



Victorian
Agency for
**Health
Information**



YEAR IN REVIEW

2018-19

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Foreword from the Minister

Following recommendations made in the *Targeting zero* review, the Victorian Government made a commitment to implement solutions to reduce avoidable harm and strengthen quality and safety.

Since the Victorian Agency for Health Information (VAHI) was created in 2017, as part of this commitment we have seen the agency develop and strengthen its role within the Victorian health system. After embedding a range of functions from the Department of Health and Human Services (the Department) in its first year, 2018–19 has seen VAHI improve quality and safety reporting in Victoria, better supporting quality and safety in health services and driving improvement in care. Across Victoria, health service boards, executives and clinicians have greater visibility in quality and safety than ever before, including how they compare to their peers and trends over time.

Achievements from the year include production of Victoria's first quality and safety report for private hospitals.

Reforms to the Victorian Healthcare Experience Survey program have included changes to provide small and local health services access to more patient experience results, helping to drive patient-centred care.

VAHI's big linked data project provided a more complete picture of ongoing treatment for cardiac patients, matching patients' de-identified hospital data with the Pharmaceutical Benefits Scheme for the first time.

VAHI has also carried out significant reform to the Victorian Health Incident Management System (VHIMS) program, including rollout of the new VHIMS Central system to Victorian public and community health services and development of a new minimum dataset.

The release of the first statewide incident report will add a vital component for understanding health service quality and safety.

In January 2019, Machinery of Government changes led to the addition of population health surveillance to VAHI's remit. This work, which includes the important Victorian Population Health Survey, recognises and extends VAHI's role in building a picture of the health of all Victorians that will inform policy and service delivery across the health system.

VAHI continues to collaborate closely with Safer Care Victoria (SCV) and the Department to implement a coordinated approach to quality and safety monitoring, reporting and improvement in Victoria. This will deliver even greater value for the sector as these relationships develop over the coming years.

Jenny Mikakos MP
Minister for Health



Report from the CEO

I'm pleased to introduce the VAHI *Year in review 2018–19*, where we share some of our highlights from the year, look at progress against our strategic objectives and demonstrate the impact of our work.

VAHI was created in 2017 as a result of a key recommendation in *Targeting zero*, the final report of the review into quality and safety in Victorian hospitals. Since then we have made great progress.

In our first year (2017–18), we took responsibility for a range of reporting functions previously carried out by the Department. We put in place the foundations that will enable VAHI to become a successful data agency and started to map out our future direction.

In 2018–19, we began progressing a range of ambitious projects to fulfil our vision of a community that is better informed about health services, and where health services receive the information they need to provide better, safer care.

Partnering for improvement

We have continued to shift performance reporting from a one-way delivery of information to a shared responsibility for quality and safety improvement. We understand that our role is not just about providing data; it is about producing the right information, in the right format, and delivering it at the right time. For this reason, we have invested heavily in seeking feedback from health services, clinicians and consumers.

We have focused on incorporating this feedback to improve our measures and reports. For example, we made changes to the *Board safety and quality report* such as adding an 'in focus' section with further explanation of measures to help board members to better understand the report. Following feedback from health services, we removed the death in low mortality diagnosis-related groups measure from our reports while we reviewed and improved it.

In 2018–19 we surveyed our stakeholders – including CEOs, clinicians from public and private health services, as well as clinical networks to understand their perceptions of VAHI's measures and information products. The results showed strong support on the importance of VAHI's role to help improve the quality of data provided to health services (over 80%), and to help improve the quality and safety of health care provided to Victorians (around 70%). Around seven in 10 (71%) rated VAHI's performance an 'excellent', 'very good' or 'good', while 29% rate it as 'fair' or 'poor'.

The results identified opportunities for reporting improvements that VAHI has already commenced and will continue to over the coming year. The aim is for VAHI's information products to be as useful as possible to health services and clinicians in improving quality and safety.

New information products in 2018–19

In November 2018, we released Victoria's (and indeed Australia's) first quality and safety report for private hospitals and received an incredibly positive response. Private hospitals found it extremely valuable and, as a result, we have committed to producing it twice a year.

One of our major projects that has progressed significantly this year is the reform of the Victorian Health Incident Management System (VHIMS). We rolled out the new VHIMS Central incident and feedback management system to all eligible public and community health services and developed a new VHIMS minimum dataset for incident reporting. Victoria's first statewide incident and feedback report is soon to be released.

In January 2019, we were pleased to add population health surveillance and reporting to our portfolio, as the Health Intelligence Unit moved from the Department to VAHI. The population-level information collected by the Victorian Population Health Survey and other tools will allow us to provide a fuller picture of Victoria's health.

Influencing the national agenda

I'm proud of the influence VAHI is having at a national level.

In collaboration with the New South Wales Government, we led a project using linked data from the Australian Health Ministers Advisory Council (AHMAC) National Data Linkage Demonstration Project (NDLDP). We published the project's findings in *Delivering better cardiac outcomes in Victoria*, Australia's first big linked data report, which showed the potential of multi-jurisdictional data linkage for investigating variations in care across the country.

VAHI represents Victoria on a national working group overseeing implementation of the Australian Health Performance Framework. We have mapped existing Victorian measures within this framework and are excited to be moving towards a reporting framework that will incorporate social determinants and health outcomes data to give a fuller picture of health in Victoria.

Finally, we have contributed to the development of the latest edition of the Australian clinical coding classification through representation on the national committee responsible for classification development. Revisions to the classification were informed by previous work by VAHI on standards for additional diagnoses coding.

Looking to the future

We recently released our strategic plan for 2019–2022, which articulates the way forward for VAHI. Over the coming year, we will continue to develop our capacity for enhanced analytics to add value to the quality and safety information we report to health services. We will position ourselves to provide technical and thought leadership in areas such as data governance and data analytics.

We are developing our public reporting program to provide information to the Victorian community that is relevant, meaningful and easy to understand.

We are working to embed population health surveillance and reporting into our workplan, to continue to shine a light on the health and health disparities of Victorians.

VAHI will continue to work toward being a reliable and trusted source for information on quality and safety of the Victorian health system. Our foundational work to deliver on our stakeholders' needs will remain core to our success.

Acknowledgements

I'd like to thank our stakeholders and partners from across the health sector for supporting our work and engaging with us. Together, we can drive improvement in quality and safety of health care for all Victorians. I would also like to thank all the members of our advisory committees for their guidance.

I acknowledge Department Secretary Kym Peake; former Minister for Health, The Hon Jill Hennessy MP; and the new Minister for Health, The Hon. Jenny Mikakos MP, for their leadership and support.

Thank you to our colleagues in the Department and SCV for your enthusiastic collaboration over the year. And finally, thank you to the VAHI staff, whose passion and dedication drives our work forwards.

Dr Lance Emerson

CEO, Victorian Agency for Health Information

About the Victorian Agency for Health Information

VAHI has been consulting with our stakeholders about our vision and mission in developing our strategic plan for 2019–2022. The below reflects our vision and mission for 2017–2019.

VISION



Our vision is that:

- the community is better informed about health services
- health services receive better information to serve their communities to provide better, safer care
- across our system everyone has an accurate picture of where the concerns are and where we're getting it right.

MISSION



Our mission is to stimulate quality and safety improvements, increase transparency, accountability, and inform the community through monitoring and reporting on public and private health and wellbeing services.

VALUES



Our values represent who we are, how we behave and what we think is important in our work. We share the same values as the Department and have articulated what those values mean in the context of our work.

