



The experience of one Aboriginal community
controlled health service in achieving quality
improvement through accreditation



Winnunga Nimmityjah
Aboriginal Health Service
Narrabundah, ACT



Australian Government
Department of Health and Ageing



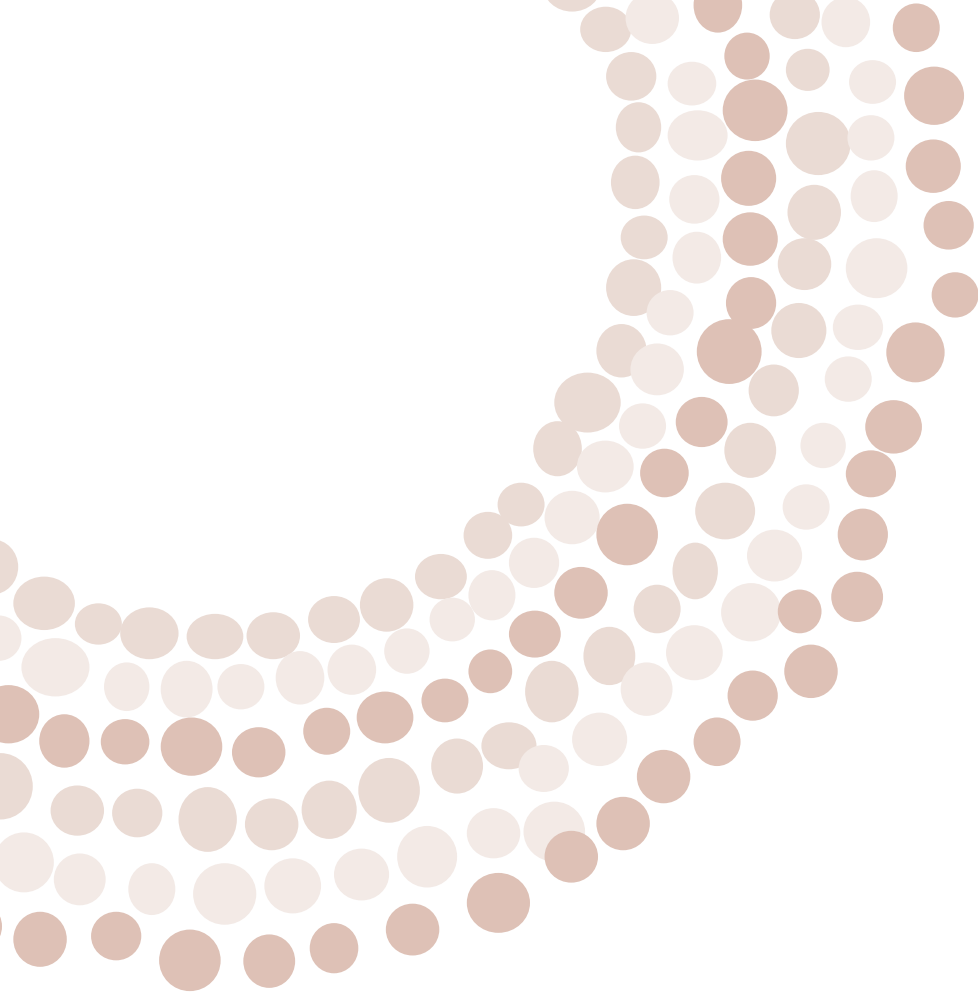
Accreditation Specialists
(Aust) Pty Ltd



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Cover artwork by Dale Huddleston (2007).

The artwork represents the first group of Aboriginal health workers to be trained by Winnunga Nimmityjah Aboriginal Health Service.

The artist ran workshops with Winnunga's Social Health Team on their ideas for how to represent the role of Aboriginal health workers in the ACT. The cover artwork grew out of those workshops.

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Introduction

Winnunga Nimmitjyah Aboriginal Health Service (Winnunga) is a Community Controlled Primary Health Care Service operated by the Aboriginal community of the ACT.

Its primary purpose is to provide culturally appropriate and holistic health care services to the Aboriginal and Torres Strait Islander peoples in the ACT and surrounding regions. By holistic health care, Winnunga means, that care which goes directly to improving the health outcomes of Aboriginal and Torres Strait Islander people in the area.¹

In 2003 the Board of Directors of Winnunga made a decision that they wanted the service to become an accredited health service through AGPAL² and QIC³. Winnunga became accredited by AGPAL in 2006. Winnunga continues to implement the QIC program having completed the review stage in 2006 thereby embarking on a three year quality improvement program with the aim of achieving accreditation.

This paper tells the story of Winnunga's journey to become accredited.

Winnunga's journey towards quality improvement through accreditation has been long and has included the ever changing needs of the health service. These changes have included the relocation from a converted three bedroom house in the suburb of Ainslie in the ACT to the premises that it now occupies at Narrabundah and the expansion of services to now include the delivery of up to 30 programs at any one time and the employment of up to 70 staff at any one time. It has also included the expansion of the GP services from a service that four years ago employed one full time doctor to a service that now employs up to 10 doctors, four of whom are full time. Winnunga has also commenced the delivery of dental services and operates a full time dental clinic employing a full time dentist and two dental assistants.

It is hoped that through telling this story, colleagues and fellow Aboriginal community controlled health services will benefit from Winnunga's experiences. It is also hoped that accreditation bodies and other stakeholders, in particular the funding bodies that provide the finance to assist services to become accredited, gain an insight into what is involved for a service such as Winnunga which makes a decision to achieve quality improvement for the purpose of embracing best practice standards and becoming accredited through Australian recognised accreditation programs.

1 Winnunga Nimmitjyah Aboriginal Health Service Business Plan 2007–2012

2 Australian General Practice Accreditation Limited

3 Quality Improvement Council, also known as QMS (Quality Management Services), IHCA (Institute for Healthy Communities Australia Limited) and QICSA (Quality Improvement and Community Services Accreditation Incorporated)

Executive summary

Winnunga committed fully to quality improvement through accreditation in 2004. In 2006 Winnunga was accredited by AGPAL. In 2006 Winnunga completed the 3 year review cycle with QIC and is now well into the accreditation cycle. Winnunga is due re-accreditation with AGPAL in April 2009. Winnunga will not have to undertake any additional work in order to meet the re-accreditation standards. There will be no panic, frantic policy writing or changing of systems or processes. This is because Winnunga chose to implement processes that are continually reviewed and updated as part of the process. The processes implemented have been sustained and there is no reason to think that they will not continue to be sustained.

Winnunga is no different to other Aboriginal community controlled health services. It is always busy, has a moderate staff turnover, no-one can remember the last time the organisation had its full complement of staff and it has undergone several organisational re-structures. When the consultants were engaged to implement the AGPAL accreditation program, 22 staff were employed. On the day the auditors arrived in April 2006, 66 people were employed. Yet even with all of this, Winnunga has managed to implement systems that have facilitated improved service delivery and client outcomes. It is a credit to all involved, the board members, the CEO, managers and staff that they have achieved this in a service that in January 2004 started increasing its client load at the consistent rate of 90 clients per month. This rate of growth continues to this day. Many staff involved in the initial implementation of policies and procedures are no longer with the organisation while others are. This will not impact on the capacity of the organisation to sustain the systems in place. This is because:

- the leadership of the organisation (board members and the CEO) remain faithful to their commitment to continual quality improvement;
- some key staff members have remained committed to orientating new staff to the processes;
- new staff have a positive experience of the organisation's processes;
- the processes identify clearly responsibilities and delegations and all staff can quickly understand and manage their responsibility in the management and implementation of processes;

- staff understand the principles behind the processes because they are clearly explained in the policies; and
- there have been positive tangible outcomes as a result of the implementation of the initiatives.

Winnunga completed the three year quality review cycle under the QIC Standards in 2006. The three year accreditation cycle was then commenced and is due for completion in 2009.

It was clear in commencing the quality improvement programs that there were some systems that required significant improvement:

- Clinical policies and procedures at every level were required
- Infection control practices throughout the organisation
- Data management and use
- Client feedback mechanisms
- Occupational health and safety
- Human resource system including writing position descriptions for all employees and implementing a performance review system
- Staff continuing education and professional development systems
- Case management
- Program management
- Governance processes including corporate governance, finance management and risk management.

Fortunately for Winnunga, as a Healthy for Life site, it has had the opportunity to use resources to focus attention on case management and data use and management. The implementation of case management has seen significant improvement in client management and referral processes. The process is still under development and review.

The board of Winnunga sought appropriate advice on the incorporation of client data into business and strategic planning. As such, Winnunga has become a leader in the use of client data for business and strategic planning in Aboriginal community controlled health services. Client program initiatives under the business plan are client data evidence based.

Winnunga did lose some staff in the process of implementation of the quality improvement initiatives. It is not possible to judge whether this was a natural turnover or whether some people found the change too difficult to adjust to. Some staff have continued to resist the changes made, however, the vast majority of staff have embraced the changes and participated positively in Winnunga's successes. Change management was a critical factor in the process and is discussed later in this paper.

Winnunga continues to have difficulty maintaining some initiatives. The continuing education and professional development programs are difficult to maintain, in part because of the turnover of staff and the requirement to provide necessary education to all new staff and all staff annually. Winnunga is investigating ways of simplifying this process.

Staff compliance with client data recording continues to be somewhat inconsistent although this has improved with regular audits, ongoing support and the employment of more doctors with experience in client data recording. The employment of a practice nurse has also assisted in this process.

