



Northern Health

8 April 2016

Dr Stephen Duckett
Panel Chair
Review of Hospital Quality and Safety Assurance in Victoria

Dear Dr Duckett,

Thank you for the opportunity to provide feedback on the discussion paper on hospital safety and quality assurance in Victoria.

Northern Health puts a very high priority on the safety and quality of the healthcare provided to our catchment communities and the confidence they have in the services we provide. Recommendations that will lead to improvements in these areas are welcomed.

Comments on each of the themes within the discussion paper are attached.

I look forward to receiving the outcomes of the panel's review.

Yours sincerely,

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Chief Executive
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**Northern Health comments on the discussion paper:
A review of hospital safety and quality assurance in Victoria.**

At the request of the Minister for Health, the Department of Health and Human Services (the department) has commissioned a review of hospital quality and safety assurance in Victoria.

Comments on each of the themes described in the discussion paper are outlined below.

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.

- The Clinical Networks and Learned Colleges are a positive way to engage clinicians and share information across the sector. The Clinical Networks should set the indicators for their specialty. For example, the Learned Colleges could set the number of operations required to be undertaken annually by a surgeon to maintain safe practice.
- Data being provided to various Clinical Registries should be used to improve system wide quality.
- The Clinical Networks only cover a selected number of clinical services and diseases. Northern Health believes that the State would benefit if the department sponsored additional clinical networks for other high risk areas such as falls and medication errors.
- Sharing of best practice is not readily available. We believe many health services are duplicating work in developing and obtaining this information. Clinician's time would be better utilised if this information was available.
- The department should mandate that all Health Services have Multidisciplinary Clinical Review Panel. This could be at a regional level for smaller Health Services. This requires a robust, transparent system for the review of serious clinical incidents. Any serious system issues identified via this process need to be communicated to the department.
- The Statement of Priorities is a positive way to engage management when the priorities are linked to safety and quality indicators. Expanding the number of quality indicators in the SOP would improve the engagement of clinicians in the organisation's performance.
- The information provided to the Health Service in the PRISM report and the Victorian Health Services Performance Monitor is sufficient. However, due to the data being identified, it is not readily available to staff below the executive level and is not seen by the majority of clinicians.
- VHIMS: The Department needs to revise the VHIMS system so that it is simple and quick for clinicians to report incidents accurately. A simpler, more reliable and complete system is needed. Northern Health understands that the department is working on the VHIMS 2 improvement project to address these issues.
- The VHIMS data should be systematically analysed by the department so that priorities for improvement can be set at a state-wide level.
- Northern Health needs to work to ensure that university resources are allocated to areas of research in safety and quality improvement.
- The department should provide funding for improvements that address local safety and quality issues. VMIA provides this opportunity but gives priority to improvements that are transferable across the health sector. The Hospital Demand Management Strategy is a successful example, with local improvements increasing capacity, involving clinicians and providing excellent and sustainable improvements.

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.

Governance by the department

- The department should provide feedback on the appropriateness of Northern Health's sentinel and RCA reports (particularly the recommendations). This would require specialty expertise.
- The department should provide a six monthly report of common themes and learnings across the system.
- It is unclear if the department monitors for clusters of adverse events. A process should be in place to alert health services of areas of concern so appropriate action can be taken. This should be considered at health service and the department (DHHS) level.
- The department should provide clear direction about the use of benchmarking data e.g. Dr Foster, Health Round Table (HRT), DH indicators, CHADX and ACHS indicators.
- Benchmarking should be funded.
- The department currently relies on independent bodies reviewing health service performance in safety and quality. These include accreditation e.g. ACHS and the reviews by the Victorian Auditor General's Office. Information is also provided by the Health Services Commissioner. Reports from the Coroner provide alerts to deficiencies or failures in the health system. VMIA has oversight of high level incidents and risks at the health service level. Northern Health's view is that there is sufficient external review of safety and quality systems and incidents. The information from these sources could be better linked.

Governance by hospital boards and chief executives

- The culture of continuous improvement and clinical excellence needs to be led from health service Boards, the CEO and senior operational and clinical leaders.
- The department could strengthen governance training for boards, especially smaller boards, and keep a register of training attended. Training could be made mandatory.
- Strengthen the role of VMIA in assessment of risk and governance implemented by management and mandate feedback to the department on performance.
- Safety and Quality Performance data should be routinely placed on individual health service web sites.

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.

- The department should regularly meet on site at the health service to look at clinical indicator data and meet with the Program and Divisional Directors.
- Expand the number of safety and quality indicators in the SOP.
- Communicate information on health services achieving 'Met with Merit' ratings against the NSQHS Standards 1 to 10 to enable sharing of information on successful systems.
- Benchmark 'Met with Merit' ratings with other health services. The results could be provided in a similar table as is used in the Victorian Health Services Performance Monitor Report.
- The Health Service risk register and action plan (to mitigate the risks) should be reviewed by the department with the Health Service CEO on an annual basis. This should be mandated.

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.

- Health literacy in the community needs to be built to support the interpretation of information that is made available.
- The number of safety and quality indicators should be expanded if the expectation is that they will help inform the public to make meaningful choices about place of treatment.
- Definitions of the safety and quality indicators and why they have been chosen should be included in the health reporting framework to assist the community to develop a meaningful understanding of them. An example of increasing public knowledge is the current public campaign for the Flu vaccination.
- The department should expand the minimum standards for the quality and quantity of information in annual reports and quality of care reports.