



AlfredHealth

2014-15

QUALITY OF CARE REPORT

CONTENTS

- 1 About Alfred Health
- 2 About this report
- 3 Message from the Chief Executive
- 4 Our community
- 10 Patient arrival: coming to hospital
- 13 Quality and safety
- 17 Inpatient: surgery and treatment
- 20 Inpatient: the ward
- 26 Inpatient: recovery
- 31 Discharge: next stages
- 33 Outpatient and community care
- 37 Governance

English

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 Language Services on 9076 2000 and ask for extension 63374.

Greek

Η Έκθεση της Ποιότητας Φροντίδας της Alfred Health είναι γραμμένη για τους ασθενείς και τα μέλη της κοινότητας να τους πληροφορήσει για το πως η ποιότητα και η ασφάλεια παρακολουθείται και βελτιώνεται σε όλη την υπηρεσία υγείας. Αν η Αγγλική δεν είναι η πρώτη σας γλώσσα και θέλετε να μάθετε για τις πληροφορίες σε αυτή την έκθεση, σας παρακαλούμε επικοινωνήστε με τις Γλωσσικές Υπηρεσίες στο 9076 2000 και ζητήστε τον εσωτερικό αριθμό 63374.

Italian

Il resoconto sulla qualità dell'assistenza di Alfred Health è redatto per pazienti e membri della comunità al fine di far loro sapere in che modo la qualità e la sicurezza vengono monitorate e migliorate attraverso il servizio sanitario. Se la vostra prima lingua non è l'inglese e vorreste conoscere le informazioni contenute in questo resoconto, potete chiamare il Servizio Linguistico al numero 9076 2000 e chiedere di essere messi in contatto con l'estensione 63374.

Russian

Отчет о качестве обслуживания Alfred Health предназначен для ознакомления пациентов и широкой общественности с мерами по контролю и повышению качества обслуживания и безопасности при предоставлении медицинских услуг. Если английский язык не является вашим родным языком и вы хотели бы ознакомиться с отчетом, просим вас позвонить в нашу Языковую службу по номеру 9076 2000 и попросить, чтобы вас соединили по добавочному номеру 63374.

Simplified Chinese

《Alfred Health 照顾质量报告》为患者和社区成员编写，向他们告知质量和安全是如何在整个卫生服务中得到监控和改进的。如果英语不是你的母语，而且你希望了解本报告中的信息，请联系语言服务处（Language Services），电话：9076 2000，转分机 63374。

Turkish

Alfred Health Bakım Kalitesi Raporu hastalar ve toplum üyeleri için, tüm sağlık servisinde kalitenin ve güvenliği nasıl gözlendiği hakkında onlara bilgi vermek üzere yazılmıştır. İngilizce anadiliniz değilse ve bu rapordaki bilgileri öğrenmek istiyorsanız, lütfen 9706 2000 numaralı telefonu arayıp 63374 numaralı hattan Dil Servisimizi isteyin.

Traditional Chinese

Alfred Health 的醫療品質報告是為病者和社區成員提供關於醫療服務質素和安全的監控及改善程序方面的資訊。如果英語不是你講的第一語言，而你想知道這份報告的內容，請聯絡我們的語言服務，撥打電話 9076 2000，然後要求接駁內線 63374。

ABOUT ALFRED HEALTH

Alfred Health is a leading major metropolitan health service. We care for more than 680,000 people living in southern and bayside Melbourne through our three hospital campuses, clinics and community-based services. Our expert care is available to all Victorians.

We deliver the best care by understanding, anticipating and addressing our community's health needs now and in the future.

Recognised as a national pacesetter, Alfred Health is consistently linked to progressive developments in healthcare and services, medical research and healthcare teaching. This multi-stranded expertise influences healthcare in Australia and overseas.



Our hospital campuses:

The Alfred, a major tertiary referral hospital, has one of Australia's busiest emergency and trauma centres as well as the state's largest Intensive Care Unit. The Alfred is home to statewide services including the Victorian Adult Burns Service and Victoria's only heart and lung transplant service.

Caulfield Hospital specialises in community services, rehabilitation, aged care and aged mental health. Many services are delivered through outpatient and community-based programs. The hospital plays a statewide role in rehabilitation services, especially through the Acquired Brain Injury Rehabilitation Centre.

Sandringham Hospital is community focused, providing hospital healthcare needs for the local area through emergency, paediatrics, special care nursery, general medicine, and outpatient services. The hospital works closely with local community healthcare providers.

Community care: We provide community care through clinics and programs such as the Melbourne Sexual Health Centre, Hospital in the Home and a range of psychiatry care, including community care units, headspace services and homeless outreach.

ABOUT THIS REPORT

Diego's story



Diego Mercado, 29, was a new resident from Colombia, happily forging a career in Melbourne as a chef before suffering a motorbike accident.

Airlifted to The Alfred in a critical condition with a serious head injury, Diego spent time in the Intensive Care Unit (ICU) before becoming one of the first patients at Caulfield's Acquired Brain Injury Rehabilitation Unit.

This report explains and demonstrates how we deliver quality care by focusing on a patient's experiences: from pre-admission right through to discharge and rehabilitation in the community.

As every patient has a different experience, we have included a range of patient and consumer stories from across the health service.

We also feature the story of Diego Mercado (see side panel) throughout the report to demonstrate a complete patient journey and the continuity of care from one campus to another.

Guidance on report

Thank you to Alfred Health's consumers, including members of the Community Advisory Committee, who gave clear guidance on this report. With their help, we have endeavoured to make the *Quality of Care Report* more reader-friendly, using plain language.

Some definitions

At Alfred Health, we use the words 'consumer' and 'patient' interchangeably. Sometimes we refer to patients as 'clients' or 'residents'. The term 'consumer' often refers to a volunteer who shares their recent experiences of the health setting to help us improve services.

