

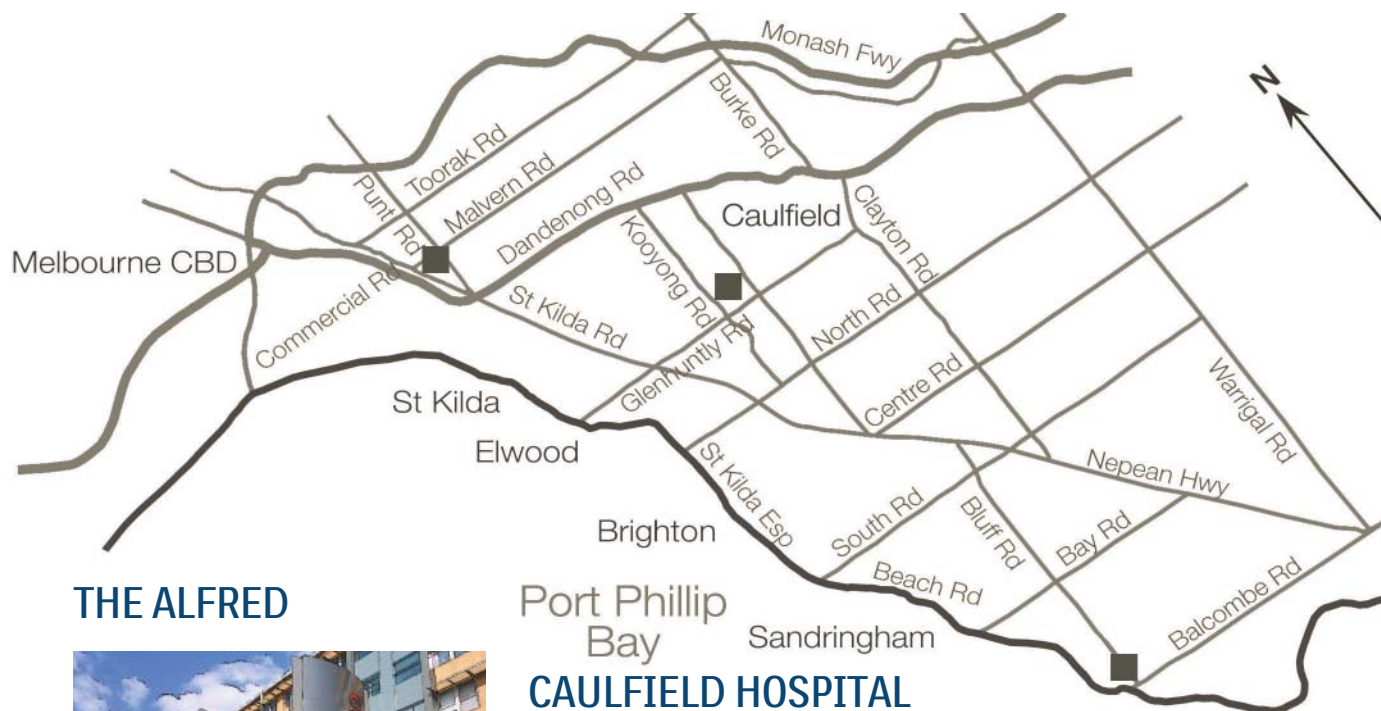


CARING FOR OUR COMMUNITY

QUALITY OF CARE REPORT

2011

HOSPITAL INTRODUCTIONS



THE ALFRED



55 Commercial Road
Melbourne VIC 3004
Phone: (03) 9076 2000
Fax: (03) 9076 2222
Website: www.alfred.org.au

The Alfred is a major tertiary-referral hospital providing a comprehensive range of specialist acute health and mental health services to the residents of its local community.

It is a designated statewide provider of heart and lung replacement and transplantation, cystic fibrosis, major trauma, burns, HIV/AIDS, haemophilia, sexual health, hyperbaric medicine, psychiatric intensive care and elective surgical services.

CAULFIELD HOSPITAL



260 Kooyong Road
Caulfield VIC 3162
Phone: (03) 9076 6000
Fax: (03) 9076 6434
Website:
www.alfred.org.au

Caulfield Hospital is a major provider of aged care, rehabilitation, aged psychiatry and residential care. It is a designated Centre Promoting Health Independence, established to provide an integrated range of specialist assessment and treatment options for people with complex needs.

Caulfield Hospital also has a statewide role in the provision of some specialist rehabilitation services to people throughout Victoria.

SANDRINGHAM HOSPITAL



193 Bluff Road
Sandringham VIC 3191
Phone: (03) 9076 1000
Fax: (03) 9598 1539
Website:
www.alfred.org.au

Sandringham Hospital is a community hospital with a strong focus on meeting the health care needs of its local community. The hospital plays an important part in the delivery of elective surgery services for Alfred Health, including general surgery, colorectal, breast, gynaecological, orthopaedic, ear nose and throat and urology.

It also provides general medicine, dialysis, emergency, women's and children's health and maternity services.

MESSAGE FROM THE CHIEF EXECUTIVE

On behalf of Alfred Health, I am delighted to present the Quality of Care Report: Caring for our Community 2011.

In a year in which we have met the targets for emergency and outpatient waiting times, we have focused our services in such a way that we are meeting the needs of the community better than ever before.

We continue to work hard to deliver on quality and safety for everything we do - drawing on the best research and initiatives to deliver improvements in areas including infection control, medication safety and falls reduction.

Giving consumers a voice ensures our services and facilities reflect the needs of the community and the following pages report on our performance.

Continuity of care is about seamless delivery of services so that our patients are supported at every step of their experience - whether accessing treatment as an



inpatient or outpatient, or through in-home services.

As a public health service we have to report on our performance in these areas, but we do not work this way because we must. We do so because we desire to do so.

I applaud the staff of Alfred Health whose dedication and commitment is reflected in the achievements that fill the pages of this publication.

I hope you find this report useful and informative and welcome your feedback so that we can continue to improve this report, and our services, to meet the community's needs.

Andrew Way
Chief Executive, Alfred Health

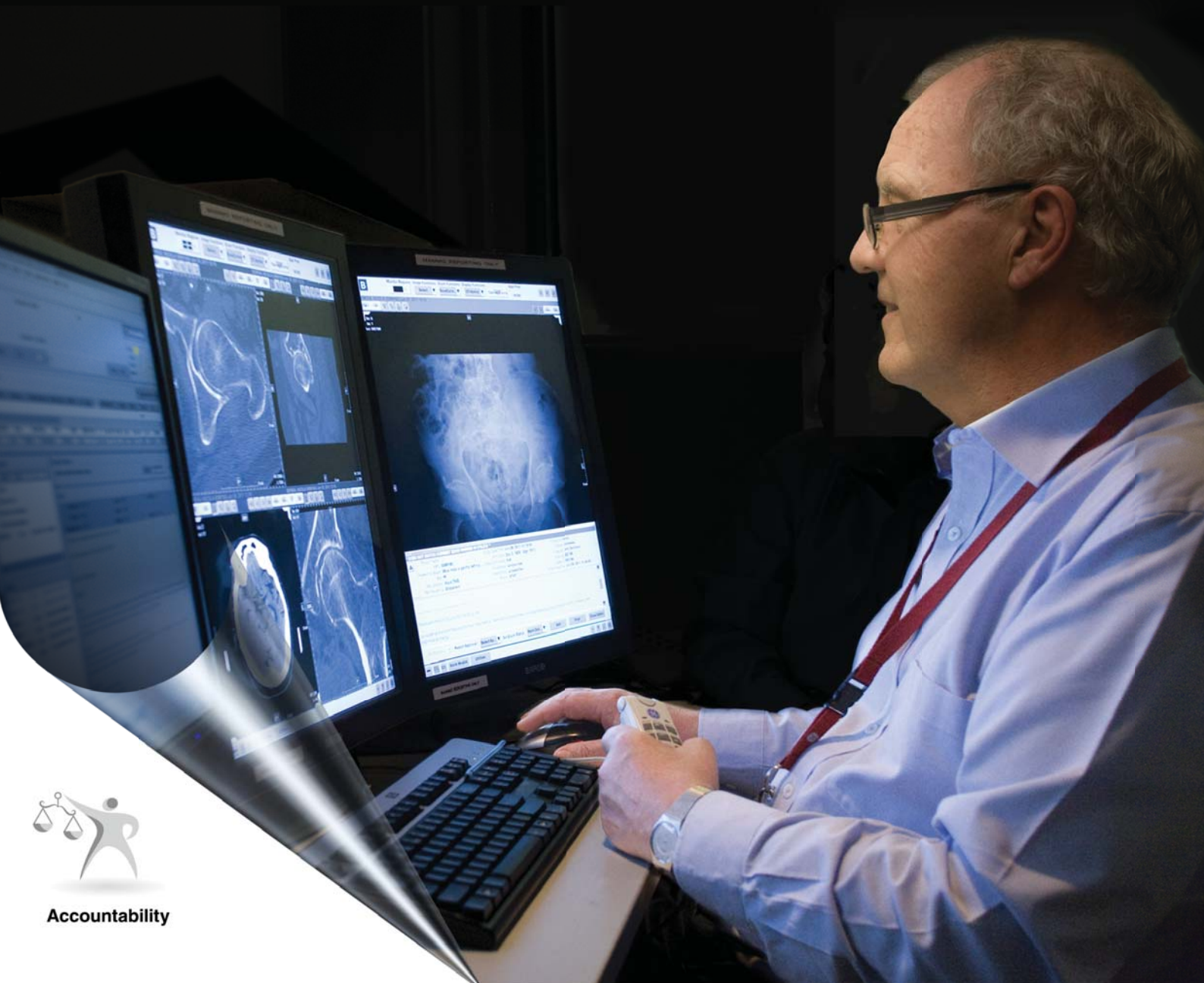
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Integrity

QUALITY & SAFETY



Accountability

CLINICAL GOVERNANCE

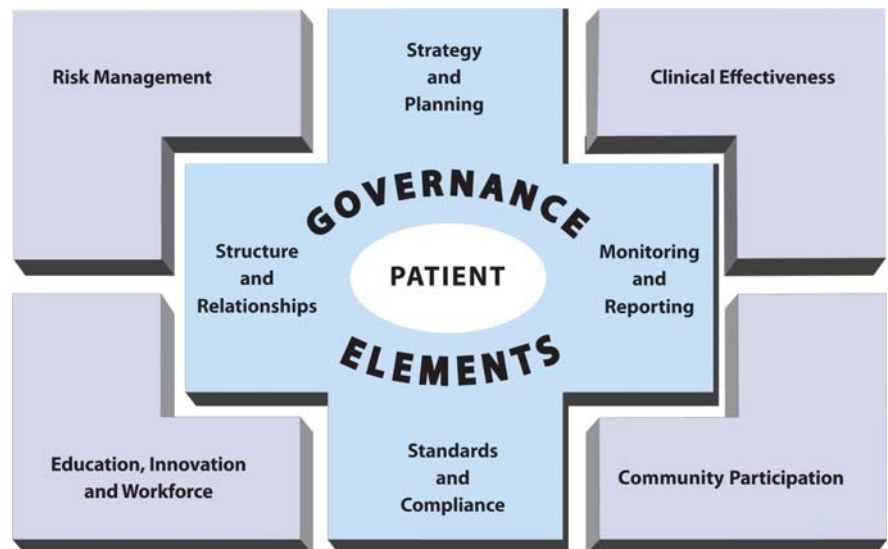
Clinical Governance is the system used to ensure organisations are accountable for providing good, safe care through the management of risks and continuous practice improvement. Our Clinical Governance Unit works with all areas of the health service to achieve this.

