# Clinical Governance in Practice

**The role of data and analytics**

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Cabrini

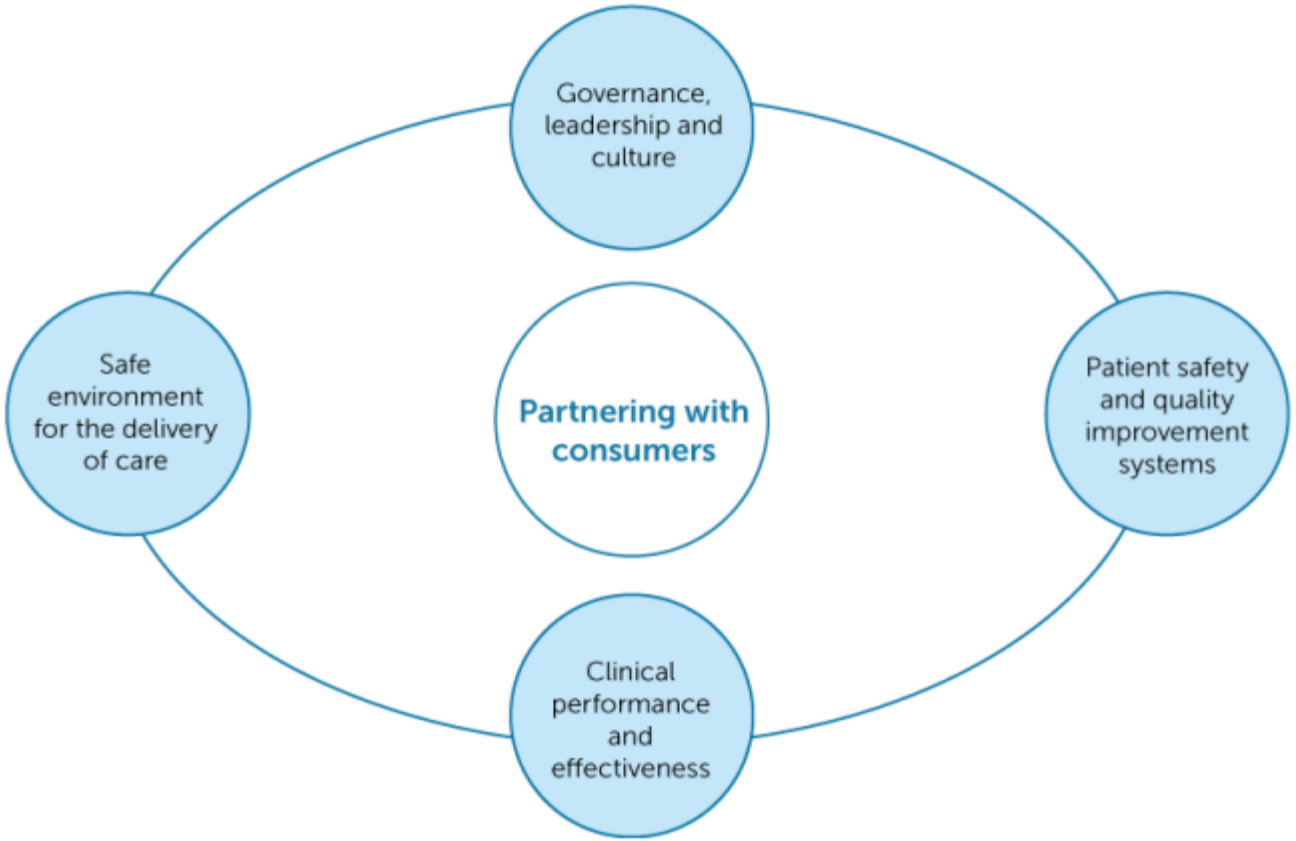
# What is Clinical Governance

- Having a framework in place throughout the organisation, that supports you to be explicit about:
  - the standard of care delivered,
  - how you protect patients from harm,
  - how you listen to patients, and
  - how you plan and measure improvement.

