

Primary Health Tasmania's response to ACSQHC Consultation Paper: Patient safety and quality improvement in primary care



Contents

Introduction	1
Background/context	1
Definition of primary health	1
Issues and challenges to address primary health safety and quality	2
Primary Health Tasmania's current role with safety and quality	3
Safety and Quality - Four Pillars of Clinical Governance.....	4
Miller's Pyramid of Clinical Competence	5
Safety and quality as a driver for capacity building	6
Implementation of Service Development Improvement Plans for commissioned providers	6
Areas for further consideration for the Commission.....	7
Get in touch	8
Appendices	9
Appendix 1: Service Development and Improvement Plan (SDIP)	9
Appendix 2: Organisational Self-Assessment tool	11
Appendix 3: Service Development and Improvement Plan (SDIP) Template.....	17
Appendix 4: Rural Primary Health SDIP Capacity Building Action Plan template	19
Appendix 5: Available resources for Rural Primary Health Providers	20

Author	Maree Gleeson, Jo Hodge, Fiona Price, Martina Wyss
Authorised by	Mark Broxton
Date	22.12.2017
Internal/external dissemination	Australian Commission on Safety and Quality in Health Care

Primary Health Tasmania Limited
ABN 47 082 572 629
1300 653 169
info@primaryhealthtas.com.au
www.primaryhealthtas.com.au



While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

Introduction

This paper provides a response to the Australian Commission on Safety and Quality in Health Care's (ACSQHC) *Consultation Paper: Patient Safety and Quality Improvement in Primary Care*¹. It is written from the perspective of Primary Health Tasmania as a commissioner of primary health care services in Tasmania and acknowledges the role we play in building the capacity of primary health care service providers to provide safe, high-quality care. The document:

1. highlights specific questions posed by ACSQHC and provides responses reflective of Primary Health Tasmania's involvement in safety and quality
2. provides an overview of Primary Health Tasmania's current role and work to date within safety and quality
3. explains Primary Health Tasmania's Safety and Quality Capability Building Framework to build capacity both within Primary Health Tasmania and primary health care service providers
4. details the process used to improve safety and quality capacity with primary health service providers commissioned by Primary Health Tasmania.

Background/context

The Australian Government has mandated a proportion of primary health funding will be delivered through Primary Health Networks to achieve improved health outcomes for the Tasmanian population. In establishing Primary Health Networks the Australian Government outlined two overarching objectives:

- increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes
- improve the coordination of care to ensure patients receive the right care in the right place at the right time.

Achievement of these objectives is supported by the prescribed functions of Primary Health Networks to:

- understand community need
- support general practice and primary health providers – particularly in relation to digital health, safety and quality, health literacy and efficient use of MBS items
- commission services.

As the leading primary health care organisation in Tasmania it is incumbent upon us to take a lead role in the facilitation and development of a state-wide approach to safety and quality, clinical governance and capacity building within primary health care.

Definition of primary health

Primary Health Tasmania concurs with the Australian Commission for Safety and Quality in Healthcare's definition of primary health care as the first point of contact of patients/consumers with (health-care) services or those services which are delivered by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either in the home, general or other private practice, community health services and local or non-government services¹.

¹Public Consultation Paper- Safety and Quality in Primary Health Care
<https://www.safetyandquality.gov.au/our-work/primary-health-care/>

However, the definition could be expanded to incorporate how the primary health care services are expected to be delivered; socially appropriate, universally accessible, well-coordinated, scientifically sound first level of care provided by health services and systems with a suitably trained workforce that gives priority to those most in need. Comprehensive primary health care includes illness prevention, early interventions, and management of chronic conditions.

Issues and challenges to address primary health safety and quality

No health care is perfect; adverse events can and do occur. In 2009 the Australian Commission for Safety and Quality in Health Care investigated risk in primary care and the report identified two main risk categories²:

1. risks which come from the organisational characteristics of primary care itself; the risks associated with the system/organisation with approximately 80% of errors in primary care falling into this category
2. risks which arise from the direct provision of care to clients/patients; these include for example, human failures that may be attributable to the knowledge and skills of the clinician or the client/patient.

