Omeo District Health Clinical Governance Framework 2018-2023

Executive Summary

This clinical governance framework sets out:

- Definitions of clinical governance and other terms adopted by Omeo District Health (ODH);

- The purpose of this framework;

- The driving principles behind this framework and the context in which we work;

- The domains of healthcare covered by this framework;

- Who contributes to the success of this framework and how;

- The committee structure used to assist in implementing this framework;

- How ODH intends to further develop, implement, evaluate and review its clinical governance processes and ensure that these are aligned with the overall governance of ODH.

Definitions

Clinical governance:

ODH supports and adopts the definitions of clinical governance set out below.

The *Targeting Zero: the review of hospital safety and quality assurance in Victoria*[i] report uses the term 'clinical governance' to refer to:

> *"the systems and processes that health services need to have in place to be accountable to the community for ensuring that care is safe, effective, patient-centred and continuously improving."*

The Australian Commission on Safety and Quality in Health Care[ii] states the following:

> *Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.*

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[i] *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care. Report of the Review of Hospital Safety and Quality Assurance in Victoria* Review of Hospital Safety and Quality Assurance in Victoria Melbourne: State of Victoria, Department of Health and Human Services; 2016.
[ii] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Consumer:

In this document, the term 'consumer' includes patients, clients, residents, families, carers and communities.

Purpose

This framework has been developed to guide to all ODH staff and stakeholders on the actions necessary to achieve our shared goal: providing high-quality healthcare and achieving zero avoidable harm. It contributes to the achievement of ODH's Strategic Plan and provides a foundation for existing and future ODH policies and procedures, which outline in detail the actions we take to deliver quality, safe and person-centred care.

ODH provides acute inpatient and urgent care services, an inpatient and community-based Transition Care Program, respite and palliative care services, residential aged care services, primary care services delivered from the Omeo Medical Centre and a comprehensive range of community and home-based allied health and support services.

A clear, comprehensive and effective clinical governance framework is a prerequisite to the fulfilment of our mission.

The completed framework is represented below in Figure 1. The same is represented in Figure 7, to link and demonstrate the results of the completed Framework Project Plan.

Figure 1: Completed ODH Quality & Safety Framework
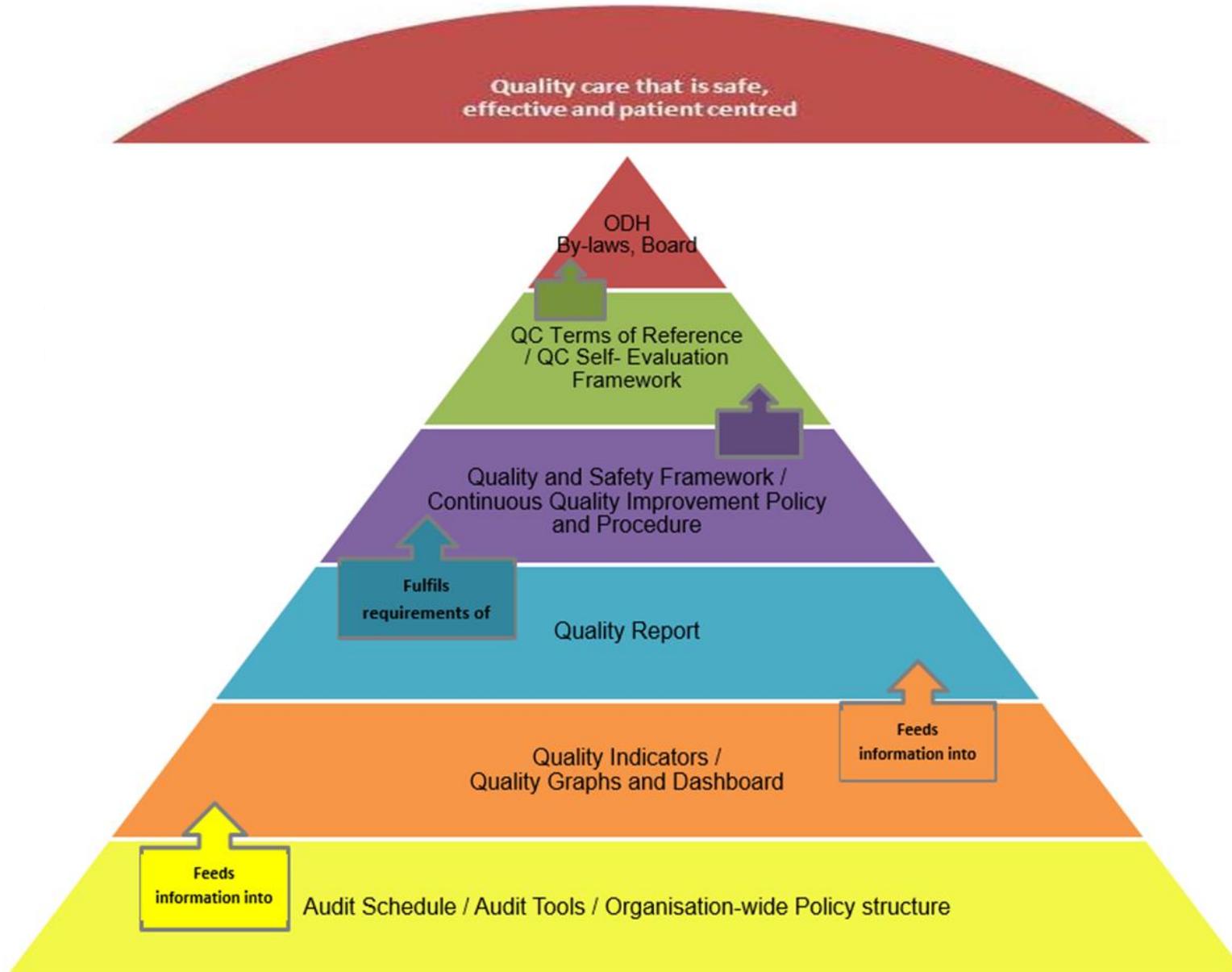
Driving principles

The following provide background, context and a summary of the driving principles behind this framework.

Quality healthcare as a human right:

The *Charter of Human Rights and Responsibilities Act* (Vic) 2006 provides an overarching legal framework for publicly-funded health services such as ODH to deliver high quality clinical care. In particular, the Act provides for:

- The right to life (section 9); and

- The right to protection from torture and cruel, inhuman or degrading treatment (section 10). This includes the right to receive medical treatment that is ethical and for which informed consent has been provided.

Quality healthcare as a human right is further supported by Victorian Government policies and guidelines (including the Victorian clinical governance framework[iii]) and the National Safety and Quality Health Service Standards (NSQHS Standards) developed by the Australian Commission on Safety and Quality in Healthcare[iv].