The patient journey

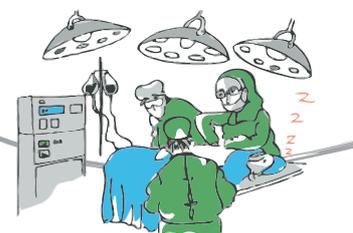
ARRIVAL Admission



Senior Team and Investigations



Surgery and Treatment



▶ Continue Diego's story on page 4

MESSAGE FROM THE CHIEF EXECUTIVE



It is my pleasure to present this year's *Quality of Care Report*.

This report provides insight into the quality and safety performance across our healthcare service. It also explains how we meet our community's expectations through providing the highest possible care.

For the past three years we have redesigned our model of care through the Timely Quality Care (TQC) initiative. TQC, which has been implemented across our three hospital campuses, puts patients front and centre of how we provide care. It is an excellent example of delivering on our *Patients Comes First* strategy (page 38).

In 2014-15 we saw TQC's real benefits as we treated more people than ever before while continuing to provide high-quality care that met, and often surpassed, government targets.

One of our most important metrics is Alfred Health's patient experience survey. This year more than 94 per cent of Alfred Health's patients rated the quality of their overall care as good, very good or exceptional. While this is a satisfying outcome, there is always more to be done.

Community discussions around Alfred Health's new 2015-20 Strategic Plan, identified the need to extend our excellent clinical care to the broader patient experience. The best way to achieve this is through patient involvement.

This year we increased direct community participation through several new consultative groups. While the subject matters are diverse, the underlying principle remains the same – involving people with relevant personal experience in service planning.

Our gratitude goes to the many people – including our Community Advisory Committee members – who regularly give of their time to advise us on the patient perspective. Your comments, insights and experiences contribute to improving care for all.

Prof Andrew Way
Chief Executive Officer

2014-15 highlights

- 106,950 episodes of inpatient care
- 93,443 Emergency Department presentations (admitted and non-admitted, excluding UCC)
- 12,339 elective surgeries performed
- 7,349 trauma patients treated
- 8,432 Alfred Health employees
- 544 Alfred Health volunteers
- 50 members of the Consumer Register
- 99 people received a second chance of life through heart and lung transplants

Ward

Rehab/Aged Care

DISCHARGE
HOME



OUR COMMUNITY

Diego's story



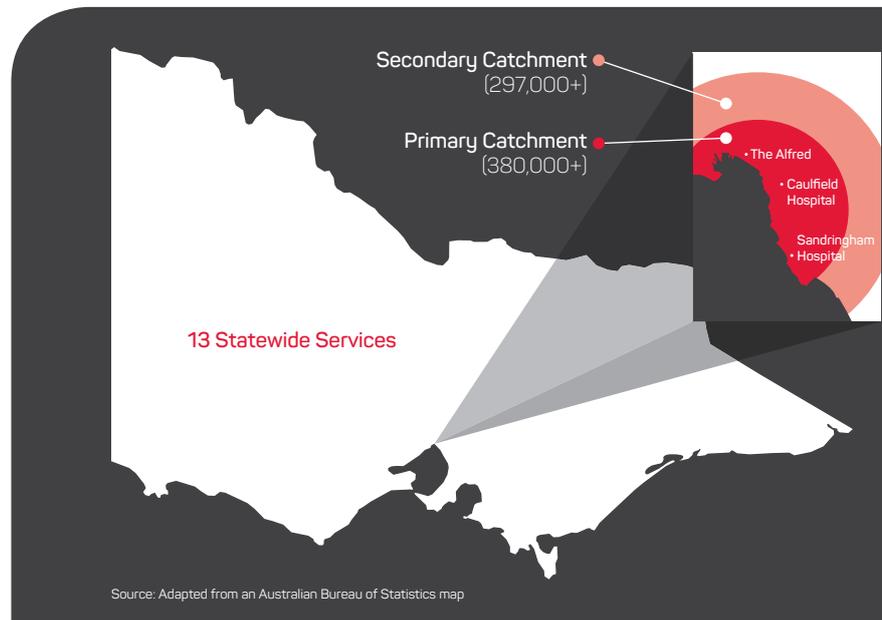
In November 2014, Diego Mercado, 29, was enjoying the freedom of riding his motorbike around the beautiful Marysville hills with friends.

He remembers stopping for lunch and then nothing else.

Alfred Health has never been busier and, this year, we saw record demand for our services. We provided 106,950 episodes of inpatient care and continued to be one of the world's busiest and most successful heart and lung transplantation services, giving 99 people a second chance of life in the year.

We provide the best care for all patients. That includes the 680,000 people within our catchment and all Victorians who require the expert care provided through 13 statewide services. In addition, we run a national paediatric lung transplant service.

As well as caring for inpatients, the care continues for the many who access a wide range of specialty outpatient clinics.



Statewide Services:

- Cystic Fibrosis Service
- Heart and Lung Transplant Service
- Major Trauma Service
- Victorian Adult Burns Service
- Clinical Haematology Unit and Haemophilia Services
- Malignant Haematology and Stem Cell Transplantation Service
- Sexual Health Service
- Victorian HIV/AIDS Service
- Hyperbaric Medicine Service
- Victorian Melanoma Service
- Specialist Rehabilitation Service
- Psychiatric Intensive Care Service
- Bariatric Service

National Service:

- Paediatric Lung Transplant Service

➤ Continue Diego's story on page 10

Our patients, who are they?

Melbourne has one of the world's most culturally diverse communities and this is reflected in Alfred Health patients.

Our patients are from many different cultural and religious backgrounds, including Indigenous communities, and represent many different disease groups.

Our range of services is one of the most comprehensive in Victoria. At Alfred Health, we care for the sickest patients with the most complex conditions, including newborns requiring special care to the elderly suffering from multiple chronic conditions or dementia. We look after people with disease, physical ailments and mental health conditions.

The specific needs of each individual and community are considered to provide tailored care and a seamless journey through the healthcare system.

