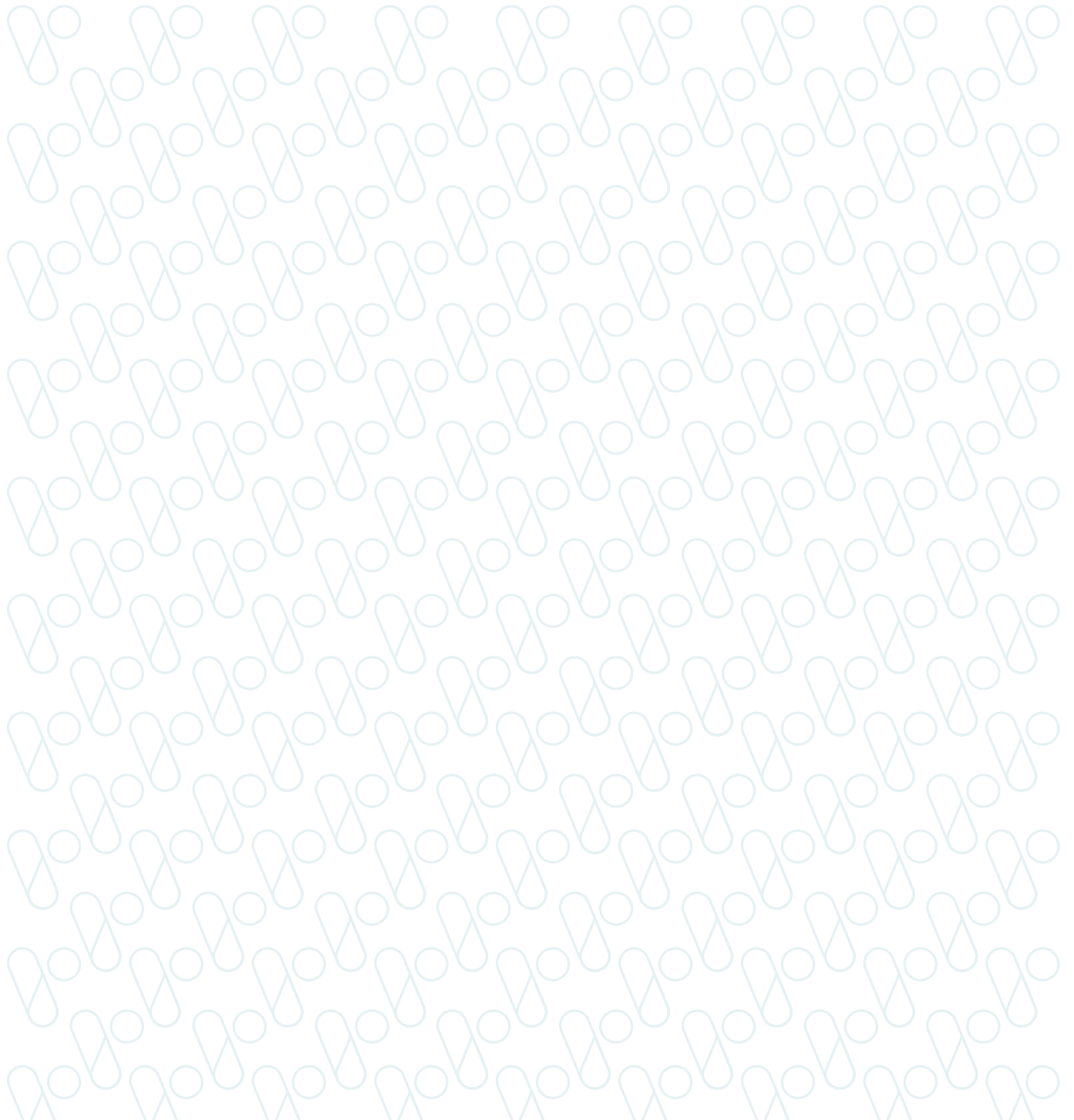

Victorian quality account

Reporting guidelines for registered
community 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

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About these guidelines

This document is to help registered community 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.

Please email your report to partnership.primary@dhhs.vic.gov.au and include the weblink for your published report.

