Safer Care Victoria

SAFER CARE VICTORIA

ANNUAL REPORT

2024–25

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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VICTORIA State Government

Contents

Abbreviations used in this report

CCOPMM	Consultative Council of Obstetric and Paediatric Mortality and Morbidity
HACs	Hospital-Acquired Complications
MARAM	Multi-Agency Risk Assessment and Management (framework)
MHIP	Mental Health Improvement Program
PIPER	Paediatric Infant Perinatal Emergency Retrieval
SCV	Safer Care Victoria
The department	Department of Health
ViCTOR	Victorian Children's Tool for Observation and Response (chart)
VPCC	Victorian Perioperative Consultative Council

One year together

This past year has been one of reconnection: reconnection with our purpose, with our partners, and with the people we serve. As I reflect on my first full year in this role, I'm proud of the journey we've taken together. Through site visits, conversations and shared experiences, we've deepened our understanding of the system and strengthened the relationships that drive meaningful change.

Having just completed the second year of our 3-year strategic plan, our focus on consumers has remained central, guiding our work across programs and partnerships. The Maternity Taskforce and the Women's Pain Inquiry have reminded us of the power of listening and the importance of acting with empathy and urgency.

Leadership and reform:
Leadership drives change. Our commitment to reforming the healthcare system is unwavering. Through collaboration, transparency and visionary leadership, we pave the way for transformative outcomes.

Governance:
Effective governance ensures accountability, transparency and ethical decision making.

Proactive monitoring:
With the ability to analyse health trends, risks and outcomes, we can intervene early and mitigate harm. Every preventable incident averted is a victory for us all.

Effective intervention:
When challenges arise, we can use interventions that are evidence-based, compassionate and rooted in the best interests of those we serve.

This year also marks one year of the Safer Together Program, which has now reached more than 80,000 Victorians. It's a powerful example of what's possible when we learn and improve together. We've also welcomed translational research and clinical trials into our remit, an exciting step that strengthens our ability to lead system-wide improvement.

We've developed the Victorian safety culture guide and refreshed the Victorian clinical governance framework, both of which will support safer, more accountable care across all settings. These resources reflect our commitment to practical, evidence-informed tools that support the sector to do its best work.

The Mental Health Improvement Program has also expanded, with a growing community of practice focused on strengthening human rights in mental health care. This work is a direct response to the recommendations of the 2021 Royal Commission into Victoria's Mental Health System, and it reflects our commitment to embedding dignity, respect and lived experience at the centre of care.

None of this would be possible without the people behind it. The contributions of Safer Care Victoria's staff have been thoughtful, skilled and deeply committed. We also acknowledge the invaluable input of healthcare workers across the system and the voices of consumers, whose lived experiences and insights continue to guide and inspire our work. Together, their efforts are shaping a more responsive and compassionate healthcare system.

As we look ahead, we'll continue to build on what we've achieved, staying focused on improvement, supporting each other through change and holding fast to our shared purpose. Together, we'll keep moving forward with integrity and care.

Louise McKinlay
Chief Executive Officer
Chief Quality and Safety Officer
Safer Care Victoria

Acknowledgements

ACKNOWLEDGEMENT OF COUNTRY

Safer Care Victoria acknowledges the strength, power and resilience of Aboriginal people as members of the world's oldest living culture. We recognise Aboriginal people as Australia's First Peoples and honour the richness and diversity of all Traditional Owners across Victoria.

We respect the lore, customs and languages practised by Aboriginal people in Victoria and their deep spiritual and cultural connections to land and water. We are committed to a future based on equality, truth and justice and recognise the ongoing systemic injustices faced by Aboriginal people. Victoria's treaty and truth-telling processes offer a chance to address these wrongs, empowering Aboriginal people to make decisions for their communities.

We pay our deepest respects to ancestors, Elders and leaders, past and present, whose strength and fortitude have paved the way for future generations.

ACKNOWLEDGEMENT OF LIVED EXPERIENCE

Safer Care Victoria acknowledges the consumers, families, carers, friends and loved ones who have experienced, or have been affected by, sentinel events. We are deeply sorry for their distress and grief. We bear witness to their stories in the sincere hope of improving care for others.

OUR THANKS

Safer Care Victoria succeeds because of the collective efforts of consumers, clinicians, health sector partners and our staff. Through collaboration, we have identified opportunities for improvement, strengthened healthcare performance monitoring and developed effective responses to safety concerns.

We are deeply grateful for the expertise, skill and strategic insight contributed by leaders across health care, academia and the safety and improvement community. Your input has shaped vital system advancements and forged the connections necessary to deliver safer, more effective care across services and agencies.

To our staff, thank you. Your resilience, compassion and professionalism continue to inspire. In the face of ongoing challenges, your unwavering commitment to our shared purpose has been the foundation of our progress. Together, we continue to navigate complexity with integrity and care.

About us

Safer Care Victoria (SCV) is an Administrative Office of the Victorian Department of Health (the department) and is Victoria's leading authority for quality and safety in health care. SCV operates independently but alongside the department, reporting directly to the departmental Secretary. While we perform our functions independently of the department, we collaborate on areas of shared interest and consult to support good decision-making. SCV was founded on the recommendations of the *Targeting zero* report, which was developed in response to patient safety concerns. Since our inception in 2017, SCV has established strong connections to drive safety improvements across the state. We have:

- partnered with health services, consumers, carers and their advocates, healthcare workers and key partners to develop and embed monitoring systems
- supported targeted safety improvements
- significantly increased improvement capability across the system

SAFER CARE VICTORIA'S ROLES AND RESPONSIBILITIES

Our leaders

LOUISE MCKINLAY

Chief Executive Officer and Chief Quality and Safety Officer

Louise McKinlay was appointed as CEO of SCV in July 2024. An inaugural executive who founded SCV and with more than 25 years of clinical experience as a registered nurse both in the United Kingdom and Australia, Louise brings a wealth of expertise to the organisation. Louise is known for her values-driven approach, strategic mindset and compassionate leadership style. Louise's exceptional engagement and communication skills are steering SCV towards a future marked by progress and excellence, leading to a better and safer healthcare system for Victorians.

Louise has also been appointed to the role of Chief Quality and Safety Officer by the Secretary of the department. The role of the Chief Quality and Safety Officer was introduced in 2022 through amendments to the *Health Services Act 1988*. These amendments provide greater oversight and powers to improve quality and safety in the health sector.

ANNA LOVE

Executive Director – Clinical and Professional Leadership Unit, Chief Mental Health Nurse

Anna Love is dedicated to mental health nursing clinical practice and leadership. She was appointed Victoria's Chief Mental Health Nurse in 2015 and comes with experience across mental health and addictions medicine. Anna's vision is to ensure we have a skilled, valued and nurtured mental health nursing workforce. As Executive Director, Anna oversees and supports the work of Victoria's chief clinical officers.

JANELLE DEVEREUX

Executive Director – Improvement

Janelle Devereux is a strategic leader in system improvement, dedicated to delivering equitable health outcomes for the people and communities of Victoria. With more than 20 years of experience in commissioning and health system reform across New Zealand, the United Kingdom and Australia, Janelle has made significant contributions to the field. Janelle is passionate about improving access to high-quality, person-centred and integrated care. She believes in achieving this through strong, whole-of-system partnerships and emphasises the importance of supporting and enhancing clinical leadership and consumer participation to reach these goals.