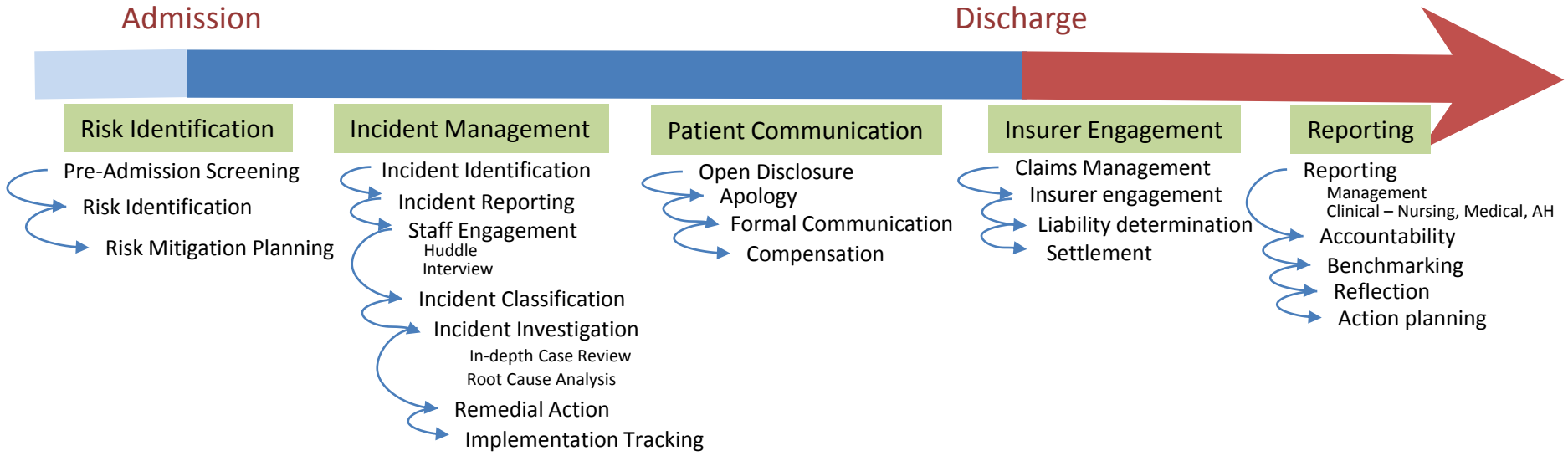
(Flynn et al 2015)

# National Model Clinical Governance Framework

**ACSQHC - 2017**



# Clinical Governance Processes



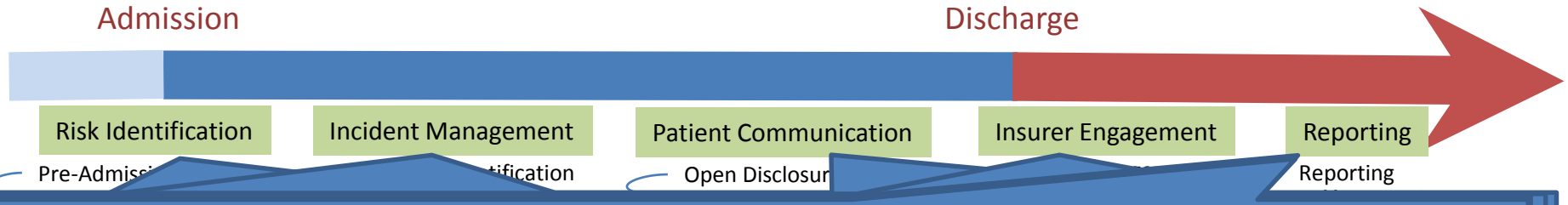

Compliance – licensing, accreditation, audit
Credentialing and Certification
Education and Training
Patient Experience

Culture of Curiosity, Commitment and Courage
Underpinned by accurate, timely and complete data

# Outline

- Clinical Governance Implications for Data and Analytics leaders
  - Challenges, Opportunities and Gaps
  - Examples in reporting from a Cabrini perspective
  - Engaging front-line clinicians in reflection and change
  - Leveraging data to change culture