Now we're talking

Good communication supports safe, effective care. Interpreters are essential in translating complex medical conversations between patients who do not have English as their first language, their families and hospital staff.

The demand for interpreting services across Alfred Health has increased significantly, growing over 11 per cent this year due to our ageing population from many diverse backgrounds.

To improve wait times and quality, and to meet future demand, we have better targeted our interpreter services.

Through a new telephone interpreting service, interpreters are available 24 hours a day, every day of the year. The new service means:

- Outpatient appointments, where required, will use a telephone interpreter, so there are no bookings and minimal waits.
- Cognitively, hearing impaired or deaf patients are still supported with face-to-face interpreters.
- Face-to-face interpreters will be used for all inpatient appointments, for psychiatry and neuropsychology assessments.
- Family members or carers cannot be used to interpret for complex decision making or consent scenarios, to ensure communication of clinical information is accurate.

While the change to primarily telephone interpreters has provided some challenges with new procedures to follow, it means onsite interpreters can spend more time with patients who need them most.

Πείτε στο προσωπικό αν χρειάζεστε διαμετάφραση για το ραντεβού σας. /
 Если во время приема вам нужны переводчик, скажите об этом нашим работникам. /
 如需您就诊时需要口译协助，请告知工作人员。 / 請告知工作人員您何時需要傳譯員。 /
 Di al personale se hai bisogno di un interprete per il tuo appuntamento. /
 Rendevaniuz için tercümanla iletişime geçin. / Ask for an interpreter.

NEED AN INTERPRETER?
 NOW WE'RE *talking*

AN INTERPRETER SERVICE IS AVAILABLE ALL DAY, EVERY DAY
TELL US IF YOU REQUIRE AN INTERPRETER

AlfredHealth

Six top languages spoken by our patients:

- Greek
- Russian
- Italian
- Mandarin
- Cantonese
- Turkish

What do patients say?

Listening to our patients is an important way to improve services and better understand patient experiences. Two surveys assessed patients' responses to care.

Alfred Health Patient Experience Survey: This survey is administered to patients and families by specially trained volunteers/consumers. In the six months from January to June 2015, 94.5 per cent of patients across Alfred Health said care was 'good', 'very good' or 'exceptional'. Individual hospital results were:

- 93.7 per cent of respondents at The Alfred
- 93.9 per cent at Caulfield Hospital
- 98.7 per cent at Sandringham Hospital.

Also, 95.5 per cent of Alfred Health's patients reported they were treated with respect and dignity always or almost always.

Victorian Healthcare Experience Survey: The questionnaires are distributed to a randomly selected group of eligible people from each health service in the month following hospital discharge or an Emergency Department attendance. In 2014–15, an average of 92 per cent of Alfred Health patients rated their overall hospital experience as either 'very good' or 'good'. We were fully compliant with the Department of Health and Human Services requirements.

Areas needing improvement:

- Ageing facilities – we will continue to pursue replacing the ageing 'Breezeway' at Caulfield Hospital with a new Inpatient Unit.
- Hospital food – see page 20 for more.
- Ongoing communication between clinicians and patients.

Alfred Health Patient Experience Survey (PES)

This in-hospital survey is administered to patients and families by specially trained volunteers/consumers.



The Alfred



Caulfield Hospital



Sandringham Hospital

How do we involve patients?

Patients come first. The *Patients Come First* (PCF) strategy is Alfred Health's road map for engaging patients in their own care and treatment. The aim is to ensure the voice of the patient is reflected in service planning, design, delivery and evaluation.

As a public health service, Alfred Health follows the government's *Doing it with us not for us* strategy. Alfred Health has done this in numerous ways, including:

- involving consumers on quality and governance committees
- working with community to further build our cultural responsiveness and disability action plans
- working with volunteers to improve our health service, particularly by seeking feedback through patient surveys.

Welcoming Indigenous patients

It's important to support patients from the very beginning of their experience. For our Aboriginal patients, this means early identification so services are provided in a culturally supportive and sensitive way.

With our Aboriginal Hospital Liaison Officers working in partnership with a range of staff at The Alfred, there was a 54 per cent increase in the number of people who identified themselves as Aboriginal within the past 12 months.

Close ties have been built with Indigenous communities to encourage them to access healthcare, so we can better manage the significant health risks of this vulnerable patient group.



Key results include:

- work on developing a Reconciliation Action Plan (RAP), in consultation with Reconciliation Australia. This will focus on cultural learning, employment of Indigenous people and working together with these patients and their families. Traditional owner Carolyn Briggs has been consulted as part of the first steps.
- a Carer Services person working specifically with Aboriginal people. In May 2015, nine carers of Aboriginal and Torres Strait Islander background had respite from caring for people suffering from dementia.
- implementation of a State Government-funded engagement project between St Kilda Rd Psychiatry Services and the Aboriginal community within the City of Port Phillip to improve patient access.
- new positions to support patients through their care from admission to community care, and moves to offer cadetships in nursing and allied health to increase numbers of Aboriginal staff at Alfred Health.

Aboriginal health plan

We are working with the Department of Health & Human Services on the Koolin Balit strategy 2013–2023. This includes membership of the Koolin Balit Steering Committee as well as the Urban South Koolin Balit Working Group.

Understanding our diverse community

To be truly patient-centred and provide the best possible care experience for all our patients and their families, we think about individual patients and their needs.

Acknowledging the specific needs of some of our diverse patient communities, new working groups have been developed to focus on unique healthcare needs. These include a new Lived Experience Advisory Group for mental health services, which aims to bring the voice of the patient, carer and family to discussions around service planning, design and improvement programs.

The development of policies and guidelines supporting staff care for patients with disabilities and their carers has been one of the key outcomes of the disability

working group. The outcomes of an external consultant's access and inclusion review are being considered to help identify improvements required to support access and care for those with physical and sensory disabilities.

