



VQHA NEWSLETTER

June 2009

Quality is never an accident; it is always the result of intelligent effort.

John Ruskin
(1819-1900)



Sydney—7 to 9 September 2009

Visit <http://www.aaghc2009.org.au/>
for full details

Program

The program includes a mixture of plenary sessions and workshops allowing delegates to hear from national and international experts about their achievements in the area of quality and safety. It also provides an opportunity to participate in skills-based workshops for those new to quality and for the seasoned campaigner looking for new challenges. The Conference puts forward some new bold ideas about how we take the next step leap forward in providing quality and safe healthcare.

Key Note Speakers:

Dr David Mayer: Dr. Mayer is Associate Dean for Curriculum, Director of Cardiothoracic Anaesthesiology, Co-Executive Director of the Institute for Patient Safety Excellence (IPSE) at the UIC College of Medicine

Professor Jeffrey Braithwaite - Centre for Clinical Governance. A leading health services organisational researcher with an international reputation for his work investigating the culture and structure of acute settings, leadership, management and change in health sector organisations, quality and safety in health care, accreditation and surveying processes in international context and the restructuring of health services

Dr Richard Davis: Richard Davis is Johns Hopkins Medicine's (JHM) Vice President for Innovation and Patient Safety, directing JHM's system-wide effort to improve the quality, efficiency and safety of patient care.

Dr Jim Bagian: director of the National Center for Patient Safety of the Department of Veterans Affairs (VAB0110ck), is one of nine winners of the 2003 "Service to America" medals. Bagian received the award for 24 years of public service.

Beverly Johnson is President and Chief Executive Officer of the Institute for Family-Centered Care in Bethesda, Maryland. She has provided technical assistance and consultation for advancing the practice of patient- and family-centered care to over 200 hospitals, health systems, federal, state, and provincial agencies, and community organizations

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Register at: <http://www.aaghc2009.org.au/registration/>



**We're on
the Web**

www.aaqhc.org.au

All Welcome

Only the
wisest and
stupidest
of men
never
change.

Confucius

President's report—June 2009

We are now approaching mid point of the year – oh how rapidly the months pass especially in the busy role of quality, risk and change managers.

This will be a short report as many of the committee activities will be reported elsewhere in the document.

The committee prepared and held the first education forum in April which included first foray into teleconferencing the session mainly for the ease of our rural members. National members of AAQHC were also sent an invitation to join us and we were extremely pleased with the attendance both in the room, kindly provided by Healthscope, and on the end of the phone. Initial feedback reports are that it was an overwhelming success. See evaluation report on page 3 (opposite).

On your behalf we acknowledge Cathy Balding for her expertise and presentation.

See the advertisements in this newsletter for future forums which are quite time consuming to arrange and I encourage all members to benefit from their subscription by supporting at least one each year. I would like to thank Cathy Jones for her suggestion of teleconferencing and to Susan Shea for her immeasurable contribution to making the April forum a success.

Unfortunately 2 committee members, Sue Taylor & Jacque Hennock, have notified us of their resignation which implies 2 vacant positions on committee. We wish them well in their future endeavours and thank them for their contribution.

If there is anyone wishing to gain experience including a new Quality/Risk Manager interested in being mentored by an experienced Manager/committee member please contact me. There is always adequate work to share around.

Don't forget the AAQHC conference planned in Sydney in September 2009. By the time you receive this the early bird registration will be closed.

There have been at least 9 new Victorian members welcomed since January. We continue to market the worth of AAQHC and by default VHQA. New processes have been established with the secretariat to reveal new members and we continue to attempt to sort out an easy method for me to distribute information to the Victorian members.

It is always good practice when renewing your membership to check that all your details are correct in the members section of the AAQHC web site. This will ensure our electronic media is current.

Subscriptions will be due soon so we thank you for your continued subscription and support.

Dot Humphrey- Lesque

Did you know.....this membership fact?

There is a reciprocal membership agreement between VHQA and AAQHC in that a member of VHQA shall have automatic membership of AAQHC and a member of AAQHC who resides in Victoria shall have automatic membership of VHQA?

Education Evaluation

The feedback received following our first 2009 education session: "Quality Managers – How to enjoy the job" was very good. The teleconferencing format that was available was successful with many appreciative of the opportunity to participate this way. Details of responses to the evaluation questions are outlined below.

How did you find: the venue?

	Poor	Satisfactory	Good	Great	Excellent
Rating	0%	6%	24%	35%	35%

Viewing of the screen is difficult with set up of the room

How did you find: Overall organisation of the session?

