

2020-2021 CHCB STRATEGIC QUALITY ACTION PLAN

The following strategic quality action plan identifies the key priorities aligned with Calvary Health Care Strategic Intent and the Tas/Vic Regional operational improvement plan, in addition to the DHHS strategic priorities. It should be noted, that aligned with the Calvary Clinical Governance Framework, each CHCB governance committee will be responsible for a number of other key areas and for the development, monitoring and reporting of quality action plans to Executive to ensure that we consistently deliver high quality, safe, effective, person centred care that meets the NSQHSS and NDIS standards.

QUALITY AND SAFETY				
KEY AREAS	ACTIONS	TIME FRAME	DELIVERABLES	RESPONSIBILITY
Patient safety	<p>CHCB quality safety system embedded with Executive oversight of action plans, risk logs and suite of indicators</p> <p>Implemented systems and processes to monitor effectiveness through existing audit program and risk reporting systems</p>	December 2020 and then ongoing	<p>Zero harm-Falls, pressure, medication, Behaviours of concern</p> <p>100% audits undertaken and reported to governance committee as scheduled</p> <p>6-monthly report to Executive on changes/ service improvements implemented as a result of audit findings and incident investigations</p>	

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<p>Consumers actively engaged to partner in system improvements and access to services.</p>	<p>Implement process to improve uptake of consumer feedback which is then used to improve services and contribute to staff education</p> <p>Progress implementation of the Reconciliation Framework.</p> <p>Fully implement culturally appropriate resources in to care of any Aboriginal or Torres Strait Islander person receiving palliative and end of life care supports</p> <p>Invite a member of the Caulfield Aboriginal and Torres Strait Islander community to support design of the Multi-faith/multi-tradition space and garden for the redevelopment</p> <p>Complete delayed year 1 Disability Action Plan (DAP) actions and deliver Year 2 actions:</p> <ul style="list-style-type: none"> • Review feedback systems and procedures and identify actions to improve accessibility for people with disability. • Review admission, care planning processes, and implement actions to ensure the needs of patients or families with disability, are routinely identified and met. 	<p>By June 2021</p> <p>June 2021</p>	<p>Increase Calvary Net Promoter responses</p> <p>Reflect Reconciliation Action plan</p> <p>Evidence of consumer input to all Model of care initiatives</p> <p>Year 2 actions</p>	
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CARE OF OUR PEOPLE AND WORK ENVIRONMENT				
KEY AREAS	ACTIONS	TIME FRAME	DELIVERABLES	RESPONSIBILITY
Workforce plan developed and implemented that will support the Bethlehem Health and Retirement Precinct Model of care.	<p>Establish Working party and TOR</p> <p>Develop project plan with key milestones that include review of current workforce, shared roles across the site, skills required, roles and responsibilities and succession planning for key roles</p> <p>Workforce and employment strategy that includes opportunities for those from diverse background.</p>	<p>Dec 2020</p> <p>Feb 2021</p>	<p>Plan implemented</p> <p>Target for ATSI TBC</p> <p>Target for disability TBC</p>	
Engage, support and build capacity of volunteers across our service settings aligned with community development principles and CHCB goal.	<p>Develop business case for sustainable volunteer program within community</p> <p>Implement as per the business case:</p> <ul style="list-style-type: none"> • Recruitment and training • Training program • Implement within the community 	<p>Oct 2020</p> <p>March 2021</p>	<p>Min 5 community volunteers trained and operational</p>	
WHS	<p>Train trainer (two) for Calvary “Speak out for safety prog”</p> <p>Commence delivery 2-hour programme to staff</p>	<p>Feb 2021</p> <p>June 2021</p>	<p>70% permanent staff completed</p>	

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	Review of current work and safety requirements within community settings Implementation of improvement and risk mitigation strategies identified by review	Oct 2020 Dec 2020		
Wellness Ambassadors	Evaluate Wellness Ambassador role Review of PD, training and sustainability Finalise annual programme for 2021	Sept 2020 Dec 2020 Feb 2020	Defined number of roles Increase in contacts	
PARTNERING/PLANNING FOR FUTURE				
KEY AREAS	ACTIONS	TIME FRAME	DELIVERABLES	RESPONSIBILITY
Neuropalliative inpatient admissions	Identify service gaps Implement social program of activities on the ward Implement preplanning process Finalise shared care plan and key worker role Review marketing materials and communication with key stakeholders	August 2020 Nov 2020 October 2020 November 2020	Increase in Neuropalliative admissions -target 93% Patient satisfaction	
Development of an integrated approach for people living with a progressive neurological disorder	Statewide Survey – To all Palliative care services and clinicians in Victoria Develop and pilot new model in 4 metro and 2 regional areas Final project report	October 2020 Jan 2021 June 2021		

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NDIS	Identify and complete business case for new billing system Recruitment completed for additional roles New system in test phase New system fully implemented Quality improvement actions against NDIS audit implemented	Oct 2020 October 2020 December 2020 February 2021 March 2021	Additional \$400k revenue target	
Develop a sustainable Health Promotion and Community Development program	Implement the project plan: <ul style="list-style-type: none"> Establish Living well working party/TOR Review of FOB and Volunteer programs Updated Health Promotion and Community Development Framework that includes the Living Well program Final project report 	Sept 2020 October 2020 March 2021 June 2021	Enhanced Volunteer Program, including Ambassador program Roles and change management process implemented	
Integration	With Calvary Community Care review model and identify any opportunities for service integration	Feb 2021		
CARE OF OUR RESOURCES				
KEY AREAS	ACTIONS	TIME FRAME	DELIVERABLES	RESPONSIBILITY
ICT	In conjunction with National ICT, implement Calvary clinical videoconference platform. This will include staff training and development of patient and staff resources. Inpatient telehealth evaluation CPCS Covid Telehealth project: <ul style="list-style-type: none"> Project plan developed and approved 	TBA (awaiting national decision) March 2021 Sept 2020 Commencing Oct 2020	Improve patient experience Published article	

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	<ul style="list-style-type: none"> Implementation and key milestones reported quarterly <p>Zipline project implementation Evaluation</p> <p>S drive implementation</p>	<p>Oct 2020 June 2021</p> <p>Dec 2020</p>	<p>Increased storage</p>	
<p>Redevelopment of the Caulfield site to provide an integrated health and retirement precinct</p>	<p>Governance framework finalised</p> <p>Detailed design user groups and consumer and key stakeholder engagement</p> <p>Establish working parties to assist with implementation 3rd phase of Model of care</p> <p>Evaluation framework:</p> <ul style="list-style-type: none"> Deakin university engaged agreed framework commence collection of current data 	<p>Oct 2020</p> <p>Dec 2020</p> <p>December 2020</p>	<p>Detailed design completed</p> <p>Change management and communication plan</p> <p>Deakin University engaged</p> <p>Agreed data set</p>	

Points for discussion:-

- Agreement re key areas/actions/timelines
- Partnering and collaboration:
 - Primary Health Network/PEPA
 - Monash/SEPC/Bayside Monash uni/HD network
 - MND collaborative
 - DHHS/Cluster potential
- Other items missing or of priority?