

Quality Framework April 2014

Part I – Introduction and Description of Quality Framework

Justice Health

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1 Introduction

Providing healthcare services within the correctional environment holds a number of challenges. The unique context and population means that the delivery and monitoring of healthcare services, the improvement of health and the proactive management of risk are critical aspects of providing healthcare services to the Victorian prison system.

In addressing these challenges, Justice Health has adopted a set of principles to underpin the delivery of health services in prisons. These principles, articulated as policy statements (the Policy Statements) in the *Justice Health, Health Policy* (2011), place a strong emphasis on a quality framework that ensures consistent quality care that is provided with compassion, confidentiality and respect, together with the availability of health promotion and disease prevention strategies to improve health outcomes for Prisoners. The professional independence of health professionals is also a key principle.

Across the broader healthcare industry, various public inquiries into healthcare over the past decade have driven a focus at both the state and national levels on understanding and improving healthcare safety and quality. Healthcare managers and practitioners in any setting have an obligation to ensure that effective systems are in place to safeguard and continually improve the safety and quality of clinical care.

The Justice Health Quality Framework (the Quality Framework) has been developed to enact the Policy Statements and drive consistently safe, quality and evidence-based care. It incorporates the principles of care delivery as expressed in the *Justice Health, Health Policy* (2011); the standards to which care must be delivered; and the structures, systems and measures by which the quality of care is monitored and improved.

An overview of the Quality Framework is described in this document, Part I of the Quality Framework. The full description and details of the Justice Health, Health Service Standards (the Standards) are found in Part II, and the compulsory Justice Health Requirements for Performance Assessment and Reporting (the Reporting Requirements) are detailed in Part III.

2 The Quality Framework

2.1 Overview

The Quality Framework consolidates the key elements of an effective approach to planning, delivering, monitoring, improving and reporting on clinical care and healthcare services.

The Quality Framework is designed to assist the Health Service Provider to implement a comprehensive approach to the provision of consistent clinical services across service and Prisoner types to achieve the best possible health outcomes. It also provides a means to demonstrate evidence of the quality of healthcare provided. It clearly defines the obligations for Reporting Requirements regarding the quality of care delivered in Victorian prisons. The Quality Framework aligns closely with contemporary health service quality and clinical governance frameworks, including the Victorian Safety and Quality Framework and the Victorian Department of Health Clinical Governance Policy. The definition of 'clinical governance' is derived from the Victorian Department of Health Clinical Governance Policy (2009): 'the system by which clinicians and staff share responsibility and are held accountable for the quality of care, continuously improving, minimising risks and fostering an environment of excellence'.

National standards and guidelines, including the Australian Council on Healthcare Standards EQUIP accreditation quality and clinical governance standards, have been incorporated and referenced, as relevant.

The following assumptions underpin the Quality Framework:

- ◆ The Health Service Provider is accountable for creating and maintaining systems that provide safe, quality holistic healthcare.
- ◆ The Prisoner is the focus of safety and quality improvement.
- ◆ Safe care for Prisoners is the priority of the quality system across the care continuum.

- ◆ Prisoners are informed and empowered to make choices about their own care and treatment.
- ◆ Health treatment and care is based on best practice and a team-based approach.
- ◆ Effective quality programs are coordinated, systematic and system-wide.
- ◆ Robust communication and reporting structures are implemented to promote the improvement of clinical care through regular reporting, and the sharing of information and learning among all stakeholders.
- ◆ The evaluation of the effectiveness of improvement programs is based on measurable benefit to the Prisoner and the achievement of improved health outcomes.

2.2 Components

The Quality Framework comprises the following components:

Dimensions of Quality

Dimensions of Quality define the parameters of quality for clinical care and service delivery. They underpin the Standards and are also included as Key Result Areas (KRAs) for reporting.

Clinical Governance Components

The Clinical Governance Components describe the governance structures and processes required to support quality care, including the accountability structures and review processes to monitor, assess and improve services. They are reflected in the Standards and are reported and assessed as KRAs in the Reporting Requirements.

