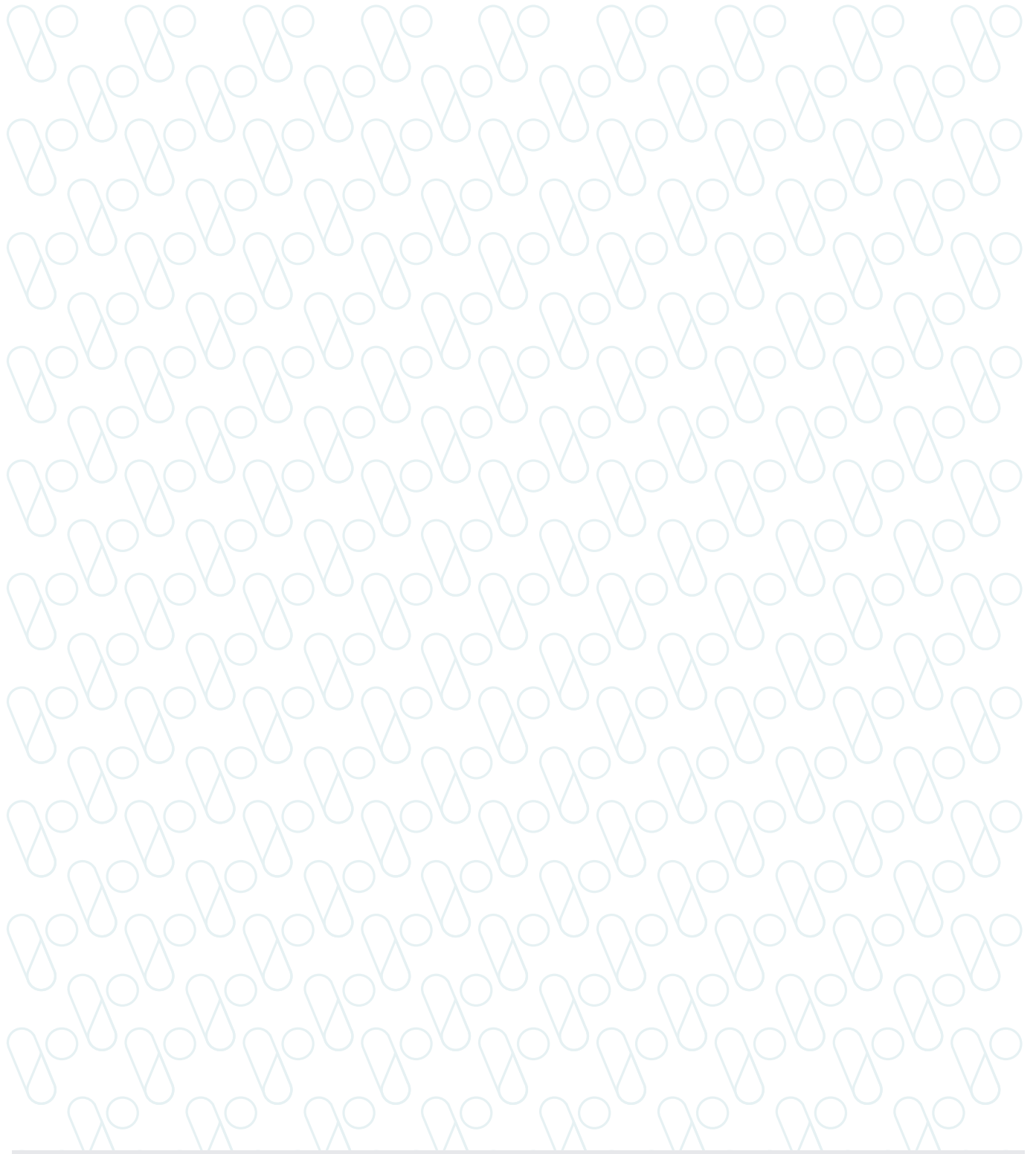


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# Victorian quality account

Reporting guidelines for 2017–18





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# National Safety and Quality Health Service Standards