CLINICAL GOVERNANCE FRAMEWORK

Clinical Governance at Alfred Health is carried out through a framework based on the four areas of quality and safety from the Victorian Government Clinical Governance Policy Framework:

- community participation
- clinical effectiveness
- effective workforce
- risk management

We have built on this framework (see diagram opposite) to make sure that at all levels of the organisation, quality and safety are the highest priority for all staff.



COMMUNITY PARTICIPATION

Community participation is about actively working in partnership with consumers, carers and community members to improve health care services. For more information about Alfred Health's commitment to community participation see pages 19 - 29.

THE RIGHT CARE BY THE RIGHT PEOPLE

Improving collaboration, communication and patient safety



ISBAR tags are worn by all staff in the TeamSTEPPS pilot project

During November 2010, staff from the General Medical and Clinical Governance Units attended the Victorian Quality Council training for the introduction of the TeamSTEPPS program. TeamSTEPPS stands for Team Strategies and Tools to Enhance Performance and Patient Safety and is a teamwork training system designed to improve how we work together, communication and patient safety within health care organisations.

The program concentrates on effective teamwork, leadership, mutual support and communication to ensure that all team members know the plan for the patient each day.

Part of TeamSTEPPS is a communication tool called ISBAR (see photo opposite for a definition) that we are currently piloting. This tool helps us communicate critical information about a patient's condition that requires immediate attention and action.



NEW REGISTRATION PROCESS FOR HEALTH PRACTITIONERS

For the first time in Australia, 10 health professions are regulated by nationally consistent legislation set by the **Australian Health Practitioner Regulation Agency (AHPRA)**. The primary role of the AHPRA Board is to protect the public and to set standards and policies that all registered health practitioners must meet. All clinical staff working at Alfred Health meet the registration requirements of this law. More information about the process can be found on the website www.ahpra.gov.au

DEVELOPING AN EFFECTIVE WORKFORCE

Making sure the right staff can do the right work in the right place

Continuing education and training helps health professionals to maintain, improve and broaden their knowledge and expertise. All registered health practitioners must undertake continuing professional development. For example, nurses and physiotherapists must complete at least 20 hours of professional development a year.

All doctors at Alfred Health must have their qualifications, registration, experience, ongoing education and work history checked when they are first employed and again at regular intervals.

This process is known as credentialing and is undertaken by senior doctors and executive staff in a structured credentialing committee meeting. As a result of this process, we are confident that we have the right medical staff doing the right work in the right place.

Another important safety and quality check is the scope of practice which is granted by the same committee. As well as achieving qualifications (a fellowship) from the relevant specialist college to practise in that field, a doctor with particular interests and expertise above and beyond this level may be

authorised by Alfred Health to practise that additional technique or procedure.

A good example is how we introduce new technologies into the health care setting. Our Clinical Innovations Committee considers and approves the use of these methods such as new endoscopy techniques to detect and manage pre-cancer and early cancer of the oesophagus. Correct governance procedures ensure that the credentialing committee is aware of the new practice and determines who can safely perform the procedure.

STRIVING TO REDUCE RISK

Risk management and incident reporting

Risk management aims to reduce the chance of things going wrong, and when they do, to make sure lessons are learnt from these incidents so that we can identify any problems we need to fix.

Alfred Health is committed to delivering care to our patients in the safest possible way. By identifying and managing incidents and adverse events we measure and monitor our standard of care to ensure it is appropriate and effective. We have prevention strategies to ensure that we provide the right treatment and care to our patients.

We use a web based incident reporting system, RiskMan, to record and track incidents. All

staff are encouraged to report incidents and near misses, no matter how big or small. Incidents reported through RiskMan are analysed and rated as to their severity, classification and the type of review that may be required.

Any incident that has resulted in patient harm or increased the level of care required is discussed at a monthly Clinical Review Committee meeting. Committee members include senior medical, nursing and allied health staff. Recommendations are made by the committee to reduce the chance of incidents happening again and to create improvement strategies.

ACCREDITATION

Our hospitals' health check

Like people, health services also need regular check-ups to identify any problems. This is called accreditation and is an ongoing process to make sure we are doing our best to keep our patients safe and always improving our services. Accreditation follows a four-year cycle of self assessments and reviews by the Australian Council on Healthcare Standards (ACHS).

In June 2009, Alfred Health was assessed by ACHS against three standards: clinical, corporate and support. In this survey, we received five 'outstanding achievements' and

20 'extensive achievements' in the 44 Expected Outcomes that were assessed. All criteria were passed.

Alfred Health is starting to review performance against the 10 new national standards developed by the Australian Safety and Quality Commission which came into operation on 1 July 2011.

Our residential care facilities are 100 per cent compliant against the 44 Expected Outcomes of the Commonwealth Aged Care Standards and Accreditation Agency.

WHAT DOES PATIENT SAFETY MEAN TO ME?



Linda Graudins,
Medication Safety Pharmacist

“Taking medication prescribing, dispensing, monitoring and administration seriously to avoid errors, so that the patient has a safe outcome throughout their hospital stay.”



Assoc Prof Harvey Newnham,
Director, General Medicine

“In General Medicine, our patients are likely to run into trouble if we do not have patient safety as our focus. The patient comes first.”



Amy Seear,
Psychiatry Nursing Educator

“At Alfred Health, we are all about patient-centred care. People can't get better unless they are in a safe environment.”

EDUCATION, INNOVATION AND WORKFORCE

AWARD FOR PATIENT SAFETY & QUALITY IMPROVEMENT



Gavin Burchall (L) accepts the 2010 Chairman of the Board Award from Mr Stephen Grant

The Alfred Health Chairman of the Board Award for Patient Safety & Quality Improvement recognises the efforts of staff in improving patient safety. We received an overwhelming response to the call for submissions for the 2010 award and were encouraged by the standard of entries received.

The 2010 award winner was Karly Wheeler and team for their project: "Determining Optimal Halo Thoracic Orthosis (halo brace) pin management practices". We described this successful project in last year's Quality of Care Report.

The award was presented to Mr Gavin Burchall, Manager, Orthotics and Prosthetics (Burns & Plastics), by the Chairman of the Board, Mr Stephen Grant.



Stephen Kennedy has a review of his halo brace by Orthotist, Tim Burke

PATIENT AND STAFF SAFETY EXPO



A Patient and Staff Safety Expo was held in October 2010 to showcase new equipment and ideas in patient safety and quality improvement and resources. Feedback showed that 86 per cent of participants found the expo useful.

The expo gave patients and staff the opportunity to learn about a range of initiatives throughout Alfred Health such as:

- Improving manual handling to reduce staff injuries
- World Health Organisation medication safety project
- Staff health services including flu vaccination
- Best use of antibiotic use within hospitals
- Resources and equipment for pressure injury prevention
- New intravenous pumps (Smart pumps)
- Communication resources for patients with disabilities to identify their symptoms and needs to their clinical care staff.

PRACTICE IMPROVEMENT SEMINAR

In December 2010, the Clinical Governance Unit organised a Patient Safety and Quality Improvement Seminar. This provided a chance for departments to showcase improvements.

The seminar included 20 presentations under four themes: practice improvement collaboratives; enhancing patient care; improving our systems; and improving our standards of care.

The feedback from the sessions was very positive with comments such as:

"I think the forum is a great way to raise awareness of the good work being done in the hospital to improve care."

COMPLAINTS MANAGEMENT

Alfred Health continuously explores ways to encourage consumers, families and carers to provide feedback – be it a complaint, comment, compliment or suggestion. This is an important way to help us identify service improvements.

In 2010/11 we received 1,186 complaints which was an increase from 2009/10 when 1,164 complaints were received.

Alfred Health encourages anyone with concerns to discuss them, in the first instance, with the nurse or other staff member in charge as these can often be addressed immediately. For those who are uncomfortable talking to staff, or who are unhappy with how staff have handled their complaint, a Patient Liaison Officer is available.

The Patient Liaison Officer provides an independent point of contact for those requiring assistance, as well as offering education for hospital staff and managers on all areas of complaints management.

If Alfred Health consumers remain dissatisfied with the outcome of their complaint, they are encouraged to contact the Health Services Commissioner on (03) 8601 5200.

Very professional and caring environment with very dedicated staff. Everyone was very diligent in their duties and keeping me informed. I had a very comforting experience at what was a nervous time for me. Thank you.



Patient Liaison Officers (L-R): Ann Howell, Penny Tallents and Libby Apps

Consumer Participation Sub-Index (CPI)	Jan 10 - Jun 10	Jul 10 - Dec 10	Hospital category average score
The Alfred CPI	77.3	80.9	75.2
Sandringham Hospital CPI	80.1	79.1	79.1
Caulfield Hospital CPI	71.1	71.5	73.4
Alfred Health average CPI	76.2	77.2	

Most Recent Victorian Patient Satisfaction Monitor Results

The above table looks at the results received for the consumer participation sub-index (CPI) in the 2010 Victorian Patient Satisfaction Monitor (VPSM). The CPI is calculated from three VPSM questions:

1. Patients being able to ask questions about their care
2. Patient involvement in making decisions about their care
3. How staff listened to patient problems

The Department of Health CPI target is 75, which Alfred Health has met. To improve performance at Caulfield Hospital, an action plan is being carried out and community participation training has been provided.

What patients said...	What we did...
It is too far for me to walk from the main entrance to the second floor of Outpatients and the wait for the wheelchair was so long I missed my appointment.	On investigation it was found there was a shortage of wheelchairs. The Alfred Foundation has kindly provided funds for a dedicated wheelchair for the main reception.
There are no car parking spaces available at Caulfield Hospital.	The car parking areas have been upgraded, providing more car parking spaces for patients.
I cannot see the child birth education provided on the video for the antenatal classes as the television screen is too small.	We purchased a large screen television so participants can see education being provided on the video about child birth.

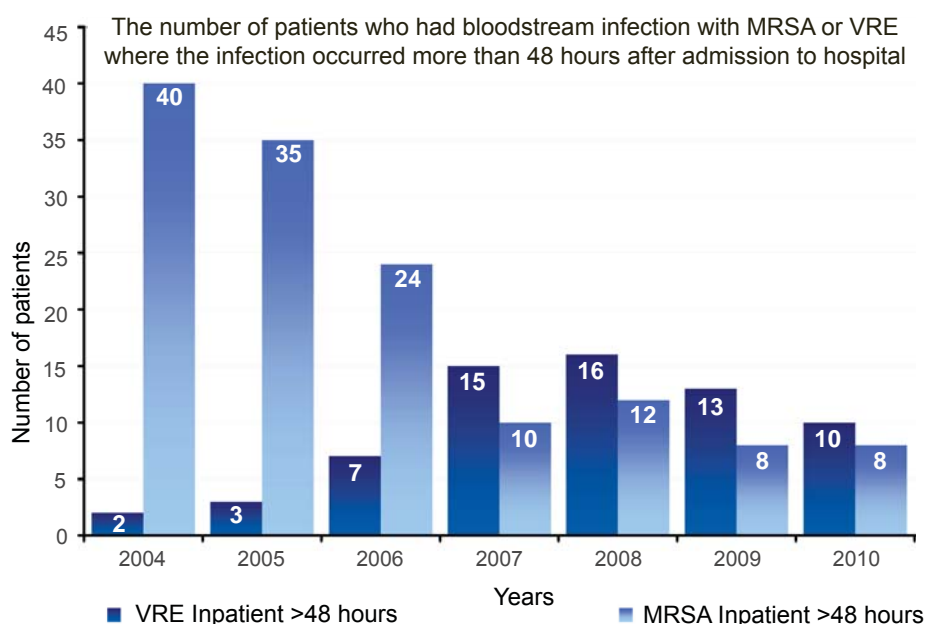
PREVENTING AND CONTROLLING INFECTION

A CHANGED FOCUS ON PREVENTING INFECTION

With a focus on preventing health care-associated infections, Alfred Health's Infection Control and Hospital Epidemiology Unit is now known as the Infection Prevention and Healthcare Epidemiology Unit. This new name better reflects our philosophy and activities as well as the diversity in health care delivery outside the hospital environment.

