ST VINCENT'S HEALTH AUSTRALIA GROUP POLICY

Policy Title:	SVHA CLINICAL QUALITY AND SAFETY POLICY
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Approved by:	SVHA Board
Approved date:	5th December 2019

All SVHA policies and guidelines must comply with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, the Ethical Framework for Mary Aikenhead Ministries and the SVHA Ethics Policy.

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OVERVIEW

A. Policy Statement:

St Vincent's Health Australia (SVHA) has a Vision to lead through excellence in healthcare, research and service of the poor and vulnerable impelled by the healing ministry of Jesus. This Vision requires an effective clinical governance strategy to deliver person centred and high quality health care to its patients, residents, clients and their families and carers.

This Policy is designed to ensure that SVHA has the systems and processes in place to deliver care and services as outlined in the Australian Commission for Safety and Quality in Health Care (ACSQHC) Framework and supports the National Safety and Quality Health Service Standards (NSQHSS) and the National Aged Care Quality Standards. This policy aims to ensure all the workforce at all levels are aware of such systems and what their obligations are in safeguarding high standards of care focused on continuous quality improvement.

For the purpose of this policy for use across our Public, Private and Aged Care sectors, a patient / resident or client will be referred to as a Consumer.

A consumer is defined as a person who has used, or may potentially use, health services, or is a carer or family member for a patient using health services. In Aged Care a Consumer means a person to whom an organisation provides or is to provide care and includes reference to a representative of the consumer, so far as the provision is capable of applying to a representative of the consumer.

B. Risk Statement:

The Clinical Quality and Safety Policy provides overarching performance and reporting framework for SVHA to ensure the safety and quality of services provided across our public, private and aged care facilities is Consumer centred, safe, effective and delivered to the highest standard.

The Board Clinical Governance and Experience Committee is responsible for monitoring and oversight of risks related to clinical governance, patient experience, clinical and service care provision and quality improvement and ensuring appropriate systems and processes are in place to effectively managed these risks.

C. Related Policies/Procedures/Guidelines:

- Australian Commission on Safety and Quality in Health Care (2017), National Model Clinical Governance Framework
- Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework
- SVHA Clinical Credentialing and Scope of Practice Policy (June 2017)
- SVHA Group Model By-Laws (August 2019)
- SVHA Risk Management Policy (June 2018)

D. Guidelines:

The following guidelines have been developed to support this policy:
- Incident Management
- Critical Incidents
- Investigations
- Insurance Claims
- Open Disclosure

- Mortality and Morbidity meetings

E. Legal and Compliance:

Legal and compliance requirements for Commonwealth, Queensland, New South Wales and Victoria have been addressed within the policy, including compliance with the NSQHSS for accreditation

F. Relevant References:

- National Safety and Quality Health Service Standards 2nd Edition, Australian Commission on Safety and Quality in Health Care 2017
- National Model Clinical Governance Framework, Australian Commission on Safety and Quality in Health Care 2018
- Guidance and resources for Providers to support the Aged Care Quality Standards; Aged Care Quality and Safety Commission 2019
- Australian Open Disclosure Framework; Australian Commission on Safety and Quality in Health Care 2013

BACKGROUND

Clinical governance occurs at all levels of an organisation. Every person is involved in the review and improvement of processes for the delivery of care from the SVHA Board and Group Chief Executive Officer to our Divisional and Facility CEO's, management teams and the workforce. High quality health care cannot be facilitated unless there are robust systems in place to enable oversight of the complex health system our Consumers and Workforce find themselves in.

Clinical governance is an integrated component of corporate governance and accountability. Therefore, this places a responsibility on the Board through the Group Chief Executive and Executive Leadership Team (ELT) to have effective mechanisms for monitoring and managing the quality of the clinical services provided by SVHA. This is achieved through the alignment of structures and processes designed to ensure that Consumers, Workforce and those who govern our services have the ability to fulfil their roles and responsibilities.

This policy mandates that the workforce across SVHA are aware of their roles and responsibilities with respect to continually improving Consumer safety and clinical quality of services and safeguarding high standards of care, ensuring they are Consumer focussed, safe and effective. The policy brings together a number of interrelated systems to describe clinical governance. Implementation of this policy is to be monitored by all health service organisations across SVHA to ensure ongoing compliance.

RATIONALE

This policy sets out the SVHA clinical governance domains to summarise systems and processes that are required for effective clinical governance. The implementation of these systems will allow clinical excellence to be continually described, measured, understood, improved and assured. The components of the policy are as follows:

1. Governance leadership and culture
2. Patient safety and quality improvement systems
3. Clinical performance and effectiveness
4. Partnering with Consumers
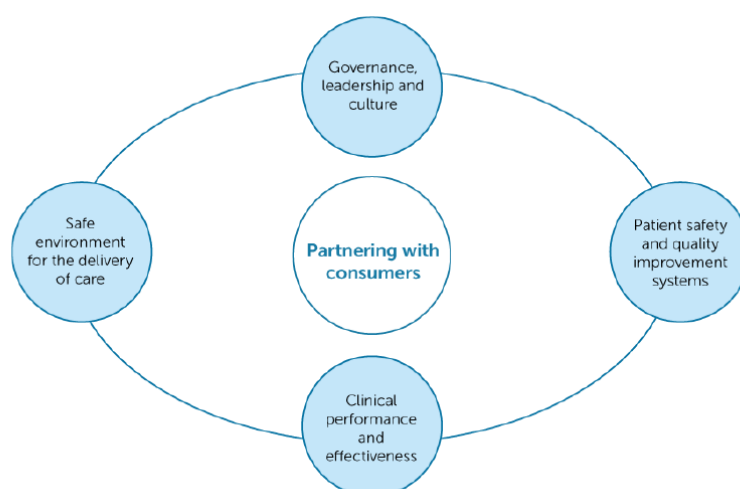5. Safe environment for the delivery of care.

Figure 1: ACSQHC National Model Clinical Governance Framework

POLICY PRINCIPLES

Effective clinical governance is achieved when a network of systems are well integrated and understood by the Workforce at all levels of the organisation. The following principles provide a basis for the SVHA approach to the delivery of a safe and high quality service. According to these principles, all divisions, services, facilities and the Workforce must:

1. **Respect the Mission, Vision and Values of SVHA**
   The mission of SVHA is to bring God's love to those in need through the healing ministry of Jesus, including those who are poor and vulnerable.