# Clinical Governance Processes




Identifying the data is (probably) the easy bit

- Administrative events, incident reports
- Patient Experience, complaints

Defined priority measures

- HACs and Patient Experience

Creating intuitive reporting

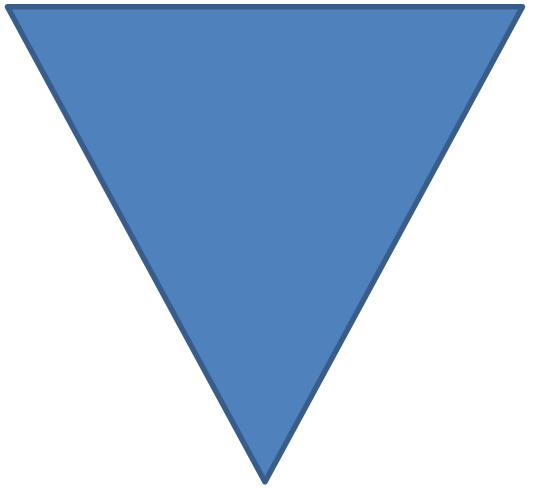
Engaging the change agents

Benchmarking

- VAHI
- Private Hospitals

# The Inverted Information Disclosure

- Management
  - Board and Executive
  - Trends, targets and projections
  - Accountable, but cannot effect change in healthcare
- Nursing & Allied Health
  - Unit Managers and front line workers
  - Patient trends and outcome changes
- Doctors (VMOs)
  - Individual patient outcomes
  - “Have I created harm?”



**It is the Doctors and Nurses who deliver care**

Effecting change requires their engagement

# Reporting - Management

- Summary Reporting

| Overall | 2021 Oct-Dec Current (n) | 2020 Oct-Dec Last year (n) | Difference 2021-vs-2020 |
|---|---|---|---|
| Total Separations | 10,780 | 12,567 | -8% |
| ED attendances | 6677 | 5877 | 14% |
| Total Bed Days | 54,531 | 57,024 | -4% |
| Ave Patient Age (Yrs) | 60.5 | 61.2 | -1% |
| SameDay Separations | 2,530 | 13,645 | -8% |
| Ave Sameday Casemix Weight | 0.23 | 0.24 | -1% |
| Overnight Separations** | 8,250 | 8,922 | -8% |
| Overnight Medical Separations** | 3,496 | 3,629 | -4% |
| Overnight Surgical Separations** | 4,010 | 4,665 | -14% |
| Overnight Obstetric Separations** | 567 | 490 | 16% |
| Ave Overnight Casemix Weight** | 1.49 | 1.47 | 1% |
| Overnight Bed Days ** | 42,001 | 43,379 | -3% |
| Ave Overnight LOS (Days)** | 5.1 | 4.9 | 5% |
| Day of Surgery Admissions (DOSA)** | 3,693 | 4,359 | -15% |
| Total OR Time (Mins) | 56,251 | 24,655 | -13% |
| Ave Time To Surgery (Hours) | 8 | 7 | -15% |
| ICU Patients | 407 | 337 | 21% |
| Discharge BeforeNoon** | 4,896 | 5,625 | -13% |
| Return to OR | 265 | 277 | -4% |
| 28Day Readmits**^ | 525 | 822 | 36% |
| Complications (HACs - Patients) | 223 | 236 | -6% |
| MET Call Within 24 hours of Adm | 110 | 129 | -15% |
| Deaths | 153 | 149 | 3% |
| Hand Hygiene | 88.8 | 86.7 | 2% |

| Overall | 2021 Oct-D | 2020 Oct-D | 2021 Oct-De | 2020 Oct-De | Difference 2021-vs-20 | |
|---|---|---|---|---|---|---|
| HAC Details | Total HACs | Total HACs | HAC Rate (per 10,000 seps) | HAC Rate (per 10,000 seps) | | Benchmark Rate (per 10,000 seps) |
| **Total** | **281** | **298** | 1.07% | 1.05% | **3%** | **1.2%** |
| **1.0 - Pressure injury** | **2** | **6** | 0.96 | 2.66 | **-64%** | **1.86** |
| **2.0 - Falls resulting in fracture or intracranial injury** | **4** | **10** | 1.92 | 4.43 | **-57%** | **2.17** |
| **3.0 - Healthcare-associated infection** | **101** | **90** | 48.60 | 39.88 | **22%** | **48.97** |
| **4.0 - Surgical complications requiring unplanned return to theatre** | 28 | 35 | 13.47 | 15.51 | **-13%** | **8.90** |
| **6.0 - Respiratory complications** | **21** | **11** | 10.11 | 4.87 | **107%** | **12.63** |
| **7.0 - Venous thromboembolism** | **14** | **12** | 6.74 | 5.32 | **27%** | **4.53** |
| **8.0 - Renal failure** | | | | | | **0.85** |
| **9.0 - Gastrointestinal bleeding** | **7** | **5** | 3.37 | 2.22 | **52%** | **6.59** |
| **10.0 - Medication complications** | | **4** | | 1.77 | **-100%** | **13.41** |
| **11.0 - Delirium** | **34** | **57** | 16.36 | 25.26 | **-35%** | **27.23** |
| **12.0 - Incontinence** | **4** | **2** | 1.92 | 0.89 | **117%** | **2.16** |
| **13.0 - Endocrine complications** | **17** | **16** | 8.18 | 7.09 | **15%** | **3.57** |
| **14.0 - Cardiac complications** | **45** | **45** | 21.66 | 19.94 | **9%** | **27.63** |
| **15.0 - Third and fourth degree perineal laceration** | **3** | **5** | 1.44 | 2.22 | **-35%** | **4.92** |
| **16.0 - Birth Trauma** | **1** | | 0.48 | | | |

