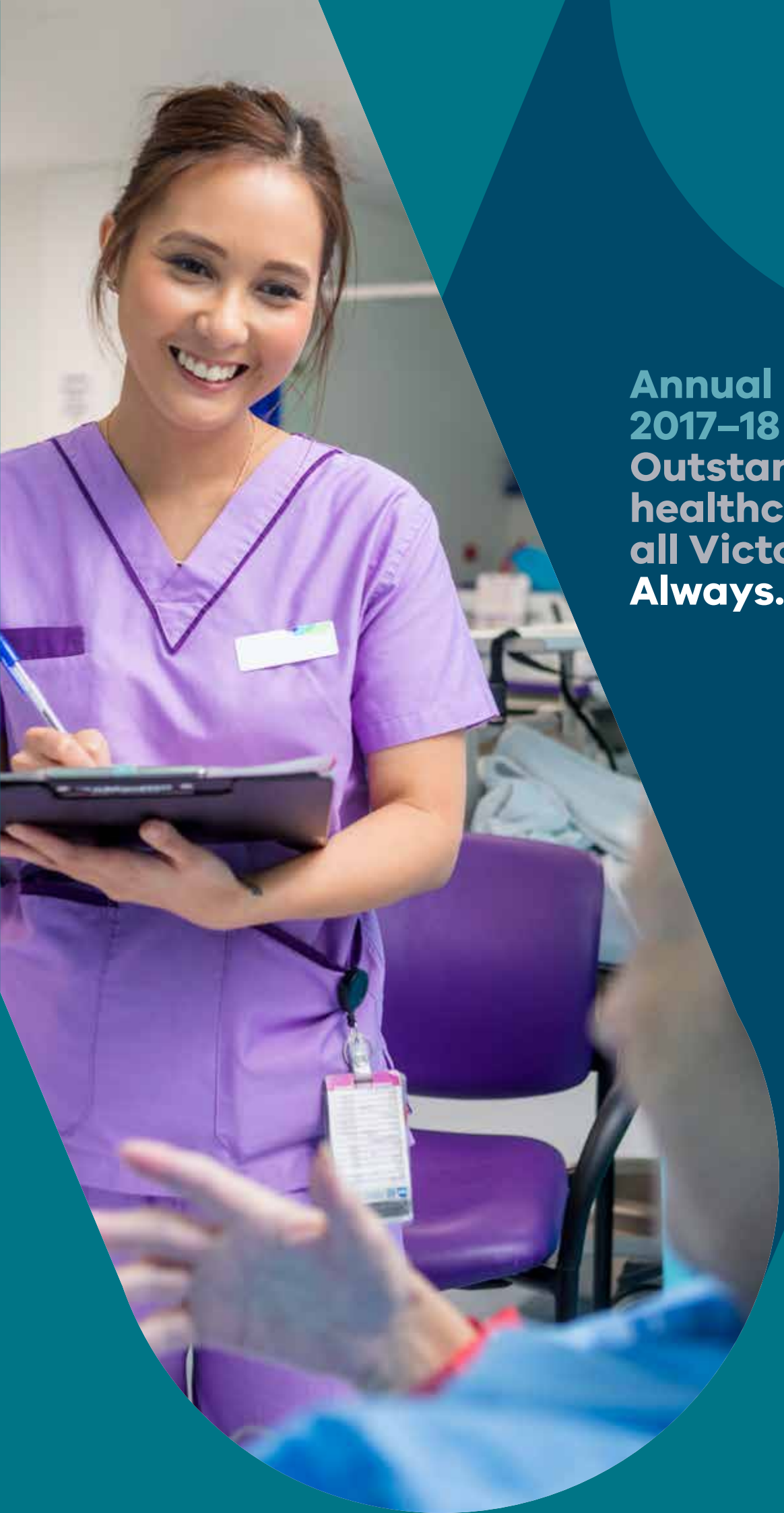

Annual report 2017–18

Outstanding healthcare for all Victorians. **Always.**

Safer Care Victoria

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VICTORIA State Government

Milestones

2017

January

Safer Care Victoria opens its doors

March

Victorian Clinical Council of 70 clinicians and consumers first meeting

June

Victorian clinical governance framework released to help services embed quality and safety

September

Safer Care Patient and Family Council formed

November

Inaugural patient experience forum attracts 300 consumers and clinicians

2018

January

Refreshed medical credentialing policy published

March

Better Care Victoria Innovation in action 2-day event attracts almost 300 people

April

Clinical networks release their first 3-year plans and priority projects

System safety review of Cohuna District Hospital maternity services finalised

May

$25m 2-year funding announced for Better Care Victoria innovation fund

SCV Academy appointed to support system safety reviews

State's independent mortality and morbidity committees reappointed

First clinical fellowship program starts

June

System safety review of Caulfield General Medical Centre's acquired brain injury unit finalised

About this report

The Safer Care Victoria (SCV) annual report 2017–18 is a comprehensive report of the services and programs we deliver to improve the quality and safety of healthcare in Victoria. It provides health services, clinicians, consumers, and other important stakeholders with a transparent and honest account of our performance.

As our first report, it celebrates our key achievements and the challenges we faced as a new agency since opening our doors in January 2017. It also outlines how we will continue to promote healthcare improvement and innovation in the year ahead.

Fulfilling our responsibilities under the Minister for Health's statement of expectations, this annual report is our key accountability document and the main way we report to the community, the Minister for Health and to the Parliament of Victoria.

Please note: our financial accounts are published as part of the Department of Health and Human Services (DHHS) annual report, to be available at **www.dhhs.vic.gov.au.**

Contents

Year in review

Detailing what has been a busy 18 months, I am proud to be introducing Safer Care Victoria's first annual report. This document details our people and our work, and all that has been achieved since we were established on 1 January 2017.

It is difficult to express the gratitude each of us at SCV feels towards you – Victoria's patients, carers, families, clinicians, health service managers and board members. Over the past 18 months, you have willingly told us exactly what it is you want us to achieve. You welcomed us in the doors of your service as we travelled the state to learn about your work and how we can support you to improve the quality and safety of care.

It is in response to your feedback, as well as the direction set by the Targeting Zero report, that we set our strategic priorities and designed our agency to meet them. Being born from significant healthcare reform, we were determined to hit the ground running. We placed pressure on ourselves to quickly establish our office, our processes and our workforce.

Responding to safety issues first

Our immediate work was necessarily focused on improving our capacity to review and respond to safety concerns. Having recruited an incident response team, the system safety experts within it have been flat chat since their first day with us – helping people over the phone, travelling to health services to conduct reviews and redesigning the sentinel event and root cause analysis programs of work. Their efforts are already turning around our state's historic poor reporting culture, and getting people talking about how to learn from errors – whether preventable or not.

Another big priority was to reinvigorate the state's clinical networks, some of which have existed for more than 10 years. They are now equipped and empowered to identify areas of unwarranted variation, and to target them through specific improvement projects. And we will be reporting back on their progress and measured impact on patient safety. This work complements the improvement and innovation work we support through the Better Care Victoria innovation fund, which was brought into SCV on its commencement.

Elevating the stewardship of quality and safety across Victorian health services has driven a renewed focus on outcomes data and our safety indicators. We have been slower off the mark than I had hoped to be in delivering a definitive set of safety measures – they will be with you this year.

Placing consumers at the centre of everything we do

While SCV doesn't directly deliver services to consumers, patients, carers or families, they are at the centre of our decisions, processes and projects. Our role is to make it easier for health services, the Department of Health and Human Services and other government agencies to engage with consumers, while supporting consumers to take up opportunities to inform healthcare decisions – through training and networking opportunities, and health service guidance.

We established new mechanisms for patient and clinician engagement: the Victorian Clinical Council and the Patient and Family Council. We employed a consumer representative to our staff, and recruited others to key governance and project bodies. All this gives me the confidence to say that Victorians now have a much greater say in the quality and safety of their healthcare than ever before.

Thank you

We thank the thousands of frontline clinicians and consumers who are supporting our work through:

- our clinical networks, governance and insight committees, priority project trial sites or working groups
- the state's mortality and morbidity councils, as well as the Victorian Clinical Council and the Patient and Family Council
- our sector-led improvement and innovation partners, and improvement advisers
- the Better Care Victoria (BCV) Board, advisory committees, industry coaches and leadership program alumni.

My sincere thanks to Professor Jeremy Oats who, after 11 years as Chair of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity, retired in July 2018. His contribution to the safety of Victorian mothers and babies has been invaluable and I wish him all the best for the future.

We look forward to continuing to work with our colleagues in the Department of Health and Human Services (DHHS), our sister agency the Victorian Agency for Health Information (VAHI) and other important stakeholders. We certainly can't do it without you.

Professor Euan Wallace AM
Chief Executive Officer

About us

Established in January 2017, SCV is the state's lead agency for monitoring and improving quality and safety in Victorian healthcare. We support health services and clinicians to identify and respond to areas for improvement, and work closely with consumers, families and carers to ensure they are at the centre of everything we do.

Our mission

Outstanding healthcare for all Victorians. Always.

Our purpose

To enable all health services to deliver safe, high-quality care and experiences for patients, carers and staff.

What we do

- Sentinel event reports
- System safety reviews
- Performance monitoring
- Safety alerts and advisories
- Clinical guidance
- Clinician engagement
- Advice and support
- Patient feedback
- Consumer participation
- Improvement projects
- Innovation partnerships
- Capability building
- Leadership and governance

Our principles

To fulfil our functions we:

- partner with others, including consumers and their families, clinicians and health services
- underpin our work with evidence-based best practice
- put people at the centre of everything we do
- focus on outcomes and measuring our impact.

Our values

Challenge the norm

Accept nothing less than excellence

Tell it like it is

One team

Bring your whole self

Our beginnings

SCV was established as part of State Government reforms after the release of the report *Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care* in October 2016. Commissioned by the Minister for Health, the review changed how quality and safety of care is monitored and supported in Victorian hospitals. Also formed was our sister agency, the Victorian Agency for Health Information (VAHI), which analyses and shares health performance data.

SCV is an administrative office of DHHS, under Section 11 of the *Public Administration Act 2004*. We perform our functions in accordance with the expectations of the Minister for Health, the Hon Jill Hennessy MP.

The Chief Executive Officer is responsible for the strategic leadership of SCV, as well as effective day-to-day management of the agency to ensure that we deliver on our obligations in a way that is open and accountable. Reporting directly to the Secretary of DHHS, our CEO is appointed by the Premier of Victoria for a term of five years.

Chief Executive Officer

Professor Euan Wallace AM

Professor Wallace is an academic obstetrician and gynaecologist by training. Prior to his appointment to SCV, Professor Wallace was the Director of the Women's Health Program at Monash Health. In that role, he established a clinical governance framework to drive and embed a culture of healthcare improvement. Professor Wallace is also the Carl Wood Professor and Head of Department of Obstetrics and Gynaecology at Monash University where he leads a perinatal medicine research group. His research interests are in fetal development, maternal health, stem cell biology and patient safety.

Deputy Chief Executive Officer Chief Nurse and Midwifery Officer

Associate Professor Ann Maree Keenan

Adjunct Associate Professor Keenan is a senior healthcare executive who has combined nursing leadership with operational accountability. Before progressing into management, Ann Maree worked in a variety of clinical areas, including renal nursing and infection control. Prior to this she was Executive Director of Ambulatory and Nursing Services at Austin Health.

Ann Maree also develops policies and initiatives to support quality, safety and best practice within the Victorian health sector.

More information on our organisational structure and governance systems is available from page 54.

Our planning and reporting framework

Our Strategic plan 2017–2020 details our priorities and objectives, and sets clear expectations of what success will look like in three years' time. It was informed by the Minister for Health's statement of expectations, recommendations from the Targeting Zero report, the DHHS strategic plan and our stakeholders' expectations.

ESTABLISHMENT

Health and Wellbeing Act 2008
Aims to achieve the highest attainable standard of public health and wellbeing.

Minister for Health's statement of expectations
Clarifies our governance, functions and reporting requirements.

PRIORITY SETTING

Targeting zero recommendations
As part of State Government reforms to the health system, SCV will implement 70 recommendations by the end of 2020.

DHHS strategic plan
SCV responds and reports against DHHS priority actions, tracking improved quality and safety in healthcare.

Stakeholder expectations
Our stakeholders identified four priorities for us to target through our work. Every activity we undertake must respond to at least one of these priorities:

- Improving patient safety culture
- Repeated communication breakdowns
- Unwarranted variation in practice
- Unwarranted variation in patient experience

PLANNING

SCV strategic plan 2017–2020
Details our three-year strategic goals and what success will look like.

REPORTING

SCV annual corporate plan
Outlines the activities we will undertake every year to progress our strategic goals.

Annual budget
Aligns resources to priorities to ensure we spend taxpayer money responsibly.

Annual report
Transparently reports on our performance and progress against the corporate plan.

Performance snapshot

As a new agency, we set purposefully ambitious goals in our first year. We wanted to hit the ground running. Proud of just how much we have accomplished, we have reported honestly and explained what we have and have not achieved. In future years, we will focus on becoming progressively more outcomes focused, introducing measures that demonstrate the impact of our work on the quality and safety of Victorian healthcare.

Our performance against our Corporate plan 2017–18 is summarised below, with further detail provided later in this report.

Strategic objective	What success looks like in three years	2017–18 focus	Progress
Partnering with consumers		Pages 14–19	
Consumer voices and choices are central to own care	Consumer-defined outcome measures and improvement goals being delivered at a health service level and in SCV	Partnering in healthcare framework	75%
		Patient and family escalation of care	30%
		Open disclosure	100%
Consumer voices and experiences improve health services and the health system	Demonstrable improvement in patient experience	Consumer representation	100%
		Transvaginal mesh response	100%
		Centralising healthcare complaints	20%
Partnering with clinicians		Pages 20–29	
Reductions in unwarranted variation in practice and outcome	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers	Amplify the work of the clinical networks	75%
		Utilise our clinical networks to drive reductions in unnecessary clinical practice variation	100%
		Actively facilitate the spread of best practice across the state	90%
Clinicians' voices and experiences improve health services and the health system	SCV chief clinical officers, the Victorian Clinical Council and clinical networks are utilised to inform policy and planning	Clinician engagement strategy for SCV	25%
		Utilise the Victorian Clinical Council and clinical networks for advice on health policy and planning	100%
		Provide relevant outcome measures to clinicians	0%
Leadership		Pages 30–35	
Healthy culture driven by strong leaders	System-wide approach to developing and sustaining current and future leaders	Leadership programs	100%
		Mentoring and alumni programs	70%
		Develop high-performing leadership teams	60%
Quality and safety governance embedded throughout health services	Evidence that accountability of health services' governing bodies and executives is strengthened	Leadership for quality and safety	5%

Strategic objective	What success looks like in three years	2017–18 focus	Progress
Review and response		Pages 36–43	
Robust response and review of serious incidents	A just culture. Demonstrable improvements in the number of serious events reported to SCV	Incident response program	50%
Dissemination of learnings from serious incidents, and local best practice	Measurable reductions in avoidable harm	SCV knowledge sharing	100%
Quality and safety data analysis drives system oversight and response	New quality and safety measures in clinician-driven reports for sector and public	Support for health services whose quality and safety indicators are flagging a possible problem	100%
		Analysis of relationship between procedure volumes and quality outcomes	50%
		Consultative councils	100%
System improvement and innovation		Pages 44–53	
Lead improvements in priority areas	Demonstrable reductions in avoidable harms in priority areas	Improvement partnerships	100%
		Improvement and innovation program	100%
		Reducing delirium-related harm	65%
		Reducing third and fourth degree perineal tears	50%
		Detection of fetal growth restriction	50%
		Prevention of paediatric clinical deterioration	100%
Enable innovation in priority areas	Evidence of local innovation scaled across the system	Better Care Victoria innovation fund	100%
		Scale successful innovation projects	100%
SCV is a national and international leader in quality and safety	Publications and presentations evidencing SCV impact	Credentialing – medical practitioners	100%
		Clinical governance	85%
		Conference	100%

Implementation of targeting zero recommendations

SCV is responsible for implementing 70 of the Targeting Zero recommendations. As at 30 June 2018, 57 (81 per cent) of these recommendations have been completed by SCV. A further 12 will be completed by December 2018 with the remaining recommendations scheduled to be completed by September 2020.

A full list of all of these recommendations is provided at **Appendix 2**.

