



Patient safety and clinical excellence framework

Austin
HEALTH

Contents

Our identity.....	1
Our purpose.....	1
Our vision.....	1
Our strategic guiding principles.....	1
Our values.....	2
Our actions show we care.....	2
Together we achieve.....	2
We bring our best.....	2
We shape the future.....	2
Our patient safety and clinical excellence framework.....	3
Leadership.....	4
Safety culture and systems.....	4
Robust continuous improvement and learning.....	4
Leading for safety and clinical excellence.....	5
Culture.....	5
Roles and responsibilities.....	5
Policy.....	5
Partnering with consumers.....	6
Person-centred services, care and outcomes.....	6
Teams, partnerships, knowledge transfer and shared learning.....	6
Equity, diversity, inclusion, and responsiveness.....	6
Participation and shared decision making.....	6
Health literacy, information, and communication.....	6
Feedback mechanisms.....	6
Ensuring an appropriately skilled workforce.....	7
Recruitment and retention.....	7
Credentialing and scope of practice.....	7
Induction and training.....	7
Performance feedback and development.....	7
Placing patient safety first.....	8
Policy and legislative compliance.....	8
Accreditation.....	8
Clinical risk management.....	8

Patient safety measures	9
Openly informing and supporting our patients, their families, and carers if something goes wrong	9
Statutory duty of candour	9
Cultural safety	9
Child safety.....	9
Achieving clinical excellence	10
Improvement framework	10
Clinical leadership	10
Evidence based clinical guidelines and practice	10
Clinical practice and service reviews.....	11
Clinical data, information and analytics	11
Performance monitoring and reporting	11
Research and innovation	11
Patient safety and clinical excellence is everybody's business.....	12
Austin Health Board.....	12
Austin Health Executive	12
Austin Health Divisional Directors, Medical Directors, and Departmental Directors.....	12
Austin Health Clinical Unit/Department Heads and Divisional Managers	13
Austin Health clinicians and non-clinical staff	13
Austin Health patients and consumers	13
Austin Health Patient Safety and Clinical Excellence Division	13
Austin Health Committee Structures.....	14
Austin Health Board.....	14
Austin Health Board Clinical Safety and Quality Committee	14
Austin Health Executive Safety, Quality and Risk Committee	14
Austin Health Divisional /Departmental Committees	14
References	15
Glossary of terms	16

Our identity

We are proud at Austin Health to be a major healthcare provider located in the northeast of Melbourne in Victoria. The local community we serve is diverse, encompassing people from various backgrounds and ages, and we know the care needs of our community are becoming increasingly complex. We deliver outstanding health professional education and research across three sites in Melbourne's northeast metropolitan region.

Our purpose



Helping people live healthy, productive, and fulfilled lives.

Our vision



Shaping the future through exceptional care, discovery, and learning.

Austin Health, comprising the Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre, is one of Victoria's largest health care providers. Austin Health employs more than 10,000 staff across its three sites.

We are a major tertiary and quaternary health service providing an extensive range of acute, sub-acute, mental health services and a comprehensive range of ambulatory services including, specialist outpatient clinics and outreach services.

We are home to several state-wide services.

- Acquired Brain Injury Unit
- Child Mental Health Unit
- State-wide Toxicology Services
- Victorian Liver Transplant Unit
- Victorian Poisons Information Centre
- Victorian Respiratory Support Service
- Victorian Spinal Cord Service

We continue to provide support to Regional Victoria through the operation of several specialist services and ten pathology services across northeast Victoria.

Our strategic guiding principles



Timely access to high quality care.



Listen to what our patients and community say.



A great place to learn, work and grow.



Culturally safe services for Aboriginal and/or Torres Strait Islander peoples.



Research activities that improve patient outcomes.



Technology and infrastructure support patient care.

Every person who seeks care at Austin Health has the right to expect safe, and high-quality health care. Our aim is to consistently deliver a care experience that not only meets, but exceeds the expectations of our patients, always striving to achieve excellent clinical outcomes. Fundamental to delivering on our promise is a coordinated and robust approach to clinical governance.

Our values

Our vision is “shaping the future through exceptional care, discovery and learning.”

Our values define who we are, and shape our culture and the behaviours, practices, and mindsets of our people. They guide how we work with each other, and with consumers, the community, and our partners. Our values reflect what is most important to us, what we care about and support us to deliver our Strategic Plan, by driving the qualities and behaviours that we will need individually and collectively to be successful. Our four organisational values are set out below:

Our actions show we care



We are inclusive and considerate. We appreciate one another, always listening and interacting with compassion.

We bring our best



We are guided by the needs of our patients, bringing commitment, integrity and energy to everything we do. We are passionate about delivering excellence.

Together we achieve



Our culture of collaboration means we work openly with our people, our community and beyond to achieve great outcomes.

We shape the future



Through research, education and learning we innovate, exploring new opportunities that will change healthcare for the better

Our patient safety and clinical excellence framework

Clinical governance is an essential element of our organisational governance system and is defined as: 'a system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish' (Scally, 1998).

Clinical governance involves a complex set of leadership behaviours, policies, procedures, and monitoring and improvement mechanisms that are all directed to achieving excellent clinical outcomes. At Austin Health, we are committed to ensuring effective clinical governance across all our services, as we strive to deliver the highest standards of patient care. Our Board of Directors, senior leadership, clinical and non-clinical staff have individual and shared responsibilities for ensuring safe and compassionate patient care and achieving excellent outcomes.

The Austin Health Patient Safety and Clinical Excellence Framework describes the way in which we operationalise our approach to clinical governance. The Framework is intended to provide guidance to all our staff on our commitment to creating an environment that maintains and safeguards the highest standards of clinical care.