The other ongoing issue is the need to remind staff of the policies and procedures in place. It is easy in an organisation such as Winnunga to have 2 scenarios occurring simultaneously:

- staff who have been there for many years reluctant to adapt their practice to current best practice standards and
- new staff who lack an understanding of the evidence based nature of processes in place and the quality control applied to policies.

The ongoing difficulties fade in comparison to the advantages experienced by the organisation. Winnunga's capacity to deliver best practice evidence based care to clients has improved significantly as a result of the implementation of quality improvement initiatives across every aspect of the organisation.

Background

Winnunga became an Aboriginal Community Controlled Health Service in 1988, operating a clinic three times a week, Tuesday, Thursday and Saturday. In 1997 Winnunga appointed its first full time administrator. In the same year Winnunga was provided funding through the ACT Department of Health and had an operating budget of \$241,000. It was in 1999 that Winnunga first received funding directly from the Commonwealth Government.

It was also in 1999 that Winnunga moved to a converted house at Ainslie. The house had been a three bedroom home and was to be used as a GP and counselling service. Within a few years the Ainslie property had become too small for the level of services being delivered and so it was that, in 2003 Winnunga commenced negotiations with the ACT Government to secure larger premises.

Those premises were found at Narrabundah, a southern suburb of Canberra. The premises were at that time being used by ACT Community Health. In January 2004 Winnunga officially opened its doors at Narrabundah, utilising half of the building while ACT Community Health retained the other half. In 2006 Winnunga was officially provided use of the entire building. Significantly in October 2007, Winnunga was offered a 99 year lease over these premises for the purpose of providing health services to Aboriginal and Torres Strait Islander people of the ACT and surrounding region.

Achieving accreditation

In 2003 prior to the move to Narrabundah, the Board of Directors asked the CEO to pursue achieving RACGP accreditation through AGPAL. The CEO made contact with AGPAL and had preliminary discussions around the viability of Winnunga obtaining AGPAL accreditation. It became clear to both parties very quickly that Winnunga in its then premises of Ainslie would be unable to achieve accreditation without undertaking major capital works to the building. The primary reason was that a cursory review of the premises found that it would not meet infection control standards. For example the flooring did not meet infection control guidelines in that it could not easily be washed as it was partially unpolished wooden floors. In addition the consultation rooms would have required major changes in order to meet guidelines. At this point in the process there was no need to pursue the issue as it was clear that on the first criterion Winnunga would not meet the standards.

Around the same time, informal discussions between CEOs and members of Boards of ACCHOs around the country had highlighted the benefits of obtaining a whole of service accreditation. The program that was commonly used was the Quality Improvement Council program (QIC). Some services, particularly around the Brewarrina area, had commenced quality improvement through the QIC program and had spoken of the benefits to the service as a result of implementing the changes consistent with the standards of that program. The board of directors asked the CEO to pursue enrolment in the QIC program.

Negotiations by this time were well underway for the transfer of Winnunga services to Narrabundah. This meant that the services' priorities temporarily shifted to ensuring that the move meant as little disruption to client services as possible. The move was well planned and orchestrated and services remained uninterrupted through the course of the move. The move was partially completed in the latter months of 2003 and then completed in January 2004.

Prioritising quality improvement

By early 2004 the board of directors were able to again turn their minds to accreditation. The board had lengthy discussions on how this would best be achieved. They involved the CEO and invited a consultant to attend a board meeting to discuss a plan for implementation.⁴ The consultant advised that the organisation could implement minimum change in order to achieve AGPAL accreditation. This could be done by tailoring policies and procedures that were available online through AGPAL or through the numerous other sites offering policies and procedures. It would also involve some changes to the consult rooms, changes to the reception area in respect to confidentiality and an education package that could be delivered to the staff prior to the auditors arriving. It was explained that many practices achieve AGPAL accreditation through this process. It was also explained however that staff rarely embrace the policies that are implemented in this way and that most practices will comment on the fact that their policies and procedures manual sits on the shelf collecting dust most of the time.

4 Accreditation Specialists (Aust) Pty Ltd were the invited consultants


Alternatively, a process could be implemented whereby policies and procedures were developed specifically for Winnunga that reflect the practice of Winnunga and that also incorporate AGPAL criteria, Australian standards and any legislative requirements. In this way Winnunga could implement best practice standards for quality health care in an Aboriginal health service.

The Board made the decision at that point to lay the foundations for Winnunga becoming a leader in Aboriginal health care and providing current best practice Australian standards in clinical care. The Board continued to remain faithful to this decision throughout the entire course of the program's implementation.

It was at this meeting that the board of directors adopted the principle that continual quality improvement would be achieved through accreditation. In other words, the board adopted the view that quality improvement of services was the desired outcome and accreditation would be the tool used to achieve this outcome. This decision, made at the earliest possible time, would impact significantly on the way systems and tools were to be implemented. It meant that rather than developing a plan for implementing the minimal required change to meet accreditation criteria and standards, Winnunga would implement Australian best practice standards across the organisation, thereby laying the foundations for Winnunga to become a leader in the delivery of primary health care services.

In this way Winnunga made a decision from the outset that the way they would implement the accreditation program would be to achieve the highest level of staff participation and buy-in as possible. This would involve extensive education, collaboration and team work at all levels of the organisation in order to achieve this.

The next decision that was required was whether to implement the RACGP standards or the QIC program first or implement them both simultaneously. The advice of the consultant was that implementing the RACGP standards could be achieved in approximately 8 – 12 months. It would primarily involve one area of service delivery, clinical services but could impact positively on all staff. On the other hand, the QIC program would take up to three years for the review stage, or up to three years for the accreditation cycle to be complete and would involve all aspects of the organisation and all staff. It was the experience of the consultant that having staff exposed to a



positive experience in a quality improvement initiative and having their work validated through accreditation within 12 months could provide a strong foundation for the implementation of the QIC three year cycle.

The board considered this advice and decided to proceed with AGPAL accreditation and when that was achieved to commence the QIC review cycle. The board asked the consultant to consider requirements under the QIC program and implement policies and procedures consistent with those standards as well as the RACGP standards wherever there was overlap. However approximately 3 months into the implementation of the AGPAL program, the CEO and board approached the consultant to discuss commencement of the QIC initiative as the organisation had registered 18 months prior and had only 18 months to complete the review or accreditation cycle.

Implementation of RACGP accreditation standards

Project management plan

The implementation management plan included the following:

- How to achieve maximum staff buy-in
- How to manage staff resistance to change
- How to build confidence in the process
- How to maximise adoption of new policies and procedures
- How to imbed sustainability of quality improvement systems

The plan set out the following key milestones:

- Structural change complete, including redevelopment of the reception and medical records storage area
- Minor capital works complete, including bracketing of sharps containers, single use disposable hand towels, curtain railing, soap dispensers, signage including emergency evacuation signs.
- Equipment requirements finalised and installed, including fire safety equipment
- Implementing sterilisation of instruments systems consistent with best practice standards
- Implementation of consistent practices and the resultant stream lined ordering processes so that clinical equipment used at the practice was consistent with best practice standards (such as changing from needle and syringe for blood collection to closed units)
- Changing all cleaning products to current best practice standards (including hand washing and clinical hand washing soap)
- Education and training provided, including staff orientation and training
- Human resource management system implemented including the development of position descriptions and grievance processes for relevant staff

- Policy and procedure development and implementation
- Systems for legal compliance implemented, for example implementing a system for tracking legislative change

The process developed relied on:

- The consultant working one to one with key staff
- The consultant being available to all staff
- The staff having in-put into all policies and procedures
- The CEO communicating with staff on key issues when necessary
- Identifying staff who embraced the process early and involving them more (such as the practice manager, one reception staff member and the health data officer)
- The CEO providing regular updates to staff at staff meetings, thereby demonstrating her personal commitment and involvement in the process
- Not burdening staff who were having difficulty with the change process
- The consultant and CEO having regular contact and information sharing
- Education being provided on any new areas or on areas that required change in practice
- Commencing with drafting policies and procedures that reflected current practice and that did not require a change in practice
- Leaving policies and procedures that required significant change in practice until later in the process
- Repeating education sessions as often as required to capture all staff.

Resources required

Leadership

The first priority would be to implement systems and tools in the clinical services area, using the AGPAL standards and criteria. Consideration was given by the CEO to who could implement the program. At the time the service employed a midwife, Aboriginal health workers and clinic reception staff. In addition, two doctors were working full time with another two working part time on a session basis. It was clear that the midwives were not in a position to be able to implement the program as the demands of their roles were too great. At the time Winnunga did not employ a practice nurse or an enrolled nurse in the clinic area. In addition, once Winnunga had moved to Narrabundah, the service began increasing its client base at a rate of approximately 90 clients per month. This made it virtually impossible for the clinic reception staff or the practice manager to implement the AGPAL program. None of the staff had a background in the implementation of clinical based quality improvement programs and their areas of speciality were in practice management and social and emotional wellbeing. Following consideration of all of these issues and in consultation with the medical director who had emphasised that the doctors did not have the resources or the time to implement the program, the CEO and Board made the decision to engage specialist services to implement the program.

Accreditation Specialists (Aust) Pty Ltd were engaged to implement the AGPAL accreditation program at Winnunga. The first task was to develop a plan for implementation of the program. For this to happen, a review was undertaken to determine exactly what was required.