2. **Partner with Consumers to deliver the safest care**
   Consumers need to be actively engaged at all levels of health care. At its core, Consumer engagement is about the free flow of information to and from the Consumer.   A key strategic goal of SVHA is to ensure all our Consumers feel "Welcomed, Valued and Safe". Across SVHA we understand and respect the unique needs and preferences of each Consumer and provide care that meets those needs.

3. **Ensure leaders establish and sustain a safety culture**
   Improving safety requires a culture that enables and prioritises safety. Being honest with Consumers will help them to trust us; it is very important to be open and transparent about healthcare errors. When errors occur Consumers must be informed in a timely manner, including processes and next steps to understand how and why the error occurred and what is being done to reduce the risk of it happening again.

4. **Address safety across the entire care continuum**
   Consumers deserve safe care in and across every setting. SVHA is committed to ensuring that the right care is provided to the right patient / resident / client at the right time, in the right location and is based on the best available evidence whilst ensuring the care is aligned with the expressed goals of care and healthcare needs of our Consumers.

5. **Foster good communication**
   Maintaining systems and processes to support effective communication with Consumers to support continuous, coordinated and safe care for Consumers across SVHA.

6. **Support a systems approach and commitment to continuous improvement**
   Effective clinical governance and continuous improvement requires good systems and processes to ensure timely and effective actions to address system vulnerabilities. When incidents do occur they must be investigated in a thorough and timely manner and actions taken to prevent recurrence. A culture of continuous improvement is creative and innovative, and receptive to opportunities to improve the delivery of health care. It is supported by various improvement methods and tools to support the Workforce to identify problems, implement changes and regularly evaluate what is working well and what needs improving.

7. **Ensure the Workforce are appropriately skilled, qualified and supported to do their job**
   Safe and effective healthcare is further promoted by ensuring the workforce is appropriately skilled and qualified to perform their duties, supported by the latest evidence. A "just culture" is a term that refers to a culture that is both fair to the Workforce who make errors and effective in reducing safety risks. In a 'just culture' the Workforce know that safety is valued in the organisation and they continually look for risks that pose a threat to safety and act upon them in a timely manner to minimise recurrence.

GOVERNANCE, LEADERSHIP AND CULTURE

At its foundation, clinical governance requires strong strategic and cultural leadership. SVHA will maintain robust leadership structures and performance management systems that enable goals to be cascaded through all levels of the organisation for effective execution of its strategy.

1. Organisational Leadership

1.1 Integrated Organisational Governance

Corporate governance encompasses the establishment of systems by which organisations formulate strategy, set policy, delegate responsibility and ensure appropriate risk management and accountability[1]. Clinical governance is an integrated component of corporate governance within SVHA. Figure 2 outlines SVHA's corporate governance structure.
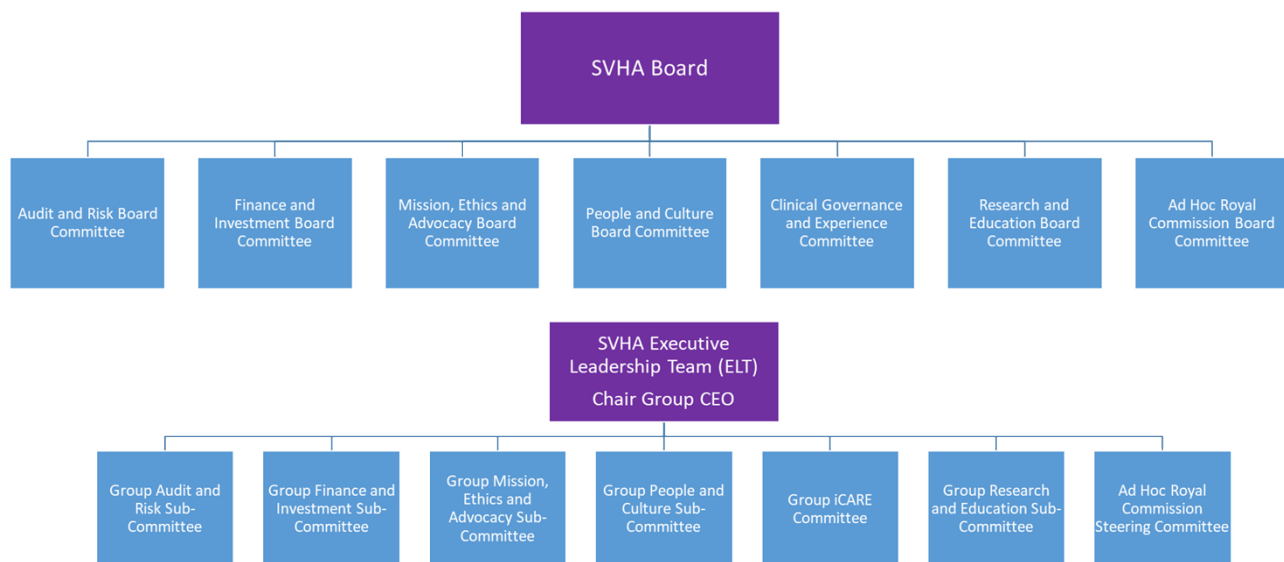
Figure 2: SVHA Corporate Governance 2019

Achieving clinical excellence requires well established, predictable risk-aware systems. SVHA has a variety of activities and systems that necessarily intersect to identify and manage variation and clinical risk. These systems help to ensure SVHA identifies its objectives and determines the processes and resources required to achieve desired outcomes.

This policy requires that facilities across SVHA ensure:

- Clinical governance activities are integrated with other governance domains including risk, finance and legislative compliance programs.
- A culture of safety and quality improvement is fostered which is inclusive of all corporate and clinical functions. All business decision-making within SVHA considers the safety and quality of healthcare for our Consumers.
- All facilities set out priorities and strategic directions for safe and high-quality clinical care, and ensure that these are communicated effectively to the workforce and community.
- Organisational committees are in place to oversee the effectiveness of clinical governance systems, structures and processes, to ensure the organisation is improving the care of Consumers.
- Policies, procedures and protocols are reviewed and maintained and align where required with all national and jurisdictional legislation and policy.
- All facilities maintain systems and processes to ensure ongoing compliance with accreditation standards, including, but not limited to:

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[1] Edwards M, Clough R. Corporate governance and performance: an exploration of the connection in public sector context. Canberra: University of Canberra; 2005. (Issues Series Paper No. 1.)