The Austin Health Patient Safety and Clinical Excellence Framework comprises five domains and is aligned with the National Model for Clinical Governance provided by the commission on safety and quality:



Leading for safety and clinical excellence



Partnering with our patients



Ensuring an appropriately skilled workforce



Placing patient safety first



Sustaining clinical excellence

The Framework is underpinned by the following key clinical governance principles, which are common to all health systems in the pursuit of clinical excellence:

Leadership

- The organisation expects safe, high-quality care to be the highest priority, enacted by all.
- Specific and quantified goals for improving care are linked to a compelling vision.
- Clinicians lead and participate in designing and improving high quality care.

Safety culture and systems

- A culture of safety is evident, involving listening and learning from others.
- Clinical policies, procedures and guidelines are in place, and accountability for adhering to safe practices is expected.
- Clinical information systems and technology solutions are adopted in a coordinated and integrated manner.
- Strong communities of clinical practice exist to guide care delivery.

Robust continuous improvement and learning

- The clinical workforce is trained and educated in improvement methodology and practice, and leadership development is fostered.
- Clinical performance is measured, and data is widely available within the hospital and to the public - data is used to reflect, measure, and learn rapidly about what is and is not working.
- There is a commitment to listening and learning from the experiences of patients and carers and assuring their full participation in health service design, assessment, and governance.

Leading for safety and clinical excellence

At Austin Health, the Board, Executive, Divisional Directors, Divisional Medical Directors, Divisional Managers and Clinical Heads of Unit play a pivotal leadership role in modelling and fostering a culture that demonstrates a commitment to patient safety and clinical excellence. This includes ensuring that all our staff understand their roles and responsibilities for clinical governance. We are committed to openness and transparency, with a focus on learning and continuous improvement. We demonstrate compassion with our patients in all aspects of our work.

Culture

At Austin Health, we deliberately and consistently build a culture of clinical excellence. Exemplary care is expected - patient safety and clinical excellence, together with an outstanding patient experience, are the most important performance elements across our organisation. We realise clinical excellence through an unwavering focus on the people for whom we care, in accordance with our values.

We foster a safe, learning and just culture that promotes an atmosphere of trust in which our leadership team visibly prioritises safety and excellence over and above assigning blame. This approach builds trust and confidence amongst our staff, who are encouraged to report hazards, incidents, and errors, and to “speak up” by sharing and escalating concerns, particularly where they relate to safety. We nurture and support enquiry and problem-solving by all staff, to learn from errors and near misses to enhance our care systems and processes to prevent harm and improve clinical outcomes. Within this culture of learning and improvement, individuals are required to follow agreed codes of behaviour, regulations, policies, and procedures, maintain safe practice, and evaluate performance and are accountable for their actions.

We provide clarity regarding acceptable and unacceptable behaviours and actions, and how to respond appropriately to these situations. We also continue to identify the ways in which knowledge, attitudes, behaviours, and systemic factors influence the way in which staff comply or deviate from expected organisational behaviours or policy, which assists us to improve both individual and system performance. We will routinely engage with our staff to ensure their insights, expertise and experience continue to inform our efforts to foster a safe, learning and just culture, and to identify strengths and areas for individual and systemic improvement.

Roles and responsibilities

We clearly define and communicate role expectations, responsibilities, and standards of performance at all levels of the organisation, to enable delivery of safe care, an exemplary patient experience, and excellent clinical outcomes. Setting clear expectations, supporting staff to achieve those expectations, and holding them to account for delivery are all key processes that support safe, high-quality care.

We clearly define our governance structures, including committees and lines of reporting, to ensure that we can effectively monitor and improve performance at all levels of the organisation.

Policy

We have an established clinical policy framework that clearly describes roles and responsibilities for clinical policy development, review and implementation. Clinical policies, procedures and guidelines are developed by clinicians to guide care, and reflect the appropriate clinical standards and available evidence, together with relevant legislative and regulatory requirements.

Partnering with consumers

Austin Health places patients and their family, friends/significant others and carers at the centre of care.

Our aim is to deliver an outstanding patient experience, underpinned by a genuine commitment to partner with our patients. Through partnering with our patients, we develop a deeper understanding of their needs, expectations and wishes, and involve them in their care decisions and the planning, design and evaluation of our care and services. We seek out and learn from their feedback and engage their voices in all that we do.

Consumer partnership at Austin Health is underpinned by five key domains:

- Person-centred services, care and outcomes
- Teams, partnerships, knowledge transfer and shared learning
- Equity, diversity, inclusion and responsiveness
- Participation and shared decision making
- Health literacy, information and communication

Within each of the domains there are three levels of consumer partnership. Partnerships with patients and consumers comprise many different, interwoven practices embedded at Austin Health across three levels:

At the level of the health service organisation

- Partnerships relate to the involvement of Consumer Partners in organisational governance, policy and planning. Patients, carers and Consumer Partners are full members of key organisational governance committees in areas such as patient safety, facility design, continuous improvement, patient or family education, ethics and research. This level can also involve partnerships with local community organisations and members of local communities.

At the level of a service, department, or division

- Partnerships relate to the organisation and delivery of care within specific areas. Patients, carers, and Consumer Partners participate in the overall design of the service, department or program.

At the direct care level of the individual

- Partnerships relate to the interaction between patients and clinicians when care is provided.

Person-centred services, care and outcomes

Austin Health ensures that consumers are at the centre of all care decisions. Austin Health sees consumers as experts, working with health professionals to have greater control over their life and the healthcare they receive.

