Victorian Quality and Safety Review

Bendigo Health Submission

The Bendigo Health submission to the Victorian Quality and Safety Review focusses on 10 initiatives that my board and executive team believe will make a significant contribution to improved patient safety across our region, and provide all of the health services in the Loddon Mallee region, including the many small and isolated services, with the support that they need to ensure the quality and safety of services provided to our respective communities. We describe these 10 initiatives as:

- Board education and support
- Board Regional Leadership
- Regional Medical Administration support
- Region wide quality and safety expert resource
- Minimum monitoring data set
- Role of APRHA
- Access to experienced HR Practitioners
- Role of patients and their carers in health service quality
- Improved content for Statements of Priority
- Links to PHN Clinical Councils

1. Board Education and Support

The Victorian Government and Minister for Health were quick to hold the Board of the Djerriwarrh Health Service totally accountable for the quality and safety outcomes at that health service over recent years. It is likely that many of those directors didn't have a clear appreciation of the risk that they were exposing themselves to when taking on those voluntary positions. We understand that several of the directors listed clinical governance amongst their respective skill sets but there was no requirement from Government for any basic skill set, there was no test to pass and there was no education, nor financial support for any education given to that health service to ensure that those directors were appropriately skilled for the huge responsibility that they were taking on without any financial reward. These directors are now paying a huge price within their local community for their generosity and naivety but surely the system needs to accept some responsibility for allowing this to happen.

It makes no sense that in Victoria we pay our directors over $21k pa to take on roles in our larger health services that in most respects carry less personal risk than what

we are asking of our volunteers in smaller agencies. The larger services have far greater resources; they have experienced executives, many with extensive clinical governance and corporate governance experience and training. They have large dedicated quality and safety units and many of the directors who sit on these boards come to these roles as graduates or fellows of the Australian Institute of Company Directors (AICD), well skilled to ask the right questions and apply appropriate levels of diligence. Many have significant health quality assurance governance experience. In smaller agencies the pool of applicants for these positions is much smaller, partly due to the lack of remuneration, but the skill set of directors is also usually much lower and until now this has largely been ignored by Government.

While Government could offer to remunerate these directors in smaller agencies to address the obvious inequity in the existing arrangement, a better solution would involve a direct investment in the education of these directors as they are appointed to respective boards. Bendigo Health believes that the AICD, VHA or similar body could deliver a tailored course for new directors that would have them arriving at their health service with the skills and questions necessary to avoid a repeat of what happened at Bacchus Marsh and ensure the quality and safety of the services offered by their respective agencies. An investment of say $7k per new director in return for up to 9 years of voluntary service should be considered an exceptionally good return on investment for Government. A mandatory short update or refresher for all directors every 3 years, also supported by Government, would ensure that these vital skills and knowledge remained current.

A small investment for a huge return.

2. Board Regional Leadership

Over the past year Bendigo Health has commenced a program whereby smaller agency Board chairs and their CEOs have been invited to sit in on Bendigo Health board meetings and quality council meetings. This has included full access to agendas, sub-committee reports and all associated documentation. The visits have been very well received and they have opened communication channels that involve regular follow up questions and requests as the smaller agencies seek to adopt and implement many of the structures, processes and initiatives that they have witnessed working effectively in the regional health service. This arrangement also presents opportunities for Chairs of Board or Quality Committees (similar to the meetings already in existence for Metros and Regional) to keep in contact with the regional service chairs and seek advice as required. While the work of the respective agencies is often significantly different in terms of scale, the concepts, structures, culture and principles are very much applicable. To date the smaller agencies have found the attendance opportunities to be very helpful in guiding their own agencies quality and risk activities.

3. Regional Medical Administration Support

Across regional Victoria the medical administration models are many and varied with often a few administrators covering many different small services on a part time basis. These administrators have been difficult to recruit in the past, their quality is variable, some are quite elderly and the model appears unsustainable into the future.

Recently Bendigo Health has been working with our smaller partner agencies in our region to establish a best practice medical administration support model that will be implemented over the coming months. With some funding support from DHHS and through contributions from those agencies that don't have on site medical administration support, Bendigo Health has recruited the Loddon Mallee's first regional medical administrator. While this is a step towards strong and consistent clinical governance across our region, on its own, the position lacks the authority often necessary to tackle some of the very challenging performance and scope of practice issues that arise from time to time in our smaller partner agencies.

