

# Shaping the Future

The Victorian Alcohol and Other Drug Quality Framework  
April 2008



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## Director's Introduction

The Alcohol and Other Drug (AOD) service system exists to ensure Victorians with alcohol and other drug issues have access to appropriate, timely, effective and quality alcohol and other drug treatment services and interventions to reduce the harms caused to individuals, families and communities by problematic substance use.

*Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework (2008)* builds on the accomplishment of the previous quality plan within the overarching principles of the Department of Human Services (DHS) quality framework.

*The Victorian Alcohol and Other Drug Quality Framework* comprises six core standards: Consumer Focus, Evidence-based Practice, Continuous Quality Improvement (CQI), Corporate and Clinical Governance, Workforce Development and Partnerships. The ongoing implementation and enhancement of these standards aims to ensure Victoria continues to develop a dynamic and responsive AOD treatment system.

A consumer focussed system aims to ensure that clients are meaningfully engaged in the planning, implementation, delivery, review and evaluation of interventions and services.

Evidence-based practice encourages the use of client knowledge, clinical knowledge, research evidence and statistical data when developing new programs and interventions.

Continuous Quality Improvement is a systemic approach that embeds ongoing review and service improvement into all aspects of organisational planning and delivery. It also encourages a culture of continuous learning and improvement.

Corporate and clinical governance structures supported by formal policies and procedures to guide decision making are essential for the ongoing success of the AOD treatment system.

Workforce development contributes to the overall capacity building of the sector. It results in a capable, competent and confident workforce that is better able to respond to the ever-changing issues that emerge.

Partnerships and collaborations both within and external to the AOD service system form a crucial link in service planning and delivery and help to ensure that clients have access to the services they require to successfully meet their needs.

*Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework (2008)* places the consumer at the centre of the AOD service system, and strives to further develop and enhance a range of existing measures which work together to deliver best possible client outcomes.



**Pier DeCarlo**  
**Acting Director**

Drugs Policy and Services Branch



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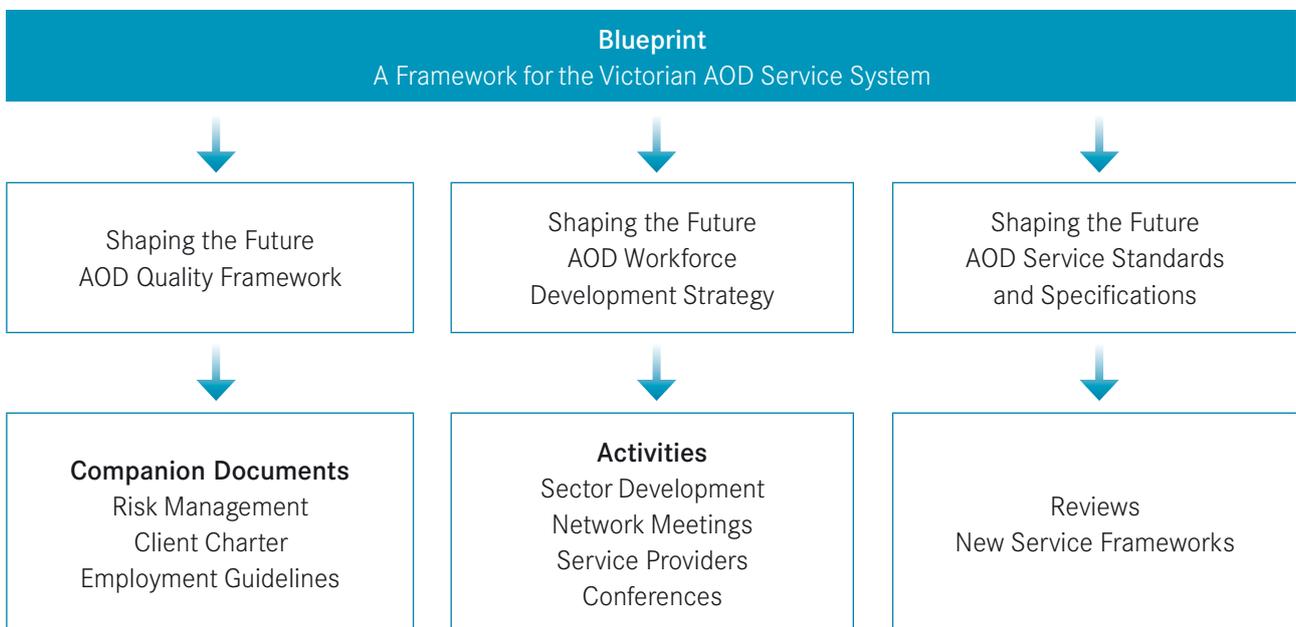
# 1. Introduction

The Alcohol and Other Drugs (AOD) service sector operates in an environment that is complex, multi-dimensional and continuously changing. The past decade in particular, has seen changes in the nature of drug use and client demand and also in subsequent policy and program responses. Advances have been made in the way that substance use issues are identified and responded to. Significant efforts in research and service evaluation have led to the development of a funded service sector consisting of a broad and well-articulated array of different service types designed to provide high quality AOD responses to individuals, families and the broader community.

Considerable gains have been made in the area of quality service planning, development, delivery and review across the service system and it is now timely to consolidate this learning and progress it. The vision for the future is of an AOD treatment system that is embedded within a harm minimisation approach and strives to ensure that Victorians with alcohol and other drug issues have access to appropriate, timely, effective and quality treatment services and interventions to reduce the harms caused to individuals, families and communities by problematic substance use<sup>1</sup>.

