

Celebrating our healthcare workers

2021 INTERNATIONAL YEAR OF
HEALTH AND CARE WORKERS

2021 is the designated International Year of Health and Care Workers. By sharing the photos and stories of just some of our healthcare workers in this report, we want to recognise and celebrate the incredible efforts of everyone who helped keep Victorians safe and well over the past year.

Cover image:

MICHELLE MCCARTHY
NURSE PRACTITIONER
ROYAL CHILDREN'S HOSPITAL

"I get to be a part of and make a difference to children and their families' experience at the hospital."

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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.

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ISSN 2209-3095 (print)

ISSN 2209-3109 (online)

Available at www.safercare.vic.gov.au



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This is a comprehensive report of how we worked to improve the quality and safety of Victorian healthcare in 2020–21. We give an honest account of our performance and achievements for those we work closest with – consumers, clinicians, health services and government.

This report is structured around our strategic aim of supporting healthcare that is **safer, more effective** and **person-centred**. Each section details our work in supporting the state’s response to coronavirus (COVID-19), as well as our business as usual achievements and highlights.

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About us



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

We share better, safer healthcare

We search for improvement opportunities

- Working with clinicians to develop best practice clinical guidance and resources that are proven to minimise patient harm
- Spearheading targeted projects to improve patient outcomes and experiences, and spreading success across the state
- Promoting best practice improvement methods

We monitor healthcare performance

- Analysing health service data
- Alerting health services to system and patient safety issues

We respond to safety concerns

- Supporting health services to review adverse patient safety events
- Conducting broad reviews into systemic issues
- Supporting independent review of deaths, including: mothers, babies and children; surgical and anaesthesia-related, and; voluntary assisted dying

We amplify the consumer voice

- Leading consumer engagement and participation in healthcare

Our vision

Outstanding healthcare for all Victorians. Always.

Our values

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

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.



My commitment is to better patient outcomes through quality improvement and high standards. I find myself rewarded by the impact on patient outcomes.

Year in review

In this, the International Year of Health and Care Workers, I would like to start by thanking the thousands of clinicians and health service staff who have continued to work tirelessly during this pandemic. Every day, I saw the ways you went above and beyond to protect and care for the people of Victoria. I acknowledge your efforts in challenging and stressful times. I recognise the sacrifices you made. And I celebrate the safer place we are in today because of you.

In restarting much of our work that was delayed due to COVID-19 this year, I also want to thank the many clinicians, health services and consumers who supported our renewed push to find new and innovative ways to improve the quality and safety of healthcare. Our work is not possible without you investing your time and resources, and it is a pleasure to highlight our shared achievements in this report.

COVID-19 response

With much of our workforce still dedicated to supporting the state's ongoing COVID-19 response, we worked with more than 260 clinical and consumer experts to:

- develop 51 COVID-19 clinical guidelines and 26 pieces of guidance on non-urgent, often unnecessary surgeries on the resumption of elective surgery
- conduct two major system safety reviews into healthcare provided in the quarantine accommodation program
- monitor 82 measures to track how the pandemic was indirectly impacting the health of Victorians.

We also audited the implementation of COVIDSafe plans at 13 health services, developing an audit process the Department of Health would continue.

Healthcare worker wellbeing

Supporting the department in its efforts to maintain the focus on healthcare worker wellbeing, we established the Healthcare worker wellbeing centre to provide support and resources to health services and clinicians.

Continuing our regular webinars to share experiences and advice on looking after ourselves and each other, the centre is also starting a major partnership with Victorian health services to identify and test wellbeing initiatives.

Patient safety risks

Continuing this important work through the pandemic, we oversaw 170 adverse patient safety events in health services, ensuring they were thoroughly reviewed and systems were improved as a result. Supporting health services to undertake these reviews, we trained more than 300 people in conducting root cause analyses.

We also conducted seven complex reviews of our own into significant patient safety issues, and distributed 13 alerts to mitigate urgent safety risks.

Thank you

This year marked a big change in the leadership of our small agency. Many of our executives and clinical chiefs led elements of the department's COVID-19 response, while we continued to implement our new organisational structure, first announced in January 2020.

I welcome the appointment of **Prof Mike Roberts** as SCV's new CEO from August 2021. With more than 30 years' experience in all levels of healthcare, Mike will be a welcome addition to not only Safer Care Victoria, but to the broader health system, helping deliver better health outcomes for all Victorians.

I congratulate former CEO **Prof Euan Wallace AM** who started as Secretary, Department of Health and Human Services (now Department of Health) in November 2020 after his secondment to lead contact tracing. It's a huge gain for the health sector. Euan not only established this agency, but also the way we work – with a firm focus on collaboration, codesign and courage. A great legacy we will uphold.

We also thank the leaders and members of our clinical networks, advisory councils and committees. This engagement will continue under our new streamlined structure. But I would particularly like to mark the achievements of:

- our former 11 clinical network members, who have helped us identify and drive targeted improvement work. Thank you especially to our clinical leads: **Assoc Prof Mark Boughey, Prof Kirsty Busing, Prof Peter Cameron, Assoc Prof Peter Hand, Assoc Prof Dr Peter Hunter, Sean Jespersion, Dr Annie Moulden, Assoc Prof Peter Mount, Assoc Prof David Pilcher and Dr Nicola Yuen**
- **Assoc Prof Jill Sewell, Mr Matthew Hadfield** and the **Victorian Clinical Council** members who over the past four years have courageously tackled some of the biggest issues facing our health sector
- **Ian Kemp** and the **Safer Care Patient and Family Council** members who have been our main source of important consumer feedback and input over the past four years
- **Janet Matton** and the **Better Care Victoria Board** members who oversaw investment in innovation since 2016, fostering truly new ways to solve common health system problems.

While the way we seek advice and input has changed, the collaborative approach to our work will not.

For more information about our new engagement framework, including the new advisory bodies we are forming, go to page 48.

Targeted improvement

Resuming two major collaboratives under our partnership with the Institute for Healthcare Improvement (IHI), we helped participating sites reduce stillbirths by 24 per cent, and severe perineal tears by 45 per cent. Building on this, we are starting three new statewide improvement collaboratives targeting outcomes in heart failure, post-partum haemorrhage and patient flow.

Capacity building

On top of our large-scale collaboratives, we are continuing to share the internationally proven **Method for Improvement** – training more than 250 people in the past year. This group contributes to our state's growing capability to effect change using improvement science, bringing the number of trained healthcare workers and consumers to 640.

Sharing important lessons from the pandemic, we also hosted 1160 people at our virtual GIANT STEPS conference. Once again the response was fantastic, and we look forward to welcoming you back to GIANT STEPS in person in May 2022.

We will be launching our 100,000 lives campaign, a five-year program to reduce harm and improve outcomes for Victorians. Through 14 large-scale improvement partnerships, we will ensure 100,000 Victorians will have safer, more person-centred and effective care. Some of these projects are already underway.

The year ahead

We have an exciting year ahead of us!

We will be launching our 100,000 lives campaign, a five-year program to reduce harm and improve outcomes for Victorians. Through 14 large-scale improvement partnerships, we will ensure 100,000 Victorians will have safer, more effective and person-centred care. Some of these projects are already underway.

We are also designing a new mental health improvement unit, which is a key recommendation from the Royal Commission into Victoria's Mental Health System. To be operational in early 2022, we will provide leadership and support to the state's mental health and wellbeing services to achieve improvements through training, resources, communities of practice and other mechanisms.

And lastly...

Thank you to the Minister for Health Martin Foley MP for his leadership through this pandemic, and to our colleagues in the department, the Victorian Agency for Health Information (VAHI) and the IHI.

I look forward to continuing our work together in 2021–22.

Adj Assoc Prof Ann Maree Keenan
A/Chief Executive Officer





Treating everyone with compassion and kindness, and helping people understand and manage medicine is how I make a difference and I feel proud to have worked in health services for 25 years.

ANNE GLEESON

CLINICAL PHARMACIST

BASS COAST HEALTH

Our progress

The below information summarises our progress against our workplan for 2020–21.

Delivering safer care

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | OUTCOME | PAGE | |
|--------------------------|---|--|--|----|
| Leadership | Promote and support the strengthening of organisational cultures in our response functions | Evaluate the independent facilitator trial which sought to reduce bullying and harassment in health services | Project report published in December 2020, with health service resources pack | 19 |
| Partnership and planning | Develop core quality and safety building blocks | Work with the Personal Protective Equipment (PPE) Taskforce to ensure PPE guidance is available to support frontline workers responding to the COVID-19 pandemic | Updated Conventional guide to the use of PPE <i>PPE Taskforce transferred to the Department of Health in February 2021</i> | 15 |
| | | Work with clinicians from across Victoria to ensure clinical guidance delivers best care during the COVID-19 pandemic | Developed 51 new COVID-19 clinical guidelines | 15 |
| | Extend powers and protections to Consultative Councils and clinicians involved in root cause analysis (RCA) reviews | Quality and safety legislation which protects clinicians involved in RCAs and extends the powers and protections to Consultative Councils by June 2021 | Conducted consultation from November 2020 to April 2021 Legislative reforms to be tabled in Parliament in 2021–22 | 29 |
| | Share the impact and lessons from our work | Work with the Healthcare Worker Infection Prevention and Wellbeing Taskforce to ensure healthcare workplaces are COVIDSafe | Established Healthcare worker wellbeing centre Hosted five wellbeing webinars for 3700 people | 19 |
| | | Engage with clinical leaders from the public and private sectors to connect, share information, escalate issues and learn from each other | Engaged 262 clinicians and consumers as part of the Clinical Leadership Expert Group and expert working groups | 15 |

