

Eastern Health Response to the ‘Review of hospital safety and quality assurance in Victoria: Discussion Paper’

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.

Question

What strategies can the department implement to promote stronger improvement cultures in hospitals? Which strategies would best engage management? Which would best engage clinicians?

Eastern Health Response

Eastern Health (EH) has identified a number of strategies for the department to consider which would promote improvement culture in hospitals.

Strategies which would best engage management include:

1. The integration of quality and safety, clinical risk management, continuous improvement and innovation at DHHS.
2. Continuation of the Redesigning Hospital Care program to support ongoing improvement and innovation, with additional focus on designing for safety.
3. Engagement in project and understanding of project conventions and methodology.
4. Improved transparency of clinical scorecards.
5. Development of uniform data sets and improved information systems to measure and monitor safety and quality

Strategies which would best engage clinician’s include:

6. The establishment of innovation hubs. EH experience of improvement training for clinicians is that clinician’s demonstrate an increased engagement in improvement initiatives following completion of training. Providing clinician training in quality and safety to ensure an ‘error-wise’ workforce will promote improvement.
7. Reward and recognition of clinical achievements.
8. Provide support for dual training of clinicians in other disciplines that are tightly related to health care such as epidemiology, biostatistics, public health and health economics.
9. Fully develop the Academic Health Science Centre model, which has at its core the notion of Academia influencing Health care and vice-versa. This tight coupling will drive the pursuit of excellence. This fosters health-services research.
10. Provision of more resources for research and education in clinical services.

Question

How could the department improve the way it engages with the hospital sector? What does effective clinician engagement look like? Can it happen within existing structures, or does it require a formal model (like a clinical senate) or separately constituted body? What would such a model look like?

Eastern Health Response

Continuing with the periodic rotation of Executive and Senior DHHS staff to observe health service clinical governance and improvement projects will allow the department to engage with the hospital sector. Similarly secondment and collaboration with Hospital clinical governance and safety and quality professionals will ensure that the sector can be more responsive

Improving the reciprocal rotation arrangements and allowing more clinicians to be employed part-time to work in the department while continuing to work part-time in clinical practice at their health service is another strategy that might ensure improved collaboration and reengagement. These “embedded” clinicians could be employed in such roles for a fixed term and rotated to ensure all organisations get an opportunity rather than select few.

Broader engagement and more time spent with health services will enable greater understanding of health service deliverables.

The WA Clinical Senate model is reportedly working well and whilst involved to a limited extent, our observation would be that this is a large (but limited) group. It is also considered effective.

Question
How can the department support more effective collaboration and information sharing within the hospital sector? What role do the clinical networks have to play here?
Eastern Health Response
<p>To support more effective collaboration and information sharing within the hospital sector EH recommends the department continue to build and invest in the clinical networks. The clinical networks have the potential to provide state-wide leadership in their speciality areas, including minimising undesirable variation in clinical practice.</p> <p>Enhancing and developing more clinical registries that are coordinated centrally and provide state-wide data will enable more effective information sharing and benchmarking.</p> <p>Increasing the focus of information management to be across the continuum of care as well as within clinical subspecialties will enable increased information sharing and collaboration.</p> <p>By taking a lead role in the development and coordination of state clinical guidelines, the department would enable more efficient sharing of information and decrease variation in clinical practice. This will also reduce duplication. If this is undertaken with the clinical networks and hospitals, it can be a great outcome for patients.</p>
Question
Could the department improve the way it shares performance information with hospitals? Is the information sufficient, relevant and meaningful? Should it share more information, or in different ways? What additional information should be shared?
Eastern Health Response
<p>There is an important opportunity for the department to develop, implement and manage a state-wide quality and safety data warehouse that would support quality and safety reporting for assurance and continuous improvement. This also provides opportunity to:</p> <ul style="list-style-type: none"> • Review the importance of clinical and patient outcome data, as distinct from output data; • Improve information available to clinicians; • Measure what matters through reviewing the quality and quantity of performance information that are significant to all stakeholders; • Ensure all data provided by the department meets, or exceeds, minimum validity standards; • Ensure data provision is timely. <p>Valid outcome measures are needed to estimate the efficiency of hospitals. A suggestion is to operationalise the WHO International Classification of Functioning, Disability and Health to provide a comprehensive meaningful outcome measure that would allow comparison of like with like.</p> <p>Decrease the information that adds little value or not robust.</p> <p>There needs to be more concerted effort to improve use of clinical registries and pool multiple data repositories from councils, colleges and administrative datasets</p>
Question
Incident reporting systems are often considered an important improvement tool. But, done poorly, these systems can provide more hindrance than help. How can the department make the Victorian Health Incident Management System a more useful and user-friendly system?
Eastern Health Response
<p>Incident reporting is an important data collection methodology but it is only one element of a comprehensive suite of quality and safety information. The department should as a priority, consider development of a full suite of quality and safety data which could be managed centrally and used for the full range of reporting at all levels.</p> <p>There is opportunity to utilise state-wide data for system wide improvement. This needs to be carefully managed to ensure this supports development of a positive safety culture rather than being used for punitive comparison purposes. Ensuring a culture of improvement with reporting must be paramount.</p>