The Infection Prevention program has set the benchmark high with a zero tolerance approach to health care-associated infections. The unit, with the support of the Infection Prevention Committee and the Alfred Health Executive, has begun two new projects this year, both with the aim of improving patient safety and preventing infection.

REDUCING "SUPERBUGS"



This graph shows the most recent full-year results which indicate that there has been a substantial decrease in MRSA infections in the last seven years, but VRE infections have gone up and down

Sick patients who are exposed to antibiotics in hospital are at risk of "superbugs" such as MRSA (Methicillin Resistant *Staphylococcus aureus*) and VRE (Vancomycin Resistant *Enterococcus*). These may result from the direct use of antibiotics, or the transmission of resistant bacteria between patients while in hospital.

We monitor these "superbugs" closely and are pleased that the MRSA rate has continued to reduce as a result of many initiatives over several years, including improved hand hygiene. It has

been increasingly recognised that VRE tends to spread more through contamination of the environment, so we will be working with support services to improve the way we clean and disinfect the hospital environment.

The Pharmacy department and Infectious Diseases Unit have recently begun a program to improve antibiotic prescribing, while the Infection Prevention and Healthcare Epidemiology Unit's primary role is in preventing infection and preventing cross-transmission through initiatives such as improving hand hygiene.

CLEANING AUDITS

Cleaning plays a very important role in hospitals. Having clean hospitals and achieving high cleaning standards is an important part of delivering quality patient care. Each year Alfred Health undertakes internal and independent external cleaning audits.

In 2010 Alfred Health performed over 15,000 internal room audits and each site undertook three external cleaning audits. The internal and external audits show that Alfred Health had continued to exceed the standards for cleanliness required by the Department of Health.

HAND HYGIENE COMPLIANCE



Infection prevention staff promote World Hand Hygiene Day

TWO NEW PROJECTS WILL HELP PREVENT INFECTION

Bloodstream infections are a serious complication of hospital care and often happen as a result of intravenous lines that are used to administer medication. Mark O'Connor, Project Coordinator and ICU nurse, and Gemma Klintworth, a registered nurse, are working closely with all clinical staff to review current practices around one type of intravenous line (central venous access devices) to prevent bloodstream infection.

The project workers will introduce new strategies aimed at preventing these bloodstream infections and have based their project on work done in the United States where zero bloodstream infections was achieved in 103 intensive care units over 36 months. It would seem that introducing a number of strategies at the same time has the best effect on reducing infection.

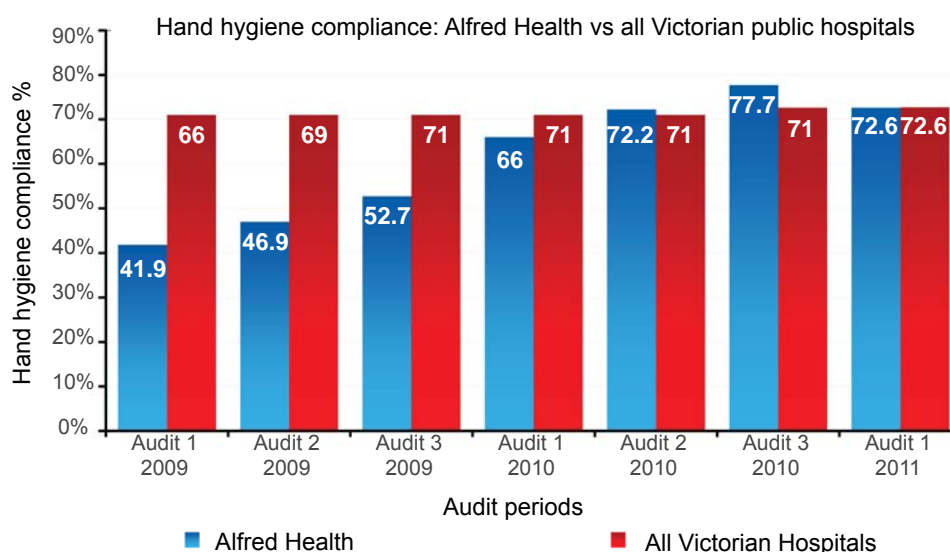
Deb Rhodes is the Project Coordinator for a similar strategy to reduce infections that some hospital patients get when they are using a urinary catheter. Strategies that have proved successful overseas in reducing urinary tract infections, include limiting the number of days patients' catheters remain in place.

Hand hygiene compliance is taken very seriously at Alfred Health to prevent the sharing of bacteria between patients. We have joined the World Health Organisation's global initiative to improve patient safety by reducing health care-associated infection by improving the disinfection of hands. We will continue to promote World Hand Hygiene Day on 5 May every year.

The Victorian Department of Health has set a target of 65 per cent compliance with hand hygiene. Compliance means

healthcare workers washing their hands or using an alcohol-based rub before and after every contact with patients, so this may need to be done many times each hour.

We assess compliance in all clinical areas three times each year with an aim to achieve an internal target of 80 per cent. We are pleased that some of our wards have managed to consistently achieve 80 per cent or close to 80 per cent, with an overall compliance rate of 72.6 in audit one in 2011 (see graph below).



This graph shows us that Alfred Health has made a significant improvement in hand hygiene compliance in the last two years, going from 20 per cent below the Victorian average to higher than the average more recently

SAFE USE OF BLOOD AND BLOOD PRODUCTS

Australia has one of the safest blood supplies in the world and one of the only remaining risks in transfusion relates to the use and administration of blood in hospitals. In order to monitor and minimise these risks, a transfusion nurse and transfusion team look at all aspects of the transfusion process, starting with specimen collection where the members monitor collection errors and provide education for staff, through to making sure that blood products are used following approved guidelines and that any wastage is limited.

The team also follows up any reported transfusion reactions to ensure the patient is given the appropriate treatment and any follow up care.

Education is an important part of the work of the transfusion team who recently introduced an online education tool for clinical staff that contains a mandatory annual assessment. Part of the online tool includes a video to show staff an easy approach to use for the bedside checking process to ensure that the right blood product goes to the right patient. To further enhance the safety of the bedside



Transfusion nurse, Christine Akers, trials the new electronic bedside checking device

checking process we are currently trialling electronic bedside checking devices that will help to reduce human error.

A second major project involves an electronic process for ordering blood products from the blood bank. This will make sure that there is no misunderstanding about which products the clinical staff need from the blood bank. It will also prompt staff to check that the right blood product is ordered for each patient.

MEDICATION SAFETY

Medication errors are taken very seriously at Alfred Health. Any medication errors that result in a serious event or cause patient harm are investigated and errors are monitored by the Executive Committee and Board. We have a low number of medication errors, approximately 10 per year, due to a range of strategies to improve medicine use that we have in place.

Current improvements:

- Medication errors can sometimes happen because products look similar and the wrong product is selected. A pharmacy working group has put strategies in place to reduce this risk.
- The process for informing patients about details of adverse drug reactions has been reviewed. Fifteen consumers were involved in providing feedback about a card and letter that are sent to patients who have had an adverse drug reaction in hospital to explain the problem.
- All improvements and guidelines are discussed at the monthly Medication Safety Committee and Drug and Therapeutics Committee meetings.
- The Patients' Own Medication guideline has been updated to clarify procedures at the three hospitals about patients in hospital taking medications that they have brought from home.
- In response to an alert from the Department of Health about oral chemotherapy, an audit of dispensing practices was conducted to reduce the possibility of dispensing and administration errors.

DELIVERING MEDICATION SAFELY TO PATIENTS AT HOME



Josephine McGuinness advises Hospital in the Home Nurse Manager, Katrina Neave, of a patient's warfarin dose, through the pharmacist-led warfarin dosing service

Warfarin lowers the risk of blood clots forming by increasing the time it takes for blood to clot. Patients taking warfarin are at a higher risk of bleeding. Safe warfarin use means reducing the risk of blood clots, but at the same time not increasing this risk of bleeding.

Regular blood tests monitor the effect of warfarin, and the dose of warfarin is changed based on blood test results (the 'INR').

Alfred Health has initiated a successful pharmacist-led anticoagulation (blood thinning) dosing service, which involves pharmacists helping to manage patients' warfarin by working within written guidelines and in partnership with doctors.

The new service involves an accredited clinical pharmacist suggesting warfarin doses for patients in our Hospital in the Home (HITH) program,

by reviewing the INR results each day, including weekends, and using the guideline to recommend doses to the patient.

Once a patient achieves two INR results in a row within the desired target range they are usually able to be discharged from the HITH program. Ongoing management and dosing of warfarin is then taken over by their community health care provider.

Evaluation of the service has shown that the pharmacist-led service is both safe and

effective. The average number of days taken to achieve target INR levels was three days less for the pharmacist-dosed patients, than before the dosing service commenced, significantly reducing the time patients need to remain in the HITH program.

All HITH patients prescribed warfarin who have INR testing by the Alfred Health Pathology Service are receiving this service, with plans to expand to HITH patients at Sandringham Hospital shortly.

PREVENTING FALLS AND HARM FROM FALLS



Above: Falls Consultants Kelly Tink (L) and Lorraine McGrath assess a patient

FALLS PREVENTION CLINICAL CONSULTANTS

Alfred Health has employed two falls prevention clinical consultants to work with staff to implement the Alfred Health falls prevention strategy. The falls prevention strategy is focused on developing a sustainable approach to falls prevention across Alfred Health.

Kelly Tink, based at Caulfield Hospital, and Lorraine McGrath, based at The Alfred, started in these full time positions in April 2011 with the aim of reducing both the number of falls and the serious injuries that occur as a result of falls.

PREVENTING FALLS IS A TOP PRIORITY

Falls prevention is a high priority for Alfred Health because falls can often cause injury as well as increasing stress for patients and their families. Alfred Health has developed a falls prevention strategy with the following five strategies:

1. Falls risk assessment

All inpatients must have a falls prevention risk assessment when they are admitted to hospital that looks at their likelihood of falling. This assessment continues throughout their stay.

2. Falls prevention strategies

Falls prevention strategies are always put in place for a patient regardless of their level of risk of falling. A specific prevention plan is developed for patients who are thought to have a high risk of falling.

3. Monitoring program

All falls are reported and all falls with a major or extreme outcome go through an in-depth investigation.

4. Policies and guidelines

Falls prevention policies, guidelines and resources are available to staff.

