



17 March 2016

**OneVault**  
ENTERPRISES

OneVault Enterprises Response to Discussion paper:  
**A REVIEW OF HOSPITAL SAFETY AND QUALITY ASSURANCE IN VICTORIA**



OneVault  
**CLINICAL GOVERNANCE SOLUTIONS**  
driven by  
**PATIENT SAFETY AND QUALITY**

OneVault (OV) is a unique cloud based clinical governance software solution that enables clinicians and administrators to manage and demonstrate effective clinical governance while saving money and improving performance.

## Theme 1: Fostering continuous improvement and clinical excellence

*Fostering a culture of continuous improvement and clinical excellence in the health sector, including by engaging and empowering clinicians in reform.*

What strategies can the department implement to promote stronger improvement cultures in hospitals? Which strategies would best engage management? Which would best engage clinicians?

### CREATE MORE SIDEWAYS AND LESS UP AND DOWN COMMUNICATION by implementing a SHARED ELECTRONIC SAFETY AND QUALITY SYSTEM that:

- Removes silos and enables clinicians to connect across all hospitals and health service sites state-wide.
- Enables staff to collaborate on safety and quality work remotely and in real time.
- Supports clinicians and management alike to engage in peer and multi D teams and to support lesser resourced services.
- Supports the sharing of successful initiatives across all hospitals and health services at operational level.
- Is intuitive for clinicians to use so their time is concentrated on the clinical information rather than the administrative process.

### SHARE QUALITY IMPROVEMENT WORK AND REMOVE DUPLICATION by IMPLEMENTING A SHARED SAFETY AND QUALITY SYSTEM that:

- Enables sharing, searching and adopting of successful projects across hospitals and health services at operational level, removing disconnectedness between hospitals and other health services.
- Replaces work silos with a mechanism for clinicians to share expertise and knowledge driving engagement, reducing waste, rework and replication
- Enables staff to be more effective in their safety and quality efforts.

### SIMPLIFY SAFETY AND QUALITY SYSTEMS AND PROCESS by IMPLEMENTING A SHARED SAFETY AND QUALITY SYSTEM that:

- Streamlines process and removes unnecessary paperwork.
- Simplifies clinical governance by providing intuitive templates to support clinicians in carrying out safety and quality initiatives while removing the administrative burden.
- Utilise electronic safety and quality systems that operate on a shared platform.
- Enables clinicians to collaborate with colleagues in other organisations therefore improving outcomes, reducing time in spreading successful initiatives and enabling spread further than their immediate organisation.

## HOW CAN OneVault (OV) HELP?

**OV COLLABORATE:**  
Clinicians can collaborate on the same work at the same time from any location worldwide; Guidelines, policies, pathways, protocols, action plans, audits, risk, learnings, and more.

**OV TEMPLATES:** Intuitive templates support clinicians to apply their knowledge quickly removing the administrative burden of formatting.

**SEARCH:** Enables staff to view work completed by other OV users through a single search engine.

**OneBroadcast:** broadcast success stories, projects, trials, services, improvements from one communication portal dedicated to healthcare. Communication can be targeted at organisation level, OV members or publically on the web.

**OneBroadcast:** Feedback button provides a two-way information channel between management and clinicians.

**OneBroadcast:** Notify, inform, instruct, advertise and engage clinical staff. It's a healthcare dedicated news feed.

**OneBroadcast:** rapidly share results and new work completed with others.

## REWARD POSITIVE CONTRIBUTIONS AND PROMOTE THEIR ACHIEVEMENTS by IMPLEMENTING A SAFETY AND QUALITY SYSTEM that:

- Rewards those who make a positive contribution and promotes their achievements using a shared communication portal.
- Develops benefits for those clinicians and organisations who contribute to safety and quality initiatives.
- Promotes clinicians/organisations who identify issues, drive and spread change.

How could the Department improve the way it engages with the hospital sector? What does effective clinician engagement look like? Can it happen within existing structures, or does it require a formal model (like a clinical senate) or separately constituted body? What would such a model look like?

## ENGAGE HORIZONTALLY NOT VERTICALLY by IMPLEMENTING A SHARED SAFETY AND QUALITY SYSTEM that:

- Enables the share, spread, search and adopt of successful initiatives across health quickly and efficiently at operational level. Introducing a shared platform will remove silos and reduce disconnectedness across health.
- Enables clinicians to share their expertise and knowledge, driving engagement, reducing waste, rework and replication, and enables staff to be more effective in their safety and quality efforts.
- Provides clinicians and managers opportunity to contribute and participate as part of a broader health team supporting a better understanding of the realities faced across a variety of health sectors.
- Enables The Department to engage and communicate directly to staff at operational unit level, to leadership or the general public as required.