The Australian Health Services Safety and Quality Accreditation Scheme was introduced in 2013. This scheme includes the the National Safety and Quality Health Service Standards (the standards) which require services to demonstrate performance across a comprehensive range of quality and safety criteria. The primary aim of the standards is to protect the public from harm and improve the quality of healthcare.<sup>1</sup>

The second edition of the standards was developed in consultation with the Australian Government, state and territory partners, consumers and the private sector and was released in November 2017. Although assessment to the second edition will not commence until 1 January 2019, this edition of the Victorian quality account guidelines is framed with the new version of the standards in mind, specifically:

## **Standard 2 – ‘Partnering with consumers’**

Partnering with Consumers describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in the development and design of quality healthcare.

## **Standard 5 – ‘Comprehensive care’**

Comprehensive Care describes the integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.<sup>2</sup>

One of the ‘Partnering with consumers’ criteria relates to health literacy:

**Health service organisations communicate with patients in a way that supports effective partnerships.<sup>3</sup>**

A quality account can provide information and improve a service’s interaction with its community. The aim is to meet diverse quality and safety health literacy needs by providing a report that is accessible and easy to understand. Services are encouraged to consider preparation of the quality account as part of their response to this standard.

Comprehensive care is the coordinated delivery of the total healthcare required or requested by a patient.<sup>4</sup> Reporting on care planning, advance care directives and end-of-life care are now included under the heading of comprehensive care.

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# Victorian quality account

The Victorian quality account was introduced in 2016 as part of the evolving quality and safety reporting landscape, placing emphasis squarely on the importance of transparency and accountability in public reporting.

The purpose of the quality account is to provide accessible information to each health service's community about its quality of care and safety. The account should be presented in a format and context that is accessible to the report's primary audience, which consists of consumers (patients, residents and clients), carers and the health service community.

The aim of the quality account is to improve the audience's understanding of, and engagement with, the quality systems, processes and outcomes provided by the service.

This report is a key public accountability mechanism by which a service can:

- **communicate** its performance against quality indicators and standards in a way that can be understood by its community
- demonstrate **action** and achievements associated with the relevant indicators and quality standards and how this contributes to **continuous improvement**.

Services have previously included public relations-style articles in quality of care reporting. It is strongly recommended that services limit such content to **no more than three items**. Services should also ensure content is both directly related to quality of care and safety, and in direct response to the community's areas of interest or participation.

## A NOTE ON TERMINOLOGY

In Victoria, quality accounts are prepared by public health services<sup>a</sup> and registered community health services. In these guidelines the term 'service' or 'services' is used to encompass both public health services and community health services.

The terms 'diverse' and 'diversity' refer to the diversity of our community, recognising groups that have historically been under-represented – women, Aboriginal people, young Victorians, Victoria's culturally and linguistically diverse communities, lesbian, gay, bisexual, transgender and intersex people and Victorians with a disability.

This concept of 'diversity' also recognises that people may identify with multiple groups and that this may alter their experiences and level of vulnerability.

<sup>a</sup> Public health services are required to prepare reports that reflect all services, including ambulatory and community health.

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## QUANTITATIVE REPORTING

Quality accounts will include performance data that is also presented in other contexts such as in an annual report or directly to the Department of Health and Human Services. However, in a quality account the information should be presented in a way that keeps consumers, carers and the community front of mind.

Data must be presented in context with an accompanying description of its significance in respect of quality and safety in a way that makes the data meaningful. These guidelines specify a framework for the reporting of quantitative data:

### result – target – action & outcomes



This symbol denotes a reporting item that relates to a specific indicator and target and/or benchmark.

**result** – services should report their result against an indicator

**target** – the result should be presented in the context of the relevant target or benchmark and be clear about whether or not it is a favourable outcome

**action & outcomes** – services should provide information about the **action** taken (or planned) to improve performance and the resulting **outcomes**

The intention of this framework for quantitative reporting should be to **communicate** quality and safety data in a format that is accessible and easy to understand. The emphasis should be on **action** taken to pursue continuous improvement and the resulting **outcomes**.