Based on a client-centred and integrated orientation, the model of AOD service delivery recognises the place and importance of prevention, early intervention, treatment, harm reduction and recovery responses. It focuses all interventions around one clear and shared purpose: assisting people to prevent, reduce or cease their harmful substance use, thereby giving prominence to the client and working towards positive behaviour change.

The system is founded on principles including accessibility, responsiveness, flexibility, effectiveness, inclusiveness, appropriateness, integration and coordination. The quality of interventions and services and the pursuit of continuous quality improvement are also core factors of the new blueprint for the Victorian AOD service system. This document, *Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework (2008)* is an integral part of the DHS Drugs Policy and Services Branch (DPSB) policy series which includes documents that focus on the service system overall, the workforce and service specifications and standards.



<sup>1</sup> Department of Human Services 2007, Towards a new blueprint for alcohol and other drug (AOD) treatment services – a discussion paper, p.4.

The purpose of this Quality Framework is to support the further development of AOD services with the aim of improving consumer outcomes by placing the consumer at the centre of the system. The Framework encourages continuous improvement and outlines the key principles that are necessary across all aspects of the service system. It acknowledges, brings together and builds upon the considerable strengths currently present in the AOD service system and supports ongoing development of innovative and evidence-based practices. It should be noted that this framework applies to all DHS-funded AOD services, including forensic services, needle and syringe programs, Indigenous and mainstream AOD services.

Quality is determined by numerous factors. A skilled and competent workforce, appropriate facilities and resources are important, as are documented service standards against which service performance is continuously monitored and reviewed to guide improvement. High quality service conforms to the best technical standards, and is also responsive to individual needs and cultural norms. Acknowledging and respecting client<sup>2</sup> rights is an integral component of service quality, therefore a strong focus on the client group and a commitment to ensuring improved client outcomes is critical.

The following list is an outline of the minimum service standards that are required from all treatment services in compliance with this quality framework. Each of these requirements is developed in some detail below.

- That the dimensions of quality outlined in the *DHS Service Quality Framework* are reflected in the planning, development, delivery and review of DHS funded AOD services and interventions.
- That DHS funded services recognise and respect consumer rights and responsibilities, actively encourage consumer participation, and utilise consumer feedback in the planning, development and delivery of services, programs and interventions.
- That all DHS funded AOD services ensure that programs and interventions work within and contribute further to developing the evidence-base upon which AOD treatment is founded.
- That continuity of care, encompassing enhanced connectedness, communication and coordination, remain a central feature of AOD service provision.
- That a comprehensive system of continuous quality improvement promoting best practice and regular review of structures, systems, processes and practices with a view to improving service delivery and consumer outcomes be imbedded in all DHS funded AOD services and programs.
- That all DHS funded AOD services be accredited or work towards accreditation through an appropriate quality accreditation program such as *Quality Improvement and Community Services Accreditation (QICSA)* or *Evaluation and Quality Improvement Program (EQulP)*.
- That DHS funded AOD services implement governance and management practices that maximise organisational efficiency, transparency and effectiveness and ensure accountability.
- That DHS funded AOD services have sound incident response, management, reporting and review policies; and procedures and processes that comply with legislative and departmental requirements.
- That DHS funded services provide adequate and appropriate staffing, and implement workforce policies that seek to develop individuals and their knowledge base to support maximum effectiveness of service delivery.
- That DHS-funded services work towards the development of sustainable partnerships that support the development and delivery of programs that result in improved outcomes for consumers.

<sup>2</sup> This document uses the terms 'client' and 'consumer' interchangeably. Other terms such as 'service users' and 'people who use services' may also be used.

## 1.1 Policy context

In 2001, the Department of Human Services (DHS) adopted a set of five organisational values to guide its work. These are: Collaborative Relationships, Client Focus, Professional Integrity, Responsibility and Quality. This commitment to the enhancement of service quality was highlighted in the 2001-02 Departmental Plan, which asserts that the quality of human services will improve each year.

The *DHS Service Quality Framework (2002)* encourages all services to:

- Look for ways to improve how things are done.
- Identify and implement actions to improve quality.
- Establish high standards and work to achieve them.
- Encourage others to find better ways to get things done<sup>3</sup>.

Drugs Policy and Services Branch has identified quality as a key component of the service delivery framework upon which the existing service system is to be developed.

The present document, *Shaping the Future: The Victorian Alcohol and Other Drug Quality Framework (2008)* builds on the accomplishments of the Branch's previous quality plan<sup>4</sup>, within the overarching principles of the DHS Quality Framework. It also defines the dimensions of quality within that framework. It provides an overview of key quality standards and supports the development of a culture of continuous quality improvement across the sector. Initiatives described in the document address the issue of quality at the system, organisational and individual levels.

## 1.2 Defining the Dimensions of Quality

The concept of quality has been a feature of AOD service planning and delivery for many years and has been defined in numerous ways. The DHS Quality Framework defines quality as encompassing a number of essential dimensions including (DHS 2002, p. 5):

### Effectiveness and capability

This dimension ensures that the outcome desired by the client is achieved with the requisite standard of skill, knowledge and adequate facilities and other tangible resources. Within the context of AOD services, this emphasis is relevant to all aspects of the program. Most importantly, it requires a competent, capable and confident workforce that is able to respond effectively to changing and challenging issues. It requires flexible and responsive workforce strategies that equip staff to deal with emergent issues in a timely manner. It also requires a positive and comprehensive approach to monitoring and review of services and interventions to ensure that they comply with the highest possible standards of practice.

