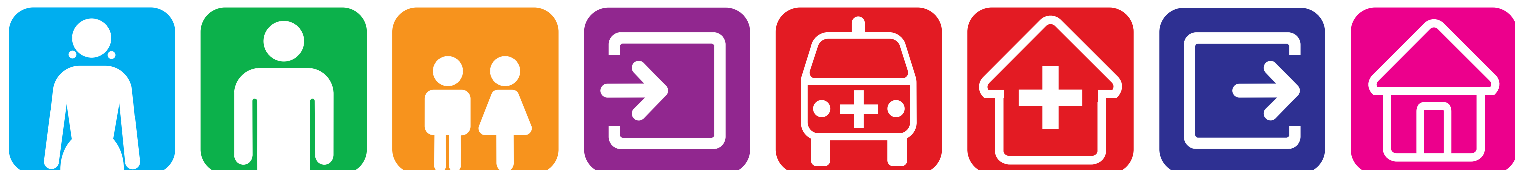
Framework for medihotels in Victorian public health services

2009



A Victorian Government initiative

Victoria The Place To Be

Framework for medihotels in Victorian public health services

2009

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Contents

Executive summary **1**

1.0 Introduction **3**

1.1 Development of medihotels 3

1.2 Policy context 4

1.3 Service context 4

1.4 Service description 4

1.5 The role of a medihotel in the health system 5

1.6 Why implement a medihotel? 5

1.7 Consumers utilising a medihotel 6

2.0 Service delivery **7**

2.1 Scope of service 7

2.2 Hours of operation 7

2.3 Physical facilities 7

2.4 Access to services 8

2.4.1 Service information 8

2.4.2 Service eligibility criteria 8

2.4.2 Care pathways 8

2.5 Referral processes 9

2.5.1 Screening criteria 10

2.6 Registration for accommodation in a medihotel 10

2.7 Care and supervision 11

2.7.1 Person-centred care 11

2.7.2 Type of care and supervision 11

2.8 Checking out of a medihotel 11

2.8.1 Consumer transfers 12

3.0 Program management and corporate services **13**

Appendix 1: Advisory groups **15**

Emergency Access Reference Committee Aged Care Subcommittee 15

Medihotel Working Group **16**

Appendix 2: Key Victorian policy documents **17**

Bibliography **19**

Executive summary

Victoria's medihotels provide accommodation and hotel services suited to the needs of self-caring consumers accessing acute hospital services. Medihotels provide for people making the transition between the community and acute sectors. Consumers are referred to the service from clinical, diagnostic and other hospital units.

Medihotels represent a relatively new model of care that provides a substitute for multi-day admitted inpatient care. They form part of a whole-of-health-service approach to improving access to hospital services.

The framework for medihotels in Victorian public health services follows a formal review of the program in 2006 and is a resource for health services operating a medihotel. The framework is designed to promote consistency of practice and continued service improvement.

The framework sets the context for medihotels by charting the development and benefits of the service, outlining relevant policies and describing the service system in which medihotels operate. The framework delineates the role of a medihotel, its structure and the key management and corporate service features associated with a medihotel.

The framework is not prescriptive and allows for individual health services to structure their services to meet their differing organisational arrangements and the needs of their local communities and patient populations.

The role of medihotels is to provide accommodation and hotel services for self-caring consumers accessing acute health services. In particular, medihotels have a role in:

- improving access to acute services
- ensuring care is provided in the most appropriate setting
- facilitating safe and timely discharge to the community
- promoting continuity of care for consumers and service integration within the health service
- enhancing the quality of health care
- optimising accountability, efficiency and optimal utilisation of resources
- supporting continuous improvement.

The service structures established for medihotels incorporate the following features:

- provision of high-quality non-ward type accommodation and hotel services
- service location within or in close proximity to a public hospital
- physical facilities that reflect the environment and character of a hotel
- consumer access via referral from an acute hospital service
- screening processes to determine consumer suitability and priority for service
- care plans and discharge arrangements that remain the responsibility of the referring service
- carers accommodated as required
- provision of care similar to that generally available within the community.