## PRESENTATION PRINCIPLES

The presentation of the report is important. It should:

- be easily accessed and understood by consumers, carers and the community
- employ standard conventions for data presentation including clearly labelled data sources, values and axes
- use clear formats and layouts
- be interesting to read
- use consumer and staff stories, with their written permission
- demonstrate the extent to which staff, consumers, carers and community groups were involved in developing the report, and in improving health services more broadly
- demonstrate a mechanism for incorporating feedback
- show how the previous year's feedback has been used to improve current reporting.

It is important that services report on evaluation outcomes from their 2016–17 quality account. The 2017–18 account should address feedback from consumers, carers and community members and highlight any resulting changes to the report's style, content and information.

Feedback from the community and staff consistently indicates that reporting should incorporate case studies and consumer stories. By giving examples and including consumer stories,<sup>b</sup> services can demonstrate how standards, result areas and indicators were achieved or how they will be achieved. This approach should highlight how staff, board members and consumers are working together to improve and promote the services provided.

<sup>b</sup> Consumer permission must be obtained.

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The following framework can be used to guide presentation of information.

- **engage** the reader by providing an image and/or text that is immediately relevant and easy to relate to; this may be as brief as introducing a staff member or patient or may include a case study or consumer story.
- **elaborate** by using an image showing relevant data with an accompanying explanation.
- **explain** by including more involved data and/or a detailed description of the procedure/measure/issue with further images as necessary.

The emphasis on each of these aspects may differ across the various parts of the report.

## DISTRIBUTION AND EVALUATION

Services must also report on the steps taken to ensure their quality account is readily available to the community for which it is written.

For example, the report may be made available in waiting areas and advertised in the local newspaper or local government newsletters. While services are encouraged to consider alternative methods of reporting such as electronic presentation, distribution strategies should take into consideration the diverse communication and access needs within their community.

Services must also make their quality account available on their website and provide the relevant URL to Safer Care Victoria. Links to all reports will be provided on the Safer Care Victoria website.

## PUBLISHING AND SUBMISSION TIMELINES

As indicated in the 2017–18 *Victorian health policy and funding guidelines*, all Victorian health services (public and denominational) and standalone community health services are required to publish an annual quality account for the financial year 1 July 2017 to 30 June 2018. Services are encouraged to consider what reporting format is most appropriate for their community such as a report, a series of brochures, a newspaper insert or a calendar for the coming year.

**A single copy** of the report is to be submitted to Safer Care Victoria by Wednesday 31 October 2018 to:

Director, Consumers as Partners  
Safer Care Victoria  
Department of Health and Human Services  
GPO Box 4541  
Melbourne VIC 3001

Alternatively, services may send an electronic copy to [Louise.McKinlay@safercare.vic.gov.au](mailto:Louise.McKinlay@safercare.vic.gov.au).

Small rural services may choose to combine their quality account with their annual report, but in this event must observe the due dates for annual reporting.

If you have any queries regarding the guidelines or timelines, please contact:

Amelia de Bie  
Patient Experience and Partnerships  
Safer Care Victoria  
Phone: (03) 9096 7130  
Email: [Amelia.deBie@safercare.vic.gov.au](mailto:Amelia.deBie@safercare.vic.gov.au)

A copy of these guidelines can be downloaded from the Safer Care Victoria website at [www.safercare.vic.gov.au](http://www.safercare.vic.gov.au).

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# Reporting guidelines

The following quality and safety areas guide the Victorian quality account:

- statewide plans and statutory requirements
- consumer, carer and community participation
- quality and safety
- comprehensive care.

The purpose of the report – to provide accessible information about the service’s quality of care and in doing so demonstrate transparency and accountability – needs to guide this process.

These guidelines cover a number of topics/ indicators. It is **mandatory** that services report on all items relevant to their service delivery. Services may also report further on relevant quality topics, for instance, clinical indicators for dental services.<sup>6</sup>

## 1. STATEWIDE PLANS AND STATUTORY REQUIREMENTS

Victoria has a number of statewide plans in place that have bearing on the work of public health services and community health services.