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | | OUTCOME | PAGE |
|--|---|---|--|------|
| Monitoring | Ensure responses to system insights are consistent, supportive and appropriately tailored | Conduct safety system reviews when required | Conducted seven reviews of systems safety issues and serious adverse patient safety events | 25 |
| | | Fundamentally change the way we interact with health services to monitor quality and safety performance | New model being developed for testing in 2021-22 | 24 |
| | Monitor system information | Notify health services when equipment or device failures occur | Issued 13 high level safety alerts on top of weekly recall summaries | 20 |
| | | Monitor the effect of COVID-19 on health seeking behaviours of Victorians | Identified 82 indicators to track | 16 |
| | | Regularly and routinely review a targeted suite of quality and safety indicators in conjunction with our clinician partners and VAHI | Ongoing | 16 |
| Review COVIDSafe plans across metropolitan Melbourne | Conducted 13 health service COVIDSafe audits | 19 | | |
| Improvement | Drive targeted improvement initiatives that achieve measurable and sustainable outcomes | Embed good practice achieved in the Better Births for Women Collaborative | Reduced severe perineal tearing by 45% at participating sites | 21 |
| | | Spread and scale the achievements of the Safer Baby Collaborative | Reduced stillbirths by 24% at participating sites | 30 |
| | | Develop and apply SMS-initiated video triage capability for the Ambulance Victoria Referral Service for low-acuity mental health care to enable face-to-face care | Reduced number of ambulances dispatched for callers who used the video call technology | 29 |

Delivering effective care

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | | OUTCOME | PAGE |
|--------------------------|--|---|---|------|
| Leadership | Build leadership capability at all levels of the health system | Test enhanced board clinical governance and leadership program at two regional health services | Tested at Swan Hill District Health Held 10 induction sessions for 134 Board members | 34 |
| Partnership and planning | Share the impact and lessons from our work | Share the lessons learned with the sector through multiple channels and with substantial impact | Held 12 webinars for more than 6000 people on COVID-19 related topics Captured lessons learned from healthcare worker infections to inform prevention and control measures | 33 |
| Monitoring | Inform the design of infrastructure that is needed for accessible quality and safety information | Improve the accessibility and security of data in the Consultative Councils database | Delivered functionality to meet needs of the new Victorian Perioperative Consultative Council Project scoped and commencing in 2021-22 | 35 |

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | | OUTCOME | PAGE |
|--------------------|---|---|---|------|
| Improvement | Drive targeted improvement initiatives that achieve measurable and sustainable outcomes | Develop: | Outcomes available shortly | 37 |
| | | - highly sensitive (70%) and specific (90%) artificial intelligence (AI) tool to predict people likely to be readmitted | | |
| | | - AI tool with high sensitivity and specificity to determine deterioration of people with complex chronic conditions | | |
| | | Support the Artificial Intelligence in carDiac arrEst (AIDE) project, applying AI and machine learning technology to correctly identify Triple Zero (000) callers having a cardiac arrest within 120 seconds | Outcomes available in 2022 | 37 |
| | | Reduce medication errors through the Partnered Pharmacist Medical Charting project, which partners pharmacists and medical practitioners | Reduced medication errors from 66.7 to 9.5% at participating general medicine units | 37 |
| | | Improve patient flow in six health services through the Timely Care program | Collaborative underway | 35 |
| | | Plan and commence delivery of an improvement intervention for heart failure | Collaborative underway | 41 |
| | Plan improvement intervention for post-partum haemorrhage | Collaborative underway | 35 | |
| | Build a network of improvement experts | Deliver an improvement capability program focused on methods and tools for everyday use | Trained >250 people in improvement science | 34 |

Delivering person-centred care

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | | OUTCOME | PAGE |
|--------------------------|--|---|---|------|
| Leadership | Opportunities to strengthen leadership and clinical governance | Build consumer leadership capability and health service responsiveness to facilitate partnering in healthcare | Delivered eight consumer engagement training sessions, with more scheduled Codesigned consumer leadership model underway | 40 |
| Partnership and planning | Use insights from our partners, together with system data, to prioritise and deliver our work | Work toward best care for consumers through removing low-value surgical care | Developed 26 guidelines for non-urgent elective procedures | 39 |
| | Share the impact and lessons of our work | Host a virtual GIANT STEPS 2021 | Held in May 2021 to 1160 attendees | 39 |
| Monitoring | Inform the design of infrastructure that is needed for accessible quality and safety information | Enhance our patient experience data management system to help store, securely transmit, manage, report and track data | Started upgrades project | 40 |

| STRATEGIC PRIORITY | 2020-21 ACTIVITIES | OUTCOME | PAGE | |
|--------------------|---|--|--------------------------------------|----|
| Improvement | Drive targeted improvement initiatives that achieve measurable and sustainable outcomes | Complete testing and evaluation of HEAR Me patient escalation program | Completed December 2020 | 40 |
| | | Launch Cardiovascular Nurse Ambassador program across Victoria to improve patient outcomes and reduce readmissions | Collaborative underway | 41 |
| | | Support consumers to initiate teach-back during clinical interactions through an online interactive learning resource | Online education to be launched soon | 39 |
| | | Develop and implement a pilot program of support to build shared decision-making capability across Victorian health services | Recruited eight health services | 39 |
| | | Redesign the pain management service to align and integrate the e-learning approach 'touch points' within the pain management service delivery model | Project underway | 40 |

Delivering safer care



Published 51 COVID-19
clinical guidelines/
resources



Conducted seven
patient safety and
systems reviews



Led collaboratives that
resulted in*:

45 *per cent*

fall in severe perineal
tearing during childbirth

24 *per cent*

decrease in stillbirths

*At participating sites

Supporting the state's COVID-19 response

Leading clinical engagement on COVID-19

After establishing the Clinical Leadership Expert Group in March 2020, we have co-developed and published **75** COVID-19 clinical guidelines and resources, including 51 in the past year. Topics have ranged from surgery, maternity care and residential aged care.

The group – comprising 32 members from 18 clinical and consumer specialty areas – also contributed to many policy and guidance topics developed by the department.

We continue to lead engagement with clinicians through the pandemic, working with 14 expert working groups (totalling 230 members) to advise on specific clinical areas and influence health service planning, guidance and support for consumers and healthcare workers.

Personal protective equipment (PPE)

Our Chief Medical Officer Prof Andrew Wilson worked with the department to chair the PPE Taskforce and the Healthcare Worker Infection Prevention and Wellbeing Taskforce.

While we established the PPE Taskforce to oversee supply and guidance in April 2020, this was transferred to the department in February 2021 in line with its oversight of health service infection prevention and control guidelines.

Our staff was instrumental in developing the original key guidance, the **Conventional guide to the use of PPE**, which underwent several revisions as evidence and the environment changed.

Planning intensive care capacity

Preparing for a worst-case scenario, we worked with intensive care specialists to optimise patient distribution across the state – including admission, bed allocation and patient transfer.

Thankfully, intensive care resources have not been overwhelmed through this pandemic. However, we made 11 recommendations in November 2020 to help the system better manage any future surges and ensure equitable access for all patients, regardless of COVID-19 status. We will continue to work with the sector to further design, and ultimately implement these recommendations.

This built on our work earlier in 2020 to guide new and adaptive workforce models for key clinical areas, ensuring we had enough staff to care for people as the pandemic progressed.

Reviewing safety incidents in hotel quarantine

Blood glucose level monitoring

After a rapid safety review into the use of blood glucose level monitoring devices, we made 13 recommendations to make sure healthcare equipment used in the quarantine accommodation program was fit for purpose and safe.

After being alerted that single person devices were potentially being used on multiple people, we commenced a joint review with the department and Alfred Health. Together we set up a patient phone line, reviewed more than 28,000 health records, tested 275 people deemed at risk, and ultimately found that no one had contracted a blood-borne virus – such as hepatitis B and C or HIV – as a result of the error.

Finalised in December 2020, our review found the quarantine accommodation program was set up so quickly that important clinical governance was not established. That is, there was no guidance, training or oversight to help team leaders or registered nurses understand these devices were not appropriate for use on multiple people. All our recommendations have now been implemented or are in progress.

COVID-19 transmission

Commissioned by COVID-19 Quarantine Victoria and the department, we made 36 recommendations to strengthen, improve and prioritise aspects of quarantine accommodation systems and processes.

We undertook a rapid review of three transmission events in the hotel quarantine program, which occurred in late January and early February 2021.

Earlier in 2020, we independently reviewed the healthcare provided to two people while in quarantine accommodation, as later detailed during the Hotel Quarantine Inquiry.

Monitoring the impact of COVID-19 on healthcare behaviour

In May 2020, we worked with clinical experts to identify and regularly track 82 measures to signal possible changes ('unintended consequences') to the health behaviours of Victorians during the pandemic.

Early findings identified that many Victorians had delayed medical care for potentially serious health issues during the pandemic, with the areas of chest pain, stroke and early cancer screening being of specific concern. In response, the department launched the **Don't delay** campaign to encourage Victorians to seek urgent medical advice for symptoms that may indicate serious health complaints.

Leveraging this work, we are now working on a definitive suite of performance measures to monitor healthcare quality and safety, as well as the impact of our programs and projects across Victoria.



The care and compassion from healthcare workers inspired me to pursue a career in public health and now my job allows me to provide excellent and up to date clinical care to help patients recover from critical illness.

Advocacy at the highest level

Our leadership team includes Victoria's chief clinicians who are key contacts, experts and advocates for clinicians in different fields. Each was deployed to great effect during the pandemic, and represented us on state and national COVID-19 related bodies.