The interface between the primary health care services and the Primary Health Network is a high-risk area for both the consumer and the commissioner. As commissioners of primary health care services, Primary Health Tasmania have found that there are significant challenges in the balance between assuring that commissioned organisations have the appropriate levels of clinical governance in place to guarantee the high quality and safe care of consumers and the risk associated with intensive involvement in individual organisational practices.

Primary Health Networks need to consider the clinical governance requirements of commissioned providers and develop an overarching definition of the scope, role and responsibility of Primary Health Networks. The next level of complexity involves posing and attempting to answer the question: how does the Primary Health Network monitor and obtain reporting on safety and quality when there is significant variation in the standards of, and approaches to, clinical governance in commissioned providers?

Adding to this is the large number of standards within the primary health care sector which providers can select to align to, or be assessed against. To gain a better understanding of the breadth and depth of the standards governing safety and quality in primary health care and to understand the accreditation process of the contracted providers, Primary Health Tasmania has undertaken a mapping of the clinical governance components of several standards which are currently applied in the broader Australian health care system, including:

- National Safety and Quality Health Services Standards (Community) 2016 and Version 2 2017
- RACGP V4 and V5 Draft 2, 2016
- Mental Health Standards, 2010
- Headspace Model Integrity Framework
- DHHS of Tasmania, Quality, and Safety standards, 2016
- Aged Care Standards
- Home Care Standards
- Community Care Common standards, 2010
- National Standard for Disability

- Quality Improvement Council Health and Community Standards, 2010
- Standards for Physio Practices, 2011
- Pharmacy Professional Practice Standards, 2010.

Taking into consideration the differing language and compliance requirements of the various sectors and areas highlighted by this mapping exercise, Primary Health Tasmania believes there is a notable difference in the essential elements in each standard.

From a Primary Health Network perspective it is advantageous to have standards against which organisations can be accredited to ensure provider organisation capability in both clinical governance. However the vast number of, and differences in, the various standards is challenging when comparing the capabilities of these providers in tendering, evaluation and contracting processes.

The development of a set of National Safety and Quality Health Services Standards (NSQHS) standards for primary health care services has the potential to assist Primary Health Tasmania and the broader PHN network to ascertain whether commissioned organisations have the appropriate level of consistent clinical governance capability by providing a framework to support/guide organisations. This improvement could be undertaken in the same way as the 2012 NSQHS Standards were successful in the acute care sector. Primary health care standards would enable Primary Health Tasmania to establish a clear program of work associated with supporting providers to achieve compliance against a single set of standards as well as the potential to develop a consistent set of performance criteria. This would also assist in benchmarking provider capability and reducing the reporting burden for organisations funded across a range of health and funding streams.

It is not proposed the NSQHS Standards for primary care replace the various standards applicable to different professional groups nor be mandated by the ACSQHC. It is desirable however that the ACSQHC work with all disciplines within primary health care to develop a core set of standards that define the way organisations deliver the care required. This would ensure safe and high-quality services are delivered whilst also acknowledging the needs of the various disciplines.

There are two potential enablers which would support the implementation of a set of NSQHS Standards for primary health care:

1. the use of Primary Health Networks through their work as commissioners and funders of primary health care services on behalf of the Australian Government and the remit/ability as capacity builders within the sector
2. the simplification and integration of the multiple and overlapping standards which already exist will give service provider organisations an easier and more consistent path towards service accreditation.

Primary Health Tasmania's current role with safety and quality

The delivery of safe and high-quality care by primary health care service providers is an essential part of improving the health outcomes of the population. Primary Health Tasmania currently undertakes a range of activities focused on improving safety and quality both within the organisation and of service providers. Some of these include:

- safety and quality is listed on the organisation's risk register
- refining the role and supporting the ongoing functions of Primary Health Tasmania's Clinical Governance Committee with a shift in focus from oversight of directly delivered services to commissioned services
- board-level review of the Clinical Governance Committee
- work to understand our 'capability building role' as a Primary Health Network including but not limited to the area of safety and quality
- joint investigation of clinical governance liabilities

- implementation of safety and quality elements into commissioning activities (e.g. approach to market specifications and service agreements for rural primary health care service delivery, mental health service delivery, Aboriginal health service delivery)
- commissioned provider safety and quality compliance project as submitted to the Australian Government in Primary Health Tasmania's 2016/17 annual plan
- a focus on safety and quality as part of our core general practice support function
- commitment to Primary Health Tasmania's own continuous quality improvement through the development of a quality management system for the organisation
- approved activity through Core and Flexible funding that require consideration of safety and quality principles including but not limited to immunisation, refugee health, cancer screening.

