



Incorporating The Alfred, Caulfield Hospital and Sandringham Hospital

# **Community Participation Plan 2010**

## **PROGRESS REPORT January to November 2010**

# Alfred Health Community Participation Plan 2010

## Annual Progress Report - January to November 2010

The *Community Participation Plan 2010* is an organisational plan consistent with the *2006 – 2010 Strategic Plan* and informed by and aligned with the *Quality & Business Improvement Plan 2009 – 2010*. The plan is separated into two sections: an action plan and a quality improvement plan.

Progress on the implementation of the Community Participation Plan is reported bi-annually to the Executive Committee and the Community Advisory Committee and annually to the Department of Health.

<b>Green</b>	<b>Achieved</b>
<b>Amber</b>	<b>Work has commenced but desired outcome not yet achieved. Satisfactory progress is being made</b>
<b>Red</b>	<b>Not yet achieved</b>

## Section 1: Community Participation Action Plan 2010

Measure of success	Progress	Status
Key Result Area: The organisation actively contributes to building the capacity of staff, consumers, carers and community members to participate fully and effectively		
Community participation model, plan and policies and the cultural responsiveness plan and disability action plan are available to all staff	<ul style="list-style-type: none"> <li>• The 2010 Community Participation Plan and Community Participation Model were published on the intranet and internet in March.</li> <li>• The Cultural Responsiveness Plan is incorporated as part of the 2010 – 2013 Community Participation Plan and will be sent to the Department of Health and published on the Alfred Health website by 30 November 2010. Culturally and linguistically diverse consumers were involved in the development of the plan. Staff will be informed about the plan via the weekly information pack, the staff newsletter, orientation and training.</li> <li>• The Disability Action Plan is incorporated as part of the 2010 – 2013 Community Participation Plan and will be sent to the Department of Health and published on the Alfred Health website by 30 November 2010. The Disability Action Plan will also be published on the Australian Human Rights Commission website. Staff will be informed about the plan via the weekly information pack, the staff newsletter, orientation and training.</li> <li>• Alfred Health has a Community Participation Policy, a Payment for Community Participation Activities Policy, Community Participation on Committees Guidelines and a Community Advisory Committee Development Support Policy. These policies are published on the intranet and links to them were added to the community participation intranet page in March 2010. This change was promoted to staff via the staff weekly information pack and staff newsletters.</li> </ul>	<b>Green</b>
Participation is evaluated and monitored across the organisation and is reported on to the community and the Department of Health	<ul style="list-style-type: none"> <li>• The program reporting framework continues to be implemented via the Community Advisory Committee (CAC) and Cultural Diversity Committee*:               <ul style="list-style-type: none"> <li>– Program reports have been presented at every Community Advisory and Cultural Diversity Committee meeting in 2010 to provide evidence around how clinical programs are: involving consumers, carers and community members in the planning, improvement and evaluation of</li> </ul> </li> </ul>	<b>Green</b>