How to read this report

This report is structured around the strategic priorities from our Strategic plan 2017–20, namely:

1. Partnering with consumers
2. Partnering with clinicians
3. Leadership
4. Review and response
5. System improvement and innovation

To provide a complete picture of our performance and service delivery, these operational chapters include:

- a snapshot of our performance against our Corporate plan 2017–18 and stakeholder priorities
- our key achievements
- the challenges we have faced
- an outlook for the next financial year.

Stakeholder priorities

Every activity in chapter performance snapshots responded to at least one of the priorities our stakeholders identified for us:

- Improving patient safety culture
- Repeated communication breakdowns
- Unwarranted variation in practice
- Unwarranted variation in patient experience

Targeting zero

Look out for this icon. We use it throughout this report to signify content that relates to a Targeting Zero recommendation.

Partnering with consumers

SCV works to improve opportunities for consumers and community representatives to participate in quality and safety improvement activities. We support health services to adopt a person-centred approach to improvement initiatives, including the management of patient complaints and review of sentinel and serious events. We also embed patient engagement in our own processes, and support the Safer Care Patient and Family Council to provide a link between DHHS, health services and consumers.

Performance

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Consumer voices and choices are central to own care				
Partnering in healthcare framework	Co-design the statewide framework underpinning consumer participation and engagement	Implementation commenced with clear priorities in each domain identified Piloting of priority strategies in health services	75%	19
Patient and family escalation of care	Develop and trial a centralised system for patient and family escalation of care	Trial results inform planning and implementation of statewide model	30%	19
Open disclosure	Review existing guidelines and training available for health services	100% of reported serious incidents have documented evidence that open disclosure has occurred	100%	16
Strategic objective: Consumer voices and experiences improve health services and the health system				
Consumer representation	Established Safer Care Patient and Family Council	Council established	100%	16
	Review induction and training programs for healthcare consumer representatives	Demonstrable increase in number of trained consumer representatives in health services	100%	16
Transvaginal mesh response	Coordinate a Victorian response to consumer concerns relating to complications suffered as a result of transvaginal mesh	Evidence of consumer-defined supports and clinical pathways for Victorian women impacted by transvaginal mesh surgery	100%	18
Centralising healthcare complaints	Commence development of a platform to share patient feedback information between SCV, the Health Complaints Commissioner (HCC), the Mental Health Complaints Commissioner and DHHS	Formal agreement between SCV, VAHI, HCC and Mental Health Complaints Commissioner underpinning a statewide taxonomy for complaints response	10%	18
	Establish a common approach to complaints management between the above agencies	Development of minimum standards for complaints management	30%	18

Key achievements

Increasing consumer participation in health services

Over the past year, we've worked to increase opportunities for consumers to participate in their own healthcare, as well as key health service programs and decisions. We have begun encouraging and supporting health services to include consumers in their sentinel event review teams (page 43), and credentialing and scope of clinical practice committees.

To ensure consumer representatives can participate fully once recruited by health services, SCV has also worked closely with the Health Issues Centre to develop consumer representative recruitment and training guidelines. Completed in June 2018, these guidelines will help raise the standard of support for consumer representatives. These will be released later in 2018.

Improving communication with patients and families

Over the past year, we revised our sentinel event notification processes to track if health services disclose adverse events to patients and families. In 2017–18, 95 per cent of reported serious incidents had evidence that open disclosure had occurred. This shows that health services are generally open and honest with patients and families about adverse events in their care. We will support health services so that this happens every time.

In May 2018, we commissioned a training program that supports clinicians and health service managers to build their confidence and skills in open communication and open disclosure. We will tell you how this has gone in next year's report.

Placing patients at the centre of what we do

While we support health services to improve opportunities for consumer participation, we also involve consumers and their families in our own key decisions, programs and activities.

In September 2017, we established the Safer Care Patient and Family Council to help ensure the perspectives and needs of patients, their families and carers are represented in our program planning, implementation, and evaluation. The Council met three times in 2017–18 to support several SCV activities, including:

- public reporting of patient experience data
- evaluation of the community advisory committee guidelines
- the functionality of current health service consumer advisory committee models
- the new Partnering in healthcare framework (page 19).

For Council membership, see **Appendix 1.**

To support improved communications and engagement, SCV also appointed consumers to our clinical network governance committees (page 22), and included consumer representatives on a new advisory body, the Victorian Clinical Council (page 23).

Learning from patient feedback

While we were unable to progress our planned activities around sharing complaints information (page 18), we did progress work to encourage health services to learn from patient feedback and complaints. Complementing information gained from the Victorian healthcare experience survey (VHES) which is commissioned by VAHI, we:

- funded a trial of an online patient feedback platform in six health services, allowing patients to provide honest feedback on their experience. The platform will help services better understand consumer experiences, and improve patient outcomes and organisational culture. Depending on the outcome of the trial, this platform may be offered to all public health services
- started a study of patient complaint data from 30 health services. This will help us trial a standardised model for classifying complaints data and analysing any trends or issues across the state (using a taxonomy developed by the London School of Economics and validated by the Clinical Excellence Commission in New South Wales). We will report on the findings of this study next year.

REPRESENTING CONSUMERS

Understanding the importance of placing patients at the centre of everything we do, SCV employed one of the first DHHS consumer representatives. Here, Belinda MacLeod-Smith talks about what she enjoys about her role and its critical contribution to co-designing programs with patients, carers and families.

As the role of consumer lead is new, every day is different. I'm asked to contribute on everything including social media strategies, reviewing consumer recruitment approaches, and presenting at workshops on effective engagement.

My focus is on the Partnering in healthcare framework (page 19). Over the past six months we've been consulting with a diverse range of consumers and clinicians to find out what's most important when it comes to partnering in healthcare. We take the 'Nothing about us, without us' policy very literally! We recently held a 'priorities summit'. On the day, I looked around the room and realised it's the first health-related event I've been to where health consumers outnumbered health representatives (by two to one). I thought, 'That's the SCV vision right there, and our team made it happen'.

I love the sense of camaraderie, the energy, the authenticity and the genuine commitment from SCV team members. I'm impressed by the way people are prepared to listen, and stretch themselves to accept new or different ideas. Most of all, I like the way staff not only genuinely care about the work we do, we care for and look out for each other.

Supporting Victorian women impacted by mesh complications

Setting up a working group of patients, consumer advocates and health professionals, SCV led the State Government's response to better support women impacted by complications from transvaginal mesh. The working group informed the identification of after-hours referral sites to treat complications, communication materials for affected women and general practitioners, as well as a referral hotline and peer support network.

In May, we followed this work up with a forum for gynaecologists, urogynaecologists and urologists to discuss guidance on the insertion and removal of transvaginal mesh from the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Gathering kindness in healthcare

Historically, DHHS has held a patient experience forum every year as an opportunity for consumers to provide input into key activities and decisions. In 2017, we wanted to explore patient experience from different perspectives, and look at the relationship between staff wellbeing and patient experience. As such, we also invited health services and leaders to our inaugural patient experience forum, featuring a range of inspirational speakers and innovators, interactive activities and thought-provoking discussion. More than 300 consumers and health workers attended the event, the penultimate activity in a two-week long 'Gathering of Kindness' event in November 2017. Presented by SCV, Hush Foundation, Monash Health, and the Victorian Managed Insurance Authority, Gathering of Kindness explored the concept of a kind health system.

Challenges

Sharing patient complaint information

Patient complaints and feedback are an important source of information in identifying potential issues and areas for improvement. In Victoria, multiple agencies receive healthcare complaints but legislative and operational barriers prevent us sharing patient complaint information. This means that each complaint is dealt with in isolation. Broader learning and improvement opportunities are missed. We seek to change that.

SCV is supportive of a common approach to complaint handling and is tackling some of the existing barriers to information sharing between various agencies – including the Australian Health Practitioner Regulation Agency, and the offices of the HCC and the Mental Health Complaints Commissioner. SCV has recently participated in the HCC's consultation to develop statewide complaint handling standards which will help to improve the quality of complaint handling processes and improve the experiences of consumers who have lodged a complaint.

SCV has been working with DHHS to review the way that complaints captured through correspondence to the Minister's office are managed and responded to and has been working towards a more consistent and person-centred model.

We remain committed to sharing and analysing patient complaints so that we may learn from each other's mistakes. In this way we hope to make it less likely that similar mistakes are made in the future.

Outlook

Rolling out our consumer framework

Supporting greater consumer participation in healthcare, we are poised to roll out our new Partnering in healthcare framework in Victorian hospitals in 2018–19.

Over the past year, we have developed and consulted on our draft framework and its priorities – including one of the most successful consultations to be conducted through the whole-of-government consultation platform, engage.vic.gov.au. With almost 1800 visits, we garnered high-quality feedback through 680 completed surveys (37% engagement rate), and followed this up with a priorities summit with a two-to-one ratio of consumers to health professionals.

In May 2018, we welcomed two new PhD students to SCV. They will help us track, measure and evaluate the impact of interventions implemented as a result of the framework, including how they have influenced the behaviours of healthcare workers and consumers.

Representing consumers across the state

SCV will establish a statewide consumer senate. Similar to a health service community advisory committee, the senate will represent consumers of public health services across Victoria. The proposed senate will support consumer representatives in their functions and allow another opportunity to be aware of issues that may be common across our state.

We have completed an initial assessment of the value of a consumer senate in Victoria. We will continue to develop the concept with key stakeholders over the next year.

Escalating patient and family concerns

Being introduced from January 2019, the new National Safety and Quality Health Service (NSQHS) Standards (second edition) will make it mandatory for health services to have a care escalation process in place. This helps people understand how to raise concerns if they are worried a patient is deteriorating or their concerns are not being listened to. While most health services already have this, sector-wide consultation has shown:

- approaches vary across health services
- many consumers do not know that such a process exists and hence there is poor uptake.

Over the past year, SCV explored the merits of a centralised care escalation system, such as those in Queensland and New South Wales. In the next year, we will develop guidance for health service leaders on the minimum requirements of a care escalation process and on how to implement such a process, balancing the needs of consumers and both metropolitan and rural health services.

Using patient feedback to inform statewide improvement

SCV is working with key state and national agencies to enhance the use of patient-reported outcome measures (PROMs). These patient questionnaires enable consistent and regular collection of information about outcomes that are important to patients. They can provide information to help formulate improvements to all healthcare encounters, interventions and treatments a person has received in a given time period.

In 2018–19, we will work with VAHI to implement a plan to ensure PROMs are best placed to help us understand health outcomes from a consumer perspective and to guide quality and safety improvements. We are also working with the ACSQHC to help formulate a position on a national PROMs program.

Partnering with clinicians

SCV partners with frontline clinicians to inform and champion safe, high-quality care. We seek input and direction on agency and departmental decisions, programs and activities through the new Victorian Clinical Council. We work with our clinical networks to develop statewide clinical guidance and improvement priorities. And we charge clinicians with leading priority improvement projects through our Australian-first clinical fellowship program.

Performance

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Reductions in unwarranted variation in practice and outcome				
Amplify the work of the clinical networks	Implement new framework for the clinical networks	Full implementation of framework	100%	22
	Develop and deliver two new clinical networks	Mental Health Clinical Network and Infection Clinical Network established, with improvement goals identified	50%	22
Utilise our clinical networks to drive reductions in unnecessary clinical practice variation	Clinical networks to identify three-year improvement goals, targeting unnecessary clinical practice variation	Improvement goals defined, implementation underway	100%	22
Actively facilitate the spread of best practice across the state	Review and publish clinical guidance in priority areas	Publish 15 new maternity clinical practice guidance, 15 revisions of newborn clinical practice guidelines and 5 new newborn clinical practice guidelines	75%	27
		Publish guidance for use of critical care medications (inotropes)	100%	27
Strategic objective: Clinicians' voices and experiences improve health services and the health system				
Clinician engagement strategy for SCV	Include People Matter survey measures relating to clinician engagement in the *Inspire* report	Increased response rate for People Matter survey in May 2018	25%	29
Utilise the Victorian Clinical Council and clinical networks for advice on health policy and planning	Establish and develop the Victorian Clinical Council to be an active and respected adviser to SCV and DHHS	Workplan delivered	100%	23
	Clinical networks engaged on health policy and planning agenda		100%	22
Provide relevant outcome measures to clinicians	Clinical networks to identify the best clinical outcome measures for success in their speciality area for inclusion in *Inspire* and to guide the work in variation	Identification of clinical outcome measures (currently viable and future)	0%	22

Key achievements

Reinvigorating our clinical networks

Over the past 18 months, we have undertaken significant work to set up new ways for our clinical networks to operate, engage and drive healthcare improvement. Comprising health professionals, academics and consumers across 11 specialist areas, some of our networks have existed for more than 10 years providing an important connection between DHHS and frontline clinicians. For more information about their role and membership, please see **Appendix 1**.

The Targeting Zero report identified key opportunities for how the networks might better provide quality and safety leadership, champion change and drive improvement. To provide the basis for this work, we released two new frameworks:

- The Clinical network framework (July 2017) created for the first time consistent structure, governance and operations across the networks.
- The Clinicians as partners framework (October 2017) built on earlier work by DHHS, and established the way SCV engages and works together with the clinician workforce.

As part of standardising how each of our networks operate, we recruited consumer representatives to the governance committees, recruited new clinical network leads, and introduced a consolidated monthly enewsletter to promote industry and network news, events and opportunities.

Reducing unwarranted variation through priority projects

For the first time, we tasked our networks to develop three-year strategies to reduce clinical practice variation in hospitals. The paediatric, renal, stroke, critical care, emergency, older persons and palliative care clinical networks worked with more than 1,000 clinicians to define 20 priority improvement projects. These strategically aim to:

- reduce the incidence of high-impact, high-preventability complications
- improve statewide performance on readmissions, complications, length of stay and mortality
- reduce stillbirths, perinatal mortality and intrapartum brain injuries
- improve patient experience.

See a full list of these projects on pages 24–26.

In our Corporate plan 2017–18, we had determined to develop broad clinical outcome measures for each of our specialty networks. However, as the Clinical network framework was developed, we instead developed specific clinical outcome measures for each priority project. These activities and outcomes will be reported through our Annual report 2018–19, and we will continue to work with VAHI to provide analysis on performance indicators in quarterly *Inspire* reports.

Expanding our networks

Recognising the important role of our clinical networks in engaging with clinicians and driving improvement, we established two new clinical networks in 2018: the Mental Health Clinical Network and the Infection Clinical Network. These networks will undertake the same strategic planning detailed above. More of this in next year's report.

Working closely with clinicians

VICTORIAN CLINICAL COUNCIL

The Victorian Clinical Council was established in March 2017, providing a forum for DHHS and SCV to obtain the collective advice of clinicians and consumers on strategic and systems level issues. For more information on the council's role and membership, see **Appendix 1**.

In 2017, the council met four times, producing formal advice on two priority issues: integrated care and end of life care. The council also responded to requests for input into three departmental programs of work: the statewide service and infrastructure plan, occupational violence in hospitals, and the introduction of a statutory duty of candour. In 2018–19, the council will increase opportunities to provide support to SCV and DHHS by forming time-limited working groups and committing to providing advice on priority issues as they arise.

CHIEF CLINICAL OFFICERS

Another key way we engage with health services and clinicians is through our chief clinical officers. They provide a focal point for the escalation of professional quality and safety matters, as well as providing skilled leadership to the sector. Over the past year, our three chiefs have visited more than 40 health services – engaging with clinical leads, management, staff and patients to maintain a good understanding of issues facing health services and professions. Their visits also help raise the profile of quality and safety, and create important connections to encourage clinicians to contact us if they have concerns.

For more information about our chief clinical officers go to page 56.

Our Deputy CEO and Chief Nurse and Midwifery Officer Ann Maree Keenan met with more than 110 directors of nursing and midwifery, and academics at her annual forum in March 2018. Holding regular forums for senior clinical leads provides a unique platform for executive leaders from the private, public and university sectors to come together as a collective group to share ideas and information.

Priority projects 2017–2020

These 20 projects have been developed and prioritised by our clinical networks to help reduce variation in the standard and delivery of care across the state. From 2018–19, we will improve how we report on the activities of the clinical networks, with project updates and progress reported in our annual report.

Cardiac Clinical Network

REVISITING ATRIAL FIBRILLATION IN EMERGENCY DEPARTMENTS

Atrial fibrillation is a common condition that increases the risk of stroke, particularly in older people and those with other comorbidities. This project aims to prevent death or disability caused by stroke in people with atrial fibrillation through developing a clinical guideline on appropriate use of direct current cardioversion and anticoagulant therapy.