Further suggestions as to how the department can make the Victorian Health Incident Management System a more useful and user-friendly system include:

- Development of a simplified reporting tool that can be linked to an Electronic Medical Record;
- Simplify ability to aggregate incidents – develop standard terms to allow analysis;
- Enable remote accessibility by any browser;
- Provide a hand-held computing device friendly interface (e.g. smart phone);
- Increase the font size and size of the text boxes, by reducing the wasted space between data-entry fields.
- Include fields for perinatal mortality which enables classification in line with the PSANZ guidelines.

Question

A 'just and trusting' culture is considered essential for safety and quality in hospitals, but the risk of malpractice lawsuits may hinder openness to identifying and learning from mistakes. Would a no-fault insurance scheme for all medical injuries fix this? Should the Victorian Government pursue one?

Eastern Health Response

A no fault insurance system would support openness however it would not completely eliminate the concerns about medico legal actions.

Protection for hospital mortality and morbidity meetings and RCA and in-depth case reviews may remove one possible inhibitor of free and open discussion.

As a health service we do not believe fear of lawsuit hinders openness and learning from mistakes at present.

A no fault insurance system could fund systems to prevent harm.

Question

Should the department strengthen the business case for safety and quality in hospitals by increasing the financial incentives for reducing complications? What is the best way of doing this?

Eastern Health Response

There is no evidence that financial incentives reduce complications. There is however evidence that developing clinical risk management strategies and practices that minimise likelihood and consequence of complications is an effective approach. This should be adopted.

Reducing hospital complications is multifold and some of the strategies include:-

- safety awareness for timely recognition, rescue
- clinical capability for differential diagnosis that can effectively minimise the impact of complications
- Health literacy and consumer engagement and information

A proactive approach to understanding the context and vulnerabilities in the health system and managing these would be a better business case than incentives

There is opportunity to differentiate between recurrent bouts of chronic illness that require hospital therapy and complications which should not have occurred. The latter need vigorous quality improvement management. The former need to be managed through systems that are designed to manage chronic conditions. Whole episode of care (defined as lasting years) systems need to be further developed and paid for, rather than funding care for these patients as though they are discrete episodes of acute care.

Question

How can consumers best be engaged to stimulate improvement and clinical excellence?

Eastern Health Response

EH believes health literacy is a critical success factor to engaging consumers. Health literate consumers can make invaluable contributions. There is an opportunity for DHHS to invest in health literacy development programs for consumers.

Other strategies to best engage consumers to stimulate improvement and clinical excellence include:

- Increasing capability for co-design (both for health service staff and consumers) and for co-investment;
- Department funding support for consumer participation;
- Educating clinicians to explicitly ask "what matters to them" (as opposed to "what is the matter?").

Question
How can the skills and expertise of university staff be better used to improve hospital safety and quality?
Eastern Health Response
<p>There is an opportunity for DHHS, health services and universities to better partner to undertake research in to quality and safety. There are examples of this already across the sector and these are proving to be very successful. There needs to be a deliberate strategy to support these arrangements.</p> <p>Suggestions as to how the skills and expertise of university staff can be better used to improve hospital safety and quality include:</p> <ul style="list-style-type: none"> • Improve co-opts across programs – connection between quality and research. • Establish Academic Chairs in those clinical streams where they do not yet exist. • Co-sponsor quality professionals in the ranks of Lecturer, Senior-Lecturer and Associate-Professors, as these can enrich the academic sector and provide a lot of the energy to do high quality health-services research. • Establish scholarships that top-up NHMRC or APA scholarships for clinicians who take time for full-time Doctor of Philosophy research, provided this has a substantial health-services research base. • Provide clinicians who are undertaking doctoral level studies with a guarantee of being able to return to their pre-study jobs (similar to maternity leave provisions) should they wish to do so. • Offer scholarships / placements for actuarial students in hospital settings. • Arrange meetings where the possibility of collaboratively applying for ARC-linkages grants, with the DHHS being the “industry partner” is explored.