The management structures and corporate services established for medihotels include the following features:

- formal referral relationships with relevant acute services
- established referral systems
- a staffing profile that reflects minimum supervision and episodic care requirements of self-caring consumers
- a quality improvement plan and processes and established clinical review and audit program
- established data collection and performance monitoring and reporting systems
- an output funding model utilising a bed day rate.

1.0 Introduction

The Framework for medihotels in Victorian public health services has been developed by the Department of Health (the department) in collaboration with the Emergency Access Reference Committee (EARC) Aged Care Subcommittee, the Medihotel Working Group, the Medihotel Manager's Group and other key stakeholders. Refer to appendix 1 for details.

The framework is designed to assist public health services in the planning, organisation and delivery of medihotel services. It is intended to promote consistency of practice and to support continued service improvements.

The framework presents the department's expectations in relation to delivering medihotel services while providing flexibility for health services to develop a model of care that responds to the needs of their local communities, organisational arrangements and planning priorities.

This document provides an overall structure for the operation and future development of medihotels. Specifically, the framework:

- defines a medihotel
- delineates the role and benefits of a medihotel
- outlines the structure of the service
- identifies the management structures and corporate services that support a medihotel.

1.1 Development of medihotels

In 2001 the Victorian Government committed to the four-year *Hospital demand management (HDM) strategy*[1] designed to address the sustained and consistent growth in demand for hospital services, particularly emergency care. The HDM strategy had a system-wide focus and promoted the development of new models of care that would minimise emergency department presentations and inpatient admissions.

Under the impetus of the HDM strategy, eight medihotels were established across metropolitan Melbourne to provide an alternative to inpatient care for ambulant people requiring access to acute hospital for day-only services. A range of service delivery models[2] were established including on-site facilities staffed by the health service and off-site facilities operated by a third-party provider.

In 2006 the department commissioned a review of medihotels to describe the model of care, determine its performance and provide recommendations for its ongoing management and funding. The final report submitted by Health Outcomes International[3] recommended the mainstreaming of medihotels and development of a policy framework to facilitate a more coordinated approach to service delivery and development.

In 2005–06 the Victorian Government provided additional funding over four years to support the wider implementation on new models of care trialled under the HDM strategy. Four new medihotels were established under this initiative.

1 Department of Human Services, Emergency Demand Coordination Group 2002, HDM strategy projects: Summary of findings from project interim reports, available online at <http://www.health.vic.gov.au/archive/archive2006/hdms/index.htm>.

2 Department of Human Services 2006, Review of medihotels, State Government of Victoria, Melbourne, pp. 7–29. Papers presented at Better State of Hospital Conference, Melbourne, 27–28 April 2006. Refer to: http://www.health.vic.gov.au/archive/archive2009/bshconference/index.htm, viewed 27 July 2009.

3 Review of medihotels, op. cit. pp. 40–42.

1.2 Policy context

The mainstreaming of new models of care and the development of medihotel service guidelines were key priorities identified in the department's *Better faster emergency care*[4] policy released in 2006.

This policy outlines 10 key priorities for the equitable and timely access to quality emergency care within public hospitals. The approaches advocated in this document are of particular relevance:

- a system-wide approach encompassing the continuum of care coordinated across health care providers and settings
- support for innovation and mainstreaming of new models of care
- continuous quality improvement
- people-centred approaches that are responsive to the needs of individuals and their families and encourage participation.[5]

Other relevant policies and strategic directions are detailed in appendix 2.

1.3 Service context

Medihotels operate within a responsive, high-throughput hospital environment and are focused on the transition of patients between the community and the acute sector. Consumers may access a medihotel via internal hospital services on a referral basis.

Service integration is a key focus of the framework, one which reflects the wide range of clinical units, investigative departments, specialist clinics, allied health departments and community-based programs that interface with medihotels.

Medihotels also maintain relationships with the bed management and patient flow units within the hospital and may be linked with and supported by other services such as Hospital in the Home, surgical units, medical assessment and planning units, 23-hour units and day treatment and ambulatory care services.

1.4 Service description

Victoria's medihotels provide accommodation and hotel services suited to the needs of self-caring consumers accessing acute hospital services. They represent a new model of care that is designed to optimise hospital capacity and manage demand by providing a substitute for multi-day admitted inpatient care. Consumers accommodated in a medihotel are not considered as admitted patients of a health service.