The new consultative groups, which include consumers, as well as clinical and management staff, are:

1. Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) working group
2. Disability working group
3. Aboriginal Reconciliation Action Plan (RAP) working group
4. Lived Experience Advisory Group (LEAG)
5. HIV Services Advisory Group (HSAG)

The Cultural Diversity Coordinator position continues to assist staff in providing safe and culturally sensitive care to patients with a preferred language other than English and those with specific cultural and religious requirements.

Bernie Slagtman is a member of the new HIV Services Advisory Group (HSAG), which is helping plan future services for the 6,000 plus Victorians living with HIV.

A long-term survivor of HIV, Mr Slagtman says he is providing a voice for the most vulnerable group of HIV-positive patients, to ensure they are not forgotten and that future services are sensitive and appropriate.

A real achievement of this group has been developing action plans to give people statewide access to post exposure treatment (NPEP) within 72 hours of an unsafe event of potentially being exposed to the virus. We're also further exploring the fears HIV patients have when they are admitted to non-infectious diseases wards.



Bernie Slagtman, member, HIV Services Advisory Group

25 years of saving lives

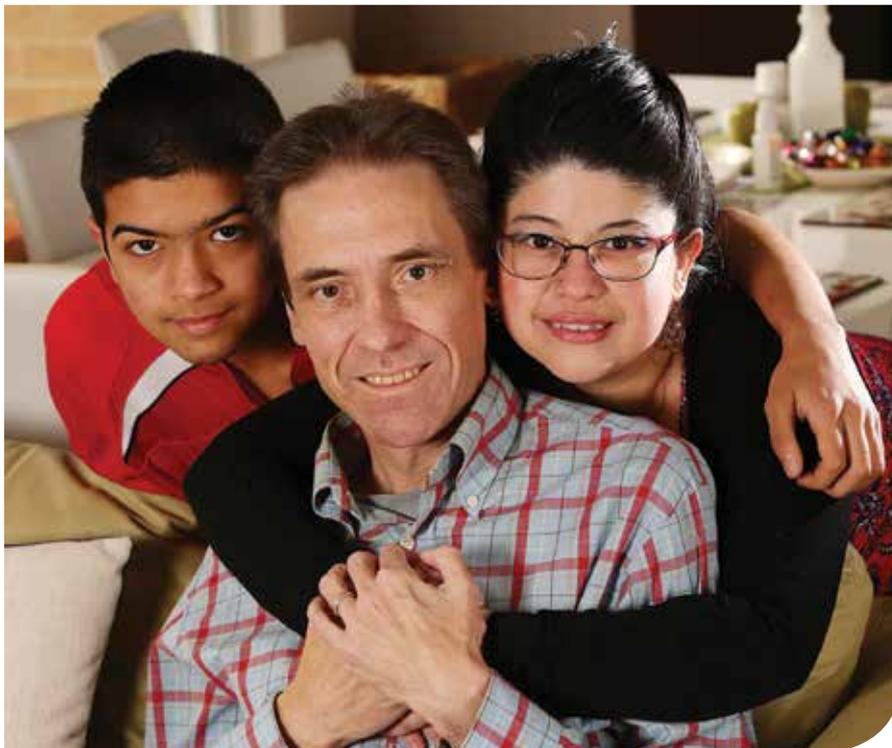
The Alfred's Lung Transplant Unit is celebrating its 25-year anniversary. Now operating one of the biggest transplant programs in the world (completed more than 12,000 transplants), The Alfred has built an international reputation for using donor organs more effectively than other units around the world, and taking on more complex cases.

Alfred's Clinical Director of Allergy, Immunology and Respiratory Medicine, Professor Trevor Williams, has been at The Alfred since the unit opened. He says the unit's success is due to the commitment of The Alfred and its staff.

"Lung transplant was totally science fiction when I started at The Alfred,"

Professor Williams said.

Twenty-five years ago, the most established way of replacing the lungs was to transplant patients as a heart-lung block, even if the heart was healthy. Now surgery has evolved to single lung and double lung transplants, with organs being donated from all over Australia.



New hope for James Kennedy, pictured with his son Octavia and wife Mariella.

Double-act transplant dad

James Kennedy had both of his lungs and a kidney replaced in a 14-hour operation at The Alfred. He is Australia's fourth simultaneous double lung and kidney transplant recipient.

Cystic fibrosis had been taking over James' body. Every breath was a struggle as his lungs filled with cysts and his kidneys started to fail.

Professor Greg Snell, Director of The Alfred Lung Transplant Service, said: "We were concerned whether James would survive the operation because his body was working hard on so many fronts."

When James' kidneys failed, it was decided a multi-organ transplant was the only way the Cranbourne father could survive. The wait for the new organs took eight months and the operation involved a team of over 30 to transplant the three organs.

Less than a year since the operation, James is reaping the benefits.

"It's amazing how much you take for granted, like the simple things of being able to walk without getting out of breath," James said.

PATIENT ARRIVAL: COMING TO HOSPITAL

Diego's story



In a critical condition, Diego is taken by helicopter to The Alfred. His motorbike had brushed against a car then crashed into a ditch at high speed. Diego suffers multiple traumatic injuries, including a broken neck, two forearm fractures and a brain injury.

Added to that, he has a serious injury to the brachial plexus – a network of nerves running from the spine through the neck and into the arm. With the nerves ripped away, Diego has no movement or sensation in his right arm.

Patients arrive at hospital in various ways, often determined by their medical condition and experience. Some are airlifted by helicopter or are brought in by ambulance following a trauma. Other patients walk through the front door for elective surgery or to an outpatients' appointment at one of our specialist clinics.

Close to 94,000 people presented to our Emergency Departments at The Alfred and Sandringham Hospital – an almost 10 per cent increase. This included 7,400 trauma patients – 1,200 of whom required intensive care after experiencing a major trauma.

