REDHS QUALITY FRAMEWORK

**A framework for achieving
a Great Care experience
with every person, every time**

2023 - 2026

redhs

Developed by: REDHS Quality Unit and Care Review Committee in consultation with REDHS Clinical Governance Committee

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1. What is GREAT CARE at REDHS?

	CONSUMERS To have a GREAT CARE experience…	FRONT-LINE STAFF To provide a GREAT CARE experience…	MANAGERS and SENIOR CLINICIANS To lead GREAT CARE…	EXECUTIVE and BOARD To govern GREAT CARE…
PERSON-CENTRED	I am treated as a person and as a partner in care	I partner and communicate with consumers and their families and am sensitive to their needs and preferences	I partner with, and put consumers first, when making decisions	
EFFECTIVE	I receive help, treatment and information when I need it and in a coordinated way I receive care that makes me feel better	I am an active team player and look for ways to do things better I am competent in what I do and motivated to provide the best care and services possible	I look for ways to support staff to work efficiently and as part of a team I guide, engage and support staff to provide best clinical care	I oversee the development, implementation and ongoing improvement of organisation-wide systems and culture supporting the Great Care experience
SAFE	I feel safe	I keep consumers from harm	I promote a culture of safety	

2. Overview and Background

The Quality Framework (The Framework) describes REDHS' vision for safe, quality healthcare that results in a Great Care experience for every person, every time.

This Framework defines:

1. **Purpose** – defining Great Care that delivers a personalised, quality experience for persons accessing REDHS services through the setting of care goals that are person-centred, effective and safe.

2. **People** - identifying the roles, settings, timeliness and governance structures required to deliver Great Care with every person, every time.

3. **Support** – the quality systems and processes required to enable people to deliver and receive Great Care, both in person and/or via Telehealth.

It aligns with REDHS Clinical Governance Framework, Risk Management Framework, REDHS Staff Development and Education Policy and Corporate Governance systems that work together to provide the environment and resources to achieve Great Care. It links to, and is associated with, relevant policies, standards and legislative requirements including State and Commonwealth government performance requirements

Diagram 1 – Framework alignment

3. Review and Evaluation

The Great Care Experience will be monitored and reported as per the Responsibilities section of this document and the relevant Committee Terms of Reference.

Any identified issues will be addressed by the appropriate committee/s and progress on improvements reported accordingly.

This Framework will be reviewed every three years by reporting activity associated with

- Appendix 1 - Key action components for a Great Care Experience
- Appendix 2 – Quality Reporting Schedule
- Regular Reviews – See Section 11

4. Leading and implementing a strategic quality system

A Great Care experience can only be consistently provided within the complexity of a healthcare organisation through robust systems, effective guidelines and protocols, and the application of professional experience and judgement.

As REDHS uses a strategic quality system, the Clinical Governance Committee, with Board endorsement, will:

- establish the REDHS Care Goals as a business priority, and
- set clear expectations of senior and middle managers, team leaders and staff to align their services around achieving them for every person, every time.

The Care Goals will be used to frame report and discussions about the way that the Great Care experience is provided, and to guide decision-making for individual consumers as well as the organisation as a whole.

Compliance requirements for external bodies including, but not limited to, accreditation, mandatory reporting and the minimisation of restrictive practices and antibiotic usage, will be incorporated as governance and systems drivers to assist in achieving the goals.

Each manager, whether clinical or non-clinical, will:

- fulfil their specific role in supporting the achievement of a Great Care experience for every person;
- implement the organisation-wide strategies for achieving Quality Healthcare in their department as relevant, and
- develop their own local strategies for achieving a Great Care experience.

5. Great Care Responsibilities

The pursuit of Great Care is monitored and guided by key quality governance committees who report to the Board of Directors as per REDHS Committee Structure.

Safety and Quality-related committees actively support, guide and monitor the implementation of REDHS Quality Framework by:

- ➢ steering their specific components/s of the plan,
- ➢ translating it for managers, team leaders and staff;
- ➢ supporting implementation and monitoring progress.