LINDSAY MACKAY
Executive Director – Safety

Lindsay Mackay ASM is a dedicated registered paramedic and healthcare executive with almost 20 years of international experience in leadership and advocacy. She is committed to transforming the healthcare system to improve health outcomes for all. Renowned for her strategic vision and innovative approach, Lindsay has successfully led large-scale cultural transformations that enhance health outcomes and foster interdisciplinary collaboration across Australia. Lindsay is passionate about being part of a transformative movement towards a more equitable and effective healthcare system, with a focus on inclusive leadership and gender equity.

REBECCA VAN WOLLINGEN
Executive Director – Operations

Rebecca Van Wollingen is a senior health sector leader with more than 20 years of experience and expertise in public health, communicable disease control and health service management. As an Associate Fellow of the Australasian College of Health Service Management, a graduate of the Australian Institute of Company Directors and a registered nurse, Rebecca has extensive understanding of healthcare management and governance. Her staunch dedication and wealth of experience plays a pivotal role in advancing safety measures and elevating patient outcomes across the state.

Our chiefs

PROFESSOR ANDREW WILSON
Chief Medical Officer

Andrew Wilson is Victoria's Chief Medical Officer and practises as an interventional cardiologist in Melbourne and rural Victoria. Andrew has an academic appointment at the University of Melbourne and leads an active clinical research program. At SCV, Andrew works closely with the other chiefs to provide professional leadership and clinical advice. He works with hospitals to ensure they have the right systems, governance and processes in place to support clinicians to deliver high-quality, safe care.

ADJ. PROFESSOR KARRIE LONG
Chief Nurse and Midwifery Officer

Karrie Long was appointed as Chief Nurse and Midwifery Officer in May 2023. Karrie brings an extensive knowledge of Victoria's public healthcare system gained through her clinical experience in intensive care, education, digital health, research and senior leadership. Karrie provides professional advice and direction to both government and the sector as well as a unique set of skills acquired across all aspects and levels of nursing.

DR LOUISE REYNOLDS
Chief Paramedic Officer

Louise Reynolds joined SCV in March 2023 as the Chief Paramedic Officer and brings along national and international experience as a registered paramedic, researcher and academic educator. She is an Associate Professor in Paramedicine at the Australian Catholic University and is passionate about targeted healthcare reform to ensure we get the right care to the right person at the right time.

RACHEL ELLIOTT
Chief Allied Health Officer

Rachel Elliott is a deeply respected healthcare leader and researcher who brings decades of experience in senior roles across Australia's health system. Appointed Chief Allied Health Officer at SCV in early 2025, Rachel is widely recognised for her unwavering commitment to compassionate, patient-centred care. Driven by a passion for system-wide improvement, Rachel continues to inspire allied health professionals and clinical leaders through her strategic vision, integrity and genuine care for the wellbeing of patients and healthcare teams alike.

DR PAUL MACCARTNEY
Chief Addiction Medicine Advisor

Paul MacCartney is an experienced general practitioner and addiction medicine specialist with 25 years of dedicated service in community health. Paul has been a strong public advocate for the care and treatment of people who use drugs, working with hundreds of patients to manage these issues effectively. As a member of the expert advisory committee on opioids, he developed an innovative multidisciplinary alcohol and other drugs treatment model in regional Victoria.

DAVID WATTERS
Professor of Surgery

David Watters is a distinguished Professor of Surgery at Deakin University and Barwon Health in Geelong. David is committed to improving perioperative care before, during and after surgery and is keen to support all disciplines involved in reform across the patient journey. He has published more than 250 papers and several book chapters and co-authored 7 books, including 2 on surgical history.

Strategic plan 2023–26

The *SCV Strategic plan 2023–26* sets out our vision, aim and strategic direction for the current 3-year period and is summarised below. We started implementing our ambitious strategy through our 2023–24 annual plan.

The full strategy can be found on our website <https://www.safercare.vic.gov.au/publications/safer-care-victoria-strategic-plan-2023-26>.

VISION

A safer healthcare system for all Victorians

AIM:
JULY 2023 TO JUNE 2026

To co-create a consistently safe and continuously improving healthcare system

OUR STRATEGIC PRIORITIES (WHAT WE DO)

1. Safety through **leadership and reform**
2. Safety through **strengthening governance**
3. Safety through **proactive monitoring**
4. Safety through **effective intervention**

ENABLING PRINCIPLES (HOW WE DO IT)

We partner...

We partner with consumers, healthcare workers and a diverse range of stakeholders to co-create a safer system of care.

We learn...

We gather and share the most important insights generated from system-level evidence, data and lived experience.

We improve...

We support health services to adopt a safety culture and continuous improvement as core change principles.

We excel...

We strive for operational excellence through a culture of continuous improvement.

Our year in numbers

Safer Together Program

- 17 improvement projects across 4 priority areas
- Improved care and outcomes for more than 31,000 Victorians
- > 80% of Victorian health services actively partnered in delivering projects
- 1,286 disability days prevented via improved stroke care
- 1,600 bed days saved through better discharge planning following surgery

Research, clinical trials and innovation

- 580 new clinical trial applications received
- 16 teletrials implemented, improving rural/regional access
- 22 public health services funded for the Ethics Review Manager platform
- 4 out of 5 translational PhD fellows onboarded
- 280 attendees at the Health Research VIC Network launch event
- 13 funded programs monitored for workforce wellbeing

Clinical governance and quality

- 13 foundations of clinical governance sessions delivered with 267 attendees from 88 health services
- 737 downloads of the Victorian safety culture guide
- 140+ stakeholders consulted for a capability framework refresh
- 200+ participants in peer-to-peer quality improvement learning
- 176 participants completed virtual co-design training
- 66 participants completed the Institute for Healthcare Improvement's improvement advisor program

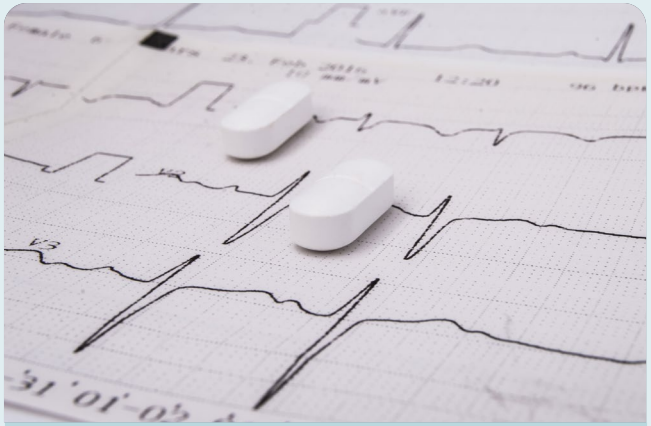
Mental health, safety and wellbeing

- 27 teams from 17 health services took part in Restrictive Practices Phase 2
- 11 workshops at 9 health services for Zero Suicide Framework:
  - 5 partnerships formed for framework rollout
  - 2-day learning session held in June 2025
  - 6 services worked with SCV in compulsory treatment reform
  - 200+ members joined the Mental Health Improvement Program Community