Measure of success	Progress	Status
	<p>services; taking into account the views of culturally and linguistically diverse community groups; involving consumers in the decision making and care planning process for their care; providing consumers with information about the consent process; complying with the <i>Well Written Health Information: A Guide</i>; providing consumers with information about their rights and responsibilities; providing consumers with evidence-based information; utilising cultural diversity data and translation and interpreter services; accommodating cultural, religious, linguistic and social diversity requirements in patient care; and providing consumers with referrals to advocacy and self-help groups.</p> <ul style="list-style-type: none"> <li>- The program reporting template was updated in 2010 to combine community participation and cultural diversity to reflect the organisation's strategic direction and bring these two elements together. This has meant that Clinical Programs only need to prepare and present one integrated report. The revised template was based on Department of Health requirements and Australian Council on Healthcare Standards EQulP 4 accreditation standards.</li> <li>• The 2010 Quality of Care Report included the following information about community participation: an article from the Chair of the Community Advisory Committee (incorporating content to reflect adherence with Department of Health community participation standards); consumer feedback including relevant results from the Victorian Patient Satisfaction Monitor; community insights into community membership on Alfred Health committees; a profile of community participation in the Intensive Care Unit; and information about the participation of local indigenous elders.</li> </ul> <p>* The work of the Cultural Diversity Committee has been incorporated into the Community Advisory Committee's terms of reference)</p>	
<p>There are financial and physical resources to support community participation</p>	<ul style="list-style-type: none"> <li>• Alfred Health has a Community Advisory Committee Development Support Policy and a Payment for Community Participation Activities Policy. Department and Unit Heads were emailed in March reminding them of the obligation to comply with these policies and encouraging them to allocate funds to facilitate community participation.</li> <li>• Alfred Health dedicates one EFT to the role of the Community Participation Coordinator who supports consumer representatives and committee members, assists departments to understand and undertake consumer participation activities and supports and implements projects across the organisation to promote and enable community participation.</li> </ul>	Green
<p>Organisational capacity building</p>	<ul style="list-style-type: none"> <li>• Develop and promote online resources: <ul style="list-style-type: none"> <li>- The community participation intranet page was updated in March 2010 to include an updated department overview, to provide links to policies relating to community participation, and to publish the 2010 Community Participation Plan. The intranet update was promoted to staff via the weekly information pack on 22 March and the April Alfred staff newsletter.</li> <li>- Community participation information on the internet was also updated in March with the publication of the 2010 Community Participation Plan and changes to the Community Advisory Committee Terms of Reference and member profiles. Minor internet updates have occurred since March to further update CAC member details.</li> </ul> </li> <li>• Regular articles in the campus newsletters: <ul style="list-style-type: none"> <li>- Articles about the Alfred Health consumer register appeared in The Alfred and Caulfield Hospital staff newsletters in February and in the Sandringham Hospital staff newsletter in February/March.</li> </ul> </li> </ul>	Green

Measure of success	Progress	Status
	<ul style="list-style-type: none"> <li>- A community participation fact sheet providing general information about the what, why and how of community participation was published in the staff weekly information pack on 15 June 2010.</li> <li>• The following targeted emails were sent: <ul style="list-style-type: none"> <li>- Health Issues Centre consumer leadership and engagement courses information to Team Leader Population Health, Consumer and Carer Consultants, Manager Patient &amp; Family Services, Business &amp; Community Services Manager Infectious Diseases, Clinical Governance Improvement Manager, Risk Manager, Clinical Nurse Manager ICU, Community Advisory Committee and Program Manager Caulfield Community Health Service;</li> <li>- Consumers reforming health conference email to above people as well as Director of Nursing &amp; Site Coordination Caulfield Hospital, Program Director Women and Children &amp; Site Coordination Sandringham Hospital, Director Clinical Governance, Associate Director Nursing &amp; Operations in Psychiatry;</li> <li>- Cultural diversity training emails to Patient &amp; Family Services Managers, Multicultural Advisor and Organisational Development Administrative Assistant;</li> <li>- Two emails regarding the availability of the <i>Australian Charter of Healthcare Rights in Victoria</i> and The Alfred Patient Information Handbook to Departmental Heads and ward clerks at The Alfred;</li> <li>- Two emails regarding the availability of the <i>Australian Charter of Healthcare Rights in Victoria</i> to the Leadership and Management Committee at Sandringham Hospital and Managers and Senior Staff at Caulfield Hospital;</li> <li>- Flyer in the staff weekly information pack in August regarding the online availability of the <i>Australian Charter of Healthcare Rights in Victoria</i> in translated and accessible formats;</li> <li>- Email about the Department of Health's Cultural Responsiveness Framework workshop to Manager Patient &amp; Family Services, Associate Director Nursing &amp; Operations in Psychiatry, Executive Director Nursing Services, Manager Caulfield Community Health Service, Clinical Governance Improvement Manager, Director Clinical Governance, Risk Manager, Associate Director Community and Ambulatory Services, Director of Nursing &amp; Site Coordination Caulfield Hospital, Executive Director Education and Organisational Development, Director of Planning, Multicultural Advisor and Community Advisory Committee;</li> <li>- Email regarding Health Issues Centre updated resources sent to the Clinical Governance Unit, Executive Director Education and Organisational Development and Executive Director Nursing Services;</li> <li>- Email regarding Department Managers' responsibilities within the 2010 Community Participation Plan sent to Departmental Heads at The Alfred and Heads of Unit at Caulfield and Sandringham Hospitals.</li> </ul> </li> <li>• In 2010, the Community Participation Coordinator met with individual staff or attended / presented at staff meetings to help staff develop an understanding of community participation and to identify relevant community participation tools for each staff group to use for the following 11 departments / wards / services: Cancer Services, Organ &amp; Tissues Donation, Emergency Department, South East Bayside Diabetes Alliance, Nutrition, Ward 4 AMU, Psychiatry, Maternity, Advance Care Planning Program, Caulfield Community Health Service and Ward 5 East.</li> </ul>	

