



Victorian  
Agency for  
**Health  
Information**

# Victorian Agency for Health Information **Year in Review**

1 July 2020 – 31 January 2021



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

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**ISBN 978-1-76096-091-9 (Print)**

**ISBN 978-1-76096-092-6 (pdf/online/MS word)**

Available at the Victorian Agency for Health Information <<http://www.vahi.vic.gov.au>>

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# Message from the CEO



**Among the many learnings to have come from living and working through a pandemic has been the value that comes from access to timely, accurate health data, and nowhere more so than in Victoria.**

Over the second half of 2020 and into January 2021, many Victorians became familiar with the regular press conferences, the daily case numbers, the impacts on hospital emergency departments, and, of course, the impact of COVID-19 on the Victorian community.

But what Victorians didn't see was the dedicated work of many VAHI staff in the background, working with our colleagues across the Department, notably the Public Health team, providing near real-time COVID-19 data via the VAHI portal. I'm proud that our staff rose to the task to rapidly deliver a central data and information hub for health services and government to help guide the emergency response.

The frontline heroes of the pandemic - the nurses, doctors, aged care professionals and paramedics - were well assisted by epidemiologists, health data and analytics staff, clinical coding and other information experts. Staff from across VAHI, other agencies and government departments, worked in concert to help inform decisions to defend Victoria against the pandemic and its indirect impacts.

The VAHI portal's COVID-19 reporting hub was a key enabler of this work, providing easy access to data and a user-friendly dashboard for health services and policymakers. The portal team worked extensively to increase and maintain COVID-19 information in the secure site, providing much needed data and regular

updates on health system capacity, intensive care unit (ICU) loads, personal protective equipment (PPE) monitoring, daily demand reports on emergency departments, surveillance and severity analysis and patient demographics.

Our Clinical Quality Registries (CQR) program team worked closely with a range of registries to ensure a regular flow of robust information is maintained throughout the pandemic, assisting in capacity building and system planning decisions. The information from the Australian and New Zealand Intensive Care Society played a vital role in providing regular visibility of the state's ICU capacity, particularly during the first and second wave of the pandemic.

Our clinical coders worked closely with the sector and relevant agencies to guide appropriate coding practice and published specialised coding advice for Victorian health services to clarify the national advice, helping ensure COVID-19 data was accurate from the frontline and beyond.

Our health data integrity program innovatively conducted a series of COVID-19 audits remotely with health services in late 2020, building an understanding of compliance against national standards - to ensure we are coding to clinical truth.

Our patient experience team launched a newly developed module of the Victorian Healthcare Experience Survey (VHES) - the *Patient Experiences in COVID-19 survey*. This captured vital insights regarding delays to care, visiting arrangements, use of PPE by staff, as well as the provision of support for anxiety and/or concerns over COVID-19.

A new COVID module was also introduced for the 2020 Victorian Population Health Survey to better understand the impact of the pandemic at a local government area level.

Meanwhile, the Victorian health incident management system (VHIMS) was adapted to capture data and deliver analysis on the number, type, and severity of incidents reported due to the pandemic. This data will contribute to the understanding of how Victorian public health services were affected during this period, in addition to capturing information related to behavioural incidents that this data set is uniquely placed to capture.

VAHI also worked closely with the Clinical Leadership Expert Group (CLEG), convened by Safer Care Victoria (SCV), to ensure the pandemic response was guided by actionable clinical information and advice. Our data

analysis and visualisation work to support the CLEG's Indirect Impacts Expert Working Group was important in identifying a reduction in Victorians attending emergency departments with symptoms that could suggest serious health problems, like heart attack or stroke. This finding helped inform public health messages that it was safe for Victorians to continue to seek care at emergency departments. We also provided regular data regarding use of Victoria's public mental health and alcohol and other drug services during this time.

These are just a few highlights from our COVID-19 program of work that demonstrate our agility and innovation during this unprecedented time. I am proud of how VAHI was able to support Victoria's response to this public health emergency.

## Progressing our core work program

Over the seven months from 1 July 2020 to 31 January 2021, our work program was reassessed to ensure we could continue to assist in the COVID-19 response while delivering on other critical functions.

Guided by our *2019-22 Strategic Plan*, VAHI still remained focused on delivering to the key strategic themes of responding to partner and stakeholder needs, focusing on value and outcomes, and understanding the patient journey.

While our transition to digital reporting was delayed due to our work on COVID-19, our routine reporting program continued, comprising more than 1,300 individual reports for Victorian public and private health services. We also produced Victoria's first report into hospital-acquired complications (HACs), which included a range of risk adjusted HACs measures reported at health service level.

The VAHI Data Request Hub processed over 400 data requests from researchers, service providers and government in the seven months to 31 January 2021, making data available to inform evidence-based research, policy and service planning – a 40% increase in completed requests from the previous year.

We began a program of work to support the Department to establish a Mental Health Performance and Accountability Framework (MH-PAF), which should help guide system-wide improvement as the Royal Commission into Victoria's Mental Health System recommended.

