

Safety and Quality Framework 2023-2028

Prepared for the staff
of Primary Health Tasmania



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TASMANIA

An Australian Government Initiative

**primary
health**
TASMANIA

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Contents

Foreword.....	4
Purpose of the Framework.....	5
Structure of the Framework	5
Introduction: Safety and Quality at Primary Health Tasmania	
Defining safety and quality	8
What is a safety and quality framework.....	9
Aligning with national frameworks	10
Our role in primary healthcare	11
Section 1: Continuous Quality Improvement.....	
A model for improvement.....	14
Role clarity.....	16
Section 2: Our Safety and Quality Standards.....	
Safety and Quality Standards	21
The 7 Standards	22
Standard 1. Clinical governance	23
Standard 2. Organised for safety	28
Standard 3. Person-centred care	30
Standard 4. Health Literacy.....	34
Standard 5. Cultural Safety	37
Standard 6. Data and Digital Innovation	40
Standard 7. Leadership and Culture.....	42
Section 3 Monitoring and Evaluating Safety and Quality	
Our Safety and Quality Targets	46
Appendices	
Appendix A: Key Terms Related to Safety and Quality	48
Appendix B: Achieving Health Literacy	53

Foreword

A message from the Board

We are pleased to present the Safety and Quality Framework 2023-2028

As a Board, we recognise that ensuring safety and quality starts with effective governance, which is also vital for achieving positive health outcomes. We are collectively committed to continually enhancing our organisational structures to enable our staff to work safely and efficiently. Prioritising an integrated approach to safety, quality, and continuous improvement is a key strategic focus as we cultivate a culture of safety and quality within Primary Health Tasmania.

The Safety and Quality Framework 2023-2028, outlines our agreed-upon strategy for developing and reinforcing a culture of safety and quality. It serves as the basis for managing systems, providers, and consumers, detailing the essential elements needed to significantly improve healthcare in the communities we serve.

This revised second edition of the Safety and Quality Framework 2023-2028 builds upon the importance of safety and quality and the role our organisation plays.

Key updates include a more precise definition of the framework's key elements and standards, articulating our responsibility in advancing clinical governance within the commissioning landscape and highlighting the significance of health literacy and delivering person-centred care. Additionally, standard six, now titled Data and Digital Innovation, has been updated to better reflect Primary Health Tasmania's proactive role in supporting healthcare services to integrate transformative data and digital health tools.

We are continuing our journey in achieving commitment to a whole-of-organisation integrated approach to safety and quality. The Framework concentrates on our program activities, expanding its application organisation-wide over the next three years.

This Framework represents Part 1 of a two-part strategy aimed at instilling a culture of continuous quality and safety at Primary Health Tasmania. Part 2, an Implementation Plan to be launched each year, will initially focus on program activities and guide us towards a comprehensive organisation-wide approach.

Crucially, this serves as an introductory guide for staff, outlining seven standards of safety and quality and providing practical methods for monitoring and measuring success.

Following a formative evaluation twelve months after implementation, the Framework will undergo refinement and subsequent reviews each year or as needed based on changes in contractual requirements.

Aligning with Primary Health Tasmania's Strategic Plan 2021-25, the Framework supports the organisation's vision and purpose. Staff should familiarise themselves with the success indicators outlined in the Strategic Plan as they directly correspond to the Standards outlined in this Framework.

At the heart of this Framework are the people of Tasmania. The principles and standards described in the framework will help ensure that our efforts lead to the best outcomes for Tasmanians accessing healthcare in our community.

Purpose of the Framework

The Safety and Quality Framework 2020–23 focussed on our organisation’s improvement of internal processes and procedures of safety and quality. We committed to our own continuous improvement to better support the primary health care system.

The Safety and Quality Framework 2023-2028 is the second iteration of how Primary Health Tasmania intends to align our internal processes and procedures to contemporary safety and quality principles.

The framework provides a systematic approach to promoting patient safety and quality care. Through describing our approach to safety and quality, this not only provides a guide for our internal improvement but importantly, provides insight into the focus of our work with commissioned and non-commissioned organisations and the broader primary health sector. Our efforts aim to support provider readiness for continued improvement against current and emerging national standards, so that ultimately there are consistent standards of safety and quality used across Tasmania’s primary and community healthcare system.

Structure of the Framework

The *Safety and Quality Framework 2023-2028* contains an introduction and three main sections. An overview of each section appears below.

Introduction

The Introduction defines safety and quality in a commissioning environment. This explains the concept of a safety and quality framework and describes Primary Health Tasmania’s role in contributing to safe, quality care in Tasmania.

Section 1: Continuous Quality Improvement

This section explains the principle of continuous quality improvement in healthcare and describes how continuous quality improvement interrelates to our standards of safety and quality and why it must underpin all our activities as a commissioning organisation.

Section 1 describes the features that will support Primary Health Tasmania staff to embed safety and quality into our everyday practice and deliver on the Framework objectives.

Section 2: The Safety and Quality Standards

This section outlines the seven standards that provide the foundation for safety and safety at Primary Health Tasmania. Each Standard includes:

- a definition
- a quality statement - our working practices and commitment to each standard
- an explanation of why the standard is essential to the safety and culture of the organisation

- a description of our role in driving the standard, both internally and in the commissioning environment
- the features that support achieving each standard
- how we can enable continuous quality improvement.

Section 3: Monitoring and Evaluating Safety and Quality

This section explains how we strengthen our safety culture through continuous monitoring of qualitative and quantitative data and an annual review and evaluation of 12-month implementation plans. Oversight by the Safety and Quality Committee ensures regular progress updates, reinforcing that safety and quality are the responsibility of all staff.

Terminology

The terminology is based around the fundamental concepts of partnership and collaboration between healthcare professionals and patients, families, carers and consumers.

Some terms are used interchangeably in the healthcare sector, which can create confusion for the reader. For clarity, the following terms will be used consistently in this document

Term	Also means
Framework	Primary Health Tasmania Safety and Quality Framework 2023-2028
Person-centred care	Consumer-centred care; patient -centred care
Staff	All persons employed by Primary Health Tasmania
Our/We	Primary Health Tasmania ownership
SAC 1 and SAC 2	Severity Assessment Codes (SAC) A clinical incident that has or could have (near miss), caused serious harm or death; and which is attributed to health care provision (or lack thereof) rather than the patient’s underlying condition or illness.

Appendix A contains a list of key terms used in this document.

Introduction: Safety and Quality at Primary Health Tasmania

**"Patient safety and quality is
often summarised as
the right care,
in the right place,
at the right time and cost."**

*Australian Commission on Safety and
Quality in Healthcare*



Defining safety and quality



Safety has to do with a lack of harm. This focuses on avoiding adverse events, making it less likely for mistakes to happen.



Quality is about active, purposeful care at the right time for the right cost. This focuses on doing things well the first time, making it less likely for mistakes to happen.¹

We achieve safety and quality in health and social care through systems, processes, and governance arrangements that are organised to support and deliver safe, high-quality care. This results in:

- better experiences for patients and consumers
- better health outcomes for the population
- improved productivity
- greater sustainability.²

In a robust primary healthcare system, people *feel safe* and *are safe* when they can easily access these health and social services.

In the context of the primary care sector in Tasmania, *safety* refers to ensuring that patients receive healthcare services without experiencing any harm or adverse outcomes. This includes preventing medical errors, minimising the risk of infections, and providing safe and appropriate care. Safety is achieved through various strategies, including effective communication between healthcare providers, implementing evidence-based clinical practices, and continuous monitoring and review of clinical processes.

Quality in the context of the primary care sector in Tasmania refers to the provision of healthcare services that meet the needs and expectations of patients. High-quality care is effective, efficient, timely, and patient-centred. Quality care involves using evidence-based practices, providing timely and accessible services, promoting patient engagement and empowerment, and delivering holistic and coordinated care. To ensure high-quality care, healthcare providers need to regularly measure and monitor quality indicators, engage in continuous quality improvement, and foster a culture of patient safety and quality.

Ensuring safe, quality care

All Primary Health Tasmania staff must be able to understand, consider and apply the elements of safety and quality across our organisational programs and functions because ensuring Tasmanians are receiving safe high-quality care is our number one priority.

¹ <https://www.safetyandquality.gov.au/about-us>

² Ibid

What is a safety and quality framework?



A safety and quality framework is a tool to help achieve quality in our system. It describes the governance system, operational structures, and processes that support safe and high-quality outcomes. A framework does not represent every element of safety and quality; instead, it provides a strategic, practical approach to improvement at the program, management, and board levels.