5. Education

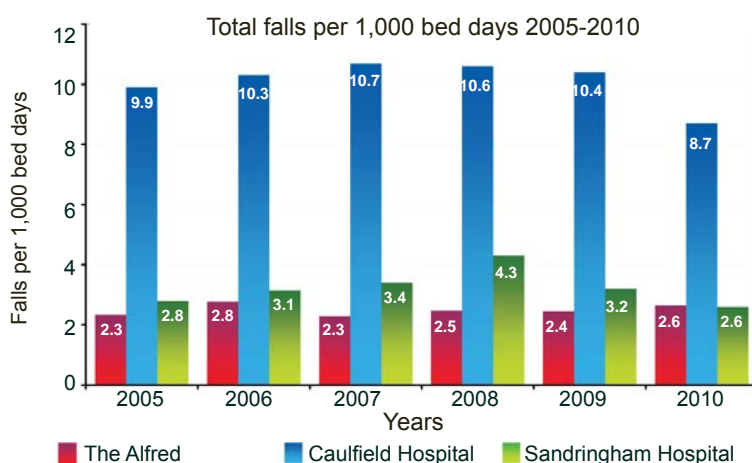
A self-directed falls prevention learning package is provided to new staff.

We will know if this prevention strategy is successful if our falls rates remain the same as or below other similar hospitals.

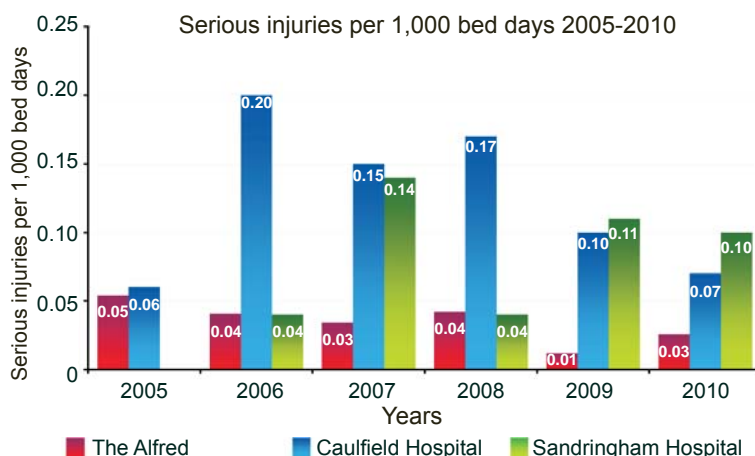
IMPROVEMENTS TOWARDS THE REDUCTION OF FALLS

Recent improvements to prevent falls include:

- Purchase of low beds, falls mats and patient alarms.
- Revision of the self directed learning package specifically for Caulfield Hospital.
- Continuing to run the Falls Prevention program at Caulfield Hospital, which includes weekly audits of falls and feedback to the wards/units.
- Development of a falls prevention audit tool and key performance indicators.
- Review of falls prevention guidelines and policies.
- Continuation of RAP (**R**egular **A**ssessment of **P**atients) rounding. This involves hourly nursing rounds to check each patient's specific needs.
- Targets of 100 per cent for completion and documentation of falls risk assessments and prevention strategies.



This graph shows that on average, the number of falls at our three hospitals has decreased over the last five calendar years, with a significant improvement at Caulfield Hospital



This graph shows there have been some improvements in the number of serious injuries resulting from falls over the last five calendar years, particularly at Caulfield Hospital

WARD PERFORMANCE DISPLAYED FOR ALL TO SEE

Over the last two years, several wards at The Alfred have displayed performance and safety noticeboards in public areas. The aim of these noticeboards is to provide clear, consistent and timely information to staff, patients and visitors about ward performance, highlighting success and informing staff of areas where performance could be improved.

Based on the positive outcomes and feedback from patients, staff and visitors, new and improved noticeboards have been developed for all wards at The Alfred.

A new nursing scorecard system is used to record and generate measures relating to patient safety, access, discharge planning and service quality. This information is then displayed on the noticeboards alongside financial and workforce data and patient satisfaction feedback.

This new system has been designed so that all the information can be found in one space. The noticeboards show current data and incidents on wards as well as displaying trends over time.

So far, feedback from patients and carers has been extremely positive, and the noticeboards are now being developed for Caulfield and Sandringham Hospitals.

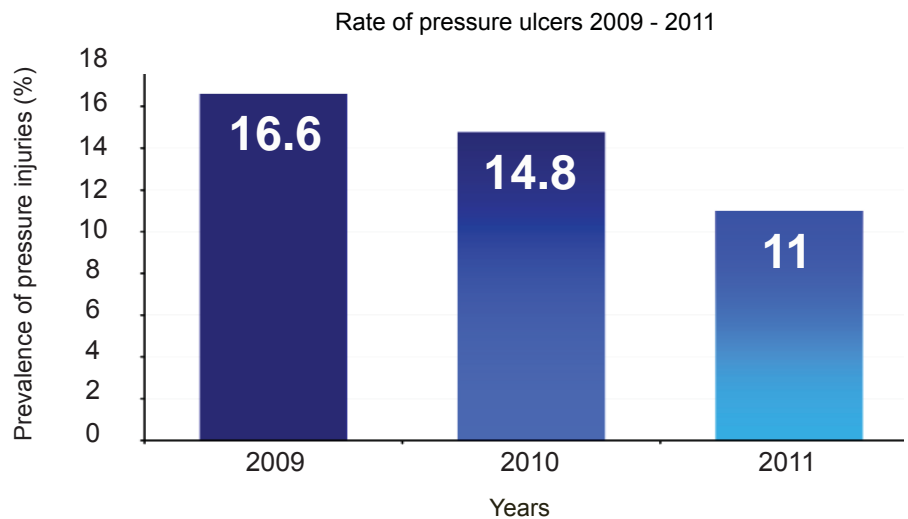


PREVENTING AND MANAGING PRESSURE INJURIES

REDUCING AND PREVENTING PRESSURE INJURIES

A pressure injury is an area of skin that becomes damaged by constant pressure, which can often happen when patients spend a long time in a bed or chair. Pressure injuries need to be carefully managed so they do not get infected and so patients do not have to spend a longer time in hospital.

Pressure related injuries at Alfred Health have constantly reduced since 2003, with ongoing initiatives to improve outcomes for patients in our care. The rate of pressure injuries has fallen from 30.7 per cent in 2003 to 11 per cent in 2011.



This graph shows that the rate of pressure ulcers has fallen by 5.6 per cent since 2009

The importance of excellent patient assessment, planning and delivery of care in reducing harm to patients has driven a number of organisation-wide initiatives to improve the experience of our patients at Alfred Health.

1. Risk assessment

We have introduced a standard nursing assessment tool which allows for early and consistent pressure injury risk assessment for all patients.

2. Pressure prevention strategies

Early and effective assessment has improved the ability of the health teams to plan and start prevention strategies for high risk patient groups when they are first admitted. We have also purchased new mattresses for beds and trolleys to assist with the success of our prevention strategy.

Alfred Health also has an annual pressure injury work plan. The 2010 plan included the following actions: continue monitoring the annual survey results; provide education for all clinical staff; promote original, cost effective strategies in pressure injury management and prevention; and look at opportunities for research and quality improvement activities.

3. Monitoring program

All patients are regularly assessed for their increased risk of pressure injuries via our RAP (**R**egular **A**ssessment of **P**atients) rounding program. RAP rounding is designed to ensure patients are being regularly assessed to ensure injury is prevented. The incidence of injury rates is monitored at health service level and implementation strategies are initiated when required. The introduction of RAP rounding has reduced the number of complaints about nursing care and delays in care by 10 per cent. RAP rounding has now been introduced at Caulfield Hospital.

4. Education

Patient risk assessment is highlighted as a priority for all clinical staff. There are various options available for staff to increase their knowledge and skills including a self-directed learning package and an advanced course on pressure injury management. Clinical experts are available to provide local support and advice.



PRESSURE INJURY PREVENTION IN THE INTENSIVE CARE UNIT

Each year, the Pressure Ulcer Point Prevalence Survey (PUPPS) is conducted at Alfred Health to look at the number of patients with pressure injuries. When this survey was conducted in May 2010, results showed that 38.7 per cent of patients in the Intensive Care Unit (ICU) at The Alfred had a pressure injury.

Our goal is for no patient in the ICU to have a pressure injury, and we have introduced a number of initiatives to achieve that such as purchasing equipment, providing education and

discussing our targets at ward and leadership meetings. We have also used the performance noticeboards (see the article on page 15) as a creative and visual way to share results and improvements.

In January 2011 we started a pressure injury prevention round, where a team of clinicians discuss the patient's reason for intensive care, assess their pressure injury risk, and discuss the documented plan for that patient. We highlight areas of concern and the improvement strategies to reduce risk.

The ward round team includes the wound clinical nurse

consultant, podiatrist, occupational therapist, physiotherapist, dietitian, orthotist, the quality and risk nurse manager, the associate nurse manager and the bedside nurse looking after the patient. We have found these rounds to be valuable for changing practice, educating staff and sharing information so that we provide the best care for our patients.

The May 2011 Alfred Health PUPPS results demonstrated that the above initiatives helped ICU to reduce the pressure injury rate to 27.8 per cent.

PROTECTED MEALTIMES FOR PATIENTS

In our last two Quality of Care Reports we reported on how we have been improving care for older patients to reduce the risk of functional decline, which is the reduced ability to perform activities of daily living.

Work has continued with a range of guidelines developed on topics such as depression, dementia and incontinence, to assist staff to care for older people.

One of the guidelines is about nutrition and this includes protected mealtimes. This means that patients can eat their meals without interruptions such as ward rounds, cleaning and non-urgent X-rays.

Protected mealtimes were created after research showed that more than 50 per cent of older patients admitted to hospital are at risk of being undernourished, which can



Residents at Glen Eira Nursing Home during a protected mealtime

increase the risk of illness and is a major cause of functional decline.

During protected mealtimes staff focus on supporting and encouraging patients with their meals. Staff create an encouraging environment,

including the opportunity to eat in a dining area.

The protected mealtimes on each ward are advertised on or near the entrance door to each ward. This is in place on all wards at Caulfield Hospital.

BOTOX – MORE THAN JUST REDUCING WRINKLES!

Botox (botulinum toxin A) injections are mostly known for their ability to reduce the appearance of facial wrinkles. However, they also have an important role in treating tight muscles of people with neurological injuries such as strokes. The Department of Health awarded funding to staff at Caulfield Hospital to investigate whether Botox injections can help people with a specific muscle tightness called dystonia.

Dystonia is a specific type of muscle contraction that occurs involuntarily. It occurs either every time the dystonic person moves or when the person performs a specific movement.

In the lower leg, dystonia affects walking, which increases people's use of walking aids, their risk of falling and risk of fractures, and reduces mobility. In turn, this can lead to a decreased quality of life and an increase in the cost of care.

People with lower leg dystonia who have received Botox injections consistently report that their walking has improved, with many choosing to return for repeated injections. However, the gait measures (simple timed walking tests conducted in the clinic) used to assess the effectiveness of Botox injections do not detect changes in their walking.

It is not known whether the clinical measures are not sensitive enough to detect the subtle but important changes in walking after the Botox injections, or whether no change in walking actually occurs.

To answer this question the walking pattern of people with lower leg dystonia is being assessed in detail with sensitive measures taken in a Gait Analysis Laboratory. The gait analyses are performed before the Botox injections and again six weeks after the injections. The results of this investigation will clarify whether Botox injections are an effective treatment option for people with lower leg dystonia.



vision
to deliver outstanding care

Mission
Best quality clinical practice:

Delivered in partnership with patients,
carers, the community and other health
care providers
Enabled through innovation, research and
education

Our Values
Integrity, Accountability,
Collaboration, Knowledge


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COMMUNITY PARTICIPATION



Collaboration

MEETING THE COMMUNITY PARTICIPATION STANDARDS

At Alfred Health we value and welcome input from consumers, carers and the community to ensure that our services are based on user needs and to make sure that we are constantly improving the quality of our services. We report against five Department of Health (DoH) community participation standards and achievements against these standards are outlined below.



