VCOR
VICTORIAN CARDIAC OUTCOMES REGISTRY

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Communications Policy

Version 2.0
1 December 2016

MONASH University

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Document Version Control

Version	Date	Reason/Comments/Approvals
1.0	26-Feb-2014	Initial Version Release. Approved by the VCOR Steering Committee on 11-Mar-2013
1.1	12-Aug-2015	Updates made to the VCOR project team, committees and sites involved.
2.0	1-DEC-2016	Updated section 2.1 and 2.2. Minor updates throughout report. Updated project Team, sites and meeting dates. Approved by the VCOR Steering Committee on 7-FEB-2017.

1. Preface

The following policy defines how the Victorian Cardiac Outcomes Registry (VCOR) communicates project information and relevant data with internal and external stakeholders. This policy includes the activities to inform and train stakeholders about VCOR, project process and ongoing project outcomes.

This Communications Plan facilitates the VCOR project management cycle and monitoring of project progress to ensure that all stakeholders are adequately informed about the project. This document addresses the following:

- VCOR Communication objectives
- VCOR Communication audiences
- Communication tools
- Timing and frequency of communication methods
- Responsibilities of communication tasks
- Communication quality

It is important that all stakeholders support the project and represent it professionally and positively.

VCOR is a unique model for clinical quality registries and, as such, requires a carefully considered promotional and communication plan to ensure maximum buy-in and support for the registry.

2. Project Information

2.1 Purpose of VCOR

The purpose of the VCOR is to improve the safety and quality of health care provided to patients with cardiovascular disease. Key clinical information from individual healthcare encounters is collected that allows for risk-adjustment of outcomes to facilitate benchmarking of performance and quality improvement in the delivery of health care services. VCOR monitors the safety and quality of care given to patients with cardiovascular disease undergoing specific cardiac procedures or with specific cardiac conditions. Selected risk-adjusted outcomes are reported back to stakeholders. This has been achieved by undertaking a Victoria-wide clinical quality registry: a proven mechanism for data analysis, reporting and benchmarking quality in the provision of health services.

2.2 Project Overview

Monash University in conjunction with the Cardiac Clinical Network and funding from the Victorian Department of Health and Human Services have developed and maintain a secure, online data collection tool and data storage mechanism for analysis and reporting. The success of relevant treatments and procedures performed on patients presenting in Victorian hospitals with cardiovascular symptoms is assessed and reported. This is achieved by capturing data about patient demographics; symptoms; clinical presentation and diagnosis; treatments they receive and related clinical outcomes.

VCOR is designed to collect a minimised, standard set of information from all patients undergoing specific cardiac procedures or treatments at participating hospital sites. The data is gathered using predetermined procedures and standardised definitions and includes collecting patients' identifying information, presenting and treatment details and related clinical outcomes. Data will be collected at baseline (time of presentation for procedure), 30 days potentially and 12 months, with the additional potential for ongoing annual follow up in the future. Data will be captured electronically in an online data entry system.

Data is stored securely within Monash University servers and retained indefinitely. The project conforms to national operating principles for clinical quality registries (CQRs) as set out by the Australian Commission on Safety and Quality in Health Care (ACSQHC). As such, the governance of the registry is in keeping with these principles. All project matters are governed by the VCOR Steering Committee (SC) by way of liaison with two subcommittees: The Clinical Quality Committee (CQC); and the Data Access, Research & Publications Committee (DRP). Monash University's Centre for Cardiovascular Research and Education in Therapeutics (CCRET) will act as the coordinating data management centre, answering to the Steering Committee. A Clinical Director has been appointed.

Monash University, ESolutions, under the guidance of CCRET is responsible for developing and maintaining the data entry system. CCREGT is responsible for performing data quality controls, and reports for providing structured feedback to participating sites. Feed-back is provided quarterly to each participating hospital. Emphasis is on performance relative to other hospitals and performance over continuous reporting periods. An annual report will continue to be published yearly.

All hospital data remains the property of that institution. All collective registry data and data management systems are under the custodianship of Monash University.

