



Victorian Healthcare Association

Quality of Care Reports 07/08

Award Feedback Analysis

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Why?



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- The audience – consumers, service providers, **organisations**
- The effect – little evaluation and evidence
- The rationale
 - Driving quality
 - Increasing transparency and accountability
 - Shifting power to users

*Martin Marshall The Public Release of Performance Data.
JAMA. 2000;283(14):1866-1874.*

DHS Quality of Care Guidelines



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Quality of care reports – guidelines
and minimum reporting requirements
for 2007-08



A Victorian
Government
Initiative



Outline

1. Development and Presentation
2. Distribution

Report Content - Minimum Reporting Requirements

3. Consumer, Carer and Community Participation
4. Quality and Safety
5. Continuity of Care

Analysis



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- Feedback from reports submitted for Excellence in Quality of Care Reporting (Community Health Stand Alone category). 2009 Victorian Healthcare Awards
- 19 reports submitted

Assessment Criteria



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- 14 criteria

Assessment Criteria



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1. Understandable to lay audience
2. Demonstrates an adequate level of consultation
3. Demonstrates measures in place to identify groups for whom services need to be improved including Koori and culturally and linguistically diverse (CALD) communities
4. Provides quantitative and qualitative information
5. Specifies systems and processes to improve safety and quality
6. Identifies areas of strength and areas requiring work
7. Addresses the participation performance indicators and some of the priority actions in "Doing it with us not for us"
8. Report on accreditation outcomes
9. Quality and safety indicator 1 - Infection control
10. Quality and safety indicator 2 - Medication errors
11. Quality and safety indicator 3 - Falls
12. Quality and safety indicator 4 - Pressure wounds
13. Quality and safety indicator 5 - Dental indicators
14. Continuity of care

