

INNOVATING TO DRIVE CHANGE



THE BETTER CARE VICTORIA
INNOVATION FUND 2016–19

ABOUT THIS REPORT

This report provides a snapshot of key outcomes and initiatives supported by the Better Care Victoria Innovation Fund since its establishment in 2016.

More information on the innovation fund and individual projects is available at bettercare.vic.gov.au.

ACKNOWLEDGEMENT

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

The photos in this report feature attendees at SCV events, or have been used with permission from Western Health, Nathalia Cobram Numurkah Health Services, LaunchVic, Swan Hill District Health, Mildura Base Hospital and St Vincent's Hospital Melbourne.

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FOREWORD



Thanks to the Minister for Health's generous funding allocations, the BCV Innovation Fund has returned savings almost double the investment, and engaged more than 1,760 healthcare staff in upskilling or knowledge-sharing initiatives that will ultimately help to improve patient care.

What a phenomenal three years.

Back in 2015, when I released my findings in the *Travis Review*, I noted that innovation was a key piece missing in our public health system puzzle. However, I could not possibly have imagined the scope and volume of work that would emerge from the Better Care Victoria (BCV) Innovation Fund – or the healthcare sector's incredible response to its establishment.

Our sector is full of bright, dedicated healthcare staff who are committed to providing the highest quality care to patients. What we needed was funding, resources and support to allow these pioneers to test, embed, and scale their ideas.

The sector asked and the Victorian Government listened.

Thanks to the Minister for Health's generous funding allocations, the BCV Innovation Fund has returned savings almost double the investment, and engaged more than 1,760 healthcare staff in upskilling or knowledge-sharing initiatives that will ultimately help to improve patient care.

The BCV Innovation Fund has supported 42 innovation projects to date – 37 from 2016–19. Where our program differs is in the flow-on benefits of our investment. As a result, the majority of completed projects have been sustained by the health services. And many have been further developed, shared or spread to other health services, meaning more patients in Victoria and beyond are reaping the rewards of lessons learnt thanks to the BCV Innovation Fund. Our improvement partnerships, leadership and capability-building programs are also having a ripple effect, with our education and networks leading to ongoing changes in the daily practice of healthcare staff.

None of this would have been possible without the unwavering support of the Minister for Health and the Victorian Government.

On behalf of the Board, I would like to thank the healthcare services, clinicians and consumers we have partnered with for their passion and enthusiasm. Thanks to you, the BCV Innovation Fund has made an incredible impact over the past three years – and we look forward to delivering even more in future.

Dr Douglas Travis
Chairperson
Better Care Victoria Board

AT A GLANCE



Our investment

37

innovation projects

5

projects spread

3

improvement partnerships

17

leadership and capability initiatives

What's been delivered?

Two thirds

of innovation projects (from 2016–17) have sustained positive results

340+

health service staff have participated in our leadership programs

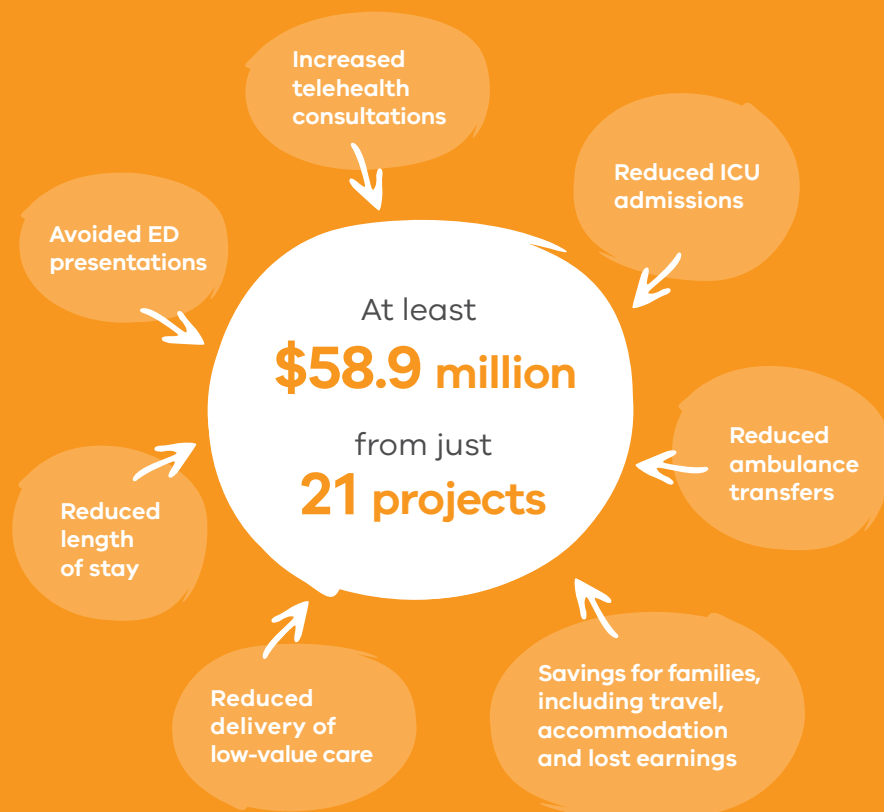
450+

health service staff have participated in our improvement workshops

970+

people have participated in our capability-building and knowledge-sharing events

Return on investment



Building on success

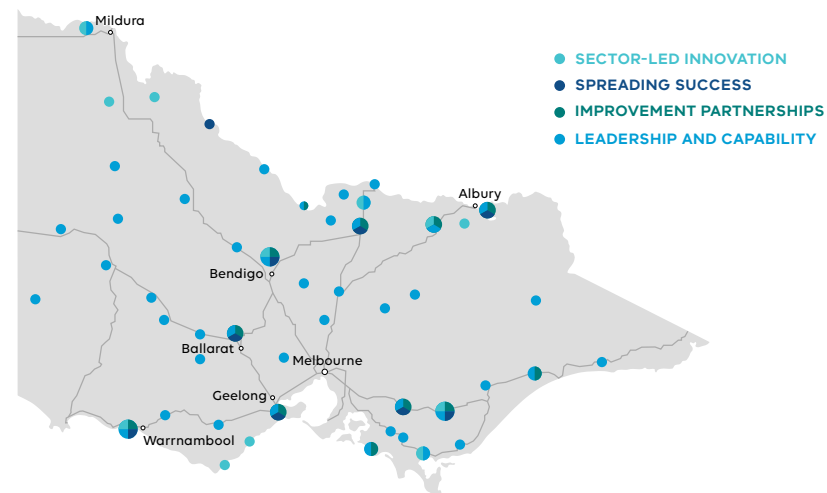
- **Every innovation project** has been shared through conferences, workshops or publications (see page 32)
- **70%** have transitioned into business as usual
- **65%** have been spread to new clinical areas, departments, or health service campuses

– Based on 2019 survey of 2016–17 innovation projects

Our reach

- **63** Victorian health services have engaged with the fund, including **47** regional/rural services
- **50%** of funding went to regional/rural health services in 2018–19

REGIONAL HEALTH SERVICE ENGAGEMENT



METROPOLITAN HEALTH SERVICE ENGAGEMENT



HOW THE FUND WORKS

The BCV Innovation Fund was established in 2016 to improve quality of care and access to public health services for Victorians. This was in direct response to the *Travis Review* (June 2015), which highlighted that innovation – finding new, more efficient and more effective ways to deliver healthcare – was vital to the future of Victoria's public health system.