The Clinical Governance and ***Corporate Governance Committees*** support the Board to:

- oversee the progress made in line with the parts of the Framework applicable to them; and
- promote a culture that actively pursues Great Care; and
- ensure robust governance, planning, support and measurement systems are in place to drive and track Great Care.

The Care Review Committee and Consumer and Community Advisory Committee actively support, guide and monitor compliance with the Framework across the organisation by:

- recommending and taking proactive and responsive actions to achieve a Great Care experience,
- identifying improvement activities, allocating responsibility for oversight of these activities and monitoring progress against improvement actions

Quality Unit – to provide each Committee with clear, consistent data and information to help them to monitor performance and the degree to which the Care Goals (Diagram 2) are being achieved. This includes:

- the detection, understanding and reporting of practice variation;
- helping with implementing change and measuring, tracking;
- reporting goal progress; and,
- ensuring that appropriate quality systems (see Diagram 4) are in place and evaluated for effectiveness.

6.   Purpose

REDHS aims to provide a person-centred, quality experience with every person, every time.

REDHS Quality Framework identifies three care goals. Achieving these goals will create a Great Care experience.

Diagram 2 – Care Goals
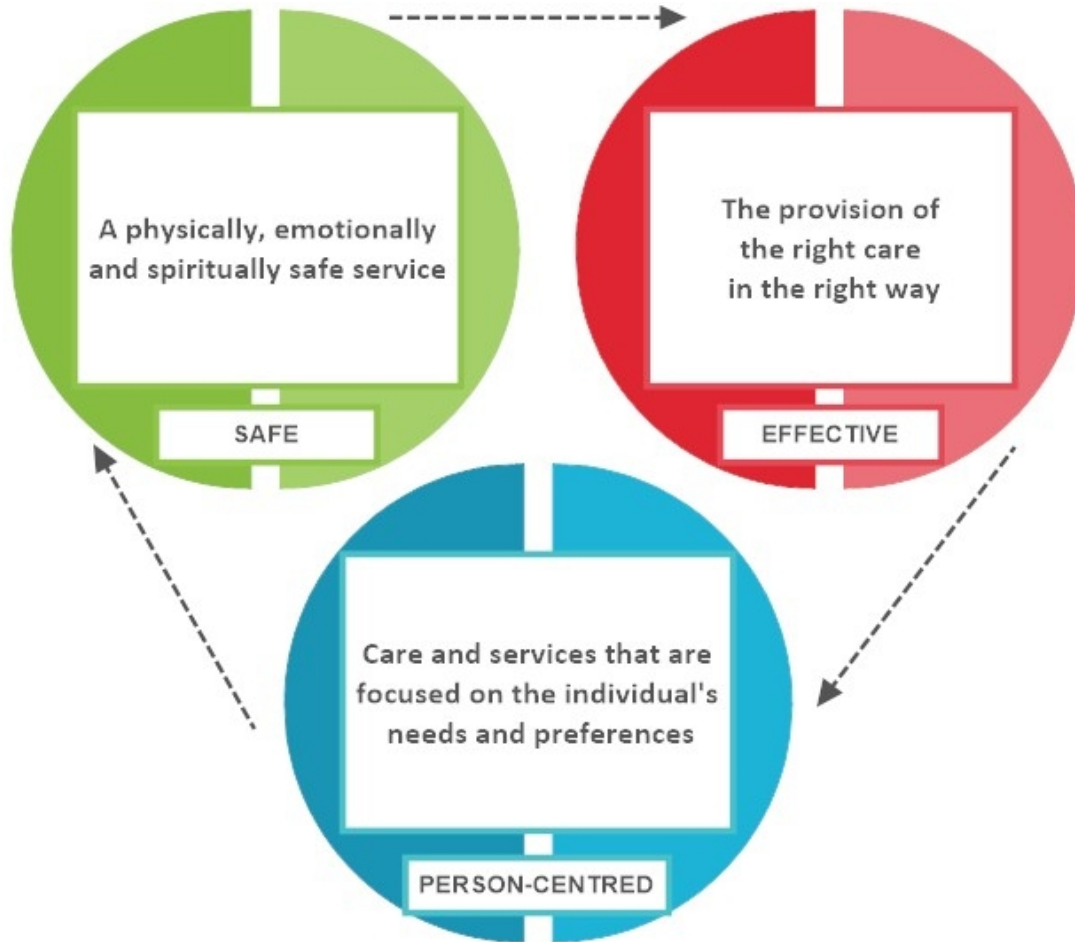
Note: The Care Goals align with Safer Care Victoria's Clinical Governance Framework.

