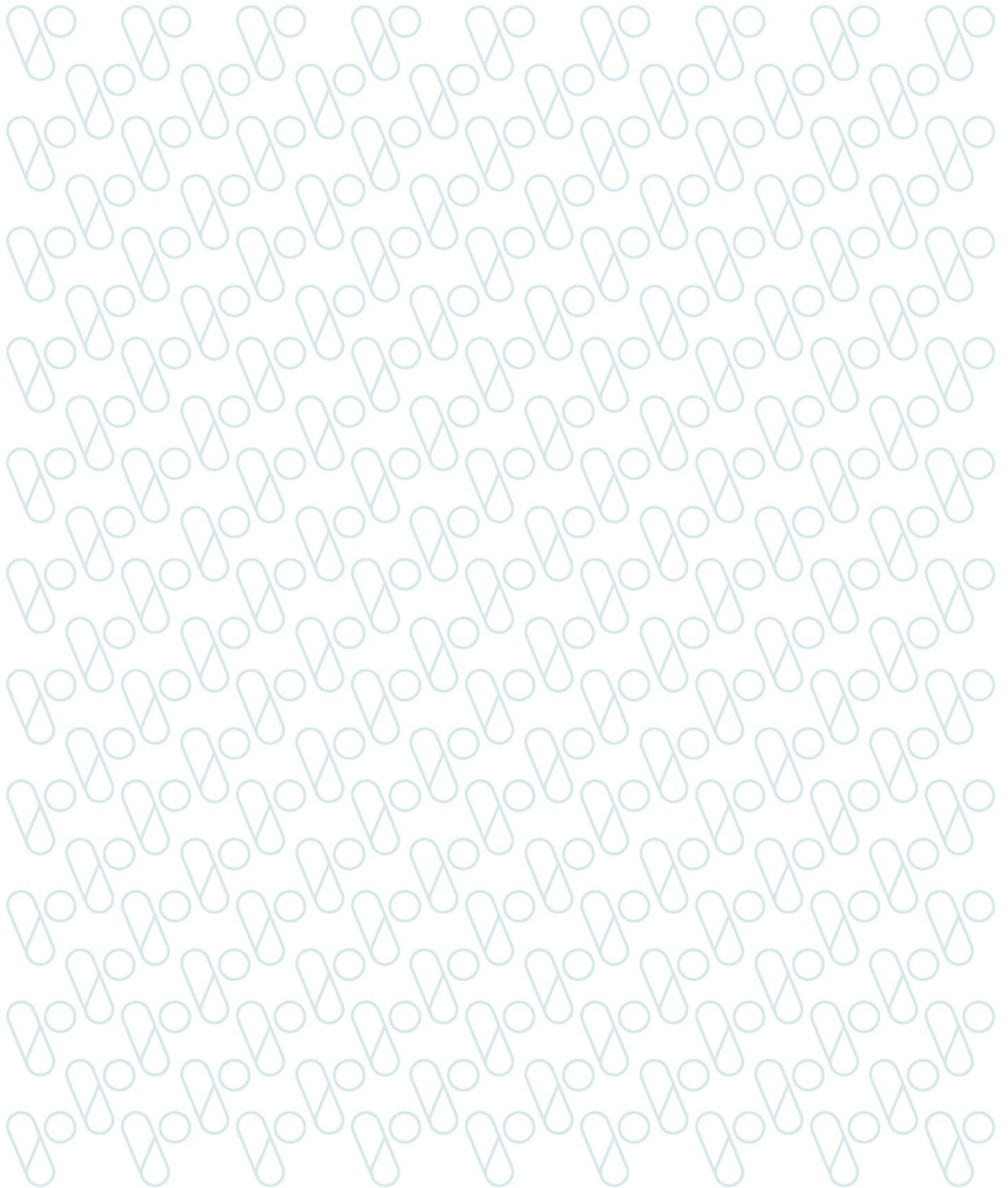

Corporate plan

2019–20





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Measuring the impact of our work

Approaching our third full year, we are excited and encouraged by the early results we are seeing from our work. In 2019–20 we look forward to more projects maturing, and being able to show you how we enable and support health services to improve health outcomes and experiences for Victorians. Here are just some of the results we're targeting for the next year. You'll see we have a focus on the most vulnerable life points – beginning of life and end of life.

