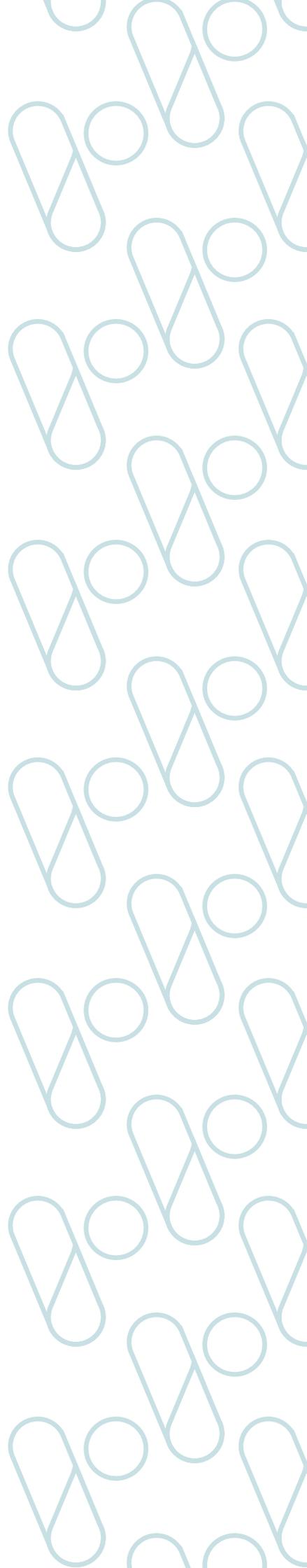
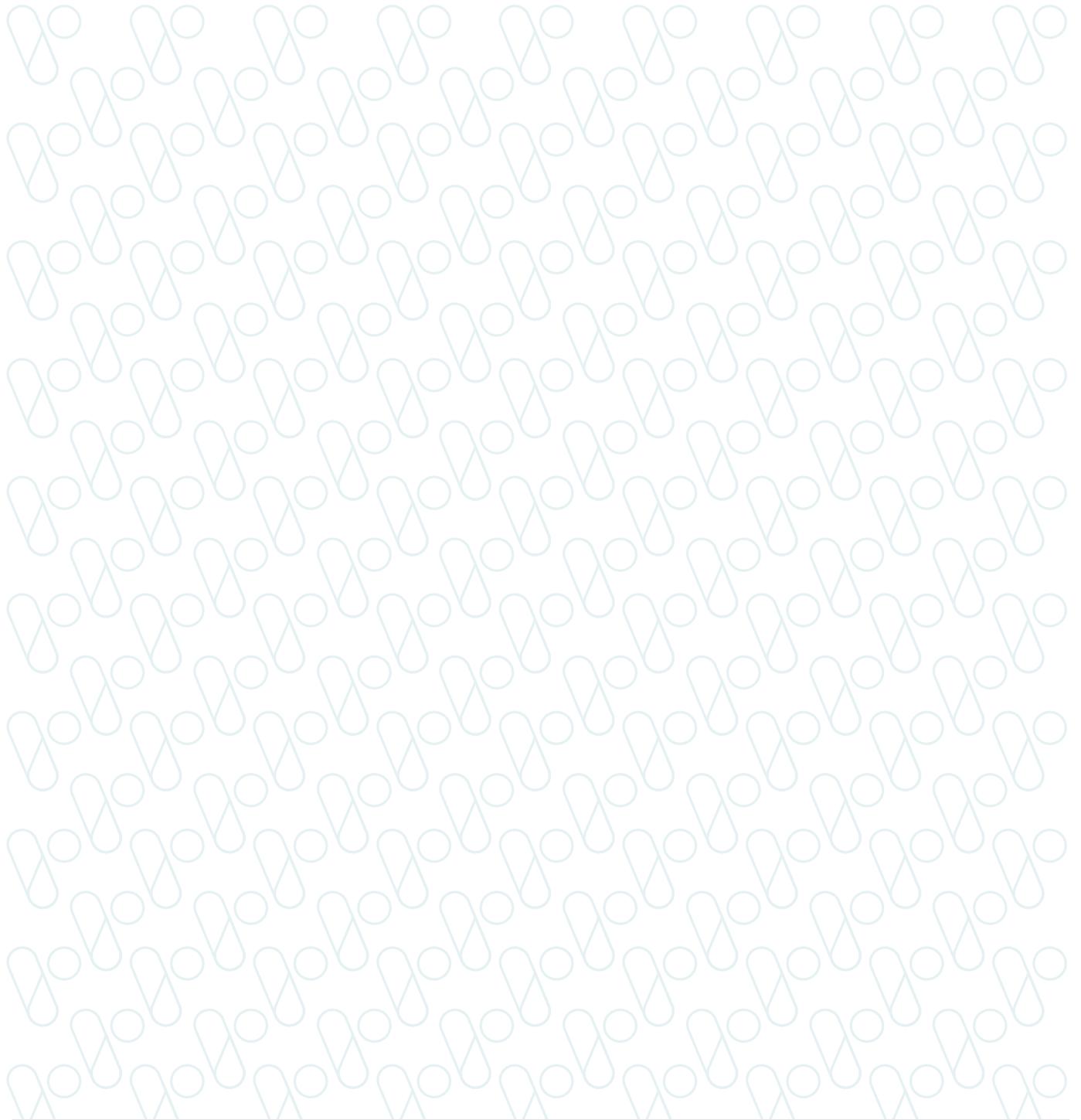


