EQuIP National Periodic Review
The Cabrini Experience 2013

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Overview

• Our organisation

• Process:
  • 1 - Structure
  • 2 - Gap Analysis
  • 3 - Plan – ‘The Rainbow Chart’
  • 4 - Documentation and Presentation – CQMS

• Challenges

• Key Achievements

• Moving forward: 2015 OWS
Our Organisation

• Cabrini Health
  • Malvern
  • Brighton

• Palliative Care

• CHERS – Hopetoun and Glen Huntly

• Ashwood: residential aged care
How did we do it?

- Developed a structure
- Conducted a gap analysis
- Developed & implemented a plan
- Documented our evidence
- Successfully achieved accreditation
1 – Developed a structure

**Working Groups / Management Groups**

- Gap analysis
- Policy, protocol and procedure review

**Standards Sponsorship Group**

- Implementation planning: education, communication, resource management, evaluation, problem solving and troubleshooting
- Development of the ‘Rainbow Chart’: scheduling of key activities

**Standards Implementation Committee**

- Communication with operational managers; agreement of timelines; troubleshooting and support
- Implementation of changes: new paper work, medical record charts, assessment tools; roll out of new booking procedures; updated clinical pathways

**Accreditation Steering Committee**

- Executive decision making and support for change
- Planning for survey meetings; development of CQMS as evidence repository
2 – Conducted a gap analysis

- Working groups, supported by CGU project officers
- Hospital workbooks
- Review, development and implementation planning for PPP
- Standards Sponsorship Committee: communication, education, implementation
3 – Developed and implemented a plan

- Sponsorship Committee
  - Development of a plan ‘The Rainbow Chart’

- Implementation Committee:
  - Communication Strategy: weekly bulletin updates; information brochures for staff and patients; use of a common format and EQuIPNational logos
  - Education Strategy: Learning Management System
  - ‘The Big Day Out’: senior management workshop; delivery of the same message
  - Audit, evaluation and improvement

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Cabrini Health Standards of care implementation timeline

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C = Communication
PPP = Policy Procedure Protocol
A = Audit
DD = Development
E = Education to staff
L = Launch week
I = Implementation

Drafted by Sue O’Neill June 2013
4 – Documented our evidence

- Cabrini Quality Management System
- In-house, purpose built system
- Phase 1: evidence repository for accreditation
- Phase 2: development of quality plans and resources
- Evidence page for each Cabrini campus
- List of standards, criteria and actions
Evidence page for each Cabrini site
Standards 1 – 10; Standards 11 – 15; previous recommendations
Coordinated by Quality Systems Team
Site Quality Managers play a key role in collating local evidence
Links to PROMPT: internal policy management system
All senior managers provided with access to CQMS
Key part of accreditation meetings, all surveyors presented with same information in same format
Evidence is populated via an inbuilt hierarchy:

- Framework or strategy documents
- Policies / protocols / procedures
- Business / quality plan
- Audit / survey / data collection
- Quality improvement activity
- Committee proposal / report
- Committee agenda or action list
- Communication / memos
Biggest Challenges

• Previous commencement of forms review
  • Assessment forms (Acute services, palliative care services, paediatrics, maternity, adults, day oncology)
  • Risk screening tools – skin and falls

• Large amount of change, small amount of time

• Training records – LMS

• Communication, communication, communication!
Key Achievements

Changes to improve the safety and quality of care for our patients, families and residents:

- Transfer of medical records to all sites
- Launch of the Patient Experience Strategy and the formation of the Patient, Resident and Family Experience Advisory Committee (PEAC)
- Development of the CQMS
- Improved collaboration across clinical sites
- Review, development and implementation of new clinical pathways
- Development of CASPro – Cabrini Audit and Survey Program (electronic)
Moving towards OWS 2015

- **September 2014** - Reconvened working groups
- **December 2014** - Update of gap analysis; report back to ASC
- **January 2015** - Development of organisation wide work plan combining all activities
- **February 2015** - Commencement of 2015 ‘Rainbow Chart’
- **September 2015** - ACHS Organisation Wide Survey
Questions or Comments

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