### All services

Specifically as it relates to the safety and quality of care and continuous improvement in these areas, services must include actions they have taken in respect of statewide plans and statutory requirements in three of the following:

- Aboriginal health<sup>7</sup> – specifically, strategies to improve the cultural responsiveness and safety for Aboriginal staff, patients and families
- Aboriginal public sector employment<sup>8</sup>
- lesbian, gay, bisexual, transgender and intersex communities<sup>9</sup>
- family violence<sup>10</sup>
- Child Safe Standards<sup>11</sup>
- cancer<sup>12</sup>
- cultural diversity and language services.<sup>13</sup>

## 2. CONSUMER, CARER AND COMMUNITY PARTICIPATION

Consumers, carers and community members are all part of our diverse Victorian community.

### Consumer, carer and community participation – patient experience

#### Public health services

2.1 Public health services should:

- report on how they engaged with consumers to identify three patient experience priority improvement areas for 2017–18.<sup>c</sup>
- detail those three patient experience priority improvement areas and the progress they have made to address these.<sup>d</sup>

#### Result – target – action & outcomes

2.2 Public health services<sup>e</sup> must report the following results from the Victorian Health Experience Survey:

- positive patient experience responses
- very positive responses to questions on discharge care

and present this information in the context of the relevant targets.<sup>f</sup>

Services must include information about **at least three actions** they have taken specifically in response to the outcomes above from the Victorian Health Experience Survey.

Small rural health services that have not received a report in 2017-18 should provide information about **action** taken to improve patient experience and **action** taken to improve discharge arrangements.

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## Community health services

2.3 Community health services must report on **actions** arising from the Community Health Services Victorian Healthcare Experience Survey results in one or more of the following areas:

- 'Information'<sup>g</sup>
- 'Overall'<sup>h</sup>
- About the Client<sup>i</sup>
- 'Other Comments'<sup>j</sup>

Those services that have not received a Victorian Health Experience Survey report in 2017–18 should provide information about **action** taken to improve patient experience.

## All services

2.4 All services must report on how the organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively in their healthcare.

2.5 All services must report on the provision of accredited interpreters to patients who require one as specified in the Language services policy.<sup>14</sup>

2.6 Services with a disability action plan in place should provide a summary of achievements focusing on:

- holistic care
- facilitated pathways through care
- preventing discrimination and abuse of patients with disability
- recruitment and retention of people with disability.<sup>15</sup>

Services without a formal disability action plan should provide information on how they are improving access for consumers of all abilities.

## Public health services

2.7 Public health services must, where applicable, report on key result areas 1 to 4 of the Improving Care for Aboriginal Patients (ICAP) program.<sup>16</sup>

<sup>c</sup> As per the health service's 2017–18 *Statement of priorities* Part A.

<sup>d</sup> As per the health service's 2017–18 *Statement of priorities* Part A.

<sup>e</sup> For all public health services except The Royal Children's Hospital – adult inpatient; The Royal Children's Hospital – paediatric inpatient.

<sup>f</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

<sup>g</sup> Questions 36–42.

<sup>h</sup> Questions 43–49.

<sup>i</sup> Questions 50–63.

<sup>j</sup> Questions 64–66



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### 3. QUALITY AND SAFETY

#### Quality and safety – consumer and staff experience

##### All services

3.1 All services must include a section on:

- how they seek feedback and respond to complaints
- how they have responded to their community through either a **feedback**<sup>k</sup> or **complaints** mechanism.

This section should demonstrate to the **audience** how the community can participate in quality and safety improvement at their service. The service must also demonstrate what **action** it has taken to respond.

##### Public health services

#### Result – target – action & outcomes

3.2 Services must report their score on the patient safety culture questions in the People Matter survey and provide context in the form of the relevant target.<sup>l</sup>

Further, services must provide a case study about **action** prompted by responses to questions about patient safety and workplace culture.<sup>17</sup> Where possible, this case study should address action taken to improve physical and psychological safety for staff.

##### Community health services

3.3 Community health services must (where applicable) describe how staff survey results are being used to improve the safety and quality of their programs and services.

