



A review of hospital safety and quality assurance in Victoria – Discussion paper

Response from Dental Health Services Victoria

Thank you for the opportunity to provide feedback on potential reform in monitoring safety and quality in Victoria's public health sector including ways to strengthen both departmental oversight and health service improvement cultures.

Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. We aim to improve the oral health status of all Victorians, particularly vulnerable groups and those most in need.

DHSV has a unique role in that we are funded by the State Government to both provide public dental services through The Royal Dental Hospital of Melbourne and purchase clinical dental services from 52 public dental agencies across Victoria. This is facilitated by a statement of priority agreement between DHSV and the Minister and purchasing agreements between DHSV and the public agencies.

DHSV as purchaser and provider also has a role in improving the planning, integration, coordination and management of Victoria's public dental services.

As a specialist service, our performance indicators can be different to other health sectors. Mainstream clinical indicators may either be directly applicable, applicable with some variation to cater for the oral health setting or not applicable at all. There may also be some indicators that are only applicable in an oral health setting. DHSV has been actively involved in developing an appropriate set of indicators that will allow us to ensure optimal patient outcomes.

Theme 1: Fostering continuous improvement and clinical excellence

Fostering a culture of continuous improvement and clinical excellence in the health sector, including by engaging and empowering clinicians in reform.

Engagement

- Clinical engagement is one of the foundations for developing a culture of continuous improvement and delivering sustainable, safe and quality outcomes for patients.
- This requires a clear pathway for clinicians to be involved in the planning, delivery, improvement and evaluation of health services.
- Oral health clinicians achieve this by working in partnership with the community, consumers and the health service.
- These partnerships are currently supported by the establishment of:
 - Community Advisory Committees - that provide advice and direction to assist the Board in carrying out its community engagement and participation responsibilities, and its statutory requirements as stipulated in the Health Services Act 1988; and,
 - Safety and Quality Committees that provide advice and direction to the Board on the continuous quality improvement of services provided and purchased, in accordance with the requirements of the Health Services Act 1988
 - Membership of these Committees includes consumer representatives, Board members, Executive, local management and clinical staff. As DHSV is also a purchaser on behalf of government, membership includes representatives from the 52 public dental agencies.
- DHSV in the role of purchaser and provider supports engagement across the public oral health sector by implementing a Clinical Leadership Framework (discussed below) and coordinating opportunities to share current best practice and innovative ideas.

- An annual Public Oral Health Innovations Conference as well as multiple Victorian regional forums are also coordinated by DHSV to engage leaders and clinicians across the 52 public dental agencies and The Royal Dental Hospital of Melbourne to facilitate information sharing including matters relating to clinical governance.
- DHSV has developed a Respectful Workplace Framework which will support a culture of safety

Clinical Leadership

- DHSV recognises the role of effective clinical leadership and implemented a Clinical Leadership Framework which drives the oral health workforce to share and utilise their knowledge and skills to define standards that deliver a consistent, evidence-based quality of service for patients and the community. This is shared with the public dental agencies funded by DHSV.
- The framework is supported by the establishment of:
 - Clinical / Oral Health Advisor roles within the organisation that provide clinical leadership for clinicians, working in collaboration with management to drive initiatives that result in improved patient care. These roles are structured to support state-wide leadership for the 52 public dental agencies in line with DHSV role as purchaser, as well as local oversight and leadership within the Royal Dental Hospital of Melbourne. The roles are further supported by the following Committees.
 - A Clinical Leadership Group (CLG), the principal group providing overall clinical leadership and advice within the Royal Dental Hospital of Melbourne (RDHM). The CLG advocates for the development of coordinated and supported strategies which embed evidence based practice principles into clinical care and policy development. It oversees, facilitates and coordinates the review of current clinical practice across disciplines including peer review and effective, efficient service delivery models.
 - The Public Oral Health Leadership Council (POHLC) established to improve clinical leadership in State public oral health services, and to provide advice and guidance to the DHSV Board on the development and implementation of new models of care. Membership includes external public dental agencies.
 - Clinical Leadership In Practice (CLP) Group established to support clinical leadership activities in State oral health services, and to support the development of new models of care by developing and reviewing clinical guidelines, clinical pathways, clinical indicators and standard clinical operating procedures. This group reports to the POHLC and supports their role in models of care. Membership includes representatives from across the public dental sector.

Strengthening the Business Case for Safety and Quality

- The DHSV clinical governance framework has been established with the public dental sector to facilitate engagement with clinicians and consumers. One of the aims of the framework is to inform us where future funding models may be adapted to redesign current models of care that deliver health outcomes for patients rather than remaining focused on treatment interventions only.

Opportunities for continuous improvement

Better Care Victoria

- The Victorian Government is investing in and improving Victoria's health system to ensure all Victorians get the right care, in the right place, at the right time.
- Better Care Victoria
 - was a key recommendation from the Travis Review, the most comprehensive audit ever undertaken on the capacity of Victoria's hospitals.
 - has been established to deliver and sustain the highest quality of care for Victorian patients through the identification, scaling and embedding of innovation across the Victorian health system.
 - recognises that many ideas that will help solve the challenges facing our system today already exist.
- Too often however, these great ideas have not had the resources to lift them to a broader level of impact. Taking these ideas and scaling them up will give patients access to better quality of care across the state.
- Patient safety outcomes should be a key driver for this innovation funding
- Better Care Victoria will achieve this by:

- providing funding for sector-led innovation projects
- supporting the development of improvement and change capability across the sector
- providing hands-on support to ensure projects are successfully delivered.