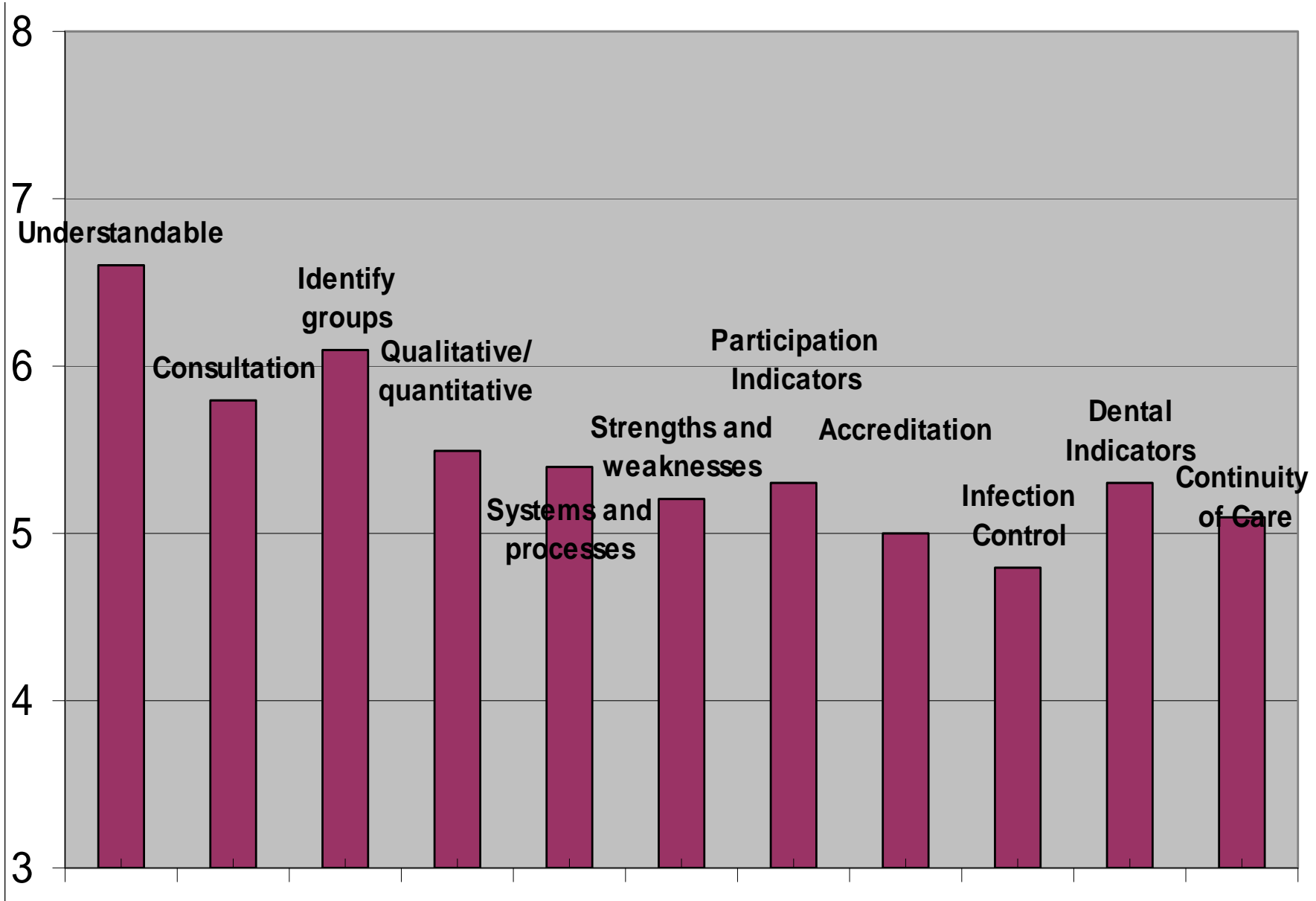
Assessment Criteria



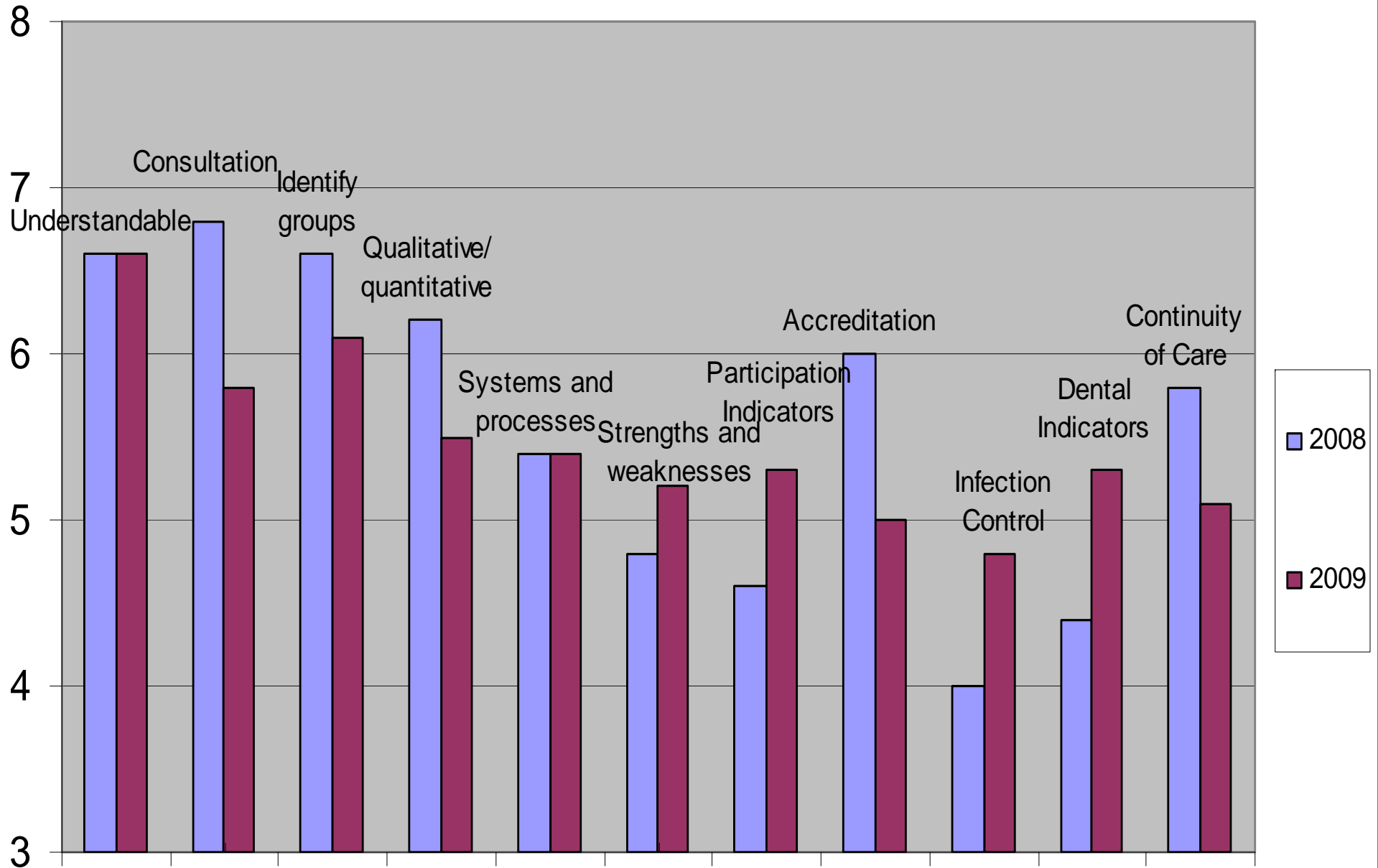
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- 14 criteria
- 3 criteria not reported on by Stand alones
 - indicator 2 - Medication errors
 - indicator 3 - Falls
 - indicator 4 - Pressure wounds
- Each criteria rated 1-10
- Average score 60/110
- Previous year 61.2/110

