

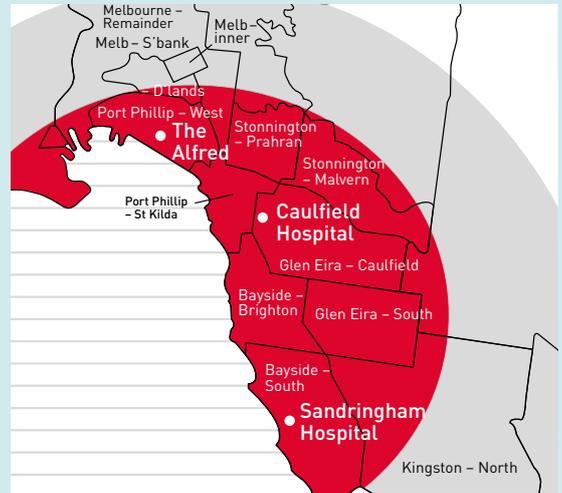
Leading care  
for our community



Quality of Care  
Report 2012–13

# Hospital introductions

**Alfred**Health



## **The Alfred**

55 Commercial Road  
Melbourne VIC 3004  
Phone: (03) 9076 2000  
Fax: (03) 9076 2222  
[www.alfred.org.au](http://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 state-wide 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  
[www.caulfieldhospital.org.au](http://www.caulfieldhospital.org.au)

Caulfield Hospital is a major service 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 state-wide 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  
[www.sandringhamhospital.org.au](http://www.sandringhamhospital.org.au)

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

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

[www.alfredhealth.org.au](http://www.alfredhealth.org.au)

# Message from the Chief Executive

On behalf of Alfred Health, I am delighted to present the 2012–13 Quality of Care Report.

During 2012–13, we continued to deliver outstanding care as we saw more patients than ever before in our emergency departments and in our outpatient clinics, and set new standards of excellence in improving their abilities through our rehabilitation programs.

As Alfred Health maintained its status as a leading and trusted health service we met and, in many cases, exceeded the standards that govern public health service performance.

However, above all, we are proud to have achieved these advances while continuing on our journey to ensure our patients remain at the centre of everything that we do.

In 2013, part of this effort has been managed through a focus on innovative service redesign and new models of care, informed by our *Patients Come First* strategy. This continues to build momentum.

One of the most significant examples of Patients Come First (PCF) is the introduction of Timely Quality Care (TQC) – a team-based initiative to help ensure all patients receive timely, high-quality care consistent with their clinical needs.

TQC is one of the boldest service redesign initiatives we've undertaken in many years. It's about enhanced patient care, improving the patient experience, and delivering faster diagnosis. This model was recently recognised with a *Premier's Award for Advancing Healthcare – putting patients first*, and you can read more about TQC in the pages of this report.

At the same time as instigating forward-thinking change, Alfred Health was moving through a period of reflection, courtesy of the accreditation process. In June 2013, we became the first major metropolitan health service in Victoria to achieve accreditation under the 10 new National Safety and Quality Health Service Standards (NSQHS).

This set a new benchmark, not only for us, but for health services throughout the state, and means our patients and local community can be assured that all our services meet the rigorous standards applied to the delivery of modern public healthcare.

This report provides an overview of the extraordinary work that the health service continues to undertake to provide better care each and every day.



Mr Andrew Way  
Chief Executive



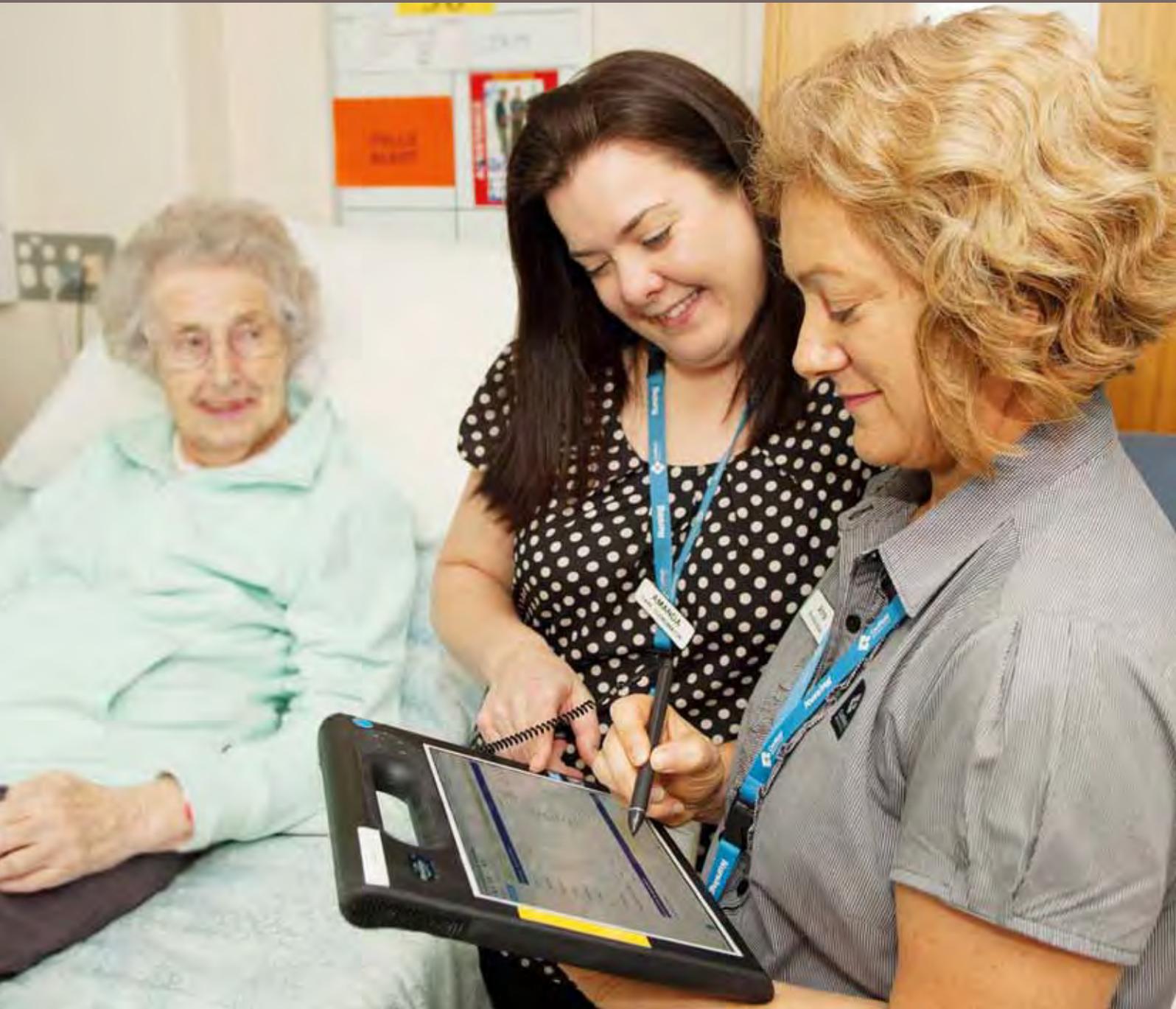
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# Quality and safety

The *Alfred Health Clinical Governance and Quality Management Framework* supports Alfred Health staff to deliver safe, quality patient-centred care.

In October 2012, it was evaluated to ensure it aligned with the *Australian Safety and Quality Framework for Health Care* and the *Victorian Department of Health Clinical Governance Policy Framework*.



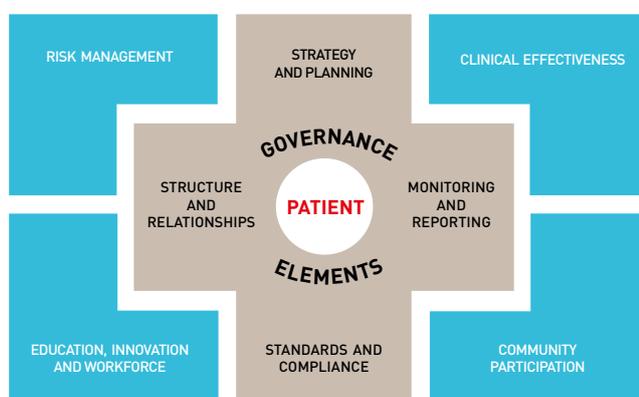
## Clinical governance

Clinical governance is based on four action areas:

- > Community participation
- > Clinical effectiveness
- > Effective workforce
- > Risk management.

These action areas are underpinned by the four governance elements shown in the diagram below, with the patient at the centre of this framework.

**Diagram 1: The four elements of clinical governance**



## The right care by the right people

### Improving collaboration, communication and patient safety – a collaborative approach to the care of patients with Hepatitis C

Hepatitis C is a growing health problem with over 200,000 people infected currently in Australia. For those patients infected through the injection of illegal drugs, the uptake of hospital-based treatments is small because these patients report feeling stigmatised. Many of them also find it difficult to travel to the large hospitals where services are usually available.

To provide these patients with services to manage their infection, a new way of delivering care has been developed by Alfred Health's Hepatitis C Integrated Healthcare Service and Gastroenterology Services, by specially trained doctors in St Kilda and Frankston, and by a specialist clinic in Collingwood.

Last year, 15 patients began treatment for Hepatitis C, using community-based services. Staff report:

- > Increased patient involvement in a personal treatment plan
- > Engagement in the assessment of the progression of their disease
- > Support for complex social and mental health issues
- > Health promotion and harm minimisation tips.

### Sharing the care of HIV positive women and their babies

Staff from the Victorian Human Immunodeficiency Virus (HIV) Consultancy at The Alfred have worked closely with the Royal Women's Hospital, Monash Health and the Royal Children's Hospital (RCH) to support HIV positive mothers during and after their pregnancy, including follow-up care for babies possibly exposed to the virus during birth.

The service has been in operation for over three years, with increasing numbers of women enrolled in the program over time:

- > 2010 – 16 births
- > 2011 – 15 births
- > 2012 – 29 births.

To date, none of the newborns has tested positive for HIV. All mothers and babies continue to have a strong relationship with these HIV services, including people living in rural areas.



## Safer patient care with electronic documentation for all staff at Caulfield Hospital

For the past seven years, Caulfield Hospital has worked on a new electronic documentation system that includes the use of eight specific-purpose electronic devices by all staff to record important patient information.