Governance

The BCV Innovation Fund is governed by an independent board, with day-to-day support provided by SCV.

The Board consists of 12 members with broad expertise, including innovation, quality and safety, leadership, medical research, public health, consumer engagement, and rural and regional healthcare. The Board actively engages with the health sector and healthcare consumers, and uses these insights to advise the Victorian Minister for Health on how to prioritise investments in BCV innovation projects to support effective innovation and improvement in healthcare.

The fund is unique

The BCV Innovation Fund is not simply a source of funding.

THE FUND:

- prioritises sector-led innovation projects that:
 - drive patient-centred care
 - have high potential for spread, allowing more Victorians to benefit from their positive results
- supports the expansion of initiatives with proven positive results, broadening their impact across Victoria
- helps successful applicants to deliver their innovation project – from planning through to implementation and evaluation – by allocating a dedicated Safer Care Victoria (SCV) coach and through tailored workshops
- promotes and facilitates collaboration, knowledge sharing and education between health services
- provides resources to help health services deliver measurable performance improvements
- delivers professional development and capability-building programs for the health sector.

HEALTH SECTOR AND CONSUMER INPUT

The BCV Board's recommendations are informed by two committees.

The **Emerging Leaders Clinical Advisory Committee** comprises next-generation clinical leaders, with clinical representation from across the entire sector. The committee advises the Board on how to embed cultural change in the health sector, and actively supports engagement with the clinical workforce through various BCV Innovation Fund-supported activities.

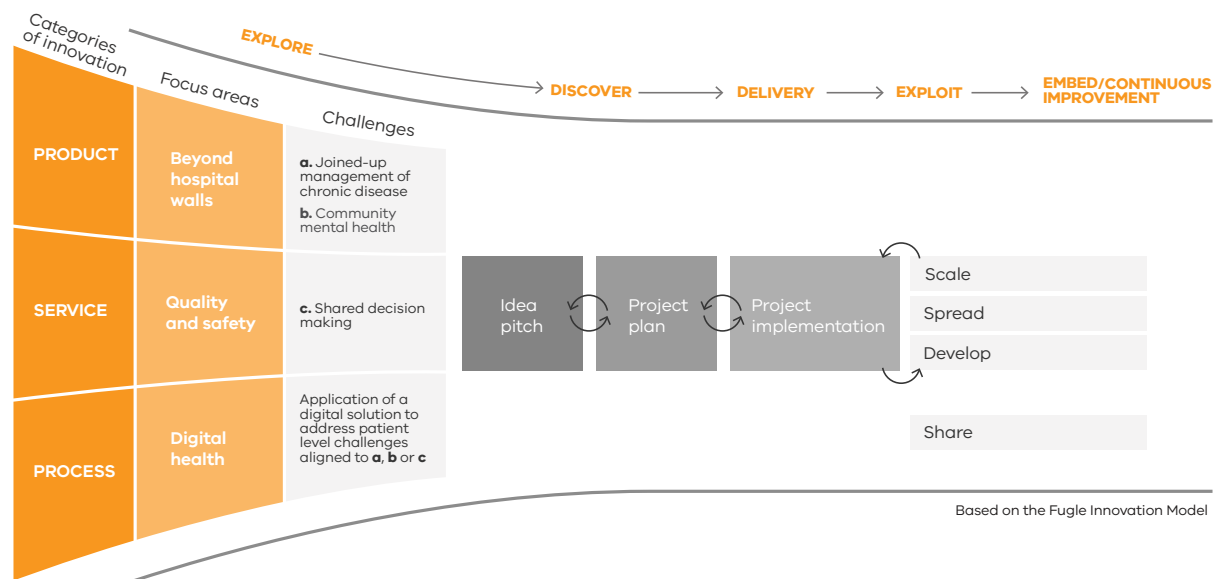
The **Consumer Advisory Committee** is composed of consumers, carers and consumer representatives. The committee's role is to consider the impact of the BCV Innovation Fund's activities on consumer access, experience, safety and quality, consumer engagement and patient experience, and to inform consumer engagement strategies.

For Board and committee membership, see page 35.

How the fund supports innovation

Each year, we seek ideas, concepts and solutions from health services that are novel and game-changing to support through the BCV Innovation Fund.

The innovation program is underpinned by a framework adapted from the Fugle model. The 'Innovation Pipeline' framework provides an overview of the program's approach to developing, delivering and spreading innovation and sharing knowledge to optimise service delivery and patient outcomes across Victoria.



In addition to funding, we provide the following to health service teams participating in the innovation program:

- a dedicated SCV coach
- a tailored capability-building program that supports successful project delivery and provides healthcare staff with the opportunity to gain new knowledge and share what they have learned
- access to tools, templates and guidance materials
- collaboration and partnership support
- help connecting with relevant stakeholders within SCV and the Victorian Department of Health and Human Services
- connections to others who have done similar work, throughout the project lifecycle and beyond.



SECTOR-LED INNOVATION

Thirty-seven BCV innovation projects were delivered from 2016–19 – all led by health service teams seeking new ways to improve patient care. With the wealth of experience and insight from the sector, these projects have helped to minimise harm, improve the quality and efficiency of care, and enhance patient and clinician experience.

Many projects have been recognised; one project won an Australian Council for Healthcare Standards Quality Improvement Award, while others have received recognition at the Victorian Public Healthcare Awards.

Project highlights are captured here, showing how the wide range of ideas address different areas of care. A full list of 2016–19 innovation projects can be found on page 27.

Care beyond hospital walls

Twelve projects focused on care beyond hospital walls, providing more well-connected, effective and efficient health services and improving patient outcomes. This has also made healthcare more convenient and cost-effective for Victorians and helped to reduce costs for health services.

KEY RESULTS

* RAPID Assist

Leads Melbourne Health and Peter MacCallum Cancer Centre, incorporating the Victorian Comprehensive Cancer Centre (2016–17)

A palliative care model was piloted to improve care for dying patients through provision of timely, expert palliative care in hospital or at home.

- **89%** of patients who passed away did so in their preferred venue of care (compared with the statewide average of 14%)
- **98%** of patients who passed away were assessed as not requiring potentially stressful acute care readmission
- **66%** of patients were seen on the day of referral
- **305 ↓** in bed days in acute hospitals

* Strengthening primary care

Lead The Royal Children's Hospital (2017–18)

A GP-paediatrician integrated model of care was developed to support GPs to deliver appropriate paediatric care and reduce the number of children referred to hospital.

