

SAFER CARE VICTORIA

ANNUAL REPORT

2023–24



To receive this publication in an accessible format, email [Safer Care Victoria](mailto:info@safercare.vic.gov.au) <info@safercare.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Safer Care Victoria, October 2024.

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.

ISSN 2209-3109 - Online (pdf/word).

Available at [Safer Care Victoria](http://www.safercare.vic.gov.au) <www.safercare.vic.gov.au> (2408816).



Contents

4 Acknowledgements

4 Our thanks

5 Abbreviations used in
this report

6 One year together

8 About us

9 Our leaders

10 Our chiefs

11 Our past leaders

12 Strategic plan 2023–26

13 Our year in numbers

15 Safety through leadership
and reform

24 Safety through strengthening
governance

28 Safety through proactive
monitoring

31 Safety through effective
intervention

36 Safety stories

43 Workplace profile

44 Reports and publications

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 only succeeds when consumers, clinicians and our other health sector partners join us in our work. Together we have identified improvement opportunities, strengthened the monitoring of healthcare performance and designed appropriate responses to safety concerns. We thank each of you for the expertise and skill you have contributed. We also thank the leaders from across health care, academia, improvement and safety who have offered strategic advice and influenced what we do to achieve our goals. Your contribution has informed the necessary system advances and has realised some of the key connections needed across services and agencies to achieve safer health care.

Abbreviations used in this report

AF	atrial fibrillation
AQF	Australian Qualification Framework
AV	Ambulance Victoria
CCOPMM	Consultative Council on Obstetric and Paediatric Morbidity and Mortality
CEO	chief executive officer
CoP	community of practice
COPD	chronic obstructive pulmonary disease
CVA	cardiovascular ambassadors
CVD	cardiovascular disease
DCR	digital cardiac rehab
The department	Victorian Department of Health
eHealth division	formerly the Victorian Agency for Health Information
HCAT	Health Complaints Analysis Tool

IHI	Institute for Healthcare Improvement
LHN	Learning Health Network
MHIP	Mental Health Improvement Program
PIPER	Paediatric Infant Perinatal Emergency Retrieval
PPH	postpartum haemorrhage
SAPSE	serious adverse patient safety event
SDC	Statutory Duty of Candour
SCV	Safer Care Victoria
TMCP	Timely Management of Chest Pain
ViCTOR	Victorian Children's Tool for Observation and Response
VPCC	Victorian Perioperative Consultative Council
VVED	Victorian Virtual Emergency Department
ZSF	Zero Suicide Framework

One year together



It is with great pride that I present Safer Care Victoria's annual report for the year 2023–24. As I reflect on all the tremendous work that took place over the past year, I am amazed at the dedication, innovation and unwavering commitment that has been shown to our community's wellbeing.

The past year marked the inaugural phase of Safer Care Victoria's *Strategic plan 2023–26* – a roadmap guiding our actions, aspirations and impact. Our mission is clear: a safer healthcare system for all Victorians. Our strategic plan revolves around 4 key areas essential to our collective success:



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.



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.



Governance:

Effective governance ensures accountability, transparency and ethical decision making.



Effective intervention:

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

Collaboration is our not-so-secret ingredient. Our co-design efforts are a testament to the power of collaboration. Not only within our own organisation, but throughout health services we have fostered an environment where healthcare providers, researchers, consumers and innovators come together to address complex challenges. We have put those with lived and living experience of health issues at the front of decision making. Their collective wisdom shapes our solutions, ensuring inclusivity and relevance. Together, we achieve more than any one entity could alone.

We acknowledge that every harmful event has outcomes beyond the individual – it affects families, friends and our entire community. Safer Care Victoria diligently studies past errors within our healthcare system, and these lessons have fuelled our drive for improvement, ensuring preventable harm becomes a rarity.

Leveraging cutting-edge technology, we have established robust data surveillance systems. These systems empower us to predict health outcomes, allocate resources efficiently and stay ahead of emerging trends. Our commitment to knowledge sharing extends to co-designing guidelines, practical toolkits and

insightful reports and resources that benefit not only Safer Care Victoria but the entire healthcare ecosystem.

We have used our expertise in safety and improvement and our extensive partnerships to develop relevant education resources for the health sector. We have produced training programs for both current and aspiring leaders to embed safety culture in clinical governance. This year Monash University commenced their master's program for paramedic practitioners, developed with support from the Chief Paramedic Officer at Safer Care Victoria. We have also invested in the wellbeing of our healthcare professionals, recognising that a supported workforce delivers the best care to our patients.

Professor Mike Roberts, our former chief executive officer, leaves an enduring legacy. His dedication to patient-centred care, clinical audits and service design has shaped our approach. We express our gratitude and wish him well in his future endeavours. We also bid farewell to some teams while welcoming others who relocated between the Department of Health and Safer Care Victoria. These changes, though challenging, reinforce our resilience and

adaptability. The Perioperative Learning Health Network, the Cardiovascular Disease Program and the Healthcare Worker Wellbeing Centre have completed their project mandates and have made a huge difference in their respective fields. Their commitment contributes to a safer, more robust Victorian healthcare system.

Change is our constant companion. Amidst it all, our shared values – one team, challenge the norm, accept nothing less than excellence, bring your whole self and tell it like it is – remain unwavering. As we look ahead, I eagerly anticipate collaborating with our dedicated team and valued partners. Together, we will craft an environment that continues to support our healthcare system in Victoria to be better tomorrow than it is today.



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

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 that 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 worked in partnership with health services, consumers, carers and their advocates, healthcare workers and key partners to develop and embed monitoring systems, supported targeted safety improvements and 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 the Interim CEO of SCV in February 2024. In July 2024, Louise was appointed as SCV's CEO. 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 value-driven approach, strategic mindset and compassionate leadership style. Louise's exceptional engagement and communication skills are expected to steer 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 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.



REBECCA VAN WOLLINGEN
Executive Director – Operations

Rebecca 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.



DR SARAH FISCHER
Acting Executive Director – Safety

Sarah is a senior professional with 16 years of experience in organisational psychology, leadership, change and development. With more than 10 years in government, she excels in understanding human behaviour and public sector dynamics. As Acting Executive Director, she leads initiatives to prevent patient harm and improve services. Her previous role as Director of Culture and Capability focused on safety culture, leadership and organisational development. Sarah's expertise drives safety, quality improvement and enhanced employee engagement across sectors.

Our chiefs



PROFESSOR ANDREW WILSON
Chief Medical Officer

Andrew is the Chief Medical Officer at SCV 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.



BRIANA BAASS
Chief Allied Health Officer

Briana was appointed to the role of Chief Allied Health Officer at SCV in 2022. She has more than 20 years of experience working in government and the health sector across Australia as well as consulting in a large global firm. She has a background in clinical prosthetics and orthotics and has spent several years focusing on mental health initiatives. Briana's expertise is aligned to organisational performance and healthcare system reform, focusing on health sector governance and establishing connections across various touchpoints within the system.



ADJ. PROFESSOR KARRIE LONG
Chief Nurse and Midwifery Officer

Karrie was appointed as Chief Nurse and Midwifery Officer in May 2023. As Chief Nurse and Midwifery Officer, 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 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 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.

Our past leaders

We would like to thank the following leaders for their work in driving quality and safety in health care and for their key role in steering our organisation to deliver great results. We wish them well in their future endeavours.



PROFESSOR MIKE ROBERTS
Chief Executive Officer

Mike was appointed as the CEO of SCV in 2021 and became Victoria's first Chief Quality and Safety Officer in 2022. Trained in England and Australia, Mike has more than 30 years of experience as a senior executive leader, respiratory physician and senior professor. He also has an honorary chair at the University of Melbourne. Mike has a strong commitment to partnering with consumers and clinicians and is well versed in running clinical audits and service design to improve patient-centred care across primary, community and secondary settings.

Tenure ended 30 April 2024



DR ANDY PHILLIPS
Executive Director – Safety

Tenure ended 23 February 2024



PROFESSOR JANE BURNS
Executive Director – Improvement

Tenure ended 1 March 2024

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) <<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

18,456 lives* improved in 2023–24

Our 100,000 Lives program, in partnership with Victorian health services and consumers, has continued to improve patient outcomes, access to care and experiences of care through initiatives that reduce harm, prevent avoidable hospital admissions and prevent unnecessary intervention. This included:

-  • improving the reliability of access to preterm birth preventative care and safe reduction in early-term births
-  • improving recognition and response to postpartum haemorrhages to enable timely and appropriate treatment and follow-up care
-  • reducing the likelihood of cardiovascular patients returning to hospital by improving access to specialist care and support, particularly for rural and regional patients
-  • encouraging age-friendly person-centred care, including asking older patients what matters most to them
-  • improving the assessment of penicillin allergies and access to testing of low-risk penicillin allergies to ensure safe and appropriate prescribing of antibiotics.