ODH's mission:

Our mission is to promote and enhance the health and wellbeing of the people of the East Gippsland High Country.

ODH Board commitment:

The ODH Board acknowledges that:

- The Board is ultimately responsible for clinical governance at ODH and clinical governance is of equal importance to financial, risk and other forms of governance;

- Healthcare is an inherently complex and high risk activity.

- Although the Board remains accountable for the performance and outcomes of its clinical governance, implementation of this framework will require a significant commitment from the Board, CEO, Executive Leadership Team, line managers, clinicians and staff at all levels;

- Clinical governance at ODH is therefore best characterised as a system within a system – a clinical governance system within a corporate governance system. In order to be effective, the system must be appropriately scaled to suit the services being provided;

- This clinical governance framework must be regularly reviewed, evaluated and amended to drive continuous improvement. This process is fundamental to assuring the quality and safety of healthcare and is a core responsibility of all health service boards.

[iii] *Delivering high-quality healthcare. Victorian clinical governance framework:* State of Victoria, Department of Health and Human Services; June 2017

[iv] *Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards.* 2nd ed. Sydney: ACSQHC; 2017.

ODH's Strategic Plan:

The ODH Strategic Plan 2018-2023 provides for five Strategic Pillars as set out in Figure 2 below. The second of these Strategic Pillars is Quality Care & Safety. The Quality Care & Safety Strategic Pillar seeks to ensure:

- Evidence based models of care and metrics are in place to ensure excellent client outcomes;

- A person centred and homely care approach underpins our model of care that includes the provision of therapeutic approaches aligned with our rural context; and

- Consistent and safe delivery of all services at a level that meets government and community standards.

Figure 2: Omeo District Health Strategic Plan 2018-2023

STRATEGIC PLAN 2018 - 2023

Better Health - Better Access - Better Care

Omeo District Health

	1. HEALTHY COMMUNITY	2. QUALITY CARE & SAFETY	3. PEOPLE & CULTURE	4. SUSTAINABLE SERVICES	5. EFFECTIVE GOVERNANCE	6. COLLABORATIVE PARTNERSHIPS
Key Government Policy Initiatives						
Our Strategic Pillars and Key Objectives	Reach out to our local rural community in the planning and delivery of our services	Deliver first class care to our clients, community and key stakeholders	Build a highly engaged and skilled team of health care professionals and volunteers with a commitment to creating a culture of achievement and service excellence	Develop a fully sustainable health care service model to fund future growth and investment in new markets and emerging technologies	Create a comprehensive and accessible governance framework that ensures compliance with our legislative, ethical and statutory obligations	Invest in strategic partnerships and alliances that allow us to achieve better outcomes for our service
	1.1 Formal and simple structures are established to seek broader community consultation, engagement, volunteering and participation; 1.2 Plan services around existing and emerging community needs and demands, participate in community events and introduce regular periodic assessments of performance; 1.3 Targeted promotion of available services through the use of print and online platforms.	2.1 Evidence based models of care are in place to ensure excellent client outcomes; 2.2 A person centred and homely care approach underpins our models of care aligned with our rural context; 2.3 Consistent and safe delivery of all services at a level that meets government and community standards.	3.1 Recruit, retain and develop key talent; 3.2 A structured program for the reward and recognition of excellence in achievement and behaviour is in place; 3.3 Create a constructive culture reflective and demonstrative of our core values where safety is paramount.	4.1 A Structured and considered prioritisation processes in place to assist in the best utilisation of resources; 4.2 Adopt a diversified and agile funding approach; 4.3 Fund new and alternate models of care to meet the needs of our community.	5.1 Effective Corporate and Clinical governance frameworks are in place; 5.2 Integrated systems and frameworks are in place to support effective decision making across all functions; 5.3. Formalised assessments in place to review performance of Board and its Committees.	6.1 Seek and nurture alliances where common objectives exist; 6.2 Promote a reputation of collaboration with organisations and individuals; including community groups, who wish to assist us in achieving our strategic goals; 6.3 Review and ensure all formal agreements are relevant and in place.
Our Values WE - CARE	**W**ELLBEING Maintain a healthy balance of work, rest and play	**E**MPATHY Show compassion and understanding for the perspectives and experiences of others	**C**REATIVITY Encourage new ideas, explore ways to innovate	**A**CCOUNTABILITY Act with integrity. Take responsibility for our decisions and actions	**R**ESOURCEFULNESS Be responsive in overcoming challenges and changing circumstances	**E**XCELLENCE Expect, recognise and reward excellence
Our Vision	*"WE CARE about creating a healthy community"*					
Our Mission	To promote and enhance the health and wellbeing of the people of the East Gippsland High Country					

Public expectations:

The general public, governments and other health funding and regulatory bodies require increasing levels of accountability and public transparency in clinical performance.

Demands for continuous improvement receive additional momentum through conspicuous examples of health system failure, such as the cluster of avoidable perinatal deaths that occurred at Djerriwarrh Health Services during 2013 and 2014 and the multiple, serious failures of care that occurred at Oakden Older Persons Mental Health Service prior to its review and closure in 2017.

As the largest local health service provider, a major employer and a socially responsible corporate citizen, ODH is firmly committed to its local community and always seeks to exceed community expectations.

Departmental requirements:

The Department of Health and Human Services (DHHS) requires all health services to have formal clinical governance arrangements in place that are regularly evaluated for their effectiveness in driving continuous improvement.

This framework has therefore been developed in line with the *Governance for safe, quality healthcare – Victorian clinical governance framework*, October 2016, as well as the *National Model Clinical Governance Framework* 2017, published by the Australian Commission on Safety and Quality in Health Care.

Accreditation requirements:

It is mandatory for all Australian hospitals and day procedure services to be assessed through an independent accreditation process to determine whether they have implemented the (NSQHS Standards). This clinical governance framework is particularly relevant to Standard 1 Clinical Governance and Standard 2 Partnering with Consumers. ODH is also accredited under a range of other standards to which this clinical governance framework will contribute[v].