Health Service Standards

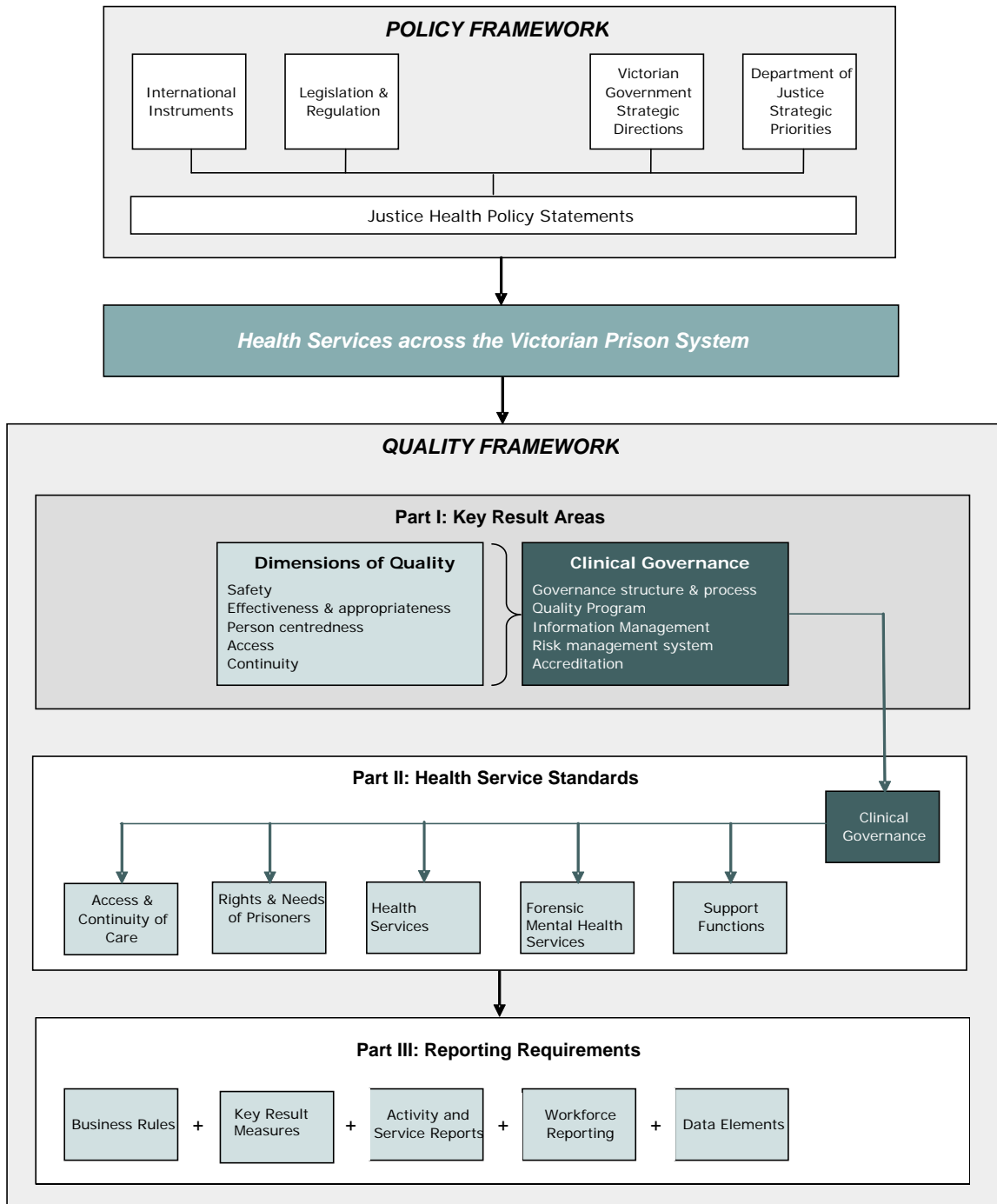
The Standards describe the functional requirements of service delivery. The Standards are used to determine the Operating Procedures that the Health Service Provider will need to put in place at the local level to ensure efficient and effective services for Prisoners. The Standards are the link between the Dimensions of Quality, the Clinical Governance Components and service delivery via operating procedures contained in the applicable Operating Manual.

Requirements for Performance Assessment and Reporting

The Reporting Requirements describe a planned and resourced approach to collecting data, assessing the quality of services and improving care in an open and collaborative manner.

The Quality Framework components form a hierarchy of principles, structures and processes that together enable the best possible care for Prisoners. This hierarchy is shown in Figure 1 on the next page.

Figure 1: Hierarchy of components of the Justice Health Quality Framework



3 Description of prisoner health services

The Quality Framework applies to all healthcare services that are the responsibility of Justice Health. These services fall within the categories summarised under the subheadings below.

3.1 Primary healthcare

Primary healthcare refers to the first level of general and mental health services. The purpose of these services is to promote the health of defined communities and address individual and population health problems.