Why do we need a Safety and Quality Framework?

A gap exists between *knowing about* best practices in safety and quality and being able to *implement, measure and articulate* these practices. An effective framework can help bridge this gap by describing the core elements and actions needed to achieve a safe, reliable service system.

Why do we use the term '*standards*'?

The term *standards* is used within the Framework to emphasise the importance of consistency, reliability, and excellence. Through having our own internal safety and quality standards, we can establish both common language and shared understand of the agreed requirements for safe and quality care.

How will a Safety and Quality Framework support us?

A framework will enable us as an organisation to achieve results that are objective, applicable and measurable. As we work to embed each of the seven standards described in the framework, we will gain the understanding and resources that support us to:

-  Embed a culture of safety and quality across the organisation.
-  Take a leadership role through a continuous improvement approach to safety and quality across the primary healthcare sector.
-  Set out the requirements for clinical governance of commissioned providers that align with best-practice standards and funding agreements.
-  Work with our service system partners in safety and quality to collaborate for whole-of-system improvement.
-  Develop a shared understanding with commissioned providers about what safety and quality means.
-  Monitor our performance and that of commissioned providers.
-  Provide support and resources to the broader primary healthcare sector about safety, and continuous quality improvement.
-  Promptly act when we become aware that the performance of commissioned providers is not at the required level.



National models and evidence inform an effective framework.³ The *Primary Health Tasmania Safety and Quality Framework 2023-2028* incorporates the work of two national healthcare bodies; one outward- and one inward-focused.

1. The Australian Commission on Safety and Quality in Health Care (the Commission)

The Commission is a government agency that leads and coordinates national improvement in safety and quality in healthcare across Australia. The Commission has developed the *Australian Safety and Quality Framework for Health Care* to which local safety and quality frameworks should align.⁴

The three core principles of the document are that safe, high-quality care is always:

- consumer-centred
- driven by information
- organised for safety.

2. The Department of Health Primary Health Networks Program

The Australian Government Department of Health established the *PHN Program Performance and Quality Framework* to provide a structure for Primary Health Networks, such as Primary Health Tasmania, to monitor and assess performance and progress towards achieving quality outcomes.⁵ The *PHN Program Performance and Quality Framework* offers five outcome themes (see Table 1) that link to the Primary Health Networks' objectives and help PHNs report on how they are improving the safety and quality of care for people in their catchment area.

Table 1: PHN Program Performance and Quality Framework outcome themes

Outcome theme	Outcomes
Addressing Needs	Activities conducted by PHNs to address the needs of people in their local region, including an equity focus
Quality Care	Activities and support offered by PHNs to general practices and other healthcare providers to improve quality of care for patients
Improving Access	Activities by PHNs to improve access to primary health care by patients
Coordinated Care	Activities and support by PHNs to improve coordination of care for patients and integration of health services in their region
Capable Organisations	Operational activities of PHNs which support the successful delivery of the PHN Program

³ <https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf>

⁴ Ibid

⁵ https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Performance_Framework



Leadership

Primary Health Tasmania plays a leadership role in bringing together primary healthcare providers, community-based organisations and other service system partners to:

- identify service gaps through data-sharing and analysis
- improve healthcare outcomes for Tasmanians by commissioning health services for those people who are most in need
- improving the efficiency and effectiveness of healthcare services in Tasmania
- improve outcomes for consumers, while reducing the burden on the healthcare system through service integration and coordination of care.⁶

The Australian Government's Primary Health Care 10 Year Plan (2022-2032) outlines the importance of primary health care to improve health outcomes and avoid unnecessary hospital admissions. The overarching aims of this plan are based on the Quadruple Aim, which is a well-regarded framework for optimising health system performance.⁷ These aims include: Improve people's experience of care, improve population health, improve the cost-efficiency of the health system, and improve work life for health care providers.⁸



Primary Health Tasmania is a non-government, not-for-profit organisation. We work to connect care and keep Tasmanians well and out of the hospital. The Australian Government funds us to commission services designed to improve the health and wellbeing of Tasmanians across a range of priority areas by:

- increasing the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes and
- improve the coordination of care to ensure patients receive the right care in the right place at the right time

*Primary Health Networks
Program Performance and
Quality Framework*

⁶ <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>

⁷ Bodenheimer, Thomas, and Christine Sinsky. From triple to quadruple aim: care of the patient requires care of the provider. *Annals of family medicine* vol. 12,6 (2014): 573-6. doi:10.1370/afm.1713

⁸ Ibid

The Quadruple Aim has now evolved to be the Quintuple Aim, which includes a fifth aim of *health equity*.

This closely aligns with our Strategic Plan and indicators for success.

Health equity is achieved when individuals have fair opportunity to achieve their full health potential. Health equity is a key independent element to truly achieving improved patient care, outcomes, and costs.⁹



Quintuple aim: Key elements of high quality primary health care

Person-centred care

It is our duty and obligation to support our commissioned providers and primary healthcare providers to deliver person-centred care. Embedding the principles and standards of the *Safety and Quality Framework 2023-2028* will enable us to provide this support and guide our own approach to person centred practice.

By having the necessary person-centred systems and governance structures in place, the people who use the services of our commissioned providers can:

- participate in the design of services they receive through lived experience engagement
- receive services that are accessible, effective and culturally safe
- have service continuity and support to transition between levels of care
- receive information in a way they understand
- be encouraged to provide feedback in a form suitable for them so that their opinions support improvements.

⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8608191>

Section 1: Continuous Quality Improvement



A model for improvement



Continuous quality improvement is integral to a safety and quality healthcare culture. This is a formal approach to analyse performance of systems, processes, procedures and outcomes to identify opportunities to improve quality, effectiveness and efficiency. It encourages all staff to continuously ask 'How are we doing?' and 'Can we do it better?'

We can continuously improve by looking critically at how we currently go about our work and to think differently to see what we can strengthen and improve on an ongoing basis.

What changes can we make to improve?

Although Primary Health Tasmania acknowledges there are numerous models available to guide and support improvement work, Primary Health Tasmania has adopted the *Model for Improvement*¹⁰ to support and guide our improvement work. The Model for Improvement is a practical and proven approach for developing, testing, and implementing changes that lead to improvements. The model encourages staff to develop and test their own ideas about what might improve processes/system related to their work. The cyclical process breaks down activities into manageable stages that consistently move improvement initiatives forward.

The Model for Improvement is a two-step process comprised of the 'thinking' part; and the 'doing' part.

The **thinking part** involves answering three questions:

1. What are we trying to accomplish? *The goal*
2. How will we know that the change is an improvement? *The measure*
3. What changes can we make that will result in an improvement? *The idea*

By answering these questions, we can develop relevant goals, ways to measure success, and ideas for change to form the basis of our activities.

¹⁰ Berwick, DM., Batalden, P.B., Davidoff, F., Langley, G.J., Moen, R.D., Nolan, K.M., Nolan, T.W., & Norman, C.L. (1998). *The Improvement Guide: A Practical Approach to Enhancing Organisational Performance*. Jossey-Bass.

The **doing part** involves using the Plan Do Study Act (PDSA) cycle (Figure 1), which will:

- test the ideas
- assess whether we're achieving the desired goals
- confirm which changes we adopt permanently.

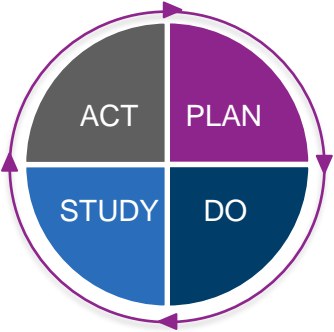
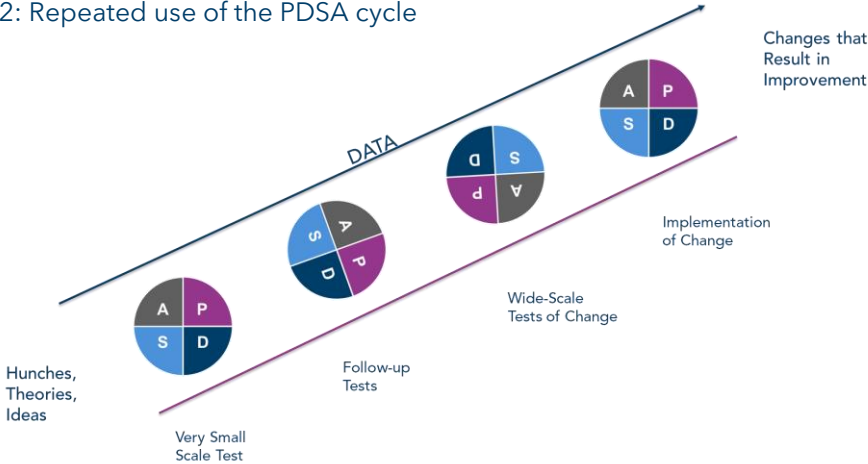


Figure 1: The Plan Do Study Act cycle

Implementing the Plan Do Study Act cycle allows us to make simple measurements to monitor the effect of multiple changes over time. Starting with small changes, which once proven, can quickly become larger or be implemented more widely. When we go through successive cycles of change (Figure 2) the process can be reviewed to identify what we have learned so far.