Care of Older Persons Clinical Network

INFORMING BEST PRACTICE FOR MANAGING PATIENTS WITH HIP FRACTURES

National data shows an unwarranted variation in how people presenting to hospital with a hip fracture are screened, assessed and managed. This places the patient at higher risk of adverse events, poorer outcomes and readmission. This project will support Victorian health services to standardise and align hip fracture care to the national hip fracture clinical care standards.

END PJ PARALYSIS: PREVENTING FUNCTIONAL DECLINE AND INCREASING PATIENT ENGAGEMENT

VHES data show consumers are not adequately engaged in their care, decision making and activities to maintain function during their hospital stay. This places patients at risk of functional decline, increased length of stay and poor health outcomes. This project will refine existing models to increase patient engagement and activity during a hospital stay.

Critical Care Clinical Network

STANDARDISING INOTROPES AND VASOPRESSORS

Inotrope preparation, administration and monitoring is highly variable in Victorian critical care settings. This project will standardise the nine medications that support the heart across all intensive care units (ICUs). This will result in smoother and faster transfers for people who require more medical assistance.

SUPPORTING STATEWIDE MEDICAL EMERGENCY TEAM (MET)/RAPID RESPONSE

Increasing demand on MET services results in stretched resources and inconsistent system responsiveness. This project aims to reduce repeat MET calls and associated impact on ICU resources, producing a resource package to help services ensure patient goals of care are clearly and consistently documented on admission.

Emergency Care Clinical Network

IMPLEMENTING A SEPSIS BUNDLE OF CARE IN EMERGENCY DEPARTMENTS

Sepsis is one of the leading causes of death in hospital patients worldwide. It is a time-critical illness requiring early identification and prompt intervention to improve patient mortality outcomes. We will introduce a statewide approach to sepsis assessment and management, and help emergency departments and urgent care centres recognise and better manage patients experiencing sepsis.

Maternity and Newborn Clinical Network

STRENGTHENING SAFETY OVERSIGHT THROUGH A CLINICAL GOVERNANCE USER GUIDE

We will introduce a clinical governance guide to provide maternity services with service-specific tools and resources to meet the requirements set out in the Victorian clinical governance framework.

REDUCING THE NUMBER OF PREVENTABLE STILLBIRTHS IN VICTORIA

This project will deliver a bundle of care targeting two major risk factors for stillbirth: fetal growth restriction and decreased fetal movements. Partnering with the National Health and Medical Research Council (NHMRC) Stillbirth Centre for Research Excellence, we will deliver a statewide training package for clinicians, and a public health campaign targeted to expectant mothers.

EXPANDING OUR MATERNITY AND NEONATAL EHANDBOOKS

We will continue to expand our Maternity and Neonatal eHandbooks, which give clinicians providing maternity care 24-hour access to pathways of care regardless of service location, capability or skill of workforce.

SHARING SERVICE DATA THROUGH A MATERNITY DASHBOARD

This project aims to drive quality improvement by allowing maternity services to monitor their own data and clinical performance. Services can produce timely, regular dashboard style reports to immediately identify, escalate and respond to performance issues or clinical concerns.

Paediatric Clinical Network

REDUCING CLINICAL VARIATION IN PAEDIATRIC ADENOTONSILLECTOMY

Adenotonsillectomy is the most common surgical procedure in childhood, usually performed for sleep-disordered breathing or recurrent infections. Rates of tonsillectomy vary greatly across the state. This project will produce parental decision aids, and health pathways to guide general practitioners on all treatment options for snoring and tonsillitis.

REDUCING UNNECESSARY PRESCRIBING IN INFANT REFLUX

Gastroesophageal reflux is common in infants but is often misdiagnosed and treated unnecessarily with acid suppression therapy which can cause harm. Aiming to reduce its use in four Victorian hospitals, this project will deliver a toolbox of interventions including clinician education and parental information.

Palliative Care Clinical Network

PRIORITISING ACCESS TO PALLIATIVE CARE

The number of Australians dying each year will double over the next 25 years, placing increasing demand on palliative care services. This project focuses on implementing a standardised approach to prioritising access to palliative care services in order to enhance equity of services.

CARE OF THE DYING PERSON

Recent studies have identified significant numbers of MET calls are made for people who are actively dying. This results in patients receiving invasive and non-beneficial treatment. This project will implement a best practice approach to improving the recognition and care of the actively dying person that engages family and carers.

RECOGNITION AND RESPONSE FOR PALLIATIVE CARE

Population growth and ageing are resulting in increasing numbers of people living longer with chronic and other life-limiting illnesses. This project focuses on supporting clinical recognition of people with a life-limiting illness to facilitate timely referral to palliative care services.

Renal Clinical Network

INCREASING EFFECTIVE RENAL PATIENT-PROVIDER COMMUNICATION AND SUPPORT

VHES data show fewer renal patients than non-renal patients report being involved in decisions about their care. This project will deliver a statewide minimum dataset for informed consent incorporating shared decision making, as well as staff training resources.

Stroke Clinical Network

IMPROVING ACCESS TO STROKE UNITS FOR ALL STROKE PATIENTS

Patient outcomes are significantly improved when people with stroke receive care in stroke units. However, access and time spent in stroke units vary greatly across Victoria. This project will test a strategy to enable timely access for patients to a specialist stroke unit for improved patient outcomes.

IMPROVING ACCESS/TIMELINESS OF INTRAVENOUS THROMBOLYSIS ADMINISTRATION FOR ELIGIBLE STROKE PATIENTS

Patients who have an ischemic stroke have a small period of time to receive intravenous thrombolysis to potentially reduce permanent brain damage and/or disability. Data show approximately 18 per cent of ischaemic strokes are treated with thrombolysis. This project will improve statewide processes for timely access to this hyper-acute stroke treatment.

IMPROVING ACCESS AND TIMELINESS TO ENDOVASCULAR CLOT RETRIEVAL

Endovascular clot retrieval (ECR) is a highly effective treatment that reduces disability/death after an ischaemic stroke. However, patient referral to and acceptance by ECR centres vary. This project will update and increase compliance with Victorian ECR protocols.

OPTIMISING MOOD SCREENING, ASSESSMENT AND INTERVENTION FOR STROKE PATIENTS

Mood disorders affect one in three patients post stroke and can significantly alter outcomes from rehabilitation and ultimately the quality of the lives of patients and their families. As part of this project, we will scale a successful project to three regional health services to provide access to neuropsychology via telehealth technology to improve assessment and management of mood disorders for stroke survivors.

For more information on these priority projects, including goals and measures, please go to **bettersafercare.vic.gov.au.**

Challenges

Issuing best practice guidance

Our clinical networks are tasked with sharing best practice to guide consistent, high-quality care. But how that is delivered, and how successful we are, varies across the networks. Additionally, it is difficult to measure how best practice guidance is used. Before the end of 2018, we will review how we provide clinical guidance, and evaluate the response to them.

We know our consultative approach to developing clinical guidance is greatly valued. In the past year, we surveyed people who had participated in the Maternity eHandbook project and found it motivated clinicians to not only engage with SCV more, but also to participate in improvement activities within their own health service.

In the past year we continued to add to our online bank of clinical guidance, including:

- 11 new topics in the Maternity eHandbook
- three new topics in the Neonatal eHandbook
- use of critical care medications (inotropes)
- 13 new paediatric general practice HealthPathways for paediatric gastrointestinal and respiratory conditions (developed with the Victorian Primary Health Network Alliance and the Royal Children's Hospital).

For release in early 2018–19, our Chief Paramedic Officer has developed statewide guidance on:

- **Snake and spider antivenom stock holdings**. This will guide health services around when and how much of each antivenom to hold, so they are able to provide treatment of snakebites effectively. It also seeks to guide moving patients to antivenom (and antivenom to patients in extreme cases) maximising the availability of antivenom to Victorians when and where required.
- **Unwell passengers on public transport**. Passengers on public transport who become unwell deserve access to care. This is best achieved on platforms and stations, and not on trains or trams. This work sets out the best place for unwell passengers to get care, the expectations passengers should have, and actions for public transport operators.

In the first clinical fellowship of its kind in the country, SCV recruited eight clinicians as clinical fellows to help drive high profile healthcare improvements. Starting in May 2018, the fellowship is an opportunity for clinicians seconded to SCV to:

- gain a different perspective on healthcare improvement
- learn valuable project management skills
- benefit from a 12-month tailored learning program around change management, improvement science and leadership.

Responding to coronial recommendations

Some of SCV's key projects such as the anaphylaxis project (see below) have been shaped from coronial findings and recommendations.

As such, we introduced a new process to monitor, respond to and act on findings from the Coroners Court of Victoria.

This means we are now better able to prevent the recurrence of avoidable harm through:

- disseminating findings
- actioning recommendations
- providing information about the relevant work being undertaken
- working with the Coroner to inform findings
- supporting health services to implement recommendations.

IMPROVING CARE FOR PATIENTS WITH ANAPHYLAXIS

Anaphylaxis is increasingly common in Victorian emergency departments, and presentations are on the rise every year. In 2016, the Victorian Chief Medical Officer of Quality and Safety identified the need for a system-wide review of the diagnosis and management of acute anaphylaxis. With several coronial recommendations reiterating the importance of this, both SCV and DHHS are working on ways to improve the care of people with analphylaxis.

Paediatric Clinical Network lead, Associate Professor David Armstrong explains his ongoing role with the SCV anaphylaxis project.

As one of two clinical leads of the Paediatric Clinical Network, I was asked to convene and chair the anaphylaxis expert group. Following consultation and analysis of available data, we produced a report, *How can we better manage anaphylaxis in Victoria?* in April 2017.

This comprehensive report was endorsed by Allergy and Anaphylaxis Australia, the Victorian Statewide Paediatric Clinical Practice Guideline Group and the Australasian Society for Clinical Immunology and Allergy. However, the expert group also identified variation in care, and emphasised that efforts must be made to improve the consistency of anaphylaxis management across primary, secondary and tertiary care.

We made 20 recommendations – ranging from simple and practical measures, to redefining what is now considered best practice in the care of anaphylaxis patients in emergency departments.

As a result, there's so much happening in this space. Ten recommendations have been fully implemented, including releasing statewide paediatric clinical practice guidance, and simplifying adrenaline infusion guidelines.

I am still working with SCV on statewide practice guidance which will allow patients who have allergies to keep their EpiPen (or equivalent) when they are admitted, as well as developing a statewide clinical standard for anaphylaxis in adults in hospital. And meanwhile, the department is defining a process for hospital emergency departments to notify all anaphylaxis presentations.

This has been an incredibly rewarding project to work on, as so many parties – including the department, health services, clinicians and consumers – are working together on multiple fronts to make a difference to the safety of Victorians.

Outlook

Preventing paediatric clinical deterioration

Following a successful trial in 2018, SCV will be rolling out a new chart for clinicians to help track fluid balance in children. This will become the sixth (neonates) and seventh (paediatrics) tool to be created under the Victorian Children's Tool for Observation and Response (ViCTOR) suite.

Initially developed by the Royal Children's Hospital, the chart was trialled at nine sites for eight months. A survey of staff indicated they saw improvements from the standardisation of tools, and awareness of fluid management. We are currently analysing final paediatric deterioration metrics to determine impact on outcomes.

Tracking clinician engagement

In many industries there is a clear connection between outcomes for the business and the level of engagement of the workforce. It is the same in healthcare.

We will continue to work with VAHI to include key indicators of clinician engagement (from the annual People Matter survey) in the quarterly *Inspire* reports to help complete the picture of health service quality and safety. Over the past year we worked with DHHS to help improve participation in the annual People Matter survey by significantly reducing the number of questions. The survey was conducted in May 2018 and results were not available at the time of printing.

Leadership

Safe cultures are driven by strong leaders – including boards, CEOs and senior clinicians – as they are best placed to prioritise and embed quality and safety measures and governance in health services. To support, develop and connect senior leaders within and across Victorian health services, SCV is working to coordinate an engaging program of training, coaching and other professional development opportunities.

Performance

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Healthy culture driven by strong leaders				
Leadership programs	Delivery of a suite of leadership courses targeted to different career stages of individuals	Continued interest in future rounds of the programs due to the ability to articulate benefits of the investment	100%	32
	Support an improvement scholars course that couples the development of key leadership and influencing skills with improvement science methodology	Evidence of knowledge application in the workplace	100%	32
Mentoring and alumni programs	Co-design a mentoring program with sector representatives	Program is well supported	n/a	35
	Develop an alumni program for leadership program graduates to establish and support peer networks and knowledge sharing	Alumni program valued as a peer support and networking environment	70%	35
Develop high-performing leadership teams	Co-design and pilot a leadership coaching program targeting executive teams in rural or regional services	A pilot group of health services complete the program with demonstrated evidence and evaluation of positive impact and outcomes	60%	33
Strategic objective: Quality and safety governance embedded throughout health services				
Leadership for quality and safety	Co-design and pilot a leadership for quality and safety program that builds organisational and system level capability for clinical quality management and governance	Strong program design leading to a high degree of interest and recognised value in completing the program	20%	35
		Diverse group (metro, regional and rural) of participants involved in the pilot	0%	35
		Evidence of integration with other key work streams within SCV including incident response and clinical governance	0%	35

Key achievements

Supporting the next generation of healthcare leaders

In 2017–18, SCV supported more than 200 health service staff to become improvement quality and safety leaders through a range of new or improved professional development programs.

EXECUTIVE LEADERSHIP FOR INNOVATION

This program offered executives and senior clinical directors the opportunity to develop their personal leadership style, explore the challenges of being a leader in the Victorian health system. The program also provided a suite of tools to build their relationship skills and personal resilience, supporting them to become highly effective health systems leaders.

Involving group sessions, action learning, individual coaching and immersive experiences, the program covered a range of contemporary leadership theories, including adaptive leadership, complex adaptive systems and immunity to change.

Learnings from the evaluation of this program will inform the Leadership development framework (page 35).

"Probably the best leadership program I have participated in... good guest speakers, a skilled and open group of peers to work with and learn from, and structured ways to work through personal and strategic leadership challenges. I have other personal growth objectives that I have set myself for the next 12 months which I wouldn't have considered were it not for my involvement in this program."

LEADERSHIP ON THE FRONTLINE

This program offered frontline managers and senior clinicians an opportunity to further develop their leadership skills and learn how to be influential change leaders in their organisation.

The program was based on adaptive leadership theory and used a range of experiential learning techniques and real life case studies to bring to life the challenges of leading change in the complex and challenging environment of frontline care delivery.

We are currently assessing the outcomes of this program from final project reports.

PROFESSIONAL CERTIFICATE IN HEALTH SYSTEMS MANAGEMENT

In 2017, we partnered with the University of Melbourne to offer this customised program for Victorian health system staff.

The Professional Certificate in Health Systems Management offered senior health service managers and clinicians with managerial experience the opportunity to develop their health system operational and managerial skills.

The program is a formal professional certificate qualification and the successful completion of this program can be used as 25 credit points towards the Master of Enterprise (Executive) program.

Addressing regional and rural specific challenges

Partnering with the Royal Australasian College of Medical Administrators, our **Leadership for rural clinicians** program sought to address leadership gaps and turnover which are regularly experienced in regional and rural Victoria. We co-funded 21 rural clinicians to undergo the 10-month program, gaining their commitment to provide future support for healthcare delivery in rural Victoria. We also funded 500 registrations for regional and rural services to access the Institute for Healthcare Improvement (IHI) open school.

Building on the success of the program, we have designed a new leadership team coaching program for rural health services to start in July 2018. Through this program we will work with their senior leadership on developing a strong and collaborative leadership culture across regional partnerships.

Redesigning with clinicians

Over the past four years, DHHS and SCV have supported 41 placements within Victorian health services to drive projects to improve the quality and safety of healthcare.

In 2017, the final year of the four-year **Clinicians in redesign** program, we funded 16 services to deliver improvement projects. In addition, we supported 33 clinicians from those services to develop the skills required to deliver a project through a series of project management workshops covering problem solving and leading change, lean principles, compassionate leadership, program evaluation and sustainability.

