



Accreditation Review Report

Organisation: North Yarra Community Health

Review Date: 24th, 25th & 26th May 2006



This review was conducted according to requirements of the Quality Improvement Council (QIC) Standards and Accreditation Program.

DISCLAIMER

Accreditation status conferred by the Quality Improvement Council (QIC) Standards and Accreditation Program, including documents prepared in the assessment process, certifies that the participating organisation has met the applicable standards and participates in an ongoing quality improvement program. It does not, however, guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding are being, or will be, met. Similarly, accreditation does not prevent staff of participating organisations from sometimes making mistakes.

FOREWORD

Continuous quality improvement (CQI) underpins the QIC Standards and Accreditation Program and the modules of standards. Quality is the result of a way of working rather than a single or set of events such as those leading to accreditation. There is an expectation, therefore, that all organisations will have embedded, or be in the process of embedding quality in their everyday work practices.

Central concepts of continuous quality improvement include:

- the organisation's leaders and management encourage the processes of CQI among individual staff and the organisation as a whole;
- a range of formal and informal mechanisms are used to evaluate and improve current work practices and staff are directly involved in the reflection on the efficacy of their own work and that of the organisation;
- resources are specifically allocated to CQI;
- staff and volunteers are actively acknowledged for initiatives they take in improving services and programs;
- staff are aware of the purposes, components and processes of CQI and the Plan Do Check Act cycle, and have the skills to implement them;
- quality processes are implemented in a systematic way and are evident at all levels of the organisation;
- there is an explicit and implemented process for working cooperatively, sharing and incorporating new knowledge within the organisation.

The QIC standards, the quality concepts listed above and industry wide or sector specific quality improvement themes guide the review team in its assessment of the organisation and its service activities. The team's findings are reported as a summary description of the major issues identified, and specific areas for commendation or improvement.

REVIEW DETAILS

Organisation:	North Yarra Community Health
CEO	Vera Boston
Review contact:	Melissa Bryan
Number of staff:	85 EFT
Reviewers:	Review Team Coordinator Sharyn Young, Victoria
	External Reviewer Annette Rudd, Victoria
	External Reviewer Susan Carlile, Victoria

This review assesses the extent to which the organisation meets the QIC *Health and Community Services Core Standards* and the Primary Health Care service specific standards. Four levels of attainment are used consistently throughout this report to give an overall rating for each standard. The levels of attainment are:

- **Leading Practice**
- **Met**
- **Met in Part**
- **Not Met**

In order to meet QIC accreditation requirements, all the Core Standards must be met.

The purpose of this accreditation review report is record the findings of the external review upon which a recommendation for accreditation is made. It is also prepared to assist North Yarra Community Health with future planning through identifying organisational strengths and achievements, areas for development and recommendations to support continuous quality improvement.

EXECUTIVE SUMMARY

Introduction

This report represents a summary of findings from:

- Analysis of Quality Journal
- Direct interviews with a cross section of governance, management, staff, consumers and other stakeholders
- Observations during site visits at Fitzroy, Collingwood, North Carlton and Drug Safety Services Sites in Smith Street fire equipment and safety measures, service and office settings and work practices
- Completed site inspection forms regarding Fitzroy, Collingwood, North Carlton and Drug Safety Services Sites in Smith Street prepared by staff
- Documentation of client file audits 2004 & 2005, Annual financial audit report 2004 – 2005
- Other documentation including Website, annual report calendar, newsletters, Strategic Plan 2005 – 2008 Business Plan 2005 – 2006, Integrated Health Promotion Plan 2005 – 2006, Cultural Action Plan October 2005 – October 2006, Policy and Procedure Manual May 2006, program Reports and Evaluations, Code of Conduct, Instrument of Delegations, Minutes of Meetings including Board of Management, Sub Committees, HP Working Groups, Team Meetings, CQI meetings, OH&S Meetings.

Organisational Context and History

North Yarra Community Health was formed after the mandated amalgamation of the established inner city community health centres in Fitzroy, Carlton and Collingwood in 1993. The amalgamation involved significant cuts to staffing numbers and resulted in a major organisational restructure. After the upheaval of this period NYCH has experienced relatively stable management and has steadily grown and developed the services and programs offered to the community.

NYCH has focussed its service delivery on the residents of the several local public housing estates and people living in the various transitional housing options in the area. This client group includes Australian born people who are living in poverty often complicated by mental health, drug and alcohol problems, acquired brain injury chronic illness and lack of family supports. Office of Housing residents also include newly arrived migrants from non English speaking countries, many of whom have been traumatised by conflict, persecution and malnutrition as part of their refugee experience.

NYCH offers a full range of primary health services, including general practice at Collingwood and Fitzroy and outreach to the Carlton and Next Door sites, a pharmacy at the Collingwood site, various allied health practitioners including nurses, midwife, and counsellors offering individual consultation and therapy to people of all ages. NYCH also offer primary and secondary needle and syringe programs and a primary health care facility for injecting drug users. NYCH conduct several large integrated health promotion projects and manage a volunteer program.

Since the last accreditation review, NYCH has grown and diversified its program delivery in response to the emerging needs of the community, and to changes in the health service sector. Of note is the additional service of the Primary Needle and Syringe Program and the Health Care Facility for injecting drug users. Services to the Indigenous community have become a core item in the service delivery plans and positions for specific Aboriginal workers have been established within NYCH.

Infrastructure support services have also expanded including an IT support worker and very recently a practice manager for the medical practice.

This review is NYCH's third accreditation review against the Quality Improvement Council (QIC) standards, and their first against the 5th edition standards.

Section summaries

Section 1. Building quality organisations

All the standards in this section were Met.

NYCH has steadily progressed in building its organisational capacity since the last accreditation review. Internal communication systems have kept pace with the expanding staff number and the range of different sites however there is more work to be done in the integration of these systems.

The administration team has grown with the notable addition of the IT manager and recently the Practice Manager.

Commitment to quality improvement has been formalised with the CQI team and dedicated staff member and was evident in the number of sustainable quality programs offered by the service.

The strengthening of organisational systems has been achieved without compromise of the focus on community and service provision which was clearly evidenced by observations made during this review and interviews with staff and management.