- o   Australian Commission on Quality and Safety in Healthcare (ACSQHC) National Safety and Quality Health Service (NSQHS) Standards
  - o   National Aged Care Quality Standards
  - o   Community Common Care Standards
- All the Workforce are informed of their responsibilities and accountabilities for the quality and safety of clinical care provided within each organisation and use the processes within the clinical governance framework to drive improvements in quality and safety.
- The procurement of goods and services and management of safety alerts and recalls is guided by quality and safety principles, and that issues arising from equipment errors and practices are used to inform the procurement process and SVHA Group Procurement Policy.

1.2   Performance Framework

The Performance Framework describes the way in which SVHA health services are measured, monitored and managed. Performance monitoring allows the Board to understand the level at which the organisation is meeting its policy, planning and operational objectives. It allows the Board to consider resource allocation to ensure appropriate outcomes are being met. Governance arrangements and practices are needed to meet compliance requirements whilst supporting the continual improvement in performance.

The Performance Framework ensures many aspects of performance will be regularly reported to the Board (through the Board Clinical Governance and Experience Committee) and relevant organisational stakeholders in keeping with the roles and responsibilities for effective clinical governance.

The principles adopted from the National Health Service in the United Kingdom that underpin the performance framework for SVHA are[2]:
- Clarity about the purpose of each measure on the SVHA 'scorecard'.
- Identifying when change is an improvement.
- Measuring what is important.
- Using the same measure for the same purpose across all organisations.
- Making data collection easy, using existing data where possible.
- Working in partnership with analysts, patients, improvers and clinicians.

PATIENT SAFETY AND QUALITY IMPROVEMENT SYSTEMS

2. Patient Safety Systems

2.1   Delivery of safe, high-quality clinical care

SVHA is committed to ensure systems and process are in place to protect our Consumers from harm and to improve the quality of health service provision.

All SVHA public and private facilities must ensure systems and process are in place to:

2.1.1. Prevent and control healthcare associated infections including systems and strategies to:
- prevent infections
- keep the organisation clean and manage infections effectively when they occur
- limit the development of antibiotic resistance through antimicrobial stewardship
- comply with best practice for the reprocessing and handling of reusable medical devices.

2.1.2.   Reduce occurrence of medication incidents through implementation of systems and processes to:
- Promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administration and monitoring the effects of medicines

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[2] The NHS Patient Safety Strategy; Safer culture, safer systems, safer patients. July 2019

- Record medication history and other relevant information relating to allergies and drug reactions
- Regularly review medications and ensure patient information is provided to ensure continuity of care, particularly related to handover of care.

2.1.3. Support delivery of comprehensive care through implementation of:
- Integrated screening and assessment processes to develop goal-directed care plans in consultation with patients, including end of life care
- Implementation of targeted strategies to prevent and manage harm with specific focus on:
    - Pressure injuries
    - Falls
    - Nutrition
    - Cognitive impairment
    - Unpredictable behaviours
    - Restrictive practices
    - Mental Health.

2.1.4. Maintain systems and processes to support effective communication through:
- Ensuring patients receive the care intended for them through correct identification and procedure matching
- Ensuring structured clinical handover is used to effectively communicate about the health care of patients
- Establishing mechanisms to effectively communicate critical information and risks when they emerge or change
- Documenting essential information in the healthcare record to ensure patient safety.

2.1.5. Ensure safe, appropriate, efficient and effective use of patients' own blood and other blood products through:
- Ensuring prescribing and use of blood and blood products is appropriate
- Implementing and maintaining strategies are in place to reduce risks associated with transfusion.

2.1.6. Identify and manage acute deterioration through implementation of systems and processes to:
- Detect and respond to acute clinical and mental deterioration, including appropriate escalation of care
- Respond to acute deterioration in a timely manner.

All Aged Care Facilities must ensure systems and process are in place to:

2.1.7. Ensure each resident is treated with dignity and respect through systems and processes that:
- Create a culture of inclusion and respect for each resident
- Support residents to exercise choice and independence
- Respect privacy.

2.1.8. Provide ongoing assessment and planning ensuring:
- Initial and ongoing assessments focus on optimising health and well-being in accordance with the resident's needs, goals and preferences.

2.1.9. Deliver personal and or clinical care that is safe and right for each resident through:
- Tailoring both clinical and or personal care in accordance with each resident's needs, goals and preferences to optimise health and well-being

2.1.10. Ensure services and supports provided enable residents to do things they want to through:
- Providing safe and effective serves and supports for daily living that optimise resident's independence, health, well-being and quality of life.

2.1.11. Ensure each resident feels safe and comfortable through:
- Providing a safe environment that promotes resident's independence, function and enjoyment.

2.1.12. Encourage feedback and complaints through:
- Seeking input and feedback from residents, their carers / families and the workforce to inform continuous improvement for individuals and the whole organisation.

2.2 Risk Management

SVHA's Risk Management Framework and Risk Management Policy seek to ensure that there is an effective process in place to manage risk across SVHA. Managers have a particular responsibility to evaluate their risk environment, to put in place appropriate controls and to monitor the effectiveness of those controls. All facilities and the workforce are expected to:

- Comply with the SVHA Risk Management Policy, including contributing to the Risk Management Framework, internal oversight and reporting structure as stipulated within the Risk Management Framework.
- Follow procedures to identify emerging material risks, mitigation strategies and controls to reduce the likelihood or consequence of the identified risks affecting day-to-day activities within their Division / Facilities. These include:
    - Monitoring – ongoing assessment of risks and controls;
    - Reviewing – of policies, processes and procedures; and
    - Reporting – from risk management and compliance functions, ELT, Facility Management and Committees to the Board.
- Recognise SVHA's risk appetite and operate within the relevant risk range. SVHA's lowest risk appetite relates to patient, resident and employee safety and compliance / regulatory objectives.

2.3 Incident Management

SVHA's Incident Management processes support the recognition, reporting, communication and review of all incidents. All incidents are reported and classified in in the electronic incident management system (Riskman) in accordance with the SVHA Risk Management Policy. The Serious Events Escalation Procedure is documented in Appendix 2: Escalation of Critical Incidents and Potential Media Issues.