Our year in numbers

Family violence

- $1.5 million for Strengthening Hospital Responses to Family Violence in regional areas
- 40+ governance groups and working groups engaged with the Multi-Agency Risk Assessment and Management (MARAM) framework including its Family Violence Information Sharing Scheme and Child Information Sharing Scheme
- 61,950 MARAM and information sharing training courses/units completed by prescribed health workforces



Medicines and antimicrobial stewardship

- 20,000+ pharmacy prescribing services delivered across 800 community pharmacies
- 140+ attendees at a medicines and sustainability webinar
- 31 GP practices in the antimicrobial stewardship pilot
  - 4.6% improvement in prescribing
- 24 health services in the Check Again Network
  - 1,747 allergy assessments
  - 858 patients de-labelled, improving prescribing accuracy

Reviews, submissions and site engagement

- 72 site visits conducted by clinical leaders
- 43 site visits conducted by the SCV CEO
- > 20 formal responses to consultations and standards (e.g. Australian Health Practitioner Regulation Agency, National Health and Medical Research Council, Australian Commission on Safety and Quality in Health Care)

STRATEGIC PROJECTS

- Safety through leadership and reform
- Safety through strengthening governance
- Safety through proactive monitoring
- Safety through effective intervention

Safety through leadership and reform

Our position as Victoria's authority in quality and safety in health care gives us reach at every level of the system from research and education to healthcare delivery. We will co-design safety improvements that address the underlying causes of systemic issues by advancing national reform, sharing insights and strengthening our policy and legislative instruments.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Consumers in front

2024–25 goals	Outcomes
We will partner with consumers, health services and the department to review and update the Partnering in healthcare framework using diverse engagement methods including workshops, interviews, surveys and specific focus groups	• Partnered with BehaviourWorks Australia at Monash University to lead a comprehensive consultation and review process. This included document reviews, analysing statements of intent submitted by health services and stakeholder engagement involving surveys and focus groups. The process captured 164 survey responses and a summit with 18 consumers and 18 health professionals to deliberate findings and prioritise actions.
We will develop and publish a refreshed Partnering in healthcare framework and implementation guide based on stakeholder input	• Gathered insights from a consultation to develop a refreshed framework. The updated framework and implementation guide will be published in 2025–26.
We will support implementation of the Partnering in healthcare framework across SCV, the department and health services through developing and executing a communication and engagement strategy	• Planning for the communication and engagement strategy to support implementation is underway and will align with the release of the refreshed framework in 2025–26.

