

# Victorian Quality Account

Reporting Guidelines for 2016-17



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This document is also available in PDF format on the internet at <<https://www2.health.vic.gov.au/about/participation-and-communication/quality-account>>.

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# Introducing Safer Care Victoria

Safer Care Victoria was established on 1 January 2017 as part of the Victorian Government's response to *Targeting Zero, the review of hospital safety and quality assurance in Victoria*.

Safer Care Victoria is the peak state authority for leading quality and safety improvement in healthcare. Its role is to oversee and support our health services to provide safe, high-quality care to patients – every time, everywhere.

High-quality care is defined as:

- safe** – avoidable harm during delivery of care is eliminated
- effective** – appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each consumer
- person-centred** – people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning; the health service is focused on building meaningful partnerships with consumers to enable and facilitate active and effective participation.

As well as monitoring the standards of care provided, Safer Care Victoria is partnering with consumers and their families, clinicians and health services to support **continuous improvement** in healthcare. There is a strong focus on listening to patients' voices and ensuring patients and patient outcomes remain at the centre of safety and quality conversations.

One of Safer Care Victoria's aims is to provide patients, clinicians and hospitals with tools and resources to improve quality and safety in the health system. The annual quality account is one of these tools, and responsibility for these guidelines now rests with Safer Care Victoria.



## Victorian quality account

The Victorian quality account was introduced in 2016 as part of the evolving quality and safety reporting landscape. It builds on previous years' quality of care reports, with additional emphasis on the importance of transparency and accountability in public reporting.

The purpose of the quality account is to provide accessible information to each health service's community about its quality of care and safety. The account should be presented in a format and context that is accessible to the report's primary audience, which consists of consumers (patients, residents and clients), carers and the health service community.

The aim of the quality account is to improve the audience's understanding of, and engagement with, the quality systems, processes and outcomes provided by the service.

This report is a key public accountability mechanism by which a service can:

- **communicate** its performance against quality indicators and standards in a way that can be understood by its community
- demonstrate **action** and achievements associated with the relevant indicators and quality standards and how this contributes to **continuous improvement**.

Services have previously included public relations-style articles in quality of care reporting. It is strongly recommended that services limit such content to **no more than three items**. Services should also ensure content is both directly related to quality of care and safety, and in direct response to the community's areas of interest or participation.

## A note on terminology

In Victoria, quality accounts are prepared by public health services<sup>a</sup> and registered community health services. In these guidelines the term 'service' or 'services' is used to encompass both public health services and community health services.

The terms 'diverse' and 'diversity' refer to the diversity of our community, recognising groups that have historically been under-represented – women, Aboriginal people, young Victorians, Victoria's culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people and Victorians with a disability.

This concept of 'diversity' also recognises that people may identify with multiple aspects and that this may alter their experiences and level of vulnerability.

<sup>a</sup> Health services are required to prepare reports that reflect all services, including ambulatory and community health.

## Health literacy

A quality account can provide information and improve a service's interaction with its community. The aim is to meet diverse quality and safety health literacy needs by providing a report that is accessible and easy to understand. The report should be prepared in line with the following definition of health literacy:

**Health literacy means people can obtain, understand and use the health information and services they need to make appropriate health decisions. Healthcare providers and the health system should provide information and improve interaction with individuals, communities and each other to respond to and improve health literacy.**

The report will also play a role in the community's understanding of how a service functions. Increased understanding can equip consumers, carers and the community to participate more actively in their care and improvement in the health service system.

## Quantitative reporting

Quality accounts will include performance data that is also presented in other contexts such as in an annual report or directly to the Department of Health and Human Services. However, in a quality account the information should be presented in a way that keeps consumers, carers and the community front of mind.

Data must be presented in context with an accompanying description of its significance in respect of quality and safety in a way that makes the data meaningful. As in 2016–17, these guidelines specify a framework for the reporting of quantitative data:

# result – target – action



This symbol denotes a reporting item that relates to a specific indicator and target and/or benchmark.



