

## Introduction

Medecs learning is a provider of education & training services in the healthcare and social assistance sector. Most of our services are delivered to the disability sector.

As a result of responding to increased disability sector demand an expanding part of our education and training services is the establishment of our Complex Health Care Division (CHC). This also includes Complex Health Care Planning Services (CHCP). Our registered nurse team can develop Individual CHCP and the resultant training plans for support workers, as required by NDIS practice standards for Service providers.

We understand and value that our education & training services influence the support services provided by our client service providers that have the responsibility to provide safe and quality supports to people with complex health care needs.

## What is Governance?

Complex care governance is the integrated systems, processes, leadership, and culture, which are at the core of providing quality education & training CHC services. The purpose of a governance framework is to ensure that we are accountable to our clients, our team, and the regulatory standards.

**The Medecs Learning Complex Health Care Framework** consists of the following elements:

- **A leadership vision and organisational culture for the future** – Visible, accountable, and purposeful leadership at all levels of a service is required to cultivate an inclusive and just culture that will make our vision a reality. This includes clearly communicated, specific and quantifiable goals our providing quality CHCP education & training services for the disability sector.
- **Compliance** with NDIS practice standards, NDIS provider registration standards and the Tasmania DHHS Disability services medication management framework.
- **Client relationships** – Our service provider client(s), their support staff, and the NDIS participants they support are at the center of our education & training and considered as the number one priority in the design and delivery of our CHCP services.
- **Quality education and training** achieved through a competency-based training system mapped to NDIS practice standards & Tasmanian DHHS standards delivered by qualified nurse instructors supported with relevant systems and resources.
- **Sustainable financial and organisational systems** to provide necessary investment and ongoing support of a quality CHCP division.
- **Continuous improvement (CI)**– Feedback systems and network alliances that contribute to ongoing CI initiatives. This includes the establishment of a *Service Quality Committee* representing our clients to provide important perspective and insight to inform and improve our services.

## Our Leadership and Cultural Vision

Complex supports represent some of the highest risks for NDIS participants, workers, and others, and are areas where NDIS service providers must source the relevant skills and knowledge to deliver high quality and safe supports as directed by NDIS practice standards.

At Medecs Learning our vision is to provide sector leadership through our CHC education & training division. We will approach all aspects of our services aligned to the needs of our clients, with our education & training services mapped to NDIS practice standards and state regulations governing the administration of complex health care.

As leaders, we understand high-quality delivery requires engagement of our staff and clients.

Visible, accountable, and purposeful leadership at all levels is required to cultivate an inclusive and just culture that will make engagement a reality. Engaged staff and clients who actively participate in CHC division planning and delivery are the foundations of quality.

Culture does not just happen; it is purposeful. A strong organisational culture is required to support managers and staff to create and maintain high-quality education & training. The culture should be one of fairness, respectfulness, and transparency. It should be based on principles of natural justice, innovation, learning from experience and accountability for decisions and behaviors.

Creating and maintaining this culture requires attitude, a concentrated approach, robust systems, and productive working relationships between all levels of management, staff, clients, and related stakeholders. These relationships support and challenge each group to achieve a shared vision for excellence in the delivery of quality of education & training services. Culture is organisation-wide, not group or workplace-specific.

### Goals 2022-2024:

- To develop the CHC Education & Training Division within our existing Medecs Learning systems and structures. A division that will provide leadership for the disability sector by meeting the needs of the sector through competence and a culture of openness and accountability.
- To comply with NDIS registration standards and to continually seek to understand and incorporate as our training benchmarks the NDIS practice standards for service providers when delivering complex supports, safely to NDIS participants.
- To recruit, retain and support the necessary management and staff talent and values to meet the everchanging CHC needs of our clients.
- To develop and maintain systems and procedures that ensure the support of a quality CHC education and training service.

## Compliance

Medecs Learning is governed by NDIS provider registration standards for the delivery of services for NDIS participants.

