



# VHQA Newsletter

## President's Report

Welcome to our first newsletter for 2011. We are planning to provide newsletters this year that are linked to the topics being covered in the corresponding/following Education Sessions. Our upcoming education session is about putting the Patient at the Centre of Care and you will find some related information within this newsletter.

The new committee have commenced the year with a damp but productive strategic planning day in February. We held this year's session at Hepburn Health and must thank our Secretary, Karen James and Hepburn Health for the efforts organising everything and the use of their Board Room. We used the time to review and update our plan for the years 2010 to 2012. We appreciated the use of the excellent facilities and the gorgeous location.

The day was very busy and allowed us to assess our performance to date against our Strategic Plan and develop some strategies to move forward. We spent a significant part of the day discussing how we could better meet the needs of VHQA members and how to develop closer links to our members.

We have some exciting events on the horizon including "The great HEALTHCARE Challenge" conference in October in Melbourne. There will be significant input from VQHA members and the committee to ensure that Melbourne presents another very successful conference. We hope to see all of you there!

Our Education Committee have some terrific ideas for VHQA Personal Development sessions and we hope to take our education program to a new level in the coming months. We are very excited to have secured some excellent presenters for our first session and I am confident that those who attend will find the session very interesting.

Please feel free to contact myself or any other committee members with suggestions or if we can assist you in any way. Our contact details are available on the website [www.aqhc.org.au](http://www.aqhc.org.au) when you select the Victorian network.

I look forward to seeing you at our functions throughout 2011.

Regards

Belinda Westlake  
President



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# The great HEALTHCARE Challenge!

'ACHIEVING PATIENT-CENTRED OUTCOMES'

October 12 - 14, 2011

Sofitel Melbourne on Collins

# Education session - Monday 16<sup>th</sup> May 2011

## *Patient centered care: What is it and how do we deliver it?*

Time	Event	Area Covered
0945	REGISTRATION	
1000 – 1130	Ms Karen Luxford Clinical Excellence Commission NSW	Patient centered care: we've come a long way, but we're not there yet....
1130-1215	Dr Margaret Winbolt Latrobe University Australian Centre of Evidence- based Health care	Involving consumers in Aged Care:
1215 – 1300	LUNCH (Extra-ordinary sitting of VHQA committee)	
1300-1340	Kathryn Schubach and Wallace Crellin (Peter MacCallum Cancer Centre)	Involving consumers in research: "Fore-warned is Fore-armed - Supportive Care for men for Prostate Cancer"
1340 - 1420	Anna Sieracka and consumer advisory committee member (Austin Health)	Involving consumers in acute hospital activity: It's about action. Community Advisory Committees and getting consumers involved.
1420-1520	Beth Wilson	What patient-centred care really means; a commentary by the Victorian Health Services Commissioner
1520	CLOSE	

*The best executive is  
the one who has  
sense enough to pick  
good men to do what  
he wants done, and  
self-restraint enough  
to keep from  
meddling with them  
while they do it.*

*Teddy Roosevelt*

**Ms Karen Luxford** has recently been appointed as the Director, Patient-Based Care at the Clinical Excellence Commission in NSW to head up a new Directorate to promote patient-centred care and its role in improving patient safety and health service quality. . In 2009, Karen was a Harkness Fellow in Healthcare Policy & Practice at Beth Israel Deaconess Medical Centre, Harvard Medical School, Boston, USA and studied exemplar health care organizations focused on patient-centred care and the role of patient feedback in improving quality of care. Karen's interests include new models of care, patient care experience, promoting evidence-based best practice, and health services delivery.

**Anna Sieracka** is the Consumer Participation Support Officer at Austin Health, one of the largest clinical and tertiary healthcare services providers in Victoria. Anna has been working on the strengthening of consumer participation in the acute setting for the last two years, supporting participation of staff and consumers in quality improvement projects.

