

# Response to the VSCC 2015–17 triennial report

Safer Care Victoria welcomes the release of the Victorian Surgical Consultative Council (VSCC) 2015–17 triennial report. The report includes recommendations from their review of reported sentinel events over this period. For our response to these recommendations, please see over page.

Council recommendations include:

- increased vigilance among theatre personnel to surgical count and other essential processes
- enhanced focus on clinical management, communication and handover
- specific recommendations related to delayed recognition of harm and artery puncture.

Safer Care Victoria manages the Victorian sentinel event program which aims to identify areas for both local and system-wide improvements in care, such as reducing the incidence of unretrieved surgical instruments.

Council recommendations relate to the work of the sentinel event program, which is committed to the following goals:

- health services report all sentinel events to Safer Care Victoria
- health services report sentinel events within three days of the incident
- all reviews commence as soon as practicable and resources are allocated to ensure timely submission of the review report
- all review teams include an independent external panel member
- health services work towards including a consumer representative on the review panel. Each review report includes at least one finding and one strong recommendation
- risk reduction action plan feedback reports are submitted three months after the root cause analysis report was submitted
- Safer Care Victoria and health services share the learnings and improvements from sentinel events and provide feedback on draft recommendations.

The 2016–17 sentinel event annual report, which provides complete data and information on areas for improvement, was released in July 2018 and can be accessed at [bettersafercare.vic.gov.au](http://bettersafercare.vic.gov.au).

## Recommendation

## Safer Care Victoria response

The Council recommends:

- increased vigilance among theatres personnel to surgical count procedures
- including robust procedures for counts
- education on count responsibilities and behaviours should be developed and incorporated in the training of all surgical and nursing staff.

Safer Care Victoria will send an alert to health services setting out the Council's findings and recommendations.

The Council will work with the Royal Australasian College of Surgeons and the Australian College of Perioperative Nurses to develop guidelines and a training module.

The Council recommends:

- health services enhance the focus on clinical management and communication, with clear planning, assessment and time allowed for complete and appropriate handover
- surgical scheduling be performed according to the skill set available
- waiting list pressure should not affect surgical decision making.

Safer Care Victoria will send an alert to health services setting out the Council's findings and recommendations.

The Council will work with Safer Care Victoria, the Department of Health and Human Services and the Victorian Agency for Health Information to examine the causes of surgical delays and make recommendations to health services about how such delays can be minimised in line with the work underway improving theatre efficiency and use.

The Council recommends that intraoperative CT scanning for all complex scoliosis cases be made available.

The implementation of the availability of CT scanning for complex scoliosis cases recommendation is a decision that should be considered by each health service and their medical directors.

The Council recommends that all surgery units performing complex operations have action plans in place in the event of accidental vascular injuries.

Safer Care Victoria will work with health service medical executives to ensure action plans are developed and implemented for accidental vascular injuries for all services undertaking complex operations.

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