We acknowledge our NDIS Service provider clients, and their support workers are governed by NDIS practice standards for the delivery of high intensity daily support activities to NDIS participants.

These practice standards are contained in the:

### **NDIS Practice Standards and Quality Indicators November 2021**

- Individual healthcare plans for complex care management
- With participant consent the care plan is subject to regular & timely review
- Appropriate policies and procedures are in place
- Including a training plan for workers that relates to the supports provided to each participant
- All workers collaborating with a participant have received relevant CHC training relating specifically to each participants needs.

### **NDIS practice standards: Skills Descriptors November 2021**

- The high intensity supports skills descriptors set out the skills and knowledge that NDIS providers should have access to when delivering complex supports safely to NDIS participants

### **NDIS Code of Conduct Guidance for Workers March 2019**

- The Code consists of seven (7) standards that apply to all NDIS providers and workers employed or otherwise engaged by them to deliver supports and services in the NDIS.

### **State standards – Tasmania DHHS Disability Services Medication Management Framework (2017)**

- 5.20 Complex Health Care Plans (CHCP). Where complex and/or invasive techniques or procedures are required for the administration of medication a Complex Health Care Plan must be prepared.
- 5.21 Complex Medication Administration. Complex medication administration is any form of administration arising from a Complex Health Care Plan that is significantly different from the usual knowledge and competence required by a disability support worker.
- 5.22 Training for Complex Administration and Delivery Systems. Where a CHCP has been developed that includes complex administration and delivery systems disability support workers (DSWs) will require additional training covering the methods specified in the plan.

## Client relationships

The reason we exist is to service the needs of our clients. Education is about working together to provide solutions to challenges. It should be about shining a light where improvement and change can be effective through improved understanding and seeking better ways to perform. At the same time, the rights and responsibilities of our clients are always respected.

Complex Health Care Supports represents some of the highest risks for participants, workers, and others, and through strong, open, and accountable relationships with our clients we aspire to be able to be effective through our education and training services.

Our clients include NDIS service provider organisations and the support workers they employ, NDIS participants & their family members or advocates.

Service agreements. Where relevant the CHC representative will complete a *service agreement*, signed by the NDIS participant or advocate, agreeing to the delivery of specific services.

This governance framework is seeking to strengthen our client relationships by ensuring our clients are actively invited to provide feedback on their experiences of our education and training services, establishing communication systems and initiatives driven by a determination to understand and respond to the ever-changing needs of our clients.

## Quality Education & Training Services

### Competency-based Training (CBT)

A competency-based training (CBT) approach to workplace training is often considered the best approach for workplace training because the approach is based on performing successfully to an agreed set of performance standards.

This requires identifying what are the performance characteristics that need to be demonstrated to judge that someone has successfully reached the benchmark standards.

This is typically done by identifying the actions that need to be demonstrated (skills) and what does somebody need to know to do those these actions successfully (underpinning knowledge) and what other necessary *attributes* contribute to successful performance such as teamwork, communication, and reliability. Together these are typically referred to as performance criteria and are required to be identified if you are going to collect evidence and then make a judgement about a person’s performance against the benchmark standards.

### CHC training and assessment resources

PEG/Nasogastric simulators Rectal trainers Ostomy trainers Urinary trainers incl. suprapubic catheter, and male & female genitalia for indwelling catheter Suction machine	Nebulisers Equipment for blood glucose monitoring Glucagon & insulin practice injections Abdominal pad for insulin training Wound dressing consumables & practice wounds
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### Credentialing

Once a training participant has been successfully assessed as having reached an agreed benchmark standard(s) of performance for a specific role they are judged to have attained the level of competence. And typically, can be rewarded with certification to recognise this performance level.

