
SCV
Safer Care
Victoria
2019
Annual Report
20

This is a comprehensive report of how we worked to improve the quality and safety of Victorian healthcare in 2019–20. We give an honest account of our performance and achievements for those we work closest with – consumers, clinicians, health services and government.

Photos in this report were taken at our first GIANT STEPS healthcare quality and safety conference in November 2019. They feature just some of the valuable takeaways from our incredible program.

Cover image: An inspiring keynote presentation by Bronwyn King AO, Founder and CEO of Tobacco Free Portfolios, proved a highlight for many GIANT STEPS attendees. Confronted by devastating tobacco-related harm as a specialist radiation oncologist, Bronwyn demonstrated how patient care extends far beyond face-to-face clinical work as she drove an international effort to reduce investment in tobacco companies.

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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.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

ISSN 2209-3095 (print)

ISSN 2209-3109 (online)

Available at www.safercare.vic.gov.au

VICTORIA State Government

Contents

This report is structured around various themes from our work to best highlight the outcomes for Victorian patients and the health sector.

To help you keep track of our many initiatives, we have used the following icons in this report.

Improvement projects

These projects were prioritised by our former clinical networks to target improved healthcare for all Victorians. Where available we have measured and reported their impact.

Better Care Victoria Innovation Fund projects

These projects are developed by health services and supported by our Better Care Victoria (BCV) Innovation Fund. We work with these health services to test, measure and sustain improvement.

Major improvement collaboratives

These include large-scale collaboratives through our partnership with the Institute for Healthcare Improvement (IHI), and scaled BCV innovation projects that have proven to be successful.

Our year together

Over the past year, our health sector has faced unprecedented challenges. From bushfires to the coronavirus (COVID-19) pandemic, our hospitals and healthcare workers responded with urgency and agility, and with incredible professionalism and dedication to keeping Victorians safe and well. Through all this, we saw you continue to prioritise high-quality, safe care, with a focus on improvement. And for that, we thank you.

In response to the pandemic, we redirected **three quarters** of our workforce into emergency-related roles. They developed COVID-19 clinical guidance, led engagement with clinicians, coordinated workforce preparedness, and supported government response and recovery efforts (page 46).

As a result of staff redeployments, and understanding the significant pressure our health services were facing, we made the necessary decision to postpone some of our work. We have noted these projects throughout the report. Be assured we intend to re-start most of them as soon as possible.

Despite the challenges of 2019–20, our small agency's output has been significant.

- **We ran 31 improvement projects, four large-scale collaboratives, funded five new innovation projects, and scaled four successful innovation projects.**
- **We conducted four major reviews into health service safety systems and clinical governance, released guidance on 10 topics with 10 more ready to go, developed 25 pandemic guidance documents, and published 11 reports.**
- **We delivered a wide range of training to more than 2000 people and hosted 77 events.**
- **We published 20 research articles and presented at 64 national and international forums.**
- **We hosted the state's first sector-wide quality and safety improvement conference.**

We are seeing some incredible results

Our continued commitment to reduce the number of preventable stillbirths – through our earlier **Movements Matter** campaign and now our **Safer Baby Collaborative** – has helped Victoria reach its lowest stillbirth rate in 18 years. In the past year alone, we have reduced stillbirths at partnering health services by 27 per cent.

Our **Better Births for Women Collaborative** has reduced severe perineal tears by 20 per cent at participating health services. That's more and more women spared severe trauma and its long-lasting impacts.

Our **Delirium Collaborative** has improved delirium detection so much that we are seeing fewer falls and shorter hospital stays in older patients at participating sites. More of our loved ones are going home earlier and well.

And these are just our biggest improvement programs. We are tracking quality and safety improvements across our many other areas of work. Dive into this report to learn more.

Of course, it can take time to measure the impact of our work. We are yet to measure results from some projects this year, and will report these when available. For that reason we have also included in this report the outcomes from some of our work that we started in 2018–19.

We also took GIANT STEPS!

Noticing significant interest in the sector, we held our first healthcare quality and safety conference GIANT STEPS in November 2019. And we couldn't have imagined the response. It sold out in a couple of months, and received 100 per cent positive feedback! Spanning two days and featuring 50 inspirational speakers, this conference was a great reflection of how we operate – it was innovative, engaging and informative, and gave our almost 700 attendees a complete conference experience.

We were planning an even bigger GIANT STEPS for early 2021 when the pandemic hit and we made the difficult decision to postpone. Don't worry. When the time is right, we will pick these plans back up to give Victorians the conference you want and deserve.

It was a big year of change for us

We refocused our future work. Over the past year, we developed our second three-year strategic plan (page 47). There is no doubt that we have learned a lot since we were established in January 2017, and our jurisdiction and environment has changed. So we refined our longer-term goals to best respond to areas of greatest need.

This report closes off on our first three-year strategic plan, and I am proud to reflect on the differences that we have been part of, along with health services, clinicians and consumers.

We restructured our agency and work programs. While our core roles in quality improvement and patient safety have not changed, in September 2019 we reviewed our structure, our work programs and the way we work (page 46). We saw it as a timely opportunity to better respond to the shifting needs of government, healthcare and the Victorian community. To be better.

We didn't do this alone

Thank you to the thousands of clinicians, health service staff and consumers who all worked hard to deliver these results with us.

Thank you to the Minister for Health Jenny Mikakos MP for her guidance, and to the many healthcare agencies we work closely with, especially our colleagues in the Department of Health and Human Services (DHHS), the Victorian Agency for Health Information, and the Institute for Healthcare Improvement (IHI).

Thank you to the members of our independent boards and councils for their advice and expertise. A special thank you to Dr Doug Travis, who recently resigned as Chair of the BCV Board. In four years he established the workings of the BCV Innovation Fund, and oversaw investment of about $45 million in healthcare innovation and leadership. Under his leadership, the fund has helped health services find some truly new ways to resolve common health system issues, for themselves and others.

And finally, thank you to our wonderful and dedicated staff. I couldn't be prouder of you. You really stood up and helped Victorians during immensely difficult times.

I look forward to continuing our work together in 2020–21.

Prof Euan Wallace AM
Chief Executive Officer

About us

Safer Care Victoria (SCV) is the state's healthcare quality and safety improvement specialist.

We share better, safer healthcare

We work with national and international experts and partner with Victoria's brightest to run improvement projects, and develop guidance and resources that help make healthcare safer.

We collect data and information on healthcare safety, reviewing systemic issues and helping services to prevent future harm.

We support independent review boards and councils which advise government on healthcare safety, improvement and innovation.

Why we are here

Back in 2016, it was recognised that Victoria needed a new approach to improve the quality and safety of healthcare. That's why we were established in 2017. And why we take a determinedly fresh and independent-minded approach to helping health services improve. Our range of programs and projects may seem incredibly broad, but they all have the same goal – to support health services to get better and to help keep Victorians safe.

Our mission is outstanding healthcare for all Victorians. Always.

Our functions include:

Clinical excellence

- Identify and run targeted improvement projects
- Develop clinical guidance

Patient safety

- Monitor sentinel events
- Review system and safety issues
- Support independent review of deaths

System and safety assurance

- Analyse health service data
- Respond to emerging safety issues
- Support and train sector leaders

Improvement

- Advise on healthcare improvement and consumer involvement
- Lead major improvement collaboratives

GIANT STEPS 2019: "We were completely taken aback by the response to our first conference. We reached more than 19 million people on social media, 100 per cent of attendees rated the event good or excellent, and 99 per cent said they would come back!"

Prof Euan Wallace AM
CEO Safer Care Victoria

Progress report card

The below information summarises our progress against our workplan for 2019–20.

PARTNERING WITH CONSUMERS

CONSUMER VOICES AND CHOICES ARE CENTRAL TO OWN CARE

2019–20 ACTIVITIES	OUTCOMES	PAGE
INCREASE consumer engagement by embedding the **Partnering in healthcare framework**, including in public residential aged care	Continued statewide implementation Extended health service reporting requirements~	42
SUPPORT consumer representatives who work with health services	Revised community advisory committee guidelines, for release in 2020–21~	42
PROMOTE more diverse consumer representation	Included in the above guidelines	42

CONSUMER VOICES AND EXPERIENCES IMPROVE HEALTH SERVICES AND THE HEALTH SYSTEM

2019–20 ACTIVITIES	OUTCOMES	PAGE
TRIAL **HEAR Me**, a new 24/7 phone service for patients and families to escalate care concerns	Trialled in 14 wards, receiving 9 calls in 5 months	43
IDENTIFY patient complaint themes by analysing data from 32 health services	Analysed data from 9 services	43
COMPLETE the **Patient Opinion** online feedback trial in 7 health services	Completed in 7 health services. Now being used in 3	43
HELP clinicians improve communication skills by testing **Your thoughts matter** in 2 health services	Implemented at 2 sites, with 1500 staff trained to date Postponed expansion to other health services~	43

IMPROVING HEALTHCARE QUALITY

LEAD IMPROVEMENTS IN PRIORITY AREAS

2019–20 ACTIVITIES	OUTCOMES	PAGE
IMPROVE outcomes for mothers, babies and families through:		
• the **Safer Baby Collaborative**, targeting preventable stillbirths, including in Aboriginal families	27% decrease in stillbirths in the final trimester of pregnancy* (June 2019–March 2020)	16
• the **Better Births for Women Collaborative**, reducing severe perineal tears and their long-lasting impacts	20% drop in 3rd and 4th degree perineal tears* (August 2019–January 2020)	20
ENHANCE care for patients with delirium through:		
• the **Delirium Collaborative**, improving how hospital-acquired delirium is diagnosed, prevented and treated	Reduced falls from 4.89 to 4.25 falls/month in patients aged >65 years* Reduced length of stay from 6.52 to 6.33 days* (February 2019–March 2020)	24
• clinical guidance to screen, prevent and manage delirium	Trialled guidance in 15 intensive care units	25
REDUCE harm and deaths through the **Sepsis scaling project**	Expansion postponed~	31
IDENTIFY opportunities to improve patient flow through the **Timely Care Program**	Started diagnostic assessment in 6 health services Implemented daily operating system in 3 health services, with 6 more underway	34

Key ~ Due to COVID-19 response * At participating sites Included in DHHS workplan

REDUCING VARIATION ACROSS THE STATE

REDUCTIONS IN UNWARRANTED VARIATION IN PRACTICE AND OUTCOME

2019–20 ACTIVITIES	OUTCOMES	PAGE
IMPROVE recovery for people who have had a stroke through:		
• quicker access to intravenous thrombolysis treatment for eligible stroke patients	Implemented clinical simulation in 4 services	33
• making teleneuropsychology available in more stroke rehabilitation services	Introduced in 3 services. To be measured and reported in 2020–21	33
• timelier discharge from hospital	Tested a new decision aid to support discharge planning in 1 stroke unit	42
IMPROVE outcomes for older people through:		
• standard preoperative hip fracture care	Decreased time to surgery from median 26.28 to 19.98 hours*	23
• **End PJ paralysis**, encouraging activity to reduce functional decline	19% increase in patients dressed and mobile by 2 pm* 16% increase in patients sitting out of bed for lunch*	23
IMPROVE end of life care through:		
• standard screening to better recognise and respond to life-limiting illness in outpatient settings	Piloted	26
• agreed end of life care principles for those recognised as dying in acute care settings	Piloted	28

