ENHANCING CARE TOGETHER

Regional Outcome Review Initiative

This Implementation Toolkit provides a road map to implementing Collective Learning Forums. It includes the background of the project and an overview of key activities with accompanying tools to support implementation.

Originally set up for mental health, alcohol and other drugs, and suicide prevention services, Collective Learning Forums can be implemented in other health settings.

COLLECTIVE LEARNING FORUM TOOLKIT

Contents

A note about language

This document will broadly use the term "**consumer**" to refer to people with Lived and Living Experience of mental illness, mental ill health or recovery. Similarly, the term "**families and support people**" will refer to carers, parents, siblings, spouses, friends, neighbours, nominated persons, and natural occurring supports.

While "**incidents**" are labelled differently across the sector, this document will use the term "**incident**" to mean any event or circumstance which could have or did lead to an unintended, unnecessary, undesirable, or unexpected harm to a person receiving care.

Defining what constitutes a "**Joint Review**" takes time, as each organisation may approach the criteria differently. This flexibility is intentional. Organisations are encouraged to adopt the principle of Joint Reviews which is to review incidents with relevant stakeholders who were involved with the consumers care around the time of the incident. While the exact process will vary, the commitment to learn together underpins the process.

Forword

The Regional Outcome Review Initiative, 'Enhancing Care Together', is a long-awaited development in the sector and one which we anticipate will be applauded by consumers and families and support people. The project promotes collaborative joint incident reviews amongst mental health, alcohol and other drugs (AOD) and suicide prevention services, so that learnings are shared, and harm is reduced. We know that when there's collaboration and integration between services, the consumer and their family are better supported, incidents are reduced, the consumer's treatment is more effective, and recovery can be a real possibility.

But so often, consumers and their families experience "things going wrong, horribly wrong", and there seems to be no appropriate redress. Or, if there is, it's disjointed, gets no traction, and the improvements identified fall by the wayside. When services "get on the same page", working together to create common processes, the consumer can receive quality, safe care, and confusion is reduced. Examples of excellence emerge from this, and these examples, too, are important learnings. The insights achieved in Joint Reviews, and Collective Learning Forums, can enhance collective learning and reveal system strengths and weaknesses. That understanding is crucial.

The Enhancing Care Together: Regional Outcome Review Initiative is a remarkable step forward in local mental health reform, providing a very real opportunity to build consumer and family confidence in the system.

Lynda and Denise
Lived Experience Representatives

Background

The North East Metro Health Service Partnership (NEM HSP) in collaboration with mental health, AOD and suicide prevention services in the eastern and north-eastern region of metro Melbourne, developed the Regional Outcome Review Initiative (RORI). Commencing in November 2022, RORI is our response to the question, how can we improve our ability to learn from incident reviews?

Five hospitals and seven community health services, and one non-governmental organisation, along with people with Lived Experience, Eastern Melbourne Primary Health Network have united in this important process of improvement, reform, and cultural change in our region's health system.

Drawing on principles from the Royal Commission into Victoria's Mental Health System and Safer Care Victoria, the shared principles ensure RORI provides safe learning environments, is connected and collaborative, and organised for safety and quality.

Participating organisations have piloted three key actions that have led to improvements in quality, safety, and clinical governance in integrated care. These are Joint Reviews, Collective Learning Forums, and a Panel Pool.

This Toolkit is to support you to implement a Collective Learning Forum in your region. Other Toolkits and resources are available on the RORI website: **www.austin.org.au/rori/**.

Collective Learning Forum Implementation Toolkit

What?

Collective Learning Forums facilitate the sharing of potential risks, best practices, and strategies for improvement across the region. Each month, one organisation presents de-identified key learnings from a relevant incident, opening valuable discussions on system challenges, issues, and opportunities for system wide improvement.

Why?

Sharing the learnings from local incident reviews enables all organisations to enhance their processes, systems, and overall service. It also enables the focus to shift from individual incidents to broader system-level improvements.

Importantly, Collective Learning Forums create a space for regional relationship building. They unite stakeholders by cultivating a culture of openness, curiosity, and ongoing improvement.

How?

Any service can set up a Collective Learning Forum by inviting others to attend a regular community of practice meeting. A key element is having one or two services bravely present first, setting up the culture for openness and transparency.

