100,000 Lives program

Impact report 2023–24

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100,000 Lives program: Impact report 2023–24



Foreword

As the chief executive officer of Safer Care Victoria, I am pleased to showcase the positive impacts of the 100,000 Lives program. As we reach the midpoint of this program, it is clear we are making a positive impact for the people who use and work in Victoria's health system.

This evidence-based program has been carefully designed and delivered in collaboration with key stakeholders across our system, incorporating critical safety insights, intelligence and data. Our approach has been guided by core principles such as co-design, partnering and adaptive leadership. Using improvement science, we are enabling datadriven system improvements that are meaningful and measurable and align with the needs of health professionals and the communities they serve. This approach not only delivers health system improvements but empowers individuals and teams to continually learn, innovate, improve and contribute to sustainable change.

While our aim is ambitious, the results to date are promising. I am confident in the significant body of work underway across the program as we continue to design and implement more initiatives in partnership with our Victorian healthcare community to improve patient safety, experience and outcomes. We remain focused on ensuring care is accessible, aligns with what matters to individuals, reduces avoidable harm and avoids unnecessary interventions, presentations or admission where possible. I extend my heartfelt gratitude to all the consumers, clinicians, healthcare leaders, Safer Care Victoria staff and all key stakeholders who have shared their expertise, experiences, hard work and determination to ensure this program continues to have a positive impact on health outcomes for Victorians. Your dedication to improving care across our system is genuinely appreciated.

Louise McKinlay

Chief Executive Officer, Safer Care Victoria Chief Quality and Safety Officer, Victoria





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Acknowledgement of Country

Our office is based on the lands of the Traditional Owners, the Wurundjeri people of the Kulin Nation. We acknowledge and pay respect to their history, culture and Elders past and present. We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely. We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice. For this land always was, and always will be, Aboriginal land.



Kevyn Morris | Basket weaving



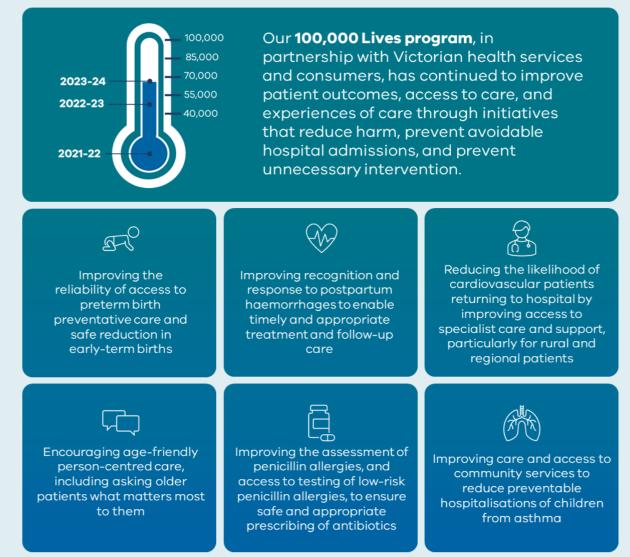
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Our 2023–24 impact

18,456 lives* improved in 2023-24



 Preliminary count; number may change as some initiatives are still in progress and data collection is still underway for the reporting period.



Summary

Project overview

Safer Care Victoria's 100,000 Lives program is a 5-year initiative designed to improve health care and outcomes for 100,000 Victorians. It will do this by reducing preventable harm, avoidable hospital admissions and unnecessary interventions across health services.

The project is funded under the Early Intervention Investment Framework. It aligns with the framework's mission to alleviate pressure on acute care services by shifting focus to preventive care, cost-effective interventions and measurable improvements for individuals and the health system.

2023–24 key outcomes

This year, a range of initiatives contributed to the program achieving substantial impact, positively affecting **18,456 lives** across Victoria. Key achievements include the following.

• **Enhanced patient safety**: Reduction in adverse events and low-value interventions, contributing to safer care experiences across participating health services.

• Improved patient-centred care: Increased patient involvement in care decisions and alignment of care with individual values, resulting in more meaningful, personalised healthcare experiences.

