



Corporate plan

2018–19

ABBREVIATIONS

BCV Better Care Victoria

COPD Chronic obstructive pulmonary disease

DHHS Department of Health and Human Services

ECR Endovascular clot retrieval

ICU Intensive care unit

PROMs Patient reported outcome measures

RCA Root cause analysis

SCV Safer Care Victoria

VAHI Victorian Agency for Health Information

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What we will deliver in 2018–19



REDUCED PATIENT HARM

20% reduction in mortality for sepsis*

20% reduction in third and fourth degree perineal tears*

100% receive stroke patients with a mood disturbance **neuropsychology assessment***



IMPROVED PATIENT ACCESS



20,000 more patients seen within 4 hrs at emergency departments*

5% more urgent patients get into specialist clinics within 30 days*



BETTER REVIEW OF PATIENT HARM

95% RCAs pass quality check



75% RCA reports have at least one **strong recommendation**



80% RCA panels have an **external member**



IMPROVED GOVERNANCE AND LEADERSHIP

All boards participate in SCV clinical governance training



New Leadership development framework



ENHANCED CLINICAL GUIDANCE



Treating anaphylaxis in children and adults **in hospital**

Screening, preventing and managing delirium



INCREASED CONSUMER PARTICIPATION

Partnering in healthcare **framework implemented in all public hospitals**



New consumer senate



* at participating health services

Sharpening the focus on quality and safety

It is my pleasure to present our Corporate plan 2018–19. In what will be our second full year of operation, we are keen to progress from our establishment phase to truly focus on delivering real outcomes for Victorian patients, families, carers, clinicians and health services.

TURNING OUR FOCUS TO OUTCOMES

In the second year of our three-year strategic plan, we continue to be ambitious. In this corporate plan we have set deliberately challenging goals to strive for, and significant programs and projects to deliver.

As we mature as an agency, so too will our corporate planning – and we will improve our ability to focus on outcomes, providing measurable evidence of impact on healthcare quality and patient safety. Of course, this is not a complete picture of everything we are doing to help support health services and to benefit Victorians. As a sign of how quickly we are developing, much of what was contained in our corporate plan last year has already become business-as-usual activity for us. Rest assured, the team at SCV is working very hard indeed.

LAUNCHING A VICTORIAN PATIENT SAFETY PROGRAM

It takes a strategic, statewide approach to best coordinate improvement goals, build skills within and across all health services, and to drive sustainable improvements in patient care.

In 2018–19, we will start a transformative, state-first program to save lives and reduce avoidable harm across all Victorian hospitals.

Delivered in partnership with global leaders in healthcare safety, the Institute for Healthcare Improvement, this statewide program will first focus on working with health services to jointly identify key clinical issues that are challenging problems right across the state.

We will also use this partnership to support colleagues in human services. Working together to bridge the divide we know too often exists between health and social services, we will make a difference to the lives of the most vulnerable Victorians.

REFINING HOW WE WORK WITH YOU

From the outset, we were determined to bring a fresh approach to healthcare quality and safety in Victoria. We wanted to work with you, in partnership with you, and in support of you.

And we see this working – through the requests to our chief clinical officers for informal advice, the number of emails to our incident response team for guidance, the doubling in sentinel event reporting. We also see it in how quickly our events fill up, the demand for online information, and also in the desire to be involved in our improvement and innovation projects, our advisory or governance groups and consultation opportunities.

For us, the greatest reward is your involvement. It reflects that the way we go about our business is working. We will continue to refine our processes to make sure everyone who wants to engage with us, can.

Meanwhile, behind the scenes we are working closely with the Victorian Agency for Health Information (VAHI) and the Department of Health and Human Services (DHHS) to ensure we strike the right balance between oversight of, and support for our acute health system.

BUILDING OUR AGENCY CULTURE AND CAPABILITY

To perform at our best, we need to make sure that we have the right people in the right roles, and that they feel supported, involved and rewarded. It is just as important for us as it is for health services that we have a generative, safe culture. From staff surveys, we know our people are passionate about healthcare, and that we are building specialist teams with the right skills and expertise.