Information documented with the electronic devices includes:

- > Patient assessment
- > Information discussed at team meetings and handover
- > Care plans
- > Discharge information.

The benefits of the electronic documentation are:

- > More patient care plans are completed to support individual care
- > All staff are aware of the same information, including medical, nursing and allied health, fostering a team approach to patient care and supporting accurate and timely planning for patient discharge
- > The accuracy and high standard of the documentation supports quality safe care delivery for the patient.



*The electronic devices are portable and can be wheeled from the nurse's station directly to the patients bedside, minimising the time staff spend away from their patients.*

## Developing an effective workforce

Continuing education and training supports all health professionals to maintain, improve and broaden their knowledge and expertise.

All nurses and some allied health staff must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) and renew their registration each year.

All our doctors undergo credentialing. This means their qualifications, registration, experience, ongoing education and work history are checked when they are first employed and again at regular intervals by a committee of senior doctors and executive staff. As a result, we are confident that we have the right medical staff doing the right work in the right place. As well as achieving qualifications (a fellowship) from the relevant specialist college to practise in a particular field such as general surgery, a doctor with particular interests and expertise beyond this usual qualification level may be authorised by Alfred Health to practise additional techniques or procedures. This important safety and quality check is known as scope of practice.

## Striving to reduce risk

### Risk management and incident reporting

Alfred Health is committed to delivering care to our patients in the safest possible way. By identifying and managing incidents and adverse events (problems that cause harm to patients) we can measure and monitor our standard of care to ensure it is appropriate and effective. Risk management strategies reduce the chance of medical procedures going wrong as well as making sure we provide the right treatment and care to our patients with as few problems as possible.

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, through RiskMan. The incidents are analysed and rated for severity, classification and the type of review that may be required.

Any incident that results in patient harm or increased level of care required is discussed at a monthly meeting of the Clinical Review Committee, whose members include senior medical, nursing and allied health staff. The committee makes recommendations on ways to reduce the chance of the recurrence of incidents and to improve safety.



## Accreditation

### Our hospitals' health check

One of the ways in which Alfred Health can assure our community that we are doing our best to achieve excellent standards of safety and quality and continuously improve our services is through our accreditation processes. Accreditation is the ongoing review of our performance against standards across a range of areas.

From January 2013, all Australian health services must now be assessed with a new national accreditation program launched by the Australian Commission on Safety and Quality in Health Care (ACSQHC). This new program consists of 10 minimum standards designed to maximise patient safety and quality, including the following:

1. Governance for safety and quality in health service organisations
2. Partnering with consumers
3. Preventing and controlling healthcare associated infections
4. Medication safety
5. Patient identification and procedure matching
6. Clinical handover
7. Blood and blood products
8. Preventing and managing pressure injuries
9. Recognising and responding to clinical deterioration in acute health care
10. Preventing falls and harm from falls.

Over the past 12 months, our staff worked hard to identify gaps and improve services to comply with the new standards. In fact, Alfred Health was the first large metropolitan health service in Australia to be accredited against these new standards. To help prepare for this significant event, committees were established for each of the standards, which involved participation from members of the executive, managers and direct healthcare staff as well as consumers.

In June 2013, a team of nine health professionals from the Australian Council of Healthcare Standards (ACHS) assessed services at The Alfred, Sandringham and Caulfield hospitals, visiting our wards and departments, and our home-based and community services, and had discussions with many staff and some of our patients.



Staff from across Alfred Health fill the AMREP lecture theatre to hear key staff and consumers describe our quality and safety systems to the surveyors.

We were assessed as either 'not meeting', 'meeting', or 'meeting the standards with merit'. The survey team reported that Alfred Health met all minimum requirements and achieved full accreditation status. We were very pleased with the results.

- > Minimum requirements in three standards were met – 3/3 (100%)
- > 209 Core actions required were satisfactorily met – 209/209 (100%)
- > 47 Developmental actions (not compulsory in 2013) were met – 44/47 (94%).

In addition to this, we exceeded the requirements of three of the standards by achieving 'met with merit' ratings in these areas of care:

- > Partnering with consumers
- > Preventing and controlling healthcare associated infections
- > Medication safety.

Apart from the new National Safety and Quality Health Service (NSQHS) Standards, Alfred Health uses a range of other accreditation programs to assure staff and our community that the care we provide is safe and of a high standard. Alfred Health retains 100% accreditation in all areas.

In fact, at the same time as the NSQHS organisation-wide survey, we were also successfully assessed against the National Mental Health Standards and the Community Care Common Standards.

The following services were assessed and re-accredited in 2012–13:

- > Alfred Psychiatry
- > Caulfield Community Health Service
- > Malignant Haematology and Stem Cell Transplantation Service
- > Namarra Nursing Home
- > Caulfield Hospital Nursing Home
- > Commonwealth Respite and Carelink Centre
- > Department of Anaesthesia and Perioperative Medicine
- > Alfred Emergency Ultrasound and Echocardiography
- > Anatomical Pathology
- > Alfred Rheumatology Unit
- > Alfred Vascular Surgery Unit.

## Education, innovation and workforce

### Education

Staff education and support is an essential component of delivering safe, quality patient-centred care. Throughout the year a range of educational activities and programs have been delivered across Alfred Health.

- > The first Medical Unit Head Leadership program
- > The Medical Education Unit developed a series of programs for junior medical officers, including computerised teaching resources referred to as e-learning packages, supporting safe prescribing of medications
- > Nursing Education provided 204 professional development sessions with 2,276 staff participating
- > Allied health staff, including dietitians, occupational therapists (OTs), physiotherapists, podiatrists, psychologists and speech therapists, were provided with 9,642 hours of teaching and training
- > The development of several new computerised teaching resources referred to as e-learning programs give staff greater access to educational opportunities, including:
  - Safety, quality and patient-centred care
  - Manual handling, such as safe patient transfers and mobility
  - Hand hygiene, such as washing hands between patients
  - Falls prevention.
- > The annual Safety and Quality Expo showcased new ideas and equipment, giving patients and staff an opportunity to learn more about safe quality care.

## Culture survey

In September to October 2012, more than 44% of all staff took part in a voluntary and anonymous survey. The aim of the culture survey was to assess our culture of patient safety as well as how staff felt about working at Alfred Health. The results of this were to inform our staff education program, how we recruit and support staff and promote teamwork.

Key findings from the culture survey indicated the following from our staff:

- > Job satisfaction is well above other similar work places
- > High levels of trust with direct managers
- > An emotional commitment to Alfred Health
- > Positive risk-reporting culture.

## State-wide resource supporting staff to care effectively for older hospitalised patients

Alfred Health successfully submitted a proposal to the Department of Health last year to lead a DVD production project to create a state-wide resource supporting improved care of older hospitalised patients. The DVD has been designed to increase staff awareness of the conditions many older hospitalised patients experience that may reduce their independence and lead both to a longer stay in hospital and to admission to residential aged care. Examples include:

- > Poor nutrition
- > Lack of fluid leading to dehydration
- > Reduced ability to walk and move about independently
- > Falls
- > Pressure injuries
- > Pain
- > Inability to control bladder and bowel movements
- > Confusion.

Development of the DVD was guided by an Alfred Health led state-wide advisory group, including a consumer. The DVD includes simple messages for staff as well as patients, carers and families from the Best Care for Older People Toolkit, a book-style resource developed in partnership with selected health services across Victoria, including Alfred Health, with Commonwealth and state funding over the past few years. The new DVD helps bring the messages in the toolkit to life.

*Senior Clinical Dietitian Lorraine Gaffney observes elderly patient John Muir independently and safely eat his meal, reducing his risk of functional decline related to poor nutrition.*



# Quality and safety



*An artist's impression of the new ABI Unit at Caulfield when complete in late 2014.*

## Building of the Acquired Brain Injury (ABI) Unit at Caulfield Hospital begins

A new 42-bed inpatient unit that will provide treatment for patients with moderate to severe acquired brain injury began construction at Caulfield Hospital in January 2013. The service will offer care from the early stages of injury through to rehabilitation and a return home or to supported community accommodation. The new unit will open in late 2014.



*The building of the new Acquired Brain Injury (ABI) Unit begins at the Caulfield site.*

## Complaints management and other patient feedback

Alfred Health continuously looks for opportunities for consumers, including patients, families and carers, to provide feedback that will help us improve service quality and safety. This includes:

- > Complaints
- > Compliments
- > Comments
- > Suggestions
- > Patient satisfaction and/or experience survey data
- > Patient stories
- > Outcomes of focus groups.

We view all feedback as an opportunity to do our work better, and encourage you to tell us if you think there is something we could have done differently so we can improve the way we provide care and services.

## Complaints

In 2012–13, we received 1,534 complaints, 184 more than in 2011–12. The following improvements are among many introduced in response to complaints.

- > A new menu was introduced in February 2013 that includes 124 new items to complement some of our existing meals. Several members of the Alfred Health consumer register took part in tasting sessions with dietitians and speech therapists to ensure the new food items were nutritious, tasty and visually appealing.
- > Weekly falls prevention rounds have been introduced on each aged care ward at Caulfield Hospital. Patients identified as at risk of falls are now invited to a weekly falls prevention and education session.
- > A review of the process for managing complaints relating to billing and other finance issues at Sandringham Hospital led to staff resolving these issues locally rather than referring them to The Alfred for follow-up. This has reduced delays in the reimbursement of costs.
- > Complaints received from GPs about the length of time they were waiting to receive letters regarding patients who had attended the Outpatient Clinic led to the use of a new dictation system for patient letters. This has reduced the time GPs wait for letters from eight weeks to two.
- > Feedback from complaints and patient surveys identified the need to improve information provided to patients on admission, resulting in a new orientation booklet for patients and families.

Alfred Health encourages anyone with concerns to discuss them with the nurse or other staff member in charge in the first instance, as they can often be addressed immediately. For those who are not confident talking to staff, or who are unhappy with how staff handled their complaint, a Patient Liaison Officer is available to provide help.