REDUCTIONS IN UNWARRANTED VARIATION IN PRACTICE AND OUTCOME

2019–20 ACTIVITIES	OUTCOMES	PAGE
REDUCE unnecessary or harmful treatment for children through:		
• guidance for parents and clinicians about paediatric adenotonsillectomy	Delivered (February–April 2020)	18
• resources for parents and clinicians about unnecessary prescribing for infant reflux	Delivered (June 2020)	18
REDUCE unnecessary or harmful outcomes for adults in hospitals through:		
• resources to guide care for patients who may clinically deteriorate	Developed and trialled in 7 health services. To be released 2020–21~	31
• agreed best practice for the use and care of intravenous cannulae	Developed a bundle to reduce golden staph infections	37

CLINICIANS' VOICES AND EXPERIENCES IMPROVE HEALTH SERVICES AND THE HEALTH SYSTEM

2019–20 ACTIVITIES	OUTCOMES	PAGE
DEVELOP standard clinical criteria, coordination and accreditation requirements to establish Victorian extracorporeal membrane oxygenation service	Delivered recommended model to DHHS	31
TEST value-based healthcare approach with chronic obstructive pulmonary disease (COPD) in Hamilton	All 8 services now have equipment and training to improve diagnosis and treatment for COPD	34

FOSTERING INNOVATION

ENABLE INNOVATION IN PRIORITY AREAS

2019–20 ACTIVITIES	OUTCOMES	PAGE
FOSTER sustainable innovation through the **BCV Innovation Fund**	100% projects (closed in 2019–20) successfully implemented 66% innovations (reported from 2018–19 projects) lasted after project completed	57
Including in: • community mental health, children in out of home care, chronic disease and shared decision making	Not progressed	
• digital innovation	2 projects contracted, but start postponed~	25, 43
SCALE successful projects, including:		
• **Geri-Connect** in residential care	Started. To be measured and reported in 2020–21	23
• the **Critical care telehealth project**	Completed. To be measured and reported in 2020–21	31

REVIEWING AND RESPONDING

ROBUST RESPONSE AND REVIEW OF SERIOUS INCIDENTS

2019–20 ACTIVITIES	OUTCOMES	PAGE
STRENGTHEN the review of serious events that harm patients through:		
• adding online learning modules to incident review training	Online learning postponed~ 278 people completed in-person training, other sessions postponed~	40
• a new incident management framework, including tools and resources	Framework topics to be rolled out in 2020–21~	39
• more external members on root cause analysis (RCA) review teams	18 PEER members 83% RCAs included external experts 48% RCAs included consumers	40
RESPOND to quality and safety concerns through independent review	Completed independent review into chiropractic spinal manipulation of children under 12 (October 2019)	40
PILOT regional morbidity and mortality meetings to review surgical cases in one region	Planned for 2020–21~	41
EXPLORE outcomes for Aboriginal mothers and babies to better inform areas that require prioritisation	To form part of CCOPMM strategic research plan in 2020–21	54

DISSEMINATION OF LEARNINGS FROM SERIOUS INCIDENTS, AND LOCAL BEST PRACTICE

2019–20 ACTIVITIES	OUTCOMES	PAGE
PUBLISH sentinel events annual report	Published (January 2020)	39
RELEASE best practice guidance	Released guidance in:	
	• acute behavioural disturbance in emergency departments (April 2020)	36
	• informed consent with renal patients (August 2019)	33
	• use of bed rails in hospitals (October 2019)	36
	• palliative sedation and anticipatory medicines (March 2020)	28
	• safe oral intake (June 2020)	36
	Developed draft guidance on:	
	• atrial fibrillation in emergency departments	32

QUALITY AND SAFETY DATA ANALYSIS DRIVES SYSTEM OVERSIGHT AND RESPONSE

2019–20 ACTIVITIES	OUTCOMES	PAGE
RESEARCH relationships between volume and clinical outcomes, and recommend ways to implement safe, evidence-based service models	Completed 3 volume-outcome reviews	32
DEVELOP new quality and safety reporting measures	Developed baseline suite of measures for public residential aged care	26
	Introduced new performance measures for tonsillectomy/adenoidectomy readmission rates	18
ENABLE health services to have better conversations about quality and safety	Introduced a new approach to analyse data for quality and safety vulnerabilities	40
SUPPORT independent review boards and councils	Tabled first 2 parliamentary reports on voluntary assisted dying	28
	Established new Victorian Perioperative Consultative Council	56

SUPPORTING STRONG LEADERS

HEALTHY CULTURE DRIVEN BY STRONG LEADERS

2019–20 ACTIVITIES	OUTCOMES	
DELIVER leadership programs supporting quality and safety in health services, as outlined in our **Leadership and learning action plan**	Trained 403 people across our five leadership development programs	44
BUILD improvement science capability in SCV, aged care and health and community services staff to deliver improvement projects	Trained 44 people	44

QUALITY AND SAFETY GOVERNANCE EMBEDDED THROUGHOUT HEALTH SERVICES

2019–20 ACTIVITIES	OUTCOMES	
STRENGTHEN leadership of health service boards through:		
• clinical governance training sessions, including aged care governance responsibilities	Delivered to 60 health service board directors (representing 42% of health services). Other sessions postponed~	44
• a clinical governance self-assessment tool	Trialled with 10 board members, now for statewide roll out in 2020–21	44

SCV IS A NATIONAL AND INTERNATIONAL LEADER IN QUALITY AND SAFETY

2019–20 ACTIVITIES	OUTCOMES	
LEAD national improvements in information sharing about medical devices	Postponed project with agreement from inter-jurisdictional committee~	41
SELL OUT inaugural GIANT STEPS biennial conference	Sold out, with 99% attendees saying they would come back	3
INCREASE our profile through journals and events	20 articles in peer-reviewed publications 64 presentations/posters at national/international forums	59
DESIGN a quality management system for SCV	Implementing new system	47

Women, babies and children

Fewer babies are being stillborn

Fewer women experiencing severe perineal trauma in childbirth

Women have **safer birthing options**, and more of them

Reaching our lowest stillbirth rates in 18 years

STILLBIRTHS after 28 weeks' gestation fell to 116 from 159 just one year earlier, according to final data for birthing outcomes in 2018.

This was the exact intent of our targeted **Movements Matter** campaign. Launched by the then Minister for Health, the Hon Jill Hennessy MP, this six-month social media campaign encouraged pregnant women to speak up if their baby's movements had changed. We also trained clinicians to respond to this stillbirth risk.

Showing Victoria's stillbirth rate was the lowest in almost two decades, the data were included in the December 2019 **Victoria's Mothers, Babies and Children report** by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) (page 54).

"Around 500 babies are stillborn every year in Victoria. Sadly not all are preventable, but many are. Together we're already saving lives and with early data in from our more recent efforts, we know that this too is making a difference."

– Adj Prof Tanya Farrell, CCOPMM Chair

Looking after small babies at risk of poor outcomes

MORE babies who are significantly smaller than expected are being identified and delivered earlier (before 40 weeks) to ensure their best start to life.

Following an intensive training program in 2018–19 to help clinicians improve their response, the rate of undetected fetal growth restriction (FGR) fell to 24.3 per cent, from 28.1 per cent just one year earlier.

Our **2018–19 Perinatal Services Performance Indicators report**, released in December 2019, compares outcomes for women and children at Victorian maternity services. With lessons for the entire sector, it also showed more parents are getting important care and information early in the pregnancy, and more women are being vaccinated against illnesses that could harm their babies.

We will release new clinical guidance on managing babies born extremely premature in 2020–21.

Understanding the impact of our work

SCV PhD fellow Roshan Selvaratnam was recognised by the Stillbirth Centre for Research Excellence for his work into the unintended consequences of reporting severe FGR rates. As a result of his research, we will be introducing a 'balance measure' to routine hospital reporting to monitor the potential harm of improved FGR detection.

"Reporting this performance measure has improved the detection of severe FGR. But we're also seeing that normally grown babies are being delivered earlier which can cause unintended iatrogenic harm. This tells us we need to improve the specificity of FGR detection."

– Roshan Selvaratnam, SCV PhD fellow

Tackling stillbirth risks on five fronts

THIRTEEN families have so far been spared the terrible sadness of stillbirth, and more at-risk babies are being identified and better managed, after our biggest effort yet to reduce preventable stillbirths.

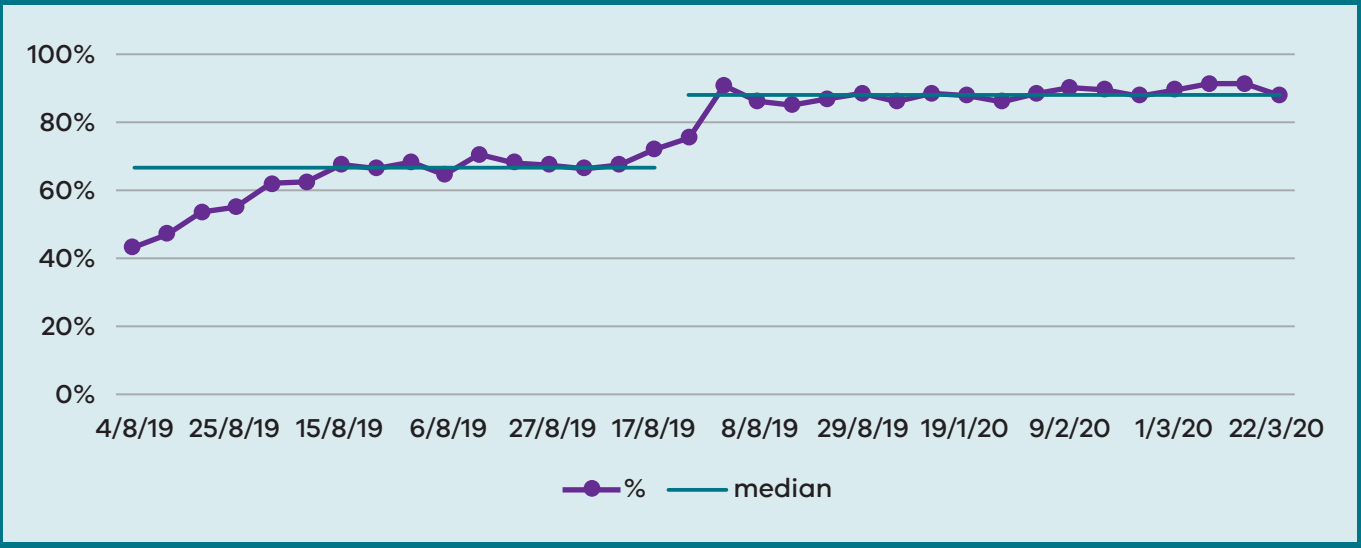
Victoria's stillbirth rate was largely unchanged for almost two decades, before our Movements Matter and fetal growth detection campaigns (page 15) in 2019. Over the past year, we've been building on this work through our Safer Baby Collaborative, in partnership with the IHI and 19 health services.

Results from June 2019 to March 2020 show:

- **a 27 per cent reduction in stillbirths (equating to 13 lives)**
- **an average increase in reported smoking cessation rates from 11 per cent to 28 per cent**
- **an increase in referrals to quit smoking from 17 per cent to 38 per cent, using the evidence-based Ask, Advise, Help approach.**

Another significant achievement is how consistently clinicians are measuring and plotting symphyseal fundal height (SFH) to check that a baby is growing at a healthy rate. As the graph below shows, participating sites have now embedded this into their normal practice.