**result** – services should report their result against an indicator

**target** – the result should be presented in the context of the relevant target or benchmark and be clear about whether or not it is a favourable outcome

**action** – services should provide information about the action taken that contributed to a favourable outcome, or planned action to improve performance

The intention of this framework for quantitative reporting should be to **communicate** quality and safety data in a format that is accessible and easy to understand. The emphasis should be on **action** taken to pursue continuous improvement.

## Targeting Zero, the review of hospital safety and quality assurance in Victoria

The Targeting Zero report contained a number of recommendations that relate to the quality accounts. Under the theme 'Improving the flow of information in the health system to facilitate identification of deficiencies in care and focus attention on opportunities for improvement', the report recommended that quality accounts:

**5.1.1** disclose the number of sentinel events and adverse events with an incident severity rating of one or two that have occurred in the previous year

**5.1.2** describe the actions taken by the health service to prevent the recurrence of a similar event.

Where appropriate, and where patient confidentiality will not be compromised, public health services may include this information under reporting item 3.6 – 'Quality and safety – adverse events'.

Other elements of recommendation 5, such as board quality report indicators<sup>b</sup> and priority patient experience goals,<sup>c</sup> will be implemented in the sector during 2017–18 and be included in next year's guidelines.

<sup>b</sup> 5.1.3. includes the results of the indicators in the most recent board quality report provided by VHPA/the department.

<sup>c</sup> 5.1.5. includes information on the three patient experience goals identified by the hospital as its current priorities and the steps being taken to address those issues (see recommendation 5.7).

## Quality and safety requirements

The Australian Health Services Safety and Quality Accreditation Scheme was introduced in 2013. This included the National Safety and Quality Health Service Standards, which require services to demonstrate performance across an increasingly comprehensive range of quality and safety criteria.

Specifically, Standard 2 'Partnering with consumers' requires:

### *Consumer partnership in service measurement and evaluation*

*Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.*

Services are encouraged to consider preparation of the quality account as part of their response to this requirement.

## Presentation principles

The presentation of the report is important. It should:

- be easily accessed and understood by consumers, carers and the community
- employ standard conventions for data presentation including clearly labelled data sources, values and axes
- use clear formats and layouts
- be interesting to read
- use consumer and staff stories, with their written permission
- demonstrate the extent to which staff, consumers, carers and community groups were involved in developing the report, and in improving health services more broadly
- demonstrate a mechanism for incorporating feedback
- show how the previous year's feedback has been used to improve current reporting.

It is important that services report on evaluation outcomes from their 2015–16 quality account. The 2016–17 account should address feedback from consumers, carers and community members and highlight any resulting changes to the report's style, content and information.





Feedback from the community and staff consistently indicates that reporting should incorporate case studies and consumer stories. By giving examples and including consumer stories,<sup>d</sup> services can demonstrate how standards, result areas and indicators were achieved or how they will be achieved. This approach should highlight how staff, board members and consumers are working together to improve and promote the services provided.

The following framework can be used to guide presentation of information.

**engage** the reader by providing an image and/or text that is immediately relevant and easy to relate to; this may be as brief as introducing a staff member or patient or may include a case study or consumer story.

**elaborate** by using an image showing relevant data with an accompanying explanation.

**explain** by including more involved data and explanation and/or a detailed description of the procedure/measure/issue with further images as necessary.

The emphasis on each of these aspects may differ across the various parts of the report. A sample page that reflects this structure is included in the 2015–16 reporting guidelines.

## Distribution and evaluation

Services must also report on the steps taken to ensure their quality account is readily available to the community for which it is written.

For example, the report may be published on the service's website, available in waiting areas and advertised in the local newspaper or local government newsletters. While services are encouraged to consider alternative methods of reporting such as electronic presentation, distribution strategies should take into consideration the diverse communication and access needs within their community.

Services must also make their quality account available on their website and provide the URL to Safer Care Victoria. Links to all reports will be provided on the Safer Care Victoria website.

