

Victorian Health Incident Management System (VHIMS)

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INTRODUCTION

In 2006 the Statewide Quality Branch (SQB) of the Department Human Services (the department) initiated a statewide project to determine an optimal solution for standardisation of incident reporting practices in order to gain a holistic understanding of the rate and severity of incidents impacting patients, staff and others within health services.

Victoria is the only Australian jurisdiction that does not yet possess a standard incident reporting framework for health services, as variation exists in the methodology, terminology and tools used to report and rate the severity of incidents.

The VHIMS project will introduce a standard methodology for incident reporting to all publicly funded health services.

OBJECTIVES

1. Develop a statewide, standardised reporting methodology for the way incident information is reported.
2. Implement a mechanism that will enable statewide aggregation, analysis and trending of multi severity level clinical incident data.
3. Establish appropriate mechanisms for DHS and in-scope health services

to evaluate clinical incident data, consumer feedback, and OH&S to identify trends and share relevant information to better target quality improvements.

4. To work collaboratively with the Health Services Commissioner, Worksafe Victoria and the Victorian Managed Insurance Authority (VMIA) to whom health services must submit incident data, with the aim of streamlining reporting processes to these organisations.

METHODS

A Project Advisory Group (PAG) comprising quality and risk managers, clinicians, third-party representatives and other subject matter experts were convened to undertake the development of a suitable data set.

The data set specification was developed using the World Health Organisation (WHO) International Classification for Patient Safety (ICPS).

The PAG conducted regular meetings and validation workshops with stakeholders, as the lessons learned in testing the classification model informed the data sets development. The process of obtaining 'real life' consumer

coding and classification feedback ensured data integrity in meeting local (health service) and the department data collection needs.

KEY MILESTONES

August 2006

Project Commencement

July 2007

Data Set Specification Draft

August 2007

Project scope to include OH&S and consumer feedback

June 2008

VHIMS data set specification endorsed by the Department

September 2008

Solution architecture

October 2008 – February 2009

Procurement

June 2009

Design completed

September/October 2009

Pilot

January/February 2010

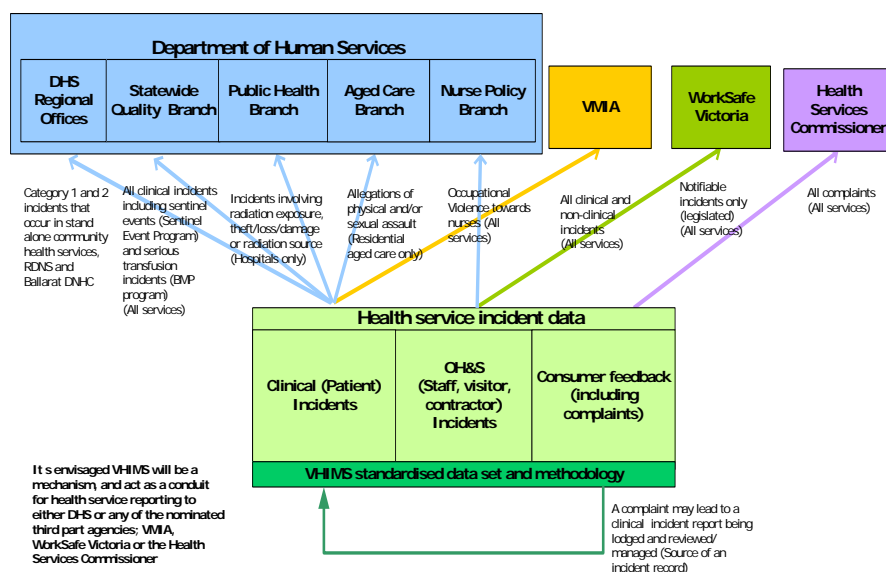
Implementation

RESULTS

Delivery of a standardised, state-wide methodology for reporting incidents and consumer feedback will provide health services with many benefits which include:

- Better understanding of type, frequency, and severity of incidents that are occurring within Victorian health services, via an ability to pool data across the state.
- The ability for health services to compare their incident information across similar organisations.
- The capacity to use this information to provide a justification for new quality improvement initiatives that aim to reduce the prevalence of both high and low level severity incidents.
- The ability to measure the effectiveness of quality improvement initiatives, targeted towards commonly problematic areas.
- An opportunity to allocate resources normally consumed by adverse events toward other areas of patient care where resources are required.
- The capability to streamline current independent reporting systems & requirements, thereby removing duplication of effort for health services.

Proposed VHIMS data flow



CONCLUSION

VHIMS is a state-wide methodology (and ultimately a system/tool) that will provide a standardised, standards based data collection.

The data set has been structured to meet the health service, third parties and the department business needs for incident management requirements through a bottom up approach. By engaging end users in the developing the data set, a greater level of buy-in into the project has been achieved.

Implementation of the data set will provide the department with the ability to provide analysis of aggregated clinical incident data across the state. This will ensure that quality improvement initiatives can be better targeted.

CONTACT

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