Within Primary Health Tasmania there are specific mechanisms that guide the implementation of safety and quality. These are the Clinical Governance Committee and the Safety and Quality Capability Building Framework.

Primary Health Tasmania's Clinical Governance Committee is guided by the Clinical Governance Framework which provides the strategic oversight of Primary Health Tasmania's clinical and primary health care services to ensure safe, high-quality, governance systems and service provision across all direct and subcontracted services.

This committee is tasked with ensuring Primary Health Tasmania's clinical governance is in line with best practice, legislative requirements and organisational policy to ensure safe and high-quality provision of primary health care to the Tasmanian community.

As commissioners of primary health care services Primary Health Tasmania is supporting health service providers to achieve the best health outcomes for communities and consumers, through the delivery of safe and quality care.

The Safety and Quality Capability Building Framework has been developed by Primary Health Tasmania to guide our work with commissioned organisations and other primary health care providers. It is underpinned by safety and quality principles that support the development of related attitudes, knowledge and skills in the primary health care workforce.

Two concepts have been incorporated into the Safety and Quality Framework:

1. Safety and Quality - Four Pillars of Clinical Governance

Four pillars of clinical governance underpin the Framework. The definition and criteria for each pillar can be adapted by organisations to determine the safety and quality standards they are working to achieve.

Figure 1: Four pillars of clinical governance



The four pillars include:

1. consumer and community participation
2. clinical effectiveness and quality
3. an effective workforce
4. risk management

A detailed description of each of these pillars can be found in both the Primary Health Tasmania Clinical Governance Framework and the commissioned provider safety and quality compliance project as noted above. They are as follows:

1. consumer and community participation

A service which meets the needs of consumers includes their participation in service development, and provision of timely and constructive feedback.

2. clinical effectiveness and quality

Consumers of health services expect the health care they receive to have a measurable benefit. The agreed health care is based on contemporary evidence that produces the desired outcome.

3. an effective workforce

A skilled and high-performing workforce is achieved through sound recruitment procedures, credentialing, peer review, scope of practice, supervision and professional learning. The promotion of a learning culture is essential in providing safe and efficient quality care for consumers.

4. risk management

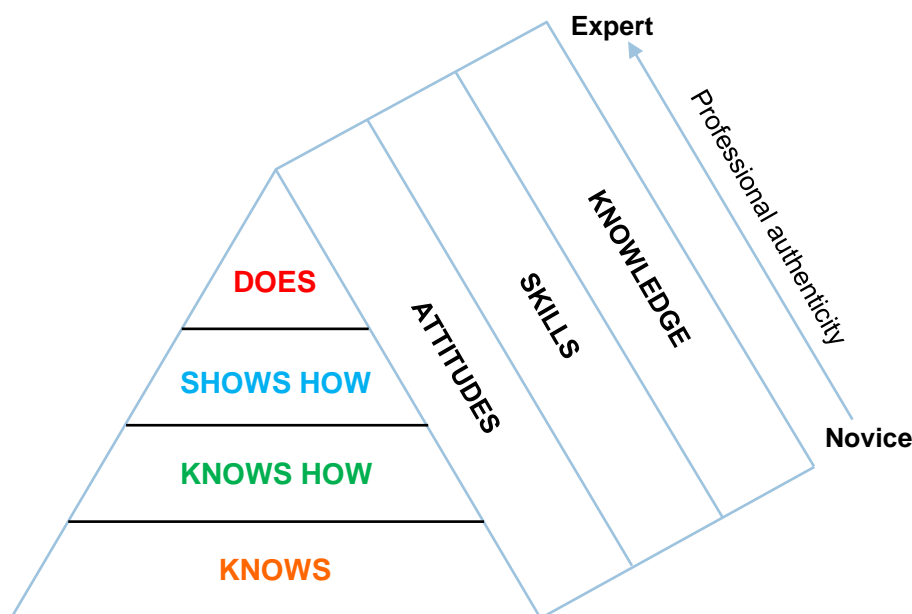
The overall safety of healthcare services is improved by the identification and reduction of risks to patient safety, as well as the investigation of adverse events. Effective risk and incident management relies on systems and processes which ensure the health and safety of all involved in healthcare services. Risk is multidimensional and includes the whole organisation including financial, workforce and infrastructure considerations.