3 VCOR Communication Objectives

- To strengthen the relationship between the core Project Team and project supporters (i.e. participating sites and other interested parties) and promote confidence in VCOR
- To provide existing stakeholders with information about activities and outcomes of meetings and project discussions
- To assure project quality by way of an open and transparent decision making processes
- To advise appropriate personnel of project decisions in a timely manner
- To maintain a public profile within relevant cardiology and general public communities, promoting VCOR as a leading 'brand' in clinical quality registries
- To engage and enrol eligible sites that are yet to endorse and/or participate in the project
- To invite feedback and contribution(s) from relevant experts to stimulate process improvement
- To develop linkages with relevant government and private sector bodies that can endorse VCOR findings and promote policy/infrastructure changes identified by the VCOR peer review process

4 VCOR Stakeholders

4.1 VCOR Project Team

Name	Affiliation	Project Role
Prof Chris Reid	Monash University, CCRET	Coordinating Principal Investigator, Data Custodian
Ms Angela Brennan	Monash University, CCRET	Principal Investigator Program Manager
Dr Diem Dinh	Monash University, CCRET	Project Manager Research Fellow
A/Prof Jeffrey Lefkovits	VCOR Clinical Director	Principal Investigator Chair, VCOR Committees
Dr Dion Stub	VCOR Clinical Liaison (STEMI)	Liaison between sites and STEMI project stakeholders
Ms Rita Brien	Monash University, CCRET	Project Team
Ms Harriet Carruthers	Monash University, CCRET	Project Team
Mrs Janine Doyle	Monash University, CCRET	Project Team

4.2 Primary Stakeholders

Organisation / Individual Stakeholders	Contact Person	Role
Monash University, SPHPM	Prof John McNeil	Principal Investigator / Advisory (Strategic Direction)
Victorian Cardiac Clinical Network	Dr Arthur Nasis	Co-Chair, VCCN
Victorian Cardiac Clinical Network	Dr Peter Bergin	Co-Chair, VCCN
Victorian Department of Health & Human Services	Ms Eileen Thompson	Project Funder Representative
VCOR Steering Committee	VCOR Secretariat	Strategic direction
VCOR Clinical Quality Committee	VCOR Secretariat	Review of clinical quality data direction
VCOR Data Access, Research and Publications Committee	VCOR Secretariat	Manage requests for data linkage and research and review reports and publications
Hospital Executives & Quality Managers	See below for site details	Engagement for participation and resource allocation Research Agreements
Site Principal Investigators	See below for site details	Oversee local project activity
Site Data Managers	See below for site details	Undertake local project tasks
Participating Cardiologists	n/a	Access reports and VCOR data

4.2.1 Participating Sites (PCI module)

Site	Organisation	Principal Investigator
Alfred Hospital, The	Alfred Health	Dr Stephen Duffy
Austin Hospital	Austin Health	Dr David Clark
Ballarat Base Hospital	Ballarat Health Services	A/Prof Ernesto Oqueli
Bendigo Hospital	Bendigo Health Care Group	Dr Voltaire Nadurata
Box Hill Hospital	Eastern Health	A/Prof Gishel New
Cabrini Hospital Malvern	Cabrini Health Australia	A/Prof Jeff Lefkovits
Epworth Hospital Richmond	Epworth Healthcare	A/Prof Ron Dick
Epworth Hospital Eastern	Epworth Healthcare	A/Prof Ron Dick
Epworth Hospital Geelong	Epworth Healthcare	A/Prof Ron Dick
Frankston Hospital	Peninsula Health	Dr Geoff Toogood
Footscray Hospital	Western Health	A/Prof Nicholas Cox
Geelong Private Hospital	Healthscope	A/Prof John Amerena
Jessie McPherson Private Hospital	Jessie McPherson Private Hospital	Prof Ian Meredith
Knox Private Hospital	Healthscope	Dr Michael Rowe
Linacre Private Hospital	Ramsay Health Care	TBC
Melbourne Private Hospital	Healthscope	Dr Roderic Warren
MonashHeart	Monash Health	Prof Ian Meredith
Northern Hospital, The	Northern Health	A/Prof William van Gaal
Peninsula Private Hospital	Ramsay Health Care	TBA
Royal Melbourne Hospital, The	Melbourne Health	A/Prof Leeanne Grigg
St John of God Hospital (Ballarat)	St John of God Healthcare	Dr Chris Hengel
St John of God Hospital (Bendigo)	St John of God Healthcare	Dr Nimalan Nadarajah
St John of God Hospital (Geelong)	St John of God Healthcare	Dr Martin Sebastian
St Vincent's Private Hospital	St Vincents & Mercy Private	A/Prof Jack Gutman
St Vincent's Hospital (Melb)	St Vincents Health Melbourne	A/Prof Andrew MacIsaac
Sunshine Hospital	Western Health	A/Prof Nicholas Cox
University Hospital, Geelong	Barwon Health	Dr Chin Hiew
Valley Private, The	Healthe Care	Dr Jodie-Ann Senior
Warringal Private Hospital	Ramsay Health Care	Dr Mark Horrigan
Western Private Hospital	Western Private	Dr Deepak Haikerwal