Women and babies

We have partnered with Victorian maternity services to deliver incredible benefits for women and families. The **Safer baby collaborative** will result in fewer preventable stillbirths. And the **Better births for women collaborative** will prevent long-term health complications for women by making severe tearing during childbirth less common. Intrinsic to this work is our commitment to supporting healthy outcomes for Aboriginal mothers and babies.

↓ **20%** stillbirths

↓ **20%** severe perineal tears*

Children

We will drive down unnecessary procedures and prescriptions for children – some of which unintentionally cause harm. We are also supporting new performance measures to monitor how regularly our hospitals perform potentially unnecessary tonsillectomies and adenoidectomies in children.

↓ **10%** paediatric adenotonsillectomies*

↓ **20%** prescription of reflux medication to children*

Regional Victorians

We will help Victorians access high-quality and potentially life-saving treatment, no matter where they live. We are expanding telehealth ICU to three more services, enabling the right care close to home and reducing the need for patients to travel to Melbourne.

Older people

We will improve early recognition and treatment of common conditions and presentations in older people. As a result we will see fewer patients fall in our hospitals and more patients head home sooner because of our **Delirium collaborative**, the first under our partnership with the Institute for Healthcare Improvement. We will hasten recovery by keeping older patients active in hospital, and ensure better access to geriatrician assessment by expanding the successful **Geri-Connect** program.

With our work now extending to public residential aged care we will also consult the sector on its quality and safety priorities to inform future work.

↓ **20%** falls in patients >65 years*

95% patients sit out of bed for lunch, get dressed and mobilise each day*

95% patients with hip fracture receive surgery within 24 hours*

End of life care

We have a number of projects to better identify and care for Victorians who have a life-limiting illness or are dying. We will also release new guidance for palliative sedation therapy and anticipatory medicines.

↑ **20%** patients in specialist clinics screened for life-limiting illness*

↑ **20%** acute care patients cared for using agreed principles of end of life care*

* in participating services

Becoming a national leader...

In consumer engagement

We are helping health services increase consumer participation by implementing our new *Partnering in healthcare framework*. Many of our projects respond to this framework by promoting diverse consumer representation, good communication by health practitioners, and shared decision making. Long called for by patients, we will also be trialling **HEAR Me**, a 24/7 phone line for patients or carers to escalate concerns about care.

In healthcare innovation and improvement

We are sharing successful ideas from individual health services, and seeing statewide improvement thanks to the unique Better Care Victoria innovation fund. Having funded 37 projects since 2016, we are now scaling seven of the best. And this time next year, we will be able to prove there's been less harm from medication errors, unnecessary procedures, and more.

We will continue to share and embed **the model for improvement** in our own agency and in health services, ensuring projects have the best chance of sustained success. We are the second state to use the internationally-proven model at scale.

In transparency around patient harm

We continue to be the only state that openly publishes data about the most serious cases of patient harm in our hospitals. We do this to make sure we learn from it and to promote robust reviews and recommendations. In the next year, we will train more people in best-practice reviews, and increase the number of consumers and external experts on incident review teams.

Growing our reputation as a national leader, our inaugural **Giant steps** conference in November will bring together more than 500 thought leaders, health and consumer representatives.

Guiding future care

Our advisory role has already seen us working with health services and the department to ensure quality and safety underpins planning for delivery of procedures such as extracorporeal membrane oxygenation. Our role is expanding so SCV will be at the table as we prepare Victoria to:

- respond to the increasing complexity and growing burden of chronic disease
- design future models of care
- support sustainability of health services
- reduce unexpected variation.

Refreshing our future plans

This is our final year of planning against our inaugural strategic plan. We look forward to releasing a new strategy by July 2020 that will reflect our changing healthcare environment and better meet consumer needs.