But building a culture in a brand new agency takes time, especially when experiencing such significant growth and demand. Now we are almost fully resourced and located together in the same premises, we are focusing on building a supportive work environment to improve staff communication and engagement. What's good for you, is good for us. And, we hope, vice versa!

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.

Your ongoing commitment to providing high quality care is appreciated.



Professor Euan Wallace AM
Chief Executive Officer



Who we are and what we do

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

HOW WE WORK

We partner with others, including consumers and their families, clinicians and health services.

We underpin our work with evidence-based best practice.

We put people at the centre of everything we do.

We focus on outcomes and measuring our impact.

OUR VALUES

Challenge the norm

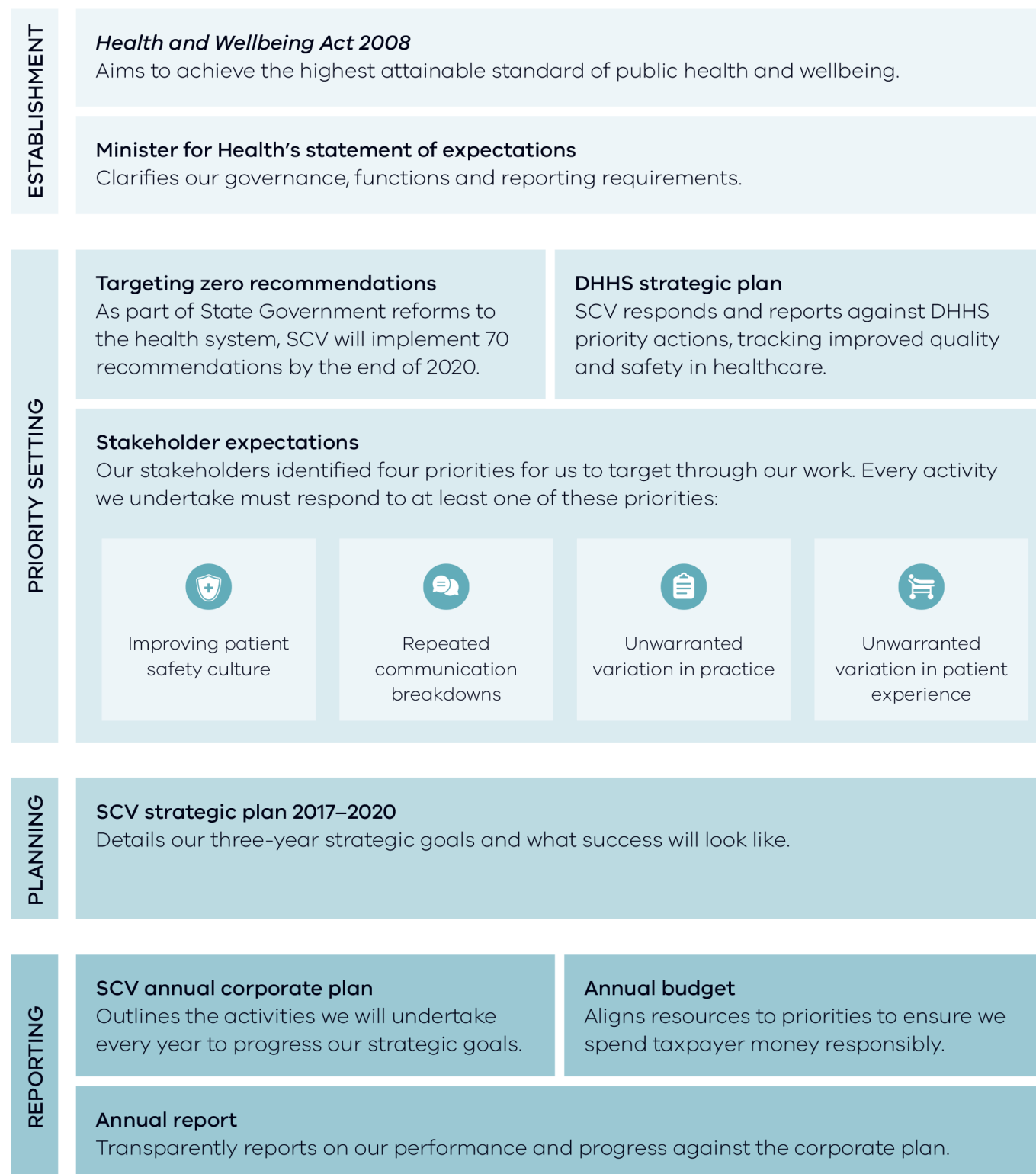
Accept nothing less than excellence

Tell it like it is

One team

Bring your whole self

Our planning and reporting framework



Strategic plan 2017–2020 snapshot

Strategic priority	Strategic objective	What success looks like in three years
Partnering with consumers	Consumer voices and choices are central to own care	Consumer-defined outcome measures and improvement goals being delivered at a health service level and within SCV
	Consumer voices and experiences improve health services and the health system	Demonstrable improvement in patient experience
Partnering with clinicians	Reductions in unwarranted variation in practice and outcome	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers
	Clinicians' voices and experiences improve health services and the health system	SCV chief clinicians, the Victorian Clinical Council and clinical networks are utilised to inform policy and planning
Leadership	Healthy culture driven by strong leaders	System-wide approach to developing and sustaining current and future leaders
	Quality and safety governance embedded throughout health services	Evidence that accountability of health services' governing bodies and executives is strengthened
Review and response	Robust response and review of serious incidents	A just culture. Demonstrable improvements in the number of serious events reported to SCV
	Dissemination of learnings from serious incidents, and local best practice	Measurable reductions in avoidable harm
	Quality and safety data analysis drives system oversight and response	New quality and safety measures in clinician-driven reports for sector and public
System improvement and innovation	Lead improvements in priority areas	Demonstrable reductions in avoidable harm in priority areas
	Enable innovation in priority areas	Evidence of local innovation scaled across the system
	SCV is a national and international leader in quality and safety	Publications and presentations evidencing SCV impact

1. 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.

Strategic objective	What success looks like
Consumer voices and choices are central to own care	Consumer-defined outcome measures and improvement goals being delivered at a health service level and within SCV