<sup>d</sup> Consumer permission must be obtained.

## Publishing and submission timelines

As indicated in the 2016–17 Victorian health policy and funding guidelines, all Victorian health services (public and denominational) and stand-alone community health services are required to publish an annual quality account for the financial year 1 July 2016 to 30 June 2017. Services are encouraged to consider what reporting format is most appropriate for their community such as a report, a series of brochures, a newspaper insert or a calendar for the coming year.

A single copy of the report is to be submitted to Safer Care Victoria by **Tuesday 31 October 2017** to:

Director, Consumers as Partners  
Safer Care Victoria  
Department of Health and Human Services  
GPO Box 4541  
Melbourne VIC 3001

Alternatively, services may send an electronic copy to:

Louise.McKinlay@dhhs.vic.gov.au

Services may choose to combine their quality account with their annual report, but in this event must observe the due dates for annual reporting.

If you have any queries regarding the guidelines or timelines, please contact:

Louise McKinlay  
Director, Consumers as Partners  
Safer Care Victoria  
Phone: (03) 9096 5732  
Email: Louise.McKinlay@dhhs.vic.gov.au

A copy of these guidelines can be downloaded from the Department of Health and Human Service's Consumer, Carer and Community Information Program website at <<https://www2.health.vic.gov.au/about/participation-and-communication/quality-account>>



## Reporting guidelines

The following quality and safety areas guide the Victorian quality account::

- statewide plans and statutory requirements
- consumer, carer and community participation
- quality and safety
- continuity of care.

The purpose of the report – to provide accessible information about the service's quality of care and in doing so demonstrate transparency and accountability – needs to guide this process.

These reporting guidelines cover a number of topics and indicators. It is **mandatory** that services report on all items relevant to their service delivery.

Services may also report further on relevant quality topics, for instance, clinical indicators for dental services.<sup>7</sup>

### 1. Statewide plans and statutory requirements

Victoria has a number of statewide plans in place that have bearing on the work of public health services and community health services

#### All services

Specifically as it relates to the safety and quality of care and continuous improvement in these areas, services must include information on what action they have taken in respect of statewide plans and statutory requirements in **three** of the following:

- Aboriginal health<sup>8</sup> – specifically, strategies to improve the cultural responsiveness and safety for Aboriginal staff, patients and families
- Aboriginal public sector employment<sup>9</sup>
- lesbian, gay, bisexual, transgender and intersex communities<sup>10</sup>
- family violence<sup>11</sup>
- Child Safe Standards<sup>12</sup>
- cancer<sup>13</sup>
- cultural diversity and language services.<sup>14</sup>

## 2. Consumer, carer and community participation

Consumers, carers and community members are all part of our diverse Victorian community.

### All services

- 2.1 All services must report on how the organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare.
- 2.2 All services must report on the provision of accredited interpreters to patients who require one as specified in the *Language services policy* <sup>e, 15</sup>
- 2.3 All services must report on the development of their disability action plan, with a focus on:
  - holistic care
  - facilitated pathways through care
  - preventing discrimination and abuse of patients with a disability.<sup>16</sup>

### Public health services



- 2.4 Public health services must report their patient experience score,<sup>f</sup> provide context in the form of the relevant target and include information about **action** they have taken in response to an outcome from the Victorian Health Experience Survey.

Small rural health services that have not received a Victorian Health Experience Survey report in 2016–17 should provide information about **action** taken to improve patient experience.

- 2.5 Public health services must, where applicable, report on key result areas 1 to 4 of the Improving Care for Aboriginal Patients (ICAP) program.<sup>17</sup>

### Community health services

- 2.6 Community health services must report on **one or more** of their activities in response to a community health priority population group as outlined in the *Community health integrated program guidelines: directions for the community health program* <sup>18</sup>

<sup>e</sup> Refer to Part 8. Monitoring and evaluation.

<sup>f</sup> Based on the overall adult inpatient experience result and compliance with use of the Victorian Health Experience Survey as per **Statement of priorities** Part B.