Theme 2: Improving hospital governance

Improving governance of hospitals so that the public can be confident that all hospitals – big and small, public and private – are delivering safe care.

Clinical Governance

- Refresh the Victorian Clinical Governance Framework developed by the Department in 2008 to provide the framework to enhance clinical care delivery.
- DHSV has established a clearly defined Clinical Governance Framework with clear roles and responsibilities for the delivery of safe, quality care. These responsibilities are outlined for all levels within the organisation from Board to staff and patients.
- The framework needs to be supported by meaningful, standardised, performance indicators together with a structured reporting framework that includes sharing of the information.
- Within DHSV the reporting requirements specify what information is required and where it is to be reported. A Committee structure facilitates review of performance metrics and compliance with reporting requirements. This includes regular review by the Board sub-Committees with the responsibility for safety and quality, audit and risk.
- In our role as purchaser DHSV shared the clinical governance framework with the 52 public dental agencies. We also have dedicated resources to support clinical governance across public dental agencies by fostering a consistent approach. This enables information to be shared at the Public Oral Health Innovations Conference and via regional forums to support system improvements and implement new models of care across the sector. It has also provided support for smaller agencies and rural/regional agencies facilitating partnerships between organisations.
- An example of a new collaborative sub-regional relationship is the amalgamation of the Portland and Hamilton dental health services under a single governance structure with South West Healthcare. This has facilitated centralised oversight of clinical governance in the region by developing a number of clinical relationships focused on standardising clinical practice to improve patient outcomes.
- Performance against the framework and measuring continuous improvement is assessed utilising the existing Accreditation process, based on the National Safety and Quality Health Service Standards (NSQHSS) and processes devised and developed by health care professionals for health care services.
 - This is an existing mandatory requirement for public dental services in Australia and is demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.
 - There is a need to:
 - Focus on outcome measures rather than process review and introduce random audits for those health services with outliers
 - ensure that the surveyors undertaking these assessments have the skills and expertise relevant to the service they are reviewing.
 - commit to greater inter-related reliability within the accreditation bodies and surveyors in general to eliminate unintended bias during survey.
 - review the adequacy of purchasing agreements and / or Statement of Priority agreements to monitor against these standards
- Elements of a successful framework:
 - Standardised, robust outcome measures
 - Educate and train - clinicians, health services and consumers
 - Monitor and report
 - Share outcomes focusing on outliers and what has been done to improve
 - Clear roles and responsibilities
 - Funding models to include incentive payments for safety and quality

Collaboration with other government agencies

- As highlighted, information exists however it has not been shared.
- Information flows between all government agencies need to be improved. Agencies would include Australian Health Practitioner Regulation Agency (AHPRA), Health Services Commissioner (HSC) and the Victorian Managed Insurance Agency (VMIA).

Theme 3: Strengthening oversight of safety and clinical governance

Strengthening oversight of both safety issues and clinical governance by the department, so that warning signs are detected and acted upon in a timely manner.

To effectively manage and monitor patient safety, the Department needs to consider its capacity to respond to the following opportunities for improvement. As dental services are specialised DHSV is investing in the development of internationally recognised oral health indicators that measure health outcomes.

- Current safety indicators only partially measure patient safety and quality within a health service.
 - Meaningful *clinical indicators* need to be developed by the Department in consultation with health services. These need to recognise and include measures relevant to the service being provided, with a recognition that not all indicators apply to specialist services.
 - DHSV currently utilises the Australian Council on Healthcare Standards (ACHS) suite of oral health indicators. These are currently under review and DHSV recognises that further work is required to incorporate meaningful quality and safety indicators.
 - Individual, clinic, agency and regional clinical scorecards have also been established by DHSV for clinicians to track their own performance against this current suite of oral health indicators. This is available to RDHM clinicians as well as the 52 funded dental agency clinicians in Victoria.
 - The International Consortium for Health Outcomes Measurement (ICHOM), measure, document, and publish meaningful health outcomes about conditions and are a useful reference to utilise when considering improving monitoring safety and quality. DHSV is currently working towards developing a set of oral health clinical indicators with this consortium. This will provide an internationally recognised suite of oral health indicators that can be benchmarked.
- Improving the incident and patient feedback reporting system
 - There are a number of data sets and information already produced and reported to the Department however the data has not been aggregated, integrated or systematically analysed to identify overall patient safety trends.
 - The current Victorian Health Incident Management System (VHIMS) provides a tool for reporting data however it is not a management system, and does not currently have a user friendly interface. It takes up to 20 minutes for staff to report a clinical incident. It is acknowledged that this system is currently under review.

Theme 4: Advancing transparency

Advancing transparency within the health sector, so that communities can verify that their local hospital is rapidly identifying and rectifying important defects in care when they arise.

Develop meaningful, standardised indicators that measure patient safety outcomes across the sector in partnership with health services, clinicians and patients.

There are a number of established publications that could be reviewed with consumers to ensure transparency of patient safety related topics and other relevant information.

- The Annual Quality of Care Report (produced by each health service)
- Hand Hygiene audit results (produced by Hand Hygiene Australia) three times a year.
- Each public dental agency, including the RDHM, publishes safety and quality indicator reports in waiting rooms for patients to view and provide comment on. This is a requirement under the NSQHSS Accreditation and requires clinicians and consumers to review the patient safety outcomes.