Medihotels provide an alternative model of care for people who would traditionally be managed overnight in an acute inpatient bed.

4 Department of Human Services 2006, Better faster emergency care: Improving emergency care and access in Victoria's public hospitals, State Government of Victoria, Melbourne, pp. 61–63.
5 Better faster emergency care, op. cit. pp. 39–42

Medihotels:

- provide high-quality, non-ward type accommodation and hotel services that reflect the environment and character of a hotel
- are located within or in close proximity to a hospital
- are accessed on referral from clinical, diagnostic and other hospital units following a screening process
- provide minimal supervision and support for consumers
- ensure access to prearranged episodic care similar to that generally available within the community
- provide facilities for a family member or carer as required.

Medihotels form part of a whole-of-health-service approach to improving access to hospital services.

1.5 The role of a medihotel in the health system

The role of a medihotel is to provide accommodation and hotel services for self-caring consumers accessing acute health services. In particular, medihotels have a role in:

- improving access to acute services
- ensuring care is provided in the most appropriate setting
- facilitating safe and timely discharge to the community
- promoting continuity of care for consumers and service integration within the health service
- enhancing the quality of health care
- optimising accountability, efficiency and optimal utilisation of resources
- supporting continuous improvement.

1.6 Why implement a medihotel?

Reviews of medihotels and the available literature indicate that medihotels deliver a range of benefits[6] for health services including:

- expanded hospital capacity
- enhanced ability to plan admissions
- hospital-wide practice improvement in bed management and effective patient flow
- a high level of patient satisfaction
- a viable alternative for delivering care
- cost-effective services.[7]

6 Hill, N 2003, 'Responses to access block in Australia: The Alfred hospital', Medical Journal of Australia 178 (3) pp. 110–111. Spigelman, A 1999, In: England D and Hopkins L, 'Early discharger after surgery for breast cancer', British Medical Journal, May 1, 318 (7192), p. 1210.
7 Review of medihotels, op. cit, pp. 26–31.

1.7 Consumers utilising a medihotel

The people accommodated in a medihotel include consumers who are mobile, self-caring with daily living skills and medication management, need minimal or no supervision and do not require overnight inpatient care, including those who:

- must travel long distances to access acute services, particularly those residing in rural areas
- require access to acute hospital services for investigations, treatment, assessment, planning, education or clinical review over a series of days
- require overnight accommodation in anticipation of a next-day acute care admission or day procedure
- require overnight accommodation and next-day review following a surgical intervention
- have living arrangements that preclude them returning home on the same day
- have conditions that may require immediate access to acute maternity care
- have conditions that do not require ongoing nursing care and assessment for the duration of their stay.

Carers assisting or supporting a person who is accessing an acute service may also be accommodated in a medihotel.

2.0 Service delivery

The key aspects of service delivery are presented in this section of the document, including service access, referral and screening processes and the care provided to consumers.

2.1 Scope of service

Medihotels are to provide high-quality, non-ward type accommodation and hotel services suited to the needs of self-caring consumers accessing acute hospital services.

A range of other services may be provided in a medihotel, including:

- referral, screening and registration services
- minimal supervision and support
- episodic care for consumers
- quarantined access to investigative services
- transportation.

2.2 Hours of operation

Health services are to establish the hours of operation for a medihotel based on consideration of the following factors:

- service delivery model
- service utilisation, including bed occupancy rates
- availability of dedicated physical facilities
- hours of operation of investigative and surgical services.

2.3 Physical facilities

Medihotels are to be located within or in close proximity to a public hospital. The location of the medihotel within the health service would be determined by a range of factors such as: physical space; proximity to relevant clinical services and surgical facilities; consumer access and movement; availability of staff; and security considerations.

The physical facilities are to reflect the environment and character of a hotel or motel and are to include:

- facilities for preparing and consuming meals and refreshments
- a recreational area with appropriate entertainment and communication equipment such as a television and telephone
- accommodation and visiting facilities for parents and carers
- facilities that are configured to maximise consumer privacy.

