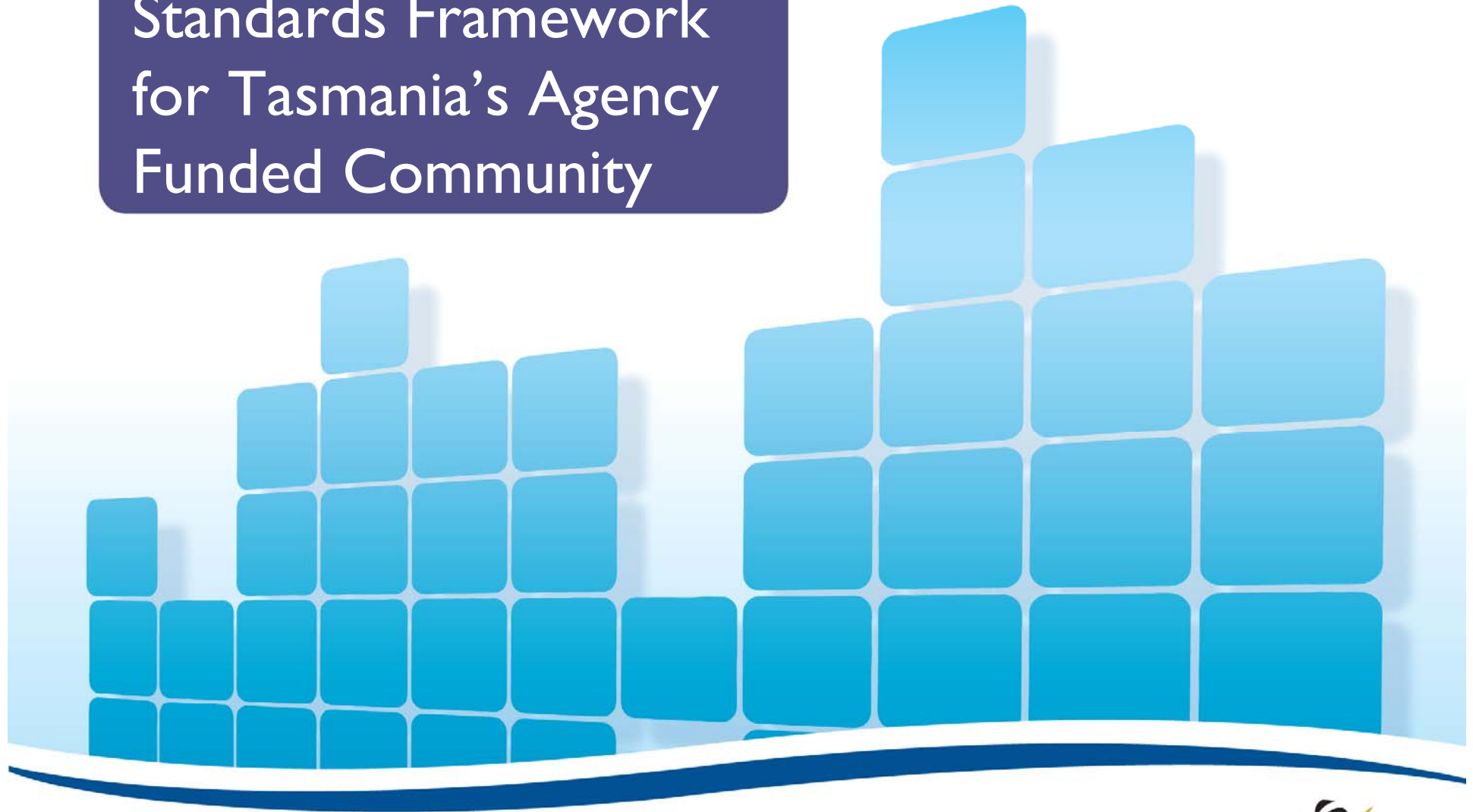
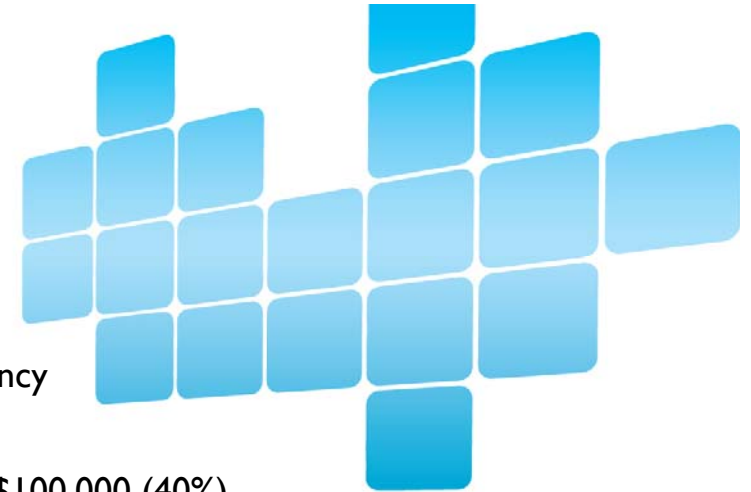