Figure 2: Repeated use of the PDSA cycle



Continuous quality improvement at Primary Health Tasmania

The following factors will support a structured and coordinated approach to organisational continuous quality improvement.

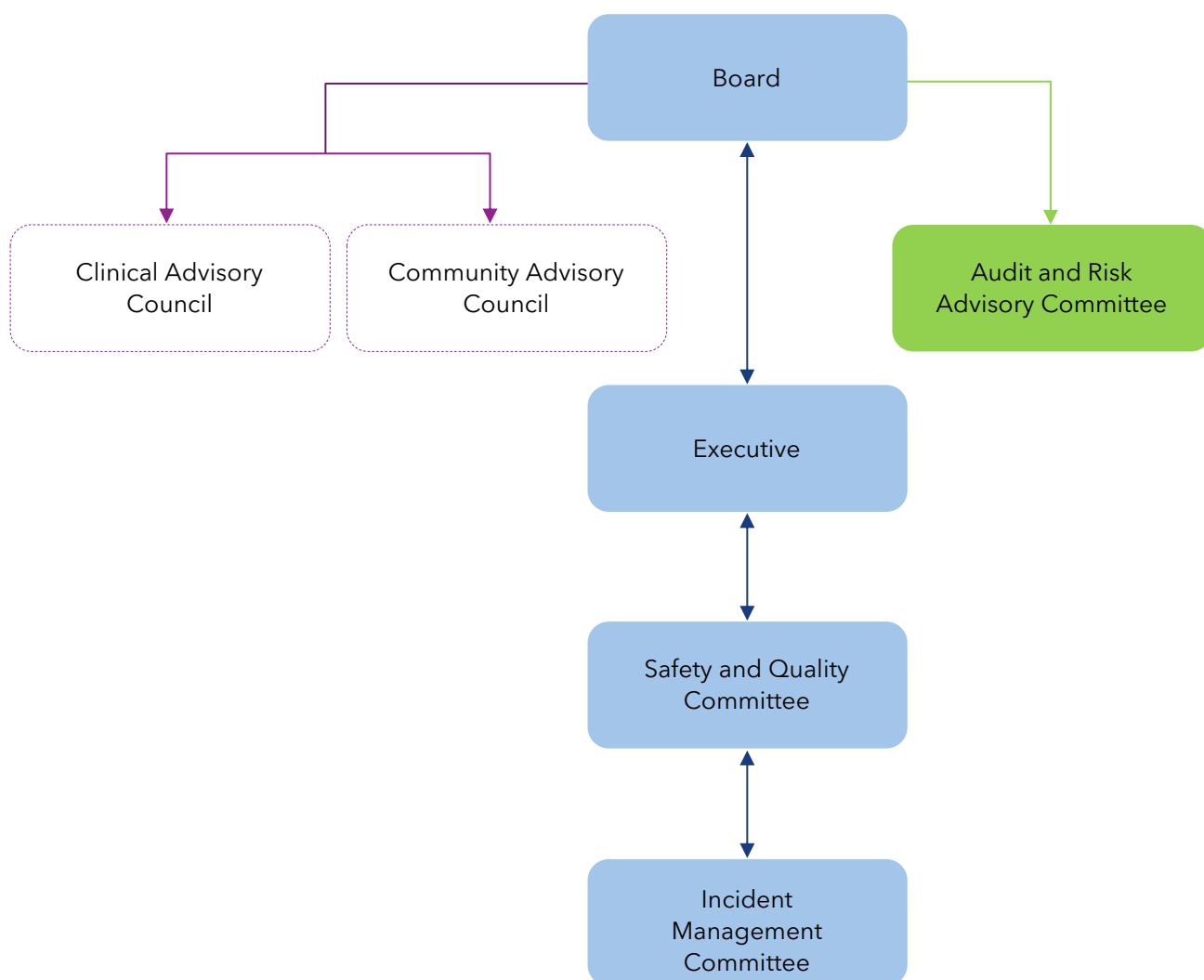
- ✓ We integrate safety and quality into organisational plans, policies and procedures.
- ✓ We expect staff have capability and capacity to undertake quality improvement activity.
- ✓ We value and encourage staff ideas.
- ✓ Safety and quality improvements must be documented and reviewed on an ongoing basis. They need to be visible to all staff so we may learn from the process.
- ✓ We systematically monitor performance across all organisational business processes through a safety and quality lens.
- ✓ Data and information are available to support staff in their quality improvement activities.

Role clarity



Role clarity, accountability and responsibility are fundamental to the continuous improvement of our clinical and corporate governance arrangements. It is of paramount importance that there are clear lines of individual, group, and organisational accountability.

Primary Health Tasmania addresses this through an organisational structure that delineates these lines of accountability.



Accountability and responsibility

Every staff member at Primary Health Tasmania has a responsibility towards Safety and Quality improvement. **Error! Reference source not found.** describes individual roles and associated responsibilities.

Staff roles and responsibilities at Primary Health Tasmania

Role	Responsibility
Board of Directors	<ul style="list-style-type: none"> Ensure that Primary Health Tasmania's Safety and Quality Framework, including the overall integrated clinical and corporate governance system, is implemented effectively Accountable for the outcomes and performance of the organisation
Audit and Risk Advisory Committee	<ul style="list-style-type: none"> Provide the strategic oversight of our clinical governance arrangements, as defined in their terms of reference Assess risks related to incidents that occur through the delivery of services by commissioned providers Ensure that Primary Health Tasmania's Safety and Quality Framework, including clinical governance, is in line with best practice, legislative requirements, and organisational policy
Clinical Advisory Committee	<ul style="list-style-type: none"> Assist the organisation to develop strategies to improve the operation of the healthcare system including workforce and safety and quality
Safety and Quality Committee	<ul style="list-style-type: none"> Provide a mechanism for operational leadership for program safety and quality related initiatives. Provide opportunity for intra-organisation collaboration to identify program safety and quality related opportunities, barriers, issues, or risks. Direct focus on the delivery of the Primary Health Tasmania Safety and Quality Framework and associated Implementation Plan. Receive reports from the Incident Management Committee on SAC 1 and SAC 2 incidents and support the coordination of any organisational response in relation to identified opportunities for quality improvement.
Incident Management Committee	<ul style="list-style-type: none"> Provide operational leadership and oversight of commissioned provider clinical incidents including those with severity assessment code (SAC) 1 or SAC 2 that arise from: <ul style="list-style-type: none"> - Program delivery or activities undertaken by Primary Health

Role	Responsibility
	<p>Tasmania staff or third-party organisations or - Incidents reported to Primary Health Tasmania by our Commissioned providers.</p> <ul style="list-style-type: none"> ■ Provide expert clinical guidance and advice to the relevant internal staff to facilitate appropriate response, assess the clinical incident and level of associated risk and ensure any recommendations are acted upon. ■ Escalate any risks identified through incident reports to the CEO and facilitate briefing of other internal stakeholders including the Executive, the Safety and Quality Committee and the Audit and Risk Advisory Committee. ■ Provide reports on SAC 1 and SAC 2 incidents and subsequent actions to the Safety and Quality Committee which will then form part of the quarterly reporting to the Primary Health Tasmania's Audit and Risk Committee.
Executive Team	<ul style="list-style-type: none"> ■ Provide leadership in the implementation and monitoring of the Safety and Quality Framework which includes Clinical Governance ■ Monitor performance against the Safety and Quality Framework, ensuring delivery against planned outcomes ■ Ensure that clinical quality and effectiveness measures are developed and maintained ■ Ensure all staff are aware of the Safety and Quality Framework and associated activities and policies within the organisation ■ Receive briefings from and provide guidance to the Safety and Quality Committee highlighting progress and challenges of safety and quality ■ Accountable to the Primary Health Tasmania Board of Directors via the Chief Executive Officer ■ Ensure clinical quality and safety is considered across all projects, programs and new funding opportunities
Managers	<ul style="list-style-type: none"> ■ Proactively support the implementation and monitoring of the Safety and Quality Framework which includes Clinical Governance

Role	Responsibility
	<ul style="list-style-type: none"> ■ Ensure that clinical quality and effectiveness measures are developed, implemented and maintained across project and programs ■ Ensure staff are aware of the Safety and Quality Framework and associated activities and policies within the organisation ■ Work with the Safety and Quality Committee highlighting progress and challenges of safety and quality ■ Implement any requirements and recommendations as determined by the Safety and Quality Committee
All Staff	<ul style="list-style-type: none"> ■ Work in accordance with the Primary Health Tasmania Safety and Quality Framework ■ Comply with Primary Health Tasmania policies, procedures and guidelines ■ Participate in risk and incident identification and management processes ■ Participate in professional development relating to safety and quality ■ Participate in quality improvement activities

Section 2: Our Safety and Quality Standards



Safety and Quality Standards



Primary Health Tasmania has seven interrelated internal standards that provide the foundation for our Safety and Quality Framework. These were initially developed in consultation with our staff, health service system partners and consultant safety and quality experts. The standards are based on the Australian Commission on Safety and Quality in Health Care Safety and Quality Framework.

