



VHQA Newsletter

President's Report

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Hello Everyone and welcome to the final VHQA Newsletter for 2011. This year has been a busy one with a number of education sessions and newsletters to be organised and "The Great Healthcare Challenge" Conference in Melbourne. It is also the time of year when we have held the Annual General Meeting (AGM) and finalised the Committee for the next twelve months.

Following our AGM on 13th October 2011 our Committee for will remain the same for a further year. Our November meeting included establishing the roles of individual members for 2012. The roles remain largely unchanged, the Executive include:

President: Belinda Westlake FAAQHC
Hon Secretary: Karen James
Treasurer: Michelle Oliver
Vice President: Sue Evans FAAQHC
Immediate Past President: Dot Humphrey – Lesque
Public officer: Rebecca Smith
Policies and Procedures: David Smith
Newsletter: Karina Finch AFAAQHC
Membership: Belinda Westlake
Council Rep: Dot Humphrey-Lesque
Education committee: Sue Evans, Wendy James, Fran Kinnersly, Janine Loader

We are looking forward to another busy year with lots of challenges ahead in the area of Quality in Healthcare. Our year will commence with a strategic planning day scheduled for the end of February.

We would love to receive any feedback and suggestions from members that will assist us to better meet your needs throughout 2012.

We will continue to provide education programs throughout the year. Our first is scheduled for 24th February and will be a further update on our very successful, National Standards session that was held in Bendigo in November. It will be held in Melbourne so keep an eye out for the flier!

We would appreciate your help in identifying appropriate topics and speakers. You can email us at: vhqasn@gmail.com. We hope to continue to build on our membership throughout 2012 and will be having competitions throughout the year to promote membership – keep an eye on the emails that are coming through as you could be a winner!

On behalf of the VHQA Committee I would like to wish you all a very Happy Christmas and a Safe New Year and I look forward to seeing you at VHQA functions throughout 2012.

Regards

Belinda Westlake

Belinda Westlake
President



VHQA Values

Responsiveness

Providing high quality services to the Association members
 Identifying and promoting best practice
 Consulting with members

Integrity

Being honest, open and transparent in our dealings
 Using powers responsibly
 The actions of the Association match stated intent

Progressiveness

Providing an environment which supports exploration and testing of theories and models
 Utilising the wealth of knowledge available within the Association.

November VHQA Education session

A very successful education session was held in Bendigo in November, with the title 'National Standards – Quality or Compliance.' More than 60 professionals from a range of organisations and disciplines attended.

The day was led by Dr Cathy Balding who has a breadth of knowledge in quality topics and this one was no less. Cathy gave her presentation on the Standards with a very positive flavour, which was heartening given that many report conversations to date have been tainted with negativity.

Cathy was followed by Jo Burke, Director of Governance at Barwon Health, whose service had participated in a recent accreditation survey including the National standards. This was also an interesting spin on their experience and the lessons learned. Barwon has some improvements to make in achieving the standards and has commenced an elaborate review of their quality practices which proved very interesting to the participants.

Matt Sharp CEO, Rochester & Elmore District Health, which has also been surveyed recently with the standards and although their outcome was better than that experienced at Barwon it too has been a rewarding encounter and it was pleasing to hear the manner in which differing size organisations has handled the results.

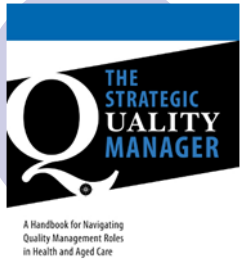
The fourth presenter was Deb Sudana, Department of Health, who is sitting on many committees and groups to ensure seamless transfer to the standards by Victorian organisations.

The day concluded with a panel discussion facilitated by Cathy Balding.

Feedback from participants at this session revealed:

- 97% reported the session met their expectations in terms of information and learning, & was relevant to their current role
- 95% felt the session provided value for money
- 95% provided positive comments regarding the venue, however the temperature of the room and lack of microphone were raised as areas for improvement
- 76% suggested the catering required improvements in relation to choice and amount
- 50% recorded their overall satisfaction with the session as good, and the other 50% as excellent
- Suggestions for future topics included:

- ☞ Linking redesign and quality
- ☞ Risk management and the link to the national standards
- ☞ Practical tools for quality
- ☞ "Where are we now" with NSQS in 12 months
- ☞ Information geared to private healthcare organisations



CATHY BALDING

Cathy Balding recently released **The Strategic Quality Manager Handbook**.