	Poor	Satisfactory	Good	Great	Excellent
Rating	0%	4%	20%	60%	16%

Was easy to follow presenter with the provided slides.
Well organised - we on teleconference knew exactly what was happening
I would have preferred to receive the details about how to dial in a few days prior.

How did you find: The combination/choice of teleconference and conference style delivery?

	Poor	Satisfactory	Good	Great	Excellent
Rating	0%	9%	30%	35%	26%

Did not have influence/impression on my enjoyment of the session
Video conference would be a lot more powerful
Worked well
Good style but it was difficult to hear the first few words of the presenter quite often and so you were playing catch up. also was a little too fast for me.
Teleconference most successful - initial directions from Cathy were clear - we knew what to expect
Thank you very much for taking the time to provide this option

How did you find: The quality of the presentation?

	Poor	Satisfactory	Good	Great	Excellent
Rating	0%	8%	12%	28%	52%

Lots of gems
Well done Cathy
Was able to hear all very clearly (pity the cluster meetings are not as clear!!)

How did you find: Relevance of the session to your role?



Quality means
doing it right
when no one
is looking.

Henry Ford

"It's only when the tide goes out that you discover who has been swimming naked"

Warren Buffett

Quality is everyone's responsibility.

W. Edwards Deming



Beyond Compliance in Residential Aged Care

The Department of Human Services supports quality aged care services for older Victorians

Beyond Compliance is the Department of Human Services, Aged Care Branch's strategy for supporting safe, high quality care in Victorian Public Sector Residential Aged Care Services (PSRACS). The strategy promotes an integrated health service approach to quality in PSRACS by focusing on governance structures and building on other existing operational frameworks in health services so that ongoing quality improvement is achievable and sustainable.

Other main elements of *Beyond Compliance* are that the approach is:

- Person centred
- Built on the existing achievements of PSRACS
- Aiming to develop safety and quality beyond the minimum aged care accreditation requirements
- Evidence based
- Innovative
- Collaborative and supports working in partnership
- Responsive to future needs.

The Aged Care Branch is implementing the following initiatives as components of *Beyond Compliance*.

1) SCORE – innovation in residential aged care

SCORE stands for *Strengthening Care Outcomes for Resident's with Evidence*. In an Australian first SCORE has raised the

awareness of clinical risks for residents in PSRACS. Important categories of clinical risk for residents in PSRACS that have been identified are:

- Abuse
- Constipation
- Delirium
- Diabetes management
- Depression
- Falls
- Functional decline
- Hydration and Nutrition
- Incontinence
- Infections
- Medication management
- Oral and dental hygiene
- Pain
- Palliative care
- Skin integrity
- Sleep management
- Swallowing disorders
- Unmet needs behaviours

PSRACS are being supported to better manage areas of risk and provide quality care that is based on evidence to meet resident's individual needs. Initially ten standardised care processes will be developed for specific areas of risk and piloted in six PSRACS. Residents will be involved in this approach to management of known risks and their choices and aspirations about quality of life will be respected.

The capacity for improved clinical governance will be developed through SCORE. This project provides a platform for health services wanting to develop, integrate or enhance a clinical govern-

ance framework across their health service.

The Australian Centre for Evidence Based Aged Care (ACEBAC) has been engaged to lead a collaborative partnership to pilot and evaluate SCORE in collaboration with PSRACS and key stakeholders.

2) A review of systems for managing quality in Victorian public sector residential aged care services will identify the current systems for managing quality in PSRACS and identify the enablers and barriers to implementing integrated quality systems in health services operating PSRACS.

This initiative will inform future directions by suggesting options and directions to support the development of efficient, integrated and sustainable systems for managing quality in PSRACS.

Dr Cathy Balding, Director of Qualityworks, has been undertaking this project.

3) Quality indicators validation

The *Quality Indicators Validation* project aims to examine the reliability and validity of the methods used to collect and record data about the quality indicators which have been collected by PSRACS over the past two years.

ACEBAC has been engaged to undertake the project and will consider the operational context for using the data. This initiative has the potential to provide a basis for improved management of the indicators through the use of reliable and comparable data for and across PSRACS.

QPS System - the “one stop shop for quality reporting”.

QPS Benchmarking has been providing benchmarking services to the health and aged care industries since 2000 through its residential aged care, community aged care and day surgery programs. QPS started a trial program in 2000 with 13 participants and now has over 400 facilities throughout Australia and New Zealand that use its performance management program.