• **Progress in equity initiatives**: Targeted projects successfully addressed disparities in health care access and outcomes, benefiting regional, rural and culturally diverse communities, helping to reduce unwarranted variation across the system.

Strengthening impact: insights and actionable steps

The program involves complex, systemic

improvements that can be repeated and need time to reach full maturity. Despite signs of improvement, some targets, such as reductions in avoidable admissions and adverse events, have not yet been fully met.

Through small-scale testing of evidencebased interventions we can build confidence in our ideas before implementing across the health system. Small-scale testing can identify ineffective interventions as well highlight ways to adapt and better implement system change. This builds stronger foundations to enable larger, more sustainable change and greater impact.

Transforming care: health, economic and social gains

The broad-reaching impact of the program extends far beyond numbers. Each life impacted represents better care experiences, health outcomes or access to evidence-based care with broader benefits. These benefits include potential financial, social and qualityof-life gains.

The program fosters more equitable access to health care. This allows more Victorians to experience higher quality, more personalised, evidence-based care. The program strives for a more resilient health system by empowering patients to manage their health. This reduces pressure on services and improves workforce satisfaction through safer, more efficient processes.

A comprehensive evaluation, led by the University of Melbourne, is expected to provide further insights into these multifaceted benefits. It will quantify the economic and social impacts, providing insights to guide continued investment in preventive and transformative healthcare initiatives.



About us



100,000 Lives

Safer Care Victoria's (SCV) 100,000 Lives program strives to bridge the evidence– practice gap to reduce unintended harm, preventable hospital admissions and unnecessary interventions. It aims to improve the health and care outcomes of 100,000 Victorians over a 5-year period.

The \$58.34 million program is funded until June 2026 under the <u>Early Intervention</u> <u>Investment Framework</u> (EIIF). It will deliver key initiatives across three streams:

- Safe in Our Hands
- Stay Well, Stay Home
- Best Care, Best Time.



Key enablers support the program. These include:

- building Victorian health sector improvement capability
- clinical fellowships
- a fund to inspire frontline clinicians to innovate.

The aim is to reduce preventable harm in hospitals, prevent unnecessary hospitalisations and ensure patients are cared for at the right time and in the right place. This is achieved through small and large-scale improvement and innovation projects. The program works in partnership with health services, consumers and experts such as the <u>Institute for Healthcare</u> <u>Improvement</u>. These partnerships test, learn and adapt improvements to implement across the sector.

More information about the program is at <u>Safer Care Victoria: 100,000 Lives</u>.





Reducing preventable harm: Safe in Our Hands

Enhancing patient safety

Safe in Our Hands enhances patient safety by reducing unintended harm in the health system. This stream focuses on implementing evidence-based improvement to ensure every patient receives safe, appropriate care. This includes the right medications, the right interventions and timely escalations whenever people interact with the health system.

Our initiatives in 2023-24

Key initiatives include:

- **Check Again**: Ensures safe antibiotic use by delabelling (removing a penicillin allergy label) low-risk penicillin allergies.
- **Postpartum Haemorrhage**: Reduces the impact of postpartum haemorrhage (PPH) through better early recognition and improved response processes.
- **Preterm Birth**: Improves the recognition and care of women at risk of preterm

More information

<u>Check Again evaluation</u> <u>Postpartum Haemorrhage evaluation</u> Preterm Birth evaluation (coming soon) and early-term birth. It aims to safely reduce preterm and early-term birth rates.

Our key outcomes

800 lives improved by reducing inappropriate prescribing.



13,500 lives



benefited from improved maternity care related to PPH management, preterm and earlyterm birth prevention.

60 teams actively

engaged in these initiatives, building stronger networks and sector-wide collaboration.



A PPH is so much more than millilitres l've experienced two, and the impacts of each were like night and day, and I have the work of the Collaborative to thank for that.

JJ Alana Donaldson (consumer)

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Safe in Our Hands: spotlight

Transforming patient safety: the Check Again Collaborative's journey to accurate allergy management

Project overview

The Check Again Collaborative is a partnership between Safer Care Victoria (SCV) and the Institute for Healthcare Improvement (IHI). It aims to improve patient safety by addressing penicillin allergies. This initiative builds on the success of a Better Care Victoria pilot program that showed significant improvements in health outcomes and medication safety.