A cyclical, five-year continuous quality improvement process will ensure the standards remain relevant, contemporary and in line with best practice in our commissioning environment. At the end of each cycle, these standards are reviewed, and updates are made in line with best practice or new guidelines.

The Framework forms part of and will be supported by our organisational quality management system - a system designed to provide a systematic approach to the creation and strengthening of systems and processes that deliver transparency, consistency and effectiveness in achieving high quality outputs and outcomes in all that we do.

Through working to internal standards, we can establish both common language and shared understanding of what is required for safe and quality care. These form our Framework for measuring and improving the quality of healthcare delivery, and informs our Implementation Plan, which supports the design and delivery of care that is safe, effective and person-centred. Each standard is colour coded and represented by an individual icon for easy recognition. In addition, each standard has an associated:

- definition
- quality statement
- explanation of why each standard is important to our culture of safety and quality
- description of our role in driving the standard, both internally and in the commissioning environment
- list of supporting features
- list of practical ways we can ensure continuous quality improvement.

The 7 Standards



STANDARD 1

Clinical Governance



STANDARD 2

Organised for Safety



STANDARD 3

Person-centred care



STANDARD 4

Health Literacy



STANDARD 5

Cultural Safety



STANDARD 6

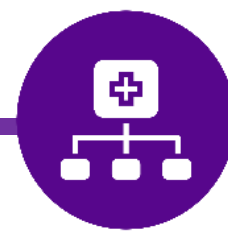
Data and Digital Innovation



STANDARD 7

Leadership and Culture

Standard 1. Clinical governance



What is clinical governance?

Clinical governance is defined as *'the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.'*¹¹

Clinical governance is an integral component of our corporate governance; and critical for the delivery of high-quality care and directly correlates with improved consumer outcomes.¹² Clinical governance brings together strategies, systems and processes designed to inform, monitor and promote high-quality outcomes.

Primary Health Tasmania's Clinical Governance Guidance Statement and Application Guide (internal document) was completed and accepted by the Board in 2024. This document outlines our commitment to contributing to the provision of safe and high-quality care to Tasmanians. It describes our clinical governance goals, risk appetite and roles for the different types of interaction we have with the health system and outlines how we support the application of clinical governance arrangements within Primary Health Tasmania.

Why is clinical governance important to safety and culture?

Primary Health Tasmania is well-positioned to contribute to improving clinical governance across the primary healthcare sector. We are not tasked with direct delivery of services to consumers, but we do interact in a range of ways with the health system. We can influence the health care provided in Tasmania through this work and believe in the promotion of sound clinical governance clinical governance principles across these types of activity.



QUALITY STATEMENT

Primary Health Tasmania has the essential clinical governance arrangements in place to promote, measure, monitor, and continuously improve the safety and quality of services designed and commissioned by us.

¹¹ <https://www.safetyandquality.gov.au/our-work/clinical-governance>

¹² <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework>

What is our role in promoting clinical governance?

Clinical governance focuses on consumers and supports the way that healthcare organisations and providers deliver healthcare. With strong clinical governance, clinical variation is reduced, risks of causing harm are reduced, and care is monitored, evaluated, and improved.

Primary Health Tasmania's role in relation to clinical governance can be framed according to the type of interaction we have with the health system. How we operationalise clinical governance as Primary Health Tasmania varies across the different programs and activities we deliver.

Healthcare support: This type of interaction occurs when Primary Health Tasmania is involved in the development and/or provision of clinically related advice and resources to health care providers and at times for consumers.

In these situations, we have role in ensuring that work performed by Primary Health Tasmania is of high-quality, and performed by individuals who are appropriately skilled, qualified and accountable.

Commissioning health services: This type of interaction involves Primary Health Tasmania commissioning organisations to deliver clinical and non-clinical services.

In this situation, we will strive to ensure the commissioned services are designed consistently with appropriate safety and quality requirements, and that providers demonstrate the capacity to apply clinical governance systems, including monitoring and evaluating consumer outcomes and incident reporting.

Partnerships: This type of interaction is where Primary Health Tasmania has at times, relationships where we participate with another organisation in the planning and/or funding and delivery of initiatives.

In these situations, Primary Health Tasmania should consider any clinical governance implications associated with the work and work to use our role to influence to promote clinical leadership, and sound governance with key stakeholders and funding bodies.



What is clinical variation?

Clinical variation is a difference in healthcare processes or outcomes, compared to peers or to a gold standard such as an evidence-based guideline recommendation. For example, a higher or lower rate of a treatment in one area compared with another.

Australian Commission on Safety and Quality in Health Care



Features that support clinical governance

Clinical governance components

Primary Health Tasmania positions our approach to clinical governance through our unique position in the health system and in the context of our broader organisational governance processes. The Primary Health Tasmania Clinical Governance Guidance Statement and Application Guide adopts the five components of clinical governance as outlined in the *National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services*. Through this, we have defined operating statements regarding the provision of high standards of clinical governance. These statements support how we articulate our application of the clinical governance pillars, specific to each of the three types of Primary Health Tasmania's interaction with the health system and the different roles within Primary Health Tasmania.

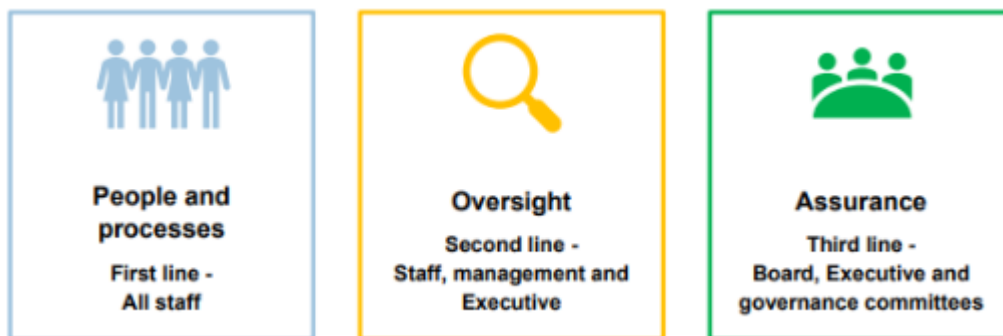
Three lines of accountability

The three lines of accountability model provides a simple and effective structure for Primary Health Tasmania to operationalise clinical governance and risk management with clear roles across the organisation. Through having appropriate controls and practices as part of our different interactions with the healthcare system, the three lines of accountability model strengthens the ownership and processes that support our work.

First line - People and Processes: Staff and people that own and control risk at the front line of work that Primary Health Tasmania delivers via project and programs.

Second line - Oversight: Staff and people that oversee and support the management of risks (staff, management and executive).

Third line - Assurance: Staff, people and organisation functions that provide independent assurance over the management of risk (board, executive and relevant governance committees).



Clinical governance risk appetite

Due to the variable nature of activity at Primary Health Tasmania, the clinical governance risk exposure is complex and variable. Our Clinical Governance Guidance Statement and Application Guide outlines a risk appetite statement including risk tolerance, controls and monitoring processes that should be considered when making decisions about and monitoring activity across each level of interaction.

Features that support our clinical governance

- ✓ We are clear about our role in contributing to safe and high-quality healthcare.
- ✓ We engage with consumers and healthcare providers to identify and understand the needs and desired outcomes for Tasmanians.
- ✓ We work to identify how we can support these needs and outcomes through our interaction with the health system.
- ✓ We ensure commissioned organisations have documented clinical governance arrangements, including policies, procedures and processes.
- ✓ We ensure commissioned organisations have a core set of measures of quality and safety that include process (provider) and consumer-reported experience and outcome measures.
- ✓ We have a feedback and complaints management system to formally document, manage and respond to consumer, clinician or provider concerns.