Section 2. Providing quality services and programs

All standards in this section were Met, with evidence of outstanding practice relevant to identifying and meeting community needs (standard 2.1), ensuring cultural safety and appropriateness (standard 2.3) and empowerment of consumers (standard 2.5). However, NYCH had not applied itself to satisfying Leading Practice requirements for this accreditation review. A client-focussed approach is strongly evident at NYCH. An extensive range of quality services and programs are provided to the community with established systems for planning and review of these programs.

As evidenced by interviews with stakeholders and reports in newspapers and conference proceedings, NYCH is an established and well-respected community service provider working closely with agencies and community groups to address local health issues.

The only QIC service standards addressed by NYCH in this review were the Primary Health Care Standards. NYCH's services include primary and secondary needle and syringe programs, a primary health care service for injecting drug users and a small PDRSS program. It is therefore suggested that, in addition to the PHC module, NYCH consider assessment against the Alcohol Tobacco and Other Drugs service specific module and the Psychiatric Disability Rehabilitation and Social Support Services endorsed standards in the next accreditation review.

Section 3. Sustaining quality external relationships

All the standards in this section were Met.

Again NYCH's work in relation to two standards in this section was outstanding – incorporating, and contributing to, good practice (standard 3.2) and community and professional capacity building (standard 3.4). There was evidence from plans, reports, meeting minutes and interviews with consumers and stakeholders that quality external community relationships are key to NYCH's service delivery. Improvements are recommended in the management of documentation relating to contracts.

Overall summary

The review team found NYCH to be a robust and dynamic community focussed organisation. NYCH delivers many effective and innovative programs and services and is notable for responsiveness to the disadvantaged and for inclusive and culturally sensitive practices.

NYCH is also a very accountable organisation with management decisions transparent within all levels of the organisation and externally to stakeholders.

Since the last accreditation review NYCH has formalised its approach to CQI. There is a part time position for a Quality Manager and a CQI Committee with membership from all levels of the organisation. The CQI committee steered the organisation through the preparation for this accreditation review. There is evidence from the report on the accreditation process, minutes of the CQI and team meetings, and staff interviews, that the process was more inclusive and effective than their experience of preparing for previous reviews. There are no trained QICSA review managers on staff at NYCH and there was some evidence of an incomplete understanding of QICSA processes; for example, very few of the standards indicated levels of achievement in the Quality Journal and there is evidence that NYCH were not clear about demonstrating leading practice in their self assessment.

The CQI committee also helped to monitor the implementation of the QWP. There was evidence that all objectives had been addressed. There is room for improvement in the systems for reporting to the CQI committee; however the review team note that *Quality* is one of the five Strategic Directions in the current strategic plan.

Key areas for improvement are:

- Electronic system for storing and accessing key documents, which was recently established, has limitations and incomplete sections.
- No consistent system for document control – date created, version number, date for review and where relevant the person responsible.
- Systems for collection and analysis of data are undeveloped, especially client files.
- Clear linking of organisational plans within an integrated planning framework.
- Addressing environmentally sustainable practices.
- Staff appraisals / acknowledgement, support and supervision.

Accreditation Status

The Accreditation Review Report of North Yarra Community Health will be presented to QIC with a recommendation for accreditation.

Acknowledgements

The review team is appreciative of efforts from all involved in the review and in particular would like to acknowledge Melissa Bryan as the review contact. The review team notably commend her especially loyal, committed and professional approach to the accreditation review – remaining available even though she had commenced work in another organisation, having recently resigned from NYCH, and returning specifically to support NYCH complete the review process. We also want to thank the staff and management for their very open and honest participation in the review. The review team also appreciate that Vera Boston, NYCH's CEO, was very accessible to the review team.

LEVEL OF ATTAINMENT FOR EACH STANDARD – CORE STANDARDS

Health and Community Services Core Module

SECTION 1 – Building quality organisations

CORE 1.1	Leadership and Management	This standard was MET
CORE 1.2	Human resources	This standard was MET
CORE 1.3	Physical resources	This standard was MET
CORE 1.4	Financial management	This standard was MET
CORE 1.5	Knowledge management	This standard was MET
CORE 1.6	Risk assessment and management	This standard was MET
CORE 1.7	Legal and regulatory compliance	This standard was MET

SECTION 2 – Providing quality services and programs

CORE 2.1	Identifying and meeting community needs	This standard was MET
CORE 2.2	Focusing on positive outcomes	This standard was MET
CORE 2.3	Ensuring cultural safety and appropriateness	This standard was MET
CORE 2.4	Confirming consumer rights	This standard was MET
CORE 2.5	Empowerment consumers	This standard was MET
CORE 2.6	Coordinating services and programs	This standard was MET

SECTION 3 – Sustaining external quality relationships

CORE 3.1	Service agreements and partnerships	This standard was MET
CORE 3.2	Collaboration and strategic positioning	This standard was MET
CORE 3.3	Incorporation and contribution to good practice	This standard was MET
CORE 3.4	Community and professional capacity building	This standard was MET

LEVEL OF ATTAINMENT FOR EACH STANDARD – SERVICE SPECIFIC STANDARDS

Community and Primary Health Care Service Standards

SECTION 2 – Providing quality services and programs

PHC 2.1	Assessment and care	This standard was MET
PHC 2.2	Early identification and intervention	This standard was MET
PHC 2.3	Health promotion	This standard was MET
PHC 2.4	Client and program records	This standard was MET

REPORT OF REVIEW FINDINGS BY SECTION AND STANDARD

CORE SECTION 1 BUILDING QUALITY ORGANISATIONS

Commendations for Section 1

Extensive systems are evident to support communication up and down between staff and management.

The range of formal and informal systems for communication and consultation with the community demonstrate outstanding commitment to use of translations, interpreters and culturally appropriate settings.

Established system for strategic planning identifies goals and service priorities.

CORE 1.1

Leadership and management build a collective sense of purpose and direction that enable the organisation's philosophy, goals and service priorities to be identified and met.

This standard was MET

Conclusions

A collective sense of purpose and ownership of the vision and goals was evident in the NYCH publications (both hard copy and online), the range of services delivered, interviews with staff and management and observations made during site visits.