Teams, partnerships, knowledge transfer and shared learning

Austin Health ensures consumers are active partners in their care. This involves the sharing of knowledge, skills and expertise between staff, patients and the people that support them, to best manage health conditions and improve health outcomes.

Equity, diversity, inclusion, and responsiveness

Austin Health ensures the needs of its diverse community are considered in all aspects of care. Austin Health recognises and understands that people have different experiences and that these can affect a person's health and wellbeing. We understand that people may have many important needs, at the same time and respect people's identity and experiences.

Participation and shared decision making

Austin Health ensures that patients and their family and carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support. This involves including patient preferences when making decisions about their care, as well as patient partnership in how hospital care is delivered and improved.

Health literacy, information, and communication

Austin Health ensures consumers are provided with evidence-based, accessible information to support key decision making. Austin Health is committed to providing information and improving interactions with individuals, communities and each other, responding to and improving health literacy.

Feedback mechanisms

Austin Health has robust consumer feedback mechanisms that provides the organisation with important information about the needs of our consumers and the quality of the services they receive. This feedback enables us to continuously improve the safety and quality of the services provided. Feedback enables the organisation to promote a culture of reporting and accountability, enhance trust and confidence in the service, and support patient-centred care principles to create the best possible experience for our patients and their families.

Ensuring an appropriately skilled workforce

An engaged and appropriately skilled workforce is central to the delivery of safe care and achieving excellent clinical outcomes. Achieving excellence in care requires a workforce that demonstrates appropriate attitudes and behaviours, and which possesses relevant qualifications, skills, and experience.

Recruitment and retention

We aim to recruit, retain, and support the highest calibre staff who are committed to our vision. We plan, allocate and manage our workforce to ensure that appropriate staff with the relevant skills and qualifications are in place to deliver safe, high-quality care across all our services. Position descriptions define the requirements, roles, and responsibilities of each staff position.

We routinely measure staff engagement to ensure we understand the ways in which they experience working across our facilities, and what they need to assist them to achieve their professional and organisational goals.

Credentialing and scope of practice

We maintain systems to ensure that all health professionals are appropriately registered with the relevant National Health Practitioner Board and through the Australian Health Practitioner Regulation Agency (AHPRA). Some health professionals are not eligible for AHPRA registration (for example, some allied health professions), and so must demonstrate eligibility for membership of the appropriate professional body.

All health professionals must be credentialed and authorised to conduct, provide, or perform clinical practice, services and procedures within a defined scope. This involves verification of qualifications, experience, professional standing, and other relevant professional attributes to ensure competence and professional suitability to provide care at our facilities.

Established procedures enable health professionals to request an expanded scope of practice where they have acquired new skills or experience in relation to clinical practice or wish to use new or emerging technologies. Monitoring systems are in place to ensure that health professionals continue to work within their authorised scope of practice.

Induction and training

We orientate and induct all staff about safety. Staff are supported to proactively identify risks and opportunities to improve our performance, and problem-solve and identify practical solutions through measurement, analysis, caregiver engagement, and improvement methodologies.

Comprehensive training and education programs are developed and delivered by People and Culture and the Clinical Education Unit, and address both clinical and non-clinical professional development requirements.

Performance feedback and development

Staff performance feedback and development systems are in place, which enable routine review and feedback of performance, prioritisation of key personal and professional development needs, and identification of tailored training opportunities.



Placing patient safety first

We apply a multifaceted patient safety approach to proactively identify existing and emerging clinical risks and develops best-practice evidence-based solutions to address these risks and safeguard patient safety. Lessons learned through these processes are routinely communicated and shared across the organisation.

Policy and legislative compliance

Policies and procedures are in place to promote a culture of safety. All services and departments are required to obtain and maintain the appropriate operating licenses and service standards that are defined in relevant legislation, jurisdictional policy and/or directives. Clear channels facilitate communication across the organisation about relevant changes in the operating environment, including legislation and regulation, to which all services and facilities are required to respond.

Accreditation

Accreditation provides us with assurance that the necessary structures, systems and processes are in place to support the provision of safe care, and that these are routinely evaluated with a focus on continuous improvement.

We are required to participate in the evaluation of our services against the Australian Commission on Safety and Quality in Health Care's (ACSQHC) National Safety and Quality in Health Services (NSQHS) Standards which includes the National Clinical Trials Governance Framework that covers all types of clinical research. Satisfactory accreditation is required under the terms of agreement between Austin Health and the Victorian Department of Health (DoH).

We participate in a range of specialist accreditation programs including Trauma Recovery Program review, Aged Care Standards, Professional College Accredited programs, and National Association of Testing Authorities Accreditation (NATA) reviews for services such as Radiology, Molecular Imaging, Pathology and Cardiology Diagnostics.

Clinical risk management

Clinical risk management is part of the broader organisational risk management system which aims to identify and address both clinical and non-clinical risks. At Austin Health, clinical risk management refers to a range of activities designed to identify, prioritise and remediate problems associated with clinical care, which may arise through the interplay of system design and behaviours and actions of individuals, including errors.

Clinical risk management activities include:

- Clinical incident reporting – an incident is a circumstance which resulted (or had the potential to result) in unintended or unnecessary harm to a person receiving care. All staff are encouraged to report clinical incidents and near misses. Incidents are investigated to determine underlying systems issues and root causes, and solutions are implemented to prevent future recurrence. Incident trends are monitored over time. Austin Health participates in the DoH Victoria Sentinel Event reporting program, which involves reporting and robust investigation (root cause analysis) of incidents that have contributed to significant patient harm, as defined by the ACSQHC.
- Morbidity and mortality review – all clinical services/departments participate in systematic reviews of patient deaths and adverse outcomes, including surgical complications. The process aims to evaluate the nature and processes of care, establish whether the outcomes were anticipated or preventable, and identify opportunities to improve any aspect of care that may have been associated with an unfavourable outcome.
- Clinical audit – involves a continuous process of systematically assessing care against agreed and explicit structural, process or outcome criteria. Clinical audit results can identify potential deviations in the standard of care or consequences of the deviation and inform service or practice improvement opportunities.