Quality and Safety Standards Framework for Tasmania's Agency Funded Community



Introduction



Brief background:

- 242 community sector organisations funded by the Agency
- 443 service agreements
 - 103 have a DHHS investment of less than \$100,000 (40%)
 - 99 have a DHHS investment of \$100,000 – \$ 1M
 - 40 have a DHHS investment of \$1 M - \$ 12.5M investment between \$1400 and \$12.5M
- 114 service types
- est. 600 service delivery sites
- \$160M DHHS investment – expected to increase by \$100 M over the next 2-4 years

- 8500 staff
- 15,000 volunteers
- up to 12 national standards frameworks
- up to 40 national specialist standards frameworks
- approx 15 of 242 CSOs undertaking external accreditation

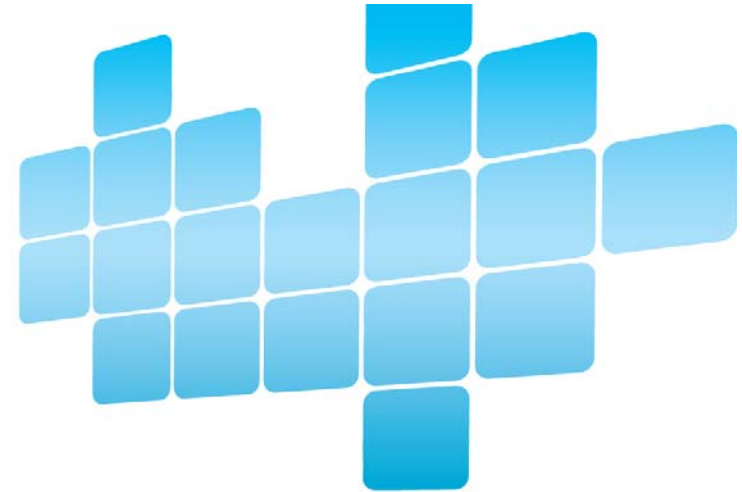
Principles:

The quality and safety standards framework will:

- Be consumer focussed
- Focus on continuous quality improvement
- Be based on nationally recognised standards – generic and service specialist
- Minimise additional regulatory burden on organisations
- Be evidence based, efficient, outcomes focussed, effective and sustainable
- Integrate existing processes and templates as much as possible
- Align the quality requirements of each organisation with its service volume, resources and service type

Funded organisations will:

- Be required to engage in a quality improvement plan based on nationally recognised generic and service specialist standards
- Undergo monitoring, review and evaluation of their contractual requirements, including those relating to quality, safety and quality improvement
- Continue within their current accreditation framework or select an appropriate national standards framework if seeking accreditation



Scoping:

Objectives:

- Understand the range of standards
- Increase understanding of the community sector
- Single Standards Framework to capture all community sector organisations regardless of service type and investment
- Design a product to provide for a range of potential future pathways for quality and safety such as accreditation, adopting similar to Queensland framework, continuing with an improved Tasmanian framework post 2012 evaluation
- Link with the regulators of legislative standards

Activity:

- Development of Strategic Plan – inclusive of quality and safety as a priority for the sector
- Literature reviews
- Survey of community sector organisations
- QMS Report
- Reviews of range of different state-based frameworks
 - South Australia, Queensland and Victoria
- National Frameworks – QMS, QIC, ACHS, ISO
- Discussions with other jurisdictions
 - Queensland, South Australia, Victoria
- Discussions with ACHS and QMS
- Mapping ACHS (health and hospital focus) to QIC, ISO etc, and state-based frameworks
- Service Specialist Standards frameworks such as Disability, Mental Health, Aged Care



Scoping:

What did we learn?