THE ORGANISATION DEMONSTRATES A COMMITMENT TO CONSUMER, CARER AND COMMUNITY PARTICIPATION APPROPRIATE TO ITS DIVERSE COMMUNITIES

This standard has been achieved by:

- Updating our community participation policy using the DoH standards.
- Development of the 2010 – 2013 Community Participation Plan that includes a Cultural Responsiveness Plan and Disability Action Plan. Search for the Plan on our website at www.alfredhealth.org.au
- Reporting participation through our Quality of Care Report, our Annual Report, the media and in our staff newsletter.
- Consumers, carers and community members providing feedback through focus groups, patient satisfaction surveys and committees.
- Reviewing the community participation intranet site and including more staff resources.
- Information about community participation being presented at all staff orientation sessions and community participation training for all staff.
- Developing a consumer register in 2009 which now has over 85 members who are involved in things such as providing feedback about patient information and participating in focus groups.

As a volunteer I get to see what happens at The Alfred and joining the consumer register was a chance for me to give feed back. This year I've been involved in a focus group for the Quality of Care Report and have also given my feedback about hand washing posters

David Garner joined the Alfred Health consumer register in 2009.

SUPPORTING COMMUNITY MEMBERS

Alfred Health regularly encourages and supports Community Advisory Committee (CAC) members to attend workshops, seminars and conferences. In 2010 the Department of Health provided a scholarship for Sarah Gray, CAC member, to attend the National Forum on Safety and Quality in Health Care. Sarah said, "This was a really inspiring forum and I came away convinced of the importance of the role of team work, collaboration and communication in health care and the role of the consumer in this."



2

CONSUMERS AND CARERS ARE INVOLVED IN INFORMED DECISION-MAKING ABOUT THEIR TREATMENT, CARE AND WELLBEING

There are five sub-measures for this standard. The target score for the first sub-measure is at least 75 on the consumer participation indicator (CPI) from the Victorian Patient Satisfaction Monitor (VPSM) which we have achieved (see page 9). Further processes to assist the achievement of targets will continue to be developed during 2011.

Indicator	Jun 2010	Dec 2010	Target
The number of women who said they thought they were given an active say in making decisions about what happened during their labour and / or birth at Sandringham Hospital.	100%	95%	90%

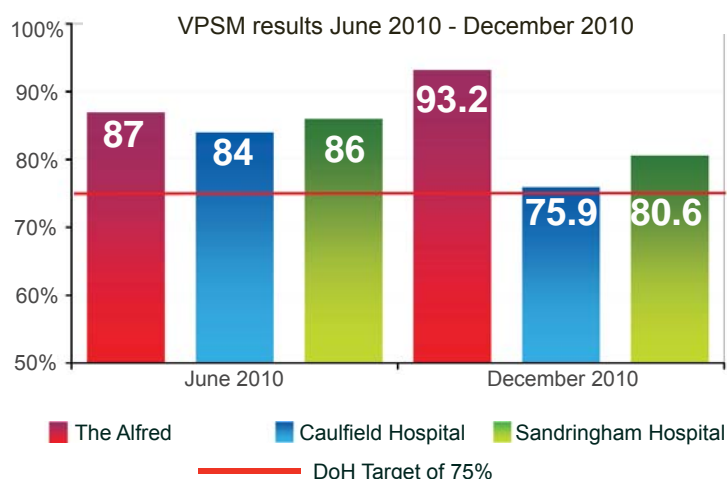
Indicator	Dec 2010	Feb 2011	May 2011	Target
The percentage of clients / carers satisfied or highly satisfied with their involvement in decisions about their care or treatment at Caulfield Community Health Service.	100%	100%	100%	90%

Indicator	Mar 2011	Target
Evidence of achievements against three mental health measurements: completion of the consumer self-rated measure; consumers' co-signatory on individual service plans, treatment and care plans or recovery plans; evidence of consumer held records.	66.7%*	75%
* This is a new target which we plan to achieve in 2012		

Indicator	Jul 2010 - Jun 2011	Target
The number of residents / families / carers in our residential aged care facilities satisfied with their involvement in decision-making about their care or treatment.	76.7%	75%

3

CONSUMERS AND CARERS ARE PROVIDED WITH EVIDENCE-BASED, ACCESSIBLE INFORMATION TO SUPPORT KEY DECISION-MAKING



A review was undertaken during the year to assess the content and availability of consumer and carer information. As a result, a patient information and feedback project will commence in August 2011.

Another measure for this standard is the number of people responding to the VPSM who rate the written information on how to manage their condition and recovery at home as being good to excellent. This target was met this year (see graph opposite).

4

CONSUMERS, CARERS AND COMMUNITY MEMBERS ARE ACTIVE PARTICIPANTS IN THE PLANNING, IMPROVEMENT, AND EVALUATION OF SERVICES AND PROGRAMS

Consumers, carers and community members have participated in the following ways:

- Providing feedback about the Alfred Health Strategic Plan 2010 – 2013.
- Reviewing physical activity programs at Caulfield Community Health Service.
- Developing Advance Care Planning Program documents.
- Developing information for new mothers at Sandringham Hospital.
- Developing information about adverse drug reactions in hospital.
- Providing feedback about the Caulfield Hospital Outpatient and Community Information Handbook and the Sandringham Hospital Patient Information Handbook.
- Involvement in the review of Alfred Psychiatry's complaints processes.
- Involvement in a number of committees including the Community Advisory Committee, Ethics Committee, Aboriginal and Torres Strait Islander Health Advisory Committee and the Health Promoting Hospitals and Health Services working group.

THE ROLE OF THE COMMUNITY ADVISORY COMMITTEE

The Community Advisory Committee (CAC) is a Committee of the Alfred Health Board that meets at least six times a year with the aim of bringing the voices of the community and consumers into the decision-making processes of Alfred Health.

The Committee has up to 10 community members and two members of the Alfred Health Board. Some comments from members about the CAC are:

"CAC members come from diverse backgrounds, each bringing their own important perspective on health care for themselves and members of their communities...and helping to ensure that health consumers are involved in decision-making and making a real contribution to the quality of care."

"I believe very strongly that medical services should be equally available and accessible to all; I hope through my involvement in the CAC to help ensure Alfred Health strives to achieve this equality."

"I strongly believe the CAC makes a real difference. There is nothing more



Five members of the Community Advisory Committee (Clockwise from top left) Caroline Spencer, Brett Hayhoe, Sarah Gray, David Menadue and Val Johnstone

basic than the health of a population and the CAC ensures that the hospital system delivers this with the community's needs in mind."

5

THE ORGANISATION ACTIVELY CONTRIBUTES TO BUILDING THE CAPACITY OF CONSUMERS, CARERS AND COMMUNITY MEMBERS TO PARTICIPATE FULLY AND EFFECTIVELY

Examples of strategies used to build the capacity of consumers, carers and community members include:

- Invitations to attend the community participation staff training.
- Invitations to attend the Welcoming Diversity staff training.
- Attendance at conferences, seminars and workshops, such as the 2011 Consumers Reforming Health international conference.

Alfred Psychiatry has improved the involvement of consumers and carers delivering orientation and training from 44 per cent in December 2010 to 62.5 per cent in March 2011.

We are working towards exceeding this target in the next reporting period and will be conducting an independent evaluation of our consumer participation program in Alfred Psychiatry.

DISABILITY ACTION PLAN

In 2010 we produced our first three-year Disability Action Plan (DAP), and the following outcomes have been achieved:

- The new Welcoming Diversity training session includes a section on disability.
- A staff guide helps ensure the usefulness and clarity of written patient information.
- Our website content is available to a wide audience, including readers using assistive technology or accessibility features.
- Managers are provided with training to understand the needs of staff members with a disability.
- In-service education on wards includes information about Australian sign language interpreters.
- We portray people with a disability positively in many of our media and staff newsletter articles.
- Guide Dogs Victoria gave a presentation during Alfred Week in October 2010.



Alfred Health staff with a Guide Dog during Alfred Week

To read our Disability Action Plan visit the community participation section of our website and click on the 2010 – 2013 Community Participation Plan. Large print copies are available on request.



CULTURAL RESPONSIVENESS

Alfred Health has a strong commitment to meeting the needs of all consumers, including cultural, linguistic and religious (CALD) needs. We have shown this commitment through our Cultural Responsiveness Plan which is based on six standards set by the Department of Health. Our achievements against these six standards are outlined below.

1

A WHOLE-OF-ORGANISATION APPROACH TO CULTURAL RESPONSIVENESS

- The Multicultural Advisor presents information about guidelines and appropriate resources.
- Regular staff education sessions are held and a monthly staff newsletter is published.
- Staff have access to the Cultural Diversity and Interfaith Resources intranet site which includes helpful resources.
- The changing community profile is monitored to ensure relevant services are provided, including access to interpreters and translated clinical material.
- All-staff events, such as Cultural Diversity Week, have been well attended across Alfred Health.

2

LEADERSHIP FOR CULTURAL RESPONSIVENESS IS DEMONSTRATED

- The Alfred Health Director of Planning has responsibility for making sure the Cultural Responsiveness Plan is monitored and the actions are carried out.
- Training opportunities are brought to the attention of senior managers in the monthly newsletter.

3

ACCREDITED INTERPRETERS ARE PROVIDED TO PATIENTS

- We employ only nationally accredited interpreters.
- We provided interpreters on more than 21,500 occasions in 2010/11.
- Staff are reminded to read the Patients Requiring Language Services Guideline, and we have an electronic, step-by-step guide for staff on how to book an interpreter.
- We are currently reviewing our translated material to make sure it is relevant to culturally and linguistically diverse consumers, and that staff can access this information. The translation service continues to be promoted to all staff.
- Interpreters are offered to CALD patients when they make complaints, and complaints are monitored to help us understand and overcome issues faced by CALD consumers.

COURAGE TO CARE EXHIBITION

The Courage to Care exhibition held at Caulfield Hospital in February 2011, provided an account of people who saved Jews and non-Jews during the Holocaust. The goal of the exhibition was to demonstrate how one individual can make a difference. It inspired staff to reject racism and prejudice.

The exhibition was well attended and 203 staff provided positive feedback. One staff member said that the exhibition raised “awareness, understanding, tolerance, compassion, humility.”

4

INCLUSIVE PRACTICE IN CARE PLANNING IS DEMONSTRATED

- Culturally appropriate meals are offered to patients, including Halal, Kosher and vegetarian options. The availability of Pastoral Care services and Spirituality Centres at The Alfred and Caulfield Hospital is promoted in the Patient Information Handbooks and at staff orientation and training. The Multicultural Issues at Time of Death guideline assists staff to respond appropriately to the needs of patients and their families at this stressful time.

5

CALD CONSUMER, CARER AND COMMUNITY MEMBERS ARE INVOLVED IN STAFF PLANNING, IMPROVEMENT AND REVIEW OF PROGRAMS AND SERVICES

- A fact sheet is available on the intranet to encourage staff to involve CALD consumers in the planning, improvement and review of programs and services.
- The Community Advisory Committee makes sure that the needs of CALD consumers are considered. The membership of this committee reflects diverse views.