Patient safety measures

Patient safety measures are designed to be flags that assist managers and clinicians to work together to identify potential problems and opportunities to improve patient outcomes.

We have defined a core patient safety data set relating to the services we provide, and which considers relevant national and jurisdictional monitoring and reporting requirements, together with measures relating to our aspirational patient safety improvement goals.

We use this data set to measure and monitor structures, processes, and outcomes of care objectively and quantitatively. In doing so, we can demonstrate that we are continuously monitoring and reporting performance and improving on past performance. We also use this data set to compare and benchmark Austin Health performance against other hospitals/services of comparable size and complexity. This provides an opportunity for us to identify and learn from exemplar performers, and conversely, for other health services to learn from us.

Openly informing and supporting our patients, their families, and carers if something goes wrong

When something goes seriously wrong and a patient is harmed, we will be open about this, communicate with patients and families or other close persons, seek to engage with them and share our clinical review. We will also provide our staff with the support they need and engage with them for their reflections.

Statutory duty of candour

We understand and comply with the legal obligations for Victorian health service entities to ensure that patients and their families or carers are apologised to and communicated with openly and honestly when a serious adverse patient safety event has occurred. We seek to involve where possible consumers, carers and their loved ones in the review and improvement of all adverse patient safety events.

Cultural safety

We recognise cultural safety as the positive recognition and celebration of cultures. It is more than just the absence of racism or discrimination and more than 'cultural awareness' and 'cultural sensitivity'. It empowers people and enables them to contribute and feel safe to be themselves.

Child safety

We are committed to the safety and wellbeing of all children and young people, whether they are receiving treatment or visiting the hospital for any reason. Austin Health has zero tolerance for any form of child abuse and commits to protect children from "all forms of physical and emotional violence, injury or abuse, neglect, maltreatment or exploitation, including sexual abuse." (United Nations Convention on the Rights of the Child – Article 19). Austin Health takes allegations of abuse and neglect seriously and will make every effort to mitigate and to respond to risk in line with hospital policy and procedures.



Achieving clinical excellence

Austin Health is all about excellence – excellence in the way we care for our patients, and excellence in clinical outcomes. Central to the way in which we deliver our care and achieve excellent outcomes is the relationship we foster with our clinicians who provide and support direct patient care. This relationship is critical as it enables us to work together to observe and evaluate clinical practices, processes, and outcomes, and learn from our experiences. This iterative approach positions us strongly to introduce new techniques, technologies and research that can assist us in providing even better care.

Our strategic plan provides the road map for achieving clinical excellence. The organisation's Patient Safety and Clinical Excellence plan ensures links to and is consistent with:

- The Strategic Plan.
- Operational plans.
- Risk management.
- Occupational health, safety and wellness.
- Accreditation.
- Policies and procedures.

Improvement framework

Austin Health recognises that high performing healthcare organisations foster a culture of quality improvement and patient safety, change and innovation and organisational learning in order to consistently provide the best quality care (Ratnapalan and Uleryk, 2014). Austin Health has adopted and embedded within our management system a systematic approach to improvement via our Improvement and Innovation Framework, supporting a consistent approach through four strategic pillars:

- Governance and reporting
- Methodology
- Capacity and capability
- Improvement Culture

Clinical leadership

At Austin Health, we engage clinicians to lead at many levels of the organisation, which ensures that our services and care processes are informed by relevant expertise and are appropriately planned and delivered. Our clinicians provide advice to executive and management teams and are involved in decision-making regarding issues that impact patient.

Across our organisation there are designated medical, nursing, and allied health leadership roles. These roles are pivotal for setting standards for care delivery, leading the design and planning of services, and monitoring outcomes.

Evidence based clinical guidelines and practice

At Austin Health, we use evidence-based guidelines to direct the delivery of care and to assist us to monitor and respond to unwarranted variation in care processes and practices. Reducing unnecessary care variation enables us to achieve more reliable clinical outcomes and ensure stewardship of resources to reinvest in our care environments and enhance our services.



Clinical practice and service reviews

Austin Health expects and actively supports clinician-led peer review activities, which provide an opportunity to evaluate clinical practices and processes using relevant performance measures, discuss and review adverse events, and compare clinical outcomes against peers for the purpose of learning and improvement.

Clinician-led peer review activities include:

- Clinical audit, including Morbidity and Mortality audits, which involves systematically reviewing care against explicit structural, process and outcome criteria. Where gaps are identified, appropriate actions are taken to improve the quality of care/service. Subsequent audits are undertaken to assess whether these actions have achieved the desired outcomes.
- Identification and measurement of specialty-level and patient-reported outcome measures.
- Clinical service reviews to evaluate the design and delivery of care relating to specific specialities or procedures, which inform continuous improvement.
- Participation in appropriate national clinical registries such as cancer, interventional cardiology, cardiothoracic, joint replacement, bariatric surgery, and intensive care.
- Participation in relevant benchmarking programs internally and externally.
- Identification and development of relevant clinical research opportunities internally and collaboratively with other health services.

Clinical data, information and analytics

Austin Health maintains systems to enable recording, measurement, monitoring, and reporting of clinical performance against its strategic, regulatory, and operational objectives. We have an established data governance structure that ensure robust data integrity.