#### Quality and safety – accreditation

##### All services

3.4 Services must report on their accreditation status in relation to all relevant accreditation standards<sup>18</sup> in the context of the requirement of full accreditation.<sup>m</sup> Where applicable, services must report on any related recommendations and **action** they have taken in the preceding reporting year to achieve accreditation status.

#### Quality and safety – adverse events

##### Public health services

3.5 Public health services must detail the actions taken to improve quality and monitoring systems in response to adverse events. Where appropriate, and where patient confidentiality will not be compromised, services may disclose the number of sentinel events and adverse events with an incident severity rating of one or two that have occurred in the previous year.

<sup>k</sup> This item must be answered separately to item 2.2.

<sup>l</sup> As per *Statement of priorities* Part B.

<sup>m</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

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## Quality and safety – infection control

### Public health services

#### ! Result – target – action & outcomes

3.6 All public health services must report on the prevention and control of healthcare-associated infections, specifically the *Staphylococcus aureus* bacteraemia (SAB) rate.

In addition, those services with an intensive care unit (ICU) should report on central line-associated blood stream infections.<sup>o</sup>

For both measures, services must detail their performance, provide context in the form of the relevant target and/or benchmarked data<sup>19,20</sup> and report on what **action** the service has taken or is taking in these areas.

#### ! Result – target – action & outcomes

3.7 Public health services must report regarding the rate of healthcare worker immunisation against influenza.<sup>o</sup>

Services must detail their performance against the indicator, provide context in the form of the relevant target and report on what **action** the service has taken or is taking in these areas.

## Quality and safety – maternity services

### Public health services

#### ! Result – target – action & outcomes

3.8 Public health services that provide planned maternity services must report against at least two indicators published in the *Victorian perinatal services performance indicators 2016 – 2017*<sup>21</sup> report.

Services must report on indicators where either:

- performance is within the least favourable quartile, or
- there has been a decline in performance compared to the previous year.

For each indicator, services are required to:

- detail their performance in relation to the expected performance outcome for the indicator and in relation to similar maternity services (i.e. services with the same maternity capability level)
- report on what action the service has taken or is taking to improve performance in these areas.

Where there is no published data (for instance, Level 1 maternity services) or where data does not meet the above criteria, services may select other areas of maternity or newborn care against which to report.

<sup>n</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

<sup>o</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

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## Quality and safety – residential aged care services

### Public health services

#### Result – target – action & outcomes

3.9 Services that offer residential aged care services must, in accordance with the quality indicator resource materials, report their performance against the **five** public sector residential aged care quality indicators:

- i. pressure injuries
- ii. use of physical restraint
- iii. use of nine or more medications
- iv. falls and fractures
- v. unplanned weight loss.<sup>22</sup>

Services should present this data with respect to similar sized services and provide information on their performance over time.<sup>p</sup> This must be accompanied by information on what action the service is taking in respect of **two** of these areas.

## Quality and safety – escalation of care processes

### Public health services

3.10 All public health services must include information on the patient escalation of care processes<sup>23</sup> they have in place. Where possible, a case study demonstrating how implementation of the patient escalation of care process contributed to patient quality and safety should be included.

<sup>p</sup> Comparative data over the 2016–17 to 2017–18 time period in the form of a line graph.

<sup>q</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

<sup>r</sup> As per the health service's 2017–18 *Statement of priorities* Part B.

<sup>s</sup> Questions 1–9.

<sup>t</sup> Questions 10–14.

## Quality and safety – mental health services

### Public health services

#### Result – target – action & outcomes

3.11 Public health services that provide clinical mental health services must report on the following three aspects of restrictive intervention:<sup>24</sup>

- seclusion rates<sup>q</sup>
- physical restraint
- mechanical restraint.

Services must report their performance against the seclusion indicator and place their result in the context of the relevant target.<sup>r</sup>

Services must also report on what **action** they have taken to reduce restrictive interventions, with a focus on the balance between the number and the duration of episodes.

## Quality and safety – quality improvement

### Community health services

3.12 Community health services should report on **actions** arising from the Community Health Services Victorian Healthcare Experience Survey results in the two areas:

- 'Accessing the health service'<sup>s</sup>
- 'Environment and Facilities'<sup>t</sup>

Those services that have not received a Community Health Services Victorian Health Experience Survey report in 2017–18 should report on **action** taken to improve people's access to healthcare and outcomes.