### Safety

This dimension ensures that risks are accurately assessed, avoided or minimised through comprehensive risk management systems. The safety of all individuals in AOD services including clients, staff and visitors is of paramount importance. A commitment to quality entails an expectation that safety requirements are embedded within organisational and governance processes. Ensuring client and staff safety is a critical component of daily clinical practice across the sector, from withdrawal settings, to outreach and needle and syringe programs and counselling services. The safety dimension also entails consideration of clients' dependents, significant others and the broader community. Such considerations can be clinically challenging but are nonetheless of critical importance.

<sup>3</sup> Department of Human Services 2002, Service Quality Framework, p.2.

<sup>4</sup> Department of Human Services March 1997, Victoria's Alcohol and Drug Treatment Services.

## Appropriateness

This dimension ensures that evidence-based interventions, relevant to the needs of clients and based on established standards, are provided in the least restrictive way. One of the key practices ensuring treatment appropriateness in the AOD sector is comprehensive assessment and treatment planning. As outlined in the sector's assessment manual, a comprehensive assessment is a dynamic process that enables clinicians to develop an accurate understanding of the individual and their treatment needs. Appropriateness is enhanced if the treatment planning process undertaken between the clinician and client is based on a comprehensive and accurate assessment. These processes include ongoing review to ensure appropriate matching of intervention to emergent need, a clearer client focus and development of a stronger treatment partnership between client and clinician. A focus on the dimension of appropriateness enhances a culture of clinical reflection on practice in terms of client outcomes. This encourages the use of improved, evidence-based interventions.

## Fairness

This dimension requires that services be provided according to the standards and guidelines, and to those for whom they are intended, without favouritism or discrimination. Clear program guidelines and specifications facilitate fairness with regard to access and equity. Organisational and clinical governance structures, independent and internal program reviews, formal avenues for redress, consumer consultation and participation and DHS service frameworks and specifications can all contribute to a culture and practice of fairness and transparency in services.

## Acceptability and Responsiveness

This dimension requires a respectful and caring approach, compliance with clients' rights, the offer of useful information and relevant choices, and the encouragement and genuine consideration of feedback. The applicability of this dimension across the AOD sector is extensive and highlights the importance of the consumer voice in service planning, development, implementation and review. The existing requirement that AOD services ensure that clients are fully informed about treatment, provide informed consent, and are treated with respect remain critical. This dimension is embedded at system, organisational and individual levels and continues to form a significant part of future service frameworks and specifications.

## Accessibility and timeliness

This dimension ensures that services are provided according to need at the right time and place for service users. There is considerable evidence in the AOD literature supporting the view that accessible and timely interventions enhance the likelihood of positive treatment outcomes. The development of new program initiatives aimed at improving access to the range of community based treatment options ensures that this aspect of quality is constantly reviewed.

## Continuity

This dimension of quality requires that continuity of care be assured across agencies and systems over time. Given the widely accepted view that substance dependence is often a chronic, relapsing condition, the need for an approach that provides effective guidance through the possible treatment pathways is of critical importance.

## Sustainability

This dimension promotes the importance of stable, reliable provision and consistent improvement of services, responsive to emerging needs. There is a range of activities and practices that encourage AOD service system sustainability. At a practice level, there is a requirement for on-going critical clinical reflection and supervision aimed at ensuring better treatment outcomes, a capacity to reflect on emergent needs or changes in the client group and on promoting a culture of on-going reflection and improvement. At the system level, a program of evaluations and reviews has served to ensure that service types remain operationally viable, clinically relevant and focussed on client need.

## Good management and efficiency

This dimension suggests that services should be planned, well organised and cost effective. AOD services are required to have sound corporate governance and are reviewed periodically through a range of Departmental, organisational and independent processes.

The dimensions above have guided consideration of service quality in the AOD program for a considerable time. The present framework aims to strengthen a focus on outcomes, promote further development of quality services and improve quality management.

**Requirement:** That the dimensions of quality outlined above are reflected in the planning, development, delivery and review of DHS funded AOD services and interventions.



## 2. Quality Standards

The Department's approach to quality service management requires implementation of a range of strategies and actions across five key categories, termed the building blocks of quality management. These are (DHS 2002, p. 4):

- Service user responsiveness
- Staffing and physical resources quality
- Quality assurance: standards and monitoring
- Safety and adverse event management
- Quality improvement processes

As stated in the DHS Service Quality Framework (p. 6):

*The basics remain the development and maintenance of a qualified, skilled workforce and development of detailed standards and reporting arrangements, but effective quality management now embraces mechanisms to promote clients' interests and incorporate their views. Efforts to establish and promote good practice in service delivery are now common features of program management. The active prevention and management of injury to clients and patients is integral to service quality.*

Responsibility for embedding DHS quality standards into service systems rests with all DHS departments and with auspice agencies. It is therefore essential to ensure an effective feedback loop between program implementation and service delivery. This Framework incorporates DHS quality standards, further developing them within the context of the AOD service system.