Innovation in safety

2024–25 goals	Outcomes
We will offer opportunities for healthcare workers to lift their capabilities in a variety of innovation methodologies	• Delivered a range of capability-building initiatives including: the Health Innovators Program (supporting 7 more participants and 48 frontline projects in total), an Innovation Community of Practice (16 active members), innovation webinars attended by more than 400 healthcare workers and leaders and the Foundations of Medtech eLearning module accessed by 262 people, with 50 completions.
We will provide clear pathways for shared learning across the healthcare sector including accessing the innovation of academia, manufacturing and industry (including problem solving and facilitation)	• Delivered the *Delirium built environment* white paper, co-designed with consumers and clinical experts, which offers practical guidance on how hospital design can better support patients with delirium. The white paper is available on our website <https://www.safercare.vic.gov.au/improvement/tools-frameworks-training/innovation>.
We will build on the long-term vision for a pipeline of new and novel approaches to health care that will support the Victorian Government's strategic objectives	• Supported a growing innovation pipeline through the Health Innovators Program and partnerships with the medical technology industry and academia. Projects are progressing across themes such as mental health, pain management and delirium, contributing to the development of new healthcare solutions aligned with Victoria's strategic health objectives.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Clinical leadership	
2024–25 goals	**Outcomes**
We will develop resources for women and family-centred maternity care	• The SCV-led Maternity Strategic Advisory Group is developing guidance on respectful maternity care to support women and family-centred maternity services, providing a key resource for the maternity workforce.
We will advance the Aboriginal health and wellbeing partnership action plan 2023–25 and treaty readiness	• The Mental Health Improvement Program (MHIP) began setting up an Aboriginal and Torres Strait Islander reference committee in consultation with the Victorian Aboriginal Community Controlled Health Organisation. The Reducing Compulsory Treatment in Community Settings initiative continued to expand, partnering with Aboriginal health services. Both are commitments from the Yoorrook Justice Commission.
We will co-chair the development of the National nursing workforce strategy with the Commonwealth Department of Health and Aged Care	• The Chief Nurse and Midwifery Officer co-chaired the draft *National Nursing Workforce Strategy*. The strategy is in the final stage of approval and is due to publish in 2025–26.
We will lead an investigation into women's pain management involving women with lived experiences and using data insights and research to develop better models of care and service delivery	• Led the Inquiry into Women's Pain and engaged more than 13,000 Victorian women, girls, families, carers, clinicians and researchers, who shared their lived experiences with pain. The department is now developing the recommendations and final report.
We will continue to support the design, development and implementation of 25 Ambulance Victoria paramedic practitioner roles by 2026	• The second cohort of paramedic practitioner master's students began at Monash University. The Chief Paramedic Officer chairs the expert advisory group, advising on the care model to support Ambulance Victoria's rural and regional service delivery.
We will implement the Maternal and child health system review tool	• Delivered the Maternal and child health systems-focused review tool. • Engaged with the Municipal Association of Victoria and service coordinators to deliver implementation training. Maternal and child health service managers are responsible for ensuring staff complete the training package.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Research	
2024–25 goals	**Outcomes**
We will support the conduct of Victorian research through regular e-bulletins, events, training and membership of a range of research committees and meetings	• Maintained communications, sector engagement and support to expand clinical trials and research and fostered collaborations across jurisdictions. • Active clinical trials in Victoria included 2,220 commercially sponsored and 2,192 non-commercial trials, with 580 new clinical trial applications this year. • Helped fund 22 Victorian public health services for the Ethics Review Manager platform, streamlining clinical trials and research by enabling the collection of public health service activity data.
We will continue to engage with the Commonwealth on national reforms to streamline clinical research in Australia	• Represented Victoria on the Inter-Governmental Policy Reform Group leading national reforms to strengthen and streamline the health and medical research regulatory and operating environment. This included memberships on the Commonwealth's Human Research Ethics Committee advisory group to develop new quality and accreditation standards and on the Research Operations Technical working group to develop an online platform for Australian research and clinical trials. • Supported the implementation of 2 new national accreditation standards for clinical trials across regional health services under the National Clinical Trials Governance Framework. Conducted a safety, monitoring and reporting clinical trial symposium with 91 attendees in October 2024. Coordinated an SCV response for the accreditation standards public consultation to further refine the draft standards. • Contributed to Australia's first national health and medical research strategy, participating in public consultations and providing feedback for the strategy's key activities.
We will engage with clinical trial activities across Victoria in implementing the Australian Teletrial Program, bringing trials closer to patients and collaborate nationally with all partner jurisdictions	• Made significant progress in implementing the Australian Teletrial Program across Victoria, with 31 teletrials currently operational, extending clinical trials closer to patients in rural and regional areas. Ongoing efforts to engage commercial sponsors have helped grow teletrial uptake and brought trials to underserved communities.
We will support the rollout of the Translational Research PhD Fellowship program	• Onboarded 4 out of 5 candidates, working on projects aligned with the department's translational research priorities in 2022–24.
We will facilitate the conduct, support, partnership and collaboration of research through establishing a Health Research VIC network	• Endorsement of the Health Research VIC Network by the department's Executive Board in December 2024. The first department-wide event attracted 280 attendees. Internal workshops began in April 2025, with further planning supported by an expert working group.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Mental health	
2024–25 goals	**Outcomes**
We will evaluate Phase 1 of the Safety for All: Towards Elimination of Restrictive Practices Breakthrough Series Collaborative, monitoring the sustainability of Phase 1 and designing the second collaborative to begin in early 2025	• Phase 1 of the Safety for All: Towards Elimination of Restrictive Practices breakthrough series collaborative was evaluated in November 2024.
We will complete and evaluate the success and sustainability of the first phase of the Safety for All: Improving Sexual Safety in Mental Health Inpatients initiative, with plans to scale and spread improvements in the second phase starting in April 2025	• The Improving Sexual Safety Initiative partnered with 8 mental health units across 5 organisations to test changes and build evidence for what improves sexual safety for consumers, carers and workforce (2 previously partnered services have withdrawn). We provided each partnered service with an average of 40 coaching calls and at least one site visit. A 2-day learning session in May 2025 summarised successes to date and guided the 2025–26 workplan.
We will implement the first phase of Safety for All: Adopting the Zero Suicide Framework, with 12 or more mental health services to complete the initial self-assessment workshop and 6 services to partner with SCV to implement change practice and measure the change impact against the framework	• 11 workshops were held across 9 health services to assess alignment with the Zero Suicide Framework. Partnerships with 5 services are in place to support implementation. • A portion of the statewide suicide prevention training package was launched with a 2-day learning session held in June 2025.
We will work with 6 community mental health and wellbeing services to reduce compulsory treatment through coaching, capability building and developing lived experience leadership	• The Reducing Compulsory Treatment initiative completed its first action period and second learning session with 6 services. Capability building, coaching and change ideas are being expanded to improve practice and reduce compulsory treatment. The first focus of the work so far has been looking at how treatment and recovery preferences are elicited and embedded into care.
We will embed the mental health learning health network for the MHIP aimed at raising awareness on the progress on reform initiatives and the opportunity to participate	• The MHIP Community (a learning health network) was launched with close to 200 members statewide. The MHIP Community is a new way for services and their workforce to share knowledge and learnings on improvement to quality and safety in mental healthcare and updates on MHIP reform initiatives, encouraging further statewide participation in initiatives and broader dissemination of mental health reform.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Healthcare worker wellbeing	
2024–25 goals	**Outcomes**
We will explore ways to continue to best support the wellbeing of the state's health workforce and to share and learn from work that has already happened across the sector	• Worked closely with key stakeholders to share and learn from work happening across the sector, which includes the Victorian public occupational health and safety executive. • Worked closely with WorkSafe: Health and Aged Care stakeholder working group; Mental Injuries and Manual Handling community of practice; and Systems-thinking, Analysis and Recommendations project for occupational violence and aggression.
We will monitor public hospital employees' health and wellbeing at a system level to identify areas for improvement and future work	• Monitored workforce wellbeing indicators across public health services, including burnout, stress, fatigue and occupational violence and aggression.
We will develop system-level resources and guidance to support public health services to address issues affecting public hospital employees' health and wellbeing	• Contributed to developing publicly available workforce safety resources such as eLearning modules, frameworks and guidelines.
We will monitor, evaluate and report on the outcomes of programs funded by SCV to support worker wellbeing	• Funded 2 programs to support workforce wellbeing: the Nursing and Midwifery Health Program Victoria and the Victorian Doctors Health Program. Between July 2024 and March 2025, these programs supported more than 400 new participants in managing mental injuries, including anxiety and post-traumatic stress disorder. The Victorian Doctors Health Program saw 177 new clients, including 78 medical students or trainees and 34 GPs, with 123 of these visits related to mental health. The Nursing and Midwifery Health Program Victoria supported 241 new clients, most of whom were registered nurses, with common concerns including anxiety, mental health, physical and sexual assault and post-traumatic stress disorder.
We will provide effective secretariat support to the Mental Health Workforce Safety and Wellbeing Committee in partnership with WorkSafe Victoria	• Provided secretariat support to the Mental Health Workforce Safety and Wellbeing Committee and its subcommittee in partnership with WorkSafe Victoria. Work is underway to provide the department and WorkSafe Victoria with a detailed understanding of the complexity of occupational violence and aggression in adult and youth acute mental health settings and insight into potential interventions.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Supporting family violence reform	
2024–25 goals	**Outcomes**
We will support the implementation of the Family Violence Multi-Agency Risk Assessment and Management (MARAM) framework including its Family Violence Information Sharing Scheme and the Child Information Sharing Scheme under the *Family Violence Protection Act 2008* and the *Child Wellbeing and Safety Act 2005*	• Provided workforce resources through coordination support, policy and project advice, monitoring and implementation support for the MARAM framework, Family Violence Information Sharing Scheme and Child Information Sharing Scheme across public health services. • Monitored and updated the prescribed entity list and represented health workforces in governance groups linked to these reforms such as: Family Violence Reform Advisory Group, Board and Policy Steering Committee, Child and Information Sharing Steering Committee, MARAM Response Capability Framework working group, MARAMIS Directors group and MARAMIS Managers meeting (and working groups).

We will build the capability of department-funded services to implement the MARAM framework, Family Violence Information Sharing Scheme and Child Information Sharing Scheme, including their quality, safety and improvement processes	• Coordinated capability-building activities through sector grants with Ambulance Victoria, the Centre for Mental Health Learning Victoria, the Royal Australian College of General Practitioners and the Centre for Excellence in Child and Family Welfare, strengthening hospitals' responses to family violence and supporting victim-survivors.
	• Number of participants trained through grant initiative activity:
	  • Ambulance Victoria: 809
	  • Centre for Excellence in Child and Family Welfare: 311
	  • Royal Australian College of General Practitioners: 665

We will support and embed a whole-of-hospital approach to family violence, primarily through the Strengthening Hospital Responses to Family Violence initiative	• Supported the Strengthening Hospital Responses to Family Violence initiative through leads at Bendigo Health and The Royal Women's Hospital. Provided an extra $1.5 million to strengthen statewide program support and future MARAM integration. • 42,353 tailored MARAM and information sharing units/courses were completed by hospital and health service workforces.
We will support the development of government commitments to end family and sexual violence at the state and national levels and advise on related policy and proposals	• Provided consultation and advice to Family Safety Victoria in developing and reviewing MARAM policy and guidance and represented the department in statewide governance efforts to support family and sexual violence prevention strategies.
We will promote a whole-of-hospital approach to family violence by taking part in peak governance bodies	• Participated across peak governance groups and working groups, supporting the whole-of-government MARAM reforms and promoting the whole-of-hospital response to family violence initiatives.

