



AAQHC Newsletter

A Voice For Safety and Quality

NOVEMBER, 2019

Contact us at
aaqhc@aaqhc.org.au



AAQHC President's Report 2019

To start the 2019 year, the Council of the Australasian Association for Quality in Health Care (AAQHC) held a strategic planning day in Melbourne. The previous year's achievements were evaluated and I am happy to report that many of the goals we established for 2018 had been achieved and this enabled the Council to plan future developments for the AAQHC to ensure it remained relevant for our members. We discussed the many changes occurring in the health care industry and the difficulties faced by our members.

As highlighted in the Constitution, the AAQHC's stated purpose remains:

"AAQHC through its members seeks to promote the culture of quality improvement, excellence and leadership in all aspects of the delivery of health care."

Our objectives remain unchanged, however Council decided to review the Strategic Plan to ensure the goals were achievable and supported the purpose of the Association.

These goals were to:

- Support those involved in Safety and Quality
- Ensure financial viability for the Association.

With this in mind, we have offered free webinars to members and subsequent posting of the slides to the Shared Learning page on the AAQHC [website](#). As an added benefit to members, we also have access to all webinars offered by the Clinical Excellence Commission (NSW). We value feedback and suggestions from members on topics for workshops and webinars, and to date the subject matter has received great reviews.

Our valued association with the Australian College of Nursing (ACN), has enabled members to take advantage of workshops and lectures

“Quality in a service or product is not what you put into it. It is what the client or customer gets out of it.”

~ Peter Drucker



offered by the ACN at a reduced rate; this assists in achieving the hours required by the Nursing and Midwifery Board of Australia (NMBA) for annual renewal and authority to practice. Continual Professional Development (CPD) is required by many other Associations and Governing Bodies and the ACN workshops and the AAQHC webinars are a valuable and relevant way of achieving this. Importantly, the ACN does not restrict attendance only to nurses, rather, to all working in healthcare.

As part of the Bronze Affiliate we hold with the ACN we were able to offer free registration to one AAQHC member to attend the annual National Nursing Forum, held in Hobart in August 2019.

During the year the Victorian Healthcare Quality Association (VHQA) decided to go into voluntary liquidation. As a result, money has been transferred to the AAQHC accounts. This generosity permitted targeted education opportunities to AAQHC members from Victoria. This included sponsorship for attendance at the National Nursing Forum and the free Education Day in conjunction with our Annual General Meeting.

The major Council undertaking during the year has been a review of the AAQHC Constitution. This had not been reviewed since 2014 and the healthcare environment has changed significantly since that time. The aim of the review was to ensure the Constitution remained relevant for members and guided the Council on AAQHC activities. The drafts have been sent to all members for comment as well as the final draft which will be voted on at the Annual General Meeting (AGM) on Friday 15th November 2019.

Two Fellows, Amanda McMaster and Christine Cullen will be conferred with AAQHC Fellowship at the AGM and I would like to thank Sandy Thomson, Professional Development and Credentialing (PDAC) Committee Registrar for her hard work in reviewing the applications.

Credentialing to Fellow enables people to be recognised for their knowledge, skills and competencies in quality, safety and risk management. The attainment of Fellow is considered to be the highest level of recognition of contributions at a strategic level to the health industry. We congratulate the two members who will be recognised at the AGM.

Finally, I would like to thank all members of the Council for their work during the year and welcome new members to the Council for 2020. As we embark on another challenging year, I encourage members to remain active with the Association, provide feedback and suggestions for how you would like the AAQHC to work for you.

Robyn Quinn
President

Council Members 2019-2020

We welcomed two new council members:

- Amanda McMaster residing in Queensland, and
- Karen Mardegan from Victoria.

Continuing Council members are;

- Robyn Quinn – President
- Kay Richards – Secretary
- Robert Griffin – Honorary Treasurer
- Nicole Grose – Tasmania
- Sandy Thomson – Registrar Professional Development and Credentialing

Strategic Planning 2020

The Council have scheduled a planning day to be held on 14 February 2020. Members are encouraged to submit any suggestions on activities or initiatives they would like to see progressed.

AAQHC welcomes its new 2019 champions in quality and safety.

