

Safer Care : Rural Health impacts
A small rural perspective

Sarah Fagan, Health Services Manager, Bright Campus

May 2017



Alpine Health



Alpine Health - who we are

- ▶ Alpine Health is the lead health service organisation in Victoria's Alpine Valley
- ▶ Designated Multi-Purpose Service (MPS) under a Tripartite Commonwealth-State Agreement with three main campuses Bright, Mount Beauty and Myrtleford.
- ▶ Largest of 128 MPS across Australia and of the 7 located within Victoria.
- ▶ Alpine Health is recognised as an innovative health service
 - ▶ Acute, residential aged care, community health services
 - ▶ Early intervention strategies to ↓ health risk
 - ▶ Meeting local community needs
 - ▶ RTO - workforce capacity

Alpine Health Services - what we do

- ▶ Bright - 9 Acute stand alone, 40 residential aged care stand alone, urgent care and procedures.
- ▶ Mt Beauty - 10 Acute, 25 residential aged care, urgent care and procedures.
- ▶ Myrtleford - 15 Acute, 30 residential aged care, urgent care and haemodialysis chairs x 3

Alpine Health Services - why we do it

- ▶ Keeping local services local
- ▶ Health information educates the community about health issues & empowers them to take ownership and improve their health leading to a healthy community.

Strategic Impact

- Portfolio moved from reporting up to executive corporate management to responsibility of executive member with clinical focus
- Strengthen existing regional health services alliance
 - Ceased birthing services 2016/17 after 5 year plan involving community and regional health services engagement.
- Invest in Patient Experience data that reflects an outcome focus
 - Often unable to reach the target of n=42 for quarterly VHES survey
 - How do we capture meaningful outcomes data and measure it?
 - Develop a survey for patients, residents and consumers to ask them what they want from the service in liaison with
 - Inform the design of a tool that captures expectations on admission and marries this with experience upon or following discharge
 - Urgent care - minimal time but meaningful interaction with service, does this need a different tool?

Structural Impact

- Formalised Director of Medical Services .1EFT part of executive team
- Developed a Morbidity and Mortality committee involving external specialists from the regions by July 1 2017
- Addition of safety and quality standard agenda item to quality reporting committees/working parties
- Review of committee structure with view to reconfigure in the context of clinical governance
 - Result in re-examination of terms of reference
- Establish maximum 9 year staggered terms for Board members of MPS to align with public health services

Organisational Impact

- Power of language
 - Shift from compliance driven to clinical governance
 - Compliance can infer being 'led by' / minimal innovation
 - Contrasts to 'leading' with clinical governance focus
- Improve existing data transparency
 - Provide trend data to Board of Management
 - Include on intranet and internet
 - CHAG member each site to represent quality portfolio
 - Reviewed complaints/compliments and patient stories reporting format
- CEO contract expired
 - Went to open market for recruitment process

Challenges

- Resource capacity, many hats worn by individuals within small rural health settings
- Lead time for change and information dissemination with 30km between sites. The power of 'hallway' conversations diluted when distances so great.
- Located within the catchment of two regional health services, at the end of Ovens and Kiewa valleys. Processes differ between the regional services Northeast Health Wangaratta and Albury Wodonga Health, how to manage that tension.
- Incur greater costs for accreditation if unscheduled visits are included in the future

Opportunities

- Lead in design of patient outcome data system for small rurals.
- Demystify community assumptions of quality of care (bad news travels fast)
- Engage consumers reflective of community demographic - youth and early - mid adulthood
- Expansion of tool set to capture meaningful patient outcome data
- Benchmark with like health services - MPS

Future

- Welcome the proposals to
 - focus on outcome focused measures as throughput numbers insignificant
 - reduce clinical practice variation
 - develop state wide UR number
 - reintroduce of the LAOS program to inform clinical practice

Questions?