### 3. Quality and safety

#### Quality and safety – consumer and staff experience

##### All services

3.1 All services must include a section on:

- how they seek feedback and respond to complaints
- how they have responded to their community through either a **feedback**<sup>g</sup> or **complaints** mechanism.

This section should demonstrate to the **audience** how the community can participate in quality and safety improvement at their service. The service must also be able to demonstrate what **action** it has taken to respond.

##### Public health services



3.2 Services must report their score on the patient safety culture questions in the People Matter survey and provide context in the form of the relevant target.<sup>h</sup> Further, services must provide a case study about **action** prompted by responses to questions about patient safety and workplace culture.<sup>19</sup>

3.3 Services must report on:

- **actions** taken to improve safety for staff (including bullying and harassment, and occupational violence and aggression initiatives)
- **outcomes** in terms of how these actions have improved safety<sup>20</sup> and informed continuous improvement.

##### Community health services

3.4 Community health services must (where applicable) describe how staff survey results are being used to improve the safety and quality of their programs and services.

#### Quality and safety – accreditation

##### All services



3.5 Services must report on their accreditation status in relation to all relevant accreditation standards<sup>21</sup> in the context of the requirement of full accreditation.<sup>i</sup> Where applicable, services must report on any related recommendations and **action** they have taken in the preceding reporting year to achieve accreditation status.

<sup>g</sup> This item must be answered separately to item 2.4

<sup>h</sup> As per *Statement of priorities* Part B.

<sup>i</sup> As per *Statement of priorities* Part B.

## Quality and safety – adverse events

### Public health services

- 3.6 Public health services must detail the **actions** taken to improve quality and monitoring systems in response to adverse events.

## Quality and safety – safety

### Public health services



- 3.7 Public health services must report on the following **five** areas:

i. preventing and controlling healthcare-associated infections – specifically the *Staphylococcus aureus* bacteraemia (SAB) rate and on intensive care unit (ICU) central line-associated blood stream infections.<sup>j</sup>

Regarding the SAB rate and ICU central line-associated blood stream infections, services must detail their performance, provide context in the form of the relevant target and/or benchmarked data<sup>22 23</sup>, and report on what action the service has taken or is taking in these areas:

ii. medication safety<sup>24</sup> – public health services that deliver chemotherapy services may wish to focus on chemotherapy drug management and safety and the appropriate training and competence of the relevant workforce

iii. preventing falls and harm from falls

iv. preventing and managing pressure injuries<sup>25</sup>

v. safe and appropriate use of blood and blood products.<sup>26</sup>



- 3.8 Public health services must report regarding:

i. hand hygiene compliance

ii. rate of healthcare worker immunisation – influenza.<sup>k</sup>

Services must detail their performance against the relevant indicator, provide context in the form of the relevant target and/or benchmarked data<sup>27</sup> and report on what **action** the service has taken or is taking in these areas.

<sup>j</sup> As per *Statement of priorities* Part B.

<sup>k</sup> As per *Statement of priorities* Part B.



## Quality and safety – maternity services

### Public health services



**3.9** Public health services that provide planned maternity services must report against at least two indicators published in the *Victorian perinatal services performance indicators 2014-15*<sup>28</sup> report. Services must report on indicators where either:

- performance is within the least favourable quartile, or
- there has been a decline in performance.

Services must detail their performance against the indicators, provide context in the form of the relevant target ('desired outcome') and/or benchmarked data and report on what **action** the service has taken or is taking in these areas.

Where there is no published data (for instance, Level 1 maternity services) or where data does not meet the above criteria, services may select other areas of maternity or newborn care against which to report.

## Quality and safety – surgery

### Public health services

**3.10** Public health services in receipt of an individual hospital clinical governance report from the Victorian Audit of Surgical Mortality<sup>29</sup> must detail **actions** they have taken in response to that report.