<p>Theme 2: Improving hospital governance</p> <p><i>Improving governance of hospitals so that the public can be confident that all hospitals – big and small, public and private – are delivering safe care.</i></p>
Question
Governance by the department
Does the department have an effective performance monitoring framework for safety and quality? Does it set appropriate benchmarks for acceptable performance? Is it able to identify problems and act on that information in a timely and effective way?
Eastern Health Response
<p>Effective quality and safety performance monitoring needs to occur at the macro, meso and micro levels across the sector. This requires a strategic approach and solid investment to ensure effective reporting systems and capability to use the available data for assurance and continuous improvement of quality and safety.</p> <p>Current gaps in the performance monitoring framework include:</p> <ul style="list-style-type: none"> • Too narrow, need to be refreshed in context of current landscape & key stakeholders • Setting of benchmarks is bedevilled by lack of valid data, which precludes true comparison • Timeliness of data availability precludes corrective actions and improvements
Question
Should the department gather additional information to ensure it meets its legislative responsibilities with regard to quality and safety?
Eastern Health Response
Yes, if it needs to as long as it adds value and leads to system level improvements.
Question
Has the department struck an appropriate and effective balance between local autonomy and central support within the devolved governance model?
Eastern Health Response
There is inherent conflict for the department in fulfilling its role as regulator and as developer of improved safety and quality performance. This need to be resolved and the devolved governance arrangements

must be taken into account in this resolution.
Question
Does the department currently have the right set-up to appropriately promote safety and quality, or is a substantial reorganisation of roles and functions required? Should Victoria create an external or independent body with responsibilities for safety and quality?
Eastern Health Response
<p>As outlined above, the integration of quality and safety, clinical risk management and continuous improvement and innovation at DHHS is required.</p> <p>The health services and the clinicians providing care must be responsible for safety and quality. An external or independent body can provide regulation but it cannot provide the care. There needs to be a commitment to developing better safety culture rather than focusing on 'arms-length regulation.</p> <p>The Australian Commission on Safety and quality in Healthcare is fulfilling an important role in this space. A state-based group is likely to be duplication.</p> <p>Boards currently fill an important role in safety and quality oversight. It may be more appropriate to consider how to strengthen this approach – particularly in regard to skill mix of directors.</p>
Question
What are the barriers, if any, to the Department being effective in its roles and responsibilities for hospital safety and quality?
Eastern Health Response
<p>The department does not have adequate systems, structures, processes or personnel to enable it to deliver on its roles and responsibilities for safety and quality and, also importantly, clinical governance, Substantial work is required to identify what key capabilities are required to effectively govern the state-wide safety and quality and then implement these changes within the department.</p>
Question
What is the best approach for providing clinical leadership, advice and support to the new Chief Medical Officer so that the department's oversight of quality and safety systems is strengthened?
Eastern Health Response
<p>There is a sound evidence base to quality and safety and clinical governance. It is imperative that the new Chief Medical Officer is aware of and informed by this evidence and that there is adequate support from specialist quality and safety practitioners to ensure success of this role.</p> <p>This role should also be considered in relation to the existing professional leads i.e. medicine, allied health and nursing and midwifery as well as the content specialist areas including mental health, alcohol and drugs and community service delivery which all use inter-professional models of care.</p> <p>Enhanced roles of clinical networks.</p>
Question
How can the role of the Chief Medical Officer, including their independence and accountabilities, best be structured to ensure they are an effective advocate for safety and quality? Should the Chief Medical Officer have independent reporting responsibilities? If so, what would these look like?
Eastern Health Response
<p>The Chief Medical Officer role is lean and narrow for the function of health services. The department may need to consider a broader scope than just medical services.</p> <p>An effective advocate for safety and quality should be a safety and quality professional, irrespective of their discipline. While a chief medical officer may be the right person for this role, the role need to be about safety and quality and not an addendum</p>
Governance by hospital boards and chief executives
Question
What do we expect boards to know about the safety and quality of care within their hospitals? What kinds of information should they be routinely monitoring? Should the department support greater standardisation in board oversight and reporting of safety and quality?