We continued making headway with our patient experience reforms – better meeting health services

needs by updating the core question set and shifting to electronic-only data collection. These changes will deliver more timely data to public health services and enable more effective use of their survey results to drive quality and safety improvements.

We also progressed a range of safety and surveillance program reforms and our focus is on working with Victorian public health services to implement the new VHIMS Minimum Dataset (MDS). Data collected through this system was analysed to produce the second VHIMS statewide report, which detailed medication-related incidents in public health services from 2017 to 2019.

The Patient-reported outcomes (PROs) program launched a number of pilot projects to better understand how PROs data can be effectively used – particularly with cancer and orthopaedics patients. Use of PROs has shown to help drive consumer focused care and clinical improvement.

And finally, our population health surveillance team published two exceptional reports – Victoria's first population-representative research into family violence, and *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria*.

## Transition and thanks

It is important to note that all of this progress was made with a 100% remote workforce of 84 VAHI staff who rose to the many challenges of this period. I thank each and every one of them for their dedication.

In January 2021, the Victorian Government announced that, from 1 February, VAHI would join the Department of Health as a specialist division focused on integrating health data, analytics, data linkage and reporting across Victoria's healthcare system.

So, while our time as an Administrative Office has come to an end, I am confident that our incorporation within the Department will deliver improved coordination and efficiency, and strengthen our ability to deliver on the data and reporting needs of our partners and stakeholders.

I'm pleased to present VAHI's final *Year in Review*, with this report covering the period 1 July 2020 to 31 January 2021, before VAHI joined the Department of Health.

### Dr Lance Emerson

Chief Executive Officer,  
Victorian Agency for Health Information

# About the Victorian Agency for Health Information

VAHI delivers trusted information to inform better decisions that improve the health and wellbeing of Victorians.

Through a comprehensive reporting program, VAHI provides timely, accurate and meaningful information on quality and safety to health services, government and the Victorian community.

Between 1 July 2020 and 31 January 2021, VAHI was an Administrative Office, connected to the former Department of Health and Human Services. It was established in 2017 as part of Victorian Government reforms to overhaul quality and safety across Victoria's healthcare system, as recommended in the *Targeting zero* report.

In February 2021, VAHI was integrated into Victoria's new Department of Health.

Joining the department's new VAHI division are two teams formerly within the Department of Health and Human Services, the Health Services Data (HSD) and Centre for Victorian Data Linkage (CVDL) teams. This move has been purposefully designed to integrate health data, analytics and reporting into a single division to streamline flow of information from collection to insight, so that we can better support decisions that can improve care for Victorian consumers. It will also bring together a critical mass of expertise and enable VAHI to support and inform the new department's health system reform agenda.

## Delivering to our Strategic and Corporate Plans

VAHI's work has been guided by the *VAHI 2019-22 Strategic Plan* and delivers against commitments outlined in the *2020-21 Corporate Plan*.

Between July 2020 and January 2021, VAHI was focused on delivering to the key strategic themes of responding to partner and stakeholder needs, focusing on value and outcomes, and understanding the patient journey.

VAHI has continued to work closely with SCV to ensure that relevant and timely quality and safety information is captured and provided to health services, and that health services are equipped with the knowledge to use this information to improve quality and safety at a local level.

VAHI will continue to work towards delivering on our strategic plan for the remainder of 2021 and into 2022, with a focus on enriching our products and services, enhancing impact and broadening scope. The needs of our partners and stakeholders will drive us further towards achieving our mission – Delivering trusted information to inform better decisions that improve the health and wellbeing of Victorians.

The achievements outlined in this *Year in Review* detail the progress made over the seven months from 1 July 2020 to 31 January 2021.

MISSION

## Delivering trusted information to inform better decisions that improve health and wellbeing of Victorians.

VAHI will deliver value to its partners and stakeholders service providers and organisations, clinicians, community, government

CONTEXT

VAHI's strategy considers three themes that reflect the context we operate in:

Responding to partners' and stakeholders' needs

Focusing on value and outcomes

Understanding the patient journey

STRATEGIC DIRECTIONS

Three horizons set VAHI's strategic direction for the next three years:



IMPLEMENTATION

Four workstreams will deliver today's priorities and build the future for VAHI:

Delivering the foundations

Enriching our products and services

Enhancing impact

Broadening scope

VALUES

Our values are the principles that guide our way of working:

Collaboration

Respect

Innovation

Customer focus

Frank and fearless

Leadership



# VAHI's contribution to the COVID-19 response

Throughout July 2020 to 31 January 2021, VAHI continued to play a vital role in supporting Victoria's response to the COVID-19 pandemic.

As part of this, VAHI:

- enabled secure, real-time provision of meaningful data to help inform Victoria's public health response
- collected and shared new COVID-19 pandemic relevant data, including on patient experience and population health
- helped government and services understand the indirect impacts of the pandemic on the health system
- continued to quality assure information through our robust monitoring program.

100 per cent of VAHI staff continued to work remotely during this period, in line with Victoria's health orders.