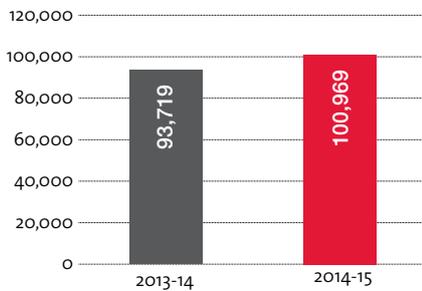
For the past couple of years, we have concentrated our focus on ways to improve the patient experience from the very beginning. Ensuring that everyone receives the most appropriate care at the right time is a priority. We have put our clinicians at the front end of the emergency process, which means treatment starts sooner. Our staff are involved, from the beginning, in designing the care they deliver.

This approach is making a real difference, with constant improvements in patient waiting times. The government target for patients waiting less than four hours in the emergency department is set at 81 per cent. At The Alfred, our result was 82 per cent and, at Sandringham, 87 per cent.

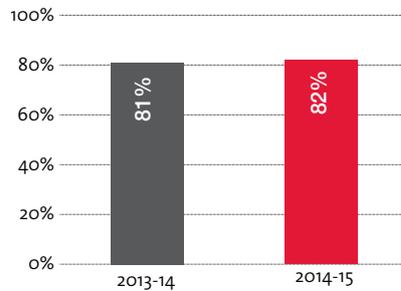


➤ Continue Diego's story on page 17

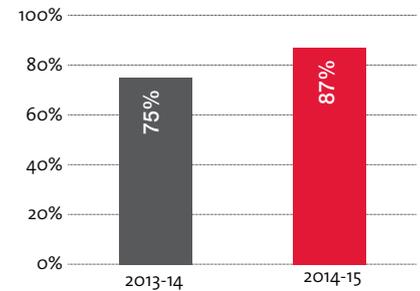
Emergency Department and Urgent Care Centre presentations (Alfred Health) – up 7.7%



Emergency Department Length of Stay <4 hours (The Alfred) – maintained high rate of treating majority of patients within 4 hours



Emergency Department Length of Stay <4 hours (Sandringham) – 12% improvement on patients seen within 4 hours



New emergency partnership

With the aim of giving people a better experience of emergency care, an independently run Urgent Care Centre (UCC) was opened inside Sandringham Hospital in May 2014. Those with minor injuries or illnesses (such as wounds, rashes, infections and simple fractures) are seen by GPs in the centre, in the order in which they arrive.

This leaves the hospital's Emergency Department (ED) team free to provide timely care for emergency conditions such as

chest and abdominal pain, allergic reactions, breathing difficulties and head injuries.

The centre treated up to 28 per cent of emergency patients presenting to Sandringham Hospital. The aim is to grow the work of the centre to 30–50 per cent of overall hospital emergency patients, to further reduce waiting time for ED patients. The hospital continues to support the skill development of the centre's GPs.

“Everyone works very hard here. People seem very busy but they look after you very well.”

2014-15 attendances at Sandringham Hospital



7,526 treated at Urgent Care Centre

30,829 treated at Sandringham ED



We saw an increase in case complexity in the General Medicine Unit, which typically cares for older patients. Patient admissions to the unit increased by 17 per cent, reflecting the ageing of our population.



Lucy's story

Lucy Anderson is a regular visitor to Sandringham Hospital. The active 12-year-old, who plays piano and sings, has an allergy to peanuts.

The most recent incident saw Lucy arrive at Sandringham ED in the middle of the night after waking with shortness of breath. She had eaten pasta containing lupin flour, which contains proteins similar to peanuts. With Lucy at risk of experiencing anaphylaxis – a serious allergic reaction, which causes the throat to swell and airways to close – Sandringham doctors attend to this problem quickly. Lucy now has an epiPen, which delivers a single dose of adrenalin to allow breathing.

This year, Lucy returned to Sandringham ED several times with a dislocated thumb. Diagnosed with hypermobile joints (or 'double-jointedness'), she was referred to a hand surgeon to investigate options for stabilising the joint.

"Everyone knows us at Sandy now," says Jane.

"They have been very good in treating Lucy quickly and efficiently."

QUALITY AND SAFETY

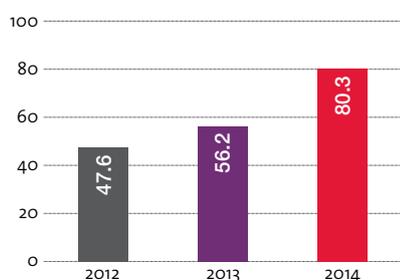
It's important our patient community understand how their health service is performing. Alfred Health has a number of systems in place to ensure a patient's best recovery. Here's our scorecard.

Infection prevention

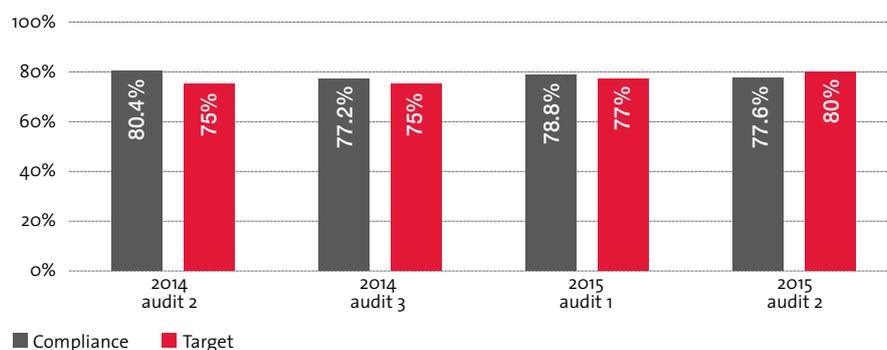
Influenza vaccination – annual flu vaccination for our staff is one of our most important safety initiatives to protect vulnerable patients. Historically, vaccine uptake in Australia has been low (under 50 per cent).

Our objective is to exceed the government target of 75 per cent in 2015. At 30 June 2015, and part way through the season's vaccination program, 77.3 per cent of staff had been vaccinated.