Measure of success	Progress	Status
	<ul style="list-style-type: none"> <li>• The Community Participation Coordinator co-presented at a Caulfield Community Health Service in-service in July to provide an overview of community participation from an organisational and Department of Health context.</li> <li>• The Community Participation Coordinator presented at the Managers and Senior Staff Forum at Caulfield Hospital in August to provide a general overview about community participation and to talk specifically about the new Caulfield Hospital consumer register.</li> <li>• The Community Participation Coordinator provided in-services to the Redesigning Care Team and Clinical Governance Unit regarding learnings from a Measuring Patient Outcomes workshop.</li> <li>• Since July the Community Participation Coordinator has presented a community participation presentation at staff orientation at The Alfred and at Caulfield Hospital. Prior to this the Patient Liaison Officers at the three sites had been including one community participation slide during their orientation presentations.</li> <li>• In May the Community Participation Coordinator met with three staff who are community participation 'champions' to get feedback about what information they think staff want about community participation and ideas about how staff access information. This will be used to develop a staff capacity building strategy in 2011. Feedback was also sought about the Community Participation fact sheet, which was published in the June weekly information pack. This fact sheet has been used to promote consistent messages about community participation across the organisation such as at orientation and in the New Staff Handbook.</li> <li>• An Employee Diversity Committee is being established and Terms of Reference have been prepared. This Committee will assist with the development, implementation and monitoring of actions related to employee diversity that are associated with the 2010 – 2013 Community Participation Plan.</li> </ul>	
<p>Key Result Area: Consumers, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis</p>		
<p>There are broad participation mechanisms across the organisation such as committees, consumer reference groups and focus groups</p>	<ul style="list-style-type: none"> <li>• The Community Advisory Committee consists of 10 community members, two Board members and one associate.</li> <li>• In 2010 there were community representatives on a number of committees throughout the health service including: Ethics Committee; Respecting Patient Choices Steering Committee; Strength Training Representative Body; Health Promoting Hospitals and Health Services working group; Aged Psychiatry Quality meetings and Alfred Psychiatry Family and Carers Committee.</li> <li>• Programs are encouraged to work with consumers in the development and evaluation of services. Consumers help evaluate services by completing surveys and attending focus groups. Examples in 2010 are as follows: <ul style="list-style-type: none"> <li>- In the Surgical Services Program, all inpatient wards actively seek feedback from consumers via satisfaction surveys;</li> <li>- The Intensive Care Unit has developed a Family Needs survey and feedback is used to improve the quality of service for patients and their families;</li> <li>- Redesigning Care projects have used a patient satisfaction methodology called the net promoter score. Results are displayed in a prominent position on the ward and updated regularly. All responses are reviewed by the Nurse Manager. There is a clearly defined mechanism for regular</li> </ul> </li> </ul>	<p>Green</p>

