Annual report 2018–19 Outstanding healthcare for all Victorians. Always.



This is a comprehensive report of how Safer Care Victoria (SCV) has worked to improve the quality and safety of Victorian healthcare in 2018–19.

We give an honest account of our performance, achievements and challenges for those we work closest with – consumers, clinicians, health services and government.

This report fulfils our reporting responsibilities under the Minister for Health's statement of expectations. Please note: our financial accounts are published as part of the Department of Health and Human Services' annual report, to be available at www.dhhs.vic.gov.au.

To receive this publication in an accessible format phone 03 9096 1384, using the National Relay Service 13 36 77 if required, or email info@safercare.vic.gov.au

Acknowledgement

Our office is based on the land of the Traditional Owners, the Wurundjeri people of the Kulin Nation. We acknowledge and pay respect to their history, culture and Elders past and present.

We value your feedback

Please email any feedback on this report to communications@safercare.vic.gov.au.

The photos in this report feature attendees at SCV events, or have been used with permission from Barwon Health and Western Health. Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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How to read this report

This report is structured around our five strategic priorities:

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

These operational chapters include:

- performance against activities in our Corporate plan 2018–19
- key achievements and any challenges we faced
- an outlook for 2019–20.

Clinical network improvement projects

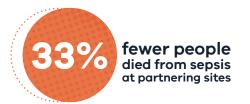
You will notice this icon throughout the report. It identifies a priority project from one of our 11 clinical networks.

Each project aims to help Victorians access consistently safe, high-quality care, no matter where they live.

The seven projects completed in 2018–19 are reported in greater detail in this report. The remaining 13 projects are summarised in boxes like this and will be reported in future years.

Year in review

I am proud to present this report as a record of our second full year of operation. In these pages I hope you find an ambitious agency that – while still young – is keen to get on with delivering good health outcomes for Victorians. In some areas we are succeeding and for the first time we can measure and share the impact of our work. In other areas we are not old enough to measure outcomes just yet. And where we haven't delivered we will tell you why. Projects that we run, fund and resource are starting to mature. In this report we are excited to be able to show – if only for a small number of projects – that our work is saving lives, reducing harm and resulting in better experiences for patients, families and staff. We look forward to sharing many more measures and outcomes in future years as our other work evolves.



We are getting better at measuring the outcomes of what we do

We are transitioning to 'the model for improvement', an internationally proven method for all our new projects and partnerships. This helps everyone involved speak the same language when talking of healthcare improvement. It will also help us show exactly how the work has made patients safer.

This takes time, but it is well underway, from Horsham to Traralgon, and Warrnambool to Shepparton. Now just one year into our four-year partnership with the Institute for Healthcare Improvement (IHI), we have delivered training in improvement science and started two statewide collaboratives to reduce stillbirths and prevent harm from hospitalacquired delirium.



There is still work to do

Our operating environment and core functions are still settling. Over the past year our jurisdiction expanded to include public residential aged care and community health services, and our clinical networks reached out to new areas of mental health and infection control.

New functions, more reactive reviews than expected and some ambitious goal setting meant that we failed to deliver some of our planned work for 2018–19. We're not going to hide that. But we do promise to get better. By the time we reach our new planning cycle in July 2020, we will be better armed with a new long-term strategy and a more visible roadmap for improvement.



Showing the link between leadership and safety

It can be difficult to show the connection between strong leadership at a health service and improved safety. We have delivered a new suite of leadership offerings with patient outcomes in mind so we can show you in future years.



Taking the lead on consumer participation

We are proud to be leading the way as we encourage health services and government to include patients, families and carers. Last year, we became the first organisation to be recognised for gold star consumer participation, getting the #withconsumers accreditation from the Consumers Health Forum for the IHI-BMJ International Forum. And this year we became the first to get that same tick for a document, our new *Partnering in healthcare framework*.

This framework brings a whole new approach to the way consumers are involved in everything from direct patient care to statewide initiatives. And we have much lined up over the next year.



consumers work with us plus 125 sponsored to attend events

We didn't do this alone

Thank you to the health services, the thousands of clinicians, and our vocal consumer network who all worked hard to deliver these results with us.

Thank you to the Minister for Health Jenny Mikakos MP for her guidance. Thank you to the members of our advisory groups, and to the independent boards and councils. Thank you to the many healthcare agencies we work closely with, particularly our colleagues in the department, the Victorian Agency for Health Information (VAHI), the Health Complaints Commissioner, the Australian Health Practitioner Regulation Agency, the Coroners Court of Victoria and the Victorian Managed Insurance Authority.

And finally, thank you to our wonderful and dedicated staff.

I look forward to continuing our work together in 2019–20.

Prof Euan Wallace AM Chief Executive Officer, Safer Care Victoria



Working together

More than 6,000 clinicians and over 50 consumers worked directly with us in the past year. And thousands more provided input and feedback.

About us

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

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

Our planning framework

This report details our performance against our annual corporate plan and our progress towards our three-year strategic plan.

Our strategic direction and priorities will refresh over the next year as we enter a new planning cycle and implement the last of the 2016 state government reforms.

Minister's statement of expectations

The Minister for Health sets our overarching direction, governance, functions and reporting requirements. These will be reviewed by the Minister in October 2019.

Targeting zero implementation

We are responsible for implementing 71 strategic recommendations from *Targeting Zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care* (October 2016). Commissioned by the Minister for Health, the review completely changed how healthcare quality and safety is monitored and supported in Victorian hospitals.

We are on track to reconcile all 71 recommendations by September 2020.

Strategic plan 2017–20

We delivered our first strategic plan just 10 months after we opened our doors, detailing our immediate strategic priorities and setting an impressive three-year vision. In the next year we will assess how far we have progressed and how we have evolved since January 2017.

We look forward to releasing a new strategy by July 2020 that better reflects our changing environment and jurisdiction.

2017			2018			2019			2020		
Minister's statement of expectations Due for					for review by October 2019						
Strategic p	olan 2017-	-20				0 0 0 0 0		Due f	or review	by July 202	20
Corporate	plan		2	017–18			2018–19			2019–:	20
JAN	JUN	DEC	JAN	JUN	DEC	JAN	JUN	DEC	JAN	JUN	DEC

Figure 1: Our planning timeline

For more information on our corporate governance, go to page 50.

Partnering with consumers

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

OBJECTIVE	Consumer voices and choices are central to own care					
BY JUNE 2020	Consumer-defined outcome measures and improvement goals being delivered at a health service level and within SCV					
2018-19 ACTIV	VITIES	TARGET	OUTCOMES	0000		
IMPLEMENT the <i>Partnering</i> <i>in healthcare framework</i> to support increased consumer participation and engagement		Establish baseline % health services that have implemented at least 2 of the 5 priority areas	Released framework in February 2019 90% health services reported priorities by June 2019	Dage 11		
SUPPORT cc advisory cor refreshing cc guidelines	nmittees by	Establish baseline % health services committed to implement committee guidelines	Completed review Guidelines to be released 2019–20	Page 12		
ESTABLISH new consumer networks including a community advisory committee senate		Establish consumer senate	Reassessing the senate Additional consumer networks established through our clinical networks	Page 12		
LAUNCH gui support con participate i event investi	sumers to n adverse	Deliver guidelines by early 2019 25% root cause analyses (RCAs) involve a consumer representative	Launched guidelines in June 2019 32% RCAs involved consumers	Page 12		



OBJECTIVE	Consumer voices and experiences improve health services and the health system					
BY JUNE 2020	Demonstrable improvement in patient eventioned					
2018-19 ACTIV	/ITIES	TARGET	OUTCOMES			
ANALYSE patient complaint data from 30 health services using a standardised taxonomy for complaint management		Assess value of aggregating complaints	Validated method for this 3-year project Initial analysis from 32 sites to be completed by December 2019			
DEVELOP statewide guidelines for patient and family escalation of care process		Deliver statewide guidelines by June 2019 100% health services commit to implementing guidelines	Changed project delivery: A new statewide phone line will be trialled in 2019–20			
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 1 set of PROMs	VAHI leading 3 pilot projects, including trialling 1 new 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	5 health services have developed patient experience dashboards, in consultation with SCV			

Achievements

Introducing a new approach to consumer participation

Supporting greater consumer participation in healthcare, we released our new *Partnering in healthcare framework* in February 2019. The framework gives health services practical strategies to improve healthcare and outcomes by partnering with patients and their families and carers.

The framework is the result of two years of research and consultation that reached more than 180,000 people. And in recognition of the collaborative approach, it became the first document to receive the #withconsumers tick from the Consumers Health Forum of Australia. We also held a two-day Partnering in healthcare forum (page 13) to share the framework.

At time of production, 90 per cent of health services had told us how they planned to start implementing the framework. Over the next year, we will support initiatives in three of the framework domains, and develop new ways to measure how consumer participation improves as a result.

Implementation is underway in Victorian public health services – but its reach and application has already extended into other areas of healthcare and community services reform including aged care, family safety initiatives and human services.

I feel supported and inspired to be able to more meaningfully engage with the consumers of my health care organisation in a way that empowers them as partners. Thank you to the friendly, caring, professional and inspiring Safer Care team.

Partnering in healthcare forum attendee

Project

End PJ paralysis: Preventing functional decline and increasing patient engagement

Care of Older People Clinical Network Victorian Healthcare Experience Survey data shows 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.

We will refine existing models to increase patient engagement and activity during a hospital stay.

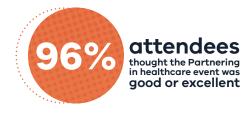
Outcome

Decreased functional decline in at-risk hospital patients.

Status In progress

The 30 participating health services are already reporting a 10 per cent increase in the number of patients who are up and dressed, walking daily and sitting out of bed for lunch.

Due to finish December 2019.