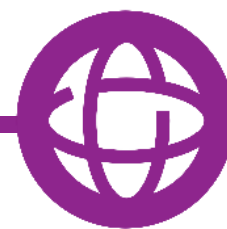
How can we continuously improve clinical governance?

We can improve clinical governance by ensuring:

- Primary Health Tasmania staff understand clinical governance and how we can contribute to safe and high-quality health care
- becoming familiar with various industry quality standards including the new National Safety and Quality Primary and Community Healthcare Standards (2021)
- we engage clinicians to discuss and agree on desired outcomes throughout the needs assessment, planning, design, monitoring and evaluation of services and programs we fund

- we commission for quality health care outcomes that are continually measured and evaluated
- that all commissioned providers can evidence that they have the necessary systems, infrastructure, and clinical governance in place to efficiently deliver services and effectively respond to the needs of people accessing their services
- we have a process in place that enables proof of compliance and audit of commissioned providers as part of our quality management system
- we collect, analyse, and monitor adverse events related to programs we deliver or health care services we commission
- consumer experience measures are collected and used for service quality improvements in the health-related services commissioned.

Standard 2. Organised for safety



What does 'organised for safety' mean?

Organised for safety means making safety a central feature of how Primary Health Tasmania is operated, how staff work, and how the funding we receive from the Australian Government is organised.^{13 14}

Safety and quality systems need to be integrated into governance processes to enable Primary Health Tasmania to actively manage and improve the safety and quality of healthcare for consumers.

Why is it important to be organised for safety?

Organisations funded by Primary Health Tasmania to deliver clinical and healthcare services are required to have the necessary systems and processes in place to safeguard people from harm and ensure their staff act for safety. This relates to organisations having:

- staff with the appropriate registrations, skills and qualifications
- risk management systems to monitor and respond to incidents, risks, and performance
- relevant policies and procedures and where appropriate clinical governance arrangements in place

This requires Primary Health Tasmania to have a deep understanding of what safety means and how commissioned providers are evaluated through a suite of safety and quality indicators. These indicators need to be collected, analysed and used to inform quality improvements.

What is our role in enabling healthcare that is organised for safety?

Primary Health Tasmania's objectives are to:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes



QUALITY STATEMENT

Primary Health Tasmania uses safety data to build upon existing quality systems to continuously review, learn and improve.

¹³ <https://www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf>

¹⁴ <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>

- improve coordination of care to ensure patients receives the right care in the right place at the right time.

To achieve this requires a focus on safety—to do no harm—from the Board through to the Executive and staff. Safety is a key consideration in our needs assessment, planning, service design, approach to market, commissioning and evaluation of services, and can be measured using data and information.

Features that support being organised for safety

✓	We make safety a central feature of how our organisation is run and how we organise funding.
✓	We develop better systems to capture the voice of service users in the design and evaluation of health services that are commissioned by us.
✓	We use data to analyse the healthcare outcomes of people accessing services and respond if any safety issues are identified.
✓	Our risk management system involves a series of activities, policies and procedures that protect and secure the organisation's overall identity, value, market share, legal structure and relationships with our consumers and other agencies.
✓	All providers commissioned to deliver healthcare services are contractually obligated to have safety and quality arrangements in place.
✓	We have organisational resources that are allocated to safety and quality and continuous quality improvement.
✓	We have policies and procedures in place that support the implementation and continuous improvement of quality and safety in our practices.
✓	We use feedback to improve how we do business.

How can we continuously improve being organised for safety?

We can improve the safety of care by:

- having the necessary internal systems and processes in place so that all commissioned providers report on outcomes for people accessing their services
- becoming familiar with various industry quality standards including the National Safety and Quality Primary and Community Healthcare Standards (2021)
- providing feedback to commissioned providers on our analysis of health-related data so we can collectively review, learn and improve
- working with primary care providers and commissioned service providers to implement quality improvement.

Standard 3. Person-centred care



What is person-centred care?

Person-centred care is ‘an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare providers and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers.’¹⁵ It is the foundation for achieving high-quality, safe, and values-based healthcare.

Person-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. It is the foundation for achieving high quality, safe and values-based health care. Person-centred care considers and respects a person’s culture, their gender, age, socio-economic status, religion, sexuality, or disability. This is a holistic approach that considers the person, and consumers are seen as active partners in their own care. This approach recognises that each person has unique experiences, values, preferences, and needs.¹⁶

In the primary care sector, person-centred care also includes providing care that is coordinated and integrated across different healthcare providers and services to ensure consumers receive the most appropriate care for their individual needs.

Why is person-centred care important?

A person’s care experience is influenced by how they are treated as a person, and by how they are treated for their condition. If we are respectful and responsive to people’s individual preferences, needs and values, we can:

- improve the quality of the services available
- help people get the care they need when they need it
- help people be more active in looking after themselves
- reduce some of the pressure on health and social services and the acute care system.



QUALITY STATEMENT

Primary Health Tasmania seeks to advance person centred care through our own person-centred practice and the work we do across primary health care.

¹⁵ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-primary-and-community-healthcare-standards>

¹⁶ Ibid

Person-centred care is particularly important for marginalised people as they often face significant barriers to accessing healthcare services, including discrimination and stigma, and may have unique healthcare needs that are not able to be addressed in traditional healthcare settings. These unique health needs can relate to socioeconomic status, race, ethnicity, sexual orientation, gender identity or other factors. Through the delivery of appropriately tailored care, this may help reduce disparities in healthcare access and outcomes and promote equity by ensuring that marginalised patients receive care that is sensitive to and respectful of diverse needs.¹⁷

Our role in achieving a person-centred care

Embedding person-centred practice requires a concerted organisation-wide effort over a long period of time. It's not a one-off project but instead needs to be embedded into our way of thinking, planning, and evaluating activities. Primary Health Tasmania plays a vital role in achieving person-centred care by working closely with healthcare providers to prioritise patient needs. Through facilitating the integration of patient perspectives and lived experiences into health care planning, delivery, and evaluation, we ensure that services we commission are tailored to meet the unique needs of Tasmanian communities.

By incorporating the lived experience voice in healthcare, this shifts the focus of care from a medical condition to the whole person. This promotes a patient-centred approach to care that considers individual and unique needs, preferences, and values. A strong lived experience voice across design, delivery and evaluation of services can lead to increased patient satisfaction and improved health outcomes, as consumers are more engaged and invested in their care when their voice is heard and valued, through care that is respectful of their dignity, autonomy, and diversity.

Primary Health Tasmania plays an important role in system reform through supporting primary care providers to deliver person-centred care. We support this through continuously improving and building the capacity of lived experience engagement in Tasmania to incorporate this within all policy, planning and reform agenda.

Although Primary Health Tasmania does not provide direct services to people within the community, it is essential that:

- the voice of lived experience informs the assessment, planning, design, procuring, contracting, monitoring and evaluation of the services we commission
- people's experience is measured when they are accessing services funded by us
- when things go wrong, we have the necessary systems and processes in place to address incidents, complaints and variation in healthcare commissioned by us

¹⁷ <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>

- community members are provided with opportunities to share their views, experiences and ideas about strategies that may help address an identified need in their community.

Features that support a person-centred practice

Primary Health Tasmania will embed person-centred practice into our systems and processes as we implement the principles and standards of the Framework. This requires work across seven identified attributes that collectively provide an ideal organisational model for high-performing, person-centred care.

✓	Comprehensive care delivery
✓	A clear purpose, strategy and strong leadership
✓	People capability and a consumer-centred culture
✓	Person-centred governance systems
✓	Strong external partnerships
✓	Person-centred technology and built environments
✓	Measurement for improvement



Primary Health Tasmania will use these features as key drivers for their work in promoting and embedding person-centred practice in our own organisation and how we work with commissioned providers and the broader primary health provider network in Tasmania.

How can we continuously improve person-centred care?