The actions required to achieve these goals, and the measures needed to track performance against targets, are set out in Appendix 1.

7.   People

REDHS Great Care goals are a priority for **everyone** associated with REDHS.

Great Care can be delivered when skilled, qualified and engaged people are supported by quality systems. REDHS Board, Executive, Managers, Staff and Volunteers will be supported, and held accountable, for creating REDHS Quality Healthcare: a quality experience that meets the three care goals.

REDHS services and departments will be supported to implement organisation-wide strategies to achieve the care goals, to develop local ideas and improvements for people in their care.

The REDHS Board of Directors and Executive will support achievement of the goals by implementing and strengthening governance and systems, working in partnership with the people receiving care, managers and staff, seeking input and advice from the community and external experts, and leading and monitoring progress.

Diagram 3 – People, Place and Time
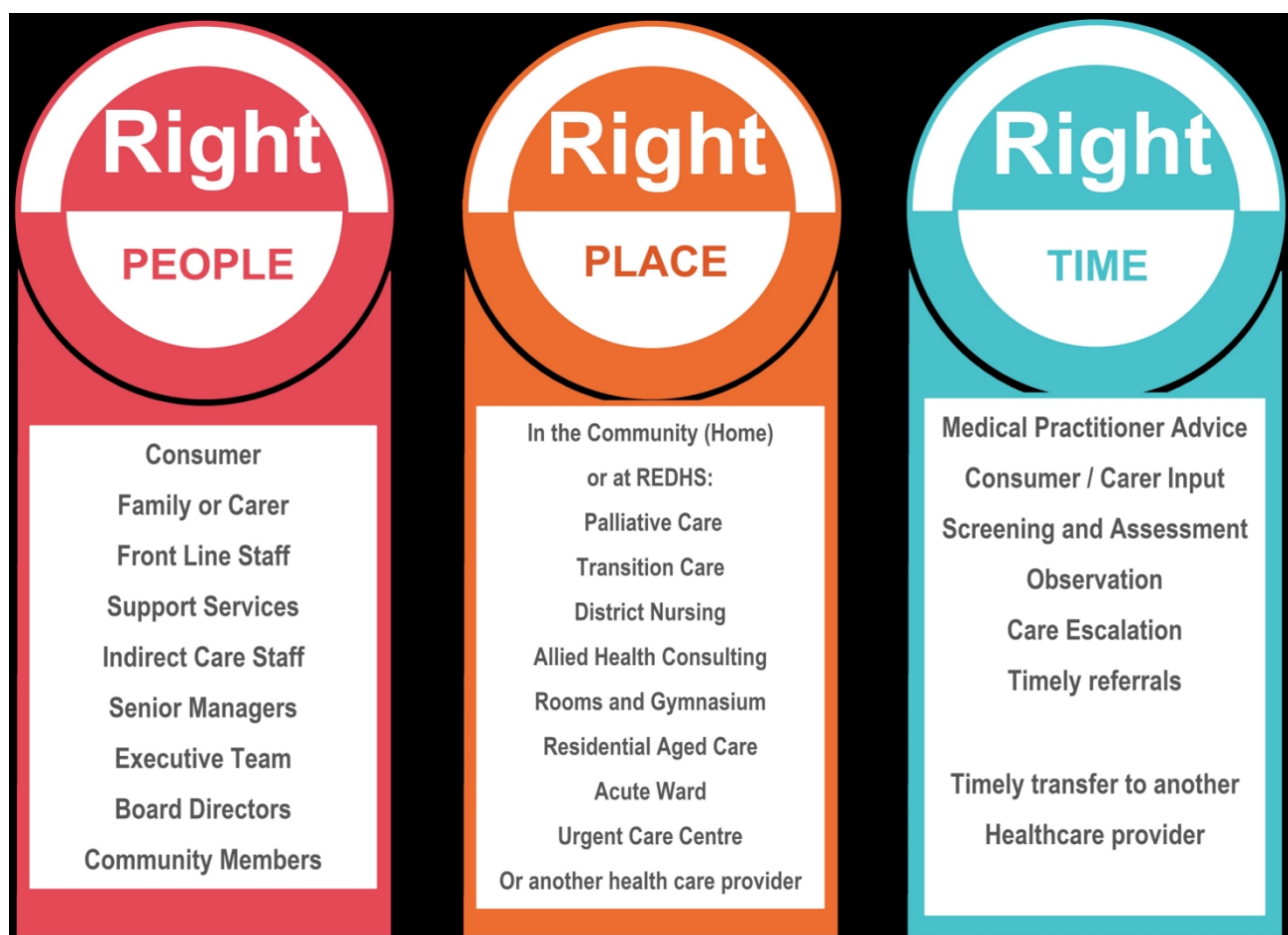
8. Responsibilities