We use these systems to enable clinical teams to understand how our inter-related care systems and processes contribute to delivering excellent clinical outcomes. We interrogate data to develop insights into our performance and identify opportunities for innovation and continuous improvement.

The effective use of meaningful data, information and analytics underpins our ability to understand how safely, effectively, and efficiently we provide care and services to our patients and continuously improve clinical outcomes.

Performance monitoring and reporting

At Austin Health, we use high quality data and analytics to develop a comprehensive understanding of our clinical performance and to inform opportunities for continuous system, process and practice improvement. We transparently monitor performance against meaningful clinical indicators and targets, cascading through all levels of the organisation, from Ward to Board, considering relevant industry benchmarks.

We ensure that relevant data is available and visually accessible to clinicians and managers, presented regularly at key committees, and used to inform continuous improvement activities at all levels of the organisation.

Research and innovation

At Austin Health, we actively encourage and support research, which is a key enabler of improving patient safety and delivering excellent outcomes. Through research, we acquire information and new knowledge to improve our understanding, and this assists us to develop new processes and methods of delivering care.

Research is the platform that enables us to question the status quo and explore new or emerging practices, techniques and technologies. Austin Health endorses the National Clinical Trials Governance Framework and the approach of providing the best possible care by embedding research needs into clinical practice. In doing so, we place the patient at the centre of our research efforts.

The Research directorate is responsible for oversight of research and research infrastructure on behalf of the Austin Health Board including:

- Project development, review and approval managements.
- Research oversight, including legal agreement sign-off.
- Research governance and overall accountability.
- Reporting, monitoring and management of research, research misconduct and integrity.

Patient safety and clinical excellence is everybody's business

The Austin Health Board, executives and managers, clinicians and non-clinical staff all play a critical role in supporting our Patient Safety and Clinical Excellence Framework, which underpins the delivery of safe care, an exemplary patient experience and excellent clinical outcomes. Therefore, it is important that we all understand our roles and responsibilities, as described below.

Austin Health Board

Our Board, together with our Chief Executive Officer (CEO), ensure patient safety and clinical excellence across all our services. The Board's key responsibilities are to:

- Set our strategic priorities and a clear vision for Patient Safety and Clinical Excellence.
- Foster a just organisational safety culture that drives consistently high-quality care.
- Understand key risks and ensuring controls and strategies are in place to mitigate them.
- Monitor and evaluate all aspects of care provided through regular and rigorous reviews of benchmarked performance data and information.
- Ensure robust clinical governance structures and systems across our hospitals/services effectively support and empower staff to provide high-quality care.
- Regularly seek qualitative and quantitative information from the CEO, executive, management team, clinicians, and non-clinical staff about the status of the quality and safety of care processes and outcomes across all our services.

Austin Health Executive

The Austin Health Executive is responsible for:

- Providing visible leadership and commitment in delivering and supporting the vision and strategic priorities set by the Board.
- Leading and supporting the hospital/service to deliver the Board's vision for safe, quality care, facilitating and ensuring effective staff and patient involvement.
- Providing strategic and policy advice to the CEO on issues related to patient safety, patient experience and improving patient care.
- Elevating quality of care within the organisation, ensuring the voice of the patient is at the centre of decision-making.

- Developing and communicating appropriate policies and procedures that govern patient safety and clinical care.
- Creating a safe, learning, and just culture that empowers staff to speak up and raise concerns and supports staff to understand and enact their roles and responsibilities.
- Setting expectations and requirements regarding hospital/service accountabilities for patient safety, experience, and clinical excellence.
- Ensuring that appropriate committees are in place to guide and oversee clinical governance.
- Effectively monitoring the implementation and performance of our clinical governance systems, ensuring the early identification of risks and flags.
- Ensuring appropriate resources are in place to support a robust organisational clinical governance program.
- Recognising and celebrating staff commitment and efforts to improve clinical care and outcomes.

Austin Health Divisional Directors, Medical Directors, and Departmental Directors

Austin Health Divisional Directors, Medical Directors, and Department Directors are responsible for:

- Developing and supporting leadership regarding patient safety and clinical excellence across their respective services and providing assurance that all staff are supported to actively pursue high-quality care for every consumer.
- Developing and communicating appropriate policies and procedures that govern patient safety and clinical care.
- Establishing appropriate divisional committee structures and clinician engagement processes.
- Ensuring compliance with all laws, regulations, codes, accreditation and organisational standards relevant to the safe and effective conduct of the health services that we provide.

- Proactively seeking information from qualitative and quantitative sources, including the voice of the patient and clinician, to identify and respond to emerging clinical safety and performance trends and issues.
- Providing adequate and equitable resources to enable staff to deliver care safely and effectively.

Austin Health Clinical Unit/ Department Heads and Divisional Managers

Austin Health Clinical Unit/Department Heads and Divisional Managers are responsible for:

- Understanding the challenges and complexity of providing consistently high-quality care and supporting clinicians through a culture of safety, transparency, accountability, teamwork, and collaboration.
- Creating a just culture that empowers staff to speak up and raise concerns and supports staff to understand and enact their roles and responsibilities.
- Ensuring services are developed, organised, and delivered in accordance with the contemporary evidence base and best practice.
- Educating staff within a learning culture to understand their responsibilities for practising within their defined scope of practice, and according to their credentials and capabilities.
- Providing useful performance data and feedback to clinicians and relevant committees, and engaging clinicians in identifying and taking appropriate action in response.