6

STAFF ARE PROVIDED WITH PROFESSIONAL DEVELOPMENT OPPORTUNITIES

- Welcoming Diversity training is run and ward and department in-service education is provided by the Multicultural Advisor, with ongoing review based on evaluations.
- Staff are encouraged to access external professional development and are kept informed about these opportunities via the monthly newsletter.

CULTURAL DIVERSITY WEEK 2011

Large numbers of staff attended events during Cultural Diversity Week in March 2011. The keynote address encouraged staff to provide health care that caters for the individual and diverse needs of patients. Wards and departments shared many types of food during the Multicultural Master Chef competition, and a Multicultural Market Day hosted a number of fair-trade stalls and information stands where people were also entertained by an African drumming group. The first Welcoming Diversity training session informed staff about the support, resources and services to assist them to provide culturally appropriate care and support.



Alfred Health staff at the Multicultural Market Day



IMPROVING ACCESS TO AUSLAN INTERPRETERS

Alfred Health provided Australian Sign Language (AUSLAN) interpreting services on 152 occasions in 2010/11, compared to 128 in 2009/10. Signs in the Emergency Department (ED) help people who are Deaf or have a hearing impairment to indicate that they need an AUSLAN interpreter. A new guideline for ED staff shows how to access an AUSLAN interpreter after-hours, and all staff can now access AUSLAN interpreters 24 hours a day with the introduction of an after-hours service. The Multicultural Advisor educates staff during orientation and provides training on when to use an AUSLAN interpreter.

NEW GUIDELINE

Alfred Health is in the process of preparing a guideline that will assist in the care and treatment of all Aboriginal and Torres Strait Islander patients.

This guideline will outline the requirements for accurate identification and recording of Aboriginal and Torres Strait Islander status as well as the internal referral processes to the Aboriginal Hospital Liaison Officers and will highlight training requirements.



Aboriginal Hospital Liaison Officers, Eleisha Jones, Rebekah Lilley and Aboriginal Liaison and Access Worker, Damien Wright

ABORIGINAL HEALTH WORKERS MAKING A CHANGE

Alfred Health has shown its commitment to improving the health of Aboriginal and Torres Strait Islander people with the recent employment of three staff members who work with the Aboriginal community.

Two full-time Aboriginal Hospital Liaison Officers, Eleisha Jones and Rebekah Lilley, act as a liaison between staff and Aboriginal patients, families and community members. Based at The Alfred, the workers' roles are varied.

"A big part of the job is making sure that patients understand their treatment during their hospital stay. It's great to work collaboratively with other staff to get the best outcome for our Indigenous patients," Eleisha said.

Aboriginal Liaison and Access Officer, Damien Wright, works at Caulfield Community Health

Service (CCHS). Damien describes his role as "getting out in the community and explaining the services of CCHS".

In 2011, one of the priorities for the workers is increased cultural safety and awareness amongst staff. It is also a priority to make the health service a welcoming environment. Rebekah said, "It is so important to have flags and artwork on display as it shows that we are

acknowledged and that the organisation values Indigenous culture."

All three workers have spent time in the community linking with other local health organisations, community members and elders, including attending Local Indigenous Network meetings. All three workers aim to promote their roles widely across the Indigenous community and hope to see an improvement in the health of Aboriginal people.



Aboriginal and Torres Strait Islander flags on display at The Alfred



Staff and community members celebrate Reconciliation Week

HOW WE ARE MEETING THE STANDARDS

Every year Alfred Health has to report against the four key result areas of the Improving Care for Aboriginal and Torres Strait Islander Patients program. An Aboriginal and Torres Strait Islander Health Action Plan is currently being developed to help improve our efforts against all four standards. Information about what we did in 2010/11 against each of the four standards is set out below.

1

ESTABLISH AND MAINTAIN RELATIONSHIPS WITH ABORIGINAL COMMUNITIES AND SERVICES

- The Alfred Health Aboriginal and Torres Strait Islander Health Advisory Committee meets every two months and will make recommendations regarding opportunities to improve the delivery of healthcare, relationships with the community, the cultural awareness of staff and the cultural sensitivity of the physical environment. Two Indigenous elders and other adult members of the Indigenous community are included in the membership.
- Key cultural events are acknowledged at Alfred Health including Sorry Day, Reconciliation Week and NAIDOC Week.
- Alfred Health has active representation on the Department of Health's Closing the Gap Steering Committee and Reference Group.

2

PROVIDE CROSS-CULTURAL TRAINING FOR HOSPITAL STAFF

- Aboriginal Hospital Liaison Officers (AHLOs) help run bi-annual Welcoming Diversity training sessions.
- Orientation sessions are held for all new Caulfield Community Health Service (CCHS) staff. There are plans for presentations at all orientation sessions across Alfred Health.
- All CCHS staff wear badges with the Aboriginal and Torres Strait Islander flags. An acknowledgement of traditional custodians of the land has been established practice at major meetings for some years and this has been extended to other meetings, including the CCHS staff meeting.

3

SET UP AND MAINTAIN SERVICE PLANNING AND EVALUATION PROCESSES THAT ENSURE THE CULTURAL NEEDS OF ABORIGINAL PEOPLE ARE ADDRESSED WHEN REFERRALS AND SERVICE NEEDS ARE BEING CONSIDERED, PARTICULARLY IN REGARD TO DISCHARGE PLANNING

- The AHLOs regularly review admission data. The AHLOs also update any incorrect information discovered as a result of their contact with patients. The Alfred Health Aboriginal and Torres Strait Islander Health Advisory Committee is currently developing an action plan that will help with this.

4

ESTABLISH REFERRAL ARRANGEMENTS TO SUPPORT ALL HOSPITAL STAFF TO MAKE EFFECTIVE PRIMARY CARE REFERRALS AND SEEK THE INVOLVEMENT OF ABORIGINAL WORKERS AND AGENCIES

- The AHLOs have started visiting wards and attending some nursing handovers to introduce themselves and hand out their contact details.
- Aboriginal Access and Liaison staff attend Indigenous community events and meetings including the Local Indigenous Network.
- The plan for 2011 is to establish a referral mechanism for all staff to refer patients directly to the AHLOs.
- Criteria have been developed for Caulfield Access (more information on page 33) to support identification and appropriate referral for Aboriginal clients.

HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

Alfred Health is proud to have achieved membership of the World Health Organisation's International Network of Health Promoting Hospitals and Health Services.

This recognises our strong achievements in health promotion as well as the commitment we have made to future health promotion efforts.

Health promotion and disease prevention is becoming an essential part of the role of health services. Alfred Health has a long standing record as a leading health care provider

for people within the local community and beyond, and one of the biggest challenges for us now, is how to prevent disease and reduce the risk factors that lead to poor health.

Many of our health promotion initiatives have already been recognised nationally and internationally for achieving positive outcomes. These include initiatives such as patient storytelling as well as the improvements in falls prevention and physical activity through programs such as strength training and community education about healthy ageing.

A new position has been established to help integrate health promotion throughout the organisation. The Lead for Population Health and Health Promotion, as the role is known, will consider how Alfred Health can contribute to health promotion and develop strategies to manage healthy weight and smoking, and become a best practice healthy workplace.

As a Health Promoting Hospital and Health Service, Alfred Health will aim to improve the health of the population, not just the people who access our services directly.

PHOTOGRAPHY PROJECT HELPS PROMOTE SOCIAL CONNECTIONS

A digital photography group designed to help young people practise social skills has resulted in an exhibition showcasing their previously undiscovered talent.

The Occupational Therapy department at the Child and Youth Mental Health Service established the digital photography group to help young people who lacked meaningful occupations and motivation or who experience social difficulties.

The group ran for five weeks and was a great success, with plans already in place to run the program again.

Occupational therapist, Becky Dore, said, "The digital photography group provided participants with a supportive social group, demonstrating that photography can be used as a means of self-expression

and giving young clients the opportunity to develop a new skill."

"Group members also started sharing their experiences around mental health challenges and realised they were not alone in what they were feeling."

Becky said it was wonderful to see the growth in the young people's confidence and their sense of achievement when they saw their photos enlarged and on display for families and friends.

"Some clients had never had anything to show off before and several are already thinking of pursuing photography."



Photo taken by Emily McKenzie as part of the digital photography group

NEW DVD TO PROMOTE BREASTFEEDING

A unique DVD aimed at encouraging families to support breastfeeding mothers was launched in May 2011 as part of a joint project between Sandringham Hospital maternity services and Glen Eira, Kingston and Bayside city councils.

The DVD, Breastfeeding is a Family Affair, profiles two families, a dads' group, mothers participating in a lactation day stay program filmed at Sandringham Hospital and two health professionals discussing the importance of family support and strategies to help mothers.

Judy Reeves, Sandringham Hospital's program director of women's and children's health and director of nursing, said it is a well researched fact that breastfeeding is the optimal choice in feeding an infant.

"Breastfeeding helps babies develop strong immune systems and strong bones and also has positive outcomes for

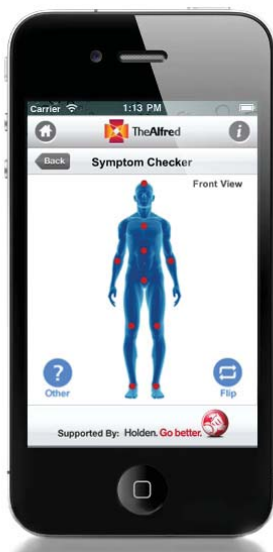


Amanda Davey with baby Callum at Sandringham Hospital

the mother, including losing weight after the birth. It may also improve mother-child bonding," Judy said.

Judy praised all three councils and the families and

hospital staff for supporting the production of the new breastfeeding DVD, which she described as a wonderful initiative.



NEW ALFRED IPHONE APP

The Alfred has developed an Australian-first, free iPhone App called myHealthMate™ to encourage men to be more proactive about their health.

myHealthMate™ features a user-friendly symptom checker to help men match 20 areas of the body to over 50 common symptoms.

The App encourages men to find out more about any symptoms they are experiencing rather than ignoring them until they possibly become larger problems.

Medical specialists from cardiovascular and respiratory medicine, renal, nutrition, urology, and others all contributed content which also points users to other popular health promoting sites for more information.

myHealthMate™ can be found at Apple's AppStores. Visit www.myHealthMate.com.au for more information or view the vodcast at www.youtube.com/AlfredHealthTV

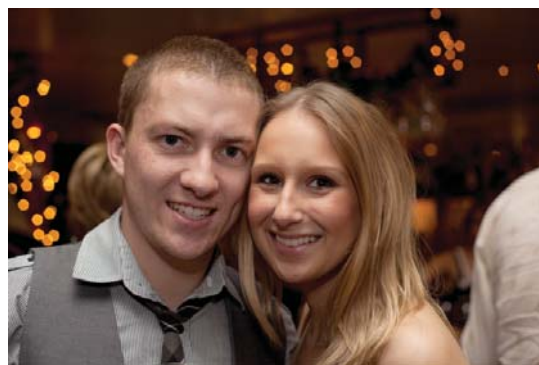


CONTINUITY OF CARE

RARE AND UNLUCKY

A very rare condition struck out of the blue for healthy, active 26-year-old marketing manager Sean McDonald.

"I had a slight cold but nothing out of the ordinary," he recalled. "Then the following weekend I had trouble passing urine, which gradually got worse and more painful."



SEAN'S EXPERIENCE OF OUR THREE HOSPITALS

Sean was admitted to Sandringham Hospital in late November 2010, where a catheter was inserted and 1.4 litres of urine drained – certainly not a normal situation for a young man.