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# Victorian quality account

Reporting guidelines for  
public health services 2018–19





## Contact us

If you have a question about these guidelines, or want to provide feedback, please email [info@safercare.vic.gov.au](mailto:info@safercare.vic.gov.au)

To receive this publication in an accessible format please phone 03 9096 1384, using the National Relay Service 13 36 77 if required, or email Safer Care Victoria [info@safercare.vic.gov.au](mailto:info@safercare.vic.gov.au)

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# About these guidelines

## **This document is to help public health services prepare their quality account for 2018–19.**

The first section will help you understand why your service must produce a quality account, as well as how to present, share and submit it.

The second section details the reporting items you need to include in your quality account.

## **What's new?**

This year we have published two separate versions of the guidelines – one for public health services, and one for registered community health services.

## **Quality account reports are due Thursday 31 October 2019**

All Victorian health services and registered community health services must publish a quality account covering 1 July 2018 to 30 June 2019. If you are a small rural service you can combine your quality account with your annual report. If you do this, you need to submit by the due date for the annual report. Please email your report to [Louise.McKinlay@safecare.vic.gov.au](mailto:Louise.McKinlay@safecare.vic.gov.au) and include the web link for your published report.

## **More information**

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## Partnering in healthcare – a framework for better care and outcomes

Safer Care Victoria (SCV) launched the Partnering in healthcare framework in April 2019. We developed it to support health services with practical strategies and partnerships to deliver care that is safe, person- and family-centred, equitable and clinically effective.

Our framework replaces previous Department of Health and Human Services (the department) policies in this area, and provides health services with a single, integrated policy that better aligns diversity, equity and consumer participation.

Partnering in healthcare was developed in line with the department's Strategic Plan and *Targeting Zero*, both of which recommend that SCV adopt patient engagement and patient experience as a priority for health system improvement. The framework aligns with the strategic priorities of both SCV and the department, and was informed by recommendations contained in:

- a review of consumer participation in the health system<sup>1</sup>
- evaluation of the policy frameworks: *Doing it with us not for us: Strategic direction 2010–2013* and the Cultural responsiveness framework.<sup>2</sup>

The framework is made up of five interdependent domains: personalised and holistic; working together; shared decision-making; equity and inclusion; and effective communication.