Austin Health clinicians and non-clinical staff

All Austin Health clinicians and non-clinical staff are responsible for:

- Providing high-quality care in their services as a priority.
- Going beyond compliance to pursue excellence in care and services.
- Feeling empowered to speak up and raise concerns and issues, promoting a just culture of transparency and learning for improvement.
- Regularly updating their skills and knowledge to provide and support the best care and services possible.
- Actively monitoring and improving the quality and safety of their care and services.
- Practicing and providing care in accordance with contemporary care standards and protocols.

Austin Health patients and consumers

Our patients are at the centre of clinical governance and are invited to:

- Participate in their own healthcare and treatment, and that of their families and carers, to their desired extent.
- Participate in system-wide safety improvement including clinical research studies.
- Partner with us in governance, planning and policy development to co-design and drive improvement in performance monitoring, measurement and evaluation.
- Advocate for patient safety to support the best possible treatment and outcomes for themselves and others.
- Provide feedback, ideas and personal experience to drive change.

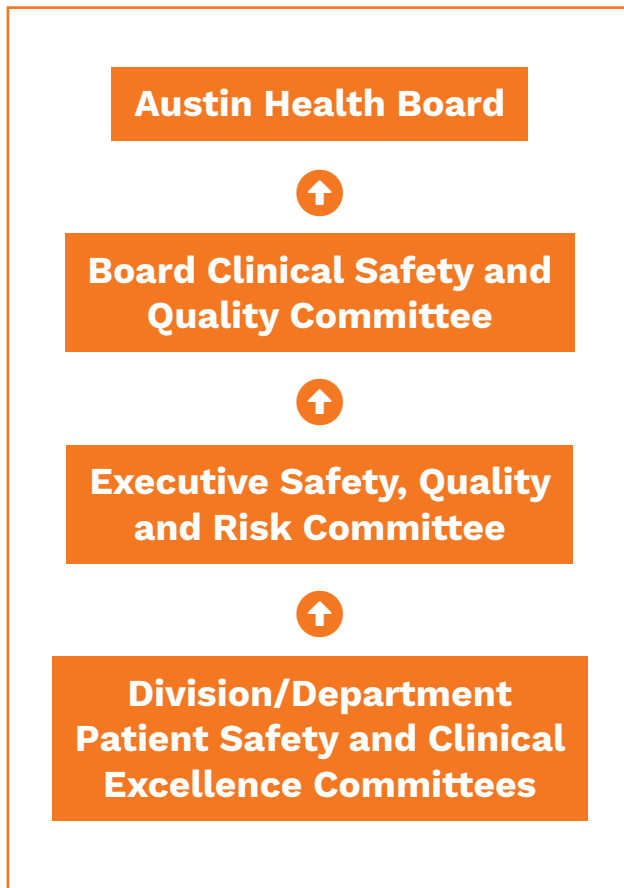
Austin Health Patient Safety and Clinical Excellence Division

The Austin Health Patient Safety and Clinical Excellence Division are responsible for:

- Providing the organisation with the appropriate set of tools, resources and education/training to optimise patient safety and clinical excellence.
- Providing expert advice to and coaching of managers/staff in relation to health service licensing and accreditation standards and requirements.
- Coordinating a regular cycle of audits and reviews of clinical systems to provide assurance in relation to health service certification, licensing requirements and standards.
- Providing oversight of the clinical incident management system, including root cause analyses and proactive dissemination of lessons learned across the organisation.
- Routinely measuring our safety culture and collaborating with our services to implement strategies to enhance culture.
- Monitoring agreed patient safety and clinical outcome performance indicators against internal and relevant external benchmarks and systematically reporting progress through the Executive to the Austin Health Board.
- Analysis of clinical data and information to generate insights that assist services in identifying opportunities for improving patient safety and clinical outcomes and reducing clinical risks.
- Working in partnership with services to prioritise and facilitate organisation-wide improvement initiatives.

Austin Health Committee Structures

At Austin Health our committee structure provides oversight of Patient Safety and Clinical Excellence:



Austin Health Executive Safety, Quality and Risk Committee

The Austin Health Executive Safety, Quality and Risk Committee provides strategic and policy advice to the CEO on issues related to patient safety, patient experience and quality of care delivery. It monitors overall performance of our clinical governance systems, ensuring the early identification of risks and flags, and that appropriate resources are in place to support patient safety and clinical excellence.

Several committees and working groups provide clinical advice and support to the Chief Allied Health Officer, Chief Medical Officer, and Chief Nursing Officer, in relation to key clinical governance responsibilities: for example, Clinical Governance Committee, Serious Adverse Events Committee, and Radiation Safety Committee.

Austin Health Board

The Austin Health Board has responsibility for overseeing and ensuring the organisation's safety culture. It oversees clinical performance in relation to patient safety and clinical excellence.

Austin Health Board Clinical Safety and Quality Committee

The Austin Health Board Clinical Safety and Quality Committee assists the Board in fulfilling its governance responsibilities in relation to the organisation's clinical performance, particularly regarding patient safety and clinical excellence. This Committee aims to:

- Promote and foster a positive culture of safety and quality improvement, risk management and innovation for all patient care and support services.
- Monitor the safety, quality, appropriateness and effectiveness of care provided by Austin Health staff and related supporting services and systems, and in doing so ensure that:
 - effective and accountable clinical risk management systems are in place.
 - effective and accountable systems are in place to monitor and improve the quality and effectiveness of health services provided.
 - any problems identified with the quality or effectiveness of the health services provided are addressed in a timely manner.

The committee has active relationship with the Austin Health Board Audit and Risk Committee through a board director representative.

Austin Health Divisional / Departmental Committees

Each clinical division/department must have an appropriate committee structure in place that has responsibility and oversight for clinical governance.

Each nonclinical division/department must include in their operational committees, the responsibility and oversight for factors that impact on clinical governance.