Criteria Scores



Criteria Scores



Understandable to lay audience



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- Average 6.6 (range 4.5-8.6)

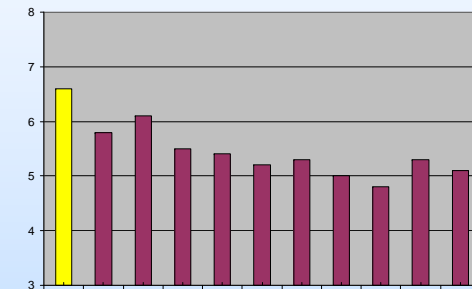
Good features noted:

- Introduction
- Index
- Mix of photos, narrative, graphs/tables

Improvement needed:

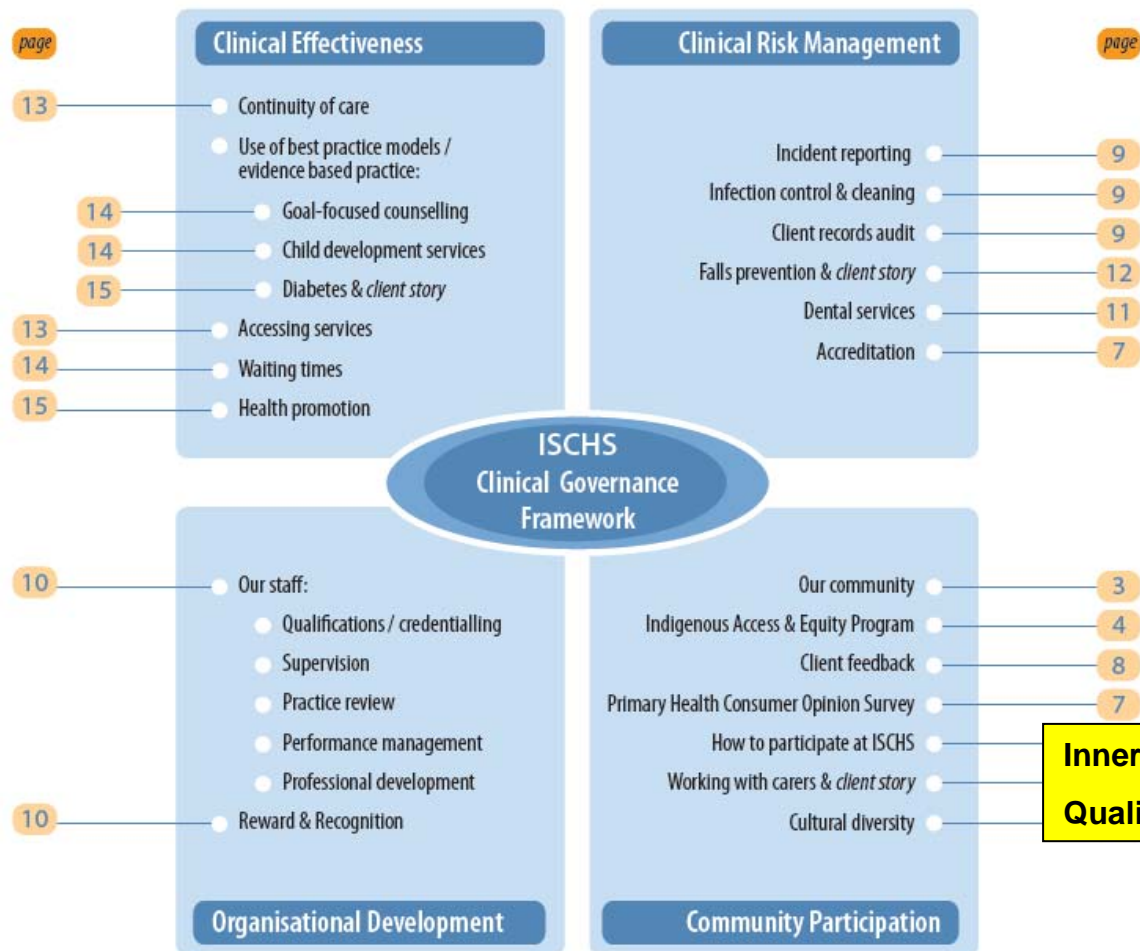
- Use of jargon/technical terms
- Provision of glossary
- Font size/colour needs to be considered

(Readability guidelines
www.visionaustralia.org.au)





What's in our report?