Moving beyond compliance:

As a high performing health care service, ODH aims to go beyond compliance. This clinical governance framework therefore incorporates:

- a vision for the future – clearly communicated, specific and quantifiable goals for improving care;
- consumer partnerships – the consumer is at the centre of care and viewed as a critical partner in the design and delivery of healthcare;
- organisational culture – a 'just' culture exists whereby health service staff are supported, their wellbeing is prioritised and our team operate by the ODH WE-CARE values;
- continual learning and improvement – health service staff are provided with opportunities and encouragement to further their skill set and qualifications;
- delivery of an annual program of mandatory training and monitoring of training completion;

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[v] Australian Aged Care Quality Agency *Residential Aged Care Accreditation Standards*; Australian Aged Care Quality Agency *Home Care Common Standards*; Royal Australian College of General Practitioners *Standards for General Practices*; Department of Health and Human Services *Human Services Standards*

- clinical leadership – strong, transparent, supportive and accessible leadership fosters a culture of learning, accountability and openness with strong clinical engagement;

- teamwork – staff are supported at all levels of the organisation by skilled management; and

- quality improvement – established methods and data are used to drive and design actions to improve safety and quality;

- inclusion/ diversity/ CALD – Service provision is delivered in an LGBTQI-inclusive, culturally safe and competent manner.

Figure 3: Components of ODH's Clinical Governance Framework

Clinical Governance Domains

In order to contribute to an integrated Statewide system, this framework is organised along the five key domains of clinical governance as set out in the Department of Health and Human Services Victorian Clinical Governance Policy Framework and represented by Safer Care Victoria in Figure 4 below.

The five key domains of clinical governance are:

- **Leadership and Culture**
- **Consumer partnerships**
- **Workforce**
- **Risk management**
- **Clinical practice**

Figure 4: Key Domains of Clinical Governance (Safer Care Victoria, 2017).
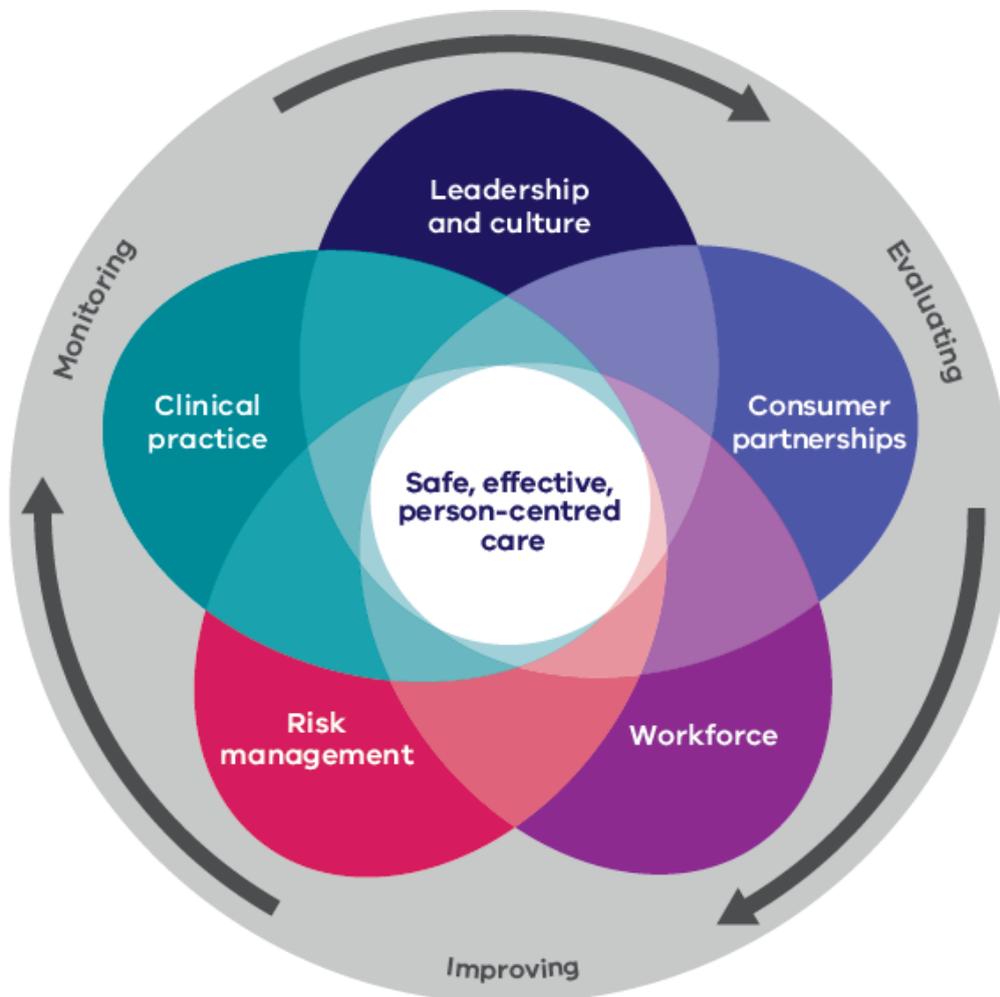
Who contributes and how

Every stakeholder associated with a health service has specific responsibilities to contribute to achieving and maintaining high quality and safe care.

Figure 5: Contributors to ODH's Clinical Governance Framework

Stakeholder/Contributor	Commitment and action
➢ **Consumers**	Consumers are at the centre of clinical governance and should: ➢ participate in their own healthcare and treatment, and that of their family and carers, to their desired extent; ➢ partner with health services in service design, delivery and quality improvement; ➢ participate in system-wide quality and safety improvement; ➢ partner with healthcare organisations in governance, planning and policy development to co-design and drive improvement in performance monitoring, measurement and evaluation; ➢ advocate for patient safety to support the best possible treatment and outcomes for themselves and others; ➢ provide feedback, ideas and personal experience to drive change.
➢ **All ODH staff**	All staff and contractors are required to: ➢ provide high-quality care in their services as a priority; ➢ go beyond compliance to pursue excellence in care and services; ➢ speak up and raise concerns and issues, promoting a culture of transparency; ➢ share information and learnings regarding clinical safety; ➢ regularly update their skills and knowledge to provide and support the best care and services possible; ➢ actively monitor and improve the quality and safety of their care and services; ➢ work with care standards and protocols; ➢ contribute to a culture of safety, transparency, teamwork and collaboration; ➢ demonstrate a commitment to partnering with consumers to facilitate effective engagement and participation; ➢ demonstrate ownership and accountability for the quality and safety of the care provided; ➢ participate in regular evaluation of performance to identify areas for improvement.
➢ **Clinical leaders**	are required to: ➢ work within their scope of practice; ➢ maintain qualifications and knowledge appropriate to the role; ➢ understand the challenges and complexity of providing consistently high-quality care and support clinicians through a