- Chief Paramedic Officer **Adj Assoc Prof Alan Eade ASM** served as the Deputy State Health Emergency Coordinator. He also elevated the use of paramedics in new and novel roles, and raised the profile of patient transport staff as the non-emergency patient transport sector became an integral asset.
- A/Chief Nurse and Midwifery Officer **Adj Prof Tanya Farrell** was a key conduit between the department and the sector to ensure the nursing and midwifery workforce was mobilised and supported during the pandemic. During the International Year of the Nurse and Midwife 2020, Tanya worked with the other chiefs on key policies and guidance on healthcare worker wellbeing, PPE, student clinical placements and guidance for maternity and neonatal services.
- Chief Allied Health Officer **Adj Assoc Prof Donna Markham** championed the importance of healthcare worker wellbeing, and later led the establishment of the Victorian Government's Healthcare worker wellbeing centre (opposite). She also held 115 meetings with allied health leaders, professional associations, clinical deans and industry bodies.
- Chief Medical Officer **Prof Andrew Wilson** was the State Health Emergency Coordinator, and chaired the PPE and Healthcare Worker Infection Prevention and Wellbeing taskforces. He also led the delivery of the **Victorian Health Service Guidance and Response to COVID-19 Risks** (March 2021) which informs health service responses through changing risks of COVID-19 transmission in the community.

In July 2021, we welcome Victoria's Chief Mental Health Nurse Anna Love to SCV. Her move from the department marks the start of our new and exciting work in improving the quality of mental health services – a key recommendation from the Royal Commission into Victoria's Mental Health System.

Protecting and promoting healthcare worker wellbeing

Maintaining the focus on healthcare worker wellbeing

Learning the lessons of the pandemic, our new virtual **Healthcare worker wellbeing centre** is focused on creating system-wide changes to prioritise worker wellbeing across the Victorian health system. Launched in February 2021, the centre is part of a \$9.8 million Victorian Government investment to protect the physical safety of workers in health services and provide improved support for mental health and wellbeing.

Over the past year, we've hosted five webinars on healthcare worker wellbeing, attracting more than 3700 participants. Building on this work, the centre is rolling out further events, and providing access to tools, resources and training for workers in hospitals, primary health, aged care and community health services.

To ensure the long-term focus remains on healthcare worker wellbeing, we formed a representative advisory group in March 2021 to shape the future of the centre, and have partnered with the IHI to deliver a learning and action network.

Auditing health service COVIDSafe plans

We visited 13 health services in late 2020 to audit workplace compliance with COVIDSafe plans and ensure measures were in place to protect healthcare workers.

Replicated by the department at an additional 29 health services, we found there was a strong commitment by health services to staff safety and no significant risks or issues.

Since the audits, all health services have established respiratory protection programs and many have commenced the fit testing of respiratory protective equipment for healthcare workers.

Both SCV and department audit reports were published in April 2021.

Independent facilitator trial

Ending in late 2020, there were many lessons from our Victorian-first 12-month trial of an independent facilitator.

An independent facilitator for workplace issues focuses on issues such as bullying and harassment, disrespectful behaviour, and escalating conflict. Receiving more than 500 visits during the trial period, our facilitators provided staff at participating services with a confidential, informal, neutral and independent avenue to speak up about their workplace concerns.

The trial found that having an independent facilitator available can provide some benefits to staff and the service. We have shared our charter, operating guidelines and more with health services to consider implementing their own program.

Monitoring quality and safety

Issuing urgent safety alerts

In addition to our routine weekly updates about product recalls and safety alerts, we issued 13 alerts about serious patient safety risks in the past year.

These ad hoc, higher-level alerts notify health services when there is a specific urgent issue that requires staff to mitigate risks and keep patients safe.

The 13 alerts covered the following areas:

- safety guidance on specific brands of an approved N95 respirator and face mask
- recognition and treatment of paediatric inflammatory multisystem syndrome, after cases of the novel post-infectious systemic hyperinflammatory syndrome were reported in children in Victoria
- the risk of wearing face masks containing metal elements during an MRI, and the safe use of diathermy in the presence of concentrated oxygen to avoid fires
- alternative replacements for recalled pumps, gravity infusion sets and connectors, and airway products
- the potential for the malfunction of forceps used in eye surgery
- increased community prevalence of syphilis and the treatment and management of pregnant women to prevent congenital syphilis.

Raising awareness on a rare breast implant associated cancer

In May 2021, we launched a public awareness campaign about the low risk of a rare form of cancer associated with breast implants.

While this is a global issue, we are aware of 16 cases of breast implant associated anaplastic large cell lymphoma in Victoria from surgeries dating back to 2004. To put this in perspective, around 5000 to 6000 Victorians have breast implants or reconstructive surgery each year, and there are many more who go interstate or overseas for these surgeries.

While the risk is low, we:

- launched a Victorian consumer helpline for people to talk to a registered nurse about any questions or concerns that they may have
- encouraged people who have breast implants to regularly check their breasts for symptoms, and those considering surgery to seek information
- shared information with general practitioners and cosmetic and plastic surgeons about the increased risk associated with some implants, symptom identification, diagnostic pathways and treatment options.

In 2021-22, we will streamline our alert process for recall of medications and medical devices to mitigate patient safety risks.

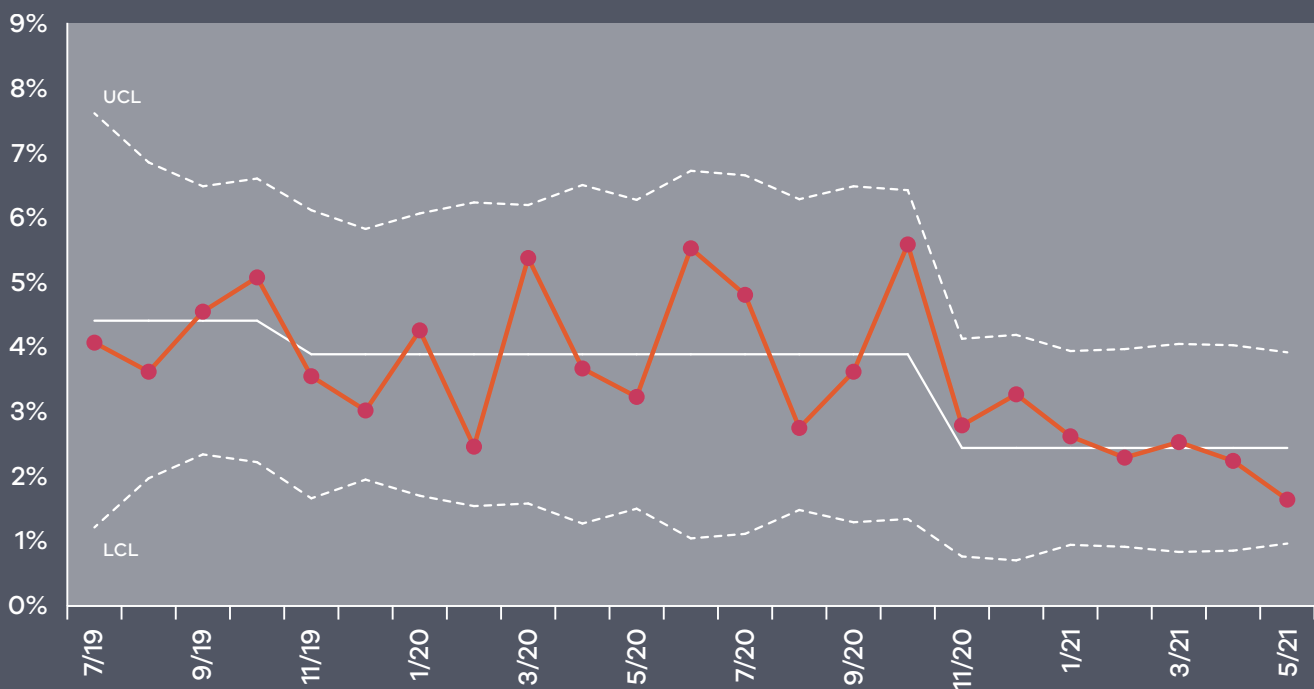
Better births for women

While interrupted by the pandemic, bushfires and cyber attacks, our major partnership with a committed group of metropolitan, regional and rural maternity services has reduced severe perineal tearing during birth by 45 per cent.

Severe (third- and fourth- degree) perineal tearing can result in devastating long-term impacts. The **Better Births for Women Collaborative** embedded hands-on techniques, warm perineal compresses and other preventive practices in order to improve outcomes for women.

Work just finished in June 2021. However, initial results for the collaborative show severe tearing was prevented for at least 155 women.

PERCENTAGE OF THIRD- AND FOURTH-DEGREE TEARS IN ALL NON-INSTRUMENTAL AND INSTRUMENTAL BIRTHS



Practice changes driving this result included:

- clinicians using the hands-on technique and gentle verbal guidance during birth, increasing from 64 to 94 per cent
- more women receiving warm perineal compresses during the birth of their baby, increasing from 46 to 67 per cent
- more women with perineal trauma being assessed by two experienced clinicians to ensure the grading of the trauma was accurate, and that they received appropriate ongoing care, increasing from 50 to 77 per cent.

We will share the more specific outcomes of this work later in 2021 and will be working with more services to spread the success of this program.

This collaborative is part of our partnership with the IHI.

I enjoy connecting with patients and their families, listening to life stories, and caring for people in hospital and residential care.





Identifying emerging safety issues

Helping us to act proactively on emerging safety issues, we are testing new ways to monitor and respond to concerning health service performance.

Collating information from clinical registries and other reporting from VAHI and from within SCV, we are in a unique position to recognise when health services are not performing as reasonably expected, and conduct a review.

We are also working on refining how we engage with health services to elevate the quality and safety agenda. The new model will be codesigned with health services.

We are currently supporting seven of these 'outlier reviews' using our newly developed review process.

For example, one outlier review is looking at why a health service has higher than expected adverse outcomes from cardiac surgery.

Tracking performance indicators in maternity services

While reporting was scaled back during the pandemic, the latest annual **Perinatal Services Performance Indicators** report (released June 2021) showed continued improvement in areas such as maternal vaccination for influenza, improved management of severe fetal growth restriction, and the rate across public hospitals of term babies without congenital anomalies who required additional care.