Consumer voices and experiences improve health services and the health system	Demonstrable improvement in patient experience

2018–19 activities

Goals

Consumer voices and choices are central to own care

Consumer participation



Implement the Partnering in healthcare framework to support increased consumer participation and engagement

Establish baseline % health services that have implemented at least 2 of the 5 priority areas



Support community advisory committees by refreshing committee guidelines

Establish baseline % health services committed to implement committee guidelines



Establish new consumer networks including a community advisory committee senate

Establish consumer senate



Launch guidelines to support consumers to participate in adverse event investigations

Deliver guidelines by early 2019
25% root cause analyses involve a consumer representative

Consumer voices and experiences improve health services and the health system

Concerns and complaints



Analyse patient complaint data from 30 health services using a standardised taxonomy for complaint management

Assess value of aggregating complaints



Develop statewide guidelines for patient and family escalation of care process

Deliver statewide guidelines by June 2019
100% health services commit to implementing guidelines



Work with VAHI to ensure patient reported outcome measures (PROMs) can help us understand health outcomes from a consumer perspective, and guide quality and safety improvements

Trial one set of PROMs



Ensure quality and safety data inform and support consumer choices and self-directed care

Trial consumer-led dashboard in 1 health service

KEY ACTIVITIES 2018–19

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. In the future, we will be able to 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.

Escalating patient and family concerns

Being introduced from January 2019, the new National Safety and Quality Health Service 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, we will develop guidance on the minimum requirements of a care escalation process and on how to implement such a process.

Learning from complaints and feedback

Complementing information gained from the Victorian healthcare experience survey, (commissioned by VAHI) we will finalise 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.

We are also testing an online patient feedback platform in six health services. The platform allows patients to provide honest feedback on their experience, and helps services better understand consumer experiences.

Building consumer networks

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.

Safer Care Patient and Family Council

Established in 2017, our council represents the perspectives and needs of patients, their families and carers. We use this council to test health sector programs and initiatives, and inform implementation and evaluation.

We also employ a consumer adviser, and have appointed consumer representatives to our clinical network governance committees and the Victorian Clinical Council.

2. 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, program 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.