At the AGM held in Melbourne two new Fellows and two new Associate Fellows were recognised for their achievements in quality and safety.

Fellows

- Amanda McMaster – Queensland
- Christine Cullen – Western Australia

Associate Fellows

- Gina Crews – Western Australia
- Paolo Colet – Kazakhstan



Member Workshop



In conjunction with the AGM, a Member Workshop was conducted in Melbourne on 15 November.

With a great line-up of speakers, the presentations were informal and enabled great discussion to be generated.

Amanda McMaster, who was conferred as a Fellow of the AAQHC at the AGM, was able to share her recent experiences in guiding a health service through the National Safety and Quality Health Service Standards (second edition).

With a 2-year lead in, and one of the first services to undergo accreditation with the new standards; a major focus was on Governance and key to success was attention to the culture of the organisation and ensuring consumer input.

Amanda outlined the importance of initial evaluation of where the organisation stood against the new standards, identifying risks, reviewing policies and procedures with a heavy involvement of consumers. Crucial to achieving success was involving medical staff. Amanda promoted the use of the *PICMoRS Method*, which allows for a structured, standardised assessment of the multiple processes that make up each safety and quality system.

Monitoring and the use of tools such as scorecards and tracking sheets enabled a better understanding of achievements and identifying areas of concern, but also enabled better reporting to the Board.

As a means of ensuring communication to all staff newsletters were distributed; this proved to be a useful tool in showing the progress and history of the preparation.

Amanda supported the various resources found on the [Australian Commission in Safety and Quality in Health Care website](#).

With a change of pace, yet messaging remaining the same, **Veronica Jamison**, General Manager, Community Health and Care, Benetas, provided an overview of the aged care industry and the new standards, through the lens of a system wide, board director and provider perspective.

With the new Aged Care Quality and Safety Commission in place, the quality landscape changed considerably with a major focus firmly on the consumer. However, the industry is facing hurdles not unfamiliar to the health sector; access, workforce, funding, and quality and safety high on the agenda.

Amidst an ageing population, where more than 1.3 million people receive care services, with over 120,000 people waiting for Home Care Packages and despite total expenditure increasing by 6.6% between 2015 to 2016, and the time spent caring for residents in residential care homes declining by 7%; the industry saw a new accreditation process and revised standards being introduced on 1 July 2019.



A major focus for providers was a much stronger emphasis on clinical and corporate governance. The majority of age services are from the not for profit sector and many services are small; though this is changing. Historically some services were governed by boards with good intentions, but today's boards require a new set of skills to ensure good governance and compliance to the new standards are in place.

New quality assessment arrangements have been introduced during major system change. However, just as Amanda had explained, age services also require awareness and education of staff, gap analysis through the use of data, and self-assessment to the new standards. Many services have found gaps and areas for improvement. In fact,

whole systems, and processes need review, and a change in culture is required to successfully meet the new standards.

Veronica nicely summarised the learnings; age services need to better communicate and involve consumers and importantly improve consumer confidence in the industry. Boards need to have their attention on better use of data to inform decisions and importantly ensuring board members hold the skills, experience and understanding that modern boards require. For service providers, training and education is vital, ensuring staff have the skill, temperament and right attitude and attributes to work in an ever-changing environment, while putting the consumer first.



As the day progressed, and very relevant to AAQHC members in Melbourne, a presentation from **Joanne Sweeney** from the Clinicians as Partners Branch at Safer Care Victoria, highlighted if engagement and culture are not optimal this impacts negatively on outcomes.

Consistent to Amanda and Veronica's message, strengthening board governance and strengthening the clinical and consumer voice in safety and quality are significant to success.

Joanne's presentation was thought provoking and one might say ominous. Identifying common themes over the last 20 years during investigations, inquiries and inquests, the patient's needs, the culture of an organisation, leadership, and governance scored high on those areas requiring improvement and entwined as root causes for major problems occurring in the system.

Safer Care Victoria was set up to enable all health services to deliver safe, high-quality care and experiences for patients, carers and staff. Using a range of activities including sentinel event reporting, system safety reviews and performance monitoring, enables the delivery of safety alerts and advisories, clinical guidance and support.