* Preliminary count (exact numbers may change as some initiatives are still in progress)



> 120 expressed interests

We have created the cardiovascular dashboard that attracted more than 120 participants' interests in learning to use the dashboard.



15,000 views and downloads

Our Day Surgery Implementation Toolkit and *Preparing for day surgery* consumer brochure have been viewed or downloaded more than 15,000 times since they were published in August 2023.



> 3,100 participants

Our Wellbeing for Healthcare Workers initiative aimed to improve healthcare workers' wellbeing and prevent burnout.



1,300 trained

We have built skill and capability in the Victorian health sector in co-design, innovation, clinical governance, quality improvement, partnering and locally led training.



> 200 attendances

We hosted the Quality and Safety Leaders Forum in September 2023 to share insights on our healthcare workforce and its impact on patient safety.



> 370 participants

We partnered with stakeholders to host events and showcase innovation ideas and to share challenges facing the sector.

STRATEGIC PROJECTS



Safety through leadership and reform



Safety through strengthening governance

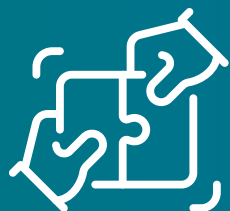


Safety through proactive monitoring



Safety through effective intervention

Safety through leadership and reform



We have worked locally and at every level of the system to influence safety improvement. We used our position as Victoria's leading authority for quality and safety in health care to advance national reform, share insights and strengthen our policy and legislative instruments. Our thought leadership and research practices have placed Victorian health services at the centre of the global efforts to enhance safety and have driven clinical best practice.

Our ambition for leadership and reform was to:

- play an integral leadership role in national healthcare safety improvement by supporting the development of clinical standards and guidelines, contributing to research and partnering to influence healthcare policies and strategies
- engage with the department to strengthen regulation and support for clinical practitioners and embed consistent safety systems from recent healthcare safety and quality reviews.

During 2023–24 SCV has:

- played a pivotal leadership role in national healthcare safety and contributed to clinical standards, guidelines and research
- led significant initiatives such as Reducing Restrictive Practices in Mental Health, implementing innovative frameworks like the Zero Suicide Framework (ZSF) and promoting healthcare worker wellbeing through comprehensive support programs and partnerships.





2023–24 goals	Outcomes
Innovations in safety	
<p>We will co-design a capability pathway for healthcare workers to pursue innovation with key partners</p>	<ul style="list-style-type: none"> Conducted a co-design workshop involving 60 participants, including frontline healthcare workers and innovation ecosystem representatives, that identified capability gaps. This led to the development of an online learning package titled Foundations of Medical Technology Innovation <https://safercarevictoria.reach360.com/share/course/78268c25-f969-49c3-bbfd-d8a208b0c54f>, made freely accessible for healthcare workers.
<p>We will endeavour to define problems and generate innovative solutions to improve patient safety and the quality of care, drawing on technical solutions and improved models of care</p>	<ul style="list-style-type: none"> Organised, in partnership with the Australian Medtech Manufacturing Centre and their Health Led Manufacturing Innovation Program partners, 8 design challenge/ideation events and engaged 220 participants from various sectors. Explored themes such as suicide prevention, chronic condition management and improving emergency department experiences.
<p>We will promote and embed healthcare innovation by delivering an online Innovation Training Program that includes learning, workshops, coaching and mentoring</p>	<ul style="list-style-type: none"> Delivered the Innovation Training Program, offering learning, workshops, coaching and mentoring to support healthcare workers in developing and implementing innovation projects.
<p>We will support healthcare workers to develop and implement innovation projects</p>	<ul style="list-style-type: none"> Conducted project-based capability programs in collaboration with the Institute for Healthcare Improvement (IHI). Benefiting 51 participants, the programs resulted in innovative projects addressing various healthcare challenges such as cardiac rehabilitation, early detection of infant injuries and improved referral processes.
<p>We will raise awareness and build partnerships through events</p>	<ul style="list-style-type: none"> Ran 2 events titled Inaugural Introduction to Innovation and Innovation Showcase. These were collectively attended by more than 250 participants. They were organised to recognise partnerships, showcase innovations and foster connections within the healthcare innovation ecosystem.



2023–24 goals	Outcomes
A learning health system	
We will showcase best care for non-surgical aspects of planned surgery through a webinar series	<ul style="list-style-type: none"> Developed, through the Perioperative Learning Health Network (LHN), resources to assist health services in implementing best practice day surgery models of care and conducted a webinar series aimed at improving theatre use, focusing on topics such as weekend work considerations and increasing theatre efficiency.
We will develop a toolkit to support best care in implementing Day Surgery Models of Care	<ul style="list-style-type: none"> Developed, through the Perioperative LHN, a Day Surgery Implementation Toolkit and the Preparing for day surgery consumer brochure to support the implementation of day surgery models of care.
We will partner to include quality and safety measures on the planned surgery dashboard	<ul style="list-style-type: none"> Partnered, through the Perioperative LHN, with the Planned Care Recovery, eHealth division and Reform Program to develop and launch the Surgery Quality and Safety Dashboard that includes measures to monitor the quality and safety of planned surgeries available to health services.
Clinical leadership	
We will advance a more employee-centred and flexible rostering model for nurses and midwives that meets workforce, health service and consumer needs	<ul style="list-style-type: none"> Collaborated, under the leadership of the Chief Nurse and Midwifery Officer, with the department, Australian Nursing and Midwifery Federation (Vic Branch) and 3 health services (Echuca Regional Health, the Royal Melbourne Hospital and Western Health) on the Developing Employee-Centred Rostering project for nurses and midwives. This project established the principles and a toolkit for more employee-centred rostering practices, meeting the varied needs of nurses and midwives.
We will lead an inquiry into women's pain management, engaging with women with lived experience and drawing on data insights and research to inform improved models of care and service delivery	<ul style="list-style-type: none"> Began, under the leadership of the Chief Paramedic Officer, the world's first Inquiry into Women's Pain, in collaboration with relevant stakeholders and healthcare experts. This inquiry considered data and research alongside the living and lived experiences of girls from 12 years of age and women who experience pain, aiming to inform models of care and service delivery that are more responsive to their needs.



2023–24 goals	Outcomes
Clinical leadership (cont.)	
<p>We will support the department, Ambulance Victoria (AV) and Monash University to design, deliver and implement the new Paramedic Practitioner Master’s degree program. This is part of a new model of care for advanced practice to ease pressure on emergency departments and to improve healthcare access and timeliness, particularly in rural and regional areas</p>	<ul style="list-style-type: none"> • Through the Chief Paramedic Officer, began work to design, develop and implement 25 AV paramedic practitioner positions by 2026. This program is designing a new model of care for advanced practice to ease pressure on emergency departments and improve healthcare access and timeliness, especially for rural and regional areas. The project’s steering committee began designing the new model of care that fits in with the AV service delivery framework. Also, Monash University has designed, developed and delivered the Australian Qualification Framework 9 (AQF9) master’s program. SCV has also collaborated with the department on scholarships for 30 AV paramedics to undertake an AQF9 master’s program that will give them skills and knowledge for advanced practice.
<p>We will support the department to deliver the <i>Aboriginal health and wellbeing partnership action plan 2023–25</i> and treaty readiness</p>	<ul style="list-style-type: none"> • Supported the department in progressing items on the <i>Aboriginal health and wellbeing partnership action plan 2023–25</i> and treaty readiness. This support involved collaborating with relevant stakeholders to advance initiatives aimed at improving Aboriginal health and wellbeing and fostering treaty readiness.
Mental health	
<p>We will reduce restrictive practices in mental health inpatient unit settings by 20% by April 2024 through partnerships with 13 health services</p>	<ul style="list-style-type: none"> • Reduced restrictive practices in mental health inpatient unit settings by over 20% by April 2024 through partnerships with 12 health services.
<p>We will support implementation of the ZSF in adolescent mental health units in all health services</p>	<ul style="list-style-type: none"> • Helped implement the ZSF in 2 adolescent mental health units. We facilitated a workshop for ‘Aligning and Refining’ to the ZSF that has been offered to all mental health services. This workshop serves as a foundational step to direct and prioritise improvement efforts towards adopting the framework into practice. Tiered and tailored support has been offered to services to implement practice changes and optimise alignment to the ZSF.
<p>We continue to develop, test, scale and spread change ideas that improve and embed perceived sexual safety and reduce incidents of breaching sexual safety in inpatient units with 5 health services</p>	<ul style="list-style-type: none"> • Continued to work with 5 health services to develop, test, scale and spread change ideas in line with this commitment.