This book synthesises theory, research and real world experience into a handbook developed specifically for those in quality management roles.

Copies of this book can be purchased from <http://cathybalding.com/>

Due to the success of this session, it will be repeated in Melbourne on Friday 24th Feb, location TBA

Cathy Balding facilitates a panel discussion, involving Jo Burke, Matt Sharp & Deb Sudano



Matt Sharp



Cathy Balding



Over 60 professionals attended the regional education session

The Great Healthcare Challenge 2011 report

December 2011

I am a Quality Coordinator of a community health service in metropolitan Melbourne. As a member of the AAQHC and VHQA, I successfully applied for one of three scholarships to attend The Great Health Care Challenge on Safety & Quality in Health Care Conference on October 12-14th.

The community health sector faces many challenges. An ageing population and workforce, shrinking funding in real terms, earlier discharge from acute and sub-acute care and a rise in chronic diseases means that the demand on our services is continuing to increase. Along with these challenges comes higher clinical risk as care becomes increasingly complex. However, the sector is relatively resource-poor compared to other health sectors.

To meet these increasing challenges in the face of inadequate resources, the sector must continually work smarter and make innovation a core component of daily business. I attended the conference hoping to gain knowledge and ideas; I am happy to say that I found both. In fact, the Conference delivered even more!

Highlights

- Dr Sally Cockburn (aka Dr Feelgood) opened **Day One** with a fun, humorous and realistic Address about healthcare, feeling good about yourself and changing your life.
 - Professor Jeffrey Braithwaite gave a predictably challenging and entertaining Keynote Address about using Psychology to survive, thrive in and improve our healthcare system.
 - The Plenary Address by Professor Russell Mannion, Chair of Health Systems at the University of Birmingham provided some salient points about measuring quality and performance. Decisions about what we measure, who we target to measure, the determination of need and questions of equity will be determined by 'why' we measure and this last decision will always be a political one.
 - **Day Two** commenced with national, state and local perspectives on the challenges of health reform. Many of the barriers and enablers are common across all sectors. We were also reminded by Dr Tracey Batten, Group CEO of St Vincent's Health Australia that the private health sector is a critical component of the reform structure.
 - An interactive workshop on enhancing patient-centred care, presented by Dr Nicola Dunbar and Dr Karen Luxford was the highlight of the second day from my perspective. A discussion about high quality care happening in 'silos' and not as a system, led to some interesting insights into the expectations of consumers. Most complaints from consumers are not about the technical aspects of care, but about lack of communication, coordination of care and access. These components, along with respect, courtesy and trust are what consumers tend to value most. I actually came away from this workshop with an Action Plan in mind to improve consumer participation and engagement in my own community health organisation!
 - Dr Luxford spoke again on **Day Three**, on the theme of patients and professionals managing their care together and how health care facilities that have high levels of consumer engagement also have high levels of clinical quality.
 - A wonderful project was highlighted in both a poster presentation and a concurrent session by Ms Susan Abbott from ANU, on consumer perspectives on chronic disease self-management. This photojournalist project highlighted the broader life role of people with more than one chronic illness, through self-selected photos and personal stories. The transformative nature of the stories of struggle and resilience told from the perspective of the lived experience of people can lead to a very different understanding about the health system.
 - This was a theme continued by Dr Peter Nugus from UNSW who talked about situating the patient as a collaborative member of the health team.
 - Ms Beverly Johnson, President/CEO of the Institute for Patient and Family Centred Care also highlighted these core concepts in a Plenary session, challenging us to put patients and their families in real positions of power and influence, to improve and redesign our health care system.
- Two espresso machines provided free, good quality coffee and kept me alert for 3 days! Well done organizers; a stroke of genius!

Areas for Improvement

There were not many. However, one major omission which I noted at a conference purporting to focus on patient-centred outcomes was the complete lack of any presentations from health consumer peak bodies or consumers in general. Surely allowing patients/consumers to speak for themselves, rather than speaking on their behalf, is the first step to consumer empowerment?

