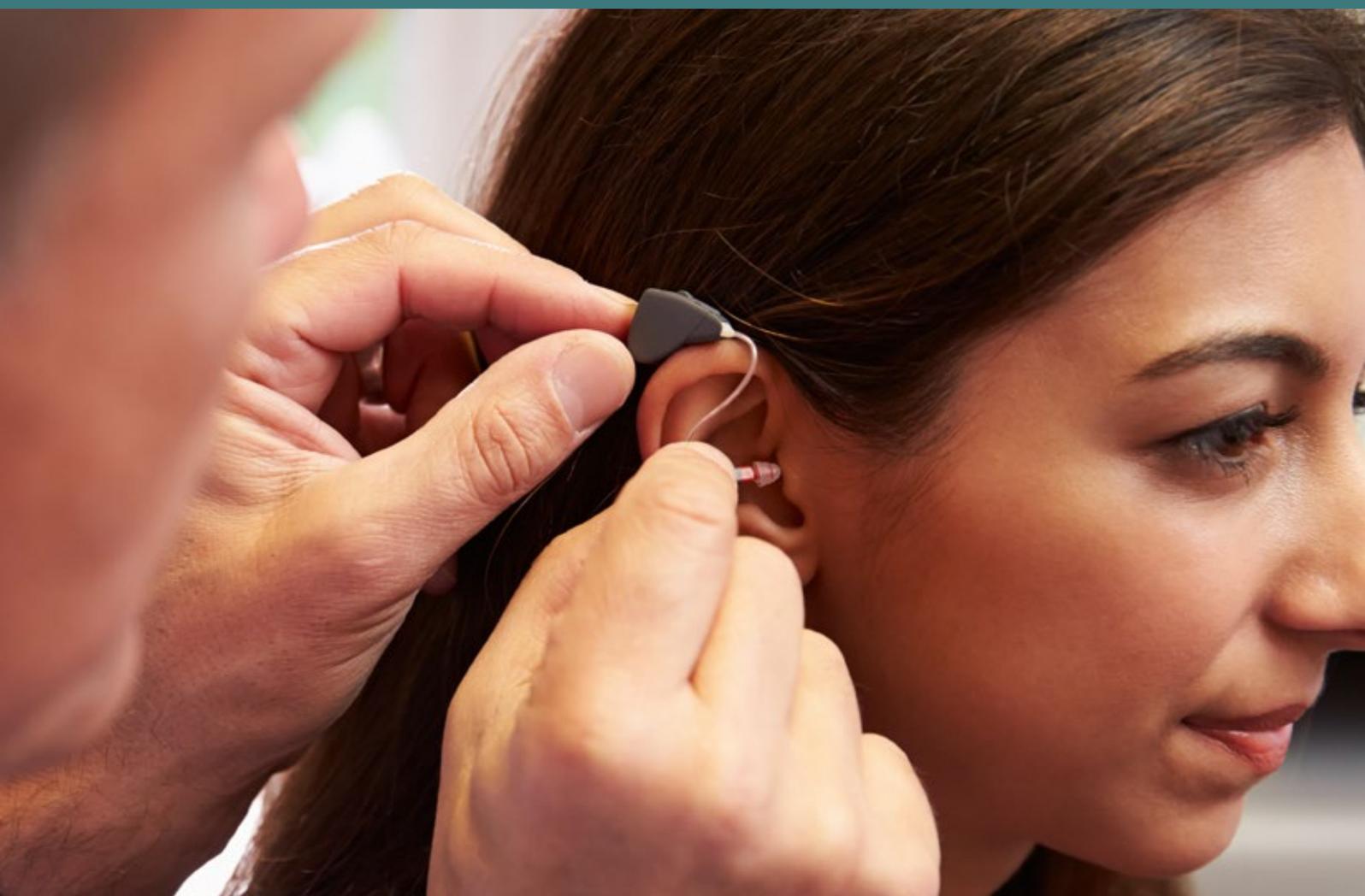


Quality of care reporting 2014–15



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Available at www.health.vic.gov.au/consumer/quality-of-care-reports (1505025)

Introduction

In recent years there have been major developments in the way quality and safety is reported, monitored and understood in Victoria. These include:

- expanded quality and safety indicators in performance monitoring frameworks
- the introduction of the National Quality and Safety Health Service Standards
- the launch of the Victorian Healthcare Experience Survey
- national and Victorian work on health literacy.