PERCENTAGE OF WOMEN HAVING SFH MEASURED AND PLOTTED



While this collaborative's meetings were put on hold during the pandemic, we will resume this work as soon as possible. We will report on the full results next year, and anticipate seeing improved detection of poorly grown babies, reporting of changed baby movements, safer sleeping positions and shared decision-making with women around timing of birth.

"The sharing of the work and learnings and networking is amazing – fantastic work, fantastic project. The commitment, energy and investment by organisations is commendable. Great benefits to women and the unborn."

– Clinician, participant

Increasing vaccination rates in mums-to-be

THROUGH our BCV Innovation Fund, a Monash University partnership nearly doubled the uptake of influenza vaccines by pregnant women at six partnering health services.

Vaccination reduces the chance mothers will get the flu and protects their newborn babies. The project designed and implemented different tailored strategies, including midwife-led, pharmacist-led and primary care-led vaccinations.

Across all six health services, vaccination rates improved from about 40 per cent to 79 per cent. The health services will now focus on continuing to embed and refine approaches over the next 12 months. More mums and more babies will be safer than ever.

Improving access to safe homebirth programs

DATA show that more Victorian women are planning to birth at home rather than in a hospital. So we worked with expert clinicians and consumers to develop contemporary homebirth guidance for feedback. Armed with growing evidence around its benefits and safety, the guidance will:

- support more women to give birth at home when it is considered safe
- encourage public health services to consider starting a homebirth program, as there are only two publicly funded programs in Victoria
- help privately practising midwives better connect with local health services should advice or ongoing care be needed.

Delayed by the pandemic, we will finalise and release the new guidance later this year.

Supporting other pain management options in childbirth

WITH growing evidence on the benefits of using water during labour and birth, Victorian women are increasingly exploring it as a pain management option.

Released for consultation in February 2020, our draft guidance provides practical advice for Victorian maternity and neonatal care providers who support women who are considering using a shower, bath or birthing pool.

While delayed by the pandemic, we look forward to releasing our guidance in early 2020–21.

Using maternity data to alert services on safety issues

PROVING Victoria leads the nation in collecting and reviewing maternity data, we detected a spike in an uncommon syndrome in women after a birth, and used this information to help prevent further harm.

We are the first state or territory in Australia to require hospitals to report intensive care unit (ICU) admissions in women who are pregnant or have recently given birth.

After CCOPMM reviewed seven cases of Ogilvie's syndrome – an acute colonic pseudo-obstruction – the council asked us to alert all maternity services. And we developed and circulated best practice clinical guidance on identifying and treating the condition in October 2019.

We are also responding to a recent CCOPMM recommendation to prevent severe postpartum haemorrhage, after CCOPMM found 38 per cent of the women admitted to ICU after birth were admitted for severe haemorrhage.

Preventing unexplained infant deaths

TO HELP reduce the risk of sudden unexpected death in infancy (SUDI), we released draft guidance on safe sleeping positions for babies in February 2020.

Although SUDI rates are continuing to decline in Australia, it remains a significant cause of death in infants under one year of age. Our guidance aims to make sure healthcare providers clearly and consistently educate parents about safe infant sleeping positions, as well as other measures known to reduce the risk of SUDI.

Delayed due to the pandemic, we will finalise and release the guidance in early 2020–21.

Reducing unnecessary medications for infants

WE ARE driving down the use of unnecessary reflux medications that can actually cause harm in infants.

Acid suppression therapies (AST) are commonly prescribed to healthy infants who are irritable or crying a lot, which can be mistaken as symptoms of gastro-oesophageal reflux. The medication can cause gastroenteritis, community-acquired pneumonia, *Clostridium Difficile* infection, fractures and micronutrient deficiencies.

Working with the Royal Children's Hospital, we released guidance and supporting resources for clinicians in June 2020, along with information to help families understand normal crying patterns. Piloting these in three Victorian hospitals, we saw a:

- 21 per cent reduction in AST prescribing in infants
- 46 per cent increase in clinicians advising parents to cease AST in infants
- 19 per cent increase in parents recognising that AST can cause harm in infants.

Preventing unnecessary surgeries and readmissions for kids

HAVING your tonsils out is one of the most common childhood surgeries. But rates of surgery and readmission afterwards vary wildly in some parts of the state.

Between February and April 2020, we released a suite of resources to address both of these issues, including:

- a fact sheet for GPs and families to decide together if a child needs to have their tonsils removed
- handouts and videos featuring family stories on what they experienced before, during and after surgery
- a standard phone script to help clinicians talk parents through normal complications after surgery, reducing the need for children to be readmitted to hospital.

So far we have tested our resources in five health services, resulting in reduced readmission rates after paediatric tonsillectomies. We also introduced a new paediatric tonsillectomy and adenoidectomy readmission measure into the Performance Monitoring Framework so that it is now regularly monitored and reported to hospitals.

GIANT STEPS 2019: Sarah Hawthorn opened the conference with her personal experience of how the flu left her fighting for her life and in a coma for three months, unaware she had given birth. There wasn't a dry eye in the room as we were all reminded of how precious and unpredictable life can be, and how important it is, especially as healthcare workers, to be vaccinated to help protect vulnerable people.

Working with women to prevent perineal birth trauma

IN JUST six months, our 14 partnering health services reduced severe perineal tears by 20 per cent. That's 22 women who didn't experience this preventable harm during birth.

Severe (third- and fourth-degree) perineal tearing can result in devastating long-term impacts. One new mother moved a room of clinicians to tears when she spoke about how it had affected her physical and psychological wellbeing.

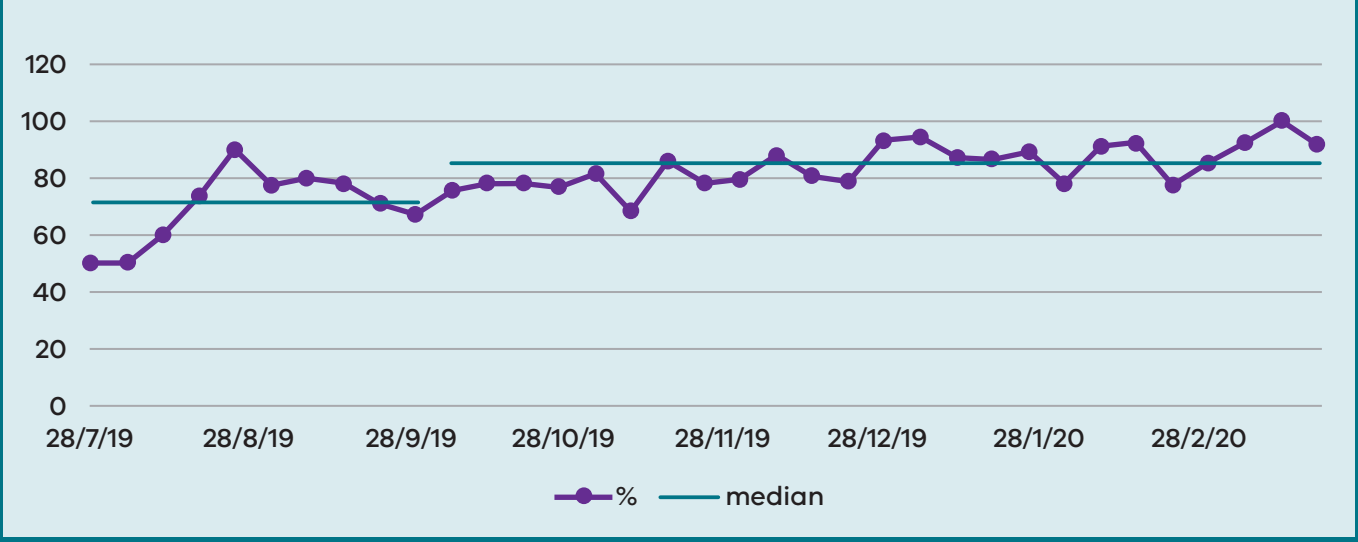
"Having a consumer come and talk on her personal experience has really assisted in gaining our midwifery staff support. She was truly motivational in providing the 'why' to what we are doing."

– Regional clinician, participant

The Better Births for Women Collaborative – which recommends hands-on techniques, warm compresses and other preventive practices – was scheduled to finish in June 2020 but was interrupted by the pandemic.

Initial results from August 2019 to March 2020 show improvement, especially against the increasing trend we've seen in these poor birthing outcomes over the past few years. As the graph below shows, clinicians are increasingly using the hands-on technique and gentle verbal guidance during birth to help prevent severe tears. The average increased from 73 to 82 per cent.

PERCENTAGE OF WOMEN WHO RECEIVE GENTLE VERBAL GUIDANCE AND HANDS-ON TECHNIQUE



Additionally, more women with perineal trauma were assessed by two experienced clinicians to ensure the grading of the trauma was accurate, and that they received appropriate ongoing care. This average increased from around 42 to 60 per cent of women receiving the additional assessment.

This collaborative, which runs in partnership with the IHI, has a suite of actions and measures against each. We will report our final results next year.

Aged care and end of life

Fewer older patients are harmed because of delirium

Older people have **shorter hospital stays**

Victorians have **more choice** on end of life care

Getting rapid help for common hip fractures

OLDER patients presenting with a common hip fracture had hip replacement surgery faster, using our new best practice guidance. Trialled at five health services, we saw:

- decreased time to x-ray, and then to surgery, from a median of 26.28 hours to 19.98 hours
- more patients receiving a cognitive screen
- more patients having a 'goals of care' conversation and receiving an orthogeriatric model of care.

Staying active in hospital to get better

MORE older hospital patients are getting active in hospital, improving their chances of getting better quickly and going home.

Older patients are particularly at risk of functional decline in hospital. Since 2018 we have been coordinating the international **End PJ paralysis** program in Victoria to encourage patients to get changed out of their 'PJs', go for a walk and sit out of bed for meals. Across the 33 participating sites, we saw:

- a 19 per cent increase in the median percentage of patients who mobilised and were in their everyday clothes by 2 pm
- a 16 per cent increase in the median percentage of patients sitting out of bed for lunch
- anecdotal feedback about the positive impact on patients' mental health.

Some sites also recorded a decrease in length of stay, pressure injuries and falls.

Expanding geriatrician support in regional Victoria

OLDER patients will have better access to geriatricians in the West Hume region, following the success of a model developed in Loddon Mallee.

The BCV innovation funded **Geri-Connect** project established a telehealth specialist geriatrician service for residents of aged care services. The patient, carer and family member are able to participate and engage with a geriatrician to respond to care needs. The Loddon Mallee program resulted in:

- an 82 per cent reduction in response times for Aged Care Assessment Service assessments for eligible inpatients waiting for a permanent placement in a residential aged care facility
- 30 per cent of residents having assessments completed (up from 5%)
- 89 per cent of residents receiving recommendations to reduce polypharmacy.

The expanded project is due to be completed and evaluated in late 2020.

Preventing harm from delirium in older patients

FROM Wodonga to Warrnambool a culture change is underway as a result of our work to reduce the harms associated with delirium – an often preventable condition commonly experienced by older patients.

Twenty-one teams were involved in the work to improve the detection, management and prevention of delirium. Participants gained a new understanding of how to embed and sustain change.

