CLINICAL GOVERNANCE SUPPORT TOOL FOR PUBLIC SECTOR RESIDENTIAL AGED CARE PROVIDERS

Victorian Healthcare Association
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ACHG Quality in governance
AUSTRALIAN CENTRE FOR HEALTHCARE GOVERNANCE

PURPOSE

The need for strengthened systems of oversight, accountability and performance has been identified as a key priority for public sector providers of residential aged care. This tool was developed as a result of the Victorian Healthcare Association's (VHA) ongoing consultation and engagement with public sector providers of residential aged care and through the VHA's Public Sector Residential Aged Care Special Interest Group (Special Interest Group) to assist boards to strengthen their governance and oversight processes.

This tailored clinical governance checklist and decision making tool has been developed to support health service boards, of services which provide public sector residential aged care, an understanding of the data they should consider collecting, reporting on, and monitoring, to enhance governance oversight.

The tool was developed drawing on the knowledge and expertise of the Australian Centre for Healthcare Governance (ACHG), experts in clinical and corporate governance and a division of the VHA.

EVIDENCE BASED

The following key documents were drawn upon in the development of this tool, including:

- *Safer Care Victoria's Clinical Governance Framework, June 2017*
- *The Directors Toolkit resource for health services boards, December 2017*
- *Targeting Zero, Report of the review of Hospital Safety and Quality Assurance in Victoria, October 2016*
- *Governing quality in public sector residential aged care: An organisational readiness tool 2010.*

In addition, this tool was developed with consideration given to the work in progress (at the time of printing) by the Department of Health and Human Services in its development of the Public Sector Residential Aged Care Performance Measures.

THE TOOL

The checklist is intended to be a support tool, used by boards, to assist in identifying the reporting domains and data points when designing a reporting schedule. It draws on Safer Care Victoria's Clinical Governance Framework as the platform for ensuring the board is provided with key information essential to ensuring a robust and effective clinical governance structure is in place.

Key elements include:

- *a reporting cycle to ensure that the board is not overwhelmed with data and that sufficient information is provided in a timely and ongoing manner*
- *a brief summary of the purpose of the information and any actions required of the board to ensure there is clarity around the board's role in receiving the information.*

RIGHT DATA AT THE RIGHT TIME

While it is recommended that the data for residential care services is separated from the whole of health service data to improve visibility of the quality of care in residential services, this may best occur at a board sub-committee level and then be reported up to the board where required. For example, some components of the *Risk Management* and *Consumer Partnerships* domains, such as incident investigation outcomes and details of the response to high rating complaints, may be deemed too operationally detailed for the board and might best sit at the Clinical Governance/Quality and Safety board sub-committee.

The checklist is not an exhaustive list, and health services may wish to expand or reduce the level of reporting according to the maturity of the organisation, identified priorities or areas of need. It is not recommended that health services should immediately adopt all of the suggested reporting mechanisms for their board, the intent is that health services will adapt the reporting elements to suit their governance needs.

Clinical governance requires regular review to ensure that the processes and outcomes are meeting the needs of the organisation in the provision of high quality, safe and effective care. While the VHA has identified over 30 potential data points in the checklist, when designing a reporting schedule, at a minimum, the VHA recommends the following data points are reported on:

- *the organisation's vision and mission encompass high quality care for residents (see Safer Care Victoria's Clinical Governance Framework domain: Leadership and culture p. 4)*
- *documented communication strategy to communicate with residents and families on urgent and/or important issues (e.g. infection outbreaks) as per the open disclosure requirements in the new Aged Care Quality Standards (see Safer Care Victoria's Clinical Governance Framework domain: Consumer partnerships p. 5)*
- *evidence of credentialing and registration of all clinical staff and notification of breaches of practice (see Safer Care Victoria's Clinical Governance Framework domain: Workforce p. 6)*
- *organisation risk management framework encompasses residential care (see Safer Care Victoria's Clinical Governance Framework domain: Risk management p. 8)*
- *quality indicators benchmarked against state average or other like size organisations in sub-region or area (see Safer Care Victoria's Clinical Governance Framework domain: Clinical practice p. 11)*
- *accreditation self-assessment gaps/issues identified, analysed and action plan established (see accreditation p. 12).*