The environment in which medihotel services are provided should be safe for staff and consumers. Buildings and facilities need to be accessible to people with a disability and should comply with accessibility standards.[8]

8 Standards Australia 2009, Australian Standard 1428. Refer to <www.standards.org.au>, viewed on 27 February 2009

The size of the facility is to be determined by the health service following consideration of factors such as the service delivery model, service utilisation, viability of the service and economies of scale. A minimum of eight beds is required to ensure the cost-effectiveness of the medihotel.

2.4 Access to services

Consumers can access a medihotel via a referral made on their behalf by a clinical unit or an investigative, allied health and bed management service within the health service. Access may be facilitated in a variety of ways including provision of service information, eligibility criteria and the development of care pathways. Details are presented in the following sections.

2.4.1 Service information

Medihotels are to provide information about their services and client eligibility criteria to promote service access. The information provided needs to be readily available and empower consumers and referring services to make informed choices about accommodation and care options.

Information provision may be supported by:

- provision and distribution of service information in printed and electronic form
- staff orientation and information sessions on medihotels for referring services
- consumer and carer engagement processes[9]
- the use of translated material and culturally sensitive practice.

2.4.2 Service eligibility criteria

Medihotels are to establish service eligibility criteria to guide hospital services considering a referral to a medihotel on behalf of a consumer. The criteria are to be consistent with the scope of services provided by the medihotel and the screening criteria used to determine the consumer's suitability and priority for the service. Refer to section 2.4.4.

The eligibility criteria may be presented as a checklist or screening tool and may be included as part of the referral documentation.

2.4.2 Care pathways

Health services are to establish and document care pathways for consumers using medihotels to facilitate both service access and the movement of consumers between various acute hospital services.

Existing care pathways established by investigative and allied health services and clinical units are to be modified to ensure the option for transfer to a medihotel is routinely considered in the course of care planning for consumers.

9 Engagement ensures consumers and their carers are: aware of their rights and responsibilities as patients; informed about their treatment and health care; actively involved in decision-making processes; and certain their information is treated in accordance with legislative requirements covering consent, privacy and confidentiality.

Department of Human Services 2008, Guidelines for the Victorian emergency department care coordination program, State Government of Victoria, Melbourne, pp. 38–39.

2.5 Referral processes

Consumers may access a medihotel via a referral made on their behalf by a clinical unit or an investigative, allied health and bed management service within the health service.

Medihotels are to establish policies and procedures to govern referrals to the service.

Referral processes are to be structured in a way that ensures:

- referring practitioners explore accommodation options with consumers in the course of planning their investigations, treatment and discharge
- consumers are informed about medihotel services, are aware of their rights and responsibilities and consent to the transmission of their personal and health information
- referrals are acknowledged and prioritised
- referral outcomes are conveyed back to the referring service and discussed as appropriate
- the decision to accept or reject a referral rests with the manager of the medihotel
- referral information is documented and included in consumer's medical record.

The referral information requested by a medihotel needs to inform clinical decision making and support the care and management of consumers. The scope of information may include:

- consumer details
- referral provider details
- the reason for referral
- the assessment according to service eligibility criteria
- clinical information such as medical history, alerts and medication chart
- the care or treatment plan from an inpatient unit or investigative service including details of location and duration of service
- expected length of stay
- episodic care requirements while in the medihotel and arrangements for service provision
- the discharge plan and information.

Referral processes are supported by:

- information and client selection criteria for medihotels
- advocacy and promotion by medihotel staff and the hospital bed management service
- e-referral systems
- established organisational linkages with referring services
- staff orientation and information sessions on medihotels for referring services
- integration of the medihotel IT system and the hospital patient information system
- a documented consumer registration process.

2.5.1 Screening criteria

Medihotels are to establish screening criteria to support clinical decision making relating to referrals and registrations to the medihotel. The criteria are to minimise clinical risk, facilitate the registration process and ensure referral outcomes are relayed in a timely manner.

The screening criteria are to be used to determine a consumer's suitability and priority for service and would identify consumers at significant clinical risk who could not be safely or appropriately accommodated in a medihotel.