NYCH leadership and management have a clear mission and have identified five strategic directions with goals in their current Strategic Plan. In addition the service has a current Health Promotion Plan and a Cultural Action Plan. A half-day is set aside annually for staff team planning and some teams develop plans in line with the health promotion plan. A newly developed template for documenting team plans has recently been established. Staff members have been appointed as team leaders and are responsible for regular team meetings; however, the use of meetings to monitoring of team plans varies across the teams. The timetable for planning has varied each year and links between the various plans were not clear. Some teams, such as administration, finance and medical, did not have documented plans.

The Board of Management (BOM) are very active and meet regularly. Of note are the three sub committees of the BOM, Programs and Services (PS), Personnel, Property and Finance and the Community Liaison Committee. A staff representative on the BOM is nominated from the staff group for a 12 month term. Electronic copies of the minutes of BOM and subcommittees are available for all staff on the shared drive. All the subcommittees have both staff (usually management) and BOM representatives. Formal communication systems are in place between staff, management and the BOM via a range of meetings and monthly reports. Of note, each team reports directly to the PS sub-committee annually. Internal communication systems include meetings, email broadcasts and a newly created key document file. Although documentation is generally completed there is inconsistency in formatting, dating often absent, electronic filing and access is variable and version control is not systematic.

The Management use a range of media to effectively communicate with stakeholders, including annual report calendar, regular newsletters with translated sections, brochures translated into community languages, regular public forums utilising at least ten interpreters concurrently, 3CR radio programs, newspaper articles, participation in professional networks and forums.

Recommendations

Improvement under this standard could be achieved by:

1. Establishing a system for document control including standardised templates with file paths and dates and capacity for version control.
2. Documenting the links between the various levels of organisational planning and creating a calendar to schedule annual planning activities.
3. Establishing the team plan as part of the planning and communication system and consider:
 - Getting all teams to document an annual team plan.
 - Ensuring the template has the capacity to link team plans with the business plan and other organisational plans.
 - Train team leaders in monitoring progress against team plans.
 - Increase the time for team planning to a whole day annually.
4. Including Portable Document Format (PDF) versions of translated NYCH brochures on the NYCH website for other service providers to use when referring CALD clients.

CORE 1.2

Human resources are managed to create an effective and competent service.

This standard was MET

Conclusions

NYCH has a well-balanced mix of long serving staff (> than 10 years) and those who have been employed more recently. Experienced staff are employed in clinical service provision and in management with staff morale reported as generally high. There is a sustainable system of staff satisfaction surveys and a recently established Be Well Work Well program established in response to the staff satisfaction survey.

Several systems support the management of human resources (HR) at NYCH, documented through a comprehensive range of policies under section three of the newly revised NYCH Policy Manual 2006. Some of the HR policies appearing on the website have not been updated.

The recently documented Code of Conduct has strengthened the HR systems and has improved on a previous practice of getting staff to sign confidentiality agreement. The introduction of the new Code of Conduct initiated an audit of staff files and a revision of the systems for filing the contents in staff files. There has been no regular practice of auditing staff files.

Recruitment practices are systematic and current positions are advertised on the website.

Whilst there are opportunities for career development and ongoing education and training for all staff at NYCH some of the systems that support professional development need to be strengthened.

The system for staff appraisals is inconsistently applied across the organisation and there is no evidence that position descriptions are regularly reviewed. The newly appointed team leaders have not had their position descriptions reviewed and additional competencies identified. The lack of regular appraisals, or some alternative such as individual work plans, means that staff members are not systematically given the opportunity to set and review individual professional goals in their workplace.

Recommendations

To improve the systems against this standard:

1. Ensure a system is in place for all staff and management within the organisation to set and review their own goals and professional development with the support and recognition by management.
2. Ensure that position descriptions are updated in line with changes to roles and expectations and where they remain unchanged the dates are changed to indicate when they have been checked.
3. Consider an annual audit of personal files.
4. Strengthen the documentation supporting the newly created roles of team leaders.

CORE 1.3

The organisation's physical resources are managed to ensure an effective, safe and efficient service.

This standard was MET

Conclusions

The Personnel Property and Finances (PPF) subcommittee of the Board of Management reviews the financial report against the budget each month and the report includes a graphed record of assets against liabilities providing both a visual and numeric record for monitoring.

Each program has its own budget and the Finance Manager provides monthly reports to Managers with respect to their expenditure against budget. Team leaders are now involved in the program managers meetings and are involved in budget reviews.

There is an annual opportunity to submit requests for capital expenditure by teams and programs and although the PPF committee makes the decisions about the expenditure the staff report the process to be equitable and satisfactory.

Site visits revealed well-equipped work spaces with staff delegated to check and ensure equipment is well maintained. The Collingwood site is very welcoming and the spacious waiting area appears to reduce the stress levels of clients and staff and afford client's more privacy. The Fitzroy site is located within easy walking distance of many of its clients and is well utilised. The security systems are clearly evident at Fitzroy and dominate work practice for staff. The waiting area is cramped, however, there have been reviews of the site to try and improve security for clients and staff.

Other frustrations with the buildings used by NYCH are the two-storey terrace Carlton site which is difficult for frail or disabled clients or staff and is positioned on the other side of Princes Street, a significant environmental barrier, from many of the targeted clients who live in the Carlton Office Of Housing (OOH) high rise. However many of NYCH services based at Carlton are outreached to the community including a newly established team working from the Carlton High Rise Community Room. The PDRSS team reported having difficulties with accessing cars – their team have two cars between five outreach workers.

The two buildings in Smith Street for the Drug Safety Services programs are also very cramped and in combination with the challenging behaviours of some of the clients could be contributing to increased risk for staff and clients.

There are established systems for incident reporting and management are attempting to access more suitable buildings.

Staff suggested there was a high tolerance of incidents within NYCH and possibly a culture of under-reporting incidents. However the review team saw considerable evidence of awareness of managing aggressive behaviour including regular staff training, systems for debriefing and supervision, policies and procedures under Health Safety and Environment, equipment such as duress alarms, security cameras, mobile phones, locked off sections of buildings and a comprehensive orientation program.