For more information, contact:
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A clinical governance reporting framework for the governing bodies of public sector residential aged care

Domain of Safer Care Victoria's Clinical Governance Framework
LEADERSHIP & CULTURE

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
The organisation's vision and mission encompass high quality care for residents	Annually	Endorsement Demonstrates leadership in prioritising high quality care for residents.			
Board and executive complete quality-focussed walk-arounds of the residential care facility/ies.	Biannually or quarterly	Demonstrates visible leadership in striving for quality care in residential care environment			
Consumer experience stories at executive and Board meetings include resident examples from across the spectrum of good and bad	Quarterly/annually	Sets the tone of person centred care at the board meeting Visible leadership			
Board member to attend resident meeting.	Annually or as appropriate	Demonstrates visible leadership and commitment regarding resident/family engagement			

Domain of Safer Care Victoria's Clinical Governance Framework

CONSUMER PARTNERSHIPS

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Consumer engagement framework includes processes to engage residents and families	Reviewed regularly as per internal protocols	Endorsement Ensures residents and families are part of the organisation's approach to consumer engagement			
Resident occupancy levels and waiting list data	Quarterly	Monitoring & surveillance Provides opportunity for the board to seek more information on why occupancy and waiting list numbers might be low			
Resident/family or representative survey data including context and summary of comments and themes	Quarterly/annually	Monitoring & surveillance Provides opportunity for the board to celebrate success or seek actions to address concerns			
Advance care plan completion rates as a proportion of residents	Bi-annually	Monitoring & surveillance High rate demonstrates consumer engagement in end-of-life care planning			

Domain of Safer Care Victoria's Clinical Governance Framework

CONSUMER PARTNERSHIPS

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Percentage of care plans reviewed with family or representative (existing residents)	Annually	Monitoring & surveillance High rate indicates consumer engagement and individualised care			
Consumer feedback data (complaints & compliments) trended over time with key complaint classifications provided	Rating 1 (severe) complaints and complaints escalated to the Aged Care Complaints Commissioner as they occur Monthly	Monitoring & surveillance Provides opportunity for the board to celebrate success or seek actions to address concerns Identifies quality improvement opportunities in relation to trends and themes			
Documented communication strategy to communicate with residents and families on urgent and/or important issues (e.g. infection outbreaks)	Reviewed regularly as per internal protocols and report provided to board when communication strategy activated	Endorsement Ensures residents and families are appropriately engaged and informed on issues			

Domain of Safer Care Victoria's Clinical Governance Framework
WORKFORCE

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Residential care staff survey results, quarantined from broader workforce results (e.g. People Matters Survey)	Annually or when available	Monitoring & surveillance Measures staff perceptions of, and engagement with, quality and safety Identifies quality improvement opportunities in relation to trends and themes			
Evidence of credentialing and registration of all clinical staff Notification of breaches of practice	Annual registration rates Credentialing of staff for additional or new procedures As occurs	Monitoring & surveillance Ensures compliance Provides opportunity for the board to seek further information and ensure appropriate action occurs			
Completion of staff performance development and review process for residential care staff	Annual completion rates against target	Monitoring & surveillance Sets expectations			

Domain of Safer Care Victoria's Clinical Governance Framework
WORKFORCE

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Trends in residential staff turnover and absenteeism rates including key management positions vacant for extended periods of time e.g. DON, NUM	Quarterly	Monitoring & surveillance Indicator of organisational culture Provides opportunity for board to seek further information if rates are of concern			
Significant/serious misconduct reported to the Department of Health/AHPRA (board may need to define significant/serious misconduct)	As occurs	Monitoring & surveillance Provides opportunity for the board to seek further information and ensure appropriate action occurs			
Staff ratios and skill mix for weekday/weekend and day/afternoon/night shift (actual against target) Use of agency/casual staff by clinical discipline e.g. RN, EN, PCA	Monthly summary	Monitoring & surveillance Sets clinical mix/care expectations Provides opportunity for the board to seek further information if ratios or skill mix vary from target			
Mandatory and additional staff training data	Quarterly	Sets expectations regarding minimum training requirements, clinical care and quality improvement			