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

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

## Compliments

Alfred Health also monitors compliments. A few examples of compliments received:

“ I have been overwhelmed by your diligence, enthusiasm for your work and your awesome patience in trying circumstances. What truly inspired me is the way you respect the dignity of all for whom you care. ”

Caulfield Hospital

“ With very grateful hearts my husband and I wish to thank the staff for the kind help and expertise before and after my operation on my back. The pain I had endured for the last two years was relieved straight away after the operation. ”

The Alfred

“ I would love to thank all of the crisis assessment team (CAT) for helping me out throughout my difficult time that I've been having in my life and health. Thank you for all the phone calls, also for coming around to see me. ”

Alfred Psychiatry



Natalie Ross, a member of the Alfred Health Community Advisory Committee (CAC), and Luke Iris, a member of the consumer register, talk with nursing staff in Dialysis before surveying patients.

## Patient experience

For the first time at Alfred Health, an organisation-wide experience survey has been developed for all patients and carers.

This confidential information measuring individual experiences of care is collected from patients and carers who have agreed to take part, by trained volunteer consumers. The volunteer consumers also assist in reviewing the findings from the survey, helping us identify where we need to make improvements.

This survey has been translated into the five languages requested most frequently by our patients who do not speak English, helping us identify where we need to make improvements for our culturally diverse community.

The anonymous data from the surveys will be made available at a ward or department level to allow the managers of these programs to regularly review the information and make improvements.

## Preventing infection

### Hand hygiene compliance

Hand hygiene compliance remains a key focus at Alfred Health, with a Victorian Department of Health (DH) compliance target of 70%.

The term 'hand hygiene compliance' means staff wash their hands or rub their hands with an alcohol-based liquid in the following situations:

- > Before and after any contact with patients
- > Before and after performing a procedure with patients.

Because hand hygiene is considered such an important factor in preventing the spread of infection, we assess the compliance rates of our healthcare workers at least three times per year.

The overall hand hygiene compliance rate for all of Alfred Health in March 2013 was 75%, exceeding the Department of Health (DH) target by 5%. Individual ward results can be significantly higher than this, often measuring 80%. Compliance rates are displayed on ward and department notice boards for patients to read.

**Table 1: Alfred Health hand hygiene compliance by audit results 2009–13**

Time period	Victorian hand hygiene results	National hand hygiene results	Alfred Health results
Period 2 2009	71%	63.5%	46.9%
Period 3 2009	70.9%	61.8%	52.7%
Period 1 2010	71.7%	64%	66%
Period 2 2010	71.6%	67%	72.2%
Period 3 2010	72.6%	68.3%	77.7%
Period 1 2011	72.7%	68.7%	72.6%
Period 2 2011	72.9%	71.3%	74.3%
Period 3 2011	73.5%	72.6%	77.6%
Period 1 2012	73.9%	73.8%	73.6%
Period 2 2012	75.1%	75.7%	75.9%
Period 3 2012	75%	76.4%	72.9%
Period 1 2013	76.1%	76.9%	75%

## 'It's Ok to Ask' campaign

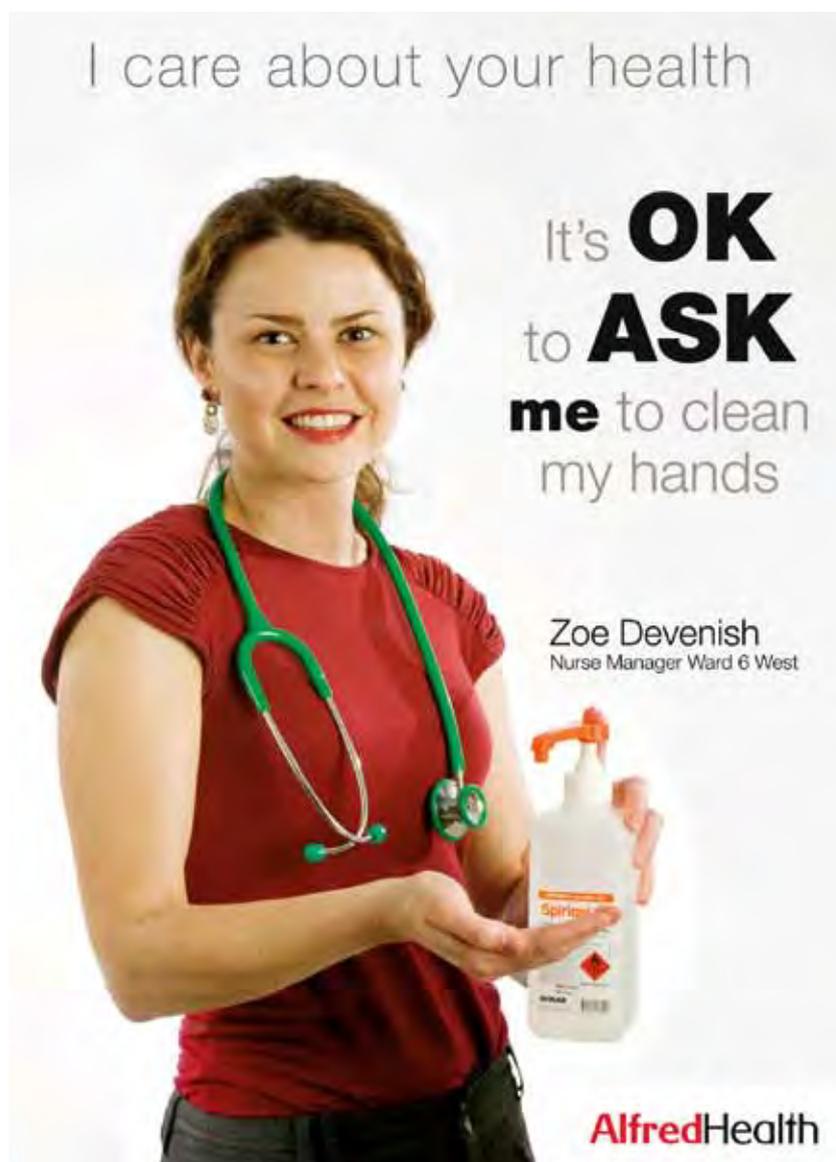
Over the past 18 months, we have involved patients in the fight against infection. One of the key ways in which we have tried to do this is through the 'It's Ok to Ask' hand hygiene campaign.

The campaign encourages patients and visitors to ask staff if they have cleaned their hands. This safety message has been communicated in the following way:

- > A poster including photos of key executive and senior staff across the organisation
- > Badges saying 'It's Ok to Ask'
- > A patient information brochure developed with patients.



All precautions hand gel is located in easily accessible locations across all three hospital sites for staff, patients and visitors.



Nurse Manager Zoe Devenish Ward 6 West gets behind the 'It's OK to ASK' campaign to help reduce patient infection rates.

## 'Target Zero' - Central Line Associated Blood Stream Infections project

Central lines are long fine tubes with one or more openings at each end to deliver fluid or medications and they are often used with patients at Alfred Health who are very unwell, such as those in the Intensive Care Unit. Sometimes they become infected.

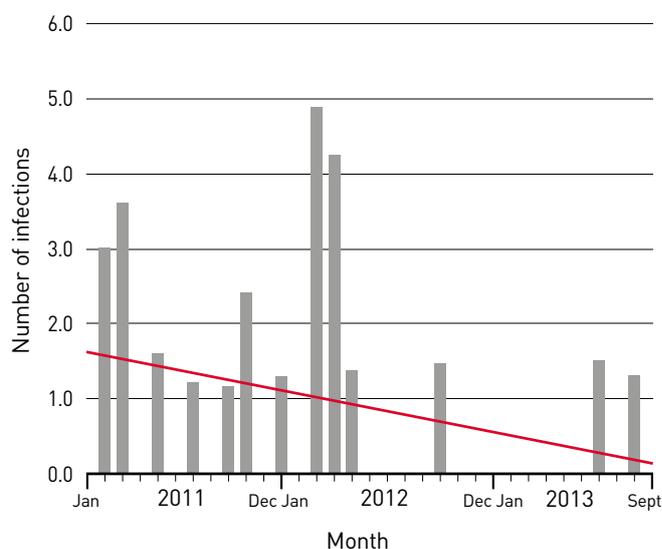
The Central Line Associated Blood Stream Infection (CLABSI) project aims to improve patient safety by reducing potential infection of these lines.

Ways of reducing infection and harm to patients include the following:

- > Safer insertion of the tube into the patient with the use of a special line or device
- > Completion of a training program by nursing staff – already completed by 1,012 staff
- > Posters to remind staff of correct practice in the care of the central lines
- > Patient information brochures to help patients care for their device
- > Improved nursing documentation of the care of central lines.

Regular checks took place before and after the CLABSI project and have shown over time that staff practice has improved and led to a reduction in central line associated blood infections in the Intensive Care Unit, as highlighted in the graph below. No central line associated blood infections have occurred since September 2012.

**Graph 1: Alfred Health Intensive Care Unit central line blood infections 2011–September 2013**



*Nursing staff in the Intensive Care Unit (ICU) clean a patient's central line site to reduce the likelihood of infection.*

## Improving the way we clean

Having clean hospitals and achieving high standards of cleanliness is an important component of delivering quality patient care. Each year, Alfred Health undertakes internal and independent external cleaning audits, measuring the cleanliness of floors, furnishings, ceilings and fixtures such as light fittings.

There are different levels of cleanliness required in different areas of the hospital. Very high risk areas such as the operating theatres need to meet higher levels of cleaning when compared to an office area.

In 2012, Alfred Health assessed over 18,000 rooms and undertook three independent external cleaning audits. The results of this are outlined in the table below and show that Alfred Health has exceeded the required standards for cleanliness set by the Victorian Department of Health.

**Table 2: Alfred Health cleaning audit results 2012**

Hospital	Average overall internal audit results (2012)	Average overall external audit results (2012)	Minimum standard set by Department of Health
Alfred	94.6%	94.3%	85%
Caulfield	92.7%	95.3%	85%
Sandringham	92.8%	95.4%	85%

## Safe use of blood and blood products

Australia has one of the safest blood supplies in the world but one of the main risks in transfusion relates to the use and administration of blood in hospitals. Despite the large volume of blood products (substances that can be taken from the blood of one person and used in the medical treatment of someone else, such as plasma, blood cells and platelets) used across Alfred Health, we have a small number of blood-related incidents each year.

The Transfusion Committee, including the recent appointment of a consumer member, meets monthly and reports to the Executive and Board and monitors blood-related incidents. From July 2012, there was a low number of incidents and transfusion reactions given the thousands of blood-related patient activities undertaken across Alfred Health in a 12-month period.