An important consideration for the CEO and consultant was to make the process a positive process for change rather than a daunting task generating exercise. The consultant advised that achieving a positive view of the accreditation program would take some time. It was advised that quality improvement was as much about change management as it was about implementing policies and strategies that go directly to practice and processes. Some people would naturally be more reluctant to change than others. The importance of the change being directed from senior management and the Board could not be over emphasised.

The Board of Directors

It was necessary to ensure that the Board understood what it was that they were directing the CEO to implement. The consultant worked closely with the board and the CEO to ensure that a process was developed that was appropriate to the organisation. None of the board members had a clinical background and so understanding the intricacies of the procedural changes was not important. What was relevant was to understand what the role of leadership was in the plan. It was important that changes that would flow from implementation of the plan were incorporated into business and strategic planning. For example, education of staff at every level on various relevant issues would be required. Additional systems for tracking professional registration and staff education would be required. These issues and others like them required systems management and consideration of them in business planning.

The CEO

In the case of Winnunga the CEO was instrumental in driving the implementation of best practice standards for the purpose of achieving quality improvement. It should be noted that whilst the senior clinical managers provided in-principal support for obtaining AGPAL accreditation, during the early stages of the program the doctors in particular, were reluctant to embrace the necessary changes. It was through the persistence of the CEO in insisting that the program proceed that the eventual outcomes and improvements were realised. The CEO and the consultant mapped a process for the implementation and the CEO allowed the process to be led by the consultant. Through the process, doctors and other staff began to realise that substantive positive change was happening. It was through this, that is, the evidence that positive outcomes could be achieved, that staff became positive about the process.

Staff

It was necessary to identify key personnel. As in all health care services, clinical staff at Winnunga are frantically busy. Clinical staff are required to prioritise their time on a daily basis and some things will naturally fall to the bottom of the list every time. Accreditation and quality improvement is often one of those things that falls to the bottom of the priority list. Not because it is not important, but simply because there is not the time to participate in everything that is important. What planning and management is about, and what quality improvement initiatives can be about, at least in part, is implementing

processes and systems that improve service delivery and create more time in the day for the service providers to provide better service to more people. For this project it was important that key personnel were identified and their role defined.

Those who would necessarily be involved in providing leadership and direction in any changes impacting on clinical practices were: the medical director; the practice manager; the health data officer and the senior midwife. Those who would provide positive influence and leadership in the development and implementation of various elements of the system were identified as: the practice manager; the receptionist; the health data officer; the midwife and the executive assistant.

By identifying the two key groups of people, the first group in the planning stage and the second within weeks of commencement, the project was able to proceed with no staff member feeling pressured to provide more input than they felt they had the time to give.

Funding and costs

Initially Winnunga did not receive funding for the implementation of the AGPAL program. Winnunga made a decision to use funds obtained through Medicare to commence the process. It then applied for funding for the program through the OATSIH Quality Improvement Initiative Funding Program. This program provided services up to \$28,000 per annum for quality improvement initiatives. Winnunga's application for funding was initially rejected on the basis that Winnunga's SDRF had not been submitted as yet. Following the submission of the SDRF Winnunga again applied for the funding. Clarification was requested from OATSIH. OATSIH requested precise details of the implementation of the program and the work to be done by the consultant. The details requested were the names of all of the policies that were to be implemented, the hours of work required to develop and implement each individual policy and they also wanted precise details of all the other work associated with the implementation. Winnunga provided this information. This took some time as it required a breakdown on a very micro scale of all the work required. This however was submitted to OATSIH and again further clarification was required and information requested.

The information requested now involved Winnunga having to supply a copy of all the policies and other documentation that had so far been developed by Winnunga for the purpose of achieving accreditation. These requests were onerous and placed a burden on Winnunga in having to provide all of this additional material. The information was provided and the funds finally approved.

Based on the costs of implementation and required changes, Winnunga made an additional application for funding in the amount of \$50,000 from the ACT Department of Health. This took in excess of six months to be approved.

One of the barriers that seemed to be presented in terms of obtaining funding for the implementation of the AGPAL program was the limited knowledge of what was required in order to implement structural changes, clinical processes, policies and procedures. One of the issues the funding body seemed to have was why Winnunga required the services of an external consultant to implement the program instead of utilising the skills of current staff. In this, it seems that two assumptions were made:

- 1** That accreditation alone was the desired outcome; and
- 2** That current staff had the time, skills and resources to implement the program.

As discussed above, Winnunga's primary focus, as important as it was to achieve accreditation, was to achieve quality improvement through implementing best practice standards. Winnunga was striving for quality improvement in service delivery. It was endeavouring to up-skill all staff in current best practice processes and striving to improve client care through best practice. Winnunga wanted a system that was ongoing and sustainable. This is a very different process than simply achieving accreditation. As Winnunga was in a new building virtually no resources were in place. Even if Winnunga had decided to implement the minimum processes to achieve accreditation, none of the current staff had experience in implementing a quality improvement program and none had the time to implement and coordinate the process.

Given the delays in approval of funding, the CEO negotiated with funding providers and was able to utilise some funds for specific areas of the program. For example, the sterilisation equipment was purchased from the dental service budget. The biomedical equipment tagging was taken from the core budget. The vaccine fridge and data logger were donated.

Including the purchase of all of these items, the total cost of implementing the AGPAL program at Winnunga was just over \$140,000. This cost included:

- the purchase of all equipment including all of the sterilisation equipment
- the changes to the area where instruments were to be sterilised including installation of new sinks
- the structural changes to reception and health records storage

- the cost of the consultant
- external signage
- biomedical equipment tagging
- electrical equipment tagging
- occupational health and safety equipment
- emergency evacuation plans and signage
- printing of the new patient information brochures

Other costs

Winnunga had anticipated requiring additional funds due to the lack of resources in the new premises they occupied. The board and CEO knew that costs would be incurred in maintaining standards. Some of the ongoing costs include:

- Annual biomedical equipment tagging
- Annual (and for some equipment more regular) calibration of medical equipment
- Annual electrical tagging
- Annual fire safety training
- Training costs for occupational health and safety reps
- Increased occupational health and safety costs due to increased staff awareness
- Annual mandatory and continuing education
- Annual membership to the after-hours locum service

Financial benefits

A benefit to achieving RACGP accreditation is that it qualifies a service for the Practice Incentive Program (PIP) payments. Winnunga was able to join the PIP program as soon as registering with AGPAL. This enabled the service to immediately access funding under the program. Education and training of relevant staff on maximising the benefits of this program was provided. In addition, in collaboration with ongoing education and training by the health data officer, the implementation of policies and procedures for staff responsible for Medicare billing increased Medicare income. On average, Winnunga receives \$7000.00 per month from PIP.

Implementation

Structural change – privacy and confidentiality

Privacy and confidentiality of personal information is governed in Australia by numerous acts of territory, state and federal parliaments. The principle commonwealth legislation is the *Federal Privacy Act 1988*. The Privacy Commissioner has developed 11 *National Privacy Principles* which guide practice for the management of personal information in various industries including health. Each state and territory has its own legislation, guidelines or principles on collection, storage and privacy and confidentiality of personal health information. All health care providers are required to implement standards consistent with the relevant legislation, guidelines and principles.

The reception area of Narrabundah had been rebuilt specifically for Winnunga's purposes. ACT Health Capital Works had assigned a project manager who was required to build the reception area, including any changes that were required in the medical records storage area for the purpose of running a busy GP clinic. The medical reception area was therefore built prior to obtaining expert opinion on what would be required to meet AGPAL and legislative requirements. What happened was that the reception area met occupational health and safety requirements but did not meet requirements under the *Federal Privacy Act* for storing medical records, nor did it meet AGPAL's criteria for the storage of medical records.

The area had been designed so that the reception area was a thoroughfare for clients. Computer screens were easily viewable; the appointments book was viewable as was the fax print-outs from the fax machine. Significantly, the medical records were stored in a compactus in the reception area that was part of the thoroughfare and medical records that happened to be on a bench were fully viewable to clients and members of the public passing through. Additionally, it was not practical to keep the compactus locked as the area had to be accessed by clinic staff so often. The door that patients were led through from the reception area was also a main thoroughfare for other staff and visitors. The consequence of this was that the area did not comply with privacy standards.

Fortunately for Winnunga there was an area where another door could be placed and a corridor created for clients, staff and members of the public to be escorted through. This allowed the medical records, fax machine and printers to be isolated. The location of this door however, to this day is not ideal and future capital works projects will incorporate an entire re-building of the reception and waiting area. The reception desk

area was changed and a bench area added to provide screening for the computers and appointment book. One of the biggest learning's for Winnunga in terms of capital works was to understand the different aspects that had to be considered in implementing any structural changes to areas where medical records are stored and where the public or clients have access. It was quite difficult changing staff members' habits in respect to access to this highly sensitive area of the service. An assumption was made by staff that as they were staff, they could freely walk in and out of the area where medical records were stored without contravening any privacy laws, standards or guidelines. This of course is not the case and under the *National Privacy Principles* access to medical records should be by only those requiring access.

For privacy, every consult room required an examination bed. In addition every consult room required a screen or curtain that could be pulled around the examination bed. Some already had this but others required the installation of a ceiling bracketed curtain.