- Potential savings of more than **\$12,000** for every GP clinic involved in the new model



I actually found it really helpful because normally you go to a hospital and separate information is provided, and then you have to go back and relay that the best you can in layman's terms to a doctor. So to have those two practitioners there together, discussing health, or whatever problem you're there for, I found that really good.

– Caregiver



* Chronic disease IMPACT

Lead Western Health (2017–18)

An e-technology program was implemented in general practices to help GPs detect and manage certain chronic diseases according to guidelines.

- **37,385** patients actively engaged across 10 participating practices
- **46.9% ↑** in proportion of type 2 diabetes testing of at-risk patients
- **203.7% ↑** in obesity detection rates
- **36.6% ↑** in familial hypercholesterolaemia diagnosis rates



HOME CARE FOR JAUNDICED NEWBORNS

Lead The Royal Women's Hospital (2017–18)

The Royal Women's Hospital has halved the number of jaundiced newborns presenting to its emergency department (ED) through a program made possible by the BCV Innovation Fund.

The program, which continues to be sustained by the hospital, allows parents to bond with their babies in the important early post-natal period by providing care to newborns with jaundice in their homes.

Midwives travel to the family and administer a blood test in their home to screen for jaundice. If treatment is required, the parents are given a special blanket to wrap around their newborn while staying at home. The blanket breaks down the blood substance that causes jaundice using light therapy.

Before the program was introduced, newborns with jaundice were referred to ED, and if treatment was required, mothers and babies would be admitted as inpatients.

An estimated 562 fewer babies presented to The Royal Women's Hospital ED for jaundice between December 2017 and January 2019, relieving pressure on busy ED doctors and nurses.

The average number of babies presenting with jaundice at the hospital fell from 82 to 39 babies per month.

The program also saved families the costs and time they would otherwise have spent travelling in and out of hospital and waiting for results.



Telehealth and digital solutions

Advancements in technology have created new ways to deliver healthcare and health education, overcoming barriers such as geographical distance, time and language. The BCV Innovation Fund has supported **nine** developments in this area to make it easier and more cost-effective for Victorians to access the healthcare they need.

KEY RESULTS

* Telemedicine expansion to home

Lead Latrobe Regional Hospital (2016–17)

Telehealth was used to provide outpatient consultations to patients residing more than 15km from Latrobe Regional Hospital to improve accessibility.

- Patients saved **\$23,133** in travel costs
- **35,050km** ↓ in distance travelled for patients
- **92%** of patients satisfied or highly satisfied with the service

* Virtual fracture clinics

Lead Melbourne Health (2016–17)

A virtual fracture clinic was implemented to improve efficiency and quality of care for patients with simple fractures and soft-tissue injuries.

- **1,267** referrals reviewed
- **<1%** virtually managed patients re-presented to ED within 30 days
- **42.9%** ↓ in non-attended appointments
- **75%** of patients would recommend the service



The virtual fracture clinic has been preferable to any other option for this treatment. Staff over the phone have answered my questions thoroughly and I have not spent lengthy periods of time waiting for appointments.

– Patient

* Monash after hours care

Lead Monash Health (2016–17)

An out-of-hours service model and task management system were developed to improve the timeliness of responses to patients overnight.

- **23.7%** ↓ in volume of after-hours contact number and pager enquiries (an average of 741 per month, 26 per night)
- Reduced workload variation
- Improved quality of patient care



CALD ASSIST

Lead Western Health (2016–17)

Western Health used digital technology to bridge language barriers, developing a commercial-grade tablet application known as CALD Assist that nursing staff could use to communicate with culturally and linguistically diverse (CALD) patients in day-to-day care.

A total of 119 nurses were trained to use the program, and the final product contained 143 phrases in 10 different languages. CALD Assist improved the success of nurse and patient interactions with non-English speaking patients, increasing patients' confidence in understanding nursing staff.



I used the app with a Vietnamese patient and her face lit up ... She appeared really excited and appreciative of us using it. We were able to ask if she had pain ... She said yes, but she did [not] want any analgesia. [The app] worked fantastically.

– Nursing staff

Emergency care

Demand on hospital EDs is increasing. The care a patient receives at this critical point in the health service journey can have a considerable impact on the individual's health outcomes, and improving emergency services and waiting times is a priority for the Victorian Government. The fund has supported **four** innovations in this area to help ensure timely and appropriate emergency care is provided to all Victorians.

KEY RESULTS

* Acute coronary syndrome project

Lead SCV Emergency Care Clinical Network (2016–17)

An accelerated diagnostic pathway for low-risk patients with acute coronary symptoms was introduced to reduce patients' length of stay in ED and to release ED capacity.

- **46% ↑** in proportion of eligible patients managed on an accelerated chest pain diagnostic pathway
- **112 minutes ↓** in average length of stay following project close

* Obstetric triage decision aid

Lead Mercy Health (2016–17)

A triage decision aid was implemented to support the consistent, accurate and timely triage of pregnant women in the ED and maternity ward.

- **78%** of women seen within 15 minutes of arrival to triage



...we are seeing greater partnerships. It has strengthened our joined-up services, our model of care.

– Health service provider



LOWER COMPLEXITY URGENT CARE

Lead Nathalia Cobram Numurkah Health Services (2017–18)

This project reduced divertible ED presentations by 18 per cent by using a marketing and communications campaign to inform the community about local options for urgent care and treatment.

The 'Choose well, feel better' campaign was developed and implemented by a partnership between four rural communities, five health services, seven GP clinics and Ambulance Victoria. It included a website, Facebook page, live events, and print materials such as posters, postcards and magnets. These resources advised people on where to go for urgent care and what service or advice was appropriate for particular needs. The aim was to relieve people from uncertainty, unnecessary travel and waiting times while reducing pressure on regional EDs and ambulance services by diverting lower complexity conditions where appropriate.

A year after project close, the 'Choose well, feel better' website and Facebook page continue to support appropriate care in the region.

Worry level	Your options
Getting worried?	Assess your condition with online Symptom Checker
Need some advice?	Call NURSE-ON-CALL 24/7 1300 60 60 24
Need to see someone?	Find nearest health service: National Health Directory
Emergency?	Ring 000 immediately

For access to all of these services, visit — www.DrChooseWell.com

In partnership with:

Inpatients

There are many opportunities to enhance health outcomes and experiences for patients who have been admitted into hospital. Some of the most exciting innovations, valuable lessons and impactful outcomes have originated from the **10** in-hospital initiatives that were funded by the BCV Innovation Fund.