How can the department support more effective collaboration and information sharing within the hospital sector? What role do the clinical networks have to play here?

## CONNECT CLINICAL EXPERTS FROM WHERE THEY WORK by IMPLEMENTING A SHARED SAFETY AND QUALITY SYSTEM that:

- Is cloud based allowing clinicians to collaborate anytime from any location.
- Enables clinicians with specific expertise to collaborate and share knowledge beyond their own health services.
- Is easy to access and use thus supporting and embedding best practice.
- Utilises a single search engine where work from a variety of health organisations can be found, assessed, reviewed, edited and adopted.
- Provide instant access to expert material otherwise held in isolated systems within individual health organisations.
- Increases peer review of work driving improved quality through natural competition.
- Enables staff in hospitals and other health services to contribute news, information and ideas to each other's benefit.

## HOW CAN OneVault HELP?

**GLOBAL SEARCH:** Shared search function provides staff, with appropriate access, the option of searching for documents across all health organisations.

**ADOPT FUNCTION:** Enables staff (with author rights) to adopt documents from other OneVault organisations (with OV automatic acknowledgement and endorsement declaration stamp).

**COLLABORATE FUNCTION:** Enables staff from OneVault organisations to contribute work simultaneously, saving time and rework.

**OneBroadcast:** Communicate work completed, news, results & other articles to staff at organisation level, across all OneVault organisations or to the broader community.

**FEEDBACK FUNCTION:** Generate improvements and change based on feedback from real experiences.

**OV CLOUD:** Access to information anywhere anytime.

**CLINICAL NETWORKS:** Can be OV organisations with author rights to develop and disseminate clinical work documents state-wide.

- Has feedback mechanisms to support the loop of communication between health organisations, unit level staff, management and administrators.

ACSQHC Strategic Planning, Report of focus groups and interviews with healthcare providers, July 2014

*"constant turnover of staff made it very difficult to achieve consistency in practice, particularly given the large number of policies and procedures in place, which differ from health service to health service."*

*"Other participants felt that they did not have time to go looking for information, and even if they did, there was such an overwhelming amount of information that it was difficult to identify what was relevant, or even considered to be best practice"*

*"The building of networks and collaboration between health services and other agencies was also identified as important to improving safety and quality. Some participants felt that if stronger relationships and networks existed between health services, there would be greater opportunities to share information and to learn from one another."*

Could the department improve the way it shares performance information with hospitals?  
Is the information sufficient, relevant and meaningful?  
Should it share more information, or in different ways?  
What additional information should be shared?

#### GO TO THE GRASS ROOTS by implementing a SHARED SAFETY AND QUALITY SYSTEM that:

- Has a communication portal linked to the operational safety and quality system enabling direct publication of information from The Department to grass roots level staff. This will strengthen relationships, encourage engagement and build bridges of understanding.
- Enables publishing of clinical guidelines and other important operational information to staff without administrative delays
- Enables feedback from staff to practice and demonstrate the quality improvement process.
- Enables Audit outcomes to be published openly and in a simple to digest graphical format.
- Enables successful quality improvement Initiatives to be published openly for other organisations to implement.
- Enables learning modules to be developed by experts and shared state-wide supporting standardised training delivery.

## HOW CAN OneVault HELP?

**COLLABORATE:** Staff with appropriate access from across different health organisations can view, learn and connect using OneVault Collaborate.

**OneBroadcast:** Managers can engage and connect with staff in real time using OneBroadcast. Staff can provide feedback instantly using the Feedback Button.

**OV SMART REPORTS:** Real time reports provide relevant points of discussion between clinical staff, administrators and managers. Graphical and trended reports makes analysis of audits and mortality reviews easy and efficient.

**OV SHARED PLATFORM:** Single shared platform for safety & quality work broadens networks, provides access to expertise & encourages multi D teams.

**OneBroadcast:** A communication solution to create, and distribute information. The Department could broadcast important information to all or any health service under its authority as necessary. For example, a newly endorsed state-wide clinical guideline could be disseminated at operational level across the entire state in one simple action.