Screening criteria are to include requirements that a consumer needs accommodation in close proximity to acute care and is:

- self-caring and independent with activities of daily living
- alert, oriented and accountable
- medically stable
- able to manage their own medications or manage with minimal intervention
- ambulant either with and without aids.

Consideration may also be given to factors such as:

- mental stability, including history of aggression, mental illness or abuse of alcohol or other drugs
- episodic care requirements for the duration of the consumer's stay
- safety of consumers, carers and staff
- the consumer's domestic circumstances, including distance required to travel to access acute services
- availability of clinical information and care, treatment and discharge plans
- the consumer's requirement for overnight accommodation to access hospital services over a series of days or in anticipation of a next-day acute care admission, day procedure or review
- the condition of the consumer, which may necessitate immediate access to acute maternity care
- availability of carers to support paediatric or elderly patients.

The screening criteria are to be documented and readily available to referring services within the health service and should be supported by staff orientation and information sessions on medihotels for referring services.

2.6 Registration for accommodation in a medihotel

The decision to accept or reject a referral to a medihotel rests with the manager of the medihotel. The medihotel is to notify the referring service of the outcome of their referral and facilitate the transfer of the consumer to the medihotel and their registration.

Medihotels provide accommodation and hotel services and are a substitute for inpatient services. Consumers are therefore to be recorded as registered guests of the medihotel, not as a patient admission or discharge. Consumers may remain as registered guests over a series of days and be admitted to acute services for day treatment, procedures and investigations as required. Consumers may be registered at the medihotel before or after but not during an admission as a hospital inpatient.

2.7 Care and supervision

The type of care and supervision provided in a medihotel is to reflect both the needs of consumers and the scope of medihotel services established by the health service.

2.7.1 Person-centred care

Person-centred care responds to consumer priorities and expectations, shares management of care with consumers and optimises health outcomes. Current evidence indicates that person-centred approaches increase consumer satisfaction and engagement, can reduce anxiety, improve health outcomes and increase clinician satisfaction.[10]

The type of care and supervision provided in a medihotel is to be person-centred, support informed consumer choice and decision making and actively support self-care. Consumers are to be provided with information about their rights and responsibilities and scope of care and supervision provided in the medihotel.

Systems to obtain and monitor consumer and carer feedback and satisfaction are to be established by the medihotel.

2.7.2 Type of care and supervision

The type of care provided in a medihotel is to be consistent with the scope of service established for the facility and may include referral, screening and registration services, minimal supervision and care on an episodic basis.

As a general principle, consumers may access services similar to those generally available within the community such as those provided by community nursing services. Episodic care is to be provided in accordance with the care plans prepared by the referring practitioner or unit.

Carers of consumers in a medihotel may assist with the activities of daily living, participate in patient education activities and supplement the care and support provided by medihotel staff.

2.8 Checking out of a medihotel

Consumers may check out from a medihotel either to return to the community or to access acute hospital inpatient services. Consumers may remain as registered guests and be accommodated in a medihotel overnight where they require:

- investigations, treatment or clinical review over a series of days
- a day procedure
- next-day review following a surgical intervention.

10 Bauman A, Fardy J and Harris P 2003, 'Getting it right: why bother with patient-centred care?' The Medical Journal of Australia, 179(5) pp. 253–256

Where a patient has been discharged from the acute service, medihotels have a role in facilitating a consumer's safe and timely return to the community through interventions such as:

- reviewing and finalising discharge plans and arrangements made by the referring services
- provision of health promotion literature and information.

Discharge planning is the responsibility of the referring service and arrangements are to be confirmed with the medihotel prior to consumer registration. Medihotel referral processes are to be structured in a way that ensures practitioners and units referring consumers to a medihotel have:

- prepared a discharge plan
- have notified the community-based services to be utilised by the consumer, including the person's general practitioner
- have arranged any referrals to or reviews with specialist services or relevant hospital departments
- arranged transport from the acute facility to home
- documented relevant discharge information in the consumer's medical record.

The medihotel is to facilitate consumer access to acute services by providing directions and, where appropriate, arranging transport.

2.8.1 Consumer transfers

Where a consumer's condition deteriorates while in the medihotel, the person is to be transferred to either the hospital emergency department or an inpatient unit under the care of the referring unit.