We have integrity

- We are professional, honest and transparent in our work
- Our information is impartial and trustworthy

We are accountable

- We are accountable for the information and analyses we provide
- Our work is evidence-based and outcomes-focused

We are innovative

- We do things differently
- We value new thinking and perspectives

We collaborate

- We work with and are responsive to our audiences to maximise outcomes
- We help each other as colleagues

We are respectful

- We listen and communicate honestly and clearly
- We seek to understand others' perspectives, experiences and contributions

We care for people, families and communities

- We support and empower people through our work
- We value our colleagues and we develop and support them to be resilient and effective

Progress in numbers

REPORTING

1,561



Results for **142** measures released publicly each quarter

PERFORMANCE

8,928



75% reduction in data entry time with new VHIMS Central system

43 public health services audited for data integrity

QUERIES

136



590 data requests processed from researchers, government and others

SURVEYS

78,004



7,100 Victorians completed the 2018 Victorian Population Health Survey

280



WORKSHOPS

14 patient experience workshops held across Victoria to build capacity to use patient experience data



Highlights from the year



JULY

Expert Advisory Group formed to review death in low-mortality diagnosis-related groups (DRGs) measure

Report of the 2016 Victorian Population Health Survey released

AUGUST

VAHI Corporate plan 2018–19 released

VHIMS Central system piloted at four bush nursing centres

VAHI joins Twitter

SEPTEMBER

VAHI holds first Annual Forum

First *VHES voice* newsletter released, providing insights into patient experience data

OCTOBER

VAHI begins collecting patient experience feedback for palliative care services

NOVEMBER

VAHI releases first quality and safety report for private hospitals

Patient experience roadshow travels across Victoria

DECEMBER

VAHI surveys stakeholders for the first time

JANUARY

Population health surveillance and reporting becomes part of VAHI's remit, transferred to VAHI from the Department

FEBRUARY

VAHI distributes second issue of *Inspire: mental health* to Victoria's 18 designated mental health services

MARCH

Seminar Series event: Connected Health Cities

APRIL

VAHI hosts patient experience session at SCV's Partnering in Healthcare forum

MAY

VHIMS Central live at all eligible public health services

Seminar Series event: Data liberalisation

JUNE

VHIMS minimum dataset finalised

Seminar Series event: Public reporting

VAHI works with the Victorian Clinical Council to hold the Count Me In measures development forum

VAHI releases *Delivering better cardiac outcomes in Victoria*



Measuring and tracking our success

During 2018–19, VAHI developed a framework to monitor and track our performance across three tiers – mission, objectives and projects. Our focus for the past year has been on developing methodology and baselines to measure delivery of our initiatives and objectives, see Figure 1.

VAHI’s measures of strategic success framework



Delivering our mission

From day one, VAHI has been guided by the overarching mission to stimulate quality and safety improvements across Victoria's public and private health services. VAHI's *Corporate plan 2018–19* focused on ensuring we continued to deliver on that mission. In the coming years, through our *Strategic plan 2019–2022*, we will work with SCV and the Department to further strengthen these efforts. We will develop a core set of measures of quality and safety (a 'spine') applicable to most health services and use the results of these measures to help our partners understand the quality and safety of Victorian health services.

Delivering our objectives

VAHI's *Corporate plan 2018–19* sets out desired outcomes across five strategic objectives:

1. Support the strengthening of quality and safety improvements within the Victorian health system
2. Inform, stimulate and drive clinical improvements in quality, safety and patient outcomes
3. Provide Victorians with an accurate picture about health services in their local area and across Victoria
4. Support improvement in the quality of information, its production and broad use
5. Develop a trusted, respected and influential agency

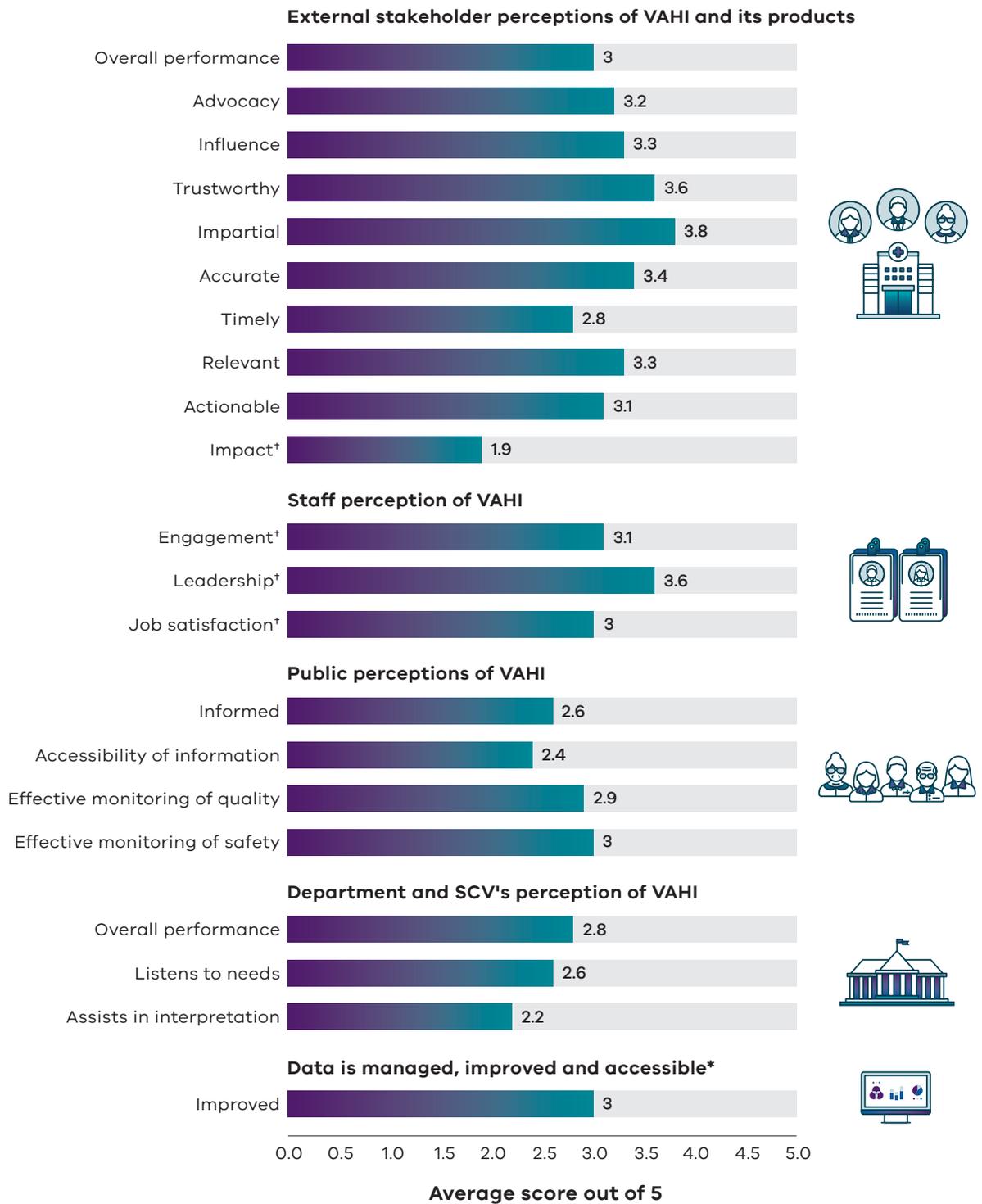
To understand how we are progressing against these objectives, we developed a suite of impact measures that looked at:

- external stakeholder (including health service executives, clinicians and clinical networks) perceptions of VAHI and its products
- staff perception of VAHI
- public perception of VAHI
- the Department and SCV perception of VAHI
- degree to which data are managed, improved and accessible.

Surveys, focus group discussions and in-depth interviews were used to source data for these measures. Specifically:

- a survey of 280 stakeholders (health services executives, clinicians, clinical networks, committees, the Department and SCV) in November to December 2018 that asked stakeholders about their views on how we are assisting them in improving quality and safety and our progress in general
- 17 focus group discussions, four in-depth interviews and a 1,000-participant survey with the Victorian community in August to September 2018 to understand barriers and opportunities for collecting and sharing health information with the public
- Victorian Public Sector Commission's People Matter Survey, completed by VAHI staff in May 2018.

The graph overleaf shows average scores from survey questions that related to outcomes measures (Figure 2). Results are grouped into the five domains listed above.



Notes: * VAHI did not establish measures for Managed or Accessible during 2018–19. † The respective % scores provided have been grossed up to a measure out of 5.

Figure 2: VAHI's impact measure results 2018–19

These results give VAHI a baseline and highlight where we are on track and where we need to focus our improvement efforts. They also provide the following insights:

- VAHI's core function of helping to improve the quality and safety of health care provided to Victorians through the provision of high-quality reliable data is seen as vital; but the distinction between VAHI's role and the roles of SCV and the Department isn't always clear.
- While VAHI's products are viewed as trustworthy and impartial, improvements in impact, timeliness and actionability are required. Duplication and overlapping measures across reports can also cause confusion.
- The move from static reports towards an online, interactive data portal is eagerly awaited.
- Working more with health services, clinicians and other stakeholders would be helpful. VAHI should help audiences understand reports, the information they contain, and the implications.