Structural change – infection control

Infection control standards in Australia are continually reviewed and amended to ensure consistency with best practice standards and current research from around the world and in particular, Australia tends to follow European standards. The principle document for health care providers is the *Department of Health and Ageing Infection Control Guidelines for the prevention of transmission of diseases in the health care setting, 2004*. State and territory guidelines and national accreditation standards including the RACGP standards are consistent with this document. It is necessary for all health care providers in Australia to ensure that practice within their service is consistent with the guidelines.

The consultation rooms required change in order to meet the relevant standards. Fortunately every consultation room had a sink. Consistent with the adopted principle that best practice standards were to be implemented, all the taps on the sinks and clinical hand soap dispensers had to be changed to elbow operated taps. All the rubbish bins had to be changed over to pedal operated bins and all of the bins had to be made into bio hazard waste bins (clinical waste bins). This requires a sticker being put on the bin and the liner of the bin being a yellow biohazard liner. Disposal of the clinical waste is through a contracted company. Sharps containers had to be bracketed to the wall nearest the site where a sharp would most likely be used, or alternatively bracketed to the treatment trolley. Single use hand towels were bracketed to walls above all sinks. A dirty-clean flow for sterilisation of instruments was also required (see below).

Processes and systems change

Policies and Procedures

A number of structural changes were required in order to meet standards. Whilst these were being organised the development of policies and procedures commenced. It was noted that at the time Winnunga had no current policies and procedures in place in a formal sense although several forms existed for different processes. The forms that were in place related to such things as transferring of medical records from one practice to another, there was a confidentiality agreement in place for staff to sign, there was a patient information brochure available and some other forms were available for use in particular circumstances.

The policies that were in place were so outdated as to not have been used by the current staff. As part of the change management process it was decided that the first policies and procedures to be developed would be the ones that would most reflect the current practice of staff. That is, the processes that the staff were already using and using well but had not been written down as a policy. Those policies included issues such as triaging patients, accessing first aid training, the patient appointment system, the use of standard precautions, transfer of medical records from Winnunga to another practice or vice versa. The consultant worked closely with the practice manager, reception staff and the medical director in drafting the policies so that they as closely as possible reflected the actual practice of the staff. This was important as Winnunga, like many health service employers, have a relatively high staff turnover. They also have locums that come in to relieve doctors and emergency relief nurses. It was important that the policies and procedures gave as much guidance to a new person to the service as they did to people who had worked there for a long time. The principle behind it was that someone could walk in and on their first day if presented with an issue would be able to go to the policy and see exactly how Winnunga handled that particular issue.

It was decided that all policies and procedures would be developed in draft form and sent out to all staff for comment and feedback before they would be implemented. This provided as much opportunity as possible for staff to provide input and tailor the policies to meet the needs of the organisation. It was also decided that where a policy was being implemented that would change common practices in the service, that education sessions would be held on these policies prior to implementation.

In this way staff were given as much opportunity as possible to discuss the policies, any changes that were required and that they would understand the policies prior to implementation. This went a long way to achieving maximum staff buy-in during the process. A complete list of policies and procedures developed pursuant to the RACGP and QIC accreditation standards is provided at attachment 1.

Infection Control

Infection control standards are governed by the Department of Health and Ageing Infection Control Guidelines for the prevention of transmission of diseases in the health care setting, 2004 and *Australian /New Zealand Standards (AS/NZS) 4187-2003 & AS/NZS 48145-2001*. It is necessary for all staff working in a clinical area to have a working knowledge of the elements of the guidelines and standards applicable to their service. Policies and procedures should be developed based on this document and the principles contained in it rather than relying on secondary documents such as accreditation body standards and evidence requirements. By doing this, services ensure a working knowledge of the underlying principles applicable to infection control standards. In this way the principles can be applied to all situations regardless of the particular situation. Infection control in health care is so important that short cuts should never be taken. In keeping with its principle to apply best practice standards, Winnunga's infection control policies and procedures were developed based on the Department of Health Guidelines and the various updates provided from time to time by federal and state departments of health.

A number of issues required attention. Soap for a clinical procedure hand wash needed to be made available in all areas where clinical treatment was provided. Elbow operated taps are best practice. Single use disposable towels, bracketed to the walls was required at all hand washing sinks. Consistency of cleaning products was required, including hand washing products. The current products were not recommended for use in a health care facility. An analysis was performed of various appropriate products (slightly alkaline) and a product was selected based on:

- Cost
- efficiency (one product performed a number of function)
- consistency with infection control and occupational health and safety standards (the company provided foaming spouts for all containers instead of sprays and provided pre-labelled smaller bottles so the organisation could purchase in bulk and decant in to small containers whilst maintain workplace safety legislation).

Arrangements were made with the medical supplier to stock the product. Education was provided to the cleaning staff on the requirements for cleaning in a clinical practice. A policy and procedure was developed to assist cleaning staff and appropriate labels and instruction sheets were also provided and made readily available. Infection control posters were acquired and displayed around the service for clients and staff.

Appropriate waste bins were changed to pedal operated and clinical waste bins were made available in all treatment areas.

Personal Protective Equipment was purchased and made available to all staff. The equipment required is: disposable gloves, latex free gloves, masks, goggles, gowns (disposable are preferable) as a minimum. Disposable vomit bags and gloves were placed in all cars along with a clinical waste bag.

Tutorials were developed and implemented for all staff on infection control procedures. Most of these are mandatory for all staff in the service and some are applicable to only clinical staff. For example, hand washing prior to a clinical procedure is appropriate to only clinical staff, whereas standard precautions are applicable to all staff. Other changes were made to bring practice up to best practice standards. These changes included the change to the *Click Smart* sharp containers, use of single use disposable linen to be changed between every client, changing to a closed system for blood collection and the purchase of a spills kit for use when there was a body fluid spill.

The sterilising room

The arrangements for instrument sterilisation required a comprehensive review. The sink being used did not meet infection control standards and the processes in place were somewhat *ad hoc*. The Capital Works project that was undertaken when Winnunga first moved to Narrabundah had included converting a shower room into a sterilisation room. Unfortunately, the shower was kept and the room was also used for the main waste bins. Stainless steel sinks and splash backs had been installed. Three sinks had been installed, the first 2 were too small to meet standards and the third one was too large and therefore contravened occupational health and safety standards (the deeper the sink the greater the risk of splashing when washing dirty instruments. This is why the prescribed depth is 20cm). No dirty-clean flow was established.

As it turned out, Winnunga had just been approved funding to implement a dental service. It was therefore decided that the instrument sterilisation room would be built as part of the dental clinic. The current sterilisation room would be transformed into

a waste room. This all waited though until the necessary renovations to cater for the dental clinic were complete. This was an un-anticipated delay in the implementation of the program.

Dental clinic

Whilst the dental clinic was not a part of the AGPAL accreditation program it is worth noting a few issues that arose in the set up of the clinic.

Many dental instruments are hollow and therefore require a more stringent cleaning process. The recommended steriliser for dental instruments is a Class B steriliser. Class N sterilisers cannot be used for sterilising instruments that must be wrapped or packaged. Winnunga had a Class N steriliser. In addition, best practice standards recommend the use of a dental dishwasher for dental instruments (although not required as yet but in all likelihood will be in the future) and a mechanical oiling machine. An ultra sonic machine is required for cleaning dirty instruments. Electronic data loggers for sterilisers are also fast becoming a requirement. Arrangements were made for the purchase of all equipment and a decision made to pipe distilled water directly in to the machine, therefore over-riding one risk factor of having the water change missed and the potential for breach of the integrity of the sterilisation process.

Once the dental clinic sterilising room was completed the sterilising processes were implemented.

Waste Management

Waste management is governed by Australian standards, accreditation standards, occupational health and safety legislation and environmental protection legislation. Clinical waste is a biohazard and must be dealt with in a way that complies with legislation and Australian standards. *The Department of Health and Ageing Infection Control Guidelines for the prevention of transmission of diseases in the health care setting, 2004* clearly sets out the requirements for clinical waste management across the various health sectors. Winnunga is governed by the requirements for a private day hospital and community health care.

An organisation is required to ensure that the company contracted by the organisation to deal with clinical waste is in fact dealing with clinical waste in a manner consistent with the legislation. This means that the company contracted must be specifically asked how they manage the clinical waste collected from the organisation, that is, where it is taken and how it is destroyed.

Most companies provide large bins (240 litres). These have to be stored somewhere. They cannot be stored in corridors because of fire safety regulations. As mentioned above, Winnunga converted what was being used as a sterilisation room in to a waste room and stored the bins there. Winnunga also made arrangements with the same company for supply of a confidential documents bin that is used to discard confidential documents. In an organisation the size of Winnunga this is a cost effective alternative to shredding paper. Winnunga implemented a recycling system for ink cartridges. The waste management company were also contracted to manage recyclable waste.

Pharmaceutical waste also had to be managed and policies and procedures were developed for the legal and safe destruction of these products. An in-depth system for managing pharmaceutical waste was required under the AGPAL program. Research was required as to ensure Winnunga was compliant under legislation.