The difference with the Bendigo Loddon Mallee model is that this regional position is supported by the office of the Bendigo Health Chief Medical Officer, along with the deputy CMO, and all three are available to support the region depending on the extent or severity of the issue raised at the time. For regulation credentialing and monitoring, the regional administrator will build a close relationship with local CEOs, their senior staff and their boards, but for matters that require a more experienced opinion and or hands on support to deal with, such as an experienced local GP working out of scope, more senior medical administrators are available to assist.

The model has been welcomed across the region and will come into effect over the coming months with the recruitment to all three positions being completed in March.

4. Region Wide Quality and Safety Expert Resource

With the introduction of the latest 10 National Quality and Safety Standards several smaller services across Victoria, and indeed nationally, struggled to come to grips with the new accreditation model. After several agencies within the Loddon Mallee region failed to meet minimum accreditation standards during their pilot surveys the DHHS regional office contracted with Bendigo Health to provide a region wide consultancy service based in our quality unit.

Funding supported the employment of an experienced quality and safety practitioner who then proceeded to work directly with agencies and assist them in achieving compliance with the new standards. The service was very well received and positive ACHS survey results followed. This investment by DHHS was a short term initiative and won't be supported beyond June 2016.

Given the changing nature of the standards and increasing expectations placed on agencies Bendigo Health suggests that a permanent investment by the Department into this type of coordinated support would prove invaluable, particularly to those smaller and more isolated agencies across our region. This type of expert resource

is difficult to find for smaller agencies looking to employ part time and unless the resource is pooled we can continue to expect the variable results in quality and safety that existed across the Loddon Mallee region prior to the initiative commencing.

5. Minimum Monitoring Data Set

One of the challenges for Boards trying to guarantee the quality and safety of the services offered by their agencies is knowing what questions to ask and knowing what data and reports that they would like presented and monitored. Every health service across our State does this in its own way and each achieves a different result. A review of the various reports presented to Board and Quality Committees across Victoria will show that some agencies are looking at the wrong data, some get insufficient information, some get inappropriate information, while others get way too much. It should not be too difficult to establish a minimum data set of reports that all health agencies across the State are expected to monitor and address as the results and trends require. Many services across the State just don't know what they don't know and also don't know where to go and who to ask for the answers.

Bendigo Health believes that there is an opportunity and probably an urgent need for DHHS to produce or at least commission a minimum data set of reports that will allow all agencies to effectively monitor the quality and safety of their services offered. Possibly a series of reporting frameworks is required to address the different size and scale of services. Such an approach would not stifle innovation and would not prevent some agencies striving for the next frontier in reporting, but it would provide some comfort to Government and the communities that our health agencies service.

At present the industry is appointing inexperienced directors to smaller agencies, giving them little or no education as to their roles and the associated risks, they are not assisted to ask the right questions nor are they provided with support as to the types of information and reports that they should be requesting. The initiative suggested here would go a long way towards addressing this inadequacy within the current system.

6. Role of Australian Health Practitioners Registering Authority

AHPRA has an important role in receiving mandatory or voluntary notifications that relate to concerns with health, performance or conduct which impacts on professional practice of registered health professionals. For those making a notification there must be faith that AHPRA will undertake its work well in protecting the public and conduct its investigations in a timely way. The current experience of Bendigo Health in making notifications is that there is significant delay in investigations reaching a conclusion (approximately two years). Concern is also expressed regarding communication of AHPRA's investigations and processes. Action should be taken to improve this unhelpful time delay, perhaps the State Health Departments could make an approach on this.

7. Access to experienced HR practitioners

To ensure that issues with respect to safety and quality are managed appropriately it would be appropriate to have HR practitioners involved in the process. If the issues are related to performance and competence then applying the principles of a strong performance management process, up to and including disciplinary action are essential. It is not sufficient for any health service to rely on the APHRA notification process in isolation. It is often difficult for clinicians to be impartial when they are dealing with safety and quality issues associated with their peers and colleagues. If strong and skilled HR practitioners are involved they are able to support the process of addressing performance deficiencies and/or managing the termination of the staff member. The inclusion of a HR practitioner also ensures compliance with relevant Employee Relations/Industrial Relations principles and legislative requirements to minimise risk to the organisation.