Measure of success	Progress	Status
	<p>(minimum monthly) reporting of feedback and results on the ward. Any feedback requiring immediate action is responded to by the Nurse Manager in a timely manner. There is a clearly defined mechanism for ward staff to use this information to inform continuous improvement initiatives on the ward in a timely manner. Agreed actions to address issues highlighted from patient feedback are displayed in a prominent position on the ward, near the results.</p> <ul style="list-style-type: none"> <li>• Alfred Psychiatry has a Family and Carers Committee which has been integral in establishing targeted staff orientation programs and developing a Family and Carers Policy.</li> <li>• Consumers attended the Caulfield Community Health Service (CCHS) Strategic Planning Workshop in May providing input into the 2010-2013 CCHS Strategic Plan.</li> <li>• Consumers, carers and community members attended focus groups to help develop The Alfred Patient Information Handbook and the 2010 Quality of Care Report.</li> <li>• Three members of the Community Advisory Committee were on the Quality of Care Report Working Group with three staff members to help develop the 2010 report.</li> <li>• A workshop was held to help develop the Disability Action Plan with involvement from consumers, carers, community members and staff.</li> <li>• In 2010 there was ongoing development of the consumer register: <ul style="list-style-type: none"> <li>- The Alfred Health (AH) consumer register was promoted to consumers in volunteer newsletters and to staff via the weekly information pack, staff newsletters, orientation and presentations. In 2010 there was a 20% growth in membership. The 50 consumers currently on the register are consulted regularly.</li> <li>- In July, Sandringham Hospital (SH) created a sub-set of the Alfred Health register where consumers can choose to participate just at SH or at SH and AH. There are currently 16 members. The register has been promoted to staff at management meetings and in the staff newsletter. Consumer promotion has included a visual display at the main entrance, an article in the Bayside Leader, information in patient admission information packs and consumer register forms sent to people who complete a "We care" form. Information about the consumer register and registration forms were also sent to local community and health organisations.</li> <li>- Caulfield Hospital is in the process of establishing and promoting a register for their consumers which will also be a sub-set of the Alfred Health register. There are currently three members on the register.</li> </ul> </li> <li>• The Community Participation Coordinator facilitated requests to make contact with consumers through the consumer register from the following departments / services: Caulfield Community Rehabilitation, Advance Care Planning, Caulfield Hospital Access Service, Caulfield Aged Mental Health Service and Alfred Pharmacy.</li> </ul>	
<p>Participation in feedback and complaints mechanisms and consumers involved in reviewing themes that arise</p>	<ul style="list-style-type: none"> <li>• Complaints reports presented to the Community Advisory Committee in April and October.</li> <li>• A patient feedback project is currently underway which will involve consumers being consulted as key stakeholders.</li> <li>• Services / wards at Caulfield and Sandringham Hospitals are encouraged to promote the use of the 'We Care' forms to elicit consumer feedback.</li> </ul>	Amber

Measure of success	Progress	Status
Participation in capital planning	<p>Capital works projects and tenders for patient services routinely involve consumers. Recent examples of participation in capital planning include:</p> <ul style="list-style-type: none"> <li>• The Alfred Centre Stage 2 project – input from consumers received regarding the model of care and optimum patient journey. This information was taken into consideration in the design of the facility and the information systems required to facilitate these workflows;</li> <li>• Caulfield Hospital Redevelopment Stage 2 – input from consumers received relating to the building design, signage, way-finding and car parking;</li> <li>• 6 West Burns Redevelopment at The Alfred – consumer input received relating to patient requirements and the layout of bathroom facilities;</li> <li>• A display area for items of historical interest was established in The Alfred's Centre Block to replace the previous space for the collection. This was done in consultation with the Nurses' League, the Heritage Committee and the Alfred Health archivist;</li> <li>• A signage review was undertaken at Sandringham Hospital in 2010.</li> </ul> <p>At the completion of projects, consumer participants are invited to tour facilities and their feedback is included in the post occupancy review process.</p>	Green
Participation in quality improvement activities and quality processes	<p>The Community Participation Improvement Plan is based on four of the seven themes that were identified at the 2009 Community Participation Workshop: Access, Communication, Best Practice and Environment. For further details see attached improvement plan and progress from page 10.</p>	Amber
Consumers are involved in the development of Alfred Health plans such as the disability action plan, the strategic plan and the cultural responsiveness plan	<ul style="list-style-type: none"> <li>• Consumers were involved in a workshop to help develop the Disability Action Plan, consultation occurred with the Southern Regional Disability Respite Reference Network and the CAC was involved in providing input and feedback on the draft Disability Action Plan.</li> <li>• Consumers, carers and community members were involved in two surveys on the vision, mission and values for the 2010 – 2013 strategic plan; the seven themes arising from the 2009 Community Participation Workshop were considered when drafting the new strategic plan; and the draft 2010 – 2013 strategic plan was discussed at the April CAC meeting.</li> <li>• Consumer consultation about cultural responsiveness has formally occurred at Alfred Health since at least 2001 . Feedback from recent consultation helped inform the 2010 – 2013 Cultural Responsiveness Plan. The CAC was involved in providing input and feedback on the draft cultural responsiveness plan.</li> </ul>	Green
<p><b>Key Result Area: The needs of our diverse community are considered in all services, particularly multicultural and indigenous communities and people with a disability</b></p>		
Mechanisms for engaging minority and hard-to-reach groups	<ul style="list-style-type: none"> <li>• A new community engagement model has been implemented with the goal to identify the needs of hard to reach communities and establish an Aboriginal and Torres Strait Islander Health Advisory Committee.</li> <li>• An organisational strategy to identify minority and hard-to-reach groups has been included in the 2010 – 2013 Community Participation Plan.</li> </ul>	Amber
Involvement of Aboriginal people in planning, implementation and evaluation and involvement in health	<ul style="list-style-type: none"> <li>• The Aboriginal and Torres Strait Islander Health Advisory Committee, which has not met for some time, will be re-established and a strategic plan will be developed by this committee.</li> <li>• Aboriginal elders involved in Caulfield Community Health Service's strategic</li> </ul>	Amber