SAFETY THROUGH LEADERSHIP AND REFORM – SUMMARY OF OUTCOMES

Improving maternity care	
2024–25 goals	**Outcomes**
We will, with the department, establish the Victorian Maternity Taskforce to address the sustainability and safety of maternity services in Victoria	• Established the Victorian Maternity Taskforce in October 2024, aimed at enhancing maternity care by addressing workforce challenges and improving service delivery.
We will, through the taskforce, initially focus on improving the capability and quality of maternity care in regional and rural maternity services	• Worked with women, communities, health services and peak and industrial bodies to ensure women have choice and access to high-quality maternity care, with an initial focus on regional and rural areas.
We will determine optimal models of care in rural Victoria with consideration to regional clinical governance and workforce development and planning	• Engaged with stakeholders to help develop optimal models of care underpinned by strengthened regional clinical governance, workforce planning and development initiatives.

Safety through strengthening governance

Accountability and transparency are indicators of effective clinical governance, which supports patient safety and high-quality care. SCV strengthens safety through governance by providing leadership and capability development resources for health services.

SAFETY THROUGH STRENGTHENING GOVERNANCE – SUMMARY OF OUTCOMES

System and processes	
2024–25 goals	**Outcomes**
We will refresh the Credentialing and Scope of Clinical Practice policy to address systemic issues related to credentialing deficits across all professions and align with system reforms	• Worked to refresh the policy, aiming to complete it by August 2025. The policy has been developed with key stakeholders to ensure system-wide reform alignment and best practice.
We will release a refreshed Victorian Glinical Governance framework and support its application in health services, ensuring it aligns with system reforms (this includes guidance around clinical governance of integrated care with community and Primary Health Networks)	• Published the refreshed *Victorian Clinical Governance framework* in August 2024 and socialised widely across the health sector. The framework aligns with system reforms and includes guidance to support clinical governance across integrated care models including community and Primary Health Networks.
We will publish an online Clinical Governance toolkit of resources and capability development aids	• Progressed development of an online Clinical Governance toolkit that will provide a central directory of resources and capability-building aids to support implementation, monitoring and improvement of clinical governance practices.
We will support clinical governance leadership excellence for health service boards and executives	• Delivered 13 Foundations of Clinical Governance for Boards and Executives sessions to 267 attendees from 88 health services across public, private and community, with equal representation from metro, regional and rural locations. Since it began in May 2024, the Clinical Governance Health Check has been piloted with 3 health services, with more than 20 queries from other Victorian health services and statewide organisations.
We will promote a whole-of-hospital approach to family violence by taking part in peak governance bodies	• Participated across peak governance groups and working groups, supporting the whole-of-government MARAM reforms and promoting the whole-of-hospital response to family violence initiatives

SAFETY THROUGH STRENGTHENING GOVERNANCE – SUMMARY OF OUTCOMES

Building capability for all	
2024–25 goals	**Outcomes**
We will continue to develop and implement our capability framework for quality and safety that describes the quality and safety knowledge, skills and behaviours required for roles at all levels of a healthcare organisation	• Consulted with more than 140 stakeholders including consumers to inform the quality and safety capability framework. The framework outlines the quality and safety knowledge, skills and behaviours required across all levels of healthcare organisations. It will be published in 2025–26.
We will partner with consumers to help implement the refreshed *Victorian Clinical Governance framework*	• Worked alongside consumers to co-design and implement the refreshed *Victorian Clinical Governance Framework*. • Worked in partnership with a health service and their consumer network to design and test 2 partnering with consumers in clinical governance training modules suitable for boards, executives and consumer partners.
We will identify, design and deliver learning opportunities to meet internal core capability needs and priorities in relation to improvement science, partnering and co-design and safety	• Launched key resources, including the Quality Improvement in Action train-the-trainer package and the *Quality Improvement toolkit*. • Tested and refined train-the-trainer materials internally and with stakeholders such as Austin Health, the Royal Melbourne Hospital and Barwon Health. • 66 participants from SCV, the department and health services completed 3 cohorts of the year-long advanced Improvement Advisor program from the Institute for Healthcare Improvement. • Quarterly advanced data deep dive sessions and a quality improvement community of practice have enabled peer-to-peer learning for more than 200 participants. • Virtual training for Introduction to Partnering and Co-design was completed for 176 participants, including SCV and department staff, health professionals and consumers.
We will support health services to review adverse events using resources such as the multiagency review toolkit and the in-depth case review tool	• Supported health services in reviewing adverse events through publishing resources including the In-depth case review tool. The multiagency review toolkit is in final draft stage. • Key activities and outcomes include training for staff, partnering with consumers on a lived and living experience project to advance consumer integration and piloting of the morbidity and mortality framework and toolkit with 11 health services.

SAFETY THROUGH STRENGTHENING GOVERNANCE – SUMMARY OF OUTCOMES

Supporting leaders	
2024–25 goals	**Outcomes**
We will deliver foundational clinical governance capability training to build the readiness of new and existing board members, chief executive officers and executives	• Delivered 13 sessions to 267 attendees from 88 health services from public, private and community, with 7 more scheduled to the end of 2025. 63% of attendees had less than 3 years of experience, and 52% were board members.
We will support clinical governance leadership development in an increasingly complex and adaptive healthcare system using the Clinical Governance Health Check and Clinical Governance Maturity Matrix as insight-building diagnostics	• Collaborated with the health sector and subject matter experts to build a clinical governance maturity self-assessment tool. This included an expert advisory group that provided key insights into the maturity model and the resources required to enable successful implementation. The self-assessment tool is on track to be piloted with health services from July 2025. • Piloted the Clinical Governance Health Check with 3 health service board and executive teams, with positive feedback. More than 20 health services have expressed interest in using the tool for additional insights.
We will support health services to implement the Victorian safety culture guide to identify cultural strengths and barriers to effective clinical governance	• Released the Victorian safety culture guide in September 2024. The guide has been downloaded 737 times, with over 80% of downloads from Victoria. Feedback indicates a 4 out of 5-star rating, and 38% of users have started implementing it. The guide is being piloted in 5 Victorian birth suites to inform future use.

Safety through proactive monitoring

Our data capturing systems give us the capacity to monitor safety risks in real time. We use clinical intelligence to provide meaningful interpretation to notice trends and risks. Improved data sharing allows Victorian health services the ability to benchmark and enable timely intervention to prevent patient harm.

SAFETY THROUGH PROACTIVE MONITORING – SUMMARY OF OUTCOMES

Enabling datasets	
2024–25 goals	**Outcomes**
We will establish an automated and centralised perinatal data storage system to improve data quality and reliability	• Established a centralised data storage system for 20 years of perinatal and maternal health data, consolidating fragmented sources into a single, reliable database. This initiative improved data quality, accessibility and governance. • Developed a dimensional data model to support scalable reporting and analytics, including PowerBI dashboards for data-driven performance monitoring.
We will collaborate with the department's eHealth division to develop a robust end-to-end process for perinatal data collection	• Partnered with the department's eHealth division to implement a robust end-to-end perinatal data collection process, ensuring data accuracy and operational efficiency. • Contributed to the Victorian Perinatal Data Collection Enhancement project, developing data derivations, rules and a comprehensive data dictionary, which will transition into usual business processes in 2025–26.
We will use advanced analytics and visualisation tools to provide deeper insights into factors influencing quality and safety outcomes such as maternity and hospital-acquired complications (HACs), supporting informed decision making and high standards of patient safety and care quality	• Identified patterns through advanced analytics and epidemiological methods in HACs and maternity-related issues. • Developed the HACs analytical framework and used the department's eHealth division HACs dashboards for real-time monitoring. • Developed a model to assess perinatal mortality risks and support harm reduction strategies.
We will use the eHealth HACs dashboard for comprehensive data and real-time analytics on HACs	• Used the department's eHealth division HACs dashboard for real-time data monitoring, identifying key contributors to elevated HAC rates such as gastrointestinal bleeding and malnutrition. • Supported the development of more dashboards, including readmissions reporting and analysis, enhancing broader care-quality monitoring.