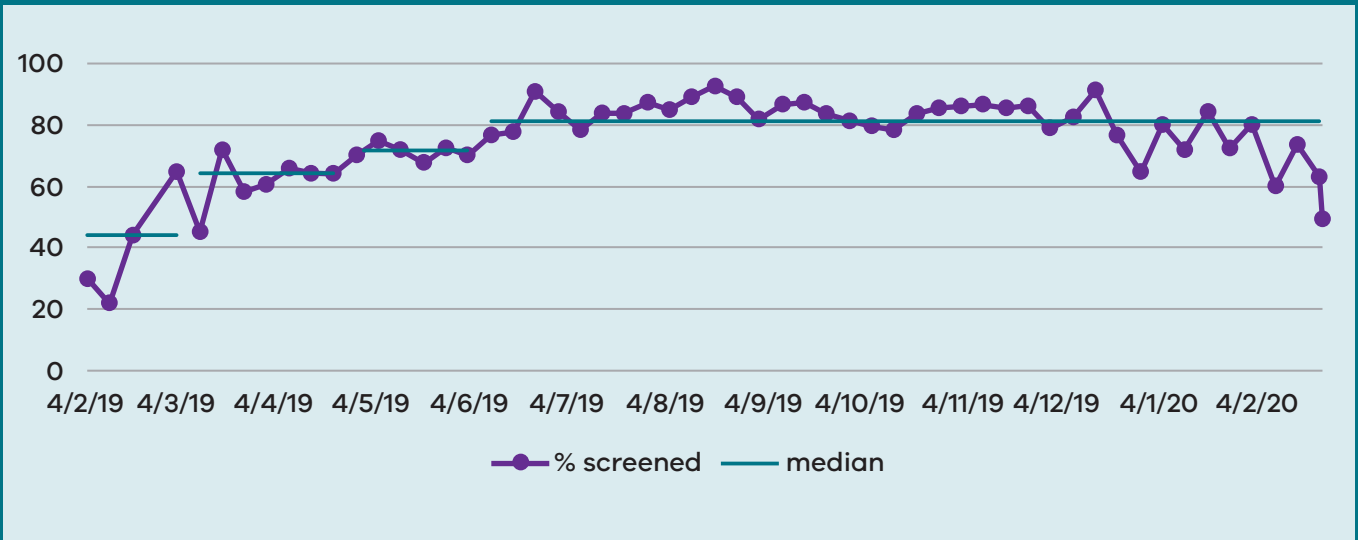
"There is a higher priority placed on environment and room choice, more consideration to impact of delirium diagnosis, not just 'Oh, they're older and confused'."

– Occupational therapist, participant

Delirium increases the use of sedation, the risk of falls and the length of stay, and causes distress for older patients and their families. From February 2019 to March 2020, we saw:

- decreased length of stay of 0.2 days
- a downward trend in falls over the last five months of 18 per cent
- increased patient screening within 24 hours, from 44 to 81 per cent a week
- increased use of individualised care plans, from 15 to 87 per cent a week.

PERCENTAGE OF PATIENTS WHO RECEIVE COGNITIVE SCREENING WITHIN 24 HOURS OF ADMISSION USING A VALIDATED TOOL



Embedding the individualised care plan for each patient was one of the standout achievements of the collaborative, significantly increasing over time. The plans help the treating clinicians to know more about the daily routines of those in their care.

"Playing cards can help treat delirium! It's important to find out what a person with delirium normally enjoys doing, and incorporate those activities into their individualised care plan. This helps to resolve delirium."

– SCV collaborative lead

Finding innovative ways to prevent delirium

DELIRIUM screening increased from 68 to 88 per cent through an Austin Health project supported by our BCV Innovation Fund.

The project focused on preventing patients acquiring delirium during their hospital stay, addressing factors such as medications, daily routines, lighting and noise, and food and nutrition. More than 90 per cent of staff completed an online education program to increase awareness of delirium and its risk factors.

Both the training and improved screening are now integrated into clinical practice, and screening rates are being tracked to ensure they are maintained over time.

Developing a standard approach to delirium in ICUs

MORE critical care and ICU patients are being screened for delirium, and assessed for pain and agitation, through a trial of new standardised delirium guidance.

Fifteen ICUs and critical care units trialled our guidance from November 2018 to September 2019 to manage delirium and help distressed patients through pain relief.

Predicting delirium in hospital patients

ST VINCENT'S Hospital is partnering with tech experts to predict delirium and other hospital-acquired conditions, thanks to our BCV Innovation Fund.

We funded two health services to join the Victorian Government's CivVic Labs accelerator program, which partners government with digital startups to help build new solutions to known challenges.

St Vincent's Hospital is working with Sky Ledge to build a prototype of a platform that proactively predicts the occurrence of preventable, hospital-acquired conditions.

Creating an age-friendly health system

THROUGH our BCV Innovation Fund, a Beechworth Health Service project is aiming to improve care for older people and reduce service duplication in Indigo shire.

The health service is partnering with US experts, older people and others to adapt a US model known as the 4Ms: (what) Matters to you, Mentation, Mobility and Medication. The 4Ms has a focus on proactive engagement with older people and on what matters to them.

With an implementation plan underway for the whole shire, we will report on outcomes next year.

Measuring quality and safety in aged care

WE HAVE identified a set of aged care measures to include in health service performance meetings, as part of our broadened role in aged care quality and safety improvement, review and response.

Aged care datasets are included in regular performance meetings with services, and inform our vulnerability assessments of health service governance (page 40).

Recognising frailty in the community

MORE older people are being screened for frailty across a range of healthcare settings, with noted improvements in their function, social interaction, independence and enjoyment.

It is estimated that more than a quarter of older adults are frail, making them more likely to have poor health outcomes.

To better recognise and respond to frailty in the community, we trialled frailty screening in five health services, and delivered a targeted response addressing strength, nutrition and polypharmacy. Health services reported an 18 per cent increase in screening.

Identifying and supporting people with a life-limiting illness

STARTING from a very low baseline, 38 per cent of older patients are now having their goals of care documented in partnering outpatient clinics.

Population growth and ageing are resulting in more people living longer with chronic and life-limiting illnesses. So we worked with experts to test a screening process to recognise people with life-limiting illness in heart failure and chronic disease clinics, then respond by referring them to palliative care early.

Initial results found on average of 60 per cent of people were screened at partnering outpatient clinics, an improvement on the inconsistent practice evident earlier.

GIANT STEPS 2019:

Chair of the Melbourne Royal Women's Hospital board, Lyn Swinburne AO inspired the audience with her personal story of how one person can make a difference. After being diagnosed with breast cancer in 1993, she became an advocate for women and their families, and founded Breast Cancer Network Australia. She reminded us all that it is important to work with consumers towards a safer, healthier future.

Planning care for patients at the end of life

PARTNERING health services are improving care for people at the end of their life, by using a standard set of principles.

We worked with an expert working group to revise the **Care plan for the dying – Victoria** which was released in June 2020 in response to new legislation and clinician feedback.

Supporting Victorians who want to die at home

VICTORIANS tell us they prefer to be cared for at home in the days before they die, rather than in a hospital or hospice.

So we worked with experts and consumers to develop guidance on how important medications can be managed in the home with the help of visiting doctors, family or carers and paramedics. Released in March 2020, the guidance details anticipatory medications that help those who are dying to be comfortable, easing symptoms such as pain, nausea and breathlessness.

A small-scale test with palliative care services showed an increase in the number of patients who had anticipatory medicines in place.

Understanding when palliative sedation is best

NEW guidance will bring a consistent approach to using palliative sedation therapy for extreme pain, nausea and breathlessness in the last days of life.

After all other types of medicines or therapies have been tried, palliative sedation may be used to reduce consciousness and treat intolerable symptoms. It does not hasten death, and is distinct from voluntary assisted dying.

Our guidance, released in March 2020, helps palliative care specialists support the patient, their family and carer to make decisions about care in the last days of life.

Helping people who choose an assisted death

FIFTY-TWO terminally ill people chose an assisted death in the first six months of Victoria's new voluntary assisted dying law.

The independent Voluntary Assisted Dying Review Board (page 56) tabled a report in February 2020 that showed all cases were compliant with the law and more medical practitioners were taking up training to support voluntary assisted dying.

Supporting a higher number of case reviews than planned, we are also helping the board to develop a research strategy to inform future directions with voluntary assisted dying, and to improve collation of feedback from doctors and families or friends. The board's next report of operations will be tabled in August 2020.

GIANT STEPS 2019: IHI Country Director Australia and New Zealand Lisa McKenzie shared her passion for improvement science, explaining how it was used to achieve positive results at 21 Victorian health services as part of a collaborative to reduce the severity and duration of hospital-acquired delirium.

Acute care

More stroke patients are getting **better treatment**, faster

Fewer medication errors and mislabelled allergies

Better access to critical treatments for the most unwell patients

Implementing a new way to deliver life-saving treatment

OUR NEW statewide retrieval and referral model will help improve outcomes for some of the most critically ill patients in Victoria.

We worked with DHHS, expert clinicians and consumers to develop a model for safely delivering extracorporeal membrane oxygenation (ECMO), a special form of advanced life support.

It was published in February 2020 and will establish a network of accredited health services that are better trained and equipped to undertake the rare treatment in greater numbers, as well as a centralised 24-hour consultation and coordination service. Our report is now with DHHS to implement the Victorian ECMO Service.

Responding quickly to deteriorating patients

WE ARE poised to release new guidance and resources to help health services improve how they manage rapid response calls for patients who are clinically deteriorating.

In Victoria, a rapid response call occurs around every 15 minutes. Many are repeat calls.

We piloted our governance and engagement tools in seven health services, coaching them to better recognise when a patient is deteriorating, and to improve their recognition and response systems. Results from individual sites included:

- an increase from 70 to >90 per cent of data entered into local rapid response databases
- a 60 per cent decrease in post-operative hypotension-related rapid response calls
- 71 per cent of patients reviewed by a critical care nurse within 24 hours of their rapid response call.

Postponed due to the pandemic, we will release this resource suite in 2020–21.

Reducing sepsis-related deaths

DEATHS related to sepsis are continuing to fall, through our ongoing work to better identify and treat what is the world's leading cause of death in hospital patients.

First implemented by Melbourne Health, **'Think sepsis. Act fast'** was one of the first projects supported by the BCV Innovation Fund to be expanded to other health services.

We have already shared the clinical pathway, tools and education with 11 health services and results show fewer sepsis-related deaths through improved recognition of sepsis and more timely administration of antibiotics. Further expansion of the pathway was put on hold due to the pandemic.

Limiting travel for regional patients

RURAL patients are less likely to be transferred to Melbourne away from their support networks, as we expand a successful project initially supported through our BCV Innovation Fund.

In 2016, Mildura Base Hospital implemented the **Critical care telehealth project,** connecting its ICU to 24/7 support from adult intensivists at the Alfred Hospital. This allowed patients to be seen and be involved in their management plan and transfer recommendations where necessary. The program reduced patient transfers and improved patient and family experience.

We have since expanded the program to include Bairnsdale Regional Health Service, Wimmera Health Care Group and Central Gippsland Health Service. We will evaluate the project later this year.

Informing safe delivery of cardiac services

WE REVIEWED patient outcome data and considered safe volumes for procedures like coronary artery bypass grafting, valve surgery and transcatheter valve replacement/repair.