4.2.2 Participating Sites (STEMI module)

Site	Organisation	Principal Investigator
Albury Wodonga Health	Albury Wodonga Health	Dr Franz Eversheim
Bendigo Hospital	Bendigo Health Care Group	Dr Voltaire Nadurata
Central Gippsland Health Service (Sale)	Central Gippsland Health Service (CGHS)	Dr Howard Connor & Ms Jenny Dennett
Goulburn Valley Health (Shepparton)	Goulburn Valley Health	Dr Tunde Ibrahim
Mildura Base Hospital	Ramsay Health Care	Dr Mark Wadsworth
Northeast Health Wangaratta	Northeast Health Wangaratta (NHW)	Dr Robert Krones
Latrobe Regional Hospital (Traralgon)	Latrobe Regional Hospital	Dr Alistair Wright & Dr Tony Chan
West Gippsland Hospital (Warragul)	West Gippsland Healthcare Group	Dr Brett Forge
Wimmera Base Hospital	Wimmera Health Care Group	Dr Sanath Weerakkody

4.3 Secondary Stakeholders

Organisation	Contact Person	Role
Non-engaged Hospital Sites	CEO/CMO Head, Cardiology Unit	Potential VCOR Participant
Private Healthcare Insurers	CEO Relevant Departments	Mandate Participation Funding support
Cardiology Community (e.g. CSANZ, National Heart Foundation)	President Local Victorian contacts	
Government Agencies -Victorian Department of Health -AHMAC -NHMRC -ACSQHC	Health Ministers Cardiac Clinical Network Local contacts	Policy change Mandate participation Funding Support Quality management advice and advocacy
Other registries	n/a	Data linkages
Patients - Individual Participants - Consumer Health Forum	n/a	Participants in registry

5 Communication tools

	Progress Reports to Funders	Project Reports	Peer Review Results	Data Reports	Project Newsletter	Website	Brochure	Patient information Statement	Training & Workshops	Project Meetings	Committee Meetings	Word of Mouth	Media Outlets	Seminars, Conferences or Forums	Journal Articles	HREC Reports
Project Team										X	X	X		X		
Funders	X	X			X											
VCOR Committees & Clinical DIrector			X	X	X					X	X	X				
Hospital Executives		X	X	X	X											
Principal Investigators		X	X	X	X				X		X	X		X		
Data Managers					X				X			X				
Participating Cardiologists		X		X	X				X					X		
Non-engaged sites & Health professionals					X	X	X					X	X		X	
Government Agencies		X			X									X	X	
HRECs & Research Governance Committees																X
Cardiology Community (via CSANZ)					X	X	X							X	X	
Patients						X	X	X				X				
General Public		X				X	X						X		X	

6 Timing and frequency of communication methods

6.1 Progress Reports to Funders

As per agreements Ongoing

Specific project milestones are outlined in contractual agreements between Monash University and project funders. These milestones are divided into agreed periods and progress towards these milestones should be tracked in an ongoing manner.

6.2 Data Reports

Quarterly (PCI) / Biannually (STEMI) / Project-based (Heart Failure) Ongoing

Data reporting policies will contining to be developed. Feedback from sites and committee members is driving the structure of these reports. De-identified summary reports areproduced quarterly and presented to sites after review for the VCOR CQC and SC. Clinically meaningful data is reported back to sites and allows for comparison across the cohort.