Incident types vary from the wrong blood, incorrect storage and incomplete documentation. Continued checking or auditing of our transfusion practice shows reporting of transfusion incidents and reactions is an accurate and reliable way of ensuring safe administration of blood products.

The following table summarises blood product incidents and reactions at Alfred Health for 2012–13.

**Table 3: Alfred Health blood product incidents and reactions from July 2012–June 2013**

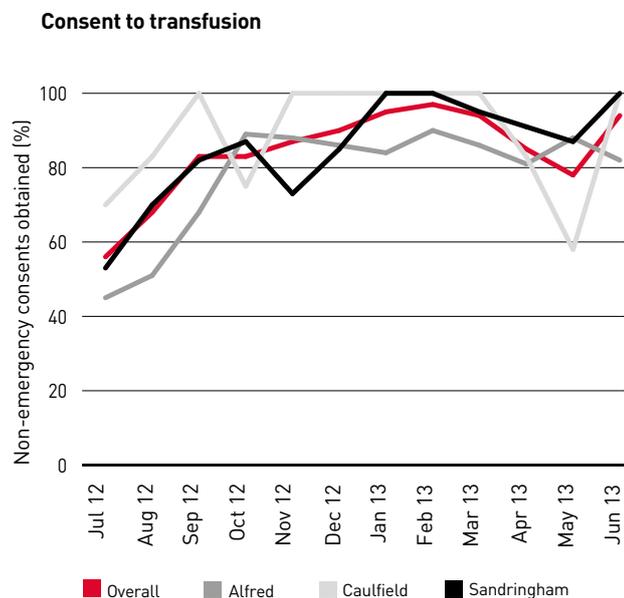
Incident type	No.	Example of incident	Outcome
Incorrect blood component transfused	4	In an emergency, a patient received a compatible unit of blood labelled for another patient	No harm
Administration errors	10	Incorrect equipment used for a transfusion	No harm
Documentation issues	9	Failure to correctly complete blood register	No harm
Laboratory errors	6	Incorrect product dispensed to ward. Error noticed by nursing staff during bedside checking procedure	Near miss – no harm
Transportation and storage issues	8	Blood fridge alarm or delivery problems	No harm
Transfusion reactions	18	A patient experienced hives, itching during an infusion	Resolved following anti-histamine administration and ceasing transfusion
Wrong blood in tube	31	2 incidents involved a blood group & screen	No harm

### ‘No Consent No Transfusion’

To improve patient safety, all patients must complete a ‘Consent to Transfusion’ form, which describes the discussion between the treating doctor and the patient (or their legal representative) regarding the patient’s understanding of the transfusion. It must be signed by the patient and is kept in the patient’s medical record.

In 2012, the Transfusion Services team at Alfred Health introduced ‘No Consent No Transfusion’ to improve the rate of patient consent to blood products. The organisational target of 90% for all non-emergency transfusions has seen the rate of consent rise from 68% in August 2012 to 94% in June 2013, as summarised in the graph on page 16.

**Graph 2: Alfred Health non-emergency transfusion consents July 2012–June 2013**



## Using technology to support blood safety

Blood Track, electronic 2D barcode technology, is being used to increase blood safety administration. The checking of the patient and the prescribed blood product at the bedside also improves blood safety, with staff now carrying portable scanners directly to the patient in order to check the doctor’s order for blood with the blood product to be given to the patient.



A nurse uses the new electronic device to match the patient with the blood ordered by the treating medical staff to ensure the order is correct.

## Medication safety

Alfred Health places a great emphasis on the safe and effective use of medication. The medication safety program is overseen by the Medication Safety Committee (MSC). Specialty areas, such as the Emergency Department, Intensive Care Unit and Psychiatry have medication safety sub-groups to review local medication-related incidents and make improvements.

The Medication Safety Pharmacist also coordinates the Adverse Drug Reaction (ADR) Review Committee, made up of senior staff from a variety of different programs. The committee reviews ADR reports from nurses, doctors, pharmacists and radiology staff, who are working with patients in clinical areas. To prevent recurrence of a reaction, the ADR is documented in the patient’s medical and dispensing records and each patient is sent written advice about the reaction to share with their carer, doctor and local pharmacist.

The following are other examples of strategies supporting improved medication safety:

- > Introduction of a seven day a week, extended hours emergency department pharmacy service at The Alfred
- > Introduction of a self-administration medication (SAM) program at Caulfield Hospital, to ensure elderly patients are ready to administer their own medications in preparation for discharge
- > Introduction of a specific medication chart to prescribe for children at Sandringham Hospital and a long-stay chart for Rehabilitation Services at Caulfield Hospital
- > Adaptation across all campuses of the *National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines*
- > Dissemination of a newsletter to staff focusing on safe prescribing of medications.

Members of the Alfred Health Adverse Drug Reaction Review Committee, including from left to right Kylie Yan, Pharmacy Intern, Professor Henry Krum, Clinical Pharmacologist, Dr Puy, Allergist, Linda Graudins, Medication Safety Pharmacist, Kelly Cairns, Antimicrobial Stewardship Pharmacist, Associate Professor Allen Cheng, Infectious Diseases Physician and Gillian Lever, Medication Information Pharmacist.



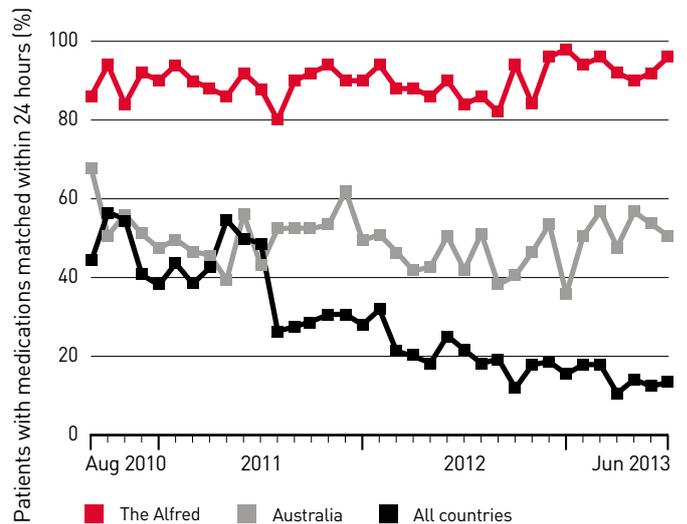
### World Health Organization (WHO) High 5s project

The medication safety program at Alfred Health has been involved in the World Health organization (WHO) High 5s project since 2010. The project promotes medication reconciliation, which is one of the five WHO patient safety improvement projects. 'Med rec' ensures medications from home are matched up with medications prescribed on admission and again on discharge or transfer. Each patient's medications are discussed with the patient and carers and confirmed with another healthcare provider. The pharmacist then reviews the orders and discusses ongoing prescribing with the patient and the rest of the healthcare team.

Alfred Health pharmacists have been leading this process in Australia for several years and, with the increased weekend service and extended pharmacy hours in the Emergency Department, over 95% of our patients have their medications matched up within 24 hours of admission.

The graph opposite clearly highlights the exceptional performance by Alfred Health when compared with other health services internationally.

**Graph 3: Medication reconciliation comparison August 2010–June 2013**



## Falls prevention

Falls are a national safety issue because of the potential for severe physical injuries that may keep patients in hospital longer than planned.

Falls often occur because of reduced mobility as a result of surgery, illness and physical frailty.

The Alfred Health Falls Prevention Committee and Falls Prevention Plan supports the reduction of patient falls and the risk of serious injury from falls, including the following:

- > **Development of patient information**  
Falls prevention brochures are available in the five patient languages most commonly spoken at Alfred Health after English, including Greek, Italian, Russian and some Chinese languages. Consumers were involved in the development of the brochures
- > **Falls prevention ‘rounds’**  
The ‘rounds’ were set up in areas where falls occur more frequently. The ‘rounds’ help staff locate patients at risk so a plan of care can be developed to make the patient as safe as possible, with nurses, doctors and allied health staff working together
- > **Development of paediatric risk assessment tools**  
A trial of the Humpty Dumpty Falls Prevention program for children accessing the service via the Emergency Department at Sandringham Hospital took place early in 2013. The aim was to identify paediatric patients at risk of falling and put prevention strategies in place
- > **Revision of falls risk assessment tools**  
Review of our falls prevention assessment tools focused on engagement of the patient and their carer in the development of prevention planning
- > **Staff e-learning packages**  
Computerised staff training packages to support staff education were developed.

As highlighted in the table opposite, the total number of falls with serious outcomes has significantly reduced.



*Patient Madeline Cummins is reviewed by the Falls Prevention team at Caulfield Hospital, led by the clinical consultant for falls prevention, Elizabeth Grayson, on the left.*

**Table 4: Alfred Health fall comparison rates January–May 2012 and January–May 2013**

	Falls/1,000 bed days average	Total no. falls with serious injury
<b>Alfred Health Total</b>		
<b>2012</b>	<b>4.88</b>	<b>7</b>
<b>2013</b>	<b>4.11</b>	<b>3.67</b>

## Pressure injury prevention

Pressure injuries are recognised internationally as one of the five most common causes of patient harm.

A pressure injury is an area of skin that becomes damaged by constant pressure, often from spending a long time in bed or sitting on a chair. Pressure injuries can be slow to heal and not only increase risk of infection but, like falls, can keep patients in hospital longer because of pain and treatment.

Patients assessed who are at risk of developing pressure injuries usually have limited mobility, poor nutrition and age-related sensory impairment such as loss of feeling in the lower legs and feet.

Prevention of pressure injuries remains a key focus for Alfred Health. Pressure injury prevention is led by the Alfred Health Pressure Prevention Committee as well as local committees and working groups.

Over the past 12 months, the Alfred Health Pressure Injury Prevention policy and guideline have been reviewed. We have changed the way we measure treatments for preventing pressure ulcers and we have brought some pressure and falls prevention activities together because many people share the same risk factors for both.

The annual Pressure Ulcer Point Prevalence Survey (PUPPS) continues, assessing the effectiveness of pressure prevention strategies by measuring the number of patients at Alfred Health on a particular day with a pressure injury.