### Standard 1: Consumer focus

The blueprint for the future AOD treatment system is based on developing a stronger client-centred focus in the delivery of services, to promote better outcomes for people with AOD problems. It asserts that the aim to improve both access and outcomes for clients must be the starting point for considering any changes to the service system. Within this context, a client-centred system has been defined as one that meaningfully engages clients in planning, implementation, delivery and evaluation of interventions and services, in recognition of the importance of family and community to client outcomes. Consumer participation is a critical component of such a client-centred model.

Consumer participation refers to a range of practices and processes that actively enhance inclusion of consumers in decisions about their own health care, service planning, program development and the addressing of quality issues. There are different levels of consumer involvement ranging from inclusion in discussion and information sharing through to consultation, partnership and delegation of authority to make decisions. Determining the most appropriate level of involvement in different circumstances is important. To assist in making this determination, a range of client and service factors needs to be considered. A policy developed by DHS, *Doing it with us, not for us (2006)*<sup>5</sup>, sets out the principles for consumer participation that are most helpful. These include:

#### Trust

Participation works best where there is mutual agreement of the processes and assessment of the issues under consideration as developed through productive working relationships

#### Respect

All participants need to show consideration and value each other as equal contributors to the participation process

<sup>5</sup> Department of Human Services 2006, *Doing it with us not for us*, p. 20.

## Openness

Participation must be built from the ground up and this can only be achieved if all participants are open to considering the ideas of consumers, carers and the community and are willing to accept change

## Equal Opportunity

Equal opportunity in this context refers to involving all those that will be affected by the decisions at the earliest possible time, informing them of the decision-making processes and ensuring they have access to the information and means to participate

## Advocacy and support

Participation must be supported from the top and resourced so that it can be meaningful for the consumer, carer and community member.

## Responsiveness

The capacity to undertake participation requires skilled organisations and benefits from multiple strategies and resources.

## Shared ownership and accountability

To facilitate ownership and accountability, all involved share ownership of the process and decision and are responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the participation arrangement.

## Dissemination

Decisions made about how consumers, carers and community members' participation influences decision making should be communicated to all those involved and affected by the decisions.

## Evaluation

Lessons learnt from the participation process should be identified and communicated as widely as possible.

Encouraging a culture of service user participation and involvement requires attention at the system, organisational, program and individual levels. It also requires the application of different approaches and strategies at different times and in different circumstances.

Recognising and acknowledging the place of the consumer as central to the system is an important step. At a system level, there are a number of initiatives that seek to promote and encourage service user involvement. Outlined below are some recent examples:

### New AOD Service System Frameworks

The newly developed AOD service system framework acknowledges and places the consumer at the centre of the system. This ensures that attention is given to consumers across the key areas at service planning. The frameworks have included direct consumer consultation as well as making use of the information consumers have provided about the systems in different forums.

### Association of Participating Service Users (APSU)

DPSB funds the Association of Participating Service Users (APSU). APSU is a peak advocacy group for clients of drug treatment services. APSU's role includes development of clients' ability to engage with drug treatment services in an appropriate therapeutic alliance, assisting drug treatment services to engage clients in service development and general advocacy on behalf of service users.

## Client Charter

A Client Charter is being developed as part of the Shaping the Future policy series. This is based on work that APSU was commissioned to undertake. The need to improve responsiveness to service users is a priority and considered the shared responsibility of all those in the service system.

## Agency Feedback Mechanisms

As part of continuous quality review mechanisms, agencies are expected to have systems that solicit and make appropriate use of client feedback, suggestions and complaints. Agencies are also encouraged to include clients and clients' significant others in agency review and planning activities where possible. The most commonly used quality accreditation programs also require these systems<sup>6</sup>.

At an agency level, it is necessary that, where relevant, organisational policies and procedures reflect the DHS consumer involvement principles outlined above. Practical efforts by programs to encourage responsiveness to consumers may be further guided by the following actions:

- The active and independent participation of service users in decisions about their own care and treatment is encouraged and enabled. This is currently reflected in numerous treatment procedures, including the standard AOD client assessment forms and process used throughout the AOD service sector. It is an essential feature of all critically reflective clinical practice.
- Service users are fully informed about service options and encouraged to provide feedback and make complaints about the quality of services at any time, without prejudice or obstruction. At the commencement of treatment, clients are given verbal and written information about treatment options, their rights, responsibilities and formal agency complaints mechanisms.
- Service users have access to independent complaints mechanisms that meet the Australian Standard AS ISO 10002-2006: Customer satisfaction – Guidelines for complaints handling in organisations.
- Service users, their families, carers and friends are encouraged and assisted to participate in the planning, delivery and evaluation of services.
- Programs and services systematically plan and implement service user surveys or other mechanisms, analysing these and developing strategies to address service user concerns.
- Services develop and implement a comprehensive set of policies, procedures and practices that support consumer involvement. Examples include: policy of consumer rights and responsibilities, privacy and confidentiality policy, statement of clients' rights and responsibilities, complaints policy, advocacy policy, consumer participation policy, policy for working with people from diverse cultural backgrounds, harm reduction policy, treatment policy and consumer feedback forms.

**Requirement:** That DHS funded services recognise and respect consumer rights and responsibilities, actively encourage consumer participation, and utilise consumer feedback in the planning, development and delivery of services, programs and interventions.

**Requirement:** That DHS funded AOD services are developed and delivered in a respectful and sensitive manner with regard for different cultural backgrounds, diverse ages and stages in life and different family circumstances

<sup>6</sup> For example: Quality Improvement Council Ltd. 1999, Australian Health and Community Services Standards, Health and Community Services Core Module, p.20.