These results have informed our strategic priorities and program of work for the 2019–20 corporate plan. The strategic priorities were released as part of VAHI's *Strategic plan 2019–2022*.

Delivering our initiatives

The initiatives that VAHI has delivered in 2018–19 are presented by objective in the next section of this report.

What our stakeholders are saying

'I feel that there is a lot more scrutiny around hospital performance now. This is a good thing.'

'Keep going and get more information into the public domain, information designed so that it is readily digested and understood (i.e. recognises customer & patient literacy).'

'Clarity on who does what in VAHI and how it relates to other areas of DHHS would be useful.'

'Data could be more up to date if possible but good to get the comparative data.'

'Reduce duplication in rather large report documents.'

'There is an opportunity to empower health services to take ownership of their data to inform effective decisions about quality improvement if health services are provided with tools and capability to access their data in real-time and customise reports to meet the specific needs of each health service.'

'Provide insights, not just more KPIs and reports.'

'They should make more specific recommendations instead of being too broad regarding solutions to problems.'

Progress against objectives





Support the strengthening of quality and safety improvements within the Victorian health system

Improving quality and safety in health services requires strong oversight across the health system. VAHI strives to provide public and private health service CEOs and boards with trusted, timely and accurate information to help them fulfil their governance responsibilities. Our aim is that CEOs and boards find the information meaningful and use it to improve the effectiveness, efficiency and sustainability of health services.

Improving information for boards

VAHI has produced the *Board safety and quality report* since March 2017. The report provides board members of public health services with information about the quality and safety performance of their service, to support their role in clinical governance. It aims to help boards answer the question, ‘Is my health service safe?’ and identify any areas of declining performance that have the potential to impact future patient safety.

VAHI released four issues of the report during 2018–19. Three versions of each issue are produced, containing information that is targeted at:

- metropolitan and large regional health services
- regional health services
- rural health services.

Based on feedback from stakeholders that indicated a need for greater interpretation of the information and results, VAHI introduced new features into the report.

In November 2018, we introduced a statewide average or benchmark for most measures to make it easier for boards to see how their health service is performing. We also added an ‘In focus’ section to provide further interpretation and analysis of measures in the report. So far, this section has looked at safety culture and patient experience measures, exploring their relevance to quality and safety and advising board members on how to interpret results and support improvement.

In early 2019, in partnership with SCV, we started work on improving the *Board safety and quality report*. Changes to the report will improve the way we communicate information to board audiences to better reflect their role in clinical governance and their associated information and data needs. The revamped report is scheduled for release in November 2019.

Reporting to private hospitals

In November 2018, VAHI produced Victoria’s first private hospital quality and safety report. The report was a result of a successful collaboration between VAHI, the private hospital sector, the Department and SCV.

The report aims to improve the quality and safety of care in private hospitals by improving access to high quality information, including the ability to compare performance with peers. Reporting to private hospitals is consistent with recommendations in *Targeting zero*, published following a review of hospital quality and safety assurance in Victoria.

The private hospital report included innovative work to capture unplanned readmissions to any Victorian hospital by using hospital linked data. This new method gives a more accurate picture of readmissions than only reporting readmissions to the same hospital. The methodology will be applied in VAHI’s public hospital reporting in 2019–20.

The report also presented us with an opportunity to increase health services' knowledge about reporting sentinel events and readiness to report healthcare-associated infections, which became mandatory for private hospitals in July 2018 and July 2019 respectively.

Following positive feedback from private hospital executives, VAHI will now produce the *Quality and safety in Victorian private hospitals* report twice a year. Clinical leaders from private hospitals explained how the report prompted them to take a closer look at their data. Health service data managers have used the data to understand variation across the different facilities in their service.

The second issue was distributed to private hospitals in May 2019.

VAHI is excited to expand our reporting to include private hospitals and will continue to develop this relationship with a view of improving information for private hospitals in the coming years.

Developing new quality and safety measures

In 2018, VAHI undertook a consultation process seeking feedback from Victorian public health services, clinicians, consumers, the Department and SCV on its reports and the quality and safety measures within them. We have made changes to our reports based on feedback received, with a focus on improving the *Board safety and quality report*.

As part of our consultation process, VAHI received feedback on suggestions for 100 new or amended quality and safety measures. In June 2019, we held a forum with the Victorian Clinical Council to prioritise these suggested measures. Discussion at the forum focused on prioritising the suggestions for new measure development in relation to measures that currently exist and gaps in measurement according to the Australian Health Performance Framework, for example equity measures.

Stakeholders at the forum identified four areas of high priority for measurement development: child and youth, mental health, Aboriginal and Torres Strait Islander people and palliative care. Within each area of priority, stakeholders defined where measurement gaps existed and where development efforts might be best placed.

Focus on Aboriginal and Torres Strait Islander people

The stakeholders discussed how development of new measures should be considered through an equity lens, including considering the different experiences and outcomes of care of Aboriginal and Torres Strait Islander people in our analyses. Equity influences all elements within the Australian Health Performance Framework and VAHI will consider how it can be applied across existing and future measures.

We are already progressing measures of care in relation to Aboriginal and Torres Strait Islander health, including emergency department visits. The new measures will be tested with the Aboriginal and Torres Strait Islander community as well as health services over 12 months before being incorporated into VAHI's reporting suite.

Refining existing measures

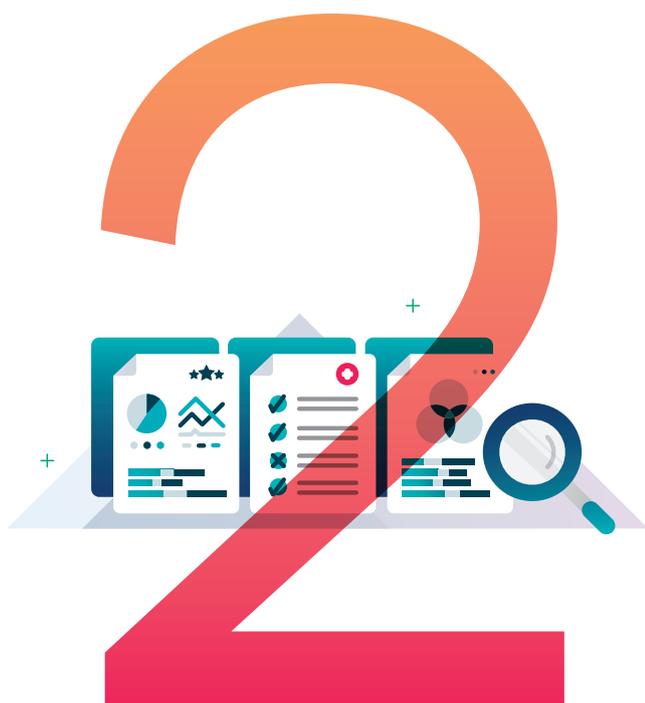
Death in low mortality DRG measure

In response to feedback from clinicians, we removed the death in low mortality diagnosis-related groups (DRGs) measure from VAHI reports in June 2018 so that the methodology could be reviewed. The review was carried out by an expert advisory group including clinicians, measurement experts from Australian Commission on Safety and Quality in Health Care (ACSQHC) and the NSW Bureau of Health Information.

Having adopted the group's recommendations, the measure now better captures deaths that are genuinely unexpected. We reintroduced the measure into the *Inspire* report in February 2019.

Hospital mortality: acute myocardial infarction

VAHI is developing a new mortality measure for heart attack (acute myocardial infarction) that includes both in-hospital and out-of-hospital deaths 30 days post hospitalisation. VAHI currently reports only in-hospital mortality following hospitalisation for heart attack; the new measure will capture potential variations in discharge practices and post-discharge care. We expect to include it in the *Inspire* report in 2019–20. This work has been informed by consultations with the Cardiac Clinical Network and an expert advisory group.



Inform, stimulate and drive improvements in quality, safety and patient outcomes

Trusted, timely and accurate information on health service quality and safety performance can be used to stimulate and drive improvements in care. VAHI aims to help clinicians better use their data and easily interpret information about where they are performing well and where they can improve.

Providing clinicians with quality and safety data

During the year, VAHI released four issues of *Inspire* to Victoria's public health services. VAHI, working with SCV, has published the *Inspire* report series quarterly since July 2017. *Inspire* is our core information product for lead clinicians in Victorian public hospitals and designated mental health services. It aims to improve the flow of information within the health system and support identification and analysis of variation in care.