Stakeholder/Contributor	Commitment and action
	culture of safety, transparency, accountability, teamwork and collaboration; ➤ ensure clinicians are clear about their roles and responsibilities and are supported with resources, standards, systems, knowledge and skills development; ➤ provide a safe environment for both consumers and staff that supports and encourages productive partnerships between different clinical groups, and clinicians and consumers; ➤ provide useful performance data and feedback to their clinicians and relevant committees and engage clinicians in identifying and taking appropriate action in response; ➤ actively identify, monitor and manage areas of key risk and lead appropriate escalation and response where safety is compromised.
➤ **Managers in both direct and indirect service delivery**	are required to: ➤ promote a culture of safety, transparency, teamwork, inclusive practice, accountability and collaboration among their staff as the basis of excellent care; ➤ be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork; ➤ ensure staff are clear about their roles and responsibilities, are supported with resources, standards, systems, knowledge and skills development, and hold them to account for the care they provide; ➤ provide useful data and feedback to staff and relevant committees that informs the status of care safety and quality; ➤ expect and drive action in response to managing risks and improving care; ➤ actively identify, monitor and manage areas of key risk, and lead appropriate escalation and response where safety is compromised.
➤ **The Executive Leadership Team**	is required to: ➤ lead and support the health service to operationalise the Board's vision for safe, quality care, facilitating and ensuring effective staff and consumer involvement; ➤ develop safety and quality leaders in their services and provide assurance to the CEO that staff at each level of the organisation are supported to actively pursue high-quality care for every consumer; ➤ ensure robust and transparent reporting, analysis and discussion of the safety and quality of care occurs regularly and is informed

| Stakeholder/Contributor	Commitment and action
	by qualitative and quantitative data, committee structures and clinician engagement;
	➢ ensure appropriate resources are budgeted for;
	➢ understand and monitor the areas of key risk and ensure escalation and response actions are taken where safety is compromised;
	➢ regularly evaluate clinical governance systems to ascertain their effectiveness.
➢ **The CEO**	is responsible for:
	➢ providing visible leadership and commitment in operationalising and supporting the strategic direction set by the Board;
	➢ creating, maintaining and promoting a safe and open culture that empowers staff to speak up and raise concerns;
	➢ working in partnership with the Board to ensure efficient allocation of resources that achieve public value and deliver on the organisation's vision for quality and safety;
	➢ equipping staff to fulfil their roles by providing role clarity at each level of the organisation along with the necessary knowledge, tools, resources and opportunities to engage and influence the organisation's core business;
	➢ elevating quality of care within the organisation, ensuring the voice of the consumer is at the centre of core business, making sure the organisation remains focused on continuous improvement;
	➢ fostering a 'just' culture of safety, fairness, transparency, learning and improvement in which staff are empowered and supported to understand and enact their roles and responsibilities;
	➢ delegating the implementation, review, measurement and evaluation of operational quality and safety performance to executive and clinical leaders;
	➢ regularly reporting to the Board with internal and external data on clinical risks, care processes and outcomes, areas for improvement and progress towards excellence across all clinical services;
	➢ proactively seeking information from qualitative and quantitative sources, including the voice of the consumer and clinician, to paint a comprehensive picture of the quality of care and services;
	➢ adopting a 'no surprises' partnership approach with the Board in the pursuit of excellence and welcoming questions that may help identify important issues or blind spots.

Stakeholder/Contributor	Commitment and action
➢ **The Board, along with its Committees**	is ultimately accountable for the safety and quality of care, with key responsibilities being: ➢ performing as a discrete entity accountable to the Victorian Minister for Health and ultimately being accountable for the quality and safety of the care provided by the organisation; ➢ setting a clear vision, strategic direction and 'just' organisational culture that drives consistently high-quality care and facilitates effective employee and consumer engagement and participation; ➢ being engaged, visible and accessible to staff; ➢ ensuring it has the necessary skill set composition, knowledge and training to actively lead and pursue quality and excellence in healthcare; ➢ understanding key risks and ensuring controls and mitigation strategies are in place to mitigate them; ➢ monitoring and evaluating all aspects of the care provided through regular and rigorous reviews of benchmarked performance data and information; ➢ ensuring robust clinical governance structures and systems across the health service effectively support and empower staff to provide high-quality care and are designed in collaboration with staff; ➢ delegating responsibility for implementation, monitoring and evaluation of clinical governance systems to the CEO and working in partnership with the CEO to realise the organisation's vision; ➢ regularly seeking qualitative and quantitative information from the CEO, executive and clinicians about the status of the quality and safety of care processes and outcomes in all services.
➢ **The Victorian Agency for Health Information (VAHI)**	➢ has committed to expanding relevant quality and safety datasets available to health services and improving timeliness and accessibility; ➢ has committed to providing health services with standardised benchmarking reports to drive improvement to safety and quality and enable health services to better assess and improve clinical governance performance and processes.
➢ **Safer Care Victoria**	➢ has committed to lead quality and safety improvement across Victorian health services by providing support via a range of new quality and safety programs and utilising the experiences of frontline clinicians through vitalised clinical networks and the establishment of the Victorian Clinical Council; ➢ has committed to developing and maintaining tools, resources and clinical governance training programs to supplement health

Stakeholder/Contributor	Commitment and action
	services' clinical governance frameworks and assist health services in their implementation.
➤ **The Department of Health and Human Services**	➤ has committed to increasing its focus on leading and coordinating health system design and planning, policy development and implementation and funding design; ➤ has committed to establishing suitably skilled regional networks for clinical oversight and review; ➤ through strengthened oversight and engagement processes, has committed to acting quickly and decisively to address quality and safety risks and to facilitate more effective information sharing with and between health services.
➤ **The Victorian Government (including via Department of Health and Human Services, Safer Care Victoria and Victorian Agency for Health Information)**	has a number of key responsibilities in terms of clinical governance including: ➤ setting expectations and requirements regarding health service accountability for quality and safety and continuous improvement; ➤ ensuring health services have the requisite data to fulfil their responsibilities, including benchmarked and trend data; ➤ providing leadership, support and direction to ensure safe, high-quality healthcare can be provided; ➤ ensuring Board members have the requisite composition of skills, knowledge and experience to fulfil their responsibilities; ➤ proactively identifying and responding decisively to emerging clinical quality and safety trends; ➤ effectively monitoring the implementation and performance of clinical governance systems, ensuring the early identification of risks and flags; ➤ assuring the Minister for Health and Ambulance Services and the Minister for Mental Health of the safety and quality of healthcare in Victoria through effective monitoring and robust qualitative and quantitative data; ➤ monitoring clinical governance implementation and performance by continually reviewing key quality and safety indicators; ➤ providing standardised benchmarking reports to drive improvement strategies.

ODH Committee Structure

ODH's committee structure facilitates an integrated model of leadership and decision making, consumer and staff participation, clinical engagement and risk management by bringing together different areas of responsibility to achieve shared plans. The terms of reference for each committee reflect the specific nature of their work and their delegated role in relation to quality and safety.