In conjunction with our expert working group, we used this information to develop recommendations to improve coordination and safety for seven key cardiac procedures in Victoria. We completed our review in March 2020.

We have also completed similar reviews for bariatric procedures and high-dependency paediatric models, as well as three smaller reviews on endovascular clot retrieval for stroke, autism in emergency departments, and paediatric type 1 diabetes. Our completed reports will be finalised and made available after the pandemic response to help inform future planning.

Funding innovative technology to recognise heart attacks

AN ESTIMATED 185 Victorian lives could be saved a year, through innovative artificial intelligence technology that fast tracks urgent care to people suffering cardiac arrests.

Funded by our BCV Innovation Fund, the Ambulance Victoria and Monash University **Artificial Intelligence in Cardiac Arrest** project will help Triple Zero (000) operators identify signs of cardiac arrest over the phone. The technology will pick up key words, language and sound patterns of an emergency caller that could indicate they are having a cardiac arrest.

The technology has the potential to be used for other conditions and situations, including people experiencing family violence.

Managing atrial fibrillation in emergency departments

DRAFT guidance for managing atrial fibrillation (irregular heartbeat) in emergency departments is helping to reduce hospital readmissions.

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

Our pathway for diagnosis and management aims to prevent death or disability caused by stroke in people with atrial fibrillation. We will report on our progress next year.

Standardising critical care medications

THIRTY-FOUR critical care units and ICUs are now implementing our standard guidance on preparing, dosing and administering common medications used to support the heart.

Our research found up to 11 different infusion concentrations were used for some vasopressor medications, and up to 16 different concentrations for some inotrope medications.

Completed in February 2019, the pilot found no participating sites had any adverse outcomes as a result of medication errors. Expanded to more sites in the past year, we are hoping to recommence our review of the uptake and success of the guidelines.

Improving access to life-saving stroke treatment

WE PARTNERED with four health services to test clinical simulation training for acute stroke management to improve timely access to hyper-acute stroke treatment.

About 18 per cent of ischaemic strokes are treated with thrombolysis, which must be delivered quickly to potentially reduce permanent brain damage and disability.

While it is too early to measure how clinical simulation is improving clinical performance and patient outcomes, feedback from clinicians suggests it is helping communication, teamwork and decision-making processes.

Providing psychological care for stroke patients

AFTER a stroke, people commonly experience changes in their mood, cognition and behaviour. For this reason, psychological care after stroke is just as important as physical rehabilitation.

We partnered with Monash University and three regional health services to improve access to neuropsychological care and give more stroke survivors access to the care they need to recover.

Three regional health services have provided access to neuropsychology via telehealth technology helping them to screen, identify and manage psychological and behavioural disturbances following stroke. Results will be reported next year.

Helping renal patients understand their care

NEW consent forms are helping patients with end-stage kidney disease give informed consent for their treatment, and giving clinicians a consistent process to follow.

Victorian Healthcare Experience Survey data has shown renal patients have generally felt less involved in decisions about their care. Our resource suite, launched in July 2019, aims to involve patients in decisions about long-term dialysis, and reduce variation in the information they receive when consenting to treatment.

Working with health services to adapt and implement these templates, our survey found:

- 86 per cent of surveyed patients reported feeling involved in decisions about their care
- 90 per cent reported receiving the right amount of information about their care and treatment.

Measuring renal service quality and safety improvement

IN THE next year, we will start monitoring additional healthcare data to help improve the quality of renal care in Victorian health services.

We have monitored the performance of renal services since 2012, tracking improvements in outcomes for patients with chronic kidney disease. We report on these every six months so renal services can compare their performance.

Last year we reviewed all indicators with the sector to make sure the data was meaningful. New measures will include bloodstream infection rates in haemodialysis patients, dialysis and transplant patient deaths, and graft failures in transplant patients.

Improving chronic disease diagnoses in regional Victoria

PATIENTS are less likely to be misdiagnosed and given unnecessary medicines, thanks to our targeted efforts to reduce variation in chronic obstructive pulmonary disease (COPD) rates in Hamilton.

COPD is commonly associated with other chronic diseases including heart disease, lung cancer, stroke, pneumonia and depression.

Our local expert group found more than half of the region's services did not have the spirometry equipment to accurately diagnose COPD, impacting the appropriateness of patient care. In one primary care setting, 205 people had a COPD diagnosis but spirometry had not been conducted.

As a result of this project, all eight GPs and hospitals in the area now have, and are trained to use, functioning spirometry machines. The overall rate of testing in primary care increased from zero to 25 per cent of people coded as COPD. There was also a 10 per cent increase in people completing pulmonary rehabilitation, an essential component to preventing admissions and readmissions. We will monitor results over the next year.

Improving patient flow through hospitals

WE HAVE enlisted six health services on a targeted initiative to help drive down waiting times and improve patient flow.

Designed with the IHI, the **Timely Care Program** seeks a more sustainable way to improve patient flow and care, reduce length of stay, and realise health service savings.

We started diagnostic assessments with health service leaders, applying a Victorian hospital-wide patient flow self-assessment tool and the collection of data over time. The partnership was placed on hold during the pandemic, and we look forward to resuming as soon as possible.

This program builds off our previous work in 2018–19 to improve patient flow, which resulted in almost 27,000 additional patients seen within four hours at 15 partnering emergency departments.

Introducing a simple solution to help patient flow

HEALTH services received tailored coaching and tools to implement a 'daily operating system' (DOS), which our earlier trial showed can positively impact patient flow, as well as communication and daily readiness.

Three newly-participating health services have implemented formal structures, including 'tiered huddles', each day to discuss and update key metrics and make plans to immediately address any problems that may impact operations.

Six more sites are in progress. While delayed by the pandemic, we plan to release resources to help all health services introduce a DOS.

"Our DOS meeting is a great place to gain appreciation of pressures that other areas may be experiencing on that day, and to help solve each other's problems."

– General manager

GIANT STEPS 2019: Athlete, author, humanitarian and motivational speaker, Turia Pitt, showed us that patients are not passive, and their determination cannot be underestimated. Eliciting both tears and laughter, she shared how she overcame adversity after being caught in a grassfire while competing in an ultramarathon in 2011, suffering burns to 65 per cent of her body.

Helping hospitals manage behaviours of concern

REPORTS of people seeking emergency care who exhibit aggressive or agitated behaviours are increasing. So we consulted with a range of experts and consumers to develop guidance on managing acute behavioural disturbances in emergency departments or urgent care centres, aimed at:

- helping everyone receive safe and timely emergency care
- keeping health service staff safe.

After attracting more than 70 submissions and reviewing 125 pieces of evidence, we released the final guidance in April 2020.

Managing patients at risk of choking while in hospital

EVERY year hospital patients are harmed or die after choking on or breathing in food, drink and medicines.

Following numerous coronial findings, we developed guidance to help everyone – including doctors, nurses, allied health staff, food servers and visiting family and friends – understand when a patient is on a modified diet and needs supervision.

Our expert working group reviewed cases of choking or aspiration and found inconsistencies and risks in communicating care requirements. Attracting 114 submissions during consultation, we released the final guidance in June 2020.

Minimising risk of harm when using bed rails

MORE patients are safer in their hospital bed, after we released new guidance in September 2019 on consistent use of bed rails.

Bed rails are used to prevent patients falling out of bed, but patients have become trapped or have fallen when trying to climb out. As a result, hospitals and aged care facilities have different rules on their use.

Our guidance, supporting flowchart and consumer fact sheet help services to temporarily use bed rails under supervision to prevent patient harm. They provide practical advice on conducting assessments, considering alternatives, gaining consent, minimising risk and reviewing the decision to use bed rails.

Reducing infections associated with devices

WE ARE currently testing a suite of supportive resources to help clinicians safely administer fluids and medications through peripheral intravenous cannulae (PIVCs).

About 70 per cent of hospitalised people have at least one PIVC inserted during their stay. How they are inserted and maintained varies, sometimes leading to serious complications such *Staphylococcus aureus* ('golden staph') infections.

Driving down medication errors

WE HAVE signed on 16 general medicine units and three oncology units to the second round of a program proven to reduce medication errors.

The **Partnered Pharmacist Medication Charting** project allows credentialed pharmacists to work closely with doctors on medication reviews, and nursing staff to administer medications. Following outstanding success at Alfred Health, we have already scaled the project to five more health services, resulting in:

- reduced proportion of patients with a medication error from 19.2 to 0.5 per cent
- reduced average length of stay from 6.5 days to 5.8 days
- estimated savings of $726 per patient, totalling nearly $2 million in hospital cost savings.

A further four oncology units are lined up to join us. While delayed due to the pandemic, we intend to resume this project in 2020–21.

Helping patients get antibiotics that work

SUPPORTED by our BCV Innovation Fund, two health services are working to 'de-label' patients who have a false allergy to antibiotics.

Almost a quarter of patients have a false allergy to antibiotics. So Austin Health and Peter MacCallum Cancer Centre have introduced a safe antibiotic allergy test to make sure patients can get the antibiotics they need, reducing time in hospital and antimicrobial resistance.

The first nine months of the program assessed 4878 admitted patients with an antibiotic allergy, with 569 successfully de-labelled. The allergy is then removed as a flag in their medical record, and their GP is notified.

The program is continuing to refine how the service operates and is due to be completed in 2021.

Patient safety

Stronger review of adverse events

Four independent reviews of broader safety issues

A louder **patient voice** in healthcare

Improving out of patient harm

HEALTH services made more than 660 recommendations to improve the quality and safety of care as a result of the most serious cases of patient harm and death.

Both public and private hospitals must notify us of 'sentinel events', and we support them to review each case through a 'root cause analysis' to ensure they identify areas where they can improve.

We received 197 notifications in 2019–20, a 60 per cent increase from 2018–19. This reflects a growing awareness of reporting requirements and increasing transparency around adverse patient safety events, potentially due to the numerous supportive guides and resources we released in 2019. We will provide more detail and analysis in our sentinel events annual report later this year.

Released in January 2020, our 2018–19 sentinel events annual report showed improvements in review panel membership, timeliness and follow up.