- Extremely diverse community sector
- Need to learn far more about our community sector, including safety status
- Can not “transplant” framework from another state/territory due to sector diversity

Vision:

What do we want?

By 2012

Every community sector organisation has basic safety and human/consumer rights requirements in place

Every community sector organisation is actively engaged in the pursuit of continuous quality improvement



Consultation:

April 2008

Receipt of QMS Final Report

16 May 2008

First meeting ASF Q&S Reference Group meeting
Letter to stakeholders – feedback on QMS report
Request ASF consult with members
Report on DHHS website

27 June 2008

Feedback – 40% internal and 60% external

1 July 2008

Second ASF Q&S Reference Group meeting
Prepare recommendations for ASF

8 July 2008

ASF Meeting

13 August 2008

Workshop DHHS

22 August 2008

Third ASF Q&S Reference Group meeting

15 September 2008

Consultation paper distributed to CSOs and DHHS
Agency website

25 and 26 September 2008

Consultation forums DHHS Directors and business units
(13 representatives)

September and October 2008

Individual meetings with CSOs X 15 CSOs



15 October 2008

Consultation forum CSOs – NW Coast (4 CSOs rep)

16 October 2008

Consultation forum CSOs – North (19 CSOs rep)

24 October 2008

Consultation forum CSOs – South (40 CSOs rep)

October – November 2008

10 + telephone conversations CSOs
12 written submissions CSOs
Multiple informal meetings and consultations

November 2008

Briefing and meeting with Secretary and Deputy
Secretary Care Reform

12 December 2008

Consultation forums DHHS Directors and operational
units
(5 representatives)

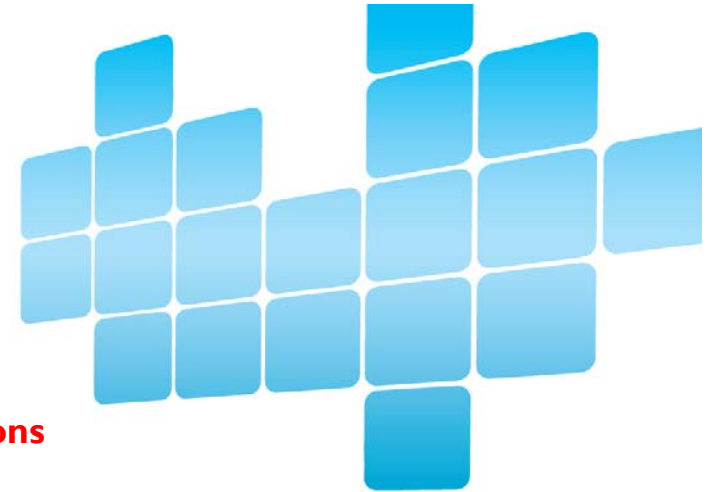
December 2008

Feedback analysis post consultations to all CSO, DHHS
web site and communityExpress

8 January 2009

ASF Quality and Safety Reference Group meeting

The Framework



2 Sets of Standards:

Generic Standards X 6 –

Selected by OCS - apply across all community sector organisations

- All require compliance staged in over period 2009-2012
- Map to national standards frameworks and align with frameworks of other states/territories