Whilst the review team saw evidence of the activities of the Green Committee there was no policy commitment to minimising harm to the environment and a lack of sustainable systems to ensure Green activities remained on NYCH's agenda beyond the current keen staff members.

Recommendations

To improve practice against this standard:

1. Prioritise finding better spaces for the MINE and Next Door programs and continue to lobby for access to space in the Carlton High Rise. Consider including property issues in the strategic plans.
2. Consider training a group of staff in debriefing skills and publishing their contact details for access during work hours to increase access to support. For example the Star program utilised by Catholic Family Services.
3. Include commitment to minimising the harm to the environment in organisational policies.

CORE 1.4

The organisation's financial management reflects its goals and supports an efficient and sustainable service.

This standard was MET

Conclusions

The Finance Manager's area of responsibility is supported by comprehensive policies under section 8 of the NYCH Policy Manual 2006, which have recently been updated. There are financial goals and strategies noted in the Strategic Plan and Business Plan and these are monitored regularly when these plans are reviewed. The calendar for reviewing and reworking plans is being bedded down.

There is a recently documented instrument of delegation that clearly outlines authorities including those related to financial decisions.

The Personnel Property and Finance subcommittee of the BOM monitor the monthly financial reports.

Financial decisions are transparent, electronic BOM minutes are available for all staff to read on a shared drive and there is a staff representative on the BOM. An annual report on income and expenditure is included in an annual report calendar that is very widely distributed within the community and available on the website. The managers and now team leaders meet monthly and review expenditure against budget.

There are adequate IT hardware and software to support effective financial management. The internal IT support position has been expanded and there is an IT plan, which documents a review of IT assets and plans for systematic upgrading. Several times during interviews the internal IT position was noted as a big improvement on the previous arrangement of contracting external providers to provide help with IT.

The contract for external auditing was recently tendered out and the contract was awarded again to the previous auditor from a field of three submissions.

There is a small finance team although there is no documented finance team plan. One of the reception staff has been trained to reconcile Medicare billing however her PD has not been changed to reflect her new role.

Disparity in budgets for staff training and supervision across programs were raised in interviews.

Recommendations

To improve practice against this standard:

1. Ensure that position descriptions are updated in line with changes to roles and expectations and that even where they remain unchanged the dates are changed to indicate when they have been checked.
2. Consider having a team plan linked to the organisational plans documented for the Finance Team
3. Consider reviewing staff training budgets to see if there is potential to improve the current system to make it more effective and equitable.

CORE 1.5

Knowledge (including research, and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

This standard was MET

Conclusions

A strong commitment to privacy and confidentiality of client information was evident at NYCH both in policy and practice. Evidence of this was corroborated in interviews with clients and staff.

There is limited access to reports of client data analysis from the current SWITCH database for research and planning.

There are several systems for client files including paper and electronic. Of note are the different file number systems at the various sites resulting in clients having more than one current file.

The file audit indicates there is considerable scope for improvement in client records.

NYCH has an effective approach to group and project planning and record keeping. All group program plans require documentation of the rationale for running the program and for the approach taken. All staff involved in running groups or projects / programs are responsible for documenting plans and evaluations and keeping records. Both paper and electronic copies of program records were sighted including some reports published on the website. These reports are accessible to all staff.

The health promotion coordinator is responsible for collecting data about demographic trends and health needs assessments. The review team sighted several folders of relevant information and data analysis prepared to inform planning, including the consultant's brief for the most recent strategic planning process in 2005. Most of this information is in hard copy only.

NYCH have a comprehensive Integrated Health Promotion Plan in the format of the DHS template and have established working groups to direct the implementation of the strategies.

NYCH has recently subscribed to Quality Improvement in Program Planning Systems (QIPPS), waiting until the program was available online; however the quality of their paper based records was of a similar standard to that required by QIPPS. A program for implementing QIPPS across the organisation has been set up.

Recent improvements to Health promotion knowledge management include team planning templates to help teams identify strategies linked to the HP plan, and a feedback form for staff to get specific feedback on submitted program plans and evaluations.

Several projects have been written up for publication and presented at conferences and reports are also published on the Website.

There has been an attempt to provide easier access by staff to relevant information and documents in a "key documents" folder on a shared drive on the IT network; however this is a "work in progress". All staff members have access to a computer and the network is accessible to staff even at outreach sites.

There is a recently drafted policy and procedure manual which has organised all organisation wide policies and procedures into a consistent and comprehensive format, however it was not clear how version control will be indicated when policies are inevitably updated – in fact the format chosen didn't lend itself to updating as one policy followed the next on the page. Also dating of policies and when they are to be reviewed was not noted in the current format.

There is a culture of knowledge sharing and participatory practice at NYCH evidenced by the meetings every Wednesday that provide staff regular opportunities for learning from each other at various organisational levels from teams, programs, site and all staff. An evaluation review of these meetings has been conducted and changes have been recently implemented.

Recommendations

Recommendations to improve achievement against this standard

1. Prioritise upgrading of client file systems with a view to developing capacity across NYCH to collect and generate better reports from the data collected for planning and evaluation of services.
2. Develop a better system for storing electronic documents for sharing amongst all staff.
3. Consider developing an electronic database of planning resources to increase access for all staff.
4. Look into putting policies and procedures into a format that lends itself to review and ensure there is capacity for noting dates, versions, and who responsible.

CORE 1.6

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

This standard was MET

Conclusions

NYCH commitment to continuous, safe and responsive services begins at the highest policy level of the Mission and Strategic Plan and is addressed by a comprehensive range of policy and procedures at all levels of the organisation.

In line with current management practice NYCH have recently reviewed their risk management and for the first time collated a comprehensive risk management plan which is in its final draft. The BOM have responsibility to manage the risk mitigation framework developed and risk management is a standard agenda item in the BOM meeting agenda. There is a draft risk management policy and a current delegation of authority statement.

The review team saw and heard evidence of many examples of risk mitigation during site visits and during interviews with staff. Also records of minutes of the BOM, OH&S committee and the PPF committee provided strong evidence of a systematic approach to risk management. There was evidence of an established calendar of OH&S events in each of the site folders. Interviews indicated that safety issues had been addressed for outreach workers based on OOH estates.