Clearly defined key performance indicators (based on patient outcomes) are reported. KPI reports are risk-adjusted and presented in funnel plot analyses that explore whether a site is performing within an acceptable range.

Site specific data reports are provided to Principal Investigators and appropriate Department Heads at participating VCOR sites.

6.3 Project Reports

Annually Ongoing

Annual, de-identified reports are made available to funders, participating sites, clinicians and the general public on an annual basis. These reports reflect on the findings from the previous year. These reports incorporate feedback received on quarterly reports, and past Annual Reports.

6.4 Clinical Variance Communications

Quarterly & Annually (PCI) Ongoing

Where discrepancies in KPI performance are identified at participating sites, the Principal Investigator is notified of this outcome in a letter. Sites will be encouraged to review data management activities at their site to ensure that any identified outliers have not been raised in error. The CQC (or nominated delegate) invite the site to report their findings back to the committee (as per the VCOR Clinical Quality Reporting & Communication of Variance Policy). Any discrepancies or areas of concern are escalated to the Steering Committee for review and guidance. Please refer to the *VCOR Clinical Quality Reporting and Communication of Variance Policy* for more information.

This *Peer Review* process will commence approximately 90 days following the initial collection of data and continue on a quarterly cycle with overarching annual project reports to be developed (see above). It is important to note, however, that KPI reporting must be statistically significant and the data risk adjusted before reviewing and reporting ‘out-of-bound’ results with any confidence.

6.5 Project Newsletter

Quarterly Commenced November 2012

The project newsletter has been designed to keep all identified stakeholders up to date with VCOR progress. The newsletter acts as a promotional tool, reporting achievements and strategic developments/anecdotal ‘news’. Recipients of this newsletter include: participating sites (Executives, CEO, data manager and other identified contacts); potential VCOR participants (e.g. non-engaged PCI sites); members of specific organisation with an interest in VCOR such as the Cardiac Society of Australia and New Zealand, The National Heart foundation, etc., Government agencies, etc. A contact list has been created by the project team and recipients will have an option to opt out of the newsletters.

6.6 Website

Ongoing Commenced January 2012

The VCOR website is a major point of contact for a variety of consumers, health professionals and academic parties. It houses information about VCOR, the project objectives and activities, VCOR policies, annual reports, and link to the registry login page. The website has been separated into specific sections: Health professionals, Consumers, Research and Contact information. The website is updated regularly as reports and newsletters are distributed.

Regular maintenance of the website is critical as information about project progress must be kept up to date. The website is reviewed and updated at least once every quarter.

6.7 Brochure

Updated December 2016

Similar to the website, a brochure has been developed to provide general information about the project to any interested party. The brochure acts as a promotional tool and can be provided upon request.. The brochure will be available in electronic format from the website. It provides general information about VCOR, the project aims, information collection and storage, use of data, data security, access to the data, contact details for more information.

6.8 Patient information Statement

Ongoing

The patient information statement is a document that is provided to VCOR participants. It provides a vehicle to inform patients about the project, the collection of their data and their rights to withdraw their consent to have their data collected. As a Human Research Ethics Committee requirement, every eligible patient at all sites receives one of these. This document has been made available in 15 different languages including: English; Vietnamese; Italian; Mandarin; Cantonese; Greek; Arabic; Russian; Polish; Croatian; Macedonian; Turkish; Spanish; Farsi; and Serbian. Relevant languages have been provided to each site, as requested.

6.9 Training & Workshops

Ongoing as required

Training is provided to participating site staff directly involved in day to day VCOR data collection and reporting activities (Principal Investigators, Data Managers, Data Collectors and Report Managers, namely). Each site is trained in VCOR Operations once full HREC and Governance approval has been granted. No data collection can commence at a site before training has been completed.

These sessions are run on site at Monash and/or offsite. They can involve multiple sites at one time.

6.10 Project Meetings

Various meeting intervals

Core project team members at Monash meet at least fortnightly to discuss project progress, development planning, and identify and address setbacks or challenges promptly. It is appropriate where face to face meetings are not always possible, that internal communications may occur via email/phone.