The medihotel protocols governing patient transfers are to provide for a clinical handover to the receiving unit and additional staffing support in the medihotel during the response phase.

3.0 Program management and corporate services

The following section outlines the key elements of program management and the supporting corporate services required for a medihotel operating in Victoria.

Staffing structure

- The staffing profile is flexible and reflects the level of supervision and care required by the clients accommodated in a medihotel.
- Ongoing staff education is provided and the staff have an understanding of the role of a medihotel in the health service.

Service linkages

- Formal referral relationships exist between the medihotel and relevant clinical units, investigative departments, specialist clinics, allied health departments and community-based programs.
- Formal relationship between the medihotel and the bed management and patient flow units within the hospital are established.

Support components

- There is an established referral system between the medihotel and referring units and departments within the hospital.
- Service eligibility and screening criteria supports referral processes.
- Care and supervision is established by care, treatment and discharge plans prepared and arranged by referring units.

Quality assurance

Features include:

- an established clinical review and audit program
- processes for managing compliments, incidents and complaints
- a quality improvement plan and process, including:
  - preparation of an annual improvement plan for the medihotel
  - ongoing and periodic outcome analysis
  - review of adverse events
  - consumer and staff satisfaction surveys
  - staff competency evaluation and performance appraisal
  - staff development and training opportunities
  - budget reviews
  - development and review of policies and procedures
  - processes for identifying and managing risk that link to the health service's risk management plan

- staff safety procedures covering:
  - clinical emergencies
  - working in isolation
  - critical incident management
  - infection control procedures.

Records management

- Client record management must be in place, including processes for:
  - obtaining informed consumer consent in accordance with relevant privacy legislation[11]
  - documenting information
  - secure information exchange
  - transfer of information between units, departments and practitioners within the health service.

Performance monitoring

Measures include:

- data collection, performance monitoring and reporting systems[12]
- research activities and promotion of evidence-based practice
- an output funding model utilising a bed day rate.

11 www.health.vic.gov.au/pcps/publications/index; www.beterhealth.vic.gov.au

12 The monitoring and analysis of data allows programs to evaluate the quality of the service, and thereby, facilitate quality improvement. Accurate data enables the department to monitor performance and provides accountability for program funding. Program data examines activity, growth and capacity and, therefore, assists in program planning and determining future requirements.

Appendix 1: Advisory groups

Emergency Access Reference Committee – Aged Care Subcommittee

Chairperson	
Associate Professor Peter Hunter	Associate Professor of Aged Care, Director of Subacute and Medical Services, Bayside Health
Members	
Dr Peter Archer	Director of Emergency Services, Maroondah Hospital, Eastern Health
Ms Christine Behm	Project Manager, Enhancing Care for Older People, St Vincent's Health
Ms Wendy Bissenger	Deputy chairperson, General Practice Victoria
Professor Don Campbell	Head of General Medicine, Monash Medical Centre, Southern Health
Ms Nicole Doran	Manager, Continuing Care and Clinical Programs, Programs Branch, Department of Human Services
Dr Margaret Grigg	Assistant Director, Access and Metropolitan Performance, Department of Human Services
Ms Kathryn McKenzie	Director of Aged Care, Glen Lyn
Mr Silvio Pontonio	Executive Director, Community Integration and Allied Health, Western Health
Ms Sue O'Sullivan	Manager, Emergency Program, Department of Human Services
Ms Margaret Summers	Manager, Residential Policy and Program Development, Aged Care Branch, Department of Human Services
Ms Janne Williams	Director of Allied Health and Continuing Care, Southern Health
Secretariat	
Ms Wendy Davis	Senior Project Officer, Emergency Program, Department of Human Services