## VAHI portal a key player in Victoria's COVID-19 response

**In just its first year since release, the VAHI portal became a key source of data and information for Victoria's health services during the pandemic.**

Via our secure portal, VAHI was able to deliver daily analytics on emergency department activity and related COVID impacts. This information was provided directly to health services, the Victorian Government and other key stakeholders to assist with daily operations and decision-making. The COVID-19 data hub included:

- surveillance and severity analysis
- hospital system capacity, occupancy, ICU loads and PPE monitoring
- daily demand reports on emergency departments
- geospatial reporting of COVID activity
- patient demographics.

Around 600 health service staff have access to the VAHI portal's secure COVID-19 hub, alongside 420 users from SCV, VAHI and government departments with a role in the pandemic response. The COVID-19 reporting page consistently achieved more than 20,000 views per month..



## Building understanding of patient experience within a pandemic

The Victorian Health Experience Survey (VHES) program collects feedback from recent users of Victorian public health services about their experience of care.

In response to the pandemic, VAHI launched a new survey, *Patient Experiences in COVID-19*. The survey captured changes to patients' experience from July to December 2020, including delays to care, visiting arrangements, use of PPE by staff, as well as the provision of support for anxiety and/or concerns about COVID-19. Aspects relating to communication, compassion and empathy and overall experience of care were also included.

VAHI provides survey results to health services on a weekly basis through 'interim' reporting on the secure VHES portal. In addition to interim reporting, results are finalised in the VHES portal on a quarterly basis, enabling services to identify and respond quickly to emerging issues within their service.

Data collection will continue until 30 June 2021.



## Providing insights about Victorians' mental health

VAHI delivered regular data and analyses on the impact of the pandemic on Victorians' use of public mental health and alcohol and other drug (AoD) services during the pandemic.

Our team shifted quickly to the monitoring and reporting of activity and performance from quarterly to weekly, delivering more regular insights and perspectives. VAHI also produced a bespoke analysis focusing specifically on child, adolescent, youth and perinatal services.

VAHI's weekly analyses provided visibility on access, activity and outcomes arising from publicly funded mental health and AoD treatment services in Victoria, which contributed to:

- Better understanding of the wider impact on mental health and wellbeing at different stages of restriction and isolation.
- Monitoring demand for, and activity within, publicly funded mental health and AoD treatment services
- Enabling further reviews on the potential displacement of consumers or demand to other services.
- Informing planning as Victoria moves through and beyond the pandemic.

This work delivered a better understanding of the impact of different stages of restriction and isolation on mental health and wellbeing, levels of demand, and underlying distress experienced by different cohorts within the Victorian population.



## Helping identify indirect impacts on Victoria's health system

During the pandemic, a Clinical Leadership Expert Group (CLEG) was convened by SCV to ensure the pandemic response was guided by actionable clinical advice.

The CLEG's Indirect Impacts Expert Working Group monitored Victoria's health system to understand if the pandemic – or the response to it – was causing impacts elsewhere in the health system that needed addressing.

VAHI worked closely with the group to adapt, and where relevant, develop new data measures and co-design new data visualisations to better support meaningful insights. Through this work, VAHI helped identify that fewer Victorians were attending emergency departments with symptoms that could suggest serious health problems, such as strokes or heart attacks. This finding helped inform public health messages that it was safe for Victorians to continue to seek care at emergency departments.



## Remote and COVID-specific auditing

The Victorian Admitted Episodes Dataset (VAED) provides a comprehensive dataset of the causes, effects, nature of illnesses and the use of health services in Victoria. It supports health service planning, policy formulation, research and funding.

For the first time in VAED's 25-year history, VAHI was able to conduct audits remotely, in compliance with Victoria's stay-at-home public health orders. Between September and November 2020, VAHI conducted remote audits of COVID-19 data of 11 health services, building understanding of each service's compliance against national classification and reporting advice and the Australian coding standards. Results were shared with each health service at the conclusion of their audit, enabling them to action any findings.

# Transitioning to the Department of Health



**In January 2021, the Victorian Government announced it would be integrating the administrative office of VAHI into the new Department of Health as part of its machinery of government changes.**

From 1 February, all VAHI staff would transition to a division in the new department, focused on integrating health data, analytics and reporting across Victoria's healthcare system. The new division will bring together a critical mass of expertise and enable VAHI to support and inform the new department's ambitious health system reform agenda.

Joining the department's new VAHI division are two teams formerly within the Department of Health and Human Services, the Health Services Data (HSD) and Centre for Victorian Data Linkage (CVDL) teams. VAHI's new consolidated team of health data experts are now strongly positioned to use data to inform improved patient outcomes and to encourage better population health.

VAHI's work will continue to be guided by its existing *2019-22 Strategic Plan*, while participating in the broader planning processes within the Department of Health to support Victoria's health reform agenda.