2023–24 goals	Outcomes
Mental health (cont.)	
<p>We continue to co-design an approach to reduce compulsory treatment in community mental health and wellbeing services with 6 health services</p>	<ul style="list-style-type: none"> Used co-design principles with 6 health services. This approach, led by people with lived experience of mental health issues, has been instrumental in driving progress in this area.
<p>We will support health services to share lessons and recommendations of their Safewards expansion projects, delivering the model across the whole health service. This will reduce containment events and create a positive working environment for patients and staff</p>	<ul style="list-style-type: none"> Supported health services to share lessons and recommendations of their Safewards expansion projects, delivering the model across the whole health service. Provided, under the leadership of the Chief Mental Health Nurse, a platform through the Safewards Community of Practice (CoP) for public Victorian health organisations to collaborate through shared learning of implementing the Safewards model. The last CoP in May 2024 was attended by 70 colleagues working in both area-based mental health and wellbeing services and the wider general health to help expand Safewards for a whole-of-health implementation. The first phase of the collaborative finished in June 2024, and several participating teams successfully applied the Safewards interventions as part of their improvement work. At the aggregate level, the Collaborative saw a more than 20% reduction in restrictive practices.
Healthcare worker wellbeing	
<p>We will operate an online CoP for healthcare workers to share successes and encourage collaboration across regions and service settings</p>	<ul style="list-style-type: none"> Engaged 754 CoP members in sharing successes and fostering collaboration, promoting a supportive network among healthcare workers.
<p>We will provide a web-based platform for healthcare workers to access evidence-based resources that support wellbeing</p>	<ul style="list-style-type: none"> Ran 9 webinars on the web-based platform, offering educational resources and tools to support the mental health and wellbeing of healthcare workers. Drafted a wellbeing Joy in Work toolkit and Joy in Work framework (adapted from IHI) for the Victorian setting.



2023–24 goals	Outcomes
Healthcare worker wellbeing (cont.)	
We will coach participating teams in a statewide Wellbeing for Healthcare Workers initiative and support them to collect wellbeing data and conduct 'What Matters to You?' conversations to implement improvements	<ul style="list-style-type: none"> • Set up 36 health service partnerships where teams are coached and supported to collect data and engage in meaningful conversations to drive improvements in wellbeing. • 3,166 healthcare workers took part in the initiative, actively involved in collecting data and implementing strategies to enhance wellbeing.
We will disseminate an evidence-based change package to teams	<ul style="list-style-type: none"> • Collected and analysed outcome measures for statewide initiatives to assess the effectiveness of the change package in improving the mental health and wellbeing of healthcare workers.
We will monitor results of the Maslach burnout question in the Victorian Public Sector Commission–run People Matter Survey	<ul style="list-style-type: none"> • Drawing on lessons from research across the globe, this included an externally validated measure for burnout in the People Matter Survey to provide valuable insights into the burnout levels among healthcare workers. • Demonstrated a potentially promising indication in addressing burnout and improving overall wellbeing through reducing statewide burnout scores in the People Matter Survey between 2022 and 2023. However, this will continue to be monitored and aligned with other forms of feedback from the system.
Consumers in front	
We will embed consumer representation across all relevant departmental groups and structures	<ul style="list-style-type: none"> • Worked with departmental colleagues to increase consumer representation across departmental groups by providing expert advice, partnering tools and resources. • Delivered 3 distinct SCV Consumer Network events (1 hybrid and 2 online), with 103 consumer attendees and 13 consumers guiding and shaping the events through dedicated working groups.
We will implement co-design training to upskill departmental staff and consumers and deliver supporting tools and resources	<ul style="list-style-type: none"> • Departmental staff have taken part in a series of co-design training workshops aimed at enhancing their skills in partnering and co-design principles and strategies.
We will co-design and pilot a measurement tool to measure the impact of partnering activities	<ul style="list-style-type: none"> • Co-designed, with consumers, staff across SCV and the department, a tool to evaluate partnering activities in key projects and initiatives. This tool has been pilot-tested and will be further scaled and tested across SCV.



100,000 Lives – Reducing harm and improving lives*

2023–24 goals	Outcomes
100,000 Lives cardiovascular projects	
We will complete a pilot of a model of care providing virtual specialist cardiac support to 10 rural and regional urgent care centres for Victorians presenting with chest pain	<ul style="list-style-type: none"> Completed a pilot of a model of care providing virtual specialist cardiac support to 10 rural and regional urgent care centres for Victorians presenting with chest pain.
We will provide regional Victorians with better access to local, high-quality, evidence-based care by continuing to pilot a digital cardiac rehabilitation platform (Cardihab) in 5 regional health services	<ul style="list-style-type: none"> Continued with our efforts to provide better access to local, high-quality, evidence-based care by piloting Cardihab in 5 regional health services. This initiative, as part of the Cardiovascular Disease (CVD) Program, significantly improved access to specialist cardiac care for regional and rural Victorians who would otherwise not have access to similar services locally.
We will improve access to timely evidence-based stroke prevention and atrial fibrillation (AF) care by continuing to work with 6 rapid-access AF clinics in regional health services	<ul style="list-style-type: none"> Worked with 6 rapid-access AF clinics in regional health services to enhance access to timely evidence-based stroke prevention and AF care. Improved access to specialist cardiac care to 2,877 regional and rural Victorians, ensuring they receive necessary local-based care.
We will reduce readmissions for heart failure by 20% and improve discharge support by continuing to pilot a service delivery model in 3 health services	<ul style="list-style-type: none"> Piloted a service delivery model, through the CVD Program, in 3 health services, with the aim to reduce readmissions for heart failure by 20% and improve discharge support. Significantly reduced avoidable acute care readmissions for 7,302 Victorians living with CVD through the Heart Helper pilot and Cardiovascular Ambassador projects, demonstrating tangible improvements in patient outcomes.
We will reduce unplanned readmissions in cardiac disease by 20%, helping patients to stay well and stay home by continuing to partner with 20 health services	<ul style="list-style-type: none"> Partnered with 20 health services to reduce unplanned readmissions in cardiac disease by 20%. Addressed gaps, through the CVD Program, in care delivery, provided personalised care, supported patients who may have been ineligible for care otherwise and encouraged engagement from diverse patient groups. These efforts have contributed to improvements in patient outcomes and reductions in readmissions, aligning with our commitment to better cardiac care for all Victorians.

*The impact numbers for 100,000 Lives initiatives are preliminary and may change.