Please see below the table that describes the key elements of the Medecs Learning CHC competency-based Training (CBT)

CBT program elements	Medecs learning CHC CBT program
<p><b>The standards of successful performance.</b> Typically, industry sectors rely on the development and updating of agreed national standards for each role performance.</p>	<p>Medecs learning have mapped the <b>NDIS practice standards</b> for NDIS service providers, and these are:</p> <ul style="list-style-type: none"> <li>○ NDIS practice standards &amp; quality indicators Nov.2021</li> <li>○ NDIS practice standards &amp; Skills descriptors Nov.2021</li> <li>○ Tasmania DHHS Disability Services Medication Management Framework (Nov.2017) 5.20, 5.21 &amp; 5.22</li> </ul>
<p><b>Performance criteria (skills &amp; knowledge)</b> Within each standard we need to identify what are the key knowledge and skills (called performance criteria) that need to be demonstrated when someone is performing to the benchmark standards successfully (called competence).</p>	<p>Medecs Learning is using <b>the performance criteria</b> outlined in national <b>NDIS practice standards</b> for NDIS service providers.</p> <p>Each of the above has a broad description of the skills and knowledge required or inferred.</p> <p>Medecs Learning as a clinical education &amp; training provider will use our staff clinical and VET expertise to expand the description of each performance criteria as required. To provide an open and accountable delivery &amp; assessment system.</p>
<p><b>Assessment methods</b> If the aim of a CBT program is to assess a person’s performance, then a range of assessment methods need to be developed to provide evidence of both the skills and underpinning knowledge required for a judgement of successful performance.  Assessment methods that mirror someone’s typical work performance.</p>	<p><b>Range of assessment methods</b> for Nurse Instructors to collect evidence and make judgements about a person’s competence.</p> <p>For underpinning Knowledge:</p> <ul style="list-style-type: none"> <li>● Online theory question &amp; answer methods</li> <li>● Online theory written responses</li> <li>● Verbal questions and responses</li> <li>● Case studies and responses</li> </ul>

	<p>For Skills:</p> <ul style="list-style-type: none"> <li>• Self-assessment checklists</li> <li>• Observation of practical demonstration</li> <li>• Role plays/scenarios and responses including contingency performance.</li> <li>• Third party assessments. (Manager, client)</li> </ul>
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### Continuous improvement (CI) systems

In the context of our CHC Division continuous improvement is the ongoing effort to improve the quality of CHC education & training services to our clients.

The primary action is to seek feedback from our clients and involve them in the improvement of our services. Including feedback from our Nurse Instructors who have the ‘frontline relationships’ with our clients. Other feedback that is required to continually improve our services is to seek feedback from all staff involved in operation systems and processes and Director’s oversight to ensure we are operating our division efficiently and effectively.

Incorporated into our CI system is our *Complaints Management Process* and *Incident Management Process* as required for NDIS provider registration.

### Service Quality Committee

We will be establishing a committee in 2022 to be chaired by the CHC Manager to provide our division client centered feedback and external regulator NDIS insights about what is occurring in the provision of complex care supports so to inform and improve our education & training services. The committee will include client representatives, NDIS planner(s), Manager, Director, and Nurse Instructor.

Below is a table describing the initiatives that encompass our CI system

CI initiative	Description	duration
Student session feedback	Mobile MS survey link	Each session
Participant session feedback	Email survey link	Each session
Service provider session feedback	Email survey link	Each session
Nurse Instructor session feedback	Mobile MS survey link	Each session
Director Manager monthly	Monthly scheduled Teams meeting	Monthly
Directors board report monthly	Monthly scheduled Team meeting	Monthly
Manager – Nurse Instructors quarterly	Quarterly scheduled Teams meeting	Quarterly
Service Quality Committee quarterly	Quarterly scheduled Teams meeting	Qrtly

## Governance Responsibilities

### Directors Board:

- Provide a visible, accountable, and purposeful leadership at all levels is required to cultivate an inclusive and just culture that will make staff and client engagement a reality. And the foundation of a quality CHC Division.
- Contributes to and approves the strategic direction and initiatives of the CHC Division.
- Considers and approves quality frameworks for managing quality, complex care risks, education & training processes and outcomes, areas for improvement and progress towards excellence across all services.
- Maintains an ongoing dialogue with managers, staff, and clients where appropriate, to provide reasonable assurance of compliance with all regulatory requirements.
- Leads the financial management and investment decision making to ensure the success of the CHC Division.