NYCH has a relatively high number of incidents each year and incident management is a constant challenge to the staff and management. There is evidence of regular reviews of incident management and attempts to reduce the number of incidents. Of note is the incident reporting system that has recently been reviewed to ensure records of actions are recorded on the same form for easier collation and reporting and that clinical incidents are also reported to the CEO on these forms. Also there has been an evaluation of the installation of security cameras at Fitzroy.

Interviews with the BOM indicate a high level of awareness about the risk of major shifts in government policy and they are clearly committed to NYCH being proactive in contributing to government health policy development for example their involvement in the discussions about the ambulatory care framework.

Recommendations

Recommendations to improve achievement against this standard:

1. Continue to look at new ways to better manage and reduce incidents, even though this is likely to be an ongoing issue.

CORE 1.7**The organisation ensures compliance with all relevant laws and regulations.****This standard was MET****Conclusions**

This accreditation review found evidence of awareness of and compliance with relevant laws and regulations at all levels of the organisation in documents, interviews and observations made during site visits.

There are documented systems in place to ensure staff work practices are in line with legal requirements including organisational procedures in the recently updated Policy and Procedure Manual 2006 and procedures relevant to specific work teams and settings are stored on location in hard copy and an electronic copy on the shared drive. For example the clinic nurses, podiatry, medical and pharmacy procedures.

The recently reviewed Manual of Policies and Procedures 2006 includes reference to legislation under appropriate sections. In the electronic version of the policies and procedures manual there are links to relevant legislations.

Responsibility is assigned to all staff in position descriptions and in the recently introduced Code of Conduct that all staff members sign off.

Program managers take responsibility for ensuring they are up to date with changes to legislation although this task is not formally allocated in a documented form apart from the OH&S Committee.

There are systems to educate and monitor staff performance with respect to legal requirements including team meetings, case discussions, and morning meetings. There is supervision available for many staff, sometimes in groups and sometimes individually. Appraisals are conducted irregularly and inconsistently across the organisation. There are draft policies for sexual harassment, and policies and procedures for staff discipline including misconduct.

Records relevant to legal compliance are kept in staff files such as record of police checks, copy of driver's license, professional registration and code of conduct.

A recent audit of mandatory requirements in client records indicates that there is room for improvement in this area of record keeping.

Recommendations

Recommendation to improve practice against this standard:

1. Formalise allocating responsibility to keep up with legislative changes and ensure NYCH is informed of required changes in a timely way.
2. Improve client record keeping.
3. Consider reviewing the impact of the newly adopted Code of Conduct.

CORE SECTION 2 PROVIDING QUALITY SERVICES AND PROGRAMS

Commendations for Section 2

Thorough and systematic approaches to community health need assessment and a commitment to responsive services.

Commitment to addressing barriers to access by target client group, especially the homeless, ATSI clients and CALD clients.

Outstanding Cultural Action Plan.

CORE 2.1

Community needs are identified and the organisation endeavours to meet them.

This standard was MET

Conclusions

The organisation uses an extensive range of strategies to review current community health needs and unmet demand. Extensive health needs data collection and analysis was evident in documentation such as that prepared to inform strategic planning, the minutes of the Community Liaison Committee, program plans and evaluations and in interviews with consumers, stakeholders and staff.

Workers and management of NYCH are active in numerous committees and local forums that consult with the community and plan service responses, for example the 3CR community radio, Neighbourhood Renewal and the Yarra Drug Forum.

NYCH develops new services in response to unmet needs as evident from the evolving range of services delivered such as increased koori health workers, the Youth Space program and the Next Door Primary Health Care team for injecting drug users. Of note is the Café Meals program that won the VicHealth award for innovation in 2004.

The range of different cultural groups catered for by NYCH services fits with the North Yarra's place as an entry point for newly arrived immigrants and as a gathering place for marginalised community members.

Services are regularly reviewed and developed to meet the needs of community members most at risk of health problems. Examples are the Allied Health Outreach Team documentation regarding improving access for homeless people who attend St Mary's House of Welcome and the Billabong Barbeque, the access checklist for all teams, the Cultural Action Plan and the Narrative Evaluation and Action Research report on the gym program, which has been accepted for publication in a DHS manual. The Café Meals Program has been documented and published in a peer reviewed journal.

Recommendations

Recommendation to improve practice against this standard:

1. Pursue Leading practice for this standard next accreditation review.
2. Pursue plans to involve CALD communities in quality reviews as documented in QWP – through proposed translations of Consumer Satisfaction surveys and

involvement of CLC members as representatives in the Program and Services subcommittee.

CORE 2.2

Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs.

This standard was MET

Conclusions

Section 6 of the Policy and Procedures (P&P) Manual 2006 on Service Delivery includes policies that support involving consumers in their own care planning. Relevant policies seen by the review team include Assessment and Care policy, Rights and Responsibilities and Case Management.

In Section 7 of the P&P Manual under Quality there are policies on all levels of Planning including a policy on Community Input in planning.

There are sustainable systems for planning and evaluation for all programs and services across NYCH, including team planning, health promotion planning and working groups. Consistent evidence of consumers and other stake holders contributing to the planning and design of programs and in several cases the implementation of programs as demonstrated in the interview with the Vietnamese group. Documented program plans and evaluations are available in hard copy and in a new electronic document. The organisation is moving across to the QIPPS database for recording future programs. All teams report regularly to management via the Program and Service sub committee. There is evidence that these systems have been reviewed and improved for example the feedback systems developed for reports to Health Promotion Group and the Program and Services subcommittee.

NYCH staff members are appropriately qualified and accountable with staff interviews and documentation indicating commitment to evidence based practice.

The interview with Vietnamese consumers gave evidence of their involvement in annual planning for their own group and through the CLC contributing to review and planning of the health services.

Addressing barriers to access is a core policy of NYCH and is addressed in the Mission and Strategic Plans. The physical evidence seen during site visits including signage, translated materials, use of interpreters, opening hours, outreached services and the range of clients in the buildings made it clear to the review team that NYCH is accessible to its target community. Barriers to access have been investigated specifically by the work of an Access Committee that was part of an earlier Health Promotion Plan and there is now an Access Checklist used by staff when planning services.

There is recognition that the current systems for collecting data on client outcomes are difficult to coordinate across the centres.