Primary healthcare services refer to general health services, including:

- ◆ General Practitioner services
- ◆ primary mental and general health nursing services
- ◆ health assessments
- ◆ health promotion and prevention services
- ◆ delivery of healthcare in prisons
- ◆ medication management
- ◆ allied health and diagnostic services
- ◆ dental services
- ◆ chronic disease management
- ◆ communicable disease management
- ◆ pharmacotherapy programs
- ◆ on-call and recall services.

Justice Health oversees the provision of primary healthcare services in prisons.

3.2 Secondary healthcare

Secondary healthcare services are treatment and diagnostic services for Prisoners whose treatment requires more complex and specialised skills and facilities than primary healthcare services offer. Secondary healthcare usually follows referral from a primary healthcare setting.

The scope of secondary services provided in prisons is as follows:

- ◆ general (non-specialist) acute and sub-acute inpatient care
- ◆ specialist outpatient services
- ◆ mental health voluntary acute and sub-acute inpatient care.

3.3 Tertiary healthcare

Tertiary healthcare is the most complex and specialist type of clinical care, requiring sophisticated forms of treatment and diagnostic services. Tertiary healthcare services are provided only by major hospitals.

The scope of tertiary healthcare services provided to Prisoners is as follows:

- ◆ general specialist acute and sub-acute inpatient care
- ◆ mental health involuntary specialist acute and sub-acute care.

4 Quality Framework

The Quality Framework is built from the Dimensions of Quality and Clinical Governance Components, which are integrated into the Standards and provide the basis of the Reporting Requirements. These Dimensions and Components are intrinsic to the delivery of quality healthcare to Prisoners.

4.1 The Dimensions of Quality

4.1.1 Safety

Prisoners have the right to expect healthcare that does them no harm. Regular monitoring and review of clinical incidents and high-risk areas of care are fundamental to minimising risk and informing the development of systems that support safe care in all settings. The essential elements of Prisoner safety include the following:

- ◆ all staff are trained and supported to report incidents in clinical care within a 'just culture', defined as an organisational culture that encourages reporting of, and learning from, errors and adverse events through an understanding of the nature of human error and systems failure. A just culture does not assign blame for honest mistakes; however, it does ensure that staff take personal responsibility for abiding by policy and rules.¹
- ◆ incidents are managed appropriately, as soon as they occur.
- ◆ incidents are examined for lessons to be learned and opportunities for corrective action.
- ◆ staff development needs are identified and implemented.
- ◆ incidents and the resulting outcomes are monitored over time in conjunction with the risk management system to minimise the level of risk.

4.1.2 Effectiveness and appropriateness

The effectiveness of healthcare relates to the extent to which a treatment, intervention or service achieves measurable benefit and the desired outcome.

The appropriateness of healthcare relates to the extent to which a treatment, intervention or service is the right one for the Prisoner, and the extent to which it avoids unnecessary variation in the practice and standard of care. The expected health benefits must exceed any expected negative consequences by a wide enough margin that the procedure is worth carrying out. Existing evidence must be used to ensure the right care is given to the Prisoner at the right time.

Monitoring the appropriateness and effectiveness of care also addresses the efficiency of care processes.

4.1.3 Person-centeredness

Person-centeredness means creating opportunities for those receiving care to become active participants in their treatment. The concept of person-centred healthcare involves care that is planned and focused on achieving the greatest benefit for the Prisoner in a way that is acceptable to the values, beliefs and culture of that Prisoner.

The rights of Prisoners to be informed and involved in decisions about their healthcare must not be compromised by the fact that they are in custody. The treatment of every Prisoner should be directed towards raising their awareness of health issues, preserving their dignity, and enhancing and preserving their health. Prisoners can expect to be treated with respect and consideration and to receive services free of discrimination, irrespective of age, gender, sexual preference, religion, disability or ethnicity.

Prisoners must be informed about the risks and benefits of care, and be given the opportunity to fully participate in any decision-making regarding treatment alternatives, except in certain circumstances, such as where their condition(s) could impact public health. Prisoners may elect to refuse treatment.

¹ S Dekker, *Just Culture: Balancing Safety and Accountability*, Ashgate Publishing Limited, Aldershot, England, 2007.

Healthcare staff have a professional obligation to ensure that they understand their patients' healthcare problems and that Prisoners understand the information provided to them.

4.1.4 Accessibility

Accessibility is the degree to which health services are available to the population they serve, based on need. Access is influenced by the availability of services, the waiting times for services and the processes involved in accessing services and information. The aim is to minimise the anxiety and stress for Prisoners accessing healthcare. Accessibility includes timely and appropriate access to specialist referrals, tests and test results, relevant screening, clinical treatment and supportive care. Timely access to a range of health services is a crucial element in the provision of effective healthcare.