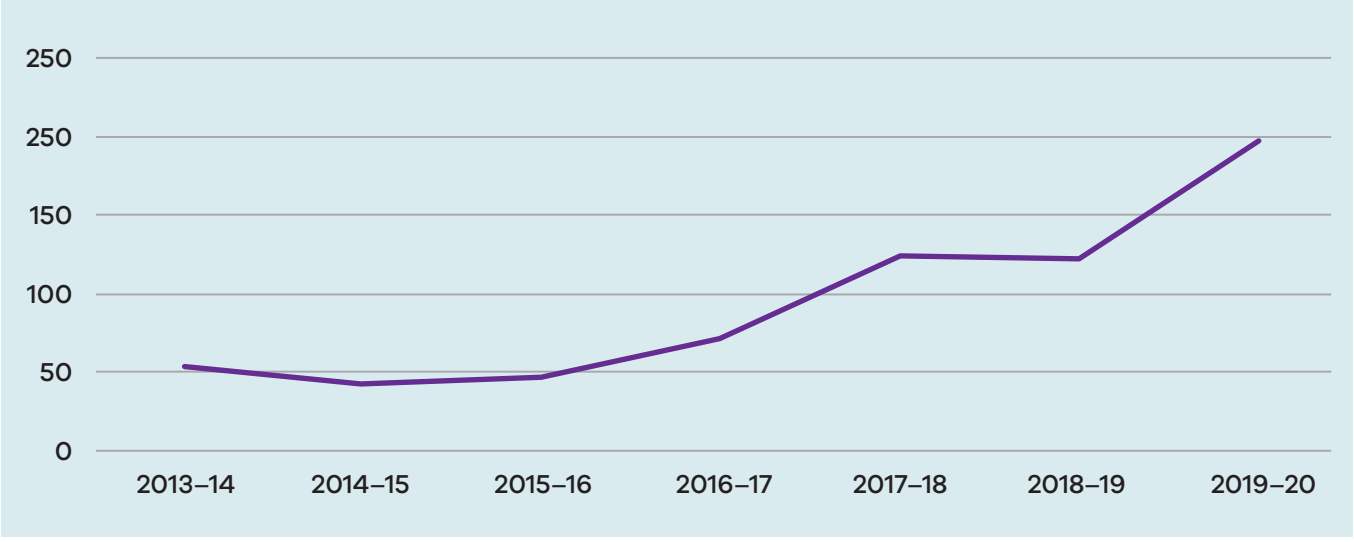
Ensuring all serious events are reviewed

AFTER releasing our new **Adverse patient safety event policy** in June 2019, we will shortly start rolling out new resources to help health services review all adverse patient outcomes, not just sentinel events.

A new practical guide to promoting a 'just culture' approach to patient safety is poised for release, helping health services shift from a culture of blame to improvement. We also piloted a training workshop in just culture with two Victorian health services and will expand this in 2020–21.

We are developing a broader suite of guides that cover other review methods, multi-service reviews and consumer perspectives, all aimed at strengthening health services' responses to patient safety events.

SENTINEL EVENT NOTIFICATIONS TO SCV



Equipping health services to respond to safety concerns

WE TRAINED almost 280 health professionals and consumers in how to review patient safety incidents in 2019–20, before we had to pause the program in February due to the pandemic.

Health services are continuing to bolster review panels with independent, external members. With some health service review reports yet to be submitted for 2019–20, initial figures show:

- 83 per cent of sentinel event review teams included an independent external expert
- 48 per cent included a consumer representative (compared to 17% two years ago).

Our PEER platform, which provides a database of external members available for reviews, is being well used by Victorian health services with more than 1100 visits to the website. Nine health services used PEER to source an independent expert for their sentinel event reviews. The database has grown since it was first launched in October 2018, and we are continuing to recruit experts.

Reviewing safety and system risks

WE CONDUCTED four reviews into health service safety systems and clinical governance in 2019–20. We also led or supported the review of eight especially complex adverse patient safety events.

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

During 2019–20 we developed a new approach to analysing quality and safety data to help us assess where there may be vulnerabilities in the system. We also adapted our review approach to conduct them via video or phone so we could continue important reviews without increasing risk to our staff or the services we work with.

Commissioned review into Austin Health surgical instrument and tray contamination

THE MINISTER for Health requested we undertake a safety systems review of the Austin Health surgical instrument contamination incident.

Finalised in February 2020, we found that while no patients were evidently harmed – either through exposure to the contaminant or through delayed surgery – the incident significantly impacted on patients and the wider health system.

Our recommendations focused on what lessons could be learnt by the health sector.

Independent review into chiropractic spinal manipulation of children under 12 years

AFTER community concerns about chiropractors potentially manipulating the spines of children, the Minister for Health instructed us to conduct an independent review of patient safety risks.

With broad consultation and input from experts, sector representatives and consumers, we found little evidence of benefits or harm from spinal manipulation in children. However, taking a 'first do no harm' approach, we recommended against using spinal manipulation in children under 12 years of age for certain conditions.

Our findings were reported back to the Council of Australian Governments Health Council in November 2019, along with 10 recommendations to improve the safety of care, and eliminate false advertising.

Supporting regional health services to learn from patient harm

SMALLER regional health services face unique challenges in convening morbidity and mortality meetings to review patient harm.

So we are working with the Victorian Managed Insurance Authority and the Victorian Perioperative Consultative Council (page 56) to design a consistent approach to reviewing surgical mortality and morbidity in regional Victoria, including:

- trialling a regional model to decrease variation in practice and ensure all cases result in safety improvement and professional learning, and enable smaller services to share their experiences
- developing a framework and toolkit to support a sustainable, best practice approach to morbidity and mortality meetings.

Leading medical device safety

WE ARE leading a national project to improve inter-jurisdictional coordination and information sharing about medical device risks and recalls, making sure health systems can respond quickly to safety issues.

The workplan has been designed and agreed to by all state and territory health departments, the Therapeutic Goods Administration (TGA) and the Australian Commission on Safety and Quality in Health Care. However, the project was placed on hold during the pandemic.

We look forward to finalising this work in the new year and to using the agreed approach to further enhance our local response in alignment with the national model.

Adding to our weekly alerts to health services detailing TGA recalls, we also issued specific safety advisories prompted by Victorian data and feedback, such as the risk of a counterfeit medication.

Keeping event patrons safe

WORKING with the Chief Health Officer, our Chief Paramedic Officer issued guidance to help keep patrons safer at large gatherings and music festivals.

Each event can have different rules around entry, searching, and access to medicines. So we released guidance in October 2019 allowing patrons to take and keep with them a reasonable amount of medication. This gives them quick access to their potentially life-saving medicines, such as adrenaline auto-injectors and asthma reliever medicines.

The Chief Paramedic Officer also supported the release of the first DHHS drug alert, after a particularly dangerous drug was found circulating at music festivals.

Partnering in healthcare

DRIVING increased engagement with patients, health services are progressing with implementing our **Partnering in healthcare framework**, although timelines have been extended.

Our framework gives health services practical strategies to improve healthcare and outcomes by partnering with patients, their families and carers.

We had planned to share their achievements at an outcomes summit in May 2020, which we necessarily cancelled due to the pandemic. Reporting of achievements and priorities has been put on hold.

Pairing consumers with health services on improvement projects

TOGETHER with the Consumers Health Forum, we brought together 16 health services and consumers from metro and regional Victoria for a unique approach to system improvement.

Collaborative Pairs is the flagship program of the King's Fund (UK) and aims to build collaborative partnership skills and break down the cultural barriers that can exist between those providing services and those receiving them.

Pairs worked together on a healthcare challenge or project. Some examples were:

- establishing consumers on incident reviews
- co-designing mental health services that support client feedback
- co-producing spinal rehabilitation education
- co-producing a social campaign to improve awareness, detection and treatment of delirium.

The program will finish later this year and we look forward to sharing the results.

Promoting shared decisions with patients

WE ARE mentoring eight health services to improve shared decision making with patients, including those with chronic conditions, complex and life-limiting illness and people recovering from stroke.

Shared decision making is a process where decisions are made by the patient and the clinician, considering the patient's preferences and using the best available evidence about their options. Supported by our BCV Innovation Fund and in partnership with the Centre for Health Communication and Participation, the **Shared decision making project** trial is part of the ongoing roll out of our **Partnering in healthcare framework.** In the past year we flew international expert Prof Dawn Stacey to Melbourne to provide masterclasses and tailored programs for 21 health services who identified shared decision making as their priority domain from the framework.

While progress was put on hold during the pandemic, we will take this work up again soon. We will also shortly launch a community of practice for participating sites so they can share their experiences.

Supporting formal community networks

COMMUNITY advisory committees provide a formal way to connect the community with health services and their staff. To make sure committees are set up for success and members are supported, we revised existing guidelines for release later this year.

We produced the new version after a review by the Health Issues Centre, which canvassed committee members to identify strengths and improvements. Our focus was on ensuring it is practical, easy to read and understand, and in line with contemporary thinking on consumer and community engagement and participation.

The revised guidance emphasises the importance of engaging with consumers who can represent the diversity of the community. The Health Issues Centre will support health services to implement the soon-to-be-released guidance and to improve how they work with and engage a more diverse range of consumers.

Understanding patient complaints

NINE health services shared their complaint data with us, to help improve the way we learn and respond to patient feedback.

We used a standard, evidence-based taxonomy to classify consumer feedback to identify key themes, better analyse trends across the state, and to enable consumer voices to inform quality and safety improvement work.

We intend to compare our results with staff-reported measures relating to the quality of hospital care, to explore correlations between staff feedback and patient complaints.

Providing an additional way to escalate patient concerns

NINE calls were received from people escalating their concerns about clinical care over the five months the **HEAR Me** phone line was trialled in 14 wards.

The 24/7 **HEAR Me** phone line is an additional 'safety net' to existing hospital processes for admitted patients and their loved ones worried about clinical deterioration or that their concerns are not being heard. The trial was gradually implemented from November 2019.

Working with the Centre for Health Information and Participation, we will assess the program's success and consider potential implementation in all Victorian health services.

Testing ways to amplify the consumer voice

AFTER trialling in seven health services in 2018–19, three are now using the online Patient Opinion service to give patients the opportunity to provide honest, public feedback on their experience.

While some trial sites found their existing feedback channels more useful, the most successful sites were in rural and regional services where the platform was used to engage and build trust with their communities.

The trial highlighted the importance of executive sponsorship and organisational readiness for online feedback. We will continue to explore different and innovative ways to amplify the consumer voice.

Improving communication between healthcare staff and patients

TARGETING the most commonly complained about aspect of healthcare, we are continuing to deliver training to clinical and non-clinical health service staff to help improve their communication skills and focus on what matters most to consumers.

While plans to expand the **Your Thoughts Matter** program were put on hold during the pandemic, Eastern Health began the training at its Maroondah campus. We continue to receive great feedback about the program from the other participating health services – Bairnsdale Regional Health Service and Wimmera Health Care Group.

To date, more than 1500 staff have attended the training, delivered in partnership with Deakin University. Early results show improved experiences reported by patients.

Turning to tech experts to solve patient-reported measures

WESTERN Health and digital experts are working on an innovative way to capture and report patient experience feedback, thanks to our BCV Innovation Fund.

Receiving funds to join the Victorian Government's CivVic Labs accelerator program, Western Health is working with digital startup WeGuide to improve how patient-reported measures impact healthcare delivery in its physiotherapy department.

While work was put on hold due to the pandemic, WeGuide created a platform to monitor patients in Western Health's COVID-19 respiratory centres, as well as symptoms of staff working in high-risk clinical areas. The aim is to keep track of staff wellbeing and to identify clinical escalation points for patients in the community.

Leading safety from the very top

MORE than 60 health service board directors attended our eight clinical governance training sessions in 2019–20. We had planned to run a further seven training sessions this year, but necessarily postponed them during the pandemic.

Training was cofacilitated with subject matter experts whose rich experience augmented the training sessions and allowed for more targeted support. Feedback was positive, particularly on how it helped board directors understand their roles and accountabilities, and operationalise the clinical governance framework by applying statewide clinical performance data.

An evaluation is currently in play to further refine delivery methods and training opportunities.

Helping boards identify opportunities for improvement

WE PILOTED a new clinical governance self-assessment tool with 10 highly experienced board members in February 2020, with a view to helping them measure their individual clinical governance understanding, development needs and overall confidence in fulfilling their critical duties.

Our tailored tool leverages the IHI Governance of Quality Assessment tool and has been adapted to align with our local **Delivering high-quality healthcare – Victorian clinical governance framework**, incorporating a focus on patient experience and cultivating a 'just culture'.