Strategic objective	What success looks like
Reductions in unwarranted variation in practice and outcome	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers
Clinicians’ voices and experiences improve health services and the health system	SCV chief clinicians, the Victorian Clinical Council and clinical networks are utilised to inform policy and planning

2018–19 activities

Goals

Reductions in unwarranted variation in practice and outcome

Clinical networks



Work with the sector to establish three-year goals and priority projects for emergency care, mental health and infection clinical networks

Publish priority goals by December 2018
Publish at least 1 priority project with measurable goals per network



Establish best practice provision of clinical guidance to address variation in care delivery and outcomes

Deliver clinical guidance strategy by June 2019



Establish a clinician-led, regional working group to explore variation in hysterectomy rates

Understand drivers of variation and develop a bundle of care to reduce the variation



Focus on quality of care for people with chronic obstructive pulmonary disease (COPD) through an integrated working group in Hamilton, western district

Align care for people with COPD with best practice clinical guidelines in 12 months

Clinicians' voices and experiences improve health services and the health system

Clinical guidance



Support health services to adopt statewide guidance to standardise the nine medications that support the heart (inotropes and vasopressors) across all critical care units

80% standardisation of inotropes and vasopressors by June 2019



Introduce single consensus guidance for anaphylaxis in children and adults, including an agreed process for administering EpiPen or equivalent in health services

Develop guidance and commence implementation in 10 health services



Introduce statewide clinical practice guidance and other guidance on screening, preventing and managing delirium

Establish prevalence of delirium



Improve care for women and children through:

- online maternity and neonatal ehandbooks to provide evidence-based clinical guidance
- a new maternity dashboard to allow services to monitor data locally, and identify and respond to any concerns

Publish 20 new maternity guidelines by June 2019
100% eligible hospitals have access to and understand how to use the dashboard



Release ViCTOR fluid management chart to all Victorian public hospitals

Launch ViCTOR chart in August 2018

KEY ACTIVITIES 2018–19

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. Before the end of 2018, we will review how we provide clinical guidance, and evaluate the response to them.

We will also be developing:

- statewide clinical practice guidance for screening, preventing and managing delirium
- single consensus guidance for anaphylaxis in children and adults, including an agreed process for administering EpiPen or equivalent in health services
- expanding online guidance as part of the maternity and neonatal ehandbooks.

Driving statewide results through our clinical networks

Comprising health professionals, academics and consumers across 11 specialist areas, our clinical networks identified 20 priority projects to reduce clinical practice variation in hospitals in the next three years. These can all be found on our website at bettersafercare.vic.gov.au.

Those planned to finish in 2018–19 are captured in this corporate plan, including:

- standardising the nine medications that support the heart (inotropes and vasopressors) to create consistency in critical care units
- updating Victorian endovascular clot retrieval protocols for ischaemic stroke patients
- supporting older patients to stay active through the PJ paralysis program
- supporting timely referral to palliative care services through clinical recognition of people with a life-limiting illness.

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. The council has established the following goals for 2018–19:

- Contribute in a timely manner to priority departmental policy and planning issues that arise out-of-session through the establishment of time-limited working groups that are a subset of membership.
- Complete four council meetings that address priority issues identified by council members, DHHS and the sector more broadly.
- Council advice is used to support quality and safety improvement and is reflected in departmental policy and planning and the work of SCV.

3. 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.

Strategic objective	What success looks like
Healthy culture driven by strong leaders	System-wide approach to developing and sustaining current and future leaders
Quality and safety governance embedded throughout health services	Evidence that accountability of health services' governing bodies and executives is strengthened

2018–19 activities

Goals

Healthy culture driven by strong leaders

Leadership



Develop and publish an integrated three-year leadership strategy

Publish leadership strategy



Commence a two-year, service-specific team leadership program at health services in regional and rural Victoria

Test team coaching program in at least 3 health services



Evaluate SCV clinical fellowship as a development opportunity for mid-career clinicians to improve skills for future careers

Eight clinical fellows complete the program in 2018

Quality and safety governance embedded throughout health services

Governance



Create and deliver service-specific clinical governance training for boards, executives and senior staff to support implementation of the *Delivering high-quality healthcare: Victorian clinical governance framework*

100% boards represented in SCV clinical governance training
100% boards complete assessment of clinical governance maturity

KEY ACTIVITIES 2018–19

Understanding leadership development gaps

Having researched what leadership training is currently being delivered at a local level, we have drafted 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.