**Inner South Community Health
Quality of Care Report 07/08**

Demonstrates an adequate level of consultation



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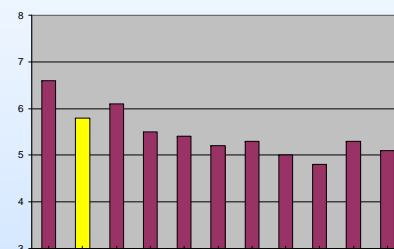
Average 5.8 (range 1-8.5)

Good features noted:

- Consultation process in report development – who and how
- Distribution strategy described in detail – no. of reports, to whom, how
- Feedback mechanism and evidence of taking into account past feedback

Improvement needed:

- Acknowledge contributors, process and role taken



Identifies Groups for Service Development



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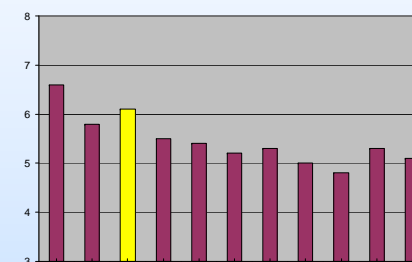
- Average 6.1 (range 4-9)

Good features noted:

- Community profile
- User profile
- Groups for whom services need to be improved and measures to engage

Improvement needed:

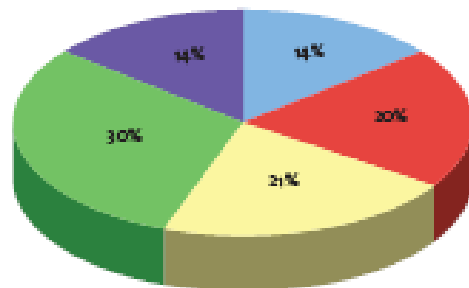
- Discussion of mechanisms to engage



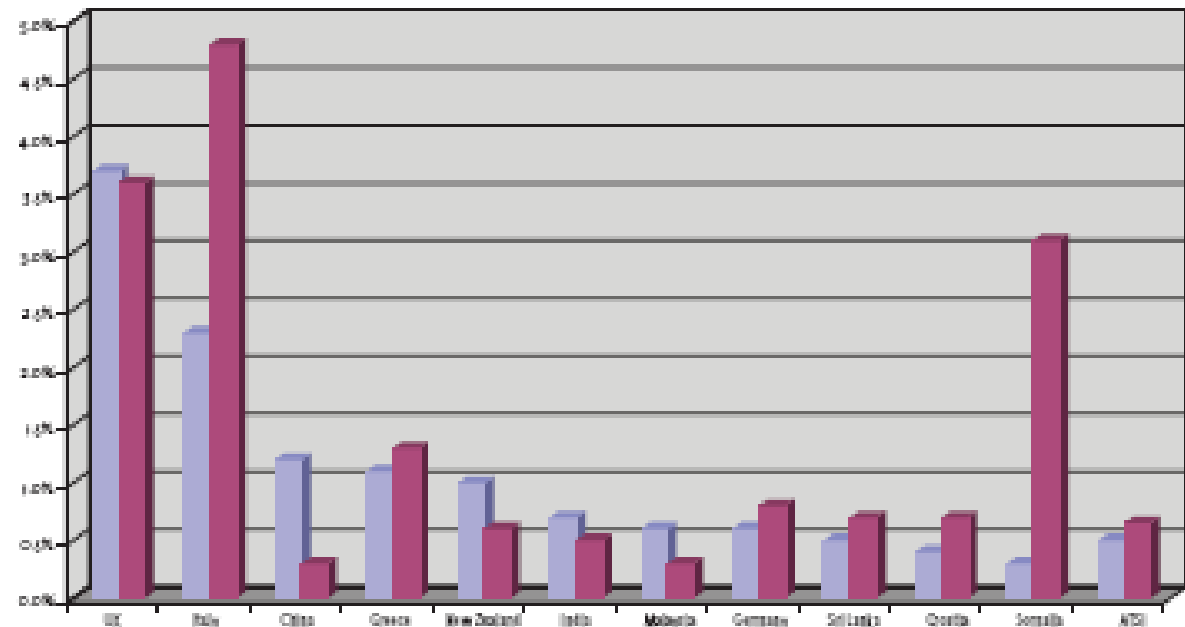
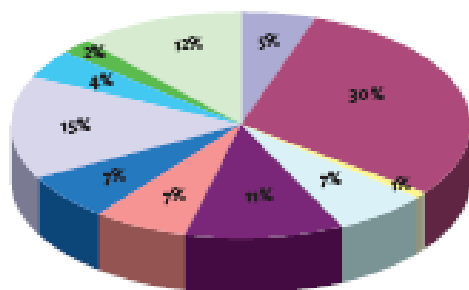


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Clients By Age Group



Clients By Postcode Area



**Banyule Community Health
Quality of Care Report**

Quantitative and Qualitative Information



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- Average 5.5 (range 3-7.6)

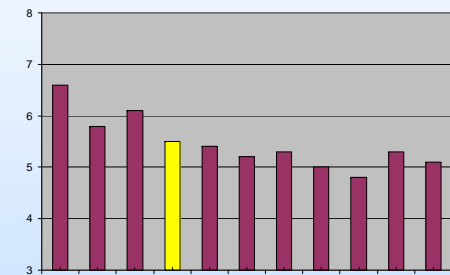
Good features noted:

- A range of formats with a good mix of clear quantitative data and qualitative data
- Photos and narratives chosen to illustrate points

Improvement needed:

Quantitative data could include:

- Q and S indicators: dental & infection control
- Demand management: waiting times, DNA
- Demographics
- Complaints/Feedback
- Incidents



System and Processes to Improve Quality

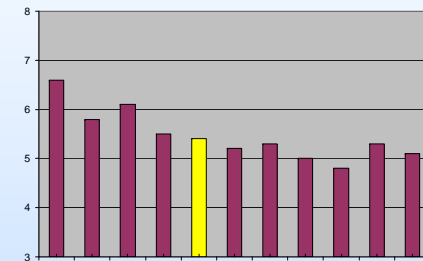


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- Average 5.4 (range 3-7.6)

Good features noted:

- Description of systems to monitor and review Q&S
 - Clinical governance /quality structures/Reporting framework
 - Risk management systems/risk identification processes
 - Accreditation
 - Evidence based practice systems
- Evaluation of effectiveness of systems



Improvement needed:

- How risks are identified
- Examples of strategies used to minimise risks and outcomes
- Evaluate Quality and Safety systems

Strengths and Areas for Improvement



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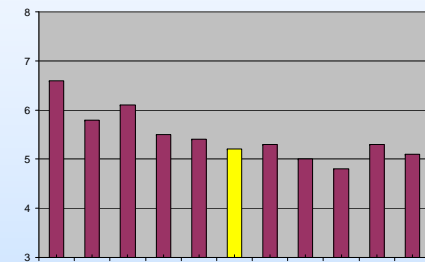
- Average 5.2 (range 3-7.2)

Good features noted:

- plan with areas for improvements
- actions /results to demonstrate improvements

Improvement needed:

- Balanced view of strength and improvement areas
- Supported by quantitative data where possible

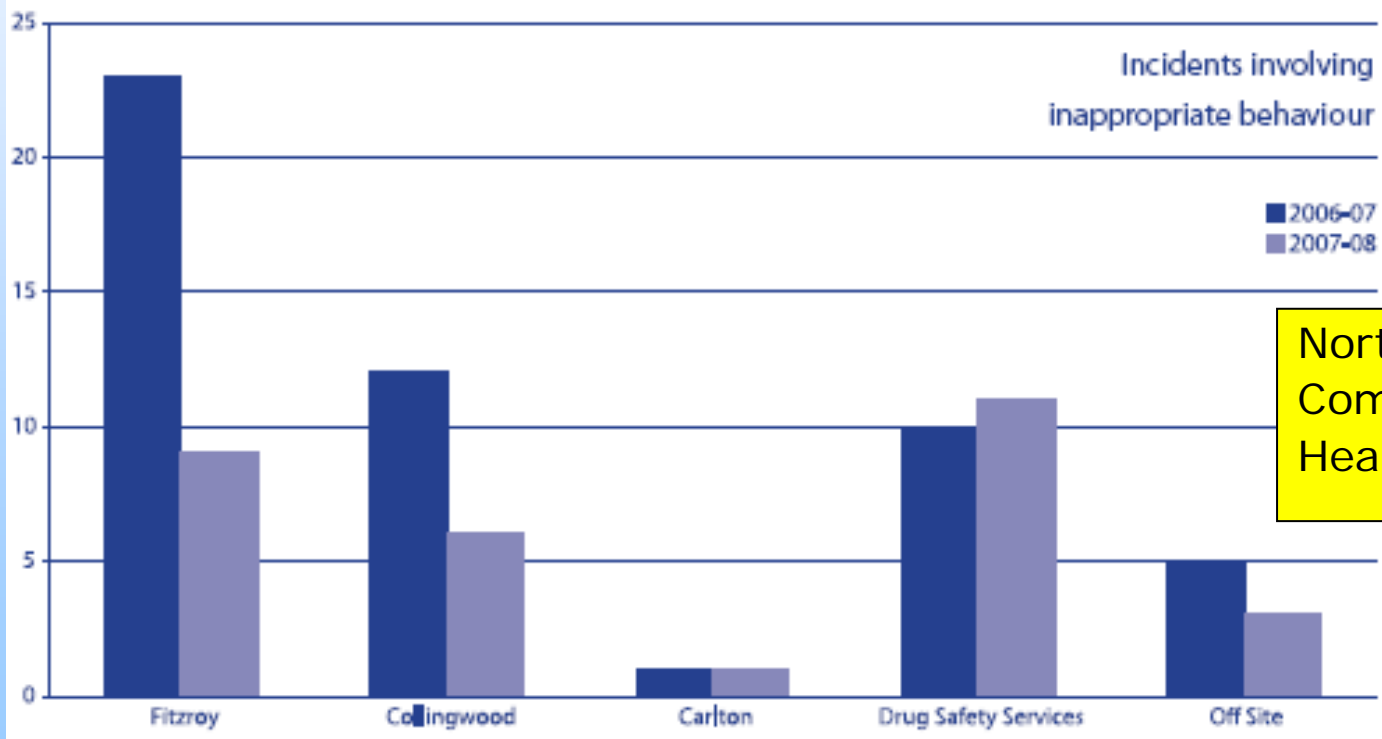




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Some responses and outcomes

One particular example of the way that suggestions and complaints help lead to improvements were the suggestions and complaints leading to the changes made to the Fitzroy site. This feedback matched other information received from staff, and also through our incident reporting processes. One outcome of these improvements has been a marked drop in the number of incidents involving inappropriate behavior at Fitzroy site. We believe this is explained at least in part because the space is now easier to manage, and more pleasant to spend time in.