**Consumer representative Austin Health** Anna will co-present with a member of the Committee who will outline her experience on the committee and in making an impact to hospital activity and policy direction.

**Kathryn Schubach** is a Clinical Nurse Specialist in Uro-oncology Outpatients at Peter Mac Cancer Centre. She has worked with oncology patients for 13 years and has completed studies in urology and continence and also a Graduate Certificate in Cancer Nursing. Her particular interest is in the side effects patient's experience post treatment. Her role involves seeing men in the Nurse Led Clinic who are diagnosed with prostate cancer and currently being treated with radiotherapy. She was also involved in the Supportive Care Research team delivering the interventions to men receiving radiotherapy for prostate cancer at East Melbourne for RCT "Meeting the needs of men with prostate cancer using consumer driven multidisciplinary approach".

**Wallace Crellin** was presented with a Peter Mac Award for Excellence in the field 'Individual Consumer Contribution' in 2008. He has professional qualifications in Civil Engineering (Melbourne), Landscape Design (RMIT) and attended a Residential Advanced Management Program (Melbourne). He was diagnosed with Prostate Cancer in 1993, adopted Active Surveillance, followed by External Beam Radiotherapy in 2003. He was an inaugural member of the Prostate Cancer Connect Group at Cancer Council Victoria. He has been a regular member of numerous judging panels and a reviewer Commonwealth research schemes. He works on a number of advisory committees for the health department. He is an Associate Investigator on several current research projects at Peter MacCallum Cancer Centre. He is a consumer representative on the Clinical Governance and Clinical Systems Committees at Peter Mac. Since 2007, he has published several papers on topics such as informed consent and a consumer's journey through prostate cancer.

**Ms Beth Wilson** is Victoria's Health Services Commissioner. She is a lawyer by training and has worked mainly in administrative law. Beth has had a long-standing interest in medico/legal and ethical issues. The Health Services Commissioner receives and resolves complaints about health service providers with a view to improving the quality of health services for everybody. Beth regularly conducts seminars, lectures and classes for consumers, carers, health service providers and others. Beth advocates for work-life balance and the importance of humour, storytelling and music in providing inspiration and education and in health promotion.

# Patient Centered Care and the emphasis on the Patient Experience

by Rebecca Smith

April 2011

Back in November 2009, this newsletter included an article on “Patient Centered Care”. This concept has been gaining strength and momentum as a key dimension of high quality health care in its own right within the Australian health care context. You may have heard the catch cry, **Doing with us not for us** within a number of Victorian Government strategies and models of care – such as the HACC Active Service Model, and the Improving Care for Older person’s initiatives.

Just to refresh, the core concepts of patient centered care, according to the Institute for Family Centered Care are **respect & dignity** for patient and family perspectives and choices; **information sharing** with patient and families; patient and family **participation** in care and decision making; and **collaboration** with patient and families in developing implementing and evaluating care and services

Recent research demonstrates that patient-centered care improves the patient care experience and creates public value for services. When healthcare administrators, providers, patients and families work in partnership, the quality and safety of health care rise, costs decrease, and provider satisfaction increases and patient care experience improves. Patient-centered care can also positively affect business metrics such as finances, quality, safety, satisfaction and market share.

This core concept is supported and highlighted in a number of recent quality frameworks and commission reports. These are:-

The **National Health and Hospitals Reform Commission Final Report 2009** have recommended 'people and family centered care' as the first principle for guiding the delivery of health care.

The adoption of the patient experience as an emerging area of interest for improving safety and quality, within the Australian Commission on Safety and Quality in HealthCare (ASQHC) review report - **Windows into Safety and Quality in Health Care 2010**.

The ACSQHC have also released a discussion paper on **Patient centered care – improving quality and safety focusing care on patients and consumer – September 2010**. Karen Luxford was a key contributor to this document and is one of the main speakers at the **VHQA Patient Centered Care: What is it and how do we deliver** workshop on 16 May 2010. See details on how to register within this newsletter.

