



Practical application of a responsive regulatory model to drive quality improvement in healthcare

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New legislation (2006)

New approach combining:

- Existing 'reactive' functions around health complaints management
- 'Proactive' functions:
 - making standards
 - monitoring performance
 - recommending ways to improve

Challenging !

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Key challenges

- Interpret legislation (into action):
 - manage health complaints
 - oversee quality improvement in health services
 - share information (knowledge broker)
- Establish 'office of the commission'
- Engage and educate stakeholders


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Legislation into action

- Data – information – knowledge continuum
- Principles of 'responsive regulation'

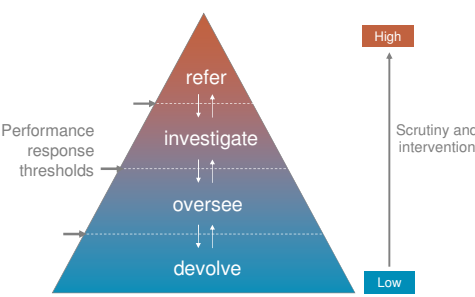
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Data – Information – Knowledge continuum



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Responsive regulation, HQCC model
modified from Walshe 2003 after Ayres & Braithwaite



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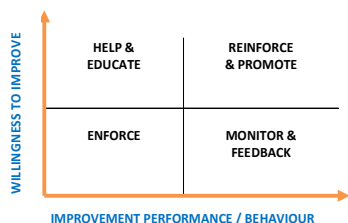
Establish 'new' office (internal stakeholders)

- Commissioner, assistant commissioners, CEO, staff
- Training:
 - Intent and purpose e.g. referee (punitive) vs coach (formative)
- Organisational change:
 - Functional vs structural model
 - How do the different departments (functions) work together
 - Flexible, resilient workforce (using traditional public service policies and procedures)

External stakeholders

- how to get the message out
- how to engage
- how to resist political/media pressure
- 'regulation' vs 'compliance' framework
- 'breadth' of jurisdiction (all healthcare)

Compliance vs Regulation model



Current situation

- Internal stakeholders in alignment
- Adjustment of organisational culture
- Varied awareness and understanding among external stakeholders
- Few 'index' or 'example' cases
- Beginnings of cultural change

Predictions for future

- Cross sector/cross jurisdiction engagement
- Risk levels reviewed to assign appropriate response
- Review model – test “does responsive regulation make a difference to healthcare outcomes”

Thank you

Questions