We anticipate rolling out this tool for all Victorian board members to undertake annually and plan to use the responses to tailor future clinical governance interventions, training and initiatives.

Mentoring new healthcare leaders to lead quality and safety

FIFTY new leaders from across public and private health services are being mentored to strengthen their leadership capability.

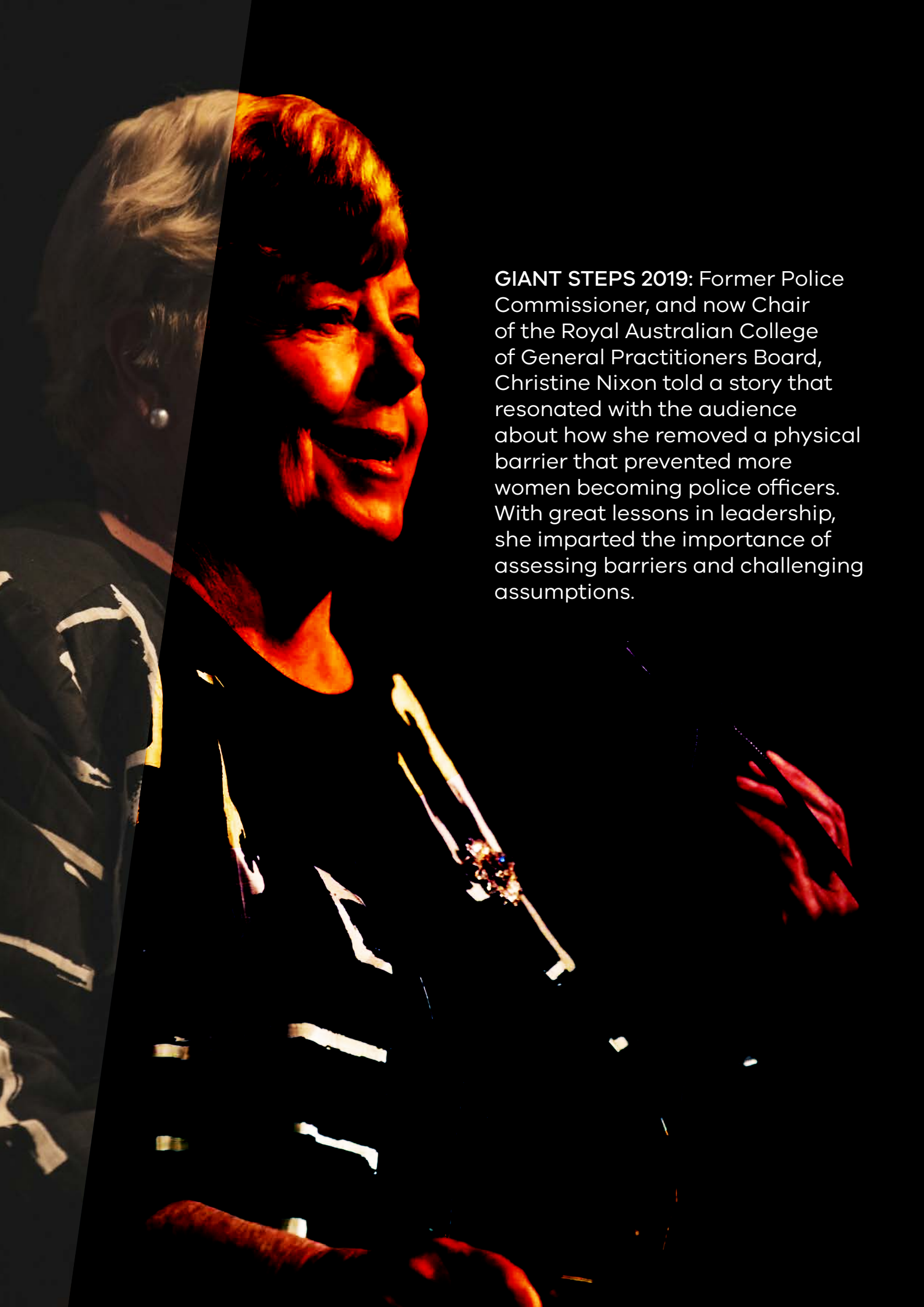
The **New to Clinical Leadership Mentoring Program** offers an opportunity for participants to learn from experienced leaders in monthly one-on-one meetings. It is designed for health professionals newly appointed to senior or executive clinical leadership roles in the Victorian public health system within the past 12 months. This program runs from July 2019 to late 2020.

Specialising in improvement science

USING our partnership with the IHI, we put a team of SCV and community services staff through the **Breakthrough Series College** program, where participants learn how to use improvement science to bring together multiple teams to achieve the same specific, measurable goals.

This is only the second time this program has been run in Australia. Ordinarily people must travel to the US to undertake this specialist course.

We then selected a group of SCV, community services and health sector staff and commenced the 10-month **Improvement Adviser** program in February 2020. This supports people with a deep interest in applying improvement science and becoming quality improvement leaders. Unfortunately this program was interrupted by the pandemic and we intend to resume as soon as possible.



GIANT STEPS 2019: Former Police Commissioner, and now Chair of the Royal Australian College of General Practitioners Board, Christine Nixon told a story that resonated with the audience about how she removed a physical barrier that prevented more women becoming police officers. With great lessons in leadership, she imparted the importance of assessing barriers and challenging assumptions.

Our agency

SCV is an administrative office of DHHS, under Section 11 of the *Public Administration Act 2004*. While we stand apart in many respects, we work closely with DHHS and other government agencies to ensure we make good decisions and don't duplicate efforts. DHHS provides welcome support on key corporate services, such as human resources and professional development, media management, finances and procurement, information technology, legal services and accommodation.

Responding to emergencies

OUR STAFF made an important contribution to supporting Victorians through times of emergency, demonstrating our capacity to be agile, and to use our skills and knowledge to help the community.

During the bushfire emergency in early 2020, we deployed seven staff to support the response. For example, our staff contributed to logistics and emergency communications in the Hume Regional Emergency Operations Centre.

The COVID-19 pandemic resulted in three quarters of our workforce being redirected to prepare and respond to the evolving emergency, and we continue to support DHHS in the effort to protect Victorians. We have been responsible for:

- engaging with 150 clinicians to ensure their expertise and experience informed all decisions through the establishment of the Clinical Leaders Expert Group and expert working groups
- establishing the Personal Protective Equipment Taskforce, which brings together clinicians, healthcare executives, Health Purchasing Victoria, DHHS and the Department of Jobs, Precincts and Regions to oversee supply and guidance
- producing more than 25 guidance documents to support healthcare workers and Victorians, from visitor guidance to burial of the deceased
- overseeing and guiding new and adaptive workforce models for key clinical areas, ensuring we will have enough staff to care for people as the pandemic continues
- helping to establish the Hotels for Heroes program and supporting initiatives such as the Kindness Pandemic website.

Organisational changes

IN DECEMBER 2019, we underwent a significant organisational redesign in response to broader departmental transformation. We also reviewed our work programs and the way we work.

The biggest changes included:

- improving how we partner with clinicians to tackle broader, more complex healthcare issues across clinical specialties. Our 11 specialty clinical networks matured into four population-based centres of excellence
- improving opportunities for consumers to meaningfully engage with the full breadth of SCV's work. Although this has been delayed to 2020–21, we will be consolidating the number of specialist advisory committees and councils to better inform our work across the agency
- strengthening our focus on improvement, by creating a specialist unit skilled in proven methods to drive, track and sustain better outcomes for patients.

Planning and strategy

IN OCTOBER 2019, we started developing our second three-year strategic plan, scheduled for release later this year.

We worked with our staff, clinicians, consumers, DHHS colleagues and other health sector representatives to identify the key programs of work we needed to prioritise so we can deliver on our aim of improving care so that it is safer, more effective and person centred by 30 June 2023.

With the strategy development in full swing and our new structure finalised, we can now lock in the key elements of our new quality management system. This refers to the business processes, policies, procedures and governance required to ensure we are continuously improving our effectiveness and efficiency.

While postponed by the pandemic, we are returning to this work with renewed vigour to ensure everything we do is as impactful as possible and makes the best use of our resources.

OUR NEW STRUCTURE

Centres of Clinical Excellence	Includes four population-based centres that engage thousands of clinicians and consumers to advise on and deliver healthcare improvement. Delivers evidence-based guidance for clinicians.
Centre for Patient Safety and Experience	Leads Victoria's response to adverse patient safety events and concerns. Supports the state's consultative councils and the Voluntary Assisted Dying Review Board.
System Safety and Assurance Partner	Specialises in data analysis and research. Identifies and responds to emerging safety issues across the system. Works with sector leaders to embed continuous improvement.
Improvement Partner	Specialises in healthcare improvement and codesign. Leads our biggest, results-oriented improvement collaboratives. Ensures the consumer voice is central to our work.
Strategy and Operations Partner	Drives our strategic planning and response. Manages stakeholder relationships, finances and human resources. Supports the Victorian Clinical Council and the BCV Board.
Office of the Clinical Chiefs	Provides expert advice and champions key projects. Provides key contacts for senior clinicians on quality and safety matters. Represents us on state and national bodies.

OUR LEADERS

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

Our CEO leads our executive team, joined by our Chief Clinical Officers and Directors. 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.

Prof Euan Wallace AM
Chief Executive Officer

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.

As the Carl Wood Professor and Head of Department of Obstetrics and Gynaecology at Monash University, Euan also seeks to bring academic rigour to improvement. Two of his PhD students are undertaking primary research in quality and safety improvement.

Adj Assoc Prof Ann Maree Keenan
Deputy CEO and Chief Nurse and Midwifery Officer

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 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. She has an adjunct academic appointment with Deakin University.

Prof Andrew Wilson
Chief Medical Officer

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.

Adj Assoc Prof Donna Markham
Chief Allied Health Officer

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.

Adj Assoc Prof Alan Eade ASM
Chief Paramedic Officer

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 multidisciplinary partnership. He is focused on strengthening relationships between paramedics and other health professions in order to ensure integrated, best system performance is delivered for the best patient outcomes for all Victorians.

Alan is a highly experienced and decorated intensive care paramedic, having worked clinically in Australia for more than two decades. He previously held the position of Chief Commissioner at St John Ambulance Australia, and is a Fellow of the Australasian College of Paramedicine. He has an adjunct academic appointment at Monash University.

Rebecca Power
Director Centres of Clinical Excellence

Rebecca has had a passion for innovation and improvement throughout her career, with a particular interest in system redesign, reducing clinical variation 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.

Louise McKinlay
Director Centre for Patient Safety and Experience

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 postgraduate studies and her passion for improving governance, patient and staff engagement, and health outcomes.

Helen Rizzoli
Director Systems Safety and Assurance Partner

Helen brings more than 25 years of health industry experience. Originally trained as a health information manager, Helen has a strong background in clinical decision support and performance measurement which makes her well placed to lead the oversight, monitoring and support of Victorian health service quality and safety performance.

Helen has worked extensively throughout Australia leading transformation projects in the public and private sector; translating international models to the Australian context and achieving service delivery redesign that sustains and enhances organisational culture. Helen's goal is to bring new and innovative approaches to long-standing challenges in healthcare.

Nicole Brady
Director Improvement Partner

Nicole led the establishment of SCV following an award-winning career in journalism. After quitting media, she undertook a Masters of Public Health at Melbourne University where her passion for addressing the social determinants of health was ratcheted from smoulder to flame.