Thank you

Thank you to those who will support and work with us in the coming year, including:

- health service leaders and clinicians
- our consumer network
- members of our advisory groups, independent boards and councils
- the Minister for Health
- our fellow healthcare agencies and the Department of Health and Human Services.

I look forward to sharing our results with you.



Professor Euan Wallace AM
Chief Executive Officer

Who we are and what we do

Established in January 2017, we are the state's lead agency for improving quality and safety in Victorian healthcare. We support health services to monitor performance, guide best practice, and help them identify and respond to areas where they can improve.

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

- Healthcare improvement
- Consumer participation
- Leadership and governance
- Performance monitoring
- Patient feedback
- Sentinel event reports
- System safety reviews
- Safety alerts and advisories
- Clinical guidance and support
- Innovation partnerships

Supporting departmental priorities

Our activities align with the Department of Health and Human Services (DHHS) strategic plan. The key results we contribute to are included below and noted [in brackets] next to each activity throughout this report.

SCV activities included in the DHHS action plan for 2019–20 are highlighted in grey.

DHHS strategic plan key results

Key result 1: Reduce the incidence of avoidable harm in Victorian hospitals

Key result 3: Increase the proportion of children with healthy birthweight – with a focus on reducing smoking during pregnancy

Key result 4: Reduce infant mortality

Key result 5: Reduce premature death

Key result 17: Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services

Key result 28: Improve the timeliness of access to elective surgery, emergency department treatment, outpatient services, ambulance services and palliative care

Key result 29: Reduce unexplained variation in the care people receive – especially for disadvantaged groups

Key result 32: Increase citizen engagement in the design and delivery of services

Key result 34: Reduce demand for acute services to manage complex and chronic conditions

Key result 39: Improve patient- and client-reported experiences of care and treatment

Key result 41: Increase the transparency of service safety and quality

Key result 42: Reduce assault, exploitation and neglect of clients and patients cared for in formal settings

Our strategic priorities

PARTNERING WITH CONSUMERS

We help improve how and when consumers get involved in their own healthcare – from doctor-patient care, hospital reviews and governance, through to statewide improvement activities. With our new *Partnering in healthcare framework*, we are bringing a new and exciting approach to consumer engagement in Victoria.

Objective		2019–20 activities	Target	
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	INCREASE consumer engagement by embedding <i>Partnering in healthcare framework</i> , including in public residential aged care [DHHS KR32]	100% services report progress against their identified priorities	June 2020
		SUPPORT consumer representatives who work with health services [DHHS KR32]	Refresh and publish community advisory committee guidelines	April 2020
		PROMOTE more diverse consumer representation [DHHS KR32]	Release guidance for health services and consumers	April 2020
Consumer voices and experiences improve health services and the health system	Demonstrable improvement in patient experience	TRIAL HEAR Me, a new 24/7 phone service for patients and families to escalate care concerns [DHHS KR1]	Started in 17 health services	June 2020
		IDENTIFY patient complaint themes by analysing data from 32 health services [DHHS KR32]	Benchmark complaint rates across health services	May 2020
		COMPLETE the Patient Opinion online feedback trial in 7 health services [DHHS KR32]	Publish evaluation report on value of online feedback	Apr 2020
		HELP clinicians improve communication skills by testing <i>Your thoughts matter</i> in 2 health services [DHHS KR39]	Implement pilot with plan for spread	June 2020

IMPROVING HEALTHCARE QUALITY

We are bringing an internationally-proven approach to all the new improvement projects we run or support. Through our strategic partnership with the Institute for Healthcare Improvement, we are driving improved outcomes for women and babies and older hospital patients, as well as other priority areas.