More information

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Strengthening Victoria's community health services

In 2019–20 the Department of Health and Human Services (the department) will continue to implement its action plan in response to the Victorian Auditor-General's Office audit of the Community Health Program.¹

Key actions include:

- improving the collection and use of community health data
- reviewing and updating the demand management framework for the program
- reviewing the unit price and developing a more contemporary funding model
- enhancing performance frameworks to have a greater focus on quality and safety and client outcomes.

A Community Health Taskforce was established in August 2018 with the purpose of advising the Victorian government on opportunities to strengthen community health services. As part of its consideration of future strategic directions for community health, the taskforce has undertaken broad sector consultation. The taskforce will inform the implementation of several actions in response to the audit.

In 2019–20 the action plan will continue to support community health services in their role as providers of integrated health and social care services that are flexible, locally responsive and person centred.

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.²

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.

Presenting data

You might want 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.

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.

Of course, you can report more broadly if you want to. For example, statewide plans and statutory requirements,³ clinical indicators for dental services,⁴ or end of life care.⁵

1 Consumer, carer and community participation

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

1.1 Registered community health services must report on actions arising from the Community Health Services Victorian Healthcare Experience Survey (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 have not received a VHES report in 2018–19 should provide information about the action they have taken to improve patient experience.

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

1.3 Services must report on the provision of accredited interpreters to patients who require one as specified in the Language services policy.⁶

1.4 Services with a disability action plan in place should provide a summary of achievements focusing on reducing barriers, promoting inclusion and changing attitudes and practices.⁷

Services without a formal disability action plan should provide information on how they are improving the quality of care and employment opportunities for people with disability.

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.

2 Quality and safety

Quality and safety – consumer and staff experience

2.1 Registered community 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.

2.2 Services must (where applicable) describe how staff survey results are being used to improve the safety and quality of their programs and services. Services must also provide a case study about action prompted by responses to questions about patient safety and workplace culture. Where possible, this case study should address action taken to improve physical and psychological safety for staff.

2.3 Services should detail actions taken to improve quality and monitoring systems in response to an incident that resulted (or may have resulted) in serious client or staff harm. Where appropriate, and where confidentiality will not be compromised, services may include a case study.

Quality and safety – accreditation

2.4 Services must report on their accreditation status in relation to all relevant accreditation standards⁸ in the context of the requirement of full accreditation.⁹ 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 – quality improvement

2.5 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 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 outcome.

3 Comprehensive care

Comprehensive care – continuity

3.1 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 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 must report on actions taken to improve the service experience for a particular community health priority population.¹⁰

Endnotes

¹Victorian Auditor-General's Office 2018, *Community Health Report*, Victorian Auditor-General's Office, Melbourne. Available at www.audit.vic.gov.au/report/community-health-program.

²Currie K, Spink J and Rajendran M 2000, *Well-written health information: a guide. Communicating with consumers series*, Department of Human Services, Melbourne. Available at www2.health.vic.gov.au/about/publications/researchandreports/Communicating-with-Consumers-Series-Volume-1-WellWritten-Health-Information-Guide--July-2000.

³

- 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.)
- family violence (See *Ending Family Violence: Victoria's plan for change* at www.vic.gov.au/familyviolence.html.)

- Child Safe Standards (See 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.)
- 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/.
 - *Delivering for Diversity – DHHS Cultural Diversity Plan 2016–19* at 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.

⁴See Australian Council on Healthcare Standards *Oral Health: clinical indicator user manual version 3* at www.achs.org.au/programs-services/clinical-indicator-program/.

⁵See www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework.

⁶See dhhs.vic.gov.au/publications/language-services-policy-and-guidelines.

⁷Guidance on developing disability action plans can be found at providers.dhhs.vic.gov.au/disability-action-plans.

⁸ See accreditation and the National Safety and Quality Health Service Standards at www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/.

⁹ Department of Health and Human Services 2018, *Policy and Funding Guidelines 2018–19*, Department of Health and Human Services Victoria, Melbourne.

¹⁰ See Community Health Integrated Program guidelines at www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/chip-guidelines.