6.11 Committee Meetings

Quarterly Commenced in January 2012

The current Governance Terms of Reference indicate that VCOR committees must meet quarterly.

The Steering Committee meets to discuss the strategic direction of the project and to address any clinical concerns or issues. The Steering Committee comprises stakeholders from public and private sectors, the VCOR funders, Principal Investigators and the project Clinical Liaison.

Similarly, the Clinical Quality Committee meets to review the quarterly clinical quality reports prior to presentation to the steering committee. They also address any clinical questions or concerns raised by the Registry. This committee comprises clinicians from public and private sectors, epidemiologists, statisticians, representatives of the Principal Investigators and the project Clinical Director.

The VCOR Data Access, Research and Publications (DRP) committee convened on 21 October 2014. The DRP committee is responsible for defining and reviewing policies relating to data access and publications and also meets quarterly.

6.12 Media Outlets

Ad Hoc

Media outlets are employed on an ad hoc basis, to promote major achievements, significant events, etc. This will be a method for positively branding VCOR in the clinical and general communities. For example, in October of 2014 The VCOR Launch took place. VCORs inaugural Annual report was launched by the Minister for Health. The Launch was advertised as a press release to promote the project and note the first annual report.

6.13 Conferences, Forums Journal Articles

Ad Hoc

VCOR participates in conference presentations, journal publications and other seminars and forums at the discretion of the Data Access, Research & Publications committee (under guidance of the Steering Committee) in line with relevant policies that are currently under development and require approval. The first conference presentations occurred at the CSANZ conference held around August/September of 2013.

6.14 HREC Reports & Amendments

Annually

It is a requirement for site HRECs and Governance committees to provide annual reports about research activity. This will occur as required. Any project amendments are submitted for review on an ad hoc basis, as required.

7 Responsibilities for Communications

Report Type	Responsibility							
	CPI & PIs	Project Managers	Project Staff	Development Team	Steering C'mtee	Data Access, Research & Publications C'mtee	Clinical Quality C'mtee	Statistician
Progress Reports to Funders	X	X						
Project Reports		X	X		X			
Data Reports		X	X			X		X
Project Newsletter		X	X					
Website		X	X	X				
Brochure		X	X					
Patient information Statement			X					
Training & Workshops		X	X					
Project Meetings			X					
Committee Meetings					X	X	X	
Word of Mouth	X	X	X					
Media Outlets			X		X			
Seminars, Conferences or Forums					X	X		
Journal Articles					X	X		
HREC Reports & Amendments			X					

8 Communication quality

To ensure quality in communication, the clarity, tone appeal and credibility and openness of each document needs to be tailored to the intended audience. The following subsections refer specifically to the VCOR vision and how the project should be represented.

8.1 Clarity

Communication from the project must clearly convey information to create an environment for the target audience to understand the content. This is achieved by minimising bureaucratic and technical terms in communications.

8.2 Consistency

Messages across all documents and communication methods, irrespective of audience, must be consistent. Consistency of message, language and method, will engage audiences while inconsistencies may lose them. Similarly, the design of all documents and publications should have a consistent and recognisable, professional design. All new documents and messages need to build upon previous information and should be considered when writing any new communications.

8.3 Tone and Appeal

It is important to engage a reassuring and affirmative tone in all documentation. The clinical quality registry 'industry' is still a developing field, and can generate suspicion among unfamiliar audiences. Similarly, the cardiology field is relatively political and this needs to be reflected in the language and tones used when engaging stakeholders. Knowing the expected response before writing documentation will help set the tone. Messages should always be truthful and delivered with appropriate voice.

8.4 Necessity

It is important not to 'overload' stakeholders with unnecessary and potentially unwarranted 'updates'.

Trickling information through to stakeholders, as it happens, can become tiresome for the recipient and important messages can be ignore if they are deemed 'spam'. As such, it is important to stick to guidelines and timelines for communications. Messages outside the outlined schedule for newsletters, communications and/or meeting schedules are obviously necessary at times, however, need to be carefully considered.