Increasing consumer input into reviews and investigations

More consumers than ever before are now involved in reviewing patient harm in hospitals.

Consumers bring a unique perspective when reviewing serious events in health services. Over the past year we worked with patients, families, and health services to produce practical resources to boost consumer involvement. These include a role description for consumers on reviews, orientation and educational resources, and guidance for supporting consumers in their review role.



of review panels have a consumer – up from 17% in 2017–18

Challenge

Resourcing for our proactive agenda

We face the ongoing challenge of balancing our resources between proactive work and responding to reactive and emerging safety issues.

Over the past year we had to delay some projects and redirect resources into urgent system safety reviews and complex complaints (page 36).

Outlook

Supporting meaningful consumer participation

Building on our work around the *Partnering in healthcare framework*, over the next year we will:

- revise the statewide guidelines for health service community advisory committees by December 2019, in partnership with the Health Issues Centre
- develop guidance for engaging diverse consumers
- partner with the Consumers Health Forum to trial the 'Collaborative pairs' project to promote shared leadership and partnership between clinicians and consumers
- partner with key stakeholders, including the department, Centre for Health Communication and Participation and international expert Prof Dawn Stacey, on new projects to promote shared decision making with patients, carers and families.

Over the past year, we held numerous events to connect consumer representatives through our clinical networks, the Safer Care Patient and Family Council (page 60), Victorian Clinical Council (page 59), Better Care Victoria (BCV) Consumer Advisory Committee, and other bodies such as the Health Issues Centre. With these existing networks we are reassessing the purpose and feasibility of a standalone consumer senate.

Our members have a wide range of personal experiences with the health system, and they want to make it even better. We are serious about making sure the voices of patients and carers are heard at a system level, and our lived experiences add significantly to the advice we give to SCV to help improve healthcare.

Ian Kemp, Chair Patient and Family Council

Together is better

More than 300 healthcare and consumer representatives joined together for our inaugural Partnering in healthcare forum on 29–30 April 2019. Also receiving the #withconsumers tick, we supported 100 consumer representatives from across the state to attend. Next year, we will use the forum as an outcomes summit, to share early results and achievements from the Partnering in healthcare framework.

HEAR Me: Escalating patient and family concerns

This year we had planned to launch HEAR Me, a new statewide 24/7 phone line for people who are worried a patient is deteriorating or their concerns are not being listened to.

All health services must have an escalation process. Health services stated they did not require additional statewide guidance. However, consumers and health services are calling for an additional 'safety net'.

We will trial HEAR Me in 17 health services in 2019–20, reporting the result of the trial to consumers, clinicians, health services, and government.

Analysing patient feedback to guide improvement

Over the next year, we will gain a better understanding about how to learn from patient complaints and feedback:

- Results are expected in 2020 from the first phase of our study of patient complaint data from 32 health services. The study will help us trial a standard way to classify complaints data and better analyse trends across the state.
- After trialling in six health services in 2018–19, we will evaluate the online patient opinion platform which allowed patients to provide honest feedback on their experience.

Project

Reducing clinical variation in paediatric adenotonsillectomy

Paediatric Clinical Network

Adenotonsillectomy is the most common surgical procedure in childhood, usually for sleep-disordered breathing. However, rates of tonsillectomy vary greatly depending on location.

We will produce parental decision aids, and Health Pathways to guide GPs on all treatment options for snoring and tonsillitis.

Outcome

- Reduced geographic variation due to improved patient selection and referral/care pathways.
- Reduced readmission, presentation and transfer rates.

Status In progress

We introduced a decision aid for parents in April 2019.

We will evaluate this by June 2020.

We know that families and carers are best placed to provide us with insights and early warnings about their loved ones. But all too often I hear from patients and families who were not listened to by their healthcare providers. And sadly, the end result is not positive. I know my own body and healthcare history and if I were a patient I would hope that I was listened to. We need to tune in and listen more.

Louise McKinlay, Director Consumers as Partners

Project

Improving renal patient-provider communication and support

Renal Clinical Network

Victorian Healthcare Experience Survey data shows renal patients generally feel less involved in decisions about their care.

We will deliver statewide minimum criteria for informed consent incorporating shared decision-making, as well as staff training resources to support this process.

Outcome

Improved communication, shared decision-making and informed consent.

Status

In progress

We are now testing draft criteria for informed consent and supporting materials.

Due to finish May 2020.

Improving communication in hospitals

We are trialling the new 'Your thoughts matter' program in two health services to help clinical and non-clinical health service staff improve their communication skills. We will expand this to more services in 2020–21.

Identified as one of the domains of our *Partnering in healthcare framework*, communication is the most commonly complained about aspect of healthcare and it impacts consumers' overall healthcare experience.

To date, more than 200 staff have attended training. The pilot sites are already noticing that compliments have increased.

The program is being delivered in partnership with Deakin University, Bairnsdale Regional Health Service and Wimmera Health Care Group. I found the training extremely useful. It has given me pause to review my own communication practices. I am excited about the change that I am seeing at [my health service] and look forward to when all of our staff have been.

Training participant

Partnering with clinicians



We invite clinicians to work alongside us to inform and champion healthcare improvements. More than 6,000 Victorian clinicians contributed to our work over the past year – as

a member of one of our specialist clinical networks to identify areas for improvement; an expert advisor to develop best practice and resources; and even as a seconded employee to drive a special improvement or research project.



OBJECTIVE	Reductions in unwarranted variation in practice and outcome						
BY JUNE 2020	Reduction in variation in specific clinical conditions – to be identified with clinicians and consumers						
2018-19 ACTIV	/ITIES	TARGET	OUTCOMES				
WORK with t establish 3-y and priority emergency o health and in clinical netw	vear goals projects for care, mental nfection	Publish priority goals by December 2018 Publish at least 1 priority project per network	15 new projects identified by the 3 networks				
ESTABLISH best practice provision of clinical guidance to address variation in care delivery and outcomes		Deliver clinical guidance strategy by June 2019	Released in June 2019				
ESTABLISH of regional wor to explore vo hysterectom	ariation in	Understand drivers of variation and develop a bundle of care to reduce the variation	Working group established, analysis conducted Future work being reassessed				
FOCUS on qu for people w obstructive p disease (COI an integrate group in Har western dist	oulmonary PD) through d working milton,	Align care for people with COPD with best practice clinical guidelines in 12 months	Project start took longer than expected Will be delivered by December 2019				



improvement projects being run by our clinical networks

OBJECTIVE	Clinicians' voices and experiences improve health services and the health system						
BY JUNE 2020		SCV chief clinicians, the Victorian Clinical Council and clinical networks are utilised to inform policy and planning					
2018–19 ACTIVITIES SUPPORT health services to adopt statewide guidance to standardise 9 medications that support the heart (inotropes and		TARGET 80% standardisation of medicines by June 2019	OUTCOMES 76% standardisation	Page 20			
vasopressors) across all critical care units 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	Project expanded to all health services Guidance launched in February 2019	Page 20			
INTRODUCE guidance on preventing o delirium		Establish prevalence of delirium	Established prevalence through statewide survey Started delirium collaborative in February 2019	Page 24-25			
 and children online manneonatal enderstande to provide based cline a new mandashboard services to data local 	ternity and ehandbooks evidence- iical guidance ternity d to allow o monitor ly, and nd respond	Publish 20 new maternity guidelines 100% eligible hospitals have access to and understand how to use the dashboard	Published 13 new guidelines Visited 100% maternity	Page 19 Page 22			
RELEASE Via managemen Victorian pu		Launch ViCTOR chart	Launched August 2018				

Achievements

Issuing best practice guidance

Released in June 2019, we developed a new strategy to guide how we produce evidencebased guidance and reduce unwarranted variation in Victorian health services. From simple flow charts to complex clinical guidelines, our strategy will standardise how we support clinicians in their day-to-day work and ultimately improve the quality and safety of care in Victoria.

The draft strategy was developed with the assistance of a working group of clinicians and consumers. We received 77 submissions on the draft from consumers, clinicians, and professional organisations.

I think it will make a significant difference to staff working in smaller organisations who do not always have immediate access to contemporary practice guidelines.

Submission

Over the past year we built an online database for all our clinical guidance, ensuring topics are easy to browse and search.

We issued 30 new guidelines, including:

- a further 13 topics for our popular maternity ehandbook, including antepartum haemorrhage, birth after caesarean, breech presentation, gestational diabetes, and more
- managing anaphylaxis in adults (page 20)
- snake bite treatment, and antivenom stock holdings (page 21)
- nine inotropes and vasopressors for critical care patients (page 20)
- 10 endorsed emergency care topics, such as burns, trauma and chest pain.

Project

Informing best practice for managing patients with hip fractures

Care of Older People Clinical Network 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 poorer outcomes and readmission.

We will support Victorian health services to standardise hip fracture care to national standards.

Outcome

(For people aged >65 years with a hip fracture) improved access to:

- diagnostic imaging
- cognitive screening
- pain management
- surgery.

Status In progress

The four participating health services have identified areas of focus to reduce variation in pre-operative hip fracture.

Due to finish December 2019.



Aiming for consistently safe, high-quality care

Over the past year our 11 clinical networks identified a further 15 priority projects – including from our two newest, the infection and mental health clinical networks. These include:

- reducing infections associated with devices, including central line associated bloodstream infections, and staphylococcus aureus bloodstream infections associated with peripheral intravascular catheters
- optimising the use of antimicrobials to improve patient outcomes and control multi-drug resistant organisms
- understanding the use of patient reported outcome measures in mental health services.

Improving management and treatment for people with severe allergies

Hospitals are better placed to identify, treat, and manage the growing number of Victorians with anaphylaxis after we released two key guides in February 2019:

- new guidance and supporting resources to change hospital practice so patients can keep their adrenaline autoinjectors (e.g. EpiPen)
- statewide guidance on managing adults in emergency departments (adding to previously endorsed guidance for children).