Projects undertaken through **Clinicians in redesign** included:

- introducing streamlined discharge processes, easing delays in completing patient discharge summaries, as well as wait times for admissions
- introducing a standardised handover process between medical personnel to ensure clinicians have accurate and up-to-date clinical information
- reviewing ward management processes, to reduce unnecessary interruptions and significantly increase the amount of time nurses spend with patients.

Leading discussion and debate

Over the past year, we hosted numerous events for health service leaders to help them stay up-to-date with sector developments and best practice:

- **Professor Michael West talking tour**. Partnering with Melbourne University, we hosted a number of sessions featuring insights in leadership, quality and safety and operational performance, and how these impact staff wellbeing and patient safety. Professor West is a Senior Fellow at the King's Fund and Professor of Organisational Psychology, Lancaster University of Management.
- **Updated NSQHS Standards**. Promoting the release of the updated NSQHS Standards (second edition), we held three events in early 2018 to give CEOs, directors of medical services and directors of nursing the opportunity to ask questions and gain a better understanding of the impact of the updated standards.
- **Hospital-acquired complications and funding**. In March 2018, we invited directors of medical services, directors of nursing and other senior clinicians to hear from all the parties involved in developing and implementing the Commonwealth's pricing for quality model.
- **Implications of the Dr Bawa-Garba case**. In March 2018, we held a discussion about the relevance and impact of the Dr Bawa-Garba case in the United Kingdom on our work in Victoria, particularly for doctors. The panel included the Chair of the Medical Board of Australia, the Director of Public Prosecutions, and doctors-in-training.
- **IHI leader workshops**. In November 2017, we hosted nine events with the IHI chief executive Derek Feeley, including tailored presentations for CEOs, boards and senior clinicians about best practice in leading quality and safety.

Introducing SCV improvement advisers

Six SCV staff have joined colleagues from sister agencies in other states to undertake the IHI improvement adviser professional development program. This is one of IHI's premium products and sees us begin a purposeful journey to increasing improvement capability across the state.

Through this, we will be equipped to better support health services to embed quality and safety programs across the system. Our staff are working in roles across our agency: one is leading the project to prevent, detect and respond to delirium (page 52); others are working to support the BCV innovation fund and the sector to trial innovation projects; with the remainder leading clusters of clinical networks to scale improvement at a system level.

Further training opportunities are planned for those working within health services in 2018–19.

Challenges

Understanding leadership development gaps

Many external agencies and health services themselves deliver a variety of leadership training opportunities. This leads to duplication of programs and effort. Uncertainty about the sector's needs led to a delay in the delivery of our **Leadership for quality and safety** program, as well as our planned mentoring program.

Having researched what leadership training is currently being delivered at a local level, we are developing a Leadership development framework to best fill identified gaps in leadership courses and training.

After testing with the sector, we will feed this into the design of future programs to address identified needs and align with local offerings.

Outlook

Working with senior leaders to strengthen clinical governance

Aligning to the clinical governance framework we released in 2017 (page 47), SCV is leading the delivery of **Leadership for quality and safety** in 2018–19. This clinical governance program is tailored to health service executives and board members.

Previously outsourced, in 2017–18 we purposefully built the internal capacity to deliver regionally-based clinical governance programs ourselves to better meet the needs of health services. Over the next 18 months, we will deliver tailored local sessions to all health services on a rolling program.

Networking through an alumni program

We connect with hundreds of senior staff and clinicians through our leadership programs. In building an alumni program we can provide a valuable network between peers for ongoing support, collaboration and information sharing.

While delivery of a planned alumni program was delayed, we did consult with past participants on alumni program requirements. We also trialled a digital platform to enable collaboration between participants, with message boards, document sharing and an events calendar. We will progressively establish the alumni program over the next year.

Leading the conversation

Helping to stimulate discussion about leadership capability, we have a developed a new **Leadership conversation** series. Due to be launched in October 2018, the series will bring together health workers to hear from inspiring leaders from a broad range of industries. It will include keynote presentations, masterclass sessions and access to online resources.

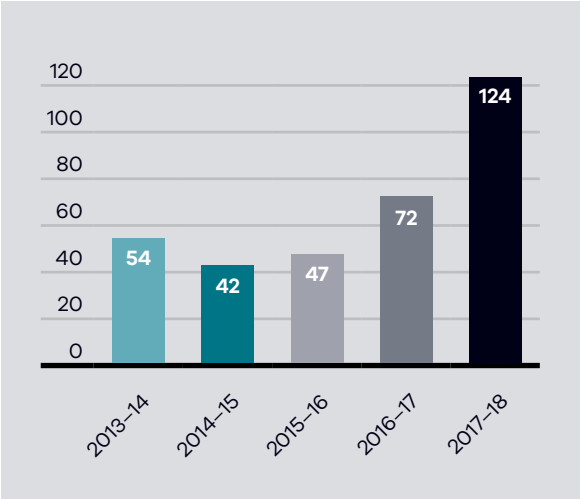
Review and response

SCV is responsible for overseeing quality and safety in Victorian health services. We work with VAHI to analyse performance data and provide advice to health services, and with DHHS to ensure there is a stronger focus on quality and safety as part of regular performance monitoring. We help health services respond to adverse events and system issues, and support our legislated consultative councils conduct case reviews, identify trends and themes, and provide recommendations on how to prevent avoidable harm.

Performance

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Robust response and review of serious incidents				
Incident response program	Establish the SCV Academy of expert clinical reviewers to support SCV to investigate systemic clinical concerns	SCV Academy in operation	100%	41
	Establish the panel of external expert reviewers (PEER) to support health services to review serious incidents	Minimum of 20 PEER reviewers in operation	30%	43
	Refresh of sentinel event program, expand to include serious events not sentinel events	Knowledge shared across the system, including from coronial recommendations	100%	42
		Increased number of serious events reported to SCV	100%	38
	Support for consumer participation in serious event investigations	Evidence of consumer participation in serious incident investigation	10%	43
Strategic objective: Dissemination of learnings from serious incidents, and local best practice				
SCV knowledge sharing	Develop SCV–VAHI website and enewsletters	Website analytics identify strong user interactivity and downloads	100%	42
	Program of knowledge sharing events and webinars	Attendance and analytics demonstrate take up and engagement	100%	43
Strategic objective: Quality and safety data analysis drives system oversight and response				
Support for health services whose quality and safety indicators are flagging a possible problem	Analysis of quality and safety data informs SCV participation in regular performance meetings between health services and DHHS	Improved patient outcomes	100%	39
Analysis of relationship between procedure volumes and quality outcomes	Work closely with DHHS system planners to identify and prioritise procedures requiring volume-outcome analysis	Advice provided to DHHS on: • cardiothoracic surgery • bariatric surgery • maternity services	50%	39
Consultative councils	Publish council reports to support quality and safety improvement	Report findings are used to support quality and safety improvement	100%	40

Number of reported sentinel events 2017-18



More detail will be released in the 2017–18 Sentinel events annual report.

ARE RCA RECOMMENDATIONS EFFECTIVE?

Published in the International Journal for Quality in Health Care in January 2018, SCV and the Australian Institute of Health Innovation assessed the strength of RCA recommendations at 36 public health services in 2010–2015.

Of the 1,137 recommendations made in 227 RCAs, just 8% were 'strong', 44% 'medium' and 48% were 'weak'. In 31 RCAs (15%) only weak recommendations were made. These results suggested the majority of RCAs are not likely to inform practice or process improvements. We are committed to improve the quality and usefulness of RCAs. Read the full paper at academic.oup.com/journals

Key achievements

Strengthening Victoria's response to incidents and system issues

Part of the state's incident management framework, we refreshed the sentinel events program in the past year to improve how serious events are reported and monitored. With greater support and encouragement than ever before, we have seen a doubling in the number of sentinel event reports to SCV in 2017–18 compared with the previous five-year average. We also saw an increase in voluntary reporting from private health services. This is not a sign that our hospitals are any less safe. Actually, we believe it makes them more safe. The increased reporting means there is an increasing appreciation of the importance and value of reporting clinical incidents and adverse health events.

We also now work with multiple stakeholders – for instance, we now review all sentinel events relating to mental health with the Office of the Chief Psychiatrist, and we work with the Coroners Court of Victoria on reportable deaths.

Ensuring thorough review

Improving the capacity of health services to conduct high-quality reviews, we developed and introduced our own root cause analysis (RCA) training program. This program aims to enhance knowledge and skills in RCA methodology, and was delivered to 70 people in 2017 and 150 in the first six months of 2018.

Over the next year, we will be rolling out training programs tailored specifically to meet the needs of health services and staff who will be reviewing serious events and forming recommendations. Due to the overwhelming interest in attending our RCA program, we will develop online modules, as well as focus on new topic areas such as human factors and safety system training.

Targeting recurring safety issues

Using our analysis of sentinel events data, we hope to identify recurring issues in healthcare safety and to develop recommendations for future improvement. For instance, medication errors continue to be an identified issue, with 11 deaths reported by Victorian health services between 2013 and 2016.

In May 2018, we worked with VicTAG to bring together 100 clinicians with an interest in medication quality and safety at our state medicines roundtable. Participants contributed to the development of state priorities and activities in medicines and discussed how we best learn from medication errors.

After the day, participants ranked their top five priorities as:

1. Establish a new state medication safety and quality advisory body/network
2. Develop statewide policies and clinical guidance
3. Share and promote examples of best practice in different aspects of medication safety
4. Develop medication safety alerts
5. Share and learn from Victorian hospital medicines incident data

Providing expert support and advice to the sector

We collect rich data from sentinel events, performance indicators, patient complaints and other areas. This gives us a unique vantage to help identify emerging or potential risks and issues within individual services or the broader sector. Armed with this intelligence, we proactively work with health services to help resolve any emerging quality and safety issues. We participated with DHHS in more than 100 health service performance meetings, providing expert analysis on quality and safety indicators.

We are also increasingly seeing health services contacting us – mostly through our chief clinical officers – to seek informal service delivery advice and planning support. This is an encouraging sign that health services are becoming more adept at identifying service concerns and more willing to raise these with an external agency. On a more formal level, we support departmental system planning and capability framework developments. So far we have provided advice on renal transplant, extra-corporeal membrane oxygenation and cardiothoracic surgery. In early 2018–19, we will provide further advice on maternity services and bariatric care. SCV is also working closely with DHHS to plan for new services, including supporting 'safe' commissioning of new facilities (e.g. the new Mercy Hospital intensive care unit).

COUNCIL REPORTS RELEASED

- *VCCAMM Triennial report 2012–2014,* August 2017
- CCOPMM *Victoria's Mothers, Babies and Children 2016,* November 2017
- *Victorian perinatal services performance indicators 2016–2017,* January 2018
- *Congenital Anomalies in Victoria 2015–2016,* June 2018

Communicating mortality and morbidity review recommendations

Over the past year, we supported the state's independent consultative councils to get up-to-date on their reporting requirements, with the release of major reports by the:

- Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)
- Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM)
- Victorian Surgical Consultative Council (VSCC).

For membership, please see **Appendix 1**.

In the past year, we introduced action plans published alongside the council reports that clearly outline how SCV and DHHS will respond to the recommendations. We also recruited more staff to better respond to mortality and morbidity data requests from universities and independent researchers.

An example of how SCV is disseminating learning from council reports, we held a forum for 60 leaders of maternity and newborn services to discuss perinatal services performance indicators, and to share and improve practice for Victorian women and babies.

Conducting system safety reviews

Over the past year, we established our role and procedures in:

- conducting system safety reviews of identified quality and safety issues
- supporting health services through clinical service assessments to plan a sustainable and safe service.

We conducted four system safety reviews into the quality and safety of health services, such as Cohuna District Hospital maternity services (see below) and Caulfield General Medical Centre's acquired brain injury unit.

As part of these reviews, we commissioned external experts to join the SCV team – an important reinforcement to the independence of our advice. To help streamline this process, we introduced the SCV Academy.

Following a public consultation then recruitment campaign, we appointed and trained an initial 11 members from a range of disciplines, including consumer representatives (see **Appendix 1**). From 2018–19, we will appoint Academy members to SCV-commissioned reviews, cluster reviews and broader system safety reviews. The Academy will meet regularly to receive feedback and share experiences. A second intake has been planned for late-2018 that will see the Academy grow to 24 members.

MAINTAINING SAFE MATERNITY SERVICES IN COHUNA

In December 2017, SCV was asked to visit Cohuna District Hospital to plan for the future of the maternity service for the women of Cohuna and surrounds. Board Chair Jean Sutherland talks through her experience after concerns about resourcing led to the temporary suspension of their birthing service.

After requesting support, the response from SCV was prompt – their team was shortly on the ground to meet with the board, our executive and staff. Including specialists in rural health and maternity, it was clear the SCV team understood small rural hospitals and the challenges we face. They identified our strengths and weaknesses, and acknowledged the passion and commitment from everyone involved, especially the midwives and the visiting medical officers.

Helping us to sustain safe care for the women and children of Cohuna and surrounds, the resulting SCV report made practical recommendations. These were well received by all, and the midwives and visiting medical officers have worked with the Executive team to implement the recommendations, and achieve milestones set by SCV. For instance, highlighting the importance of continuous professional development, we hosted additional training at Cohuna District Hospital which meant staff did not have to travel away from their families.

The ongoing support we receive from SCV has enabled the board to work through what has been a difficult period. Change, for many can be challenging. But the support and understanding of the SCV team helped remove some of the fear of change, and assisted everyone involved in moving forward.

If a health service is facing challenges, I would recommend picking up the phone to SCV. Their knowledge and contribution was invaluable.

Alerting services to system safety issues

SCV introduced a new weekly alert for health services to help ensure they have removed products and equipment that may pose a patient safety risk. The enewsletter summarises all Class I recalls and other significant safety alerts from the Therapeutic Goods Administration, and details specific actions Victorian health services need to take to reduce the risk of avoidable patient harm.

For example, SCV led the state's comprehensive response to the global issue of contaminated surgical equipment. We worked with DHHS, the Microbiological Diagnostic Unit and health services to notify more than 22,000 patients to the risk and symptoms of *Mycobacterium chimaera* – including all people who had cardiac surgery in Victoria between June 2011 and March 2017. We also provided advice on a three-monthly testing regimen for the equipment.

Improving how we share quality and safety information

Launched with our sister agency VAHI, the Better Safer Care website **bettersafercare.vic.gov.au** went live in May 2018, providing a new home for all news, events and information about health quality and safety. Having our own online presence has allowed us to rethink our stakeholder communications, leading to the launch of a complementary suite of enewsletters. These are now distributed to more than 6,500 people, with an average open rate of 60 per cent. We also have a new focus on social media to drive traffic to the website and keep the sector better informed.

In the next year, we will be developing and implementing a new digital strategy to position SCV as a leader in healthcare improvement and innovation, and further build our profile as a supportive and responsive agency.

Refreshing the quality account

Over the past two years, SCV continued to develop the guidelines provided to health services to assist with preparation of their annual quality account. A health service's quality account is designed to provide its community with clear and transparent information about quality and safety matters.

The guidelines have progressively incorporated recommendations from Targeting Zero with regard to sentinel and adverse events, and patient experience priorities.

In 2018–19, we will review the role of the quality account alongside quality and safety reporting from VAHI and other Targeting Zero recommendations.

Challenges

Turning around our reporting culture

While notifications of sentinel events made to SCV rose significantly in the past year, from 72 in 2016–17 to 124 in 2017–18, our research suggests that we still significantly under report sentinel events in Victoria.

To further encourage reporting, we are developing a new incident management framework and supporting guidelines with a focus on making reporting easier. We will also assist services in ensuring better quality reviews and recommendations, and enhance the way we share the lessons learned.

We continue to provide telephone support and advice to health services and clinicians who think that they may have had a sentinel event.

For more information about reporting sentinel events, please contact our incident response team via sentinel.events@safercare.vic.gov.au

Outlook

Mandating external members on RCA review panels

From 1 July 2017, health services have been required to include an external member on their RCA review panels. By providing a different perspective, external members can help identify more opportunities to learn and improve, and share learnings across services. SCV assists health services to meet this requirement by connecting them with external experts.

We will shortly launch the panel of external expert reviewers (PEER), an online database that will make it easier for health services to find the right external member to help with RCA reviews.

Involving consumers in safety reviews

Over the next year, SCV will be working with patients, families and health services to produce guiding principles for health services and consumer representatives on how to include the consumer voice in the review of sentinel events.

It is increasingly recognised that including consumer representatives on review teams offers unique opportunities in the review process and helps create strong, patient-focused recommendations. For more on this see page 16.