In 2013, PUPPS was expanded to include maternity patients and babies to determine if these patients

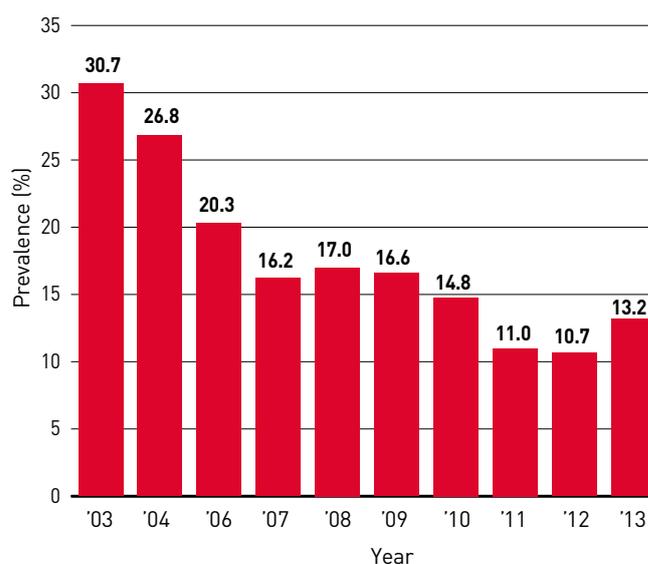
were at risk of pressure injuries. The results of the 2013 survey showed that no maternity patient or babies had any pressure injuries at Alfred Health.

The overall Alfred Health PUPPS results are summarised in the graph below, illustrating a significant reduction in pressure injuries over the past 10 years.

In recent years, the survey has also been expanded to assess the prevalence of skin tears in patients across the organisation.

On the day of survey, our skin tear point prevalence was 7.4% in 2013. A newly developed skin tear prevention and management poster has been developed to help reduce skin tears across Alfred Health.

**Graph 4: Alfred Health pressure ulcer prevalence 2003–2013**



Note: 2005 was a non data collection period between a state government initiated pilot and an ongoing data collection process/program – PUPPS.



Wound consultant nurse Michelle Tuck assesses a patient for pressure injuries.

## Pressure injuries

Our rate of stage 1 pressure ulcers (least severe) is less than the state average for most of the reporting period.

For stage 2 pressure ulcers, our rate is above the state-wide target for the beginning of the reporting period but under the state-wide target thereafter.

For level 3 and 4 (most severe), our rate of pressure ulcers sits just above the state-wide average.

## Falls and fractures

The number of falls and the number of broken bones sustained by residents related to these falls is generally slightly above the state-wide target, although it has continued to fluctuate over the reporting period.

## Use of physical restraint

Restraint of residents is considered a last resort when caring for those at risk of self-harm, with a variety of other nursing strategies always tried first. At Alfred Health, we recognise the safety benefits of avoiding restraint, and are proud to say no residents have been physically restrained over the past year.

## Multiple medication use

For this reporting period, the number of residents prescribed nine or fewer medications is below the state-wide average when compared with other aged care services, reducing the risk of medication-related physical and mental harm for our residents.

## Unplanned weight loss

Our rates of unplanned monthly weight loss are only slightly higher than the state-wide target.

## Residential aged care quality and safety performance data

Alfred Health provides residential aged care for people who can no longer care for themselves independently in the community. Caulfield Hospital operates four residential aged care nursing homes. We refer to the people living in our nursing homes as residents.

The quality of our nursing home care is measured using the Department of Health quality indicators for all Public Sector Residential Aged Care Services (PSRACS).

Our performance against the state-wide indicators for 2012–13 represents the performance of all four of our nursing homes as an average. We generally meet the state-wide target or sit closely to the expected standard.

The combination of multiple illness and physical frailty of our older residents makes the risk of developing a pressure ulcer, falling, confusion and unintended weight loss much higher than for other patients, so we consider these measures an important way of monitoring the quality of care we provide our residents.

# Consumer, carer and community participation

## What is a consumer?

The Department of Health (DH) defines consumers as people who are current or potential users of health services. Even though we call our strategy 'Patients Come First', the term 'consumer' is often used when referring to patients.

At Alfred Health, we use the words consumer and patient interchangeably and may also refer to patients or consumers as clients, residents or carers. We also use the term consumer when referring to people who formally assist us to improve services as volunteer consumers.



# Consumer, carer and community participation

## How do we engage with consumers to help us improve services and support patients' decision making in their own care?

The Patients Come First (PCF) strategy is our road map for working with patients and carers in the planning, design and evaluation of services as well as decision making in their own care. The PCF has been named after the first of our current organisational strategic priorities.

The strategy has been built on state-wide and international evidence, including:

- > Australian Charter of Healthcare Rights in Victoria
- > Victorian Department of Health (DH) policy and community participation standards
- > National Safety and Quality Health Service (NSQHS) Standards
- > International and national research.

There are five areas of focus supporting staff partner with consumers, including:

1. Patient Charter of Healthcare Rights
2. Patient information
3. Patient-centred care
4. Patient feedback
5. Consumer and carer engagement.

A significant amount of work has taken place over the last year as part of the roll out of the strategy to support staff work with our consumers, including:

- > Informing and helping patients understand their healthcare rights
- > Using patient feedback
- > Involving consumers in the creation and review of patient publications
- > Helping patients and carers make decisions about their own care with staff
- > Selecting and supporting consumers to work alongside staff.

The way we have supported our staff to do this includes:

- > The development of guidelines linked to the overarching Patients Come First strategy
- > The creation of patient information samples for staff to adapt when developing brochures
- > The input of at least three consumers in the review and development of patient brochures
- > The launch of an online safety, quality and patient-centred care education program for staff
- > The inclusion of information on consumer engagement and patient-centred care in staff orientation
- > The development of four levels of consumer participation acknowledging that not all consumers are the same but have different skills, experience and interests
- > The development of role statements to help consumers know what we want them to do and how they can work with us
- > All new level 1 and level 2 consumers are now considered a type of volunteer and are recruited and orientated through the volunteer recruitment process. This includes an interview, referee check, police check and attendance at a full-day orientation session with a hospital tour and photo identification so when attending the health service they are easily recognisable to staff.



**Table 5: Alfred Health levels of consumer participation**

Level	Description
<b>Level 1 consumer</b> (Consumer Advisory Committee member/community representative)	Consumers engaged in a more <b>strategic or organisation-wide</b> activity. Example: <ul style="list-style-type: none"> <li>&gt; A member of the Community Advisory Committee (CAC) (also considered a community representative)</li> <li>&gt; A member of an organisation-wide safety and quality committee</li> </ul>
<b>Level 2 consumer</b> (consumer register)	A member of the <b>consumer register</b> (considered a type of volunteer) Example: Member of the selection panel for the graduate nurse award
<b>Level 3 consumer</b> (patient/carer consumer)	Current or past patients/carers participating in <b>short-term</b> or one-off activities Example: Review of a specific program with the purpose of providing a patient perspective on care provided
<b>Level 4 consumer</b> (mental health consumer)	Consumer or carer consultant/peer worker specific to <b>mental health</b> services Example: Participation in mental health service governance committees to enable consumer/carer perspectives to be included in service planning, improvement and evaluation activities

# Consumer, carer and community participation



## What do our consumers do?

### LEVEL 1 CONSUMER

#### A member of the Community Advisory Committee (CAC)

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 decisions made to improve care and services.

The committee has up to 10 community members and two members of the Alfred Health Board.

The role of the CAC members is to:

- > Provide leadership and direction by using the views of consumers in decision making to improve services
- > To advocate to the Board on behalf of the community, consumers and carers.

▣▣ As a member of the CAC, I listen to a lot of reports in which important information is presented and discussed. I provide a community and consumer perspective into hospital processes. Like several other CAC members, I am also actively involved in other working groups and committees that help me understand the practical aspects of the hospital.

I have had experience with the health system in a variety of ways, including being a patient at The Alfred, and I have developed a range of ideas that help me make a practical contribution to the health system and help patients and staff have a more positive experience. ▣▣

Sarah Gray, member of the CAC

#### ABOVE

Members of the Alfred Health CAC from left to right, Lyn Stanton, Andrew Way (Chief Executive), Natalie Ross, Julian Gardner, Melissa Lowrie, David Menadue, Steve Barrand, Sarah Gray, Suzanne Corcoran (Community Participation Coordinator), Val Johnstone and Caroline Spencer. Absent: Lindsay McMillan, Estie Teller, Janet Weir-Phyland (Chief Nursing Officer), Brett Hayhoe and Damien Kenny (new Chair).

## LEVEL 2 CONSUMER

### A member of the consumer register

The consumer register is a group of current or past patients or carers who have agreed to undertake a variety of formal and informal consumer activities at one or more of our hospital campuses to help us improve care and services by providing a patient, carer or consumer perspective.

If you are interested in becoming a member of the consumer register, please email [communityparticipation@alfred.org.au](mailto:communityparticipation@alfred.org.au) for more information.

■ ■ My recruitment to the consumer register resulted from an ad in the local newspaper last September. I applied because I am semi-retired and had the time and interest to provide a patient and carer view, including being a patient myself in a large public hospital after a car accident.

My elderly parents have also been patients at The Alfred and Caulfield Hospital. I have been involved in everything from reviewing patient information brochures, tasting the new hospital menu, surveying patients about their care experience, a project looking at the ideal patient journey at Caulfield, the Mental Health Expo at the St Kilda Town Hall and the recent national standards accreditation visit. ■ ■

David Brown, member of the consumer register

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## LEVEL 4 CONSUMER

### A carer consultant for mental health

Consumer and carer consultants or peer workers are specific to mental health and work closely with staff to ensure the voice of the patient; carers or consumers are included in all service planning, improvement and evaluation.

■ ■ As a carer consultant in Alfred Psychiatry I provide support, information and referrals to families and carers of patients with a mental illness. I work closely with staff to make sure services are sensitive to the needs of families and carers.

There have been many highlights this year, including training and orientation for new staff from a carer's perspective, promotion of mental health services during Mental Health and Carers Week, involvement of consumers and carers in the design of the new mental health family room and accreditation against the new national standards and the mental health standards.

It has also been good for mental health to be part of the development of the Patients Come First strategy. ■ ■

Violetta Peterson,  
Carer Consultant

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# Consumer, carer and community participation

## How do we support the needs of our diverse community?

Every year we review the numbers of patients who prefer to speak a language other than English. This helps us to identify preferred languages, where people are born and whether they identify with a particular religion or faith so that we can plan and deliver services that meet the needs of all our patients.