A cardinal principle

of Total Quality

escapes too many

managers:.

You cannot

continuously improve

interdependent

systems and

processes until you

progressively perfect

interdependent,

interpersonal

relationships

Cloud Computing for Clinical Governance and Performance Management

C.Gov is a collaboration of local health regions/networks from around Australia working to:

- **Establish Clinical Governance as an organisational capability driving improvements in health service delivery and patient outcomes, and**
- **Improve clinical workforce acceptance and ownership of governance programs.**



After two years work supported by PSC Australia, the C.Gov initiative has now grown into an online community for clinical governance and performance management. By using cloud computing it is possible for healthcare organisations of any size to access and share software applications (Apps) for clinical governance and use a toolkit to build their own Apps for specific local priorities.

Think of it as an App Store and a toolkit to replace all the spreadsheets and access databases you currently use. No IT skills are required as all elements of the system are easy to use point and click interfaces. Because the IT support is hosted in the Cloud, there are no costs for installation, hosting, maintenance, disaster recovery or backup. Current users report that this approach reduces their cost for IT support by 75% and allows them to create and implement new programs 90% faster than before. Clinical workforce users can interact with the system without ever needing a logon or password, and there is no training required. Users simply respond to emails or online requests for different governance activities such as audits, accreditation, training, credentialing, reportable events, risk, performance management, clinical indicators or KPI's and staff or patient surveys.

The key feature of C.Gov is the ability to assemble all recommendations, actions, tasks and projects arising from governance programs into a single program of work that tracks progress and verifies the outcome of every improvement project.

Case studies and success stories:

A Qld Health Service District responsible for over 15 facilities has used C.Gov to implement 8 different clinical audits and indicator collections, that are scheduled and distributed automatically – results are calculated and sent to clinical managers for recommendations, all in real time. They have also created an online (paperless) credentialing system for Medical Officers to meet new National Standards – this system is now available throughout Australia and has already been adopted by several other Health Organisations.

Over 350 quality improvement projects were loaded into a system for a multi-hospital organisation. Immediately after they were formally assigned for tracking, more than 1/3 were able to be verified and closed and another 1/3 had to be re-assigned because new managers were unaware they existed. The staff effort to manage this program was reduced from 2 FTE to 1 person part time.

In WA a Regional Health authority has built a system of surveys to automatically collect evidence for ACHS self assessment. Over a 12 month period all EQULP 5 Criteria and new national Standards are assessed. Surveys are separately scored against environmental observations, staff knowledge and patient feedback; creating benchmarks for compliance between all departments, facilities and wards within the organisation. This region also uses C.Gov for clinical audits and many other staff and patient surveys.

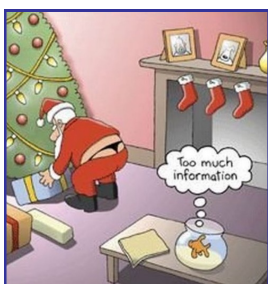
Join the C.Gov Online Community for Free

Health organisations can join the C.Gov community for free by registering at www.clinicalgovernance.com.au

Or contact us directly by calling Darryl Stuart on 07 3211 4444 to discuss your requirements. Then we can configure the system for your needs and provide the startup training.

TPSC Cloud™ provides secure hosting of software applications and data at our datacenter in Sydney and meets all Australian Standards and State Regulations for privacy, security and recovery of health information.

Quality means
doing it right
when no one is
looking.
Henry Ford



What's hot in QARM

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

- Strategies in use related to energy conversation & waste minimisation
- Configuration suggestions for RiskmanQ
- A call for draft audit tools to meet the 10 national standards
- Suggestions to include / integrate complementary medicine in mainstream inpatient healthcare

Windows into Safety and Quality in Health Care 2011

December 2011

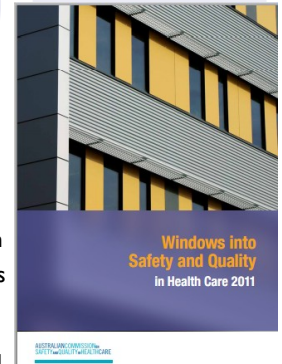
The Australian Commission on Safety and Quality in Health Care (ACSQHC) released the 2011 edition of *Windows into Safety and Quality in Health Care*, at the AAQHC Conference in Melbourne in October.