Alfred Health staff vaccination rates 2012-2014



Hand hygiene compliance rate 2014-2015



Hand hygiene – regular hand washing to ward off infection is crucial in hospital, and compliance is monitored closely. Government targets gradually increased over the year from 75 per cent to 80 per cent compliance.

Alfred Health achieved the state targets in all audits up until audit period 2 (March–June 2015), when the target was increased. While Sandringham and Caulfield Hospitals both individually exceeded this target, latest audit results show the target was not met across the whole organisation.

Improvement measures

- more trained auditors at ward level
- introduced ongoing feedback and compliance reporting to clinical staff at ward level
- developing an innovative awareness campaign
- developing a DVD to enhance staff knowledge
- introduced a dedicated role concentrating on the hand hygiene project.

Aseptic technique – protects patients during invasive clinical procedures (such as the insertion of cannulas) from organisms that can cause an illness. Using infection control measures can help prevent and control healthcare-associated infections.

As improving aseptic technique is a priority at Alfred Health, we have:

- employed a dedicated aseptic technique project nurse to audit, advise and educate staff regarding this important safety measure
- developed an e-learning package to promote knowledge and understanding.

Medication safety

Medication safety incorporates all aspects of medicines use including prescribing, dispensing, administering and monitoring medications. It also provides nursing, medical and pharmacy staff, and patients and carers with the opportunity to discuss and document medication-related issues.

A number of indicators are used to demonstrate effective strategies for minimisation of harm related to medicines.

In 2014, 58 of Alfred Health's 64 areas were the focus of a Medication Safety Walk Round with over 200 actions recommended, including:

- posting medication safety alerts in the medication room
- extending the 'smart pump' suite with new drug libraries and education
- improving medication storage areas including bedside lockers on some wards
- improving refrigerated medication monitoring, and
- secure storage of prescription pads.

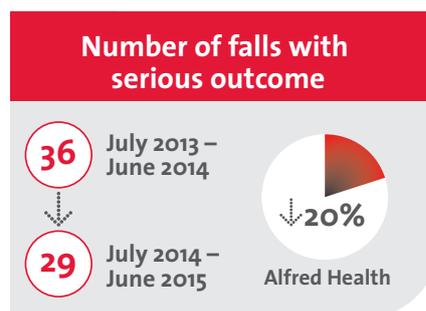
Increasing the involvement of clinical pharmacists in patient care has improved the way we communicate information about medicines internally and with external organisations.

A new approach implemented in November, now sees pharmacists reviewing and documenting the medication histories of 95 per cent of patients on their admission. As part of the discharge process our pharmacists communicate directly to around 80 per cent of our patients' GPs, explaining the medicines that are being taken home.

All our patients – both inpatients and those who attend our clinics – are offered smoking cessation advice and support.

Falls

Falls can cause serious injuries to patients, increasing the time for recovery. At Alfred Health, serious outcomes from falling have reduced by almost 20 per cent in the past year.

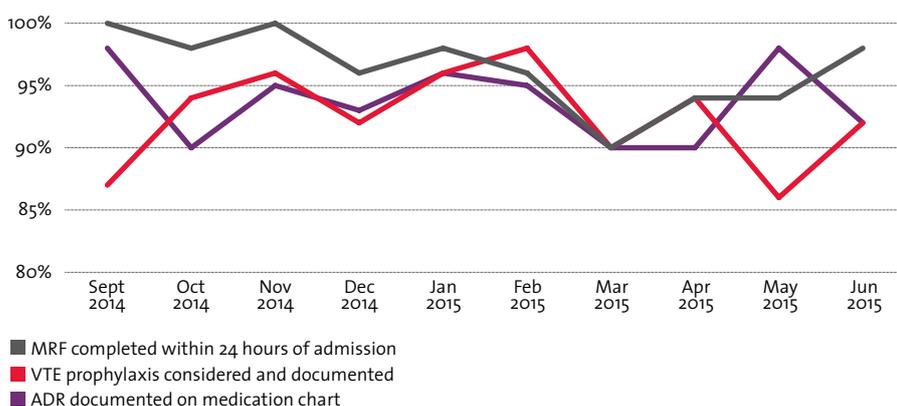


Improvement measures

We have:

- talked to our patients to better understand what information patients would like to know about their risk of falls
- developed the Harm Free Initiative, which supports doctors, nurses and allied health professionals to work together to address patients' risk of falls, pressure injury and malnutrition. As part of this initiative, some wards hold weekly 'risk rounds', where the team talks with individual patients about keeping them safe.

Medication safety indicators (Compliance %)



New posters alert patients and their families to the dangers of falling.

Pressure injury prevention

A pressure injury is also known as a 'pressure ulcer', 'bed sore' or 'decubitus ulcer'. Our focus at Alfred Health remains on preventing these types of injuries.

In 2015, the annual point prevalence results showed that almost 17 per cent of patients had a pressure injury. One in 10 patients was found to have a pressure injury that developed while in hospital. The

majority of all pressure injuries identified were superficial tissue injuries.

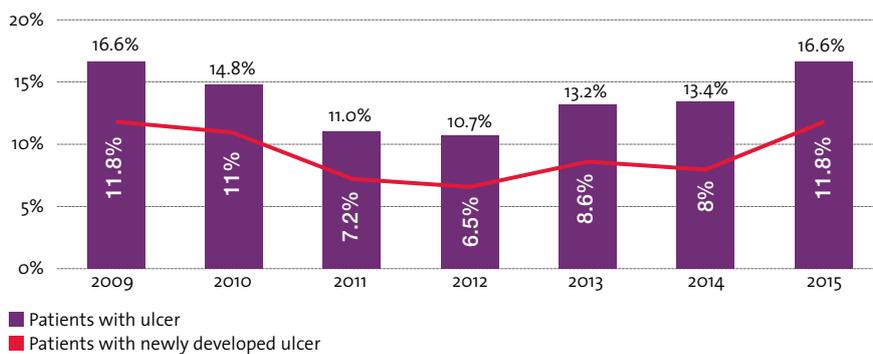
Alfred Health Point Prevalence Survey: This one-day patient survey assesses the effectiveness of pressure prevention strategies by measuring the number of patients at Alfred Health, on a particular day, with a pressure injury.