Approaches to care-planning for individual clients are inconsistent, although there are plans to make improvements in this area.

Recommendations

Recommendation to improve practice against this standard:

1. Pursue current plans to improve data collection systems to enable data to be more readily collated and analysed.
2. Pursue current plans to establish a consistent approach to care planning across the organisation and various disciplines.

CORE 2.3

Services and programs are provided in a culturally safe and appropriate manner.

This standard was MET

Conclusions

Cultural safety and appropriate services delivery is a core focus of NYCH and it is evident that staff and management have developed significant skills after years of experience with a very diverse community. There are comprehensive systems to ensure the organisation is inclusive and culturally sensitive.

NYCH's commitment to quality practice under this standard is stated in core policies including mission and the strategic plan and numerous policies such as the code of conduct, interpreting policy, client's rights and responsibilities.

Significant resources are allocated including a Manager of Community Liaison and the support of the quarterly CLC forums and support working groups. Also there is a generous budget allocation for interpreters and the regular staff training in use of interpreters and in working with ATSI clients.

Staff participate in various community networks and planning groups that keep NYCH in touch with emerging issues around cultural safety such as the Cultural and Ethnic Gateways Steering Committee.

There is an outstanding Cultural Action Plan and an Access checklist used by teams in planning. Also the current Health Promotion working group around Social Connectedness and Mental Wellbeing is focusing on ATSI and CALD community members.

The various publications of NYCH include translated articles and interpreters are widely used at community forums.

Awareness of cultural safety was also evident in site visits and interviews with staff and the Vietnamese consumer group for example the physiotherapist was able to screen off clients where there were gender issues, the consumers spoke of getting information in various ways including printed material and through the discussions with group leaders who attend the CLC forums.

NYCH have strong links with the indigenous community as evident by the services linked with the Billabong Barbeque and the BEEM indigenous artist's mural, which decorates the front of the Brunswick Street Site of NYCH. NYCH subscribe to the Koori Times and copies are available at each site.

Recommendations

Recommendation to improve practice against this standard:

1. Consider external benchmarking of NYCH's systems around addressing cultural safety for recognition of Leading Practice at the next accreditation review possibly around the HACCC Cultural Plan.

CORE 2.4**Services and programs confirm consumer rights.**

This standard was MET

Conclusions

Commitment to confirming consumer rights was evident from site visits at the major sites of NYCH where Consumer Rights posters in multiple languages were on display, there are private spaces for client consultations and suggestion boxes are available.

Policies and procedures regarding client complaints were demonstrated and staff training in handling complaints was evidenced by training records. During interviews staff described assisting clients to document complaints. All complaints are reviewed by the CEO and included in BOM reports. All complaints are responded to according to the documented procedure. There are policies and procedures around privacy and forms for recording signed consent for various procedures and tick box for recording when a client has had privacy explained as part of the client file. The SCTT consumer consent form is used where information is to be shared with other providers. Privacy and consent issues are covered by a health professional during the first visit or early in the working relationship. There is a brochure "Your Information is Private" that is included in newly created files. The client file audit indicates that there is room for improvement in the recording of privacy being explained. Interview with staff indicate that privacy is well understood and procedures are adhered to even if not always recorded. The consumers present at the interview of the Vietnamese group had no problems with the way their information was handled by NYCH staff.

Recommendations

Recommendation to improve practice against this standard:

1. Expand the criteria used in client file audits to include consent for sharing information forms where appropriate.
2. Consider publicly displaying constructive complaints and suggestions along with a brief explanation of NYCH's response to encourage client feedback via the complaint process and suggestion boxes.

CORE 2.5**Services and programs develop, implement and evaluate strategies that empower consumers.****This standard was MET****Conclusions**

Empowerment of consumers and communities is core to NYCH's mission. There are systems in place that direct resources and work practices at NYCH towards empowerment of consumers with a special focus on people who are experiencing disadvantage, discrimination and disempowerment.

NYCH's mission is well published and distributed widely on all printed documents such as the brochure and annual report. The mission informs all planning discussions including the Strategic Plan, Health Promotion Plan, Team Plans and the Cultural Action Plan.

NYCH has a wide variety of strategies that work to empower its service consumers. The review team viewed the slides from a recent conference presentation entitled "Parkies to Parkies Vic Incorporated" which described an extended program of work with Koori men and women who gathered in the local park during the last 6 years. At least one of the participants joined a Community Empowerment Project run by RMIT in 2003 and recently one participant was appointed as the CEO of Parkies Inc., a small NGO that addresses the needs of Koori men and women in the Fitzroy and Collingwood area. Staff members across all levels of NYCH have been involved in the interagency work with the Parkies.

NYCH also works with community agencies to strengthen community capacity to work with disempowered people. For example NYCH staff worked closely with Yarra Council and a range of other homelessness sector services on the Food Insecurity Project, which generated several innovative strategies such as the Café Meal program, Cheap Eats Guide, The Market Bus Project for homeless people and the Sow Easy Garden Guide for People Living in Rooming Houses.

NYCH also runs the Yarra Drug Forum that is attended by a wide range of people from the community including traders and the police and informs practices especially within the Drug Safety Services programs.

The Community Liaison Committee (CLC) has an established history of over 13 years. It celebrated its 10th anniversary by publishing a book of art by its participants. Interviews with the BOM and consumers from the Vietnamese group were evidence of the opportunity this forum provided for people to be acknowledged and contribute to community services and discussion even when they don't speak English. The CLC work is well documented and minutes of all meeting are kept. The CLC committee is currently reviewing its role and there are plans to further develop roles for CLC representatives.

The interview with the manager of the Neighbourhood Renewal Project, as part of this accreditation review, gave further supportive evidence that NYCH staff contribute to work that empowers community members and increases community capacity.

NYCH has a systematic approach to evaluation of all programs and projects. The Review team saw numerous documented evaluations and a documented Evaluation of Evaluation at NYCH, which included recommendations to improve evaluation practices and ensure they are more consistent across the services.

Recommendations

Recommendation to improve practice against this standard:

1. Consider using the Community Participation Audit tool periodically to monitor changes in practice at NYCH and highlight achievements under this standard.
2. Consider benchmarking or gaining external recognition of NYCH's practices under this standard to establish itself as Leading Practice.