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## 4 COMPREHENSIVE CARE

### Comprehensive care – continuity

#### Community health services

4.1 Community health services should report on **actions** arising from the Community Health Services Victorian Healthcare Experience Survey results in one or more of the following areas:

- ‘Your experience with health workers’<sup>u</sup>
- ‘Team work’<sup>v</sup>
- ‘Planning your care’<sup>w</sup>

Those services that have not received a Community Health Services Victorian Health Experience Survey report in 2017–18 should demonstrate how they respond to the needs of consumers, their families or carers and the community across the continuum of care. This may be in the context of person-centred care, continuity within an episode, transition between services or coordination of services around consumer needs.

4.2 Services must report on **actions** taken to improve the health service experience for a community health priority population.

### Comprehensive care – advance care directives

*The Medical Treatment Planning and Decisions Act 2016* came into effect in March 2018.<sup>25</sup> The Act employs different terminology to that used previously – ‘advance care directive’ instead of ‘advance care plan’, and ‘medical treatment decision maker’ instead of ‘substitute decision maker’. While the new terminology is employed here, public health services should report on their activity for the full 2017–18 period.

#### Public health services

##### Result – target – action & outcomes

4.3 Public health services must report what percentage of patients over the age of 75 years have an advance care directive in place or have identified a medical treatment decision maker.<sup>xy</sup> Services must include quarterly trend data for 2017–18 and report on what action they are taking to increase this percentage.

Further, services should present a case study addressing how an advance care directive has been used by the treating team and/or how a medical treatment decision maker has been involved in care planning.

<sup>u</sup> Questions 15–21.

<sup>v</sup> Questions 22–26B.

<sup>w</sup> Questions 27–35.

<sup>x</sup> As per VAED item ‘An alert, flag or similar present in the medical record or patient management system that indicates an advance care plan and/or substitute decision maker has been recorded’.

<sup>y</sup> As per *Medical Treatment Planning and Decisions Act 2016*.

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## Comprehensive care – end-of-life care

### Public health services

4.4 Public health services<sup>2</sup> must report on actions taken to incorporate the Australian Commission on Safety and Quality in Health Care's *National consensus statement: Essential elements for safe and high-quality end of life care*.<sup>26</sup>

### All services

4.5 All services must report on action taken or interventions implemented relating to 'Priority 2: Engaging communities, embracing diversity' from *Victoria's end of life and palliative care framework: A guide for high-quality end of life care for all Victorians*.<sup>27</sup>

<sup>2</sup> With the exception of the Royal Victorian Eye and Ear Hospital and Dental Health Services Victoria.