However, we continue to experience variation across the state in areas such as the rate of inductions, rate of caesarean sections and in the gestation standardised perinatal mortality ratio. We are working directly with services to understand these results and where improvements can be made.

This report is just one way we share information with maternity services to monitor and track their performance, and to identify emerging risks to the safety of women and children.

Learning from and preventing harm

Reviewing systems to protect patient safety

We conducted four reviews into system safety issues and serious adverse patient safety events in 2020–21. We also led or supported the review of three especially complex adverse patient safety events.

Our reviews focus on supporting health services to take a systems approach to identify improvement opportunities and to plan for sustainable, safe and consumer-focused services. To reinforce the independence of our reviews, we commission members of the SCV Academy who come from a range of disciplines and include consumer representatives.

One example is our **Mildura Base Public Hospital maternity services safety system** review completed in August 2020. Our expert team identified 46 recommendations to strengthen maternity services and support the transition back to a publicly operated health service. We continue to work with the hospital to implement all recommendations.

Monitoring adverse patient safety events

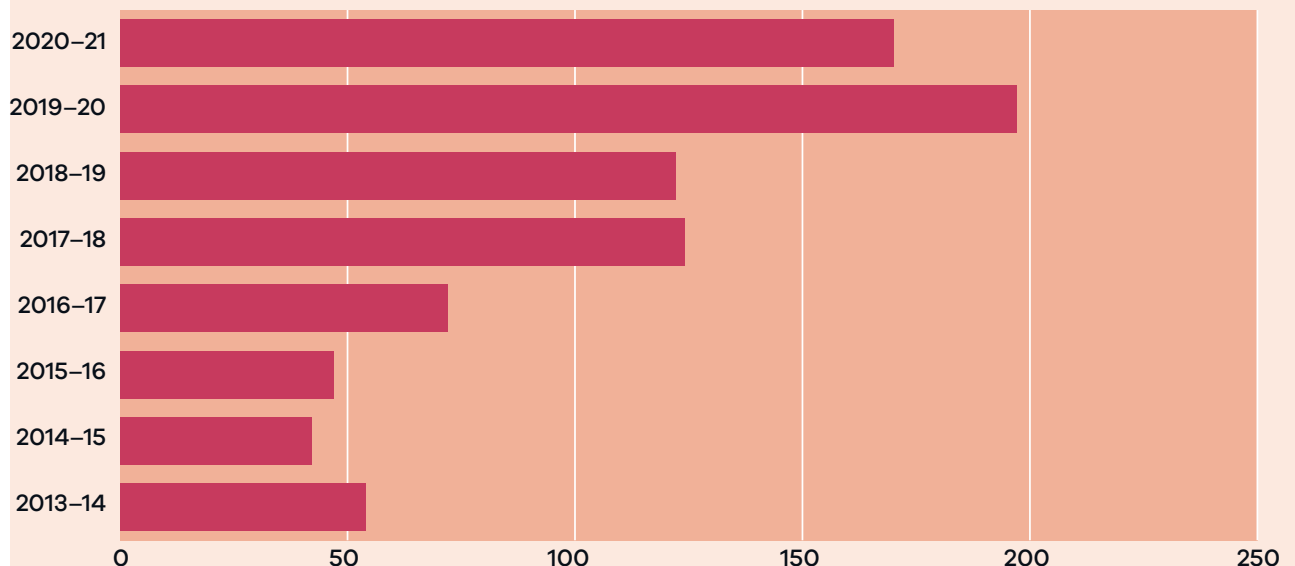
At the time of this report, health services had made more than 600 recommendations to improve the quality and safety of care as a result of the most serious cases of patient harm and death in 2020–21.

Both public and private hospitals must notify us of these ‘sentinel events’, and we support them to conduct robust team-based reviews that include external and consumer experts to ensure they identify areas where they can improve.

In the past year, we received 170 notifications, an eight per cent decrease from 2019–20. We will provide more detail and analysis in our sentinel events annual report later this year.

From July 2021, health services will be able to notify us of sentinel events online. Our new portal will make it quicker and easier to report, with secure document storage and control. It also means we can better monitor trends and emerging risks.

SENTINEL EVENT NOTIFICATIONS TO SCV





I consider myself lucky to be working with a dedicated team as an emergency nurse practitioner providing all aspects and outcomes of care for patients.

Sentinel events annual report 2019–20

The 2019–20 annual report was released in February 2021 and focused on the commonly reported themes of maternity care, in-hospital falls and medication errors.

The report showed that between July 2019 and June 2020:

- **reporting increased**
The number of sentinel events reported grew by 54 per cent to 186, showing a growing culture of transparency and increasing willingness to learn from patient harm
- **review teams are stronger**
51 per cent of review teams had a consumer representative and 85 per cent an external expert
- **improvement is happening as a result**
Through hospital reviews, 600 root causes were identified and 890 recommendations developed.

Bolstering review strength and quality

Staff training

We trained almost 300 health professionals and consumers in how to review patient safety incidents, since we launched our new and expanded online offering in January 2021.

While the popular program was paused due to the pandemic, we developed and piloted a new virtual training workshop around the fundamentals of adverse patient safety reviews, the methods of review (root cause analysis, London Protocol and AcciMap), and cognitive interviewing and cognitive biases.

Twelve booked-out sessions have been delivered so far, with more scheduled later in 2021.

External review members

Health services are continuing to strengthen review panels with independent, external members and consumer representatives. With some health service review reports yet to be submitted for 2020–21, initial figures show:

- 87 per cent of sentinel event review teams included an independent external expert
- 41 per cent included a consumer representative.

Our PEER platform, which provides a database of external members available for reviews, is being well used by Victorian health services. The database has grown since it was first launched in October 2018, and we are continuing to recruit experts.

Supporting the independent review of harm and death

We support three independent boards and councils that review harm and deaths, including the production of key public reports required by law.

Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

Independently reviewing cases of maternal and child harm and deaths, CCOPMM made 10 recommendations to improve the care of mothers, babies and children this year.

Releasing its **Victoria's Mothers, Babies and Children** report in February 2021, the council again highlighted how vulnerable women and children continue to experience poor healthcare outcomes. It also found:

- caesarean rates continued to increase (37.2 per cent, up from 35.9 per cent in 2018)
- fewer women smoked during pregnancy (7.7 per cent compared to 8.0 per cent in 2018)
- smoking was related to a higher rate of stillbirths and neonatal deaths (10.5 perinatal deaths per 1000 births for women who smoked at any time during pregnancy, compared to 8.6 per 1000 for women who did not).

Implementing past CCOPMM recommendations, we are starting a statewide collaborative to reduce post-partum haemorrhage (page 35).

Voluntary Assisted Dying Review Board

Reporting every six months in its first two years, the independent Voluntary Assisted Dying Review Board tabled reports in August 2020 and February 2021. The reports identified similar trends and issues:

- People are continuing to request and access assisted dying, with a growing number of applications. Around a third of applications come from outside metropolitan Melbourne, and ages range between 20 and 100 years.
- More doctors are training and registering in order to support applicants, although there are gaps in some specialties and in regional Victoria. The Board has encouraged more doctors to do the training before a patient raises assisted dying with them.
- The pandemic has shown the benefits of telehealth in the delivery of healthcare. The Board repeated its call for the Commonwealth to reconsider restrictions against the use of telehealth for doctor-patient conversations about assisted dying.

Board reports from August 2021 will be submitted annually.

We have started a project to upgrade the Voluntary Assisted Dying Portal, including improved functionality and user experience.

These improvements were informed by feedback from portal users in submitting and managing applications.

Victorian Perioperative Consultative Council

With specific lessons in perioperative care for older people and others at risk of complications, the first annual report from the newly formed Victorian Perioperative Consultative Council was released in April 2021.

Established in 2019, the council independently oversees, reviews and monitors perioperative care in Victoria to improve outcomes for patients. Through its annual report **Improving perioperative care before, during and after surgery** the council identified several focus areas for improvement, including the following:

- **Before surgery** For example, promoting preoperative optimisation strategies for high-risk, comorbid patients.
- **During surgery** For example, practising protocols to respond to unexpected events such as anaphylaxis, massive bleeding or cardiac arrhythmias.
- **After surgery** For example, reviewing perioperative morbidity and mortality to identify themes and lessons to improve care across the whole patient journey.

The council is continuing to promote implementation of its recommendations and encourage reporting of perioperative mortality and morbidity.

Implementing coronial recommendations

Over the past year, we have received two recommendations from Victorian coroners to improve clinical practice guidance from deaths in health services.

As a result of coroners' recommendations, we:

- worked with the department to strengthen the usability and safety of the prescribing module in the electronic medical record system across six health services to reduce the risk of incorrect prescribing
- released minimum standards for home haemodialysis (page 45) and hosted a webinar for around 80 healthcare professionals in April 2021 to share best practice in reducing the risks of vascular access haemorrhage
- released guidance on safe sleeping for infants to reduce the risk of sudden unexpected deaths in infancy (page 44)
- worked with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to develop a consensus statement on vaginal seeding and lotus birth.

Legislating open disclosure and review protections

Promising greater transparency for patients and families, we are leading legislative reforms that will ensure health services apologise to any person seriously harmed while receiving care, and explain what went wrong and what action will be taken (open disclosure or 'duty of candour').

The reforms will allow families access to the information that comes from a health service's review, while also providing a protected space for health services to conduct the review.

After we ran comprehensive consultation from November 2020 to April 2021, it is expected these reforms will be tabled in Parliament in 2022.

In other legal changes, Chief Paramedic Officer Adj Assoc Prof Alan Eade ASM worked with the department to modernise the *Non-Emergency Patient Transport Act 2003*. Under the reforms tabled in the Victorian Parliament in March 2021, the non-emergency patient transport providers and the first aid sector will be regulated for the first time. Further consultation on related regulations will open up in mid-2021.