Quality and safety policy development

The Department of Health & Human Services is currently developing a new healthcare equity and participation policy that will build on the foundational work of the *Doing it with us not for us*ⁱ policy and the *Cultural responsiveness framework: Guidelines for Victorian health services*.ⁱⁱ

Quality of care reporting will in future form an element of the new policy. Changes have been made to the 2014–15 guidelines with this transition in mind and in response to recent community and service feedback.

While the overall content requirements of the report have been reduced, new reporting items in clinical mental health services, community health services, the Victorian Healthcare Experience Survey and other consumer and staff experience feedback mechanisms have been introduced. As well as promoting accountability and transparency, quality of care reports are an excellent tool for engaging consumers and encouraging consumer participation in quality and safety matters. The guidelines this year emphasise the process of quality of care reporting and focus on how to best present the report to your community.

Health literacy

Through quality of care reports, services can provide information and improve interaction with their community. The aim is to meet diverse quality and safety health literacy needs by making the reports as accessible and easy to understand as possible, and in line with the following definition of health literacy:

Health literacy means people can obtain, understand and use the health information and services they need to make appropriate health decisions. Healthcare providers and the health system should provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy.ⁱⁱⁱ

A note on terminology

In Victoria, quality of care reports are prepared by public health services¹ and registered community health services. In these guidelines the term ‘service’ or ‘services’ is used to encompass both public health services and community health services.

¹ Health services are required to prepare reports that reflect all services, including ambulatory and community health.

The reports also play a role in the community's understanding of how the service functions. Increased understanding can equip consumers, carers and the community to participate more actively in their care and in service improvement such as by asking questions about medications, being vigilant regarding hand hygiene or moving more to reduce the risk of pressure ulcers.

Quality and safety requirements

In 2013 the quality and safety reporting landscape altered with the introduction of the Australian Health Services Safety and Quality Accreditation Scheme, including the National Safety and Quality Health Service Standards. These standards require health services to demonstrate performance across an increasingly comprehensive range of quality and safety criteria.

When preparing quality of care reports, services should keep in mind that quality and safety standards across the sector consistently require that services inform their community on the quality and safety of care and treatment provided.

Purpose of quality of care reports

The focus of quality of care reporting for 2014–15 is **communication** and **action**. These two considerations should be foremost when preparing the quality of care report.

communication	with consumers, carers and the health service community
action	what the service is doing to respond to quality and safety challenges and what it is achieving

Quality of care reporting is a key public accountability mechanism by which a service can:

- communicate its understanding of the quality and safety issues associated with its community's healthcare needs
- demonstrate action and achievements associated with meeting relevant quality and safety standards.

The report's primary audience consists of consumers (patients, residents and clients), carers and the health service community. The purpose of the report is to improve the audience's understanding of, and engagement with, the quality and safety systems, processes and outcomes provided by the service.

Keeping health literacy needs in mind, reports should describe the service's quality and safety systems, processes and outcomes. This should include a demonstration of what action the service is taking in these areas.

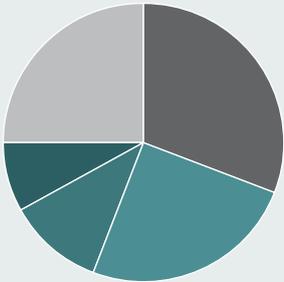
Presentation and distribution

The presentation of the report is important. It should:

- be understandable and accessible to consumers, carers and the community
- use clear formats and layouts
- be an appropriate length
- be interesting to read
- use consumer and staff stories, with their signed permission
- demonstrate the extent to which staff, consumers, carers and community groups were involved in developing the report, and in improving health services broadly
- demonstrate a mechanism for incorporating feedback
- show how the previous year's feedback has been used to improve current reporting.^{iv}

Feedback from the community and staff consistently indicates that reporting should incorporate case studies and consumer stories. By giving examples and including consumer stories,² services can demonstrate how a sample of standards, result areas and indicators were achieved or how they will be achieved. This approach should highlight how staff, board members and consumers are working together to improve and promote the services provided.

² Consumer permission must be obtained.