## Quality and safety – residential aged care services

### Public health services



**3.11** Services that offer residential aged care services must, in accordance with the quality indicator resource materials, report their performance against the **five** public sector residential aged care quality indicators:

- i. pressure injuries
- ii. use of physical restraint
- iii. use of nine or more medications
- iv. falls and fractures
- v. unplanned weight loss.<sup>30</sup>

<sup>1</sup> Comparative data over the 2015–16 to 2016–17 time period in the form of a line graph.

Services should present this data with respect to similar sized services and provide information on their performance over time.<sup>l</sup> This must be accompanied by information on what action the service is taking in respect of **two** of these areas.

### Quality and safety – escalation of care processes

#### Public health services

- 3.12** All public health services must include information on the patient escalation of care processes<sup>31</sup> they have in place. Where possible, a case study demonstrating how implementation of the patient escalation of care process contributed to patient quality and safety should be included.

### Quality and safety – mental health services

#### Public health services



- 3.13** Public health services that provide clinical mental health services must report on the following three aspects of restrictive intervention:<sup>32</sup>

- seclusion rates <sup>m</sup>
- physical restraint
- mechanical restraint.

Services must report their performance against the seclusion indicator and place their result in the context of the relevant target and/or benchmarked data.<sup>33</sup>

Services must also report on what **action** they have taken to reduce restrictive interventions, with a focus on the balance between the number and the duration of episodes.

- 3.14** Those health services that provide clinical mental health services must report on **one or more** of their quality improvement processes and activities to improve either:

- i. people's experience of clinical mental healthcare, or
- ii. consumer and carer engagement in mental healthcare.<sup>34</sup>

### Quality improvement

#### Community health services

- 3.15** Community health services must report on one or more of their quality improvement processes and activities to improve people's experience of and access to healthcare, as well as improving their health outcomes.

<sup>m</sup> As per *Statement of priorities* Part B.





## 4. Continuity of care

An important aspect of continuity of care includes how services ensure discharge or transfer practices meet the needs of consumers.

### Continuity of care

#### Public health services



- 4.1** Public health services must report their performance against the relevant questions under 'Leaving hospital' from the Victorian Healthcare Experience Survey<sup>n</sup> and present this information in the context of the 'Victorian Health Experience Survey – patient reported discharge care' target.<sup>35</sup> Services must also report on what **action** they have taken to improve discharge care.

Small rural health services that have not received a Victorian Health Experience Survey report in 2016–17 should provide information about action taken to improve discharge care.

### Continuity of care

#### Community health services

- 4.2** Community health services must demonstrate how they respond to the needs of consumers, their families or carers and the community across the continuum of care. This may be in the context of person-centred care, continuity within an episode, transition between services or coordination of services around consumer needs.
- 4.3** Services must report on **actions** taken to improve continuity of care regarding a community health priority population<sup>o</sup> and should consult their community about what treatment pathways and outcomes for common conditions are of interest.
- 4.4** Community health services must provide a case study that demonstrates how they respond to the needs of consumers, their families or carers and the community across the continuum of care. This may be in the context of continuity within an episode, transition between services or coordination of services around consumer needs, and should show how continuity of care initiatives work in practice.

<sup>n</sup> Adult inpatient.

<sup>o</sup> Community health priority populations are Aboriginal people, people with an intellectual disability, refugees and people seeking asylum, people experiencing homelessness and people at risk of homelessness, people with a serious mental illness and children in out-of-home care as per the *Community health integrated program guidelines: direction for the community health program* 2015.

## Advance care planning

### Public health services



- 4.5** Public health services must report what percentage of patients over the age of 75 years have an advance care plan in place or have identified a substitute decision-maker.<sup>P</sup> Services must include quarterly trend data for 2016–17 and report on what action they are taking to increase this percentage.

Further, services should present a case study addressing how an advance care plan has been used by the treating team and/or how a substitute decision-maker has been involved in care planning.