## VAHI welcomes Health Services Data and the Centre for Victorian Data Linkage

The HSD team supports the development, collection and use of Victoria's health datasets, including (but not limited to) data relating to hospital admissions, emergency department attendances, elective surgery waiting lists, births in Victoria, alcohol and other drugs services, mental health services and health service financial data. The team also encompasses coding and classification, health data integrity and data management, standards and privacy to ensure data. This ensures data is accurate and managed securely in line with privacy and security standards.

The CVDL was established in 2009 to undertake person-centred data linkage in Victoria in response to requests from government and researchers. The CVDL is the Victorian linkage agency of the national Population Health Research Network and is accredited by the Australian Government as an integrating authority, able to link sensitive Commonwealth data.

Data linkage is a technique for identifying records that belong to the same individual across different data sources, helping build broad understanding of health impacts and informing holistic policy development.

**We welcome our new colleagues from the HSD and CVDL teams to VAHI.**



# Delivering to our priorities

## The VAHI portal

**The VAHI portal is an interactive data website that provides the health sector and wider community with quality and safety performance data on Victoria’s health services.**

The portal has two components - a public component where data is accessible to everyone, and an authenticated component, where data is delivered to authorised users, particularly within health services.

Launched in November 2019, the Victorian health services performance site, the publicly accessible component of the VAHI portal, provides detailed information on performance within key domains of care provided by Victoria’s public health services, updated quarterly. By January 2021, the site was visited by more than 10,000 users per month.

The secure-access component of the VAHI portal, designed to provide access to detailed reporting for authenticated users across health services, was officially launched in March 2020. More than 1,000 authenticated users from health services, the department and SCV have since been given access to secure data and information relevant to their role.

VAHI was proactive in adding COVID-19 information to the portal as soon as practicable, making it a highly valuable single source of truth in Victoria’s pandemic response. VAHI was able to securely deliver daily analytics on emergency department activity and related COVID impacts to assist with informing Victoria’s COVID response daily operations and decision-making. The valuable resource drove rapid increases in requests for authenticated access to the portal.

VAHI’s rapid response to COVID-19 data provision has fast-tracked some of the VAHI portal’s future development planning. This has provided the ability to create more user-friendly interactive data visualisations within the portal, which has enabled the early-stage development of the *Best care* interactive report - outlined below.

## Best care interactive report development

In 2020, SCV partnered with the Victorian Perioperative Consultative Council and the Perioperative Expert Working Group to review contemporary clinical evidence and identify elective surgery procedures for which there is limited evidence of clinical benefit for patients (except where specific clinical indications exist). This work is known as the *Best care* program, with 27 different elective surgery procedures identified for data capture and monitoring.

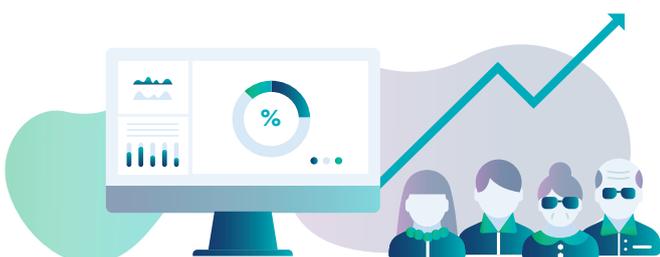
VAHI’s role is to lead data analysis and create a digital reporting program, which includes the development of a range of dashboards and interactive data visualisations within the authorised-access VAHI portal. Throughout the second half of 2020, VAHI developed an interactive report, which was successfully piloted by an active group of registered portal users in early 2021. A plan for the broader, sector-wide roll-out is underway.

## VAHI’s health service reporting program

**VAHI’s core reporting program provides public health services with the key information that helps them understand how they are tracking, how they compare with their peers, and where there are opportunities to improve. The reports are tailored to meet the specific needs of executives, board members and clinicians. VAHI also provides Victorian private hospitals with a twice-yearly quality and safety report, specifically tailored to their needs.**

VAHI’s reports are continuously reviewed and developed to ensure that they provide useful and actionable information to their end users. To do this, we engage with health service users, stakeholders and consumers through a range of committees and advisory groups. We value and thank our collaborators for their support in helping us continuously refine and improve the information we provide in our reports.

Throughout the pandemic, VAHI has continued to provide these core reports that are fundamental to monitoring and improving the performance, quality and safety of Victoria’s health system.





Between 1 July 2020 and 31 January 2021, VAHI produced and distributed:

- 230 *Monitor* reports containing health services' performance against key indicators related to quality and safe care, governance and leadership, timely access to care and financial management
- 195 *Small Rural Health Service reports*
- 210 *PRISM* (Program Report for Integrated Service Monitoring) reports containing health services' results across a wide range of access, safety, quality, operational and financial performance indicators
- 508 *Public sector residential aged care* (PSRACS) quality indicator reports
- 83 *Board safety and quality reports* to help health service board members fulfil their governance roles
- 80 *Hospital-acquired complications in Victorian public health services reports*.

In September 2020, VAHI produced a series of videos to help healthcare services better understand how to interpret the data and key visualisations in our reports. Taking on board the positive feedback we received about these videos and data-specific education sessions (provided as part of the joint SCV/VAHI Board clinical governance training program), we aim to provide more guidance and other material that can further assist our end users interpret the data.