## Standard 2: Evidence-based practice

The concept of evidence-based practice forms an important component of this and related service frameworks. However, some confusion as to what constitutes evidence remains. Traditionally, evidence-based treatments refer to those that have been proven effective through randomised controlled clinical trials. There have been a number of AOD interventions tested in this manner but this paradigm has its challenges and for many reasons has not been applied to the testing of a range of interventions currently used for the treatment of AOD issues. Given the constraints regarding a pure definition of evidence, a broader interpretation has been adopted. This is consistent with the approach in other services, sectors and areas that have faced similar issues<sup>7</sup>. DPSB's interpretation of evidence-based practice is illustrated in the following quote:

"Evidence-based (practice) is an approach to health care that promotes the collection, interpretation, and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments."<sup>8</sup>

For the purposes of this document, a combination of four sources of evidence is considered, including the client's knowledge, the clinician's knowledge, the research evidence and statistical data. Client knowledge draws upon the experiences of clients in relation to the intervention, with particular emphasis on their view of treatment effectiveness. Clinician's knowledge draws upon practice wisdom and expertise and is best gained through supervision and reflective clinical practice models. Research evidence draws upon the range of research available that guides thinking and practice in relation to AOD interventions. Statistical data, within this paradigm, refers to information about the client or client group including demographics, frequency and nature of presentations and so on. When these four dimensions are considered together they provide a conceptualisation of evidence-base that is a useful guide<sup>9</sup>.

It is emphasised that this approach does not attempt to equate the validity, or credibility of these four sources of evidence. Ideally, practice should be driven by knowledge that is scientifically derived from well-designed, randomised and controlled trials. However, the approach recognises that there are areas of practice that have not yet been researched. Therefore, there are still times when practice-based evidence is the best available reference point for clinical judgement.

**Requirement:** That all DHS funded AOD services ensure that programs and interventions work within and contribute further to developing the evidence-base upon which AOD treatment is founded.

A commitment to quality necessitates working within and seeking to further develop an evidence base, establish good practice and ensure continuous quality improvement. Program areas are in a good position to encourage the research and development of sound evidence to underpin continuous innovation and service improvement. This would include:

- Implementation of a systematic approach to developing clinical practice, incorporating a documented cycle of measurement, comparison, action and review. Ongoing service performance, and service demand as well as other environmental factors would be routinely monitored for consideration in further service development.
- Ensuring that learning from research, pilot projects and trials is actively disseminated to service providers and the Department, in order to inform service improvement efforts. Effective dissemination of learnings from research requires that they be translated and 'packaged' in ways that will make them readily applicable to practice.

<sup>7</sup> For example, the Victorian strategy for safety and quality in public mental health services 2004-2008.

<sup>8</sup> McKibbin KA et al. (1995) The medical literature as a resource for evidence based care. This paper is available in the internet at <http://hiru.mcmaster.ca/hiru/medline/asis-pa.htm>

<sup>9</sup> Counselling in Community Health Settings (2006). Department of Human Services, Primary Health Branch.

- Promote cross-program and multidisciplinary work to develop business systems and resolve service quality issues. The introduction of the AOD/Mental Health Dual Diagnosis services and the Homelessness and Drug Dependency Program are two examples of successful cross-program work that has resulted in significant learnings about best practice.
- Organisational workforce initiatives that provide staff with opportunities to gain new experience and knowledge.
- Organisational partnership initiatives that provide opportunities to jointly develop and to pilot innovative interventions.

Using the best available evidence to inform practice is a central component of a quality system. Ensuring that continuity of care remains a key feature of the service system is therefore important given the evidence to support this. Continuity of care is a concept that underpins delivery across the AOD system. It refers to connection, coordination and communication. To ensure continuity of care, it is important that there is a good connectedness between the client and clinician, the clinician and the program, and the program and the system. Such connectedness ensures that the individuals, families or groups participating in the intervention are aware of treatment options, fully informed about the options best suited to them and assisted to navigate the overall treatment system as required.

Coordination is also an important aspect of continuity of care. Often, those seeking assistance will also be involved with other programs and systems. Coordination is required in order to ensure better client outcomes across those systems. Good communication is fundamental to this. The need to ensure effective and clear communication and information sharing between service providers across the system and with clients is essential. Appropriate informed consent and information sharing protocols assist workers to manage appropriate communication and coordination.

**Requirement:** That continuity of care, encompassing enhanced connectedness, communication and coordination, remain a central feature of AOD service provision.

Effectively implementing continuity of care depends not only on sound connectedness, coordination and communication, but also on the implementation of a clear, timely and appropriate treatment planning process. This process commences at the point of first contact between the client and the AOD system and is completed on exit from the system. It encompasses multiple stages of intervention including: initial contact and screening, prioritising (e.g. crisis intervention, risk), feedback to referrers if relevant, assessment, intervention or treatment planning, interventions, evaluation, referral planning and exit and follow-up contact. Each of those stages in the intervention pathway requires a well-developed set of procedures, guidelines, clinical tools, information sheets and policies. Policies are also required to assist with issues such as the management of challenging behaviours, non-attendance, demand and wait list management, after hours access, protocols for working with individuals who have specific needs for example, cultural, non-English speaking, or with physical or intellectual disability.

**Requirement:** That DHS funded AOD services have comprehensive program policies, procedures and practices that are evidence-based and canvas all aspects of the treatment pathway from initial contact with the overall system to exit.