The journey

- 1. Pilot program (2019): The initial pilot safely delabelled 97% of low-risk penicillin allergies, showing significant improvements in patient experiences and health economics.
- 2. Collaborative launch (October 2022): The Check Again Collaborative expanded this approach across 13 health services using a Breakthrough Series Collaborative model to implement best practices.
- **3. Implementation and impact**: By August 2023, 11 of the 12 participating health services had established penicillin

Next steps:

Check Again Network (June 2024) SCV has established a network in partnership with the International Network of Antibiotic Allergy Nations (iNAAN) to continue the work of the Check Again Collaborative, promoting further scale and spread to additional health services. allergy assessment and delabelling programs.

Key outcomes

Model of care development: All participating health services developed a model of care for penicillin allergy assessment and delabelling.

Increased access: The Check Again Collaborative achieved a 25% increase in comprehensive allergy assessments for hospitalised Victorians with penicillin allergies.

Sustainability: Many process changes have been embedded into everyday practice, ensuring long-term benefits.

"The Check Again Collaborative has demonstrated the feasibility and utility of a statewide approach to penicillin allergy assessment and delabelling, setting the stage for continued improvements in antimicrobial stewardship, patient safety and healthcare quality."

Janelle Devereux, Executive Director Improvement, Safer Care Victoria



Reducing preventable admissions: Stay Well, Stay Home

Empowering self-management

Stay Well, Stay Home focuses on better managing long-term health conditions. It does this by promoting improved self-management and access to timely and appropriate care to reduce preventable hospital admissions.

Our initiatives in 2023–24

- **Cardiovascular (CVD) program**: Expands digital cardiac rehabilitation and specialist access to rural and remote areas.
- Improving Childhood Asthma Management (ICAM): Strengthens integrated care pathways between primary and tertiary care.
- Patient Activation Measure: Supports clinicians to assess patients' knowledge, skills and confidence in managing their health condition, enabling more tailored care.

Looking forward:

- ICAM phase 2 launched
- COPD Collaborative in partnership with the Lung Foundation Australia
- Optimising chronic conditions care in primary care

Our key outcomes

2,770 lives receiving better access and cardiovascular care





New digital referral forms

linking hospital pharmacies and community asthma programs

12 services

piloting a patient activation measurement tool to enable more tailored care



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Stay Well, Stay Home: spotlight

Improving cardiovascular care: the CVD program providing better outcomes for Victorians

Project overview

The five CVD program initiatives continued in 2023–24. These aim to improve the care of Victorians with cardiovascular disease by providing better access to cardiovascular support and reducing the likelihood of unplanned readmissions. With 10,670* lives improved through the CVD program that addressed care disparities, 100,000 Lives continues to make strides towards equitable access and outcomes for all Victorians. *2770 in 2023-24

The projects

- **1. Cardiovascular Ambassador**: Cardiac nurses embedding evidence-based models of care so people could spend less time in hospital and manage their cardiovascular disease at home.
- 2. Heart Helper Pilot: Increasing patient self-management and piloting an innovative combined workforce where staff (some with and some without specialised heart failure experience) worked together to support people with heart failure after going home from hospital.
- **3.** Rapid Access Atrial Fibrillation Clinics: Enhancing access to timely specialist atrial fibrillation care in regional Victoria.
- 4. Digital Cardiac Rehab: Expanding digital cardiac rehab and specialist access to rural and remote areas.
- **5. Timely Management of Chest Pain**: Piloting a pathway for virtual specialist cardiac support to rural and regional urgent care centres for people presenting with chest pain.

Key benefits

Improved patient access: New care pathways piloted for regional and remote Victorians to inform the future of cardiovascular care.

Enhanced engagement: Support for diverse patient groups including virtual rehab options.

Personalised care: Dedicated staff providing education and psychosocial support.

Clinician support: Tools and clinical upskilling in better assigning risk levels and for care delivery.

Economic and social benefits: For every \$1 invested, the project achieved a return of \$1.46.