4.1.5 Continuity

Prisoners are entitled to receive care that is coordinated across the care continuum to ensure a comprehensive and streamlined treatment journey.

The delivery of coordinated and continuous care not only requires determining what care is needed but also requires clarifying roles and tasks to ensure the Prisoner receives the care they need, and that all the clinicians who interact with a Prisoner have centralised, up-to-date information about the Prisoner's status. It also requires that follow-up becomes a part of standard procedure. Consumer information and resources also support the central role of the Prisoner in care coordination.

These Dimensions of Quality relate to all aspects of healthcare delivery and will be achieved through effective clinical governance. Executives and managers are responsible for ensuring the organisational culture and administrative and corporate structures and systems support clinical services and quality outcomes for Prisoners.

4.2 Clinical Governance Components

4.2.1 Governance structure and process

Ultimately, the Health Service Provider is accountable for the quality and safety of clinical services. At the level of clinical service delivery, accountability for the quality of care is shared among members of the multidisciplinary healthcare team within their defined roles and responsibilities.

Clinical governance requires a program of review and improvement of internal processes and outcomes at every level, from the organisation's governing body, the Chief Executive Officer and the management team, to clinicians and non-clinical staff. Senior management is also responsible for ensuring an organisational culture that encourages and rewards openness, mutual respect and teamwork.

An appropriate governance structure and process that ensures coordinated and high-quality healthcare services through strong leadership must be developed at both the corporate and local levels. Effective accountability, information flow, data monitoring and decision-making is a line management responsibility, which also requires a sound committee structure to support good governance.

Healthcare staff must be selected, trained and managed so that their capacity and capability are optimal. Ensuring quality of care requires close attention to recruitment, credentialing, scope of practice, peer review, skills assessment, clinical supervision, skill mix and continuing education. Performance review at regular intervals is a key component of credentialing, and involves ongoing review of the skills, performance and development of individual clinicians.

Credentialing is defined in the National Standard developed by the Australian Council for Safety and Quality in Healthcare as 'the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments'.

Credentialing of non-medical staff may also be necessary to improve and sustain the safety and quality of healthcare, through minimising practice variation and ensuring the wide adoption of best practice. All staff need to be trained for their role, and their competencies should be regularly assessed.

4.2.2 Quality program

Executives and managers are responsible for ensuring administrative and corporate structures and systems support and monitor quality outcomes for Prisoners in a planned, resourced and effective manner.

Roles and responsibilities for enacting the safety and quality improvement program at all levels of healthcare must be clearly delineated and supported by a strong and open culture. Assessing, achieving and maintaining a high level of staff competence at all levels to ensure the safe and effective delivery of healthcare is both a corporate and personal responsibility. Delegation of responsibility and accountability for performance goes hand in hand with empowerment of staff through their involvement in planning, decision-making and improvement activities.

Identifying, implementing and evaluating evidence-based care achieves best outcomes for Prisoners. The care delivered must be monitored by implementing a planned, regular program of audit and review of clinical care processes and clinical outcomes based on a robust methodology and knowledge of quality improvement activities. Staff must be trained in the methodologies, and involved in multidisciplinary assessment of care. Communication and cooperation of external contracted services must be sought.

The Health Service Provider must have a structured process for dealing with feedback and complaints. It is important that Prisoners are aware of this process and of their right to express their opinion or make complaints about the health services they receive, and to have those complaints taken seriously, reviewed and resolved.

Consideration and implementation of agreed recommendations to improve care is a key component of the quality improvement cycle, and this will be achieved effectively in a cultural environment that is open and supportive. The review of those actions to ensure the desired results have been achieved is the final step in the quality improvement cycle.

Regular structured reviews of the quality program as a whole will enable an assessment to be made of its efficacy and the impact of any improvements.

4.2.3 Information management

The effective and efficient management of health services requires ready availability of timely and accurate information, both for Health Service Providers at the local level, and for review and audit activities. The health record can be admitted as evidence in legal proceedings or used for other legal purposes and is also an essential resource for healthcare staff. It should contain sufficient information about each consultation to allow other health professionals to carry out the management of the Prisoner throughout the Victorian prison system healthcare continuum.

Other information resources need to be timely, comprehensive and effective to facilitate the delivery and assessment of, and reporting on, the quality of care. In the use of all information, privacy and confidentiality is a basic Prisoner right.

4.2.4 Risk management system

The complexity of healthcare means risk is always present. Safe care is care delivered through constantly identifying, managing and minimising risks. The management of risk also involves promoting a 'just culture' that encourages reporting, and learning from errors and near misses.