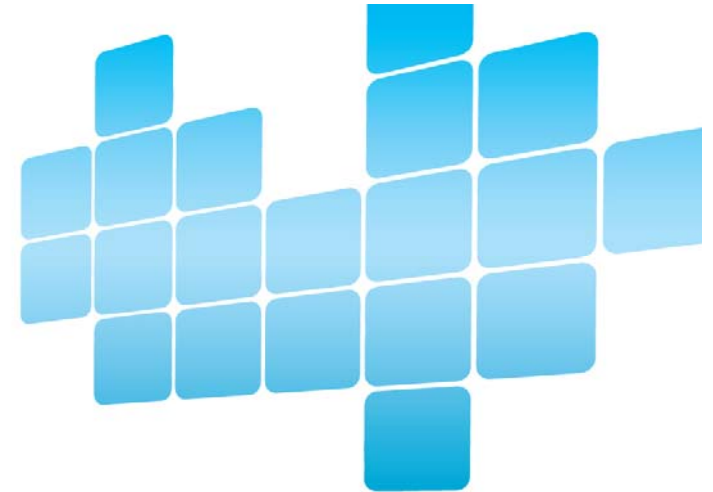
- Safe environment (fire safety, food safety, OH&S, Medication Management)
- Consumer Focus (Health and Wellbeing, Cultural Diversity etc)
- Incidents and Feedback (Compliments and Complaints, Incidents)
- Data and Knowledge Management (Collection, Security, Management)
- Governance (Financial Reporting, Decision Making, Risk Management etc)
- Workforce (Recruitment, Sustainability, Roles and Responsibilities etc)

Service Specialist Standards –

Operational Units select for each community sector organisation

- Some may require compliance at a set date or continuous quality improvement
- Map to national service specialist frameworks

The Framework

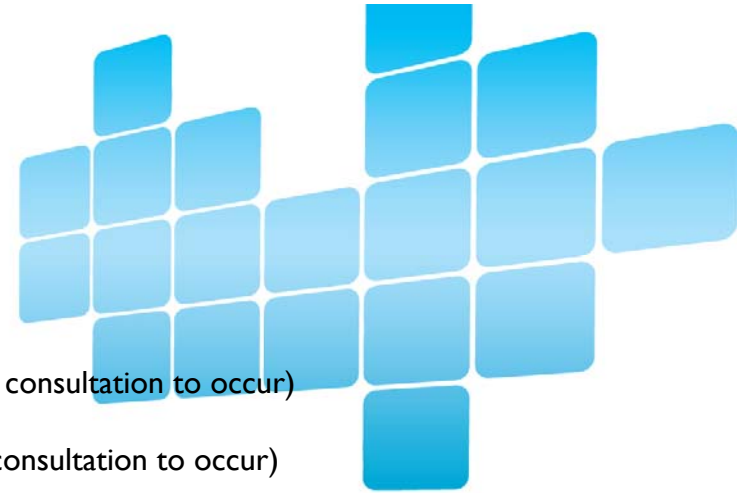


Each standard will have:

- A Standard
- A consumer outcome statement
- A number of elements for each Standard (some Fundamental/mandatory, others Supplementary/optional)
- Evidence every six months (self-report) for improvement stages and when compliance is reached against each Standard

Standards to be reviewed as part of Framework evaluation 2011/12

The Framework

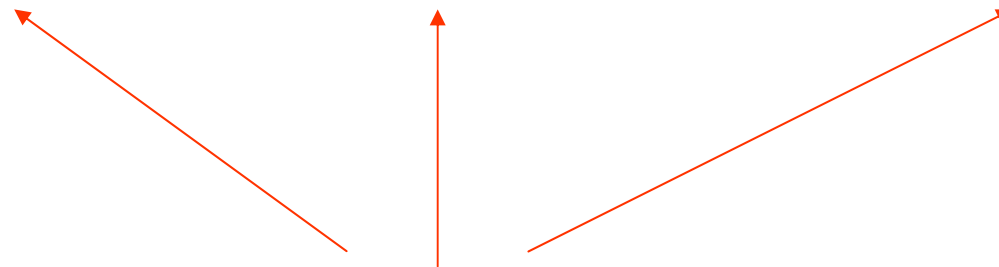


- Accredited Organisations
- HACC funded services (operational following current processes – further consultation to occur)
- SAAP funded services (operational following current processes – further consultation to occur)
- Map Tasmanian Quality and Safety Standards Framework to the above and accept the reports

Accredited CSOs

SAAP funded

HACC funded



Tasmania's Standards Framework

Monitoring: How and Who is responsible?