All facilities are expected to:

- Ensure all incidents are reported and managed in a timely manner and comply with SVHA, jurisdictional and legislative requirements
- Assess each incident using a severity assessment rating
- Ensure data on sentinel events, adverse events and serious harm are escalated and reported to executive and reviewed at appropriate peak quality and safety committees
- Ensure issues associated with clinical trials, including temporary cessation or notification to Human Research Ethics Committees are reported and escalated in a timely manner
- Undertake Root Cause Analysis (RCA) and/or appropriate systems reviews on all serious adverse events within the required time-frame (according to local legislative requirements) and report outcomes to peak local quality and safety committees
- Provide reports of all RCA and system reviews to SVHA group clinical governance for system analysis and promulgation of lessons learned
- Monitor and document implementation of all recommendations from RCAs and other system reviews at the facility
- Be aware of human factors and ensure they are considered in all investigations and applied to identify risks and improve safety
- Regularly review and act to improve the effectiveness of the incident management and investigation systems
- Document details of the clinical incident, patient / resident management and patient / resident outcomes in the relevant clinical record.

2.4   Communicating for Safety

SVHA recognises communication (both documentation and verbal) as a key safety and quality priority. As such SVHA supports systems and processes for effective communication and its role in providing continuous, coordinated and safe patient care. SVHA systems must support the variable process that divisions, facilities and services must develop and describe and adapt these systems to their service context to ensure communication is flexible and appropriate for the nature of the organisation and consumers who use their service.

Divisions and facilities must:

- Implement policies and procedures to support effective clinical communication systems and processes
- Manage risk associated with clinical communication
- Ensure the workforce are trained in these communication systems and processes and are aware of their responsibility to communicate effectively for safety in both verbal and documented communication.
- Monitor effectiveness of clinical communication and associated processes
- Implement strategies to improve clinical communication and associated processes(both verbal and documented)
- Report on the effectiveness and outcomes of clinical communication processes.

2.5   Feedback and Complaints Management

All SVHA facilities are expected to ensure that a complaints management system is in place and complaint information is used to improve Consumers experience. Facilities are expected to:

- Encourage and support Consumers, and the Workforce to provide feedback and report complaints
- Involve the workforce and consumers in the review of complaints
- Ensure all complaints are reviewed and actioned at the local level, including providing timely feedback to Consumers and the Workforce and escalated according to SVHA, jurisdictional and national requirements including the analysis and actions arising from reviews
- Record the risks identified from the analysis of complaints as directed by the Risk Management Policy
- Regularly review and act to improve the effectiveness of the complaint management process.

2.6   Open Disclosure

SVHA endorses the Australian Open Disclosure Framework published by the Australian Commission on Safety and Quality in Healthcare[3]. This framework recognises that open disclosure is:

- A Consumer right
- A core professional requirement and institutional obligation
- A normal part of an episode of care should the unexpected occur, and a critical element of clinical communications
- An attribute of high quality health service organisations and important part of healthcare quality improvement.

The essential components of Open Disclosure include:
- Apologising to the patient and/or their support person(s), including the words "I am sorry" or "we are sorry", involving relevant members of management and the multidisciplinary team as required
- Acknowledging the incident and the impact on the Consumer
- Listening to and responding to the Consumer's experience

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[3] Australian Commission on Safety and Quality in Health Care (2017), Australian Open Disclosure Framework, ACSQHC, Sydney.

- Discussing the potential consequences of the incident
- Providing an opportunity for the patient and/or their support person(s) to ask questions and to have those questions answered
- Explaining the steps being taken to manage the incident and prevent recurrence
- Providing support for the Consumer and the Workforce involved, to manage the physical and psychological consequences of what happened.

All SVHA facilities must have local systems and process that:

- Comply with local jurisdictional incident management policies and procedures
- Comply with the essential components of Open Disclosure
- Communicate with all Consumers who are inadvertently harmed in an open and honest manner and in accordance with local jurisdictional open disclosure policies and procedures
- Provide high level and general open disclosure training to support healthcare providers in the open disclosure process and monitor its effectiveness
- Utilise complaints and other feedback for improvement to service delivery.

2.7   Medico-Legal Matters

Medico-legal claims arise from allegations of negligence or breach of duty of care by health-care practitioners during the delivery of health services. All medico-legal claims associated with clinical incidents and / or complaints should be managed in compliance with relevant safety management processes. Further, facilities are expected to:

- Ensure that private hospitals, aged care facilities and community health services notify clinical adverse events and public liability matters to SVHA in accordance with local jurisdictional requirements and the SVHA insurance policy requirements outlined in Appendix 2.
- Ensure that public health facilities notify clinical adverse events and public liability matters to SVHA and that they are managed in accordance with local jurisdictional requirements.
- Ensure that the SVHA Clinical Governance team and Divisional Executive are briefed and updated regularly on all claims with a reserve of > $25K in the private and aged care divisions and $50K in the public division
- Ensure that the proposed settlement of insurance claims where SVHA is the defendant does not set an undesirable precedent or create reputational risk.
- Ensure that approval to settle insurance claims is in accordance with item E23 and E24 of the SVHA Delegations manual and obtained prior to any mediation or negotiation.

3. Quality Improvement Systems

3.1   Reporting and use of Data for Quality Improvement

Collecting and analysing data is the foundation of advancing improvement and is central to the function of quality improvement. It helps clarify goals, establish a shared sense of purpose and provides assurance to the Board that SVHA is heading in the right direction.