References

1. Australian Commission on Safety and Quality in Health Care. *National Model Clinical Governance Framework*. Sydney: ACSQHC; 2017. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>
2. Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. – version 2. Sydney: ACSQHC; 2021. Available from: https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf
3. Australian Council for Safety and Quality in Health Care. *Standard for Credentialing and Defining Scope of Clinical Practice*. Sydney: ACSQHC; 2004. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/credent11.pdf>
4. Australian Commission on Safety and Quality in Health Care. *Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners*. Sydney: ACSQHC; 2015. Available at: <https://www.safetyandquality.gov.au/sites/default/files/migrated/Credentialing-health-practitioners-and-defining-their-scope-of-clinical-practice-A-guide-for-managers-and-practitioners-December-2015.pdf>
5. Australian Commission on Safety and Quality in Health Care. *National Clinical Trials Governance Framework: User guide for health service organisations conducting clinical trials*: February 2022. Available from https://www.safetyandquality.gov.au/sites/default/files/2022-05/final_design_-_national_clinical_trials_governance_framework_and_user_guide_-_30_may_2022.pdf
6. Balding C. *Better Quality, Better Health Care. A Safety and Quality Improvements Framework for Victorian Health Services*. 2005. Available at: <http://www.healthcaregovernance.org.au/docs>
7. Chassin MR & Loeb JM. *High-Reliability Health Care: Getting There from Here*. The Milbank Quarterly. 2013; 91(3): 459-490. Available at: https://www.jointcommission.org/-/media/cth/documents/what-we-offer/chassin_and_loeb_0913_final.pdf?db=web&hash=CEF64D6ADD2BEE0CCBE532DD3AEF73F2&hash=CEF64D6ADD2BEE0CCBE532DD3AEF73F2
8. Safer Care Victoria. *Clinical Governance Assessment Tools for Boards*. Available from: https://www.safercare.vic.gov.au/sites/default/files/2021-10/Clinical%20governance%20assessment%20tool%20for%20Boards_1.pdf
9. Department of Health, Victoria. Duckett S, Cuddihy M, & Newnham H. *Targeting Zero - Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*, 2016. Available from: <https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/h/hospital-safety-and-quality-assurance-in-victoria.pdf>
10. Gain Working Group E, Flight Ops/ATC Ops *Safety Information Sharing. A Roadmap to a Just Culture: Enhancing the Safety Environment* Sept 2004. Available at: https://flightsafety.org/files/just_culture.pdf
11. Intermountain Healthcare. *Quality and Patient Safety Plan* 2014. Available at: <https://intermountainhealthcare.org/-/media/files/facilities/uvrmc/quality-plan.pdf?la=en>
12. Safer Care Victoria. *Clinicians as Partners: A Framework for Clinician Engagement*, 2017. Available from: <https://www.bettersafercare.vic.gov.au/sites/default/files/2018-03/Clinician%20engagement%20framework.docx>
13. Safer Care Victoria. *Delivering High-Quality Healthcare: Victorian Clinical Governance Framework*, June 2017. Available from: <https://www.safercare.vic.gov.au/sites/default/files/2018-03/SCV%20Clinical%20Governance%20Framework.pdf>
14. Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England. *BMJ*. 1998; 317: 61. Available at: doi: <https://doi.org/10.1136/bmj.317.7150.61>
15. Safer Care Victoria – *Clinical Governance*, 2023. Available from: <https://www.safercare.vic.gov.au/support-training/clinical-governance>
16. Department of Health, Victoria. *Quality, Safety and Service Improvement*, 2022. Available from: <https://www.health.vic.gov.au/hospitals-and-health-services/quality-safety-and-service-improvement>
17. Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality. IHI White Paper*. Boston, Massachusetts: Institute for Healthcare Improvement, 2018. Available from: <http://www.wsha.org/wp-content/uploads/IHI-White-Paper-Framework-for-Effective-Board-Governance-of-Health-System-Quality.pdf>
18. Bismark, M.M, Walter, S.J, and Studdert, D. M. (2013). The role of boards in clinical governance: activities and attitudes among members of public health services boards in Victoria. *Australian Health Review*, 37, 682-687 Available from <https://www.publish.csiro.au/ah/pdf/AH13125>
19. Department of Health Victoria. *Directors Toolkit - health service governance*. Available from: <https://www.health.vic.gov.au/publications/dhhs-directors-toolkit>
20. Australian Research Council and Universities Australia. *National Statement on Ethical Conduct in Human Research* 2007 (Updated 2018). Available from <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>