After a long series of tests were conducted, an MRI revealed lesions on his brain. Finally, Sean was diagnosed with Acute Disseminating Encephalomyelitis (ADEM) – a rare neurological condition, which is seen about once every two years at major acute hospitals. About eight in one million people contract this condition.

Sean got progressively worse every couple of hours – going from having to lean on his family when walking into Sandringham Hospital to the weakness in his legs becoming numbness from the ribcage down. After five days he couldn't move his legs at all. He also had pins and needles in his chest, some double vision, fever, vomiting and drowsiness.

After being admitted to The Alfred, Sean was put on a heavy dose of steroids to stop the progression of the condition, which worked for a while, until his progress plateaued and he was treated with plasmapheresis (taking the plasma out of his blood) for five days and he then began to slowly recover.

A much skinnier Sean – he lost about 10kg – came to Caulfield Hospital using a walking frame "like an old man".

"It was great that I was able to wriggle my toes one day and move my ankles the next, though I still had lots of numbness and stomach pain when I got to Caulfield," he said. Sean recovered much quicker than doctors had predicted. There was some initial worry that he may not walk again or have permanent deficiencies. However, after five days at Caulfield, Sean was walking unaided.

Dr Mithu Palit, Head of Neurological Rehabilitation, says it can take up to six months to recover from ADEM. "ADEM usually starts with a cold or infection and appears to be an immune reaction to the infection, which causes inflammation in the central nervous system. With this condition, there are usually widespread, multiple changes deep in the white matter of the brain, somewhat similar to Multiple Sclerosis," Dr Palit said.

"In the majority of cases we see a full recovery but some have a minor residual disability."

Sean was discharged on New Year's Eve 2010 and had a very quiet celebration. He is now an outpatient at Caulfield Hospital, doing regular physiotherapy to battle ongoing weakness and fatigue. He is back at work part-time and his aim is to return to weekly basketball games soon.

ALFRED HEALTH ACHIEVES TOP PERFORMANCE

Alfred Health is the only health service in Victoria achieving all the government's elective and emergency targets for the time within which patients should receive treatment (see table below) and we are very proud of these results.

Alfred Health is committed to ensuring that all of its patients receive the right care, at the right time and in the right place and we have worked hard to improve our services over many years.

A key element in achieving this improvement has been developing what we call models

of care that are designed to meet the needs of particular groups of patients. For example, because we need to treat the most urgent cases first, elective surgery is often postponed while emergencies are treated and this can be distressing for patients and their families. The development of The Alfred Centre, which focuses on elective surgery, has enabled us to keep emergency and elective surgery work at The Alfred separate so that patients' elective surgery will not be postponed.

We have undertaken many projects to investigate how our hospitals can work more closely together and more efficiently and, as a result, our Emergency

Department (ED) has been able to cope with an 8 per cent annual increase in attendances.

The establishment of the Acute Medical Assessment Unit has provided a new way of caring for medical patients requiring admission to hospital (see page 33 for more information).

There have been many principles guiding our approach to improving access to our services such as recognising that one solution does not fit all patients and knowing that we need to have strong leaders who are well informed and are continually striving to achieve 'best practice' and innovation in the way we provide our services.

This table shows our 2010/11 performance against the Department of Health targets. To understand some of the data here are some definitions:

Triage 1 - 3 means the category of the most urgent patients in the Emergency Department (ED) with triage 1 being the most urgent.

Category 1 to 3 relates to elective surgery patients and the number of days in which patients need to be admitted to hospital.

Hospital initiated postponements means when a patient's planned elective surgery needs to be postponed by us.

Hospital bypass is when the hospital requests that ambulances bypass it, usually because ED is full and cannot safely treat more patients. However, when a hospital is on bypass, urgent patients will still be accepted.

Alfred Health Elective Surgery Performance	Actual	Target	Result
Elective surgery waiting list	1,885	2,100	✓
Elective surgery admissions	11,591	11,300	✓
Category 1 admitted in less than 30 days	100%	100%	✓
Category 2 admitted in less than 90 days	90%	80%	✓
Category 3 admitted in less than 365 days	100%	90%	✓
Hospital initiated postponements	5%	8%	✓

Emergency Access Performance - The Alfred	Actual	Target	Result
Transferred in less than 8 hours	77%*	80%	X
Non admitted patients waiting less than 4 hours	81%	80%	✓
Length of stay greater than 24 hours	0	0	✓
Triage 1 seen immediately	100%	100%	✓
Triage 2 seen in less than 10 minutes	87%	80%	✓
Triage 3 seen in less than 30 minutes	79%	75%	✓
Hospital bypass	1.4%	3%	✓

Emergency Access Performance - Sandringham Hospital	Actual	Target	Result
Transferred in less than 8 hours	81%	80%	✓
Non admitted patients waiting less than 4 hours	80%	80%	✓
Length of stay greater than 24 hours	0	0	✓
Triage 1 seen immediately	100%	100%	✓
Triage 2 seen in less than 10 minutes	85%	80%	✓
Triage 3 seen in less than 30 minutes	81%	75%	✓

* This target was met in all quarterly reporting periods except for Quarter 1.

CAULFIELD ACCESS IMPROVEMENTS

Caulfield Access is the intake, information and referral service for the Rehabilitation, Aged and Community Care program of Caulfield Hospital. An intake, information and referral service helps clients identify their health and wellbeing needs and recommends appropriate services. We provide client support over the phone or in person, as well as advising community and health service providers about the services available and how to refer clients to them.

Caulfield Access recently undertook a review with the goal of developing new referral pathways and systems with higher levels of effectiveness and efficiency. Helpful feedback from a number of our clients showed us ways in which the referral experience could become more positive and client-centred.

As a result of the review, significant improvements have been made which will improve outcomes for approximately 8,000 clients each year. For example, there has already been a 51 per cent reduction in referral processing time and a 34 per cent increase in the number of referrals processed within the three day key performance indicator.

These outcomes achieved by the Caulfield Access Team result in more client centred and timely access to services. Caulfield Access is now recognised by other metropolitan health services as a leading provider of intake, information and referral services.

PROJECT AIMS TO DECREASE EMERGENCY DEPARTMENT VISITS



Dr Matthew Skinner consults with patient Keith O'Callahan in the Acute Assessment Unit

The Alfred is trialling a new project with the aim of improving patients' experience of the health system by helping some patients avoid going to the Emergency Department (ED).

The project, led by the Department of Health, looks at the experience of the patient from when they are first referred by a GP or a community health professional.

Currently, if a GP needs advice or further assessment of a patient from an Alfred doctor they call the ED and if the doctor thinks the patient needs to come to The Alfred then they are sent straight to the ED. However, this project will give GPs direct access to a senior doctor at The Alfred from Monday to Friday, 8 am – 4 pm, and if the patient needs to come to The Alfred they will go straight to our Acute Assessment Unit (AAU).

It is expected that these patients will have an improved experience at The Alfred because they will not need to go through the ED process. This will not only save them time but they will also not have to repeat their story to everyone they come into contact with. Instead, patients will go straight to the AAU where they will be assessed by a dedicated team of doctors, nurses, a physiotherapist, occupational therapist, social worker and other allied health professionals.

Alfred staff met with other community service organisations to get input into the project. The project will be trialled with a target group of patients with chronic disease and GPs who regularly see these patients. It is expected that the project will then be expanded to the rest of The Alfred's catchment area.

DISCHARGE HOME SAFELY, SMOOTHLY AND SWIFTLY: REVIEW OF A GRADUATED DISCHARGE PROGRAM

The Graduated Discharge Program (GDP) was established at Caulfield Hospital in 2008, with the aim of reducing patients' time in hospital by offering a choice of having the final part of their stay provided in their own home or a community setting. Services offered as part of the GDP are community rehabilitation, support services (Post Acute Care), and case management (Hospital Admission Risk Program).



Fred Hunt is glad to be going home

The GDP was reviewed in 2009/2010, with 85 patients from the aged care and rehabilitation wards taking part in the review. Results of the review showed the following:

- Patients showed a significant improvement in a mobility measure across inpatient and community settings.
- The number of patients who needed a gait aid decreased significantly across all settings where rehabilitation took place.
- Carer Strain Index scores indicated that carer strain did not increase despite earlier discharge from hospital.
- A high level of patient satisfaction was recorded for all areas of the program including:
 - Patients feeling ready to leave hospital earlier.
 - Patients' understanding of arrangements after discharge from hospital.
 - Therapy and support service received after hospital discharge.
 - The ability to look after themselves following hospital discharge.
- The majority of staff were satisfied with all aspects of the GDP and constructive suggestions were made and implemented.

In conclusion, this review suggested that the GDP approach is not only safe and does not increase risk for clients or for the health care system, but leads to high levels of patient satisfaction.

DISCHARGE INFORMATION FOR PATIENTS

Caulfield Hospital has developed a letter that is provided to patients and their carers / families when they leave the hospital or are 'discharged'.

The Information for Patient letter contains important information about appointments, services to be provided following discharge and advice regarding ongoing care needs. All the members of the healthcare team who have been involved in providing care contribute to the letter with advice about any issues that require ongoing attention.

The letter has been developed with feedback from six patients who were asked to review seven versions of the letter. Patients were then interviewed about the letter and a final version was developed.

The Information for Patient letter is a great achievement as it provides clear and detailed information for patients about ongoing care needs from the healthcare team in one document. It is a great example of a combined effort in care.

ELECTRONIC DISCHARGE SUMMARY

To ensure that discharge information is easy to understand and is of a high standard, Caulfield Hospital has developed an electronic discharge summary. This summary includes a number of different sections for the healthcare team to complete and is sent to GPs and other relevant healthcare providers involved with the ongoing care of the patient.

This summary contains important information regarding the patient's care during their hospital stay and their ongoing care needs when they are discharged from hospital. All relevant health care team members contribute to the document.

Broad consultation was undertaken during the development of this document with the involvement of GPs, a variety of healthcare team members and other healthcare providers.

This is a great improvement as the summary is now typed rather than handwritten which makes the information easier to read. All members of the healthcare team now contribute and there are now specific sections that require that a high standard of documentation is completed. This summary now truly reflects the team approach to patient care delivery at Caulfield Hospital.

ORGAN AND TISSUE DONATION AT THE ALFRED

In 2009, the Australian Government implemented a national reform package entitled "A World's best practice approach to Organ and Tissue Donation for Transplantation". The aim was to increase the rates of organ and tissue donation through hospital networks supporting clinical practice, providing staff and community education and undertaking data analysis.

At The Alfred, organ and tissue donation activities are currently led and coordinated by a team of medical and nursing staff whose role is to raise awareness of, and provide educational services on organ and tissue donation. They also facilitate the process of organ and tissue donation by providing support to families of potential organ donors and to staff members who are involved in the donation process.

In 2010 there were 309 organ donors in Australia. Of these, 23 were identified at The Alfred. The offer of donation from these 23 individuals resulted in life extending heart,



Members of the Organ and Tissue Donation Team; Shena Graham, Dr Steve Philpot and Carole Woeltjes promote DonateLife Week at The Alfred

lung, liver, pancreas and kidney transplants for 70 severely ill and dying patients, in addition to a further 53 tissue donations.

The majority of donors at The Alfred are patients who have become brain dead after severe neurological injury. However, since 2006 The Alfred has also been able to offer organ

donation to suitable patients who die when the heart has stopped and there is no pulse. These now make up about one third of all donations. This allows staff at The Alfred to ensure that organ and tissue donation and the opportunity to help others through transplantation are offered as a routine part of end of life care.