KEY RESULTS

* No unnecessary tests

Lead Eastern Health (2016–17)

Tailored test reduction strategies were implemented in ED sites and inpatient settings where tests had been identified as potentially being over-ordered.

- **45% ↓** in C-reactive protein tests ordered in the ED (16,808 fewer tests in two years)
- **12% ↓** in C-reactive protein tests ordered in General Medicine (1,774 fewer tests annually)
- **26% ↓** in daily chest x-ray testing in the ICU (1,503 fewer tests annually)

* Sepsis improvement project

Lead Melbourne Health (2016–17)

Evidence-based clinical guidelines for sepsis identification and treatment were introduced into practice to improve patient outcomes and reduce mortality.

- **50.4% ↓** in mortality
- **65.4% ↓** in ICU admissions
- **42.9% ↓** in length of stay

This project has been expanded – see Sepsis on page 15.

* Delirium prevention project

Lead Austin Health (2018–19)

A model of care was developed to improve identification of delirium and provide consistent planning and delivery of preventative care for at-risk patients.

- **94%** of staff completed the delirium online learning package
- **20% ↑** in delirium screening rates



ANTIBIOTIC ALLERGY DE-LABELLING PROGRAM

Lead Austin Health (2018–19)

Austin Health launched a project that assessed inpatients with an antibiotic allergy label and offered safe and simple testing to check if the allergy was still present.

Two thousand patients were discovered to have an antibiotic allergy label, 23 per cent of whom were subsequently 'de-labelled' after being found to have a false allergy.

De-labelling allows for improved and appropriate antibiotic use and reduces intravenous antibiotic use, minimising the patient's risk of generating antibiotic-resistant superbugs. During the project, a 10-fold increase in penicillin antibiotic use was seen in de-labelled patients.



Outpatients

The BCV Innovation Fund has supported **17** different initiatives that target efficiency in specialist clinics and outpatient services. This has improved patient outcomes by reducing wait times and ensuring more patients are seen.

KEY RESULTS

* No place like home

Lead Peter MacCallum Cancer Centre (2016–17)

Low-risk neutropenic fever cancer patients were transferred into home care to reduce their risk of infection and improve their quality of life.

- **44%** of patients successfully transferred to home-based care
- **72.1%** ↓ in hospital length of stay when implemented at The Royal Children's Hospital
- **40%** ↓ in hospital length of stay when implemented at Monash Health
- **178** hospital bed days saved, increasing availability of specialised cancer beds
- **\$234,000** estimated cost savings based on hospital bed days saved

* Management of miscarriage at home

Lead The Royal Women's Hospital (2016–17)

A nurse-led telephone clinic was implemented to allow women who had had a miscarriage to receive clinical support in their home.

- **72%** uptake by patients of a new model to manage miscarriage from home using telephone support

* Big data modelling for outpatients

Lead The Royal Children's Hospital (2016–17)

Big data modelling was used to anticipate cancellations and over-book outpatient clinics accordingly to maximise clinical time and improve access.

- **8%** ↑ in throughput in General Medicine clinic over 14 weeks
- **70** fewer patients on waitlist

* North-east robotics development

Lead Northeast Health Wangaratta (2017–18)

An upper limb rehabilitation program using robotics was established to provide rural and regional patients with access to high-quality treatment close to home.

- Increase in staff-to-patient ratio from **1:1 to 2:4–5**, resulting in more patients accessing therapy each week
- **261** more repetitions per session, representing improved therapy efficiency
- Greater achievement of patient-centred goals



SAFE HAVEN CAFÉ

Lead St Vincent's Hospital Melbourne (2017–18)

There are few mental health services operating out of business hours in central Melbourne and the ED environment can have a negative impact on those with a mental health condition. Recognising this, the project team at St Vincent's Hospital identified the need to provide an alternative, non-clinical service for people seeking mental health support.

Safe Haven Café offers visitors a place to drop in and engage casually with mental health professionals, peer support workers and trained volunteers in a peaceful, therapeutic setting.

The café has helped to reduce the hospital's mental health ED presentations and proven a cost-effective alternative. Visitors have also reported the café helps them feel safe and provides a sense of social connectedness.



[Safe Haven Café helped me by] making me feel believed, supporting me regardless of my situation, regardless of who [staff thought] I may be. [The cafe has] given me a place that is nice and calm. I feel safe and don't feel like I have to yell to get my message across or burst into tears, and I don't feel like I'm being psychoanalysed.

– Café visitor

Other innovation support

The BCV Innovation Fund has supported two healthcare-focused challenges in LaunchVic's CivVic Labs accelerator program. The program brings government and digital startups together to solve public sector challenges and deliver better outcomes for Victorians.

Western Health is co-designing a digital solution with its chosen startup, WeGuide, that can capture patient feedback to improve healthcare delivery. St Vincent's Hospital is also co-designing a platform with Sky Ledge that can predict the likelihood of a patient developing delirium and that has the potential to predict other hospital-acquired complications in patients.

Western Health and St Vincent's Hospital will implement their respective solutions at their health services in 2020.



My expectations coming into the CivVic Labs program was ... being able to partner with a tech startup company to help us develop an innovative digital solution to ... a core problem ... [that] has been a significant operational burden for the organisation for quite some time...

– Health service improvement and innovation partner



SPREADING SUCCESS

The BCV Innovation Fund's core mission is to spread and embed innovative practices that have proven effective across the state's health sector to benefit more Victorians.

This involves 'communicating new ideas or innovations outside the original system' (Healthcare Improvement Scotland's *Guide on spread and sustainability*, July 2013).

From 2016–19, the fund has supported the expansion of five projects, two of which have undergone evaluation and three that are still in progress.

Sepsis

Health services in pilot: 1

Health services in expanded project: 11

In 2017, with support from the BCV Innovation Fund, Melbourne Health adapted a sepsis clinical pathway that was first developed at the Peter MacCallum Cancer Centre. The pathway aimed to help staff identify and manage sepsis earlier and more consistently.

Following the success of the Melbourne Health trial, this pathway was spread to 11 additional health services, with the goal of reducing sepsis-related deaths by 20 per cent across participating health services by May 2019. Results from the expanded project exceeded this goal, and we are now investigating statewide expansion.

KEY RESULTS

Over four months, the expanded Sepsis project:

- saved **52** lives (50% ↓ in mortality)
- avoided **96** ICU admissions (34% ↓ in ICU admissions)
- reduced hospital length of stay by more than **3,780** bed days
- demonstrated a **6-fold** return on investment.



By providing clarity surrounding use of a specific sepsis diagnostic tool, clinical staff (particularly nurses and junior doctors) felt empowered and confident to escalate care and treatment for septic/deteriorating patients. Clear parameters, treatment steps, and an antibiotic guideline assisted clinical staff to treat a deteriorating patient in a timely and efficient manner, whilst awaiting a more senior medical review.

