

7th April 2016

Quality & Safety Review
Health Service Performance and Programs
Department of Health and Human Services
50 Lonsdale Street, Melbourne, Victoria, 3000

Feedback on the Discussion Paper – A review of hospital safety and quality assurance in Victoria

Thank you for the opportunity to comment on the discussion paper, A Review of Hospital Safety and Quality Assurance in Victoria (Dept. of Health and Human Services, Victoria March 2016). The following feedback is provided on behalf of the Victorian Cardiac Clinical Network.

There is agreement on the general themes identified in the report for strengthening safety and quality. The **implementation of cultural change and / or leadership initiatives** both within DHHS and at Health Services to facilitate better relationships between the funder and organisations is considered pivotal to support the spirit of 'partnership' recommended by the review. As a general principal, the Department, through its various divisions and branches should effectively model the culture, governance and leadership requirements it expects from Health Services and Health Service Boards.

The introduction of the Chief Medical and Nursing Officer roles is demonstration of a leadership initiative from the department. These roles should be positioned to be outward facing, accessible to clinicians and health service administrators and should not be burdened with bureaucratic processes within the department. Additionally, opportunities could be created for mid and/or senior level health service staff to have a **'management placement' within the department** for short, set periods of time to 'buddy' with a range of staff within the Department; Chief Medical & Nursing Officers, Quality, Data and Performance personnel, Clinical Network Managers/Leads, the Redesign and Executive Link teams. These placements would aim to build rapport, provide mutual learning opportunity and help identify specific areas of concern or need, either for the health service, or department to support the goals of partnership and cultural change.

Effective clinician engagement is one where there is interest, trust and a perceived value in participating in a particular field. Clinical networks are a vehicle for building such engagement and provide the opportunity to facilitate better relationships across health services, clinical groups and other key stakeholders, for example the not for profit sector and academic organisations. The networks are a forum for all clinicians (multidisciplinary) to provide input to the system of care outside of their hospital environment, and to provide focus on the aspects of quality and safety that matter most for their patient groups. Networks can foster collegiality, strengthen 'system' thinking and provide a democratic mechanism for decision making, advocacy and group reflection on current service provision. Networks can provide the intelligence about how to join the dots between the needs of patients and the desired service provision required across the continuum of care.

The Department should **grow the Clinical Network program** by expanding the number and breadth of clinical networks whilst continuing to develop those currently in operation to ensure a reasonably standardised approach to their operation and structure. A recent review of the Clinical Networks makes 14 recommendations that go some way to fulfil this latter requirement. Specific information regarding individual network budgets was not included in the review, but should be taken into

account when determining resource allocation. Furthermore, networks are currently underutilised as **agents for multidisciplinary education** across the sector. To fully capitalise on this opportunity, the clinical networks require IT resources and mechanisms to enable development of a structured education program that is readily accessible to clinicians across the state.

Within the Department the Clinical Networks should ideally be regarded as the 'go to' group for **clinical expertise and advice** about a range of topics including, but not limited to; service planning, workforce and leadership development, quality and safety metrics related to their patient cohort, budget matters and system performance. The networks are in essence a connecting group that can help shape and complete the complex web of healthcare governance and service delivery. Additionally, the **Clinical Leads for each network should be supported to work as a group** to share ideas and achievements, foster collaboration, reduce duplication of effort, allow bubbling of inspiration, creativity and motivation and facilitate team problem solving. Well supported, the group has the opportunity to provide a synergistic voice within the Department.

Clinical Registries offer a valuable tool for clinicians to monitor the quality of care provided and patient outcomes. Clinical Registries are however expensive and careful consideration is required to ensure their use is maximised, effective governance processes are in place and that there is a robust methodology for identifying trends and responding to outlier performance, whether positive or negative.

The Department should, through the Clinical Networks, determine the data and reporting requirements required to most accurately measure service delivery and outcomes for patients within their patient cohort. This includes patient reported outcome metrics which should be initiated, or strengthened, across all clinical areas. If not already in place, each Clinical Network could consider development of a **'scorecard' of key metrics** that would provide the best evidence about the quality of care being provided and the outcomes for patients. Health services report the growing burden of collecting large volumes of data, much of which is not meaningfully analysed or reported. The Department should work with health services to provide guidance and identify cost effective strategies and ensure sustainable processes are in place to support quality data collection, analysis and meaningful reporting.

Similarly, when priorities for service improvement are identified, the Department should ensure there is a **coordinated process in place** between the Quality & Safety, Clinical Network, Redesign and Better Care Victoria teams, or any other funding area, to systematically support the improvement programs.

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