SAFETY THROUGH PROACTIVE MONITORING – SUMMARY OF OUTCOMES

Safety signals, insights and performance management	
2024–25 goals	**Outcomes**
We will support patient safety and care quality through proactive health service performance management and continuous improvement initiatives	• Introduced a relationship portal across SCV to enhance performance management. • Developed a new process for agenda preparation, improving leadership visibility on performance meeting schedules and facilitating more mature conversations. Contributed to annotated agendas/ notes for quarterly performance meetings, providing key insights and action points.
We will monitor safety and quality through national benchmarking and conduct internal quality and safety analysis	• Reviewed quality and safety data to provide detailed insights and recommendations for follow-up actions. Conducted desktop data reviews of specific health services, identifying safety and quality issues and offering a comprehensive overview of health service performance. Prepared health service performance reports as required.
We will partner with health services to address identified safety concerns and implement necessary improvements	• Collaborated with health services to address safety concerns, providing actionable recommendations and tracking progress. Worked with health services to ensure quality and safety improvements were implemented.
We will enhance monitoring and prevention strategies through improved data accuracy and actionable insights	• Worked to establish seamless communication channels for data submission to the National Hand Hygiene Initiative, contributing to improved hand hygiene practices and patient safety across Victoria. Improved data accuracy and provided actionable insights through data reviews and reporting.
We will work with key partners, such as Victorian Healthcare-Associated Infection Surveillance System (VICNISS) to refine quality and safety indicators	• Took on the responsibility for hand hygiene data across Victoria, collaborating with relevant stakeholders to refine and standardise the data collection and reporting process, supporting improvements in hygiene practices.

SAFETY THROUGH PROACTIVE MONITORING – SUMMARY OF OUTCOMES

Statutory bodies	
2024–25 goals	**Outcomes**
We will implement new Consultative Council of Obstetric and Paediatric Mortality and Morbidity (CCOPMM) notification forms for the 6 case types that directly create cases into the data storage system	• 6 CCOPMM notification forms (stillbirth, neonatal, infant, child/adolescent, maternal and severe acute maternal morbidity) have been integrated into one content management system, enabling health services to directly notify cases, reducing data replication. On completing a death notification, health services receive a response with access to a centralised folder for document uploads, ensuring secure data handling.
We will publish new checklists to guide health services and clinicians on the information required for CCOPMM reporting	• A checklist has been developed to guide clinicians on the required information for completing CCOPMM reports, streamlining the process and ensuring completeness.
We will develop a user guide to support the Victorian Perioperative Consultative Council (VPCC) and subcommittee members navigating the Salesforce database for case management and improved tracking of case progression	• Created a user guide for CCOPMM subcommittee members and VPCC members to assist in navigating the content management system for case reviews and tracking case progression, ensuring efficient case management.

Safety through effective intervention

By co-creating a continuously improving healthcare system, we can drive system-level change to prevent and reduce the impact of harm.

SAFETY THROUGH EFFECTIVE INTERVENTION – SUMMARY OF OUTCOMES

Safer Care for Kids	
2024–25 goals	**Outcomes**
We will support the development of 24/7 virtual paediatric clinical advice to health services in collaboration with the department, Victorian Virtual Emergency Department, Royal Children's Hospital, Paediatric Infant Perinatal Emergency Retrieval (PIPER) and the Victorian Paediatric Clinical Network	• PIPER continued to provide 24/7 specialist paediatric consultations via telephone for acute hospitals. • The Victorian Virtual Emergency Department continues to expand with increases in funding to provide 24/7 specialist support.
We will continue to help set up formalised escalation pathways for paediatric care, directing less/ moderately unwell children to the Victorian Virtual Emergency Department and critically unwell children to PIPER	• Mapped and enhanced existing escalation pathways to ensure less or moderately unwell children are directed to the Victorian Virtual Emergency Department, while critically unwell children are escalated to PIPER.
We will support the department to pilot and scale the Urgent Concern Helpline, which will enable families and carers to escalate concerns about their child or young person while in hospital	• SCV was represented on the Urgent Concern Helpline Expert Advisory Group, providing strategic input on consumer perspectives, pilot site implementation rollout and recommendation alignment.
We will enhance family and carer assessments of child deterioration by improving the use of the Victorian Children's Tool for Observation and Response (ViCTOR) chart	• Partnered with clinicians, consumers and health services to update the ViCTOR chart, incorporating a proactive assessment of family and carer concerns into routine patient observations. • Launched a pilot project across 8 health services, including rural, regional, metropolitan, private hospitals and urgent care centres to improve ViCTOR chart usage, test the feasibility of the new assessment approach and develop an audit tool to support a statewide mandate in 2025–26.

SAFETY THROUGH EFFECTIVE INTERVENTION – SUMMARY OF OUTCOMES

Medication projects	
2024–25 goals	**Outcomes**
We will continue to support the Community Pharmacist Statewide Pilot via the Clinical Reference Group and provide clinical safety and quality advice to the department project lead team	• Supported the clinical reference group and provided clinical advice to the department, contributing to the pilot's success. More than 20,000 services were delivered across 800 community pharmacies, marking the transition of existing services to an ongoing program and the addition of new health conditions.
We will continue to inform and educate Victorian clinicians on current and emerging medicines issues and initiatives	• Alongside the Victorian Therapeutics Advisory Group, co-hosted the 2024 Victorian Medicines Webinar on medicines and environmental sustainability in health care, attracting more than 140 participants and covering key topics such as sustainable asthma management and anaesthetic gases.
We will test an Antimicrobial Stewardship program in primary care to reduce inappropriate antibiotic prescribing	• Partnered with the University of Melbourne and worked with 31 general practices to pilot an Antimicrobial Stewardship program, using audit and feedback to improve guideline-concordant antibiotic prescribing. Between the first and second audit period, guideline concordance for the 4 common infections improved by 4.6%, demonstrating improvement in prescribing.
We will continue to ensure patients access the safest and most appropriate antibiotics by de-labelling those with low-risk penicillin allergies through health service partnerships	• The Check Again Network expanded to 24 health services (31.5%), surpassing the target of 25% of Victorian public hospitals. To date, 1,747 allergy assessments have been completed, resulting in 858 patients being de-labelled, enhancing antibiotic prescribing and supporting antimicrobial stewardship.