Everyone associated with REDHS has a role in providing Great Care:

Point of care and service staff
- Work with their peers, the person receiving care, their representatives/ carers/ advocates and managers to apply the REDHS quality framework principles and strategies to achieve the Great Care goals in alignment with care recipient goals, wishes and informed consent
- Apply skills and experience to provide Great Care for every person.
- Apply Speak Up for Safety Program as applicable
- Practise open disclosure and statutory Duty of Candour when things go wrong
- Identify clinical deterioration and escalate care in the appropriate time-frame with senior clinical staff, Visiting Medical Officers or Telehealth options such as My Emergency Doctor

Indirect care and service managers and staff
- Understand and enact their role in supporting direct care delivery managers and staff to achieve the Great Care goals.
- Apply Speak Up for Safety Program as applicable
- Practise open disclosure and statutory Duty of Candour when things go wrong

Person and family/carer
- Engage in decision making about their care, either directly or with an advocate
- Speak up for their safety
- Discuss information about their condition and context to support safe, quality care including Dignity of Risk
- Comply with agreed care and treatment by giving informed consent, noting that refusal of care can be given at any time as per capacity and/or
- Contribute to service improvement through input and feedback

Executive and senior managers
- Monitor the person's experience at point of care and seek to understand it in depth
- Define, resource, implement and lead the Great Care goals through robust governance and systems supports, and Quality Improvement processes as outlined in this document
- Set clear expectations for the individual and staff roles, and hold managers to account for their service and the enabling of those roles
- Model Great Care behaviour
- Practise open disclosure and statutory Duty of Candour when things go wrong
- Meet external expectations and compliance requirements, and align these with the Great Care goals

Board of Directors
- Make a consistent, person-centred, quality experience across REDHS a strategic and business priority
- Develop the direction, monitor achievement, and hold the Executive accountable for systematic progress with achieving Great Care for every person in REDHS' care.
- Commit to the support of the Loddon Mallee Health Network Support, as requested, smaller health agencies

Quality Systems Manager
- Provide innovation, improvement and risk management infrastructure, measurement, reporting, coordination and technical support for line managers to pursue Great Care
- Support board directors and executive to govern and lead Great Care through the provision of contemporary information and innovations and the reporting of quality initiatives, performance indicators/ variances and associated reports
- Advise on meeting compliance requirements and best practice quality systems, improvement and change tools.