The *Inspire* reports provide information on measures of quality and safety performance within health services at a level of detail not found in other VAHI reports. This allows clinicians to more easily identify variations and target relevant improvement opportunities.

For selected measures, results are complemented by clinician-focused information developed by SCV or the Chief Psychiatrist depending on the measure. These messages highlight areas for clinicians to consider when reviewing their health service's results, such as how variations could be interpreted or relevant resources and training opportunities to improve clinical practice.

VAHI continues to seek feedback on *Inspire* to ensure that it is useful and actionable for clinicians.

In June 2018, VAHI released the first issue of *Inspire: mental health* to Victoria's 18 designated mental health services. The report allowed mental

health services to see, for the first time, how their results compare with similar services. Following positive feedback from the sector, we committed to release two issues of the report each year. The second issue was distributed in February 2019.

Spotlight

Data driving changes at Peninsula Health

The data presented in *Inspire: mental health* can act as a starting point for important conversations about the quality and safety of care. After reviewing the report, the mental health team at Peninsula Health found that while their overall results were positive, in some areas their results didn't match up to some of their peers. The team identified three areas to focus on – bodily restraint, falls and electroconvulsive therapy (ECT).

Peninsula Health set up committees, carried out research and visited other services to see how the issues were being tackled elsewhere. They took a holistic approach to their solutions; for example:

- **For bodily restraint**, they looked at factors ranging from the environment, such as noise levels and how to make the ward less stimulating for some patients, to setting up behaviour management plans more consistently.
- **For falls**, the staff feel that small changes they have made to environmental factors, such as increasing the lighting, have had a big effect. Using behavioural management plans and reducing use of the medications most likely to cause falls were also important. The ward now has a champion of falls prevention and conducts weekly falls rounds to mitigate risks that could lead to a fall.



Dr Carmel Peavey and her team.

- **For ECT**, *Inspire: mental health* confirmed that their identified practice improvements were on the right path and there was an opportunity to lower their rate of ECT. The team has made some changes to processes relating to maintenance ECT, such as including a proposed end date for treatment in the patient's treatment plan.

A vital part of Peninsula Health's response to *Inspire: mental health* is getting staff involved. Team members at different levels reviewed the report and sought to understand what it was showing them about their service. The coordinated effort promoted buy-in from executives and nursing staff. Dr Carmel Peavey, Aged Inpatient Consultant Psychiatrist, Peninsula Health, stressed the importance of nursing staff having a sense of ownership of the initiatives for them to be successful. She is proud of the team's achievements and the positive effect it is having for patients:

'It's a better way, a smoother way. It's better for the patients. It's always about the patient and aiming to make the best possible practice.'

Increasing the utility of clinical quality registries

A clinical quality registry (CQR) collects data, including clinical outcomes and process measures, for a defined clinical condition. The data are then risk-adjusted and provided back to contributing clinicians who benchmark their performance against their peers. This feedback loop informs improvements in the quality and value of health care.

VAHI has been working on a strategy that will bring, for the first time, a consistent approach to managing CQRs in Victoria. We have developed governance arrangements for CQRs and a process to guide the Victorian Government's investment decisions.

VAHI has standardised CQR arrangements in Victoria, which now include requirements for registries to provide regular reports to health service CEOs and SCV, and to provide registry data to VAHI for developing quality and safety measures. These improved reporting arrangements will enable Victorian public health services to access and use registry data, where previously the main benefits had been for researchers.

The new arrangements include an outlier policy and escalation procedure, developed by VAHI in consultation with SCV, its clinical networks and the Department. The policy and procedures ensure that registries have clearly documented the measures that will be tracked for possible outliers. CQRs can identify when performance on a particular risk-adjusted measure deviates from the average in a clinically significant way. If the agreed threshold is reached, it will trigger local efforts to improve care or escalate the issue, if necessary. This means relevant people will be alerted to areas of concern in a more consistent and timely manner.

During the year, VAHI agreed on new reporting arrangements with:

- Monash University, for the Victorian Cardiac Outcomes Registry
- The Florey Institute, for the Australian Stroke Clinical Registry
- Australian & New Zealand Society of Cardiac & Thoracic Surgeons, for their national database
- Australian and New Zealand Intensive Care Society, for their registry
- University of Wollongong, for the electronic persistent pain outcomes collaborative
- Australian Rehabilitation Outcomes Centre, for their databases
- Monash University, for the Victorian state trauma registry.

We will continue to work with registries approaching the end of their current contract period so they can be transitioned to the new arrangements.

Improving collection of patient-reported outcomes

Patient-reported outcomes (PROs) are data from questionnaires completed by patients about their health-related quality of life. PROs can be used to measure the improvement in quality of life associated with treatment or management of a disease. Benchmarking PROs data can help to identify variations in clinical practice and lead to improvements in care.

Targeting zero included a recommendation for a statewide pilot of PROs collection, with a view to increasing other statewide collections. VAHI devised a PROs pilot that includes the following three projects focused on the collection and feedback of PROs data:

- **Utility of PROs cancer care:** this project involves trialling the collection of PROs data using the EQ-5D-5L instrument in the 'Victorian Cancer Patients' Experiences of care – chemotherapy module'. The EQ-5D-5L is a standardised generic tool to measure health status developed by the EuroQol Group. This project is being developed with the Department's Cancer Strategy and Development unit.
- **Closing the data feedback loop – PROs:** the main objective of this project is to apply a new organisational, multifaceted intervention known as STELAR (Shared Team Efforts Leading to Adherence Results). STELAR feeds back clinical and PROs data to clinicians to help them understand and use the data to improve patient outcomes. This project is being developed with SCV.

- **PROs in joint replacement – a national collection:** VAHI is contributing funding toward the Australian Orthopaedic Association National Joint Replacement Registry pilot for the collection and use of PROs data. The aim of the pilot is to more fully understand the major challenges in effectively collecting and using information in a population-based setting. Three public and three private health services are participating in this project.

These projects are now underway and the pilot will be evaluated in 2020. The outcomes will guide VAHI's future investment in this area.

Managing incident data

The Victorian Health Incident Management System (VHIMS) is a standardised dataset for the collection and classification of clinical incidents, occupational health and safety (OH&S) incidents, hazards and patient feedback (complaints, compliments and suggestions) in Victorian public health services. The information collected in the VHIMS is important in driving local and statewide improvements in the quality and safety of health care and overall patient experience.

Spotlight

Increasing staff safety through incident reporting

Dingee Bush Nursing Centre (BNC) was one of the first sites to adopt the new VHIMS Central Solution as part of the initial system pilot.

Dingee BNC services a community of around 1,200 people within a 20–30km radius. They partner with other health services in the region and provide emergency and first responder support to their region alongside the Victorian Ambulance Service.

Due to the time and complexity of reporting with the old incident management system, the centre, like many others, had rarely captured occupational health and safety (OH&S) and hazard data formally. Typically, they had only been reporting serious clinical incidents. However, the nature of their work means staff can often find themselves in situations in which they feel unsafe or uncomfortable. While policies and practices were in place, the centre felt there was more that could be done to support their staff to feel safe at work.



Dingee Bush Nursing Centre

Under the encouragement of their Centre Manager to use the new VHIMS Central reporting system, Dingee BNC staff started recording these incidents in the OH&S category. In just a few months after implementing the VHIMS Central Solution, the evidence created via the incident reports enabled the centre to access funding to purchase two-way personal safety communication devices to support their staff to feel safe in the work that they do.

Centre Manager Claire McGregor says, 'The new VHIMS Central has made reporting all incidents, near miss events and feedback simpler and quicker. It is intuitive and allows all staff to feel comfortable in reporting events.'

Since 2017, VAHI has led a suite of reforms in this area in consultation with Victorian public health services, the Department and SCV. We replaced the previous VHIMS reporting arrangement for a small group of public and community health services with a new incident management and feedback system. The system, known as VHIMS Central, was built in-house with input from 150 VHIMS ‘critical friends’ and public health service representatives.

VAHI piloted the system with four bush nursing sites and one community health service in August 2018, followed by a roll out to all eligible health services by May 2019. All public health services were given training before going live with the new system. Feedback has been overwhelmingly positive, with the key benefits being a 75% reduction in data entry time and better access to the system on mobile devices.

In partnership with the Department, VAHI is completing a statewide tender for suppliers of incident and feedback management systems for those Victorian public health services not covered by VHIMS Central. In June 2019, we held a well-attended information forum for Victorian public health services impacted by the tender, to advise of the arrangements moving forward and to seek their feedback on options under consideration.