2. Miller's Pyramid of Clinical Competence³

Miller's Pyramid of Clinical Competence demonstrates varying levels of understanding and competence around safety and quality benchmarks - ranging from 'knows' (is aware of) to 'does' (actively integrates them into service delivery).

The starting point for Primary Health Tasmania's capability building with commissioned organisations is their existing capability. Safety and quality support is tailored to providers' needs and circumstances and their aspirations for improving the health outcomes of their communities and clients.

Figure 2. Miller's Pyramid of Clinical Competence



³ Miller's Pyramid of Clinical Competence <https://www.scribd.com/document/345170941/Millers-Pyramid-of-Clinical-Competence>

Safety and quality as a driver for capacity building

As indicated above Primary Health Tasmania has undertaken mapping of a number Australian standards which are currently applied in the broader Australian health care system. This has highlighted that the four pillars of the Primary Health Tasmania Clinical Governance Framework and the principles of safety and quality are reflected to some extent in these standards. Providing reassurance that Primary Health Tasmania's approach to safety and quality mirrors a national evidence base.

At present Primary Health Tasmania has several core responsibilities defined in the Annual Activity Work Plans and core functions of the organisation that have been approved by the Australian Government. These activities have been identified as key mechanisms which support and strengthen the primary health care system. These include but are not limited to:

- general practice support
- Tasmanian HealthPathways
- management of chronic conditions including person-centred care
- commissioning (e.g. mental health, Aboriginal health, rural primary health and others)
- stakeholder engagement
- immunisation, refugee health, cancer screening
- digital health.

More information on each of these areas is available on the [Primary Health Tasmania's website](#)

Implementation of Service Development Improvement Plans for commissioned providers