Our challenge over the next year is to develop more interactive products for our users, with increasing focus on delivery via the VAHI portal, while enhancing data literacy and the generation of meaningful insights.

## Focus on mental health reporting

**Throughout 2020, the Royal Commission into Victoria's Mental Health System sought lived experience and expert insights on how the state could most effectively prevent mental illness and suicide, and how it could provide better supports to the community.**

The Royal Commission's final report recommended that the Victorian Government establish a new performance monitoring and accountability framework to::

- hold mental health and wellbeing service providers to account and improve performance over time
- improve the outcomes and experiences of consumers, families, carers and supporters, and
- measure the effectiveness of mental health and wellbeing services from the perspectives of consumers, families, carers and supporters.

Prior to release of the Commission's final report in February 2021, VAHI had begun working with the Mental Health branch on a program of work to establish a Mental Health Performance and Accountability Framework (MH-PAF), aimed at guiding improved system-wide performance.

This included supporting the department's Mental Health and Drugs Branch in undertaking sector-wide consultation to identify meaningful and valid performance measures for reporting against the MH-PAF.

This consultation identified approximately 60 performance measures for potential future quarterly reporting, including around 40 measures that have not previously been reported across the state. With this information and guidance, VAHI began working on a Mental Health Performance Report, which remains in development, subject to further engagement and advice.

## Victoria's first hospital acquired complications report

**A hospital-acquired complication (HAC) is a serious complication that a patient has suffered after admission to hospital, which is thought to be potentially preventable. HACs come at a cost to patients and the health system and can lengthen recovery time and pain and suffering.**

VAHI released the first stand-alone hospital-acquired complications (HACs) report to all Victorian public health services in December 2020. The *Hospital-acquired complications in Victorian public health services* report focused on 15 reportable HACs developed by the Australian Commission on Safety and Quality in Healthcare. By definition, these complications are not always entirely preventable, but there is good guidance available about how to minimise the risk of them.

In developing this new report, VAHI aims to support meaningful improvement in patient outcomes by empowering clinicians with data, while informing system learnings and the design of future interventions. The HACs report delivers on recommendations from *Targeting zero*, which identified the need to reduce hospital-acquired complications.

VAHI now provides a quarterly individualised HACs report to each health service, giving them an overview of their results over time, including comparison with their peers. Health services also receive their unit record level file and a detailed specification of the report to facilitate further investigation and validation of their data. VAHI's coding and classification team supports health services in this process. Alongside the HACs report and unit record files, health services also now have access to an online tool that enables them to check the quality of their coding and clinical documentation.

The HACs report, unit record files and online tool aims to support health services to examine their own records of clinical care, improve their clinical documentation about complications, and improve their clinical practice and systems to eliminate avoidable harm.

Developed in consultation with VAHI's Clinical Measurement and Reporting Committee, the HACs report has been designed to support meaningful improvement in patient outcomes by empowering

clinicians with data, and support system learnings and design of future interventions and data analytics.

VAHI is working to expand HACs reporting in other VAHI reports, including for private hospitals.

## Data request and analytics hub

**Launched in 2019, the VAHI Data Request Hub is a simple way to request access to Victorian health data. Prior to 2019, VAHI received many data requests in ad hoc ways. The Hub provides an efficient way to submit and track the progress of data requests, and continues to fulfil its goal of providing a single point of contact for health-related data and analytics requests.**

From 1 July 2020 to 31 January 2021, VAHI received 418 requests for data from researchers, government and others. Of these:

- 140 were for hospital data
- 113 were for mental health/alcohol or drug-related data
- 24 were related to COVID-19.

Requests continued to span many topics, including perinatal, population health and condition-specific datasets.

One request, from the Australian College of Optometry (ACO), was seeking data related to Aboriginal and Torres Strait Islander Victorians to assist the state's Aboriginal Eye Health Committee. The Committee's core work relates to the high incidence of eye disease among Indigenous Australians – who are six times more likely to be blind when compared to other Australians. The ACO is now receiving this data via the VAHI Data and Analytics Hub on a quarterly basis, to inform their critical work in this area.

Over the second half of 2020 and into January 2021, the Hub team:

- triaged and prioritised COVID-19 related urgent requests
- expanded the Hub's scope to capture and track other non-Data Hub specific requests (e.g. for new reporting work requests made to VAHI)
- continued to trial a cost-recovery approach to data requests, so that the Data Hub can continue sustainably within VAHI's resources.

## Reforms to Victoria's patient experience program

**Collecting, analysing and sharing feedback from patients is fundamental to providing patient-centred care. The Victorian Healthcare Experience Survey (VHES), managed by VAHI as part of our patient experience program, asks patients about their experiences during their stay at a Victorian public health service.**

Understanding the aspects of healthcare that matter most to Victorian patients enables public health services, the department and other stakeholders to focus on improvements in areas where they are likely to have the greatest positive impact for patients.

Throughout 2020, VAHI has been making improvements to the VHES program to make it easier for Victorian public health services to use the survey findings to drive quality and safety improvements.

