National Quality Improvement Framework
for Multipurpose Services

Introduction

The joint Commonwealth/State Multipurpose Services (MPS) Program aims to provide a flexible approach to health and aged care service delivery to small rural communities. An MPS typically involves the amalgamation of services ranging from acute hospital care to residential aged care, community health, home and community care and other health related services.

The Rural Health Policy Sub-committee of the Australian Health Ministers Advisory Council has agreed on the need for a broad framework for quality improvement in MPS nationally that addresses the diverse nature of these services.

The framework has been developed by a Steering Group comprising State and Commonwealth Government stakeholders, and has involved consultation with MPS providers, quality and accreditation agencies, and technical assistance from the Australasian Association for Quality in Health Care.

The framework covers only those MPS services receiving Commonwealth funding for flexible aged care places – although it may have application to other small, integrated rural health service models.

Statement of Intent

This framework sets out at a broad national level, agreed principles and strategies for sustaining and improving quality of care in Multipurpose Services.

In developing the framework State and Commonwealth Governments have recognised that MPS are often expected to demonstrate performance and assure quality against an array of standards and accreditation models which may or may not suit their circumstance.

The framework aims to assist MPS by:

- providing a broad national structure for promoting continuous quality improvement;
- facilitating more appropriate standards and accreditation approaches for MPS; and
- encouraging quality processes that meet the needs of individual MPS providers.

The framework is not designed to establish additional standards and/or accreditation requirements for MPS providers.

Roles and responsibilities

The framework recognises that State/Territory Governments have a primary interest and responsibility for ensuring quality of care in MPS. Each State/Territory will operationalise the national principles for quality improvement in MPS (outlined below) in a way that takes into account local and regional factors and is consistent with existing quality approaches in...
that State/Territory. Each jurisdiction will be responsible for ensuring that MPS pursue a recognised, robust continuous improvement process.

At the same time, the Commonwealth has a national role in promoting quality in MPS, with a particular emphasis on ensuring that the flexible aged care services it funds are delivered in a context that assures quality and safety. While there is no requirement for MPS to meet Aged Care accreditation, the Commonwealth seeks an assurance that MPS provide a level of quality care consistent with community expectations, and in a manner consistent with the spirit and intent of the aged care standards where appropriate. This framework reinforces this objective.

Both State and Commonwealth Governments have a role in monitoring performance through regular reporting to ensure quality of care obligations under the relevant funding agreement are being met and improved upon.

The framework also sets out an approach for working with existing accreditation agencies at the national level to encourage them to adapt their assessment tools and their training of assessors to better suit the MPS setting and their needs.

**Quality Improvement - National Principles**

The following national principles have been endorsed by the Commonwealth, and State and Northern Territory Health Authorities to provide a focus for continuous quality improvement in MPS. The principles embody allegiance to primary health care principles including an emphasis on community involvement in planning, implementation and evaluation of services.

1. MPS should demonstrate a commitment to continuous quality improvement through participation in an externally recognised quality improvement cycle for the full range of services covered.

2. The active participation of rural communities including local consumers, community representatives, GPs and other health professionals, and health and aged care service staff, is integral to the process of continuous quality improvement in an MPS.

3. The consumer is central to the planning, operation and review processes of an MPS.

4. MPS will be quality focused and adequately address safety and security issues including where appropriate the identification of risk management strategies in areas such as staffing, physical facilities and equipment, and safe work practices.

5. The MPS will be designed and managed to promote seamless care to consumers at the local level and to enable smooth transition of consumers across health service boundaries.

6. As a minimum, MPS will evaluate their performance using an assessment approach that incorporates:
   - corporate governance;
   - management, leadership & staffing policies (including staff participation);
   - clinical governance;
   - continuous quality improvement;
   - integration and continuity of care;
• statutory compliance and administration;
• risk management/safety;
• complaints management;
• consumer participation; and
• specific standards covering the provision of a range of key health and aged care
  services appropriate to the service mix.

**Working with Accreditation Agencies**

The national framework is supported by a strategy to work closely with the accreditation agencies that currently provide performance measurement and assessment services to MPS.

The strategy involves negotiation with these agencies to:

a) Develop (or modify) assessment tools for MPS that are:
   • based on a detailed understanding of the MPS model;
   • appropriate for the diverse range of services and the integrated delivery approach used by MPS;
   • in a modular format that can be packaged to suit individual MPS; and
   • appropriate to the small infrastructure of an MPS in terms of compliance and reporting.

AND

b) Improve training/preparation of MPS assessors through:
   • familiarisation with the MPS model; and
   • emphasis on flexible assessment and meeting the needs of the MPS.

**Cooperative recognition**

Under *cooperative recognition* arrangements an MPS’ performance against a number of standards/accreditation requirements can be assessed through a single process.

Accreditation agencies can assist greatly in this regard by developing robust assessment modules (as noted above) that detail any additional performance requirements an MPS will need to address for specific services it offers – eg. a specific module for HACC type services, Mental Health, Aged Care etc.
Glossary

*Flexible aged care places*

Where the Commonwealth allocates funding for aged care in either a residential or community setting that addresses care recipients’ needs in “alternative ways” i.e. may combine aspects of residential care and/or community care with a range of other care options.

*Small integrated rural health service models*

Refers to any service models (including non-Commonwealth funded) based in small rural communities that bring together a broad range of health services through a single facility. The service mix is determined by the health needs of the community.

*Continuous quality improvement*

A process involving ongoing analysis of performance, goal setting, implementation and review to continually strive towards leading practice in all facets of health care.

*Risk management strategies*

Identification, analysis and elimination or reduction of potential risks and adverse events inherent to the nature of the particular service environment.

*Seamless care*

Ensuring that the care of the patient is coordinated between services in an integrated, timely and appropriate way.

*Corporate governance*

Ensuring a management structure that achieves the organisations’ objectives and is accountable for the delivery of health care services.

*Clinical governance*

Managing the service to ensure a framework through which health organisations are held accountable for continuously improving the quality of care and safeguarding high standards of clinical care.

*Cooperative recognition*

An agreement between regulating/accrediting bodies that allows for a total assessment of a facility’s performance to take place through a single process.
References:

The following references provided useful background for the development of the framework:

- the Hoult/ Forwood report on A Quality Improvement Framework for Small Integrated Rural Health and Aged Care Services;
- the Final report of the National Expert Advisory Group on Safety and Quality in Australian Health Care; and
- A Review of Quality Improvement Approaches in Health and Community Services – QIC, June 2001;