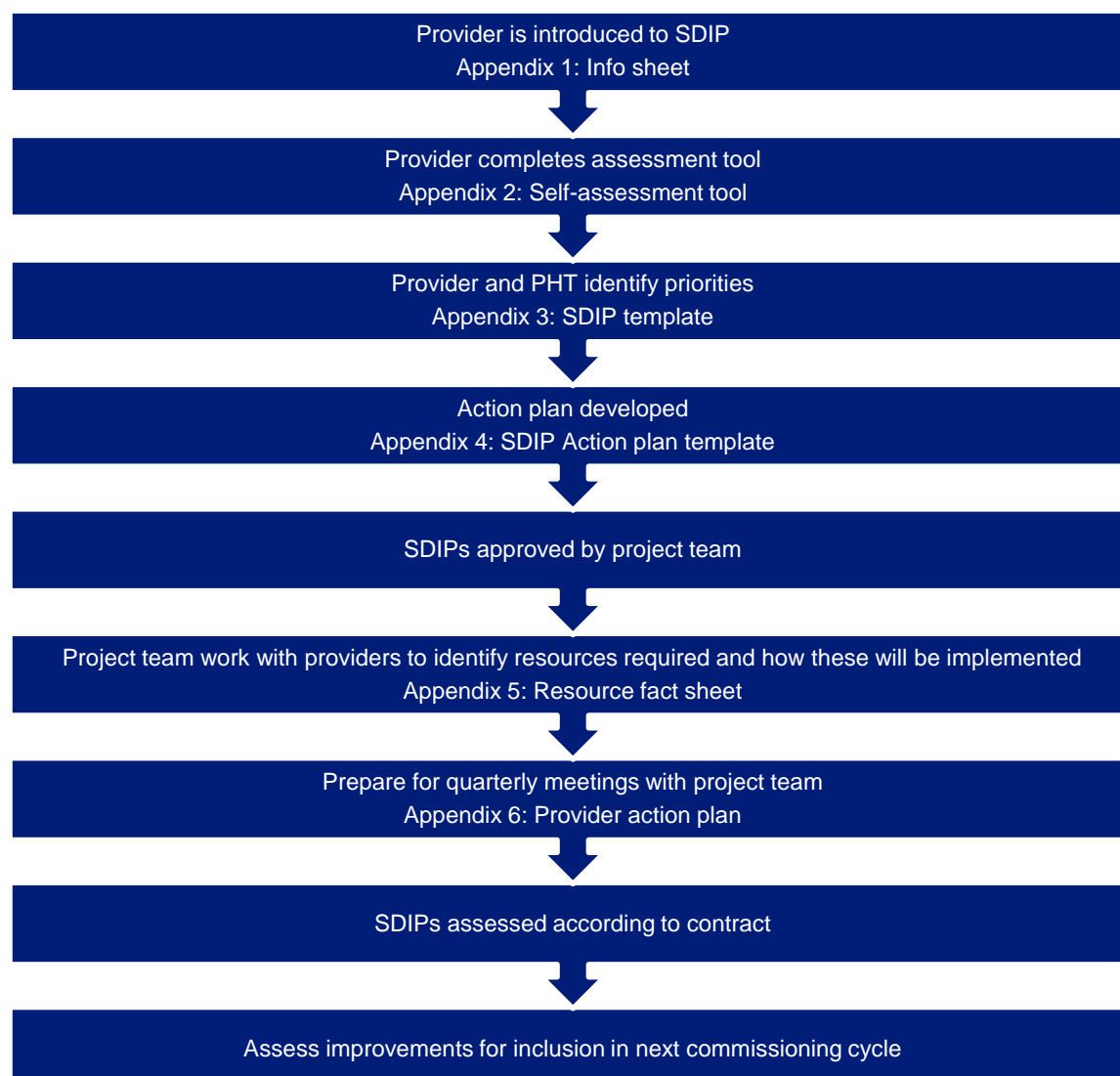
As part of the approach to improve safety and quality in commissioned service providers Primary Health Tasmania has introduced a Service Development and Improvement Plan (SDIP). The SDIP is a tool used by Primary Health Tasmania to continually improve the delivery of commissioned primary health care services. It also identifies Primary Health Tasmania's role in assisting commissioned providers to develop and improve their services. The SDIP is a key contractual requirement for commissioned providers.

Primary Health Tasmania works with service providers to identify areas of focus for their SDIP in accordance with identified improvement needs and Primary Health Tasmania's strategic direction. The focus for SDIP activities can be from one or more of the following areas:

- health outcomes
- service delivery models, outputs and deliverables
- approaches to service delivery that reflect ways of working with respect to:
- coordination of care
- team-based care
- person-centred care
- health care safety and quality arrangements
- governance and financial management.

Primary Health Tasmania works in partnership with service providers to jointly decide on one or more SDIP priority areas. Improvement goals and targets for each the priority areas are then established and the resources required to achieve those goals are identified. Templates and tools to develop and report on the SDIP are provided by Primary Health Tasmania and regular meetings are agreed on to assess progress against the plans.

Figure 3: Flowchart outlining the SDIP process and its associated documentation



Feedback from providers about the SDIP process is used by Primary Health Tasmania to refine capability building processes and resourcing for commissioned services. Outcomes of the SDIP are then used to identify key performance indicators in the development of ongoing contracts with commissioned providers. The implementation of the SDIP concept has been tested with a small group of commissioned providers during 2017 and will be embedded and evaluated as part of our commissioning process moving forward.

Areas for further consideration for the Commission

The role of integration of primary health care services is something that has not been addressed in any accreditation standards and this is something that needs to be investigated as a possible lever in improving service delivery. Work undertaken by Primary Health Tasmania through the Streamlined Care Pathways⁴ identified the Pillars of Integration as core to the operational framework. The pillars

⁴ Primary Health Tasmania Shared Transfer of Care - <https://www.primaryhealthtas.com.au/programs-services/connecting-care/professionals/shared-transfer-of-care>

are based on the research of The King's Fund⁵ which explored how best to implement integrated care. The research highlighted that integrated care must encompass system integration, professional provider interactions and community and consumer engagement.