Also of interest is where Partnering for Consumer Engagement is a key draft standard within the National Safety and Quality Health service Standards framework where partnering for consumer engagement is a key standard.

**A selection of resources and tools available to enhance your understanding and practice are outlined below:**

- ◆ Best care for Older People Everywhere Toolkit - minimising functional decline <http://www.health.vic.gov.au/older/toolkit>
- ◆ HACC Active Service model [http://www.health.vic.gov.au/hacc/projects/asm\\_project.htm](http://www.health.vic.gov.au/hacc/projects/asm_project.htm)
- ◆ ACSQHC report – Patient Centred Care: improving quality and safety by focusing care on patients and consumers [http://www.health.gov.au/internet/safety/publishing.nsf/Content/36AB9E5379378EBECA2577B3001D3C2B/\\$File/PCCC-DiscussPaper.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/36AB9E5379378EBECA2577B3001D3C2B/$File/PCCC-DiscussPaper.pdf)
- ◆ Institute of Patient and Family centred care <http://www.ipfcc.org/>
- ◆ Dow, B., Haralambous, B., Bremner, F., Fearn, M., 2006, *What is person-centred health care? A literature review*, Victorian Government Department of Human Services. [http://www.mednwh.unimelb.edu.au/pchc/downloads/PCHC\\_literature\\_review.pdf](http://www.mednwh.unimelb.edu.au/pchc/downloads/PCHC_literature_review.pdf)

*Example is not  
the main thing in  
influencing others.  
It is the only thing.*

Albert Schweitzer

# National Safety and Quality in Health Service Standards

In April 2008, the Australian Health Ministers endorsed in principle the model national accreditation scheme proposed by the Australian Commission on Safety and Quality in Health Care. A set of ten standards have been developed, which focus on areas that are considered essential to improving the safety & quality of care for patients.

The standards are:

- Governance for Safety & Quality in Health Service Organisations
- Healthcare-Associated Infection
- Medication safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Partnering for Consumer Engagement
- Blood & Blood-product Safety
- Prevention and Management of Pressure Ulcers
- Recognising and Responding to Clinical Deterioration in Acute Health care
- Preventing Falls and Harm from Falls

The standards are intended to provide a nationally consistent and uniform set of measures of safety and quality across health services, with implementation proposed to commence in July 2011 and occur over a four year period.

The final set of national standards and actual implementation process are still undecided, however the recommended option is that the proposed ten standards be adopted and applied consistently across all health services, and that all accrediting agencies use these standards.

## The great HEALTHCARE Challenge!

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### ABSTRACT SUBMISSION DEADLINE EXTENDED!

Due to high levels of interest in The Great Healthcare Challenge 2011, the Steering Committee has extended the abstract final submission deadline to **Wednesday 27 April 2011**. You are invited to submit an abstract for consideration in The Great Healthcare Challenge 2011 program in the form of oral presentations, poster presentations and workshops.

**Abstracts are to be submitted via the Conference website.**

Visit [www.healthcollab.org.au](http://www.healthcollab.org.au) for full abstract submission information



"First we're going to run some tests to help pay off the machine."

#### Upcoming conferences related to Quality in Healthcare

- Total Aged Services, "Melbourne Carex 2011"
  - 6th - 7th April 2011, Caulfield Racecourse Grandstand
- Aged Care Standards & Accreditation Agency Better Practice 2011
  - 14th - 15th April, Mercure Hotel Launceston
- 7th Australasian Redesigning Healthcare Summit 2011
  - 9th - 11th May, Melbourne Convention & Exhibition Centre
- Royal College of Nursing, RCNA National Conference 2011
  - 25th - 27th May 2011, Dockside Conference Centre Sydney

# EQulP5

April 2011

ACHS reviews its standards every four years – this ensures they are constantly improving and respond to emerging issues. The review of EQulP 4 has been underway for two years with EQulP5 to be implemented from 1 July, 2011. From this date all EQulP events will be undertaken against the EQulP5 standards. This is irrespective of where an organisation is in their current four year EQulP cycle.