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# Endnotes

- <sup>1</sup> See accreditation and the NSQHS Standards at [www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/](http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/)
- <sup>2</sup> Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney, ACSQHC, 2017, p14. See [www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/](http://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/)
- <sup>3</sup> Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney, ACSQHC, 2017, p14.
- <sup>4</sup> Australian Commission on Safety and Quality in Health Care. *National Safety and Quality Health Service Standards*. 2nd ed. Sydney, ACSQHC, 2017, p14.
- <sup>5</sup> Currie K, Spink J, Rajendran M 2000, *Well-written health information: a guide. Communicating with consumers series*, Department of Human Services, Melbourne. See [www2.health.vic.gov.au/about/publications/researchandreports/Communicating-with-Consumers-Series-Volume-1-WellWritten-Health-Information-Guide--July-2000](http://www2.health.vic.gov.au/about/publications/researchandreports/Communicating-with-Consumers-Series-Volume-1-WellWritten-Health-Information-Guide--July-2000)
- <sup>6</sup> See Australian Council on Healthcare Standards *Oral Health: clinical indicator user manual version 3* at [www.achs.org.au/programs-services/clinical-indicator-program/](http://www.achs.org.au/programs-services/clinical-indicator-program/)
- <sup>7</sup> See *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027* at [www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak](http://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak), p48.
- <sup>8</sup> See *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027*, pp49–50.
- <sup>9</sup> See *Rainbow eQuality: LGBTI inclusive practice guide for health and community services* at [www2.health.vic.gov.au/rainbowequality](http://www2.health.vic.gov.au/rainbowequality)
- <sup>10</sup> See *Ending Family Violence: Victoria’s plan for change* at [www.vic.gov.au/familyviolence.html](http://www.vic.gov.au/familyviolence.html)
- <sup>11</sup> See [ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/](http://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/)
- <sup>12</sup> See *Victorian cancer plan 2016–2020* at [www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan](http://www2.health.vic.gov.au/about/health-strategies/cancer-care/victorian-cancer-plan)
- <sup>13</sup> Specific plans and policies relevant to CALD include:
- *Victorian. And proud of it. Victoria’s Multicultural Policy Statement* at [proud.vic.gov.au/multicultural-policy-statement/](http://proud.vic.gov.au/multicultural-policy-statement/)
  - *Delivering for Diversity – DHHS Cultural Diversity Plan 2016–19* at [www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19](http://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19)
  - DHHS Language services policy at [www.dhhs.vic.gov.au/publications/language-services-policy](http://www.dhhs.vic.gov.au/publications/language-services-policy)
- <sup>14</sup> See DHHS Language services policy Part 8. Monitoring and evaluation.
- <sup>15</sup> See Key priority 5: Health services in *ABSOLUTELY EVERYONE State disability plan 2017–2020* at [www.statedisabilityplan.vic.gov.au/](http://www.statedisabilityplan.vic.gov.au/)
- <sup>16</sup> To obtain a copy of the Improving Care for Aboriginal Patients guidelines please email [aboriginalhealthandwellbeing@dhhs.vic.gov.au](mailto:aboriginalhealthandwellbeing@dhhs.vic.gov.au)
- <sup>17</sup> 2016 Part 2 – question 7a–h and Part 3 – question 8a–e; 2017 Part 2 – question 7a–h and Part 3 – question 8a–e.

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<sup>18</sup> See accreditation and the NSQHS Standards at [www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/](http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/)

<sup>19</sup> See 'Statewide – *Staphylococcus aureus* bacteraemias (SAB) infections per 10,000 patient days – Quarterly Data' at [performance.health.vic.gov.au/Home/Report.aspx?ReportKey=426](http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=426)

<sup>20</sup> See 'Statewide – Intensive care unit central line-associated blood stream infections per 1,000 device days – Quarterly Data' at [performance.health.vic.gov.au/Home/Report.aspx?ReportKey=425](http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=425)

<sup>21</sup> See *Victorian perinatal services performance indicators 2016–17* at [bettersaferecare.vic.gov.au/reports-and-publications/victorian-perinatal-services-performance-indicators-2016-2017](http://bettersaferecare.vic.gov.au/reports-and-publications/victorian-perinatal-services-performance-indicators-2016-2017)

<sup>22</sup> See *Quality indicators in public sector residential aged care services* at [www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs](http://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/quality-indicators-psracs)

<sup>23</sup> See Standard 9 Recognising and Responding to Clinical Deterioration in Acute Health Care, Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards*; Sydney, ACSQHC, September 2012; p61. See [www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/](http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/)

<sup>24</sup> See *Providing a safe environment for all: framework for reducing restrictive interventions* at [www2.health.vic.gov.au/getfile//?sc\\_itemid=%7BFA0CCF11-E1B6-4BED-9327-8AA448A45C15%7D](http://www2.health.vic.gov.au/getfile//?sc_itemid=%7BFA0CCF11-E1B6-4BED-9327-8AA448A45C15%7D)

<sup>25</sup> See [www.safetyandquality.gov.au/publications/national-consensus-statement-essential-elements-for-safe-high-quality-end-of-life-care/](http://www.safetyandquality.gov.au/publications/national-consensus-statement-essential-elements-for-safe-high-quality-end-of-life-care/)

<sup>26</sup> See [www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf)

<sup>27</sup> See [www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework](http://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/end-of-life-and-palliative-care-framework)