Figure 6: ODH Committee Structure
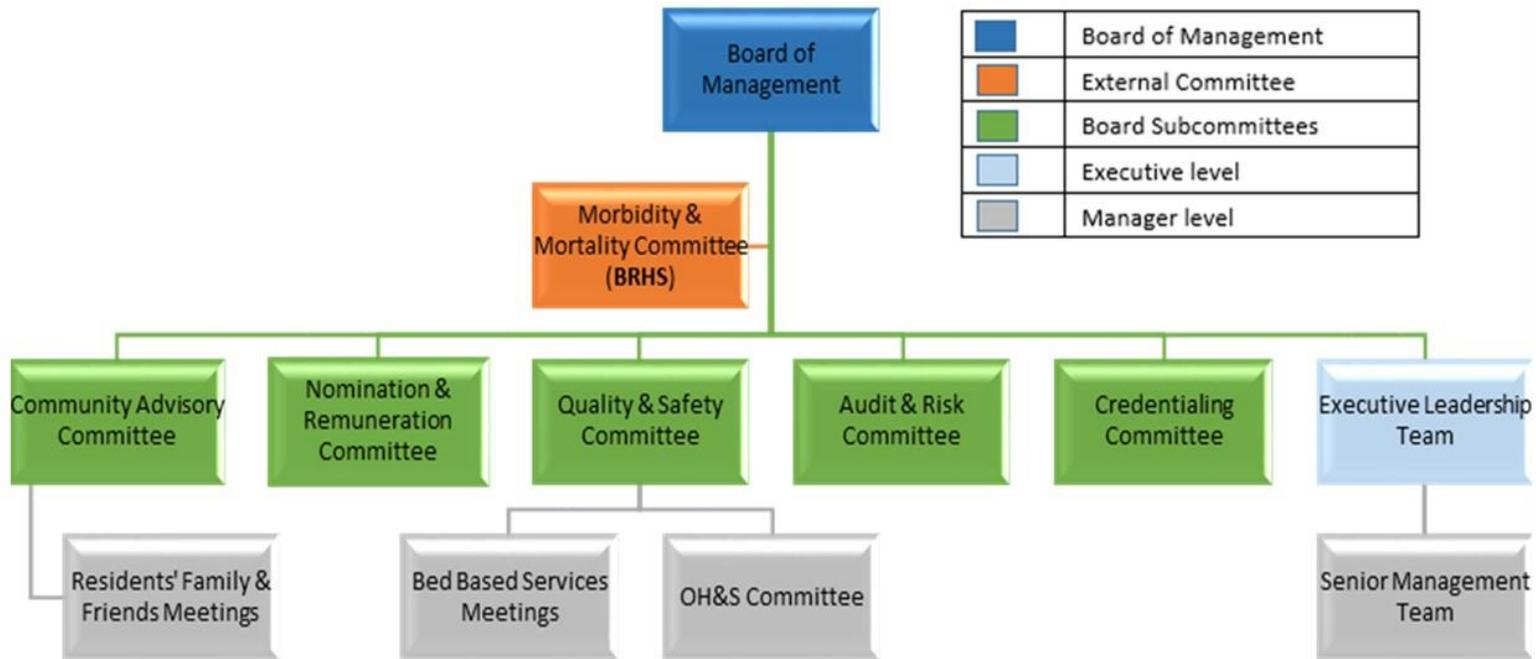
Implementation

The key elements of implementation to enable and sustain ODH's clinical governance framework include the following.

Domain	Quality outcomes	Signs of success at ODH
Leadership and Culture	➢ a clear vision for improving the quality of care is developed and communicated. ➢ organisational values drive behaviour at every level. ➢ there is organisational alignment in achieving strategic goals and priorities for providing high-quality care for every consumer in a way that is seamless and integrated. ➢ the organisation maintains a strong patient and staff safety culture in which areas of success and issues for improvement are identified, including staff understanding at all levels of their role in creating safe care. ➢ there is a strong reporting culture and a culture of continuous improvement. ➢ clear accountability is assigned for planning, monitoring and improving the quality of each clinical service. ➢ the Board and executive visibly engage with and support consumers, clinicians, managers and staff in their roles. ➢ appropriate governance structures, including committee and reporting structures, are in place to effectively monitor and improve clinical performance. ➢ there is development and support at all levels of the organisation of leaders who promote and drive high-quality care. ➢ there is regular and rigorous evaluation of the effectiveness of systems for developing and supporting positive organisational leadership and culture.	➢ A Strategic Plan is in place and is reviewed every five years. ➢ The Strategic Plan is supported by a Corporate Plan, Departmental Business Plans and individual Performance Reviews. ➢ There is evidence of a strengthening incident and feedback reporting culture, which is encouraged by the Board, CEO and senior management. ➢ The CEO and Executives conduct regular walkarounds and ask staff and patients questions related to the safety, effectiveness and patient-centredness of the care being experienced and delivered. ➢ Board Committees are active and have clear and effective Terms of Reference in place. ➢ the Board, CEO, Executive and senior management regularly discuss where the health service is positioned in relation to peer health services and seek external ideas and knowledge on how best to strive for high-quality care.

Domain	Quality outcomes	Signs of success at ODH
Consumer Partnerships	➤ consumers and their needs are key organisational priorities. ➤ consumers are actively invited to provide feedback on their experiences of care. ➤ consumers are provided with the relevant skills and knowledge to participate fully in their care to the extent they wish. ➤ consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services. ➤ clear, open and respectful communication exists between consumers and staff at all levels of the health system. ➤ services respond to the diverse needs of consumers and the community. ➤ services learn from and act on the feedback on clinical care and service delivery as provided by consumers in order to make improvements ➤ complaints are responded to compassionately, competently and in a timely fashion, with feedback provided to all parties about the action resulting from their input. ➤ issues arising from complaints are analysed, reported and used to improve care and services. ➤ the rights and responsibilities of consumers are respected and promoted to the community, consumers, carers, clinicians and other health service staff, as required by the Australian Charter of Healthcare Rights (ACSQHC 2008) (see also The Australian Charter of Healthcare Rights in Victoria brochure) ➤ consumer participation processes are monitored and evaluated for their effectiveness in empowering consumers to fully partner in their care.	➤ There is an active Community Advisory Committee. ➤ Consumer and community input is sought for strategic decision making, including the organisation's Strategic Plan, service planning and consumer information documents including the organisation's Quality Account. ➤ Consumer information is developed with a strong focus on health literacy and the needs of a diverse range of consumers. ➤ The timeliness of responses to complaints is measured against internal targets. ➤ Identifiable changes have been made in response to complaints or feedback. ➤ Positive patient survey feedback is received.
Workforce	➤ staff engagement and satisfaction is measured and is a priority area of focus for the Board.	➤ There is an active Occupational Health & Safety Committee whose