Victorian and Commonwealth Governments
- Government entities are able to give advice and support around delivery of care. These entities include Safer Care Victoria, DH PSRACS Performance and Operations, DH Health Performance Service - Loddon Mallee, Aged Care Quality and Safety Commission and the Australian Commission for Safety and Quality in Healthcare.

Visiting Medical Officers
- Provide high quality services to care recipients and be available to support and collaborate with care staff as per contractual requirements
- Support quality improvement initiatives to enhance Great Care

Contractors
- Provide high quality services in line with REDHS contractual requirements

9.   Support

REDHS Great Care can only be consistently provided within the complexity of a healthcare organisation through robust systems, effective guidelines and protocols, and their application in conjunction with professional experience and judgement.

Great Care is created by skilled, qualified, engaged and accountable people, supported by quality systems consisting of the six components in Diagram 4 below. The components complement and interact with each other to support REDHS Board of Directors, Executive, Managers, Staff, Visiting Medical Officers and Volunteers to create an environment that enables the person-centred, effective and safe care goals of Great Care to be achieved.

Diagram 4 – Quality System Components

Policies, procedures and/or guidelines are in place to guide the management of REDHS quality systems, outline responsibilities and to monitor their effectiveness and measure and report performance.

System	Associated policies / procedures / guidelines
Continuous Improvement	Clinical Governance Framework, Continuous Improvement Policy and Procedure that includes the **P**lan, **D**o, **S**ee, **A**ct (PDSA) Improvement Cycle
External Standards (Mandatory)	National Safety and Quality Health Service Standards Aged Care Quality Standards NDIS Practice Standards
Incident Management	Incident Reporting Policy, Medication Error Management Policy SIRS – Serious Incident Response Management Policy Open Disclosure Policy including Statutory Duty of Candour
Consumer and Staff Feedback	Stakeholder Engagement Strategy Terms of Reference – Consumer Advisory Committee Consumer Feedback Policy Complaints Management Guidelines Staff and Consumer Pulse Surveys (MOA system)
Policies and procedures	Hyperlinked throughout this document. See also PROMPT
Legislation Management	Compliance Management Framework As per Law Compliance reports, self-assessments and training brochures,

10.   Performance Monitoring and Reporting

In order to be person-centred, safe and effective, REDHS must be driven by information.

The Clinical Governance Committee will consider the following

1. Are our governance systems effective in driving our Great Care goals, managing our risks and meeting compliance requirements?
2. Are we supporting our persons, staff and partners to create consistent, quality care and services, and to minimise risk at point of care?

See also REDHS Clinical Governance Framework.

Essential elements for informing Great Care design and delivery decisions and driving quality improvement are:

- Information from consumers regarding their experiences
- The collection of:
    - relevant safety and quality data through incident monitoring, audits, consumer and staff feedback and benchmarked where available;,
    - the subsequent analysis and reporting at governance committees; and
    - allocation and progression of resulting actions / recommendations using the PDSA improvement process to plan improvements, develop and monitor actions and assess effectiveness.

11. Regular Reviews

Regular reviews will be undertaken, and reports received, at governance committee meetings to confirm that the Care Goals are being achieved.

Clinical and non-clinical governance committees will consider the following:	Information and Data Sources
1. What are the risks and how are they being managed?	Hot spot scanning and risk register issues status; incident/ near miss reporting, review and analysis; clinical review panel recommendations and clinical audit results; complaints, care recipient and staff feedback. This will provide data for reports and Indicators associated with the three Great Care goals and the five domains of the clinical governance framework and guide the identification of improvement opportunities.
2. Are we doing the right things to get the desired results?	Benchmarking with high achievers; M&M, audit (including MOA system) and direct observation of Quality Healthcare practice, evidence and guideline use; care plan implementation; care variance; implementation of recommendations as per the Quality Improvement Policy; staff and care recipient feedback; incidents, complaints; training evaluation
3. Is the data telling us that we are achieving the goals for every person, every time?	Outcomes monitoring for high risk/cost/activity conditions; external comparative data; audits of care effectiveness; benchmarking, lessons from clinical audit, Morbidity & Mortality and other clinical review processes; results of improvement and innovation initiatives; feedback from care recipient and staff; incidents
4. What are we doing well (our strengths) and how do we communicate this to all departments to promote Best Practice and consistency?	Scanning and spotting consistently high performing services within each goal; report benchmarking results and quality reports to staff (electronically, face to face and/or noticeboard/ screen saver displays) to assist with learning and spreading the lessons