## End-of-life care

### Public health services

- 4.6** Public health services<sup>Q</sup> must report on actions taken to incorporate the Australian Commission for Safety and Quality in Health Care's **National consensus statement: Essential elements for safe and high-quality end of life care**.<sup>36</sup>

## End-of-life care

### All services

- 4.7** All services must report on action taken or interventions implemented relating to one of the five priorities included in Victoria's end of life and palliative care framework: **A guide for high-quality end of life care for all Victorians**.<sup>37</sup>

<sup>P</sup> As per VAED item 'An alert, flag or similar present in the medical record or patient management system that indicates an advance care plan and/or substitute decision maker has been recorded'.

<sup>Q</sup> With the exception of the Royal Victorian Eye and Ear Hospital and Dental Health Services Victoria.



## Endnotes

- <sup>1</sup> Targeting Zero, the review of hospital safety and quality assurance in Victoria – available at <<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-safety-and-quality-review>>.
- <sup>2</sup> Hill S 2014, Report of the Victorian 2014 Consultation on Health Literacy , Centre for Health Communication and Participation, La Trobe University, Melbourne.
- <sup>3</sup> Targeting zero, the review of hospital safety and quality assurance in Victoria – available at <<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/hospital-safety-and-quality-review>>.
- <sup>4</sup> Australian Commission on Safety and Quality in Health Care 2012, **National Safety and Quality Health Service Standards** (September 2012), ACSQHC, Sydney, p.22.
- <sup>5</sup> Currie K, Spink J, Rajendran M 2000, **Well-written health information: a guide. Communicating with consumers series** , Department of Human Services, Melbourne, viewed 1 April 2011, <[http://docs.health.vic.gov.au/docs/doc/D5DF528B7A2685A2CA257C78000E083F/\\$FILE/well%20written.pdf](http://docs.health.vic.gov.au/docs/doc/D5DF528B7A2685A2CA257C78000E083F/$FILE/well%20written.pdf)>.
- <sup>6</sup> <https://www2.health.vic.gov.au/about/participation-and-communication/quality-account>

- <sup>7</sup> Oral Health: clinical indicator user manual version 3, Australian Council on Healthcare Standards at <<http://www.achs.org.au/programs-services/clinical-indicator-program/>>.
- <sup>8</sup> See Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012–2022 at <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Koolin%20Balit%20Victorian%20Government%20Strategic%20Directions%20for%20Aboriginal%20Health%202012-2022>>.
- <sup>9</sup> See Koolin Balit: Aboriginal health workforce plan 2014–17 at <<https://www2.health.vic.gov.au/health-workforce/aboriginal-health-workforce/koolin-balit/koolin-balit-aboriginal-health-workforce-plan>>.
- <sup>10</sup> See Rainbow eQuality: LGBTI inclusive practice guide for health and community services at <<https://www2.health.vic.gov.au/rainbowequality>>.
- <sup>11</sup> See Ending Family Violence: Victoria’s plan for change at <<http://www.vic.gov.au/familyviolence.html>>.
- <sup>12</sup> See <<https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/>>.
- <sup>13</sup> See Victorian cancer plan 2016–2020 at <<https://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan>>.
- <sup>14</sup> Specific plans and policies relevant to CALD include:
- Victorian. And proud of it. Victoria’s Multicultural Policy Statement at <<https://proud.vic.gov.au/wp-content/uploads/2017/02/Victorian-And-Proud-of-it-MPS-180207.pdf>>
  - Delivering for Diversity – DHHS Cultural Diversity Plan 2016-19 at <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19>>
  - DHHS Language Services Policy at <<https://www.dhhs.vic.gov.au/publications/language-services-policy>>.