Our Learnings

All services feel that understandings gained through the Collective Learning Forum will reduce the occurrence of similar, preventable adverse incidents. Therefore, despite the initial discomfort at sharing findings and recommendations from incident reviews, our services have shown great vulnerability and respect in the presentation and discussion of incidents. This has increased their interconnectedness and confidence to collaborate with each other for Joint Reviews and beyond the scope of RORI. Trust and communication have increased and facilitated a space for learning and change. Some services have already adjusted their policies and procedures due to their learnings while others report their learnings have already prevented adverse incidents.

> "It has been instrumental in forming work by validating goals or shining a light on what is critical"
> *Steering Committee member*

> "The opportunity to get to know members of the steering committee is very important and facilitates shared learning, collaboration and partnerships across the region"
> *Steering Committee member*

> "Sharing the learnings gives all organisations the opportunity to put in place learnings before a similar adverse event occurs in the service – a way of improving practice and therefore safety for all consumers across the sector"
> *Steering Committee member*

How to set up a Collective Learning Forum

- Connect with services and relevant groups to gauge interest in a Collective Learning Forum.
  - o Start small and build up to a larger group as trust develops.
  - o This could include people with Lived Experience, tertiary services, community health services, NGOs, and Primary Health Networks.
  - o Invite clinical, quality and organisation leaders.
  - o When the group is ready, expand invitation to anyone relevant at participating organisations.
- Agree upon principles that underpin and safeguard forums (See *Figure*)
- Set up a roster about who is presenting and who is facilitating.
- Host organisation to lead with vulnerability by presenting for the first (or first few times).

Administrative Tools

Collective Learning Forum meeting agenda

1 hour meeting: 15mins presentation 35mins discussion with time for introductions and closing the meeting.

1. Acknowledgement of Country and acknowledgement of Lived Experience
2. Principles: Collective Learning Forums will uphold the following principles to ensure a safe learning environment for all parties. (See *Figure 2*)
3. Summary of Situation
4. Findings
5. Recommendations
6. Key Learnings Discussion
7. Post Meeting Debrief

Create a safe, inclusive, and respectful learning environment that encourages bold and curious approaches	Participate in open discussions without blame, valuing each contributor equally	Focus on addressing problems, not individuals or organisations
Accept learnings at face value, avoiding unnecessary re-interrogation of incidents	Maintain independence and objectivity	Preserve confidentiality for consumers and families
Seek to understand different service practice frameworks and philosophies	Emphasise system improvements and advocacy	Value vulnerability, transparency, and openness with space for restoration and repair at all levels

Figure 2: Suggested principles for Collective Learning Forums

Host Duties

Collective Learning Forum (CLF), Lived Experience (LE)

Role	When	Frequency
Maintain a list of participating organisations	Ongoing	As needed
Schedule monthly meetings and send invitations that can be forwarded.	Once a year	Yearly
Set up a yearly roster and ensure participants are aware. Update any changes as needed.	As needed	Yearly
Email presenters and facilitators to remind them and share the Slide Deck Template	6 weeks prior to the CLF	Monthly
Liaise with presenter as needed re: topic	In the lead up to CLFs	Monthly
Ensure facilitators have received a copy of the presentation in the week prior	Week before the CLF	Monthly
Email those invited about the topic of the presentation and encourage them to invite relevant staff from their organisations.	Week before the CLF	Monthly
Meet with LE members pre and post meetings for briefing and de-briefing	Before and after CLF	Monthly
Welcome everyone to the CLF and introduce facilitator and presenter and remind people this is being recorded	At the start of the CLF	Monthly
Attend and record CLF	During CLF	Monthly
Take notes to draft Summary Paper	During CLF	Monthly
Share Summary Paper with presenter and facilitator for endorsing and then edit as needed	After CLF	Monthly
Upload Slide Deck, recording and Summary Paper to your webpage	After CLF	Monthly
Email attendees the slide deck and Summary Paper with a link to the recording.	After CLF	Monthly
Ensure privacy and confidentiality are adhered to and that the principles of the meeting are upheld for the wellbeing of participants.	Ongoing	Ongoing

Table 1: List of Collective Learning Forum host's duties

Regional Outcome Review Initiative

Collective Learning Forum Email Template

This is for the host organisation to send to the Presenter and Facilitator of the next Collective Learning Forum as per the Host Duties.

ATTACH the Collective Learning Forum Template Power Point

Subject: MONTH Collective Learning Forum information

Hi Presenter and Facilitator,

Thank you for your participation in the **MONTH** Collective Learning Forum.