Supporting primary health care providers with resources to improve safety and quality is an area which Primary Health Tasmania is working to enhance to improve the outputs and outcomes from commissioned providers. A consistent approach to capacity building with corresponding resources would be useful in creating uncomplicated reporting mechanisms to capture achievements of primary health providers.

Get in touch

Maree Gleeson

Health Stream Lead

03 6254 8500

mgleeson@primaryhealthtas.com.au

Martina Wyss

Manager – Health Service - Design

03 6341 8700

mwyss@primaryhealthtas.com.au

⁵ Ham, C. & Walsh, N., 2013, *Making integrated care happen at scale and pace*, London: The Kings Fund

Appendices

Appendix 1: Service Development and Improvement Plan (SDIP)

Service Development and Improvement Plan (SDIP)

What is the Service Development Improvement Plan?

Primary Health Tasmania is responsible for improving the efficiency, effectiveness and coordination of primary care. The Service Development and Improvement Plan (SDIP) is a tool that is used by Primary Health Tasmania to continually improve the delivery of commissioned services. It also identifies Primary Health Tasmania's role in assisting commissioned providers to develop and improve their service. The SDIP is a key contractual requirement for commissioned providers.

Primary Health Tasmania will work with service providers to identify areas of focus for their SDIP in accordance with identified improvement needs and Primary Health Tasmania's strategic direction. The focus for SDIP activities can be from one or more of the following areas:

- Health outcomes
- Service delivery models, outputs and deliverables
- Approaches to service delivery that reflect ways of working with respect to:
 - Coordination of care
 - Team-based care
 - Person-centred care
- Health care safety and quality arrangements
- Governance and financial management

What is involved?

Primary Health Tasmania will work in partnership with service providers in the following ways:

- Arrange an initial planning meeting to discuss possible areas of focus and jointly decide on one or more SDIP priority areas
- Establish improvement goals and targets for each the priority areas identified
- Assess the need for and, where required, provide resourcing for providers to achieve their SDIP goals and targets
- Provide templates and tools to develop and report on the SDIP
- Meet on a regular basis to discuss progress

Feedback from providers about the SDIP process will be used by Primary Health Tasmania to refine capacity building processes and resourcing for commissioned services. Outcomes of the SDIP will also be used to identify key performance indicators in the development of ongoing contracts with commissioned providers.

More information on the SDIP process and resources will be available to commissioned providers following contract execution.



Appendix 2: Organisational Self-Assessment tool

Organisational Self-Assessment tool

Safety and Quality Project: Building capacity in primary health care to deliver safe and quality services

This checklist is a tool to assist health services to review their safety and quality program against Primary Health Tasmania's pillars of clinical governance, as listed below. It is designed to assist in determining where capacity building activities may be required, to support providers in providing safe and quality services. The four pillars are one method of organising clinical governance, and have been adapted from the Victorian clinical governance policy framework.

Consumer and community participation

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
We use consumer experience to inform service delivery models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We use patient satisfaction measures and consumer feedback as part of service evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have a person-centred approach to care, empowering the client to be involved in any decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have policies, processes and training in place that show our cultural competence as an organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
We have a policy, procedure, and training program for open disclosure when harm occurs to a participant/client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We obtain informed consent from clients both for services delivered and sharing of client information We ensure that information on consent is available for clients from diverse backgrounds and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have policies and procedures to respect and manage client confidentiality and privacy, and comply with best-practice records management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We provide information to clients on their rights (all clients are all given a copy of the Australian Charter of Healthcare Rights) and responsibilities, and we make time available for any queries they may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We ensure clients have access to multimodal consumer information about our services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We ensure that health literacy principles are used in all communications with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Clinical effectiveness and quality