Measure of success	Progress	Status
service activities relevant to identification and care of Aboriginal patients	<p>planning session.</p> <ul style="list-style-type: none"> <li>The Alfred and the Caulfield Community Health Service conducted a review in partnership with the local indigenous community and Inner South Community Health Service to determine the effectiveness of current programs in working with local community members to improve health and well-being.</li> <li>Aboriginal elders involved in recruitment panels for Aboriginal Health and Access Workers.</li> <li>Consultation with community elder regarding the relocation of the Aboriginal plaque in the front entrance of The Alfred.</li> </ul>	
There are appropriate links with community organisations	Links with community organisations are being monitored via the annual Clinical Program reports to the CAC through program responses to the target/measurement "Consumers with a disability or a chronic condition are provided with referrals to advocacy groups, self-management programs, self-help groups etc."	Amber
<b>Key Result Area: Consumers, and where appropriate, carers, are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support</b>		
Consumers are involved in the decision making and care planning process for their care and staff listen and act on these decisions and inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices	<ul style="list-style-type: none"> <li>The Advance Care Planning Program is being implemented across Alfred Health.</li> <li>A Graduated Discharge Planning project was piloted at Caulfield Hospital which involved patients in an early discharge program from aged care and rehabilitation wards. The project was evaluated and in all categories assessed, 80 to 98 per cent of clients were either "satisfied" or "very satisfied". This program will now be consolidated into the routine business of the hospital.</li> <li>An ongoing project continues to be implemented in psychiatry to minimise the rate of patient seclusion. The project has seen a reduction in the number of patients admitted who have an episode of seclusion to 14 per cent. There has also been a reduction in the amount of time patients spend in seclusion. Alfred Psychiatry want to meet the seclusion state-wide target of 10 episodes per 1,000 patient bed days and have a seclusion reduction plan to assist with this.</li> <li>Patient education and empowerment have assisted patients with Venous Thromboembolism (blood clots). A study was conducted which involved giving people a 'Stop the Clot' brochure which showed that reading the brochure improves patient knowledge and may influence patient behaviour and improve their condition.</li> <li>Residential Care undertakes a bi-monthly care plan review for each resident. Family members and GPs are invited to participate and approve plans of care. Questions from the Safety and Quality in Health 10 tips that are relevant to residential care are incorporated into the care plan review.</li> </ul>	Amber
Alfred Health has informed consent processes	In 2010, consent was monitored at a program level via the annual program reports to the CAC with feedback against the target/measurement, "Consumers are informed of the consent process, understand and provide consent for their health care."	Amber
<b>Key Result Area: Consumers, and where appropriate, carers, are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support</b>		
Consumers and, where appropriate, carers, are provided with evidence-	<ul style="list-style-type: none"> <li>A patient information project is expected to begin formally in early 2011, but preliminary research has begun.</li> </ul>	Amber