North Yarra Community Health

Participation



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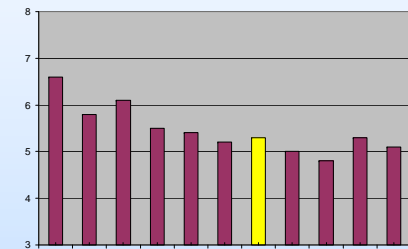
- Average 5.3 (range 3-7.5)

Good features noted:


- Demonstrated participation at the individual, program and organisational level in quality and safety

Improvement needed:

- Main focus on consumer feedback need to broaden
- Participation must relate to quality and safety



CCCP - WITH YOUR HELP WE'RE DOING IT BETTER

 CCCP means Consumer (client or patient), Carer and Community Participation which occurs when you are involved in decision-making about your own care, health planning and evaluation and the wellbeing of you and the community.

CONSUMER AND CARER SURVEYS

In November 2007, 320 consumers and carers took part in a survey to evaluate current services and plan for future services. The two week survey was distributed to consumers and carers receiving a service from O&K. We achieved a response rate of 62 per cent.

WE'RE ON THE RIGHT TRACK

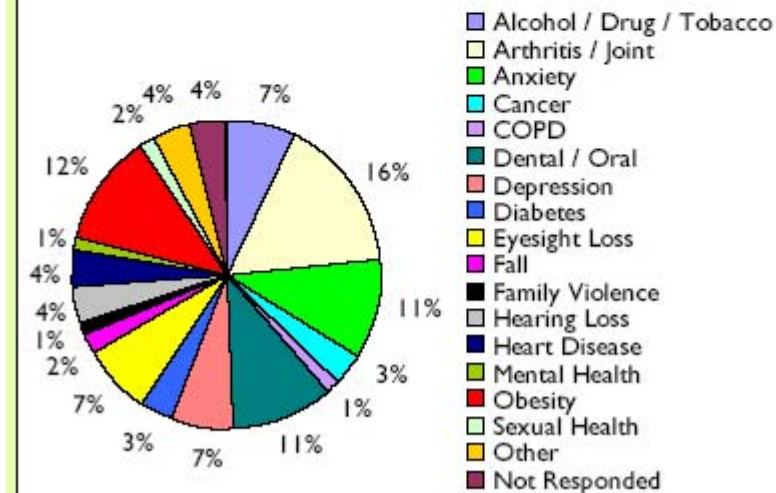
- 96.6 per cent 'strongly agreed' or 'agreed' you were satisfied with the service received from O&K.
- 98.4 per cent of you 'strongly agreed' or 'agreed' that O&K staff members were polite and welcoming.
- 93.1 per cent of you 'strongly agreed' or 'agreed' O&K staff members provided more information to help with your issue.
- 88.4 per cent of you 'strongly agreed' or 'agreed' O&K staff members involved you in the decision making about how to manage your issue.
- 88.8 per cent of you 'strongly agreed' or 'agreed' the service you received from O&K has helped you manage your issue.
- 96.6 per cent of you said you would recommend O&K to friends and family.

COMMUNITY SURVEYS

In 2007 / 2008 you participated in our community survey at the Myrtleford show and our Wangaratta Open Day. We received a total of 80 surveys, with 78 per cent from females and 22 per cent from males. The majority of you were aged 45-54 years.

The chart below shows the health issues affecting you in 2007 / 2008. When asked, 80 per cent of you believed you have the ability to change the impact of these health issues with help and 76 per cent of you believed help was available.

Health Issues Affecting You in 2007 / 2008



Ovens and King
Community Health

ciation

Report on Accreditation

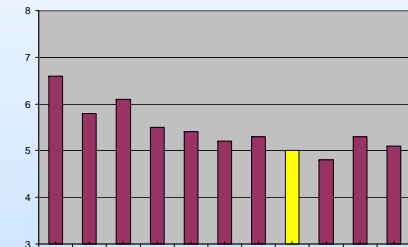


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- Average 5 (range 2.5-7.2)

Good features noted:

- Explain different accreditation systems and outcomes



Improvement needed:

- looking for specific information on areas mentioned in guidelines clinical governance, credentialling, risk management, complaints management