Improvement measures

Despite many prevention strategies in place (including an injury prevention plan for all patients), we have seen a rise in pressure injuries developed in hospital, which is partly due to an ageing population and very unwell patients. Further work includes:

- focusing on the type of patients developing pressure injuries to understand why each individual developed a pressure injury
- distributing a patient information brochure, available in five different languages, which gives patients information on how they can be involved in maintaining healthy skin. Following patient feedback, it has been highlighted that pressure injuries are a risk to all patients, regardless of age.

Pressure point prevalence (Alfred Health)

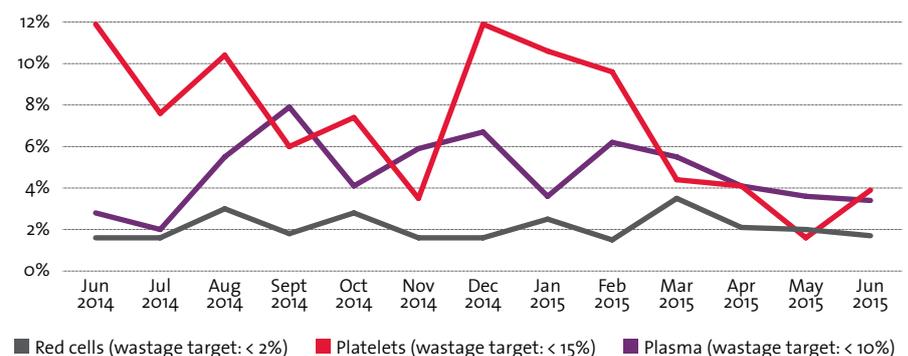


Blood and blood products

Blood and blood products (like plasma and platelets) are used in the treatment of many patients at Alfred Health. These products can be used to save lives after accidents and trauma or to make people's daily life easier by treating anaemia (low blood count) or other deficiencies in the blood.

Blood is a precious resource that is generously donated and so we work to minimise wastage. Over the last year, we are well below wastage targets for most of the blood products we use at The Alfred.

Blood wastage (% of products wasted)



QUALITY AND SAFETY (CONT.)

Residential care indicators

In 2014, Alfred Health began looking for a partner with whom to develop and grow residential services at Caulfield Hospital.

The focus remained on providing high-quality residential care services, with the interests and welfare of residents, front and foremost in our considerations.

HammondCare was chosen and from 2 March 2015 took over responsibility for providing residential care services on the Caulfield Hospital site.

During the 2014 calendar year, key indicators showed that:

Alfred Health patient outcomes

Patient outcomes	Target	2014-15 actuals
Hospital acquired infection surveillance	No outliers	No outliers*
ICU central line associated blood stream infections (ICU CLABSI)	No outliers	No outliers*
SAB SAB (Staphylococcus aureus bloodstream infection) rate per occupied bed days	<2/10,000	<2/10,000
28 day readmission rate (%)	14%	11%
Post-discharge follow up rate (%)	75%	84%

*no outliers – fully compliant

Pressure injuries

	Stage 1	Stage 2	Stage 3	Stage 4
Caulfield Hospital Nursing Home	✓ Below target	⬆ Above target (one quarter)*	✓ Below target	⬆ Above target (one incidence)*
Namarra Nursing Home	✓ Below target	⬆ Above target (two quarters)*	✓ Below target	✓ Below target
Montgomery Nursing Home	✓ Below target	✓ Below target	✓ Below target	✓ Below target

* Data does not indicate whether these injuries were present on admission or acquired.

	Falls	Falls fractures	Physical restraint	Nine or more medications	Losing weight monthly	Losing weight over 3 months
Caulfield Hospital Nursing Home	✓ Below target	⬆ Above target (one quarter – two residents)	① One (with negotiation and full documentation)	✓ Below target	✓ Below target	✓ Below target
Namarra Nursing Home	✓ Below target	⬆ Above target# (three quarters)	⊖ Nil	✓ Below target	⬆ Above target (one quarter) (all four cases managed with dietician)	⬆ Above target (one quarter)
Montgomery Nursing Home	⬆ Above target (one quarter)	⬆ Above target# (two quarters)	⊖ Nil	✓ Below target	✓ Below target	✓ Below target

Raw numbers are low. One fracture = above target.

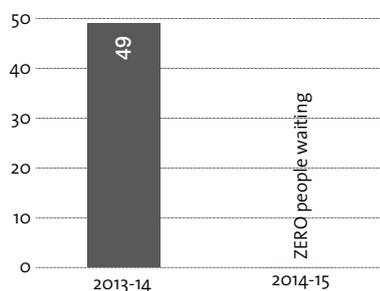
INPATIENT: SURGERY AND TREATMENT

This year, we had more than 3,000 admissions to the Intensive Care Unit, cementing our role in Victoria as caring for the sickest patients with the most complex conditions.

Emergency surgery is sometimes required immediately after a patient arrives in the Emergency Department and our hospitals are designed to ensure those who need care urgently are given the highest priority.

As well as urgent care, we have focused on undertaking more elective surgeries. By consolidating operating theatre schedules across Alfred Health, we expanded theatre capacity, increasing elective surgery by five per cent. We performed 12,339 elective surgeries, compared to 11,756 last year. We also ensured that by the year's end no patient waited longer than clinically recommended for surgery.

Elective surgery waitlist.
No patients were waiting longer than clinically recommended at June 2015.



More than 3,000 admissions to the Intensive Care Unit in 2014-15

Elective surgeries in 2014-15

12,339

Elective surgeries in 2013-14

11,756



“A bit of paint and freshen-up would be good, make us feel better, also some work on the bathrooms; it all looks a bit tired.”