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
<p>Shared transfer of care</p> <p>We include the five sharing elements of Shared Transfer of Care when people transfer in or out of our service:</p> <ul style="list-style-type: none"> - Sharing with people: the person and their family and carers are involved in the transfer plan, which is based on the person's needs - physical, social, spiritual and cultural - Sharing accountability: shared accountability between service providers and including the person, to enable a person-centred approach to care 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
<ul style="list-style-type: none"> - Sharing communication: communication (both routine and non-routine) between providers is timely and appropriate, and involves the person - Sharing documentation: high-quality documentation is shared between providers and the person, regardless of the setting - Sharing coordination: care is coordinated, evidence-based and person-centred across sectors 					
We undertake systematic quality improvement cycles, and have mechanisms in place to:					
• Evaluate the effectiveness of services provided e.g. audits/safety and quality indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Develop quality improvement plans with priority areas within the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Analyse measures, flag significant issues for attention and investigate underlying causes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Continuously monitor health care activity to determine the effectiveness of improvement strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We have policies and procedures in place to demonstrate that we:					
• Use evidence-based practice/clinical care guidelines in our service model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Use clinical pathways e.g. Tasmanian Health Pathways in our service model where relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Comply with local, State, and Federal regulations and legislation, and with industry standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are committed to innovation and conducting research to improve health outcomes wherever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report to Board/management areas of sustained poor safety and quality performance or significant gaps between best practice and current practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We ensure the organisation complies with accreditation standards, responds to accreditation findings and proactively implements improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
We have a client records management system which accurately incorporates all areas of a client's care and is available to the workforce when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

An effective workforce

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
We have a robust system of credentialing staff. Including processes for:					
• Checking qualifications, professional membership, and Working with Vulnerable Persons Check/Police Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Monitoring current registration and special conditions of registration for medical, nursing, and allied health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Ensuring members of the health care team working in clinical roles have clearly defined scope of practice and guidelines for delivery of treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Defining competency standards for staff working in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Have a system of performance review for all staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Have a system of supervision of junior staff and new practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Ensuring resourcing is adequate to allow release of staff to participate in training and professional development programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Have a robust recruitment and orientation program in place, including the provision of information on safety and quality programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk management

Level of involvement	Planned	Partly implemented	Established	Not Applicable	Review date
We implement an integrated risk management system including:					
• Risk identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Risk rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Risk mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Risk monitoring and review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We implement an incident assessment, reporting and management system that includes:					
• Flexible reporting options for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Incident identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Incident investigation and analysis, incl. an assessment of the severity of incidents, their risk of recurrence and root cause analysis (RCA) methods and tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Incident monitoring and trending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Sharing of learnings re incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Continuous monitoring of performance to assess the effectiveness of implementation of recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We implement best practice processes to respond to consumer complaints and compliments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Organisational

This checklist is a tool to assist organisations in demonstrating how clinical governance is embedded within their organisation.

	Yes	No	Notes	Review date
We have developed a clinical governance policy and procedure/framework, and this has been approved by the organisation	<input type="checkbox"/>	<input type="checkbox"/>		
We have communicated the policy to all staff	<input type="checkbox"/>	<input type="checkbox"/>		
We review the policy periodically	<input type="checkbox"/>	<input type="checkbox"/>		
The roles and responsibilities of staff involved in clinical governance are clearly documented and communicated within the organisation	<input type="checkbox"/>	<input type="checkbox"/>		
The organisation has developed a performance monitoring tool to assess its requirements against the policy	<input type="checkbox"/>	<input type="checkbox"/>		
We have a safety and quality/clinical governance committee or group or, for small rural health services, we include clinical governance as a standing agenda item for an existing committee	<input type="checkbox"/>	<input type="checkbox"/>		

Appendix 3: Service Development and Improvement Plan (SDIP) Template

Service Development and Improvement Plan (SDIP) Template	
Provider Name:	Click here to enter text.
Name of Person Completing SDIP:	Click here to enter text.
Contact Details:	Click here to enter text.
Reporting Period:	Click here to enter text.
Date:	Click here to enter text.

SDIP Description Summary
<p><i>Provide a brief (one-paragraph) description of the SDIP activity using plain language.</i></p> <p>Click here to enter text.</p>

SDIP Goals & Objectives

Describe the broad, long-term change your SDIP activity will work towards within the identified population group, community or service system; i.e. what is it you ultimately want to achieve? What are the specific and immediate changes you want to achieve in order to progress towards your goal?