Between July 2020 and February 2021, VAHI continued its work to reform the patient experience program, including updating the core survey question set that patients complete, undertaking an approach to market for the vendor 2021-24, and shifting to electronic-only data collection.

Changes to the core survey questions have been made in response to feedback sought by VAHI from health services, with services saying the previous survey had too many questions.

Engaging a vendor to administer the program from 2021-24 is a key step towards implementing these key reforms – which include near real-time data provision and ward-level reporting by health services. The appointment of the new vendor will take place later in 2021.

VAHI will continue to focus on ensuring the VHES is accessible to as many patients as possible and engage with both Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities as part of this work.

Work will also continue throughout 2021 to develop modules of questions specific to each patient population/setting in the areas of palliative care, specialist clinics, community health and ambulance services.

## VHES in action – specialist clinics in focus

In January, VAHI released the VHES Specialist Clinics Insight report. The report captured the experiences of over 42,000 adult and paediatric specialist clinics patients between 2016 and 2019.

A key finding was that 92% of adult patients and 90% of paediatric patients rated their care as 'good' or 'very good,' highlighting several areas that influenced their overall experience.

The report did highlight areas for improvement, including the high variation across Victoria in the provision of medicines information. This finding suggests Victorian patients have had inconsistent experiences between health services in obtaining this information, and there is an opportunity for the sector to learn from services who are currently doing well.

Through this learning, health services were encouraged to review their results, and identify areas for improvement. Improvement opportunities identified included the provision of written or printed medicines information and explaining any changes to medicines in a way the patient can understand.

SCV is working with health services on the 'Teach-back' initiative, which is a tool that assists clinicians to communicate effectively with patients and is shown to make a positive contribution to patient outcomes. Additionally, the Department of Health is leading reforms to specialist clinic referral criteria, which are aimed to improve patient access to specialist clinics.



## Safety and surveillance reforms and reporting

**All Victorian health services are required to report incidents that occur within their health service to VAHI. These include clinical incidents, occupational health and safety incidents, near misses, hazards and other consumer feedback.**

The Victorian Health Incident Management System (VHIMS) is a standardised dataset for the collection and classification of this information. Established by the department in 2009, VHIMS transitioned to VAHI in 2017. Since then, VAHI has embarked on a significant reform program to optimise the use and impact of VHIMS.

Victorian public health services told us they need a system that is quick, easy to use and captures complete and accurate information. The development and adoption of the VHIMS system, and the upcoming introduction of the VHIMS Minimum Dataset, opens the door for more efficient incident reporting and meaningful data sharing.

Between July 2020 and February 2021, VAHI continued its work to improve VHIMS, including:

- adding the capability for health services to flag COVID-19 related incidents
- releasing the second VHIMS statewide report - a summary of all VHIMS reported medication-related incidents from July 2017 to December 2019
- continuing engagement with health services regarding the implementation of their preferred incident management and reporting system to enable reporting of the new VHIMS Minimum Dataset to VAHI.

### VHIMS in action – medication incidents in focus

VAHI demonstrated the strength of the VHIMS dataset through the release of a report on medication-related incidents in Victorian public health services.

Launched by VAHI via a virtual event in November 2020, the *Medication-related incidents in Victorian public health services* detailed key findings to support understanding of the issues at a statewide level.

The data from this report are important in supporting some of the initiatives SCV currently has underway, in partnership with Victorian public health services, to

support improvements in medication-related incident management. These initiatives include the expansion of the 'Partnered Pharmacist Medication Charting Model' (PPMC) and the Australian Commission on Safety and Quality in Healthcare's online learning modules for clinicians about high-risk medications

## Patient-reported outcomes program

**Understanding how patients feel about their health associated with various treatment and healthcare management is vital to creating a safe and effective patient-centred health system.**

Patient Reported Outcomes (PROs) are data obtained from questionnaires completed by patients about their health-related quality of life. PROs can be used to measure the quality of life gain associated with a treatment or management of a disease.

For health services, PROs data can identify variation in clinical practice, as well as lead to improvements in appropriateness of care and outcomes for patients (such as a reduction in unplanned readmissions).

When collected systematically, PROs can generate valuable data on treatment effectiveness and variations in healthcare delivery and outcomes.

To inform the evidence base and future investment in PROs collections, VAHI launched a number of pilot projects to better understand how PROs data can be best utilised and how these collections can be incorporated into existing data collections. These included:

- BroSupPORT – a secure portal for Victorian men with prostate cancer to learn from each other's patient experiences
- PROs in joint replacement – including: (i) exploring shoulder, hip and knee replacement data; and (ii) examining optimal methods for delivering PROs feedback to patients
- establishing a PROs collection among burns patients
- *The Utility of PROs in Cancer Care project* – examining the feasibility of collecting PROs through the VHES program.

VAHI will soon be using *The Utility of PROs in Cancer Care* pilot to create an insight report to help Victoria's public

health services drive improvements in care for patients accessing chemotherapy services.