Using quality data enables SVHA to accurately identify those areas performing in the top percentiles and those with opportunities for improvement. This information is then used to prioritise quality improvement initiatives and enable objective assessment of whether change and improvement have indeed occurred. Collecting and analysing data are therefore central to the function of clinical governance and quality improvement in any health service. SVHA promotes the use of quality data to facilitate clinical improvements. All facilities are expected to:

- Design health record systems that:
    o Comply with security and privacy regulations as per relevant Jurisdictional policies and My Health Record
    o Support systematic audit of clinical information
    o Integrate multiple information systems, where they are used

- - Support the use of national patient and provider identifiers and standard national terminologies
- Collect and analyse safety and quality data at all levels of the organisation and monitor changes in performance over time
- Ensure systems and processes are in place to maximise data integrity where information / data are collected and reported for multiple purposes
- Ensure data collection is compliant with jurisdictional and national requirements
- Ensure data at the facility, division and group level is available, presented regularly at peak committees and actioned using continuous improvement methods to address issues identified at all levels of the organisation
- Participate in benchmarking programs internally and externally
- Participate in appropriate national clinical registries including but not limited to cancer, cardiothoracic, joint replacement and ANZICS according to service provision
- Ensure data from Workforce surveys (engagement, experience and culture) are used to identify strengths and areas for improvement, evaluate the impact of patient safety initiatives and interventions and to examine trends and improvement over time.
- Ensure that consumers are involved in the analysis of safety and quality data
- Identify information on the diversity of consumers at higher risk of harm and incorporate this into the planning and delivery of care.

3.2 Clinical Audit

SVHA is committed to using clinical audit as a tool in strategic management as part of the broader quality improvement program. It is expected that audit programs align with SVHA's wider governance and assurance mechanisms that will inform and enhance the process of improving clinical services.

All facilities must ensure:

- Participation in SVHA Internal Audits as required and outlined in the SVHA Internal Audit Policy
- Chart audit/review programs are in place and, where necessary, strategies for improving practice are implemented
- Clinical records are periodically audited to assess core adverse events rate, and where necessary, strategies for improving practice are implemented
- Systems and processes are in place to monitor and review data from external agencies, including but not limited to state / jurisdictional reports, Health Round Table, Australian Council on Healthcare Standards (ACHS) Clinical Indicators etc.
- Morbidity and mortality reviews are undertaken in line with SVHA model By-Laws and involve all clinicians involved in Consumer care
- Links with local clinical governance structures to ensure recommendations from mortality and morbidity meetings are used for improvement.
- The capacity and capability of the Workforce to undertake improvement projects is enhanced through supported education programs.

3.3 SVHA Clinical Assurance and Reliability Program

The SVHA Clinical Assurance and Reliability Program (SCARP) is a mechanism for evaluating and improving the quality and reliability of patient care through clinician designed and led assessments conducted across facilities in key areas identified in a Board endorsed annual plan. SCARP builds on the existing SVHA Clinical Quality and Safety system and processes to provide an additional line of risk management and assurance to the Board. The SCARP framework and mechanism is documented within the SVHA Clinical Assurance and Reliability Program (SCARP) Policy. All facilities and the Workforce are expected to:

- Comply with the requirements of the SCARP Policy
- Engage in SCARP Assessments activities as required within the SCARP Policy
- Ensure links with local clinical governance structures to ensure recommendations from SCARP assessments are used for improvement.

4. Evidence-based care

4.1 Evidenced guideline and variation of clinical practice

All facilities and the Workforce are expected to:

- Use agreed evidence based guidelines in the delivery of care
- Monitor and action variation against evidence based guidelines using SVHA's quality improvement systems. This includes:
  - Monitor variation of practice against expected outcomes
  - Provide feedback to clinicians on variation in practice and health outcomes
  - Use information on unwarranted clinical variation to inform improvements in safety and quality systems
  - Record the risks identified from unwarranted clinical variation in the risk management system
    - Implement where applicable In Acute Care Facilities ACSQHC clinical standards including but not limited to, Colonoscopy, Antimicrobial Stewardship, Delirium, Stroke and Acute Coronary Syndrome and Venous Thromboembolism
- Engage in benchmarking health and aged care service delivery to inform and prioritise improvement activities
- Review and update models of care consistent with best practice

4.2 Ethical Research

All facilities and the Workforce are expected to:

- Maintain clear policies and procedures with regard to the conduct of research approval process
- Ensure all research is undertaken according to NHMRC statements and jurisdictional legislation associated with ethics approval processes
- Ensure low risk quality improvement activities are processed through research approval systems according to jurisdictional requirements, including the Catholic Health Australia Code of Ethical standards.

Ensure that, where appropriate, research findings are translated into clinical practice in line with guidelines for the safe introduction of new interventions and procedures (SVHA Credentialing and Defining Scope of Practice Policy V 1.3) and reported annually to the SVHA Board Quality and Safety Committee.

CLINICIAN PERFORMANCE AND EFFECTIVENESS

5. Managing clinician performance

SVHA is committed to ensuring the development of a suitability qualified and experienced Workforce who will contribute to the Mission and Values of the organisation and ensure the quality and safety of the care we provide. This is a continuous cyclical process of collaborative communication between leaders and the workforce to set and clarify expectations, monitor and review performance, as well as identifying and developing capabilities.

6. Role Management

All facilities must ensure that:

- Processes are in place to ensure that recruited Workforce have the appropriate knowledge, competence, skills, qualifications and professional registration as required

- The workforce is provided with the training and support to understand and perform their roles and responsibilities related to safety and quality
- There are appropriately skilled and experienced staff to support and oversee team members in the delivery of safe and reliable care
- Appropriate and regular performance reviews of clinicians are undertaken
- Procedures are in place to manage a complaint or concern about a clinician in accordance with jurisdictional requirements and SVHA By-Laws.

6.1 Credentialing and Scope of Practice

SVHA maintains a set of independent systems to accredit and monitor the scope of practice of its clinicians which is described in the SVHA Model By-Laws and Scope of Clinical Practice Policy.

All facilities must ensure that:

- Medical appointment processes are consistent with the SVHA model By-Laws
- All other clinical appointments adhere to the SVHA Credentialing and Scope of Clinical Practice Policy V 1.3
- That the scope of clinical practice of clinicians are reviewed periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered
- Clinicians' practices are monitored to ensure that they are operating within their designated scope of clinical practice
- Performance reviews are considered as part of any re-accreditation process as outlined in the SVHA Credentialing and Scope of Clinical Practice Policy.

6.2 Safety and quality training

Appropriate induction, orientation and continuous learning and development of the Workforce is critical to maintain quality and safety within the organisation. All facilities and the Workforce are expected to:

- Ensure that person centred care, safety and quality are included at orientation and induction and in continuing education programs for the Workforce
- Ensure that education on diversity, cultural awareness and competency meet the needs of consumers of diverse backgrounds
- Identify needs for training and development in safety and quality and incorporate this information into the training system of the facility
- Implement and monitor mandatory training processes to meet standards to achieve high quality and safe care.