- <sup>15</sup> See *Language Service Policy* at <<https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>>.
- <sup>16</sup> See Key priority 5: Health services in *ABSOLUTELY EVERYONE State disability plan 2017–2020* at <<http://www.statedisabilityplan.vic.gov.au/>>.
- <sup>17</sup> See *Improving Care for Aboriginal Patients (ICAP)* at <<https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health>>.
- <sup>18</sup> See <<https://www2.health.vic.gov.au/primary-and-community-health/community-health>>.
- <sup>19</sup> 2014 Part 5 – question 31a–h and Part 6 – question 33a–e; 2015 Part 5 – question 31a–h and Part 6 – question 33a–e; 2016 Part 2 – question 7a–h and Part 3 – question 8a–e.
- <sup>20</sup> See *Peninsula Health Quality of Care Report 2016*, p. 19 at <<http://www.peninsulahealth.org.au/wp-content/uploads/Quality-Account-2016.pdf>>.
- <sup>21</sup> See accreditation and the NSQHS Standards at <<http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/>>.
- <sup>22</sup> See 'Statewide – *Staphylococcus aureus* bacteraemias (SAB) infections per 10,000 patient days – Quarterly Data' at <<http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=426>> and Report on Government Services 2016 chapter 11, volume E at <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/health/public-hospitals#results>>.
- <sup>23</sup> See 'Statewide – Intensive care unit central line-associated blood stream infections per 1,000 device days – Quarterly Data' at <<http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=425>>.
- <sup>24</sup> See *Quality use of medicines* at <<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/quality-use-of-medicines>>.
- <sup>25</sup> See *Hospital Acquired Complications* at <<http://www.safetyandquality.gov.au/our-work/information-strategy/indicators/hospital-acquired-complications/>>.
- <sup>26</sup> Safe and appropriate use of blood and blood training products – BloodSafe eLearning Australia at <[www.bloodsafelearning.org.au](http://www.bloodsafelearning.org.au)>.
- <sup>27</sup> See 'Statewide – Rate of hand hygiene compliance – Quarterly Data' at <<http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=423>>

- <sup>28</sup> See Victorian perinatal services performance indicators 2014-15 at <<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/perinatal-reproductive/maternity-newborn-services/vic-perinatal-services-performance-indicators>>
- <sup>29</sup> As published by the Royal Australasian College of Surgeons in February 2017.
- <sup>30</sup> See Quality indicators in public sector residential aged care services at <<https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs>>.
- <sup>31</sup> See Standard 9 Recognising and Responding to Clinical Deterioration in Acute Health Care, Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (September 2012), ACSQHC, Sydney, p. 61.
- <sup>32</sup> See Providing a safe environment for all: framework for reducing restrictive interventions at <[https://www2.health.vic.gov.au/getfile/?sc\\_itemid=%7BFA0CCF11-E1B6-4BED-9327-8AA448A45C15%7D](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7BFA0CCF11-E1B6-4BED-9327-8AA448A45C15%7D)>.
- <sup>33</sup> See 'Statewide – Adult mental health seclusion events per 1,000 bed days – Quarterly Data' at <<http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=416>> and Report on Government Services 2016 chapter 11, volume E at <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/health/mental-health-management>>.
- <sup>34</sup> See consumer advisory group activity – Consumer participation in Victorian public mental health services – progress report at <[https://www2.health.vic.gov.au/getfile/?sc\\_itemid=%7B6DD3786B-5F94-4F29-AF84-3BAA6A6417BB%7D&title=Consumer%20participation%20in%20Victorian%20public%20mental%20health%20services%20-%20progress%20report%20](https://www2.health.vic.gov.au/getfile/?sc_itemid=%7B6DD3786B-5F94-4F29-AF84-3BAA6A6417BB%7D&title=Consumer%20participation%20in%20Victorian%20public%20mental%20health%20services%20-%20progress%20report%20)>.
- See peer support workforce development – Victoria's specialist mental health workforce framework: Clinical mental health implementation plan 2014–17 at <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Clinical%20mental%20health%20implementation%20plan%202014-17>>.
- See the 'Your Experience of Care' survey at <<https://www2.health.vic.gov.au/mental-health/working-with-consumers-and-carers/your-experience-service>>.



<sup>35</sup> *Victorian health agency monitoring and intervention* (July 2016) p. 49.

<sup>36</sup> <https://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf>

<sup>37</sup> <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework>

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