CORE 2.6

Services and programs within the organisation are coordinated.

This standard was MET

Conclusions

There is a concept of a common client file at NYCH but in reality there are several versions of client file used including paper files and electronic files. The current file systems of different file numbers at different centres does not support coordinated care for clients. Each service provider is likely to develop a separate care plan and there is the potential for these not to be seen by other service providers if they are based at other centres.

A documented case management policy exists for staff to respond to client's complex needs, according to criteria; however this policy was not widely used or understood by staff interviewed.

There are systems for client's various needs to be responded to by a range of internal and external referrals and in some cases by joint assessments. "Referrals made" is not covered by the current client file audit. It was not clear to the review team that the systems supported clients of all outreached services to access multidiscipline coordinated care.

There is evidence of coordination of NYCH programs and services to meet complex client's needs and there are plans to expand and improve shared care planning, for example the proposed diabetes clinic and the paediatric service.

The Drug Safety Services programs for injecting drug users are a good example of coordinated primary health services including nursing, medical, mental health and community development and harm minimisation, as outlined in the report to the program and services committee.

Numerous synergistic services are collocated within the Collingwood site of NYCH and it was evident in staff interviews that clients benefited from cross referral and secondary consultation with some services for example the St Vincent's Primary Mental Health Service and HARP programs.

Recommendations

Recommendation to improve practice against this standard:

1. Address issues of multiple client files to support coordinated care.
2. Review systems of coordinated care planning to ensure all clients have access to a similar experience of coordinated care no matter which part of NYCH they initially access.
3. Expand the criteria used in the client file audit to monitor systems for coordinated care.

SECTION 2**COMMUNITY AND PRIMARY HEALTH CARE SERVICES STANDARDS****PHC 2.1**

There is an accurate, comprehensive and co-ordinated approach to assessment and care of an individual's health needs that support maintenance and/or improvement of their health status.

This standard was MET

Conclusions

The services operate according to a philosophy of client centred practice. This is reflected at all stages of assessment and care planning and service delivery. Client centred philosophy is also evidenced by the large array of outreach services, clear consumer consultation and multidisciplinary practice.

General assessment occurs with the first health professional contacted by the client using the SCTT forms and then service specific assessments are completed, for example physiotherapy, nutrition, drug and alcohol assessment tools.

Collaborative planning occurs more consistently in some teams such as the AHOT and the needle and syringe program and on an as needed basis in other teams. There is also evidence of joint planning with service providers from other agencies. Formal agreements regarding case management are evident.

There are systems in place to promote a multidiscipline approach, including the assessment and care policies, client consent for sharing of information, common client files. During interviews staff reported ensuring client's consent for sharing information is reviewed annually.

Multidisciplinary work is also promoted by team meetings and planning with opportunities for all staff to be involved in various health promotion projects and programs.

An example of CQI within assessment and care planning at NYCH is the intake and Single Session Therapy sessions that have been established for counselling clients, to address long waiting lists and stress on individual counsellors. This has recently been evaluated and found to be a successful strategy for meeting client's needs in a more timely way.

Recommendations

Recommendation to improve practice against this standard:

1. Establish a more coordinated system for client files across all sites – Medical Director software was mentioned during the review as a possible option
2. Consider developing a system for care planning for all clients that can be shared between multiple service providers.

PHC 2.2**Early identification and interventions enable effective identification of potential and early stage problems for individuals and the community of interest.****This standard was MET****Conclusions**

NYCH incorporates early identification and intervention into all types of service delivery to their community. There was evidence of a consistent approach to early identification and intervention across all of NYCH's services underpinned by policy and procedures, and access to staff orientation and training and systems to regularly review practice and plan for new approaches.

Given that much of NYCH's services are focused on people with complex care issues they have developed expertise in engaging with these clients to ensure they have access to early detection and intervention – for example the drop in clinic, the AHOT, the paediatrics clinic, the Art program in the Youth Space addressing problem gambling.

Reflective practice is evident for early identification and intervention strategies, which are developed and amended as required, for example the proposal for a diabetes clinic and the development in services offered to the Homeless.

Recommendations

No specific recommendations for this standard.

PHC 2.3**An environment for health promotion, which supports a comprehensive and coordinated approach, exists to promote and protect the health and wellbeing of individuals and the community.****This standard was MET****Conclusions**

NYCH has demonstrated commitment to a coordinated approach to Health Promotion. There is a Health Promotion Coordinator for approximately 0.5 EFT who supports the organisation in its annual health promotion planning processes. This position has been reviewed after the last employee left and has been allocated more time.

The Health Promotion planning process is inclusive of many staff and teams and is integrated across non-funded areas such as the Art Therapy and Journal Group at Next Door. During interviews staff reported that there was an expectation that all staff be involved in health promotion and community capacity building activities such as community festivals.

There is strong evidence that health promotion has recently been a focus for CQI and a review of planning and evaluation systems. A newly established health promotion committee, templates for annual team planning and for reporting and feedback from the health promotion committee are also evident. The health promotion record system is moving from a good paper based record to the Web enabled QIPPS database. There is discussion about an annual planning calendar although this has not been formalised.

NYCH has invested in staff training to ensure all staff have a high level of understanding of health promotion, for example all program managers have done at least the 5 day short course in health promotion.

Recommendations

Recommendation to improve practice against this standard:

1. Formalise the calendar for annual planning activities and ensure links between the various organisational plans are clear.

PHC 2.4

Client and program records are systematically developed to protect the interests of clients and workers ensuring privacy, accountability and monitoring of outcomes is maintained.

This standard was MET

Conclusions

There are systems for client and program records at NYCH but both are in transition between paper systems to electronic. There are plans to use Medical Director for all client files and to establish a common system across all sites. At the time of this review there was no formal implementation plan for this. However, a new position of practice manager had been created and a staff member employed. NYCH has an IT manager on staff increasing the organisational capacity to plan and implement an electronic client file system.

The annual client file audit indicates considerable room for improvement.

There is an implementation plan to transition across to using QIPPs and this has been documented and staff training scheduled.