In 2019–20 you will be asked to focus on the domains and priorities that best meet the needs of your consumers and organisation. An outcomes summit will take place in May 2020 to support consumers and health services in sharing Partnering in healthcare achievements and good practice strategies.

The full framework is available at [bettersafercare.vic.gov.au/](http://bettersafercare.vic.gov.au/).

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# Section one: Producing the quality account

## **The Victorian quality account is an opportunity to help your community understand the quality and safety of the healthcare your service provides.**

The quality account was first introduced in 2016 to strengthen transparency and accountability in public reporting. It shows your performance, actions and achievements against quality indicators and standards in a way that can be understood by your community.

Your quality account should communicate quality and safety information and focus on actions and outcomes in these areas.

The below information provides some tips on producing this year's quality account.<sup>3</sup>

### **Writing content**

Your report needs to be easy to read and understand for consumers, carers and the community.

For this reason, it is a good idea to involve consumers, carers or community groups as you draft it. They will be able to pull you up on any medical jargon or complex language.

The quality account is not a marketing or promotional document. Please ensure your content directly relates to quality of care and safety, and responds to your community's areas of interest or participation.

### **Using case studies**

Case studies and consumer/staff stories can help you demonstrate your results and outcomes. You can also use them to show how staff, board members and consumers work together to improve and promote the services provided.

If you use consumer/staff stories, please get written permission to use them.

### **Designing your report**

A clean design and layout will help your reader find information they are interested in.

Think about how you can use images, graphs and graphic elements to engage your readers and complement your text.

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## Presenting data



Where you see this symbol, you will need to include performance data from your annual report or other reports to the department. Please consider how you can present this data differently in your quality account, in order to help the community understand it.

When you report on performance data, remember to include:

- **result** – report your result against an indicator
- **target** – give context by being clear on what you were aiming for
- **actions and outcomes** – provide information about what action you took to improve performance, and what happened as a result.

Accompany any data tables or graphs with an explanation that makes the data meaningful.

Use clearly labelled data sources, values and axes for any graphs.

## Allowing feedback

Please provide an avenue for readers to provide feedback.

It is also good to show that you listen to feedback by showing how you have improved your report's style, content and information from last year.

## Sharing your report

Please make your report readily available and accessible to the community.

This includes posting to your website in an accessible Word format. You may also want to make it available in waiting areas as a complete report, or develop a series of brochures, a newspaper insert or a calendar for the coming year.

We also encourage you to promote it through local media, and use social media and other digital communications. Please consider the diverse communication and access needs of your community.

# Section two: Reporting items

Reporting items are divided into three areas:

- consumer, carer and community participation
- quality and safety
- comprehensive care.

It is mandatory for you to report on all items that are relevant to your service delivery.

Public health services that deliver integrated community health services must report on these services.

Of course, you can report more broadly if you want to. For example, statewide plans and statutory requirements,<sup>4</sup> clinical indicators for dental services,<sup>5</sup> or end of life care.<sup>6</sup>

## 1 Consumer, carer and community participation

Consumers, carers and community members are all part of our diverse Victorian community.

### Consumer, carer and community participation – patient experience

#### ! Result – target – action & outcomes

1.1 Public health services must report the following results from the Victorian Health Experience Survey (VHES):

- positive patient experience responses
- very positive responses to questions on discharge care

and present this information in the context of the relevant targets in Part B of their *Statement of priorities for 2018–19*.

The Royal Children’s Hospital should report on paediatric inpatients. All other public health services should report on adult inpatients.

You must include information about action taken to improve patient experience. This information should focus on those areas where the most significant outcomes have been achieved.

You must also report on action taken to improve discharge arrangements.

Small rural health services that have not received a report in 2018–19 should provide information about action taken to improve patient experience. This information should focus on those areas where the most significant outcomes have been achieved.

These small rural health services must also report on action taken to improve discharge arrangements.