Risks may be clinical or non-clinical and include occupational health and safety issues and environmental risks. The identification and proactive management of risk requires a planned, resourced and systematic approach that is monitored over time.

Roles and responsibilities for the risk management system at all levels of healthcare must be clearly delineated for all staff, and support a multidisciplinary, team-based approach to the assessment of root

causes. The skilled multidisciplinary assessment of root causes and recommendations for action will promote the implementation of remedial actions.

4.2.5 Accreditation

Accreditation is an important external validation of care delivery and the clinical governance system. Accreditation programs will assist organisations to identify their strengths and weaknesses through review and benchmarking activities. Accreditation is also a learning process whereby external assessment assists in identifying and prioritising improvement activities.

4.3 The Health Service Standards

The Standards describe the functional requirements of service delivery. Health Service Providers and health service staff will use these functional standards in determining the Operating Procedures (policies, procedures and protocols) to be in place at the local level to achieve the desired outcomes of service delivery.

The Dimensions of Quality and the Clinical Governance Components are incorporated into the Standards to ensure the delivery of efficient and effective services to Prisoners.

4.3.1 The Standards

The Standards consist of six sections as follows:

- ◆ Access and Continuity of Care
- ◆ Rights and Needs of Prisoners
- ◆ Health Services
- ◆ Forensic Mental Health Services
- ◆ Support Functions
- ◆ Clinical Governance.

Each section contains a rationale, and the Standards applicable to that section.

The Standards are constructed as follows:

- ◆ a Standard title
- ◆ a description of each Standard, expressed as a functional outcome of the health service related to Prisoners and/or the responsibilities of the Health Service Provider
- ◆ a description of the key requirements that must be met for each Standard, against which the performance of the Health Service Provider will be monitored through audits, data and reports.

The key requirements will assist Health Service Providers in devising a process to ensure the delivery of safe, effective services within the Victorian prison system. However, the Health Service Provider will need to use its specialist professional skills and expertise to establish the full details of the protocols, procedures and processes required at the local level.

It is expected that the Health Service Provider will go further than the key requirements where necessary, to ensure the intent of the Standard is achieved and continuously improved in line with contemporary guidelines. Procedures and protocols will need to be upgraded periodically in line with changes to clinical guidelines, policy changes and legislative requirements.

The application of the Standards will be assessed by the following means that:

- ◆ the Health Service Provider will be required to use the Standards in internal auditing and quality improvement activities, and report the results in accordance with an agreed Quality Plan.
- ◆ regular audits of the application of the Standards and key requirements will be conducted through site visits by Justice Health. These audits will be conducted in a coordinated manner using agreed criteria, and the resulting reports provided to the Health Service Provider.
- ◆ the Reporting Requirements.

4.3.2 Requirements for Performance Assessment and Reporting

The Reporting Requirements are detailed in Part III and describe the ways in which performance will be assessed via audits of the Standards, and via the monitoring, measurement and reporting of key aspects of health delivery and clinical governance.

The KRAs to be reported on are the Dimensions of Care and the Clinical Governance Components detailed above, and statistical information about occasions of service. The selected KRAs are locally, nationally and internationally recognised as key to monitoring and improving the safety and quality of care. The Reporting Requirements include a description of what needs to be measured and reported on, how it is to be measured and reported on, and the business rules for reporting and response.

5 Implementing clinical governance

Effective clinical governance requires a committee structure to oversee quality improvement and risk management structures and programs, review and evaluate data, and monitor progress in attaining goals. The tasks of such committees include:

- ◆ setting strategic clinical quality milestones
- ◆ monitoring critical outcomes
- ◆ considering ethical issues
- ◆ taking responsibility for the credentialing of staff
- ◆ developing clinical practice guidelines
- ◆ receiving reports from managers and staff
- ◆ reviewing audit reports, trended clinical data and reports of sentinel events
- ◆ oversighting consumer feedback and the resolution of complaints
- ◆ oversighting the effective use of medications
- ◆ monitoring progress with the steps for accreditation
- ◆ checking the status of key clinical risks and the risk register
- ◆ identifying safety and quality issues requiring further consideration.

A major role of these committees is to make or ratify recommendations for clinical quality improvement, allocate responsibilities for action as appropriate, and ensure that strategic quality goals are achieved.

6 Summary

The Quality Framework, through the combination of the Dimensions of Quality, the Clinical Governance Components, the Standards and the Reporting Requirements, directs the implementation of quality healthcare across the Victorian prison system.

Ongoing review and improvement will be achieved through reporting, performance assessment, feedback and service improvement to ensure the delivery of contemporary quality health services for Victorians in prisons.