## Standard 3: Continuous Quality Improvement

Over time, the term quality improvement has been used to refer to activities, processes, systems and approaches. This Framework conceptualises continuous quality improvement as a philosophy underpinning the AOD service system that requires adoption of multi-dimensional approaches at the individual, program, organisational and system level.

At a system level, this renewed quality framework, together with other key AOD sector policies, guidelines and initiatives supports a system wide approach to quality improvement. It is equally important that all AOD services have well developed systems of continuous improvement, including regular review of organisational structures, systems, processes and practices that promote quality.

The following are examples of some of the initiatives implemented by DPSB to promote quality improvement across the sector:

### Quality Accreditation Program

This project supports AOD services to undertake a quality accreditation program of their choice<sup>10</sup>, in order to establish an accredited, widespread and consistent threshold level of service quality throughout the sector.

### Monitoring of the regulatory and contractual requirements for funded drug treatment services

The Department formalises and documents its purchase of client services from non-government agencies in standard Service Agreements that note the regulatory and other contractual requirements and conditions of the exchange. Compliance with all Service Agreement requirements is mandatory and is monitored through a series of activities outlined in the DHS Monitoring Framework. The Monitoring Framework is implemented through Desktop Reviews with all agencies and is linked with several other processes including Funding Accountability Requirements, incident reporting and management, submission of performance data and annual certification of the Fire Risk Management Strategy.

### Monitoring of client outcomes (performance monitoring)

Among other requirements, Service Agreements specify a measure of performance that each agency is required to deliver in exchange for government funding. For most AOD services, this measure is specified as a particular number of client outcomes, expressed as Episodes of Care. These are recorded on a quarterly basis through the Alcohol & Drug Information System (ADIS or SWITCH). Performance of the Needle and Syringe Program is monitored through the Needle and Syringe Program Information System (NSP-IS). Regular, quarterly reports are produced from the collected data and circulated to Government, agencies and other stakeholders.

### Evaluations and reviews

DPSB has conducted or commissioned a series of evaluations and reviews of many of the funded service types and of particular services in the sector. In general, these projects have focussed on exploring the extent to which the service types or services in question have met their key service requirements. Most have also explored any particular strengths or innovations that have added value beyond the original service requirements. The overall objective of these endeavours has been to gather information to facilitate improvements in service quality.

**Requirement:** That a comprehensive system of continuous quality improvement promoting best practice and regular review of structures, systems, processes and practices with a view to improving service delivery and consumer outcomes be imbedded in all DHS funded AOD services and programs.

<sup>10</sup> Such as QICSA, EQuIP or ISO 9001:2000.

A commitment to quality requires compliance to accepted standards, including a requirement for acknowledged external quality assurance. Service users should be assured that the care and treatment they receive will produce measurable benefits and reflect established good practice. The quality of services provided therefore needs to be monitored and evaluated systematically.

In addition to this, programs need to be developed and delivered within accepted service standards. These are<sup>11</sup>:

- evidence based
- such that they balance the need for a clearly defined minimum standard and contingency-based standards that promote continuous improvement
- developed with respected stakeholders including industry bodies
- linked to national and international standards to promote benchmarking
- consistent with legislative standards.

**Requirement:** That all DHS funded AOD services be accredited or work towards accreditation through an appropriate quality accreditation program such as Quality Improvement and Community Services Accreditation (QICSA) or Evaluation and Quality Improvement Program (EQulP).

A range of organisational policies and procedures are required to ensure a culture of continuous quality improvement. These documents assist staff in their day to day decision making, ensure that practice remains true to legislative and contractual requirements, promote more consistent practices, ensure the rights and responsibilities of clients and staff are identified and understood and support open and transparent approaches to decision making.

**Requirement:** That all DHS funded AOD services have a comprehensive, accessible, relevant and accurate set of policies and procedures that are used to guide decision-making. These are regularly reviewed and updated.

## Standard 4: Corporate and clinical governance

Corporate and clinical governance structures are an essential component of a quality approach to service delivery. Sound governance structures provide a systematic, clearly articulated and integrated approach to organisational decision-making, accountability and responsibility that support quality and safety.

Governance systems are typically supported by formal policies that guide decision-making. Effective policies are written within relevant organisational, legislative and contractual frameworks, based on sound data and provide assistance with decision making on a day-to-day operational basis.

All services require sound corporate governance structures that take into account the key aspects of the organisation including human resource and workforce management, financial management, information and data management, risk management and resource management.

11 DHS 2002, Service Quality Framework, p.11.

Clinical governance frameworks typically focus on placing improved consumer outcomes and rights at the forefront of clinical decision making. Programs and interventions are conceptualised within quality and safety systems and are based on evidence. Ongoing clinical review, incorporating the best possible data about the client, the intervention and the system, is an integral part of decision making within a clinical governance framework. A learning environment where staff are encouraged to critically review their practice is also important, as are clearly articulated roles, responsibilities and lines of accountability.

Examples of the types of policies and practices that support governance structures include: organisation operates in accordance with service agreement and legislative requirements; defined and documented roles and responsibilities for members of the Board/Committee of management and paid and unpaid employees; well developed financial, risk and human resource management systems; well developed data and information management systems; and articulated organisational planning systems. Clearly developed strategies and practices for partnership and collaboration taking into account stakeholder consultation systems are also beneficial.