2023–24 goals	Outcomes
100,000 Lives maternity projects	
<p>We will reduce harm caused by primary postpartum haemorrhage (PPH) of more than 1,500 mL by 50% by continuing to partner with 33 maternity service teams</p>	<ul style="list-style-type: none"> Partnered with 33 maternity service teams to make significant progression to reduce harm. While the prescribed aim of reducing the incidence of PPH by 50% was not fully achieved, important discoveries were made that increased our understanding of the problem and laid the foundations for further improvement work. Made widespread improvements in PPH identification and response, leading to greater transparency and improvements in obstetric safety. Approximately 27,000 women benefited from improved recognition of PPH through quantitative blood loss assessment, resulting in suitable treatment and follow-up care. Also, there has been an increase in the use of PPH risk assessment and faster response times in 17 services.
<p>We will reduce the rate of preterm and early-term births by 20% by continuing to partner with 15 health services as part of a national strategic partnership with Women’s Healthcare Australasia, the IHI and the Preterm Birth Alliance</p>	<ul style="list-style-type: none"> Worked with 15 Victorian health services for the National Preterm Birth Prevention Collaborative, aiming to safely reduce the rate of preterm and early-term births by 20%. The collaborative concluded its active improvement period in March 2024, with data collection concluding in June 2024. Early results indicate improved recognition of women at risk of preterm birth and a reduction in early-term birth rates at participating health services. Evaluation is underway to assess the full impact of the collaborative on reducing preterm and early-term births.
100,000 Lives long-term condition projects	
<p>We will improve the percentage of people living with chronic obstructive pulmonary disease (COPD) or diabetes who say they are involved as much as they want to be in making decisions about their treatment and care at home by 50% at 17 health services</p>	<ul style="list-style-type: none"> Complexities in scope and applicability to local contexts led to a refined focus of this project, resulting in the closure of the original project in December 2023. In its place, we launched a pilot to test a patient-reported outcome measure tool. This tool is designed to help clinicians assess patients’ health knowledge, skills and confidence, enabling more tailored care. Thirteen health services are participating in this pilot that will be continued in the next financial year.
<p>We will improve care and reduce the number of preventable hospitalisations by 15% for people living with COPD or diabetes at 17 health services</p>	<ul style="list-style-type: none"> Partnered with the Lung Foundation Australia to coordinate an initiative aimed at optimising adherence to evidence-based best practices for consumers living with COPD. This initiative will engage up to 10 health services, focusing on enhancing care quality and reducing hospital admissions into the next financial year.



2023–24 goals

Outcomes

100,000 Lives older people project

We will improve outcomes and experiences for older people and deliver age-friendly care by continuing to partner with 18 health and residential aged care services to implement the '4Ms' framework (What Matters, Medication, Mind and Mobility)

- Thirty teams from 18 health and residential aged care services across Victoria took part in the Age-Friendly Breakthrough Series Collaborative. The initial active improvement period was concluded on 30 June 2023, with evaluation activities undertaken in the first half of this financial year. The Collaborative achieved a mean of 39% of older people from participating services receiving 4Ms care as a set, with 86% being asked 'What Matters' by the end of the Collaborative. Also, there was an increase in the percentage of older people receiving delirium assessment and management. Overall, 4,233 older people received 4Ms care as a set, and 8,763 received care consistent with 'What Matters' to them.

100,000 Lives medicines project

We will ensure patients access the safest and most appropriate antibiotics by de-labelling those with low-risk penicillin allergies through 12 health service partnerships

- Twelve sites completed the 10-month Check Again Breakthrough Series Collaborative, developed new models of care to assess penicillin allergies and established a de-labelling program for low-risk penicillin allergies. At the end of the Collaborative on 30 August 2023, the number of sites de-labelling appropriate penicillin allergies increased from 2 to 11. Over the course of the Collaborative, the project improved the lives of 1,145 Victorians.

Safety through strengthening governance



Effective clinical governance is fundamental to ensuring safe and high-quality care. SCV has driven tailored and scaled clinical governance improvement across Victoria's health services by ensuring collective and individual accountability and transparency for patient safety and quality of care. Good governance is essential to safety culture because it drives best practice and creates safe environments including culturally safe care settings for healthcare workers and consumers.

Our ambition for strengthening governance was to:

- update the *Victorian sentinel event guide*, revise the *Adverse patient safety event policy* and develop resources, including online training modules, to support consumers and clinicians
- embed the Victorian Clinical Governance Framework into performance management tools, design a capability development package, deliver induction sessions and implement leadership programs and forums.

During 2023–24 SCV has:

- released a revised sentinel event guide and a new Adverse patient safety event policy and launched 4 online training modules
- run 17 induction sessions, delivered tailored leadership development programs, facilitated 3 forums with more than 200 participants per forum, supported 30 health services through improvement programs and trained 17 safety and quality change agents
- refreshed the *Victorian clinical governance framework* so it is best practice and contemporary, aligned with recent legislation reform and applies to all contexts in the Victorian health sector.





2023–24 goals	Outcomes
System and processes	
<p>We will update the <i>Victorian sentinel event guide</i> to ensure the healthcare sector understands their requirements when notifying and reviewing sentinel events</p>	<ul style="list-style-type: none"> Revised and released the <i>Victorian sentinel event guide</i> <https://www.safercare.vic.gov.au/sites/default/files/2024-02/victorian-sentinel-event-guide-2024_0.pdf> in consultation with the sector.
<p>We will revise the <i>Adverse patient safety event policy and guideline to support health services to implement the new Statutory Duty of Candour (SDC) and serious adverse patient safety event (SAPSE) review requirements and comply with state and national incident review criteria</i></p>	<ul style="list-style-type: none"> Released the revised <i>Adverse patient safety event policy</i> <https://www.safercare.vic.gov.au/best-practice-improvement/publications/policy-adverse-patient-safety-events> and associated guideline aligning with new SDC and SAPSE requirements.
<p>We will develop 4 online training modules</p>	<ul style="list-style-type: none"> Released 4 <i>online modules</i> <https://www.safercare.vic.gov.au/best-practice-improvement/online-training-modules> in July 2023. These modules support health service staff and consumers in conducting adverse patient safety event reviews by covering good review principles, processes and key concepts relating to human factors, systems thinking and just culture.
<p>We will lead sector forums to enable system-wide learning and sharing of lessons to prevent harm from recurring</p>	<ul style="list-style-type: none"> Created, through our sector-driven, targeted clinical conversations, a platform to share targeted, important safety information across the system and hence promoted what works well and reduces harm. Engaged across the Acute Care, Continuing Care and Maternity and Newborn LHNs as well as the Cardiovascular LHN, through a Cardiovascular Summit with about 300 attendees. Conducted 10 clinical conversations, attracting 1,017 attendees across the system. Ran the SDC and SAPSE forum in August 2023, with 344 attendees across public and private health services and various other organisations with special interest.
<p>We will partner with the department to embed the <i>Victorian Clinical Governance Framework</i> into its performance management instruments to support health services to develop and implement proactive clinical governance plans</p>	<ul style="list-style-type: none"> Developed the Clinical Governance Health Check self-assessment tool and piloted with a large health service. Planning has begun to roll it out statewide for all health service leadership teams. Embedded the Victorian Clinical Governance Framework in the Statement of Priorities and Performance Management Framework.



2023–24 goals	Outcomes
Building capability for all	
<p>We will design a new capability development package for all health services to create the conditions for local safety and quality at the foundational and change agent levels</p>	<ul style="list-style-type: none"> • Started developing a new capability development package for all health services. • Set up a comprehensive learning pathway, facilitating capability uplift across various stakeholders. • Crafted and tested a tailored capability package, along with creating a Quality Improvement Toolkit to support local improvement initiatives. • Delivered the updated Foundations of Clinical Governance program, enhancing the readiness of new board members, CEOs and executives.
<p>We will deliver 6 or more clinical governance induction sessions to build the readiness and capability of all new board members, CEOs and executives</p>	<ul style="list-style-type: none"> • Delivered 17 sessions to 412 participants, representing a diverse array of health services across Victoria.
Supporting leaders and change agents	
<p>We will deliver tailored clinical governance leadership programs for at least 16 health services to support their capability and robust leadership</p>	<ul style="list-style-type: none"> • Delivered clinical governance leadership programs to 17 health services. Programs connected participants with relevant curriculum and subject matter experts with the aim of enhancing their capability and robust leadership in clinical governance.
<p>We will convene 3 Quality and Safety Leaders' Forums to drive conversations about clinical governance, share insights about risks and improvement and develop partnerships</p>	<ul style="list-style-type: none"> • Convened in September 2023 a consolidated Quality and Safety Leaders' Forum with more than 200 participants attending virtually or in person. The forum facilitated discussions on current workforce challenges and their impact on safety.



2023–24 goals	Outcomes
Supporting leaders and change agents (cont.)	
<p>We will drive local health service safety and quality improvement capability in 30 health services through the Improvement and Innovation Advisor Program</p>	<ul style="list-style-type: none"> • Supported 30 health services and AV, enabling them to allocate staff who lead quality improvement work locally. • Fostered collaboration in developing the Victorian Quality and Safety Capability Framework and reviewing the SCV Quality Improvement Toolkit. • Helped form a CoP for quality improvement leaders in Victoria, ensuring ongoing learning and professional networking beyond its conclusion.
<p>We will develop 10 or more change agents across the healthcare system with the skill and capability to lead improvements in safety and quality through our fellowship program</p>	<ul style="list-style-type: none"> • Developed, through the SCV fellowship programs, 17 change agents with the skill and capability to lead improvements in safety and quality. The fellowship program participants were trained in improvement science, co-design and leadership.