Leading from the top

Rather than provide general leadership training, we will be working with DHHS to develop service-specific responses in 2018–19. These include:

- clinical governance training for boards, executives and senior staff
- team leadership programs in rural and regional services.

Evaluating the new clinical fellowship

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, deliver an improvement project, learn valuable project management skills, and benefit from a 12-month tailored learning program around change management, improvement science and leadership. The SCV clinical fellowship connects to a number of existing healthcare improvement and research fellowships, including the Victorian Cancer Agency and medical and research fellowships run by DHHS. These fellowships will share an evaluation approach.

Chief clinical officers

Based at SCV, Victoria's chief clinical officers provide leadership for the sector.

Our Chief Nursing and Midwifery Officer, Chief Medical Officer, Chief Paramedic Officer and our new Chief Allied Health Officer (appointed June 2018) each provide a focal point for the escalation of professional quality and safety matters, and engage with clinical leads, management, staff and patients to maintain a good understanding of the 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.

SCV improvement advisers

Six SCV staff have joined colleagues from sister agencies in other states to undertake the IHI improvement adviser professional development program. Through this, we will be equipped to better support health services to embed quality and safety programs. Further training opportunities are planned for those working within health services in 2018–19.

4. 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.

Strategic objective	What success looks like
Robust response and review of serious incidents	A just culture. Demonstrable improvements in the number of serious events reported to SCV
Dissemination of learnings from serious incidents, and local best practice	Measurable reductions in avoidable harm
Quality and safety data analysis drives system oversight and response	New quality and safety measures in clinician-driven reports for sector and public

2018–19 activities

Goals

Robust response and review of serious incidents

Capacity building



Improve review of serious adverse events through:

- having external members and consumers on review panels
- continued RCA training

50% improvement in time to notification

90% RCAs submitted within 30 days (or extension granted)

95% RCAs pass quality check

75% RCA reports have at least 1 strong recommendation

80% RCAs panels have an external member

Dissemination of learnings from serious incidents, and local best practice

Communications



Develop a digital strategy to better share information through the website, social media and other avenues

100% increase in unique web visits

Consultative councils



Review functions of Victoria's surgical and anaesthetic consultative councils

Provide recommendations on oversight of perioperative mortality and morbidity by June 2019

Quality and safety data analysis drives system oversight and response

Advice and analysis



Attend performance meetings at all health services at least once a year

Attend 100% metro/regional meetings
Attend at least one meeting annually for all small rural services



Refine metrics to identify and support areas for improvement

Identify 5 metrics ready for implementation



Provide volume-outcome analysis for maternity, bariatric and pancreatic cancer

Timely delivery of volume-outcome analysis



Advise DHHS and health services on critical commissioning and service improvements that involve clinical quality and safety (e.g. expanding intensive care unit capacity)

Provide timely advice to ensure projects are delivered safely

KEY ACTIVITIES 2018–19

Turning around our reporting culture

Having already seen a 72 per cent increase in sentinel event notifications in the past year, we will continue to focus on strengthening review of serious adverse events in healthcare. Our work will include:

- launching the new PEER platform, to help health services appoint an external member on their review panels
- increasing consumer participation in reviews through refreshed guidance
- refreshing sentinel event training and creating online modules
- improving dissemination of learnings through SCV's new website and e-newsletters, and publication of a sentinel events annual report.

Providing advice and analysis

SCV collects 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 issues, and participate with DHHS in health service performance meetings, providing expert analysis on quality and safety indicators.

To improve our capacity to provide insightful analysis and guidance, we will create a new team to focus on performance feedback to health services. We are also working with VAHI to refine and interpret metrics.

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. These are the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM), the Victorian Surgical Consultative Council (VSCC) and the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM).

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.

In 2018–19, SCV will also support the operation of the Voluntary Assisted Dying Review Board to help oversee the safe operation of the new law from July 2019.

5. 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. This year we will expand this support to include agencies providing social care.