The table below clearly reflects the current demographic and preferred languages of our hospital community, with well established Greek, Russian and Italian communities, as well as an emerging Chinese and Turkish community in our hospital catchment.

**Table 6: Percentage of non-English language preferences at Alfred Health**

2011-12	2012-13
1. Greek 2.2%	1. Greek 2.1%
2. Russian 1.8%	2. Russian 1.7%
3. Italian 0.3%	3. Italian 0.3%
4. Mandarin 0.3%	4. Mandarin 0.2%
5. Turkish 0.2%	5. Turkish 0.2%

We also monitor how many times patients or staff request an interpreter. Over the past five years, requests for interpreter services have generally increased, as outlined in the table below.

**Table 7: Alfred Health interpreter service requests 2008-13**

Year	Face-to-face interpreter requests
2008-09	17,503
2009-10	17,953
2010-11	19,746
2011-12	20,791
2012-13	18,929 (plus 1,669 telephone services) = 20,588

Interpreter services can be provided in person or over the phone in the language requested.

In December 2012, Alfred Health introduced a new automated telephone interpreting service (ATIS) to help manage increasing demand for interpreter services, highlighted in the table above.

## What do our interpreters do?

Four Alfred Health programs tested the new interpreter system and more sites will trial the telephone interpreter service this year.

We also review the number of requests from deaf or hard of hearing patients who require an AUSLAN interpreter, or assistance with sign language. We had 135 AUSLAN interpreter requests in 2012-13, compared with 121 for 2012-11 year, indicating an increase of 14 requests in the past year.

Staff can access AUSLAN interpreters 24 hours a day through an after-hours service, minimising any disruption to patient care and treatment.

We also develop formal organisation-wide participation plans to help us work closely with our community to ensure we partner with consumers to help us improve services, meet the specific needs of culturally diverse patients and groups, and address the preferences and needs of other members of our community.

These plans include:

- > Community participation plan
- > Cultural responsiveness plan
- > Disability action plan
- > Aboriginal health plan.

The Community Advisory Committee (CAC) steers the creation and the roll out of these plans. The plans can be described as the partnerships between Alfred Health and our community, and every year we report on our progress with our plans to the hospital Executive, the CAC and Board as well as the Department of Health (DH).



Cultural Diversity Coordinator, Cinzia Bonciani, celebrates with one of the guest speakers at Cultural Diversity Week.

Greek interpreter  
Alex Logothetis supports a  
patient undergo an eye  
examination.



Luke Iris, member of the consumer register, has been trained to help patients complete the patient experience survey using translated copies of the surveys in six different languages.

The Cultural and Linguistic Diversity (CALD) Report and Interpreter Report are also reviewed annually by the Executive, CAC and Board. This information helps us develop our organisational diversity plans and design better patient services.

We have developed our new plans for 2013–15 by working closely with the CAC and some of our Greek, Russian, Italian and Chinese communities. We also held a workshop focusing on the needs of people with disabilities assisting us plan and deliver better services.

Every year we recognise our diverse population with a variety of different events across the three hospital campuses throughout Cultural Diversity Week. This year, we held a series of staff workshops with community leaders to share and discuss their insights and experiences of healthcare from different cultural viewpoints.

The new Alfred Health Patient Experience Survey (PES) includes specific questions relating to culture, language and other diversity as a way of informing us of any barriers our patients may face when accessing care and services. Over time, we will be able to see if there are any common challenges for these patients and look at how we can improve care.

The patient information handbooks for each of our three hospital campuses have also been translated into different languages and can be accessed at [www.alfredhealth.org.au](http://www.alfredhealth.org.au)



“ I have worked at Alfred Health for three years as a Greek interpreter. The demand for Greek interpreters is increasing because of the large ageing Greek population in our hospital catchment, so while I am employed to work a minimum of three days per week, I often work many more hours than this.

The patients I work with trust me to accurately convey their symptoms, condition, diagnosis and past medical history to the staff. Staff see the value in the service because the interpreter helps them work with their patient, carer or families to provide the best possible care to their patients, whether this is talking about a new medical diagnosis or advice about when to take their medications.

Like all interpreters at Alfred Health I am a professional interpreter accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Interpreting is not just about translation but involves skilled communication to ensure all our patients receive safe quality care. ”

Alexandros Logothetis,  
Greek interpreter



Local Aboriginal Elder, Aunty Carolyn Briggs (right), and Chief Nursing Officer, Janet Weir-Phyland, celebrate NAIDOC 2013

## Supporting our Aboriginal community

Alfred Health employs two Aboriginal Hospital Liaison Officers (AHLs) and Caulfield Community Health Service (CCHS) employs a part-time Aboriginal Access and Support (AAS) Worker to work with Aboriginal patients, families, community members and staff.

The AHLs offer support and information to all Aboriginal patients and their families and provide valuable secondary consultations to all Alfred Health staff to work in partnership with Aboriginal patients. They also provide informal training and orientation sessions for staff and assist identify symbols and physical signs of welcome. They also attend Indigenous community events and meetings, including the Local Indigenous Network.

The AAS Worker is based at Caulfield Hospital and supports Aboriginal patients with dementia throughout the southern metropolitan area of Melbourne.

Alfred Health has actively participated in the Department of Health (DH) Closing the Gap Steering Committee and Reference Group over the past year. *Koolin Balit* replaces Closing the Gap as the new Victorian Government strategic direction for Aboriginal health for the next 10 years and all state-wide committees will now be referred to as *Koolin Balit* in line with the new strategy. *Koolin Balit* means 'healthy people' in the Boonwurrung language of the Aboriginal people of Victoria.

We recognise that a strong relationship with our local Aboriginal community helps us provide the best possible care to our Aboriginal patients.

Key cultural events are acknowledged at Alfred Health, including Sorry Day, Reconciliation Week and National Aborigines and Islander Day Observance Committee Week, more commonly referred to as NAIDOC Week.

The installation of three flag poles in the central court yard at The Alfred earlier this year was a special event, with a traditional smoking ceremony and local Aboriginal Elders and other members of the local Indigenous community taking part in a celebratory afternoon tea after the raising of the Australian flag, the Aboriginal flag and the Torres Strait Islander flag. For the very first time at Alfred Health, the flags will be flown all day, as a mark of our respect and commitment. Dedicated staff raise the flags in the morning and lower them before sunrise each day.

## How do we measure consumer engagement in service improvement and how do we know if our patients are satisfied with their care?

There are a range of ways we assess the satisfaction of our patients with the care and services they receive at Alfred Health. Some of these measures are required by the Department of Health (DH) such as the Patient Satisfaction Monitor (VPSM). This is the survey used to measure the satisfaction of patients who have been to hospital for acute care, rehabilitation and maternity services, as well as patients who have presented to the Emergency Department (ED).

We use this detailed information in the report to tell us where we need to focus to improve care. The table

below highlights the level of patient satisfaction with informed decision making in care and treatment against these targets.

These results and other local measures such as the findings of the new Patient Experience Survey (PES) are considered an important quality indicator and are reported regularly to the Executive, CAC and Board.

Further work is being done at Alfred Health to improve the standard of the written information we provide our patients.

Some of these results and other safety and quality measures are also available on the CEO daily dashboard available to our community at [www.alfredhealth.org](http://www.alfredhealth.org)

**Table 8: Patient satisfaction with informed decision making in care and treatment against DH participation indicator targets at Alfred Health 2012–13**

Community participation indicator	Target	Alfred Health
1. Alfred Health demonstrates commitment to participation to meet the needs of its diverse community	75%	100%
2. Patients are included in their own care by being: <ul style="list-style-type: none"> <li>&gt; Encouraged to ask questions</li> <li>&gt; Included in decision making</li> <li>&gt; Listened to by staff</li> </ul>	75%	77% The Alfred 78.5% Sandringham 81.5% Caulfield 71.5%
3. The number of women who said they were given an active say in making decisions about what happened during labour	90%	93.5%
4. The percentage of consumers of community services satisfied with their involvement in decisions about their care and treatment	90%	98.8% (for available data within reporting period)
5. The number of residents/families/carers satisfied with their involvement in decision making about their care and treatment	75%	95.2%
6. The rate of respondents to consumer and carer surveys who rate information on how to manage their condition at home after a stay in hospital as 'good' to 'excellent'	75%	70.76%

# Consumer, carer and community participation



“ While I haven’t been a patient at The Alfred I have been a patient in other hospitals. I live close by so it’s convenient to get here. I grew up in the country where the sense of community and helping others is strong.

When I volunteer in ICU, I am spending time with families. Many of them have travelled some distance and are waiting for an update from staff about their relative’s condition. I sit with them in the waiting room, show them where they can help themselves to tea and coffee and escort family members who may be unfamiliar with the hospital to the patient’s bedside.

Being a volunteer gives you a sense of belonging. It is sociable and enjoyable while giving you a sense of inclusion and achievement because you are doing something that really helps others. ”

Di Dymond, volunteer

*Volunteer, Dianne Dymond, spends time with the family of a patient in the Intensive Care Unit (ICU) at The Alfred.*

## Volunteering at Alfred Health – helping improve the patient experience

We have over 400 volunteers working in many different departments at our three hospitals, assisting us improve our patients’ care experience with activities such as:

- > Hand and foot massage
- > Directing patients and visitors to their destination through concierge meet and greet
- > Supporting patients and families in difficult and stressful times, such as in the Emergency Department (ED) and Intensive Care Unit (ICU) waiting rooms
- > The activity trolley, including the provision of reading material and other items
- > Transporting patients from home to appointments
- > Supporting staff with a variety of administration tasks.

Dianne Dymond has been a volunteer for eight years. Since retirement, Di spends two full days a week at The Alfred. She supports staff with administrative work at The Alfred Foundation one day a week, spends half a day supporting patients in Radiology and the Day Surgery Unit in the Alfred Centre and spends another half a day in the Intensive Care Unit.

## Health promoting hospitals and health services

Alfred Health is proud to be a member of the World Health Organization's (WHO) 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 other health promoting activities.

There have been several excellent examples of health promotion initiatives over the past 12 months. One of the most significant of these is the continuation of Alfred Health's smokefree commitment, and it remains just as strong as it was five years ago.

