Quality of care reports
Guidelines and minimum reporting requirements for 2010–11
As part of the 2010–11 Policy and funding guidelines, all Victorian health services are required to publish an annual quality of care report for the financial year 1 July 2010 to 30 June 2011. These reports are to be submitted to the Department of Health by 26 October 2011 to:

Ms Alison McMillan
Director
Quality, Safety & Patient Experience Branch
Department of Health
50 Lonsdale Street
GPO Box 4541
Melbourne Vic 3001

All reports will be assessed against the minimum reporting guidelines.

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

Cath Harmer
Manager, Policy and Strategy
Quality, Safety & Patient Experience Branch
phone: (03) 9096 6176
email: catherine.harmer@health.vic.gov.au

The quality of care report should describe the quality and safety systems, processes and outcomes of the health service. The primary audience includes consumers (patients), carers and the health service community. Health services may also target other audiences, such as health service staff and other key stakeholders.

Health services should consult with consumers, carers and community members and/or their community advisory committee about the specific content of their annual quality of care report.
Presentation and distribution

The presentation of the report is important. It should:

• be understandable and accessible to a lay audience
• use clear formats and layouts
• be an appropriate length
• be interesting to read
• demonstrate the extent to which clinicians, 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.¹

All performance data published in an annual quality of care report should have a commentary, which is clear to a lay reader. It should explain:

• what the data measures
• how to interpret the figures in the report
• how the health service uses the data to improve care.

Where statutory immunity provisions apply, information will not be available for public scrutiny. In these cases the health service must demonstrate that it has clear accountable management and clinical systems to review this information and respond appropriately where performance is unsatisfactory.

Health services must 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, the local newspaper or in local government newsletters.

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

Minimum reporting requirements

The following minimum reporting requirements should guide the reporting process. These guidelines should be reviewed by the health service, together with their community, to determine the most appropriate measures to report on in relation to their service type, their community and their geographic location. The purpose of the report, which is to describe the quality and safety systems, processes and outcomes of the health 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 experiences, socioeconomic status and social circumstances, sexual orientations and health and illness conditions.

Minimum reporting areas for 2010-11 in consumer, carer and community participation include for:

• all health services the participation indicators and priority actions in the Doing it with us not for us: Strategic direction 2010-13 policy found at http://www.health.vic.gov.au/consumer/
• public health services the key result areas 1 to 4 of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program as specified in the guidelines at http://www.health.vic.gov.au/aboriginalhealth/
• public health services reporting on the progress towards achieving the six standards of a health service’s cultural responsiveness plan, as specified in the Cultural responsiveness framework: Guidelines for Victorian health services at http://www.health.vic.gov.au/cald/
• registered community health services the partnerships with Aboriginal communities and organisations; responses to chronic and complex conditions; and initiatives around refugee health.

The focus for all health services should remain on how quality systems and measures are used to improve quality and safety. Services may also choose to discuss changes implemented as a result of consumer surveys and other consumer, carer and community engagement work.

Quality and safety

1. Using the principles of quality and safety in healthcare, public health services should identify at least four key measures to report on annually. These should include:

- preventing and controlling healthcare associated infections
- medication safety
- preventing falls and harm from falls
- preventing and managing pressure injuries
- clinical indicators for dental services
- safe use of blood and blood products.

As a minimum registered community health services should report on infection control and cleaning and clinical indicators for dental services, where these services are provided.

2. A report of the health service’s review of their local clinical governance policy against the Victorian clinical governance policy framework is required in the annual quality of care report. An organisational readiness checklist, guidebook and toolkit are provided to assist health services in meeting this requirement and can be found at: http://www.health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm.

3. Accreditation status across all service areas.

4. Reports should also refer to quality improvement and applied research projects and describe how the findings from research will be applied to improve ongoing service delivery.

Continuity of care

The report should show how all health services respond to the needs of consumers, their families or carers and the community across the continuum of care. Examples of responses to the growth in the number of people with Ambulatory Care Sensitive Conditions, including through partnerships with other providers are expected. Health services should provide examples or stories that show how these initiatives work in practice. This may include:

- preventative
- acute
- rehabilitation
- residential care flows and linkages
- clinical networks
- Aboriginal Community Controlled Health Organisations
- primary
- rural consumers travelling for care
- sub-acute
- integrated cancer services
- vulnerable children and families
- human and community services

Other areas of interest for the community include how health services ensure access and discharge or transfer practices meet the needs of consumers. Common examples of indicators in this area are:

- the percentage of general practitioners notified of emergency admissions within 24 hours
- if general practitioners receive discharge summaries within one week
- percentage of consumers with chronic and complex conditions with care plans

Consumers are also interested in health promotion activities. Registered, and all other health services, are encouraged to include progress in this area in their quality of care report. Resources are located at: http://www.health.vic.gov.au/communityhealth/health_promotion.htm

---

Helpful resources

The Department of Health will provide a summary of the assessment panel’s comments to highlight the strengths and challenges of the quality of care reports submitted for 2009–10.

This information will be on the department’s consumer website, at: http://www.health.vic.gov.au/consumer, in the Quality Care Reporting Awards newsletter, Issue 7, Vol 1, 2011. This site will also have links to the winning services for the 2009–10 Quality of Care Reporting Awards after their announcement in mid 2010.

Useful documents

3. Primary and community health clinical governance and credentialling resources at: http://www.vha.org.au/ (also includes: Community participation in community health quality of care reporting)
10. The Centre for Cultural Diversity in Ageing has resources for encouraging and enabling participation of culturally diverse older people at:http://www.culturaldiversity.com.au/
13. Quality use of medicines (QUM) program has a range of resources including high risk medicines initiatives and tools to measure medication safety systems accessible at: http://www.health.vic.gov.au/qum/index.htm

Consumer reporting—relevant websites

http://www.safetyandquality.org/index.cfm?page=Publications#consrmnews
http://www.health.state.ny.us/nysdoh/healthinfo/index.htm
http://www.health.state.ny.us/nysdoh/heart/heart_disease.htm
http://www.mhsip.org/about.html
http://www.ahrq.gov