Measure of success	Progress	Status
<p>based, accessible information to support key decision-making:</p> <ul style="list-style-type: none"> <li>• Consumers receive up to date, appropriate and culturally sensitive information</li> <li>• Consumers are provided with evidence-based information about condition and treatment options</li> <li>• Participation in the development and evaluation of health information</li> <li>• Consumers receive information about Rights and Responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Elements of patient information are currently reported via the annual Clinical Program reports to the CAC through the targets/measurements, "Consumers are provided with evidence-based information about condition and treatment options" and "Information for treatment and care options complies with <i>Well Written Health Information: A Guide</i>"</li> <li>• A strategy to further communicate the availability of <i>The Australian Charter of Healthcare Rights in Victoria</i> message will be implemented in late 2010.</li> <li>• Examples of consumers participating in the development and evaluation of health information across the organisation include: <ul style="list-style-type: none"> <li>- The nutrition department has consulted with consumers about new fact sheets;</li> <li>- Focus groups were held to provide feedback about the 2009 Quality of Care Report and The Alfred Patient Information Handbook;</li> <li>- Family members and non-health professionals were asked to review the Residential Care Information Package;</li> <li>- CAC members involved in reviewing patient information displayed in the Emergency Department waiting area;</li> <li>- The Advance Care Planning Program held a consumer focus group in mid November to get feedback about a patient brochure, GP poster and a Statement of Choice document;</li> <li>- Consumer consultation regarding the review of Caulfield Community Rehabilitation's Goals Setting Menu;</li> <li>- Consumer feedback sought about internet information regarding Caulfield Hospital's Access Service;</li> <li>- Alfred Pharmacy sought consumer feedback about a letter and card that is sent to patients who have had an adverse drug reaction in hospital.</li> </ul> </li> </ul>	

## Section 2: Community Participation Improvement Plan 2010

At the 2009 Community Participation Workshop seven key themes were identified by consumers, carers, community members and Alfred Health staff as being important to consumers: access, communication, best practice, comprehensive health system, a shared model of decision making, environment and support for carers and family. It was accepted that in 2010 Alfred Health would have resources to address only four of the themes and that the other themes would be addressed in future years. Progress during 2010 against the themes of access, communication, best practice and environment is reported below.

Theme	Strategy	Progress	Status
Access	Develop the Alfred Health Disability Action Plan	Disability Plan incorporated as part of the 2010 – 2013 Community Participation Plan and to be sent to the Department of Health (DH) and published on the Alfred Health website by 30 November 2010. The plan will also be published on the Australian Human Rights Commission website.	Green
Communication	Progress implementation of the Patient Information Project	The Patient Information Project is expected to begin formally in early 2011 but preliminary research has begun.	Amber
Best practice	Progress implementation of projects to obtain information about the patient experience of care	A patient stories project is currently being piloted by nursing services, with six patients interviewed on ward 3CTC, at The Alfred. The purpose of undertaking patient stories is to understand and learn from the patients' perceptions about their experience of being a patient. This also creates an opportunity to provide feedback to clinical areas using patients' words, so that each area can use the information to make service improvements and share good practices. Following the pilot phase the patient stories will be conducted across all Alfred in-patient wards as one method of collecting information on patients' experiences and providing feedback to clinical staff that will inform positive change for incorporation into ongoing nursing practice.	Amber

Theme	Strategy	Progress	Status
Environment	Scope and commence the implementation of the hospital hygiene and cleanliness project	<p>Hand hygiene is embedded into health service culture with audits conducted in most wards across the health service. It is anticipated that results will be posted outside each ward to inform the community. A number of wards have met the internal benchmark of 80 per cent which is higher than the state benchmark. The average compliance in the last audit period was 72 per cent.</p> <p>In 2011 a project of “clean between” will be introduced to ensure that all medical equipment is cleaned between each use.</p> <p>Environmental audits which monitor compliance with Infection Prevention standards are undertaken at Caulfield Hospital. The audit tool is being modified and will be rolled out across Alfred Health in 2011.</p> <p>Alfred Health monitors cleaning of the environment through participation in the Victorian Hospitals cleaning audits. These are conducted by an external consultant as well as internally by a core pool of accredited surveyors.</p> <p>In response to consumer feedback, hand hygiene promotional posters are being sourced for the public toilets across Alfred Health to promote effective hand hygiene to all visitors to the health service.</p>	Amber
	Review existing process for improving existing signage and way finding and ensure appropriate community participation	<p>A signage manual that takes disability access codes into account enables way-finding signage to be standardised as refurbishments are completed.</p> <p>Signage is replaced as areas are refurbished. For example, the Alfred Pharmacy Department has recently been upgraded and the Burns Unit redevelopment at The Alfred (Ward 6 West) will be completed by December 2010. Other signage was upgraded as part of the Caulfield Hospital Stage 2 redevelopment and minor ward relocations that have taken place in the Main Ward Block at The Alfred.</p> <p>A signage review was undertaken at Sandringham Hospital in 2010.</p>	Amber