Supporting the new Voluntary Assisted Dying Review Board

SCV coordinated recruitment for the new Voluntary Assisted Dying Review Board to help oversee the safe operation of the new law. Appointments were made by the Minister for Health in July 2018.

While voluntary assisted dying will not be introduced until June 2019, the board will use the next 12 months to:

- develop a clear system of oversight, outlining how cases will be reviewed and issues referred
- develop procedures for mandatory reporting by health practitioners
- consult with key groups to develop information guidelines, protocols and training.

SCV will also use the next year to build an online reporting platform and establish public reporting mechanisms.

Building an engaging events calendar

Our busy events calendar varies from online training sessions to international conferences. In the past year, we hosted more than 100 seminars, workshops, training sessions and professional development opportunities, attracting an estimated 5,000 people.

To help create a consistent approach to events and enable an analysis of reach and response, coordination of SCV and BCV events was centralised in late 2017. The outcomes of this will be analysed for the first time in 2018–19. In the meantime, we are developing an events strategy to ensure we are delivering events of interest and value.

We are also considering an online learning system, to replace face-to-face training, and a larger reliance on webinars and teleconferencing to ensure regional and rural participation.

System improvement and innovation

We support health services and our clinical networks to identify, develop and implement projects that make a difference in the quality and safety of healthcare. By sharing the most successful projects and providing practical tools and guidance, we seek to support sustainable improvement and innovation at other health services.

Performance

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Lead improvements in priority areas				
Improvement partnerships	Implement two improvement partnerships focused on timely access to emergency departments and specialist clinics	Improve timely access to emergency departments in participating hospitals	100%	50
		Improve timely access to specialist clinics	100%	50
Improvement and innovation program	Work with the existing 32 improvement and innovation advisers in health services to identify and target priority health issues at a system level	Improvement goals defined, implementation underway	100%	47
Reducing delirium-related harm	Support health services to improve screening, prevention and management of delirium	The prevalence and impact of delirium in Victorian public hospitals is quantified	100%	52
	Introduce a statewide clinical practice guideline for delirium	Health services are working with SCV to decrease the incidence of delirium and to minimise the risk of harm to patients when delirium occurs	25%	52
Reducing third and fourth degree perineal tears	Support 10 Victorian sites to participate in national collaborative to reduce third and fourth degree perineal tears	20% reduction in third and fourth degree perineal tears by December 2018 at the 10 sites	50%	52
Detection of fetal growth restriction	Co-design training to support early identification of fetal growth restriction	Training commenced	50%	52
Prevention of paediatric clinical deterioration	Roll out a standardised MET form for paediatrics	Evaluation of use of the ViCTOR chart in paediatrics shows improvement in patient outcomes	100%	29

2017–18 focus	Activities	Goal	Progress	Page
Strategic objective: Enable innovation in priority areas				
Better Care Victoria (BCV) innovation fund	Support the implementation and evaluation of innovation projects funded through the BCV innovation fund	Evidence of projects demonstrating benefits on patient experience, quality and safety and/or access	100%	47
		Sector-led projects are tested and evaluated, local innovations and improvements are sustained	100%	47
Scale successful innovation projects	Scale at least one innovation project beyond the trial site	Replicate positive patient and service outcomes and achieve a broader statewide impact on key priorities	100%	52
Strategic objective: SCV is a national and international leader in quality and safety				
Credentialing – medical practitioners	Publish a refreshed SCV Credentialing of senior medical practitioners policy that is expanded in scope to cover private health services, with tools and resources to support implementation	All Victorian health services have implemented credentialing and scope of practice processes	100%	47
Clinical governance	Update and publish *Delivering high-quality healthcare – Victorian clinical governance framework*	Framework is implemented in health services and embedded in clinical governance courses and programs	100%	47
	Develop a standardised clinical governance reporting approach to further support sector implementation of *Delivering high-quality healthcare – Victorian clinical governance framework*	Standardised reporting approach in use within health services	100%	47
	Scope existing external clinical governance resources/ educational tools to create a central repository for health services	Resources published on SCV website	50%	47
Conference	Host a conference showcasing improvement and innovation in Victoria	Conference attendance and feedback	100%	49

Key achievements

Setting a higher bar for clinical governance

In June 2017, we released the *Delivering high-quality healthcare – Victorian clinical governance framework* to help health services implement systems and processes to protect health quality and safety. In 2018–19, we will:

- support health services to assess their clinical governance and identify gaps
- develop educational tools and promote online resources for service implementation
- deliver clinical governance training (page 35) and provide ongoing guidance on evaluation.

Refreshing the state's medical credentialing policy

Helping to ensure medical practitioners are appropriately qualified, registered and experienced, we refreshed the Credentialing and scope of clinical practice for senior medical practitioners policy in January 2018. In response to recommendations from an independent review, the updates:

- clarify requirements for annual credentialing
- expand the appeals process
- shorten the time period for formal recredentialing, from five years to three.

For the first time, the policy can be applied in the private healthcare setting. To support services fully implement the new policy, we hosted a forum for directors of medical services in April 2018.

Readying health services for improvement and innovation

To help health services be ready and receptive for positive change, we launched the *Organisational strategy for improvement matrix* in 2017. The updated tool allows services to identify, measure and monitor their accelerators and barriers to improvement, giving practical tools for assessing whether a health service has the capability to sustain improvement.

First developed as the *Health Improvement Capability Quotient* (Health ICQ) in 2012, SCV worked with the New South Wales Clinical Excellence Commission and selected health services to refresh the tool. We then asked our improvement and innovation advisers to apply the tool at 32 health services. We will use the results from these services to guide future work on meeting current gaps in capability.

Supporting the BCV innovation fund

SCV supports the BCV Board (see **Appendix 1**) to invest in and support sector-led improvement and innovation projects. Since the BCV innovation fund was established in 2016, we have supported 32 improvement and innovation projects with funding totalling $20 million.

Rather than just providing funds, we support recipients to build capacity by:

- developing practical tools and advice on project and change management
- hosting workshops and events to help services identify areas for improvement and realise their ideas
- taking successful projects and implementing them in other services (page 52).

A full list of funded projects is available on page 48.

BCV funded projects 2017–18

RAPID RULE OUT PROCESS FOR ACUTE CORONARY SYNDROME IN EMERGENCY DEPARTMENTS

To fast track the adoption of updated clinical guidelines and support 'rapid rule out' of acute coronary syndrome in selected patients presenting to emergency departments.
(Emergency Care Clinical Network)

NO PLACE LIKE HOME: OUTPATIENT PATHWAY FOR MANAGING LOW RISK NEUTROPENIC FEVER IN PATIENTS WITH CANCER

To create standard pathways to transfer management of low-risk neutropenic fever in cancer patients from the hospital to the home, improving quality of life for eligible patients.
(Peter MacCallum Cancer Centre)

IMPLEMENTING TELEHEALTH FOR URGENT CARE MEDICAL CONSULTATIONS

To develop an after-hours telehealth service with a regional emergency department, enabling patients to have a specialist consultation without having to travel long distances.
(Gippsland Southern Health Service)

IMPLEMENTATION OF VIRTUAL FRACTURE CLINICS

To manage patients with simple fractures who present to the emergency department or are referred from primary care to outpatient clinics.
(Royal Melbourne Hospital)

GERI-CONNECT

To use telehealth consultation technology to improve equity of access to geriatric medicine services for patients in a regional area.
(Loddon Mallee Rural Health Alliance)

COLLABORATIVE MODEL FOR A FALLS RESPONSE SERVICE

To implement an alternate service model for elderly falls patients, who are triaged by Ambulance Victoria in their home as not requiring a hospital admission.
(Alfred Health)

EARLY INTERVENTION PALLIATIVE AND SUPPORTIVE CARE CLINIC

To establish an early intervention palliative and supportive care clinic which will improve timely access to care for referred people diagnosed with a life-threatening illness.
(Palliative Care South East)

ADVANCE CARE PLANS ACROSS THE HEALTH SYSTEM IN RURAL VICTORIA

To identify and address the barriers and enablers to the uptake and communication of advance care plans across the health system for consumers aged 75 years and over.
(Bendigo Health)

STRENGTHENING PRIMARY CARE TO REDUCE PAEDIATRIC OUTPATIENT AND EMERGENCY DEPARTMENT REFERRALS

To support general practitioners to care for common childhood conditions, such as mild asthma, simple food allergy, and behavioural problems, rather than sending them to hospital.
(The Royal Children's Hospital)

A SAFE HAVEN CAFE FOR MENTAL HEALTH CONSUMERS

To provide a safe, therapeutic space for mental health consumers to access out-of-hours support and reduce the likelihood of needing to access emergency departments.
(St Vincent's Hospital)

MODELS OF CARE FOR ROBOTICS IN THE NORTH EAST REGION

To establish a state-of-the-art upper limb rehabilitation program to ensure patients residing in rural and regional areas have access to high-quality treatment close to home.
(Northeast Health Wangaratta)

LOWER COMPLEXITY URGENT CARE: A NEW PARADIGM FOR RURAL HEALTH SERVICES

To relieve people from uncertainty, unnecessary travel and waiting times, by providing them with information about local options for urgent care and treatment.
(Numurkah District Health Service)

CHRONIC DISEASE EARLY DETECTION AND IMPROVED MANAGEMENT IN PRIMARY CARE PROJECT

To implement a chronic disease e-technology program which acts as a 'one stop shop' for the detection and management of chronic kidney disease, cardiovascular disease and type 2 diabetes and associated risk factors.
(Western Health)

BARWON SOUTH WEST CENTRAL PHARMACY PROJECT

To start the first step towards a common and shared electronic medication management system.
(South West Healthcare)

NOVEL MODELS OF CARE FOR PATIENTS WITH FUNCTIONAL GASTROINTESTINAL DISORDERS

To implement a nurse-led, but medically supported clinic to safely diagnose patients with functional gastrointestinal disorders.
(Alfred Health)

DEVELOPING AMBULATORY SURGICAL MANAGEMENT OF MISCARRIAGE AND ABNORMAL BLEEDING

To develop a new model of care where a short procedure for miscarriage management is performed in an outpatient setting under oral sedation and a local anaesthetic block.
(Peninsula Health)

MANAGEMENT AND CARE OF THE JAUNDICED NEWBORN AT HOME

To enable a pathway of care where babies can be assessed and screened for jaundice in the home.
(The Royal Women's Hospital)

AWARDS AND RECOGNITION

RAPID assist
Finalist, Victorian Public Healthcare Awards

Winner, Melbourne Health Excellence Awards

Virtual fracture clinic
Highly commended, Melbourne Health Excellence Awards

Sepsis improvement project
Highly commended, Melbourne Health Excellence Awards

Using big data modelling and forecasting to improve access to outpatient clinics
Winner, My Project Rules (Royal Children's Hospital)

Remote drug and alcohol recovery for the Southern Otways region
Finalist, VicHealth Awards

Showcasing Innovation in Action

Our Innovation in Action conference was held in March 2018, attracting more than 290 people to each day of the healthcare improvement, innovation and leadership event. The program showcased outcomes of BCV-funded innovation projects, shared leading practice in consumer and clinical engagement and provided practical workshops in leadership, improvement and innovation.

In addition, we are a strategic partner of the IHI-BMJ International Forum on Quality and Safety in Health Care in September 2018. This will be the first time the conference has been held in Australia, and will attract thousands of quality and safety specialists from around the world.

Partnering with health services to improve patient outcomes

SCV partners with health services to drive local projects to improve the standard of care in specific service areas. We supported them by:

- connecting participating health services across the state to share ideas and experiences
- providing one of our industry coaches to help them build 'on the job' capability
- funding full-time project lead roles within the health service
- hosting a series of project and change management workshops.

Over the past 18 months, we worked with health services across three partnerships: Improving access to emergency care, Improving patient access to specialist clinics, and Addressing patient flow.

IMPROVING PATIENT ACCESS TO EMERGENCY CARE

Timely emergency care is a key community expectation but data show that patients are facing ever longer waiting times. While there are a range of internal and external factors driving this, we formed the Improving emergency access collaborative to support timely and appropriate emergency care.

The collaborative aimed to have 81 per cent of emergency department patients discharged or admitted within four hours or less. To achieve this, the 11 participating health services each identified key projects targeting patient flow through emergency departments and inpatient services.

The collaborative resulted in 21,000 more patients being seen within four hours in the participating hospitals in 2017, when compared with the previous year. While only three of the 11 services achieved the 81 per cent target, one of the key successes was the introduction of a daily operating system. We are currently developing a resource for implementing the system in other health services.

Our thanks to: Alfred Health, Barwon Health, Eastern Health, Goulburn Valley Health, Melbourne Health, Mercy Health, Monash Health, Northern Health, Peninsula Health, St Vincent's Hospital and Western Health.

"The thing I valued most about being part of the [Improving emergency access] collaborative was being able to share our problems and seeing that we are not alone!"

IMPROVING PATIENT ACCESS TO SPECIALIST CLINICS

Since 2012 there have been many changes to the way specialist outpatient clinics operate. However more support is needed to address system constraints to timely access.

Started in July 2017, 11 health services are now part of our Specialist clinics access improvement partnership, focused on timely access and improved patient experience.

The partnership aims to support health services to see all urgent patients within 30 days, and 90 per cent of routine patients within 12 months. It also aims to reduce 'did not attends', and enhance referral and discharge processes. Early results show local improvements in reducing waiting times for outpatient services. We will report on the full results in our annual report next year.

ADDRESSING PATIENT FLOW

Patient flow refers to the ability of our healthcare system to manage patients effectively with minimal delay as they move through stages of care. There is clear evidence that good patient flow has a positive impact on patient outcomes, and reduces staff stress.

Leveraging off the successful Improving emergency access collaborative, the patient flow partnership was launched in December 2017 with 15 participating health services. Projects are focusing on addressing bottlenecks and work processes that create flow problems. We look forward to sharing the results of this partnership in our annual report next year.

Challenges

Creating long-term change

In its first three years, we have had enormous interest in the BCV innovation fund, receiving an average of 150 applications each year. While we have supported many health services to test and trial their good ideas, we could not support larger scale or longer term innovation projects as the fund ran on a 12-month cycle.

In May 2018, we welcomed the State Government's budget allocation of a further $25 million over two years. The two-year funding allocation provides the opportunity to continue to build on the success and impact of the program to date and to work in partnership with health services to drive innovation and improvement across Victoria.

Outlook

Launching a patient safety program

It takes a strategic, statewide approach to coordinate statewide improvement goals and build skills within all health services to drive sustainable improvements to patient care. We also know we need to do more - a lot more - to ensure our achievements in healthcare improvement spread to social care. That is why we have partnered with IHI, a not-for-profit organisation that has experience in supporting clinicians and social care workers to support our sectors to drive measurable improvements across the state.

In partnership with IHI, our transformative patient safety program will save lives and reduce avoidable harm across all Victorian hospitals and improve outcomes for users of social care services.

We will bring Victorians together to begin to identify priorities to focus on at the IHI-British Medical Journal International Forum on Quality and Safety in Healthcare Forum in Melbourne in September 2018.

Partnering with others to improve patient safety

REDUCING PERINEAL TEARS

We are working with 10 Victorian health services and with colleagues in New South Wales, Queensland, Western Australia and South Australia to reduce third and fourth degree perineal tears by 20 per cent by December 2018. The collaborative is supported by Women's Health Australasia and the Clinical Excellence Commission in New South Wales.

PREVENTING STILLBIRTH

We are partnering with the NHMRC Centre for Research Excellence in Stillbirth and the Perinatal Society of Australia and New Zealand to help reduce Australia's rate of stillbirth and increase awareness of risk factors – particularly decreased fetal movements and fetal growth restriction. With SCV's support, a national campaign around decreased fetal movements will be launched in Victoria later in 2018, then rolled out nationwide. With a focus on improved identification of fetal growth restriction, training will commence in July 2018 for Victoria's maternity workforce.

Increasing awareness and screening of delirium

Targeting high-incidence harm occurring in hospitals, our statewide delirium improvement project aims to help public health services screen, prevent and manage hospital-acquired delirium in patients. Delirium can lead to serious complications such as falls, pressure injuries, longer hospital admissions, and long lasting functional and cognitive decline. Yet delirium is not well detected and all too often misdiagnosed.