– Health service project officer

Choosing Wisely

Health services in pilot: 1

Health services in expanded project: 11

A multi-faceted behaviour change intervention was developed and implemented by Austin Health in 2017 in partnership with NPS MedicineWise to reduce pathology tests that were not evidence-based or that might cause patient harm. This was later expanded to 11 additional health services to increase the number of Choosing Wisely champion health services across Victoria that support health professionals in delivering safe, effective and efficient care for patients. The project was successfully spread, and we plan to enlist more Choosing Wisely champion health services in future.

KEY RESULTS

The expanded Choosing Wisely project:

- reduced average monthly unnecessary test volumes by **33%**
- avoided **6,401** low-value care practices during the project
- demonstrated a **2.5-fold** annualised return on investment.



Critical Care Telehealth

Health services in pilot: 2

Health services in expanded project: 3

In 2016, Mildura Base Hospital implemented a telehealth model for ICU patients, connecting its ICU to 24/7 support from adult intensivists at the Alfred Hospital, nephrologists at Melbourne Health, and paediatric intensivists through the Paediatric Infant Perinatal Emergency Retrieval (PIPER) system. Due to the success of the trial, the BCV Innovation Fund is now supporting the project's expansion to three additional health services, with the goal of reducing avoidable transfers to Melbourne. The expanded project is expected to conclude in March 2020.

PILOT RESULTS

The expanded Critical Care Telehealth project aims to extend the following outcomes from the 2016 trial:

- **34** ICU and renal patient transfers prevented
- reduction in bed demand at tertiary sites
- collaborative approach ensures Mildura Base Hospital's ICU care is comparable to tertiary centres in Melbourne.



The input from the intensivist was invaluable in painting a complete clinical picture for our critically ill patients, and ensured that all aspects of management were addressed thoroughly. In my opinion, it is an essential tool to ensure the highest quality of patient care, especially in the setting of rural practice and an absence of a full-time intensivist on-site.

– Doctor

Geri-Connect

Health services in pilot: 1

Health services in expanded project: 1

In 2016, the BCV Innovation Fund supported the Geri-Connect project, which established a self-sustaining specialist geriatrician service using a virtual hub. The initiative aimed to improve equity, timeliness and quality of care provided to older people across the Loddon Mallee region of Victoria.

We are now in the process of spreading the Geri-Connect service model across West Hume to provide timely geriatric care to the older people in aged-care facilities in this region, with the project expected to conclude in the second half of 2020.

PILOT RESULTS

The expanded Geri-Connect project aims to extend the following outcomes from the 2016 trial:

- **82% ↓** in response times for Aged Care Assessment Service assessments for eligible inpatients waiting permanent placement in a residential aged-care facility
- **240** consultations delivered in nine months
- **89%** of patients received recommendations to reduce polypharmacy
- **30%** of residents at participating facilities had assessments completed (up from 5%).

Partnered Pharmacist Medication Charting

Health services in pilot: 1

Health services in expanded project: Up to 24*

In 2015, Alfred Health trialled a model where credentialed pharmacists worked closely with doctors to undertake a medication review and chart medications for nursing staff to administer. This Partnered Pharmacist Medication Charting (PPMC) model was later expanded across five Victorian health services in 2016, with positive results. The BCV Innovation Fund is now supporting the spread of the model across up to 24 general medicine units and oncology units. At the time of writing, health services were in the process of being recruited, with the project to begin in 2020.

PILOT RESULTS

The 2020 expanded PPMC project aims to further extend the following outcomes from the 2016 expansion:

- proportion of patients with at least one medication error reduced from **19.2% to 0.5%**
- average length of stay reduced from **6.5 days to 5.8 days**
- estimated savings of **\$726** per PPMC patient, with \$1.95 million in total hospital cost savings.





IMPROVEMENT PARTNERSHIPS

SCV has delivered three improvement partnerships with funding from the BCV Innovation Fund. Improvement partnerships support health services to effect positive, measurable change in patient care within their organisations in a collaborative setting, bringing health services together to grow, learn and share knowledge.

Our improvement partnerships follow a structured approach, with SCV staff providing on-site coaching at health services throughout the partnership.

- The partnership identifies a common but broadly defined problem to address.
- Participating services define their own aims for the partnership and investigate specific issues contributing towards the problem within their organisation.
- Where data is not already available to describe the scale of the problem, measurement strategies are developed.
- Participants connect with other organisations that have faced and/or solved similar challenges to support the ideation process.
- Initiatives are trialled and, where successful, embedded into standard practice.

Monitoring and continuous improvement are permanently integrated into modified processes to support robust and sustainable change.

Regular workshops are held to foster collaboration, allowing participants to share their journeys and celebrate successes. SCV coaches also support collaboration by coordinating visits to organisations that are considered exemplars in relevant aspects of care.

Improving Emergency Access Collaborative and community of practice (2016–17)

This partnership jointly developed and implemented solutions to address constraints in patient flow. The 11 participating health services were primarily from the metropolitan area. This enabled the partnership to impact a large proportion the Victorian population (participating health services treated 43 per cent of all ED presentations in Victoria).

KEY RESULTS

- **16,449** more ambulance transfers in time
- **30,900** more patients with an ED length of stay of less than four hours

Northern Health implemented an ambulance offload strategy to help maximise the time ambulances spend on the road. This **reduced average offload times by over 5.5 minutes**, and **enabled ambulances to spend 2,570 more hours out in the community** over 12 months.

Peninsula Health implemented a 'Countdown to discharge' process to encourage staff to plan for patient discharge from the day of admission, and used an innovative process that allowed all multidisciplinary care team members to track a patient's journey through the hospital. This led to a **30% increase in discharges before 10am**.

St Vincent's Hospital Melbourne created a rapid assessment team, with a senior ED consultant and nurse staffing 'virtual cubicles' for early assessment and treatment. This resulted in a **40% reduction in average time to treat** (from 31 minutes to 21 minutes).

After the 12-month partnership concluded, a community of practice was established for participants from the partnership. This supported continued collaboration between health services through regular workshops and provided a forum where they could develop, share and enrich their improvement and innovation knowledge and capability in hospital access and flow.

Patient Flow Partnership (2017–18)

This partnership was an evolution of the Improving Emergency Access Collaborative, and again led participants to identify and remove bottlenecks in the patient journey. This partnership featured 15 health services, including nine from regional areas.

KEY RESULTS

- **17,578** more ambulance transfers in time
- **26,900** more patients with an ED length of stay of less than four hours
- **620%** return on investment after 12 months
- All 22 participants who responded to the post-partnership survey said the partnership was effective in improving hospital-wide patient flow

Peninsula Health developed 'Green Light', a simple checklist which enables acute teams to identify patients suitable for transfer to the sub-acute ward without geriatrician review. This **reduced acute length of stay by over 2.5 days** for transfers using the checklist.