The formation of stronger links between HR practitioners at each Health Service would facilitate better outcomes with respect to quality and safety. In situations where issues of quality and safety result in the termination of staff, HR practitioners could facilitate the flow of information between health services to ensure performance issues are highlighted and managed for the new employer.

8. The Role of patients and their carers in health service quality

The skills and capacity to involve and engage patients in their own care and treatment decisions must be developed across all health services as required by ACHS Accreditation Standards. Larger health services have resources to develop patient centred care in a way that may not be available in smaller agencies. There may be barriers to creating a culture of consumer feedback and involvement that are not well understood or talked about. The use of patient stories arising from both positive and negative feedback, consumer training and involvement in quality committees and RCA reviews, co-design of service delivery models and input for new service delivery spaces are all being implemented in various ways. Forums for learning and exchange of successful engagement arrangements (for both locally engaged consumer representatives and service providers) between health services could be organised and be ongoing

9. Improved content for Statements of Priority

The existing Statement of Priorities format by which most health service performance is judged by DHHS has a strong focus on financial performance followed by access. There is insufficient focus on quality outcomes and the KPIs within this document should be refined to reflect a more balanced approach and greater focus on health services being able to prove to their communities that they are offering high quality care.

10. Links to PHN Clinical Councils

This review needs to take into account the role of general practice in rural communities and ensure that any recommendations for change take into account the recent work by PHNs in this space. The Commonwealth Government has mandated the creation of clinical councils within each of the PHN geographic areas and clinical quality and safety is likely to be a key area of focus for these new vehicles. Any initiatives that are implemented within the public hospital space that impact on the role of general practice within our hospital system needs to align with the work of the PHNs.

In addition to the above suggestions included below for your information is a copy of a recent discussion paper that Bendigo Health prepared and circulated across the Loddon Mallee Region for comment by other health services.

Introduction

In 2015, a serious lapse in a Victorian small health service quality and safety system resulted in serious adverse outcomes for patients. This situation has revealed the need for improvements in clinical governance systems and processes in similar smaller health services, and has also spurred discussion around the leadership roles and potential responsibilities that larger health services and "regions" hold in order to deliver best possible outcomes for patients and reduce variation between health services, regardless of size.

Aim

The following paper explores a clinical governance structure that might be implemented to establish a leadership function which aims to partner, support, advise and encourage continuous quality improvement for best patient outcomes for all member health services.

Current Landscape

All Victorian Health Services are responsible for the quality and safety of the services provided by their facilities, staff and contractors, and the Victorian Department of Health & Human Services, have long required health services to implement a clinical governance framework in accordance with the Victorian Clinical Governance Framework Policy (2008).

In addition each health service is required to be accredited against the National Safety & Quality Health Services (NSQHS) Standards which works to protect patients from harm, improve the quality of health services provided, tests whether systems are in place to ensure that minimum standards of safety and quality are met, provides a risk management approach safety and quality and provides a quality improvement focus encouraging health services to achieve and maintain best practice.

During 2015, the Loddon Mallee DHHS provided 12 month project funding to pilot a Regional NSQHS project which resulted in employment of a part time Regional Quality Support Officer based at Bendigo Health.

The Regional Quality Support Officer's role is to:

- Work with regional health services and other stakeholders to determine current issues and trends in NSQHS Standards compliance.
- Establish a Quality and Safety group within the Loddon Mallee Region to facilitate peer support and shared learnings in relation to the NSQHSS.
- Develop an implementation plan and coordinate the delivery of education sessions and forums relating to the NSQHSS.
- Provide advice to health services about available tools and support options to meet their needs.
- Develop a methodology and systems to support benchmarking for selected indicators.

The Loddon Mallee Quality & Safety Advisory Group was subsequently established, consisting of regional health service representatives and the DHHS, to govern the pilot project and to monitor and evaluate the outcomes. In late Dec 2015, the DHHS agreed to further fund an additional 6 months beyond the original scheduled completion date (February 2016). The pilot is now scheduled to finish in July 2016. It is anticipated that each health service will consider future financial contribution to support the Regional Quality Support Officer role beyond the pilot phase.

