

REVIEW OF HOSPITAL SAFETY AND QUALITY OF CARE IN VICTORIAN HOSPITALS

John Carr – Board President, Hesse Rural Health

Having participated in the Forum for Rural and Regional Hospitals at the Melbourne Convention Centre on the 11th March 2016 and heard your comments and questioning, I forward these suggestions after further thought.

Particularly in rural hospitals, whatever system is brought in, it needs to apply not only to acute hospitals, both public and private, but also to the aged care sector, as aged care is a significant component of rural operations.

Already the new National Safety and Quality Health Standards take into account of Governance issues as well as Safety and Quality of Care with a view to continuous improvement. At this time the two leading accreditation agencies, Australian Council on Health Care Services and Australian Aged Care Accreditation Agency, have a project to try to amalgamate both National Safety and Quality Health Standards and Aged Care Standards which would be a huge benefit by saving duplication of time and effort and improve effectiveness of all rural hospitals.

A conversation between yourself and the accreditation agencies would ascertain how they look at measuring good governance and safety and quality of care in an organisation. A system that dovetailed with existing accreditation standards would be preferable to a separate system. The current external accreditation and quality frameworks are comprehensive, they just need to be better utilised by the Department of Health and Human Services (Department). If the Department require something else then it should be added to. An example would be to have an effective assessment mechanism which would provide 'assurance' on top of the current continuous quality improvement system used and highly valued at the moment.

I believe that it would be beneficial for the Department to have a greater role around the Director of Medical Services position to help recruitment, and provide ongoing assistance. Perhaps employment of the DMS could be considered by the Department. The DMS could provide an ongoing independent report on activities surrounding safety and quality. Certainly the VMOs will need to be engaged and monitored in safety and quality for the whole issue to be effective. Re using the former LAOS system of reporting events would be one simple effective adjunct to monitoring patient safety and quality.

Thus it would provide two outside checks on the performance of an organisation:

- 1) Accreditation with spot checks, and
- 2) Effective DMS oversight that is in touch with the Department

With regard to governance and the thought of considering length of tenure of Board members and/or CEO as a negative, I do not agree. I believe a Board should be judged by its outcomes such as; budgeting competence, accreditation outcomes, patient outcomes, patient satisfaction, effective staff training, a robust safety and quality system in place, board benchmarking against like

organisations, sustaining community enterprise and organisational strategy. In regard to the organisational strategy, relevant questions to ask are; is it forward looking, does it negotiate change to achieve better outcomes, is it comprehensive, does it align to Victorian health directions?

I am also doubtful of the usefulness of the Statement of Priorities if the organisation has a good strategy.

I note the reference to Casemix providing the best price for healthcare in Australia per admission but I wonder if this has come at a cost to quality. The increase in compliance activity, which did not apply at the time of the origins of Casemix has served to increase the cost of each health care event and eroded into the resources available for actual health care delivery.

To summarise, I think the best solution will be formed by building on and perhaps tweaking the systems already in place and on which we already spend considerable time. I have noted and agree with your comments on being careful not to create extra expense in developing a further reporting system given the cut back in funding for hospitals.

I hope these comments assist in your deliberations. I would welcome the opportunity to provide more information should this be of interest.

John Carr
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