'[The program] has vastly increased the timely access to specialist care. Prior, patients were waiting about 102 days for outpatient cardiology review, and now it's down to about 14-16 days through the introduction of a weekly clinic. '

Cardiovascular ambassador

"[The health service] had a Turkish speaking Heart Helper, which helped greatly. They spoke to heart failure patients in Turkish and this built rapport and trust quickly.'

> Heart Helper health service project sponsor



Reducing low-value care: Best Care, Best Time

Enhancing patient-centred care

This stream aims to ensure patients get care that is not only timely and appropriate but also centres on their individual needs and preferences. By prioritising patient-centred care, we aim to enhance overall patient experiences and outcomes. This stream also aims to identify and reduce low-value interventions – those that offer minimal benefit to patients. This helps to optimise resource use and improve the efficiency of healthcare delivery.

Our initiatives in 2023–24

- **Age-Friendly**: Implements the '4M's' framework (medication, mind, mobility, what matters) in care for older people across 18 services.
- **Criteria Led Discharge**: Reduces bed days and increases discharge efficiency.

More information Age-Friendly evaluation report Age-Friendly guide to using the

Age-Friendly guide to using the 4M's Age-Friendly learning modules

Our key outcomes

Age-Friendly

30 teams across **18** health services



More than **600** older people got better patient-centred care

39% of older people received the '4M's' from services that used the framework, reporting fewer falls and faster returns home

Criteria Led Discharge

220 bed days saved

15,000 views of our day surgery implementation toolkit and consumer brochure

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Best Care, Best Time: spotlight

Criteria-led discharge for planned surgery: Enhancing patient experience and reducing length of stay

Project overview

The Criteria Led Discharge pilot partnered with a Health Service Partnership and nine health services to test a Victorian Criteria Led Discharge toolkit.

The pilot aimed to enhance patient and staff experiences while improving system efficiency. It did this by:

- reducing unnecessary length of stay and bed days
- optimising workforce use
- increasing weekend transfers and discharges, ensuring earlier discharges without raising readmission rates
- establishing a sustainable model for ongoing length of stay reduction and streamlined discharge processes.



'[Knowing the criteria for discharge] helped me a lot and gave me confidence that I was fully cared for and that I would stay in hospital until I was well enough to go home.'

Results

Consumer experience:

- **75%** of patients felt more prepared for home post-surgery after learning about discharge criteria.
- Feedback showed increased **confidence** and **engagement**.

System efficiency:

- 220 bed days saved.
- Median length of stay reduction of 0.5 to 2 days, with potential for sustainable future improvements.

Lessons learned

- ✓ A preference for in-person engagement improves collaboration.
- Quality improvement training will be valuable for future projects.
- The structure of online learning communities requires more intuitive and accessible formats to enhance accessibility and better support user needs.

Sustainability and future directions

- Scale and spread: Further integration through the Safer Together Program.
- Toolkit publication: Discharge pilot, partnered with a health toolkit available across health services.
- Links to other work: Explore opportunities to support spread via planned care recovery and reform and projects to improve clinical handover.

Consumer Criteria Led Discharge Pilot

Innovation

Inspiring frontline healthcare workers

Testing, prototyping and validating ideas and new ways of working are critical to large-scale improvement efforts. These approaches build sector confidence in new practice. Through this program we aim to:

- build innovation capability
- enable a culture of innovation
- support improvement and innovation ideas from healthcare workers.

Our initiatives in 2023-24

- Capability building: SCV partnered with the Monash Institute of Medical Engineering to create a free online learning package on Foundations of Medical Technology Innovation. Almost 130 learners accessed the package in the first 3 months.
- Enabling an innovation culture:
 - Partnered with IHI to deliver webinars on <u>Creating a Culture of Innovation</u> attended by 222 senior healthcare leaders and <u>Innovating on the Frontline</u> attended by 196 healthcare workers.
 - Hosted 250 attendees from 33 healthcare, innovation and research organisations to inspire system-wide innovation, share insights and better connect the healthcare and innovation ecosystems.
 - Conducted a series of interviews and roundtable discussions with consumers, clinicians, researchers and industry experts to answer: How might we use good design in the built environment to reduce the incidence of falls in hospitals for older Victorians? A white paper will inform future work.
- Supporting ideas generation:
 - Partnered with IHI to deliver the Health Innovators Program.
 - Partnered with the Australian MedTech Manufacturing Centre, connecting SCV to existing Health-led Manufacturing Innovation Program partners to address issues such as suicide reduction, chronic conditions management and improving emergency care experiences.