21. Australian Commission on Safety and Quality in Healthcare. *Australian Safety and Quality Framework*. Sydney: ACSQHC; 2010. Available from <https://www.safetyandquality.gov.au/sites/default/files/migrated/32296-Australian-SandQ-Framework.pdf>
22. Australian Commission on Safety and Quality in Health Care. *Patient-centred care: improving quality and safety through partnerships with patients and consumers*. Sydney: ACSQHC; 2011. Available from <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/patient-centred-care-improving-quality-and-safety-through-partnerships-patients-and-consumers>
23. Consumers Health Forum of Australia. *'Unique and essential': a review of the role of consumer representatives in health decision-making*. Canberra: CHF.; 2015. Available from <https://chf.org.au/node/461>
24. Crawford, M.J, Rutter, D., Manly, C. Weaver, T., Bhui, K., Fulop, N., and Tyrer, P. Systematic review of involving patients in the planning and development of health care. *BMJ* Volume 325, 30 November 2002. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC136920/pdf/1263.pdf>
25. Dalton J, Chambers D, Harden M, Street A, Parker G, Eastwood A. Service user partnership and health service reconfiguration: a rapid evidence synthesis. *J Health Serv Res Pol* 2015;21(3):195–205. Available from <https://journals.sagepub.com/doi/10.1177/1355819615623305>
26. Johnson A. *Consumer and community partnership in health services: a literature review to support the development of an evidence-based consumer and community partnership strategy for the Women's and Children's Health Network, South Australia*. Adelaide: Health Consumers Alliance of South Australia and SA Health; 2015.
27. Harding E, Wait S, Scrutton J. *The state of play in person-centred care, 2015*. London: The Health Policy Partnership. Available from <https://www.healthpolicypartnership.com/app/uploads/The-state-of-play-in-person-centred-care-summary.pdf>
28. Safer Care Victoria. Horvat, *Partnering in Healthcare for better care and outcome*, 2019. Available from https://www.safercare.vic.gov.au/sites/default/files/2019-02/Partnering%20in%20healthcare%20framework%202019_WEB.pdf
29. Luxford K, Newell S. New South Wales mounts 'patient based care' challenge. *BMJ* 2015;350:g7582. Available from <https://www.bmj.com/content/350/bmj.g7582>
30. Nambisan, P. and Nambisan, S. Models of consumer value cocreation in health care. *Health Care Manage Rev*, 2009, 34(4). 344–354. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/?term=models+of+consumer+value+cocreation+in+health+care>
31. Nathan, S. Consumer participation: The challenges to achieving influence and equity. *Australian Journal of Primary Health*, Vol. 10, No. 3, 2004. Available from https://www.researchgate.net/publication/228930601_consumer_participation_The_challenges_to_achieving_influence_and_equity
32. Picker Institute. *Picker Institute Principles of Patient-Centred Care*. Available from <https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/>
33. Rocco Palumbo, (2016), Contextualizing co-production of health care: a systematic literature review. *International Journal of Public Sector Management*, Vol. 29 Issue 1 pp. 72–90 Available from DOI:10.1108/IJPSM-07-2015-0125
34. Sarrami-Foroushani, P., Travaglia, J., Debono, D. & Braithwaite, J. Key concepts in consumer and community partnership: a scoping meta-review. *BMC Health Services Research* 2014, 14: 250. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-250>

Glossary of terms

Accreditation refers to an external review process undertaken by a health care accreditation agency, which demonstrates that our facilities and services comply with defined health service standards.

Carer refers to a person who provides care and support to another person with whom they are in a care relationship. A person is in a care relationship if they provide another person, or receive from another person, care because one of the persons in the relationship has a disability, is older, has a mental illness or medical condition.

Community refers to a group of people with diverse characteristics who live in the same geographical area, or have a shared background, share common interests and perspectives or engage in joint action.

Consumer Partnership refers to the wide range of strategies in which consumers are involved in the planning, service delivery evaluation of health care. It covers partnerships between patients and health professionals when care is provided at an individual level, as well as partnerships with consumers at a health service level.

Consumers of healthcare refers to patients, potential patients, carers and community members.

Consumer Partner is someone who uses people's experiences of health care to support the health service in a voluntary capacity so that we can improve our services and achieve the best possible outcomes for our patients. Consumer Partners are recruited to specific partnership roles. These roles have role descriptions and the consumer is provided with the resources, and support to assist them fulfil their role. Throughout this document, Mental Health Consumer Partners and Carer Partners are included in this title.

High quality health care contains 3 key elements of being safe, effective and person centred:

- Safe: care delivered free from harm.
- Effective: appropriate care delivered at the right time, with the right outcome for every patient.
- Person centred: care provided is informed by patient preferences and shared decision making.

Just culture is part of safety culture with the major features being:

- a systems-thinking mindset to adverse event review.
- provision of a psychologically safe workplace where employees feel safe to report adverse events and near misses.
- managing the innate cognitive biases we all have as part of being human.
- the concept of shared accountability between the organisation and an individual when adverse events occur.

Learning culture is a supportive environment within which all staff members can talk freely about concerns and how to solve them, without fear of blame or punishment. A supportive learning environment is safe, fosters collaboration, values the contributions of individuals, and is based on mutual respect.

Mental health consumer partner - A consumer refers to a person with direct experience of a mental illness, and who has received, is receiving or is seeking mental health services from a mental health service provider.

Mental health carer partner refers to any person including a family member and a person under 18 years of age who provides support, assistance or personal care to a person with a mental illness, or a disability resulting from a mental illness.

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

Patient is a person receiving healthcare, they may be referred to as consumer and client.

Quaternary health services are defined as an extension of tertiary care in reference to advanced levels of medicine which are highly specialised and not widely accessed, and usually only offered in a very limited number of national or international centres.

Safety culture refers to the aspects of organisational culture that relate to health and safety management. It is defined as 'a product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of an organisation's health and safety management'.

Serious adverse patient safety event (SAPSE) is an event that: (a) occurred while the patient was receiving care from a health service entity; and (b) in the reasonable opinion of a registered health practitioner, has resulted in, or is likely to result in, unintended or unexpected moderate or severe harm, or prolonged psychological harm being sustained by the patient.

Statutory duty of candour (SDC) is a legal obligation for Victorian health service entities, to ensure that patients and their NOK or carers receive an apology and are communicated with openly and honestly, when a serious adverse patient safety event (SAPSE) has occurred.

Tertiary care is a level above secondary health care, that has been defined as highly specialised medical care, usually provided over an extended period of time, that involves advanced and complex diagnostics, procedures and treatments performed by medical specialists in state-of-the-art facilities [7]. As such Consultants in tertiary care centres have access to more specialised equipment and expertise.