Windows 2011 provides perspectives on aspects of safety and quality of health care and builds upon, and extends, the coverage of the Commission's previous *Windows* reports.

Dr Michael Smith, Clinical Director of ACSQHC said "Seeking improvement in safety and quality is essential for all levels of the healthcare sector. The Commission has a particular focus on helping address some of the emerging safety and quality issues in health to assist in improving the way health care is provided."

Each chapter of *Windows into Safety and Quality in Health Care 2011* focuses on a specific area of safety and quality in health care. Topics covered in the document include the challenge of implementing safety and quality improvements locally and developing a positive safety culture in hospitals and general practices

Copies of the "Windows 2011" document can be accessed via the ACSQHC website: www.safetyandquality.gov.au



AAQHC conference 2012



- **National Health Reform - 'Exploiting Opportunities for Quality Care'**
- **Return on Investment (ROI) on the Safety and Quality Dollar - 'A Brave New World'**
- **Challenging traditional Health Care Paradigms of Safety and Quality - 'Consumer Wants or Needs'**

The Annual Australasian Conference on Safety and Quality in Health Care is the premier event on the health care agenda bringing together cutting edge international, regional and local trends in safety and quality through workshops and in-depth sessions.

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

Do you believe in a 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



Victorian Healthcare Quality Association

PO Box 55
East Melbourne, Vic, 8002

E-mail: vic@aaqhc.org.au

Phone contacts:

President (03) 5568 0148

Secretary (03) 5260 3573

Additional committee members contact details available on the Victorian Network link via the national website at aaqhc.org.au

Christmas humour

Reginald was terribly overweight after Christmas, so his doctor placed him on a strict diet. 'I want you to eat regularly for two days, then skip a day, and repeat this procedure for two weeks. The next time I see you, you'll have lost at least five pounds,' his doctor assured him. When Reginald returned he shocked his doctor by having lost almost twenty pounds. 'Why, that's amazing,' the doctor said, greatly impressed, 'You certainly must have followed my instructions.'

Reginald nodded, 'I'll tell you what though, I thought I was going to drop dead on the third day.'

'Why, from hunger?' asked his doctor.

'No, from all that skipping'



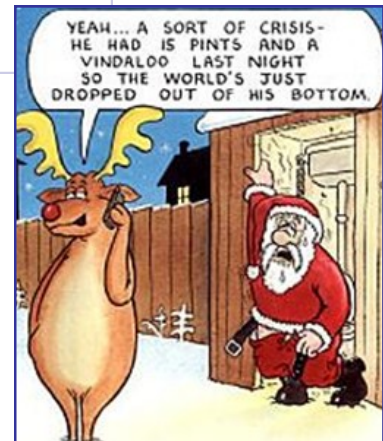
WE'RE ON THE
WEB AT

aaqhc.org.au

Victorian local network

A guy's wife was nagging him hard for a four-wheeler but still he bought her a beautiful extravagant diamond ring for Christmas. The husband's friend was amazed at his decision and asked him in secret, "Why couldn't you buy a car instead of the diamond ring?" The husband smiled and answered, "Fake cars are not easy to find."

After being away on business for a week before Christmas, Tom thought it would be nice to bring his wife a little gift. "How about some perfume?" he asked the cosmetics clerk. She showed him a bottle costing \$50. "That's a bit much," said Tom, so she returned with a smaller bottle for \$30. "That's still quite a bit," Tom grouched. Growing disgusted, the clerk brought out a tiny \$15 bottle. Tom grew agitated, "What I mean," he said, "is I'd like to see something real cheap." So the clerk handed him a mirror



Grandpa decided that shopping for Christmas presents had become too difficult. All his grandchildren had everything they needed, so he decided to send them each a cheque. On each card he wrote: 'Happy Christmas, Grandpa' P.S. 'Buy your own present!' Now, while Grandpa enjoyed the family festivities, he thought that his grandchildren were just slightly distant. It preyed on his mind into the New Year. Then one day he was sorting out his study and under a pile of magazines, he found a little pile of cheques for his grandchildren. He had completely forgotten to put them in with the Christmas cards!

The VHQA committee wishes you all a very Merry Christmas, and a safe and successful year in 2012

