Quality and Safety Review Submission to:

"A review of hospital safety and quality assurance in Victoria"

According to the discussion paper this government review was prompted by the recent serious failures in safety and quality of care at Bacchus Marsh hospital.

The discussion paper states that some 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. Bacchus Marsh hospital would appear to fall into this smaller hospital category.

This submission addresses the two following questions from the discussion paper in its attempt to assist the smaller public hospitals described above.

1. How should the department participate in and provide leadership to the safety and quality agenda, particularly in improvement, including enhanced clinical engagement?
2. 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?

Each public hospital and public health service has a board of management appointed by the Minister. The tenure of this appointment may vary between hospitals.

Each public hospital is expected to have a quality committee that provides advice to the Board on any problems identified with the quality or effectiveness of the health services provided so that they may be addressed in a timely manner.

However, as identified in the discussion paper smaller hospitals may encounter real difficulties with Board expertise and in meeting the expectations of a quality committee.

MENTORING MODEL
This submission proposes a simple mentoring model that utilizes the skills and expertise of Board members with considerable experience on Boards of larger hospitals to guide and assist the Boards of smaller hospitals like Bacchus Marsh.

In the case of Bacchus Marsh hospital the larger hospital providing the mentoring may be, for example, Western Health.

Board Mentoring
To enable introduction of the mentoring model, the wording of appointment of Board members by the Minister would need to be modified, to require the Board member of a larger hospital to provide such mentoring to the Board of the smaller hospital, at an appropriate time in the tenure of appointment. This would likely be in addition to the Board members responsibility to the larger hospital and could involve providing the mentoring for a period of 12 months.

Quality Committee Mentoring
In addition to Board mentoring it would be desirable for key clinical staff of the larger hospital Board quality committee to also be "on-loan" to the smaller hospital to mentor and provide assistance with the setting up and function of a quality committee that provides appropriate and timely advice to the smaller hospital Board.

It is understood that mentoring of a quality committee is not the domain of the Minister or the department but perhaps such a model could be "recommended" to the larger hospitals involved.

Consumer Representative Mentoring
Finally, should the department deem it appropriate, it could make recommendation for the mentoring model to include loan arrangements for experienced consumer representatives of Board quality committees of larger hospitals to assist in mentoring consumer representatives of smaller hospitals.

Conclusion
Such a three-tiered mentoring model would certainly provide for an effective transfer of expertise to the smaller hospital at very little cost except for planning and implementing the model.

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