Please see the **attached template slide deck**. There is 15-25 minutes of presentation and then discussion until the hour is complete.

Facilitator: NAME will present slides 1-4. Slide 9 is to support facilitator when considering discussion. The facilitators' role is to ensure the principles for discussion are understood and adhered to so that a safe, open learning environment is maintained.

Presenter: NAME will fill in slides 1, 5-8 and present slides 5-8. The incident presented must be de-identified (obviously). Slide 9 is to support the presenter when preparing.

Consider the following when selecting an incident:

- Had more than one external service involved in the incident to demonstrate system learnings.
- Does not need to have been completed as a Joint Review but Joint Review incidents are encouraged where appropriate.
- Does not need to be recent but should include findings and recommendations that are transferrable to other services.
- Identify gaps or limitations in the system that promote discussion for strategic improvement initiatives.
- Consider triggering topics and include content warnings as appropriate on slides 1 and 4.

Presenter, please send the completed slide deck to Facilitator and me by Friday DATE. This will allow Facilitator to be across the material and for me to brief our Lived Experience members on the content prior to the meeting.

Presenter, please also provide a short paragraph summarising the case study and any trigger warnings for me to share in the calendar invitation.

Let me know if there is anything else you need from me. I will touch base again in MONTH to see if you require any support.

Kind regards,

NAME

Collective Learning Forum Summary Paper Template

See webpage for downloadable version.

Regional Outcome Review Initiative (RORI)
Collective Learning Forum

Day Date Month Year (Time)

INSERT YOUR
LOGO HERE

SUMMARY PAPER

Presented by Name (Role) Organisation
Facilitated by Name (Role) Organisation

TOPIC
Insert a short paragraph about the topic. Focus on the learning implications for the sector.

KEY DISCUSSION POINTS
Short heading – summary of learning outcome including any system improvements, needs, challenges, barriers, and/or opportunities.

Short heading – summary of learning outcome including any system improvements, needs, challenges, barriers, and/or opportunities.

Short heading – summary of learning outcome including any system improvements, needs, challenges, barriers, and/or opportunities.
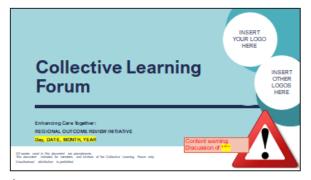
REFLECTION
Take away message.

This Collective Learning Forum is hosted by INSERT YOUR ORGANISATIONS NAME/WEBSITE HERE
Collective Learning Forums are a part of the Regional Outcome Review Initiative

Figure 1: Template Summary Paper

Collective Learning Forum Power Point Template
See webpage for downloadable version.

Slide 1

INSERT YOUR LOGO HERE

INSERT OTHER LOGOS HERE

Collective Learning Forum

Enhancing Care Together:
REGIONAL OUTCOME REVIEW INITIATIVE
Day, DATE, MONTH, YEAR

Content warning
Discussion of ****

All names used in this document are pseudonyms. This document is intended for members and invitees of the Collective Learning Forum only. Unauthorised distribution is prohibited.
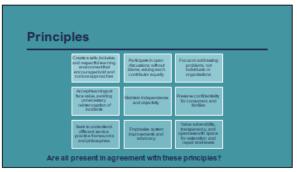
1

Slide 2

Acknowledgements

We begin today by acknowledging the Wurundjeri people of the Kulin nation, the traditional owners of the land we live and work on. We pay our respects to Elders past, present, emerging and anybody with us today.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

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Slide 3

AGENDA

1. Principles for discussion
2. Summary of situation
3. Findings
4. Recommendations
5. Key learnings discussion

3

Slide 4

Principles

- Create a safe, inclusive, and respectful learning environment that encourages bold and curious approaches.
- Participate in open discussions without blame, valuing each contributor equally
- Focus on addressing problems, not individuals or organisations
- Accept learnings at face value, avoiding unnecessary reinterrogation of incidents
- Maintain independence and objectivity
- Preserve confidentiality for consumers and families
- Seek to understand different service practice frameworks and philosophies
- Emphasise system improvements and advocacy
- Value vulnerability, transparency, and openness with space for restoration and repair at all levels

Are all present in agreement with these principles?

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Slide 5

Content warning

- Please note any trigger warnings (eating disorders, suicide, sexual situations etc).
- Please remind everyone that we want people to feel safe and that they are welcome to log off at any point without explanation.