OneBroadcast can be targeted to be viewed by single or selected organisations, all OneVault organisations and/or the general public

OneBroadcast feedback button allows staff to provide feedback directly to the broadcast author.

Incident reporting systems are often considered an important improvement tool. But, done poorly, these systems can provide more hindrance than help. How can the department make the Victorian Health Incident Management System a more useful and user-friendly system?

#### REMOVE UNNECESSARY INPUTS AND MAKE IT INTUITIVE

- Ensure the incident management system is intuitive in assisting the initial reporter to enter simple, relevant and accurate information.
- The system needs to use this information to determine the level of severity.
- The level of severity should dictate the appropriate response.
- The appropriate response needs to include correct analysis methodology.
- The analysis needs to result in recommendations for action.
- The recommendations need to be part of an integrated safety and quality system, with assigned accountability, tracked and reported on.
- Lessons learnt through incident recognition and management systems need to be communicated to the staff at unit level.
- Keep it simple. Identify what really counts. And act in a timely manner.

A 'just and trusting' culture is considered essential for safety and quality in hospitals, but the risk of malpractice lawsuits may hinder openness to identifying and learning from mistakes.

Would a no-fault insurance scheme for all medical injuries fix this?

Should the Victorian Government pursue one?

Should the department strengthen the business case for safety and quality in hospitals by increasing the financial incentives for reducing complications?

What is the best way of doing this?

#### SUPPORT BEST PRACTICE NOT MALPRACTICE

- Support best practice by using experts as contributors to reduce variation.
- Implement best practice using electronic guidelines with images, video support and relevant information in PDF to help clinicians better understand and comply with best practice.
- Develop eLearning with expert contribution, target specific staff groups and use images and videos to enhance the learning experience.
- Remove administrative burden placed on clinicians by streamlining safety and quality into a single clinical governance platform and create more time for clinical practice, mentoring and consolidation of quality initiatives.
- Connect clinicians through single information portal

ACSQHC Strategic Planning, Report of focus groups and interviews with healthcare providers, July 2014

*"In trying to implement or develop safety and quality policies and protocols, many felt as though they were continually 'reinventing the wheel' or 'starting from scratch', even though they felt it was likely that another health services had gone through similar processes and had probably already implemented mechanisms or initiatives to address these issues"*

## HOW CAN OneVault HELP?

OneRec: Part of the OneRisk application, OneRec captures recommendations from Coroner's reports, RCA investigations and incident investigations, linking to automated action plans with clearly documented accountabilities and timeframes.

OneRec is part of an integrated safety and quality system where all work completed against recommendations can be linked with other associated documents across all OneVault applications: OneLearning, OneAudit, OneRisk, OneGuide and OneQuality.

OneVault plans to beta test OneRCA an electronic Root Cause Analysis tool and OneIR an electronic case review tool in the 2016 upgrade.

## GOOD CLINICAL GOVERNANCE SYSTEMS DO NOT NEED INCENTIVES

- Implementation of a safety and quality system that assists health services to better manage their clinical governance responsibilities is a practical, effective and efficient way to help reduce poor performance.

ACSQHC Strategic Planning, Report of focus groups and interviews with healthcare providers, July 2014

*" In particular, health services wanted to: · have uniformity of information across sectors (so people are getting the same messages) · share information and knowledge between health services, especially in relation to initiatives where there is evidence that these initiatives have resulted in good patient outcomes · know where to access information, or which organisation to go to if they are struggling and need assistance · have a repository of best practice examples, so that other services can leverage the good work that has already been done"*

## HOW CAN OneVault HELP?

OneVault is an integrated safety and quality system designed to help health services manage clinical governance

OneVault is an integrated system meaning that all clinical governance applications are connected. All work done on a single health topic can be linked. Associated documents can be captured and viewed from the electronic report page.

OneVault search and Adopt function enables expertise and work to be broadly utilised, wasted time in duplication and rework to be reduced, smaller organisations to gain ready access to more meaningful information, documents to be open to peer scrutiny and risk of practice variation to be reduced.

OneVault has automated action plans. Tasks can be assigned to individuals and work responsibility moved to personalised worklists to support accountability.

OneVault organisations can create reports in any combination of health specialties, health topics, selected OneVault applications or across all OneVault applications. These reports can be done in real time and support a wide range of monitoring purposes including accreditation evidence.

OneVault incorporates OneMMR. A complete tool to log, categorise, track and act upon identified areas of clinical risk associated with mortality review.

