SUBMISSION

ACSQHC
Patient Safety in Primary Health Care: Discussion Paper

Victorian Healthcare Association

Risk Management and Insurance

September 2010

1. Introduction

This submission paper outlines the joint response of the Victorian Healthcare Association (VHA), on behalf of its members and the Victorian Managed Insurance Authority (VMIA), to the Australian Commission on Safety and Quality in Health Care's (ACSQHC) consultation paper, *Patient Safety In Primary Health Care.*

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VHA

The VHA is the major peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established since 1938, the VHA promotes improvement of health outcomes for all Victorians, from the perspective of its members.

VMIA

The VMIA provides risk and insurance services to protect Victoria's assets and minimise losses from adverse events. Our mission is to provide a leadership role in reducing the total cost of risk to the state of Victoria. Established under the Victorian Managed Insurance Authority Act 1996, VMIA is a statutory authority that reports to the Department of Treasury and Finance. VMIA provides support and advice in strategic and operational risk management and insurance products, tailored to meet the specific needs of individual clients. VMIA clients sit primarily within the general government and public health care sectors.

Background

The VHA has undertaken considerable project work in the field of clinical governance over the last 4 years, and has actively sought partnership with the VMIA to facilitate the completion of this work. The project work focussed on risk management in community health services. Community Health services in Victoria provide a broad range of primary and community health care. There are approximately 100 services

which are stand alone or integrated with hospital services and governed by independent boards of management. Funding of these centres is sourced from federal, state and local governments, philanthropic bequests and emergent public/private partnerships.

A typical Community health service in Victoria may provide the following primary and community health services**:**

- Allied health
- Social support
- Community nursing
- Drug and alcohol services
- Counselling
- Mental health
- Health promotion
- Youth Services
- General practice
- Disability Services
- Dental
- Community development
- Health education and support groups
- Early intervention programs

In 2006, VHA developed partnerships with VMIA and the Department of Health (previously Department of Human Services) to work with the sector to develop improved Risk Management Practices through the establishment of Risk Management Frameworks and Clinical Risk Management (Attachment one) systems. This collaborative project aimed to establish risk frameworks and reduce clinical risk. This program has been implemented statewide, evaluated and now forms part of an annual VMIA training program.

The project learnings, in conjunction with other risk management advisory work with primary and community health organisations who deliver Hospital Admission Risk programs (HARP)[1], highlighted community based services generally are developing their risk management frameworks with a focus on the identification and management of clinical risk.

The community sector has been a proactive leader in developing ways to measure quality of care provided to clients through the use of indicators, which continue to evolve. The focus now for community health organisations has been to mature their governance frameworks to incorporate quality of care (indicators) and clinical risk, along with other aspects of good governance.

[1] The Victorian Government established the Hospital Admission Risk program - HARP in 2001-02 to develop preventive models of care involving hospitals and community agencies which focused on people with chronic and complex conditions and gave priority to high volume and/or frequent users of the acute public hospital system.

2. Patient safety risks in primary health care

The Victorian community health sector has to date been a relatively low risk environment compared to the acute care sector. It is expected, however, for the risk profile to change as a result of future policy direction of community health in chronic disease and ambulatory care programs that span the acute–primary interface.

To better manage the risks associated with the changing service profile the sector identified through the risk management project, the need to develop systems for managing clinical risks associated with service delivery in the community. The challenges for identifying and managing risk in the Victorian Community Health Sector include:

- Developing risk management frameworks further to integrate with strategic planning and governance frameworks
- Improving structures and systems to identify and monitor key risks and in particular clinical risks
- Standardise and computerise incident reporting systems to assist benchmarking or sector identification of risks[2])
- Improve the under reporting of incidents and adverse events.
- Develop better systems to receive and manage client complaints as an input into risk management
- Identify mechanisms to enhance the structure and resourcing of community health services to assist the development of more robust structures, processes and systems to support quality and risk management
- Reduce gaps in systems and client information, by adopting standard platforms and software for documentation and referrals.
- Establish quality assurance activities across agencies to capture the continuum of patient/client care in order to identify clinical risks and adverse events e.g. incident review, limited adverse occurrence screening, clinical audit, indicators, mortality and morbidity reviews, complaints and credentialing etc
- Continuing the further development of quality indicators to monitor quality of care and clinical outcomes

The risk management project attempted to identify major categories of clinical risk based on existing available data sources from community health services, insurance companies, registration bodies, the Health Service Commission and from community health services. This approach was abandoned due to the paucity of clinical systems and related data.

The reporting of clinical incidents in community based services was found to be low; this reflects both the underreporting of incidents due to the fragmentation of care and the non standard and integration of systems to capture data. Underreporting occurs as a direct result of a client being managed at another referral facility e.g. GP, hospital or not re-attending the same service.

[2] The Department of Health has commenced the implementation of the Victorian Health Care Incident Management System (VHIMS), which is expected to be completed by February 2011.

The preferred method of identifying clinical risks in the community sector in the absence of good systems data was through the use of risk identification workshops. This method is commonly used to identify strategic and other risk categories in other organisations.