PARTNERING WITH CONSUMERS

7. Person Centred Care

Consumers need to be actively engaged at all levels of health care. At its core this engagement relates to free flow of information to and from our Consumers, with care provided in an environment where Consumers are always treated with respect, and their personal dignity is honoured.

At SVHA person centred care means:

- Providing care that is easy for Consumers to obtain when they need it
- Making sure that the workforce respect and respond to Consumer choices, needs and values
- Providing clear and timely information to Consumers to enable them to fully participate in decision-making around their care to the degree that they wish

- Forming partnerships between Consumers and healthcare providers in the planning, delivery and improvement of health services.

To achieve person centred care, all SVHA facilities and the Workforce are expected to comply with the requirements below:

7.1 Quality processes and improvement systems

- Implement policies and procedures for partnering with consumers
- Monitor, report and improve on procedures for partnering with consumers
- Ensure there are formal systems in place to collect information from patients / residents / clients their family and carers about their experiences, e.g. surveys, newsletters, consumer forums, etc
- Ensure the first item of the agenda at peak management committee meetings is a patient / resident / client experience story
- Participate in SVHA Consumer experience surveys and local jurisdictional surveys as directed
- Ensure that patient / resident / client experience data is tabled, reviewed and actioned to address emerging issues and trends
- Examine and act on trends and issues identified in complaints and feedback
- Regularly review actions at the peak quality and safety committee in each health service organisation.

7.2 Partnerships in healthcare governance

SVHA facilities are expected to involve consumers in healthcare governance processes, including:
- Providing orientation, support and education to consumers who are partners in the governance process
- Ensure consumer roles in committees and advisory groups are in place
- Ensure consumer partnerships reflect the diversity of consumers for which SVHA serves
- Involve consumers in redesign of care processes or improvement activities
- Involve consumers in development of new programs and healthcare facilities
- Involve consumers in the development and review for consumer information to ensure that:
    - Information meets the needs of Consumers
    - Information provided is easy to understand and use
    - Information is provided throughout all stages of care.

7.3 Communicating partnerships

SVHA facilities and the Workforce are expected to engage in effective communication that involves partnerships with Consumers and facilitates shared decision making. All facility management and the Workforce are expected to comply with Jurisdictional requirement to:

- Ensure information on the Consumer healthcare rights is easily accessible
- Ensure that informed consent processes comply with legislation and best practice, including processes to assess patient capacity and identify appropriate decision makers
- Ensure programs are in place and decision support tools to ensure Consumers are involved in decision making about their care
- Ensure information is available to Consumers to enable them to actively participate in their care

7.4 Diversity Health

Diversity Health advocates for the awareness and appropriate response to the variety of values, beliefs and backgrounds that influence the state of health and wellbeing. All SVHA facilities management and the Workforce are expected to:

- Align activities to the SVHA Reconciliation Action Plan (RAP)

- Develop awareness and support systems and processes that recognise and improve delivery of quality healthcare for people who might otherwise be disadvantaged by diversity factors
- Develop and participate in cultural competence programs
- Design and maintain environments that respect diverse cultural needs
- Ensure systems are in place to support variable levels of health literacy to assist Consumers to partner in their care
- Adopt diversity health practices, which include (but are not limited to):
  - Ensure that the specific cultural, religious, lifestyle, disability and emotional needs of Consumers are considered in care planning activities
  - Ensure that interpreter services are available and in line with best practice
  - Ensure that appropriate local policies and procedures are in place to monitor the use of specialised services supporting cultural competence (e.g. interpreters, aboriginal health workers, cultural diversity groups)

SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

8. Providing environment that is welcoming and safe

SVHA makes a commitment to provide a healthcare experience that makes our patients, residents and consumers feel welcomed, valued and safe. All facility management and the Workforce are expected to contribute through:

- Designing care processes that allow for:
  - Flexible visiting arrangements to meet Consumers' needs, when safe to do so
  - Recognition of culture beliefs and practices of Aboriginal and Torres Strait Islander people
- Facilitating access to a calm and quiet environment when it is clinically required
- Facilitating access through appropriate signage and directions that are clear and fit for purpose
- Supporting and monitoring the maintenance of buildings, equipment, utilities, devices and other infrastructure to ensure that they are safe for the provision of clinical care
- Identifying high risk service areas and developing strategies to minimise the risks of harm for Consumers and the workforce.

ROLES AND RESPONSIBILITIES

9. Accountability for Clinical Safety and Quality Governance Framework

The framework to enable SVHA to execute its accountabilities and ensure clinical safety and quality across SVHA is designed with the intention for accountability to cascade appropriately from the SVHA Board to the Executive Leadership team to Service / Facility Executives and the Workforce.

This Policy supports a culture of continuous improvement and the achievement of performance expectations as they related to clinical safety and quality. The specific accountabilities have been developed from the ACSQHC Standard 1: Governance for Safety and Quality in Health Care and have been mapped to ensure compliance with the Aged Care Standards (ACQAS).

9.1   Organisational level

9.1.1. The SVHA Board
The SVHA Board, and the Clinical Governance and Experience Committee of the SVHA Board, are required to ensure an effective clinical governance framework is established and to provide strategic oversight of, and monitor the organisation's performance in the area of Consumer safety and clinical quality. This will include accountability to:

- Demonstrate sound strategic and policy leadership in clinical quality and safety
- Ensure appropriate systems are in place that support Consumers safety and continuous improvement

- Ensure organisational accountability is clearly articulated at Group, Divisional, Facility and Service level and that CEOs, Executives, Managers and the Workforce, understand and enact their responsibilities
- Establish and maintain an organisational culture where:
    - person centred care, safety and quality are priority issues;
    - ensuring there is effective partnership with Consumers and that consumer feedback assists safety and quality improvement activities
    - the Workforce is treated fairly and afforded natural justice
    - learning from mistakes is entrenched
    - safety and quality is monitored by seeking, analysing and questioning relevant information / data and responding appropriately
- Be satisfied that there is compliance with relevant legislation, regulations, accreditation and standards.
- The Board, through its Clinical Governance and Experience Committee will:
    - Monitor progress of the Group and Divisional safety and quality programs
    - Review reports to the Board on relevant safety and quality issues affecting the organisation
    - Provide feedback to Group and Divisional Executives regarding any issues of concern identified by the committee through its monitoring of clinical quality and safety.