Domain of Safer Care Victoria's Clinical Governance Framework

RISK MANAGEMENT

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Organisation risk management framework encompasses residential care	Reviewed regularly as per internal protocols	Endorsement Ensures residential care is included in organisational risk management strategy			
Organisation risk register encompasses risks relevant to residential care	Reviewed quarterly	Endorsement Ensures residential care is included in organisational risk management strategy			
Incident trend data number/severity/themes including quality indicator information: • pressure injuries • falls • unplanned weight loss • polypharmacy • infection rates • use of restraint	Monthly	Monitoring & surveillance Provides opportunity for board to seek further information if trends/themes are of concern			

Domain of Safer Care Victoria's Clinical Governance Framework

RISK MANAGEMENT

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Summary report on significant incident reviews and outcomes	As occurs	Risk management Sets expectations that significant incidents are to be reviewed with recommendations for improvement made			
Implementation of recommendations from incident reviews	As occurs	Risk management Ensures outcomes are achieved			
Outbreak management plan noted as in place Staff trained in implementation of the outbreak management plan Report on process of the management of an outbreak	Reviewed annually Annual training data Percentage of staff completing training As occurs	Endorsement Monitoring & surveillance Sets expectations Board members kept informed of any high risk events			

Domain of Safer Care Victoria's Clinical Governance Framework

RISK MANAGEMENT

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Residential staff annual flu vaccination rates as a percentage of staff Resident vaccination rates	Annually - in June	Monitoring and surveillance Sets expectations Provides opportunity for board to seek further information if the target is not achieved			
Notification of occurrence of any episodes of mandatory reporting e.g. elder abuse	As occurs	Monitoring and surveillance Board members kept informed of any high risk events			

Domain of Safer Care Victoria's Clinical Governance Framework

CLINICAL PRACTICE

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Quality plan includes care improvement goals for residential care	Annual plan with progress reported quarterly	Quality improvement Sets expectations			
Percentage of care plans completed within a month of admission including input from representative or family	Annually	Monitoring & surveillance High rates indicates consumer engagement and individualised care			
Quality indicators benchmarked against state average or other like size organisations in sub-region or area. Quality indicators include: • pressure injuries • falls • unplanned weight loss • polypharmacy • infection rates • use of restraint	Quarterly	Monitoring & surveillance Provides opportunity for the board to measure standard of care against state benchmark Provides opportunity for board to seek further information if rates are of concern			
Report on process to review and introduce new procedures/ treatments safely *For example: plans to introduce massage therapy are reviewed and endorsed via appropriate governance process and meet organisation scope of practice requirements*	As occurs	Risk management Sets expectations of quality and safety for all new clinical procedures/treatments			

Domain of Safer Care Victoria's Clinical Governance Framework
ACCREDITATION

Board reporting required	Suggested reporting cycle	Board purpose & actions	Currently in place	To be implemented	Comments/actions
Accreditation self-assessment gaps/issues identified, analysed and action plan established	As occurs	Monitoring & surveillance			
Residential aged care accreditation results from the Australian Aged Care Quality Agency and progress on recommendations	As occurs	Monitoring & surveillance			
Review results of unannounced visits by the Australian Aged Care Quality Agency	As occurs	Monitoring & surveillance			
Status updates on preparation for accreditation and any red flags or issues/concerns raised at board level	As occurs	Monitoring & surveillance			
Planned accreditation opening and closing meetings attendance by board	As occurs	Demonstrates visible leadership in striving for quality care in residential care environment			

Since 1938, the Victorian Healthcare Association has been supporting Victoria's publicly funded healthcare providers to respond to system reform, shape policy and advocate on key issues. Now in its 80th year, the VHA proudly represents 96 per cent of the state's public hospitals and community health services.

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Victorian Healthcare Association
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The ACHG supports Australia's health and community sectors to improve clinical and organisational corporate governance. It is an initiative of the Victorian Healthcare Association, the peak body of Victoria's public healthcare sector.

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