

Developing a state-wide (province) quality framework

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Why a state-wide approach to quality improvement?

- Government has a responsibility to ensure the best standard of healthcare possible – **every time for every patient**
- Public inquiries showed we had a long way to go to achieve this – especially in safety
- Needed a consistent, best practice approach – but what and how?

What did we need to improve?

- Hospitals not taking quality seriously
- Everyone doing their own thing – no consistent approach
- Lots of activity but little focus
- Doing quality for accreditation, and not for the patients
- And most importantly...

***No measurable benefit
for patients and staff!***

**So Australia developed national and
state (province) healthcare
quality councils to guide this work**

In Victoria, The Victorian Quality Council (VQC) was formed to lead a consistent approach. The VQC:

- Is the Ministerial Advisory Council on Safety and Quality in Victoria – now in its second three year term
- Is funded by the Department of Human Services, but works at arms length, reporting directly to the Minister for Health
- Works to a 3 year strategic plan covering key areas of health care safety and quality, including systems issues and key risks
- Develops practical resources, tools and strategies to assist health services to improve safety and quality
- Builds on good work already done *and*
- Looks for gaps where work has not been done
- Uses a variety of approaches to promulgate improvements.

What was our approach?

1. Get the right people on the Council – a mix of consumers, clinicians and managers, who understand
2. Look internationally at research and activities to focus the approach – you can't do everything
3. Plan to do a few important things well – *best benefit to patients*

VQC Term 1 Strategic Goals

Projects were developed in each of these areas to assist hospitals:

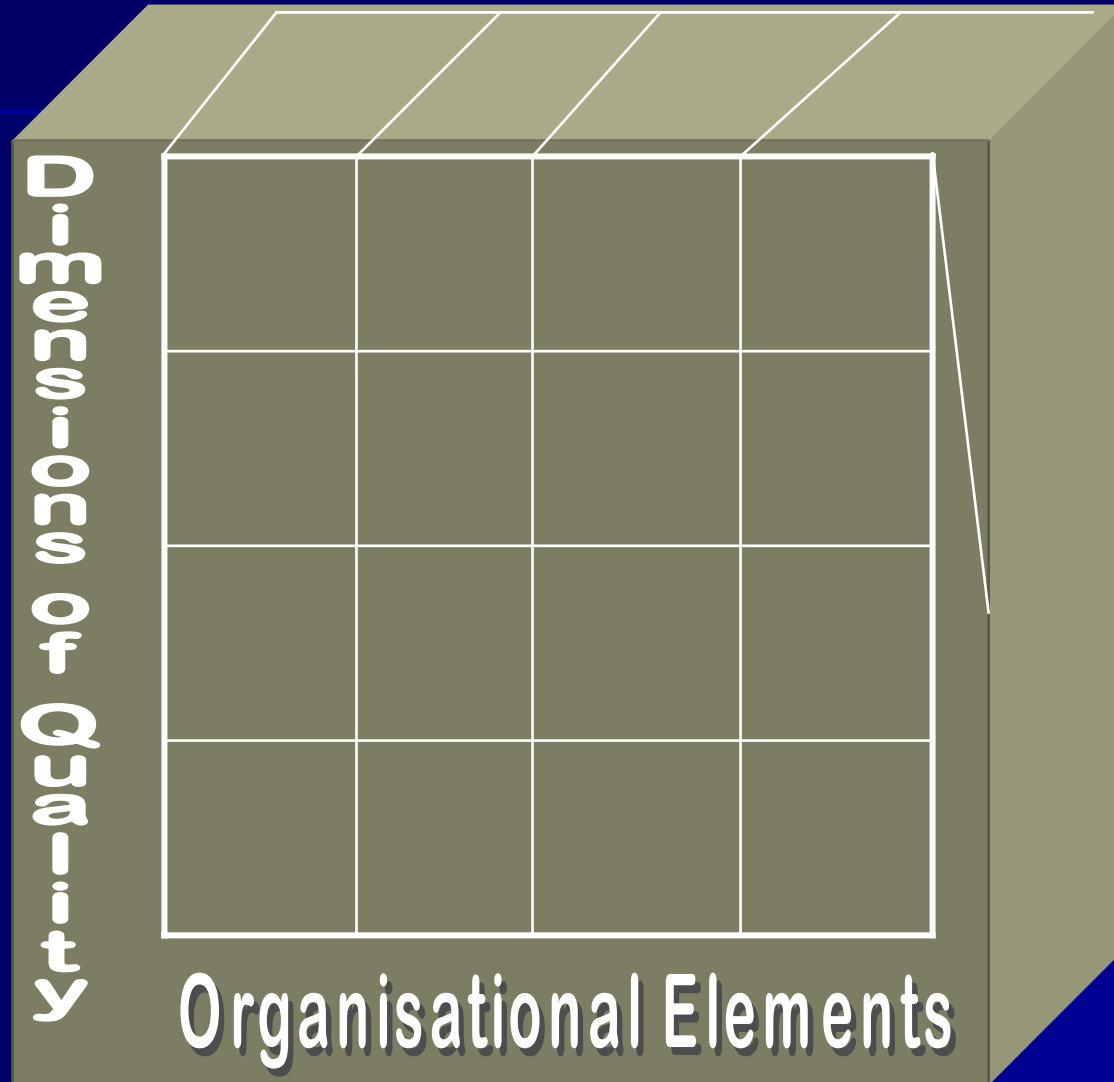
- 1. Establish a Safety and Quality framework**
- 2. Provide improved access to better data**
- 3. Involve consumers in improving safety and quality**
- 4. Educate staff on safety and quality**
- 5. Respond to known problems and risks - prioritise improvement activities within the dimensions of quality**