Core Monitoring

- Self report by CSOs to OCS – 6 monthly cycles / routine accreditation audit reports
- Focus on agreed generic and specialist standards
- Template based report – template developed by OCS, provided by OCS (tick-a-box and text)
- Require comprehensive analysis by OCS (generic standards) and Op Units (Service specialist standards)
- Highlight activity and outcomes against agreed generic and Service Specialist Standards
- CSO will identify key areas of “gap” and areas for quality improvement – activity to be undertaken
- OCS and Op Unit will provide CSO brief feedback report of acknowledgement

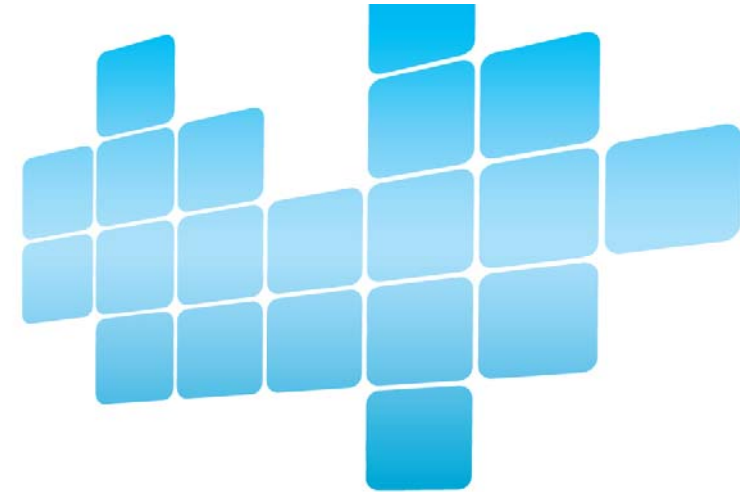
Desktop Reviews

- Internal to OCS - 3 monthly cycles (will coincide with self-reports every 6 months)
- Data and information analysis – incidents, financials, meeting timeframes for staged compliance
- Template based report completed by OCS and Op Unit
- Broad information and data collection analysis eg. trends, self reports, complaints, compliments, staff, checks with regulators, consumer and carer feedback, etc
- Day-to-day business but more structured approach on 3 monthly cycles
- Focus to capture concerns early and develop responses i.e may flag the need for attention to financials, safety, best practice etc
- Will focus OCS Q&S staff and Op Units on follow-up as required
- OCS will provide CSO brief report on Desktop Review

Service Reviews

- Undertaken as and when required
- Collaborative process involving all partners
- May be related to service delivery, organisational / financial management
- May be undertaken in response to serious and ongoing quality and safety concerns or risk - purpose is to gain greater clarity of actions for improving quality and safety – quality and solution focussed
- May be undertaken to identify, understand and celebrate innovative practice and the associated wisdom

Incident/complaint/compliment monitoring and reporting



The Electronic Incident Monitoring System (EIMS) was proposed:

- Based on feedback, EIMS has become IMS (Incident Monitoring System – not electronic)
- Proposal is to utilise the policy infrastructure to achieve consistency in definition and process

- Serious incidents – Severity Assessment Code (SAC) 1 and 2 – report to DHHS Operational Units
- Operational Units will respond, enter data and be service “type” specialists
- OCS will monitor the investigation process
- OCS trend data

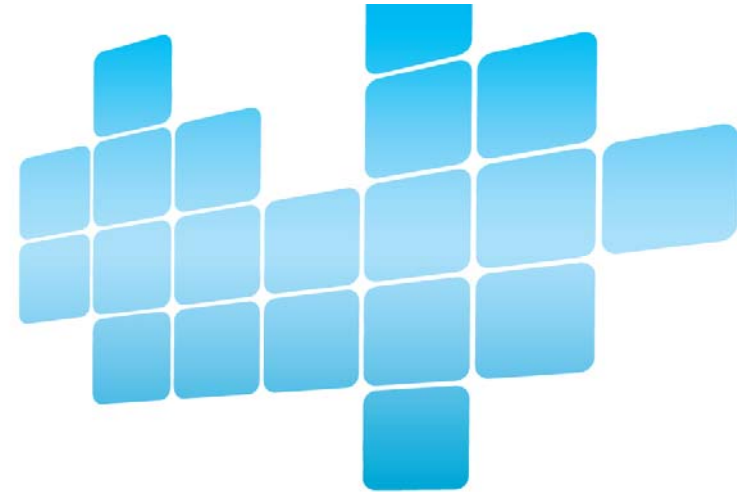
- Less serious incidents – Severity Assessment Code (SAC) 3 and 4 – CSOs record and manage internally
- CSOs report in 6 monthly self-reports
- OCS trend data and report to Operational Units

