



Victorian Healthcare Association

Clinical Governance in Community Health Project
2007-8 Project Evaluation,
2008-2009 Project Plan

1. Background

The VHA community health membership recognised the need to establish uniform systems of clinical governance in community health to address the changing profile of the community health and further the strategic development of the sector. The Clinical Governance in Community Health project began in 2005 with consultation with the sector on the development of a Clinical Governance Framework and accompanying tools for Community Health Services across Victoria. The Clinical Governance in Community Health Steering Committee was formed to provide leadership and support for the development of a Clinical Governance Framework.

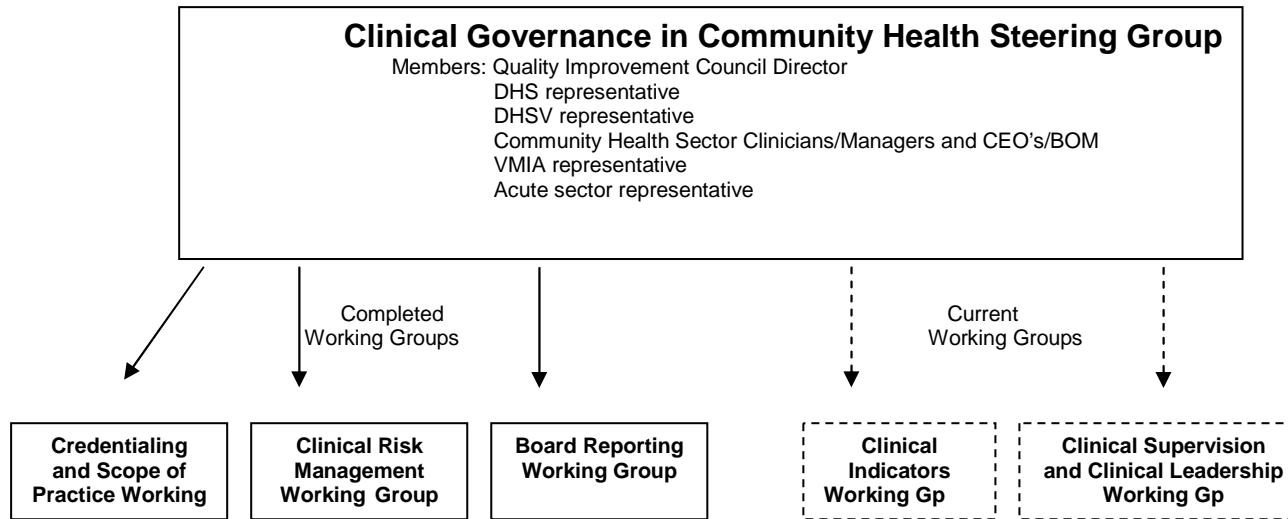


Figure 1: Diagrammatic representation of Clinical Governance project structure

The objectives of the Steering committee are to:

1. Develop a Clinical Governance Model and accompanying tools applicable to Community Health Services across Victoria;
2. Support sector wide education strategies around Clinical Governance;
3. Support the sector in promoting current and future work undertaken by CHS around Clinical Governance.
4. Develop an advocacy role to share resources and networking

The initial DHS funding of the Clinical Governance Project enabled the appointment of a project manager who commenced in May 2006 to support the work of the steering group and working groups. Further funding was received to implement a detailed work plan in 2006/7.

2. Stakeholders

Stakeholder	Level of Involvement
Community Health Services	Steering group and working group representation and forum participation
Australian Institute of Primary Care	Working group and steering gp representation
Department of Human Services	Steering group representation, Tony Triado
Victorian Managed Insurance Authority	Steering group representation and risk management implementation funding
Victorian Quality Council	Consultation
Quality Improvement Council	Steering group representation, Steve Einfeld
Quality Improvement in Community Services Accreditation (QICSA)	Steering group representation Pam Kennedy
Australian Council on Healthcare Standards (ACHS)	Steering group representation, Heather McDonald
GP's in Community Health	Dr Chris Olszewski
Acute/Subacute representation	Jenni Smith, Manager Northern Hospital

3. 07/08 Work Plan Evaluation

In 2007/08 the project has built on the clinical governance knowledge, awareness and resources commenced in its first year. The table found in Appendix One outlines the 07/08 work plan and the outcomes in relation to each objective in detail. The key achievements of the project overall to date, by year, include :

2006/07

Clinical Risk Management Framework – After sector consultation and a pilot of draft clinical risk management tools the ‘Clinical Risk Management in Community Health’ framework document and associated tools was launched at the VHA forum in December 2006. The framework provides a theoretical overview of risk and clinical risk management as well as providing a practical implementation guide and tools for managers to use with staff.