Indicator – Infection Control and Cleaning



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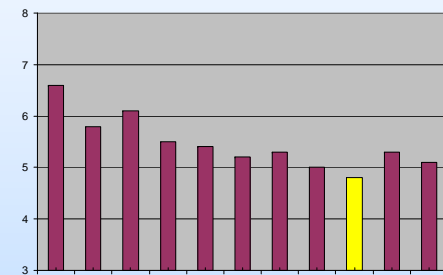
- Average 4.8 (range 0-7.2)

Good features noted:

- Outcomes of audits presented/priorities identified

Improvement needed:

- Prevention, management, reporting and monitoring processes explained





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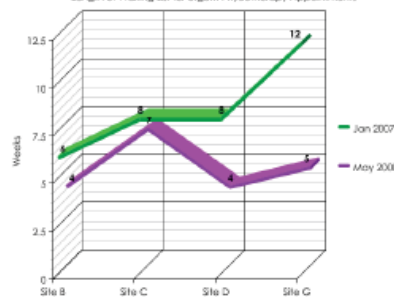
Allied Health Review

An Allied Health Review was undertaken during 2006/07. As a result of the Allied Health Review, an action plan was drawn up and carefully monitored. Some key outcomes from the review have been:

Moreland Community Health Quality of Care Report 07/08

services further (sites), where there are large and where... resulting in increased numbers of appointments and decreased waiting times for services. For example, the graphs below show the recent changes in the maximum waiting time for urgent physiotherapy appointments.

GRAPH 3: Length of Waiting List for Urgent Physiotherapy Appointments



5. SAFETY of health care

It is important that all care provided is carried out in a way that minimises risk and ensures safety for both clients and staff. In this section we discuss the ways in which we promote safe practices, how we identify potential risks and the systems we have in place to resolve issues as they arise.

Infection Control

MCHS is committed to providing both employees and clients with adequate protection against infection hazards, and to provide an environment that is safe and without risks to their health. Our infection control strategy includes the following:

- General Hygiene – Hand washing, disinfecting and cleaning facilities are provided and accessible for staff and clients to use as needed.
- Managing Blood Spills – Blood Spill Kits are used at all sites and reviewed on a bi-monthly basis to ensure any out-of-date or damaged contents are replaced.

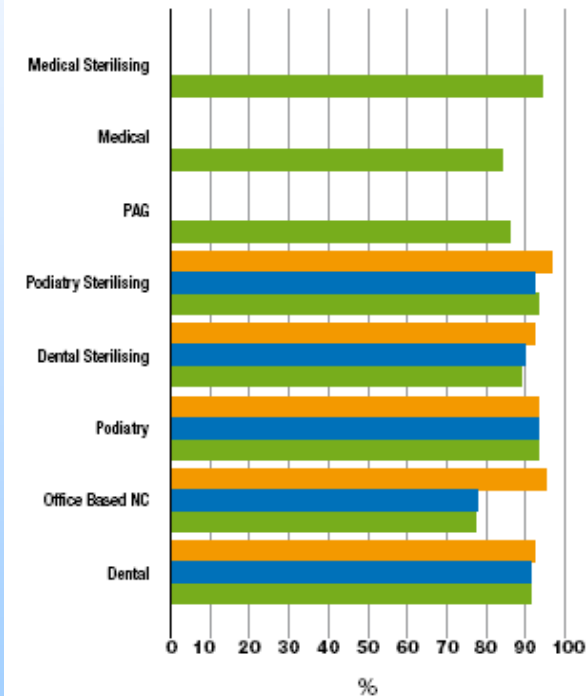
- Managing Needle Stick Injuries and Blood Borne Virus Testing – All needles and syringes are viewed as a potential source of infection and guidelines for safe disposal are adhered to.
- Documentation – Policies and procedures for all activities in the processing of sterile items are dated and documented. Records are maintained and reviewed at frequent intervals.
- Waste Disposal – Contaminated and non-contaminated materials are disposed of in separate bins and kept out of reach of young children.
- Sharps Disposal – all needle-syringe combinations, needles, scalpel blades and other sharp items are placed in the designated puncture-resistant containers.
- Routine cleaning of clinical facilities and surfaces – Surfaces are cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.
- Sterilizing process – Instruments and equipment intended for use on skin and similar areas are either disinfected or sterilized, depending on its use.
- Personal Protection – ongoing education courses are provided when necessary to help staff anticipate and manage situations in which they may be exposed to infections.

Infection Control is particularly important in Podiatry and Dental. Every two years, an audit is conducted by an external agency and recommendations are given. The next audit will be conducted within the next 12 months.

Following the last audit, the following recommendations were introduced:

- Batch Tracking of all instruments used in practice
- Practice Policy Manuals are now located at each site that include reference to National Guidelines on Infection Control as well as MCHS policies and procedures.
- Products used in practice (especially consumable materials) are now correctly stored according to the guidelines
- Sharps and Infectious waste is now disposed of correctly
- Hand washing protocols exist
- Clinical Environments are designed as per professional recommendation and National Guidelines.