# Engaging Nurses

- Nurses deliver health care
  - Aware of and concerned about the individual
- But nurses are:
  - Extremely busy
  - Overwhelmed with paperwork and process
  - Focused in the individual (may not see trends)
  - Team oriented with formal leadership structure and accountability
  - Often intimidated by power dynamics
  - Defensive of their practice

# Reporting – Nursing Staff

- Daily/Weekly/Monthly automated reporting
  - Current status, exception reports
- Weekly management meeting
  - Summary reports on emerging issues
- Committees
  - Health Outcomes and Quality
  - HAC committee
- Each unit develops individualised action plans

| Campus | Final Ward | Discharges | Ave Age | DOSA Pats | DOSA Pats (%) | Ave LOS (Days) | Discharge BeforeNoon | Discharge Before Noon (%) | Ext LOS | Ext LOS (%) | Pats with an HAC |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | | **1,777** | **60** | **485** | **27%** | **5.7** | **974** | **55%** | **33** | **1.9%** | **43** |
| Brighton | **Total** | **160** | **74** | **44** | **28%** | **7.0** | **97** | **61%** | **2** | **1.3%** | **2** |
| Brighton | B1N | 49 | 78 | 0 | 0% | 9.0 | 29 | 59% | 2 | 4.1% | 1 |
| Brighton | B1S | 21 | 75 | 1 | 5% | 7.5 | 5 | 24% | 0 | 0.0% | 0 |
| Brighton | BGS | 61 | 66 | 39 | 64% | 2.5 | 44 | 72% | 0 | 0.0% | 1 |
| Brighton | BHI | 4 | 50 | 4 | 100% | 8.0 | 0 | 0% | 0 | 0.0% | 0 |
| Brighton | BRB | 25 | 87 | 0 | 0% | 13.4 | 19 | 76% | 0 | 0.0% | 0 |
| | | | | | | | | | | | |
| Malvern | **Total** | **1,591** | **59** | **441** | **28%** | **5.5** | **866** | **54%** | **31** | **1.9%** | **41** |
| Malvern | 1NR | 55 | 82 | 0 | 0% | 13.6 | 44 | 80% | 1 | 1.8% | 1 |
| Malvern | 1S | 91 | 75 | 27 | 30% | 4.8 | 55 | 60% | 2 | 2.2% | 3 |
| Malvern | 1W | 93 | 74 | 28 | 30% | 4.8 | 48 | 52% | 1 | 1.1% | 3 |
| Malvern | 2C | 157 | 64 | 71 | 45% | 4.4 | 73 | 46% | 4 | 2.5% | 4 |
| Malvern | 2N | 22 | 68 | 4 | 18% | 7.0 | 6 | 27% | 1 | 4.5% | 2 |
| Malvern | 2S | 20 | 40 | 10 | 50% | 5.1 | 10 | 50% | 2 | 10.0% | 0 |
| Malvern | 2W | 147 | 34 | 47 | 32% | 4.3 | 117 | 80% | 0 | 0.0% | 1 |
| Malvern | 3C | 85 | 79 | 1 | 1% | 7.7 | 35 | 41% | 6 | 7.1% | 3 |
| Malvern | 3N | 196 | 68 | 109 | 56% | 3.2 | 96 | 49% | 4 | 2.0% | 1 |
| Malvern | 3S | 85 | 77 | 0 | 0% | 7.3 | 27 | 32% | 0 | 0.0% | 3 |
| Malvern | 3W | 60 | 86 | 2 | 3% | 13.2 | 29 | 48% | 5 | 8.3% | 2 |
| Malvern | 4N | 155 | 65 | 80 | 52% | 4.9 | 84 | 54% | 1 | 0.6% | 9 |
| Malvern | 4S | 47 | 75 | 29 | 62% | 4.4 | 29 | 62% | 1 | 2.1% | 1 |
| Malvern | 5W | 80 | 67 | 1 | 1% | 7.6 | 32 | 40% | 3 | 3.8% | 3 |