SAFETY THROUGH EFFECTIVE INTERVENTION – SUMMARY OF OUTCOMES

Acting on safety	
2024–25 goals	**Outcomes**
We will continue to provide a robust and timely response to complex quality and safety issues in Victorian health service entities	• Commissioned 4 targeted reviews in 2024–25 to address complex safety issues in Victorian health services. These timely actions, supported by strong engagement from clinicians and consumers, enabled immediate responses to emerging risks and demonstrate SCV's continued commitment to improving safety and care outcomes.
We will promote the role of the Chief Quality and Safety Officer and work with health services to review and improve systems and processes	• Led 2 targeted reviews to address complex safety issues in Victorian health services under the Chief Quality and Safety Officer, reinforcing the role's authority in driving system-level improvements. These reviews helped services identify and address gaps in care processes, although broader promotional activities for the Chief Quality and Safety Officer role were not specified.
We will produce recommendations as an outcome of quality and safety reviews and actively monitor the progress of recommendations	• Supported 13 health services in tracking progress on recommendations from 10 reviews. Three services completed monitoring, and 3 new ones joined. As of 30 June 2025, SCV continues to monitor implementation from 7 reviews across 10 services, ensuring follow-through on quality and safety improvements.

SAFETY THROUGH EFFECTIVE INTERVENTION – SUMMARY OF OUTCOMES

Addressing deterioration and harm

2024–25 goals	Outcomes

We will enhance safety in Victoria's healthcare system through the Safer Together Program by fostering collaboration, sharing and learning to address systemic issues. This program focuses on:
• **Reducing avoidable harm**
• **Reducing avoidable admissions**
• **Safe use of medicines**
• **Value-based health care.**
	• Successfully launched the Safer Together Program, demonstrating early progress towards embedding whole system quality across Victoria's healthcare system, including:
	  • improved care and outcomes for more than 31,000 Victorians
	  • established regional partnerships statewide to build improvement capability and enable scaling improvements across the Victorian health system
	  • more than 80% of Victorian health services, along with Ambulance Victoria, the Victorian Virtual Emergency Department and numerous community health services actively participating
	  • significant costs avoided through reduced complications and bed days, enabling better access to care in Victorian health services.
	• Advanced 17 projects across the program's 4 priority focus areas including initiatives to reduce HACs, avoidable harm and reduce unnecessary interventions, including:
	  • improved chronic disease pathways, proactive patient activation and integrated care models for adults with chronic obstructive pulmonary disease and children with asthma across 16 health services resulting in 400 lives impacted so far, with the final evaluation due in December 2025
	  • partnered with 12 health services to optimise discharge models in surgical cohorts leading to improved patient-reported preparedness for discharge and about 1,600 bed days saved
	  • partnered with 11 health services in collaboration with Climate Health Victoria to reduce more than 25 different low-value diagnostic pathology, imaging and interventions in public emergency departments (results to be realised in 2025–26)
	  • collaborated with 17 health services and Ambulance Victoria to enhance timely ischaemic stroke care, achieving an average time reduction of 7 minutes door-to-needle and 11 minutes door-to-puncture. This equates to 1,286 days of disability prevented.
	• Medicines improvement outcomes within this program are outlined under the medication projects section above.

SAFETY THROUGH EFFECTIVE INTERVENTION – SUMMARY OF OUTCOMES

Learning together to better respond	
2024–25 goals	**Outcomes**
We will review the Regional Maternal and Perinatal Morbidity and Mortality Committee's reports submitted by health services	• The review has been completed as part of a larger piece of work of the Victorian Maternity Taskforce, which was announced in October 2024 by the Minister for Health. The Regional Maternal and Perinatal Morbidity and Mortality Committee Meeting structures will be amended to be in line with the implementation of the Health Service Plan and the Local Health Service Networks.
We will collate, analyse and distribute Regional Maternal and Perinatal Morbidity and Mortality Committee review outcomes, actions, recommendations and learnings via an annual statewide report and grand round	• This work was paused during the standing up of the Victorian Maternity Taskforce and as such the Regional Maternal and Perinatal Morbidity and Mortality Committees will be strengthened.
We will analyse the data collected by health services in the Healthcare Complaints Analysis Tool pilot and evaluate the feasibility of implementing the tool more broadly across health services	• This work was paused during the standing up of the Victorian Maternity Taskforce and as such the Regional Maternal and Perinatal Morbidity and Mortality Committee will consider its operating model moving forward.

Victoria's Clinical Chiefs

Victoria's Clinical Chiefs play a critical role in ensuring the safety of Victoria's health system. As the state's lead clinicians, the Chiefs provide expert, discipline-specific clinical advice, leadership, strategic direction and response on a range of complex quality and safety, and professional practice matters.

EXPERT ADVICE, STRATEGIC DIRECTION AND RESPONSE

The Chiefs lead, direct and respond to emerging health system, clinical and professional practice risks.

In 2024–25 we:

- led health service system safety reviews
- led Victorian and national responses to medicine and device shortages
- responded to sentinel events and patient complaints
- advised on capability frameworks for hospitals and health services
- co-led development of Victoria's alcohol and other drugs strategy with the department
- established the Rare and Highly Specialised Procedures and Treatments Clinical Advisory Group.

CLINICAL AND PROFESSIONAL WORKFORCE LEADERSHIP

The Chiefs champion workforce sustainability, wellbeing and quality of care through targeted clinical workforce development and professional practice initiatives.

In 2024–25 we:

- led Victoria's Clinical Professional Councils and advisory groups
- established the Paramedicine Council and the Combined Council
- advised on professional issues affecting health services
- delivered the employee-centred rostering project.

INFLUENCE, IMPROVEMENT AND REFORM

The Chiefs influence, lead and contribute to statewide clinical policy development, models of care and legislative and reform activities that deliver the right care, at the right time, in the right place. They deliver key improvement activities through collaboration and partnership with the health sector.

In 2024–25 we:

- launched the *Analgesic stewardship toolkit*
- led whole-of-health Safewards initiatives
- published numerous guidance and best practice items
- developed the statewide *Ligature and Anchor Point Audit Assessment tool*
- developed the *Medical abortion clinical frequently asked questions*
- supported the implementation of Victoria's pill testing trial and review of the Opioid Dependence Treatment Program.

INNOVATION, PARTNERSHIP AND ENGAGEMENT

The Chiefs enhance health system excellence and innovation through research, education and strategic speaking engagements. They provide a critical and trusted link between the health sector, the department, industrial partners, professional bodies, other jurisdictions and internationally.

In 2024–25 we:

- collaborated with La Trobe University to scale and spread the CP@ clinic community paramedic program in rural and regional areas
- collaborated with local, interjurisdictional and international colleagues and workforce groups.

A SAFETY STORY

A safety story:
Discharge optimisation for planned surgery: empowering patients, enhancing recovery

A safety story:
Every minute matters: transforming stroke response in Victoria

Discharge optimisation for planned surgery: empowering patients, enhancing recovery

CONTEXT

The length of hospital stays for planned surgeries varies widely across Victoria, leading to inefficiencies in healthcare delivery. These inconsistencies contribute to bed shortages, increased costs and a higher risk of HACs, negatively impacting both patients and the system. Prolonged stays delay access to surgery for others and strain hospital resources.

The Discharge Optimisation for Planned Surgery project, part of the Safer Together Program, is tackling this challenge head-on, ensuring patients can return home sooner, when it is safe, while improving their outcomes and experience.

PROGRAM DESCRIPTION

Every patient's surgical journey should be safe, efficient and empowering. The Discharge Optimisation for Planned Surgery project is transforming how patients transition from hospital to home, helping them leave sooner when it's safe, without compromising care quality. Through clear communication, proactive planning and strong teamwork, this initiative uses a value-based approach to drive meaningful change across Victoria.