12. Quality Reporting

REDHS has both internal and external quality reporting obligations to enable effective clinical and non-clinical governance.

- Operational Improvements will be managed in accordance with REDHS Continuous Quality Improvement Policy
- Improvements will be reported to, and evaluated by the Care Review Committee or Corporate Quality and Risk Committee, then
- Reported to the Clinical Governance Committee or Corporate Governance Committee respectively; then
- Reported to the Board of Directors as per REDHS Committee Structure.

See Appendix 2 for the required reporting and associated responsibilities.

13. Annual Reviews – Indicators and Care Goals

The Care Review Committee will review the associated performance indicators at least annually to confirm their ongoing relevance to the current environment and seek endorsement for any changes from the Clinical Governance Committee.

The Clinical Governance Committee, in collaboration with the Care Review Committee, will review the Care Goals on an annual basis to confirm their effectiveness in supporting the provision of Great Care.

14. Associated Documents:

- Board Governance Framework
- Clinical Governance Framework
- Continuous Improvement Policy
- Staff Development and Education Policy
- Clinical Review Panel
- Incident Reporting Policy
- Serious Incident Response Policy
- Stakeholder Engagement Strategy
- Consumer Feedback Policy
- Complaints Management Guidelines
- Compliance Management Framework
- PROMPT Document Management Policy
- **Terms of Reference:**
  - Credentialing and Scope of Practice Committee
  - Clinical Governance Committee
  - Corporate Governance Committee
  - Occupational Health, Safety and Wellbeing Committee
  - Care Review Committee
  - Aged Care Clinical Governance Team
  - Medication Advisory Committee
  - Infection Control Committee
  - Consumer Advisory Committee
  - Aged Care Residents' Committee

15. References

- Safer Care Victoria Clinical Governance Framework
- Aged Care Quality Standard 8 – Organisational Governance
- National Safety and Quality Health Service Standards
- NDIS Practice Standards

16. Appendix 1 - Key action components for a Great Care Experience

GOAL 1 - Person-centred (Our care and services are focused on individual needs and preferences)
• Staff at point of service delivery are respectful, caring and supportive
• People and families are engaged as partners in care, with options and choices provided at each stage of the care pathway with consideration to personal goals and preferences
• When undertaking risk assessments, this will include consideration of Dignity of Risk and minimisation of restrictive practices
• Individual queries and needs are heard and a response provided
• Informed consent is supported by clear information
• Persons and their families are supported to escalate care as required
• Care and services are culturally appropriate
• A clean and comfortable environment is provided, with basic care needs met and in line with Quality of Care Principles 2014 and amendments

GOAL 2 - Effective (We seamlessly provide the right care in the right way)
• REDHS services are as easily accessible as possible and treatment delays are minimised
• Appropriate staff skills and experience mix to deliver the care
• Care is planned and implemented to deliver the best possible outcomes
• Care is planned with people and their families, so they know what to expect at each stage of their care pathway and the intended outcomes
• Coordination of services to promote shared understanding between health professionals and people receiving care
• An individual's health information is effectively captured and shared between health professionals to promote safe, quality care; appropriately made available to relevant external service providers to support everyone being on the same page about the care pathway, and to provide appropriate, ongoing, personalised support as required
• Care and services are based on available evidence, knowledge and research, and provided by credentialed and competent staff
• The right tests are performed with the right equipment, supporting accurate diagnosis and appropriate treatment decisions
• The right treatment is provided, including right side and right site
• Unjustified variation in practice is minimised, but clinical judgement related to meeting an individual's needs is supported

