

## Victorian Quality Council

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### Applying quality improvement principles to reposition a quality improvement organisation

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## The Victorian Quality Council (VQC) governance structure

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- Ministerial Advisory Council on Safety and Quality in Victoria
- Funded by the Department of Health
- Reports directly to the Minister for Health
- Works to a strategic plan covering key areas of health care quality and safety
- Supported by a secretariat housed in the Statewide Quality Branch of the Department of Health



## Previous strategic focus

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### Term 1, 2002–2005

5 Strategies  
22 Strategic Goals  
26 Actions  
17 Performance Measures

#### 5 Overall Key Goals

- Establish a Safety and Quality framework
- Provide improved access to better data
- Involve consumers in improving safety and quality
- Educate on safety and quality
- Respond to known problems and risks

### Term 2, 2005–2008

6 Goals  
21 Objectives  
25 Proposed Actions

#### 2 Key Result Areas

- Enhance leadership
- Reduce harm



## VQC stakeholder evaluation (Nous Group report)

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- Ministerially approved external evaluation
- Results delivered to VQC and Minister in December 2007

### Aims of evaluation were to:

- determine the extent to which the VQC had achieved its objectives
- examine a range of potential models to promote state-wide quality and safety activities into the future



## 2007 stakeholder evaluation – key findings

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Stakeholders are well informed and supportive  
Expertise and knowledge are valued and key to VQC's legitimacy  
Broad support for the strategic plans and their implementation  
Key issues were:

- Too many priorities and projects
- Lack of sustainability
- Inadequate engagement with Department of Health

### Recommended new role:

- Thinking, analysing and advising
- Engaging and aligning with stakeholders and end-users
- Interpreting and disseminating information
- Coordinating and leading targeted initiatives and innovations



## In 2008–2012, the VQC will:

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- Advocate for continuous improvement of quality and safety across the broad health sector
- Focus on sustainable strategies
- Facilitate access to and use of data and information
- Test and integrate appropriate practice and management innovations
- Review and analyse critical issues and advise on developments or policy refinements
- Consult policy makers regarding priorities and strategies
- Educate the broad health sector about quality and safety issues
- Engage with consumer perspectives
- Collaborate with relevant partners



## With new terms of reference, in practice.....

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...VQC needed to review what it must:

- Stop doing 
- Do less of 
- Do more of 
- Start doing 



## Process for developing strategic plan

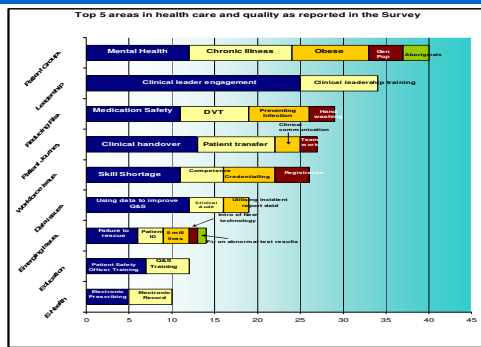
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- On-line survey of Council members. September/October 2008
- Strategic Planning Workshop  
November 2008
- Preparation of draft strategic plan and high-level work plan  
November 2008–February 2009
- Council endorsement  
February 2009
- Ministerial endorsement  
March 2009



## Diversity of opinion on quality and safety priorities

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## Sustainability

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- Planning for initiation, implementation and maintenance, with consideration of external factors e.g., historical/cultural environment, political support, economic climate
- **Sound and explicit logic underpins program implementation. Focus on proven innovations with clarity on how adoption and compliance adds value to services**
- People with different perspectives are involved (researchers, policy makers, clinicians, managers and end-users)
- A communication and relationship plan is in place and existing networks are utilised
- Organisational capacity – long term commitment, staff competencies, facilities and technical infrastructure
- Programs supported by data and feedback mechanisms



## Vision & Values 2008–2012

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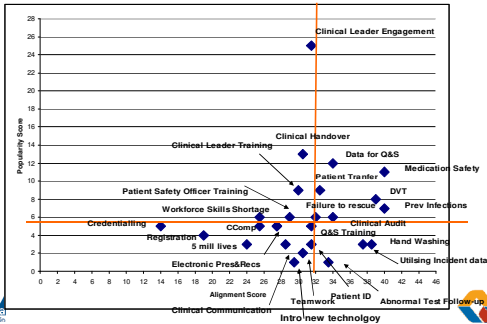
The VQC leads and influences the quality and safety agenda to achieve safer, better health care for all Victorians

- Leadership** - advancing quality and safety across the health system
- Commitment** - 'staying the course' to bring about sustained improvements in health care
- Objectivity** - receiving and disseminating information impartially and with the focus on evidence and appropriate data
- Collaboration** - actively reaching out to add value to what others are doing to improve the safety and quality of health care in Victoria
- Relevance** - meeting the present and future needs of those we serve
- Respect** - valuing the knowledge, skills and experience that consumers, clinicians, managers, policy makers and academics bring to health care



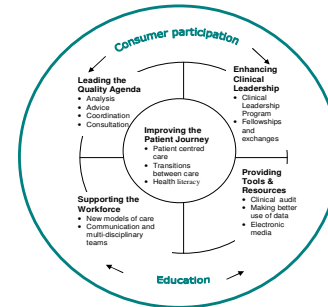
## Results of Alignment Exercise

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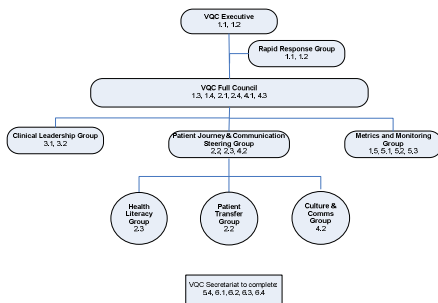
## Outline of strategic directions 2008–2012

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## VQC Operating Structure 2008–2012

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[www.health.vic.gov.au/qualitycouncil/](http://www.health.vic.gov.au/qualitycouncil/)



## Establishing the benefits and value of investments

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- Investment Logic Mapping (ILM)
  - Drivers, Objectives, Benefits, Changes, Enabling Assets
- Program Logic Mapping
  - Need/Gap, Inputs, Activities, Outputs, Short-term Outcomes, Intermediate Outcomes, Long-term Outcomes



## Conclusions

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The science and practice of quality and safety improvement has changed appreciably since the start of the decade.  
 Organisations need to adapt to change, and this can be done systematically.  
 We are clear about the direction we need to take.  
 We seek to bring about specific improvements across the whole Victorian health system in ways that can carry on beyond 2012.



## Altered approach

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2008–2012:  
*Pursuing state-wide, system-wide, sustainable improvements in health care quality and safety*

2002–2008:  
*Working with stakeholders to develop tools and strategies to improve health service safety and quality*