Nicole's portfolio includes our key results-oriented improvement programs, improvement science courses and embedding codesign with consumers as part of everything we do.

Robyn Hudson
Director Strategy and Operations Partner

Robyn has more than 20 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.

She undertook a Masters of Business Administration at University of Cambridge which, together with her clinical experience, prepared her to lead reform, innovation and improvement of health systems for the people who use them.

Vale Glenda Gorrie

In October 2019, we sadly farewelled Glenda Gorrie, the establishment Director of our former Stewardship and Support branch. Glenda joined SCV on its creation and established our important monitoring and performance analysis teams. A long-time employee of DHHS, Glenda was admired and respected throughout the health sector, and very much loved at SCV.

WORKPLACE PROFILE

AT 30 June 2020, SCV had 125, or 113 full time equivalent (FTE), staff members. Seventy-six per cent of our FTE workforce is ongoing, and 77 per cent work full time.

WORKPLACE PROFILE AT 30 JUNE 2020

	ONGOING		FIXED TERM/CASUAL	
	FTE	HEADCOUNT	FTE	HEADCOUNT
GENDER				
Female	77.3	87	20.6	22
Male	9.1	10	6.0	6
CLASSIFICATION				
VPS2	1.0	1	0.0	0
VPS3	6.2	7	0.0	0
VPS4	13.5	15	8.0	8
VPS5	38.9	44	12.9	14
VPS6	20.5	23	5.0	5
Senior Tech Services	0.0	0	0.7	1
Executive	6.3	7	0.0	0
AGE				
<24	1.0	1	0.0	0
25–34	21.0	22	9.8	10
35–44	30.6	35	8.8	10
45–54	23.5	27	6.0	6
55–64	9.5	11	2.0	2
65+	0.7	1	0.0	0
TOTAL	**86.4**	**97**	**26.6**	**28**

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

WORKING WITH US

Building a supportive culture

WE AIM to support our staff by building a culture that allows them to thrive and deliver work that makes a difference. Our annual employee survey reveals we are on the right track, albeit with work to do. Our 2019 People Matter survey showed:

- we are client focused – 92 per cent of staff think client satisfaction is a high priority
- staff are supported to constantly improve and develop – 94 per cent had their learning and development needs met last year
- people like working at SCV – 76 per cent are proud to tell others they work for SCV. And if staff have an issue, 85 per cent are confident about raising it with their manager
- we have a good work/life balance – 81 per cent of our staff access flexible working arrangements.

Staying healthy and well

PROVIDING a safe and healthy working environment supports all our staff to achieve their personal goals. In a year of significant organisational change and emergency response, we continued to encourage and promote the workplace wellbeing, health and safety programs available to us.

In the later part of this year nearly all staff transitioned to working from home as a result of the pandemic. Collectively our staff adapted well, with many staff transitioning quickly to working remotely in testing circumstances.

This change to our way of working means we all have to focus on maintaining connections with each other. Staff connect through virtual meetings, all staff huddles, and even regular coffee catch ups.

The success of these new practices was highlighted in a series of pulse surveys with staff reporting they feel connected with each other and have the resources to do their work from home.

Independent facilitators

DURING a Victorian-first trial, our two independent facilitators received more than 500 visits across participating health services.

The independent facilitators provided staff with a confidential, informal, neutral and independent avenue to speak up about their workplace concerns, such as bullying and harassment, disrespectful behaviour, and escalating conflict. Staff reported feeling heard and supported to clarify their concerns, navigate complaints processes, and consider options to address their concerns.

We are evaluating the trial and will share the results later this year.

"I needed help to get through work issues [so] I chose to contact the independent facilitator. It was the best thing that [this health service] has to offer when staff need to talk through an issue with someone. It has helped me immensely. I don't know where I would be today without this support."

– Healthcare worker

Attracting and retaining the right people

OVER the past year we focused on attracting staff from within the Victorian Public Sector, supporting the government's job skills exchange initiative. This initiative has also benefited SCV staff development, through internal secondments, and helping team members to develop careers in the wider public sector.

Our involvement in the pandemic and bushfire emergencies meant our staff were able to take up other opportunities in DHHS, to widen their experience, strengthen existing skills and develop new ones.

Over the next 12 months we will develop talent management strategies, so our staff are engaged and have a wide range of development opportunities.

Clinical fellows

A SECOND enthusiastic cohort of eight clinicians started the 12-month SCV Clinical Fellowship in May 2019. The fellows undertook a 12-month learning program covering change management, project management, improvement science and leadership. They each had the opportunity to apply what they learnt by delivering an improvement project, and engaging with consumers and clinicians.

Fellows reflected on the invaluable learning experience, supportive environment and relationships they had developed. We wish them well on their journey, particularly those who are stepping into exciting new roles where they can apply their new skills and knowledge.

Findings from the first cohort of fellows demonstrated benefits for fellows, health services and SCV. There was a substantial uplift in the fellows' personal knowledge and confidence to transfer their improvement science knowledge to their organisations. Within four months of completing the program, four fellows attained a role that reflected career progression.

"I've met heaps of different people, heard lots of different stories and been introduced to different concepts and different areas of health. That experience alone impacts my career because it's changed what I want now. It's also given me some tools to do something about it."

– 2019–20 fellow

INDEPENDENT REVIEW BOARDS

SCV supports three ministerial-appointed councils that report on highly specialised areas of healthcare. The councils:

- collect, analyse and report data on mortality and morbidity cases, and voluntary assisted dying
- 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 2018 (December 2019)

IN THE first 18 months of its new term, and under the stewardship of new Chair, Adj Prof Tanya Farrell, CCOPMM has achieved a lot. As a result of its case reviews, the council published a suite of recommendations aimed at preventing avoidable harm to women, babies and children and highlighted the importance of appropriate recognition and care for vulnerable populations.

The council's ambitious plan is to establish more meaningful consumer engagement, better understand the role of human factors in adverse events and further strengthen communication with the health sector and beyond. As part of its new strategic research plan, CCOPMM will outline key priority areas for researchers and students to further explore the trends identified in data analysis and reporting. One strategic area of focus for researchers is to look at linked data on outcomes of Aboriginal mothers and babies, and investigate trends and identify evidence-based interventions and reasons behind improvements.

GIANT STEPS 2019: CCOPMM Chair Tanya Farrell spoke about being the first woman and midwife to chair the council in its almost 60-year history. She shared her experience in driving change and creating a vastly different vision for the well-established council, and inspired her audience to take up senior leadership roles they wouldn't ordinarily have thought about.

Victorian Perioperative Consultative Council

Chair: Prof David Watters AM OBE

Established: 2019

Meeting frequency: quarterly

Key publications: (former) Victorian Consultative Council on Anaesthetic Mortality and Morbidity triennial report 2015–17 (September 2019)

INTERNATIONAL surgical leader and educator Prof David Watters commenced as the inaugural chair of the council in September 2019. The former president of the Royal Australasian College of Surgeons, Prof Watters is establishing the new council as an important link between the health sector and the Minister for Health, DHHS and SCV. Inaugural council members were appointed in October.

The council replaced two independent councils that reviewed mortality and morbidity cases – the Victorian Surgical Consultative Council and the Victorian Consultative Council on Anaesthetic Mortality and Morbidity. The new council will provide greater oversight of perioperative care and outcomes in Victoria, including standards and processes for morbidity, mortality and clinical governance reporting.

Over the past year, the council provided vital clinical guidance and input throughout the pandemic and will now shift its focus to preventable perioperative cardiac events, interrogating the rates of unplanned return to theatre and assessing the rationale for private-public transfers in Victoria.

Voluntary Assisted Dying Review Board

Chair: Betty King

Deputy Chair: Charles Corke

Established: 2018

Meeting frequency: monthly

Key publications: Report of operations (August 2019, February 2020)

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. In 2019–20, the board submitted its first two parliamentary reports: the first detailed key work to prepare for the *Voluntary Assisted Dying Act 2017*, and the second detailed activity and key lessons to 31 December 2019.

The board retrospectively reviews all withdrawn and completed cases. Part of this process is to get feedback from the nominated contact person for every case where the medication is dispensed.

In the future, the board intends to collect feedback from all nominated contact persons (where applications reach the stage of appointing a contact person) and coordinating medical practitioners. To help understand more from the information and data collected, the board will also finalise its approach to research.

ADVISORY BODIES

SCV supports two advisory councils and a board that each provide independent advice to SCV, DHHS 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 BCV 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 2019–20 five new projects were funded and are now in the design and development phase. Eight sector-led innovation projects came to a close over the past year, and all were successfully implemented and have demonstrated positive outcomes. Many of these projects are detailed in this report.

Since the fund was established in 2016, it has supported 42 sector-led innovation projects. This year we revisited projects closed in 2018–19. Of the three projects with final reports submitted, two have demonstrated sustained implementation, ongoing improvements and benefits.

Our inaugural chair Dr Doug Travis resigned from the role in early 2020. We thank him for his contribution to healthcare innovation, and his leadership in establishing the board and its functions, and overseeing the administration of the fund and associated programs.

Victorian Clinical Council

Chair: Assoc Prof Jill Sewell AM

Deputy Chair: Matthew Hadfield

Established: 2017

Meeting frequency: three times a year

THE Victorian Clinical Council provides leadership and independent advice to DHHS on how to make the health system safer. The council consists of consumers, clinicians, academics, health service executives and ex-officio members from DHHS and SCV. Topics are identified through consultation with our key stakeholders, including our members.

In 2019–20, the council discussed the following topics:

- **Priority measures for development for the Victorian health system.** The Victorian Agency for Health Information engaged the council to help prioritise a set of new or revised quality and safety measures.
- **Consistency of care.** The council considered differences in health outcomes across rural and regional Victorian communities. It supported the regionalisation of referral pathways, adoption of a shared governance approach to patient care, and the idea of a shared decision-making tool to improve care planning with care closer to home.
- **Home-based care.** Aimed at reducing the harm associated with hospitalisation, the council provided direction on how to shift the way healthcare is delivered in Victoria to help make home-based care the norm for acute and subacute services.

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. The council continues to provide SCV with advice and recommendations that ensure consumer engagement is meaningful and aligns with our **Partnering in healthcare framework** values and objectives.

In 2019–20 the council met six times and was consulted on matters including the:

- **Partnering in healthcare framework**
- **HEAR Me** project
- **Collaborative Pairs** program
- Community Advisory Committee guideline review
- Victorian Quality Account Review
- SCV Evidence Based Guidance Strategy
- SCV Strategic and Corporate plans.

Research articles

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Abbreviations

BCV	Better Care Victoria
COPD	Chronic obstructive pulmonary disease
CCOPMM	Consultative Council on Obstetric and Paediatric Mortality and Morbidity
COVID-19	Coronavirus
DHHS	Department of Health and Human Services
DOS	Daily operating system
ECMO	Extracorporeal membrane oxygenation
FGR	Fetal growth restriction
FTE	Full time equivalent
ICU	Intensive care unit
IHI	The Institute for Healthcare Improvement
RCA	Root cause analysis
SCV	Safer Care Victoria
SFH	Symphyseal fundal height
SUDI	Sudden unexpected death in infancy
PIVC	Peripheral intravenous cannulae
TGA	Therapeutic Goods Administration

Safer Care
Victoria