Clinical Store Room

The advantage of implementing a quality improvement program was finding things that are not necessarily required for accreditation but that will go directly to quality improvement in the organisation. One of those things for Winnunga was the implementation of a clinical store room. At the time, there was no central area where clinicians collected supplies from, there was nowhere to store sterilised instruments and there was no central location to keep emergency resuscitation equipment. There was a scattering of equipment and supplies in all corners of the building. A room was located next to the waste area (the area that used to be a shower). This was an old toilet block. Capital works funding was again used to change this room from a toilet block (there were ample toilet facilities in the building) to a clinical store room. A sink for hand washing was also installed. This initiative has assisted everyone using clinical stores. It has also improved medicines management as no medication is kept in consultation rooms any more. A spin-off benefit has been a significant cost saving to Winnunga in the supply of clinical stores. One person is now responsible for ordering and what is available and what stock is low is easily assessed on a monthly basis. Stock no longer sits in draws and cupboards expiring because no-one knows where to find it.

Medicines management

Medicines management is governed by various state, territory and Commonwealth legislation including the *Poisons Act 1933*, the *Drugs of Dependence Act 1989* and various other laws governing the practice of professionals such as the *Nurses Act 1988*. All necessary changes were made to ensure that the legislation was complied with

including: attaching the S8 drug storage cupboard to a wall; ensuring that only one key was available to access the cupboard; ordering registers from the Pharmacy Guild for recording S8 drugs; removing any unsecured drugs of addiction from doctors' rooms draws, cupboards and work areas; developing policies and procedures for the management of medications.

Vaccine management

The storage of vaccines is governed by the *Australian Government Department of Health, National Vaccine Storage Guideline: Strive for 5*. The person responsible for the management of vaccines in the service is required to have a good working knowledge of this document. This is a requirement under the document and under the RACGP standards. Vaccines are an extremely fragile product and in order to maintain their potency they are to be stored and transported under strict conditions. A dedicated vaccine fridge is required for the storage of vaccines. Data loggers now come as standard equipment for all vaccine fridges. For most models less than 5 – 7 years old a data logger can be purchased (around \$150) and installed. Winnunga did not have a dedicated vaccine fridge. A decision was quickly made for the purchase of one. At the same time, a donor asked the CEO if there was anything the organisation required to the value of \$5000. This was ideal and the donor paid for the purchase of the vaccine fridge and data logger (approximately \$3500 in total). In choosing the fridge the consultant reviewed the NHMRC *Australian Immunisation Handbook* and the *National Vaccine Storage Guidelines Strive for 5*. Once a selection of fridges was chosen that met Australian standards (not all fridges sold in Australia as vaccine fridges meet the standards set out in these guidelines) the consultant talked with the biomedical engineer who had been engaged to perform the annual biomedical check of equipment. He advised on preferred brands and also advised on brands to avoid due to reliability issues (the same person also gave important advice on the brands of sterilising equipment to avoid). An analysis was conducted and the fridge was chosen based on: cost, company warranty, service provision and maintenance. By this time a practice nurse had been employed. Whilst the practice nurse had experience in community nursing and immunisation programs, she required some time to refresh her knowledge on vaccine management.

Arrangements were also required to be made in the event that there was a power outage for a period of more than 4 hours. ACT Health supplied the vaccines and so an arrangement was made with them for pickup of the vaccines in the event of a power outage for more than 4 hours. In this way the cold chain could be maintained. This is important because an organisation the size of Winnunga stores approximately \$2000

worth of vaccines at any one time. In a dedicated vaccine fridge the temperature can be maintained for approximately 4 hours (assuming that no-one opens the door in that time) before the temperature begins to rise and the integrity of the vaccines is compromised. Once the temperature is compromised, the vaccines must be discarded.

Prior to the accreditation review, Winnunga hopes to have been provided funding to purchase and install a generator. This will provide quality improvement to the organisation by providing emergency power back-up to critical services (such as the clinic) and equipment (such as the vaccine fridge).

Detailed policies were required for vaccine management. These can be used as a teaching tool in order that all staff understand why the cold chain must be maintained, monitored and how.

After-hours arrangements

Winnunga was accredited under the 2nd edition AGPAL standards which required after-hours arrangements for the management of patient care when the service is closed. The standard was that the arrangements had to be with a provider other than the local public hospital.⁵ Winnunga made arrangements with a medical deputising service, CALMS (Canberra After-hours Locum Medical Service) for after-hours access. This costs Winnunga \$2000 per annum and the medical director is required to participate in the after-hours care on a rotating roster basis.

Signage

As Winnunga was a new occupant of the building, signage was an issue that required some attention. Signs were placed around the building. They included: no smoking signs; designated outdoor smoking area sign; external sign detailing the opening hours, contact details, after hours care arrangements; client information in the waiting area (Medicare information, interpreter service, bulk billing arrangements, client rights); emergency exits; and signs for specific activities such as quality improvement activities.

Accident/incident and near misreporting and management

Reporting, investigating and reviewing incidents was a procedure that had to be developed involving managers and staff at all levels of the organisation. There may

5 The 3rd edition standards have been modified

be serious liability issues involved in neglecting to address incidents and neglecting to change practices where it is reasonable to do so and where the risk of injury is reasonably foreseeable. A standardised incident reporting system was required. There are a number of reporting models. The one chosen by Winnunga, based on the best available evidence for reducing risk of accidents, was a non-punitive investigation/review model. Investigation and review processes were implemented. An accident/incident/near miss register has been implemented to facilitate review and accountabilities.

Occupational health and safety

Occupational health and standards are included in all accreditation standards. Organisations have strict obligations in respect to occupational health and safety under legislation. A comprehensive occupational health and safety system was implemented.

Health data management

AGPAL have particular requirements for the management of health data, consistent with Australian Standards for risk management, the *Federal Privacy Act*, legislation for the storage of client data and best available evidence for management of client data.

A random audit of client records indicated that all staff, including doctors required some further education and training on the type of information required for client records. The audit was undertaken very early in the implementation process as it is common for change to be required. Audits were conducted regularly throughout the 12 month period and results presented to doctors by the CEO. The CEO took on responsibility for following up the medical director on client data.

Client feedback is also an important element in accreditation programs. Under the 2nd edition AGPAL standards, a client feedback survey was required. Winnunga undertook the survey. The survey has to be approved by AGPAL. Winnunga adapted the template survey provided by AGPAL to cater to the particular needs of Winnunga's clients. The consultant spent some time negotiating with AGPAL over these changes however the survey was approved and the results published in the business plan. The 3rd edition AGPAL standards provide a choice on how client feedback is obtained. Client forums can be used or a client feedback survey can be conducted. Winnunga has chosen to stay with the client feedback survey because it is easier to facilitate and because more clients participate in the process. Winnunga surveys a minimum of 100 clients every year to obtain feedback. The survey also incorporates some demographic data which is valuable to Winnunga in program planning.

It should be noted that Winnunga was fortunate to have a full-time health data officer. By the time Winnunga was audited by AGPAL, it had also become a Healthy for Life site and had employed an Operations Manager who had a background in nursing and epidemiology. These 3 factors: having a health data officer, becoming a Health 4 Life site and employing an Operations Manager with expertise in data analysis, meant that Winnunga experienced valuable quality improvement across the organisation in client data management.

Staff education and training

Staff education and training and professional development are integral to any quality improvement program. Annual updates are required on various issues. Some education is applicable to all staff and some applies only to particular staff. The mandatory annual education package that Winnunga has implemented for all staff includes:

- Manual handling
- Emergency evacuation procedures
- Use of fire fighting equipment
- Reporting accidents/incidents/near misses
- Confidentiality of personal health information
- Standard precautions
- Management of a sharps injury
- Management of client feedback and complaints
- Management of staff grievances
- Client rights
- Management and recording of client data
- Reporting faulty equipment
- Consent policies and procedures
- Child protection.

The package for clinic staff has in addition to the above the following:

- Management of pathology results and other investigations
- Triage of clients
- First aid
- CPR

The package for managers, in addition to the above includes:

- Managing and conducting performance appraisals and reviews
- Responsibilities for workplace health and safety (including equipment supply)
- Responsibilities in managing client feedback and complaints
- Responsibilities in managing accidents/incidents/near misses
- Management of staff grievances

It is very difficult to maintain the annual education and the education for new staff. Winnunga, like many health care facilities has a high turnover of staff. The various programs provided by the service add to this burden. All new staff require mandatory education as a priority when commencing employment. The provision of education to staff is one area Winnunga struggles to maintain. In implementing the project plan, particular attention was given to education of staff.

Implementation of QIC accreditation standards

The QIC standards selected as most appropriate to Winnunga were the *QIC Health and Community Services Core Module* and the *QIC Community and Primary Health Care Services Standard*. These 2 modules incorporate all aspects of Winnunga's operations.

Unlike some other quality improvement programs, it is difficult to imagine an organisation receiving accreditation from QIC without implementing substantive quality improvement initiatives. The program is comprehensive and requires involvement of staff at all levels of implementation. Due to the comprehensive nature of the program, organisations can choose to undertake a review cycle of up to 3 years prior to undertaking the accreditation cycle. In this way, where an organisation may have to implement systems from the ground up across all aspects of the standards, it may be preferable to undergo a review cycle, planning and implementing initiatives more slowly, having a QIC review and obtaining recommendations based on the review. On the other hand an organisation may choose to go directly to an accreditation cycle which is up to a 3 year cycle.

Winnunga chose to undergo a review cycle prior to the accreditation cycle. This decision was based on:

- The amount of change the organisation had undergone in moving to Narrabundah
- The rapid increase in program delivery services
- The rapid increase in clients accessing the service
- The resultant rapid increase in staff numbers
- The lack of any processes in place to cater to the changing needs of the organisation.
- The decision of the board and CEO to implement sustainable systems that would survive further changes when and if necessary.
- The decision of the CEO that staff participation in the process should be maximised.