Werribee Mercy reviewed and redesigned its short stay unit pathways and ED nursing staff responsibilities. This **reduced time to treatment by 4 minutes on average** (from 41 minutes to 37 minutes) despite presentations increasing by over 13%.

Northeast Health Wangaratta implemented a 'Countdown to discharge' process that set an estimated discharge date for patients based on the care required. Within the sub-acute ward, this **reduced average length of stay by 2 days**.



“

We have built capability, direction, and control with [the] support of Better Care Victoria.

– Project lead



Specialist Clinics Access Improvement Partnership (2017–18)

This partnership brought 11 health services together to understand the challenges of delivering specialist care in our healthcare system, and to improve access to specialist care and patient experience.

KEY RESULTS

- 8 workshops delivered for rapid spread of improvement ideas
- 1,042 more routine patients seen in time in 7 specialist clinics across 4 health services
- Networks developed across 11 health services and 5 primary healthcare networks

The Royal Children's Hospital restructured and standardised its referral system, waiting list management, appointment booking, and call centre processes. This **increased its monthly mean of urgent patients seen within 30 days from 34.9% to 55.4%.**

Ballarat Health Service implemented new triaging and discharge processes in its cardiology clinics. This improved clinic efficiency, **increasing the ratio of new-to-review patients in its cardiology clinic from 43% to 63%.**

The Royal Victorian Eye and Ear Hospital redesigned clinic flow to promote collaborative working between clinicians in its glaucoma unit. As a result, it achieved a **47% reduction in its glaucoma overdue review waitlist.**



Almost within the first two weeks, teams were identifying that it was making a positive impact on their work, and their working relationships with other teams... it has strengthened our organisation... It is intrinsically part of what we do.

– Improvement lead



DAILY OPERATING SYSTEM

During the Improving Emergency Access Collaborative, 'daily operating systems' (DOS) were trialled and identified as having a positive impact on patient flow. After learning of the initiative and its benefits, health services that were not part of the improvement partnerships began asking SCV for support in successfully implementing DOS in their organisation.

DOS involves a daily assessment to determine whether a health service is ready and able to deliver safe, effective care over the coming day. Health services conduct a 'huddle' to discuss and update key metrics and make plans to immediately address any problems that may impact operations. The tiered structure of the huddle allows problems that cannot be resolved at a local level to be escalated rapidly. While initially focused on patient flow, DOS has also been integral in supporting communication in all aspects of hospital operations, particularly during major 'code yellow' events (infrastructure and other internal emergencies).

The BCV Innovation Fund has supported the implementation of DOS at an additional six health services. Support includes tailored DOS coaching, which is available for all levels – from frontline staff to executives – and across the full breadth of organisations' structures. We now actively advocate for the implementation of DOS, continuing to spread the knowledge gained from BCV Innovation Fund-supported improvement partnerships.



With the introduction of the DOS... one of the biggest things we've noticed is the breaking down of silos and the teamwork that brings.

– General manager



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.

– Nurse unit manager



LEADERSHIP & CAPABILITY

Leadership capability plays an important role in supporting workplace cultures to deliver continuous improvements in healthcare quality and patient safety. With support from the BCV Innovation Fund, we have delivered 14 leadership programs over three years, established a leadership network, and delivered two capability-building and knowledge-sharing events, empowering hundreds of healthcare staff to lead innovation and improvement in their organisations.

From 2016–19, 344 health service staff participated in the following BCV Innovation Fund-supported leadership initiatives, some of which were established prior to the fund's inception and involvement:

- a **Clinicians in redesign** program
- a **Professional certificate in health systems management** program
- two **Executive leadership for innovation** programs
- five **Leadership on the frontline** programs
- five **Leadership team coaching** programs.

Seventy former program participants also joined the **Leadership Network** that was established for SCV leadership program alumni.

In the first half of 2019, the BCV Innovation Fund supported extensive planning and procurement activities to ensure delivery of the following 2019–20 leadership programs, which are either completed or currently underway:

- **Future system leaders** – one cohort of 25 participants (completed)
- **New to clinical leadership mentoring** – 40 participants (in progress)
- **Leadership Gateway** – seven cohorts comprising regional and rural health services and partnerships of 145 participants (in progress).

Our leadership programs complement the leadership development opportunities health services already offer their staff and are designed to strengthen a range of leadership capabilities. These include workplace culture development, leading change and improvement initiatives, strategic and critical thinking, managing complex problems, influencing, and stakeholder and relationship management.

All of our programs use an 'action learning' approach, where participants develop their skills through the process of delivering an improvement initiative. This provides practical learning scenarios that benefit the participant and their health service.

LEADERSHIP AND LEARNING ACTION PLAN

In addition to funding our leadership programs, the BCV Innovation Fund supported SCV to consult with the sector and develop a leadership development strategy for the Victorian health system.

This strategy, known as the **Leadership and learning action plan**, was signed by former Victorian Minister for Health Jill Hennessy in October 2018.

The plan outlines how we are increasing support for current and future healthcare leaders, and details upcoming leadership development offerings.

Clinicians in redesign (2017)

Number of participants: 33

This program supported early-career clinicians to expand their understanding of process improvement and innovation in healthcare. Clinicians were supported to undertake short-term placements in their health service's redesign or quality improvement teams and learned more about improvement science, project management and people management through a series of 'Action learning lab' workshops. Participants also contributed to an improvement project relevant to their specialty area. Funding was later expanded to allow early-career nurses, junior medical officers, and allied health clinicians to participate.

KEY RESULTS

Five half-day Action learning labs were delivered, covering topics including:

- problem solving
- 'lean' principles
- compassionate leadership
- improvement project program evaluation
- health economics
- sustainability concepts and their relevance to healthcare improvement.



I thought the [Action learning lab] workshop was a great opportunity to stop and refocus – to understand the complexities of people's lives. When we are trying to make change, we need to consider 'people'. Also, if we take care of the carers, we will provide better care.

– Participant

Professional certificate in health systems management (2017)

Number of participants: 32

Offered in partnership with the University of Melbourne, this program helped senior health service managers and clinicians with managerial experience to develop their systems operations and health service managerial skills. Key aspects of the five-day course included learning about operational excellence and how it related to the participants' health services, the sharing of experiences, and peer-to-peer learning.

KEY RESULTS

- Participants were able to apply and test core operational excellence concepts on real-life workplace problems
- Participant feedback was positive for the program's coverage of topics, interactive learning style, engaging assessment tasks, and relevance to the workplace
- Participants said they valued the opportunity to network and share ideas with colleagues across the system



[The best aspects were] learning how other non-health industries work and applying it to health, [and] learning how to systemise processes in health, which is not necessarily easy as we work in a very complex and fluid environment, and the product we are working on is people.

– Participant

Executive leadership for innovation (2017)

Number of participants: 50

Delivered in partnership with Melbourne Business School (MBS), this program aimed to strengthen participants' leadership skills and ability to lead system-wide change and improvement, and enhance collaboration.