Board of Management (BoM) Clinical Governance Reporting Guidelines – A working group consisting of BoM and CEO's/Managers developed a set of suggested indicators for reporting to the BoM on clinical governance. The indicators were refined after consultation with the sector and developed into a checklist. Accompanying the checklist are guidelines that provide a useful background on clinical governance for BoM members. The project has liaised with the NOUS group who is providing BoM training to the health sector to ensure the inclusion of the guidelines in their training and resource packages.

Scope of Practice and Credentialling – The project worked closely with the Eastern Metropolitan Region's Credentialling project that produced a final report identifying the need for the development of supervision and clinical leadership structures to support scope of practice and credentialling work. The VHA working group is completing a sector background paper and ‘how to’ guide for scope of practice and credentialling and plans to address supervision and clinical leadership requirements in community health.

Clinical Governance Survey – A sector survey of clinical governance activities was undertaken in Oct 06. The survey resulted in a 51% response rate from a mixture of both integrated and stand alone community health services. The survey results indicated that awareness of clinical governance was high in an organisational policy context, but systems supporting effective clinical governance appear to be in need of further development.

Clinical Governance Education – the project delivered Clinical Governance Education via two sector forums held in Feb and November 2006. A further sector forum is planned for June 07. The forums provide the project with an opportunity to update the sector on resources produced and provide an opportunity to consult with the sector on clinical governance issues. Additional education occurs through regular VHA updates and newsletters. An education session was also held with QICSA quality reviewers.

In addition to the project activities identified through the work plan, the project has been involved in the following areas:

- Partnership with VQC on adapting Introduction to Safety and Quality Principles staff orientation package to community sector
- Representation on DHS Incident Information System Project
- Input into the discussion paper on clinical indicators for community health

2007/08

Clinical Risk Management Training

VHA received funding from VMIA to develop and pilot a clinical risk management training program for managers and quality coordinators in stand alone and integrated community health services. The training aims to provide staff with the skills to identify and manage clinical risks effectively in their organisation. A pilot was conducted in the eastern metropolitan region with 8 agencies. The pilot was successful in refining the training program, which is now being rolled out to the entire sector in July 08 – Sept 08. VMIA have undertaken to offer this training on an annual basis to community health services.

Clinical Supervision

Project work to develop guidelines and resources for clinical supervision began in September 07 with a comprehensive literature search and review, a survey and consultation with the sector to review current practice and the formation of a working group. The working group examined the literature and current practice in the sector to develop a set of minimum guideline to assist agencies in developing appropriate best practice structures for clinical supervision. In addition the working group developed supporting resources including clinical supervision policy, procedure, contract, supervision record and training requirements. These documents were presented to the sector in May 08 for feedback and the final documents will be released to the sector in July 08.

Clinical Leadership

Project work has commenced to develop appropriate model(s) for clinical leadership in community health. A literature review and sector survey, while giving a preliminary understanding of clinical leadership theory and practice, has clarified the need for developmental work to be done with the sector identifying the functions of clinical leadership.

Board Training

VHA received funding from DHS to provide subsidised Board clinical governance sessions to stand-alone or integrated boards. 20 subsidised sessions were offered to the sector and have been fully subscribed. To date (30/5/08) 11 sessions have been provided to over 20 services. The evaluation of the sessions indicates the boards have a clearer understanding of clinical governance theory and reporting at the end of the session

Clinical Indicators

The clinical indicator working group has commenced work on developing and piloting a set of preliminary clinical indicator for use across program and service areas in community health. The initial set of indicators for care planning and diabetes care was amended after piloting and presented at a sector forum. The feedback from the sector combined with subsequent consultation with experts has led to further refinement of the indicator set which will be trialled with the sector in the 08/09 year. Additional indicator development in the areas of self-management and quality of life are also being investigated.

Consumer Participation in Quality and Safety

The project initially provided sector representation on the DHS Participation Advisory Committee providing input into the development of tools and indicators for consumer participation. Representation on the advisory committee has been transferred to a representative from the Community Participation in Community Health Network. The project has also worked collaboratively with the Community Participation in Community Health Network to develop a resource 'Community Participation in Quality of Care reporting' outlining suggested processes for involving consumer in quality of care reporting.

Clinical Governance Survey

A second clinical governance sector survey was conducted and analysis of the results showed that 94% of respondents had reviewed their reporting on clinical governance to the BOM in the last 12 months. 40% indicated they had used the Board Clinical Governance Reporting Guidelines developed by the project to review reporting processes, 76% has accessed our web resources, 73% had accessed the VHA clinical risk management document, 55% had used the credentialling and scope of practice guide and 64% had accessed the model policies.