The presentation of qualitative information affects the accessibility and readability of that information, so too does the presentation of quantitative data. Quality of care reports may include performance data that is also presented elsewhere to state or federal regulators. In the context of a quality of care report, however, it is important to consider consumers, carers and the community and ensure a clear explanation of:

- what the data measures
- how to interpret the figures in the report
- how the service is using the data to improve care – that is, the **action** that has been taken.

Quality of care reports should use effective data presentation methods and continue to keep up to date with what is considered best practice in this discipline.³ A description of what the data measures should explain (where applicable) what is being measured, what it is being measured against and over what period of time. It should also clarify whether a high or low score represents a favourable result.

To help the **audience** interpret the data and make it easier to understand, it is important where possible to use comparative measures. This may be in the form of state or national benchmarks, targets or comparative data for similar sized services.⁴ The use of comparative measures helps to give broader meaning to a service's results by showing how it is performing against itself, local, statewide and national standards. It is also an opportunity for services to show how they are using comparative measures to direct service improvement

In partnership with the sector, the department will continue to develop and make publicly available suitable measures for use in future quality of care reports.

It is important that services report on evaluation outcomes from the previous year's report. The report should address feedback from consumers, carers and community members and highlight any key changes to the report's style, content and information.

Services must also report on the steps taken to ensure quality of care reports are readily available to the community for which they are written. For example, the report may be published on the service's website, available in waiting areas and advertised in the local newspaper or local government newsletters. Services are encouraged to consider alternative methods of reporting.

Services should also make their quality of care report available on their website and provide the URL to the Department of Health & Human Services. Links to all reports will be provided on the department's website.

3 Services are directed to consider the data presentation and reporting used by the MS (Multiple Sclerosis) Australia website, which presents Cochrane systematic review findings to people living with MS. When this website was being designed, research was conducted into which data visualisation methods users found most useful. One example of their findings demonstrates how readers prefer visual presentation of percentages; see <<http://www.makingsenseofmsresearch.org.au/treatmentsummaries/interferons-for-relapsing-remitting-ms/detailed-answer>>.

Also see *A guide to using data for health quality improvement*, Victorian Government Department of Human Services, 2008.

4 Public health services should refer to <performance.health.vic.gov.au/Home.aspx> for statewide performance targets and data; national performance data on healthcare-associated *Staphylococcus aureus* infections can be accessed at <www.myhospitals.gov.au>.

Presentation guide

A sample page is included at Appendix A to guide services in preparing their report. Use of this guide is **optional**, although the health literacy concepts should be adhered to by all services.

In the sample page, content is designed to:

engage	the reader by providing an image and/or text that is immediately relevant and easy to relate to for the community; this may be as brief as introducing a staff member or patient or may include a case study or consumer story
elaborate	by using an image showing relevant data with an accompanying explanation
explain	by including more involved data and explanation, and/or a detailed description of the procedure/measure/issue with further images as necessary.

The emphasis on each of these aspects may differ across the various parts of the report.

Reporting guidelines

As in previous years, the following quality and safety areas guide the quality of care reporting process:

- consumer, carer and community participation
- quality and safety
- continuity of care.

Health services should consult with consumers, carers and community members and/or their community advisory committee to determine specific content in relation to service type, community and geographic location. The purpose of the report – to improve consumer, carer and the community's understanding of, and engagement with, the quality and safety systems, processes and outcomes provided by the service – needs to guide this process.

Consumer, carer and community participation

Consumers, carers and community members include people living with a disability, people from diverse cultural and religious backgrounds, socioeconomic status and social circumstances, sexual orientations and health and illness conditions.

All services

Public health services and community health services must report on relevant participation indicators and priority actions in the *Doing it with us not for us: Strategic direction 2010–13* policy.^v

Public health services

Public health services should, where applicable, report on:

- key result areas 1 to 4 of the Improving Care for Aboriginal Patients (ICAP) program ^{vi}
- achievements around the six standards of the service's cultural responsiveness plan, as specified in the *Cultural responsiveness framework: Guidelines for Victorian health services*.^{vii}

Community health services

Community health services should report on one or more of their activities in response to the program's priority population groups as outlined in the *Community health integrated program guidelines: Directions for the community health program*.^{viii}

Quality and safety

All services

Consumer and staff experience

In anticipation of the new healthcare equity and participation policy and with the focus on **communication** and **action**, all services must include a section on how they have responded to their community through either a **feedback** or **complaints** mechanism. This section should demonstrate to the **audience** how the community can participate in quality and safety improvement at their service. The service will also be able to demonstrate what **action** it has taken to respond.