Safety through proactive monitoring



We have actively monitored the safety of our healthcare system to improve the quality of care and prevent patient harm. We worked with our partners to source clinical intelligence and provide local, regional and statewide monitoring of safety risks and trends. More effective data sharing and management will unlock our ability to monitor safety risks in real time, enabling timely intervention and better health outcomes for Victorians.

Our ambition for proactive monitoring was to:

- establish a new minimum dataset of system-wide safety measures to provide early warnings of preventable harm and flag potential safety concerns
- develop the first interactive Victorian Cardiovascular Dashboard to provide health services with key safety and quality measures and data to improve cardiovascular care
- create a dataset and guide for reporting on SDC and support stakeholders in designing a model for proactive prediction of preventable clinical harm.

During 2023–24 SCV has:

- developed a comprehensive dataset of 36 metrics across 6 domains to serve as an early warning system for preventable harm and created a reporting guideline for SDC
- launched the Victorian Cardiovascular Dashboard in collaboration with key stakeholders, providing health services with tools to benchmark performance and drive improvements in cardiovascular care
- implemented process efficiencies and improved data security within the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) and the Victorian Perioperative Consultative Council (VPCC) to enhance the timely review of patient harm and death cases and facilitate system-wide learning.



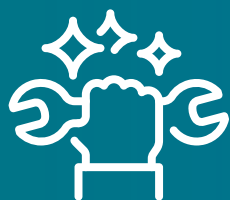


2023–24 goals	Outcomes
Enabling datasets	
<p>We will establish a new minimum dataset of system-wide safety measures to provide an early warning of risk for preventable harm and flag potential safety concerns across an advanced set of safety measures</p>	<ul style="list-style-type: none"> Partnered with an external agency to develop a comprehensive dataset comprising 36 metrics across 6 domains, aligning with the Statement of Priorities and the department’s outcome framework. This dataset serves as an early warning system for preventable harm, providing health services with valuable insights to flag potential safety concerns and drive improvements in patient safety and quality of care.
<p>We will establish the first interactive Victorian Cardiovascular Dashboard in partnership with the eHealth division (formerly Victorian Agency for Health Information), clinicians, consumers and researchers. This will provide health services with access to key safety and quality measures and rich and timely data to drive improvement in cardiovascular care</p>	<ul style="list-style-type: none"> Developed, in collaboration with the Cardiovascular LHN, eHealth division, consumers and clinicians, the Victorian Cardiovascular Dashboard. Since its launch, the dashboard has garnered significant interest and is actively used to inform strategic decision making and program evaluations within SCV.
<p>We will develop a dataset and guide for reporting on the SDC</p>	<ul style="list-style-type: none"> To support compliance with the SDC legislation, we introduced a data collection mechanism and delivered an accompanying reporting guideline. We developed the <i>Data governance management plan</i> to ensure the effective administration of the dataset, enabling the sector to monitor and report on incidents as required by legislation.
Safety signals and insights	
<p>We will enhance partnerships with clinical registries to improve safety insights and support critical safety monitoring</p>	<ul style="list-style-type: none"> Conducted multiple analyses such as unplanned neonatal readmissions. Using the Triple Exponential Smoothing technique, we identified an increasing trend in readmissions, primarily due to jaundice, likely from improved detection with new jaundice meters. We presented these findings to the Maternity and Newborn LHN and collected responses from health services to ensure the safety signal is recognised to predict and mitigate any potential clinical harm in collaboration with hospitals.



2023–24 goals	Outcomes
Safety signals and insights (cont.)	
<p>We will partner with stakeholders to design a model for the proactive prediction of preventable clinical harm. This aims to support the system to respond early to safety signals through an enhanced surveillance system that identifies local health service issues and trends</p>	<ul style="list-style-type: none"> Updated the annual report of Victorian perinatal services performance indicators to include a new chart for the Gestation Standardised Perinatal Mortality Ratio to improve understanding and monitor potential harm signals. Introduced a new indicator on fetal growth restriction, reporting the rate of babies with a birthweight above the 25th centile delivered before 39 weeks due to suspected growth restriction. This measure aims to balance the awareness of potential harm from early deliveries against the severe fetal growth restriction indicator, ensuring comprehensive monitoring and prevention of unwarranted early deliveries.
Statutory functions	
<p>The Victorian Assisted Dying Review Board will contribute to the review of the operations of the Victorian Assisted Dying Act 2017 to support continuous improvement of the program and ensure equity of access</p>	<ul style="list-style-type: none"> Reported to Parliament in September 2023 as required by s 107 of the Voluntary Assisted Dying Act. Transferred the Voluntary Assisted Dying Review Board and team to the department in February 2024, where they continue to deliver on the requirements of the Voluntary Assisted Dying Act under the new structure.
<p>CCOPMM and VPCC will create process efficiencies to improve the timely review of cases of patient harm and death and share insights for system-wide learning</p>	<ul style="list-style-type: none"> CCOPMM and VPCC implemented process efficiencies to enhance the timely review of cases of patient harm and death, as well as to facilitate system-wide learning. These include developing new notification forms, revising checklists, centralising case file sharing, implementing a contributing factors framework, database enhancements and creating dashboards for monitoring data completion.
<p>We will review and improve the security and governance of our information assets to protect this information and manage risks</p>	<ul style="list-style-type: none"> CCOPMM has taken steps to improve the security and governance of information assets by ensuring hospitals receive secure folders for their content and considering data governance and privacy requirements for members. VPCC has transitioned to using a Salesforce database for case management, enabling better tracking of case progress. VPCC has developed a scoring tool to assess whether best care was conducted for common problems and has actively shared insights and preventable harm themes with professional bodies and the department.

Safety through effective intervention



We have been creating a continuously improving healthcare system that learns from, and acts to prevent harm by driving system-level change. Where there is a risk of harm occurring in our healthcare system, we intervene to prevent it from happening or to reduce the impact of that harm.

Our ambition for effective intervention was to:

- help implement the Safer Care for Kids project with a statewide parent escalation process, a 24/7 virtual paediatric emergency consultation system and the mandatory use of the Victorian Children's Tool for Observation and Response (ViCTOR)
- develop a morbidity and mortality framework, a clinical guidance strategy and provide robust responses to serious safety issues
- reduce medication-related harm, enhance clinical pharmacy capacity in regional health services and reduce hospital-acquired complications.

During 2023–24 SCV has:

- developed and launched a pilot for a central parent escalation process and mandated ViCTOR use
- created a comprehensive dataset for early warnings and partnered with stakeholders to reduce harm and improve safety
- run projects to enhance medication safety, piloted a program to upskill pharmacy technicians and developed clinical protocols for the Community Pharmacist Statewide Pilot.





2023–24 goals	Outcomes
Enabling datasets	
<p>The Safer Care for Kids project will deliver a statewide central parent escalation process, empowering families, children and carers to voice unresolved concerns and receive timely responses from their health service</p>	<ul style="list-style-type: none"> Completed phases 1 and 2 of this commitment in February 2024 including extensive lived-experience and clinician collaboration to co-design the escalation system. The work transitioned to the department at this time. The department has launched a pilot of the escalation process led by the Victorian Virtual Emergency Department (VVED).
<p>The Safer Care for Kids project will implement a 24/7 system of virtual paediatric emergency consultation, with appropriate infrastructure, training and quality assurance and video links to clinicians with paediatric expertise and retrieval services</p>	<ul style="list-style-type: none"> Victoria has 2 services that provide 24/7 virtual support to clinicians: the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service and the VVED. We have worked with stakeholders and the department on developing a strategy to meet the commitment for a virtual paediatric emergency consultation system that includes expanding PIPER and technology enhancements.
<p>The Safer Care for Kids project will mandate the use of ViCTOR wherever children and young people have vital signs recorded</p>	<ul style="list-style-type: none"> Mandated the use of the ViCTOR chart for recording paediatric vital signs by refining the charts to emphasise assessment of parental and carer concern. This initiative aims to empower families to voice concerns and receive timely responses, reducing hospital-acquired complications.
Safety signals and insights	
<p>We will support health services to enhance consistency, standardisation and a systems-focused approach to safety by developing a morbidity and mortality framework and toolkit</p>	<ul style="list-style-type: none"> Piloted a morbidity and mortality framework to ensure it is supporting consistent and standardised reviews of morbidity and mortality cases with contemporary systems thinking. A framework and toolkit were finalised for future publication.
<p>We will support practitioners across the system to deliver safer care and reduce harm by developing a clinical guidance strategy</p>	<ul style="list-style-type: none"> We did not publish a clinical guidance strategy in 2023–24. In the context of a department-wide restructure, SCV did not have the capacity to complete a guidance strategy. We will revisit this in 2024–25.
<p>We will provide a robust and timely response to serious safety issues by working with health services to review and assure appropriate actions to avoid further harm. This includes timely communication and action to the Coroners Court of Victoria</p>	<ul style="list-style-type: none"> Provided timely responses to actions and requests received from the Coroners Court, ensuring this important piece of stakeholder engagement continues. Also, we updated the status and outcomes of SCV-directed coronial recommendations and comments to ensure the court has the full picture of the work SCV is undertaking.