OneAudit enables organisations to create, target, collate, compare, report and share audits, with automated action plans to address areas of concern and support accountability.

OneLearning can create, connect, share, assign, manage and report on required and recommended learning.

OneGuide can produce electronic documents with supporting PDF documents, images, video and linked patient information and consumer medicine information.

How can consumer's best be engaged to stimulate improvement and clinical excellence?

### CONSUMERS ARE CONTRIBUTORS TOO

- Provide the opportunity for community groups to access a single clinical governance system.
- Enable consumer groups to collaborate and endorse information provided to patients.
- Allow consumer groups access to review and provide feedback around patient information brochures.
- Collaborate with and gain feedback from consumers in relation to service delivery.
- Enable consumers to undertake surveys and audits around their experience.
- Utilise patient stories for learning opportunities for clinicians and organisational improvement.

How can the skills and expertise of university staff be better used to improve hospital safety and quality?

### UNIVERSITIES ARE ORGANISATIONS TOO

- Any University can become a OneVault member organisation and as such their staff can collaborate on work done in other OneVault organisations if authorised.
- A shared search engine where university staff can access and view documents representing work done in health organisations provides valuable insights to drive discussion and assist understanding.
- A shared information portal enables the universities to promote, communicate news, flag events or draw attention to valuable research reports.

## HOW CAN OneVault HELP?

OV Organisations: Authorised Consumer groups can be OneVault organisations and as such can collaborate on work being undertaken or provide consumer feedback if invited.

Consumer groups who are OneVault organisations can share their news on Broadcast strengthening the connectedness between the community and their health services.

Any OneVault organisation can, promote and communicate information across their community.

OneBroadcast facilitates posts for Clinical Trials using a custom made template.

OV COLLABORATION: Enables university staff to become part of health teams where their expertise can be used to better inform and drive quality improvement.

OV GLOBAL SEARCH: Provide universities access to documents used by OneVault health organisations.

OneBroadcast can be used as a conduit for information between the OneVault Universities and OneVault health organisations. The general public could also be kept informed by information targeted to the public from both organisations if suitable.

## Theme 2: Improving hospital governance

*Improving governance of hospitals so that the public can be confident that all hospitals – big and small, public and private – are delivering safe care*

Does the department currently have the right set-up to appropriately promote safety and quality, or is a substantial reorganisation of roles and functions required? Should Victoria create an external or independent body with responsibilities for safety and quality?

As the terms of reference for this review note, 'Smaller public hospitals are not of a sufficient size to have dedicated comprehensive safety and quality teams, clinical expertise in board members and often also only have limited access to medical administration expertise.' How should the department ensure that all boards of public health services and public hospitals are capable of providing appropriate local governance of safety and quality? Is the right solution to merge smaller boards, or would more support from the department be sufficient to ensure capability gaps are filled?

How do we ensure that risk is appropriately managed so that smaller services provide safe and high quality care? Is enough being done to ensure adherence to appropriate scope of practice? How are rural workforce issues impacting safety and quality of care?

### ACCOUNTABILITY CLOSER NOT FURTHER FROM THE PATIENT

- Patient safety and the quality of care is influenced most directly by those in positions of clinical authority at operational level. Disconnected and ineffective safety and quality systems sacrifice valuable clinical time.
- Strong clinical leadership within the hospitals and health services combined with a system that supports them to readily, easily and rapidly participate, monitor, communicate and improve care are the keys to promoting safety and quality.
- Where resources and expertise are limited, efforts made to support safety and quality often fail and improvement is unlikely to be sustained. Currently information silos prevent knowledge and expertise from being shared across organisations at operational level. Systems where expert knowledge can easily be shared and work teams can be created from across multiple health organisations, provides a supportive environment from which safety and quality can expand.
- Safety and quality can be best promoted by improving networking and making safety and quality a collaboration between health services.

Clinical Excellence Commission NSW, Safer Systems Better Care, Quality Systems Assessment NSW Statewide Report 2012

*All public health organisations should continue to develop their clinical governance systems and processes through a sustained focus on communication, feedback and information – sharing across disciplines, between levels and between facilities."*

## HOW CAN OneVault HELP?

OneGuide: Clinical guidelines, protocols, pathways and patient information can be searched by a smaller health services and adopted /edited from larger better resourced health services.