Objective	2019–20 activities	Target
Lead improvements in priority areas	Demonstrable reductions in avoidable harm in priority areas	IMPROVE outcomes for mothers, babies and families through:
	<ul style="list-style-type: none"> the Safer baby collaborative¹, targeting preventable stillbirths, including in Aboriginal families [DHHS KR3, 4] 	20% fall in stillbirths in the final trimester of pregnancy
		June 2020
	<ul style="list-style-type: none"> the Better births for women collaborative², reducing severe perineal tears and their long-lasting impacts [DHHS KR1] 	20% drop in 3rd and 4th degree perineal tears*
		June 2020
	ENHANCE care for patients with delirium through:	
	<ul style="list-style-type: none"> the Delirium collaborative³, improving how hospital-acquired delirium is diagnosed, prevented and treated [DHHS KR1, 39] 	20% fewer falls in patients >65 years* Reduce length of stay by half a day*
		Mar 2020
	<ul style="list-style-type: none"> clinical guidance to screen, prevent and manage delirium [DHHS KR29] 	Release guidance
		June 2020
	REDUCE harm and deaths through the Sepsis scaling project [DHHS KR1]	20% fewer people die from sepsis* 10% fall in ICU admissions Reduce length of stay by half a day*
		June 2020
	IDENTIFY opportunities to improve patient flow through the Timely care program [DHHS KR28]	Complete diagnostic assessment in 6 health services
		May 2020
		Expand daily operating system to 6 more services
		June 2020

* in participating services.

ICU Intensive care unit.

REDUCING VARIATION ACROSS THE STATE

With the help of our 11 speciality clinical networks, we identify and target areas of care that have different outcomes depending on which hospital you go to. By issuing best practice guidance and supporting resources, we can help all health services deliver consistently safe, high-quality care.

Objective	2019–20 activities	Target
Reductions in unwarranted variation in practice and outcome	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers	IMPROVE recovery for people who have had a stroke through: [DHHS KR29, 32]
	<ul style="list-style-type: none"> quicker access to intravenous thrombolysis treatment for eligible stroke patients 	75% eligible stroke patients receive thrombolysis within 1 hour of presenting* Dec 2019
	<ul style="list-style-type: none"> making teleneuropsychology available in more stroke rehabilitation services 	70% patients with mood disturbance assessed and treated* June 2020
	<ul style="list-style-type: none"> timelier discharge from hospital 	Pilot a shared decision-making aid in at least 1 acute stroke unit June 2020
	IMPROVE outcomes for older people through: [DHHS KR5, 29]	
	<ul style="list-style-type: none"> standard preoperative hip fracture care 	95% patients with hip fracture receive surgery within 24 hours* Dec 2019
	<ul style="list-style-type: none"> End PJ paralysis, encouraging activity to reduce functional decline 	95% patients sit out of bed for lunch, get dressed and are active each day* Dec 2019
	IMPROVE end of life care through: [DHHS KR29]	
	<ul style="list-style-type: none"> standard screening to better recognise and respond to life-limiting illness in outpatient settings 	20% more patients in specialist clinics screened using standard approach* June 2020
	<ul style="list-style-type: none"> agreed end of life care principles for those recognised as dying in acute care settings 	20% more acute care patients cared for using 5 agreed principles* June 2020

* in participating services.

Objective		2019–20 activities	Target	
Reductions in unwarranted variation in practice and outcome	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers	REDUCE unnecessary or harmful treatment for children through: [DHHS KR29]		
		● guidance for parents and clinicians about paediatric adenotonsillectomy	10% fall in surgery rates* 15% fall in readmission rate after surgery*	May 2020
		● resources for parents and clinicians about unnecessary prescribing for infant reflux	20% drop in inappropriate prescription of reflux medication*	April 2020
		REDUCE unnecessary or harmful outcomes for adults in hospitals through: [DHHS KR1]		
		● resources to guide care for patients who may clinically deteriorate, e.g. those with complex and chronic disease	Develop resources to support fewer MET calls	June 2020
		● agreed best practice for the use and care of intravenous cannulae	Trial a bundle to reduce golden staph*	June 2020
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	DEVELOP standard clinical criteria, coordination and accreditation requirements to establish Victorian ECMO service [DHHS KR39]	Deliver recommendations to the department	Dec 2019
		TEST value-based healthcare approach with COPD in Hamilton [DHHS KR29]	100% more people have spirometry to diagnose COPD* 10% more people with COPD attend >75% of their pulmonary rehabilitation*	June 2020

* in participating services.