2023–24 goals	Outcomes
Pharmacy projects	
<p>We will reduce medication-related harm and improve patient outcomes</p>	<ul style="list-style-type: none"> Collaborated with the Victorian Therapeutics Advisory Group to host the 2023 Victorian Medicines Roundtable, focused on addressing medication safety challenges. About 90 clinicians attended this forum, engaging in discussions on key priorities such as anticoagulant safety and medication risks during care transitions. This initiative aimed to enhance medication safety and improve patient outcomes.
<p>We will partner with small regional health services to develop a model to upskill pharmacy technicians and create greater capacity for clinical pharmacy in these services</p>	<ul style="list-style-type: none"> Completed a short-term innovation project with Echuca Regional Health to pilot upskilling pharmacy technicians. Through this project, technicians were trained to conduct Best Possible Medication Histories, freeing up clinical pharmacists' time to deliver more clinical services. This initiative aimed to create greater capacity for clinical pharmacy services in regional health settings, reducing medication-related harm.
<p>We will continue to convene a clinical reference group to inform the Community Pharmacist Statewide Pilot and protocol development</p>	<ul style="list-style-type: none"> Convened a clinical reference group that has met regularly and actively worked to inform protocol development and review training modules. The group has reviewed and informed clinical protocols for services including uncomplicated urinary tract infection management, resupply of the oral contraceptive pill, shingles treatment and resupply of selected topical medicines for mild plaque psoriasis treatment.
Safety signals and insights	
<p>We will reduce harm for high-risk patients by partnering with emergency departments to reduce the number of people who experience a hospital-acquired complication and unrecognised deterioration</p>	<ul style="list-style-type: none"> Partnered with a metropolitan health service and 10 urgent care centres to improve the timeliness of specialist medical input for assessing and managing chest pain in urgent care centres. This project saw improved transfer times to higher acuity centres for patients triaged as part of this program. Partnered with 14 health services to improve delirium screening in emergency departments and urgent care centres. This project will continue as part of the Safer Together program in 2024–25.
<p>We will pilot a model of care embracing carers as part of the care team in acute care to reduce hospital-acquired complications</p>	<ul style="list-style-type: none"> Initiated a pilot model of care to integrate carers into the care team in acute care settings. This approach acknowledges the valuable role of carers in patient care and aims to reduce hospital-acquired complications by enhancing communication and support for patients and their families.
<p>We will improve care outcomes for patients with a hip fracture and reduce mortality in partnership with 7 health services</p>	<ul style="list-style-type: none"> Collaborated, through the Better Hip Outcomes Using Data project, with 7 health services to enhance care and outcomes for hip fracture patients. By leveraging data from the Australian and New Zealand Hip Fracture Registry, this initiative facilitated quality improvement efforts and increased clinical staff's capability in addressing hip fracture care.



2023–24 goals	Outcomes
Safety signals and insights (cont.)	
<p>We will support best practice maternity and neonatal care in Victoria by developing updated clinical guidelines in the maternity and neonatal eHandbooks</p>	<ul style="list-style-type: none"> Established the Maternity and Neonatal eHandbook Project to review the 124 clinical guidance pieces. A governance committee and 2 expert working groups were established. The respective clinical experts provided advice and expertise on the suitability to adopt, adapt or update guidance, factoring the Victorian context. Several updates have been made, with publication expected in 2024–25.
<p>We will reduce potentially avoidable admissions to hospital in targeted areas and improve patient outcomes</p>	<ul style="list-style-type: none"> Identified targeted areas for reducing potentially avoidable admissions to hospitals. By implementing strategies to improve patient outcomes and access to appropriate care outside of hospital settings, we aimed to minimise unnecessary admissions and optimise resource use.
<p>We will reduce avoidable harm due to hospital-acquired complications using targeted and evidence-based improvement projects in high-priority areas</p>	<ul style="list-style-type: none"> Initiated targeted and evidence-based improvement projects in high-priority areas to reduce avoidable harm associated with hospital-acquired complications. These projects focus on implementing interventions to enhance patient safety and mitigate risks in healthcare settings.
Learning together to better respond	
<p>We will drive improved service responses by sharing insights from consumer feedback with health services via our LHNs</p>	<ul style="list-style-type: none"> Strengthened our role in linking the work of the Health Complaints Commissioner with quality and safety improvement functions and optimised the use of complaints data. Established better links with our clinical chiefs and routinely shared relevant complaints data and consumer stories to drive their work. Began co-chairing the Health Service Liaison Association, a dedicated forum for enhancing feedback management in health care. Initiated a pilot with 15 health services to test a standardised coding taxonomy for complaints, known as the Health Complaints Analysis Tool (HCAT).
<p>We will partner to deliver best value care, reducing unnecessary clinical variation to improve outcomes in the public healthcare system</p>	<ul style="list-style-type: none"> Held a Cardiovascular Summit that brought together more than 300 delegates from across the state to share the outcomes and lessons learned from the CVD Program that partnered with 30 health services to reduce hospital readmissions and improve access to quality cardiovascular care.



2023–24 goals

Outcomes

Learning together to better respond (cont.)

We will increase the awareness of patient safety culture and sentinel event reporting by sharing insights and lessons from adverse events, reviews with health services and the Victorian Health Incident Management System. We will also publish articles on themes and trends in sentinel event data on our website

- Developed the *Victorian safety culture guide* via extensive engagement with an advisory group of subject matter experts, senior healthcare leaders, consumers and other stakeholders. The guide is designed to support boards, CEOs and executives in measuring and monitoring their organisation's safety culture. It offers actionable strategies and practical approaches for improving safety culture across all Victorian healthcare services, facilitates proactive measurement to prevent harm and promotes safer, continuously improving health care. The guide has been finalised for future publication.

We will enable a stronger consumer voice through developing a comprehensive patient experience framework in partnership with the eHealth division and pilot it with 3 health services. The framework will include a standardised coding taxonomy, evidence-based best practice for complaints and staff training

- Completed mapping for sentinel event data to be published quarterly.
- Partnered with 15 Victorian health services to pilot the HCAT. The HCAT taxonomy will enable health services to use complaints data as a complementary dataset against other sources of data to inform continuous improvement activities and to understand upcoming issues based on consumer voices. The first stage of the project is complete with all 15 health services successfully taking part in testing the implementation of the HCAT into their complaints management systems within a 3-month period.

A SAFETY STORY



A safety story:
Mental health improvement



A safety story:
Towards Elimination of
Restrictive Practice



A safety story:
CVD program

Mental health improvement

Since the Mental Health Improvement Program (MHIP) was established in SCV in 2022, there has been huge momentum towards actioning the design and implementation of the reform objectives set out by the Royal Commission into Victoria's Mental Health System.

Informed by co-design principles, improvement science and the voices of people with lived and living experience, as well as the clinical and non-clinical workforce, this work is reshaping the mental health and wellbeing care system for the future, aiming at achieving our goal of 'safety for all'.