In June 2019, VAHI finalised the new VHIMS minimum dataset. The dataset will be used to support statewide reporting, with all Victorian public health services required to report these data. The dataset was developed with advice from key stakeholders in the sector and the VHIMS Analytics Working Group, comprising representatives from Victorian public health services, the Department and SCV. The VHIMS minimum dataset will be reported by VHIMS Central public health services from July 2019. Remaining Victorian public health services will progressively submit the new VHIMS minimum dataset as their preferred incident and feedback management systems are put in place.

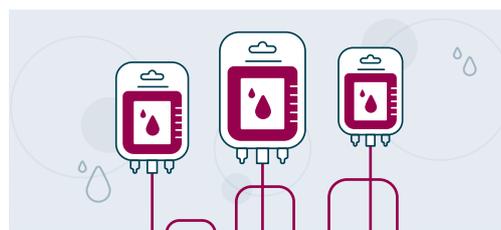
As part of the reforms, in September 2017 VAHI put in place interim reporting arrangements for VHIMS. Since then, Victorian public health services have been contributing quarterly data extracts through the Department’s Secure Data Exchange. We are using the data to produce the first ever statewide VHIMS report, which will be distributed to Victorian public health services in 2019.

Spotlight

Reducing complications of care

The CHADx (Classification of Hospital Acquired Diagnoses) system was developed in Australia and identifies every complication of care for patients admitted to hospitals.

VAHI produces CHADx reports and makes them available to all Victorian public and private hospitals so that they can track their complication rates over time and compare them to other hospitals. The reports are used by program and quality improvement staff to prioritise and track quality improvement activities and to directly improve patient outcomes.



Hospitals are using CHADx to help to reduce red blood cell transfusion rates. While red blood cell transfusion is sometimes a necessary, life-saving treatment it is also associated with increased rates of complications and increased length of hospital stay. Through the CHADx reports, VAHI shares information that helps doctors and nurses to better prepare patients for, and manage patients after, surgery to minimise the need for transfusion. This work is already having an impact, with one leading surgeon saying ‘I have already modified my public and private practices’.



Provide Victorians with an accurate picture about health services in their local area and across Victoria

Information on the quality and safety of Victoria's health services should be available to all Victorians. VAHI's role is to provide the Victorian community with trusted, accurate and meaningful information about health services.

Reporting performance to the Victorian community

VAHI publicly reports on statewide and health service-level performance in areas including hospital admissions, emergency care, ambulance services, elective surgery, patient experience, dental care and mental health. The information is updated quarterly as part of our commitment to provide Victorians with an accurate picture of the performance of health services in their local area.

This information has been presented on the Victorian Health Services Performance (VHSP) website since 2011.

VAHI will soon launch a new, interactive data website to replace the VHSP website, which will be decommissioned towards the end of 2019.

The new website has many improvements, including presenting the data so users can compare data between hospitals and health services around the state. It provides a better user experience, making it easier for people to understand and explore data about health service performance.

In 2019–20, we will expand on the information we report publicly to include topics of particular interest to the Victorian public.

Meeting government reporting requirements

VAHI's responsibilities for reporting data to the Australian Government include preparing and submitting Victoria's National Minimum Datasets and National Best Endeavours Datasets with significant collaboration across the Department.

This significant piece of work includes making submissions to the Independent Hospitals Pricing Authority and National Health Funding Body to calculate Victoria's activity-based health funding. VAHI also prepares submissions for the Australian Institute of Health and Welfare and Department of Veteran Affairs.

Throughout 2018–19, VAHI ensured that all government reporting data were submitted within the mandated timeframes. We also improved the efficiency of these processes, leading to improved timeliness, accuracy and relevancy of the reports.

Collecting patient experiences to drive patient-centred care

The Victorian Healthcare Experience Survey (VHES) program surveys recent users of Victorian public health services to collect patient experience information. The survey supports efforts across the health system to move from disease-centred to patient-centred care, by getting a better-informed picture of what matters to patients.

When VAHI took on responsibility for the VHES program in 2017, we commissioned an independent review to identify opportunities for reform and improvement. The reforms will increase patient and health service participation in the program and improve the quality and usefulness of the patient experience data collected.

Feedback from Victorian public health services indicated that they wanted more than patient experience results – they also wanted insights into the data. In September 2018, we began distributing a quarterly *VHES voice* newsletter to provide key results and insights with each data release. We also started producing *VHES insights* reports for Victorian public health services, which analyse results for a particular aspect of patient experience. We have received positive feedback about the *VHES insights* from health services that have found it helpful in deciding which aspects of care to focus on for improvement.

Small and local Victorian public health services found that their small population sizes were limiting access to patient experience data due to the thresholds for reporting, which required a minimum of 42 responses. VAHI reduced the threshold for

reporting and, to increase participation in the survey, began surveying all eligible patients (instead of just a sample) who attended these health services.

VAHI began collecting patient experience feedback for palliative care services in October 2018. Patients and carers were invited to provide feedback on their experience of care in hospital or in-home care. Bereaved carers were also invited to provide feedback.

Linking data for better cardiac outcomes

VAHI, with the New South Wales Government, has implemented the Delivering Better Cardiac Outcomes: Primary, Specialist and Hospital Care project. This is one of 16 projects generated from linked data created under the National Data Linkage Demonstration Project (NDLDP).

The NDLDP brought together state-based public hospital admissions data with national data from the Medical Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and National Death Index (NDI) into one dataset. It involved more than seven billion records of health data for more than 10 million individuals from Victoria and New South Wales.

The NDLDP was developed to provide advice to the Australian Health Ministers Advisory Council (AHMAC) on the feasibility, benefits and accountabilities of arrangements that could be adopted for multi-jurisdictional data linkage, including access to and use of the data.

In June 2019, VAHI released *Delivering better cardiac outcomes in Victoria*. The report outlines the use of clinically recommended medication by Victorians with atrial fibrillation (AF) or acute myocardial infarction (AMI) following discharge from a public hospital.

The report showed low use of medications recommended by evidence-based guidelines that reduce the risk of complications following an AMI or episode of AF, including stroke and death. It also showed variation in rates of dispensing for these medications between Victorian public hospitals. These findings can be used to drive improvements in practice that lead to better cardiac health outcomes.

VAHI partnered with clinicians, academics, government and experts in using big data on this project. It was the first time that Australian population-level linked Commonwealth and state health data have been used to investigate care

pathways for patients with AF and AMI, from hospital admission through to discharge and post-discharge.

The project demonstrated that this new data linkage can enable the evaluation of patient care pathways across hospital and community-based health services. This can provide information to identify gaps between evidence and practice and variations in care in Australia.

The linked dataset used for this project is being refined and we expect there will be an opportunity to use the data to look at other clinical areas for future reports.

Spotlight

Patient Experience Roadshow travels across Victoria

Throughout November and December 2018, VAHI partnered with SCV for the Patient Experience Roadshow. The team travelled more than 1,800 km to hold 14 workshops at regional and metropolitan Victorian public health services.

During the roadshow, more than 200 attendees (including board members, CEOs, executive, clinicians, educators, researchers and consumers) learnt more about the VHES program and the reforms.

Through discussions in the workshops, VAHI is now better informed about how public health services use the VHES data. We were enthused by how widely patient experience data are being used, from supporting quality and safety initiatives through to reporting, education and training, and funding and bid applications.

VAHI also asked public health services about the usefulness of the current VHES questionnaires and whether some questions were more important than others in driving quality and safety improvements. This input will be critical as we reform the surveys.

By visiting public health services across Victoria, the VAHI team gained a deeper understanding of the unique challenges facing small and local services.



Sites visited by the roadshow.

The next steps of VAHI's reforms to the VHES program will include strategies tailored for these small and local services to maximise the collection and use of this important data.

Feedback from the roadshow indicates that it increased participants' ability to understand and use patient experience data to develop reporting tools that can be shared with staff and patients.

Following the success of the first roadshow, VAHI expects to hold the Patient Experience Roadshow again in 2019–20 with a focus on community health data.



Support improvement in the quality of information, its production and broad use

Data is at the heart of VAHI’s work. We transform data into trusted, accurate and useful information that can be used to drive improvements. VAHI ensures the data it collects and uses are complete and accurate, protected from unauthorised access, and available when needed.