Domain	Quality outcomes	Signs of success at ODH
	➢ planning, allocation and management of the workforce provides the appropriate personnel and skills to deliver high-quality care and to meet changing consumer needs. ➢ the health workforce has the appropriate qualifications and experience to provide high-quality care and ongoing professional development to maintain and improve skills. ➢ a safe and fair workplace based on a 'just' culture and mutual respect is provided and promoted. ➢ specific issues such as occupational violence and workplace bullying are monitored and addressed. ➢ promotion and support of multidisciplinary teamwork is the basis of providing high-quality care. ➢ clear communication of role expectations, responsibilities and standards of performance is provided to all staff, and employees are supported and held accountable for meeting these expectations. ➢ mentoring and supervision is used to support, monitor and develop clinical staff. ➢ training and tools are provided so staff can monitor and improve their own practice and organisational processes more broadly.	members are trained and supported. ➢ OH&S incidents are recorded and reported through the OH&S Committee to the Quality & Safety Committee and to the Board. ➢ Specific issues of occupational violence and bullying are identified and reported via the OH&S Committee to the Quality & Safety Committee and the Board. ➢ Workplace hazards are identified and reported via the OH&S Committee to the Quality & Safety Committee and the Board. ➢ Quality and safety issues form part of the staff induction process and annual staff mandatory training. ➢ There are high rates of agreement with safety culture questions in the People Matter survey. ➢ Staff response rates to the People Matter Survey exceed 40 per cent. ➢ Staff and contractors work within and at top of their scope of practice. ➢ Quality & safety education forms part of annual mandatory training. ➢ All staff have had a performance review within the preceding twelve months.
Domain	Quality outcomes	Signs of success at ODH

Domain	Quality outcomes	Signs of success at ODH
Risk management	➢ a planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place ➢ risk considerations and data inform goal and priority setting and the development of business and strategic plans ➢ known clinical risks are proactively addressed and all services are regularly scanned to identify risks as they emerge ➢ the organisational culture supports staff to pursue safe practice and to speak up for safety ➢ clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety ➢ clinical processes, equipment and technology are designed to minimise error and support clear, unambiguous communication between staff. ➢ the service complies and adheres with risk-related legislation and relevant Australian standards ➢ systems and datasets for developing and supporting clinical risk management are regularly and rigorously evaluated to ensure their effectiveness in supporting high-quality care.	➢ There is an active Audit & Risk Committee. ➢ Risks are proactively identified, monitored and managed through an effective register using the Victorian Health Incident Management System (VHIMS). ➢ Documented review of risks and mitigation actions are reported to the Board quarterly, with a full report to the Audit & Risk Committee biannually. ➢ The organisation's safety culture is measured against internal targets and action is taken to improve it. ➢ Identification and reporting of clinical incidents is consistent with the requirements of the Victorian Health Incident Management System (VHIMS) and is tracked over time. ➢ The responsiveness of management to investigating incidents is measured against internal targets. ➢ Quality and safety outcomes are monitored against external benchmarks and internal targets and trending analysis of data is conducted. ➢ Product recalls in relation to clinical and non-clinical equipment are monitored and acted upon.

Domain	Quality outcomes	Signs of success at ODH
		➢ Open disclosure processes are in line with the Australian open disclosure framework (ACSQHC 2013)
Clinical practice	➢ credentialing, scope of practice and supervision processes support clinicians to work safely and effectively within their scope of practice. ➢ clinicians participate in the design and review of clinical systems and processes, and support clinical innovation. ➢ evidence-based clinical care is delivered within the clinical scope and capability of the health service. ➢ evidence-based clinical care standards and protocols are clearly articulated, communicated and adhered to across the organisation. ➢ clinicians regularly review and improve clinical care, preferably in a multidisciplinary manner. ➢ active clinical partnerships are developed with consumers and include a shared understanding of the care plan. ➢ data on the safety, clinical effectiveness and person-centredness of care is collected, analysed and shared for the purposes of both accountability and improvement. ➢ clinical care processes and outcomes are measured across all services.	➢ There is an active Credentialling Committee supported by the Bairnsdale Regional Health Service Director of Medical Services, as agreed between ODH and BRHS. ➢ Clinicians work within their approved credentialing and scope of practice requirement. ➢ Clinicians actively participate in clinical audit activities. ➢ Audit tools are regularly reviewed to maintain their currency and effectiveness. ➢ Publicly available data about performance on a range of outcome measures (such as pressure injuries and hospital-acquired infections) is reported to the Quality & Safety Committee and the Board.

In addition to the pre-existing implementation work outlined above, a new Quality & Safety Framework Project Plan was developed and commenced in June 2017 and will be fully implemented by the end of 2018. This work is outlined in the ODH Quality & Safety Framework Project Plan below. The completed Quality & Safety Framework is represented in Figure 7:

ODH Quality & Safety Framework Project Plan 2017/18

Plan and Activities in Order of Priority

Task	Document The colour coding refers to the position of each document in the completed framework – **See Fig. 6. below**	Resources	Aim	To be put to Quality Committee for approval by:
Review existing	Quality Committee Terms of Reference	ODH By-laws, existing TOR, various example TORs received from Committee members, input from Committee.	New TOR complies with ODH by-laws and accurately reflects the Quality Committee's role, purpose and structure. New TOR is able to be updated to reflect changes in relevant Standards and legislative and contractual requirements. The delegation and work of the Quality Committee does not duplicate that of other existing committees.	COMPLETED
Develop new	ODH Quality, Safety & Clinical Governance Framework document	BRHS, ORH, DHHS, SCV.	New Q&S Framework clearly sets out how we manage quality & safety at ODH. Responsibilities and tasks are allocated among Quality Committee, Community Advisory Committee, CEO, Quality Coordinator, Line Managers and Staff.	COMPLETED