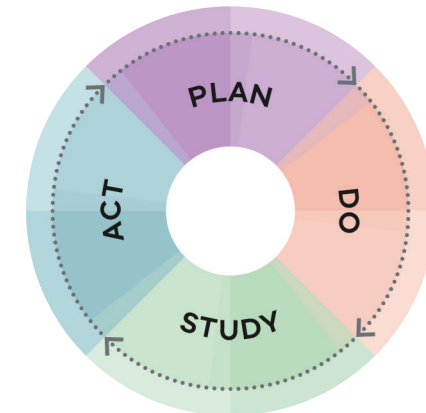
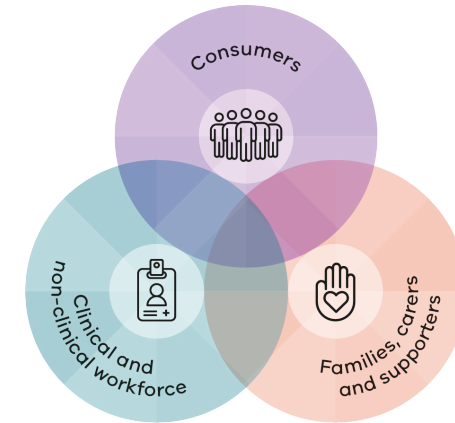
APPROACH

The MHIP team works with the frontline workforce in mental health and wellbeing services, with lived and living experience members embedded into teams.

By providing coaching and contemporary, evidence-based quality improvement practice frameworks, the MHIP team supports local teams to develop their change capability, leading to lasting and impactful change across each of the MHIP's 4 initiatives.

A partnership approach at every stage of the quality improvement process, the MHIP team helps participating services design, test and implement lasting positive change through plan, do, study, act cycles of testing and learning.

The MHIP team has adopted a 'test, scale and spread' approach, working with an initial cohort of mental health services to monitor, adapt and adopt improvements before sharing with more mental health and wellbeing services across the state.





OUTCOME

The MHIP is currently working with 34 different teams across 15 mental health and wellbeing services in Victoria over the 4 initiatives:



Towards Elimination of Restrictive Practice:

Worked with 12 services through the initial design and test stages of the initiative. Mental health and wellbeing teams shared their insights on the successes and challenges of tested changes at a June summative event. Planning is now underway for partnering with additional services in this initiative.



Improving Sexual Safety:

Partnered with 6 mental health inpatient units to build an understanding of what changes can improve safety in these settings. Together, in this initial phase of the work, the services are testing and evaluating what is working well, with a view to introducing improvements to more services from 2025.



Adopting Zero Suicide Framework:

Helped 6 services determine their status of practice, highlighting strengths and opportunities for better alignment. The MHIP has been working with 4 of these services to make changes that fit with the framework – sharing lessons from introduced changes to support the workforce to improve practices when caring for consumers with suicidal thoughts or behaviours.



Reducing Compulsory Treatment:

Collaborated with 6 mental health and wellbeing services as well as co-design and social innovation experts to design 8 potential change packages that will be tested into 2025.

'Already, we have witnessed through the sharing of the successes and challenges at our learning events, that while these are not easy changes or in easy times, they are already creating waves of positive change. The work is hope-creating, and the commitment of the teams has been inspiring.'

Kate Thwaites,
Director MHIP and Deputy
Chief Mental Health Nurse

Towards Elimination of Restrictive Practice

Partnering with Victorian mental health and wellbeing services in the first phase of improvement work, the MHIP is supporting inpatient units to reduce the use of seclusion and restraint.

The MHIP team supported 16 mental health inpatient units to achieve an aim of reducing the use of seclusion and restraint by **20% by April 2024**.¹

BUILDING LASTING CHANGE

With the MHIP's support, all participating services developed change ideas aimed at reducing restrictive practices. The change ideas have been developed to:

- improve the experience for consumers, their families, carers and supporters throughout their entire inpatient journey, from admission to discharge
- support clinical and non-clinical workforce wellbeing, skills and training and enhance collaboration and communication
- create supportive therapeutic environments with an emphasis on routines and expectations for consumers, their families, carers and the workforce.

Examples of changes include the successful introduction of 'patient safety huddles' or 'reducing restrictive intervention' huddles. These huddles are where treating teams regularly assess a consumer's ongoing safety and risks and other ways to support distressed consumers. Together they proactively plan steps that can support the consumer together with their families and carers.

The MHIP supports mental health and wellbeing services as they work to reduce restrictive practice from design to implementation. Ongoing coaching, together with sharing the lessons from across services and connecting teams with one another, helps support lasting change.

1. Aim for reduction in mental health inpatient units' settings by 20% by April 2024 at an aggregate level of participating sites.



Expanding to more services

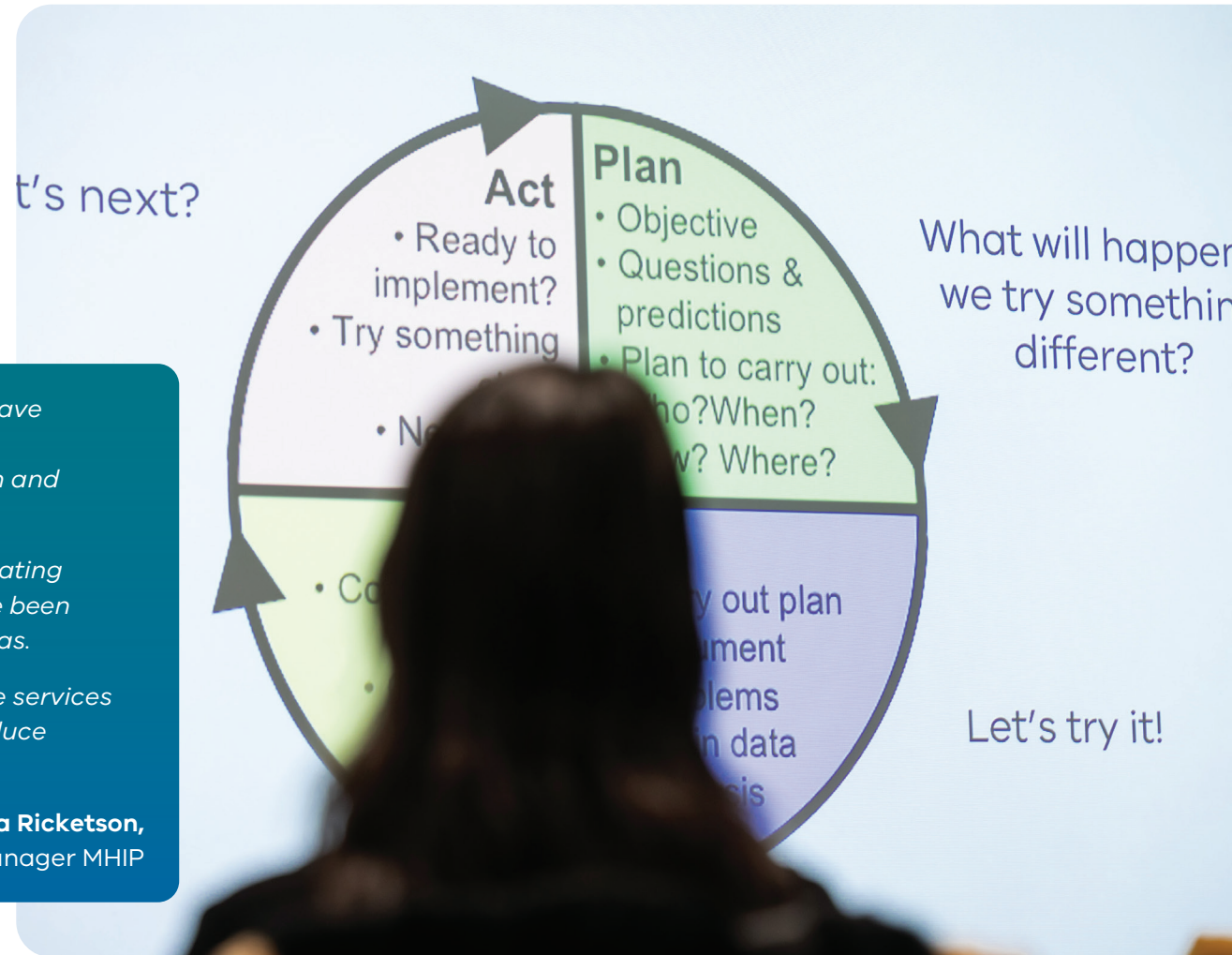
Collected data and insights from the experiences of the participating services is shaping the plan to further expand the improvement program in Victorian mental health inpatient services. The work will continue in these services while we scale up to partner with more inpatient units across the state in 2025.

'Each service we partner with is unique, but what they all have in common is wanting to provide the safest experience for consumers, their families and carers and the mental health and wellbeing workforce.

By connecting and building relationships between participating services through workshops and coaching calls, MHIP have been able to leverage broader experiences to shape change ideas.