Additionally, the Loddon Mallee Rural Health Alliance (LMRHA) is one of five rural alliances operating under a Joint Venture Arrangement (JVA) Agreement effective 1st July 2008. Each foundation member is involved in the provision of health services and is funded by the State Government of Victoria. The Foundation members have agreed to enter into a joint venture to improve their joint capability and capacity to use and acquire information and communications technology products and services and thereby improve provider and client services. Primary objectives are to develop and implement Core IT Products and Services and participate in department of Human Services' programs such as HealthSMART and other appropriate programs from time to time. The Alliance members have however used the forum from time to time to advance other matters of mutual interest and benefit.

Potential Structure & Functions

The opportunity to provide region-wide clinical governance leadership now exists in response to recent events in Victoria. With a key role being a secure means of discussing and improving clinical governance performance, the establishment of a regional council/committee would act explicitly in an advisory capacity and not an executive function for each member health service.

Therefore it must in the first instance create and maintain an environment of confidentiality and safety for open discussion by all members. This should be carefully explored and would possibly include an application to seek approval from the Minister as a quality assurance body under Section 139.

Bendigo Health provides three potential models for discussion and comment including:

1. Under the auspice of an existing entity such as the LMRHA, the establishment of a "Regional Clinical Governance Council" as a sub-committee of the LMHRA.
2. A DHHS implemented and led committee similar to the 'Partnerships Forum'.
3. A specialised sub-committee as part of the Bendigo Health clinical governance framework.

An appropriately structured membership of a Regional Clinical Governance Council could undertake the following functions, with the ultimate objective to improve quality and safety in the health services within the Loddon Mallee region:

- Review serious adverse clinical events arising in the region's health services.
- Identify variations in clinical practice across the region's health services.
- Develop mechanisms to address inappropriate variation.
- Make clinical governance recommendations to individual health service Boards and Quality Committees with an expectation to implement and report on progress.
- Regularly monitor and review a minimum data set of reports covering activity across all agencies in the region, including data and reports relating to mortality and morbidity.
- Provide a forum for clinical policy development.
- Provide professional (expert) clinical guidance (where appropriate and needed).
- Participation in specialty peer networks established by the DHHS.
- Support the implementation and ongoing development of local quality systems.
- Identifying, developing and disseminating information about best practice in health care, and providing relevant tools and processes to facilitate best practice.
- Act as an expert panel for isolated CEOs and Boards of Directors seeking guidance on key clinical governance matters including scope of practice issues.

Membership

The Regional Clinical Governance Council would require the following indicative professional disciplines/and or roles represented:

- Bendigo Health Regional Medical Administrator
- Medical Practitioner representatives from 2 sites*
- Nursing representative from up to 2 sites*
- Allied Health representative from up to 2 sites*
- Quality Manager representative from up to 2 sites*
- Regional CEO representative(s)*

- Regional Consumer representatives x 2**
- Clinical Governance Support Officer (Secretariat)***
- DHHS Regional Director
- Independent Clinical Governance expert, possibly a regional Quality and Safety Officer employed by Bendigo Health (ex officio or by invitation)
- Access to a Physician, Surgeon and O&G, probably provided by the regional health service as required

* *Nominated and elected by members.*

** *Nominated by regional health service Community Advisory Committee (or equivalent) and elected by members.*

*** *A part time resourced position (funded by DHHS?) consideration to be given to synergies with Regional Quality Support Officer currently being piloted? A full time role could perform both functions?*

Chairperson

Options for Chair of the Council include the Bendigo Health Regional Medical Administrator, DHHS Regional Director or a direct election from the Membership of the group.

Meeting Frequency & Duration

Bi-Monthly for 2.5 hours, or alternately 6 monthly if it had a range of working parties or sub-committees working and meeting regularly to address clinical governance issues across each of the key clinical streams.

Reporting to

Depending on option pursued either: Loddon Mallee Rural Health Alliance, DHHS or Bendigo Health.

Given the Council would have no executive authority, the presence of DHHS is vital to ensure recommendations are taken seriously and implemented.

Small agencies operate across our State with local practitioners holding significant power and influence within their communities. Some GPs have delivered most of the babies in these communities and they have saved the life of a relative of most directors who sit on the agency boards. For a CEO or even the board of directors in these communities it is often extremely challenging to take on these local practitioners when operating unsafely or out of scope. The clinical council suggested or a similar vehicle would provide a valuable source of support for these agencies and while it wouldn't guarantee the quality and safety of services provided it would be an independent expert resource that is not available at present and we believe should be considered.

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7 April 2016