**Positive Sentiment by Ward and Domain of Care**

| CampusWard | No of Surveys | NPS | Nurse Communication | Doctors Communication | Cleanliness | Quietness | Medication | Discharge Planning | Discharge Information |
|---|---|---|---|---|---|---|---|---|---|
| | **935** | **73** | **83%** | **94%** | **95%** | **85%** | **74%** | **82%** | **70%** |
| ICU | 9 | 100 | 93% | 100% | 100% | 78% | 93% | 100% | 88% |
| Rehabilitation | 4 | 100 | 92% | 100% | 100% | 75% | 75% | 75% | 75% |
| Infusion Centre | 86 | 95 | 75% | 92% | 100% | 100% | 98% | 96% | 56% |
| Ground South | 12 | 92 | 83% | 92% | 100% | 83% | 75% | 100% | 77% |
| Day Oncology | 51 | 88 | 74% | 91% | 95% | 69% | 94% | 96% | 57% |
| 5 West | 25 | 88 | 91% | 96% | 100% | 86% | 88% | 87% | 83% |
| 4 North | 47 | 87 | 96% | 99% | 96% | 89% | 77% | 87% | 85% |
| 1 North | 21 | 86 | 95% | 95% | 100% | 89% | 83% | 83% | 82% |
| 1 South | 19 | 84 | 96% | 100% | 100% | 94% | 86% | 82% | 81% |
| 1 West | 56 | 82 | 92% | 97% | 91% | 96% | 69% | 80% | 80% |
| 3 North | 45 | 80 | 91% | 100% | 98% | 89% | 71% | 86% | 75% |
| 3 South | 24 | 79 | 88% | 98% | 100% | 95% | 68% | 92% | 72% |
| 3 Central | 19 | 79 | 84% | 100% | 100% | 59% | 38% | 92% | 67% |
| 2 Central | 33 | 79 | 78% | 95% | 90% | 82% | 76% | 88% | 87% |
| 1 South | 32 | 78 | 84% | 98% | 89% | 81% | 73% | 81% | 81% |
| | 9 | 78 | 89% | 94% | 100% | 88% | 88% | 88% | 78% |
| 3 West | 23 | 70 | 84% | 91% | 100% | 81% | 78% | 78% | 73% |
| Children's Centre | 42 | 69 | 79% | 94% | 96% | 100% | 82% | 82% | 72% |
| Maternity | 90 | 68 | 89% | 97% | 96% | 83% | 76% | 80% | 64% |
| 1 Central | 55 | 64 | 82% | 95% | 89% | 77% | 63% | 79% | 75% |
| 2 North | 45 | 62 | 81% | 91% | 93% | 95% | 57% | 78% | 76% |
| 4 South | 19 | 58 | 88% | 92% | 100% | 78% | 60% | 81% | 72% |
| 1 North Rehabilitation | 24 | 50 | 83% | 83% | 92% | 96% | 68% | 88% | 59% |
| Emergency | 123 | 46 | 69% | 87% | 92% | 70% | 70% | 68% | 49% |
| 4 Central | 3 | 33 | 78% | 100% | 67% | 100% | 75% | 50% | 100% |
| 5 West | 19 | 32 | 84% | 92% | 84% | 94% | 73% | 65% | 75% |