**Requirement:** That all DHS funded AOD services implement governance and management practices that maximise organisational efficiency, transparency and effectiveness and ensure accountability.

A commitment to quality must also include prevention, management, reporting and review of adverse events and potential or actual harm to service users. A major objective of human services management is to assure service users of safe progress through all components of the service system. Efforts by programs to minimise the risk of harm from the care provided and the environment in which it is provided will involve a systematic strategy to:

- Encourage the full and frank reporting of adverse events.
- Understand the detailed causes of adverse events.
- Develop strategies to reduce the risk of harm to clients from all possible sources.
- Improve the processes of care and training of staff to reduce any risk of harm to clients.

The following are examples of some of the initiatives implemented at a system level to ensure client safety and manage the risk of adverse events:

### Fire Risk Management

As part of the Department's Fire Risk Management Strategy, a series of Fire Risk Management Guidelines have been developed<sup>12</sup>. These Guidelines provide a general indication of the Department's expectations for fire risk management in residential buildings owned or occupied by the Department or its funded agencies. They allow appropriately qualified professional advisers to assess fire risk, recommend steps to minimise fire risk, and assess and report on acceptable standards of fire safety in specific settings. All agencies are also required to report on their annual Fire Risk Management Strategy certification process.

<sup>12</sup> DHS 2001, Capital Development Guidelines: Series 7: Fire Risk Management Guidelines.

## Incident Reporting

Efforts to minimise the risk of harm from the care provided, and the environment in which it is provided, must encompass a systematic strategy to encourage the full and frank reporting of adverse events, understand the detailed causes of such events and improve the processes of care and training of staff on the basis of this analysis. The aims of incident reporting<sup>13</sup> are to:

- Support the provision of high quality services to clients through the full and frank reporting and subsequent analysis of adverse events.
- Assure and enhance the quality of the department's programs, through monitoring and acting on trends identified through incident reports.
- Inform the appropriate Ministers, the Secretary, Executive Directors, Directors and Regional Directors of significant incidents affecting clients and staff, in a timely and accurate manner.
- Ensure that due diligence and duty of care requirements are met and any identified deficits addressed.
- Support organisational consistency.

Funded AOD agencies are required to comply with departmental incident reporting processes for all (category one, two and three) incidents of harm to clients, staff and facilities.

## Policy on the employment of people with criminal histories

The department requires that funded organisations include rigorous pre-employment safety screening checks in their recruitment processes, to minimise the risk of employing unsuitable people. From 1 July 2007, funded organisations will also have responsibility to ensure that all employees and volunteers are given a Working with Children Check (WWCC), where required.

**Requirement:** That DHS funded AOD services have sound incident response, management, reporting and review policies; and procedures and processes that comply with legislative and departmental requirements.

## Standard 5: Workforce Development Strategy

The AOD workforce development strategy, which also forms part of this *Shaping the Future* policy series, continues to build upon the gains established under previous workforce development strategy. One such gain was the establishment of a minimum qualification requirement. The minimum qualification requirement is retained while acknowledging that a move towards a higher minimum qualification will be required over time. The Strategy seeks to move the sector towards a better alignment of roles with skills, qualifications and experience ensuring that there is a better match between the expertise of the worker and the interventions and programs they are working within.

Since the redevelopment of the AOD sector in the early 1990's, DPSB has invested substantially in the quality of knowledge, skill and the public credibility of sector staff. There has also been a significant investment in the training of other workforces that serve people who experience drug problems. This endeavour was given additional emphasis, coherence and significant resourcing through the Branch's first Workforce Development Strategy 2003-2006 (WDS) and the subsequent strategy. At a system level, the WDS and other DPSB endeavours have implemented a number of initiatives to support workforce development including:

<sup>13</sup> DHS Incident reporting instruction, March 2008, p.2.

### Minimum Qualifications Strategy

This project provided assessment of AOD workers' competence against a series of accredited competency indicators. Workers were then given official recognition of their current competency (RCC) or training to reach a minimum qualification standard.

### Clinical supervision training project

The project delivered clinical supervision training to clinical supervisors and was available to all AOD services. The aim of this project was to improve and continue to support the practice of clinical supervision in the AOD sector by delivering accredited clinical supervision training to current supervisors and AOD workers or managers wishing to incorporate supervision in their role.

### Advanced Interventions

The program delivered training in advanced clinical interventions at metropolitan and rural sites across Victoria. The program consisted of an intensive, advanced course of ten days duration. The workshops in advanced clinical interventions drew from a range of clinical approaches such as Cognitive Behaviour Therapy, psychodrama, narrative therapy and other modalities that enhanced the skills and knowledge of experienced AOD clinicians.

### Residential training in Certificate IV Community Services (AOD) for Koori Workers

DPSB has commissioned the delivery of training programs at Certificate III and Certificate IV level in Community Services (Alcohol and Other Drugs) for Aboriginal AOD workers over several years. A significant number of Indigenous workers from the AOD and other sectors have completed this training.

### Generalist Workforces Training Project

A project was implemented to design and deliver AOD training for DHS generalist health and welfare workers. The following priority occupational groups were targeted: Child Protection Workers, Disability Workers, Family Support Workers, Mental Health Workers, Housing Workers and Juvenile Justice Workers. The project's aim was to enhance the skills and knowledge of DHS generalist health and welfare workers in the identification, assessment, treatment and referral of people with drug and alcohol problems, in order to enable them to deal more effectively with this client group.