Strategic Area 1 – develop a best practice safety and quality framework for health services

This was my first safety and quality framework – but not my last!

I have “continuously improved” each one!

Clinical Governance Roles



Framework Dimensions

1. A planned approach to safety and quality underpinned by key organisational elements:

- a) **Governance, Leadership and Culture**
- b) **Consumer and Community Involvement**
- c) **Competence and Education**
- d) **Information Management and Reporting**

2. In each dimension of Quality

- Safety – *reduce harm and risk*
- Effectiveness – *ensure the best possible outcome*
- Appropriateness – *do the right thing*
- Acceptability and patient centeredness – *involve the patient*
- Access – *equitable, timely care*
- Continuity – *a smooth journey*

Dimensions of Quality Priorities

- Safety top 5 priorities
 - Medication Safety Management
 - Falls Prevention
 - Infection Prevention
 - Safe use of Blood and Blood Products
 - Pressure Ulcer Prevention

3. At each level of the health system:

- **Board – overall accountability and support – same as financial responsibility**
- **Consumer and Community – participate in their own care and help health services improve**
- **Quality Committee – facilitates and monitors a planned approach and reports to Board**
- **CEO and leaders – support, enable, model and reward**
- **Clinical and non-clinical teams – plan, monitor, deliver and improve the care**

In Victoria, this was a guide, not mandatory

- But we saw many hospitals adopt it as their quality framework
- This focused their programs on useful activities – and also helped them meet accreditation standards

3 years later, I developed two more...

The Evolution - A Clinical Quality Framework

Clinical Dimensions of Quality

Safety; Effectiveness; Appropriateness; Accessibility; Care continuity; Patient centredness

Structural Components

**Clinical
Governance**

**Workforce
Credentialling
& Competence**

**Measurement
for
Improvement**

**Consumer
Participation
in
Improvement**

Supported by

**Valid and
reliable data**

**Clinical audit & indicators
Peer review
Quality improvement cycle**

**Hospitals & clinicians
Consumers,
Government**

What I have learned about developing and leading state-wide quality programs!

- Set a limited number of clear goals and action areas based on improvement research and your local priorities – safety first
- Work out a plan for achieving those goals and stick to it
- Involve stakeholders as much as possible in planning so they understand and own it
- Educate and support staff in pursuing the goals – tools and strategies
- Develop good data to measure progress and feed back to staff - often
- Speak the language of the **stakeholder groups** you are with – and show them the benefits
- Admit you won't always get it right
- Celebrate when you do!

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Thankyou and Good Luck!

Web sites:

The Victorian Quality Council

The Australian Safety and Quality Council

Qualityworks

www.qualityworks.com.au