Risk identification workshops confirmed the following clinical risks of relevance to the community health sector as being:

- Failure of appropriate pre-testing and assessment leading to deterioration of client condition
- Failure to supervise a client using equipment resulting in harm
- Client injury sustained during treatment causing harm
- Poor infection control practices leading to cross infection resulting in harm
- Failure to obtain informed consent leading to client dissatisfaction with care
- Breach of privacy and confidentiality leading to client complaints and litigation
- Poor documentation in clinical records resulting in inappropriate care resulting in client harm
- Environmental risks leading to client injury
- Poor or absent communication and handover of client care leading to errors, interruption or gaps in care
- Failure of the client to take responsibility for the management of their care leading to a deterioration in their condition
- Interagency risks associated with continuity of care resulting in :
    - Poor referral practices and systems leading to gaps in care or cessation of care
    - Poor coordination of care leading to an exacerbation of acute and chronic disease states and readmission to hospital
    - lack of a single electronic or shared clinical record leading to mis-diagnosis, missed diagnosis, medication error, missing/absent referrals, lack of follow-up of abnormal diagnostic and pathology testing
    - Inability to access care and services leading to a deterioration in client condition
    - Failure to refer the client for follow up treatment and services leading to a deterioration in condition
    - Failure to coordinate/case manage client care and ensure effective treatment and services are provided resulting in a deterioration of client condition

A key risk category identified in community and primary health is interagency risk. Interagency risk results when there are single or multiple organisations involved in the delivery of single and/or multiple services. Non-standard systems and lack of interagency agreements or memorandums of understanding between community based organisations contribute to this risk. Organisations are actively attempting to work towards improving the governance of service quality and client safety across the continuum of care. It is clear that uniform processes and systems for communication, monitoring and reviewing the safety of services is required with multi organisational programs in order to mitigate the risk to clients.

Once risks were identified, risk management systems were then developed and documented to enable the monitoring and control of risks focusing on resilience ie reducing the impact on the client. The project included the development of a training program to establish risk management frameworks and systems. The state-wide training program aimed to consolidate the implementation of risk frameworks through the use of tools and templates to develop skills, knowledge and raise awareness of the need to formally identify and manage clinical risks.

The learnings from the managing clinical risk element of the project made it clear that organisations need to further develop:

- robust and integrated governance and risk management frameworks
- incident reporting, complaints and compliment systems
- systematic quality improvement activities to monitor improvement in client safety
- regular risk identification workshops until reliable data and indicators of safety are developed
- indicators to monitor the appropriateness and effectiveness of processes and interventions contributing to client safety
- governance of care and service safety as a board of management responsibility
- board training which includes risk management and management of clinical risk
- mechanisms to improve interagency client, quality and risk data

3. Future work in safety in primary health care

Identifying and reducing risk in community based organisations requires more than establishing systems for incident reporting, which will be addressed with the implementation of the VHIMS. Additional work to further develop quality and safety indicators, better interagency data sharing, care coordination, client centred care, communication and shared electronic records will allow referral, handover and clinical audit. These systems and approaches will provide better information to more proactively identify clinical risks not traditionally reported through incident systems. For example the Department of Health in partnership with the health services has developed LAOS (limited adverse occurrence screening) programs; these are now being used in small rural health services by the local General Practitioners. This program could provide valuable quality and risk information in the primary and community health care setting.

While addressing clinical risk in community based organisations continues to be actively developed, the presence of a corporate structure with clear policies outlining responsibilities and accountabilities for risk management enables progress to be made. Applying these lessons to the private sector is unknown and outside of the VHA/VMIA scope of knowledge. To progress work in risk management of primary healthcare services it is considered that effective structures, systems and processes need to be better understood in the public community and primary healthcare environment before addressing the private practice environment.

Due to the systems improvement development required to capture incident and other data, future research needs to focus on assessing the nature and frequency of adverse events and near miss through examining participants in specific programs

delivered in the community. Complex and higher risk programs would be the priority for research attention, for example, multi organisation chronic disease programs. The risk profile of these clients is higher due to the nature of clients with chronic disease, often with multiple co-morbidities and the challenges of communication and care coordination across multiple services for this client group.

Once clinical risks are identified, related lead indicators can be developed to reflect key processes supporting safer practice. The necessity to take a proactive stance on safety, reflected in both lag and lead indicators, could then be embedded and reflected in accreditation processes and standards.

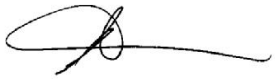
One of the key challenges for addressing safety in primary health care is the need to develop the skills and credentials of staff responsible for quality and risk in community based health organisations. Quality and risk responsibilities are often undertaken by clinicians who may also provide direct care services. Generally these staff have no formal training in quality and risk management. There is a need to address staff development in quality and risk both at the undergraduate and graduate levels across all health disciplines.

Effective national policy which identifies and aims to reduce risks to clients would require structures, frameworks and systems to be in place at the local level to manage those risks.

4. Conclusions

The consultation paper aims to improve client safety in primary health care by identifying and reducing risks to clients. The paper's focus is to initiate discussion on "patient safety risk" (clinical risk) in the primary care setting. In Victoria, we support a broad scope of service providers being included in this work around identifying risks for the client journey. Key risks in the primary care setting have been identified around interagency level which can contribute to serious medication, referral, handover and communication error. There has been policy work nationally undertaken to address these risks such as electronic records, GP coordination of care for chronic disease and improved incentives to coordinate the care. In order to address clinical risk, structures, frameworks and systems supported by training need to be put in place at the local level.

Please contact Alison Brown on (03) 9094 7777 or Liz Cox 0408 054 845 to clarify any information in this submission.



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Enc: Attachment one