All guidance was based on evidence, including coronial findings, and developed with a panel of experts, clinicians and consumers.

We noticed there was a big difference in how patients were managed and how quickly they were treated. This guidance helps people receive consistent, high-quality care no matter which hospital they go to.

CEO Euan Wallace



Improving care for critically ill patients

More than three quarters of the state's critical care units are introducing new standard guidance to help reduce medication errors.

Inotropes and vasopressors are vital medicines used in intensive or critical care units. But we found the way they are used varies significantly:

- for three vasopressor medications, 11 different infusion concentrations were used
- for six inotrope medications, 16 different infusion concentrations were used.

To support consistent care, we released nine guidelines in December 2018 on how centrally administered inotropes and vasopressors are prepared, dosed and administered. Of the seven sites that trialled the guidance none had any adverse patient outcomes and two even implemented them into other areas of their service such as anaesthetics, cardiology and emergency department.



critical care units use our guidelines

Ensuring antivenom is available and given safely

Fewer than 100 Victorians require snake antivenom each year. But while the numbers are low, the clinical response must be quick and safely administered to be effective.

That's why we worked with experts and health services to develop statewide guidance on which health services need to stock snake and spider antivenom, and what quantity is required. The guidance also covers the transfer and location of care for snake and spider bites.

We also updated existing guidance on how to treat snake bites, ensuring it is clear, up-to-date, and easy to use.



Supporting the specific needs of maternity services

Knowing our maternity services have unique challenges and needs, we introduced initiatives to provide more support:

- In December 2018, we released a Maternity and newborn services user guide, containing service-specific tools and resources to strengthen clinical governance and quality and safety processes. We are now evaluating our guide and have received positive preliminary feedback, particularly from regional services.
- In July 2018, we appointed six regional midwives to work alongside maternity and newborn services for 12 months to support ongoing improvement work and projects. In the past year, our midwives made more than 300 site visits.
- One of the country's most senior midwives, Adj Prof Tanya Farrell, started in July 2018 as an adviser to our Chief Nurse and Midwifery Officer, providing a valuable contact for maternity services.

We want to make sure we can get anyone who has been bitten by a snake or spider to a supply of antivenom quickly – no matter where they are located.

Chief Paramedic Officer Alan Eade

Project

Recognising and responding to life-limiting illness

Palliative Care Clinical Network Population growth and ageing are resulting in more people living longer with chronic and life-limiting illnesses.

We will introduce a standard process to assess outpatients and recognise people with a life-limiting illness for early referral to palliative care.

Outcome

Improved care for patients living with life-limiting illness.

Status In progress

We are testing a standard process at key outpatient clinics.

Due to finish June 2020.

Challenge

Expanding to residential aged care

SCV's jurisdiction was expanded to include public residential aged care in late 2018, as part of a wider reorganisation of the department's aged care functions.

This year we have appointed one key subject matter expert who has scoped our roles and responsibilities in this new domain. As 2018–19 closes we are planning to recruit an aged care quality and safety team, who will be working with key stakeholders to prioritise the work we will launch into from July 2019.

Outlook

Improving the diagnosis of people with chronic lung disease

We have now brought together a locally-based expert group to improve outcomes for people with chronic obstructive pulmonary disease (COPD) near Hamilton Base Hospital.

Hamilton Base Hospital has more than 100 admissions and readmissions with a primary diagnosis of COPD each year. Over this next year the service will help us deliver and trial best practice clinical guidance. The project aims to improve care and interventions for COPD, which is commonly associated with other chronic diseases including heart disease, lung cancer, stroke, pneumonia and depression.



Increasing transparency in maternity services performance

Victoria's maternity and newborn services will be better equipped to pick up performance trends and areas for improvement.

We plan to introduce a statewide dashboard that will allow services to analyse and compare timely maternity data. Using data from the Victorian Perinatal Data Collection, the statewide dashboard will use a set of indicators around activity, antenatal, birth, maternal complications, post-natal, and fetal/neonatal complications. In preparation, we visited all maternity services in 2018–19 to make sure they are using their new local maternity dashboard, an initiative we introduced last year.

Bringing even more transparency to maternity services, our Victorian perinatal services performance indicators reports now include more quality and safety indicators identifying all the public and private hospitals. Most recently released in January 2019, the annual report compares hospital data on outcomes for mothers and newborns. We are working directly with some services to help lift performance and provide even safer care for mothers and newborns.

Victoria is one of the safest places in the world to have a baby. We should be proud of the dedicated health practitioners who provide us and our families with safe, high-quality care.

Prof Rod Hunt, SCV Maternity and Newborn Clinical Network

How we learn

Out of all the states and territories, Victoria collects the most comprehensive information about births and outcomes. We also support independent review of all serious harm and death. Helping us all learn and improve, this information is released in the annual Victoria's Mothers, Babies and Children report by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM). While we can't yet measure if we're reducing the severity of a delirium experience, we at least feel on the right track to do so. It's rewarding to switch the focus to prevention rather than the struggle of responding to a clinical condition that was potentially avoidable... I am loving being part of this collaborative and will feel proud of what we ultimately achieve together.

Delirium collaborative participant

Preventing delirium in hospitals

We have launched three projects to improve outcomes for patients with delirium – a condition that affects someone's thinking, attention and memory, and leads to falls, pressure injuries, longer hospital admissions and sometimes death.

More than 20 health services have joined our collaborative project (page 25).

Our Critical Care Clinical Network will release best practice guidance to assess patients for pain, agitation and delirium in intensive care units (ICUs). Through sharing consistent practice and clinical tools we hope to improve care and reduce patient harm.

Supported by the BCV innovation fund, Austin Health is delivering a new project to assess, prevent and manage delirium. The project draws from both the End PJ paralysis (UK) and the Hospital Elder Life (US) programs.

These projects were informed by the results of a state-first survey. With the support of 83 health services, their staff and patients, we found:

- 40.1 per cent of patients older than 65 years had a possible delirium
- those with possible delirium had an average age of 73 years.

Project

Revisiting atrial fibrillation in emergency departments

Cardiac Clinical Network

Atrial fibrillation is a common condition that increases the risk of stroke, particularly in older people and for those with other comorbidities.

We will prevent death or disability caused by stroke in people with atrial fibrillation through a pathway for diagnosis and management, as well as an education package.

Outcome

Reduced variation in how people hospitalised for atrial fibrillation are managed and treated in the emergency department.

Status In progress

We have shared our suggested pathway for treating patients with atrial fibrillation with 12 participating sites.

We will start evaluating this in January 2020.

A COLLABORATIVE APPROACH TO REDUCING HARM FROM DELIRIUM

Witnessing the distress and harm suffered by an elderly woman with unrecognised delirium drove our Chief Nurse and Midwifery Officer Ann Maree Keenan to lead a new statewide program to improve patient outcomes. "That lady is now scared to ever return to hospital," says Ann Maree, "and I just thought, 'We can do better than this'." More than 20 health services are part of the SCV-IHI Delirium collaborative, working to reduce the severity and duration of hospitalacquired delirium through early diagnosis, prevention and treatment. By 30 November 2019 they aim to reduce average length of stay by half a day and falls by 20 per cent in hospitalised patients aged older than 65 years. With six months of data collected, it is too soon to see improvements in the outcome measures. However, the below graph shows improved screening for delirium, meaning people are being spared avoidable distress and confusion while in hospital.

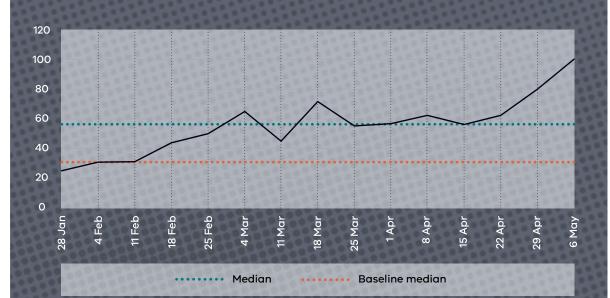


Figure 2: % patients who receive cognitive screening within 24 hours of admission

At the beginning of the collaborative, health services were screening 25 per cent of the time. After 14 weeks, they achieved the goal of 90 per cent. When patients are consistently assessed and detected for delirium, clinicians can better respond to their needs and keep them safe.

Leadership



Knowing healthcare improvement is driven by strong leaders, we work to support current senior staff, executives and board members, as well as identify and develop future leaders. We are excited to

implement our Leadership and learning action plan, *delivering more support than ever before to healthcare leaders through tailored mentoring, coaching and networking opportunities.*



OBJECTIVE	Healthy culture driven by strong leaders						
BY JUNE 2020	System-wide approach to developing and sustaining current and future leaders						
2018–19 ACTI\	VITIES	TARGET	OUTCOMES				
DEVELOP ar an integrate leadership s	d 3-year	Publish leadership strategy	Published April 2019 ge &				
COMMENCE a 2-year, service-specific team leadership program at health services in regional and rural Victoria		Test team coaching program in at least 3 health services	Tested in 5 health services				
for mid-care	vship as a t opportunity	8 clinical fellows complete the program in 2018	Completed New cohort of 8 fellows started May 2019				

OBJECTIVE	Quality and safety governance embedded throughout health services						
BY JUNE 2020	Evidence that accountability of health services' governing bodies and executives is strengthened						
 2018–19 ACTI\	/ITIES	TARGET					
 CREATE and service-spec governance	ific clinical	100% boards represented in training	Delivered to 91% boards, and 291 board members 28				
 boards, executives and senior staff to support implementation of the Delivering high-quality healthcare: Victorian clinical governance framework		100% boards assess clinical governance maturity	Not yet measured				

Achievements

Delivering a new way to support and develop strong leaders

Over the past year we increased our support for current and future healthcare leaders:

- 96 individuals completed frontline and executive leadership programs.
- More than 130 senior leaders from six organisations participated in targeted team coaching support.