The terms ‘diverse’ and ‘diversity’ refer to the diversity of our community, recognising groups that have historically been under-represented – women, Aboriginal people, young Victorians, Victoria’s culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people and Victorians with a disability.

This concept of ‘diversity’ also recognises that people may identify with multiple groups and that this may alter their experiences and level of vulnerability.

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1.2 Services that provide integrated community health services must report on actions arising from the Community Health Services VHES results in one or more of the following areas:

- Information (VHES community health questions 36–42)
- Overall (VHES community health questions 43–49)
- About the client (VHES community health questions 50–63)
- Other comments (VHES community health questions 64–66)

Services that provide integrated community health services but have not received a Community Health Services VHES report in 2018–19 should provide information about the action they have taken to improve patient experience.

1.3 Services must report on how their organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare.

1.4 Services must report on the provision of accredited interpreters to patients who require one as specified in the Language services policy.<sup>7</sup>

1.5 The *Statement of Priorities for 2018–19* requires that all public health services have at minimum a draft disability action plan in place by 30 June 2019.

Services with a disability action plan already in place should report on their outcomes for the year, focusing on:

- holistic care
- facilitated pathways through care
- preventing discrimination and abuse of patients with disability<sup>8</sup>
- recruitment and retention of people with disability.

Services finalising their draft disability action plan should include details of how they will engage and consult people with disability, including staff, health consumers and community members.<sup>9</sup>

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## 2 Quality and safety

### Quality and safety – consumer and staff experience

2.1 Public health services must include a section on:

- how they seek feedback and respond to complaints
- how they have responded to their community through either a feedback or complaints mechanism. This item must be reported separately to reporting item 1.1.

This section should demonstrate to the reader how the community can participate in quality and safety improvement at their service. The service must also demonstrate what action was taken in response.

#### **Result – target – action & outcomes**

2.2 Services must report their score on the patient safety culture questions in the People Matter survey and provide context in the form of the relevant target in Part B of their *Statement of priorities for 2018–19*.

Services must also provide a case study about action prompted by responses to questions about patient safety and workplace culture.<sup>10</sup> Where possible, this case study should address action taken to improve physical and psychological safety for staff.

2.3 Services that provide integrated community health services must (where applicable) describe how staff survey results are being used to improve the safety and quality of their programs and services.

### Quality and safety – accreditation

2.4 Services must report on their accreditation status in relation to all relevant accreditation standards<sup>11</sup> as detailed in Part B of their *Statement of priorities for 2018–19*. Where applicable, services must report on any related recommendations and action they have taken in the preceding reporting year to achieve accreditation status.

### Quality and safety – adverse events

2.5 Services must disclose the number of sentinel events and adverse events with an incident severity rating of one or two that have occurred in 2018–19. Services must provide a thematic overview of lessons learned and improvements arising from these events.

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## Quality and safety – infection control

### Result – target – action & outcomes

2.6 Services must report on the prevention and control of healthcare-associated infections, specifically the *Staphylococcus aureus* bacteraemia rate.

In addition, services with an intensive care unit should report on central line-associated blood stream infections. The target for this indicator is detailed in Part B of their *Statement of priorities for 2018–19*.

For both measures, services must detail their performance, provide context in the form of the relevant target and/or benchmarked data<sup>12,13</sup> and report on what action was taken or is taking place in these areas.

### Result – target – action & outcomes

2.7 Services must report on the rate of healthcare worker immunisation against influenza. The target for this indicator is detailed in Part B of their *Statement of priorities for 2018–19*.

Services must detail their performance, provide context in the form of the relevant target, and report on what action was taken or is taking place in these areas.

## Quality and safety – maternity services

### Result – target – action & outcomes

2.8 Services that provide planned maternity services must report against the following two indicators published in the *Victorian perinatal services performance indicators 2017 – 2018*<sup>14</sup> report.