As we look to partner with more services into the future, the services who have been involved so far are leaders in helping to reduce restrictive practices in Victorian inpatient units.'

Gemma Ricketson,
Manager MHIP



CVD program

ISSUE

Heart disease, stroke and blood vessel diseases are a major problem in Australia. In 2017–18 these diseases affected more than one million people and caused 1 in 4 deaths in 2019.

SCV is working with the Victorian and federal governments to improve the care of people with CVD. The aim is to provide better access to cardiovascular support and reduce the likelihood of patients with CVD returning to hospital.

APPROACH

Launched in 2021, 5 key projects formed part of our CVD program, including the Cardiovascular Ambassadors (CVA) project, the Heart Helper pilot, Rapid Access Atrial Fibrillation Clinics, the Digital Cardiac Rehab (DCR) and the Timely Management of Chest Pain (TMCP) pilot.

These projects enhanced access to specialist care and CVD supports and gave clinicians the necessary support and tools to deliver quality care. The CVD Program took an active approach to addressing gaps in care by improving timely access to care, reducing patient waitlists and introducing efficient triage processes. The CVD Program addressed these gaps in care delivery in the following ways:

- **Supporting patients who would otherwise have been ineligible to receive care.** The rapid access atrial fibrillation clinics, TMCP and DCR projects exemplified this by introducing new CVD care pathways aimed at supporting Victorians living in inner regional, outer regional and remote areas with access to specialist cardiac care for the first time.
- **Encouraging engagement from patient groups that may not be willing or able to engage with other CVD supports.** This was exemplified by the DCR project that provided patients who

were previously unable to travel to traditional face-to-face sessions with the option to conduct their rehabilitation using a fully virtual or hybrid model. Similarly, other projects such as the Heart Helper pilot and CVA project used a set of supports to promote engagement with Aboriginal and Torres Strait Islander people and/or those from culturally and linguistically diverse backgrounds.

- **Providing personalised care to cater to unmet patient needs.** This was achieved across several projects, especially the Heart Helper pilot and CVA project. These projects leveraged dedicated staff to spend more time with the patient, provide education and psychosocial support and help to coordinate their care by referring them to appropriate supports including disease management and exercise programs.
- **Supporting clinicians to deliver care.** This was achieved through clinical tools, such as the stratification tool used as part of the TMCP project that assisted Urgent Care Centre clinicians in risk-stratifying regional and rural Victorians presenting with chest pain.

OUTCOME

The CVD Program has successfully helped 10,670 Victorians between March 2022 and February 2024. The CVD Program has achieved the following:



Reduced the likelihood of a patient with CVD returning to hospital.

This was achieved by improving access to heart specialists, patient education, providing personalised support and referring patients to programs designed to support patients with CVD.



Improved access to care for rural and regional Victorians.

This was achieved by introducing affordable, local services and digital platforms that patients can access more easily.



Shown significant economic and social benefits.

For every \$1 invested, a return of \$1.46 was achieved.



Workplace profile

Workplace profile on 30 June 2024

	All employees		Ongoing			Fixed term/casual	
	Headcount	FTE	Full time	Part time	FTE	Headcount	FTE
Gender							
Male	22	21.5	19	0	19.0	3	2.5
Female	136	129.8	76	21	92.1	39	37.7
Uncoded (non-binary and undisclosed)	1	1.0	0	0	0.0	1	1.0
Classification							
VPS2	0	0.0	0	0	0.0	0	0.0
VPS3	2	2.0	1	0	1.0	1	1.0
VPS4	29	28.4	20	2	21.4	7	7.0
VPS5	81	77.7	51	12	60.2	18	17.5
VPS6	33	31.5	23	7	28.5	3	3.0
Senior Tech Services	5	4.2	0	0	0.0	5	4.2
SMA	1	1.0	0	0	0.0	1	1.0
Executive	8	7.5	0	0	0.0	8	7.5
Age							
<24	1	1.0	1	0	1.0	0	0.0
25-34	33	32.7	21	1	21.9	11	10.8
35-44	64	61.2	39	9	45.9	16	15.3
45-54	37	35.2	22	4	25.1	11	10.1
55-64	19	17.5	10	5	13.5	4	4.0
65+	5	4.6	2	2	3.6	1	1.0
Total employees	159	152.3	95	21	111.1	43	41.2

As at 30 June 2024. Please note, these figures are approximate.
The data above does not capture vacant FTE.

Reports and publications

REPORTS

[Annual report 2022–23, August 2023](https://www.safercare.vic.gov.au/sites/default/files/2023-10/SCV%20Annual%20Report%202022-23.pdf) <<https://www.safercare.vic.gov.au/sites/default/files/2023-10/SCV%20Annual%20Report%202022-23.pdf>>.

[Albury Wodonga region colonoscopy recall – final report, October 2023](https://www.safercare.vic.gov.au/sites/default/files/2023-10/Colonoscopy%20recall%20final%20report%20October%202023.pdf) <<https://www.safercare.vic.gov.au/sites/default/files/2023-10/Colonoscopy%20recall%20final%20report%20October%202023.pdf>>.

[Sentinel events annual report 2021–2022, August 2023](https://www.safercare.vic.gov.au/sites/default/files/2023-08/2021-22%20Sentinel%20Events%20Annual%20Report_0.pdf) <https://www.safercare.vic.gov.au/sites/default/files/2023-08/2021-22%20Sentinel%20Events%20Annual%20Report_0.pdf>.

[Wellbeing for Healthcare Workers initiative – phase 1 summary report, February 2023](https://www.safercare.vic.gov.au/sites/default/files/2023-03/Healthcare%20Workers%20Wellbeing%20Initiative%20-%20Phase%201%20Summary%20Report.pdf) <<https://www.safercare.vic.gov.au/sites/default/files/2023-03/Healthcare%20Workers%20Wellbeing%20Initiative%20-%20Phase%201%20Summary%20Report.pdf>>.

[Voluntary Assisted Dying Review Board annual report – July 2022 – June 2023, August 2023](https://www.safercare.vic.gov.au/reports-and-publications/voluntary-assisted-dying-review-board-annual-report-july-2022-to-june-2023) <<https://www.safercare.vic.gov.au/reports-and-publications/voluntary-assisted-dying-review-board-annual-report-july-2022-to-june-2023>>.

[Consultative Council on Obstetric and Paediatric Mortality and Morbidity \(CCOPMM\) – Victoria's mothers, babies and children 2021 report, September 2023](https://www.safercare.vic.gov.au/sites/default/files/2023-11/Victoria's%20mothers%20babies%20and%20children%20report%202021.pdf) <<https://www.safercare.vic.gov.au/sites/default/files/2023-11/Victoria's%20mothers%20babies%20and%20children%20report%202021.pdf>>.

[Victorian perinatal services performance indicators 2021, March 2024](https://www.safercare.vic.gov.au/publications/victorian-perinatal-services-performance-indicators-2021) <<https://www.safercare.vic.gov.au/publications/victorian-perinatal-services-performance-indicators-2021>>.

PUBLICATIONS

Fischer S, Clarke J, Walker A, Hyder S (2023) [Investigating multidimensional organisational trust through breach](#). *Australian Journal of Psychology* 75(1).

Fischer S, Walker A, Hyder S (2023) [The development and validation of a multidimensional organisational trust measure](#). *Frontiers in Psychology* 14, 1189946.

Hobbs L, Larsen B, Westwood A, Reynolds L, Devenish S (2024) [Breaking the stigma: workforce planning should include \(not just consider\) all aspects of being female in emergency medical services \(EMS\)](#). *Canadian Paramedicine* 47(3), pp. 6–7.

Pap R, Barr N, Hutchison A, O'Meara P, Simpson P, Reardon M, Reeves H, Reynolds L, Thomson M, Ross L (2024) [Research agenda and priorities for Australian and New Zealand paramedicine: a Delphi consensus study](#). *Paramedicine* 21(3), pp. 94–107.

Reynolds L, Debono D, Travaglia J (Eds.) (2024) [Understanding the Australian Health Care System](#). Elsevier Australia, Sydney.

Spelten E, Thomas B, van Vuuren J, Hardman R, Burns D, O'Meara P, Reynolds L (2024) [Implementing community paramedicine: a known player in a new role. A narrative review](#). *Australasian Emergency Care* 27(1), pp. 21–25.