Review existing	Quality Indicators (what we measure)	Existing input from BRHS, ORH, SGH, Committee and line managers	Quality Indicators are directly relevant to quality & safety and do not unnecessarily duplicate information. Each quality indicator has a clear purpose e.g. to contribute to a Standard, meet a legislative or reporting obligation, highlight a risk or provide specific information to the Committee.	COMPLETED
Review existing	Quality Graph format (how we present the data being measured)	Existing input from BRHS, ORH, SGH, Committee and line managers	The Graph format incorporates trending data, benchmarks and targets and is easy to interpret and update.	COMPLETED
Review existing	Quality Report structure	Input from Committee, Board and line managers	Quality Report becomes a complete, intuitive and workable report for submission to the ODH Board.	COMPLETED
Review existing	Quality & Safety Audit Schedule	Existing input from ACHS, BRHS, ORH, SGH, Committee and line managers	Each scheduled audit is directly relevant to quality & safety and does not unnecessarily duplicate information. Each scheduled audit has a clear purpose e.g. to contribute to a Standard, meet a legislative or reporting obligation, highlight a risk or feed specific information into the Quality Graphs and Dashboard.	June 2018
Develop new	Quality & Safety Audit Tools	Best practice audit tools, adapted to ODH. Input from ACHS, BRHS, ORH, SGH, Committee and line managers.	Each scheduled audit is matched to an appropriate, best practice, audit tool. The same audit tool is used for the same audit every time.	June 2018

Review existing	Organisation-wide Policy and Procedure structure on PROMPT	PROMPT support.	All governance level policies are authorised at appropriate Board, Committee or CEO level. All operational policies are authorised and managed by the correct line manager. Policies support, and are consistent with, the Quality and Safety Framework. Each policy is referenced to one or more appropriate accreditation Standards.	August 2018
Review existing	ODH Continuous Quality Improvement Policy and Procedure		Continuous Quality Improvement Policy and Procedure clearly reflects how we implement quality & safety at ODH.	September 2018
Develop new	Quality Committee Self-Evaluation Framework	Self-evaluation framework and tools of similar Committees, Committee and line manager input.	The Quality & Safety Committee has the tools to evaluate its own performance as a Committee and does so at least annually. Results of the Committee's self-evaluation are provided to the ODH Board.	October 2018

Figure 7: Completed ODH Quality & Safety Framework
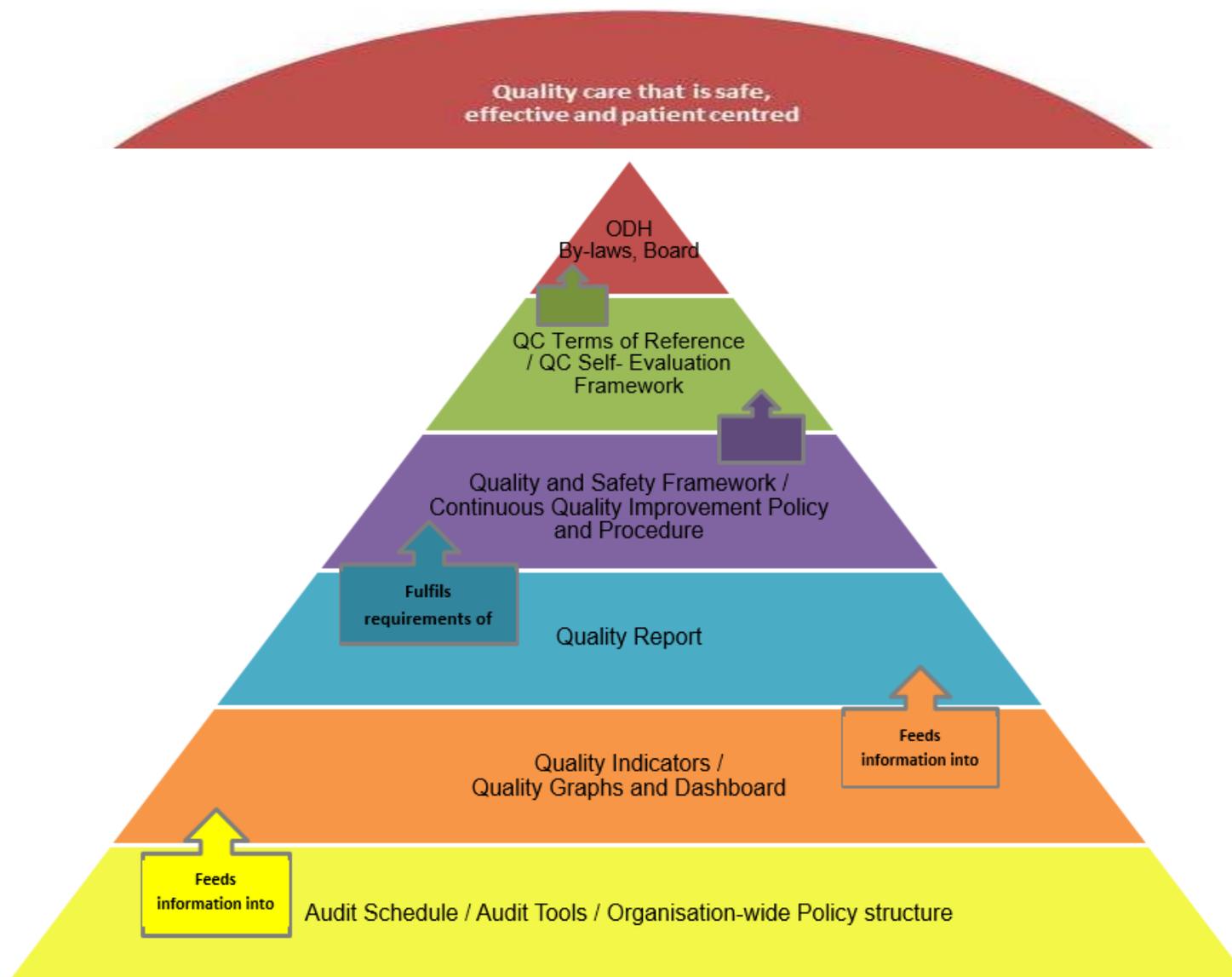
Clinical Governance Framework Review

It is expected that this Clinical Governance Framework will require annual review and adaptations, as ODH reviews its Strategic and Operational Plans and as the DHHS reveal more of its strategies to strengthen clinical governance in Victoria.