Medihotel Working Group

Chairperson	
Ms Sue O'Sullivan	Manager, Emergency Program, Department of Human Services
Members	
Mr David Hine	Manager, Medihotel & Day Treatment Unit, St Vincent's Health
Ms Bernadette Comitti	Peri-operative Services Manager, Alfred Health
Ms Helen Fithall	Manager, Home and Ambulatory Services, Austin Health
Ms Nerine Twigg	Manager, Medihotel, Monash Medical Centre, Southern Health
Mr David Rosaia	Nursing Director, Surgical Services, Bendigo Health
Mr Andrew Brown	Manager, VINAH, Health Data Development, Department of Human Services
Ms Teresa Barton	Senior Policy Analyst, Funding and Financial Policy, Department of Human Services
Ms Alison Daley	Senior Project Officer, VINAH, Health Data Development, Department of Human Services
Ms Ann Maree Keenan	Executive Director, Ambulatory & Nursing Services, Austin Health
Ms Carmen Yui	Senior Project Officer, Surgery Program, Department of Human Services
Secretariat	
Ms Wendy Davis	Senior Project Officer, Emergency Program, Department of Human Services

Appendix 2: Key Victorian policy documents

1.1 Victoria: A better state of health

The Government's 2005 policy *Victoria: A better state of health*[13] outlines five principles that provide a vision for the state's public health system. These are:

- the best place to treat
- together we do better
- patient-focused technology
- a better patient experience
- a better place to work.

1.2 Rural directions for a better state of health

Rural directions for a better state of health[14] provides a framework for rural health services to meet the changing needs of communities and make the best use of resources to deliver improvements in the health of rural Victorians. Its three broad directions are:

- promoting the health and wellbeing of rural Victorians
- fostering a contemporary health system and models of care in rural Victoria
- strengthening and sustaining rural health services.

1.3 Better quality, better health care: a safety and quality improvement framework for Victorian health services

The Safety and quality framework[15] is an initiative of the Victorian Quality Council. It was developed as one component of a strategic approach to improving the safety and quality of patient care across five areas: establish a safety and quality framework; provide improved access to better data; involve consumers in improving safety and quality; educate on safety and quality; and respond to known problems and risks. The framework identifies five dimensions of quality: safety; effectiveness; appropriateness; acceptability; access and efficiency.

1.4 Elective surgery access policy

The Elective surgery access policy[16] provides advice to Victorian health services about the managing elective surgery waiting lists. The objectives of the policy are to:

- support active management of elective surgery patients
- support best practice in elective surgery waiting list management

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13 Department of Human Services 2005, Victoria: A better state of health, State Government of Victoria, Melbourne

14 Department of Human Services 2005, Rural directions for a better state of health, State Government of Victoria, Melbourne

15 Department of Human Services and Victorian Quality Council 2003, Better quality better health care: A safety and quality improvement framework for Victorian health services, State Government of Victoria, Melbourne

16 Department of Human Services 2009, Elective surgery access policy, State Government of Victoria, Melbourne

- identify the rights and responsibilities of health services, referring medical practitioners and patients
- improve communication among patients, health services, referring medical practitioners and community providers
- support meaningful reporting to the public by health services and the government
- provide scope and authority for local policy and procedure development

1.5 Victorian Human Rights Charter

The Victorian Charter of Human Rights and Responsibilities[17] imposes obligations effective from January 2008 on entities that have functions of a public nature, such as public hospitals, to act in a way that is compatible with the rights in the Charter and to take account of these rights when making decisions.

1.6 Doing it with us not for us policy

The Doing it with us not for us: Participation in your health service system 2006–09[18] policy highlights consumer participation as an essential principle of health development, community capacity building and the development of social capital. The aim of the policy is for consumers, carers and community members to participate with health services and the Department of Human Services in improving health policy and planning, care and treatment and the wellbeing of all Victorians.

17 Department of Justice 2008, The Victorian Charter of Human Rights and Responsibilities, State Government of Victoria, Melbourne.

18 Department of Human Services 2006, Doing it with us not for us: Participation in your health service system 2006–09, State Government of Victoria, Melbourne. The policy is available at <www.health.vic.gov.au/consumer>.

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Useful websites

Better Health Channel

www.betterhealth.vic.gov.au

Hospital demand management strategy for Victorian hospitals

http://www.health.vic.gov.au/archive/archive2006/hdms/index.htm

Better State of Hospitals Conference

http://www.health.vic.gov.au/archive/archive2009/bshconference/index.htm

Primary Care Partnerships publications

www.health.vic.gov.au/pcps/publications/index

Standards Australia

http://www.standards.org.au

State Government Victoria

Department of Human Services