Infection Control Standards Compliance



Darebin Community Health Quality of Care Report 07/08

Indicator - Dental



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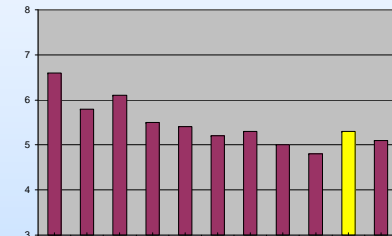
- Average 5.3

Good features noted:

- Interpretation of indicators
- Priority areas for action

Improvement needed:

- Qualitative information to support data



Community Dental Program

Ranges Community Health Services' Dental Clinic aims to provide high quality dental care to all eligible members of the community, expeditiously and in accordance with guidelines set out by Dental Health Services Victoria (DHSV).

Waitlist Data

As of the end of June 08, the waiting period on the Restorative Waitlist was approximately 19 months. A comprehensive treatment plan is devised, and provision of care which could include cleaning teeth, fillings, extractions, preventative treatments, appropriate referrals etc., is undertaken for clients that come off this list. The average non priority waiting period for dentures is approximately 29.7 months.

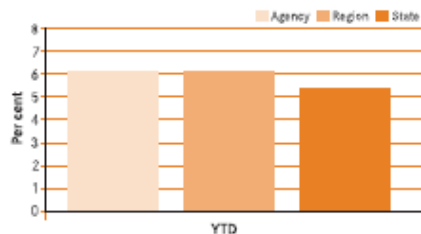
Productivity Report

During the period 1st July 2007 to 30th June 2008 Ranges' Dental Clinic saw 4,234 patients and provided 37,206 treatments! It is interesting to note that over the same period in the previous financial year, the number of patients seen was approximately the same. A productivity plateau seems to indicate that we are operating at maximum capacity with optimal use of resources. This is testimony to the dedication, professionalism and great teamwork shown by our well trained and qualified staff. Further, besides utilising the enhanced funding received for restorative dentistry in the year, we exceeded DHSV's annual forecast by achieving 107% productivity!

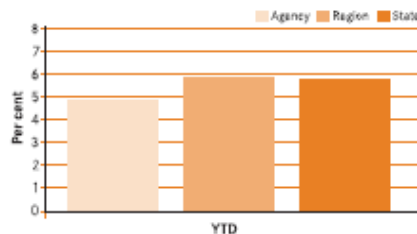
Clinical Indicators

To provide clinical standardisation and focus on good practice, DHSV sets benchmarks. These often take the form of bar charts and data from individual public dental clinics and are collated within their respective geographic region and against the state averages.

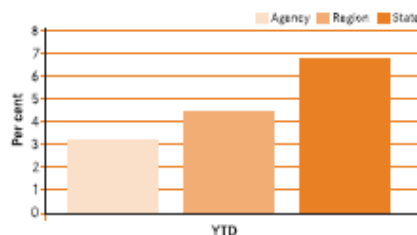
- 1) Restorative retreatment within 6 months of initial restoration. As the bar chart over the duration of the year shows we are on par with the region.



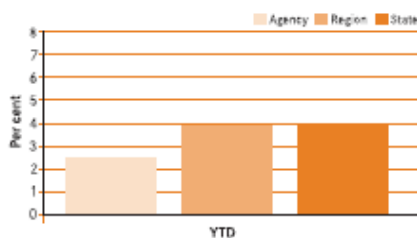
- 2) Repeat emergency care within 28 days under the same course of care. This indicator examines whether the client's problem was treated effectively at the presentation visit. Ranges performed better than both the region and state.



- 3) Unplanned return within 7 days subsequent to extraction. The year to date data demonstrates that we at Ranges have performed well with the least number of adverse outcomes (such as pain, bleeding etc) after extractions, necessitating the client returning.



- 4) Endodontic retreatment within 12 months by extraction. This indicator looks at appropriate case selection, and is dependent on clinical judgement and skills of the clinician. The bar chart once again demonstrates that our performance was above that of other clinics.



Regarding the remaining indicators, of the 89 endodontic treatments performed at Ranges, only two needed repeat treatments, and a few dentures were remade.



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Ranges
Community
Health

Continuity of Care



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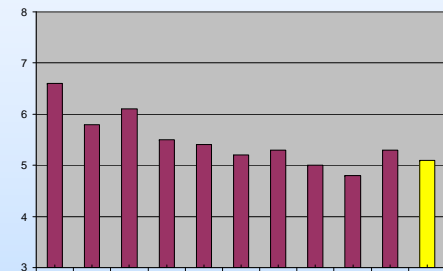
- Average 5.1 (range 3-7.4)

Good features noted:

- Examples of client journeys

Improvement needed:

- Continuity for clients within and beyond the organisation



Overall



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- Demonstrate CQI approach to quality and safety through PDCA
- Many agency reports available on their website