A comprehensive evaluation of the program undertaken by MBS that included participant and manager surveys and interviews, as well as facilitator and coaching observations, showed that, overall, the program had a positive impact.

KEY RESULTS

- The program increased capabilities for all participants, particularly skills in building networks and developing high-performing teams
- Managers and participants observed increases in participants' self-awareness and leadership skills
- Managers observed increases in accountability, confidence, resilience, communication, engagement and systems thinking in individual participants
- Individual participants described increased capability in strategic thinking, learning from others, supporting cultural change, and being open-minded and flexible
- Program coaches observed further development in participants' leadership skills and in their ability to prioritise and learn from their peers

Leadership on the frontline (2017-18)

Number of participants: 120

The Leadership on the frontline programs were designed to develop participants' leadership skills through an exploration of self and teams, and the application of adaptive leadership concepts and innovation principles. Participants worked on individual and team-based improvement projects to strengthen their leadership practice and deliver tangible benefits and impactful outcomes in their respective workplaces.

KEY RESULTS

The program was highly rated by participants and delivered a total of 96 improvement projects, including:

- implementation of a universal family violence screening tool
- development of a consumer partnership with children and young people to better inform paediatric care
- improvements to nursing clinical handover at transfer-of-care points
- an initiative to increase patient satisfaction in the medical imaging department, with lessons designed to be rolled out across the rest of the health service.



When I came to the course, I expected to sit and listen to a series of slides about being a leader ... Instead, I was confronted with thinking about my own internal working models, challenged to think about my problems in a different way... and given some gems to help me in my ongoing journey through leadership terrain.

– Participant



Leadership team coaching program (2018-19)

Number of participants: 109

Four rural health services and one rural health partnership participated in this program, which aimed to create high-performing leadership teams within participating health services by improving communication, inter-team working relationships, and employee engagement. The program involved a strengths-based psychometric test, a 360-degree feedback survey, six workshops, and a team coaching session.

KEY RESULTS

- Preliminary evaluation and CEO feedback indicated measurable improvements in:
 - leadership team relationships
 - collaboration and performance
 - workplace culture.
- Participants reported:
 - that staff were displaying a greater level of trust in their leaders (the participants), and that communication and the reporting of errors and issues had improved
 - feeling a shift in their sense of purpose, with pride, mission and optimism among the top team strengths
 - greater levels of self-awareness and understanding of others that helped them build relationships, work together, and deal with risks and changes within their service.

“

[Program highlights were] the interaction between the leadership group, and the insightful questions from [the SCV program facilitator], which helped me to reflect on my own behaviour and what I can do personally to make a difference to others.

– Participant

Leadership Network (alumni)

To provide ongoing support and networking opportunities for past SCV leadership program participants, a Leadership Network was established for alumni.

The BCV Innovation Fund sponsored 70 Leadership Network members to participate in two masterclass workshops conducted by an international guest speaker in 2019.



Other capability-building initiatives

The BCV Innovation Fund contributed to many capability-building initiatives beyond leadership over 2016–19.

Early in its establishment, funding was used to develop frameworks, systems processes, templates and resources to support BCV innovation program participants.

To promote dissemination of knowledge, which can also help build capability, a BCV website and social media presence was established to share the positive outcomes and lessons learnt from funded innovation projects. Today, the BCV Twitter account has more than 2,300 followers and the BCV website, on average, attracts 1,700 visitors each month, viewing 7,200 pages.



The fund has also sponsored SCV-hosted events that provide Victorian health professionals with opportunities to develop their skills, share knowledge, and network.

In March 2018, more than 280 delegates attended the two-day **Innovation in Action** event, where they learned about the latest in healthcare improvement, innovation and leadership, with a view to improving patient outcomes. The event included poster exhibits that incorporated presentations from several partner organisations outlining key lessons and successes in healthcare innovation, and there were opportunities to network on both days.

More recently, the BCV Innovation Fund sponsored the **GIANT STEPS** two-day conference in November 2019. The inaugural event was highly innovative in how it shared healthcare quality and safety improvements.



GIANT STEPS IN NUMBERS

- Sold out event of almost **700** attendees
- **More than 50** speakers, including patients and international speakers
- **70** healthcare quality and safety posters promoting knowledge share
- **19 million+** social media impressions, with #GiantSteps19 trending nationally
- **100%** of attendees rated the event good or excellent
- **99%** said they would return to the event



This was by far one of the best conferences I have ever attended. I have come back to work inspired, proud to be a nurse and looking forward to improving things in my workplace for the better.

– Attendee



OUR FUTURE

While this report captures some of the BCV Innovation Fund's achievements from 2016–19, many projects are still underway. As funded innovation projects continue to have an impact into the future, we can expect to see more positive results coming in from across the state.

By funding innovation, we are encouraging Victorian health services to embrace new ways of thinking and novel approaches to improving patient care. We are providing them with opportunities to complement their clinical expertise with project management, improvement and leadership skills, and equipping them with resources they can take forward into future ventures, and share with their team and peers.

We look forward to continuing to support the innovation and dedication of our healthcare sector, and discovering more novel approaches to delivering high-quality, accessible healthcare for all Victorians.



INNOVATION PROJECTS

All 37 innovation projects that received funding from the BCV Innovation Fund from 2016–19 are briefly summarised below under abbreviated project names.

More information on individual projects can be found at bettercare.vic.gov.au.

2016–17

* Acute coronary syndrome project

Lead SCV Emergency Care Clinical Network

An accelerated diagnostic pathway for low-risk patients with acute coronary symptoms was introduced to reduce patients' length of stay in ED and to release ED capacity.

* Big data modelling for outpatients

Lead The Royal Children's Hospital

Big data modelling was used to anticipate cancellations and over-book outpatient clinics accordingly to maximise clinical time and improve access.

* CALD Assist

Lead Western Health

A multi-modal tablet application was developed to support effective communication during day-to-day care of culturally and linguistically diverse (CALD) patients.

* Cancer survivorship service

Lead Loddon Mallee Integrated Cancer Service

A specialised cancer survivorship service with close links to primary care was established to improve the quality of care for cancer patients completing treatment.