Eastern Health Response
The Australian Commission on Safety and Quality in Health Care has developed 'The Guide to the National Safety and Quality Health Service Standards for health service organisation boards' which outlines what boards are expected to know about the safety and quality of care within their hospitals. It provides details of information that needs to be monitored and ensures that there are consistent oversight and reporting requirements.
Question
As the terms of reference for this review note, 'Smaller public hospitals are not of a sufficient size to have dedicated comprehensive safety and quality teams, clinical expertise in board members and often also only have limited access to medical administration expertise.' How should the department ensure that all boards of public health services and public hospitals are capable of providing appropriate local governance of safety and quality? Is the right solution to merge smaller boards, or would more support from the department be sufficient to ensure capability gaps are filled?
Eastern Health Response
This is a difficult issue to comment on as it is likely that there are many different circumstances for the range of health services and hospitals across Victoria. It is most likely that solutions will need to be tailored to meet the particular requirements of health services.
One suggestion is that smaller hospitals become part of larger hospital systems and be tasked not with overall governance, but with identifying the particular needs of the community the small hospital serves and advocating to the large hospital board that these be noted and satisfied to the extent that is practicable. However, the response from smaller hospitals on this item should have more weight than comments from larger health services.
Question
How do we ensure that risk is appropriately managed so that smaller services provide safe and high-quality care? Is enough being done to ensure adherence to appropriate scope of practice? How are rural workforce issues impacting safety and quality of care?
Eastern Health Response
This can be a difficult issue as smaller health services balance competing requirements of accessibility to a larger range of services for local communities with the need to manage quality and safety of service issues through limitations on scope of practice and service profile. However, given that patient safety is a paramount issue, this needs to be explicitly managed and the department needs to be clear about what its role is in this regard. There are quality measures, including for example minimum numbers for quality and safety that could be meaningfully applied.
Question
How can we improve management of mental health services in hospitals? How can we ensure that adequate mental health services are delivered in prisons?
Eastern Health Response
Clinical governance and quality and safety requirements should be applied equally to mental health services, including for example, the requirements of the national safety and quality in health service standards and national mental health standards.
Operational leadership and management requirements must also be consistent with that of other specialist services and be integrated within health service structures and reporting requirements.
Review capacity and demand.

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.

Question

Is the department's current monitoring of safety and quality sufficient to ensure that hospitals are continuously monitoring and improving safety and quality of care? Could it be doing more, or performing its current role more effectively? How might systems be improved to achieve contemporary best practice, as seen within other jurisdictions and internationally?
Eastern Health Response
<p>The department's current monitoring of quality and safety could be improved. In order to strengthen oversight the department needs to revise the clinical governance policy framework to ensure it includes measurable goals and targets focused on patient outcomes and agreed clinical indicators. In addition, there is an opportunity to achieve greater capability across the system by development of centralised resources and systems. Currently each health service is required to develop their own quality and safety management system, including for example capability for quality and safety, data management, and training and education. This requires urgent attention if Victoria is to move to a contemporary best practice model.</p> <p>In order to improve safety and quality of care, engagement of all levels and disciplines providing service delivery, using a model that is understandable, inclusive and provides and enables real outcomes, is required.</p>
Question
Does the department's monitoring of hospitals appropriately balance safety and quality of care with other broad objectives such as access goals and financial issues?
Eastern Health Response
No – but there has been a pleasing shift in recent years within the Statement of Priorities.
Question
Statements of priorities are annual accountability agreements between Victorian public healthcare services and the Minister for Health. They outline the key performance expectations, targets and funding for the year as well as government service priorities. As this review's terms of reference acknowledge, this is not yet a mature system. How could it be strengthened?
Eastern Health Response
<p>There are many mature models for quality and safety performance monitoring that is available nationally and internationally. There is an opportunity for the department to take a leadership role in determining the best approach for Victoria. This should include a comprehensive model which triangulates the different quality and safety data sets and ensures that the data is used to develop a positive safety culture across Victorian health services including, but not limited to, early warning signs for issues of concern.</p> <p>Once again the Australian Commission on Safety and Quality in Health services defines a comprehensive suite of safety and quality indicators for performance monitoring.</p>
Question
Knowing about problems isn't enough; the department must also act on information. What strategies would optimise the department's capacity to respond to performance data?
Eastern Health Response
<p>This requires reliability and integrity of data and more mature and purposeful reporting of data to provide assurance about performance and performance issues. A well-developed quality management information system that is shared between health services and the department is critical if the department is to undertake this role.</p> <p>This should be included in the agenda for discussions at the regular performance meetings.</p> <p>Improving partnerships, for example having a dedicated departmental role to work with each health service.</p>
Question
How can information flows within the department be improved to stimulate timely and appropriate response to information?
Eastern Health Response

