------|------------------------|-------------|------------------|
| Leadership, committees and culture | | | | |
| There is a system of leadership development, overseen by the board and implemented by the executive, that promotes: ³ | | | | |
| clear expectations of individual staff responsibilities for creating safe and high quality care and services to maximise quality of life for residents¹ | | | | |
| planning, mentoring, supervision and training to fulfil these roles | | | | |
| identification and removal of barriers to staff participation in providing quality care ² | | | | |
| intra and inter service collaboration on good practice to improve care ⁴ | | | | |
| clinician leadership in the improvement of clinical care and the use of evidence 1,2 | | | | |
| development of leadership capacity and succession planning for key quality roles.¹ | | | | |

| Strategic planning, leadership and culture | Planning in progress | Currently implementing | Established | Comments/Actions |
|--|----------------------|------------------------|-------------|------------------|
| The executive promulgates a 'just' culture – based on fair accountability and natural justice – wherein errors are reported and used for learning without blame, open disclosure is practised and people are held to account for deliberate transgressions. ^{1,2,3} | | | | |
| The board and executive ensure organisational climate is measured and improved, including staff and managers' perception of their roles in creating safe and quality care to maximise residents' quality of life. ² | | | | |
| There is an effective committee structure that: 1,3 | | | | |
| drives achievement of strategic improvement goals and priorities, at board and executive levels | | | | |
| ensures the governing body is supported to enact their governance accountabilities and informed regarding the quality of key aspects of care and risk | | | | |
| supports resident and carer participation in the review of care and services | | | | |
| reviews risk, improvement and evaluation data and ensures appropriate action is taken to reduce risk and improve care | | | | |
| supports and monitors implementation of legislation, policy, standards and evidence | | | | |
| ensures staff credentialing and scope of practice support safe and effective care | | | | |
| ensures new procedures, treatments and devices are introduced safely. | | | | |

| Resident and carer participation | Planning in progress | Currently implementing | Established | Comments/Actions |
|---|----------------------|------------------------|-------------|------------------|
| Policies, protocols and organisational structures for active resident and carer involvement (where relevant) and participation in governance, planning and service improvement, are in place and understood and enacted by staff. ^{1,2,3} | | | | |
| Resident and carer rights and responsibilities (including the Australian Charter of Healthcare Rights and the Charter of Residents' Rights and Responsibilities) are understood and supported by staff at all levels of the organisation, as is care that promotes resident dignity and is emotionally and culturally safe. 1,2,3 | | | | |
| There is an effective system for management of compliments and complaints. 1,2 | | | | |
| External and internally developed resident and carer satisfaction feedback are actively sought and routinely analysed to improve care and services and to aid understanding of quality of life experienced by residents. ^{1,2} | | | | |
| Information resources are available to support active participation of residents in quality care to promote their quality of life, where relevant. 1,2 | | | | |
| Residents are encouraged to actively participate, where possible, in processes to improve their personal safety, eg, identifying correct medication. ² | | | | |

| Effective and accountable workforce | Planning in progress | Currently implementing | Established | Comments/Actions |
|---|----------------------|------------------------|-------------|------------------|
| Each staff member understands and enacts their specific role in providing safe and quality care. ² | | | | |
| Recruitment and development systems ensure staff are qualified and experienced to provide the level of care their position requires. 1,2 | | | | |
| Clear role expectations are designed to drive quality and services, supported by credentialing, supervision, training and development, and linked to a regular performance review system. 1,2,3 | | | | |
| Staff compliance with standards, policies, guidelines, and protocols is supported and evaluated as the basis for safe and high quality care. 1 | | | | |
| Work practices and IT systems are designed to support staff to make the right decisions at the right time and to provide quality care. ^{1,2} | | | | |
| Staff and clinicians have timely access to relevant data about the quality of the care they provide and resident outcomes, and are supported to understand and act upon the data. 1,2 | | | | |
| Staff are trained and supported to create safe quality care, through their understanding of quality tools and the nature of error and risk. ¹ | | | | |
| There is a process for addressing complaints and concerns about staff. ² | | | | |

| Quality and risk systems for care and service effectiveness | Planning in progress | Currently implementing | Established | Comments/Actions |
|--|----------------------|------------------------|-------------|------------------|
| Improvement and innovation | | | | |
| The quality system is designed to support staff to achieve the strategic goals and priorities for maximising quality of life for residents. ⁴ | | | | |
| There is a planned approach to evaluating the effectiveness of care and services in each dimension of resident quality of life, using a range of quality tools and strategies for monitoring, evaluation, feedback, improvement, systems redesign, staff development and change management. ^{1,3,4} | | | | |
| Legislative and policy requirements, industry standards, protocols and evidence are used as the basis for maximising residents' quality of life. 1,2 | | | | |
| The quality system identifies and addresses unjustified variations in care processes and outcomes. ² | | | | |
| A quality minimum dataset monitors and reports on process and outcome indicators, key risks, care processes and outcomes for each dimension of quality residential aged care. 1,2,3 | | | | |
| Data quality is evaluated for reliability and validity. ^{2,3} | | | | |
| There is an organisational system for response to quantitative and qualitative data indicating sub-optimal care. 1,2,3 | | | | |
| Opportunities are sought for comparison with other organisations. 4 | | | | |

| Quality and risk systems for care and service effectiveness | Planning in progress | Currently implementing | Established | Comments/Actions |
|--|----------------------|------------------------|-------------|------------------|
| Improvement and innovation | | | | |
| Health professionals and relevant staff are supported to monitor and improve care and services, through development of their improvement science skills and knowledge. ^{1,2} | | | | |
| The quality and risk system is regularly evaluated to assess its effectiveness in improving care, support and services. ³ | | | | |
| The quality system is improved through research and innovation. 1,2 | | | | |
| Accreditation is one of the mechanisms to be considered as an external review of care and systems quality. 1 | | | | |
| Risk management | | | | |
| There is a proactive system of identification, response and control of resident risks, via an active risk register and risk management system. ^{1,2,3} | | | | |
| The safety of residents is monitored through a program of audit of key risks and incident reporting. 4 | | | | |
| Incidents and adverse events are investigated. Underlying systems issues and root causes are identified and used as opportunities for learning, staff development and systems improvement. 1,2 | | | | |
| There is a focus on systems improvement, human factors and building staff resilience. 4 | | | | |

References

- 1. The Victorian Clinical Governance Policy Framework: A Guidebook, Department of Health, Victoria, 2009.
- 2. The Proposed National Safety and Quality Framework, Australian Commission on Safety and Quality in Healthcare, NSW, 2009.
- 3. Quality in public sector residential aged care: where to from here? Integrated Quality Projects Report, Department of Health 2009, (Draft, unpublished)
- 4. Refers to an element identified across a range of quality and safety literature.
- 5. Diagram adapted from the Victorian Mental Health Quality Framework, Department of Health, 2010 (Draft)

| Notes | | | |
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