# Ward HAC Report

| Final Ward | 1A | 1B | 2A | 2B | 2C | 3A | 3B | 3C | 3D | 4A | 4B | ICU |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Separations | 578 | 438 | 579 | 413 | 475 | 322 | 803 | 358 | 212 | 516 | 297 | 45 |
| Ave Age | 71 | 69 | 62 | 69 | 34 | 77 | 65 | 75 | 86 | 62 | 65 | 61 |
| Ave LOS (Days) | 3.5 | 4.7 | 3.5 | 6.3 | 4.3 | 7.8 | 3.5 | 7.2 | 9.7 | 5.6 | 5.6 | 4.9 |
| Bed Days | 2013 | 2069 | 2016 | 2609 | 2043 | 2506 | 2800 | 2575 | 2066 | 2867 | 1664 | 222 |
| Average Charlson Score | 3.17 | 2.88 | 2.04 | 3.05 | 0.00 | 3.83 | 2.82 | 3.72 | 4.83 | 2.75 | 2.63 | 2.47 |
| HACs | 20 | 43 | 6 | 23 | 7 | 14 | 20 | 12 | 20 | 44 | 18 | 13 |
| **HACs per 1000 bed days** | **9.9** | **20.8** | **3.0** | **8.8** | **3.4** | **5.6** | **7.1** | **4.7** | **9.7** | **15.3** | **10.8** | **58.6** |

| HAC Details | 1A | 1B | 2A | 2B | 2C | 3A | 3B | 3C | 3D | 4A | 4B | ICU | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.0 - Pressure injury | | | | | | 2 | | | | | | | 2 |
| 2.0 - Falls resulting in fracture or intracranial injury | | | | 1 | | | 1 | | 1 | | | | 3 |
| 3.0 - Healthcare-associated infection | 4 | 7 | 4 | 10 | 1 | 7 | 8 | 4 | 8 | 21 | 4 | 5 | 94 |
| 4.0 - Surgical complications requiring unplanned return to theatre | 3 | 8 | | 3 | | | 2 | | 1 | 8 | 2 | | 28 |
| 6.0 - Respiratory complications | 2 | 5 | | 1 | | | 2 | 4 | 1 | | 3 | 1 | 20 |
| 7.0 - Venous thromboembolism | | | 1 | 4 | | 2 | | 1 | | 2 | 1 | | 12 |
| 9.0 - Gastrointestinal bleeding | 1 | | | 1 | | | 1 | | | | 1 | | 5 |
| 11.0 - Delirium | 2 | 6 | 1 | 1 | | 2 | | 3 | 3 | 4 | 5 | 2 | 32 |
| 12.0 - Incontinence | | | | 1 | 3 | | | | | | | | 4 |
| 13.0 - Endocrine complications | | 3 | | 1 | | | 1 | | 2 | 5 | 1 | 1 | 16 |
| 14.0 - Cardiac complications | 8 | 14 | | | | 1 | 5 | | 4 | 4 | 1 | 4 | 42 |
| 15.0 - Third and fourth degree perineal laceration during delivery | | | | | 3 | | | | | | | | 3 |

# Engaging Doctors

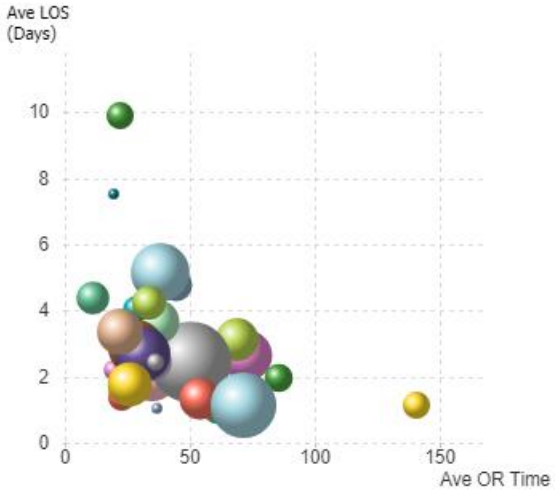
*Assumption*

- Given access to their data, specialists will improve their performance
- Specialists focus on reducing “harm” to their patients
- Specialists are intelligent, so understand data
- Specialists are curious
- Specialists seek competitive advantage

*Reality*

- Specialists tend to be cynical about hospital sourced data
- Harm is a nebulas concept, interpreted differently be management and clinicians
- University does not teach data literacy to doctors
- Specialists lack time/motivation to explore
- Specialists are inherently insecure
- Reflection is hard and potentially painful
- Primacy of reputation

# Medical Staff Response




**Questions:**

- What does the data mean?
- What is the problem?
- Data is too simplistic
- What is best practice?
- What are you comparing?
  - What diagnosis/procedures are included
  - Is it risk adjusted

| Graph Type | % Positive or Neutral | Interpretation |
|---|---|---|
| Table | 65% | 100% |
| Bar Chart | 50% | 63% |
| Funnel Plot | 65% | 50% |
| Box Plot | 25% | 75% |