Once again this requires a well-developed, comprehensive and integrated quality and safety information management system. Current information flow appears to be ad hoc at best and not integrated in a systematic manner.
Question
What should the department have in place to assure itself and the community that robust monitoring of safety and quality, including benchmarking, is in place and working at the hospital and health service level? This could include strengthening its role in monitoring clinical governance at health services, and further developing the performance management framework to monitor clinical safety and quality in local health services.
Eastern Health Response
Major review of the Clinical Governance policy framework is required if the department is to achieve this outcome, including revising the policy, developing and implementing a deployment strategy, monitoring performance in regard to its deployment and addressing any gaps. This also needs to include measurable performance targets.
Question
What indicators should the department adopt to strengthen monitoring of safety and quality of care in mental health services, including forensic mental health?
Eastern Health Response
The current indicators do not reflect a balance of clinical and patient experience of care indicators. These are predominantly quantitatively derived and require realignment with recovery oriented care outcomes. They should be: <ul style="list-style-type: none"> ○ Linked to national data sets; ○ Developed in consultation with all stakeholders; ○ Aligned with National Mental Health Standards; ○ Balanced – including both qualitative and quantitative indicators; ○ Developed with oversight from the National body to ensure that consumer and carer and clinical voice is reflected.

Theme 4: Advancing transparency
<i>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.</i>
Question
Legislation drafted in 2015 will, if passed, require quarterly reporting against the statements of priorities to be made available to the public. Do the current statement of priorities indicators provide sufficient insight into hospital safety and quality for public reporting of the indicators to help consumers make meaningful choices about place of treatment?
Eastern Health Response
No, the current statement of priorities indicators do not provide sufficient insight into hospital safety and quality for public reporting of the indicators to help consumers make meaningful choices about place of treatment. This is a very limited set of indicators and are not designed to help consumers make meaningful choices about place of treatment.
If this is the aim then it will be essential that there is a strong evidence base to the data suite that is being used for this purpose. There are many national and international references that could inform this.
Question

Should the department publish more indicators than this? Should qualitative information on safety and quality (including improvement work) also be publicly reported?
Eastern Health Response
<p>The Quality of Care report has fulfilled this function thus far and this process could be strengthened if there is a desire for more public reporting.</p> <p>Recent published literature on quality and safety management in health care reiterates the complex nature of quality and safety performance and thus quality and safety data and its reporting. This will need to be carefully considered in deciding about public reporting.</p>
Question
Should the department expand minimum standards around the quality and quantity of information provided in annual reports, including quality of care reports?
Eastern Health Response
<p>Any changes to reporting should be in response to amendments to the clinical governance policy framework and associated performance objectives and targets. In addition, the reporting burden needs to be taken into account including the reporting requirements for accreditation where much of this information is already reported.</p>
Question
What role should clinicians, hospitals and colleges have in public reporting? Should they be leading the charge and publishing their own data?
Eastern Health Response
<p>Data should be available publically but there needs to be careful consideration as to how this is made available. The voice of the Consumer is missing from the discussion. It also needs to be acknowledged that the community as a whole is a key stakeholder and should be consulted.</p> <p>Data should be available at hospital level. There needs to be more concerted effort to improve use of clinical registries and pool multiple data repositories from councils, colleges and administrative datasets</p> <p>College reporting can be an adjunct but should not replace local level data</p>
Question
Should there be greater transparency of the safety and quality of care (including mental health services) provided in prisons? What is the best way to deliver this?
Eastern Health Response
Yes, see above
Question
Does the department provide sufficient access to university researchers seeking to provide independent evaluation of safety and quality of care in the public interest?
Eastern Health Response
<p>We are unable to respond directly to this question as we are not aware of the current levels of access. However, we would comment that access for researchers would best be constructed as an opportunity for learning and innovation and improvement of our quality and safety management systems. Whilst evaluation is an important component of an evidence base it does not seem appropriate that researchers be given the responsibility of evaluating health services. A more appropriate arrangement would be to foster partnerships between universities, health services and the department to enable an active research program. There are some well-developed successful examples if such arrangements.</p>