Workshops

2 sector workshops were held in the 07/08 year for reporting back to the sector and receiving feedback on work to date. A workshop was held in November 08 attended by 85 participants, which focused on clinical supervision and clinical indicators. A second workshop was held in May 09 for 92 participants and focussed on the clinical supervision and leadership project as well as consumer participation in quality and safety.

Other areas

In addition to the project activities identified through the work plan, the project has been involved in the following areas:

- Representing the sector on the DHS Incident Information System Project Advisory Group.
- Representation on the CMS Statewide Footprint Committee Care Planning/Clinical sub group to ensure the issues raised in relation to care planning and the development of related indicators are addressed in the electronic client management systems.
- Participation in the ACHS Program Committee for the National Forum on Safety and Quality in Healthcare to be held in Adelaide in October 2008
- Collaboration with the VQC on modification of a staff orientation to quality and safety for community health
- Representation on Bridging Clinical Risk Management Project which aims to investigate processes to reduce interagency clinical risk in HARP programs in the Eastern Metropolitan region
- Oral and Poster presentations at 5th Australasian Conference on Safety and Quality in Healthcare in August 2007

4. Clinical Governance Project Plan for 2008/9

The project plan for 2008/9, the final year of the project, aims to complete the work already begun by the project through

- Ensuring support for sector implementation of resources and guidelines that have already been developed (clinical risk management and BOM reporting)
- Continuing work in areas that have been identified as integral to implementation of clinical governance systems (Scope of practice, supervision, clinical leadership, clinical indicators development, clinical documentation and informed consent)
- Ensuring sustainability of project learning and resources through a range of mechanisms including development of ongoing training and educational opportunities for the sector and accreditation standards review

A detailed project plan for 2008/9 is presented in the table below:

Appendix One

07/08 Work Plan Evaluation

Objectives	Strategies	Performance Indicators	Timeline	Anticipated Outcome
1. Implement Clinical Risk Management framework across the community health sector	1.1 Training in CRM framework to CEO's, BOM managers and quality coordinators	1.1 Provision of Phase 2 Sector Roll out of CRM Training 1.1 Review of training resources for future programs provided by VMIA 1.1 Risk management component in Board clinical governance sessions	September 2008 December 2008	CRM policies and system established in Community Health Services Ongoing systems for clinical risk management professional development established
2. Demonstrate competence of community health staff delivering clinical and health promotion services	2.1 Liaise with tenderee on development of a framework and guidelines for scope of practice for clinical disciplines delivered within community health services 2.2 Support implementation of developed guidelines and resources for clinical supervision in a community based setting through provision of manager training 2.3 Develop a model for clinical leadership in Community Health	2.1 Evidence of collaboration on scope of practice project 2.2 Guidelines and resources for clinical supervision available for sector 2.3 Framework for clinical leadership	July 2009 August 2008 Nov 2008	Guidelines for assisting agencies defining scope of practice from an organisational perspective Clinical supervision guidelines and resources being used in sector Community Health Model(s) for clinical leadership recommendations for pilot
3. Improve organisational systems for governance of clinical services	3.1 Identify sustainable mechanisms for provision of training in BOM Clinical Governance reporting 3.2 Provide input into sector requirements for functionality of Trakcare/Isoft in relation to clinical indicators, care planning, treatment planning and decision support tools 3.3 Investigate program/team level service level review/evaluation based on a clinical governance framework	Mechanism for ongoing provision of training identified Participation in relevant working groups and consultations Model for program level review based	December 2008 June 2009 June 2009	Increase in Clinical Governance reporting to BOM in community health services
4. Evaluate and benchmark the effectiveness of services	4.1 Development of clinical indicators set for community health	Refined set of clinical indicators for use in sector	Feb 2009	Recommended set of Clinical Indicators available for use in