While delivering high-quality leadership support we have also focused on improving our program, informed by feedback. As detailed in our *Leadership and learning action plan*, released in April 2019, we now have a more structured approach to how we support leaders – from board members and CEOs, to potential leaders of the future.

We opened our first three programs in May 2019:

New to clinical leadership mentoring: Mentors are matched with mentees based on their experience and their personal development goals.

Leadership gateway: Supports organisational leadership skills development in executive and senior teams, and strengthens the foundations of a healthy organisational culture.

Future system leaders: Offers comprehensive leader development programs for mid-career and executive health service professionals and clinicians.



Working with boards to strengthen clinical governance

Targeting the state's most senior leaders we delivered 20 training sessions to 291 health service board members across Victoria – representing 91 per cent of all boards. Sessions were aimed at giving boards a greater understanding of their role and accountability for clinical governance.

After evaluating our 2018 'Introduction to clinical governance for boards' program, we revised our program content and approach for 2019. Previously outsourced, we also built our internal capacity to deliver clinical governance programs ourselves to better meet the needs of health services.

As a result, more than 75 per cent of participants were very or extremely satisfied with the training. A new, updated program will start in 2019–20. We are also developing a more intensive clinical governance leadership program to supplement the introductory session.

Thank you so much for this course, I wish I had been able to do it 20 years ago when I started out. It would have saved me from so many mistakes!

Quality improvement leader

Becoming improvement coaches

The nearly 50 participants in our first improvement coach program were effusive in their praise and enthusiasm.

Representing more than 25 health services and SCV, graduates remain connected to share common problems and solutions via an improvement community of practice that was established by this first alumni group.

Learning the science of improvement

More than 120 people from 30 health services came together for our first improvement science training program in November 2018. Learning about how to apply the model for improvement, participants then joined a series of monthly virtual sessions to continue learning.

Over four months health service teams worked on projects to improve care on a range of topics such as supply of expressed breast milk, best practice use of scans for back pain, and the meal time experience of aged care residents.

The program was delivered by our IHI partners, with SCV faculty-in-development learning in the background.

Swapping the hospital ward for system change

Most of our first eight clinical fellows have returned to their health services with new knowledge and skills to lead improvement initiatives.

Launched in May 2018, the fellows undertook a 12-month learning program covering change management, project management, improvement science, and leadership. This learning was applied as they each delivered a SCV improvement project.

A second enthusiastic cohort of eight fellows started the program in May 2019. We will complete a full assessment of the fellowship outcomes later this year.

I definitely feel more confident about getting a group of people together at my health service to say this is a problem, these are all the things we can do to work out what we might do.

SCV fellow 2018

Project

Improving access/timeliness of intravenous (IV) thrombolysis administration for eligible stroke patients

Stroke Clinical Network

Patients who have an ischaemic stroke have a small period of time to receive IV thrombolysis to potentially reduce permanent brain damage and/or disability. Data shows approximately 18 per cent of ischaemic strokes are treated with thrombolysis.

We will test a simulation training model to improve statewide processes for timely access to this hyper-acute stroke treatment.

Outcome

- Improved rapid assessment to diagnose stroke (clinically and imaging) to determine if a patient meets thrombolysis eligibility.
- Improved understanding of the barriers and enablers for timely treatment of stroke patients eligible for thrombolysis.

Status In progress

After our acute stroke simulation workshop, one health service has started its code stroke simulation program, with another two health services to start soon.

Due to finish December 2019.

Challenge

Targeted leadership support to drive quality and safety

Delivering leadership support, in partnership with services, that demonstrably drives improved quality and safety for patients is the primary focus of the SCV leadership program. While leadership is known to be an essential component to delivering safe and effective care it is often difficult to link leadership programs with care outcomes.

The program of work offered over the next two years will deliberately focus on leadership for quality and safety, and take an action learning approach, linking projects and outcomes with leadership training and development.

Outlook

Introducing our new suite of leadership programs

We will roll out more programs from our *Leadership and learning action plan* over 2019 and 2020, including:

- Executive system leaders Supports health service executives meet the challenges of their leadership roles and prepare for senior executive/CEO roles.
- **Consumer pulse** Supports leaders to embed the *Partnering in healthcare framework* principles in their health service.
- **Performance pulse** Supports leadership and performance improvement in clinical work streams.

Strengthening clinical governance to support quality and safety

Over the past year we worked closely with five regional health services to trial a new way to develop clinical governance skills and knowledge in teams. More than 60 people participated in the program, and 81 per cent were very/extremely satisfied.

In 2019–20 we will use feedback from the trial sites to further build clinical governance team training.

Ongoing support and networking

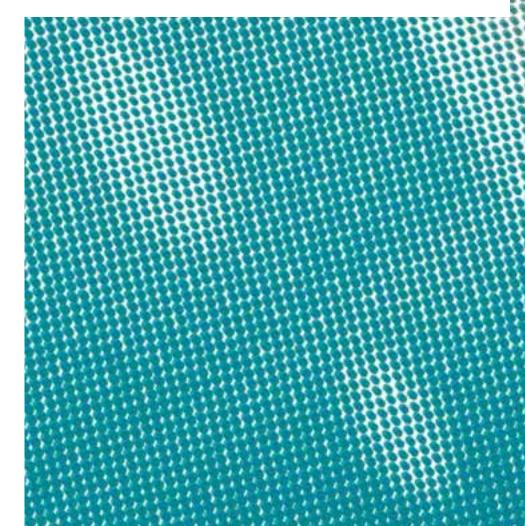
Past participants from our leadership programs came together for the first time at an event in April 2019. Aimed at strengthening peer support, our new alumni program connects hundreds of senior staff and clinicians for continued professional development, information sharing and networking.

Review and response



We help health services learn from patient harm, deaths, and quality and safety indicators. Through our efforts in the past year 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	Robust response and review of serious incidents					
BY JUNE 2020	A just culture. Demonstrable improvements in the number of serious events reported to SCV					
2018-19 ACTI\	VITIES	TARGET	OUTCOMES			
IMPROVE rev adverse ever • having ex	ũ	90% RCAs submitted within 30 days (or extension granted)	90% RCAs submitted ge ខ្ល within 30 days ខ្ល			
members		95% RCAs pass quality check	98% passed quality check			
panels • continued analysis (F	l root cause RCA) training	75% RCA reports have at least one strong recommendation	56% reports had at least one strong recommendation			
		80% RCA panels have an external member	81% panels had an external member			

OBJECTIVE	Dissemination of learnings from serious incidents, and local best practice					
BY JUNE 2020	Measurable reductions in avoidable harm					
2018-19 ACTI\	/ITIES	TARGET	OUTCOMES			
DEVELOP a digital strategy to better share information through the website, social media and other avenues		100% increase in unique web visits	Drove 347% increase in monthly web visits 7			
REVIEW functions of Victoria's surgical and anaesthetic consultative councils		Provide recommendations on oversight of perioperative mortality and morbidity by June 2019	Made recommendations in May 2019 Opened Chair recruitment in May 2019			

OBJECTIVE	Quality and safety data analysis drives system oversight and response					
BY JUNE 2020	New quality a sector and pu	nd safety measures in clinici Iblic	an-driven reports for			
2018-19 ACTIV	VITIES	TARGET	OUTCOMES			
ATTEND perf meetings at services at le a year	all health	Attend 100% metro/ regional meetings Attend at least 1 meeting for all small rural health services	Attended 100% Attended all but 1 service			
REFINE metr and support improvemen		Identify 5 metrics ready for implementation	Identified 6 metrics, 1 ready for implementation We will conduct a broader review of metrics in 2019–20			
PROVIDE volume-outcome analysis for maternity, bariatric and pancreatic cancer		Timely delivery of volume- outcome analysis	Published 1 report on extracorporeal membrane oxygenation in May 2019 Others underway			
ADVISE the department and health services on critical commissioning and service improvements that involve clinical quality and safety		Provide timely advice to ensure projects are delivered safely	Provided advice on more than 100 issues, including sepsis, variation in surgical procedures, medical device incidents and readmission rates			



performance meetings with health services

Achievements

Improving sentinel event reporting and response times

The number of serious events (called 'sentinel events') reported to SCV remained stable, but with a notable increase in reporting from private hospitals. This is due to the introduction of new mandatory reporting for private hospitals from July 2018.

We are now tracking more measures around sentinel events than ever before. Released in January 2019, our *Sentinel events annual report 2017–18* published great improvements in reporting and response times, as well as in the quality of review and recommendations.

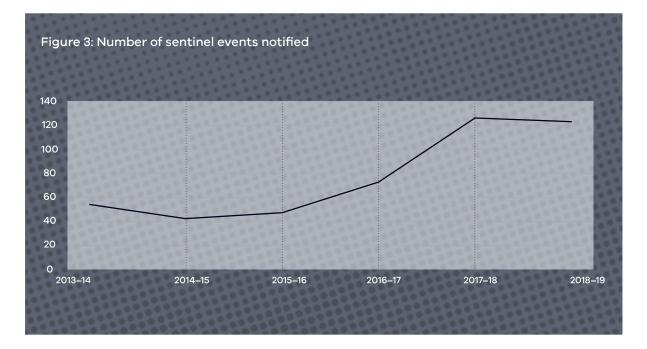
We hope to see this continue and will be focusing on making strong and sustainable recommendations in 2019–20. More detail will be released in the 2018–19 sentinel events annual report.

Helping your PEERS

Sixteen healthcare, human factors, quality and safety professionals, and consumers have so far signed on to become independent panel members through our new PEER platform.