- The time lapse between the organisation registering with QIC and the commencement of implementation of standards⁶

In order to progress the project, a consultant was engaged to project manage the implementation.⁷

Implementation of the review cycle commenced 3 months following the commencement of implementation of the AGPAL accreditation program. The consultant negotiated additional time for the review cycle with QIC so that Winnunga had 2 years to complete the cycle.

Prioritising initiatives

The QIC standards incorporate the following:

- Practice administration and services
- Service infrastructure
- Client health information
- Service delivery management
- Governance
- Management and human resources
- Finance systems

The aspects of the program include:

- Leadership and management including organisational structure, management education and training, delegations and governance
- Physical resources including equipment
- IT management and client access
- Human resource management including occupational health and safety, position descriptions, performance review processes, recruitment and retention policies, legal compliance and equity in the work place

⁶ Winnunga had registered with QIC 18 months prior to commencing implementing of the program. As such what would usually be a 3 year cycle was reduced to an 18 month cycle

⁷ Accreditation Specialists (Aust) Pty Ltd were engaged to implement the program

- Financial management processes including finance delegation, reporting and risk management strategies
- Knowledge and information management including research protocols, collection, storage and sharing of information
- Risk management and legislative compliance including fraud and corruption processes, risk identification processes and review strategies
- Community needs incorporating measuring client outcomes, obtaining client and stakeholder feedback, cultural safety, consumer rights and service coordination, early identification of risks, health promotion and program coordination and records
- Service agreements and partnerships including partner organisation relationships
- Collaboration and strategic positioning
- Incorporating and contributing to best practice standards
- Community and professional capacity building
- Assessment and care including case management.

The CEO and board decided that human resource management was the most urgent priority, followed by service delivery management (including program management) and governance and finance management. Client health information was to be an ongoing project lead by the Healthy for Life team.

In addition, the consultant prioritised negotiating with QIC on crediting Winnunga for achieving AGPAL accreditation and therefore not having to overlap with the clinical program. QIC is familiar with the RACGP standards and readily agreed to accept the certificate of accreditation as evidence of quality clinical service practice in areas covered by the AGPAL program.

Project management plan

The implementation management plan included the following:

- How to achieve maximum staff buy-in
- How to manage staff resistance to change
- How to build confidence in the process
- How to incorporate best practice evidence based standards in to all initiatives

- How to maximise adoption of new policies and procedures
- How to imbed sustainability of quality improvement systems

The plan set out the following key milestones:

- Implementation of position descriptions and a performance review system in the organisation
- Implementation of a career pathway structure
- Recruitment of a human resource officer
- The release of a 5 year business plan in 2007 (to replace the plan to expire in 2007) that would integrate all aspects of the quality improvement initiative
- The implementation of risk management strategies including finance management and governance processes
- The implementation of program management tools
- The implementation of a case management model
- The implementation of more comprehensive client feedback mechanisms
- The implementation of an annual staff training and education program
- The implementation of a key performance tracking system for programs and contracts
- The implementation of a compliance register and calendar
- QIC agreeing to credit Winnunga for the achievement of AGPAL accreditation in the clinical services

The process developed relied on:

- The consultant working one to one with key staff
- The consultant being available to all staff
- Key staff taking responsibility for particular aspects of the program and liaising with the consultant to ensure consistency with other initiatives

For example, the Healthy for Life team were to take a lead in the development of a case management tool and the monitoring of client data, the operations manager took the lead in developing and implementing a key performance tracking system and compliance register, the CEO took the lead in implementing position descriptions and performance review tools.

The communication and change management strategy included:

- Weekly staff meetings of key personnel
- The CEO providing updates at staff meetings
- Circulating the minutes of meetings to all staff and inviting staff to participate in meetings when the issue to be discussed directly related to their area of work
- Accepting that some staff will have difficulty with the change process and not burdening them with additional responsibilities
- The consultant and CEO having regular contact and information sharing
- Education being provided on any new areas or on areas that required change in practice
- Repeating education sessions as often as required to capture all staff
- The IT manager assuming full responsibility for the implementation of IT systems management standards associated with accreditation
- QIC agreeing to credit Winnunga for the achievement of AGPAL accreditation in the clinical services

Resources required

Leadership

The CEO and board provided leadership in directing the program. The consultant was asked to present at board meetings, staff meetings and staff and board planning days. The CEO took responsibility for the management of the project and met regularly with the consultant.

The board of directors

It was necessary to ensure that the Board understood what it was they were committing to in implementing the QIC program. The standards would have an impact not only on the delivery of services but also on the way the board governed. Processes would need to be developed and implemented that would provide for greater risk management in governance. Board members would need to undertake governance training including

corporate governance training. Consideration would be required of what types of skills future board members required which would then be incorporated in to succession planning. All aspects of the quality improvement programs would need to be integrated into business and strategic planning. By committing to this process, the board exposed themselves to the rigors of change in the same way as staff were being asked to.

Throughout the review and accreditation cycle, the board participated actively in the change process and continue to do so.

The CEO

The process required the full participation of the CEO. Like any change, the CEO has found some aspects of the process that affect management within the organisation difficult and acknowledges with staff, that it is not always easy to implement systems that are capable of being documented and robustly reviewed. This has not stopped or impeded the progress of the plan. It has however allowed the staff to understand that all levels of the organisation participate in the change process and that it is at times difficult, is no reason to stop the progress.

Staff

It was necessary to identify key personnel within each area. The finance manager would be involved in all aspects of finance management policy development, the social health manager, operations manager and one or two social health team members would participate in developing systems for program management, the executive assistant would assist in coordinating all of the meetings as well as manage the development of administrative systems. All managers would be involved in the development of human resource system tools, the chairperson of the board and CEO would be involved in the development of the risk management strategy.

It was essential that staff not feel overwhelmed by the implementation of the two quality improvement programs. To manage this, the project management plan ensured that where possible, different staff were participating in only one activity at a time. Managers however were at times involved in multiple activities. By having a project manager and plan, managers did not have to assume the responsibility for monitoring the implementation, but rather could concentrate on providing their input and applying their skills to the development of tools and systems.

Funding and costs

Winnunga made the decision to pay for the implementation of the program from its own funds where funds could not be obtained from government grants. Winnunga negotiated with OATSIH to use some of the unspent funds from other programs on implementing the program and in particular implementing the human resource system. A small amount of funding was received for governance training and some of the money provided by OATSIH to implement AGPAL accreditation was used in areas where there was links between the two programs. The total cost of implementation of the program has included:

- Consultant fees
- Legal advice
- Finance management advice relevant to human resource practices and amendments required in the constitution
- Education and training
- Data management training fees
- Governance training
- Occupational health and training of some staff

Although it is not possible to state with any certainty the cost of implementation of the program it is fair to say that Winnunga spent approximately \$130,000 throughout the course of the project on the areas identified above.

Financial benefits

It is difficult to quantify the cost benefits of implementing a program such as the QIC accreditation program. The implementation of systems management processes result in savings in all areas of the organisation. Tangible cost benefits have been realised in finance management, staff recruitment and separation practices, IT systems administration and data management.

An examination of one of the processes used to engage staff

One of the processes adopted to engage staff in the process was the implementation of weekly QIC meetings. Below is a discussion of how this was implemented and how it progressed.

Weekly meetings

Winnunga took the view that a staff participatory approach was required for the implementation of the program. A regular QIC meeting was held and terms of reference were developed. In addition, a QIC notice board located in the staff room was established. QIC meetings were held weekly on Friday's from 3 pm for up to one hour. It was agreed that a minimum of six staff were to participate in the meetings and would include people with experience and skills relevant to the areas for discussion for the week. The meetings were also used to discuss any issues with respect to the AGPAL program.

Structure of the meetings


The meetings were flexible when necessary, though it was decided to work systematically through the Standards commencing with the *Health and Community Services Core Module*. This would then be followed by the *Community and Primary Health Care Services Standards*. Two consecutive meetings were scheduled for each standard. The meetings were conducted using a brainstorming model to promote as much participation as possible. The QIC evidence guide was used to guide the session.

Work in-between meetings

Prior to each meeting, staff working in the area of particular relevance to the standard were personally encouraged to attend the meeting. The CEO sent emails and the consultant followed people up. The standard to be discussed was reviewed and linkages with other standards and with the area of work of the staff involved were identified and included in the meeting discussion to avoid repetitive topics.

After each meeting minutes were written and distributed to all staff electronically and a hard copy was posted on the QIC notice board. The information discussed and recorded was collated for the QIC journal. The journal has the following sections:

- Planned improvements
- Performance indicators
- Strategies for improvement
- By whom and when
- Progress.



A copy of the journal page was distributed electronically and posted on the QIC notice board.

Any required policies and procedures would be drafted and circulated to all staff for feedback and comment. Education was provided on processes requiring change in practice or the implementation of new systems.

Staff participation at QIC meetings

It had been determined by staff that the quorum for each meeting would be 6 people. One staff member (the executive assistant) was given responsibility for notifying others of the meetings, the agenda and then reminding people. This assisted in ensuring the number of staff required for a meeting was met. The meetings continued over a period of approximately 12 months. Initially attendance at the meetings was high however over time attendance would ebb and flow depending on the topic for discussion and the availability of staff.