OneGuide: clinical guidelines can be accessed through one portal including videos and extra supportive documents that can be opened in PDF to provide understanding, context and visual instruction to clinical staff at the patient bedside.

COLLABORATE: Experts and local clinicians can be involved as a multi D team, across multiple sites, to develop guidance documents, patient information, quality improvement projects, audit tools and elearning units harnessing both local and external expert resources. This is efficient, timely, effective and collaborative.



## REAL TIME ACCESS TO EXPERT COLLABORATION

- Implement systems that ensure smaller health services receive effective access to information, in particular, around areas of expertise that may not be readily available within their service.
- Use electronic systems with an effective shared platform to reduce isolation experienced within smaller health services.
- Create a two way communicate pathway between smaller urban health services, rural health services and larger health services.

### ACSQHC Strategic Planning, Report of focus groups and interviews with healthcare providers, July 2014

*"The building of networks and collaboration between health services and other agencies was also identified as important to improving safety and quality. Some participants felt that if stronger relationships and networks existed between health services, there would be greater opportunities to share information and to learn from one another. One participant noted the potential for different health services to work together within a region to provide services in a more consistent and standardised way. The building of networks and sharing of information and knowledge was particularly relevant to rural and remote health services, as it was noted that these services are often small, isolated due to distance and usually working with limited resources"*

### Australian Government Productivity Commission; Efficiency in Health April 2015

*Information deficiencies also drive waste. Often clinicians do not realise they are over - diagnosing patients, providing superfluous or harmful treatments, or applying valuable treatments in the wrong way. Clinical guidelines (such as 'do not do' lists) can be an effective way to promote high - value medicine, but they are often too complex, out of date, lack credibility or poorly implemented. Clinician involvement and 'buy in' is critical for getting guidelines right, both in terms of content and uptake"*

## HOW CAN OneVault HELP?

**OneLearning:** Enables standardised e-learning to be developed in a collaborative environment across health services and can be utilised to provide a consistent standard of learning for clinicians. Learning modules developed in OV are able to be accessed state-wide by other OV members.

Negate the need to purchase external elearning packages. eLearning can be developed to address areas identified as knowledge gaps, directed to targeted groups and controlled by managers.

Learning Units can be assigned to individuals and compliance tracked using a real time dashboard.

OneBroadcast can share information and enable feedback to and from staff from across health service sites enhancing the capacity of health services large and small to support one another.

## MORBIDITY AND MORTALITY - MORE THAN JUST A REVIEW

- Morbidity and Mortality review (MMR) is a core requirement of clinical governance supported by an established process.
- By utilising an application where MMR analysis is systematic, analytic and actions are documented, tracked and assigned, hospitals large and small can be more assured their clinical governance processes are robust.
- MMR conducted in smaller hospitals can be made more robust by support of external team members from larger organisations, safety and quality experts or risk managers.
- Automated action plans support accountability and can be used to monitor effectiveness.

## RECOMMENDATIONS – LOST BETWEEN THE CRACKS

- Clinical risk is also increased where health organisations fail to implement recommendations stemming from Coroners reports, Accreditation, RCA investigations or external consultant reviews. This is no less true for larger or smaller health services.

## A RISK REGISTER CLINICIANS CAN ACTUALLY UNDERSTAND

- Risk Registers used in health organisations are, in the main, designed for administrators/Risk Managers and not for clinicians.
- Implementation of a risk management system that is intuitive to use, with guidance text to support clinicians with simple functionality.

ACSQHC Strategic Planning, Report of focus groups and interviews with healthcare providers, July 2014

*“A number of participants also noted the importance of ensuring that any new information systems or technologies implemented were user-friendly and intuitive, so as to not add to the workload of an already overwhelmed workforce”*

## HOW CAN OneVault HELP?

OneMMR is a comprehensive tool to log, track and report on mortality reviewed.

All deaths logged are allocated a death category and the information is presented in graphical and trended format for analysis with OneClick.

OneMMR presents automated reports for Clinical Governance / Safety and Quality reporting.

OneMMR runs reports by category as well as primary and secondary contributing factors.

OneRec is a tool to support the tracking of recommendations for action by health organisations.

OneRisk features a risk register that is simple and user friendly. OneRisk supports accountability.

Risks can be allocated, accessed and updated by those allocated responsibilities.

OneRisk, OneMMR and OneRec all have automated action plan functionality.

Actions can be allocated to individuals and controlled by that individual through work lists.