Services should also report on action taken in response to outcomes from Parts 5 and 6⁵ of their most recently completed People Matter Survey.

Registered community health services should (where applicable) describe how staff survey results are being used to improve the safety and quality of their programs and services.

Accreditation

All services must report on their accreditation status in relation to relevant standards accreditation, where applicable, and any action they have taken in 2014–15 to achieve accreditation status.

⁵ From the health sector-specific version of the People Matter Survey: Part 5 – question 31, parts a–h; Part 6 – question 33, parts a–e. Refer to <<http://vpssc.vic.gov.au/ethics-behaviours-culture/people-matter-survey/information-for-survey-coordinators/>>.

Public health services

Public health services must include information about **action** they have taken in response to an outcome from the Victorian Health Experience Survey.

Further, public health services should consider their community's health literacy needs and interests and report on **two or more** of the following domains:

- preventing and controlling healthcare associated infections
- medication safety
- preventing falls and harm from falls
- preventing and managing pressure injuries
- safe and appropriate use of blood and blood products.^{ix}

Residential aged care services

Services that offer residential aged care services should report on the five public sector residential aged care quality indicator domains:

- pressure ulcers
- use of physical restraint
- multiple medication use
- falls and fractures
- unplanned weight loss.^x

Services may wish to include data here that compares their performance with that of other similar sized residential aged care services.⁶

Mental health services

Those health services that offer mental health services must also report on seclusion rates.^{7,xi}

Dental health services

Those services that offer dental health services should report on the clinical indicators for dental services.^{xii}

Community health services

Community health services should report on **one or more** of their quality improvement processes and activities to improve people's experience of and access to healthcare, as well as improving their health outcomes. This should include services reporting on use of indicators through the Victorian Community Health Indicators project.^{xiii}

Those community health services that offer dental health services should report also on infection control, cleaning and the relevant clinical indicators.

⁶ Quality indicators in public sector residential aged care services reports include comparative data for similar sized services.

⁷ As per *Statement of priorities* Part B performance indicator 'Mental health – Seclusion rate per occupied bed days'.
The statewide target for this indicator can be used for comparison.

Continuity of care

All services

An important aspect of continuity of care includes how services ensure that access and discharge or transfer practices meet the needs of consumers.

In this section, services have the opportunity to 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 continuity within an episode, transition between services or coordination of services around consumer needs, and should show how continuity of care initiatives work in practice.

Examples of continuity of care topics are the percentage of consumers with chronic and complex conditions with care plans and the transition questions from the Victorian Healthcare Experience Survey. Where these measures are either unavailable or not applicable, services should consider reporting on existing indicators from a continuity of care perspective.

Services must report on **action** taken to improve continuity of care regarding **one or more** of the following:

- older people ^{xiv}
- acute patients ^{xv}
- vulnerable children and families ^{xvi}
- rural consumers travelling for care ^{xvii}
- cancer patients ^{xviii}
- people with chronic and complex conditions
- Aboriginal people.

Services should consult their community about what treatment pathways and outcomes for common conditions are of interest.

Public health services

Public health services⁸ should report on their progress towards an organisational policy for providing safe, high-quality end-of-life care. ^{9, xix}

⁸ With the exception of The Royal Victorian Eye and Ear Hospital and Dental Health Services Victoria

⁹ As set out in Part A of the *Statement of priorities*

Publishing and submission timelines

As indicated in the 2014–15 *Victorian health policy and funding guidelines*, all Victorian health services are required to publish an annual quality of care report for the financial year 1 July 2014 to 30 June 2015. Services are encouraged to consider what reporting format is most appropriate for their community such as a report, a series of brochures, a newspaper insert or a calendar for the coming year.

A single copy of the report is to be submitted to the Department of Health & Human Services by Monday 30 November 2015 to:

Director
Sector Performance Quality and Rural Health
Department of Health & Human Services
50 Lonsdale Street
GPO Box 4541
Melbourne VIC 3001

Services may choose to combine their quality of care report with their annual report but in this event must observe the due dates for annual reporting.

The report is also to be made available on the health service's website. Please ensure that the relevant URL is provided to the Department of Health & Human Services.