Evaluation

- **Begin 2011 and consider:**
 - Standards
 - Monitoring
 - Resources
 - Future pathway

- **Involve:**
 - DHHS (including OCS)
 - Other stakeholders
 - ASF Quality and Safety Committee
 - Community sector organisations
 - Consumers
 - Peaks

- **Undertaken/Lead by (options):**
 - External consultant

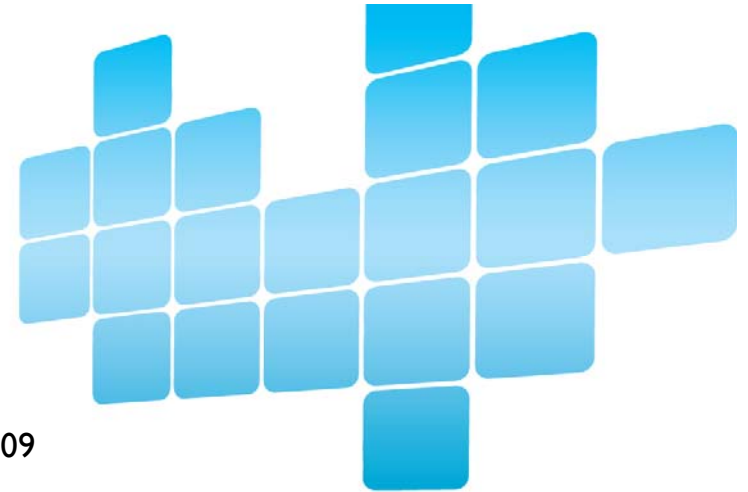


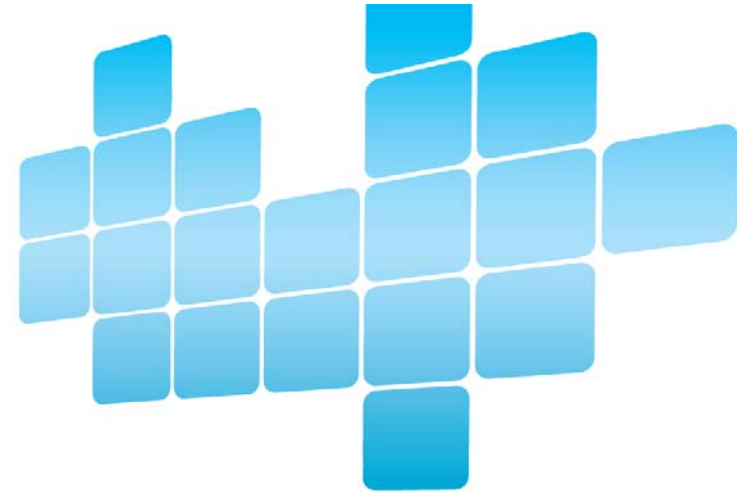
Current status

- Endorsement from Departmental Executive - February 2009

- Implementation Plan under development
- Consultation regarding implementation to occur

- Priority documentation under development:
 - ◆ Overview document
 - ◆ Standards workbook and initial report
 - ◆ Reporting template





Contact:

Liz O'Malley
Manager, Quality and Safety
elizabeth.omalley@dhhs.tas.gov.au

Mandy Bosworth
Senior Quality Officer
mandy.bosworth@dhhs.tas.gov.au

David Badcock
Project Manager – Incident Management System
david.badcock@dhhs.tas.gov.au

Phone: 6336 4132