OneVault is intuitive and designed to help clinicians.

## Theme 3: Strengthening oversight of safety and clinical governance.

*Strengthening oversight of both safety issues and clinical governance by the department, so that warning signs are detected and acted upon in a timely manner*

Is the department's current monitoring of safety and quality sufficient to ensure that hospitals are continuously monitoring and improving safety and quality of care?

Could it be doing more, or performing its current role more effectively?

How might systems be improved to achieve contemporary best practice, as seen within other jurisdictions and internationally?

Does the department's monitoring of hospitals appropriately balance safety and quality of care with other broad objectives such as access goals and financial issues?

Monitoring of safety and quality of care should be paramount with financial, access and other goals being analysed in juxtaposition.

Standardised KPI sets for; governance, ID and hospital acquired infection rates, blood and blood product management, medication errors causing harm,

### INFORMATION OVERLOAD

- There is an overload of information for clinicians to decipher including a variety of individual hospitals and government agencies, colleges, associations, expert panels, the list is as endless as the internet. Some hospitals have very comprehensive systems to capture their best practice information for guidelines while others have very little. Even in the more resourced health services, these best practice guidelines may differ from one hospital to another. One hospital may have twice the number of guidelines as another of the same size. Some clinicians use the guidelines from their previous hospital because they like that one better. This is a real problem.

### COMPLIANCE VS DOCUMENT QUALITY

- The usability of the document, not only the content, influences the level of compliance.
- Clinical guidelines are written in a variety of formats and styles ranging from documentaries to a single A4 page. Yet, the health services expect their clinical staff to be compliant with best practice. This not compatible.
- Use a good standardised template for all documents. One that is easy to use.
- Use an electronic format that enables clinicians to open inserted supportive documents.
- Enable the addition of videos. Visual demonstrations of the procedure and how it should be done.
- Link the endorsed patient information pertaining to the procedure or guideline.
- Add a section on equipment with PDF upload so clinical staff can read the manufacturer's instructions

### HOW CAN OneVault HELP?

OneGuide create template is practical, easy to use, includes image upload, tabulated format, is video upload ready and includes patient information and consumer medicine information.

OneGuide has contributor functionality. Many can work on the same document from different organisations simultaneously.

OneGuide is designed to improve compliance with guidance documents. Supportive relevant information can be uploaded to enhance the effectiveness of guidelines.

OneVault Adopt function allows current documents to be edited, endorsed and reused by many organisations with acknowledgement given to the author hospital or health service.

## DEVELOP DOCUMENTS OF HIGH QUALITY ...THEN SHARE

- Enable contribution to document development by using a shared safety and quality platform, create a high quality document with supportive video and share across all organisations.

Knowing about problems isn't enough; the department must also act on information.

What strategies would optimise the department's capacity to respond to performance data?

How can information flows within the department be improved to stimulate timely and appropriate response to information?

What should the department have in place to assure itself and the community that robust monitoring of safety and quality, including benchmarking, is in place and working at the hospital and health service level? This could include strengthening its role in monitoring clinical governance at health services, and further developing the performance management framework to monitor clinical safety and quality in local health services.

## REPORTS NEED TO BE INFORMATIVE AND TIMELY

- Implement a common clinical governance system across all hospitals and health services that can provide the Department with a range of comprehensive reports.
- Place safety and quality as a higher priority. The inclination of health care organisations is to focus on fiscal priorities and safety and quality at times of accreditation.
- Enable a culture where safety and quality is part of day to day management by implementing a smart system to manage safety and quality work at operational level.
- Enable the hospitals and health services to create and run safety and quality reports relating to health topics of identified highest priority in the context of their service and risk register reports against extreme and high clinical risks.
- Implement a system where documents can be directly opened and viewed from electronic reporting format.
- Implement a system where reports will identify all work done against any one health topic.

## HOW CAN OneVault HELP?

OneVault can create reports in any combination of health topics, health specialties or OneVault applications.

OneVault can run Accreditation reports to comply with the National Safety and Quality Healthcare Standards

OneVault captures governance information as work is being saved so reports are accurate in real time.

OneVault electronic reporting from any or all of the OneVault applications enables opening and viewing of associated documents across all applications direct from the reporting page. See the work not just the title.

OneLearning: Dashboard interface enables real time monitoring of mandatory learning by managers.

OneAudit: Produce OneClick comparison reports across multiple audit events.