Appendix 1

Key functions of ODH clinical governance committees

Committee	Meeting frequency	Key functions
Board of Management	Minimum 10 meetings per year	The management of the health service is vested in the Board of Management, which shall direct all the affairs of the health service[vi].
Audit & Risk Committee	Quarterly	Oversee the financial performance and reporting process of ODH in accordance with the Audit Committee Charter.
Quality & Safety Committee	11 meetings per year.	Oversee the quality and safety of health services at ODH, in order to provide the Board with assurance that: a) effective systems are in place to monitor, maintain and improve quality and safety; and b) problems related to quality and safety are identified and addressed in a timely manner, in accordance with the Quality & Safety Committee Terms of Reference
Community Advisory Committee	Quarterly	Strive to integrate consumer, carer and community views into decision making processes at all levels of the organisation; Be representative of a diverse community demographic;

[vi] Clause 8.1, *By-Laws of Omeo District Health*

| | | Advocate to the Board of Management on behalf of the community, consumers and carers; and

Ensure that information received from the Board is considered and timely advice is provided,

in accordance with the Community Advisory Committee Terms of Reference |
| --- | --- | --- |
| Credentialling Committee | Biannually | Undertake the processes of credentialing and defining the scope of clinical practice of medical and dental staff and recommend appointments for consideration by the Board, in accordance with the ODH By-Laws[vii]. |
| Morbidity & Mortality Committee (BRHS) | Accessed on an as needed basis | Ensure that:

An independent system is in place to review patient mortality and major morbidity;

The review of patient mortality and major morbidity (including both acute and residential age care) will be undertaken by a panel of senior clinicians with broad clinical expertise;

Any systemic and/or clinical issues identified with quality of care, safety and / or effectiveness of health services are identified; and

Recommendations towards sustainable improvement to mitigate identified deficiency |

[vii] Clause 13.4, *By-Laws of Omeo District Health*

		are brought to the attention of the Health Service[viii].
OH&S Committee	Quarterly	Ensure that Omeo District Health is able to effectively manage its OH&S obligations, in accordance with its Occupational Health and Safety Plan.
Aged Care Residents', Family & Friends Meeting	Quarterly	Provide an avenue through which residents, and their relatives or representatives, can be involved in the decision-making process of the facility and gain information on developments within the home, in accordance with the Residents' and Friends Committee Terms of Reference.
Bed Based Services Meeting	Monthly	Report on, discuss, develop and review current clinical practice at ODH and implement strategies for improvement, in accordance with the Bed Based Services Committee Terms of Reference.
Executive Leadership Team Meeting	Monthly	Monitor and contribute to progress on all operational aspects of organisation policy, performance and culture.
Senior Management Meeting	Monthly	Monitor and contribute to progress on all operational aspects of organisation policy, performance and culture, with a broader membership than that of the Executive Leadership Team.

[viii] Terms of Reference, Mortality and Morbidity Committee BRHS

Appendix 2

ODH Quality & Safety Indicator set – as reported to the ODH Quality & Safety Committee

Indicator	Data source	Benchmark/Target	Benchmark source	Reporting frequency
Total ISR 1 & 2 incidents reported	VHIMS (Riskman)	To be developed in consultation with VAHI as part of VHIMS2 rollout.	NSQHS Standard 1	Monthly
Total ISR 3 & 4 incidents reported	VHIMS (Riskman)	To be developed in consultation with VAHI as part of VHIMS2 rollout.	NSQHS Standard 1	Monthly
Incident investigations completed (% of total incidents)	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 1	Monthly
Mandatory training completed (All staff % YTD)	Nurse Educator	100% by end of each training year	NSQHS Standard 1 Aged Care Standard 1.3, 2.3, 3.3 & 4.3	Quarterly
HR – Police & WWC Checks	HR Officer	No staff without police checks. No relevant staff without WWC check.	NSQHS Standard 1	Monthly

OH&S incidents & WorkCover claims	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 1	Monthly
OH&S reported hazards (New and Open)	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 1	Monthly
Compliments by Category (Hospital, Medical Cntr, Aged Care, Community Care	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 2	Monthly
Complaints by Category (Hospital, Medical Cntr, Aged Care, Community Care	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 2	Monthly
% of Complaints Acknowledged within 5 days	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 2	Monthly
% of Complaints Closed within 35 days	VHIMS (Riskman)	To be developed in accordance with the	NSQHS Standard 2	Monthly

		Quality & Safety Framework Project Plan.		
Residential Aged Care infections by type	Infection Prevention & Control RN	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 3 Aged Care Standard 4.7	Monthly
Workforce Influenza Vaccination by % of total staff	Infection Prevention & Control RN	As per VICNISS annual target (75% in 2017)	NSQHS Standard 3 Aged Care Standards 4.5 & 4.7	Annually
Cleaning & Waste Management – recycling by volume in M3	Environmental Services Manager	To be developed in accordance with the Quality & Safety Framework Project Plan.	ODH Environmental Management Plan	Monthly
Cleaning & Waste Management – electricity use by kWh	Environmental Services Manager	To be developed in accordance with the Quality & Safety Framework Project Plan.	ODH Environmental Management Plan	Monthly
Medication Incidents ISR 3 & 4 by type (Prescribing, Dispensing/Packaging, Administering, Documenting)	VHIMS (Riskman)	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 4	Monthly

Audited Medication Documentation compliance (% compliance)	Clinical Documentation Audit	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 4	Monthly
Readmissions from home to acute within 30 days	ODH Admin	To be developed in accordance with the Quality & Safety Framework Project Plan.	NSQHS Standard 9	Monthly
Aged Care & Acute Falls – Reported incidents ISR 3 & 4 by type (Acute, Aged Care Total, Aged Care Hostel, Aged Care Nursing Home)	VHIMS (Riskman)	Acute: To be developed in accordance with the Quality & Safety Framework Project Plan. Aged Care: As per Victorian Residential Aged Care Quality Indicator Program	NSQHS Standard 10	Monthly
Omeo Medical Centre Health Assessment and Management Plans (Chronic Disease)	OMC Practice Manager	Currently targeting 5 of each per month	RACGP Standard 1.3	Monthly
Aged Care Pressure Injuries per 1000 bed days	VHIMS (Riskman)	As per Victorian Residential Aged Care Quality Indicator Program	Victorian Residential Aged Care Quality Indicator Program – Indicator 1	Quarterly

Aged Care Falls & Falls Related Fractures per 1000 bed days	VHIMS (Riskman)	As per Victorian Residential Aged Care Quality Indicator Program	Victorian Residential Aged Care Quality Indicator Program – Indicator 2	Quarterly
Aged Care Use of Restraints & Restraint Devices per 1000 bed days	Observational Audit	As per Victorian Residential Aged Care Quality Indicator Program	Victorian Residential Aged Care Quality Indicator Program – Indicator 3	Quarterly
Aged Care 9 or More Medications per 1000 bed days	Clinical Documentation Audit	As per Victorian Residential Aged Care Quality Indicator Program	Victorian Residential Aged Care Quality Indicator Program – Indicator 4	Quarterly
Aged Care Unplanned Weight Loss (Significant & Consecutive) per 1000 bed days	MANAD	As per Victorian Residential Aged Care Quality Indicator Program	Victorian Residential Aged Care Quality Indicator Program – Indicator 5	Quarterly