Services must report on:

- percentage of singleton full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth
- percentage of singleton babies with severe fetal growth restriction delivered at 40 or more weeks gestation.

Services must detail their performance in relation to the expected performance outcome for the indicator and in relation to similar maternity services (i.e. services with the same maternity capability level). Services should also report on what action has been, or will be, taken to improve performance in these areas.

Where there is no published data (for instance, Level 1 maternity services) or where data does not meet the above criteria, services may select other areas of maternity or newborn care against which to report.

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## Quality and safety – residential aged care services

### Result – target – action & outcomes

2.9 Services that offer residential aged care services must, in accordance with the quality indicator resource materials, report their performance against the five public sector residential aged care quality indicators:

- pressure injuries
- use of physical restraint
- use of nine or more medications
- falls and fractures
- unplanned weight loss.<sup>15</sup>

Services should present this data with respect to similar-sized services and provide a line graph that shows their performance over the 2017–18 to 2018–19 time period.

This must be accompanied by information on what action the service is taking in respect of two of these areas.

## Quality and safety – escalation of care processes

2.10 Services must include information on the patient escalation of care processes<sup>16</sup> they have in place. Where possible, a case study demonstrating how implementation of the patient escalation of care process contributed to patient quality and safety should be included.

## Quality and safety – mental health services

### Result – target – action & outcomes

2.11 Services that provide clinical mental health services must report on the following three aspects of restrictive intervention:<sup>17</sup>

- seclusion
- physical restraint
- mechanical restraint.

These services must report their performance against the seclusion rate indicator detailed in Part B of their *Statement of priorities for 2018–19* and place their result in the context of this target.

Services must also report on what action they have taken to reduce restrictive interventions, with a focus on the balance between the number and the duration of episodes.

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## Quality and safety – quality improvement

2.12 Services that provide integrated community health services should report on actions arising from the Community Health Services VHES results in the two areas:

- Accessing the health service (VHES community health questions 1–9)
- Environment and Facilities (VHES community health questions 10–14)

Services that provide integrated community health services but have not received a Community Health Services VHES report in 2018–19 should report on action taken to improve people’s access to healthcare and outcomes.

## 3 Comprehensive care

### Comprehensive care – continuity

3.1 Public health services that provide integrated community health services should report on actions arising from the Community Health Services VHES results in one or more of the following areas:

- Your experience with health workers (VHES community health questions 15–21)
- Team work (VHES - community health questions 22–26)
- Planning your care (VHES - community health questions 27–35)

Services that provide integrated community health services but have not received a Community Health Services VHES report in 2018–19 should demonstrate how they respond to the needs of consumers, their families or carers and the community across the continuum of care. This may be in the context of person-centred care, continuity within an episode, transition between services or coordination of services around consumer needs.

3.2 Services that provide integrated community health services must report on actions taken to improve the service experience for a particular community health priority population.<sup>18</sup>

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# Endnotes

<sup>1</sup>Victorian Auditor-General's Office 2012, *Consumer participation in the health system*, Victorian Auditor-General's Office, Melbourne.

<sup>2</sup>Department of Health Victoria 2014, *Doing it with us not for us evaluation: Discussion paper*, prepared by KPMG, Melbourne.

<sup>3</sup>Currie K, Spink J and Rajendran M 2000, *Well-written health information: a guide. Communicating with consumers series*, Department of Human Services, Melbourne. Available at <https://www2.health.vic.gov.au/about/publications/researchandreports/Communicating-with-Consumers-Series-Volume-1-WellWritten-Health-Information-Guide--July-2000>.

<sup>4</sup>

- Aboriginal health – specifically, strategies to improve the cultural responsiveness and safety for Aboriginal staff, patients and families (See p 48, *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.)
- Aboriginal public sector employment (See p 49–50, *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*, <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>.)