## Smokefree for five years – the first major metropolitan health service in Victoria to make it happen

*Totally Smokefree* at Alfred Health aims to achieve a healthy and smokefree environment to benefit all people who use services at one of our three hospitals. We believe it's our responsibility to demonstrate public leadership in supporting smokefree environments.

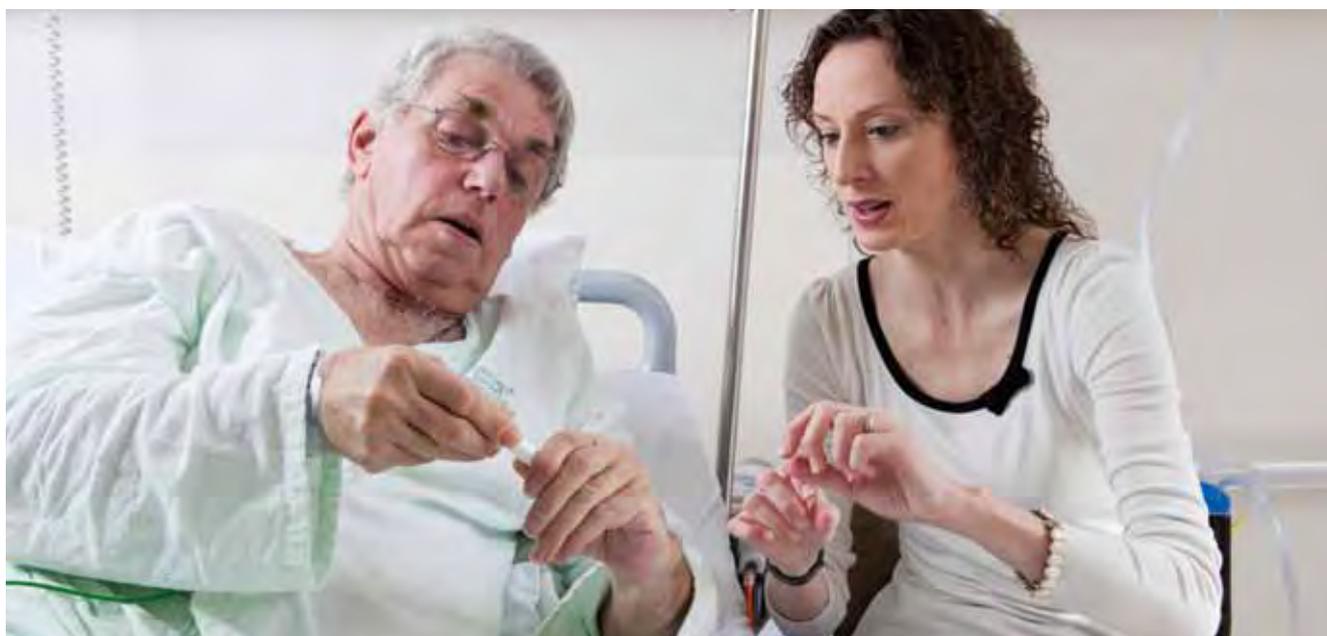
Over the past two years, we have focused much more strongly on improving the way we support our patients who smoke. More than 90% of our patients who smoke are identified as 'smokers' within the first 24 hours of admission to one of our hospitals. This has increased significantly from 14% in 2011.

Those patients who smoke are supported with information, advice and access to a range of nicotine replacement therapies, in accordance with their individual needs and preferences. It's our pharmacists who have taken the lead in transforming the way we support patients to give up smoking or reduce the amount they smoke.

## Butting out smoking – supporting patients to succeed

Dennis, a 69-year-old man admitted for removal of skin cancer, gives "top marks to The Alfred". Although he wasn't expecting quitting smoking to be a focus of his treatment, Dennis says this support "couldn't have happened at a better time". Now, almost six months without a cigarette, Dennis describes himself as absolutely thrilled. "I'm forever telling people it's the best thing that's ever happened to me."

There is more that we can do to further improve our smokefree environment at Alfred Health. Responding to strong public support for our smokefree area to be extended, there are plans to include some sections of the footpath space surrounding The Alfred in the smokefree zone.



*A member of the Alfred Health Pharmacy Department talks to a patient about nicotine replacement therapies after he agrees to try to give up smoking.*

# Continuity of care

Only a small number of Victorian hospitals achieved the Federal Government's 4-hour wait target in 2012-13, reinforcing Alfred Health's reputation as one of the best-performing and most trusted health services in the country by not only meeting performance targets but exceeding them.



## Timely Quality Care (TQC)

The Timely Quality Care (TQC) initiative began at The Alfred in November 2012 for patients arriving at the Emergency Department. The aim of the initiative was to make sure all patients are seen by the most relevant staff so the correct care and treatment can be provided as quickly as possible to ensure:

- > Improved patient experience of care
- > Timely provision of investigations and procedures
- > Admission to the most appropriate hospital service
- > Active management to progress care along the entire patient pathway.

Several ambitious principles of care have supported the following changes across The Alfred site and include:

- > A consultant-led healthcare team will see all time-critical patients within 10 minutes of arrival at the Emergency and Trauma Centre
- > The same team will decide whether the patient will be discharged or admitted to hospital
- > Patients will be reviewed within two hours as requested by their inpatient unit
- > Patients will be admitted to a bed in the most relevant clinical area
- > All investigations, consultations and interventions will be completed within 24 hours of the request being ordered
- > Patients will be actively managed to ensure they are in hospital only for as long as is clinically necessary.

The initiative includes numerous projects across many service areas, including the Emergency and Trauma Centre, Medicine, Surgery and Radiology. Key improvements since the initiative commenced late last year include:

- > Improved overall waiting times for patients
- > Reduced delays to admission for those patients requiring a hospital stay
- > More timely access to beds in specialist wards
- > Reduced waiting time for investigations such as CT scans and blood tests during the hospital stay
- > Improved training, teaching and support of our junior medical staff, particularly at night
- > A way of gathering feedback from patients and carers on the care they received so we know where to make improvements.

In fact, from January to June 2013, three in every four emergency patients were seen, discharged or admitted within four hours of arrival. This more than adequately met the 'wait' target set by the Commonwealth Government.

An important part of TQC has been the way patients and consumers have been involved throughout the project to help assess where and how we need to improve services.

This has been done in several ways:

- > A group of consumers were trained and supported to survey patients in the Emergency Department to help assess the main problems and strengths of the current service
- > A member of the Alfred Health Community Advisory Committee (CAC) was involved from the very beginning of the project as a member of the TQC steering committee as well as providing other consumer insights at weekly meetings with project staff to talk about ideas for improving services
- > Patients and consumers were involved in the development of patient information brochures regarding the Emergency Department
- > Patients who have lived the TQC experience have been invited to attend focus groups with project staff to go through the issues identified in the first round of patient surveys, to help understand the patient experience of the Emergency Department and assist us think about what more we can do to improve it.

*Sarah Gray, a member of the Alfred Health Community Advisory Committee (CAC) and community representative of the Timely Quality Care (TQC) Initiative Reference Group, discusses TQC progress with Marit Van Zonneveld, Redesigning Care Consultant.*



## Timely Quality Care (TQC) – a new patient experience

Julie Heaney has attended the Emergency Department at The Alfred on several occasions in the last few years for the treatment of asthma and describes the positive changes she experienced during her most recent visit.



*Patient Julie Heaney describes her experience of the Emergency Department (ED) at The Alfred.*

“ My care has always been excellent, with options or prevention as well as management of my symptoms. On my last visit I noted that the process was far quicker than my earlier visits for management of my asthma.

When I arrived I was seated inside the Emergency Department rather than the waiting room where I have often had to wait in the past. I was seen very quickly by the nursing staff and the doctor. I was then moved into the short stay area for treatment and within three hours everything had been completed and I was ready to go home.

Although I was moved through the Emergency Department very quickly, my treatment was excellent and as good as that received during previous visits. ”

Julie Heaney, patient

## Timely Quality Care (TQC) – ‘the hospital at night’

‘The hospital at night’ is a component of TQC at Alfred Health and was introduced in February 2013. This included a new team approach with a focus on using the staff available at night more effectively to deliver the safest quality patient care.

A new approach to teamwork:

- > Formal staff handovers followed by a team meeting with nursing leaders and overnight medical staff to review current issues occurring in the hospital and what can be done to solve or minimise them
- > The variable nature of hospital work means some doctors may have many tasks whilst others have few, sometimes leading to a delay in patient care. A clinical lead now works with medical staff throughout the night to redistribute tasks to ensure timely patient care. The clinical lead is also available to support and provide senior advice to junior medical staff to ensure progression of patient care
- > Structured breaks during the night are available for all the junior medical staff, which not only ensures they have a rest but supports learning and team building.

Improving the patient experience:

- > The average time spent in the Emergency Department before admission has reduced by 41 minutes for patients overnight, and in particular between 9 pm and 8 am
- > The average percentage of patients admitted within four hours has improved by 9% from 47% to 56%
- > Nursing staff have reported that patients’ needs are being met more quickly.

## Organ and tissue donation

DonateLife Victoria coordinates organ and tissue donation in Victoria (and provides support to Tasmania) in collaboration with the Donor Tissue Bank of Victoria and Lions Eye Donation Service.

DonateLife Victoria also works to increase community awareness and understanding about donation to encourage all Victorians to discover the facts, register their decision on the Australian Organ Donor Register and to discuss their wishes with their loved ones.

For more information, please go to [www.donatelife.gov.au](http://www.donatelife.gov.au)

The Alfred Hospital is one of six large Melbourne hospitals that performs organ and tissue donation and transplantation for Victoria and Tasmania, and Alfred Health is a central player in Victoria's care of 108 deceased organ donors in 2012–13.

This demands the provision of skilful emergency and intensive care, radiology, and pathology services and many other integral services within the hospital.

At The Alfred, organ and tissue donation activities are led and coordinated by the Hospital Clinical Team, made up of medical and nursing specialists whose role is to raise awareness of and provide education about donation both in the hospital and within the community. The Alfred Hospital clinical team for organ and tissue donation works closely with DonateLife Victoria in supporting families of potential organ and tissue donors and staff involved with the donation process.