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delivered by community health services		Identify potential mechanism for sector benchmarking	June 2009	community health
5 Improve clinical documentation	5.1 Develop guidelines for appropriate clinical documentation	Documentation Guidelines	June 2009	Uniform approach to clinical documentation
6 Consumers participate with community health services to drive quality and safety improvements	6.1 Develop guidelines for appropriate informed consent for treatment/intervention 6.2 Analyse quality of care reports by stand alone sector 6.3 Maintain link with representative on DHS Participation Advisory Committee	Informed consent guidelines Forum presentation	June 2009	Uniform sector approach to informed consent
7 Further Develop Clinical Governance Requirements in Accreditation	7.1 Development of clinical governance accreditation standards with QIC and ACHS	Recommendations for changes to evidence in standards related to clinical governance	June 2009	Accreditation standards that include evidence for systems and processes clinical governance
8 Facilitate sustainable Clinical Governance systems and processes in sector	8.1 Liaise with tertiary institutions re the development of clinical governance training unit to be available to primary health sector agencies 8.2 Investigate potential for DHSV online quality framework to be broadened to primary health 8.3 Promote clinical governance sector implementation, with consideration of VHA work, DHS quality framework and national and international research/policies 8.4 Ongoing workshops, training newsletter articles	Development and delivery of training unit in liaison with tertiary institution Participation in relevant consultations Forums, project report/manual with implementation guidelines and all resources Workshops	June 2009 June 2009 June 2009	Increased knowledge of Clinical Governance in sector
9 Ensure appropriateness of Clinical Governance Project	9.1 Final evaluation of project and activities 9.2 Repeat Survey	Project Evaluation Survey Conducted	June 2009	Impact and process indicator information Evaluation of sector uptake

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07/08 Work Plan Evaluation

Objectives	Strategies	Performance Indicators	Timeline	Anticipated Outcome
Objectives	Strategies	Performance Indicators	Status	Description
1. Implement Clinical Risk Management framework across the community health sector	Training in CRM framework to CEO's, BOM managers and quality coordinators	Phase 1 CRM Training commenced in pilot region Phase 2 CRM Training commenced on all regions	Complete Complete	Pilot completed in Eastern Metro region and training material revised Sector roll out subscribed for July-Sept 08
2. Demonstrate competence of community health staff delivering clinical and health promotion services	2.1 Develop a framework and guidelines for scope of practice for clinical disciplines delivered within community health services 2.2 Develop appropriate models for clinical supervision for medical, allied health and nursing professionals working in a community based setting 2.3 Develop a model for clinical leadership in Community Health	2.1 SOP Framework and guidelines. Categories or levels of scope of practice for occupational therapy and counselling 2.2 Framework for clinical supervision 2.3 Framework for clinical leadership	N/A –now DHS tender Complete Commenced	Literature review, sector survey and interviews and guidelines and resources for clinical supervision developed Literature review, sector survey and initial sector interviews competed
3. Improve organisational systems for governance of clinical services	3.1 Training in BOM Clinical Governance reporting guidelines and checklist to CEO's and managers, quality managers and quality reviewers	Training package developed. Training delivered to CEO/BOM/Managers	Commenced	20 sessions fully subscribed and 11 delivered to date (30/5)
4. Evaluate and benchmark the effectiveness of services delivered by community health services	4.1 Formation of clinical indicators working group to look at discipline, program, disease and process specific clinical indicators	Clinical Indicators working gp formed Pilot of draft clinical indicators in community health	Complete Complete	Working gp consisting of sector and accreditation representatives Initial pilot of indicators completed and further refinement of indicators for second pilot
5. Improve clinical documentation	5.1 Develop guidelines for appropriate clinical documentation	Documentation Guidelines	Not commenced	To be placed on 08/09 workplan
6. Consumers participate	6.1 Develop guidelines for	Informed consent guidelines	Not commenced	To be placed on 08/09

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07/08 Work Plan Evaluation

Objectives	Strategies	Performance Indicators	Timeline	Anticipated Outcome
with community health services to drive quality and safety improvements	appropriate informed consent for intervention Liaison with Community Participation in Community Health group to assist consumer involvement in Quality of Care reporting and effective consumer feedback mechanisms Review of the complaints process	Documentation Guidelines/Tools	Complete N/A – work commenced but now included in scope of Incident Information project	workplan Community Participation in Quality of Care reporting
7. Further Develop Clinical Governance Requirements in Accreditation	Development of clinical governance accreditation standards with QIC and ACHS	Recommendations for changes to standards	Commenced	Agreement for joint review of evidence for standards with QICSA
8. Facilitate Clinical Governance implementation in sector	Ongoing workshops, training, newsletter articles	Workshops	Completed	Sector workshops held in November 07 and May 08, Regular VHA newsletter and e updates Article accepted for publication – Australian Journal of Primary Health Care
9. Ensure appropriateness of Clinical Governance Project	Ongoing evaluation of project and activities Repeat Survey	Project Evaluation Survey Conducted	Completed	Survey of clinical governance practices in sector completed October 07

***NB** – Please note activities undertaken in addition to above workplan by project as listed in ‘Other areas’ section on page 5 of document