9.2   Executive

9.2.1.   Group Executive

The SVHA Executive Leadership Team (ELT) is the key management, decision making and strategy development body within the SVHA group for issues of multi-divisional or group wide significance. It also serves as an advisory body to the Group CEO. The SVHA ELT provides assistance in ensuring that the activities of SVHA are aligned to the group Mission and strategic imperatives.

The ELT will:
- Analyse and critique operational performance related to quality, safety and patient experience and request further information from the Divisional CEO and Executive to resolve any issues arising
- Provide strategic and policy advice to the Board on issues related to quality, safety and patient experience
- Monitor group operational performance related to quality and safety
- Monitor Consumer risks and remedial actions.
- Support dissemination of best practice across the Group, Divisions, Facilities and Services.

9.3   Facilities

9.3.1.   Chief Executive Officers, General Managers and Executive Teams

Chief Executive Officers (CEOs) and General Managers (GMs) have ultimate responsibility for ensuring that appropriate policies, processes and practices are in place to provide safe and person centred care of the highest standard. The CEO and/or the GM must enact changes to improve safety or clinical care as required. CEOs and GMs should ensure that the workforce with operational responsibility for clinical care, have the skills and resources required to achieve optimal care and safety and implement recommended changes as required.

CEOs and GMs are responsible to ensure:
- Compliance with all laws, regulations, codes, accreditation and organisational standards relevant to the safe and effective conduct of the health and aged care service(s)
- All the Workforce understand their medico-legal responsibilities and only practice within the scope of their capabilities and training, professional credentials and legislative framework
- Appropriate committee/s guide and oversee clinical governance
- Appropriate policies and procedures govern patients / residents / clients safety and clinical quality
- Systems are in place to monitor and review the performance of clinical programs, patients / residents / clients safety and clinical quality
- Sound incident management processes with appropriate notification / escalation, investigation, action and feedback mechanisms are in place

- Effective complaint management processes exist, ensuring that complaint information is communicated back into continuous improvement systems
- Performance review processes are conducted for all clinicians on a regular basis
- Clinical practice is audited regularly and - where necessary - strategies to improve practice are implemented
- Adequate and equitable resourcing is available for the safety and effectiveness of all clinical programs
- There is a partnership with consumers at all levels of the organisation.

9.4 Clinical Workforce

9.4.1. Managers

Health service managers at facility level are responsible for coordinating the delivery of safe, high quality Consumer care by managing and facilitating compliance within individuals, teams and supporting the organisational systems, including:

- A person / resident centred care approach when designing and implementing new models of care
- Implementation of policy and procedures and appropriate use of the incident and complaints management system
- Ensuring the Acute Care Workforce complete NSQHS Standard training and mandatory training and that the Aged Care workforce completed Aged Care Standards and mandatory training.
- Ensuring the workforce complete an annual performance review
- Overseeing departmental/clinical unit (s) quality and safety performance, within its fiscal means and support improvement initiatives to improve the patient / resident / client experience and health outcomes
- Ensuring the workforce are aware of their roles and responsibilities for quality and safety and these are included in position statements.

9.4.2. Clinicians

A clinician's role is to deliver of safe and high-quality health care. Clinicians are to:
- Ensure the care delivered is congruent with the SVHA mission, vision and values
- Ensure care is person centred and delivered in partnership with the patient / resident / client, family and carers
- Ensure the right care is given to the right patient / resident / client at the right time by following patient identification and procedure matching processes for every health care intervention
- Comply with SVHA and jurisdictional policies and procedures and legislation
- Report patient / resident / client related incidents, near misses, complaints, risks and hazards
- Reduce patient / resident / client harm by performing regular risk assessments and implementing prevention and management strategies
- Practice hand hygiene and aseptic technique
- Be an active member of the healthcare team including speaking up, supervising and educating others
- Clearly document care and communicate care in a timely and effective manner
- Attend facility orientation, ensure the Acute Care workforce staff complete NSQHS National Standards training and mandatory training and that the Aged Care workforce complete Aged Care Standards and mandatory training
- Participate in improvement initiatives within the clinical area.

9.4.3. Non-Clinical members of the Workforce

Non-clinical members of the Workforce are to take responsibility to ensure the delivery of safe, high quality care by:
- Complying with policies, procedures and safety systems
- Complete all mandatory training
- Identifying and reporting problems, risk and hazards to the manager
- Notifying a clinician if you have a concern about a Consumer.

APPENDIX 1

DEFINITIONS:

Accreditation: A status that is conferred on an organisation or an individual when they have been assessed as having met particular standards.

Adverse event: An incident that results, or could have resulted, in harm to a patient or resident. A near miss is a type of adverse event.

Clinical governance: An integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, including boards, are accountable to Consumers and the community for assuring the delivery of safe, effective and high-quality services. Clinical Governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high quality care2.

Clinical indicators: Measures or benchmarks that enable health service organisations to compare themselves against similar health services2.

Clinical audit: A systematic process of improving the quality of patient care by looking at current practice and modifying it where necessary.

Clinician: means a person involved in the area of clinical practice, including without limitation, diagnosis, care and treatment, whether through direct or indirect patient/client contact.

Complaint: A healthcare provider, trained as a healthcare professional, including registered and non-registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider or under other working arrangements. They include, nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide healthcare, and students who provide healthcare under supervision2.

Consumer: A person who has used, or may potentially use, health services, or is a carer or family member for a patient using health services. In Aged Care a Consumer means a person to whom an organisation provides or is to provide care and includes reference to a representative of the consumer, so far as the provision is capable of applying to a representative of the consumer.

Continuous improvement: A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.

Credentialing: the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of an Accredited Practitioner for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific Facility environments. Credentialing involves obtaining evidence contained in verified documents to delineate the theoretical range of services which an Accredited Practitioner is competent to perform.
Incident: An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.

Critical incident: A Critical Incident is an unexpected or unplanned event involving a Consumer, member of the Workforce, or SVHA property that did or had the potential to cause harm, impact on services or a financial loss to SVHA. Whilst these events are also relatively rare events, they do occur in our facilities and require investigation to identify system vulnerabilities and actions and recommendations to minimise future risk and recurrence.

Open Disclosure: An open discussion with a patient about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings.

