health

Governing quality in public sector residential aged care

An organisational readiness tool

Guidance for completing the tool

Purpose

The Governing quality in public sector residential aged care: An organisational readiness governance tool (the governance tool) has been developed to support Victorian public sector health service boards undertake an analysis of the clinical governance systems within their organisations and how they apply to their residential aged care services.

The governance tool draws on the best available evidence and previous work commissioned by the Department of Health Aged Care Branch.

The governance tool is tailored to encompass specific aspects of residential aged care as well as covering all aspects of generic quality governance. It also incorporates all aspects of the Victorian clinical governance framework. Completion of the tool will help boards to assess the robustness of current clinical governance systems to support quality residential aged care and provide a basis for discussion and strategic planning. It is also useful for considering opportunities for alignment and integration of governance systems for acute care and residential aged care services.

The governance tool provides a structured framework for assessing the clinical governance systems in place with analysis undertaken against the four generic organisational components of governance that have been identified to support quality in public sector residential aged care services, these being:

- · Strategic planning, leadership and support,
- Resident and carer participation,
- · Effective and accountable workforce, and
- Quality and risk systems for care and service effectiveness.

Who should use the governance tool?

The governance tool has been designed specifically for use by Victorian health service boards in conjunction with the executive and relevant quality and aged care program personnel.



Getting started

There are four steps to successfully completing the governance tool. Each of these can be undertaken as a separate exercise to complete the tool overtime, or, ideally, in one block of time (approximately 4 -5 hours). The way in which your service completes the governance tool will depend on the size and type of service. This could include a combination of individuals or small groups completing the steps and then coming together to discuss and determine the outcomes, or all steps could be completed as a larger group exercise.

Use of a facilitator will assist the process. Whichever method is used, the maximum benefit will be derived when as many board members as possible are engaged in the process. It is also important to consider how consumer/resident/carer views can be incorporated.

Pre-reading of the short departmental publication entitled *Systems for managing quality in Victorian public* sector residential aged care services: A literature overview is highly recommended for all those involved in completing the tool. Available at http://www.health.vic.gov.au/agedcare/publications/literature_overview.htm

In addition, it is beneficial to refer to the Victorian Clinical Governance policy framework documents available at http://www.health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm

Board members do not have to have operational knowledge of how care is delivered in their residential aged care services in order to complete the governance tool. Each member should ask: 'How would I know the systems are in place and that they are effective?'

Process

It is suggested that the Board and Executive allocate dedicated time to completing steps 1 and 2 prior to embarking on steps 3 and 4:

- STEP 1 focuses on discussing and defining agreed dimensions of quality aged care for your residential service/s. The example in the PSRACS governance tool has defined quality aged care as: person centred, safe, effective and appropriate and integrated and coordinated. The Board and Executive should consider and agree dimensions of quality aged care relevant to your own residential aged service/s.
- STEP 2 involves the development of strategic organisational goals for resident quality of life based on the
 agreed dimensions of quality aged care arising from step 1. This is about clarifying what is meant by your
 definition of quality aged care. The PSRACS governance tool provides the following example of strategic
 organisational goals to drive and support high quality of life for residents (linked to the example in step 1):
 - 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 evidenced 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** you refer to each strategic organisational resident quality of life goal agreed in step 2 and identify specific objectives, priorities and targets to achieve these goals.

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For example, in relation to the 'safe' dimension of quality aged care

Strategic quality of life goal		Organisational objective		Priority		Target
Residents receive care and services that are safe and minimise the risk of harm	→	Adverse events causing harm to the resident are reviewed within 24 hours of occurrence Underlying system issues associated with the adverse event are identified and addressed within (timeframe) Known clinical risks to residents have evidenced based protocols in place with staff trained and	→	High (allocate timeframe) High (allocate timeframe)	→	100% adverse events causing harm to the resident are reviewed within 24 hours 100% systems issues identified have an action plan implemented within (timeframe) Top ten clinical risks are identified with evidenced based protocols in place and 100% staff trained
		competent in their application				and competent in their application by date)

NB: The above example does not contain all quality of life goals objectives that may be required for this goal.

Operational plans should be in place to achieve each of the organisational objectives including actions/tasks, timelines, responsibilities and outcomes with specific measures to be achieved. This is not a board responsibility and should be undertaken by those with program responsibilities with the results reported to the board.

• STEP 4 provides for systematically working through the checklist of items in each of the governance domains. In doing so you need to refer to the organisational objectives identified from step 3.

Essentially this step is about asking whether at the governance level there are sufficient quality governance structures and processes are in place to support the achievement of the organisational objectives for resident quality of life that were identified at step 3.

As previously noted board members do not have to have operational knowledge of how care is delivered in their residential aged care services in order to complete the checklist items. Board members should ask 'How do I know that the systems are in place to meet the objectives that have been set?'

It is this step that will highlight strategic organisational quality improvement opportunities linked to resident quality of life and provide for a structured framework for reviewing service quality within residential aged care services on an ongoing basis.

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What happens next?

Following completion of the governance tool any areas highlighted as requiring improvement through this process should be added to the organisational wide quality/improvement plan with:

- links to the development and implementation of operational plans with executive oversight
- · resources and responsibilities assigned
- strategies included to engage key personnel, relevant staff, residents and their representatives in the improvements being undertaken
- · progress reported through the organisational quality committee/s, with
- · regular reports to the board.

Important links

The Victorian clinical governance policy is inclusive of the care provided by health services to residents living in public sector residential aged care services. As such, completing the governance tool assists your organisation towards meeting requirements for reviewing your clinical governance policy against the Victorian clinical governance policy.

When completing the governance tool you may be able to identify where improved links and alignment of systems and processes are possible between residential aged care and other programs within your health service. In doing so, there may be opportunities through the cross pollination of ideas from the various programs to improve clinical effectiveness and reduce any unnecessary duplication of process, while improving efficiencies and consumer satisfaction.

Effective systems of clinical governance are essential to ensuring continuous improvement in the safety and quality of care and provide an important link to supporting your organisation excel in the provision of residential aged care and broadening approaches beyond minimum aged care accreditation requirements.

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