Benefits of the meetings

Through the meetings, a focus point of discussion was developed for all staff. People were able to raise issues of concern, for example, in the lack of human resource processes and then provide input in to what would assist them in their role. The meetings were valuable in ensuring an open and participatory model for quality improvement.

Staff perceptions of the quality improvement activities

To gain the best possible information about how staff at Winnunga perceived the process and benefits of accreditation a survey was undertaken on a sample of staff to determine:

- Perceived benefits of accreditation
- How policies and procedures developed through the accreditation process improved staff practices
- The level of ongoing quality improvement at Winnunga as a result of accreditation
- The level of ease with which new staff could find their way around the organisation post implementation
- The aspects of accreditation staff considered most valuable.

The survey was completed by 14 staff. Participants were a mix of clinical, administration, social health staff and one board member. There were three broad themes identified when the participants were asked what they perceived the benefits of accreditation. They were:

- 1 Organisational benefits
- 2 Service delivery benefits
- 3 Resourcing including financial resources

Perceived benefits of accreditation

The most common perceived benefits from accreditation included improved structures being in place through the introduction of policies and procedures followed by improved delivery of service to clients including improvements in the safety and the quality of care delivery. One staff member talked about the improvement in the coordination and management of client care as a product of the accreditation process.

Some staff stated that improved resourcing was one of the benefits to obtaining accreditation. This included financial benefits from Medicare through enhanced primary care items. Some staff also believed that once accreditation was achieved

the organisation would be more likely to attract funding for other programs. Some staff talked about how obtaining accreditation improved professionalism and the self-esteem of the organisation.

Policies and procedures – level of improvement in staff practices

Three questions were asked about how staff thought the policies and procedures developed and implemented as a result of accreditation improved staff practices. Survey participants were asked to indicate the level of improvement in staff practices they thought were associated with implementation of policies and procedures as a result of accreditation. Staff were asked to indicate improvement by giving a numerical score of between 0 (no improvement) and 10 (a very high level of improvement). The range of scores was 4–10 with the average being 7.75. This demonstrates that on average, staff at Winnunga consider that the policies and procedures developed and implemented as a result of accreditation have assisted in providing a high level of improvement in staff practices.

Participants were then asked to provide their thoughts on their level of agreement with two statements:

- 1** Implementation of policies and procedures has improved staff practices; and
- 2** Implementation of policies and procedures has improved my work practices.

The first statement received a similar response to the rating scale with, on average, staff agreeing to strongly agreeing with this statement. Two staff were neutral. There was a high-level of strong agreement with the second statement. One response was neutral.

At the organisational level, most staff agreed that policies and procedures developed and implemented as a result of accreditation improved staff practices. On the individual level, staff were more likely to strongly agree that those same policies and procedures implemented as a result of accreditation improved their work practices.

Level of ongoing quality improvement

Staff were asked to respond with their level of agreement to a statement that post implementation of accreditation, Winnunga experienced ongoing quality improvement. Of the 14 responses:

- Seven agreed with the statement;
- Five strongly agreed; and
- Two remained neutral.

Staffing and accreditation

Survey participants were asked to indicate their level of agreement with two statements concerning staff recruitment. They were:

- 1** Accreditation has made it easier for new staff when they start at Winnunga; and
- 2** I think being an accredited organisation makes it easier to recruit staff.

All staff indicated that accreditation had made it easier for new staff starting employment with Winnunga and that being an accredited organisation made it easier to recruit staff.

The most valuable aspects of accreditation

Staff were asked what they thought were the most valuable components of the quality improvement systems implemented and were given twelve options to choose from. Participants could choose more than one area. The options included:

- Clinical processes
- Client feedback
- Human resources
- Finance management
- Data management
- Program management
- Case management
- IT systems administration
- Occupational health and safety
- Governance
- Education
- Transport

Figure 1 shows the areas where Winnunga staff thought accreditation was most valuable.

Almost all staff believed that accreditation was most beneficial in improving clinical processes and occupational health and safety, followed by human resources, client feedback and finance management. Information technology was perceived as the system to benefit least from accreditation.

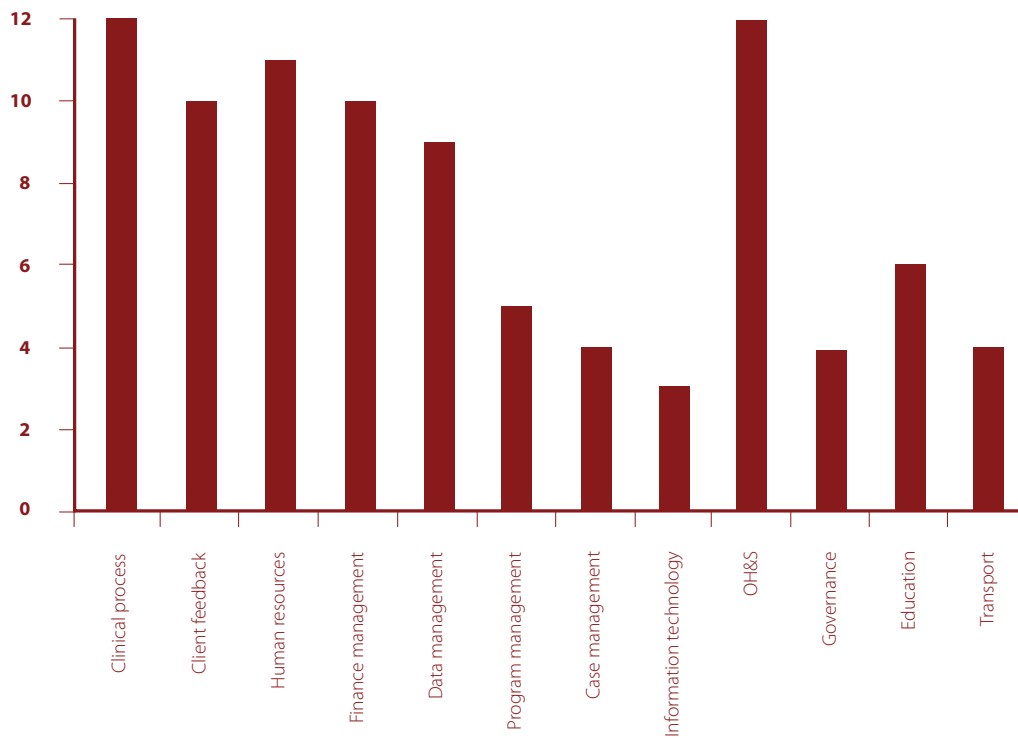


Figure 1 WNAHS staff perceptions of where accreditation was most beneficial.

Main barriers associated with the implementation of AGPAL and QIC accreditation programs

The main barriers associated with the implementation of the programs for Winnunga were:

- The rapid growth in the organisation during the course of implementation. This meant that the original time frame for implementation of the AGPAL program was extended from 8 – 12 months to 17 months.
- The QIC review cycle was completed in 2 years instead of the usual 3 years. This meant that in implementing some elements, staff may have felt a little over whelmed at times (although this was not a significant issue).
- The funding bodies did not have an adequate understanding of the nature of the change being implemented for the purpose of quality improvement and the requirement for external advice and assistance.
- The funding body's lack of understanding of the ongoing costs involved once the programs were implemented. The implementation of the human resource system was hampered by the delay between approval of the human resource officer position funding and the release of funds.
- Staff, particularly some who had been with the organisation for many years, were reluctant to accept the change in practices and lament the loss *'of the old days when everyone just did things and got on with it without having to have all these things in place.'*⁸
- Some experienced staff leaving the organisation during the implementation of the programs.
- A high volume of new staff.

8 Quoting a staff member

- The lack of some staff committing to improved data collection quality. It is worth noting here that in the past 2 years there has been a steady increase in data compliance. At the beginning of the implementation of the QIC program, the social health team, following an audit of client records, recorded the lowest compliance rate. An audit conducted in January 2008 found that the data compliance rate for the same team was 97%.
- Accessing appropriate governance training that is applicable in the role of directors in Aboriginal community controlled health organisations.
- The maintenance of education and training requirements for staff.
- The reluctance of some clinical staff to implement necessary changes consistent with the RACGP standards.
- Not receiving confirmation until 2006 that the building could be used exclusively by Winnunga.

Main benefits associated with the implementation of AGPAL and QIC accreditation programs⁹

The main benefits for the organisation in implementing the programs have been:

- Financial benefits associated with improved data collection for the purpose of Medicare billing and through accessing the PIP program.
- Having external consultants advise and manage the projects.
- Having the benefit of being able to demonstrate consistency with current best practice standards.
- Having the AGPAL auditor tell staff that the policies and procedures were the best he had seen in more than 400 practices that he had audited.
- Purchasing equipment that was consistent with best practice standards. In this way the organisation is assured that any pending changes to minimum standards in equipment requirements will not necessarily impact on Winnunga.
- Implementing systems for staff and clients to provide feedback and complaints.
- Improved insurance risk assessment based on policies and procedures in place.
- Reducing risks of incidents through staff having clarity around their roles and responsibilities.
- Reducing risk in staff turnover by having clear, descriptive policies and procedures for most issues for new and locum staff to access.
- Improved staff retention capacity through the implementation of career pathways, a positive model for staff performance review, a professional development program and continuing education.

⁹ Note that Winnunga has not yet received QIC accreditation but has completed the 3 year review cycle and is half way through the accreditation cycle.