Person-centred care: An approach to the planning, delivery and evaluation of healthcare that is founded on mutually beneficial partnerships among clinicians and patients. Person centred care is respectful and responsive to, the preferences, need and values of patients and consumers. Key dimensions of person centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patient centred care or consumer centred care2.
RiskMan: the SVHA electronic Risk Management system

Risk management: The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the institution.

Scope of clinical practice: The process following on from Credentialing and involves delineating the extent of an Accredited Practitioner's clinical practice within a particular Facility based on the individual's Credentials, competence, performance and professional suitability and the Organisational Need and Organisational Capabilities of the Facility to support the Accredited Practitioner's Scope of Clinical Practice.

Sentinel Events: Sentinel events are a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient. The purpose of sentinel event reporting is to ensure public accountability and transparency and drive national improvements in patient safety.

Serious harm: An incident where the patient / resident or client suffers serious or moderate harm which includes a permanent reduction in bodily functioning unrelated to the natural course of the illness and differing from the outcome of patient management.

Workforce: All people working in a health service organisation, including clinicians and other employed or contracted, locum, agency, student, volunteer or peer worker. The workforce can be members of the health service organisation or medical company representative providing technical support who have assigned roles and responsibilities for care of administration of, support of, or involvement with patients in the health service organisation.

APPENDIX 2

ESCALATION OF CRITICAL INCIDENTS AND POTENTIAL MEDIA ISSUES

Procedural Statement

A Critical Incident is an unexpected or unplanned event involving a Consumer, member of the Workforce, or SVHA property that did or had the potential to cause harm, impact on services or a financial loss to SVHA. Whilst these events are also relatively rare events, they do occur in our facilities and require investigation to identify system vulnerabilities and actions and recommendations to minimise future risk and recurrence.

Where a Critical Incident has the potential to attract media attention, result in significant reputational risk or be the result of a critical systems failure or complete loss of service, a Critical Incident Brief should be completed as soon as possible after the event. Refer Appendix 3: SVHA Critical Incident Brief.

Serious Incidents requiring GCEO escalation

The following incidents are examples of events that require completion of the Critical Incident / Potential Media Issues Brief, including but not limited to:

- A National Sentinel Event, as defined by the ACSQHC or unexpected death with the potential to raise media attention
- Mandatory external reporting including public health issues requiring involvement of local public health units (+ve legionella, influenza outbreaks etc)
- A complaint or medico-legal claim with serious allegations of negligence or breach of duty of care
- Events resulting in significant injury / hospitalisation of more than one staff member
- Complete loss of services or output at a facility including fire requiring evacuation etc
- Referral / request from external or independent Registration or Complaint agencies
- Allegations or suspicion of alleged or actual abuse by a staff member.

Applicable to: This procedure applies to all SVHA acute, sub-acute and aged care facilities and services.

Process of notification / review

Reporting of Critical Incidents and Potential Media issues should include:

- To the facility executive verbally and documented in Riskman
- Within 48 hours to the Divisional and Group CEO (the template in Appendix 3 must be used to notify SVHA Executive when a Critical Incident occurs)
- Within 48 hours to the insurer (according to jurisdictional requirements for medico legal / public liability notifications)
- All Critical Incidents are to have an RCA or equivalent investigation undertaken
- Completed RCA reports or other systems reviews are to be provided to group office in accordance with Jurisdictional reporting requirement to enable system analysis and feedback of lessons learned across the group
- Refer Appendix 4: Issue Alert Flowchart.

APPENDIX 3

SVHA CRITICAL INCIDENT BRIEF

Division	Choose an item.
Facility or Service	Click or tap here to enter text.
Date of Notification	Click or tap to enter a date.
Date of Incident	Click or tap to enter a date.
Type of Event	Choose an item.
Description of Event	Click or tap here to enter text.
Key Risks Identified	Click or tap here to enter text.
Actions Taken	Click or tap here to enter text.
Next Steps	Click or tap here to enter text.
Media Statement	Click or tap here to enter text.
Contact person	Click or tap here to enter text.
Contact phone	Click or tap here to enter text.
Prepared by	Click or tap here to enter text.
Divisional CEO approval	Click or tap here to enter text.

APPENDIX 4: CRITICAL INCIDENT FLOWCHART

Critical Incident Escalation Process

Incident	Sentinel Event / Critical Incident	Media / Reputational Event	Other things to think of that might lead to escalation

Incident occurs or issue identified → **Does the event involve a duster (3 or more staff members or patients/ residents?)**

Preliminary review by facility → **Does this warrant escalation to the DCEO / GCMO** → **Does the event give rise to a media / reputational event?**

Call DCEO / GCMO

Severity / consequence determined

Notify appropriate Divisional and Group Executive

Discuss with Group Clinical Governance / CMO and DCEO

SAC 1 / ISR 1 / Sentinel Event / Critical Incident → **Complete Critical Incident Brief** → **Share with SVHA GCEO, Legal and Risk and Group Media / Communications team**

Executive triage meeting – agreement on timeframes for update and oint of contact

Brief to Group CEO. Decision with Group Legal and Risk and Chief Medical Officer if Brief should go to Board → **Media Brief prepared for Group CEO / Board**

RCA or equivalent investigation commissioned, open disclosure completed as required

RCA to facility peak Quality Committee and to SVHA

Lessons learned shared across SVHA → **Summary of lessons learned to Board**

Other things to think of that might lead to escalation

Any incident, regardless of severity or outcome, may prompt escalation to group office. Things to consider for ecalation to your DCEO and Group CMO may include but not be limited to

Any circumstance / event that triggers the initiation of an internal or external review

Serious harm to a staff member or patient / resident or relative (usually a SAC 1 or 2) but will NOT all be SAC 1's or 2's

Serious harm or particularly disturbing SAC 1 event (not all deaths but maybe significant harm as a result of iatrogenic event)

Cluster event – outbreak involving 3 or more patients / residents / staff or modification to service and / or notification to Public Health Unit

Actual or Potential blameworthy act: Criminal / Related to Alcohol or drugs / Patient / Resident assault by a staff member

Family grievance / especially vexatious complaints that you think the GCEO or Board should hear about – potentially media worthy

Event involving a corporate incident, eg. Fire, shout down of service / IT breach or failure

If YES to any of the above

If in doubt - Escalate