

VHIMS Implementation

From our perspective



a smooth journey

Pre-VHIMS (2008-2009 data)

- 3379 FTE over 27 sites
- Current RiskMan user, with approx 5 500 users
- 13 065 incidents reported
- RiskMan Administrators (usually 2 staff - weekdays) review and classify reported incident data, and deal with phone and email enquiries.
- Deal with on average 30-40 incidents a day
- Current Consumer Liaison Officer
- Current Incident Management policy, which outlined roles and responsibilities for investigation,
- RiskMan training was given to new staff as part of orientation
- Health service hosted VHIMS – we chose to continue with our current incident management system (RiskMan) and this was updated to be compliant to the VHIMS data specifications.



Objectives

Go live date was 10 December 2009

Briefly discuss the following areas of VHIMS implementation, outlining benefits and challenges.

- VHIMS pre-implementation documents
- Upgrading of RiskMan templates, fields, reports
- VHIMS Education
- Reporting of Baseline Outcome Measures

Pre-implementation documents

There are two documents that needed to be completed pre-implementation of VHIMS:-

- VHIMS Participation Agreement
- Incident Management Framework Checklist

Opportunity to look at all elements of our incident management system and highlighted gaps/areas for improvement:-

- For example, in our Incident Management and Consumer Feedback policies, we needed to elaborate on the primary and secondary purposes of data collection, and also needed to update legislation references, and include charters (e.g. Victorian Charter of Human Rights).

Upgrading of RiskMan to meet VHIMS specifications

Widely promoted it prior to implementation as a major upgrade of RiskMan.

Hands on tasks prior to Go Live were many!

- Mapping of current fields on RiskMan to VHIMS, determining at what level and who would complete what fields.
- Opportunity to clean up alerts, notification process, staff name and professional designation lists.
- Opportunity to review customised template lists and reduce.

Upgrading of RiskMan to meet VHIMS specifications

Challenges

- Mapping and checking was and still is a timely process
- Staff complaints about having to add more information than previously and that it takes more time.
- Testing and feedback from users mean we are still improving templates, alerts, and reports.
- Variation in classification and categorisation of data and ensuring consistency in recording.

Upgrading of RiskMan to meet VHIMS specifications

Benefits

- A number of RiskMan/VHIMS bugs have been fixed so future agencies will not have to deal with them!
- Gave us opportunity to sort out roles and responsibilities, for example, how we respond and handle staff incidents.
- Having to close incidents now ensures the loop is completed.
- *“Potentially Higher Outcome”* - within the first week, we identified 2 ISR 2 incidents where the potentially higher outcome was rated as an ISR 1. Ability now to be more proactive rather than reactive.

VHIMS Education



- Case Review training was undertaken pre-implementation to assist managers with their responsibilities under VHIMS - adding contributing factors, how to complete a case review
- Devised a shorter presentation that was delivered across multiple sites within a four week period.
- Trained our five Quality Managers to deliver sessions, but could also choose mode (online module, 1:1, team sessions)
- 33 education sessions – 479 participants – 20.5 hours of facilitator time.

VHIMS Education

Challenges

- we had to demonstrate without a “live” model for part of time, so had to use screen dumps with animation.
- Staff preferred viewing “live” version when we had access to test version
- Ensuring out of hours staff did not miss out!

Benefits

- A number of questions and issues were raised around current process and systems.
- Created a Q & A register with responses for reference for staff and RiskMan administrators.

Baseline Measures (2008-2009 data)

- We already collect and report on some of data so this was easy to find.



Challenges

- Determining what an occupied bed day vs patient day vs accrued bed day – DH have now completed document on what this is in relation to areas of health where the standard definition differs

Baseline Measures (2008-2009 data)

Challenges (cont)

- Where to report for networked health services, for example we have five Community Health sites and can report on outpatient contacts and dental incidents.
- Have not previously “closed” incidents
- Identified that we need a system for recording patient safety initiatives and OH & S initiatives.

Baseline Measures (2008-2009 data)



Benefits

- Pre-implementation survey demonstrated that our staff had fairly good knowledge around incident reporting.

Survey areas where knowledge was lacking:

- Description of the feedback component of the incident reporting process (a,b,c)
- Incident forms are sent to the Department of health for review. (True/False)

In summary

- Overall, we have been surprised at how well our implementation went.

Benefits

- Realistic going into the upgrade of what was likely to be the outcome as there were a number of unknowns – ability to access previous reports, gaps in mapped data, templates not fully completed, staff complaints

Challenges

- Ongoing review of areas of RiskMan - weekly meeting to discuss issues and to identify outcomes/actions to ensure consistency
- Organising *RiskMan Training for Manager's* looking at what their responsibilities are in relation to managing incidents for their area eg fields to complete, customising reports.



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