

# Incident Information System (IIS) Project



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# IIS Background

- Auditor Generals Report (2005): Absence of a consistent statewide data set means trending is not possible
- Wide variation in tools and classification methodologies used for incident reporting at a local level (IIS survey with 88 Public Health Services July 2006)
- Large scale collection is required to characterise events that occur rarely at a health service level
- Only Australian jurisdiction not yet collecting statewide clinical incident data
- Key strategic priority for the Quality and Safety Branch

# IIS: Objectives

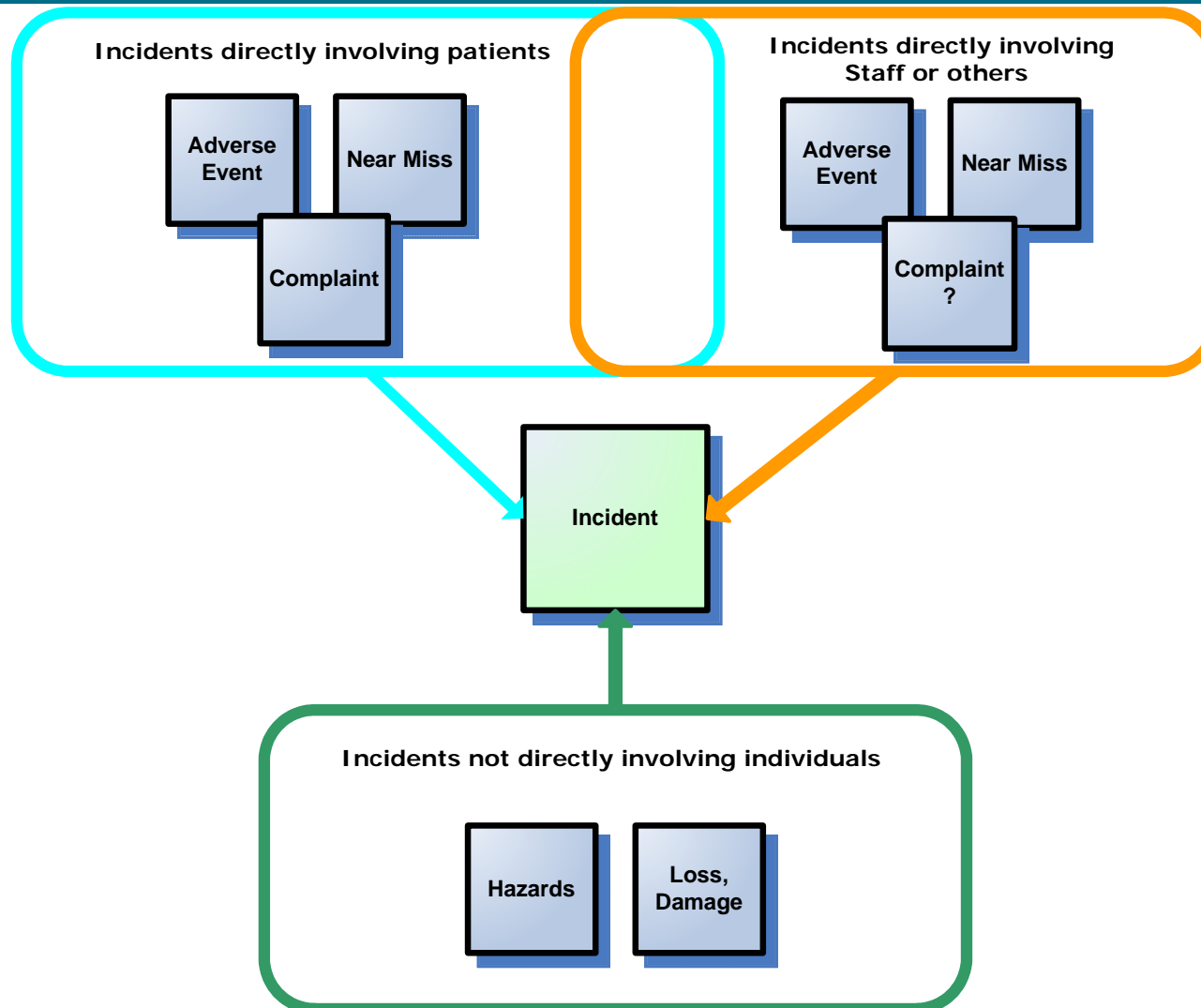
## Initially Agreed:

- 1.To develop a statewide, standard methodology for the way clinical incident\* information is reported within public health services.
- 2.To implement a mechanism that will enable statewide aggregation, analysis and trending of multi-level clinical incident data.
- 3.To establish appropriate mechanisms for DHS and health services to evaluate the clinical incident data, identify trends and share relevant information so that quality improvement initiatives can be better targeted

\*Clinical Incident: An event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a person receiving care. *Includes near misses.*

As of August 2007 – Project Scope also includes OH&S and Consumer Feedback (Complaints)

# IIS – Reporting of all Incidents will be standardised



# IIS Approach

Stage 1	Establishment, Research and Scoping	May – Sept 06
Stage 2a	Development of statewide clinical incident data set	Oct – August 07
Stage 2b	Expansion of data set to include OH&S and complaints	Sept 07 – March 08
Stage 3	Functional Requirements and Business Case	May – December 07
Stage 4	Vendor Engagement	Early – Late 08
Stage 5	Design/Customisation/ Build	Late 08 – Mid 09
Stage 6	Pilot	Mid – Late 09
Stage 7	Implementation	From Late 09