Following best practice in information management

VAHI’s information management practices ensure that we handle and govern data in compliance with all relevant legislation and policies. We share data and information as much as possible to support system improvement, while protecting the privacy of patients and organisations. We follow best practice principles for all data and information management.

During 2018–19, VAHI continued to refine documentation that describes the way we collect, store, use, analyse, share and govern information. Our Information Management Framework and Policy documents have been developed to address recommendations from an internal data governance audit and to approve new governance roles for VAHI data holdings. We have started to develop the detailed procedures that underpin the policy document, which will be finalised in 2019–20.

VAHI has continued to document the specifications and calculations for all measures it reports. This provides transparency and aids analysis. During 2018–19, we finalised specifications for all measures that appear in *Monitor*, *Board safety and quality report* and *Inspire*, pending final approval.

Ensuring integrity of health data

Accurate data are essential for the allocation of funding, performance monitoring, policy development, planning and clinical research. VAHI plays a critical role in building the trust that stakeholders have in Victorian health data.

VAHI through the Health Data Integrity (HDI) program, is responsible for ensuring the integrity of performance and activity data reported by health services to the Department. This means ensuring datasets accurately reflect the care provided to patients and that health services are compliant with various departmental policies such as the elective surgery and specialist clinics access policies.

The focus of our HDI program has moved from random reviews (or audits) to a more targeted audit approach based on data analytics and risk assessment.

One element of the HDI program is a three-year Victorian Admitted Episodes Dataset (VAED) audit where, during 2018–19, VAHI audited the admitted patient data reported by 43 public health services. This included metropolitan, regional and small rural health services.

The audit program focused on the accuracy of coded data for acute and, where applicable, mental health episodes; and the reporting of hospital acquired complications (HACs) data derived from diagnosis and prefix coding. The results showed variations in coding accuracy between health services, which VAHI will work with health services to address. VAHI provided a series of recommendations to be actioned, such as greater adherence to departmental policies and workforce education.

During the year, VAHI purchased Relative Indicators for Safety and Quality (RISQ) software that provides a method to measure and compare the relative safety and quality performance based on the prefix data and the incidence of HACs. This measurement and auditing tool enhances VAHI's capability for HACs reporting, benchmarking, coding and clinical service improvement.

VAHI also commenced a comprehensive program of desktop analysis of health services' emergency department and elective surgery waiting list data to identify and monitor any shifts, anomalies, patterns or other trends in the reported data. We then worked with health services on issues identified through this analysis.

Supporting classification and coding

Clinical coding is used to classify clinical concepts into code. Health information managers and clinical coders assign clinical codes to a patient's record using the diagnoses and clinical interventions (surgeries and investigative procedures) that clinicians have documented in the patient's medical record.

The clinical codes are reported in the VAED, which is one of the key health datasets in Victoria for public and private hospital data. The VAED and the coded data are used widely to support quality and safety monitoring in health services, clinical research, health service planning and public hospital funding.

During 2018–19, Victoria contributed to the development of the latest edition of the clinical coding classification (Eleventh Edition of the ICD-10-AM/ACHI/ACS), which was published on 1 July 2019. This national update revises the Australian Coding Standard for Additional Diagnoses (ACS 0002). The revision draws significantly on work undertaken by VAHI on standards for additional diagnoses coding. It is a good example of how Victoria is providing strong leadership in classification development at the national level.

This year, VAHI set up the Health Classifications Advisory Group to strengthen relationships between the Department and health services relating to health classification information. The group meets quarterly and allows VAHI, the Department and SCV to engage with health information managers, clinical coders and health service executives to better understand variations in the coded data reported by public health services.

VAHI's Victorian ICD Coding Committee continues to respond to a growing number of coding queries submitted by public and private hospital clinical coders. In 2018–19, VAHI resolved 136 coding queries.

Building information management infrastructure

VAHI receives data from numerous systems and uses a variety of processes to store, transform, analyse and report on the data.

We have started to design and build VAHI's Information Management Environment (VIME), which will provide infrastructure for data storage, data processing and analytics, and online reporting capabilities. When fully implemented, VIME will

integrate multiple data sources to create a single trusted source of data.

VIME will improve consistency and use of information management across the Department, SCV and VAHI. Other benefits will include increased accessibility of data, improved timeliness of data releases and improved data quality controls.

VIME will also support data visualisations in our new, interactive data website. The first release of the data website is ready for launch.

Spotlight

A focus on HACs reporting

A HAC is defined as a serious complication that a patient has suffered after admission to hospital. Results following the audits of HACs reported by 43 public health services showed the accuracy varied, with 15 health services over-reporting and 23 under-reporting the incidence of HACs.

VAHI's audit program aims to ensure that health data collections accurately reflect the care provided to patients and coding to clinical truth. Audit recommendations were forwarded to health services for their action and VAHI requests evidence that health services have completed these actions.

Outcomes of these actions have included:

- improved compliance to departmental policies and procedures for coding and data collection purposes
- greater adherence to coding standards and education to support more accurate reporting of diagnosis and procedure codes
- improved health service internal auditing practices against relevant standards, policies and guidelines
- working toward and improving internal IT system capability to support the collection of data to inform more accurate data submissions
- workforce development



- identifying and remediating underlying issues which impede the collection of good data
- increasing awareness of the need for improved clinical documentation for HACs reporting purposes.

VAHI's focus on HACs will continue in 2019–20 and improving HACs coding in partnership with health services will be a major priority. This will help ensure health services are reporting data in a compliant and consistent manner, to mitigate any risks associated with reporting of inaccurate data as VAHI seeks to monitor and measure the quality and safety of services provided to patients in Victorian health services.

Responding to data requests

VAHI continues to focus on delivering high quality, timely responses to health data requests from across the community.

Since VAHI was established in 2017, demand has steadily grown for hospital data (HosData), perinatal data and mental health, alcohol and other drugs (AOD) data. In addition, VAHI receives freedom of information (FOI) requests, media requests and a range of other ad hoc data requests from research institutes, health services, private companies, government agencies and members of the public.

A key achievement in 2018–19 was a substantial reduction in overall open data request cases, as we continue to improve our customer responsiveness.

In July 2019, VAHI launched a flagship new service called the VAHI Data Request Hub. The hub provides a single point for requesters to connect with VAHI and get the health data they need. The service has been designed with our customers at the forefront and includes a simplified way to submit a range of data requests, 24/7 self-tracking functions to monitor progress and a range of tools to improve communication with VAHI's data analysts.

The new Data Request Hub simplifies the data request process while maintaining our trusted standards of accuracy and privacy compliance.

Australian Health Performance Framework

VAHI is the Victorian representative on the national working group overseeing the national implementation of the Australian Health Performance Framework. The framework brings together the previous National Health Performance Framework and the Performance and Accountability Framework to provide a single, contemporary framework for presenting information about the performance of Australia's health system and to assist in identifying areas for development and improvement.

The overarching vision of the framework, as agreed by the Council of Australian Governments (COAG) Health Council, is to assist all Australians to make informed health decisions by tailoring health performance information to be transparent and easy to navigate. The aim is to support improved health outcomes for all Australians and ensure the sustainability of the Australian health system. While the framework focuses on the contributions of the healthcare system, it takes a broader view of what impacts the health of Australians by including social determinants of health, demographics and local context.

VAHI's existing measures have been mapped to the framework and, during 2019–20, we will start to reflect the framework in our reporting.

VAHI has also worked closely with stakeholders in the Department to promote adoption of the framework where feasible. For example, with VAHI's support, the Department is developing a framework for measuring the performance of community services and considering how the framework domains could be incorporated into quality and safety measures.



Develop a trusted, respectful and influential agency

For VAHI to progress towards its mission, we need to be understood, trusted and respected by our partners. VAHI continues to build the key infrastructure, positive workforce culture and strong stakeholder relationships that will allow us to deliver on our vision.

Communicating with stakeholders

VAHI uses a range of methods to communicate with stakeholders, including direct contact with health services, representation on committees and working groups, and through VAHI-owned channels. These enable us to share critical information on our operations and strategic direction with partners and stakeholders.

Our monthly e-newsletter, *VAHI news*, continues to be an important way of communicating with stakeholders. Interest in our stories continues to grow and readership has increased steadily through the year. There has been interest across a range of topics including results from our health data integrity audits, the launch of the first quality and safety report for private hospitals, and developments relating to clinical coding.

The Better Safer Care website was launched in March 2018 as a shared website for VAHI and SCV, demonstrating the close partnership between the two agencies. Over the past year, content has been added to the website as more elements of our work have come to fruition. It receives an ever-increasing number of visitors each month.