Driving targeted improvement

Embracing technology for Triple Zero (000) calls

New SMS-initiated video triage for low-acuity mental health patients is now being used by Ambulance Victoria, with support from our innovation fund.

Ambulance Victoria developed video triage capability to enable face-to-face care while reducing unnecessary ambulance transport to emergency departments. Patients who are triaged and meet the criteria are referred to a mental health nurse and now offered a video call option.

Due to early success, Ambulance Victoria expanded capacity by enabling two video-enabled triage stations to take calls, extended the pilot program due to the pandemic and embedded this innovative way of triaging emergency mental health patients into business-as-usual functionality.

So far, Ambulance Victoria has seen a reduction in ambulances dispatched for patients who were triaged via the video call technology, compared to those who used telephone only. The trial also demonstrated a reduction in total triage time, compared to telephone only.

Safer baby collaborative

More than 20 lives have been saved through a major partnership to reduce preventable stillbirths at participating maternity hospitals.

In the past three years, we have run multiple projects to target specific risk factors for stillbirth, resulting in the first real change to the state's stillbirth rates in almost two decades.

Taking a broader approach, the **Safer Baby Collaborative** worked with participating services across five target areas.

While it was put on hold during the pandemic, the collaborative returned for a second phase in November 2020 and wrapped up in June 2021. Initial results showed a 24 per cent drop in stillbirths.

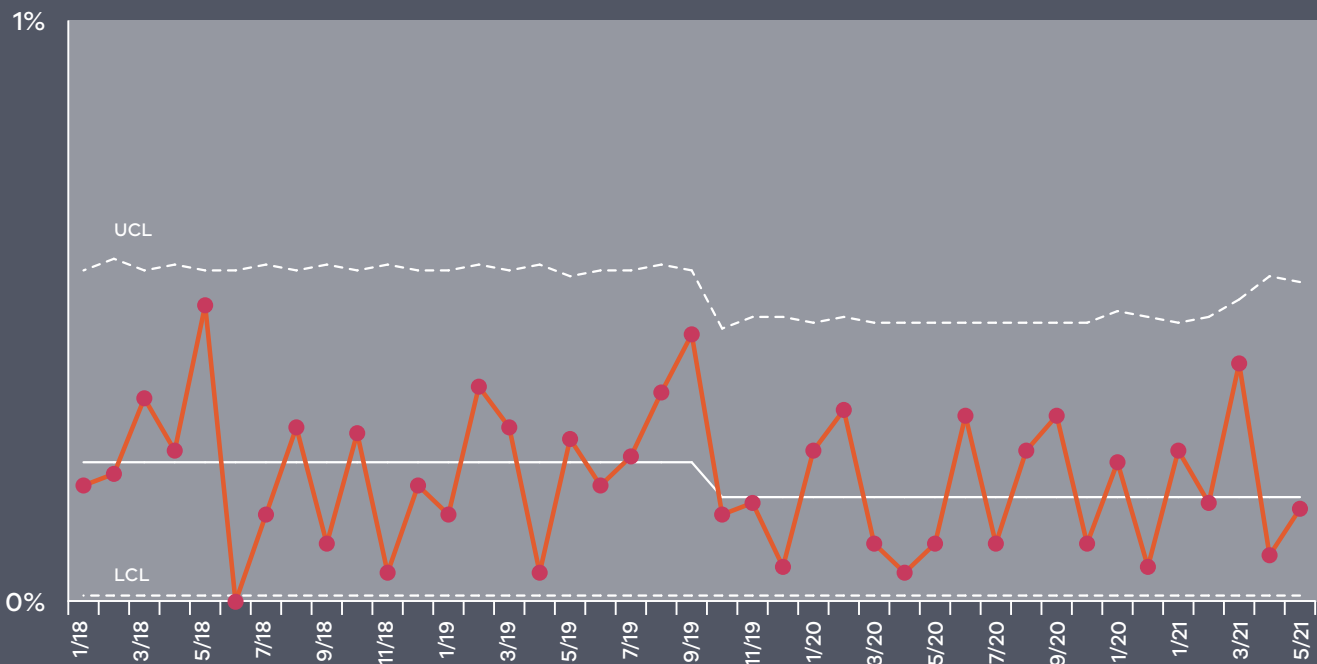
This was driven by:

- an increase in the number of women quitting smoking during pregnancy, from nine to 35 per cent, through increased referrals to smoking cessation programs
- improved screening for poorly growing babies, with risk assessment increasing from seven to 47 per cent
- more expectant mothers being informed about changed baby movements, with sharing of critical information increasing from 17 to 57 per cent
- better education around safer sleeping positions for women in their third trimester, increasing from 12 to 52 per cent
- shared decision-making with women around timing of birth, increasing from 19 to 29 per cent.

The full results from this collaborative will be shared later in 2021.

This collaborative is part of our partnership with the IHI.

PERCENTAGE OF STILLBIRTHS





Providing care and comfort to our most vulnerable, I wanted to be an advocate for those and make a positive difference, achieving the best and safest outcomes for patients.

DR BARBARA SABANGAN

CONSULTANT GERIATRICIAN

WESTERN HEALTH

Delivering effective care



Hosted 12 webinars on
COVID-19 best care for
>6000 people



Trained >250 people in
improvement science



Delivered leadership
programs to 300 board
members and senior staff



Started three new
statewide improvement
collaboratives

Supporting the state's COVID-19 response

Learning from healthcare worker infections

We continue to share what we have learned about healthcare workers acquiring COVID-19 to help inform improvements in health service practices and state prevention initiatives.

Early on in the pandemic, we asked hospitals to report data and potential contributing factors. Through the first wave, 22 per cent of infections were contracted at work, reflecting low community transmission at the time. The story was very different during the second wave, with at least 69 per cent of healthcare worker infections acquired at work, and mostly between colleagues, rather than from patients.

We will shortly release a summary report detailing the top causes of healthcare worker infections, and the impact of the prevention efforts implemented by the department.

We will also pilot our new rapid review tool, which we designed with WorkSafe should healthcare worker infections rise. The tool helps health services:

- understand why healthcare worker infections occurred by focusing on the system, rather than individual behaviour alone
- identify opportunities to strengthen risk controls to prevent healthcare worker infections.

Helping clinicians implement the latest advice

Helping emergency department, urgent care and respiratory clinicians interpret the frequently changing evidence and guidance on who required COVID-19 testing, we updated the COVID-19 assessment and streaming matrix every day for four months, then on an ad hoc basis.

The matrix summarised the Victorian COVID-19 testing criteria and epidemiological evidence, as well as department PPE, isolation and cleaning policies.

We also hosted 12 webinars for more than 6000 people to help health services adapt to new conditions and establish local outbreak response plans.

One such webinar was about our COVID-19 screening tool for residential aged care services. Released in July 2020, the tool helped staff recognise the different symptoms that may present in older people, who are at higher risk of complications if they acquire COVID-19.

So successful was this tool, we are now working on a more general tool for early recognition of deterioration in older people.

Using telehealth into the future

Victorian public health services rapidly expanded their telehealth capacity in response to the pandemic in order to continue services and reduce transmission risks.

With evidence of benefits for consumers, clinicians and the health system, there is an opportunity to embed telehealth as usual business in the post COVID-19 world. To support this, we released:

- **Telehealth for allied health** (July 2020)
Developed with the department, this guidance includes considerations for best practice application and practical examples of how telehealth can be used in allied health.
- **Telehealth decision tool** (November 2020)
This tool guides clinicians and consumers to make decisions together about using telehealth (video or telephone) in their clinical care, and considers the consumer's condition and mobility, privacy and safety, support networks, comfort level and technical know-how.

Leading for quality and safety

Building a network of improvement experts

We've trained more than 250 people to use internationally proven methods to support improvement in Victorian health services. While paused due to the pandemic, we have a range of capability building programs including the following:

- **Improvement advisor** 24 people in health services and SCV have completed more than 12 months of intensive study in improvement science and are using this knowledge to design and advise on local and statewide improvement projects with health services.
- **Improvement coach** Graduating from an intensive 12-week course, 45 improvement coaches are now out in Victorian health services or working with local teams to coach and implement improvement strategies and projects.
- **Improvement science in action** More than 140 people across 25 health service teams have commenced a six-month, hands-on training program to apply improvement science concepts, tools and methods to a real improvement project they are leading. This program is due to finish in September 2021.
- **Pocket QI** Building our new teaching faculty, 50 SCV staff have been developing the skills and knowledge to teach and facilitate improvement science training through our newly developed Pocket QI program.

Our capability building efforts reach beyond these targeted programs, with improvement science training delivered to more than 150 clinicians as part of our **Better Births for Women** (page 21) and **Safer Baby** (page 30) collaboratives, and more than 200 people through the IHI self-directed learning platform, Open School.

Graduates of all these programs join the 32 SCV-funded Improvement and Innovation Advisors, already working and leading quality improvement projects in their respective health services.

Embedding quality improvement from the top down

New opportunities to learn how to embed good clinical governance and improvement at the highest levels are opening up for Victorian health services.

Re-launched in April 2021, we held 10 induction sessions for 134 health service Board members to help them understand and undertake their important roles in clinical governance. Feedback from participants showed that not only are the sessions engaging, but they are challenging thinking around culture, the use of data and many other elements of effective clinical governance. Further sessions will be offered in the coming year.

We also piloted a new, more in-depth clinical governance and leadership program at Swan Hill District Health Service. In this program, Board members and the executive team explored key challenges for their health service and together established an action plan for improvement.

With the first pilot now complete and having received positive feedback, we will expand the trial to other health services in coming months.