SCV supported creative problem solving through initiatives like the Health Innovators Program, which trained **40 clinicians** in a **90day innovation cycle**. Some of the projects involved:

- early identification of infant sentinel injuries
- improving paediatric pain management
- improving dialysis access in the community
- creating culturally appropriate cardiac rehabilitation for Aboriginal people
- improving health literacy in the community
- preventing inpatient and residential aged care falls
- ensuring successful home care for paediatric patients with an eating disorder
- improving ward-based allied health referral process.

Feedback:

'... amazing program that has ignited my passion for innovation! Can't wait to continue and achieve great things that will improve the service I work for. To improve patient outcomes and experience and share my learnings with the team I work with.' Frontline healthcare worker and foundational program participant

'... these projects are awesome, and I am honestly taken aback by the amount of effort and solid learning that has happened. Each group has learned and pivoted and really taken the patient voice into account. I am excited to see how they articulate their theories on paper and into the next phase of testing.' IHI faculty



Building capability

Welcome to SCV's Quality and Safety Capability Hub

trulived, and capability development priorities are identified.	ed with new resources, polices, there exists and learning apportunities as they are tarkly (QNL) Capability PLB or you have identified a need for edifficual motions or Safety Capabilities?
Getting started I war with the Quality teac and Safety othe Capability Hub partu gual	S Capability Hub that is right for you - Click on the tiles to learn more ht support to h and coach rs in nering, ity and
more about quality abou heal improvement	I want to understand systems thinking and human factors to respond to and improve safety Click here to learn more
Presented Presen	More than 60 consumers partnered with us as part of the project teams.

Capability program

The 100,000 Lives program continued to invest in healthcare workforce capability. We reached more than **300 participants** across health services through SCV's quality improvement programs including Pocket QI and Co-design.

We created a set of digital 'train the trainer' resources. This significantly extends our reach, enabling support to more health services.

In 2024–25, SCV will focus on developing and implementing workforce quality and safety capability frameworks and integrating capability development with results-oriented programs.

Patient-centred health care

We continue to foster an environment where healthcare providers, researchers, consumers and innovators can come together to address complex challenges.

We have amplified the consumer voice by putting those with living and lived experience at the heart of our designs and decision making. This collective wisdom has shaped our solutions, ensuring inclusivity and relevance.



Challenges and lessons learned

The 100,000 Lives program has made great strides in improving patient outcomes and experiences and in implementing preventive care models. However, the program has faced several challenges that have affected the pace and reach of these improvements. Understanding these challenges has been crucial in refining our approach and creating more effective and sustainable solutions for the future.

1. Data collection and measurement challenges

Barrier: Gathering accurate, timely data across diverse healthcare settings has been challenging. Disparate systems across services, variation between electronic systems and inconsistent metric recording required manual data collection for certain process and other measures. This hindered our ability to achieve uniformity and efficiency.

Solution: We will introduce a tailored data strategy. By building on existing efforts and leveraging the work of eHealth, we will simplify data capture tools and apply administrative and registry data where we can. We will then be able to create dashboards and real-time feedback loops to quickly adjust interventions and strategies as needed. Essential to this is robust data infrastructure. By expanding data-sharing agreements and enhancing systems and access, we can enable more effective and dynamic monitoring and adjustment accelerating progress. This will require investment over time.

2. Complexity of multi-condition project scope

Barrier: The Chronic Conditions Collaborative project, launched in 2023 after a long scoping period, aimed to address multiple chronic conditions at the same time. This approach aligned with the *National strategic framework for chronic conditions*. The national framework advocates for a holistic management strategy focusing on shared determinants and risk factors rather than individual diseases. However, this broad scope needed a generalised change package that did not fully address the unique needs of each condition, which different clinical specialties manage. Also, the complexity of implementing complex change interventions across both acute and primary health services hindered the project's ability to achieve its goals.