GOAL 3 - Safe (We provide a physically and emotionally safe service)

Optimise care for each person in accordance with current Best Practice guidelines in relation to:
    • Speaking Up For Safety program
    • Medication
        o Adhere to the "Seven Rights of Medication Administration"
        o Assessments undertaken for self-administration of medications
    • Blood and Blood Products management
    • Infection Prevention and Control
        o Follow current Best Practice Guidelines
    • Communicating for Safety
        o Ensuring that the right person is provided with the right information at the right time
    • Falls Prevention and Management
        o Follow current Best Practice Guidelines including screening, assessment and management and the implementation of prevention or harm minimisation strategies
    • Pressure Injury and Wound Prevention and Management
    • Recognition of clinical deterioration and timely escalation
    • The setting in which care is delivered
    • Nutrition and Hydration
    • Reporting incidents and near misses as per the Incident Reporting policy
    • Practice Open Disclosure and Statutory Duty of Candour

17. Appendix 2 – Quality Reporting Schedule and Responsibilities

COMMITTEE / ENTITY	REPORT	FREQUENCY	RESPONSIBILITY	SOURCE
Department of Health (Vic)	AIMS data	Monthly	Quality Unit Aged Care Manager Acute Services Manager	REDHS Activity data Aged Care Quality Indicators
Department of Health (Vic)	Annual Report of Operations	Annually	Executive / Exec Support/ Quality Systems Manager	Clinical Indicators / Activity data / Quality Improvements
Department of Health (Vic)	Statement of Priorities	Annually	CEO/Board Chair	Six monthly report to Board and annual to DHHS
Board of Directors	Quality Report	Monthly	Quality Systems Manager	Clinical Indicators / Quality Improvements / Audit results/ Incident reports / Consumer Feedback
Board of Directors	Quality Systems Reviews Reports	Periodically	Quality Systems Manager	Quality System components
Clinical Governance Committee	Quality Report Clinical Risk Register	Bi-monthly	Quality Systems Manager Director of Clinical Services	Clinical Risk Register Clinical Indicators / Quality Improvements / Audit results/ Incident reports / Consumer Feedback / Allied Health Indicators (PROMS)
Corporate Governance Committee	OHS Incidents and Hazards Strategic/Corporate Clinical Risk Register Legislative Compliance Reports	Quarterly	Manager People and Culture CEO/ Quality Systems Manager	VHIMS - Incident Management System Corporate Risk Register Legislative compliance reviews
Care Review Committee	Quality Report including Incident Reports / Consumer Feedback	Bi-monthly	Quality Systems Manager	Clinical Indicators / Quality Improvements / Audit results/ Incident reports (VHIMS) / Consumer Feedback
Medication Advisory Committee	Medication Incidents including ISR, trend reports / antimicrobial stewardship monthly and trended reports	Quarterly	Quality Systems Manager / Infection Control Practitioner	VHIMS / Audits / Quality Reports
Infection Control Committee	Infection Reports / antimicrobial stewardship monthly and trended reports	Bi-monthly	Infection Control Practitioner IC reps / Quality Systems Manager	Department reps/ MANAD/ VHIMS/ Audits / Quality Reports
Clinical Review Panel	Mortality and Clinical Case Reviews	Periodically	Director of Medical Services Clinical Managers Quality Systems Manager	MANAD / Patient Medical Records / Incident Reports
Aged Care Clinical Governance Team	All care components for residential aged care including High Impact/High Prevalence Risks (HIHP) such as Pressure Injuries, Wounds, Falls, Complex Care	Fortnightly	Quality Systems Manager / SDIO /Aged Care Manager	MANAD / VHIMS
Occupational Health, Safety and Well-being Committee	OHSW Incidents and Hazards	Bi-monthly	Manager People and Culture	VHIMS