We will be revising a statewide clinical practice guideline to decrease delirium and its associated risk in 2018–19. As the first phase of the project, our point prevalence survey helped us to estimate the burden of delirium in the inpatient population. In the next year we will work with regional and rural hospitals to undertake improvement initiatives, such as patient/family education and improved screening programs.

Addressing variation in hysterectomy rates

The ACSQHC's Australian Atlas for Health Care Variation highlighted significant variation in the use of hysterectomy in Victoria. In response, SCV:

- formed a working group to identify contributing factors that may be causing the variation across Victoria
- held a clinicians event to promote the newly introduced heavy menstrual bleeding clinical care standards, highlighting hysterectomy as just one of many treatment options.

In 2018–19, the working group will inform SCV activities to work with health services and clinicians to decrease the hysterectomy rate in particular regions.

Scaling successful projects

Two successful projects funded by the BCV innovation fund in 2016–17 were chosen for wider implementation in 2018–19.

CHOOSING WISELY

Austin Health became a champion hospital for the national Choosing Wisely program, which aims to reduce unnecessary or potentially harmful tests, treatments and procedures. The project demonstrated significant reductions in the volume of unnecessary coagulation studies and urine cultures being ordered.

Running from May 2018 to May 2019, we are partnering with NPS MedicineWise and Austin Health to help 11 other health services become Choosing Wisely champion hospitals.

Participating health services include: Albury Wodonga Health, Ballarat Health Services, Goulburn Valley Health, Latrobe Regional Hospital, Monash Health, Northern Health, Peninsula Health, The Royal Children's Hospital, St Vincent's Hospital Melbourne, Swan Hill District Health, Western Health.

THINK SEPSIS. ACT FAST.

Sepsis is one of the leading causes of death in hospital patients worldwide. It is a time-critical illness requiring early identification and prompt intervention to improve patient mortality outcomes.

Initially developed at the Peter MacCallum Cancer Centre in 2013, Melbourne Health implemented the sepsis improvement project at the Royal Melbourne Hospital. The project includes a paper-based clinical pathway to standardise initial sepsis management for six actions in the 60 minutes following sepsis recognition: oxygen, two sets of blood cultures, venous blood lactate, rapid fluid resuscitation, and appropriate antibiotic administration. Complemented by a staff education package, the project significantly improved survival, and reduced length of stay and ICU admissions related to sepsis.

The 'Think sepsis. Act fast' sepsis scaling collaboration will share the sepsis clinical pathway and toolkit with 11 health services across Victoria to improve outcomes for patients diagnosed with sepsis.

Participating health services include: Albury Wodonga Health, The Alfred, Ballarat Health Services, Barwon Health, Bendigo Health, Eastern Health, Peninsula Health, South West Healthcare, Swan Hill Health, West Gippsland Health, Western Health.

We look forward to reporting on the outcomes of both of these scaling projects in next year's report.

SAVING LIVES THROUGH SEPSIS INITIATIVE

The sepsis collaboration is the first statewide scaling initiative delivered through the BCV innovation fund. Following the successful delivery of the sepsis clinical pathway by the team at Melbourne Health, it is now being scaled to an additional 11 Victorian health services. Statewide leads of the collaboration, Prof Karin Thursky and Kelly Sykes discuss how the initiative is improving recognition and management of sepsis.

Karin: The successful adoption of the 'Think sepsis. Act fast' hospital-wide program was largely due to the wide engagement and empowerment of the nursing staff to ensure early recognition and prompt management of sepsis.

We are quite confident this same approach will work in other health services we are partnering with over the next year. So far we have seen enormous energy and excitement and already rapid adoption at some of the sites. This project has the potential to save thousands of lives and make a significant difference for our patients in Victoria.

Kelly: The most rewarding part of my role has been seeing the positive impact for patients at the Royal Melbourne Hospital through the sepsis project. So I am really looking forward to seeing the successes across Victoria. It's also been great to see how this collaboration is breaking down silos between health services and bringing people together to share ideas and learnings. The energy of the collaboration has been really positive. Our sepsis champions are engaged and it's great to see them connecting with one another to share learnings.

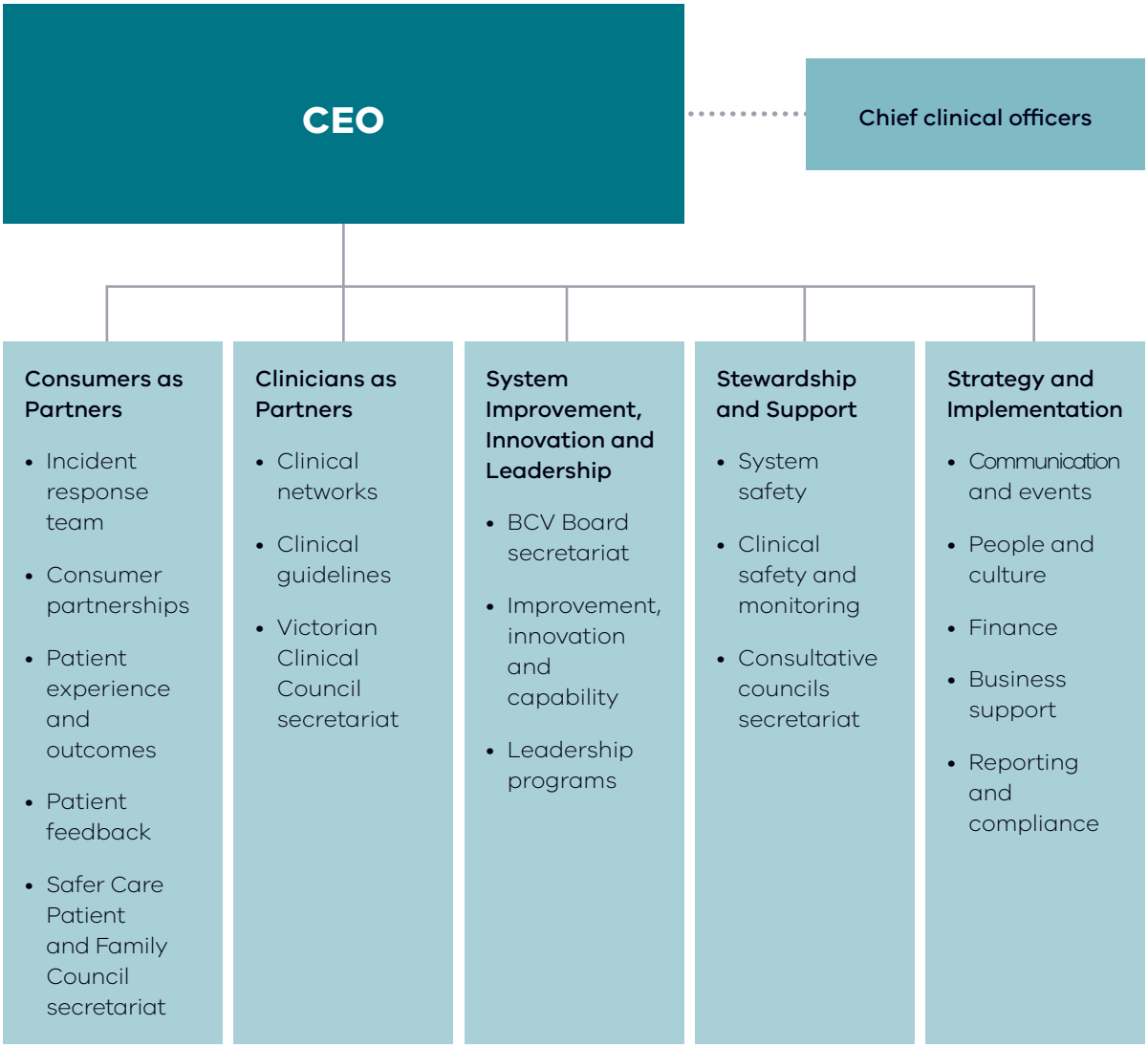
It's been exciting to work alongside SCV staff over the past six months, and witnessing their passion for improving the recognition and management of sepsis. I am continually impressed by their commitment to building capability among teams.

Corporate governance

We work closely with DHHS and other organisations to ensure we deliver excellent services to Victorian patients and health services, by making good decisions and meeting our reporting obligations. This chapter outlines our structure, governance and workplace environment.

Our structure

SCV has five operational branches, as well as our chief clinical officers.



Our chief clinical officers

These senior clinicians provide expert advice to the CEO of SCV, DHHS and external stakeholders on quality and safety matters. The chief clinical officers provide a focal point for the escalation of professional quality and safety matters, leadership to the sector and representation on state and national bodies. They also champion key projects of work requiring senior clinical leadership across SCV and DHHS.

Assoc Prof Andrew Wilson
Chief Medical Officer

Spanning a successful career in clinical medicine, Associate Professor Wilson continues to practise as an interventional cardiologist at St Vincent's Health Melbourne and throughout rural Victoria. He has previously worked at Stanford University Medical Centre where he was a NHMRC Research Fellow focusing on translational research in atherosclerosis.

Alan Eade ASM
Chief Paramedic Officer

Alan is a decorated intensive care paramedic, having worked clinically in Australia for more than 20 years. He previously held the position of Chief Commissioner at St John Ambulance Australia and is a past Director and Fellow of Paramedics Australasia.

Alan believes the delivery of great care is all about collaboration and cooperation between professions, with recognition that great care is always delivered through a multi-disciplinary partnership.

Donna Markham
Chief Allied Health Officer

Appointed in June 2018, Donna Markham is a qualified occupational therapist and has worked in healthcare for 15 years. The Chief Allied Health Officer for the State-wide Equipment Program, Donna is recognised as one of Victoria's leaders in allied health and has led many significant allied health reforms, workforce development changes and research projects and publications.

She has worked in both public and private health in a variety of senior management and leadership roles and was a finalist for the Telstra Victorian Young Business Women's Award in 2014.

Executive team

Each branch is headed by a director, who – along with the CEO and chief clinical officers – form the agency's key decision making body. Meeting weekly, the executive team:

- drives the agency's strategic planning
- provides a clear decision-making process.

Louise McKinlay Director Consumers as Partners

Louise is a registered nurse with more than 20 years' experience in clinical and management roles in Australia and the United Kingdom. She has worked as a nurse in acute health, community health and aged care. She also has extensive leadership experience in strategic quality system management, clinical education, organisational development and consumer engagement.

Louise brings these skills into her role with SCV, together with insights from her post graduate studies and her passion for improving patient and staff engagement and outcomes.

Robyn Hudson Director Clinicians as Partners

Robyn has more than 17 years' experience in the health sector. Trained as a physiotherapist at the University of Sydney, she specialised in paediatrics and adolescents working at leading hospitals in New South Wales, Victoria and the United Kingdom.

Robyn has been a Director in Innovation hubs, Academic Health Science Centres (UCLPartners) and has held management positions at major acute hospitals in Australia and the United Kingdom. She has been a member of the BCV Board and chair of its emerging leaders subcommittee. She holds an MBA from Judge Business School, Cambridge University and is a graduate of the Australian Institute of Company Directors course.

Rebecca Power Acting Director System Improvement, Innovation and Leadership

Rebecca has had a passion for innovation and improvement throughout her career, with a particular interest in system redesign, reducing fragmentation and supporting vulnerable communities. Her previous roles include Director of Allied Health, strategy and planning and various leadership positions in care coordination/integrated care.

With a keen interest in patient experience, Rebecca has published on topics including workforce redesign (using co-design) and frequent presentations on emergency/homelessness. Rebecca has a Masters of Health Administration, and experience in diverse improvement methods including Lean, six sigma, IHI breakthrough collaborative model, co-design and design thinking.

Glenda Gorrie
Director Stewardship and Support

Glenda joined SCV on its creation in January 2017. Before that she led the health service quality and safety programs in DHHS. She has held senior roles in workforce, human resources, programs and quality and safety.

Glenda is a pragmatic and strategic leader with a deep understanding of the healthcare system. She is renowned for using her excellent people and interpersonal skills to motivate and empower teams and the individuals within them to achieve their best.

Nicole Brady
Director Strategy and Implementation

Nicole's portfolio includes strategic partnerships, stakeholder engagement, communications, finance and internal operations.

Nicole led the establishment of SCV following the release of the Targeting Zero review. She transitioned to health via a Masters of Public Health after a long career in journalism.

Workplace profile

At 30 June 2018, SCV had 90.2 full-time equivalent (FTE) staff, with 65.6 FTE employed on an ongoing basis. One-third of our ongoing employees work part-time hours.

Workplace profile at 30 June 2018

		Ongoing	Fixed term/casual
	Head count	**FTE**	**FTE**
Gender			
Female	66	57.3	17.1
Male	9	8.3	7.5
Classification			
VPS2	2	2	2
VPS3	23	21.7	10.8
VPS4	15	13	4
VPS5	31	26.5	13.6
VPS6	17	15.2	3.7
SMA	0	0	1.5
Executive	5	4.3	0
Other	1	1	0
Total	**75**	**65.6**	**24.6**
Age			
<24	2	2	2
25-34	23	21.7	10.8
35-44	23	19.5	5.7
45-54	15	12.5	6.1
55-64	12	9.9	0
64+	0	0	0
Total	**75**	**65.6**	**24.6**

Summary of employment levels at 30 June 2018

			Ongoing employees	Fixed-term and casual employees
Employees (head count)	**Full-time (head count)**	**Part-time (head count)**	**FTE**	**FTE**
75	50	25	65.6	24.6

Working with SCV

Complying with DHHS policies and practices, SCV promotes public sector professionalism and provides for fair treatment, career opportunities and the early resolution of workplace issues.

We have a range of work/life balance options to help employees balance the demands of work and their personal commitments, with reasonable access to:

- various leave options
- flexible work hours
- job-share arrangements
- study leave
- working from home.

Attracting and retaining the best people

With departmental support, SCV employed a dedicated people and culture specialist to help tailor recruitment and retention strategies to our environment, aligning to our values and principles. We have a lot of work planned for the year ahead, much to be informed by the results of the People Matter survey later in 2018.

RECRUITMENT

Over the next year, we will refine our recruitment process to further ensure we are recruiting people with the right skills, values and capability. This will also give applicants the assurance that SCV recruitment (for both VPS and non-VPS roles) is based on merit, transparency, fairness and equity, and that our selection processes ensure applicants are equally assessed and evaluated on the basis of the key selection criteria.

All new starters are invited to a lunch with our CEO, and attend an introduction to government program as part of their induction.

PROFESSIONAL DEVELOPMENT

To help equip staff with the technical and professional capabilities required to meet current and future needs, staff have access to DHHS learning and development opportunities. We also work to identify further opportunities through secondments to other business units, higher duties and project-based positions.

Over the next year, we will develop a people agenda and conduct a structured review of talent within our organisation. This encourages leaders to identify the capabilities – rather than people – needed to meet our corporate plan commitments.

We will build on our honorary program to provide additional opportunities for health sector workers to experience a time-limited placement with SCV. This also helps us progress specialist work in areas where we need additional capacity or expert skills and knowledge.

PERFORMANCE DEVELOPMENT

All SCV employees have a performance development plan which aims to support their development and performance by documenting clear goals, expectations and development opportunities. To help staff have the clarity they require for the job, we ensure all people managers:

- attend the DHHS formal people leader training and supplementary sessions
- have access to DHHS guides and information on how to establish performance expectations, how to undertake conversations, how to link individual performance outcomes to business unit objectives and how to deal with unsatisfactory performance.

Training will be developed for people managers in 2018–19, and specific development opportunities will be identified for our directors.

PROVIDING DEVELOPMENT OPPORTUNITIES FOR CLINICIANS

SCV started offering honorary placements in program areas and project roles. Our two honorary staff placed in 2017–18 both provided valuable perspective to our projects and programs.

Dr James Bartlett is a Respiratory and Sleep Medicine Consultant with Western Health and joined SCV for six months in January 2018. Here he describes his experience as our part-time Senior Medical Adviser for Quality and Safety.

I was interested in taking up a placement for a couple of reasons. I wanted to get a firsthand understanding of the role SCV plays in promoting quality medical care. And I wanted to take that back to my substantive role, by developing my skills to be a force for progress at the frontline of patient care.

For instance, part of my role was to review the sentinel events reported to SCV and whether health services are learning and improving from serious adverse events. The skills I learned from sentinel events have helped with my own leadership of managing root cause analyses.