## Theme 4: Advancing transparency

*Advancing transparency within the health sector, so that communities can verify that their local hospital is rapidly identifying and rectifying important defects in care when they arise.*

What role should clinicians, hospitals and colleges have in public reporting?

Should they be leading the charge and publishing their own data?

### TIMELY, MEANINGFUL AND LOCAL

- Transparency can be improved by using a communication portal to which hospitals and health services can contribute from an operational level.
- Clinicians, hospitals and colleges should be “leading the charge”. The work done at operational level is what actually determines the quality of care the public receive when they use the service.

## HOW CAN OneVault HELP?

OneBroadcast captures information for broadcast at site level for local information, at OneVault organisations level to share with member organisations or public to share with the broad community.

OneBroadcast articles can be deactivated and reactivated at different time periods.

OneBroadcast also enables clinical trial information through the Clinical Trials publication template.

All work completed, endorsed and saved into the OneVault system prompts an opportunity for authors to immediately publicise through OneBroadcast.

Feedback mechanisms are in place at site level only

The OneVault Directors would welcome an opportunity to discuss how OneVault could be utilised to improve safety and quality and clinical governance management.

For more information about OneVault please email us on [support@onevault.net.au](mailto:support@onevault.net.au)  
Visit our website at [onevault.net.au](http://onevault.net.au)  
Twitter | Facebook

# OneVault Features

## INTEGRATED

OneVault applications are integrated and work completed in OneGuide | OneRisk | OneQuality | OneLearning | OneAudit | OneBroadcast can be linked to demonstrate all work undertaken around a specific health topic.

### Example of integration - Department Falls Report

- A list of all work done, from all sites, across all OneVault applications under the health topic "falls" will be listed. Furthermore, against the list of Titles, any linked "associated" work across any of the OneVault applications will be represented by icons and can be opened as a PDF directly off the report page.
- These may include: associated Falls QI Project, New Falls Guideline, Falls audit or Falls eLearning.
- Associated documents can also be found by OneVault Global search.

## SHARE

OneVault is built on a shared platform so information can be viewed and adopted between sites or organisations.

### Example of Share - Department Falls Clinical Guideline in Community Health Services

- A new guideline is created, saved and shared in OneVault. The document is then accessible through OneVault Global Search across all sites and OneVault member organisations. Community services access the guideline on search and so can adopt the guideline. Community services can make context changes, endorse and save to OneVault at site level. This enables access to unit level clinicians. These documents are saved in OneVault and further shared to the OneVault member community. The same principle can be applied to any OneVault application.

## ADOPT

Information can be adopted from one OneVault organisation to another. Edit and Author acknowledgement is automated. Endorsement is secured via declaration authorisation function.

### Example of Adopt - Obstetric Falls QI promoted by the Department

- A quality improvement activity for falls has been developed by an obstetric unit in a rural hospital and saved in OneVault.
- The Department, after viewing the falls report, notices the successful project and wishes to promote the work further.
- The QI initiative is promoted on OneBroadcast where other Obstetric services view the QI Summary and Adopt the QI initiative into their hospital.
- Another OneVault site updates their Obstetric Falls Guideline to incorporate the improved practice. This is saved, shared and adopted by other OneVault organisations.

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## COLLABORATE

People can connect and contribute to work being done at the same time from different places.

### Example – Collaborating on a State Guideline developed and distributed

- A clinical guideline needs updating to reflect a change of practice. The Department selects a group of clinical experts and designates a lead. The lead initiates the guideline and adds other clinical experts as “Contributors” to collaborate on the document.
- The document will appear on the contributor's worklist in draft for editing anytime.
- Each contributor can access the document remotely from their place of work.
- Each contributor can see progress made by others at anytime from anywhere.
- When the document is complete, the lead takes responsibility for the endorsement declaration.
- The Guideline is saved and shared in OneVault and on OneBroadcast and is immediately accessible to all sites.

## MORTALITY REVIEW DATABASE

Mortality and morbidity reviews can be logged, tracked, reported and actioned.

### Example - Mortality Reports and Action plans tracked

- The Department can run MMR reports for category 4 and 5 deaths across all sites showing primary and secondary contributing factors. A list of all improvements being actioned against the mortality review findings is listed.
- The Department report indicates that a particular health service has an increase of category 4 and 5 deaths over the past 12 months. The action plan is incomplete and no actions have been entered for the last 6 months.
- The Department arranges for additional expert assistance from a larger health service using OneVault collaboration function to support the health service address their MMR responsibilities.