Joanne focused on clinicians as partners and clinical network engagement and described the framework for clinician engagement, involving clinicians in every step of the design, delivery and improvement of the health system.



Joanne also highlighted the Clinical Governance Framework which outlines expectations and provides best practice guidance to inform good clinical governance.



Without necessarily knowing other presenters' content, or the mood of the room, **Cathy Balding** was able to bring the workshop to an end with a stimulating chat that challenged even those who have been in safety and quality for many years.

Cathy maintains the big elephant in the room is in making compliance with standards and other policy and funding requirements the destination of our quality system, will never be enough to create consistently high-quality care.

Her concern is for those working in quality; when deluged with compliance responsibilities they will drown if they can't see where they are going. Cathy suggests being crystal clear about 'what do we want?' from the quality of care and services we want to provide, and using compliance as part of the guidance system for achieving it, seems to Cathy to be a complete no brainer.

Cathy reiterated "to be happy in life – and work – you've got to have a purpose that goes beyond the day-to-day". Ben Crowe suggests "less CV and more Eulogy"; check out this great blog.

Cathy quoted Jeffery Braithwaite who said, “For all the talk about quality healthcare, systems performance has frozen in time. Only 50-60% of care has been delivered in line with Level 1 evidence or consensus based

guidelines for at least a decade and a half; around a third of medicine is wasted, with no measurable effects or justification for the considerable expenditure; and the rate of adverse events across healthcare has remained at about one in 10 patients for 25 years. Dealing with this

stagnation has proved remarkably difficult - so how do we tackle it in a new, effective way?”

To tackle this, good governance and a strong and willing CEO is required if organisations in health and or aged care delivery want to ensure a safe and effective system change.

We need to ask the questions, how good is care today, how good do we want to be in twelve months and what are we doing right now to make it happen?

If a quality manager focusses on this direction, and yes using compliance tools to support the process, what a wonderful job they would have.



FOCUS ON END OF LIFE CARE November 2019

Review of article ***End of Life Care***

Australian Health Review

Volume 43 Number 5 October 2019 p's 578-584;

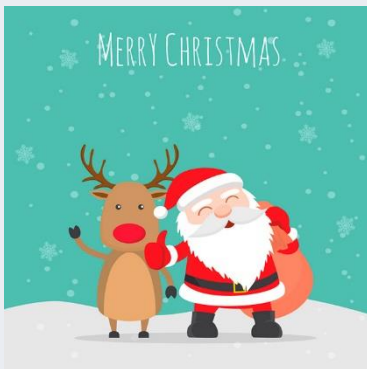
Authors: Melissa Bloomer, Alison M Hutchinson, Mari Botti.

This article makes for excellent reading especially when reviewing compliance with the elements for end of life care under Standard 5 and the overall requirements of Standard 5.

A summary of findings is as follows which could be used to identify improvement opportunities.

Element 1 Patient Centred Care

Family involvement in decisions around end of life care was not always visible in all cases reviewed (n= 452). The authors noted that effective and early communication with the patient and family are key components of shared decision-making but yet many healthcare systems had no defined (formal) procedures for achieving this objective.



The low rates indicated that family involvement in decision-making suggests communication between clinicians and families is not routinely occurring, or at least not routinely recorded in the medical record. The data also indicated family presence at the time of death was also variable (58%) which could be due to impending death not being clearly

communicated with families or communicated too late. Even if family members elect not to be present it would be of value to have this information recorded in the notes. The involvement of families could also be regarded as critical information (NSQHSS 6 Communicating for Patient Safety) for the treating team (page 582).

Element 2 Teamwork

The study found rates of involvement of palliative and pastoral care were both low but similar to previous studies. This study indicated there are a range of factors that can affect referral, noting outcomes should be referrals are routine, rather than by exception. This may need more emphasis on ensuring the roles of support services are well understood. Action 5.4c requires evidence of timely referral of patients with specialist needs to relevant services and this requirement should be considered when reviewing the overall model of care (page 583).