Bucalon et al, "You can't improve until you measure": A need finding study on Repurposed Clinical Indicators for Professional Learning *OzCHI '22*

# Quarterly Comparative Reports

| Surgeon | Cases | Same Day | % Same Day | Hours To Surgery | Theatre Time | Avg LOS | Ext ended LOS | Complications | Return to OR | MET Calls | 28 Day Readmit | % Readmit | Deaths | Robot |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Knee Surgery** | | | | | | | | | | | | | | |
| **Group Outcomes** | **101** | **59** | **58%** | **2** | **46** | **1.1** | | | | | **1** | **1%** | | |
| ORT32 | 22 | 16 | 73% | 1 | 33 | 1.1 | | | | | 1 | 5% | | |
| **Knee - arthroplasty** | | | | | | | | | | | | | | |
| **Group Outcomes** | **74** | | | **3** | **94** | **5.2** | | **2** | **1** | **6** | **1** | **1%** | | **2** |
| ORT32 | 30 | | | 2 | 86 | 5.4 | | 1 | 1 | 4 | | | | 1 |

## Complications

| Age | Gender | Admission Date | Admission Category | Hours To Surgery | Theatre Time | LOS | Principal Diagnosis | Principal Procedure | Complication |
|---|---|---|---|---|---|---|---|---|---|
| 71 | F | 07/03/2022 | Planned | 2 | 88 | 8 | M17 - Arthrosis Of Knee | 49518 - KNEE total replacement | Met call leading to ICU admission |
| 67 | F | 21/03/2022 | Planned | 3 | 94 | 9 | M17 - Arthrosis Of Knee | 49518 - KNEE total replacement | Return to theatre following surgical complication |

## Readmissions

| Age | Gender | Admission Date | Category | LOS | Separation Type | Principal Diagnosis | Principal Procedure | Readmit Days | Readmit Date | Readmit Category | Readmit LOS | Readmit Diagnosis |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 60 | F | 28/02/2022 | Planned | 2 | HOME | M06 - Other Rheumatoid Arthritis | 49586 - Synovectomy of knee by arthro | 18 | 20/03/2022 | EMG | 2 | M25.46 - Effusion of joint, lower leg |

Purpose - highlight cases for consideration and reflection

# Communication

## Consumer Feedback and Learnings

Cabrini

JULY 2023

This month we have selected a few of the great compliments that have been received. It is always a pleasure to hear from patients who found their Cabrini experience exceptional. We also outline three cases where things did not go well and which highlight some key messages to assist us improve our patient experience.

### Compliment of the month

'I have been in six hospitals across Melbourne as an inpatient over the past seven weeks. Cabrini has distinguished itself as offering superior care for one primary reason – the invaluable care, practical advice and genuine concern, listening support and spiritual nourishment offered by the Pastoral Care Volunteers. The legacy of St Cabrini lives on in these wonderful volunteers.

'In a busy hospital in a busy world it can be almost impossible to find a genuine listener. The pastoral care volunteer was an exceptional listener. She listens with both her eyes and her heart.'

### Compliment of the month

'I am an octogenarian lady who has just spent nine days in Cabrini. During the whole of my time, the nursing staff who had a lot to do for me were exceptional. They were diligent, professional and they listened to your concerns. They were amazing in their ability to channel your worries and put you in a sunnier situation. And they needed time to do this. I was feeling very down when one of the nurses bounced into my room and said, "Okay, I am going to shower you, shampoo your hair and blow dry it." I know this doesn't sound like much, but I turned the corner after this. If anyone is truly sick and they find themselves in Cabrini, they will be most fortunate.

'The tea and menu assistants were patient, polite and helpful. Many a time, the menu assistant pointed out items that I could add, which did make a difference, especially in the initial period when I was not hungry.

'Even the cleaners do the job with humor. Having made a nasty mess, I apologized to the gentleman who was left to clean it up. He merely laughed and said it was not a problem.'

### Compliment of the month

'Please pass along my sincere thanks to all the Cabrini staff involved in my care. From pre-admission to discharge everyone involved was exemplary.

'The person who called me to go through my pre-admission assessment was kind and professional. On arrival to theatre, patient services checked me in efficiently and got all the appropriate financials sorted out. The pre-op nurse looked after me for a few hours before theatre. She has been at Cabrini for 38 years and was a delight - friendly, relaxed, yet expert in her nursing care.