We can improve our person-centred practice by:

- connecting and partnering with consumer, carer and lived experience organisations and key health and wellbeing stakeholders as part of all service planning, implementation, and evaluation
- encouraging a culture of communication and inclusion so consumers can access, understand and apply information; this includes education, awareness and implementing consumer-focused strategies
- becoming familiar with various industry quality standards including the new National Safety and Quality Primary and Community Healthcare Standards (2021)
- encouraging a culture that values and respects the opinions and experiences of people through ensuring all staff are trained in person-centred care principles and cultural awareness
- supporting and advocating for shared decision making to support the consumers voice, allowing consumers to feel more empowered and in control of their healthcare

- sharing tools for our providers to seek regular patient feedback on experiences of care (PREMs) and outcomes of care (PROMS) and use this information to continually improve services
- incorporating lived experience through involving consumers in the design (including co-design) and evaluation of health services, and through employing staff with lived experience who can provide a unique perspective on health needs
- continuously evaluating and aiming to improve processes to ensure they are aligned with the principles of person-centred care to ensure services we commission are truly centred on consumer's needs, preferences and values.

Standard 4. Health Literacy



What is health literacy?

Health literacy has been described as “making sound health decisions in the context of everyday life: at home, in the community, at the workplace, the healthcare system, the marketplace and the political arena. It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their ability to take responsibility”¹⁸

The Australian Commission on Safety and Quality in Health Care separates health literacy into two components:

- **Individual health literacy** is the knowledge and skills people need to find, understand, and use information about their physical, mental, and social wellbeing. It involves consumers acting as partners in the processes of health and health care.
- **Health literacy environment** is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.¹⁹

Health literate organisations make it easier for people – including their staff – to find, understand and use the information they need. Health literacy is central to shaping services and remains a focus of quality improvement. For effective partnerships in health, everyone needs to be able to give and receive, interpret, and act on information such as treatments options and plans. Information needs to suit a variety of audiences and health literacy levels. When this occurs, this is a significant step towards increasing equity and improve the safety and quality of health care.

Why is health literacy important to safety and quality?

Health literacy is affected by factors like education and general literacy, employment, early life and social support. In Tasmania, we also face a high rate of chronic conditions and an ageing and geographically dispersed population that further worsen health outcomes. This means that many Tasmanians find it hard to access health information



QUALITY STATEMENT

Primary Health Tasmania seeks to improve the health literacy of Tasmanians through investing in education and training, for our own staff and for primary health organisations and commissioned and non-commissioned providers.

¹⁸ <https://www.health.tas.gov.au/publications/health-literacy-action-plan>

¹⁹ <https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>

and services and understand information and use information to make informed choices about their health.

Health literacy is a broad and complex concept that is difficult to measure, instead a multi-dimensional approach is used to assess how well people can access, interpret, and make decisions based on health-related information. Improving health literacy requires a sustained investment and a long-term commitment.²⁰

People with low health literacy

- report poorer health outcomes
- are less likely to take up preventative health behaviours such as screening and immunisation
- find it difficult to get the services they need when they need them
- spend more money on healthcare
- have more hospitalisations and avoidable readmission to hospital.²¹

“As someone working in a health service organisation, you may not have a lot of influence over a person’s individual health literacy. You do, however, have the capacity to look at your organisation’s health literacy environment and make improvements.”

~ An introduction to improving health literacy in your organisation; ACSQHC

What is our role in improving health literacy in Tasmania?

We are committed to positively influencing the rates of poor health literacy by supporting and promoting our state’s vision so that *‘all Tasmanians have the literacy and numeracy skills they need for work and life.’*²²

Primary Health Tasmania plays a key role in improving health literacy in Tasmania through raising awareness of the importance of health literacy and promote development at a systems level. By providing resources and supporting healthcare professionals, community groups, and individuals to improve health literacy skills, including the ability to understand health information, navigate the healthcare system, and make informed decisions about health and healthcare.

We work to address specific health literacy challenges faced by marginalised and vulnerable populations in Tasmania, including Aboriginal and Torres Strait Islander people, LGBTIQ+, older Tasmanians, those from other culturally and linguistically diverse communities, and those with disabilities. As part of co-funding health literacy initiatives with our service system partners, we support the development of targeted strategies and

²⁰ <https://www.health.tas.gov.au/publications/health-literacy-action-plan>

²¹ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/review-key-attributes-high-performing-person-centred-healthcare-organisations>

²² https://26ten.tas.gov.au/resources_old/Documents/26TEN-Tasmania-strategy-for-adult-literacy-and-numeracy-2016-2025.pdf

programs to promote health literacy to address the diverse needs of the Tasmanian community.

Features that support a health-literate organisation

The features that support our endeavours to be a health-literate organisation are outlined below:

✓	We understand that measurable improvements in health literacy for Tasmanians require financial and human resource investment over time.
✓	Our staff are supported to understand health literacy and apply those principles to their work (refer to Appendix B).
✓	Our staff are mindful that their work and actions are easily understood by a person with low health literacy.
✓	Our communications are in plain language and free of acronyms.

How can we continuously improve health literacy in Tasmania?

We can improve health literacy in Tasmania by:

- maintaining a long-term commitment to targeting our efforts and resources to improve our organisation's capability in health literacy through regular and ongoing awareness raising and education for staff
- embedding health literacy principles to the work we undertake, underpinned by organisational policies and practices
- working in partnership with other community and health organisations to develop and implement strategies to improve health literacy at the system, provider and consumer level
- becoming familiar with various industry quality standards including the new National Safety and Quality Primary and Community Healthcare Standards (2021)
- connecting and partnering with health literacy support organisations and implement these strategies to build a culture of health literacy promotion
- supporting providers commissioned by us to work toward becoming health-literate organisations through resources that support engagement with improvement strategies.

Standard 5. Cultural Safety



What is cultural safety?

Cultural safety is a philosophy and a way of working that ensures all individuals and groups are treated well and with respect regarding their unique cultural needs and differences for them to feel safe in accessing healthcare services they need when they need them. Cultural safety is an important enabler of health equity.

The Australian Commission on Safety and Quality in Health Care, define cultural safety as, *“an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.”*²³

In the first iteration of our Safety and Quality Framework (2020-2023) our focus on cultural safety was as it related to Aboriginal and Torres Strait Islander people. We recognise the broader impacts of cultural safety across many priority populations and therefore the focus for our 2023-2028 Framework was extended. Cultural safety encompasses and recognises a wide range of individuals and communities within the Tasmanian primary healthcare context. This includes, but is not limited to, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, LGBTIQ+ community, individuals with diverse religious or spiritual beliefs, and other priority populations.

It is important to consider how unique cultural backgrounds intersect with health care to provide culturally appropriate and inclusive care. This requires healthcare providers to engage in self-reflection, and actively seek to understand and learn from diverse cultures and experiences through genuine and authentic lived experience engagement.

Why is cultural safety important to safety and quality?

Cultural safety is an essential aspect of safety and quality as it addresses the unique needs and experiences of diverse individuals and communities and how they interact with the primary and community health sector. This goes beyond understanding cultural differences and focuses on recognising and addressing the unique healthcare needs and perspectives of various cultural and ethnic groups. By promoting a safe and respectful environment for all individuals, cultural safety enhances trust and



QUALITY STATEMENT

Primary Health Tasmania contributes to safer and more effective care for Aboriginal and Torres Strait Islander people and other priority populations by influencing the attitudes, policies and behaviour of our staff and Tasmanian health care providers.

²³ <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/cultural-safety-health-care-aboriginal-and-torres-strait-islander-people-back-basics>

communication between healthcare providers and consumers. Cultural safety is about how care is provided, rather than what care is provided.

Culturally respectful health care services include measures about how healthcare is delivered and whether systems and providers are aware of and responsive to cultural needs and experiences. Another key to cultural health care provision is patient experience of health care which include measures about interpersonal treatment, empowerment, and experience. Finally, access to health care services requires the health care system and its practitioners to deliver safer, accessible and responsive health care that is recognising and responding to the power imbalance between practitioners and patients,

Tasmania has a culturally diverse population and acknowledging and respecting cultural differences ensures a healthcare system that meets the needs of the entire community.

What is our role in the delivery of culturally safe care?

Primary Health Tasmania can directly influence culturally safe healthcare delivery through planning, implementing and evaluating services that meet the diverse needs of the Tasmanian population.

While cultural safety encompasses and recognises a wide range of individuals and communities within the Tasmanian primary healthcare context, there is unique consideration required for Aboriginal and Torres Strait Islander people.

Improving the provision of culturally safe care across the primary healthcare system will take time and leadership.

Strategically, we have five broad areas of focus to improve our own performance and positively influence and promote culturally safe care across the primary healthcare system.