A majority of data will be migrated from EQulP4 to EQulP5 within the EAT tool

The ratings labels remain the same – LA, SA, MA, EA, OA, however, the descriptor for MA is now 'Marked Achievement', as the term Moderate did not reflect the high standard of achievement that many organisations reach within the MA award level. There is now only one element in OA which organisations cannot self rate; OA will be awarded by surveyors only.

There is one additional criterion on nutrition, which focuses on the nutrition needs of the consumer / patient during their specific episode of care and seeks to avoid hospital acquired malnutrition. There are now 15 mandatory criteria with the inclusion of 1.5.1 - medication management.

Key changes include:

- 1.1.1 & 1.1.2 include elements to address the national priorities for ATSI clients
- 1.1.5 include clinical handover
- 1.5.3 focuses on skin integrity as a whole
- 1.5.6 includes elements related to patient identification
- 2.1.3 has been divided into two separate criteria for complaints and incidents
- 2.3.1 has been divided into 2 separate criterion related to health records and corporate records
- 2.3.2 & 2.3.3 have been combined into a single criteria
- 3.2.2 includes medical devices
- 3.2.3 encourages a sustainable environment

Once the final versions of the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Standards become available and the requirements for their implementation are known ACHS will be moving to adapt its accreditation programs to support their introduction.

*I haven't failed.*

*I've just found*

*10,000 ways that*

*won't work..*

*Thomas Edison*

## What's hot in QARM

The main topics of discussion in QARM since January 2011 have been:

- Questions regarding the implementation process for the new national standards and the choice to continue with accreditation against the ACHS standards also in the short term.
- Numerous policies have been sought
  - Introduction of new clinical services, procedures or interventions
  - Staff immunisation
  - Medical credentialing
  - Subcutaneous injections following abdominal surgery
- A number of audit tool samples have been requested
  - Qualitative medical record audit
  - Clinical handover audit tool





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Network link via the national  
website at [aaqhc.org.au](http://aaqhc.org.au)

WE'RE ON THE  
WEB AT

[aaqhc.org.au](http://aaqhc.org.au)

Victorian local network

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Presented by the Healthcare Collaboration →

AAQHC ACCHS ahha RACMA

This exciting new 'Healthcare Collaboration' comprising of: the Australasian Association for Quality in Health Care (AAQHC); The Australian Council of Healthcare Standards (ACCHS); the Australian Healthcare & Hospitals Association (AHHA); and The Royal Australasian College of Medical Administrators (RACMA), is working together to bring you an unforgettable conference to be held in Melbourne, from October 12 - 14, 2011.

**The conference reflects the challenges of delivering integrated healthcare in the current reform environment, including Governance; Information Management and E-Health; Clinical Leadership; Appropriateness of Care; Safety and Quality and the need for Patient-centred Outcomes.**

**Who should attend?**

This high profile collaborative event will appeal to a wide cross-section of the healthcare industry, across all areas - metropolitan, regional and rural / remote. If you are a manager or a clinician working in Acute Care Hospitals, Aged Care and Primary Care, you will find this conference to be informative and stimulating. Renowned international and Australian speakers will present an exciting and educational program of plenary sessions, invited papers and workshops around the theme "The Great Healthcare Challenge! - achieving patient - centred outcomes".

Visit <http://www.aaqhc.org.au/> to register your interest.

## Do you believe in great investment?

Becoming a member of AAQHC automatically provides membership to and support from VHQA committee and members. Join AAQHC today and become a member of VHQA at no extra cost.

**AAQHC:**

- Provides support and encouragement to individuals and organisations seeking to improve health outcomes for consumers
- Provides a voice on safety and quality issues
- Facilitates opportunities for communication and cooperation as well as exchange of ideas and experiences
- Facilitates and supports ongoing education and development