### Director - Complex Health Care Division:

- Providing leadership and management support to deliver the strategic direction set by the Directors.
- Collaborating with the manager to promote and build client participation in the CHC Division.
- Working in partnership with the Manager to ensure efficient allocation of resources that achieve client centered value and deliver on the organisation's vision for quality CHC education & training services.
- Elevating quality of CHC education & training within the organisation, ensuring the voice of the client is at the center of core business and that the organisation remains focused on continuous improvement

## **Manager Complex Healthcare Division**

The CHC Division Manager has a clearly defined role in complex care governance, including to:

- Understand the CHC needs of our clients and ensure a CHC division response that will meet these needs.
- Lead and support the nurse instructor team to ensure it delivers quality education and training, facilitating, and ensuring effective all staff and client involvement.
- Creating a safe and open culture that empowers staff and clients to speak up and raise concern.
- Develop and support safety and quality focused staff in their services and provide assurance to the Directors and our stakeholders
- Ensure that staff at each level of the organisation are supported to actively pursue high-quality education and training for every client, including nurse instructors and administration staff.
- Equipping staff to fulfil their roles by providing role direction at each level of the organisation along with the necessary knowledge, tools, training, resources, and opportunities to engage and influence the organisation's CHC business.
- Ensure robust and transparent reporting, analysis and discussion of the safety and quality of education and training occurs regularly and is informed by qualitative and quantitative resources, department structures and clinician engagement.
- Understand and monitor risks and ensure escalation and response actions are taken when safety is compromised.
- Regularly evaluate complex care systems and procedures to ascertain their effectiveness.
- Understand the challenges and complexity of providing consistent high- quality education & training and support nurse instructor through a culture of safety, transparency, accountability, teamwork, and collaboration.
- Actively identify, monitor, and manage areas of risk and lead appropriate escalation and response when safety is compromised.
- Be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork.
- Speak up and raise concerns and issues, promoting a culture of transparency

**Nurse Instructors:**

All nurse instructor personnel should:

- Provide high-quality CHC education and training in their services as a priority
- Pursue excellence in CHC education and training and services across our organisation.
- Speak up and raise concerns and issues, promoting a culture of transparency
- Share information and learnings
- Regularly update their skills and knowledge to provide and support the best education and training and services possible
- Actively monitor and improve the quality of their education and training delivery and assessment.
- Contribute to continuous improvement initiatives as required.

**Service Quality Committee:**

A committee made up of Client representatives, NDIS planners, Director, Manager and Nurse instructors

- Provides client focused feedback and insights to inform and improve our education and training services
- Responds to specific education and training challenges with suggestions and opportunities for improvement of services.
- Prepares recommendations as required
- Provides a level of client oversight and risk mitigation to the Directors on quality, compliance risks, education and training processes and outcomes, areas for improvement and progress towards excellence across all services

**Supporting Materials**

This governance framework has been developed based on the research of several resources. These include, but are not limited to:

Internal resources:

- [Strategic plan 2022-2024](#)
- HR policies & procedures
- Complaints process and Incident management process

External resources:

- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 and National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Amendment (2021 Measures No. 1) Rules 2021 (Amending Rules), and the National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021 (Amending Guidelines).
- NDIS code of conduct
- National Model Clinical Governance Framework (Aus. Commission on Safety and Quality in Health care)

Approved by Directors	Date	Signature(s)
Deb Stone Stephen Noone	13 <sup>th</sup> July 2022	