### Registrars

The project offers medical registrars an opportunity to become trained in addiction medicine. Addiction Medicine is now recognised as a speciality by the Australian Medical Council. An accredited training program is provided that includes:

- Consultation and liaison in a general hospital.
- Experience in a residential drug withdrawal unit.
- Experience in an outpatient AOD setting.
- Training in pain management.
- Training in prescription of substitute pharmacotherapies.

### General Practitioners and Pharmacists

The Drugs and Poisons Regulation Group continues to conduct recruitment, training and induction of general practitioners and pharmacists to engage in substitute pharmacotherapy and NSP programs.

The newly developed workforce strategy outlines the plan for the next three years noting the importance of systems that support workforce development at an individual, organisational and system level. From a quality perspective, there is a range of policies and practices required to encourage and facilitate strong workforce development at an agency level. These include:

- Professional code of ethics/conduct
- Regular and sound clinical supervision
- Commitment to ongoing professional training and development
- Effective human resources policies (i.e., recruitment and retention, remuneration, grievance, clinical supervision, training and professional development etc)
- Support for staff connection with relevant regulatory bodies (i.e., Psychologists registration board of Victoria, the Australian Association of Social Workers, the National Register of Psychotherapy and Counselling Federation of Australia, The Nurses Board of Victoria)

**Requirement:** That DHS funded services provide adequate and appropriate staffing, and implement workforce policies that seek to develop individuals and their knowledge base to support maximum effectiveness of service delivery.

## Standard 6: Partnerships

Much of the work undertaken in the AOD system relies on effective partnerships and collaborations as well as inter-agency and inter-sectoral linkages. At a systems level, the relationships between DHS departments, between the criminal justice system and the sector, and across different sectors like housing and AOD has resulted in the development of protocols that have enhanced good working relationships and improved outcomes for the client group.

This approach can be extended further through greater participation in DHS sector-wide initiatives such as Primary Care Partnerships, including an increased use of the SCTT tool. Other examples include increased participation in local government drug action plans and Neighbourhood Renewal projects.

Partnership, in this context, is defined as an agreement between two or more partners to work together to achieve a common goal. In the instances mentioned above, partnerships have led to improved integration and coordination where different systems have come together to improve client pathways and continuity of care, thereby facilitating easier access and better outcomes for the people who require support from multiple systems. In particular, the maintenance of gains made through drug treatment is often greatly enhanced through well coordinated partnerships between AOD and other health and welfare services.

At an organisational level, the ability to nurture, develop and encourage a culture of collaboration, inclusiveness and partnership between services and sectors is an important aspect of continuous quality improvement.

Networking is an important part of the overall quality framework for the AOD sector. For some time there has been a general acceptance of the idea that people who need AOD assistance often require a range of other assistance as well. This often presents as a complex situation where multiple needs require response. In order to maintain a consumer focus and seamless service delivery, a system of networks, partnerships and collaborations spanning services, organisations, government and non-government bodies is needed. Therefore genuine partnerships and collaborations are important components in the foundation of the future system and should be embedded at every level.

**Requirement:** That DHS-funded services work towards the development of sustainable partnerships that support the development and delivery of programs that result in improved outcomes for consumers.



### 3. The Way Forward: A Culture of Quality

The Victorian Alcohol and Other Drug Quality Framework aims to maintain and further develop the culture of continuous quality improvement in the sector. According to the DHS Quality Framework, quality initiatives are more likely to be effective when applied within a culture of continuous quality improvement (CQI)<sup>14</sup>. The standards identified in this Framework aim to promote quality improvement across AOD service planning, development, delivery, and review as well as to support and encourage a culture of continuous reflection, review and improvement.

Some of the key features of such a culture are:

- The use of problem solving approaches based on statistical analysis and relevant 'soft' data.
- The focus of analytical processes is on underlying organisational processes and systems, rather than upon blaming individuals.
- The use of cross-functional employee teams in continuous improvement activities.
- Employee empowerment to identify problems and opportunities for improved care, and to take necessary action.
- An explicit focus on both internal stakeholders and external consumers.
- Sustained management support for this way of working is fundamental to success in all quality improvement strategies.

### 4. Implementation

This document is an overarching framework that encapsulates and outlines DPSB's approach to quality in broad terms. It does not articulate the detail of how compliance with each standard is to be implemented.

The requirement to adhere with the standards outlined in this Quality Framework will be included in service agreements. Compliance with the framework standards will then be monitored by DHS as part of the regular contract monitoring cycle. Agencies will be asked to indicate the manner in which they have complied with each of the standards set out in this document. For example, the requirement to meet standard 3: Continuous Quality Improvement, may be met by implementation of agency quality accreditation, through programs such as EQulP, QICSA, or ISO and by reasonable progress on the quality implementation plans that form part of these.

<sup>14</sup> DHS 2002, Service Quality Framework, p. 17.



## 5. Conclusion

*Shaping the Future: The Victorian AOD Quality Framework* builds upon the work of the last decade whilst aspiring to create an AOD service system that embraces continuous improvement across all activities and programs. It outlines the principles that will be reflected in the new service system and the key quality standards that need to be embedded in all programs.

This Framework provides guidance on the quality aspects of the system and should be considered alongside other key documents including the service system blueprint, the workforce strategy, the evolving service specifications and the range of discussion papers and guidelines that frame AOD service delivery. Together, these documents provide a challenge to everyone in the system to strive towards improvement and better outcomes for those accessing our services.



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