Recommendations

Recommendation to improve practice against this standard:

1. Prioritise researching an appropriate client file system for NYCH and then implement a plan to transition across to the new system effectively across the whole organisation.
2. Consider revising client file audit procedure to gain high levels of compliance by all staff with possibly more regular audits, involving different staff as auditors to encourage their engagement in outcomes.

CORE SECTION 3 SUSTAINING QUALITY EXTERNAL RELATIONSHIPS

Commendations for Section 3

Strategic and generous approach to working with other agencies.

Sustainable work with CALD communities in the community liaison committee.

Commitment to building community capacity.

CORE 3.1

The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.

This standard was MET

Conclusions

NYCH has built its core funding over several years and offers a wide diversity of services to its community including PDRSS and Drug and Alcohol services and several programs specifically targeted at the homeless. It has formal service agreements with DHS and various other organisations such as St Vincent's hospital for HARP funding, Royal District Nursing, the City of Yarra.

NYCH contributes to community capacity building and community service delivery. It auspices a numbers of partnership projects such as the Yarra Drug Forum, and Billabong Barbeque. Staff and management are also active participants on other key community programs such as the Neighbourhood Renewal, Neighbourhood Justice Centre and the Yarra Community Housing.

NYCH has a finance team that keeps records of service agreements and contracts. The finance officer was in the process of reviewing these records and updating contracts.

Although there is evidence of formal agreements there was no evidence of a planned approach to the development of agreements. Some agreements were well defined and coherent whereas others were ad hoc and appeared to have developed from the bottom up with no evidence of a framework to develop interagency agreements.

Recommendations

Recommendation to improve practice against this standard:

1. Clarify a framework for when interagency agreements or MOUs should be formalised and a format for recording interagency agreements.
2. Establish a system for regular reviews of contracts.
3. Consider becoming accredited against more QIC standards next review such as the ATODs standards and the PDRSS standards. In three years there may also be standards for services to the Homeless.

CORE 3.2

The organisation collaborates with other organisations, and positions itself strategically within the wider service system.

This standard was MET

Conclusions

NYCH is committed to building a strong and resilient community and to becoming an authoritative influential player in the health field as documented in its Strategic Plan. There is strong evidence that these policy directions are embedded into practice at all levels of NYCH. There are systems for planning and review that are guided by these policies. Numerous documented reports on initiatives such as work with the Primary Care Partnerships, the Park Place Yarra Community Housing Development, links with Carlton High Rise, Neighbourhood Renewal and the Café Meals program and the new proposal to make connections with local pharmacies, to name but a few.

Recommendations

Recommendation to improve practice against this standard:

1. Consider reviewing current partnerships and collaborations to ensure efforts are directed most effectively.
2. Consider aiming for leading practice under this standard in the next accreditation review.

CORE 3.3

The organisation demonstrates that it has incorporated, and contributes to, what is currently seen as accepted good practice in its field.

This standard was MET

Conclusions

There is evidence that NYCH has integrated accepted good practices into all areas of service delivery. All teams have access to professional networks and educational resources that keep staff abreast of current issues in health care service delivery. The team structures support discipline specific supervision and professional development of both health worker staff and administration staff. However the approach to supervision and mentoring is inconsistent across the organisation.

Systems are in place through the organisational plans such as OH&S, the cultural action plan and the health promotion plan, that support good-practice in these areas.

There is budget for training and professional development, however this is program specific and does not reflect an equitable or baseline access to training across the organisation.

Stakeholder interviews confirmed that NYCH work was regarded as good practice and in the case of work done with community participation and CALD clients, best practice.

NYCH's Strategic Direction 3, "*Become an authoritative influential player in the health field*", commits the organisation to growing its contribution to the field and there is evidence that this plan is progressing, for example the contribution to the PCP's Community Health Doing it Better – Chronic Disease Management project, contributions to conferences and significant contribution to the Neighbourhood Renewal Project.

Recommendations

Recommendation to improve practice against this standard:

1. Consider auditing supervision practices across all levels of NYCH staff, including management, with a view to establishing fair access to supervision.
2. Consider benchmarking and gaining external recognition of NYCH's practices under this standard to establish itself for Leading Practice recognition in regard to contributing to accepted good practice in the community sector.

CORE 3.4

The organisation works to build the capacity of the community it serves and the professional community to which it belongs.

This standard was MET

Conclusions

NYCH's Strategic Plan 2005 – 2008 has five strategic directions. Two of them are very relevant to this standard:

- Direction 1 *Identify and respond to community need, and*
- Direction 2 *Contribute to the development of a strong and resilient community.*

These policies are operationalised through the annual business with progress against the business plan reviewed annually. This system of strategic planning and annual planning is into its second three-year cycle and is clearly sustainable.

There is strong evidence that NYCH has integrated these policies across all programs of the service and that its work towards building community capacity, including the capacity of the professional community, is effective and well documented.

Interviews with stakeholders, as part of this review, corroborated the evidence seen in newsletters, publications and internal records, such as meeting minutes and program records.

Recommendations

Recommendation to improve practice against this standard:

1. Consider benchmarking and gaining external recognition of NYCH's practices under this standard to establish itself for Leading Practice recognition in building the capacity of both the community it serves and the professional communities to which it belongs.

LIST OF ABBREVIATIONS

AHOT	Allied Health Outreach Team
ATODs	Alcohol Tobacco and Other Drugs
ATSI	Aboriginal and Torres Strait Islanders
BEEM	The name of a group of Aboriginal artists
BOM	Board of Management
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
CLC	Community Liaison Committee
CQI	Continuous Quality Improvement
DHS	Department of Human Services
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HP	Health Promotion
HR	Human Resources
IT	Information Technology
MOU	Memorandum of Understanding
NYCH	North Yarra Community Health
OH&S	Occupational health and safety
OOH	Office of Housing
P&P	Policy and Procedures
PCP	Primary Care Partnership
PDRSS	Psychiatric Disability rehabilitation and Social Support
PPF	Personnel Property and Finance
PS	Programs and Services (subcommittee)
QIC	Quality Improvement Council
QICSA	Quality Improvement and Community Services Accreditation
QIPPS	Quality Improvement in Program Planning Systems
QWP	Quality Workplan
SCTT	Service Coordination Tool Template