Strategic objective	What success looks like
Lead improvements in priority areas	Demonstrable reductions in avoidable harm in priority areas
Enable innovation in priority areas	Evidence of local innovation scaled across the system
SCV is a national and international leader in quality and safety	Publications and presentations evidencing SCV impact

2018–19 activities

Goals

Lead improvements in priority areas

Improvement programs



- Improve care of patients with sepsis by:
- scaling the sepsis project funded by the BCV innovation fund beyond trial site
 - implementing a sepsis bundle of care in regional and rural emergency departments and urgent care centres, introducing a statewide approach to sepsis identification, assessment and management to support early intervention

20% reduction in mortality for sepsis at participating sites



- Support reduction in third and fourth degree perineal tears in 10 hospitals across Victoria through participation in a national collaborative

20% reduction in third and fourth degree perineal tears at the 10 hospitals by December 2018



- Improve care of patients with stroke by:
- scaling teleneuropsychology in stroke rehabilitation to improve mood screening for stroke patients by June 2019
 - updating and implementing Victorian endovascular clot retrieval (ECR) protocols for treating ischaemic stroke patients by June 2019

10% of eligible ischaemic strokes treated by ECR
100% patients with a mood disturbance receive neuropsychology assessment and treatment in the participating hospitals



- Support patients aged 65 and over to stay active through the **End PJ paralysis** program to minimise functional decline by December 2019

Minimum of 10 health services participating in the program



- Support clinical recognition of people with a life-limiting illness to facilitate timely referral to palliative care services by June 2019

Establish baseline % health services with processes in place to support clinical recognition of people with a life-limiting illness

2018–19 activities

Goals

Enable innovation in priority areas

Partnerships



Continue to improve access to emergency care through patient flow partnership and improvement projects

20,000 more patients seen within the 4-hour target at participating services



Continue to improve access to specialist clinics at participating services

5% improvement in the number of urgent patients seen within 30 days (targeted clinics)



Scale **Choosing Wisely** project funded by the BCV innovation fund beyond trial site

10% reduction in unnecessary ordering of tests, treatments and procedures



Leverage SCV expertise to lead an innovation project that connects health and social care

Start at least one project that tackles health issues for users of social care services



Support a minimum of five service-led innovation projects through the BCV innovation fund

Successful completion of innovation projects within agreed timelines



Review operation of innovation fund to focus on longer term projects

Evolved innovation investment program

SCV is a national and international leader in quality and safety

Health sector profile



Increase awareness of SCV through professional groups, publications and events

presentations/posters
journal articles



Provide opportunities to support healthcare research and innovation

research grants
students



Support social care agencies with delivery of improvement programs

Launch an online toolkit that is fit-for-purpose for human services

KEY ACTIVITIES 2018–19

Scaling successful innovation

Through the BCV innovation fund, we are funding the broader implementation of two successful projects supported by the 2016–17 program.

Choosing Wisely Already shown to reduce unnecessary tests, treatments and procedures, this project will be implemented in 11 more health services in 2018–19.

Think sepsis. Act fast. Combining clinical pathways, tools and education, this project improved survival and reduced length of stay and ICU admissions related to sepsis. To be implemented in another 11 services, this is complemented by a clinical network project to implement a sepsis bundle of care in emergency departments and urgent care centres.

Clearing blocks to patient access

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.

Another 11 health services are involved in our **Specialist clinics access partnership** to improve timely access and patient experience, which started in July 2017. We will share the outcomes with the sector and DHHS to inform statewide improvements in practice and performance.

Collaborating on care for mothers and babies

To help reduce Australia's rate of stillbirth, we are partnering with the National Health and Medical Research Council Stillbirth Centre for Research Excellence and the Perinatal Society of Australia and New Zealand. With SCV's support, a national campaign around decreased fetal movements will be first launched in Victoria. This will run alongside training for the maternity workforce to improve identification of fetal growth restriction.

We are also 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.

BCV innovation fund

Since 2016, the BCV innovation fund has been identifying innovative ideas to improve healthcare quality and safety, and supporting health services to trial them through funding, coaching and training, and tools and templates.

Now in its third year, we have funded \$20 million in projects and are starting to scale successful projects into other health services (see above). With a new two-year funding model and a further injection of \$25 million, we can continue to work with the BCV Board to build on the success and impact of the initiative to date.

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WE VALUE YOUR FEEDBACK

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