Solution: We will narrow the project scope to focus on condition-specific initiatives. This will allow for more targeted and customised interventions. This is particularly important as we focus efforts on improving care delivery provided by different clinicians and specialty groups. We have partnered with industry experts, like the Lung Foundation Australia, to deliver tailored solutions. We expect that these will produce clearer and more impactful results.

3. Variability in improvement capabilities across sites

- **Barrier**: Teams across health services have varying levels of experience and capability with quality improvement methodologies. This variability affected how interventions were adopted and applied. This was particularly the case in community and primary care settings where robust implementation of improvement science is less consistent.
- **Solution**: We will build capability-building efforts through targeted training initiatives like Pocket QI and Co-Design and dedicated tools on our Capability Hub. These efforts will give health professionals foundational skills in iterative testing (plan-do-study-act cycles) and data-driven decision making. Real-time coaching and support from SCV's improvement advisors will bridge gaps in knowledge and skills. This will empower teams to implement and sustain effective practices more confidently.

4. Health service resource constraints

- **Barrier**: Health services continue to manage ongoing pandemic-related challenges. This affected their ability to fully prioritise and resource 100,000 Lives initiatives. Limited staff availability and competing operational demands affected the implementation of some interventions.
- **Solution**: To address resource constraints, we are working to streamline intervention processes and prioritise high-impact areas. This will minimise extra demands on healthcare teams. Enabled by network and learning health system solutions, SCV is also exploring partnerships with local organisations to bolster community and primary care capabilities and resources.

Evaluating our success

University of Melbourne Evaluation

The University of Melbourne is leading an evaluation of 100,000 Lives to uncover the full spectrum of the program's health, social and economic benefits. This evaluation aims to provide detailed insights that will guide future investments in preventive and transformative healthcare initiatives.

The evaluation addresses the follow key questions:

- **Design:** To what extent was the program and its components well designed?
- Implementation: How well was the program and its components implemented?
- **Outcomes:** To what extent were the short, medium and longer term outcomes (intended and unintended) achieved?
- **Context:** What were the barriers and enablers to effective implementation and outcomes?
- Impact: What has been the overall impact and value?
- **Sustainability:** What are the key implications for future policy and practice?

The comprehensive evaluation will assess the overall value of the program by examining its design, implementation, outcomes, and broader impact. It will generate actionable insights to strengthen program delivery, enhance effectiveness, and support future scalability across different contexts.



Conclusion Driving lasting change: plans for the final years

As the 100,000 Lives program enters its final two years, we are strategically positioned to increase its impact and achieve its ambitious goals. Our focus will be on:

- streamlining initiatives
- enhancing data capture and analysis capabilities
- further embedding quality improvement practices across participating health services.

Building on the lessons learned and the foundations established, SCV has repositioned our improvement efforts under the banner of the '**Safer Together**' learning health system. This represents a new approach for SCV and an evolution in how we collaborate with Health Service Partnerships, health services, clinicians and consumers to drive more effective and lasting improvements.

Safer Together unifies existing improvement programs, including the 100,000 Lives program and SCV's sustainability-focused improvement initiatives, with a single objective: delivering outstanding health care for all Victorians. The program will prioritise high-impact initiatives aimed at:

- reducing preventable harm
- unnecessary admissions
- low-value interventions.

This is consistent with the program's original intent and aim, each designed to build on successful pilot results, expand reach and refine specific care models.

Central to Safer Together will be setting up a learning health system. This will be strengthened over time to become an enduring foundation for the Victorian health system. The EIIF investment will enable this vision, supporting sustainable capability and improvement in the system. This unified approach ensures a more coordinated, collaborative effort, creating alignment and shared ownership. This will lead to better results and sustainable improvements for the future.

With an unwavering commitment to patient-centred care and to the health services and clinicians who serve them, the 100,000 Lives program is poised to deliver transformative and lasting improvements. These improvements will continue to benefit Victorians well beyond the program's duration.