Health services are required to have an independent panel member on their review team. Launched in October 2018 the PEER platform allows them to search for an independent member by discipline, speciality, and location.

With much of the year spent recruiting PEER members, only a small number of connections were made with health services in 2018–19. Use of the platform and the range of independent panel members will increase in the next year.





Reviewing immediate safety risks and concerns

We conducted five reviews into health service safety systems and clinical governance. We also led or supported the reviews of three especially complex serious adverse patient safety events.

Our reviews focus on supporting health services to plan a sustainable and safe service. To reinforce their independence, we were for the first time able to commission members of our SCV Academy who come from a range of disciplines, including consumer representatives.

To solve any problem we first need to understand it – even more important is making sure we're solving the RIGHT problem. And that's what Academy members are trained to do.

Academy member

Guiding safer service delivery

Over the past year we worked on multiple volume-outcome reviews, reviewing evidence, analysing data and providing evidencebased recommendations to improve patient outcomes and service delivery. This includes *Adult extracorporeal membrane oxygenation in Victoria*, published May 2019 (page 38), to be followed by reports on cardiac services and bariatric surgery in 2019–20.

Reviews are also in development for maternity services, high acuity newborn care, high dependency paediatric models, and a number of forms of cancer surgery.

Project

Improving care of the dying person

Palliative Care Clinical Network

Recent studies show large numbers of medical emergency team (MET) calls are made for people who are actively dying. This results in patients receiving invasive and non-beneficial treatment.

We will implement a best practice approach to improving the recognition and care of the actively dying person.

Outcome

Improved end of life care for patients who are identified as dying.

Status In progress

An audit of 52 health services found two thirds use a care plan to help care for patients who are dying. We aim to increase this to 95 per cent at participating services.

Due to finish June 2020.

Supporting independent review

We helped establish two new independent bodies to enhance quality and safety oversight from July 2019.

- The Victorian Perioperative Consultative Council (page 59) will replace two former councils, enhancing the review of adverse perioperative events.
- The Voluntary Assisted Dying Review Board (page 60) will oversee the safe operation of the new law.

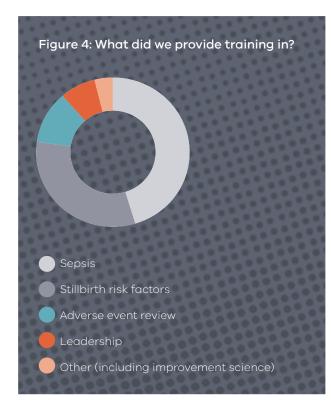
Challenge

Sharing the lessons we learn

It remains an ongoing challenge to share best practice, data, recommendations, and lessons with frontline clinicians. Through our new digital strategy we have seen significant growth in our online readership and reach in the past year:

- Our combined enewsletter subscription base grew from 6,198 to 9,588 subscribers.
- Our collective social media following grew from 1,997 to 4,395 users.
- Monthly website traffic grew from 14,322 to 64,089 visitors.

After undertaking a stakeholder engagement strategy to unify efforts across our agency we will be better placed to prioritise our efforts and improve how we share information with our stakeholders.



Outlook

Training health services to review without bias

Due to the overwhelming interest in attending our RCA program we will launch online training modules to allow more people to develop their review skills.

Over the past year we continued to evolve RCA training to include human factors and systems thinking. We trained more than 600 people in RCAs in 18 locations across the state.



Getting clear advice on how to report, review and learn

Following broad consultation we will shortly be releasing new guidance and tools to help health services review and learn from patient safety incidents. Having finished our new Adverse patient safety event policy in June 2019 we are now creating an incident management framework for Victorian health services.

We also reviewed the Victorian requirements for sentinel event reporting to coincide with new national sentinel event categories being introduced on 1 July 2019.

The Australian Commission on Safety and Quality in Health Care clarified and changed their sentinel event categories, increasing from eight to 10. In June 2019 we published a guide to help health services better understand Victoria's unique reporting system, including our additional category that captures all other patient safety incidents resulting in serious harm or death.

Developing a new delivery model for lifesaving treatment

After our review recommended a safer way to deliver extracorporeal membrane oxygenation (ECMO) in Victoria we are now working to establish accreditation criteria to support networked delivery across the state.

Released in May 2019, our volume-outcome review looked at patient outcomes at each Victorian health service that provided the uncommon but lifesaving treatment. We have recommended that ECMO be available to all Victorians through a tiered, networked, and accredited model that covers 24-hour consultation, retrieval, transfer and bed management.

Leading an independent review into spinal manipulation on children

Results from our independent review into chiropractic spinal manipulation on children under 12 are due in late 2019.

Prompted by community concerns after videos surfaced in the media, the review will include an assessment of available evidence and extensive public consultation.

The panel is chaired by our CEO Prof Euan Wallace with our Chief Allied Health Officer, Chief Medical Officer, chiropractic, paediatric and musculoskeletal care experts, consumers, and industry representatives.

Project

Optimising mood screening for stroke patients

Stroke Clinical Network

Mood disorders affect one in three patients post stroke and can significantly impact rehabilitation and quality of life. However, audits show rates of mood screening in Australia are low.

We will modify and test a successful subacute stroke improvement project, including a mood screening and management tool.

Outcome

- Improved mood screening rates and timeliness for stroke patients.
- Improved confidence in managing mood disorders in stroke patients.

Status In progress

This project is running in one inpatient rehabilitation ward at a regional health service.

Due to finish December 2019.

As an evidence-based practitioner it's really important to me that we know whether our practices are providing benefit or creating unintended harm. And as a mother of two young children I also know how important it is to have information and choices about the types of care that you think may benefit your child.

Chief Allied Health Officer Donna Markham

Learning from adverse events

Since we started managing the sentinel events program in early 2017, we have seen an incredible turnaround in reporting culture. The number of sentinel events notified to us has roughly doubled, and we have seen improved timeliness and quality of reviews. Our thanks to all health services who have been willing to learn and share when things unfortunately go wrong.

System improvement and innovation

We ser to i imp tha to p and the

We support health services and clinicians to identify, develop and implement projects that make a difference to patient outcomes and experience. We then share the most successful projects and

provide practical tools and guidance to other health services.

OBJECTIVE	Lead improvements	in priority areas	
BY JUNE 2020 Demonstrable reductions in avoidable harm in priority areas			
2018-19 ACTIV	VITIES	TARGET	OUTCOMES
 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 settings introducing a statewide approach to sepsis identification, assessment and management 		20% reduction in mortality for sepsis at participating sites	Reduced by 33% at participating sites Project delivered but too early to measure
degree perine	duction in third and fourth eal tears in 10 hospitals ia through participation collaborative	20% reduction in third and fourth degree perineal tears at the 10 hospitals by December 2018	12% reduction at partner sites
stroke by: • scaling tel stroke reh mood scre patients b • updating Victorian of removal (E treating is	re of patients with leneuropsychology in abilitation to improve eening for stroke by June 2019 and implementing endovascular clot ECR) protocols for schaemic stroke by June 2019	100% patients with a mood disturbance receive neuropsychology assessment 10% of eligible ischaemic strokes treated by ECR	Project underway To finish June 2020 Project delivered but too early to measure
over to stay o PJ paralysis	atients aged 65 and active through the End program to minimise ecline by December 2019	Minimum of 10 health services participating in the program	30 health services participating To finish December 2019
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	Project underway Testing in 3 health services from June 2019

OBJECTIVE	OBJECTIVE Enable innovation in priority areas		
BY JUNE 2020 New quality and safety measures in clinician-driven reports for sector and public			
2018-19 ACTIV	VITIES	TARGET	OUTCOMES
patient flow	care through	20,000 more patients seen within the 4-hour target at participating services	26,877 patients seen within 4 hours
IMPROVE ac specialist cli participating	nics at	5% improvement in the number of urgent patients seen within 30 days (targeted clinics)	3% increase in urgent patients seen 4 5
SCALE Choo project fund innovation fu trial site	ed by the BCV	10% reduction in unnecessary ordering of tests, treatments and procedures	Project delivered but too early to measure
LEVERAGE S to lead an in project that health and s	connects	Start at least 1 project that tackles health issues for users of social care services	2 projects started 4
	led innovation ough the BCV	Successful completion of innovation projects within agreed timelines	5 projects started and on track to finish within timelines
REVIEW ope innovation fu on longer ter	und to focus	Evolved innovation investment program	Review conducted and informed changes in program



BCV projects now being scaled

Achievements



Knowing movements matter in reducing stillbirth

Educational messages about the importance of a baby's movements reached more than 620,000 people through a social media campaign to reduce stillbirths.

Around 500 babies are stillborn every year in Victoria, although not all are preventable. With low community awareness of risk factors, the stillbirth rate has barely changed in 20 years. Launched in October 2018, the Movements Matter campaign encouraged expectant mothers to get to know their baby's movements, and to immediately speak up if they notice any change.

Working with the Stillbirth Centre for Research Excellence (CRE) we provided resources and education to GPs, midwives and obstetricians to ensure best practice in managing women with decreased fetal movements, a potential risk factor for stillbirth. Our webinar was viewed more than 1,000 times.

If you pause to think of the impact of just one of those stillbirths – the grief of the parents, their families and support network – we all come to the same conclusion. We need to do everything possible so more babies can go home in their parents' arms.

Senior Midwifery Adviser Tanya Farrell

Helping underweight babies

Another risk factor for stillbirth is fetal growth restriction – or when a baby does not grow as expected during pregnancy.

In the past year we ran 23 workshops for more than 700 clinicians to help improve antenatal detection and management of fetal growth restriction. As a result, their confidence in detecting/managing fetal growth restriction rose from 37 to 88 per cent. And 92 per cent of participants said they would change their clinical practice. The program was delivered with the Stillbirth CRE, Perinatal Society of Australia and New Zealand and Mater Education.