If you have any queries regarding the guidelines and timelines, please contact:

Manager
Consumer Partnerships and Quality Standards
Sector Performance Quality and Rural Health
Phone: (03) 9096 6176
Email: brigid.clarke@dhhs.vic.gov.au

A copy of these guidelines, a list of resources and a content checklist can be downloaded from the Department of Health & Human Service's Human Service's Consumer, carer and communication website at www.health.vic.gov.au/consumer/quality-of-care-reports.

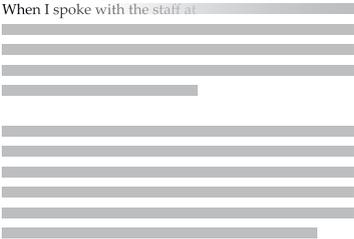
Appendix A

Visual guide

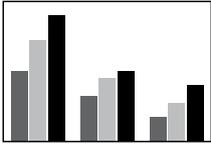
Quality and safety



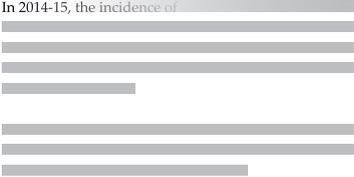
When I spoke with the staff at



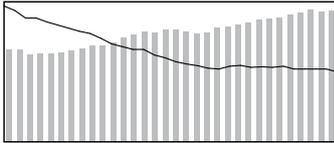
engage
Consumer or staff story



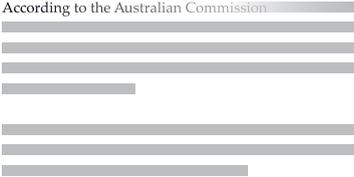
In 2014-15, the incidence of



elaborate
Simple graphic for relevant data



According to the Australian Commission



explain
More involved information and data

Endnotes

- i *Doing it with us not for us: Strategic direction 2010–13* policy at <www.health.vic.gov.au/consumer>
- ii *Cultural responsiveness framework: Guidelines for Victorian health services* at <www.health.vic.gov.au/cald>
- iii Hill S 2014, Report of the *Victorian 2014 Consultation on Health Literacy*, Centre for Health Communication and Participation, La Trobe University, Melbourne.
- iv Currie K, Spink J, Rajendran M 2000, *Well-written health information: a guide. Communicating with consumers series*. Victorian Government Department of Human Services, Melbourne, viewed 1 April 2011, <<http://www.health.vic.gov.au/consumer/downloads/dhs1074.pdf>>
- v *Doing it with us not for us: Strategic direction 2010–13* at <www.health.vic.gov.au/consumer>
- vi Improving Care for Aboriginal Patients (ICAP) at <www.health.vic.gov.au/aboriginalhealth>
- vii *Cultural responsiveness framework: Guidelines for Victorian health services* at <www.health.vic.gov.au/cald>
- viii See <www.health.vic.gov.au/pch/commhealth>
- ix Safe and appropriate use of blood and blood training products – BloodSafe eLearning Australia at <www.bloodsafelearning.org.au>
- x *Quality indicators in public sector residential aged care services* at <www.health.vic.gov.au/agedcare/publications/resourcemanual>
- xi *Providing a safe environment for all: framework for reducing restrictive interventions* at <<http://docs.health.vic.gov.au/docs/doc/Providing-a-safe-environment-for-all:-Framework-for-reducing-restrictive-interventions>>
- xii Refer to <www.health.vic.gov.au/pch/commhealth/key-projects>
- xiii Refer to <www.health.vic.gov.au/pch/commhealth/key-projects>
- xiv *Best care for older people everywhere – The toolkit* at <www.health.vic.gov.au/older/toolkit>
- xv *Continuity of care: A communication protocol for Victorian public maternity services and the Maternal Child Health Service* at <<http://www.education.vic.gov.au/about/research/pages/continuitycareprotocol.aspx>>
- xvi *Vulnerable babies, children and young people at risk of harm. Best practice framework for acute health services* at <www.health.vic.gov.au/childrenatrisk>
- xvii *A whole-of-journey approach: A resource kit for health services that care for rural consumers who travel for health care* at <www.health.vic.gov.au/consumer/rural-consumers.htm>
- xviii Refer to <www.health.vic.gov.au/cancer>
- xix *Advance care planning: have the conversation: A strategy for Victorian health services 2014–2018* at <www.health.vic.gov.au/acp/>