Common organ transplants are heart, lung, liver, pancreas and kidney. The most commonly donated tissues are corneas, skin and heart valves. Every organ and tissue donor has the potential to improve or save the lives of many people who are on the waiting list for organ and tissue transplantation.

For more information, call The Alfred: Nurse Donation Specialist on **9076 5354** or email: [organdonation@alfred.org.au](mailto:organdonation@alfred.org.au)



# Continuity of care

Alfred Health heart transplant recipient James Willis at home with his family.



## Keeping a family together – the ultimate gift of life

James Willis, who had a heart transplant at Alfred Health in October 2012, was diagnosed seven years ago with unexplained heart failure, which was successfully managed with medications for several years. With his own business to run and a busy family life in regional Victoria, James' health unfortunately deteriorated again in late 2011.

James was fitted with a defibrillator, which is an electronic device set within his body to try to get the heart beating again, keeping him alive while his heart continued to stop more frequently. He was finally given a mechanical heart to keep him alive long enough to go on the waiting list for a heart transplant, and eventually returned home to his family near Ballarat after a successful heart transplant in late 2012.

James describes the lead-up to the surgery, the operation at The Alfred and the post-operative care as a huge, life-changing event. He says "you could never explain to the family what they will have to go through – ups and downs for years afterwards ... the threats of rejection of the heart and infection, medication side-effects and ongoing trips to the GP to make sure everything is alright".

■ ■ The staff are well trained, skilled and supportive. Most people were very good. One of the nurses one day just knew to hold my hand, and I needed it.

I still work in our family business near Ballarat and my wife and I foster three young brothers on a full-term basis as well as care for our other children. I used to coach local footy. I can now do a bit of goal umpiring but not like I used to, but I love to watch my own boys play footy. I will never ever be able to thank or tell the family who made the donation how they have kept my family together.

I understand how incredibly hard it is to say I'm going to donate an organ. People don't get around to it or don't want to think about it. I had no idea when I was young that I was going to get sick and need a new heart. Donating an organ is the ultimate act of generosity. ■ ■

James Willis, Alfred Health heart transplant recipient

## Service changes at Sandringham Hospital support safe quality care

### Sandringham Hospital power upgrade and temporary closure

From 1–3 June this year, Sandringham Hospital was closed for two days. Such an event has never before been attempted by a Victorian hospital. All services usually available at Sandringham were temporarily relocated to The Alfred, Caulfield Hospital and the Royal Women's Hospital while the power was shut down for an electrical upgrade to support the new \$6.5m Emergency Department redevelopment.

The success of the power upgrade was made possible only because of broad community support and understanding, and the team effort from staff across Alfred Health. There were also many other organisations who helped maintain the delivery of safe and quality patient care during the closure, including other hospitals, transport providers, local GPs and councils.

The first stage of the new building is now complete and in use.

### Changes to maternity and women's services at Sandringham Hospital

In response to increasing demand for maternity services at Sandringham Hospital, discussions between Alfred Health and the Royal Women's Hospital have been taking place with staff and our community over the past year.



*A new mother and baby talk to the midwife at Sandringham Hospital, with services soon to be provided under the care of the Royal Women's Hospital.*

The Royal Women's Hospital is a state-wide specialist hospital for women and newborns, and provides leadership across the state for women's health services. Community consultations held earlier in 2013 revealed there is strong local support for strengthening the existing services at Sandringham while staff see the benefits of being part of a larger specialist women's hospital.

On 1 October 2013, Alfred Health transferred maternity and women's services available at Sandringham to the Royal Women's Hospital, ensuring high-quality services will continue to meet growth and deliver care and services to women, babies and their families in the Bayside area of Melbourne.



*Staff Alison Palmer, James Taylor and Chris Batey in the newly opened Emergency Department at Sandringham Hospital.*

# Mark's story – mental health services supporting a young person with autism transition to high school

Mark was referred at the beginning of grade six by a school psychologist, who had been supporting his teachers and aide for many years and who felt an autism spectrum disorder may have been contributing to Mark's difficulties in the classroom and in getting on with other students. Whilst Mark is full of energy and fun when calm, he was often disruptive and uncooperative in class, swearing, yelling and refusing to listen or work.

Avenues Education, which is a service located at the same place as Child and Youth Mental Health Services (CYMHS), worked together with CYMHS so that both the teacher and case manager could support Mark's parents assist Mark's move to high school. Mark also joined a 'transition to high school group', which ran in term four of grade six and continued into term one of year seven. Mark was able to meet other children in the same situation as himself and develop friendships and ways to manage change.

Over the last term of primary school, Mark's behaviour improved. He became happier and less disruptive and even undertook more school work. He has stated he is still worried about going to high school, but rather than keeping things to himself he is talking about it. His parents and teachers feel he is better at working out when he should listen and they are more confident about knowing when they should offer support.

## Mental health services working together

### Making it easier for parents and children to access Child and Youth Mental Health Services (CYMHS) by working together

Over the past four years, Alfred Health Child and Youth Mental Health Services (CYMHS) has expanded with the aim of improving access for children, young people and their families. There has been a 38% increase for services from 2008 to 2013 and in particular for those that specialise in assisting young adults.

The purpose of the Child and Youth Program is working with children, teenagers and young adults with mental health issues and their families to make changes that will help to address these issues.

The types of services offered include:

- > Eating disorder treatment
- > Infants at risk of attachment difficulties
- > Autism assessment and management
- > Neuropsychiatry assessment and consultation
- > Family based therapy
- > Management of emotional and behavioural disorders for children, teenagers and young adults.

Alfred Health CYMHS staff also work with more than 50 other agencies to help them understand and address mental health issues with children, young people and families as part of their usual work with families. CYMHS also directly supports clients with more complex needs often in partnership with other agencies.

## Improving our performance

More patients than ever needed emergency care in 2012–13, with 1,200 critically injured patients with life-threatening injuries and an additional 5,300 patients with less serious injuries arriving by air or road for urgent medical care at Alfred Health.

The table below shows how our emergency performance against the Department of Health (DH) targets for 2012–13.

**Table 9: Alfred Health emergency indicator performance against Department of Health targets (DH) for 2012–13**

Emergency indicators (ED)	Target	Result
<b>Alfred Hospital</b>		
< 4 hr in ED (Jul to Dec)	70%	69%
< 4 hr in ED (Jan to June)	75%	75%
> 24 hr in ED	0	0
Attendances	N/A	58,823
Triage seen in time	80%	73%
<b>Sandringham Hospital</b>		
< 4 hr in ED (Jul to Dec)	70%	76%
< 4 hr in ED (Jan to June)	75%	79%
> 24 hr in ED	0	0
Attendances	N/A	33,374
Triage seen in time	80%	81%

With the introduction of the Timely Quality Care (TQC) initiative in November 2012, the new team-based approach to care delivery in the Emergency Department has resulted in three of every four emergency patients being seen, then discharged or admitted within four hours of arrival. Only a small number of Victorian hospitals achieved the Federal Government's four-hour wait target in 2012–13, reinforcing Alfred Health's reputation as one of the best-performing and most trusted health services in the country by not only meeting performance targets but exceeding them.

To understand some of the data, here are some definitions

**Triage** is the categorisation of patients for treatment according to urgency, with triage 1 being the most urgent and triage 3 being the least 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** refers to when the patient's planned elective surgery needed to be postponed by us, and is included in the table below.

**Table 10: Alfred Health elective surgery indicator performance against Department of Health (DH) targets for 2012–13**

Elective indicators	Target	Result
<b>Alfred Hospital</b>		
Cat 1 Admit < 30 days	100%	100%
Cat 2 Admit < 90 days (Jul to Dec)	75%	84%
Cat 2 Admit < 90 days (Jan to June)	80%	77%
Cat 3 Admit < 365 days (Jul to Dec)	93%	99%
Cat 3 Admit < 365 days (Jan to June)	94.5%	100%
Hospital initiated postponements	8	6.4
<b>Alfred Health</b>		
Waiting list	3,059	2,319
<b>Sandringham Hospital</b>		
Cat 1 Admit < 30 days	100%	100%
Cat 2 Admit < 90 days (Jul to Dec)	75%	93%
Cat 2 Admit < 90 days (Jan to June)	80%	95%
Cat 3 Admit < 365 days (Jul to Dec)	93%	100%
Cat 3 Admit < 365 days (Jan to June)	94.5%	100%
Hospital initiated postponements	8	3.5

Alfred Health continues to set the benchmark within Victoria and Australia in providing timely high-quality care. Gone are the days where we cancel more than a third of our elective surgery patients or leave people waiting in the Emergency Department for more than one day.

# Continuity of care



*Members of the 2013 Quality of Care Report Advisory Group, from left to right, Marg Way, Director of Clinical Governance, John Scully, member of the consumer register, Suzanne Corcoran, Community Participation Coordinator, Sarah Gray, member of the Community Advisory Committee (CAC), Brett Hayhoe, member of the Community Advisory Committee (CAC). Absent: David Menadue, member of the Community Advisory Committee (CAC) and Ursula McGines, Director of Public Affairs.*

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## Feedback about the report

This is Alfred Health's twelfth 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. We hope you are happy with the changes we have made to this year's report.

As always, we worked very closely with our Quality of Care Report Advisory Group to produce this report. Three Community Advisory Committee (CAC) members and a member of the consumer register worked with staff to develop the content and assisted with 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 we are able to produce a publication that is informative and user friendly. This year we are using scheduled community workshops to hear what you think we can do to make it an even more informative report for next year.

We also welcome your opinion via email, and encourage you to send any comments or suggestions you may have about this year's report to [Communityparticipation@alfred.org.au](mailto:Communityparticipation@alfred.org.au).

## 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 Members of Parliament, local councils and the media. The report will be published on the Alfred Health website.

Please visit our website at [www.alfredhealth.org.au](http://www.alfredhealth.org.au)

# Acknowledgements

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

Suzanne Corcoran, Community Participation Coordinator

Sarah Gray, Community Advisory Committee member

Brett Hayhoe, Community Advisory Committee member

David Menadue, Community Advisory Committee Chair and Board member

Ursula McGinnes, Director of Public Affairs

John Scully, consumer register member

Margaret Way, Director of Clinical Governance

The Advisory Group would also like to thank Caroline Hedt for assistance with photography and Janet Weir-Phyland, Executive Director of Nursing/Chief Nursing Officer for executive sponsorship and guidance.



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。