- lesbian, gay, bisexual, transgender and intersex communities (See *Rainbow eQuality: LGBTI inclusive practice guide for health and community services* at [www2.health.vic.gov.au/rainbowequality](http://www2.health.vic.gov.au/rainbowequality).)
- family violence (See *Ending Family Violence: Victoria's plan for change* at [www.vic.gov.au/familyviolence.html](http://www.vic.gov.au/familyviolence.html).)
- Child Safe Standards (See [ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/](http://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/).)
- cancer (See *Victorian cancer plan 2016–2020* at [www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan](http://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan).)
- Cultural diversity and language services. Specific plans and policies relevant to CALD include:
  - *Victorian. And proud of it. Victoria's Multicultural Policy Statement* at [proud.vic.gov.au/multicultural-policy-statement/](http://proud.vic.gov.au/multicultural-policy-statement/).
  - *Delivering for Diversity – DHHS Cultural Diversity Plan 2016–19* at [dhhs.vic.gov.au/publications/delivering-diversity-cultural-diversity-plan-2016-2019](http://dhhs.vic.gov.au/publications/delivering-diversity-cultural-diversity-plan-2016-2019).
  - DHHS Language services policy at [dhhs.vic.gov.au/publications/language-services-policy-and-guidelines](http://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines).

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- <sup>5</sup> See Australian Council on Healthcare Standards *Oral Health: clinical indicator user manual version 3* at [www.achs.org.au/programs-services/clinical-indicator-program/](http://www.achs.org.au/programs-services/clinical-indicator-program/).
- <sup>6</sup> See [www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework](http://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework).
- <sup>7</sup> See [dhhs.vic.gov.au/publications/language-services-policy-and-guidelines](http://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines).
- <sup>8</sup> See Key priority 5: Health services, p.33 in *Absolutely everyone: state disability plan 2017-2020* at [www.statedisabilityplan.vic.gov.au/](http://www.statedisabilityplan.vic.gov.au/).
- <sup>9</sup> Guidance on developing disability action plans can be found at [providers.dhhs.vic.gov.au/disability-action-plans](http://providers.dhhs.vic.gov.au/disability-action-plans).
- <sup>10</sup> 2017 Part 2 – question 7a–h and Part 3 – question 8a–e; 2018 Part 1 – question 6a–h and Part 2 – question 1a–e.
- <sup>11</sup> See accreditation and the NSQHS Standards at [www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/](http://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/).
- <sup>12</sup> See 'Statewide – *Staphylococcus aureus* bacteraemias (SAB) infections per 10,000 patient days – Quarterly Data' at [performance.health.vic.gov.au/Home/Report.aspx?ReportKey=426](http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=426).
- <sup>13</sup> See 'Statewide – Intensive care unit central line-associated blood stream infections per 1,000 device days – Quarterly Data' at [performance.health.vic.gov.au/Home/Report.aspx?ReportKey=425](http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=425).
- <sup>14</sup> See *Victorian perinatal services performance indicators 2017–18* at [bettersafecare.vic.gov.au/reports-and-publications/victorian-perinatal-services-performance-indicators-reports](http://bettersafecare.vic.gov.au/reports-and-publications/victorian-perinatal-services-performance-indicators-reports).
- <sup>15</sup> See *Quality indicators in public sector residential aged care services* at [www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs](http://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs).

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<sup>16</sup> See Recognising and Responding to Acute Deterioration Standard in Australian Commission on Safety and Quality in Health Care 2018, *National Safety and Quality Health Service Standards*, 2nd edn Australian Commission on Safety and Quality in Health Care, Sydney. See [www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/](http://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/).

<sup>17</sup> See *Providing a safe environment for all: framework for reducing restrictive interventions* at [www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/reducing-restrictive-interventions/framework-for-reducing-restrictive-interventions](http://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/reducing-restrictive-interventions/framework-for-reducing-restrictive-interventions).

<sup>18</sup> See Community Health Integrated Program guidelines at [www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/chip-guidelines](http://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/chip-guidelines).