Our goal is to focus PROs data investments towards measurement that is person-centred and holistic, to make the greatest difference to the health of Victorians.

Broadening access to and use of PROs data is a key driver for VAHI. To this end, we will look to further incorporate PROs as part of our reporting program, in consultation with clinicians and SCV.

## Clinical Quality Registries program

**Clinical Quality Registries (CQRs) systematically monitor the quality of health care within specific clinical domains by routinely collecting, analysing and reporting health-related information.**

VAHI's CQR program aims to ensure the creation and sharing of meaningful information to identify benchmarks and variation in clinical outcomes, inform clinical practice and decision-making, and improve the quality and safety of care.

The CQRs overseen by VAHI provide regular, health service identified, benchmarked reports; agree an outlier policy and escalation procedure; and provide a complete dataset for linkage to other datasets held by the department.

Throughout 2020 and into 2021, VAHI has overseen the contractual arrangements for the following CQRs

- Australian Stroke Clinical Registry (AuSCR)
- Australian New Zealand Massive Transfusion Registry
- Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) Database Program
- Australian and New Zealand Intensive Care Society (ANZICS) – Adult Patient Database (APD)
- Victorian State Trauma Registry (VSTR)
- Victorian Cardiac Outcomes Registry (VCOR)
- Australian Rehabilitation Outcomes Centre (AROC)
- Electronic Persistent Pain Outcomes Collaboration (ePPOC).

VAHI's CQRs team also worked with SCV to include data from relevant CQRs in their monitoring of hospital safety during the pandemic.

VAHI also took the first steps to include registry data in the CVDL Integrated Data Resource. Once complete, registry data will be linked with a wide range of administrative health and other relevant datasets.

CQR data continues to play an important role in Victoria's COVID-19 response, used extensively by the department to inform understanding of Victoria's ICU capacity during the pandemic..

### CQRs in action - Victorian Cardiac Outcomes Registry (VCOR)

A Victorian public health service had experienced a high proportion of post-operative deep sternal wound infections among its coronary artery bypass surgery patients over a six-month period (> 99.7% control limit).

The VCOR notified the hospital, leading them to undertake an investigation comprising:

- observing work patterns in operating theatres
- reviewing skin preparation, treatment, and wound care procedures
- checking for bacteria in its water supplies to operating theatres, ward showers and wash basins
- examining how surgical imaging probes were handled.

The investigation led to a series of changes, including adjustments to the washing and disinfection practices for imaging probes, annual replacement of water fittings on the ward, and stricter pre-emptive antibiotic use.

The outcome was a decrease in deep sternal wound infections over the following year, to below the average rate for all the hospitals contributing to the registry.

## Coding and classifications program

**VAHI's coding and classifications program works with health information managers and clinical coders to ensure the quality of clinical codes reported in the Victorian Admitted Episodes Dataset (VAED). This is one of the key health datasets in Victoria that holds both public and private hospital data.**

The VAED and the coded data are used extensively to support quality and safety monitoring in health services, clinical research, health service planning and public hospital funding.

While the program's focus is ensuring the quality of clinical codes reported in the VAED, the team also provides advice around the accurate reporting of clinical codes in other health data collections.

VAHI manages the Victorian International Classification of Diseases (ICD) Coding Committee (VICC), a network of coding and health information specialists from across Victoria, to coordinate and standardise approaches across the state. We thank the Committee members for their outstanding contribution to VAHI's work.

Through the continued work of the VICC, VAHI supplemented national COVID-19 coding advice by publishing Victorian COVID-19 coding advice to provide clarity to the national advice in certain scenarios. At the same time, VAHI supported numerous data requests and national reporting related to COVID-19 hospital activity and contributed to the methodology of the Health Data Integrity COVID-19 VAED audits.

While there was a particular focus on responding to COVID-19, the team continued to represent Victoria on national ICD and Diagnosis-Related Group technical groups for the next development cycle of the admitted classifications.

The team worked hard to see the release of the Relative Indicators for Safety and Quality (RISQ™) product to public and private health services. The RISQ™ tool is designed to support health information managers and clinical coders to assess the quality of Condition Onset Flags (COF) data and the incidence of HACs in admitted episodes.

The team also supported the clinical coding validation of the Victorian Perioperative Consultative Committee's recommendations for the VAHI's Best Care pilot, a critical component in delivering the pilot phase.

## Health data integrity audit program

**Through the health data integrity (HDI) program, VAHI is responsible for ensuring the integrity of performance and activity data reported by health services to the Department.**

VAHI continues the important work to ensure that health datasets accurately reflect the care that was provided to patients. As part of this work, VAHI's HDI team undertakes a robust audit program that has become more targeted over 2020 and into 2021.

The statewide VAED audit was completed for samples of acute and mental health episodes covering four financial years from 2016-20, and a new COVID-19 VAED audit was introduced.

For the first time in 25 years of VAED auditing (by both the department and VAHI), a number of audits were undertaken remotely – due to Victoria's stay-at-home public health orders.