# IIS Governance

## IIS Project Board

Dr Chris Brook (**Chair**), Exec Director, RRHACS, DHS  
Alison McMillan, Director, Quality and Safety Branch, DHS  
Other DHS Health Branch Directors/Managers  
Jo Bourke, Director of Governance, Barwon Health (**Chair of Advisory Group**)

## QA Group

- Information Technology, DHS
- Information Management, DHS
- Quality and Safety Branch, DHS

## IIS Project Advisory Group

Quality and/or Risk Managers from:

-Hospitals	DHS Internal Specialists
-Ambulance Services	Community Health
-District Nursing	
-VMIA (Insurer)	

## IIS Working Groups

- Medicines
- Blood and Blood Products
- Acute
- Aged Care
- Community Health
- Mental Health
- Ambulance
- Equipment/Devices
- Nutrition/Food/Diet
- **OH&S – NEW**
- **Consumer Feedback - NEW**

# IIS Incident Classification Model and Severity Rating Methodology

- Currently being tested in 6 health services
- Will also be tested for suitability in complaints and OH&S context in early 2008

Incident Type Selector SearchHelp [Send Feedback](#)


Conditions	Clinical Management	Behaviour / Abuse	<b>Injury / Accident / Complication</b> Injuries, accidents and unexpected complications.
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 **Adverse Reaction**  
The incident involved an unexpected, untoward medical reaction to a medication, transfusion, and/or treatment. (Code: 92749)

 **Collision/Fall**  
A individual fell, or came into contact with another object and/or person. (Code: 92775)

**Death, cause unknown**  
The subject died due to unknown circumstances.  
Note: If the reason for death is known, the incident should be classified under that cause (eg, Administration of an Extra Dose of Medication) (Code: 92755)

 **Equipment/Device/Consumable Failure**  
A piece of equipment/consumable failed or became dislodged whilst in use. (Code: 92781)

 **Exposure**  
An individual was unnecessarily exposed to a potentially harmful physical substance or electromagnetic radiation.

OK Cancel

As a result of the incident, what was the -

Degree of Harm:	<input type="text"/>
Change in Level of Care:	<input type="text"/>
Intervention Required:	<input type="text"/>

**Severity Rating: Unknown**

Could this incident have resulted in a higher degree of harm?

# IIS Current Status

- Testing of IIS incident classification model and severity rating methodology
- Extending IIS Data Set to include OH&S and Consumer feedback
- Extending IIS functional requirements to cover OH&S and Consumer feedback
- Business Case being refined

# IIS OH&S Membership

First Name	Surname	Organisation Name
Annabel	Kirwan	Barwon Health (Chair)
Leslie	Bell	Austin Health
Noleen	Bennett	VicNISS
Rod	Besley	Department of Human Services
Judy	Brett	Victorian Infection Control Professionals Association
Des	Callaghan	Seymour District Memorial Hospital
Cheryl	Carrick	Western Health
Peter	Edwards	Stawell Regional Health
Barry	Gook	Northern Health
Thomas	Hobson	Royal District Nursing Service
Jim	Kianidis	WorkSafe Victoria
Sue	King	Victorian Blood Exposure Surveillance (VIBES)
Michelle	Lane	Peter MacCallum Cancer Centre
Steve	Latter	Hepburn Health Service
MaryAnn	Lindsay	Department of Human Services
Frank	Mielke	Department of Human Services
Bev	Munro	Southern Health
Gary	Robertson	Melbourne Health
Nicole	Shaw	Sunraysia Community Health Services
Wayne	Stagoll	Bayside Health
Chiquita	Walsh	Tallangatta Health Service

# IIS OH&S Timeline

Meeting #	Item/s for discussion
1	IIS project overview Key discussion points
2	Data Set Section 1: <ul style="list-style-type: none"> <li>• Details of Person Involved</li> <li>• Details of Person Reporting</li> </ul>
3	Data Set Section 2: <ul style="list-style-type: none"> <li>• Incident Categories</li> <li>• Contributory Factor Categories</li> </ul>
4	Data Set Section 3: <ul style="list-style-type: none"> <li>• Where and when</li> <li>• Activity at time of incident</li> <li>• Other incident details fields</li> </ul>
5	Data Set Section 4: <ul style="list-style-type: none"> <li>• Outcomes for person involved (inc severity rating)</li> <li>• Outcomes for organisation</li> </ul>
6	Data Set Section 5: <ul style="list-style-type: none"> <li>• Preventative and near miss factors</li> <li>• Actions taken to prevent reoccurrence</li> </ul>
7	Review of Draft Functional Requirements, including core reporting requirements
8	Data Set Section 6: <ul style="list-style-type: none"> <li>• Other administrative fields and linkage points to full IIS data dictionary</li> <li>• Review of full draft data set</li> </ul>
9	Contingency Meeting – Full Data Set (Inc any other outstanding matters)

September 2007 - January 2008

# Further info

- [www.health.vic.gov.au/clinrisk/iis](http://www.health.vic.gov.au/clinrisk/iis)
- Director Quality and Safety, Alison McMillan
- Program Manager, Clinical Risk, Deane Wilks
- IIS Project Manager, Danielle Whitman, 9096 8964