I've been fortunate to be involved in a wide range of projects and meet some great staff, providing me with a more global view of managing patient safety across the health system. Right now I'm reviewing Victoria's response to the worldwide contamination of surgical equipment and resulting *Mycobacterium chimaera* infections in patients. Seeing the strong response, communication and testing regimen in Victoria has given me an appreciation for the fundamentals of good clinical governance. I've also been involved in quarterly performance meetings with health services, where different data sets and performance indicators are drawn together to guide frank discussions with CEOs and clinical leaders.

This has been a really valuable experience for me and my career, and I'm also able to share best practice and knowledge with my colleagues that formerly would have remained within separate hospitals.

Sharing news and information

After initially being spread across three locations, our staff relocated to the same floor at 50 Lonsdale Street in February 2018. This has vastly improved how we communicate and share knowledge across the agency, and provides for improved interaction between the branches and teams.

Our CEO leads internal communications, hosting:

- weekly huddles for each branch to share what they have in their calendars for the week
- weekly all staff emails to share our news and achievements
- monthly all staff meetings to showcase major projects and strategic activities.

ONWARDS AND UPWARDS!

Thank you to those staff who have helped us establish the agency, forming foundational policies and processes and delivering key initiatives. Thanks especially to:

- **Dr Grant Davies** who was our Director Projects to January 2018, before taking up the post of Health and Community Services Complaints Commissioner in South Australia
- **Prof George Braitberg AM** who served as SCV's Senior Medical Adviser to January 2018, when he was appointed Executive Director Strategy, Quality and Improvement at the Royal Melbourne Hospital.

Occupational health and safety

SCV seeks to provide and maintain a healthy, safe working environment for our people and visitors in accordance with the *Occupational Health and Safety Act 2004* and associated regulations.

HEALTH AND WELLBEING

Over the past 18 months we have established occupational health and safety procedures aimed at preventing work-related illness and injuries, and appointed first aid and fire wardens in compliance with DHHS policies.

We also took the additional step in the past year of appointing a people and culture representative to support a safety culture and prioritise staff health and wellbeing.

Promoting use of the extensive DHHS health and wellbeing program, over the next year our staff will be required to complete the online compliance modules relating to bullying, discrimination and victimisation.

Freedom of information

Applications for documents relating to SCV may be made to the DHHS Freedom of information unit on:

- (03) 9096 8449 or 1300 650 172
- foi@dhhs.vic.gov.au
- Freedom of Information Unit, Department of Health and Human Services, GPO Box 4057, Melbourne VIC 3001

Alternatively, you can apply through www.foi.vic.gov.au.

Appendix 1
Council membership

Consultative councils

SCV supports Victoria's three ministerial appointed consultative councils that report on highly specialised areas of healthcare to help reduce mortality and morbidity.

The consultative councils:

- collect, analyse and report data relating to mortality and morbidity cases
- identify avoidable or contributing factors
- provide advice and recommendations to inform priority areas for research, quality and safety improvements and policy development.

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

CCOPMM meets quarterly to review all cases of maternal, perinatal and paediatric mortality and severe acute maternal morbidity. It publishes data and recommendations in an annual report, *Victoria's Mothers, Babies and Children*.

With the council's long standing chair Professor Jeremy Oats retiring in June 2018, and the committee's three-year term concluding, we conducted a recruitment campaign for a new Chair. The Minister for Health announced the appointment of Adjunct Professor Tanya Farrell as the incoming Chair in June 2018.

2015–18 COUNCIL

Chair: Prof Jeremy Oats

Members: Dr Mary Belfrage, Ms Lisa Dunlop, Dr David Fuller, Ms Ann Jorgensen, Dr Mark Lubliner, Prof Sue McDonald, Prof Peter McDougall, Prof John McNeil, Prof Paul Monagle, Ms Karen Sawyer, Dr Alexis Shub, Mr Nicolas Thomas, Prof Euan Wallace (to January 2017)

Victorian Consultative Council on Anaesthetic Mortality and Morbidity

VCCAMM was established in 1976 and works closely with anaesthetists and hospitals to reduce clinical risk. It publishes its data and recommendations in an annual report.

With approval from the Minister for Health, the current council membership has been extended to June 2019.

COUNCIL

Chair: Dr Andrea Kattula

Members: Dr Christopher Bain, Dr David Beilby, Dr Heinrich Bouwer, Dr Robert Dawson, Ms Katy Fielding, Dr Paula Foran, Dr Andrew Jeffreys, Ms Annette McPherson, Ms Viktoria Rother, Dr Simon Tomlinson, Dr Maggie Wong

Victorian Surgical Consultative Council

Established in 2001, the VSCC meets quarterly to review causes of avoidable mortality and morbidity associated with surgery and provide feedback to the medical profession on any systemic issues it identifies. It publishes its data and recommendations in an annual report.

With approval from the Minister for Health, the current council membership has been extended to June 2019.

COUNCIL

Chair: Assoc Prof Trevor Jones

Members: Assoc Prof David Allen, Dr Yeliena Baber, Dr Grant Brace, Assoc Prof Wendy Brown, Mr Stephen Clifforth, Ms Melissa Evans, Ms Glenda Gorrie, Prof Rodney Judson, Mrs Rebekah Kaberry, Mrs Louise O'Connor, Assoc Prof Marinis Pirpiris, Assoc Prof Graeme Thompson, Ms Liat Watson

Independent councils and boards

SCV supports a number of independent councils and boards that provide advice to SCV, DHHS and/or the Minister for Health. We provide secretariat services and help the councils and boards communicate and engage with their stakeholders.

BCV Board

Established by the *Health Services Act 1988*, the independent BCV Board:

- recommends how the innovation fund be invested to drive improvement
- reports quarterly to the Minister on the progress of innovation fund projects
- engages with the sector, providing specialist clinical and non-clinical leadership on health innovation best practice.

In the past year, the board underwent a formal evaluation and was reappointed for a further three years.

BOARD MEMBERSHIP

Chair: Dr Douglas Travis

Deputy Chair: Dr Victoria Atkinson

Members: Mr Matiu Bush, Ms Janet Matton, Dr Harvey Newnham, Ms Kellie O'Callaghan, Ms Kathleen (Wendy) Wood

Expert advisers: Dr Bronwyn Morkham, Ms Jacque Phillips, Ms Sue Shilbury, Mr Terry Symonds, Prof Euan Wallace, Ms Sue Williams

Safer Care Patient and Family Council

Appointed through targeted selection and open nomination in September 2017, the new Safer Care Patient and Family Council advises SCV and DHHS on patient experience and healthcare improvements. Initially meeting every two months, the council also ensures the perspectives and needs of patients, their families and carers, are represented in planning, policy and program implementation and evaluation.

COUNCIL MEMBERSHIP

Chair: Mr Ian Kemp

Members: Ms Susan Brunton, Mr Lance Jennison, Ms Ann Jorgensen, Mr Nathan Leitch, Ms Dorothy McLaren, Mr Dale Nelson, Ms Nurcihan Ozturk, Mrs Barbara Rozenes, Ms Shu Yi Soong, Ms Liat Watson

Non-voting members: Dr Sophie Hill, Mr Danny Vadasz

SCV: Ms Louise McKinlay, Prof Euan Wallace

Victorian Clinical Council

The Victorian Clinical Council provides leadership and independent advice on health system improvement. Established in early 2017, the council considers systems-level issues identified by council members, providing a forum for SCV and DHHS to source advice on policy issues. The council has a broad membership of about 70 people that reflects the patient journey through Victoria's primary, community and acute healthcare services and the intersection between health and human services.

COUNCIL MEMBERSHIP

Chair: Assoc Prof Jill Sewell

Deputy Chair: Mr Matthew Hadfield

Members: Ms Rachael Andrew, Ms Sophy Athan, Dr Lorraine Baker, Ms Tracy Beaton, Dr Mary Belfrage, Dr Michael Ben-Meir, Dr Victoria Berquist, Dr Richard Bills, Dr Rob Blum, Assoc Prof Mark Boughey, Mrs Kerry Bradley, Prof George Braitberg, Prof Wendy Brown, Dr Peter Cameron, Dr Neil Coventry, Ms Sharon Downie, Prof Andrea Driscoll, Mr Alan Eade, Adjunct Prof Tanya Farrell, Mr Paul Felicetti, Ms Jacqueline Gibson-Roos, Assoc Prof Peter Hand, Assoc Prof Nerina Harley, Ms Simone Heald, Prof Steve Holt, Assoc Prof Peter Hunter, Dr Catherine Hutton, Prof Paul Jennings, Mr Lance Jennison, Mr Alex Johnstone, Ms Ann Jorgensen, Assoc Prof Cheryl Jones, Assoc Prof Ann Maree Keenan, Assoc Prof Suzanne Kirsa, Assoc Prof Sajeev Koshy, Mrs Leonie Lewis, Ms Anna Love, Miss Jac Mathieson, Dr Sue Matthews, Dr Nola Maxfield, Mrs Kerry May, Mr Doug McCaskie, Mr David McConville, Ms Kym McCormick, Mr Andrew McDonell, Prof Peter McDougall, Mr Joseph McKeddie, Ms Fiona McKinnon, Ms Dorothy McLaren, Assoc Prof Paul Mitchell, Ms Maxine Morand, Ms Jennifer Morris, Assoc Prof Jane Munro, Assoc Prof Arthur Nasis, Dr Hung The Ngugen, Mr Ashley Nind, Assoc Prof Christopher Pearce, Ms Vicki Poxon, Mrs Lisa Pryor, Ms Kelly Rogerson, Ms Alyson Smith, Mr Ross Salathiel, Prof Helena Teede, Prof Euan Wallace, Ms Liat Watson, Assoc Prof Andrew Wilson

Clinical networks

SCV's clinical networks comprise health professionals, academics, health organisations and consumers. Their role is to provide quality and safety leadership, champion change and drive improvement. Following the establishment of our Clinical network framework, each network now has:

- a clinical lead
- a governance committee, which is the decision making body
- an insight committee, which considers data and emerging issues in the speciality field.

Cardiac Clinical Network

Clinical leads: Dr Peter Bergin, Assoc Prof Arthur Nasis

GOVERNANCE COMMITTEE

Chair: Prof Jamie Layland

Consumer member: Ms Belinda MacDonald

Clinician members: Dr Peter Bergin, Mr Bart Cresswell, Assoc Prof Ronald Dick, Prof Andrea Driscoll, Prof Jamie Layland, Assoc Prof Philip Mottram, Assoc Prof Arthur Nasis, Prof Julian Smith, Mrs Bree Styles, Assoc Prof Dominica Zentner

INSIGHT COMMITTEE

Chair: Assoc Prof Arthur Nasis

Consumer member: Ms Lyndal Ritchie

Clinician members: Dr Peter Bergin, Mrs Angela Brennan, Mrs Kellie Easton, Dr Ingrid Hopper, Prof Danny Liew, Mrs Siven Seevanayagam, Ms Liz Singleton, Mr Bill Stavreski, Assoc Prof Andrew Wilson

Care of Older People Clinical Network

Clinical lead: Assoc Prof Peter Hunter

GOVERNANCE COMMITTEE

Chair: Assoc Prof Peter Hunter

Consumer members: Ms Marilyn Dolling, Mr Ray Newland, Mrs Sally Stabback

Clinician members: Mrs Melanie Haley, Mr Donald McRae, Mr Jason Plant, Assoc Prof Bernice Redley, Dr Ranjana Srivastava, Dr Clare White

Invited guests: Mrs Nicole Doran, Ms Rachel McKittrick

INSIGHT COMMITTEE

Chair: Prof Peteris Darzins

Clinician members: Dr Sumitha Bhaskaran, Ms Jennifer Boak, Ms Marinda Brooks, Assoc Prof Peter Hunter, Mrs Fleur O'Keefe, Mrs Katharina Redford

Invited guests: Mr Andre Catrice, Ms Rachel McKittrick

Critical Care Clinical Network

Clinical leads: Assoc Prof Nerina Harley, Assoc Prof Graeme Hart

GOVERNANCE COMMITTEE

Chair: Assoc Prof Nerina Harley, Assoc Prof Graeme Hart

Consumer members: Ms Barbara Rozenes, Ms Julie Warnock

Clinician members: Ms Melissa Ankravs, Dr Warwick Butt, Ms Kate Fetterplace, Dr Kimberley Haines, Dr Marcus Kennedy, Dr Tim Leong, Mrs Helen McKee, Ms Carol McKenzie, Dr John Santamaria, Dr Yahya Shehabi, Ms Kate Vassalo, Dr Alison Walker

INSIGHT COMMITTEE

Chair: Assoc Prof John Santamaria

Clinician members: Ms Shaila Chavan, Ms Kathleen Collins, Ms Andrea Doric, Dr Graeme Duke, Ms Sue Huckson, Dr Cameron Knott, Dr Felix Oberander, Dr David Pilcher, Prof Frank Shann

HONOURS

Our congratulations to Critical Care Network lead **Assoc Prof Nerina Harley**, Victorian Clinical Council member (and former SCV senior medical adviser) **Prof George Braitberg**, former VCCAMM chair **Assoc Prof Larry McNicol** and long-time consumer advocate **Mary Draper**, who all received Australia Day honours in 2018. Congratulations also to **Prof Susan Walker**, a member of the CCOPMM Neonatal mortality and morbidity subcommittee, who made the Queen's Birthday Honours List.

Emergency Care Clinical Network

Clinical lead: Prof Peter Cameron

GOVERNANCE COMMITTEE

Chair: Mr Michael Ben Meir

Clinician members: Mr Christopher Gartside, Mr Simon Jemmett, Prof Anne Maree Kelly, Dr Jeffrey Robinson, Dr Michael Sheridan, Ms Kellie Taylor, Dr Anh Tran

INSIGHT COMMITTEE

Chair: Mr Thomas Chan

Clinician members: Mr Paul Jennings, Ms Natalie Ladner, Assoc Prof Ed Oakley, Dr Mark Putland, Dr Mark Santamaria

Infection Clinical Network

GOVERNANCE COMMITTEE

Chairs: Dr Brett Sutton, Assoc Prof Andrew Wilson

Clinician members: Dr Craig Aboltins, Prof Eugene Athan, Ms Kelly Barton, Assoc Prof Kirsty Buising, Ms Kelly Cairns, Ms Donna Cameron, Ms Sue Flockhart, Assoc Prof Michelle Giles, Prof Lindsay Grayson, Prof Benjamin Howden, Assoc Prof Caroline Marshall, Dr Rhonda Stuart

Maternity and Newborn Clinical Network

GOVERNANCE COMMITTEE

Consumer member: Ms Serena Bridges

Clinician members: Dr Simon Craig, Ms Jen D'Arcy, Dr James Holberton, Prof Rod Hunt, Ms Adele Mollow, Assoc Prof Michael Permazel, Mr Kym Peter, Ms Allison Shotton, Assoc Prof Michael Stewart, Ms Colleen White, Ms Julie Wright, Dr Nicola Yuen

INSIGHT COMMITTEE

Chair: Assoc Prof Rod Hunt

Consumer member: Dr Nicole Highet

Clinician members: Ms Laura Bignell, Ms Alison Boylan, Mr John Carlin, Ms Karen Clarke, Dr Jim Holberton, Prof Sue McDonald, Ms Lauren Newman, Prof Jeremy Oats, Assoc Prof Scott Simmons, Ms Christine Tippett

Paediatric Clinical Network

Clinical leads: Prof Peter McDougall, Assoc Prof David Armstrong

GOVERNANCE COMMITTEE

Chair: Dr Annie Moulden

Consumer member: Mrs Julie Noorman

Clinician members: Dr Meredith Allen, Assoc Prof David Armstrong, Prof Nick Freezer, Prof Cheryl Jones, Prof Peter McDougall, Dr Sarah Morrison, Dr Scott Parsons, Ms Juliette Pellegrini, Dr Dimi Simatos

INSIGHT COMMITTEE

Clinician members: Assoc Prof David Armstrong, Dr John Cheek, Dr Corey Joseph, Dr Paulette Kelly, Dr Kathy McMahon, Ms Sarah Rogers

Palliative Care Clinical Network

Clinical lead: Assoc Prof Mark Boughey

GOVERNANCE COMMITTEE

Chair: Assoc Prof Mark Boughey

Consumer members: Ms Ayesha Fathers, Mr Jeremy McKnight

Clinician members: Ms Karen Conte, Ms Angela Dredge, Dr Peter Eastman, Dr Rowan Hearn, Dr Jenny Hynson, Ms Fiona Israel, Dr Scott King, Ms Anthea Udovicich, Mr Luke Williams

Invited guests: Ms Catherine Duck, Ms Cheryl Holmes, Dr Heather Tan, Ms Odette Waanders

INSIGHT COMMITTEE

Chair: Assoc Prof Mark Boughey

Consumer member: Mr John Clements

Clinician members: Assoc Prof Deirdre Fetherstonhaugh, Ms Hilary Hodgson, Mr Tom Holman, Prof Claire Johnson, Dr David Marco, Ms Natasha Moloczij, Ms Jeanette Moody, Dr Sivakumar Subramaniam

Invited guests: Ms Elsa Lapiz, Ms Belinda Rice

Renal Clinical Network

Clinical lead: Prof Steve Holt

GOVERNANCE COMMITTEE

Chair: Prof Steve Holt

Consumer members: Mr Wayne McGlone, Mr Danial Ussher

Clinician members: Miss Suzy Jackson, Assoc Prof Rosemary Masterson, Ms Peta McLean, Assoc Prof Peter Mount, Dr Timothy Pianta, Ms Jenny Soding

INSIGHT COMMITTEE

Chair: Mr Nigel Toussaint

Clinician members: Ms Nuala Barker, Mr Greg Dowling, Ms Denise Fracchia, Mr Richard Knight, Mr David Langsford, Mr Bill Mulley, Mr Matthew Roberts, Mr Scott Wilson

Stroke Clinical Network

Clinical lead: Assoc Prof Peter Hand

GOVERNANCE COMMITTEE

Chair: Assoc Prof Peter Hand

Consumer members: Mr Raymond Newland, Mr Colin Scott

Clinician members: Dr Ben Clissold, Ms Vanessa Crosby, Mr Shane Foster, Assoc Prof Henry Ma, Prof Mark Parsons, Ms Phoebe Sansom, Ms Danielle Sansonetti, Dr Lisa Sherry, Mrs Heather Smith

INSIGHT COMMITTEE

Chair: Dr Ben Clissold

Consumer members: Mr Kevin Stanley English

Clinician members: Prof Geoff Cloud, Ms Sharon Downie, Assoc Prof Peter Hand, Dr Monique Kilkenny, Ms Liz Mackey, Dr Jo Wrench

Ex-officio members: Ms Toni Aslett, Prof Dominique Cadilhac

SCV Academy

The SCV Academy members will undertake complex incident reviews and safety systems reviews commissioned by SCV. They will also provide feedback and advice to Victorian health services on incident response and developing more effective, systems-based approaches to improving patient safety.