VAHI conducted 11 COVID-19 audits remotely from September to November 2020, building an understanding of compliance against specific national classification and reporting advice developed by the Independent Hospital Pricing Authority, and generally against the Australian Coding Standards. The quality of COVID-19 data is a priority as it is likely to continue to inform policy, funding and research for many years.

COVID-19 data audit results were shared with each health service. At the conclusion of each audit, the health data integrity program conducted a webinar to present detailed analysis and specific findings to all Victorian health services. Where remote auditing is available, VAHI will continue to utilise this for future VAED audits.

In total 27,009 episodes across the metropolitan, rural and block funded hospitals were audited and this comprised 24,259 acute episodes at 124 hospitals and 2,750 mental health episodes at 36 hospitals.



## Population health surveillance and reporting

**Population health surveillance is the collection, analysis, interpretation and communication of data relating to the health status of the population. VAHI's population health surveillance program and reports contribute to providing a comprehensive picture of Victoria's health.**

2020 marked the second year of population health surveillance being incorporated into VAHI. From 1 July 2020 to 31 January 2021, the team finalised and began to execute against its new reporting strategy. This strategy will help guide improvements in surveillance and monitoring of population health in Victoria over the next five years. The aim is to drive improvement in the quality, timeliness, range and accessibility of population-level data and insights to support planning and decision-making.

The new strategy enabled the population health surveillance team to deliver a diverse reporting program across a range of Victorian health priority areas. Some of these key reports are outlined below, while others are scheduled for future release in the second half of 2021.

### Helping guide Victoria's response to family violence

In December 2020, VAHI released Victoria's first population-representative research into family violence.

The report was based on the responses of 33,654 randomly selected Victorians to five family violence questions - included for the first time in the 2017 Victorian Population Health Survey (VPHS).

The report investigates the prevalence of family violence, who experienced family violence, the frequency of its occurrence, the type of family violence experienced, the services accessed in response to family violence, and the knowledge of the general population about where to get outside advice or support for family violence.

Family Safety Victoria (FSV) has since used the *Family violence in Victoria* report developed by VAHI's population health insight team to inform a range of decisions, including policy development and funding allocations. This includes FSV using the geographic disaggregation of prevalence of family violence to estimate service demand across areas. The report provides Victoria with an important baseline for future work to reduce the impacts of family violence on Victorians.

### A step towards better supporting the health and wellbeing of LGBTIQ+ Victorians

VAHI drew upon results from the 2017 VPHS from more than 33,000 Victorians to produce a special report into LGBTIQ+ health.

The findings from this survey have, for the first time in Victoria, enabled VAHI to measure and report on the health status of LGBTIQ+ Victorians at the population level and to provide comparison, within the same survey, with Victoria's non- LGBTIQ+ population.

The findings show that mental health and general physical health are poorer for LGBTIQ+ adults, compared with non-LGBTIQ+ adults, and that a higher proportion of LGBTIQ+ Victorians have two or more chronic illnesses. Three measures of social capital were significantly lower for LGBTIQ+ adults, as were food security and home ownership.

VAHI used the findings to create the report 'The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria', which was released in September 2020.

The report will help inform government policy and service development to ensure health and human services are responsive to the needs of LGBTIQ+ Victorians, and that those services are delivered in an inclusive and affirming way

The Victorian Government will now use the report to inform policy and service development to ensure health and human services are responsive to the needs of LGBTIQ+ Victorians, and that those services are delivered in an inclusive and affirming way.

# Workforce and culture

## Workforce by numbers as at 31 January 2021



## Culture and capability

Our people have demonstrated incredible adaptability and dedication during the period 1 July 2020 to 31 January 2021.

VAHI's culture is underpinned by a strong commitment to our values – collaborate, respect, innovation, customer-focused, frank and fearless and leadership. We have continued to deliver for our stakeholders and partners, while managing the challenges associated with having our workforce working remotely.

We have rolled out a range of initiatives to support our people through these difficult times, especially to grow capabilities and remain connected while working remotely. To support and assist staff, VAHI:

- held regular all staff livestreams to keep our people updated on the evolving COVID situation and what it meant for how and where they worked
- provided training to staff via eLearning modules, rather than in-person sessions
- provided staff with access to mental health supports, including the Smiling Mind program and smartphone app.

As a result of our commitment to regular, consistent and practical workforce communication, our staff told us they were proud to work with VAHI. .

## Promoting health, safety, and wellbeing

Managing safety and supporting the mental health and wellbeing of our people contributes to a positive and productive environment.

Throughout COVID-19, we continued to prioritise safety and wellbeing and kept our people informed on COVIDSafe changes that have been put in place. We have implemented measures such as working from home and leveraged special leave to provide additional support and peace of mind for our people.

We have also provided our people with access to tools, briefings, and seminars to manage their resilience, mental health and wellbeing..

## Future of work at VAHI

The high quality and innovative work produced by team members during the stay-at-home period has seen VAHI continue to embrace different ways of working in 2021.

VAHI is continuing to invest in technology and tools that have supported staff through this time and been positively received by team members.







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