QPS Benchmarking specialises in measuring and benchmarking performance outcomes and there are over 60 key performance indicators to choose from. Most residential aged care facilities choose to measure between 18 and 30 indicators. Data on some KPI's such as clinical indicators as collected quarterly whilst data on indicators such as satisfaction surveys are conducted annually. QPS takes great pride in the integrity of its data and the speed of its reporting process.

Clean data is achieved through the combined strategies of on-site education for all new clients, a three tier data cleaning process and follow up education and testing with clients. The data cleaning process takes approximately three weeks and reports are routinely sent out just three weeks after the end of each data collection period.

With health and aged care facilities embracing computer technology over the past few years QPS sought to engage its clients in a new and exciting web based program, one that has greatly enhanced client experience in the areas of data input and reporting.

The QPS web based data entry system is live with the client data base so that the

first level of data cleaning (client query) is done at the time of data input. When clients put their data in on line their data is matched with their previous data and so if numerators, denominators or the result vary by more than two standard deviations from previously submitted data a variation box appears asking clients to check their data or provide a reason for the variance in their data.

If clients need to refer to previous results in order to make comment, they can instantly retrieve previous data and results in either numeric or chart form (trends and last quarter benchmarking graph). They can also instantly access comments and analysis made in previous quarters which might help to explain results in the current period.

Clients comments captured at the point of data entry are automatically reproduced in the quarterly benchmarking report and this feature is being used more and more by aged care clients. Some facilities are using the comment boxes to bring forward analysis to the point of data entry, and to document actions and outcomes – to close the quality cycle.

The take up of the new web based system has by IT industry standards been truly remarkable. After just six months 72% of QPS clients converted to the on line data entry system. Even more impressive has been the exponential growth in comment and analysis to accompany the data. As one client has quoted “the QPS system has become the “one stop shop for quality reporting”.

I FIND IT HELPS IF
I LOOK AT THIS
AS A GATED
COMMUNITY!



ATTITUDE IS
EVERYTHING!!

*“We are what
we repeatedly
do”*

ARISTOTLE

WOMEN LAUGH SEVEN MORE TIMES
A DAY THAN MEN AND LIVE SEVEN
YEARS LONGER! (TELL US SOMETHING?)



Membership

Encourage Your Colleagues to join AAQHC

It's easy to **JOIN online**

<https://www.aaqhc.org.au/join.php> or

Download [membership application form](#) **NOW**

And fax to: 07 5575 7551

The Australasian Association for Quality in Health Care (AAQHC) exists to serve its members by:



- providing support and encouragement to individuals and organisations seeking to improve health outcomes for consumers
- facilitating opportunities for communication and cooperation as well as exchange of ideas and experiences
- facilitating and supporting ongoing education and development recognising qualifications and experience to Associate Fellow and Fellow status through a credentialing program.

Education

JULY PD SESSION

OCTOBER AGM SESSION



Our committee members are hard at work planning and producing some exciting sessions for the next twelve months.

TITLE: *Facilitation—The essential elements to get people to do what you want them to do*

Presented by: *Ernest Stabek—S.I.P. Management Consultants*

TITLE: *Email Hygiene*

Presented by: *Diane Ralph—Administrative Assistant, Cabrini Health*

TIME: 11.30am—1.30pm

VENUE: Victorian Quality Council, Department of Human Services,

Room 13:01 50 Lonsdale Street, Melbourne, or via teleconference

Add the date to your diary

The whole purpose of education is to turn mirrors into windows.

Sydney J. Harris

TITLE: *How to understand and influence line managers using DISC behaviour Profiling*

Presented by: *Robert Re*

- *Introduction to DISC Behavioural Profiling*
- *Understanding our own motivations, strengths and fears using DISC*
- *Identifying other's DISC Behavioural styles*
And much more...

WHEN: 22nd October 2009

TIME: 11.30am—1.30pm

VENUE: *To be announced*

Limited Spaces Available!!!

NEW COMMITTEE MEMBERS NEEDED

Consider joining the VQHA Committee and helping us to promote Quality in Healthcare across Victoria. Help the Victorian network of AAQHC to continue to grow and provide support and training to Health Professionals working in Quality Roles across Victoria.



- **3 positions are available**
- **Contact Dot Humphrey-Lesque, VQHA President for more information:**

d.humphrey@gpasouthgippsland.com.au

Aerodynamically, the bumble bee shouldn't be able to fly, but the bumble bee doesn't know it so it goes on flying anyway.

Mary Kay Ash