All members were given advanced training in incident analysis, human factors and systems thinking.

MEMBERS

Dr Margaret Bird, Mrs Jill Butty, Ms Gabrielle Castillo, Dr Nicola Cunningham, Ms Jacqueline Hughes, Miss Jennifer Morris, Mrs Kylie Osborne, Dr Julia Pitsopoulos, Dr Louise Sterling, Ms Liat Watson, Dr Simon Wood

Appendix 2 Targeting Zero recommendations

No	Recommendation	Status
1.1.2	That the Victorian Auditor-General's Office conducts its next audit of patient safety by 1 July 2020.	Open
1.3.1	By the end of 2017, the department has set and published statewide improvement goals, developed by the clinical networks, for: reducing the incidence of high-impact, high-preventability complications, improving statewide performance on specific readmissions, complications, length of stay and mortality, as measured using the statistical process control indicator, reducing stillbirths, perinatal mortality and intrapartum brain injuries, improving patient experience, prioritising domains of experience where consumer ratings are not already uniformly positive, as measured by the Victorian healthcare experience survey.	Closed
1.3.2	That each of these goals be clear and measurable, with a defined timeline for achieving them.	Closed
1.3.3	That these goals be published on the department's website, with progress against them updated as part of the proposed annual safety and quality report (see Recommendation 4.3.5).	Closed
2.13.1	That clinical networks identify those procedures or treatments for which there is evidence of a material volume-outcome relationship (the 'materiality' threshold may be different for metropolitan and regional centres).	Closed
2.15	That the department works with the Australian Health Practitioner Regulation Agency and the [Health Complaints Commissioner] to devise a strategy for improving rates of voluntary reporting of [patient safety] concerns by health professionals.	Closed
3.1.0	That the department raises with the Australian Commission on Safety and Quality in Health Care and in appropriate national forums an alternative approach to monitoring adherence to national standards involving a combination of standard visits and unscheduled, targeted inspections to assess particular standards.	Closed
3.2.1	That the department establishes a panel of clinical reviewers across a range of disciplines, together with people skilled in clinical governance, who can be called on to undertake clinical reviews where indicated in the revised safety and quality monitoring framework.	Closed
3.2.2	That the members of the panel receive explicit training in review methods.	Closed
3.2.3	That the panel meets annually to receive feedback from other panel members about review experiences.	Closed
3.2.4	That the department supports the panel through documentation of lessons learned from reviews.	Closed
3.3.7	The department should also work closely with the [Health Complaints Commissioner] to ensure that reporting and cultural issues detected by the Commissioner are incorporated into departmental risk assessment.	Open
3.6.1	That in consultation with health services and discussion with other jurisdictions, the department develop a transparent and evidence-based incident management policy clearly specifying what it aims to achieve through incident reporting in Victoria and how it will achieve those aims, including through: central oversight of hospital progress in investigating and addressing root causes of high-severity incidents (ISR 1s), central analysis of incident report text and data to support safety improvement, development or adjustment of departmental policies and improvement programs to mitigate recurrent risks detected through incident report.	Open
3.6.2	That the policy prioritises reporting of incidents that had or risked having severe impacts on patients while minimising the time cost of reporting for hospital staff and focusing efforts on investigation and remediation of risks rather than detailed reporting of incidents.	Open

No	Recommendation	Status
3.6.3	That the [policy] specifies the level of resources the department will commit to analysis of incident reports, and its plan for using the lessons of incident reports to support safety and quality improvement in hospitals.	Open
3.9.2	That [CCOPMM] be involved in reviewing deaths of children subject to child protection orders, and be appropriately resourced to do so.	Closed
3.10.1	That the contract with the Royal Australasian College of Surgeons for the conduct of the Victorian Audit of Surgical Mortality (VASM) be renegotiated to expand the coverage of VASM to include anaesthetic deaths, subject to appropriate involvement of anaesthetists, and when preventable mortality or serious morbidity occurs, for VASM to provide a report to the relevant health service (and the department) with its recommendations for strengthening care.	Closed
3.10.2	That the department provide VASM with data to enable it to calculate rates of surgical and anaesthetic deaths in all hospitals.	Closed
3.10.3	That the department discuss with the Royal Australasian College of Surgeons the desirability of VASM providing the department with the responsible clinician's specialty, place(s) of employment, and investigation status (for example, whether the health service has received advice from VASM yet).	Closed
3.11.1	That the department dissolves the Clinical Incident Review Panel, with [their] compliance functions absorbed by the department and its improvement functions absorbed by [SCV].	Closed
3.11.2	That the department requires all hospitals to: demonstrate they have at least one independent expert on their sentinel event root cause analysis panel, identify the individual responsible for ensuring the panel's recommendations are implemented, provide evidence that they have implemented their panel's recommendations.	Closed
3.11.3	That the department uses its discretion to appoint additional experts to panels and audits the implementation of improvement recommendations.	Closed
3.11.4	That [SCV] uses relevant information arising from sentinel event review to promote statewide learnings, and support hospitals with improvement work when requested to do so by the department.	Closed
3.12.1	That the department dissolves the Mortality Expert Review Panel and ceases to investigate hospital-standardised mortality rates.	Closed
3.12.3	That the department redirects the Mortality Expert Review Panel's resources into SCV.	Closed
3.13	That the Patient Safety Advisory Committee be dissolved, with its responsibility for trend analysis re-assigned to [VAHI] and its responsibilities for system-wide innovation and improvement reassigned to [SCV].	Closed
4.2.1	The department should adopt the goal of reducing clinical practice variation in all hospitals, with change led by the clinical networks. The clinical networks should identify best practice in their relevant specialty areas, develop strategies to share best practice and support hospitals and clinicians to implement best practice.	Closed
4.2.2	The department should adopt the goal of reducing clinical practice variation in all hospitals, with change led by the clinical networks. The department should provide best practice root cause analysis and morbidity and mortality review protocols and expect or mandate adherence to them across hospitals.	Closed
4.2.3	The department should adopt the goal of reducing clinical practice variation in all hospitals, with change led by the clinical networks. The department should ensure the clinical protocols of top performing hospitals (on relevant indicators) are highlighted on the department's document sharing system, PROMPT.	Closed

No	Recommendation	Status
4.2.4	The department should adopt the goal of reducing clinical practice variation in all hospitals, with change led by the clinical networks. Where all hospitals are required to have a new protocol in place (for example, in response to a public health emergency), the department should commission a specialist clinical unit to develop a single protocol with an implementation guide for common use across hospitals.	Open
4.3.1	The government should form [SCV] within the department, incorporating activities of the Quality and Safety branch, the clinical networks, Cancer and Specialty Programs branch, and the Acute Programs, and Perinatal and Clinical Councils Unit from the Health Service Programs branch.	Closed
4.3.2	[SCV] should coordinate the quality improvement work of the bodies it incorporates, and support their work by recruiting a pool of specialist staff dedicated to analysing available data, researching contemporary evidence on best practice and distilling it for the relevant bodies, and supporting them to adopt, adapt and develop rigorous quality improvement programs and processes to be implemented in hospitals.	Closed
4.3.3	A chief executive officer (CEO) should be recruited to lead [SCV]. The CEO should be seen as a leader by other clinicians, with deep expertise in safety and quality improvement, significant previous responsibility for clinical governance and a demonstrated record of success in delivering quality improvement in senior health management.	Closed
4.3.4	The CEO should lead the department's clinical engagement and ensure the department's understanding of the sector is informed by feedback from clinical leaders as well as hospital managers.	Closed
4.3.5	The CEO should report annually on strategies being pursued by the clinical networks for, as well as progress on, system-wide improvement on the key quality and safety indicators.	Closed
4.3.6	The CEO should have authority to: (a) inspect and audit hospitals; and (b) issue best-practice guidelines and protocols on the advice of the clinical networks and the clinical council.	Closed
4.3.7	The Chief Medical Officer, Chief Nurse and Chief Allied Health Officer should report to the CEO, and be responsible for supporting [SCV's] work and advising on strategic direction.	Closed
4.3.8	The CEO should report directly to the Secretary.	Closed
4.4.1	The department, in conjunction with Better Care Victoria, should develop a clinician leadership training strategy that incorporates training in contemporary quality improvement methods.	Closed
4.4.2	The training program should have intakes on a regular basis.	Closed
4.4.3	Hospitals and health services should ensure all leaders of significant clinical departments have completed the program or a similar program within six months of their appointment.	Open
4.5	That larger hospitals consider initiating a program of regular external reviews of clinical units.	Open
4.6.1	That the department establishes a Victorian Clinical Council to provide a forum whereby the department can obtain the collective advice of clinicians on strategic issues.	Closed
4.6.2	Councillors should be drawn from the ranks of practising clinicians, to serve in a non-representative capacity. A significant proportion (more than two-thirds) of the membership of the council should be drawn from the clinical networks. A Council Executive (including a chair and deputy chair) should be elected by the council, with the initial chair appointed by the department. Issues for consideration should be sought from the department, chairs of clinical networks, and from councillors.	Closed
4.6.3	All clinical network chairs should be members of the council, as should be the CEO of SCV, the Chief Medical Officer, the Chief Nurse and the Chief Allied Health Officer. At least four skilled consumer representatives should have seats on the council.	Closed

No	Recommendation	Status
4.6.4	To ensure accountability from the department, the Secretary or her delegate should make a report at each session of the council on whether the recommendations are endorsed, the reasons for this, and their plans and progress on implementing them.	Closed
4.6.5	Secretariat support should be provided by the department.	Closed
4.7	That the department's Chief Medical Officer and Chief Nurse each hold a quarterly discussion forum with the major private hospital groups' Chief Medical Officers and Directors of Nursing, respectively.	Closed
4.8.1	That the department revitalise the clinical networks. Each should be focused on a single objective: to improve outcomes of hospital care.	Closed
4.8.2	That SCV develop a strategic plan for coordinating interdisciplinary improvement work to be published before 1 July 2017, with the strategic plan incorporating infection and infectious disease, mental health, surgery and general medicine. Work in these areas should begin as soon as possible.	Closed
4.8.3	That each network be charged with improving the overall performance across all hospitals (public and private) on relevant indicators from the statewide safety and quality analytics report by reducing variation on quality indicators and lowering incidence on safety indicators.	Closed
4.8.4	That networks report to the CEO of SCV annually on progress against their improvement objectives.	Closed
4.8.5	That networks have staffing appropriate to their new role, including data-analytic support. There should be provision, in the first few years of the new network role, for 'data advisers' to support access to the new data portal.	Closed
4.8.6	That the work of the Ministerial Advisory Committee on Surgery and the Surgical Consultative Council be absorbed into a new surgery network, consideration also be given to absorbing the Victorian Consultative Council for Anaesthetic Morbidity and Mortality into the surgery network. The work of the Healthcare Associated Infection Committee be absorbed by a newly formed infection and infectious disease network.	Open
4.8.7	That the department ensure staff and chairs of networks have training in contemporary improvement methods.	Closed
4.8.8	That the network chairs meet quarterly to share experiences, identify any common priorities and ensure critical opportunities for improvement are being pursued.	Closed
4.8.9	That every network has at least two consumer representatives with personal experience relevant to the network's focus, who meet the requirements for being able to reflect the perspective of health system users set out in Recommendation 2.2.	Closed
4.8.10	That the department develop a strategy to involve clinical networks and Primary Healthcare Networks in creating evidence-based best practice care paths for implementation across Victoria.	Closed
4.12	Clinical networks should develop clinically relevant process indicators for use in local improvement work.	Closed
5.1.1	That the guidelines for the public hospital annual board quality reports be changed so they are simply required to 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.	Closed
5.1.2	That the guidelines for the public hospital annual board quality reports be changed so they are simply required to describe the actions taken by the health service to prevent the recurrence of a similar event.	Closed

No	Recommendation	Status
5.1.3	That the guidelines for the public hospital annual board quality reports be changed so they are simply required to include the results of the indicators in the most recent board quality report provided by VHPA/the department.	Closed
5.1.4	That the guidelines for the public hospital annual board quality reports be changed so they are simply required to include commentary on those results, including where steps being taken to improve the care being provided by the health service.	Closed
5.1.5	That the guidelines for the public hospital annual board quality reports be changed so they are simply required to include 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).	Closed
5.2.2	That the department adapts the National Health Services' 'Open and Honest' report template for Victorian hospitals.	Open
5.8.1	That the department monitors the Victorian healthcare experience survey to ensure all public hospitals are providing interpreter services to patients who require them.	Closed
5.9.1	That [SCV] monitors the effectiveness of complaints handling by all hospitals and report on individual health service providers' compliance with complaints handling standards to the department's Performance and System Design branch.	Open
5.9.2	That poor handling of complaints detected by the [Health Complaints Commissioner] be considered as a cultural risk by the department and managed accordingly.	Open
5.9.3	That the [Health Complaints Commissioner] reports on trends, innovations and best practice in complaints handling by health services to [SCV], which should use this information to support improvement in patient engagement across all hospitals.	Open
5.10	That [SCV] adopts patient engagement and patient experience as a priority improvement goal for the hospital system.	Closed

Abbreviations

ACSQHC Australian Commission on Safety and Quality in Health Care

BCV Better Care Victoria

CCOPMM Consultative Council on Obstetric and Paediatric Mortality and Morbidity

DHHS Department of Health and Human Services

ECR Endovascular clot retrieval

FTE Full-time equivalent

HCC Health Complaints Commissioner

ICU Intensive care unit

IHI Institute for Healthcare Improvement

MET Medical emergency team

NHMRC National Health and Medical Research Council

NSQHS National Safety and Quality Health Service

PEER Panel of external expert reviewers

PROM Patient-reported outcome measure

SCV Safer Care Victoria

VCCAMM Victorian Consultative Council on Anaesthetic Mortality and Morbidity

VAHI Victorian Agency for Health Information

VHES Victorian healthcare experience survey

ViCTOR Victorian children's tool for observation and response

VPS Victorian public sector

VSCC Victorian Surgical Consultative Council

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