## RECOMMENDATIONS

Recommendations can be managed and actioned.

### Example - Implementation of Recommendations from External Review

- The Department has sponsored an external independent review into the intensive care services of a community sized hospital.
- There are 8 recommendations arising to improve patient safety as a result of the review.
- The Department runs OneRec reports regularly to monitor recommendation compliance across all sites.
- The OneRec report indicates that 12 months after review, only 4 recommendations have been implemented from the ICU review.
- The OneRec action plan relating to the ICU review is incomplete.
- The Department contacts those responsible against each incomplete action. Additional resources are provided temporarily to ensure recommendations are implemented.

## SEARCH and REPORT

Find information, create and run real time reports from any combination of OneVault applications, Health Specialties, Health Topics, sites or organisations.

### Example of Search and Report

- The Department wishes to create a state-wide audit tool for clinical handover.
- The Department searches then OneAudit application, across all OneVault organisations filtered by the Health Topic “clinical handover and communication”
- The Department finds a comprehensive audit tool developed by another OneVault organisation.
- The Department adopts the audit tool, edits to reflect State context, adds a staff survey and saves to OneVault.
- The audit tool is now available for use across all sites, standardising audit processes.
- The Department can run a report across all sites, OneAudit application, Health Topic “clinical handover and communication” to view those sites using the audit tool and results.

## ONEBROADCAST

Broadcast news and clinical trials to 3 target audiences; your own site/organisation | all OneVault organisations | the public.

### OneBroadcast Staff Survey Example

- The Department would like to conduct a staff survey.
- The survey is created in OneAudit and saved in OneVault. The survey can be launched immediately from OneAudit to OneBroadcast or can be deactivated to be started at another date.
- Staff can click through from OneBroadcast to OneAudit to complete the survey from the article page.
- The survey can be rerun and the Broadcast article activated and deactivated anytime.
- The results from the survey can be communicated on OneBroadcast and staff can provide feedback to the author using the feedback button.
- All OneVault applications have a direct publish link to OneBroadcast when work is saved as active.

## ACCREDITATION

Real time accreditation reporting without downtime for preparation.

Health organisations at any level can provide evidence for accreditation by utilising the OneVault report function.

### Organisational Wide Survey

- The Department wishes to view the preparedness of a Health service for Organisational Wide Survey.
- A report is created and run for the identified health service across all OneVault applications and against Health Topics aligned with the National Safety and Quality Health Service Standards.
- This report will provide evidence to support compliance to the National Accreditation Program.
- Access to the electronic format can be provided to surveyors on site.
- PDF documents can be created and sent electronically on request.

## ACCOUNTABILITY

OneVault members have access to their own worklists. Work responsibilities for actions, risks and collaboration will appear on the "My" lists. Work due for review will also reappear for action.

### Example – Managing Accountability on Work lists and Action plans

- A Department Director wishes to run a OneMMR Mortality Review report across their areas of accountability for Category 4 and 5 action plans.
- The report lists all action plans down to service level that have actions against Category 4 & 5 Deaths. The Action Plans are listed on the relevant staff "My Worklist" page and any overdue actions are highlighted in red for easy identification.
- The Director reviews the action plans and finds a number of actions are outstanding past their due date.
- The Department Director is able to follow up with their staff accountable for completing the actions and provide assistance and support to ensure the actions are completed as required.

## ELECTRONIC GUIDES

Electronic format, tabulated view, PDF inserts, images, video able and linked to patient information

### Example of Electronic Guides - Falls Guideline

- The Department wishes to create a guideline, Preventing Falls after Childbirth
- The guideline is developed by a major hospital using the collaboration function to include rural and smaller urban hospitals.
- Funding is provided to the major hospital to develop a video to accompany the new guideline.
- The Adopted QI regarding Falls in Obstetric units is added as a OneVault Associated document.
- An accompanying audit tool is also developed, saved and shared and is adopted by other OneVault member organisations.
- PDF supportive information from RANZCOG is uploaded and can be readily opened and viewed by clinicians.
- Guideline is endorsed, saved and shared and accessible in TabView
- Clinical staff can open the guideline electronically, print each page off individually, view the video, and read the supportive documents from one access point. eLearning can also be linked if required.
- On save, the Guideline can be immediately published on OneBroadcast where staff can link through to the new document to view.