For almost seven years, through the annual *Perinatal services performance indicators report*, we have also been reporting how well hospitals have detected fetal growth restriction. We work with hospitals whose detection rates are poorer than expected. This year, we were able to show detection has improved, and the rate of stillbirth has fallen by over 3/1,000 in these very high-risk pregnancies.

Recovering quickly after giving birth

Ten Victorian health services are seeing positive results from a national collaborative aimed at improving care for women during birth.

The partnership reduced the number of third and fourth degree perineal tears by 12 per cent, through a bundle of techniques during and after birth. These more severe tears lead to incontinence, require surgery and increase a woman's hospital stay. They can also impact future births.

The collaborative is with Women's Healthcare Australasia (WHA), the NSW Clinical Excellence Commission, and Clinical Excellence Queensland. Initial results are looking positive, and we will share final results in our annual report next year.

We will follow this work up with the Better births for women collaborative (page 48).

Fostering innovation through Better Care Victoria

Of the five projects funded by the BCV innovation fund 2018–19, two tackled health issues for users of social care services:

- Safe Haven Café: St Vincent's Health Melbourne has implemented a therapeutic space for mental health consumers which has been designed to provide out-ofhours support outside of the emergency department to promote independence and recovery in the community.
- Indigo Shire's Age Friendly Health System: A care model for older adults from the IHI called 'creating age-friendly health systems' will be piloted to improve hospital care for an ageing population.

In 2018–19, the BCV innovation fund invested \$10 million in innovation projects, scaling and improvement partnerships:

- \$8 million went directly to health services
- \$2 million went to training and supporting clinicians in quality improvement, leadership and clinical governance skills.

Since the fund was established in 2016, we have supported 37 sector-led improvement and innovation projects to the value of \$11.2 million. Seven of the most successful completed projects that have proven feasible and sustainable are now being scaled in other health services.

In 2019–20, the fund will support new areas such as community mental health, shared decision making, and digital innovation. We are also prioritising large scale partnerships over individual projects.



Project

Teleneuropsychology in stroke rehabilitation scaling initiative

Stroke Clinical Network

This successful pilot will be scaled to three regional health services to provide access to neuropsychology via telehealth technology to improve assessment and management of mood disorders for stroke survivors.

Outcome

Improved access to neuropsychology services for stroke patients living in regional Victoria.

Status In progress

Due to finish June 2020.

Table 1: Better Care Victoria funding

	2016–17	2017–18	2018–19
Innovation projects	\$5.6m	\$3.9m	\$1.7m
	21 projects	11 projects	5 projects
	47 partner organisations	28 partner organisations	18 partner organisations

Choosing wisely to reduce unnecessary testing

Reducing unnecessary, painful and often expensive tests and procedures has been the focus of the BCV-funded Choosing Wisely project and subsequent collaborative.

Austin Health was among the first projects supported by the BCV fund, becoming a champion site for the national NPS MedicineWise program.

Since 2016 Austin Health has achieved a 41 per cent reduction in coagulation tests ordered per patient, and 33 per cent reduction in urine tests ordered per patient.

We have scaled the initiative to a further 11 sites. Early results show a significant reduction in ordering unnecessary tests, such as pathology and radiology.

Increasing patient flow through hospitals

Almost 27,000 additional patients were seen within four hours at the 15 emergency departments we partnered with in 2018–19.

Our patient flow partnership is helping to minimise delays as they arrive in hospitals and move through the stages of care. Local projects focused on resolving bottlenecks and processes that create flow problems. Good patient flow positively impacts patient outcomes and reduces staff stress.

Aiming to improve timely access and patient experience, our specialist clinic access improvement partnership ran from August 2017 to May 2018. Results from the 11 participating services showed:

- the mean number of 'urgent patients seen in time' increased from 65 to 67 per cent
- one service significantly increased their monthly mean from 35 to 55 per cent.

In 2019–20, we will continue our work in these two areas through the new timely care program that we are designing in partnership with the IHI. The Better Care Victoria innovation fund takes good ideas generated in our public and private hospitals and spreads them to others so the whole population can benefit.

BCV Board Chair Dr Douglas Travis

Project

Reducing unnecessary prescribing in infant reflux

Paediatric Clinical Network

Gastroesophageal reflux is common in infants but is often misdiagnosed and treated unnecessarily with acid suppression therapy. This can cause harm.

We will reduce therapy use in infants under one year at four Victorian hospitals, through a toolbox of interventions including clinician education and parental information.

Outcome

- Reduced prescribing pre/ post intervention, across four Victorian hospitals.
- Improved understanding of beliefs about acid suppression therapy.

Status In progress

Due to finish June 2020.

Improving access to timely stroke treatment

More patients from regional and rural areas will be able to access world class stroke treatment, after we updated a protocol for treating ischaemic stroke patients.

ECR is a highly effective treatment that reduces disability/death after an ischaemic stroke. Our revised statewide service protocol and resources help health services identify patients suitable for ECR, and ensure they are transferred and treated quickly.

We also explored how to improve access to specialist stroke units, which have been shown to significantly improve patient outcomes. This new understanding will inform future work.

Treating sepsis in rural settings

Timely treatment for sepsis, a leading cause of death, improved by 58 per cent through our sepsis bundle of care.

We introduced consistent treatment to 12 emergency departments and 20 urgent care centres in 2018, adding to the 30 emergency departments we had already worked with. As a result, we saw:

- 88 per cent improved recognition of sepsis at triage
- 58 per cent improvement in timely administration of IV antibiotics
- 43 per cent drop in transfers to a higher level of care.

We will share this pathway and change package in 2019–20.

REDUCING DEATH FROM SEPSIS

Lynn Gardiner had just finished delivering staff training on sepsis in the emergency department at South West Healthcare in Warrnambool. And a patient came in with septic shock.

"The staff had just finished saying how excited they were about the sepsis project," she said.

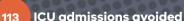
"And just moments later they were able to put it to action, making sure the six key actions happened fast – oxygen, two sets of blood cultures, lactate, fluids, monitoring observations and antibiotics all within 60 minutes."

As sepsis is a time-critical condition, the action that emergency staff took that day could well have saved a life.

And we know moments like this are now happening more frequently across the state. In fact, sepsis-related deaths have fallen by 33 per cent at hospitals we are partnering with through the 'Think sepsis. Act fast.' collaborative.

With 11 services taking part, patients are now more likely to survive what is the world's leading cause of death in hospital patients.





4,642 bed days saved in length of stay

First supported by the BCV innovation fund in 2016–17, Melbourne Health's sepsis improvement project combined a clinical pathway, tools and education to better recognise and manage patients with sepsis.

Welcoming the world to Melbourne

We welcomed more than 1,600 attendees from around the world to Melbourne last September, to the 2018 IHI-BMJ International Forum on Quality and Safety in Healthcare. This was the first time the event has been to Australia. IHI founder Don Berwick, Scotland's Clinical Director Jason Leitch, and British Medical Journal editor Fiona Godlee were among the quality and safety thought leaders who shared their experiences in leading and embedding healthcare improvement.

I very much appreciated the opportunity to attend the forum. I have taken away many great ideas and lots of encouragement to promote consumer involvement in quality improvement and service co-design.

Sponsored consumer

We were proud to support more than 200 clinicians and executives from Melbourne and regional and rural Victoria to attend this prestigious event. We also sponsored 20 consumer representatives to attend and provided a consumer lounge and social media support. These are just some of the reasons it became the first event in the country to earn the Consumers Health Forum #withconsumers accreditation.

This proved a successful and welcome approach to enhance consumer involvement, and we went on to sponsor a further 105 consumers to attend other major healthcare conferences in 2018–19.



Challenge

Developing digital solutions for quality and safety

Digital health technologies and applications can improve patient access, experience, and outcomes. But they can be challenging to develop and roll out as there are limited opportunities to test and validate new products.

In response to this, the BCV innovation fund is supporting the development of new digital health innovations through a CivVic Labs Accelerator Program with LaunchVic, bringing health services and start-ups together to solve health service challenges.

Over the next year, CivVic Labs will engage start-ups to co-design digital innovations with Western Health, St Vincent's Hospital and Peninsula Health. They will seek creative solutions to two challenges – capturing and reporting patient reported measures, and predicting which patients will develop hospitalacquired complications.

OBJECTIVE	SCV is a national and international leader in quality and safety		
BY JUNE 2020	Publications and presentations evidencing SCV impact		
2018-19 ACTIV	VITIES	TARGET	OUTCOMES
	wareness of professional ications and	# presentations/posters # journal articles	Presented at 311 conferences Presented 21 posters Published 10 journal articles (see Appendix)
PROVIDE op to support h research and	ealthcare	# research grants # students	Received 2 research grants Supported 9 students
SUPPORT so agencies wit improvemen	h delivery of	Launch an online toolkit that is fit-for-purpose for human services	Launched in June 2019

Outlook

Delivering better births for women and babies

Building on the success of the national WHA collaborative (page 43) we are working with maternity services to reduce severe perineal tears by 20 per cent through our Better births for women collaborative.

Running to June 2020, partnering health services will receive support around five key aspects of care:

- **1.** Applying a warm compress to the woman's perineal area during labour
- **2.** Using a hands on technique when delivering the baby
- **3.** Episiotomy technique and use when indicated
- 4. Genito-anal examination
- 5. Review of tear

Tackling five areas of risk to reduce stillbirths

Twenty services have signed up to our new and comprehensive program to reduce stillbirths by 20 per cent. The Safer baby collaborative runs to June 2020. Partnering sites will receive support and resources around five key aspects of care:

- **1.** Increasing public awareness of the importance of fetal movements
- **2.** Diagnosis and management of fetal growth restriction
- **3.** Improving rates of smoking cessation in pregnancy
- **4.** Raising awareness of safe maternal sleep positions
- **5.** Promoting appropriate timing of birth and mitigating unintended consequences or harm

Scaling successful innovation

With the support of the BCV innovation fund, we will scale a further three new projects over the next year:

Partnered Pharmacy Medication Charting A medication review involving a partnership approach. Led by Alfred Health, the first round of scaling reduced medication errors from 66 per cent to 3.6 per cent, length of stay from 4.7 to 4.2 days, and a cost saving of \$834 per admission. This project will be scaled to rural and regional services.