MET: Medical emergency team, a team that consists of specially trained doctors and nurses who have the skills and equipment to stabilise and manage critically ill patients.

Golden staph: Staphylococcus aureus, a common bacterium that can cause a range of mild to severe infections. Hospital patients can become seriously ill if their golden staph infection resists treatment from most types of antibiotics.

ECMO: Extracorporeal membrane oxygenation, gives temporary life support for critically ill patients with reversible acute respiratory and cardiac failure, and patients requiring a 'bridge' to transplantation.

COPD: Chronic obstructive pulmonary disease, covers a number of lung diseases that prevent someone from breathing properly. Two of the most common types are emphysema and chronic bronchitis.

Spirometry: A common test to assess how well your lungs work.

FOSTERING INNOVATION

Through the unique Better Care Victoria innovation fund, we support health services and clinicians to identify, develop and implement projects that improve patient outcomes. We then share the most successful projects, and provide practical tools and guidance to other health services. Having funded 37 projects since 2016, we are now scaling seven of the best.

Objective		2019–20 activities	Target	
Enable innovation in priority areas	Evidence of local innovation scaled across the system	FOSTER sustainable innovation through the BCV fund , including in: [DHHS KR29]	80% projects successfully implemented	June 2020
		60% innovations last after project completed		
		● community mental health, children in out of home care, chronic disease and shared decision making	Start agreed projects	Dec 2019
		● digital innovation	Start three projects	Sep 2019
		SCALE successful projects, including: [DHHS KR34]		
		● Geri-Connect in residential care	20% better access to geriatrician assessment*	June 2020
		● the critical care telehealth project	60% fewer transfers to Melbourne*	June 2020

* in participating services.

BCV: Better Care Victoria, a Victorian Government innovation fund that tests and supports new and unique ways to improve healthcare.

REVIEWING AND RESPONDING

We help health services learn from patient harm, deaths, and quality and safety indicators. Through our efforts we are bringing a new era of transparency to the most serious events in our hospitals, knowing they can help inform future prevention and improvement across the state.

Objective	2019–20 activities	Target
Robust response and review of serious incidents	A just culture. Demonstrable improvements in the number of serious events reported to SCV	STRENGTHEN the review of serious events that harm patients through: [DHHS KR1]
	<ul style="list-style-type: none"> adding online learning modules to incident review training 	50% more people undertake online and in-person training June 2020
	<ul style="list-style-type: none"> a new incident management framework, including tools, resources 	Publish just culture resources Mar 2020
	<ul style="list-style-type: none"> more external members on RCA review teams 	Double PEER membership 95% RCAs include external expert 36% RCAs include consumers June 2020
	RESPOND to quality and safety concerns through independent reviews [DHHS KR1]	Deliver recommendations from chiropractic review Dec 2019
	PILOT regional morbidity and mortality meetings to review surgical cases in one region [DHHS KR1]	Release review framework June 2020
	EXPLORE outcomes for Aboriginal mothers and babies to better inform areas that require prioritisation [DHHS KR3, 4]	CCOPMM develops project proposal outlining key areas for more in-depth analysis June 2020

RCA: Root cause analysis, the process hospitals use to investigate the real cause behind serious cases of patient harm and death.

PEER: A platform that connects health services with independent panel members for serious or sentinel event reviews.

CCOPMM The Consultative Council on Obstetric and Paediatric Mortality and Morbidity, which independently reviews all cases of maternal, perinatal and paediatric mortality.