Objectives:

- Reducing unnecessary bed days: optimising workforce use and freeing up resources for timely surgical care.
- Improved consumer experience, health outcomes and staff satisfaction: by enhancing patient care through clear communication.
- Enhancing early discharges with minimal readmissions: prioritising safe, effective recovery strategies.
- Embedding a culture of continuous improvement: refining processes to create lasting change and fostering innovation in surgical care.

SMARTER APPROACH TO DISCHARGE

As part of the Safer Together Program, SCV is working with 12 health services across metro and regional Victoria to transform how patients transition from hospital to home after surgery. Teams are using the Criteria Led Discharge Toolkit <https://www.health.vic.gov.au/criteria-led-discharge- toolkit> and the model for improvement to identify barriers, to test and adapt solutions and to refine their discharge processes. This helps ensure safer, more efficient recovery from the very beginning of a patient's journey.

Health services are adopting milestone-driven discharge criteria, helping teams pinpoint what's needed to get patients home safely, sooner. By addressing delays, they're making real improvements in surgical recovery, including:

- early mobilisation: helping patients mobilise sooner for smoother recoveries
- improved anaesthetic management: reducing postoperative challenges to promote faster healing
- discharge checklists: giving patients and care teams clear, confident plans for going home
- refined workflows: streamlining hospital processes for efficient, coordinated discharges
- criteria-led discharge: empowering a trained member of the multidisciplinary team to discharge a patient when they meet pre-agreed clinical criteria.

RESULTS TO DATE

This has so far saved 1,600 bed days. Table 1 breaks down the bed days saved in 2024–25.

Table 1: Bed days saved in 2024–25

Quarter	Bed days saved
Q1	436
Q2	423
Q3	734
Q4	Data not available at the time of reporting

This initiative isn't just about reducing hospital stays, it's about empowering patients, ensuring they play an active role in their recovery, and creating a culture of continuous improvement across Victoria's healthcare system. By working together, health services are setting a new standard for surgical care.

BEYOND NUMBERS

This program is changing how healthcare teams approach discharge planning. Healthcare teams have reported improved connections between disciplines and are working together in new, meaningful ways, breaking down traditional silos to prioritise patient recovery. This shift has improved healthcare worker wellbeing, with staff experiencing greater job satisfaction as they witness firsthand the positive impact of their efforts on patient outcomes.

Patients, in turn, have reported feeling more prepared and confident for discharge, expressing relief and happiness about returning home sooner than for previous surgeries. By aligning surgical decisions with postoperative care and discharge milestones, the program is enhancing both patient experiences and staff fulfillment, setting a new standard for integrated, patient-centred care.

Every minute matters: transforming stroke response in Victoria

ISSUE

Stroke is one of Australia's leading causes of death and disability. In 2020, more than 27,000 Australians experienced a stroke for the first time, with 25% of them in Victoria. That same year, 2,256 Victorians lost their lives to stroke. The cost to the Victorian health system is significant: more than 8,000 hospital admissions and 95,000 bed days annually, totalling around $57 million.

The Australian 30/60/90 National Stroke Targets highlight that thrombolysis and endovascular thrombectomy are time-critical treatments. Every minute counts. Just one minute saved in delivering reperfusion therapies can mean one less day of disability. A 15-minute delay can cost a stroke survivor a month of healthy life.

OUR RESPONSE

SCV, in partnership with 17 Victorian health services and Ambulance Victoria, is working to reduce treatment times for stroke patients presenting to emergency departments. By December 2025, participating services aim to reduce median times for:

- door-to-needle – time to thrombolysis
- door-in-door-out – time to transfer for clot retrieval
- door-to-puncture – time to endovascular clot retrieval.

OUR APPROACH

Launched in November 2024, the Enhancing Stroke Care Collaborative uses the Institute for Healthcare Improvement's adaptation collaborative model. Over 12 months, teams are applying improvement science to:

- define problems and prioritise opportunities
- test evidence-based change ideas
- measure and scale what works.

With SCV's support, services are implementing changes to:

- streamline stroke response – through early identification, pre-notification and rapid emergency department transfer from ambulance
- optimise clinical decision-making – enabling faster diagnosis and treatment
- build a stroke-ready workforce – through training, capability uplift and staff engagement.

OUR IMPACT SO FAR

Across participating services, we've already seen measurable improvements in:

- door-to-needle time reduced by 7 minutes, preventing an estimated 483 disability days
- door-to-puncture time reduced by 11 minutes, preventing disability days
- door-to-CT scan time improved for 521 patients, thanks to better prenotification and handover processes.

These gains are supported by collaboration with key partners including the Australian Stroke Clinical Registry, Victorian Stroke Telemedicine, Ambulance Victoria and the Angels initiative.

Workplace profile

Workplace profile on 30 June 2025

	All employees		Ongoing			Fixed term/casual	
	Headcount	FTE	Full time	Part time	FTE	Headcount	FTE
Gender							
Male	38	31.51	26	0	24	12	7.51
Female	163	135.92	89	31	105.93	43	29.99
Uncoded (non-binary and undisclosed)	0	0	0	0	0	0	0
Classification							
VPS2	0	0	0	0	0	0	0
VPS3	1	1	1	0	1	0	0
VPS4	29	25.4	18	5	20.8	6	4.6
VPS5	104	88.52	65	20	76.03	19	12.49
VPS6	43	37.8	29	8	32.1	6	5.7
Senior Tech Services	6	3.7	0	0	0	6	3.7
SMA	6	1.51	0	0	0	6	1.51
Executive	12	9.5	0	0	0	12	9.5
Age							
<24	0	0	0	0	0	0	0
25-34	39	30.8	22	5	23.3	12	7.5
35-44	78	67.99	47	14	54.7	17	13.29
45-54	48	40.8	27	5	29.6	16	11.2
55-64	28	22.55	14	7	18.33	7	4.22
65+	8	5.29	5	0	4	3	1.29
Total employees	**201**	**167.43**	**115**	**31**	**129.93**	**55**	**37.5**

As at 30 June 2025. Please note, these figures are approximate.
The data above does not capture vacant FTE.

Reports and publications

REPORTS

Sentinel events annual report 2022–2023 <https://www.safercare.vic.gov.au/publications/sentinel-events-annual-report-2022-2023>, August 2024

Victoria's mothers, babies and children 2022 <https://www.safercare.vic.gov.au/publications/victorias-mothers-babies-and-children-2022-report>, September 2024

Victorian Perioperative Consultative Council annual report 2022 <https://www.safercare.vic.gov.au/reports-and-publications/victorian-perioperative-consultative-council-annual-report-2022>, October 2024

Safer Care Victoria annual report 2023–24 <https://www.safercare.vic.gov.au/about-us/plans-and-reports/annual-report-2023-24>, November 2024

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Sentinel events annual report 2023–2024 <https://www.safercare.vic.gov.au/publications/sentinel-events-annual-report-2023-2024>, June 2025

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Reports and publications

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Morris R, Harris A, Stewart MJ, et al., 2024. Efficacy of refrigerated gel packs for therapeutic hypothermia in neonatal retrieval: a retrospective cohort study. Archives of Disease in Childhood - Fetal and Neonatal Edition, 110(1), 96–101.

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