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Slide 6

Summary of situation

- Provide a de-identified, brief summary of the situation required to facilitate further understanding of findings and recommendations.
- Include also the consumer, family and carer perspectives.
- The focus of this discussion is what issues it brings up in the system.
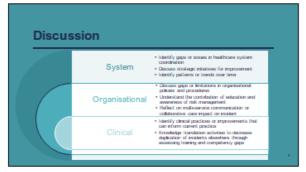
6

Slide 7

Findings

- Provide a de-identified outline of the findings of the event identified during the investigation. Include any contributing factors to the incident.
- Include also incidental findings where process, system or clinical practice issues may not have materially contributed to the event but provide important learnings and opportunities for improvement in healthcare service delivery.

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Slide 8

Recommendations

- Provide a de-identified outline of the recommendations identified during the investigation.
- Include also the SMART goals or actions
- If improvement plans have commenced, share learnings from the changes.

- Please sum up your presentation considering the resolution or debriefing that might be needed for those who have just listened to it. Note that there is a post meeting debrief for lived experience members after the meeting.

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Slide 9

Discussion

System
- Identify gaps or issues in healthcare system coordination
- Discuss strategic initiatives for improvement
- Identify patterns or trends over time

Organisational
- Discuss gaps or limitations in organisational policies and procedures
- Understand the contribution of education and awareness of risk management
- Reflect on multi-service communication or collaborative care impact on incident

Clinical
- Identify clinical practices or improvements that can inform current practice
- Knowledge translation activities to decrease duplication of incidents elsewhere through assessing learning and competency gaps

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Acknowledgements

We thank the members of the Regional Outcome Review Initiative Steering Committee and the Implementation Working Group for their valuable contribution to this Initiative. This work is a testament to their commitment to improvement, willingness to be vulnerable, and the openness to building and strengthening relationships.

Thank you to all staff at participating organisations who have adopted the RORI aims and built them into your policies and processes. Because of you, these changes can live on beyond this project and support us to provide better care for those who access our services.

Regional Outcome Review Initiative Steering Committee

- **Naomi Capper**, North East Metro Health Service Partnership (Project Manager)
- **Dr Paul Katz**, Eastern Health (Clinical Lead, Nov 2022 – Mar 2024)
- **Dominika Baetens**, St Vincent's Hospital Melbourne (Clinical Lead, Apr 2024 – Nov 2024)
- **Lynda Watts**, Lived Experience Representative
- **Denise Damouni**, Lived Experience Representative (Jun 2023 – Nov 2024)
- **Greg den Hartog**, Lived Experience Representative (Jul 2023 – Sep 2023)
- **Dr Tamsin Short**, Access Health and Community
- **A/Prof Sophie Adams**, Austin Health (Nov 2022 – Jun 2024)
- **Emma Fitzsimon**, Banyule Community Health
- **Debbie Stanley**, Each (Nov 2022 – Aug 2023)
- **Nicholas Teo**, Each (Aug 2023 – Nov 2024)
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- **Lynne Allison**, Eastern Health
- **Iftah Amith**, Eastern Health (Nov 2022 – Nov 2023)
- **Peri Boztepe**, Eastern Melbourne Primary Health Network
- **Alison Asche**, Eastern Melbourne Primary Health Network (May 2023 – Nov 2024)
- **Matthew Hercus**, Forensicare
- **Rosalyn Sandwell,** healthAbility (Aug 2023 – Nov 2024)
- **Anoushka Wootton**, Mind
- **Mel Gregory**, North East Metro Health Service Partnership (Nov 2023 – Nov 2024)
- **Charlie McArthur**, North East Metro Health Service Partnership (Feb 2023-Oct 2023)
- **Rachel Meehan**, North East Metro Health Service Partnership (Nov 2022 – Jan 2023)
- **Di Nally**, Neami (Nov 2022 – Jun 2023)
- **Nadia Clarke**, Neami (Jul 2023 – Aug 2023)
- **Belinda Scott**, Northern Health
- **Brad Wynne**, St Vincent's Hospital Melbourne
- **Keryn Ralph**, Uniting (Jul 2023 – Nov 2024)
- **Jasmine Corbo**, Wellways
- **Cate Grindlay**, Your Community Health (Jul 2023 – Nov 2024)
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- **Rebecca Bullock**, Northern Health
- **Karen Merlo**, Northern Health
- **Rebecca Janovic**, Uniting
- **Corey Eastwood**, Wellways
- **Apoorva Charukonda**, Your Community Health

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