Building leadership capability to focus on quality and safety

We mentored 40 new leaders from across public and private health services through our **New to clinical leadership** program to strengthen their leadership capability. Finishing in June 2021, participants reported the program was a critical support to them through a challenging year, providing an opportunity to learn from experienced leaders in monthly one-on-one meetings.

Building leadership capability in regional health services, 115 health executives and senior clinical leads from 20 health services completed our **Leadership gateway** program. This program, which finished in June 2021, supported individuals, teams and organisations to provide the leadership required to deal with the adaptive challenges of building a culture of safety, excellence and continuous learning.

Engaging quality and safety champions

Paused during the pandemic, we recommenced regular forums for quality and safety leaders from across the state in March 2021. These forums allow participants to share experiences, network with their peers and contribute to statewide improvement efforts.

We have also signed up for another three years to partner with the Australian Commission on Safety and Quality in Health Care, delivering on an ambitious national workplan of projects improving quality and safety in our health services. This work ensures that Victorian health services benefit from national initiatives.

Monitoring quality and safety

Updating independent databases for improved reporting

Reporting patient harm and death to the state's independent mortality and morbidity councils will soon be a lot easier.

By law, Victorian clinicians and health services must report specific adverse outcomes to CCOPMM (page 27) and the Victorian Perioperative Consultative Council (page 28).

To ensure both councils meet their current and future needs, we will build a secure, single entry platform. Commencing in November 2020, this key technology development project has ensured that data security is now in line with requirements and that we have expanded the collection and functionality to meet the needs of the new Victorian Perioperative Consultative Council.

Further enhancements are ongoing. Requirements are now fully scoped and we will start building the new database in 2021–22.

Driving targeted improvement

Running large-scale improvement collaboratives

With the greatest opportunity for widescale impact, we run multiple partnerships and collaboratives with health services across the state. Building on the success of our collaboratives in delirium, stillbirth and perineal tears, we have more underway.

Patient flow

We are partnering with six Victorian health services to optimise patient flow and ensure patients receive the right care in the right place, and at the right time.

Our **Timely Care Collaborative** partners have examined their whole of hospital flow and are prioritising work that will:

- improve efficiency and throughput in medical-surgical units
- improve efficiency and experience of care during transition from hospital to community
- create data-driven learning systems for hospital-wide patient flow
- strengthen partnerships with key stakeholders to shape policy, funding and reform.

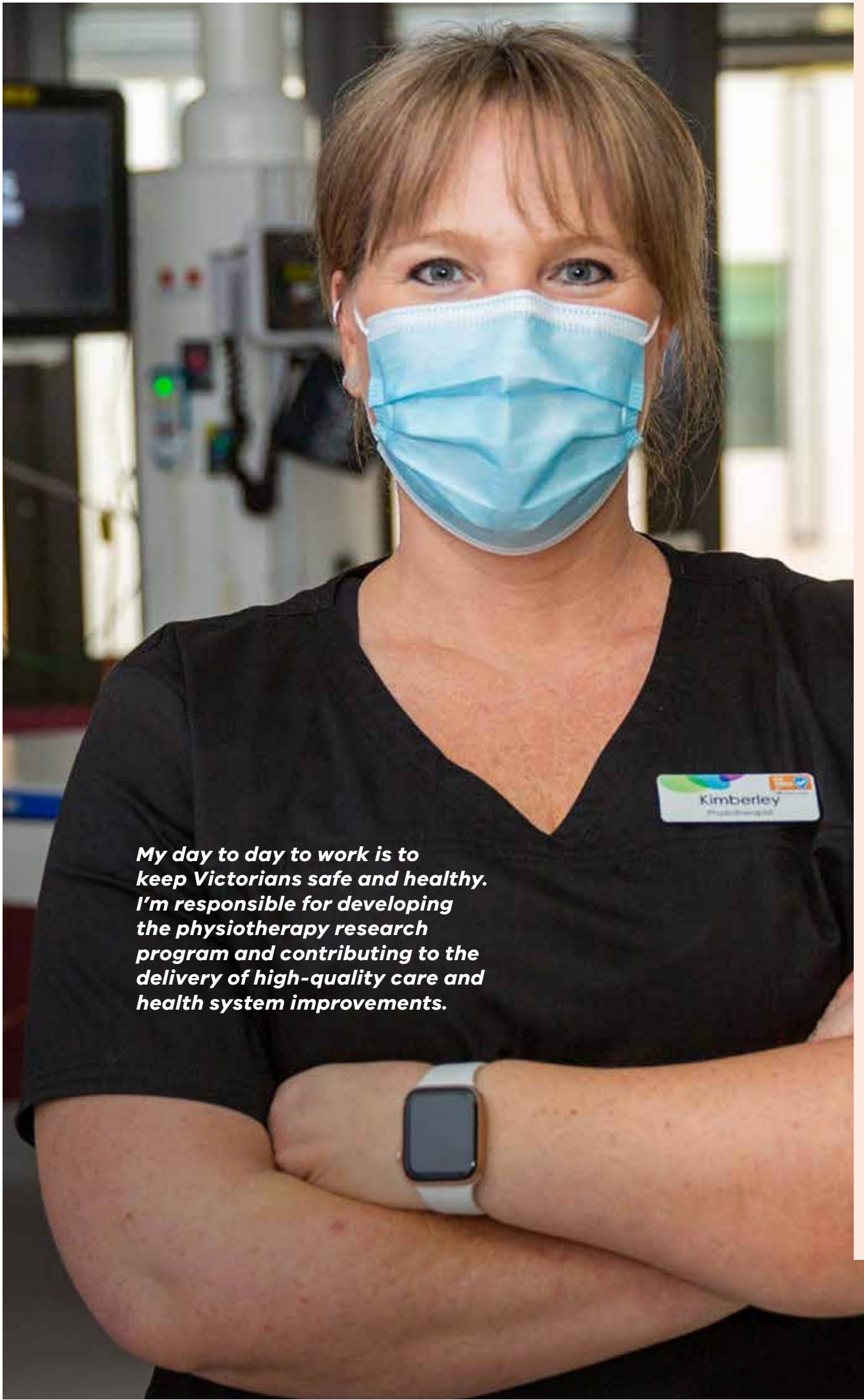
Working with the IHI, the 18-month collaborative has a strong focus on growing system capability to take on the challenge of optimising patient flow in all Victorian hospitals.

Post-partum haemorrhage

We will soon be recruiting health services to take part in a major statewide collaborative to reduce post-partum haemorrhage (PPH).

PPH is an obstetric emergency and the leading cause of maternal morbidity and mortality worldwide. Rates of severe PPH have been increasing over the past 25 years, leading to repeated recommendations by CCOPMM for evidence-based interventions to improve prevention, recognition and response.

The collaborative will look to build on our previous work in 2018 when we developed an evidence-based and professional consensus guideline for the management of PPH.



My day to day to work is to keep Victorians safe and healthy. I'm responsible for developing the physiotherapy research program and contributing to the delivery of high-quality care and health system improvements.

Partnered pharmacist medical charting

Restarted in October 2020, an expanded pharmacy model has continued to reduce medication errors and patient harm in Victorian hospitals.

First trialled by Alfred Health in 2015, we scaled the **Partnered pharmacist medical charting** project to another 13 general medicine units and seven oncology units in the past year (bringing the total to 37 sites). Under the model, credentialed pharmacists work closely with doctors to undertake medication reviews and chart medications for nurses to administer.

In general medicine units, medication errors fell from 66.7 to 9.5 per cent and average length of stay decreased from 4.8 to 3.7 days. Oncology unit results will be available in August 2021.

Residential out of home care for children and young people

We are partnering with the IHI and the Department of Families, Fairness and Housing (DFFH) to improve the experience and outcomes for children and young people who are living in residential out of home care.

Community service organisations and DFFH West will use evidence-based improvement methodology to work towards aims chosen by children and young people with lived experience of residential out of home care.

We are providing improvement advice, coaching and support for the teams and organisations involved.

Funding innovation for improved outcomes

Continuing the work of the Better Care Victoria innovation fund, we are funding numerous innovative projects in Victorian health services.

Artificial Intelligence in carDiac arrEst (AIDE)

Triple Zero (000) callers having a cardiac arrest are more likely to be quickly identified through an artificial intelligence model being developed and tested by Ambulance Victoria.

Cardiac arrest that occurs outside of hospital is a time-critical condition. Every minute that intervention is delayed is associated with a 10 per cent decrease in the odds of survival.

The **Artificial Intelligence in carDiac arrEst (AIDE)** project aims to support call takers to identify a cardiac arrest sooner, reducing the time to the administration of life-saving cardiopulmonary resuscitation. The final outcomes are expected to be available in March 2022.

Staying well

Indications from Northern Health's **Staying Well** initiative suggest an artificial intelligence tool can help us predict hospital admissions in people with complex chronic conditions.

Although interrupted by the pandemic, initial testing of the tool is positive, with the ability to identify patients who may deteriorate and be readmitted to hospital higher than expected. Outcomes for the project will be available later in 2021.

HOW-R-U?

In partnership with Northern Health, Bolton Clarke has been testing **HOW-R-U?**, an innovative peer support program to reduce social isolation and loneliness, and improve mental wellbeing in older people.

Early outcomes are showing positive results for participants, volunteers and staff. Results of the project will be available later in 2021.



Delivering person-centred care



Delivered guidance on
26 non-urgent, elective
surgeries



Developed clinical
guidance and
supporting resources on
10 topics



Hosted 1160 people at
our virtual GIANT STEPS
2021 conference

Supporting the state's response to COVID-19

Delivering best care guidance

The resumption of non-urgent elective surgery was an opportunity to bring Victorian healthcare in line with national and international consensus on the care that provides the best outcomes for patients.

We worked with experts to identify 26 elective procedures which have limited evidence of clinical benefit for patients, except when specific clinical indications exist. These procedures are now only performed if a patient has a specific medical need.