'After this, the anaesthetic nurse took me to theatre. She could see how much pain I was experiencing and wisely asked if it would be easier for me to walk to theatre (it was) and she gently took me arm in arm towards my surgical adventure. The nurse who transported me to the ward had a lovely demeanour.

'The nurses on 2C were all very attentive, checking on me during their obs rounds, and responding quickly when I needed some extra pain relief. I'd particularly like to highlight the student nurse who was tasked with removing the sticky IV dressing from my hairy arm. She did this slowly, gently, with such great care that not a single hair was waxed off! An impressive effort. It may not seem like much, but little things like this really showcases the care that goes into nursing.

'There were also the food monitors who made sure I was eating - but all were friendly. And the food was great - healthy and tasty.'

### Multiple Factors Leading to Early Discharge

A patient left the hospital earlier than anticipated as a consequence of a poor experience. They were cared for in an older 4 bed room.

- When they were on the trolley being wheeled back to the ward the doors closed suddenly, jolting them forwards which increased their already severe pain.
- One person had their TV turned up and then the next person turned theirs up louder to counter the noise. In the end all the TV's were turned up loudly.
- A device was constantly alarming during the night, giving out a high-pitched tone. The staff noted that the device was faulty.
- Someone in an adjacent room was pushing a buzzer on and off for most of the night. At one stage the buzzer was locked on for nearly 40 minutes.
- There was no toilet paper or hand towels in the shared bathroom.

When the patient expressed concerns, the nurses apologised and told them they could put in a complaint if they wanted.

Learning point: unfortunate, individual issues can compound to create major concerns that compromise patient outcomes. It is critical to evaluate each incident from the patient's perspective and apologise, acknowledge the impact on the patient, explain the cause and implement changes to minimise the concern.

Staff are reminded to remove constantly alarming machines from patient areas and request a service of the device. A 'quiet pack' consisting of an eye mask, a set of ear plugs and head phones is to be trialled in 4 bed rooms.

### Medication Instructions

A patient had been on blood thinners prior to surgery. Unfortunately, the patient was not informed in writing about the need to withhold the medication for two weeks post-operatively and so recommenced taking the blood thinners when they arrived home.

Some days later, the patient felt weak and so attended the surgeon's rooms, where they collapsed requiring immediate transfer to the ED and re-admission for six days.

A review of the medical records confirmed that the surgeon had written post-operative instructions to cease the blood thinners for two weeks following the procedure. The surgeon recalled a conversation with the patient in the recovery area where they confirmed that the surgery had gone well and that the patient needed to cease the blood thinners for two weeks. This instructions were also verbally communicated to the patient by the theatre staff but does not appear to have been put in writing at discharge, or communicated to the patient's wife.

Learning point: It is vital that discharge medication instructions be communicated in writing to ensure both the patient and their carers are aware of any required change in medication. The doctor now ensures that all his patients have changes in medication communicated in writing. Theatre staff have also committed to reinforce this instruction on the discharge information sheet provided to patients.

### Incorrect Admission Diagnosis

A patient was recently admitted with a diagnosis of Chronic Myeloid Leukaemia (CML). While the diagnosis was apparent in the ED, it was recorded in WebPAS as Chronic Lymphocytic Leukaemia (CLL). While these two conditions may sound the same, they are entirely different diseases with very different implications and treatments. The ED notes clearly documented that the patient had CML rather than CLL.

The WebPAS entry is picked up in the discharge communication to the GP and recorded in the patient summary for subsequent admissions.

Learning point: While these type of errors are rare, it is critically important that the admission diagnosis is correctly entered into WebPAS. Where the diagnosis subsequently changes, the admission diagnosis needs to be updated.

Cabrini

Thank you for your ongoing contribution to ensuring Cabrini provides excellence in all of our services.

# Challenges

- Developing a culture of collaboration
  - Engaging VMOs - independent specialists
- Facilitating reflection
- Benchmarking and performance are currently a “management” issue
  - CEO and Executive team review clinical indicators
  - Only clinicians can influence outcomes
  - Multiple, variant agency benchmarks
- Defining acceptable, recognised clinical indicators
- Creating a core indicator set
- Visualisation and presentation of data
- Communication and distribution
- “Spooking the horses” and “witch hunts”
- Transparency and knowledge dissemination
- Coaching versus policing
- Alignment with external agencies
  - National Standards, Medical Education (CPD),

# Questions and discussion