Objective		2019–20 activities	Target	
Dissemination of learnings from serious incidents, and local best practice	Measurable reductions in avoidable harm	PUBLISH sentinel events annual report [DHHS KR41]	Release report	Feb 2020
		RELEASE best practice guidance [DHHS KR1, 29]	atrial fibrillation in EDs	June 2020
			acute behavioural disturbance in EDs	Mar 2020
			informed consent with renal patients	May 2020
			use of bedrails in hospitals	Oct 2019
			palliative sedation and anticipatory medicines	Dec 2019
			safe oral intake	June 2020
Quality and safety data analysis drives system oversight and response	New quality and safety measures in clinician-driven reports for sector and public	RESEARCH relationships between volume and clinical outcomes, and recommend ways to implement safe, evidence-based service models [DHHS KR1, 29]	Complete four reviews	June 2020
		DEVELOP new quality and safety reporting measures [DHHS KR41]	Develop baseline suite of measures for public residential aged care	June 2020
			Support start of new performance measures: readmission rates for paediatric tonsillectomies and adenoidectomies	June 2020
		ENABLE health services to have better conversations about quality and safety [DHHS KR29]	Improve tools for quality and safety data analysis	June 2020
		SUPPORT independent review boards and councils [DHHS KR1, 42]	Table first two parliamentary reports on voluntary assisted dying	Feb 2020
			Establish new Victorian Perioperative Consultative Council	Dec 2019

EDs: Emergency departments.

SUPPORTING STRONG LEADERS

Knowing healthcare improvement is driven by strong leaders, we support current senior staff and board members, and identify and develop future leaders. We're excited to implement our *Leadership and learning action plan*, delivering more support than ever to healthcare leaders through tailored mentoring, coaching and networking opportunities.

Objective		2019–20 activities	Target	
Healthy culture driven by strong leaders	System-wide approach to developing and sustaining current and future leaders	DELIVER leadership programs supporting quality and safety in health services, as outlined in our Leadership and learning action plan [DHHS KR1, 17]	350 health service staff complete programs	June 2020
		BUILD improvement science capability in SCV, aged care and health and community services staff to deliver improvement projects [DHHS KR1, 39]	100% more staff trained	June 2020
Quality and safety governance embedded throughout health services	Evidence that accountability of health services' governing bodies and executives is strengthened	STRENGTHEN leadership of health service boards through: [DHHS KR1, 17]		
		<ul style="list-style-type: none"> clinical governance training sessions, including aged care governance responsibilities a clinical governance self-assessment tool 	100% boards represented in training 100% boards undertake self assessment Identify themes for targeted support	June 2020 June 2020
SCV is a national and international leader in quality and safety	Publications and presentations evidencing SCV impact	LEAD national improvements in information sharing about medical devices [DHHS KR1, 41]	Produce inter-jurisdictional guidance	June 2020
		SELL OUT inaugural Giant steps biennial conference [DHHS KR1]	80% attendees rate the event as valuable to their work	Nov 2019
		INCREASE our profile through journals and events [DHHS KR1]	25% more articles in peer-reviewed publications # presentations/posters at national/international forums	June 2020
		DESIGN a quality management system for SCV [DHHS KR1, 29]	Quality management system in operation across SCV	June 2020

¹ **Participating services:** Albury Wodonga Health, Ballarat Health Services, Benalla and District Memorial Hospital, Bendigo Health Care Group, Cabrini Health, Djerriwarrh Health Services, Eastern Health, Echuca Regional Health, Latrobe Regional Hospital, Maryborough District Health Service, Mercy Health, Monash Health, Northern Health, Peninsula Health, The Royal Women's Hospital, St Vincent's Private Hospital, South West Healthcare and West Gippsland Healthcare Group.

² **Participating services** (at time of publication): Ballarat Health Services, Barwon Health, Bass Coast Health, Central Gippsland Health, Djerriwarrh Health Services, East Grampians Health Services, Kilmore and District Hospital, Northern Health, South West Healthcare, St John of God Bendigo Hospital, St Vincent's Private Hospital, Sunshine Hospital, Western District Health Service, Wimmera Health Care Group.

³ **Participating services:** Albury Wodonga Health, Alfred Health, Ballarat Health Service, Barwon Health, Bendigo Health Care Group, Central Gippsland Health, Colac Area Health, Corryong Health, Eastern Health, Goulburn Valley Health, Latrobe Regional Hospital, Melbourne Health, Mercy Health, Monash Health, Northern Health, Peter Mac Cancer Centre, Portland District Health, South West Healthcare, St Vincent's Private Hospital, West Gippsland Healthcare Group and Western Health.