We published guidance on topics from cosmetic surgery without medical indications to adenoidectomy as an isolated procedure in children, to help clinicians and patients make shared decisions about the best option for care. Consumer information on the risks associated with specific procedures and other treatments was also published to the Better Health Channel.

Learning from the past year

With a topical take on the healthcare emergencies we experienced over the past year, our flagship healthcare quality and safety conference **GIANT STEPS** returned in May 2021 with inspiring tales of managing personal and professional crises.

While this year's event was virtual and only one day, 1160 healthcare leaders, professionals and consumers joined us to hear from Victoria's Chief Health Officer Prof Brett Sutton, diver and anaesthetist Dr Richard Harris SC OAM, TV legend Magda Szubanski AM and others. The event focused on the themes of quality and safety, emerging health challenges, leadership and delivering person-centred care. More than 94 per cent of attendees rated the event good or excellent.

Continuing the incredible reception to our first two conferences, we will host the next biennial **GIANT STEPS** conference in person in May 2022.

Partnering with consumers

Promoting shared decision making between clinicians and consumers

Eight health services are helping us refine and test a tool to encourage shared decision making between clinicians and consumers.

Partnering with La Trobe University's Centre for Health Communication and Participation, the **Shared decision-making** project is a **Partnering in healthcare framework** initiative designed to support consumers and patients to be more involved in decisions about their care. Through our training and support, two services have drafted a decision aid to be user tested.

A shared decision-making website was established to share practical guidance, evidence and tools, and we will follow this with a community of practice to facilitate ongoing learning and implementation.

Teaching 'check-back' for improved communication

We know that effective communication between patients and providers is a fundamental requirement of safe healthcare.

We will shortly launch an interactive online resource for consumers to communicate for clear understanding when speaking with their healthcare provider. It's called 'check-back' and it complements the already available 'teach-back' resource for clinicians.

Developed in partnership with Monash University, and codesigned with consumers and healthcare professionals, check-back aims to build consumers' capability to be more actively involved in the communication process by checking back themselves. Consumers have noted this may increase their ability to act on information and would promote equal partnerships with clinicians through better two-way conversations.

Helping health services engage consumers

Helping healthcare workers build their skills to work with consumers, we partnered with Victoria's peak healthcare consumer body, the Health Issues Centre, to deliver eight consumer engagement training sessions, with more scheduled.

More than 100 staff attended the sessions across metropolitan and regional/rural health services to strengthen their capability and responsiveness in partnering with consumers and improving person-centred care.

We are also codesigning a consumer leadership model with the Health Issues Centre which will be piloted and tested with consumers in 2022–23.

Escalating patient concerns

After piloting a central **HEAR Me** phone line in 17 public and private health services across Victoria, many hospitals are now improving how patients, families and carers can escalate their concerns about the health of their loved one or the standard of care provided.

The 24/7 service was an additional safety net to existing health service processes for admitted patients and their families or carers.

We assessed the outcomes of the pilot with the Centre for Health Information and Participation, and health services were mostly positive about the HEAR Me service.

We are now working with Victorian health services to develop a set of principles as the basis for consumer-initiated escalation services, and resources to support their implementation.

Monitoring quality and safety

Upgrading our perinatal database to improve outcomes

Victoria leads the nation in the breadth of information we collect about mother and baby outcomes. To ensure we can easily access, analyse and learn from this valuable intelligence, we have embarked on a major project to build a fit-for-purpose database.

The Victorian Perinatal Data Collection (VPDC) is a population-based surveillance system, tracking all births in Victoria. In addition to informing the work of CCOPMM, we receive about 70 requests from policy makers, researchers and others every year to access this rich dataset.

The VPDC system is 38 years old, and our initial scoping has identified ways to not only improve the quality of the data and the insights we derive from it, but ultimately the safety of Victorian mothers and babies. This improvement work will start in 2021–22.

Driving targeted improvement

Educating consumers on pain management

Austin Health is in the final days of testing a new online education package that will reduce the number of days Victorians wait to access pain management services.

With our support, the online **Live Better Persistence Pain** learning tool was built after a review of statewide pain management services found people often faced delays between referral to a service and the start of a required education program.

With the online option, people who are in enormous amounts of ongoing pain can do the education when and where they like. We will report on the outcomes from this project later this year.

Reducing the burden of heart disease

We will soon be recruiting up to 30 Victorian health services to improve outcomes for people with cardiovascular disease and reduce readmissions by 20 per cent by 2023.

Partnering with the IHI, the collaborative will run for 18 to 24 months. The first meeting of participating teams will be in November 2021.

We have combined this collaborative with other initiatives to form the **Avoidable acute care admissions package**.

Cardiac nurse ambassadors

We will fund a cardiac liaison nurse position at participating sites to improve the provision of cardiovascular care.

Heart helper pilot

We will codesign and trial an innovative model of care based on the Grand Aides program in the US, to extend the reach of heart failure care. Accredited staff will visit heart failure patients in the early discharge period to monitor medication use and warning signs of deterioration.

Providing cardiovascular care closer to home

With a host of partnering health services and clinical experts now on board, we'll shortly be starting four targeted improvement projects to improve access to high-quality cardiovascular care in regional and rural Victoria.

Digital cardiac rehab

With five participating health services, we will pilot a digital platform to improve uptake of cardiac rehabilitation in the home. Cardiac rehabilitation programs reduce hospital readmissions and improve quality of life after a heart attack or heart surgery, and can lead to reduced harm and death.

Rapid access atrial fibrillation clinics

We will fund five rapid access atrial fibrillation clinics in regional health services to improve access to timely care and reduce the incidence of stroke. Atrial fibrillation is the leading cause of stroke and can be treated through blood thinning medication (anticoagulants).

Chest pain pathway for urgent care centres

To improve timely triage, diagnosis and management of patients presenting to urgent care centres with chest pain, we will work with health services to develop regional chest pain management pathways and support the trial of digital networks for timely 24/7 electrocardiogram (ECG) interpretation.

Return to work stroke support centres

In partnership with the Stroke Association, we will establish four regional support centres to help stroke survivors regain function and quality of life, and support their reintegration back into the community and work.

Developing best practice clinical guidance and resources

Palliative care medicines

Adding to a growing suite of guidance that supports improved end of life options for Victorians, we updated two key pieces of guidance to manage pain and symptoms in the final days of life.

Palliative care specialists use complex and specialised pain and symptom management tools. Opioid medications and medicines delivered via a syringe driver (a continuous pump via a needle under the skin) are two ways that patients can be cared for when they need palliative and end of life care.

We brought together doctors, pharmacists and nurses to review the syringe driver compatibility and opioid conversion guidance (previously developed by the Eastern Metropolitan Region Palliative Care Consortium) to help palliative care specialists calculate and convert medicines and ensure care is delivered safely every time.



 **Andrew**
Environmental Services Office



With over 44 years working within the health sector, I get a great deal of satisfaction knowing that I can make a difference, not only in the lives of work colleagues and teams but also in brightening the day of our clients and visitors to South West Health.

Extreme prematurity

Sadly, some babies born very early at 22 to 24 weeks' gestation do not survive labour and birth. For those that do, families and their clinicians need to make difficult decisions about whether the baby will be cared for in intensive care or receive palliative care.

To support those decisions, we worked with clinical experts and consumers to develop:

- evidence-based clinical guidance for managing extremely preterm births, including a new concept of 'zone of parental discretion' to ensure the wishes and preferences of parents are respected
- management pathways for threatened extremely preterm labour and active management of the extremely preterm newborn
- information sheets for parents, which outline the evidence around active versus palliative care options.

Labour and birthing options

Supporting more options for Victorian women and families, we released two key maternity guidelines around homebirth and the use of water during labour and birth.

The evidence on the benefits and safety of homebirths and using water for labour and birth is growing. And every year, more Victorian women are requesting to use water as pain relief or to birth in water.

Developed by a team of experts and informed by public feedback, both guidelines provide practical advice for Victorian maternity and neonatal care providers to support, sustain and expand safe maternity services.

In 2021-22, we will rationalise and update our maternity and neonatal eHandbook resources, based on the latest evidence.

Safe sleeping for infants

Helping to reduce the risk of sudden unexpected deaths in infancy (SUDI), we released guidance to help maternity and newborn services:

- model safe sleeping for infants in hospital and in the home
- provide consistent advice to parents and families on infant sleeping position, safe home environments, equipment and co-sleeping (sharing the same sleep surface).

The need for statewide safe infant sleeping guidance has been highlighted through recent coronial findings. This guideline was developed by an expert working group of clinicians and consumer representatives, and was informed by public feedback.

Recognition and response systems

Proven to improve medical emergency team responses, we released a suite of resources to enhance hospital systems that recognise and respond to a person whose health is declining.

Recognition and response systems are facing increasing demand in our hospitals, with a rapid response call activated about every 15 minutes in Victoria.

The suite includes governance and clinical engagement frameworks, self-assessment tools to identify areas for improvement, and a change package with practical tips for implementation. These resources were tested in seven health services, and all saw improvement in their recognition and response systems.

Safe eating and drinking

Choking on and inhaling food, drink and medicines have led to patient deaths in Victorian health services.

To help prevent harm, we reviewed these deaths and hospital processes to develop best practice guidance on managing patients with swallowing problems (dysphagia).

Released in July 2020, the guidance and supporting resources cover how to best communicate requirements so everyone – including doctors, nurses, allied health staff, food staff, and family and friends – understands when a patient is on a modified diet and needs supervision as a safety requirement.

Home haemodialysis

In response to a coroner's recommendation, we reviewed protocols and procedures for home haemodialysis across Victoria, with the aim of developing a more standardised approach and improving patient outcomes.

Released in June 2021, our minimum standards for providing haemodialysis at home guides Victorian health services on what should be provided **in addition** to those routinely provided for patients undertaking haemodialysis therapy in a dialysis facility.