Telehealth ICU Aimed at reducing patient transfers to metropolitan services, the initial project at Mildura averted 37 transfers to metropolitan hospitals and saved 37,500 kilometres of patient and family travel. This project will be scaled to three additional health services.

Geri-Connect A specialist geriatrician service via a virtual hub. Championed by Bendigo Health, this project reduced Aged Care Assessment Service times by 82 per cent and polypharmacy by 89 per cent. This model will be replicated in the Hume region.

Taking a giant step as leaders in quality and safety

After an overwhelming response to the sold out IHI-BMJ International Forum in Melbourne in 2018, we saw how hungry Victorian clinicians were for quality and safety content. To meet this need, we are starting a biennial conference called Giant steps: Towards better, safer care.

Our inaugural event will be held in November 2019 for more than 500 healthcare and consumer representatives. Speakers will include: Jennifer Rodgers, the chief nurse at Glasgow's Royal Hospital for Children who began the now global What Matters to You campaign; and, Helen Bevan, who leads improvement and change across the National Health Service (UK). We have developed an innovative event app that allows attendees to track their schedule, provide instant feedback and connect with other people. This was trialled at our Partnering in healthcare forum (page 13), with 99 per cent of attendees rating communications as good or excellent.

Project

Supporting statewide MET/ rapid response

Critical Care Clinical Network Increasing demand on MET services results in stretched resources and inconsistent system responsiveness.

We will reduce repeat MET calls and associated impact on ICU resources, by producing a resource package to help services ensure patients receive the right response.

Outcome

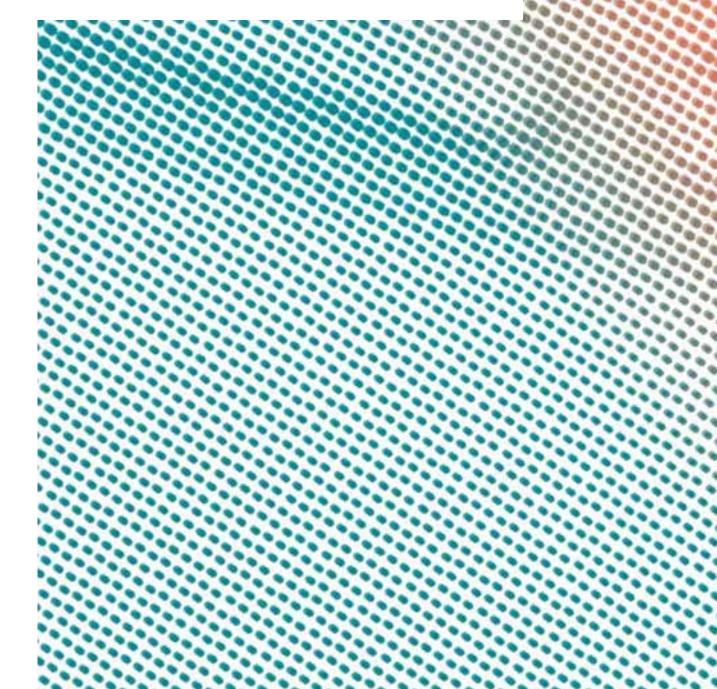
Improved patient care and experience, particularly for those with complex, chronic and life-limiting disease.

Status In progress

Due to finish June 2020.

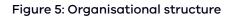
Working with us

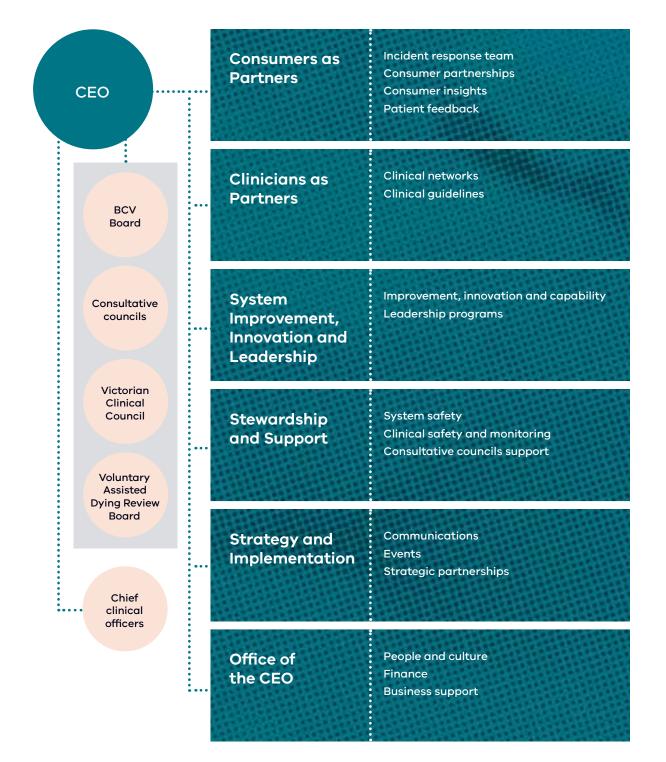
Over the past two years, our agency has grown quickly and had to adapt to a lot of change – both inside and outside our walls. While our staff worked hard to deliver an ambitious program of work, our leaders concentrated on building a culture that will allow us to mature as an organisation.



Our agency

SCV is an administrative office of the department, under Section 11 of the *Public Administration Act 2004.* While we stand apart in many respects, we work closely with the department and other organisations to ensure we make good decisions and avoid duplication of efforts. The department provides welcome support on key corporate services, such as human resources and professional development, media management, finances and procurement, legal services and accommodation.





Our leaders

Our agency is led by our Chief Executive Officer, who is responsible for the strategic leadership of SCV and dayto-day management of the agency. Reporting directly to the Department Secretary, our CEO is appointed by the Premier of Victoria for a term of five years.

Our CEO can call on our four chief clinical officers – senior clinicians who are each well respected in the fields. They provide expert advice and champion key projects. They are also the key contact for senior clinicians on quality and safety matters and represent us on state and national bodies.

Each of the branches is led by a director who – along with our CEO and chief clinical officers – form our executive team. Meeting weekly, the executive team drives the agency's strategic planning and delivery, and provides clear decisions on both day-to-day work and large scale projects.

Our thanks to Glenda Gorrie, former Director Stewardship and Support who retired in late 2018. Glenda joined SCV on its creation and enthusiastically moulded Stewardship and Support into the central branch that it is today. Glenda also represented us at a national level and mentored her branch to take on these roles as part of their development. Thank you also to Adina Hamilton, who has served as Acting Director while we recruit to this portfolio.



CHIEF EXECUTIVE OFFICER PROF EUAN WALLACE AM

Euan is an academic obstetrician and gynaecologist by training. He left a senior leadership role at Monash Health to join SCV. He has more than a decade of experience in healthcare governance and clinical improvement.

Euan 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. He currently supervises two PhD students undertaking primary research in quality and safety improvement.



DEPUTY CHIEF EXECUTIVE OFFICER / CHIEF NURSE AND MIDWIFERY OFFICER ADJ ASSOC PROF ANN MAREE KEENAN

Ann Maree is a senior healthcare executive who has combined nursing leadership with operational accountability. She has experience in health service capital programs and has led the development and implementation of patient models of care. Before progressing into management, Ann Maree worked in a variety of clinical areas, including renal nursing and infection control.

Ann Maree is passionate about nursing and midwifery and the absolutely critical role that nurses and midwives have in providing quality, safe and compassionate care.

Ann Maree also develops policies and initiatives to support quality, safety and best practice within the Victorian health sector. She has an adjunct academic appointment with Deakin University.



CHIEF MEDICAL OFFICER PROF ANDREW WILSON

Spanning a successful career in clinical medicine, Andrew continues to practise as a cardiologist at St Vincent's Health Melbourne, in the private sector, and in rural Victoria. His clinical focus is on treatment and prevention of atherosclerosis. He has an academic appointment at the University of Melbourne and leads an active clinical research program supervising research students and fellows.

He previously worked at Stanford University Medical Centre where he was a NHMRC Research Fellow focusing on translational research in atherosclerosis. His current research portfolio includes the use of big data to inform healthcare improvement.



CHIEF PARAMEDIC OFFICER ADJ ASSOC PROF ALAN EADE ASM

Alan is an intensive care paramedic with an extensive career spanning emergency ambulance services, event medical and health services, and private sector operations across Australia. He has volunteered in East Timor to develop an ambulance service capability, previously held the position of Chief Commissioner at St John Ambulance Australia, and is a fellow and past director of Paramedics Australasia. He has an academic appointment at Monash University.

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. He is focused on strengthening relationships between paramedics and clinicians in other disciplines in order to ensure integrated care and best system performance. The consideration of opportunities for all professions to operate at the full extent of their scope, including in new or novel models, is a key part of this work.



CHIEF ALLIED HEALTH OFFICER ADJ ASSOC PROF DONNA MARKHAM

Joining SCV in June 2018, Donna is a qualified occupational therapist and has worked in healthcare for more than 17 years. Donna has led many significant allied health reforms, workforce development changes, and research projects. She is a mum of two boys and advocates for the important role women play both at home and in the workplace, particularly in executive leadership.

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. Donna is a graduate of the Williamson Community Leadership Program and the Australian Institute of Company Directors. She has an adjunct academic appointment at Monash University.