In August 2018, we began communicating with stakeholders through Twitter and LinkedIn. These channels provide an alternative method for interested parties to learn about our work. We aim to grow the reach of our social media over the coming year.

Improving communication and working with stakeholders will be a priority in 2019 and beyond.

Sharing information through events

In 2019, VAHI held three events as part of our Seminar Series on topics relating to health system improvement. The seminars bring together local, national and international experts to share their knowledge with an audience of health service executives and clinicians, government staff and other interested people. As well as sharing valuable information, they promote working together, innovation and best practice.

These events were held over 2018–19:

- In March, a delegation from the UK Government-funded Connected Health Cities initiative presented on harnessing the power of data and technology to improve health and social care services across the North of England. The delegation generously shared learnings from their projects, including the importance of having a multidisciplinary team and building public trust.
- In May, Professor David Henry, Bond University and Institute for Clinical Evaluative Sciences, Toronto, Canada, and Ximena Camacho, The Melbourne School of Population and Global Health, University of Melbourne, spoke about using linked data in Canada and how these

experiences could be used to inform increased use of linked data in Australia.

- In June, Emeritus Professor David Dunt and Professor Erwin Loh presented on the evidence for the effectiveness of public reporting of hospital performance data as a quality improvement strategy and clinicians' perceptions on this type of reporting.

The Seminar Series will continue in 2019–20, with seminars planned to look at topics including big data analytics and patient-reported outcomes.

For Patient Experience Week in April 2019, VAHI hosted a breakfast at SCV's Partnering in Healthcare forum to provide an overview of reforms to the VHES program. VAHI CEO, Dr Lance Emerson, presented to delegates on using VHES data to improve outcomes and insights, drawing on five years of patient experience data.

VAHI's first Annual Forum, held in September 2018, provided another opportunity to connect with stakeholders and share successes, challenges and opportunities to work together. The event celebrated our early achievements and featured speakers discussing directions for quality and safety improvement.



Professor John Ainsworth, Dr Amanda Lamb, Gary Leeming and Ruth Norris from Connected Health Cities.

 **Spotlight**

VAHI's first annual forum

In September 2018, VAHI held its first Annual Forum to share our progress and achievements with 170 stakeholders from across the health sector.

We were thrilled to welcome several influential speakers to the event, including Kym Peake, Secretary of the Department of Health and Human Services, and Adjunct Professor David Plunkett, CEO of Eastern Health and Chair of VAHI's Agency Advisory Committee. The master of ceremonies was Dr Norman Swan, the host of ABC Radio National's *Health Report*.

Dr Lance Emerson, VAHI's CEO, gave a presentation explaining VAHI's drive for a change in focus in health service reporting and information provision from accountability and scrutiny to shared responsibility. He outlined his vision for how data will contribute to improvements across health services and the health sector generally.

After his engaging and entertaining keynote address, Dr Swan led an energetic panel discussion on how to best progress the quality and safety improvement agenda. The expert panel comprised of Michael Gorton AM, Chair, The Alfred; Dr Sue Matthews, CEO, The Women's; Associate Professor Andrew Wilson, Chief Medical Officer, Safer Care Victoria; Terry Symonds, Deputy Secretary, Health and Wellbeing, Department of Health and Human Services; and Belinda Macleod-Smith, Consumer Project Lead, Safer Care Victoria. The engagement and participation in the discussion demonstrated the collaborative nature of healthcare improvement.

The event was a great opportunity to bring partners and stakeholders together to celebrate VAHI's first year of operation and share ideas about health system improvement.



Above: Dr Norman Swan with VAHI CEO, Dr Lance Emerson.

Left: Panel discussion facilitated by Dr Norman Swan.

Population health surveillance

In January 2019, responsibility for population-level surveillance and reporting of non-communicable diseases and their determinants in Victoria moved from the Department to VAHI.

Population health surveillance is the ongoing, systematic collection, assembly, analysis and interpretation of population health data, and the communication of information derived from these data. Information collected about the health status of the Victorian population is used to inform policy development and assist planning efforts to improve health service delivery. This population-level information will allow VAHI to provide a fuller picture of Victoria's health.

Our work on population health surveillance will be incorporated into our strategic objectives from 2019–20.

Surveying the health of Victorians

The Victorian Population Health Survey provides an annual assessment of the health status of the adult population living in Victoria.

The survey is an accurate, reliable and ongoing source of information about the physical, mental and social health of the Victorian population and is the most comprehensive population health survey conducted in Victoria. The findings from the survey inform policy development and strategic planning across government and the wider community.

The Victorian Population Health Survey also monitors trends over time for key indicators, such as the prevalence of priority chronic diseases (for example, diabetes), lifestyle risk factors (for example, smoking and obesity), mental ill-health (psychological distress, depression and anxiety), health literacy, service use (such as cancer screening), and the social determinants of health (for example, social capital).

In July 2018, the Department released the report of the 2016 Victorian Population Health Survey. The findings from this report have been widely used by the Department, for example, to inform *Your health: report of the Chief Health Officer, Victoria, 2016*, which provides an overview of the health and wellbeing of Victorians and the determinants of health.

Health indicators from the survey were also included in *The State of Victoria's children report for 2017* and were used to report on progress in relation to selected health outcomes in the Department's Outcomes Framework.

VAHI has prepared four reports containing the findings from the 2017 Victorian Population Health Survey, which was conducted across Victoria's 79 municipalities. These reports will be released in 2019–20.

In 2018–19, fieldwork was undertaken for the Victorian Population Health Survey 2018.

Investigating food insecurity

Seven measures of food insecurity were added to the Victorian Population Health Survey in 2014 to enable an in-depth investigation of food insecurity in Victoria.

Food insecurity is said to occur whenever the availability of nutritionally adequate and safe foods, or the ability to acquire acceptable food in socially acceptable ways, is limited or uncertain. Food insecurity is an important social determinant of health, an indicator of social equity and a key driver of the obesity epidemic.

Data from the 2014 survey were analysed to prepare a special report, *Challenges to health eating: food insecurity in Victoria*. VAHI distributed the report to all stakeholders working towards a fairer Victoria to inform policy decisions in September 2019.

Updating the interactive Health Status Atlas

The Health Status Atlas is a website that presents location-based statistical data from the Victorian Population Health Survey. Its interactive map of Victoria is an accessible, visual way to communicate population health data statistics and geographic patterns.

The atlas is valuable for health researchers, epidemiologists, data managers and geographic information system (GIS) experts in state and local government, as well as anyone interested in the health of Victoria. The atlas makes it easy to compare local government areas, allowing policy makers to identify priority areas and produce health snapshots.

During the year, VAHI has been preparing updates to the atlas using data from the 2017 Victorian Population Health Survey. The updated atlas will be released in 2019–20.

Sharing public health information

The Victorian Health Information Surveillance System (VHISS) is an interactive website displaying selected public health indicators. Users can generate tables and graphs of statewide data or data for specific local areas including metropolitan/rural, regions, primary care partnerships and local government areas.

The VHISS website provides accurate and timely data and information about the health status of the Victorian population to inform policy development and assist planning efforts to improve population health.

During the year, VAED for ambulatory care sensitive conditions (potentially-preventable hospitalisations) for 2017–18 were analysed and uploaded to VHISS. Mortality data were analysed to update avoidable mortality and add life expectancy estimates to VHISS.

Comparing the Victorian health system nationally and internationally

The Commonwealth Fund is a Washington-based foundation renowned for their research and promotion of international health system performance. The foundation's annual International Health Policy Survey of 11 countries, including Australia, looks at the health system through a global lens to identify opportunities for improvement. The survey collects information about people's experience with the health system, including access and affordability.

From the results of the survey, VAHI produces reports that compare the Victorian health system with other high-income countries, including the US. This year, VAHI prepared a report on 2016 health system

performance in Victoria, focusing on adults and with national and international comparisons. A report on 2017 health system performance in Victoria has also been prepared, focused on older adults, also with national and international comparisons. These reports will be released in 2019–20.

The 2019 International Health Policy Survey of Primary Care Practitioners is currently in the field. VAHI has an agreement with the research company to get data from a representative sample of Victorian GPs. The results of the survey will provide insights into primary care performance in Victoria and will allow for international comparisons.

Providing resources to support policy development

During 2018–19, we produced a paper on *Association and causation: a guide for policymakers on the science of determining the causes of disease and other health outcomes*.