1. We are working towards a commitment statement outlining our approach to engagement and reconciliation and facilitate the development of a whole of organisation approach to Aboriginal cultural respect and competency.
2. We work to establish and maintain mutually beneficial relationships with various multicultural organisations across Tasmania.
3. We promote Aboriginal and Torres Strait respect and reconciliation through our sphere of influence.
4. We help to promote better health and social care outcomes by commissioning organisations across the state to deliver Aboriginal health services for Aboriginal and Torres Strait Islander peoples.
5. We work respectfully and collaboratively with locally based Aboriginal and Torres Strait Islander organisations through joint meetings, shared planning, contract management and problem-solving.

Features that support cultural safety

Primary Health Tasmania itself needs to be culturally proficient so that we can support commissioned providers to develop their own cultural competency. The features that support our organisation in becoming culturally proficient are outlined below:

✓	We respect and work collaboratively with locally based Aboriginal and Torres Strait Islander organisations through joint meetings; shared planning, contract management and problem-solving and use this information in the planning and monitoring and evaluation of services.
✓	We include the voices of Aboriginal and Torres Strait Islander people in the needs assessment process.
✓	We promote Aboriginal and Torres Strait reconciliation through our sphere of influence.
✓	Our Board, leadership team and staff have access to and participate in cultural awareness training.
✓	We acknowledge the importance of data sovereignty and work with Aboriginal and Torres Strait Islander people to ensure appropriate and respectful use of data.
✓	We help promote better health and social care outcomes by commissioning organisations across the state to deliver Aboriginal health services for Aboriginal and Torres Strait Islander peoples.

How can we continuously improve cultural safety?

We can improve cultural safety in Tasmania by:

- developing, implementing, and evaluating our organisation's Aboriginal Cultural Connections action plan in collaboration with representatives from the Aboriginal and Torres Strait Islander people
- effectively engaging with Aboriginal and Torres Strait Islander communities to implement evidence-based strategies that help them engage in services and programs available
- proactively participate in other initiatives such as the implementation of the Cultural Respect Framework for Tasmania in collaboration with other organisations and providers.

Standard 6. Data and Digital Innovation



What does 'data and digital innovation' mean?

Being driven by data and digital innovation involves collecting, analysing and reporting health service data and supporting healthcare services to use data and digital health tools to improve the efficiency and effectiveness of health service delivery. Data and digital information are crucial enablers to for understanding the needs of Tasmania's population, gaps in the health service system, guiding business decisions related to commissioning health services, experimenting with innovative programs, integrating health services, and supporting primary care providers in delivering safe, high-quality services. This approach, formerly known as Driven by information, is now referred to as Data and Digital Innovation.

Why is data and digital innovation important to safety and quality?

Data and digital innovation are crucial enablers to improving safety and quality in healthcare.

Information, data, evidence, consumer, and clinician voices collectively narrate the performance of the primary healthcare system, and the effectiveness of the care delivered. Data and digital innovation enable:

- Greater understanding of consumer populations and identification of priority consumer needs
- greater efficiency and effectiveness prior to, and during health care delivery, and
- enhanced access for consumers to their care team and health information.

Ultimately, data and digital innovation empowers us to drive improvements at both the systems and provider levels, ultimately enhancing the experiences of those accessing healthcare services.

Through data analysis and digital innovation, we can identify healthcare service gaps, and addressing these gaps can lead to improved healthcare outcomes. Our role is pivotal in analysing, monitoring and responding to this information and data, identifying opportunities to advance safety and quality in Tasmanian healthcare.

What is our role in supporting primary healthcare that is driven by data and digital innovation?

As the single Tasmanian Primary Health Network, we play an important role in helping strengthen the primary healthcare sector so that people can access the care they need when they need it.

We routinely collect and analyse information on our programs and commissioned service activity to identify progress, achievements, measure healthcare outcomes for consumers and opportunities for improvement driven by data and digital innovation.

Features that support an information-driven organisation

One of our roles is to collect and share information through a variety of ways, including community needs assessments, consumer, clinician and stakeholder feedback, health outcomes data, commissioned provider reports, surveys, meetings, interviews and program evaluations. The features that support our organisation being driven by data and digital innovation are outlined below:

- ✓ We use data, stakeholder consultation and evidence review to inform our Digital Health Strategy, services and programs we fund.
- ✓ We identify gaps in health services, through rigorous data analysis, and identify opportunities to address these gaps in collaboration.
- ✓ We use data to understand patient journeys across the Tasmanian Health System and take action to improve consumers' experience.
- ✓ We have skilled teams to collect, validate, analyse and contextualise relevant population data and information.
- ✓ We collect data from our commissioned providers that allows continual improvement of health services.
- ✓ We work in collaboration with General Practice to collect, analyse and report on service level data to help guide quality improvement.
- ✓ We are transparent in the measuring, sharing and reporting of information.
- ✓ We have well defined, best practice data governance systems in place to manage data collected, stored and produced by the organisation ensuring compliance with legislation, regulation and best practice.

How can we continuously improve our use of information?

We can improve the use of data by:

- strengthening health data governance
- implementing a data warehouse solution to improve data security and accessibility
- improving the rigour of analytic techniques applied to health data
- improving the use of insights from health information into the work we do
- helping people understand the data and how it can be used to drive improvements at a systems, process, provider and consumer level.

Standard 7. Leadership and Culture



What is leadership and culture?

Leadership and organisational culture go hand in hand. To achieve a culture that values safety and quality requires leadership at all levels of the organisation, from the Board through to the Chief Executive Officer to the staff.

Building a workplace safety and quality culture requires the Board to set the vision and strategy. The Board empowers the Chief Executive Officer, through their delegated authority, to lead and embed this culture.

Why are leadership and culture important to safety and quality?

Leadership is critical to strengthen the safety, quality and integration of care. Visible leadership that focuses on safety, quality and continuous quality improvement develops a culture that proactively engages staff to embed safety and quality into all aspects of their work.

What is our role in leadership and culture?

Primary Health Tasmania plays a leadership role in the primary care sector by bringing together providers, community-based organisations and other service system partners.

We work with our commissioned and non-commissioned providers to improve service integration and coordination of care so that people who use these services receive care that is accessible, effective, and culturally safe.

We actively seek to create a culture that:

- promotes and encourages commitment to safety and quality and continuous quality improvement across all staffing levels.
- engages with leaders at all levels, both internally and externally, to collectively drive improvements in safety and quality
- considers the safety and quality of health care for people in its business decision-making
- influences clinical standards and ensures they are met, and



QUALITY STATEMENT

Primary Health Tasmania guarantees strong, cohesive leadership to deliver all aspects of safety and quality.

- fosters a systems approach to learning and quality improvement.²⁴

Features that support leadership and culture

Below is an outline the features that foster leadership and a safety culture within our organisation:

✓	The Board provide leadership to develop a culture of safety and quality improvement and satisfies itself that this culture exists within the organisation.
✓	The Board endorse the Safety and Quality Framework, and reviews reports and monitors the organisations progress on safety and quality performance.
✓	The Board and through their delegated authority the Chief Executive Officer ensure that the organisation's safety and quality priorities address the specific health needs of priority populations.
✓	The Board monitor the organisational culture and identify and capture improvements opportunities and ensure they are acted upon.
✓	Our Board Charter sets out the fundamental aspects of the Board's and Chief Executive Officer's functions, roles and obligations and authorities.
✓	The Executive team ensures there are systems and processes in place to consider the safety and quality of the healthcare for people in its commissioning of services.
✓	Staff are supported to develop skills and competency in safety and quality.

How can we continuously improve leadership and culture?

We can improve our leadership and culture in quality and safety in Tasmania by:

- our Board giving priority to and providing oversight of the organisation's integrated approach to safety and quality as outlined in this Framework
- our Executive, with the support of the Safety and Quality Committee, translating the standards within this Framework into objectives and activities to implement across all levels of the organisation
- ensuring our staff are committed to safety and quality in all that we do and contributing to the identification of opportunities to improve the way we do things.
- measuring and assessing progress against the safety and quality standards as outlined in this Framework and supporting broader implementation of state and national clinical standards.
- having clear responsibilities and delegations for managing safety and quality and continuous improvement initiatives across the organisation.

²⁴ Memorandum of Understanding between Primary Health Tasmania, Tasmania Health Service and the Department of Health and Human Services

- being transparent about our own performance, through clear monitoring and evaluation, and is open to learning and continuous improvement

Section 3:

Monitoring and Evaluating Safety and Quality



Our Safety and Quality Targets

Strengthening our safety and quality culture

Monitoring and evaluating our safety and quality performance is an ongoing, continual process that strengthens our safety and quality culture.

Primary Health Tasmania's Safety and Quality Framework 2023-2028 is the second version of this work. We have decided to focus our Implementation Plan over a 12-month period across the five year life span of this framework, and this will be reviewed on an annual basis. This will allow for improved clarity of reporting and measurements of success against the agreed actions within the Implementation Plan.