* Choosing Wisely champion hospital

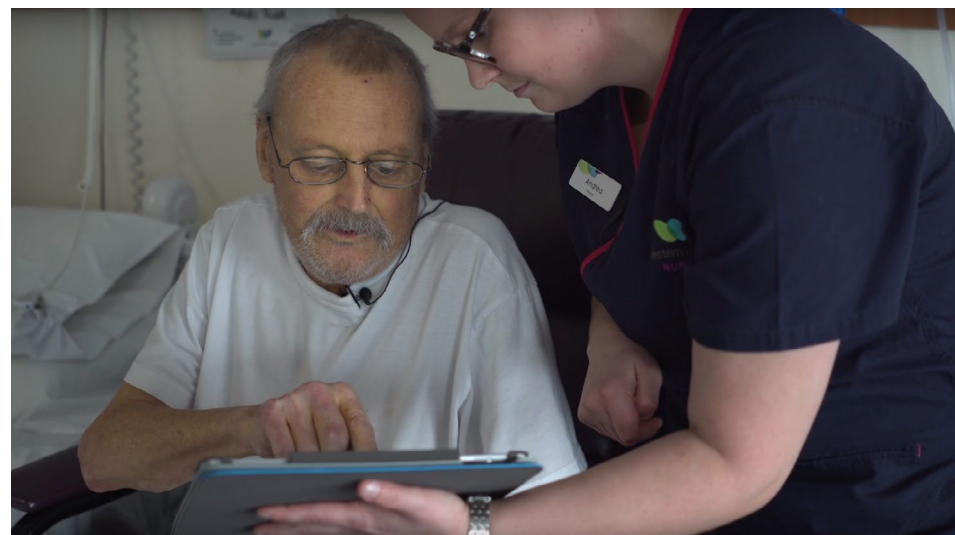
Lead Austin Health

A clinician-led approach was used to reduce tests, treatments and procedures that were not evidence-based and could cause patient harm.

* Collaborative falls response model

Lead Alfred Health

A model of care was implemented that referred non-acute elderly falls patients to a specialist clinician for home care.





* **Geri-Connect**

Lead Loddon Mallee Rural Health Alliance

Telehealth was used to improve quality of care and access to geriatric services for patients in regional areas.

* **Management of miscarriage at home**

Lead The Royal Women's Hospital

A nurse-led telephone clinic was implemented to allow women who had had a miscarriage to receive clinical support in their home.

* **Monash after hours care**

Lead Monash Health

An out-of-hours service model and task management system were developed to improve the timeliness of responses to patients overnight.

* **No place like home**

Lead Peter MacCallum Cancer Centre

Low-risk neutropenic fever cancer patients were transferred into home care to reduce their risk of infection and improve their quality of life.

* **No unnecessary tests**

Lead Eastern Health

Tailored test reduction strategies were implemented in ED sites and inpatient settings where tests had been identified as potentially being over-ordered.

* **Obstetric triage decision aid**

Lead Mercy Health

A triage decision aid was implemented to support the consistent, accurate and timely triage of pregnant women in the ED and maternity ward.

* **Outpatients demand management**

Lead Alfred Health

An electronic referral management system was launched to manage outpatient service demand, improve the quality of referrals, and ensure appropriate access.

*** Rapid access musculoskeletal care**

Lead St Vincent's Hospital Melbourne

A community-based clinic was launched to assess and support patients with osteoarthritis of the knee and provide more timely care.

*** RAPID Assist**

Leads Melbourne Health and Peter MacCallum Cancer Centre, incorporating the Victorian Comprehensive Cancer Centre

A palliative care model was piloted to improve care for dying patients through provision of timely, expert palliative care in hospital or at home.

*** Remote drug and alcohol support**

Leads Otway Health and Lorne Community Hospital

Telehealth was used to provide specialist alcohol and other drug support services in a rural community.

*** Sepsis improvement project**

Lead Melbourne Health

Evidence-based clinical guidelines for sepsis identification and treatment were introduced into practice to improve patient outcomes and reduce mortality.

*** Telehealth for urgent care**

Lead South Gippsland Hospital

A telehealth service was developed for a regional ED to allow it to provide 24-hour service to local urgent care centres.

*** Telemedicine expansion to home**

Lead Latrobe Regional Health

Telehealth was used to provide outpatient consultations to patients residing more than 15km from Latrobe Regional Hospital to improve accessibility.

*** Telemedicine for rural ICUs**

Lead Mildura Base Hospital

Telehealth was used to improve access to intensivists and increase the capability of rural clinicians to care for patients with chronic complex conditions.

*** Virtual fracture clinics**

Lead Melbourne Health

A virtual fracture clinic was implemented to improve efficiency and quality of care for patients with simple fractures and soft-tissue injuries.



2017-18

* Advance care plans

Lead Bendigo Health

This project aimed to improve uptake of advance care plans, reduce hospitalisations, and give patients more agency over medical treatment choices.

* Ambulatory miscarriage management

Lead Peninsula Health

A model of care was developed to allow for miscarriage management in an outpatient setting to reduce recovery time and unnecessary admissions.

* Central pharmacy project

Lead South West Healthcare

A clinical governance model was developed to increase access to pharmacy services in south-west Victoria and improve patient safety and quality of care.

* Chronic disease IMPACT

Lead Western Health

An e-technology program was implemented in general practices to help GPs detect and manage certain chronic diseases according to guidelines.

* Early intervention palliative care

Lead Palliative Care South East

An early intervention palliative and supportive care clinic was established to improve timely access to care for people with a life-threatening illness.

* Home care for jaundiced newborns

Lead The Royal Women's Hospital

A pathway of care was implemented that allowed newborns to be screened and treated for jaundice at home instead of in hospital.

* Lower complexity urgent care

Lead Nathalia Cobram Numurkah Health Services

A communication strategy informed the community about local urgent care options to reduce unnecessary patient travel and pressure on emergency services.



* New FGID models of care

Lead Alfred Health

A nurse-led, medically-supported clinic was established to diagnose patients with functional gastrointestinal disorders (FGID) and increase patient access to therapy.

* North-east robotics development

Lead Northeast Health Wangaratta

An upper limb rehabilitation program using robotics was established to provide rural and regional patients with access to high-quality treatment close to home.

* Safe Haven Café

Lead St Vincent's Hospital Melbourne

A non-clinical, therapeutic environment was established to offer people seeking mental health support with an alternative to the ED.

* Strengthening primary care

Lead The Royal Children's Hospital

A GP-paediatrician integrated model of care was developed to support GPs to deliver appropriate paediatric care and reduce the number of children referred to hospital.

2018-19

* Antibiotic allergy de-labelling program

Lead Austin Health

A safe antibiotic allergy test was introduced to ensure optimal antibiotic use for patients, reduce time in hospital, and prevent the development of antimicrobial resistance.

* Delirium prevention project

Lead Austin Health

A model of care was developed to improve identification of delirium and provide consistent planning and delivery of preventative care for at-risk patients.

* Indigo age-friendly health system

Lead Beechworth Health Service

This project involves working in partnership with older people, US experts and others to improve person-centred healthcare, and reduce variations in practice and service duplication.

* Maternal immunisations

Lead Monash University

One of four different strategies was implemented in partnering maternity services to increase the uptake of recommended vaccines and reduce service variability.

* Telehealth for young-onset dementia (BRIGHT-YOD)

Lead Melbourne Health

Telehealth consultations were introduced to reduce costs for young-onset dementia patients and improve access to specialist care.



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