The paper was commissioned to examine concerns that the media, the public and policymakers working with evidence and data often jump to a conclusion of cause and effect when two things are statistically associated. Being statistically associated does not necessarily mean that one thing causes the other. Understanding this distinction is crucial for governments to design sound evidence-based policies for better health.

The guide outlined the information needed and steps to be taken to establish a cause and effect relationship between two variables, using smoking and lung cancer as an example. It has been well received and VAHI plans to develop further resources on other topics.

Workforce and culture

Current workforce



76
employees



55%
female



45%
male



12%
part time



44%
of managers
are female



56%
of managers
are male

Shaping and strengthening VAHI culture

Developing a strong organisational culture is integral to VAHI's success.

Each year, VAHI participates in the Victorian Public Sector-wide People Matter Survey. A working group, comprising five members of staff, was set up to look at the 2018 survey results and help to develop a plan to strengthen VAHI's workplace culture.

The working group analysed the results and developed five key improvement areas:

- Getting clear on our direction
- Streamlining our communication
- Optimising workload allocations and delegations
- Boosting our wellbeing
- Refining our recruitment approach.

The working group developed a list of actions that could address the improvement areas and asked staff to rate the ideas in terms of priority and add their own ideas. Actions included refocusing internal communication channels, forming a Staff Experience Consultative Group, strengthening recruitment processes, and supporting a work/life balance through access to health and wellbeing activities.

A Staff Experience Consultative Group was set up in December 2018 to create a feedback loop between VAHI staff and the Executive Committee. The group champions the implementation of the People Matter Survey priority actions and provides a forum for consultation on VAHI's people-related initiatives.

VAHI will continue these and other efforts to reinforce the organisation's culture over the coming year and will use the People Matter Survey as one way to measure improvements.

Positioning VAHI for the future

Putting in place the right structure

Over the past 12 months VAHI has successfully implemented a realigned organisational structure. It aimed to ensure we have 'the right people, culture and capabilities' to deliver on our organisational mandated.

VAHI places a high value on staff consultation. VAHI staff were involved throughout the realignment process, with weekly check-in meetings to update staff and to address any questions or concerns. Staff contributed 15 recommendations for the changed structure, of which 12 were accepted in full or in part and implemented into the new structure.

The realigned structure reflects VAHI's transition from 'build' to 'business as usual' and more accurately reflects management responsibilities.

Building our capabilities

We recognise the importance of building skills for the future and want to see our staff achieve both personal and organisational goals.

We have strengthened the link between the annual performance review process and recognition of achievements. We deployed a new performance review tool that will assist in building a positive and productive organisational culture. The tool facilitates open and constructive performance discussions, recognises achievements and fosters motivated and engaged staff.

Throughout the year, staff have accessed a range of learning and development opportunities focused on building on our core capabilities. Courses on offer have targeted stakeholder engagement, financial literacy and writing skills to support continuous improvement.

Our staff have also had opportunities for professional growth, such as attending specialist seminars and conferences.

Committees

VAHI engages with a network of committees – many of which are now in their second year of operation – that provide advice to support our decision-making and priorities. Working with committee members, VAHI continues to refine the role and focus of each committee to ensure the issues considered and advice provided aligns with our strategic directions.

Strategic Advisory Committee

The Strategic Advisory Committee held its first meeting in May 2019 and will continue to meet quarterly. The committee's focus is on shaping VAHI's future strategic direction, considering the health sector's emerging trends and key priorities, and applicable lessons from other sectors and industries. It provides advice on positioning VAHI to stimulate quality and safety improvements, increase transparency and accountability, and better inform the community on the health services in their area. Members include health service CEOs, expert researchers, clinicians and consumer representatives.

Agency Advisory Committee

The Agency Advisory Committee played a vital role in VAHI's establishment and guided us through our first two years – aligning VAHI with the Victorian Government's commitment to health reform as described in *Better, safer care*, the Minister's Statement of Expectations, and *Targeting zero*.

The Agency Advisory Committee met for the final time in December 2018, after which existing members joined the Strategic Advisory Committee.

Clinical Measurement and Reporting Committee

In 2018–19, the Clinical Measurement and Reporting Committee revised its membership and focus to inform a more strategic approach to VAHI's reporting program. This continues the committee's overall goal of assisting VAHI to support others, including health services, SCV and the Department, to drive quality and safety improvements in clinical services. The committee met quarterly over the year.

Patient Experience and Outcomes Measurement and Reporting Committee

The Patient Experience and Outcomes Measurement and Reporting Committee progressed its core aim in 2018–19, assisting VAHI to ensure a strategic approach to investment and the use of data collected through patient reported experience measures (PREMs), patient-reported outcome measures (PROMs) and clinical quality registries in Victoria.

Over the year, the committee met quarterly and was instrumental in shaping VAHI's patient-reported outcomes pilot projects.

Board Reports Advisory Committee

In 2018–19, the Board Reports Advisory Committee informed several improvements to VAHI's *Board safety and quality report*, including the development of a new framework for reporting to boards in the coming year. The committee met four times during the year. Its focus continues to be assisting VAHI to provide health service board members with information about quality, safety and patient outcomes that they can use in fulfilling their oversight and governance responsibilities.

Private Hospitals Report Advisory Committee

The Private Hospitals Report Advisory Committee was set up in April 2018 to help VAHI maximise the usefulness of its reporting on private hospitals' quality, safety and patient outcomes.

The committee met five times during 2018–19. It was instrumental in development of the first *Quality and safety in Victorian private hospitals* report, released in November 2018, and continues to assist VAHI to develop and refine its approach to private hospital reporting.

Victorian Health Incident Management System (VHIMS) Project Board

In 2018–19, the VHIMS Project Board continued to provide governance and oversight for the implementation of an improved incident reporting system in Victorian public health services. The project board has now met 11 times since its inception in 2017 and has been instrumental in providing advice on the VHIMS reforms.

VIME & Portal Project Board

The VIME & Portal Project Board was set up in 2018–19 to provide overall project governance for the VAHI Information Management Environment (VIME)/Portal project. This includes the development of a data-rich, interactive website that will allow transparent public reporting of health service reporting and build of a portal for clinicians to support improvements in clinical practice and patient outcomes.

The project board met approximately monthly over 2018–19, successfully overseeing establishment of the project and the first of three phases of development.

Health Data Integrity Steering Committee

In 2018–19, the Health Data Integrity Steering Committee continued to support VAHI to improve the accuracy and completeness of its data through the health data integrity program. Steering committee members work together to identify and consider data integrity issues. Over the year, the committee's membership was expanded to be more representative and now includes staff from VAHI, the Department and SCV. The committee met four times during the year.

Information Management Governance Advisory Committee

Over the year, the Information Management Governance Advisory Committee provided advice to the VAHI Executive Committee to ensure information management is streamlined and coordinated. The Committee's recommendations led to the endorsement of updates to VAHI's information and data management policy and framework. This dealt with a number of recommendations from an internal data governance audit.

Other committees

VAHI convenes or participates in other committees that fulfil broader functions at state and national levels.

VAHI convenes two committees related to clinical coding and health classification on behalf of the Victorian health sector:

- Health Classifications Advisory Group met three times in 2018–19, advising on the use and interpretation of health classifications, including those in clinical performance reporting and funding model development
- Victorian ICD Coding Committee met monthly in 2018–19, considering and publishing Victorian coding queries, promoting strategies for best practice in the use of coding standards and liaising with national coding bodies as required.

For committees convened by other organisations, VAHI is represented at the state level on the:

- Department of Health and Human Services Statewide Performance and System Oversight Committee
- Department of Premier and Cabinet Data Reform Working Group.

VAHI also represents Victoria's combined views – including those of the Department and SCV – via committees and working groups connected to Australia's system of intergovernmental relations in health. Membership on these committees generally comprises representatives from the Commonwealth and all states and territories. Most committees meet three to four times each year.

VAHI participates on behalf of Victoria on the:

- National Health Reform Agreement Enhanced Health Data Working Group
- Australian Health Performance Framework Implementation Working Group
- National Data Linkage Demonstration Project Steering Committee
- National Integrated Health Services Information Advisory Committee
- Australian Institute of Health and Welfare (AIHW) Strategic Committee for National Health Information.

Further, VAHI provides the Deputy Chair for the AIHW National Health Data and Information Standards Committee.



Victorian
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