



Victorian Healthcare Association

Quality of Care Reporting Guidelines

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Why Quality of Care Reports?



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- Strategic role
 - Department of Human Services
 - Other healthcare providers
- Internal driver of quality and safety

Quality of Care Reporting Guidelines



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1. Development and Presentation
2. Distribution

Content - Minimum Reporting Requirements

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

Development and Format



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- Easily understood and interesting
- User friendly
- Demonstrate consumer involvement
- Feedback mechanisms
- Qualitative and quantitative information

Distribution



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How

Why

Did it Work?

Content



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- Continuous improvement initiatives
 - What has been achieved
 - What still needs to be achieved
 - How does this year compare with last year
 - How does this service compare with others
- Need to think about how we inform
 - Report
 - Chart
 - Case study
 - Story
 - Picture
- Needs to be relevant for reader

Consumer, Carer and Community Participation



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- 'CHS should report on consumer, carer and community participation across the individual, program and organisational level'
- Suggested Indicators in DHS Participation Policy 'Doing it with us not for us' (table 8)

Potential Participation Indicators at Individual Level



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Provision of condition-specific information, evidence-based where possible

- Consumers and carers receive regular, updated, appropriate and culturally sensitive information about services.
- Consumers are provided with evidence-based information about conditions and treatment options.
- Consumers and carers receive information about rights and responsibilities, and Australian Council on Safety and Quality in Health Care's '10 tips' or the equivalent.

Quality and Safety



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Part 1- Indicators

- **Infection Control and Cleaning**
- Medication Errors
- Falls Monitoring and Prevention
- Pressure Wound Monitoring and Prevention
- **Dental Clinical Indicators**
- Alternate Indicators

Quality and Safety



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Part 2 – Accreditation and Clinical Risk Management

- Clinical Governance
- Credentialling & Certification of Staff
- Risk Management
- Complaints Management

Continuity of Care



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Demonstrate response to community needs along the continuum of care from:

- Health promotion
- Prevention/screening
- Post acute
- Primary care
- Chronic disease

Continuity of Care



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Access, planning and discharge

- Intake processes
- Care plan processes
- Referral processes



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Quality of Care Reports

from

Integrated
Community Health Services

Discussion



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1. Development, Consumer Involvement and Format
2. Distribution and Accessibility
3. Consumer, Carer and Community Participation
4. Quality and Safety - Indicators
5. Quality and Safety – Accreditation and Risk
6. Continuity of Care

Each table with one of the above nominated areas to discuss interesting and innovative ways to address that particular aspect of Quality of Care Reporting

20 minutes – small group discussion

30 minutes – group feedback