Safety and quality outcomes can be both quantitative and qualitative. Our monitoring and measuring of safety and quality outcomes will be an iterative approach as we respond to the dynamic and evolving primary healthcare sector. The Safety and Quality Committee will have the responsibility of monitoring and escalating as required, the actions within the Implementation Plan. An Executive Brief will be provided on progress on a quarterly basis. Information on Focus Area Progress will also be shared during Monthly Staff Meetings. This will ensure the message of "Safety and Quality is everyone's business" is reinforced for all staff at Primary Health Tasmania.

Appendices



Appendix A: Key Terms Related to Safety and Quality

Term	Definition
Adverse event	An incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. <i>See also near miss.</i>
Australian Open Disclosure Framework	The Australian open disclosure framework developed by the Australian Commission on Safety and Quality in Health Care outlines the key principles of open disclosure. It provides a nationally consistent basis for communication following a healthcare incident or adverse event.
Clinical governance	<p>An integrated component of corporate governance of health service organisations. It ensures that everyone - from frontline clinicians to managers and members of governing bodies, such as boards - is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services.</p> <p>The set of relationships and responsibilities established by a healthcare service between regulators and funders, owners and managers and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes (Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017 in PCC Standards). It ensures that:</p> <ul style="list-style-type: none"> • The community can be confident there are systems in place to deliver safe and high-quality health care • There is a commitment to continuously improve services • Everyone is accountable to patients and the community for ensuring the delivery of safe, effective and high-quality health care. This includes healthcare providers, other members of the workforce and managers, owners and governing bodies.
Consumer	A person who has used, or may potentially use health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative, to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.
Continuous improvement	A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.
Cultural safety	Cultural safety means an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need.

Term	Definition
Data (health)	<p>Any information related to health conditions or disability of an individual or population, that must be treated as personal and private. It includes information or opinions about but not limited to:</p> <ul style="list-style-type: none"> • the health, illness, injury, or disability (at any time) of an individual; or • an individual's expressed wishes about the future provision of health services to them; or • a health service provided, or to be provided, to an individual that is also personal information; or • other personal information collected to provide, or in providing, a health service; or • other personal information about an individual, collected in connection with the donation, or intended donation, by the individual of their body parts, organs, or body substances; or • genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual; or • outcomes and treatment reports of any medical, surgical, psychological, or other interventions; or • Information about health security or policy number, socioeconomic parameters regarding health and wellness, • Historical healthcare background
Data Sovereignty	<p>The Yoorrook Justice Commission describes Indigenous Data Sovereignty as the right of Indigenous Peoples to own, control, access and possess data that derive from them, and which pertain to their members, knowledge systems, customs, resources or territories (Kukutai & Taylor 2016; Snipp 2016).</p>
Digital health	<p>The Australian Institute of Health and Welfare defines digital health as an umbrella term referring to a range of technologies that can be used to treat patients and collect and share a person's health information</p>
Digital tools	<p>Digital tools refer to various software, applications, and online platforms that enhance productivity in different fields such as communication, collaboration, learning, and design.</p>
Governance	<p>The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of</p>

Term	Definition
	individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. Governance includes both corporate and clinical governance.
Healthcare	The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals
Health literacy	<p>Health literacy refers to an individual's ability to understand health-related information and apply it in their daily lives. It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and their ability to take resp empowering them to make knowledgeable choices and take appropriate measures for their health.</p> <p>Individual health literacy is the skills, knowledge, motivation, and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and healthcare and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that makeup the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services.</p>
Incident	An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.
Leadership	Having a vision of what can be achieved, and then communicating this to others and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.
Lived experience	Lived experience refers to the firsthand knowledge and understanding gained by individuals who have personally undergone a particular health condition, treatment, or healthcare journey. It encompasses the unique perspectives, emotions, challenges, and insights that individuals acquire through their personal encounters with illness, injury or healthcare interventions. Lived experience provides a deep and authentic understanding of the physical, emotional, and social aspects of living with specific health needs. It provides knowledge of the practical realities, subjective feelings, and day-to-day impact that a condition has on an individual's life, as well as their interactions with healthcare professionals, systems, and interventions.
Near miss	An incident or potential incident that was averted and did not cause harm but had the potential to do so. ⁴
Open disclosure	An open discussion with a person about an incident that resulted in harm to a person while receiving healthcare. The criteria of open

Term	Definition
	disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent a recurrence.
Outcome	The status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance
Outputs	The results of safety and quality improvement actions and processes. Outputs are specific to the actions, processes and projects undertaken in context which will be influenced by the level of attainment against the criterion and extent to which improvement has been required.
Patient-reported experience measures (PREMs)	PREMs are questionnaires measuring patients' perceptions of their experience whilst receiving care. The data sets can be used for: research, quality improvement projects, clinician performance evaluation, audit, and economic evaluation.
Person-centred care	Person-centred care refers to health care that is respectful of and responsive to the preferences, needs and values of service users.
Policy	A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.
Procedure	The set of instructions to make policies and protocols operational, which are specific to an organisation.
Process	A series of actions or steps taken to achieve a particular goal.
Quality improvement	The combined efforts of the workforce and others - including consumers, patients and their families, researchers, planners and educators - to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or on a continual basis.
Risk	The chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.
Risk assessment	The overall process of risk identification, analysis and evaluation.
Risk management	Coordinated activities to direct and control an organisation with regard to risk - its purpose is to create and protect value. It improves performance, encourages innovation and supports the achievement of objectives.
Safety culture	A commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals can report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities;

Term	Definition
	and a willingness of the organisation to direct resources to deal with safety concerns.
Scope of clinical practice	The extent of an individual medical practitioner’s approved clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability and the needs and capability of the organisation.
Standard	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level
System	<p>The resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:</p> <ul style="list-style-type: none"> ■ brings together risk management, governance and operational processes and procedures, including education, training and orientation ■ deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials ■ uses several incentives and sanctions to influence behaviours and encourage compliance with policy, protocol, regulation and procedures. <p>The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.</p>

Appendix B: Achieving Health Literacy

Simple steps we can take to improve our health literacy

Statement	What we can do
We will understand health literacy	<ul style="list-style-type: none"> ■ Ask for learning opportunities ■ Participate in learning opportunities ■ Read resources (check out https://www.dhhs.tas.gov.au/publichealth/health_literacy) ■ Ask questions ■ Managers: Offer and encourage health literacy learning opportunities ■ Human Resources team: Include health literacy in staff induction; identify staff development needs; organise staff training as required
We will apply a health literacy lens to all our work.	<ul style="list-style-type: none"> ■ Always consider whether people are likely to understand what you're telling them ■ Wear your name badge ■ Answering the phone: Speak clearly, and let people know who they are talking to. For example, 'Good morning, you've called Primary Health Tasmania, you're speaking to Jenny. How can I help you?' ■ Designing our office spaces: Consider signage and other 'markers' that help people feel welcome and confident they're in the right place
When we communicate, we will use plain language	<ul style="list-style-type: none"> ■ Use 26Ten's <i>Communicate Clearly</i> plain English guide ■ Avoid or minimal use of jargon and acronyms ■ Consider graphic/visual and audio resources as well as written ■ Consider whether an interpreter or translation is needed
Where appropriate, we will consult our audiences about the way we communicate	<ul style="list-style-type: none"> ■ Ask our audiences how they prefer to receive information ■ Run draft material by a representative of the target audience - e.g. a consumer group or individual consumer ■ Test material with a colleague from another team ■ Consider more formal focus testing of significant materials (for example, professionally designed and produced resources with longevity) ■ Acknowledge that some topics might be sensitive for some people. For example, communicating about suicide, family and domestic violence. In these cases, use specific

Statement	What we can do
	communications guidelines, where available (check with the Marketing and Communications team)
We will support an “It’s OK to ask” environment.	<ul style="list-style-type: none"> ■ Encourage questions - for example, always have a dedicated Q&A segment as part of an event, presentation or meeting ■ Ask questions ourselves - this encourages an ‘It’s OK to ask’ environment ■ Make sure it’s clear who people can contact about their questions, and how ■ Take a “no such thing as a dumb question” approach
We will influence others - within and outside our organisation - to understand health literacy and work in a health literate way.	<ul style="list-style-type: none"> ■ Be an advocate and lead by example. ■ Acknowledge and celebrate good health literacy practice. ■ Consider nominating colleagues and stakeholders for a Spot On Award from the Health Literacy Network.