

# Where are we up to in Community Health in Victoria? – priorities, progress and challenges

Vicky Mason - CHV



**Community Health Victoria**

a division of the Victorian Healthcare Association

# CHV Clinical Governance Steering Committee

## **Aim**

To provide leadership and support for the development of a Clinical Governance Framework for Community Health across Victoria.

## **Objectives**

- Develop a Clinical Governance Model and accompanying tools applicable for Community Health agencies across Victoria;
- Support sector wide education strategies around Clinical Governance;
- Support the sector in promoting current and future work undertaken by CHS around Clinical Governance.
- Develop an advocacy role to share resources and networking

# CHV Clinical Governance Steering Committee Membership

## Community Health Representatives

- Stand alone
- Integrated
- Metropolitan
- Rural

## Support Agencies

- Department of Human Services
- Quality Improvement Council
- La Trobe University / AIPC
- VHA

## Work Plan

- Based on key result areas agreed at workshop
- Over 50 tasks identified
- Potential outcome for each task identified
- Prioritised into High / Medium / Low
- Priority based on benefit to sector

# Work Plan Principles

- Use existing resources / tools where possible
  - within Victoria / Nationally / Overseas
- Do not duplicate work that is going on in other parts of the sector ie Demand Management
- Work on tasks that can produce results in the short to medium term

# Focus on managing risk

- Board Policy / Reporting
  - Subcommittees
  - What to report / data systems for information
- Credentialing
  - Generalist
  - Understanding scope of practice
- Clinical Risk Management
  - Identifying systems approach to risk identification
- Complaints Management
  - Benchmarking issues

## Next Steps

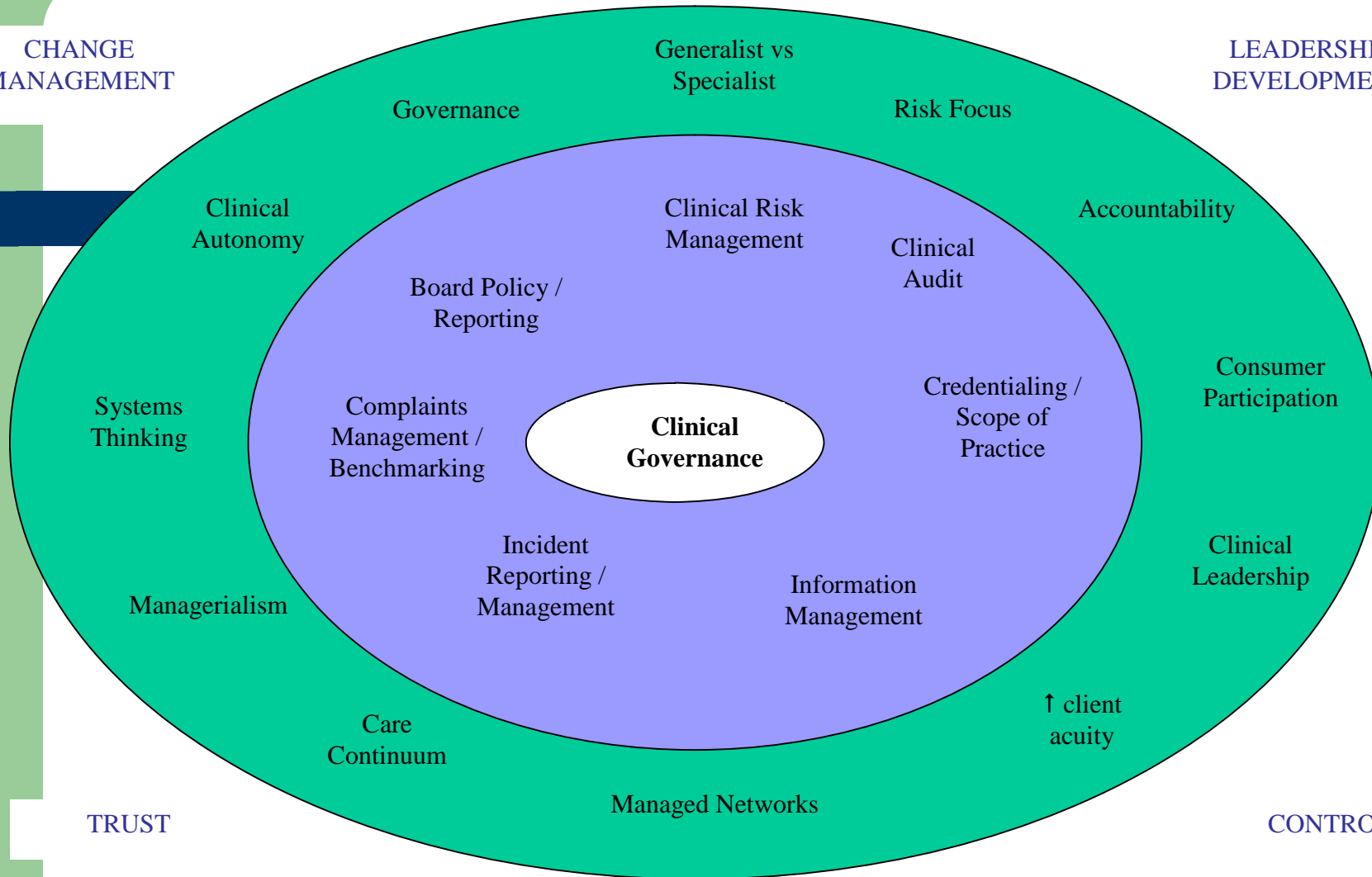
- Trialing models across a range of agencies
- Board Member Workshop
- Indicator Development
- Clinical governance across care continuum – work with other health sector partners
- Communication strategy – Quality of Care Reports

# The Challenges

- Lack of standardised available data on CHS casemix
- Lack of clinical indicators
- Generalist nature of work
- Variability in the work of CHSs
- Tracking of adverse events
- Management of stakeholder perceptions
- No-one else has done much of this work for our sector

CHANGE  
MANAGEMENT

LEADERSHIP  
DEVELOPMENT



TRUST

CONTROL