Element 3 Goals of Care

Where patients were admitted for palliation, goals of care appeared to be well defined. Where patients were admitted for 'active' treatment but then deteriorated during the admission the medical record did not adequately identify if the goal of care had changed from active to palliation. This is a requirement of 5.14 where the care plan should demonstrate decision around changes to care. In addition, it was found that although end of life pathways were available, these were not routinely used for all dying patients. Pathways are recognised as being an effective and efficient mechanism for managing care needs and use of end of life pathways should be revisited (page 583).

Also note the requirements of 5.19 and 5.20 where goals of care should be evaluated against actual outcomes through peer review or other M&M processes.

Element 4 Use of Triggers

Action 5.14 sets the parameters for review of care and treatment and to ensure the care plan is updated following review. The study found defining triggers for use in initiating or evaluating care is integral to the provision of end of life care. This study identified some milestones in the journey or other elements that could be used as potential triggers for initiating end of life care. Use of triggers also supports the intent of shared decision making with the patient and family, for referrals to specialist palliative or pastoral care and or commencement of an end of life pathway (Ref page 583).

Element 5 Responding to Concerns

Standards 2, 6 and 8 include requirements for a patient/carer concern system, as with systems for rapid escalation of care needs by clinicians when required (Standard 8). This study did not specifically review whether patients and or their families had raised concerns. Use of an end of life care pathway may improve patient/family reported issues thus enabling a more effective response. The study did review access to specialist palliative advice in the event of deterioration. This found that only 33% patients had a referral, which could be due to late recognition of an impending death. Routine referral at a time of deterioration to pastoral care could also assist with emotional and spiritual needs.

Other factors considered.

Cultural diversity – patients admitted to the public hospital were likely to be more culturally diverse and therefore their diverse needs should be considered when reviewing models of care. Diversity analysis and responding to diversity forms part of Standards 1 and 2.

Interestingly a comparative view of both a public and private service indicated for public patients shared decision making, family involvement, referral to palliative and or pastoral care was higher (page 583).



Applying for Fellow or Associate Fellow Credentialing

Applications are now being accepted for the program in 2020.

This is a great way to receive recognition for your role in quality

Have you considered how an Associate Fellowship or Fellowship could boost your career and professional development in safety and quality?

- ✓ AAQHC's credentialing program is unique to professionals working in the Australasian health care, aged care, community, general practice and mental health sectors.
- ✓ Our program supports quality managers and health professionals with an interest in or responsibility for safety and quality programs.
- ✓ Visit our web site for application details including criteria for assessment.

Take the challenge and reap the rewards

In recognition of the vital role of safety and quality professionals in health systems the AAQHC credentialing program which is *unique* and *Australian designed*, provides for personal recognition at Associate and

Fellow levels. The objective of both awards is to increase the recognition and value of these safety and quality roles.

Current and new members are eligible to apply for credentialing as a Fellow or Associate Fellow.

- ✓ Go to <https://www.aaqhc.org.au/> click on the Credentialing tab and you will find all that you need to know about becoming a Fellow or Associate Fellow.
- ✓ If you would like more information, please contact aaqhc@aaqhc.org.au and one of the Credentialing committee members will contact you.

How to Access the Forum Page on the AAQHC Website

- Go to the Membership tab and click Member Log in
- After logging in
- You will then see the Forum tab in the upper left corner
- Click on this tab you will be able to access the slides from webinars as well as the CEC access addresses.

Promoting Your Quality Initiatives – Publish in the AAQHC Newsletter

Publication of articles in the AAQHC Newsletter is a great way to promote quality initiatives that have made a difference to the patient/consumer and/or family and promote your/your team's great work to a wider audience.

The Newsletter is a mechanism to share ideas between staff involved in quality across Australasia, however it needs your input to be successful.

If you have a great idea, thoughts on patient safety/quality and or an example of a quality initiative, put pen to paper and send it through to the following address:

newsletter@aaqhc.org.au

Australian College of Nursing Affiliation

AAQHC has established an affiliation with the Australian College of Nursing. The benefits to members of AAQHC include:

ACN Bronze Affiliates receive the following:

- Discounted Affiliate membership rate for all nurse employees/members (a saving of \$78 per *General* membership)
- 5% discount on all CPD courses
- Partner logo on ACN Affiliate webpage