- Increased confidence for:
 - staff through having practices consistence with best practice standards
 - clients in accessing services from an accredited organisation
 - managers in the performance of their duties through having clearly defined roles and delegations
 - board members in managing risk and accessing professional advice and services when required.
- Increased positive client outcomes through the implementation of program and case management tools.
- Increased capacity of the organisation to develop business and strategic plans based on client data.
- Increased participation of community members through improved client feedback and evaluation tools.
- Increased stakeholder confidence in the management of services.
- Increased capacity of the organisation to change and implement new programs as needed due to having systems in place for recruitment of staff, program management, risk management and finance management.
- Increased staff morale in the positive approach adopted to the implementation of the programs and the positive feedback provided by accreditation auditors and reviewers.

What have been the implications of undertaking two accreditation programs?

Winnunga was able to quickly identify that:

- 1** The AGPAL program concerned clinical practice and some aspects of occupational health and safety, client data management, client feedback and human resources. For example, the AGPAL program requires all clinic staff to have position descriptions. It also requires an orientation manual for staff with particular emphasis on providing information to GPs, the practice nurse, practice manager and receptionists. There are also requirements for annual education for clinic staff.
- 2** The QIC program would cover every other aspect of the organisation.

By identifying the parameters of the 2 programs, Winnunga did not experience any of the sometimes commented on 'overlapping' or 'doubling up' of the programs. The consultant had very simple negotiations with QIC on giving credit to Winnunga for the work done in the clinical area through the AGPAL program. This was readily forthcoming.

There was also no difficulty experienced for Winnunga in having separate audits and reviews. The two programs involved different staff with managers involved in both. Staff easily identified the difference in the programs and understood that both were working towards quality improvement. Having such a positive response from the AGPAL auditors lifted the confidence and morale of all staff enormously. Staff, managers, the CEO and members of the board were rightly proud of their success and ready to continue with implementing the elements of the QIC program. The review from QIC was extremely positive and areas identified for improvement had already been flagged by Winnunga.

One of the major benefits in the implementation of both programs has been the imbedding of quality improvement as a positive continual process. Staff of Winnunga understand this and are not overwhelmed by the processes, but rather are pleased to have processes in place that they can work within in confidence.

Important points Winnunga would like to share on implementing quality improvement programs

For fellow Aboriginal community controlled health services

- Have the aim of the project: *quality improvement through accreditation*. By doing this the emphasis shifts from undertaking the minimum required to achieve accreditation to implementing best practice standards for improved service delivery, evidenced in part through accreditation.
- Develop a plan for the implementation of the program or programs and don't sweat the inevitable delays.
- Access expert advice and services if your organisation does not have the resources to implement the program.
- Ensure that the top leaders of the organisation are positive and involved.
- Identify key staff who will progress the initiative. Don't worry if they are not managers or the people who 'should' be leading the initiative.
- If some staff are positive, utilise that positiveness – they will have a positive influence on others.
- Start with the issues that your organisation currently does well and get them documented in to policies and procedures. It is important for all staff to realise that much of what they do is done very well. Most of the time it is not documented because people do not realise that they are practicing consistent with current best practice standards.
- Accept that some staff do not manage change well and will take longer to come on board than others. Others may never accept the changes and will move on.
- Conduct a mock audit in the days prior to the accreditation body auditors attending your organisation. Most accreditation bodies provide mock audit tools. This assisted Winnunga in attending to last minute issues.

For the accreditation bodies

- Provide education to auditors on the nature of the Aboriginal community controlled health sector, the breadth of services provided and the management structures.
- Let organisations know that if they have accreditation under one program that the accreditation certificate can be used as evidence of systems in place for the applicable standards.
- For the longer programs, consider providing organisations the option of working through the standards and being audited as they go. Three years is a long time to wait for external validation that an organisation has achieved the desired level of quality improvement. For example, Winnunga worked extremely hard at all levels of the organisation to implement a human resource system. If an option was available for Winnunga to be audited on this system alone at that time, the organisation would have taken the option. It would have given staff a huge boost in confidence, broken up the three years and re-invigorated people to move on to the next area that required substantial change, finance management. At the end of the three year cycle the audit of the whole organisation could still take place, although it would not need to be quite as comprehensive and would ensure that systems and processes have been maintained.
- Understand that the client feedback and evaluation tools have to be adapted to meet the needs of the services.
- Understand the limited financial resources of the sector (even more limited than most other health sectors).



For the funding bodies

- Understand that quality improvement is about striving for best practice standards not minimal standards to achieve accreditation.
- Provide education to officers on the accreditation standards and importantly, on the systems and process changes that an organisation may have to undertake in order to achieve tangible quality improvement through the implementation of best practice standards.
- Quality improvement initiatives cost money to implement.
- Quality improvement will result in increased ongoing costs.
- Quality improvement will reduce risk.

Attachment 1

Policies and procedures

| Clinical Care, Emergencies, Triage |
|---------------------------------------------------------------|
| After Hours Care |
| Autonomy and Clinical Care |
| Extended Appointment Time with the Doctor |
| Offsite Visits – Doctors |
| Triage – Telephone Triaging Urgent Medical Conditions |
| Triage – Triaging Urgent Medical Conditions |
| Child Protection |
| Child and Young Peoples Protection |
| Extract from the Child and Young People Act 1999 |
| Infection Control / OH&S |
| Cleaning of Microtomp Two Ear tips |
| Cleaning Prior to a Clinical Procedure |
| Daily Cleaning of the Organisation |
| Disposal of Sharps |
| Hazardous Register, Supplies and MSDS – Managing and Ordering |
| Immunisation Program for Staff |
| Infection Control Audit Policy |
| Latex Allergies – Management |
| Managing difficult clients |
| Managing Dirty Reusable Instruments |
| Manual Cleaning and Oiling of Instruments |
| Manual Cleaning and Oiling Quick Check List Chart |

| |
|----------------------------------------------------------------------------|
| Manual Cleaning of Ultrasound Handpiece and Composite Dispenser |
| Manual Cleaning Quick Checklist Chart |
| Manual Handling Policy |
| Mechanical Cleaning Quick Checklist Chart |
| Mechanical Cleaning with the Ultrasound Cleaner and the Washer Disinfector |
| No Smoking Policy |
| OH & S and Emergency Procedure Audit Policy |
| Packaging of Instruments |
| Recording of Sterilisation Cycle |
| Reporting Faulty Equipment |
| Reporting Occupational Health and Safety Hazards or Risks |
| Sharps Injury Management |
| Spill Kit Instructions |
| Standard Precautions |
| Sterilisation of Packaged Instruments |
| Storing of Sterilised Instruments |
| Tracking of Instruments |
| Use of Linen in Clinical Areas |
| Use of Spills Kit |
| Using Standard Precautions When Handling Used Instruments |
| Waste Management |
| Client Rights, Confidentiality, Consent, Management of Documents |
| Consent to Recall and Reminder System |
| Doctor of Choice and Continuity of Care |
| Interpreter Service-Access |
| Patient's Requesting Information by Telephone |

| |
|----------------------------------------------------------------------------------|
| Privacy and Your Rights – Full Information Sheet |
| Privacy of Patients in Distress |
| Requesting Patient Consent to a Third Person Being Present |
| Telephone Enquiries |
| Client Follow-up (Clinical, pathology, test results, appointments) |
| Follow up of Patients Where Test Results Ordered but Results not Received |
| Review and Management of Imaging Results |
| Review and Management of Pathology Results and Other Test Results |
| Tests Follow-up-Results have not been received |
| Equipment – Dental, Clinical, Oxygen Cylinder |
| Maintenance of Equipment and Sterilising Room |
| Maintenance of Medical and Dental Equipment |
| Use of the Oxygen Cylinder |
| Documentation and Confidentiality |
| Confidentiality – Managing Personal Health Information |
| Consent to Transfer Medical Records |
| Consent to Transfer Medical Records to WNAHS |
| Document Control |
| Process for Identifying Culling, Sorting and Retrieving Inactive Medical Records |
| Review and Management of Clinical Correspondence |
| Transferring of Medical Records to Another Practice |
| Client Feedback |
| Complaints and Feedback – Management |
| Patient Feedback Survey and Patient Analysis |
| Winnunga Patient Feedback Analysis Sheet |

Medications and Vaccines

Checking Used by Dates and Disposal of Medical Perishables

Doctor's Bag

Instructions for Downloading the Data logger

Management of S8 (Drugs of Dependents) Medications

Vaccine Storage

Vehicles, Transport, Cars

Transport of Patients

Transport and Use of Vehicle Policy

Human Resource Management

Access to pay office and forms

Application for all Forms of Leave

Code of Conduct

Computer Network Access

Confidentiality Agreement

Criminal Background Check

Criminal Background Check Information for Managers and Policy Makers

Dispute Resolution

Equal Employment Opportunity

Grievance Process

Orientation Manual

Performance Management Review and Self Assessment Appraisals

Performance Review and Self Assessment Appraisal Guidelines

Staff Confidentiality

Staff Continuing Education and Training – Keeping Records

Staff Education

| Finance Management |
|---------------------------------|
| Fraud and corruption prevention |
| Annual budget preparation |
| Insurance register |
| Superannuation |
| Management of petty cash |
| Reimbursement of expenses |
| Assets management |
| Invoicing and purchasing |
| Finance committee |
| Audited accounts |
| Keeping records |
| Governance |
| Board member code of conduct |
| Quality Improvement |
| Quality improvement committee |