DIRECTOR CONSUMERS AS PARTNERS LOUISE MCKINLAY

With more than 20 years' experience in healthcare, Louise first trained as a registered nurse and health visitor in Manchester in the United Kingdom. She has extensive leadership experience in strategic quality system management, clinical education, 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 governance, patient and staff engagement, and health outcomes.



DIRECTOR CLINICIANS AS PARTNERS ROBYN HUDSON

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 in the United Kingdom. Robyn has been a Director in innovation hubs, and in an Academic Health Science Centre (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.



DIRECTOR SYSTEM IMPROVEMENT, INNOVATION AND LEADERSHIP REBECCA POWER

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. 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.



DIRECTOR STRATEGY AND IMPLEMENTATION NICOLE BRADY

Nicole led the establishment of SCV following an awardwinning career in journalism. After quitting media, she undertook a Masters in Population Health at Melbourne University where her passion for addressing the social determinants of health was ratcheted from smoulder to flame. Nicole's portfolio includes strategic partnerships, stakeholder engagement, events, and communications. Her role involves ensuring the strategic direction of SCV is focused on results-oriented work that meets the priorities of consumers, the health sector, the Minister for Health and broader government. She is responsible for the strategic partnership with the IHI and using the global relationships of the partnership network to support the implementation of evidence-based improvement for the benefit of Victorians.

Workplace profile

At 30 June 2019, SCV had 131, or 120.3 full time equivalent (FTE), staff members. Almost 70 per cent of our FTE workforce is ongoing, and 78 per cent work full time.

	Ongoing	g	Fixed term/casual	
	FTE	Headcount	FTE	Headcount
GENDER				
Female	76.2	84	27	29
Male	7.6	8	9.5	10
CLASSIFICATION				• • • • • • • • • • •
vps2	1	1	-	-
VPS3	5.6	6	3	3
• VPS4	15.5	17	6.8	7
• VPS5	36.6	41	17.2	18
• VPS6	20.3	22	8.5	9
• SMA			0.5	1
• Senior Tech Services			0.5	1
• Executive	4.8	5		
AGE		• • • • • • • • • • • •		
• <24	2	2		
• 25-34	22.2	23	10.8	11
• 35-44	29.2	32	13.2	15
• 45-54	20.8	23	8.5	9
•	7.9	10	4	4
•	1.7	2	-	
Total	83.8	92	36.5	39

Table 2: Workplace profile at 30 June 2019

Please note, these figures are unverified, and provided as draft to meet our annual reporting production timeframe.

Representing our values

We were established to bring a fresh approach to healthcare quality and safety. To do this we encourage our staff to think outside the box and do things differently. This is reflected in our shared values:

- Challenge the norm
- Accept nothing less than excellence
- Tell it like it is
- One team
- Bring your whole self

Building a supportive culture

We aim to support our staff by building a culture that allows them to thrive and deliver work that can make a difference.

Our annual employee survey confirms we are on the right track. For instance, our People Matter survey results this year showed:

- people like working at SCV 79 per cent of employees are proud to tell others they work for SCV
- staff are supported to constantly improve and develop – 99 per cent receive regular feedback on their work, and 95 per cent believe that their manager listens to what they have to say
- employee work/life balance is important to us – 79 per cent of staff believe SCV encourages employees to maintain a good work/life balance
- we are client focused 99 per cent of staff think client satisfaction is a high priority.

Attracting and retaining the right people

Over the past two years, we improved our recruitment practices to build a strong core team with the right mix of skills and experience. And we provide a supportive environment by encouraging personal and team development.

We ask our staff to bring their whole self to work. But we know that work is not our whole life. So we offer a range of attractive work-life balance options such as various leave options, flexible work hours, job share arrangements, study leave, and working from home. More than 60 per cent of our full-time staff take advantage of our flexible working arrangements.

Outside of our permanent workforce, we have fixed-term staff assigned to projects and initiatives with short-term funding. We also offer secondment opportunities to health service staff and clinicians looking to broaden their system-level experience, as well as honorary contracts and fellowships for academics and researchers.

Staying healthy and well

In the next year we will focus on implementing an enhanced employee wellbeing program for our staff. This includes additional support and counselling for all staff, with a focus on our teams that have repeated exposure to stressful events, including information from sentinel events and patient complaints.

By providing a safe and healthy working environment we can support all employees to do their best work.

Staff are encouraged to take full advantage of departmental opportunities, including learning and development. More information on workplace wellbeing, health and safety programs will be available in the department's annual report.

Supporting independent facilitators

As part of the government's Know Better, Be Better bullying and harassment campaign, we recruited two new independent facilitators for a Victorian-first trial in hospitals.

Supporting the important campaign, we provided the independence and oversight to assure staff that they can speak up about workplace concerns, such as bullying and harassment, disrespectful behaviour, and escalating conflict. The trial will run to June 2020 in six health services in metropolitan and regional Victoria. We look forward to sharing its results.

Consultative councils

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

The 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

Chair: Adj Prof Tanya Farrell

Established: 1962

Meeting frequency: quarterly

Key publications: Victoria's Mothers, Babies and Children 2017 (May 2019), Congenital anomalies in Victoria 2015–16 (June 2018)

In July 2018, one of Australia's most senior midwives commenced as Chair of the independent Consultative Council on Obstetric and Paediatric Mortality and Morbidity. Adj Prof Tanya Farrell became the first woman and first midwife to lead the council in its almost 60-year history.

Our sincere thanks to Prof Jeremy Oats, who served as CCOPMM's fourth chair, retiring in 2018.

Victorian Surgical Consultative Council

Chair: Assoc Prof Trevor Jones Established: 2001

Meeting frequency: quarterly

Key publication: *Victorian Surgical Consultative Council report 2015–17* (January 2019)

Victorian Consultative Council on Anaesthetic Mortality and Morbidity

Chair: Dr Andrea Kattula

Established: 1976

Meeting frequency: quarterly

Following a review of councils in July 2019, a new Victorian Perioperative Consultative Council will replace the former Victorian Surgical Consultative Council and the Victorian Consultative Council on Anaesthetic Mortality and Morbidity.

Our sincere thanks to the members of both these councils for their service, particularly chairs Dr Andrea Kattula and Assoc Prof Trevor Jones.

Advisory councils and boards

SCV supports two advisory councils and two boards that provide independent advice to SCV, the department and the Minister for Health.

Better Care Victoria Board

Chair: Dr Douglas Travis

Deputy Chair: Janet Matton

Established: 2016

Meeting frequency: every two months

The independent Better Care Victoria Board advises the Minister for Health, the Department Secretary and the SCV CEO on health sector innovation, and recommends how to invest the BCV innovation fund.

In 2018–19 the BCV Board recommended investment in five sector-led innovation projects, three scaling initiatives and one improvement partnership, with funding totalling \$10 million.

Victorian Clinical Council

Chair: Assoc Prof Jill Sewell Deputy Chair: Matthew Hadfield Established: March 2017 Meeting frequency: quarterly

This independent council provides a forum for the department and SCV to obtain the collective advice of consumers, clinicians, academics and health service executives on strategic and system issues. In 2018–19, the council issued advice on the following topics:

- using data to reduce unwarranted healthcare variation
- value-based healthcare
- diversity and cultural safety
- communicating for safety.

In the year ahead, the council will consider quality and safety in healthcare measures, achieving consistency in healthcare across Victoria particularly in relation to rural and regional relationships, and mental health integration with general healthcare.

To maintain a diverse and dynamic membership, we sought to appoint 10 new members to the 70-member council in late 2018–19.

Voluntary Assisted Dying Review Board

Chair: Betty King Deputy Chair: Charles Corke

Established: July 2018

Meeting frequency: monthly

The Voluntary Assisted Dying Review Board was established to oversee the safe operation of the new law when it came into effect on 19 June 2019.

SCV worked closely with the independent board in its first year, and the Voluntary Assisted Dying Implementation Taskforce, to develop:

- a clear system of oversight, outlining how cases will be retrospectively reviewed and issues referred
- an online portal for medical practitioners to submit forms and permit applications under the Voluntary Assisted Dying Act.

The portal was launched at the voluntary assisted dying implementation conference in May 2019. Medical practitioners were encouraged to complete the online training and to register an account with the portal in preparation for 19 June. With continued support from SCV, the board's first public report will be tabled in Parliament by August 2019.

Safer Care Patient and Family Council

Chair: Ian Kemp

Established: October 2017

Meeting frequency: every two months

This council represents the perspectives and needs of a diverse range of patients, their families and carers. We collaborate with council members at a governance level to consider health sector programs and initiatives and inform implementation and evaluation.

In 2018–19 the council met five times and was consulted on matters including ministerial complaint handling, patientinitiated escalation of care programs, quality account reviews and our new Partnering in healthcare framework.

Freedom of information

Applications for documents relating to SCV may be made to the department's freedom of information unit on:

- 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

Research articles

Davies-Tuck ML, Wallace EM, Davey MA, et al. Planned private homebirth in Victoria 2000-2015: a retrospective cohort study of Victorian Perinatal Data. BMC Pregnancy and Childbirth. 2019; 18:357. DOI: 10.1186/s12884-018-1996-6.

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Abbreviations

BCV	Better Care Victoria
COPD	chronic obstructive pulmonary disease
CRE	Centre for Research Excellence
ЕСМО	extracorporeal membrane oxygenation
ECR	endovascular clot retrieval
FTE	full-time equivalent
ICU	intensive care unit
IHI	Institute for Healthcare Improvement
IV	intravenous
MET	medical emergency team
PROM	patient-reported outcome measure
RCA	root cause analysis
SCV	Safer Care Victoria
VAHI	Victorian Agency for Health Information

WHA Women's Healthcare Australasia

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