We are starting a new project for 2021–22 to improve the timely recognition and escalation of care for children with suspected or confirmed sepsis.

Sepsis

New clinical pathways that have proven to reduce harm from sepsis are now available for Victorian clinicians.

Sepsis is one of the leading causes of death in hospital patients worldwide. It is a time-critical illness requiring early identification and prompt intervention to improve patient outcomes.

In early 2021 we released:

- **Pathways and change package for emergency departments and urgent care centres** These pathways were tested by 32 Victorian emergency departments and urgent care centres, increasing recognition and timely treatment of patients presenting with sepsis and decreasing patient transfers.
- **Whole of hospital pathway and toolkit** Originally developed by Melbourne Health, we expanded this pathway and toolkit to 11 health services through our **Think Sepsis. Act Fast.** scaling collaboration. This project saved 52 lives, avoided 96 intensive care unit admissions and reduced total hospital length of stay by more than 3,780 bed days.

Our agency

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





I have 15 years' clinical experience, predominantly working in intensive care. My current role is leading the physiotherapy response and ensuring we are well equipped to respond to future COVID-19 outbreaks.

Organisational changes

In January 2020 we announced an organisational redesign in response to a broader departmental transformation.

We also reviewed our work programs and the way we work.

As our transition to this new structure was delayed during the pandemic – when many of our staff were seconded and projects put on hold – we took the opportunity to consult with the sector, respond to new jurisdictional requirements, and revise our plans.

The key changes to our structure include:

- building three specialist teams of staff trained in proven methods to drive, track and sustain better outcomes for patients, helping us sharpen our focus on improvement
- creating a flexible strategic response team which can be quickly deployed to better respond to urgent matters and to support high demand business areas.

Our new approach to engaging with consumers and clinicians

A key consideration in our organisational transformation was to streamline the many ways we engage with, and receive feedback from, clinicians and consumers.

This included transitioning from 11 specialty clinical networks to four population-based centres of clinical excellence – allowing sector representatives to tackle broader, more complex healthcare issues.

We also consolidated the number of specialist advisory committees and councils to better inform our work across the agency and improve opportunities for consumers to meaningfully engage with the full breadth of our work.

We are in the process of establishing new advisory bodies, including the:

- **Quality and Safety Executive Council** which contributes to, challenges and guides the development and implementation of our strategy
- **Clinical Advisory Group** which provides guidance and advice on prioritising projects, as well as shares frontline service delivery insights
- **Quality and Safety Signals Group** which monitors quality and safety information and intelligence to help us recognise system vulnerabilities and key risks.

We will continue to form project-specific working groups, including consumer representatives. But we will improve our connections and engagement across these through the:

- **SCV Consumer Caucus** This will bring together consumer members from our multiple committees and working groups to share their experiences and to help SCV improve consumer engagement
- **SCV Village** This will include everyone we:
 - work with on time-limited, project-specific working groups
 - partner with on improvement initiatives and large-scale collaboratives
 - regularly engage with through our communications and events.

Our leaders

Our agency is led by a chief executive officer who is responsible for the strategic leadership of SCV and its day-to-day management. Our CEO reports directly to the Secretary, Department of Health.

In November 2020, our establishment CEO Prof Euan Wallace AM was appointed Secretary, Department of Health and Human Services (now Department of Health). The Acting Premier of Victoria recently appointed Prof Michael Roberts to the CEO position and he will commence in August 2021. For most of the past year, our Acting CEO was Adj Assoc Prof Ann Maree Keenan, whose substantive role is Chief Nurse and Midwifery Officer.

Our CEO leads our executive leadership team, joined by our chief clinical officers and directors. Meeting every week, this team drives the agency's strategic planning and delivery, and provides clear decisions on both day-to-day work and large-scale projects.



**Adj Assoc Prof
Ann Maree Keenan**

A/CEO

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 at Deakin 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 an experienced intensive care paramedic with a successful career in emergency ambulance settings, and event health and medical services. 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.



Adj Prof Tanya Farrell

A/Chief Nursing and Midwifery Officer

Tanya is a midwife and a nurse, and holds two key roles that focus on improving healthcare for women, babies and children across Victoria. As A/Chief Nursing and Midwifery Officer, Tanya provides strategic clinical leadership and advice on issues related to maternity services and midwifery, particularly in relation to safety and quality improvement.

As the Chair of CCOPMM, she oversees the investigation and reporting of all maternal, perinatal and paediatric mortality and morbidity, as well as providing advice to the Minister for Health, SCV and the department on strategies to improve clinical care and avoid preventable deaths and significant morbidity in Victoria.

Tanya is also Adjunct Professor in Nursing and Midwifery at La Trobe University. Prior to these appointments, she was Executive Director of Midwifery and Nursing at the Royal Women's Hospital.



Nathan Farrow

A/Director Centre for Patient Safety and Experience

By background, Nathan is a critical care nurse, clinical educator and project manager, but also brings a safety science perspective and skillset to SCV. He will shortly finish his Masters in Safety Science, which will qualify him as a human factors engineer.

In previous roles he has overseen the risk management and quality improvement frameworks for one of Victoria's largest health services and has managed more than \$5 million in safety-related projects. He led the development of a collaborative network among 26 major teaching hospitals across Australia and has established a large program of trauma systems research between Australia and India.



Robyn Hudson

Director Strategy and Operations Partner

Robyn has more than 20 years' experience in the health sector. She is inspired and committed to improve the outcomes and experience of health systems for the people who use them.

Robyn trained as a physiotherapist at the University of Sydney, and specialised in paediatrics and adolescents while working at leading hospitals in New South Wales, Victoria and in the United Kingdom.

She undertook a Masters of Business Administration at the University of Cambridge which, together with her clinical experience, prepared her to lead reform, innovation and improvement of health systems in the United Kingdom and now in Victoria.



**Adj Assoc Prof
Donna Markham**

Chief Allied Health Officer

Donna is a registered occupational therapist and has worked in healthcare for more than 18 years. She 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.

Donna 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. She 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.



Louise McKinlay

**A/Director Improvement
Partner**

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, improvement 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.



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, codesign and design thinking.



Helen Rizzoli

Director Systems Safety Partner

Helen has more than 30 years' of health industry experience. Originally trained as a health information manager, she 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.



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.

Workplace profile

At 30 June 2021, SCV had 145, or 133.0 full time equivalent (FTE), staff members. Eighty per cent of our FTE workforce is ongoing.

WORKPLACE PROFILE AT 30 JUNE 2021

| | ONGOING | | FIXED TERM/CASUAL | |
|-----------------------|--------------|------------|-------------------|-----------|
| | FTE | HEADCOUNT | FTE | HEADCOUNT |
| GENDER | | | | |
| Female | 96.4 | 105 | 22.2 | 25 |
| Male | 9.5 | 10 | 5.0 | 5 |
| CLASSIFICATION | | | | |
| VPS3 | 5.2 | 6 | 0.0 | 0 |
| VPS4 | 24.0 | 26 | 7.6 | 8 |
| VPS5 | 50.9 | 55 | 13.5 | 15 |
| VPS6 | 20.3 | 22 | 3.4 | 4 |
| Senior Tech Services | 0.0 | 0 | 2.7 | 3 |
| Executive | 5.5 | 6 | 0.0 | 0 |
| AGE | | | | |
| 25–34 | 28.2 | 29 | 7.0 | 7 |
| 35–44 | 31.7 | 35 | 12.0 | 13 |
| 45–54 | 31.8 | 35 | 6.0 | 7 |
| 55–64 | 12.9 | 14 | 2.2 | 3 |
| 65+ | 1.3 | 2 | 0.0 | 0 |
| TOTAL | 105.9 | 115 | 27.2 | 30 |

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

Working with us

Building a supportive and psychologically safe culture

We are committed to fostering a positive work environment and supporting SCV staff.

We acknowledge that our work and working environment has been especially complex, challenging and demanding in the past year. The recent People Matter survey showed we need to do more to support our staff – who have been working from home for more than a year and have gone through lots of change – especially in the areas of psychological, physical and emotional safety.

We invited a group of staff to identify recurring themes and develop recommendations. As a first step, all our emerging and middle level leaders have committed to take action, to be part of the change, and to lead the movement to a psychologically healthy workplace.

Additionally, we are carrying out a cultural review to allow staff at all levels to reflect on the SCV culture and identify strengths and barriers that impact their day-to-day work. It will give staff an opportunity to help improve our culture and for others outside SCV to know what our values look like in action.

Transitioning back to the office

Our transition back to office-based working commenced in May 2021, informed by a representative staff working group to shape our new hybrid way of working.

Understanding that our changed working conditions would be difficult for many, the working group identified challenges in returning to the office and developed mitigation strategies and recommendations for the executive leadership team.

Supporting flexible working options

With 20 per cent of our workforce employed on part-time basis, we are adding to the flexible work options available for our staff.

In the past year, we developed an innovative program to particularly support working parents returning from parental leave.

Being implemented in the next year, the new **Gateway model** aims to:

- identify the expertise, skills and knowledge of working parents
- match staff returning to work from parental leave on part-time hours with specific project roles or with job share arrangements.



I'm most proud of the supply team and knowing that we provide a vital service to the hospital so that we can keep providing care to our community

Clinical fellows

Delayed by the pandemic, a third enthusiastic cohort of nine clinicians started the 12-month SCV Clinical Fellowship in April 2021. The fellows will undertake a 12-month learning program covering change management, project management, improvement science and leadership. They each have the opportunity to apply what they learn while delivering an improvement or scoping project, and engaging with consumers and clinicians.

Findings from the first two cohorts demonstrated there are many benefits of the program 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.

We will introduce a Safety Fellowship later in 2021 which will provide fellows with intensive learning in human factors and systems thinking, review methodologies and project management.