COACHING FOR HEART HEALTH

Cardiovascular disease is the leading cause of death in Australia, claiming one in three lives. Whilst many forms of cardiovascular disease exist, Coronary Heart Disease (narrowing of the blood vessels) is the leading cause of cardiovascular deaths and a major cause of disabilities.

The major preventable risk factors for coronary heart disease include tobacco smoking, high blood pressure, high blood cholesterol, poor nutrition, insufficient physical activity, obesity and diabetes.

At The Alfred, the Coaching for Heart Health program trains and supports patients with coronary heart disease to manage their

cardiovascular risk factors and works in partnership with the patient's own doctor(s). The telephone based program was established in 2003 and is run by two trained Cardiac Coaches who are also qualified dietitians.

The Cardiac Coach recruits patients before they leave hospital and then provides regular, over the phone coaching sessions and mail-outs to patients. Once patients reach the recommended targets for their coronary risk factors, they are graduated from the program.

The program is also run at three other Melbourne hospitals, Melbourne General Practice Network and several health insurance companies.



Dietitian Amanda Cane - Cardiac Coach for the Heart Health program

PROJECTS HELP IMPROVE CARE AT SANDRINGHAM HOSPITAL

Sandringham Hospital has been working to improve care for our community, with several projects developed to help provide a suitable service to our community.

IMPROVING PATIENT FLOW AND SERVICE DELIVERY OF SURGICAL PATIENTS

Work has been done to better understand the issues around the management of day surgery and day of surgery admission patients. A new process has been developed for the management of these patients, with 20 initiatives identified that will assist and improve the patients' experience.

PATIENT STATUS AT-A-GLANCE BOARDS

Patient status at-a-glance boards show patient information so that it can be updated regularly, seen easily and used more effectively by staff. The boards have been designed to reduce time spent looking for information and to improve the patient experience from admission to discharge, improve interdisciplinary communication and planning and improve shift handovers. After a short time we have already seen improvements in communication, patient flow and discharge planning. We are also using performance and safety noticeboards (see page 15).

SANDRINGHAM MIDWIFE CLINIC

Work is currently underway to understand the patients' experience during pregnancy. The Sandringham midwife clinic has been in increased demand and we are currently redesigning the clinic's process and patient flow to meet this demand. We look forward to reporting our progress.



CARE COORDINATION PROJECT

A project has been developed that will assist patients who have acute leukaemia and who have to travel. Achievements include:

- Coordination of care of 152 patients at The Alfred including education and support for patients, carers and families. Support included access to local health providers closer to home, including pathology services.
- Development of a care plan to assist in transferring the care of patients to palliative care services.
- Development and review of patient information on various aspects of patient care and treatment including the development of an emergency medical alert card.
- A study day for health professionals to learn more about malignant haematology disease and treatment.

Evaluation shows that the project initiatives were consistently rated highly by staff, patients and their families or carers in all aspects of support provided.

MULTIDISCIPLINARY TREATMENT PLANNING FOR CANCER PATIENTS

Alfred Health continues to be an active member of the Southern Metropolitan Integrated Cancer Service (SMICS), a joint initiative incorporating Southern Health, Peninsula Health and Cabrini Health.

Alfred Health remains committed to multidisciplinary care for cancer patients which is an important component of best practice cancer care. A SMICS worker has been working with cancer specialists at Alfred Health and in 2010 provided administrative support for 160 multidisciplinary team meetings where treatment was planned for 1,140 patients with suspected or diagnosed cancer.

Outcomes of this work include increasing documentation of planned treatment and improved communication with patients' GPs.

SUPPORTIVE CARE SCREENING FOR CANCER PATIENTS

Supportive care screening has been implemented as standard practice for patients with a new cancer diagnosis commencing chemotherapy and radiotherapy. This assists patients, their families, carers and staff in identifying issues that are or may become distressing for them during their cancer treatment and helps identify any assistance they may need.

DIABETES INITIATIVE

Since 2008, Alfred Health has been part of the South East Bayside Diabetes Alliance (SEBDA). The aim of SEBDA was to improve access to diabetes services within our catchment area to enhance the health outcomes and quality of life for people with diabetes.

For the past two years members of SEBDA have been working to develop a framework to help GPs with diabetes management and referral. This group involved a range of different healthcare workers who have created the SEBDA triangle, a tool to assist health professionals in finding care pathways for their patients with diabetes.

The triangle provides links to local diabetes service providers such as endocrinologists, diabetes educators, podiatrists and dietitians. The links also provide information to GPs about how to make a referral.

The SEBDA triangle was developed after consultation with GPs and other health professionals from community health centres and Baker IDI. Consumer focus groups were also held to obtain further input from a service user perspective.

The SEBDA triangle can be found on the Diabetes Australia Victoria website: <http://www.diabetesvic.org.au/home>

IMPROVING CARE FOR PATIENTS IN THE SPECIALIST CONSULTING CLINICS



A recent project in Specialist Consulting Clinics, formerly known as Outpatients Clinics, is helping to decrease the amount of time that an outpatient spends in a clinic to no more than 70 minutes from when they first check in to when they see the doctor.

The idea for this project came from patient feedback. The following improvements have been achieved:

- A flag system helps identify patients who are waiting to see a doctor. If a patient waits for more than 30 minutes an orange flag is put on their file and if they wait for more than 60 minutes the flag is updated to red. These flags show nursing and clinical staff how quickly patients are moving through the clinic each day.
- Nursing staff now go out into the waiting room every hour to talk to groups of patients to let them know about waiting times.
- Performance and safety noticeboards have been installed in all clinical areas. These help to communicate key information to staff such as the number of appointments, transit and ambulance patients and interpreter bookings.

A NEW SERVICE HELPS IMPROVE PATIENT CARE



Nurse Manager Annie Bieniek and Mary at Sandringham Hospital

Additional Victorian Government funding has enabled extra subacute beds to be introduced across Alfred Health. A 10 bed Geriatric Evaluation and Management Unit was established at Sandringham Hospital in October 2010, with an additional five beds added in April 2011.

This new service has significantly improved patient care by using the number of inpatient beds more efficiently and removing the long delays that patients were experiencing in accessing some services. The service offers rehabilitation and ongoing care of the complex chronic medical conditions commonly experienced by frail older people. It is linked in with a range of other community services specifically developed for older and functionally impaired people who access Alfred Health's other services.

FEEDBACK ABOUT THE REPORT

This is Alfred Health's tenth Quality of Care Report, and every year we request feedback from our community so we can keep producing a report that is interesting and easy to read. Feedback received about the 2010 report was positive with comments such as, "I was surprised that it was a hospital report given that it was so user-friendly."

We included an evaluation form in each copy and invited feedback from readers. Feedback showed that the report was easy to read and the content was easy to understand.

We also conducted a consumer focus group and used feedback to assist with the content and design for this year's report. As a result, we have included an article about organ and tissue donation and continued to use full-page photographs which are popular with consumers.

We received feedback about the 2010 report from the

Department of Health and we have aimed to address their feedback to improve this year's report.

As always, we worked very closely with our Community Advisory Committee (CAC) to produce this report. Three CAC members worked with staff to develop the content and provided feedback about the design, distribution and evaluation methods. All CAC members had an opportunity to review draft versions of this report, as did our Quality Committee and Executive Committee.

By receiving feedback each year we believe that we are able to produce a publication that is informative and user friendly. We are using the same feedback methods for this year's report as we did for the 2010 report and we welcome your feedback which you can submit by filling out the enclosed form.

DISTRIBUTION OF THE REPORT



This report will be distributed in patient areas across our three hospitals and will be sent to local community and health organisations such as GPs, Maternal and Child Health centres and nursing homes. We will also send copies to local councils and politicians and the media. As always, the report will be published on the Alfred Health website.

If you would like extra copies of this report please contact the Clinical Governance Unit at The Alfred on (03) 9076 2804 or visit our website at www.alfredhealth.org.au

ACKNOWLEDGEMENTS

This report was compiled by the Quality of Care Report Advisory Group:

- Sarah Gray, Community Advisory Committee member
- Brett Hayhoe, Community Advisory Committee member
- Tanya Hendry, Community Participation Coordinator
- David Menadue, Community Advisory Committee and Board member
- Sacha Roufail, Executive Assistant, Clinical Governance Unit

The Advisory Group would particularly like to thank Caroline Hedt, Lesley Delcourt and Gavin Hawkins from Visual Communications for photography and to acknowledge: Judith Congalton, Director of Planning; Alison Duncan-Marr, Manager Corporate Governance; Corey Nassau, Manager Public Affairs; and Margaret Way, Director Clinical Governance for their assistance.

A wide variety of staff and consumers contributed to the report and we appreciate their work. We would also like to thank and acknowledge members of the Community Advisory Committee for their feedback.

The Alfred Health Quality of Care Report is written for patients and community members to inform them about how quality and safety is monitored and improved throughout the health service. If English is not your first language and you would like to find out about the information in this report please contact our Interpreting and Multicultural Service on 9076 2000 and ask for extension 44026.

Greek

Η Αναφορά Ποιότητας Φροντίδας του Δικτύου Υγείας The Alfred γράφτηκε για ασθενείς και μέλη της κοινότητας για να τους ενημερώσει πώς ελέγχεται και βελτιώνεται η ποιότητα και ασφάλεια σε ολόκληρη την υπηρεσία υγείας. Αν τα αγγλικά δεν είναι η μητρική σας γλώσσα και θέλετε να ενημερωθείτε για τις πληροφορίες που υπάρχουν στην αναφορά αυτή, μπορείτε να επικοινωνήσετε με την Υπηρεσία μας Διερμηνέων και Πολυπολιτισμού στο 9076 2000 και ζητήστε να σας συνδέσουν με την εσωτερική γραμμή 44026.

Italian

Il Rapporto sulla qualità dell'assistenza di Alfred Health è stato scritto per i pazienti e i membri della comunità per informarli su come la qualità e la sicurezza vengono monitorate e migliorate in tutto il servizio sanitario. Se l'inglese non è la tua prima lingua e desideri saperne di più sulle informazioni contenute in questo rapporto puoi contattare il nostro Servizio Interpreti e Multiculturale al numero 9076 2000 e chiedere dell'interno 44026.

Polish

Raport Alfred Health zatytułowany "Jakość Opieki" został napisany z myślą o pacjentach i członkach społeczności w celu poinformowania ich na temat tego, jak monitorowane i udoskonalane są jakość i bezpieczeństwo w usługach zdrowotnych. Jeżeli angielski nie jest Twoim pierwszym językiem, a chciałbyś dowiedzieć się, jakie informacje zawarte są w tym raporcie, prosimy zadzwonić do naszej Wielokulturowej Służby Tłumaczy pod numer 9076 2000 i poprosić o połączenie z numerem wewnętrznym 44026.

Russian

Отчет по качеству ухода за больными, подготовленный службой здоровья Альфред, написан для пациентов и членов общественности для информирования их о том, как происходит контроль и улучшение качества и безопасности службы здравоохранения. Если английский не является Вашим родным языком, а Вы хотели бы ознакомиться с информацией из этого отчета, пожалуйста, свяжитесь с нашей международной службой переводчиков по телефону 9076 2000 и попросите соединить Вас по номеру 44026.

Chinese

Alfred 健康的护理质量报告是为病人和社区成员书写，向他们通报有关健康服务工作的质量和安全如何得到监控和提高的信息。如果英语不是您的第一语言，而您想了解报告的内容，请联系我们的翻译和多元文化服务处，电话是 9076 2000，转分机 44026。