SDIP Focus	Issue / Objective	What Goals / Outcomes do we seek?	Priority	How will we get this outcome (activity)?	Measure of Success (monitoring and reporting)	Supporting Evidence	By when?	Progress Notes

Appendix 4: Rural Primary Health SDIP Capacity Building Action Plan template

Rural Primary Health SDIP Capacity Building Action Plan template October 2017 - June 2018

The overarching aim of our SDIP activities are to ensure that the service delivery model in place meets the needs of the community by being consumer focussed, delivers services where and when they are needed and with the overarching goal of improving the health outcomes of the local populations.

Objectives/strategies	Activities	Timelines				Outcomes/outputs
		Oct- Dec	Jan - Mar	Apr - June	Who	
Objective One:						
Objective Two:						
Objective Three:						
Objective Four:						

Appendix 5: Available resources for Rural Primary Health Providers

Available resources for Rural Primary Health Providers

Context

Primary Health Tasmania is committed to working with commissioned health service providers to deliver safe and quality care. Using innovation, flexibility and incremental target settings, our shared aim is to achieve and measure improved population level health outcomes in Tasmania.

The Service Development and Improvement Plan (SDIP) is a tool to support this work. SDIP is guided by the Safety and Quality Capacity Building Framework and will feed into the workplans of providers, as well as the level of commissioning support required from Primary Health Tasmania.

Primary Health Tasmania's support

In the first instance, the Self-Assessment Tool (provided on request by Primary Health Tasmania) may assist providers in developing SDIP activities appropriate to their service.

Primary Health Tasmania offers access to the following supporting resources:

Shared transfer of care

Shared transfer of care refers to the movement of people between locations, providers or different levels of care as their health and care needs change. Shared transfer of care places the person, their family and carers at the centre of the transfer plan. The evidence-based Guidelines for Shared Transfer of Care (Guidelines) have been developed by Primary Health Tasmania to assist health and community providers achieve best practice in a person's transfer of care. There are a number of resources that support this work and these can be accessed at www.shareyourcare.org.au.

Health literacy

Health literacy is the knowledge and skills needed to understand and use information about health issues for health professionals and their patients. They may relate to topics such as medications, chronic disease prevention and treatment, improving the quality and coordination of care, and staying healthy.

Primary Health Tasmania has developed resources to promote understanding and enhancement of health literacy at an organisational and community level (please contact us).

General Practice support

1300 653 169

info@primaryhealthtas.com.au
www.primaryhealthtas.com.au

Primary Health Tasmania has established solid relationships with general practice and continues to strengthen these, to progress its objective to improve the efficiency, effectiveness and coordination of primary care. Please contact us for further information and assistance.

Tasmanian HealthPathways

Tasmanian HealthPathways is a web-based information portal that supports primary care clinicians to plan people's care. Each pathway represents an agreement by local clinicians on the best way to manage a specific health condition across the health care system. It is a care map so that all members of a health care team – whether they work in a hospital or the community – can follow a consistent care pathway for a person.

Tasmanian HealthPathways are designed primarily for use at the point of care for general practitioners. However, they are also relevant for hospital specialists, nurses, allied health professionals and other health service providers in Tasmania.

See <https://tasmania.healthpathways.org.au/> for more information.

Tasmanian Health Directory

The Tasmanian Health Directory is Primary Health Tasmania's online health directory aimed at connecting health professionals with other providers and services. It is a one-stop-shop to find any private health care provider or health service anywhere in Tasmania.

The Directory contains statewide listings of private health care providers, where they practise, how they can be contacted, and in many cases their special interests and exclusion criteria. The listings are maintained by Primary Health Tasmania and include general practitioners and medical specialists, allied health professionals, community pharmacies and aged care facilities.

See <https://www.primaryhealthtas.com.au/find-a-provider> for more information

Please contact us if you would like a PHT representative to deliver an information session about the above.

Get in touch

Vicky James

Advisor – Service Solutions and Performance Management

t: 03 6213 8200

e: vjames@primaryhealthtas.com.au

w: www.primaryhealthtas.com.au