Diego's story



Diego spends 10 days in the ICU fighting for his life. With many complex injuries, Diego is intubated and receives one-on-one nursing care. He has numerous operations. A serious brain injury leads to intense confusion, with Diego unable to make sense of his situation.

“The first time I opened my eyes was a week after the accident and my mum was there. I thought I was dreaming as mum lives far away in Colombia. I was in a dark room, both arms were broken and I couldn't move my head. I thought I was having a nightmare.”

➤ Continue Diego's story on page 20

Enhanced recovery post-surgery

As we are always looking to further improve care, The Alfred introduced a new European approach that benefits patients after surgery during the year.

The time-honoured drill of preparing patients for surgery, including prolonged fasting, giving them litres of intravenous (IV) fluids and powerful medications, could be abandoned for some types of surgery. This comes with growing evidence that traditional practices could be doing more harm than good.

Accepted as best practice globally, Enhanced Recovery After Surgery (ERAS) programs are essentially a set of guidelines that support patient recovery after a major operation and may involve IV and pain management, changes to food intake and regulating pain relief.

An Alfred-led, Australian-first ERAS study involved patients undergoing hip and knee surgery. Patients did not eat anything before surgery; they instead consumed liquids loaded with carbohydrates up to two hours prior. Advice on gentle exercises to prepare before their surgery was also given.

Principal investigator and pain specialist, Dr Nick Christelis, says adapting ERAS is a better way to tailor care.

“The overall philosophy is that the patient arrives for surgery at their healthiest to give them the best chance of dealing with the stress of surgery.”

Discussions are underway to create similar ERAS protocols for other surgical services at Alfred Health.



Lead investigator of ERAS at The Alfred Dr Nick Christelis

“Surgery is a significant and traumatic experience on the body and we want to keep patients safe and get them back on track quickly following these large operations,” Dr Christelis said.

Mia’s little adventure

Coming into hospital has been daunting for little Mia Della Bosca. The four-year-old fell from a tree stump at a local park and broke her wrist in two places.

At Sandringham Hospital, Mia’s arm was put in a plaster cast, but a week later, at a scheduled outpatients’ appointment, X-rays showed her bones weren’t healing properly. Surgery was required to manipulate the bones into the right place, with wires inserted.

Mia’s mum Sandra said: “Everyone at the hospital really looked after Mia; they could see she was a bit apprehensive and guessed there may be a problem with her taking the medicine required before her operation. The anaesthetist told her a story about going on a spaceship to encourage her to take the medicine.

“The nurses then really looked after me and showed me where I could relax while I waited for her to come back to Recovery,” Sandra added.

Mia was cared for in the Emergency Short Stay Unit until she was well



Mia Della Bosca

enough to go home later that day. She will return to Sandringham Hospital after six weeks to have the wires removed.

Positive changes for paediatric patients

Sandringham Hospital cares for more than 10,000 paediatric patients annually. With such a large number of children from the local community coming into the hospital for treatment, positive changes have been made to make the environment more child-friendly.

Chris Batey, Nurse Manager, Emergency Department Sandringham Hospital, says emergency care for children is now more streamlined, with greater support for those undergoing orthopaedic surgery.

“All children are monitored on age-specific paediatric observation charts that provide clear prompts for staff to escalate care as needed,” Ms Batey said.

Complementing our more streamlined medical processes, the emergency environment has a designated area for children, becoming progressively more colourful and appealing for young patients.

Using patient feedback, we have introduced a new children’s menu that offers more diverse, nutritious and appealing food options for little ones.



The child-friendly wall in Radiology at Sandringham Hospital.



ED Registered nurse Natasha Gledhill (left) and Nurse Manager Chris Batey in the ED playroom, which will be refurbished and brightly painted to appeal to children.

“This initiative, along with expanding paediatric education programs for staff, are providing an even safer clinical care environment for children at Sandringham.”

INPATIENT: THE WARD

Diego's story



As a critically injured patient, Diego spent two weeks on The Alfred's trauma ward. With many physical injuries and a significant brain injury, Diego's severe confusion and agitation meant he needed care from a range of specialists. It became apparent that he was also suffering from double vision and had lost his sense of smell.

"It took a month to realise what was happening and that I had almost died."

Once a patient becomes medically stable, they are moved to a ward or on to rehabilitation. Being cared for in a busy environment, away from home and sometimes with painful injuries, patients can find their time as an inpatient difficult.

Alfred Health has been working to improve not just high-quality care, but comfort, during this part of the patient experience. This has included involving family in ward rounds, tackling feedback around hospital food and seeking a quieter environment so patients can sleep better.

Ward rounds

We have recognised the importance of family joining the daily bedside rounds and encourage attendance. This gives families an opportunity to discuss their loved one's progress with the medical team, hear about the plan for their care and ask any questions.



Families are encouraged to take part in the daily rounds with our clinicians, offering the opportunity to be involved in their loved ones' care.

Food fundamentals

Providing hospital meals is complex and challenging. Food for inpatients must meet a variety of medical needs as well as food safety requirements.

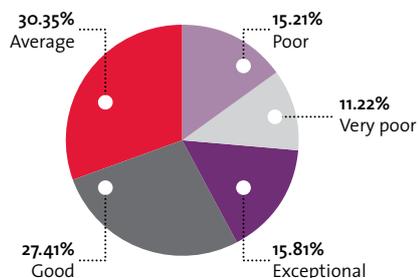


Alfred kitchen staff serving up lunch, with the meals taking account of each patient's medical condition.

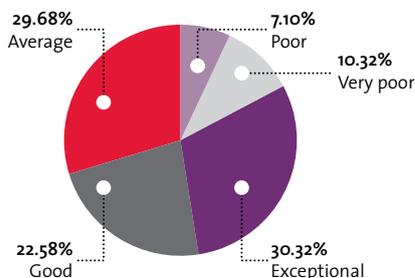
► Continue Diego's story on page 26

How do you rate your hospital food?

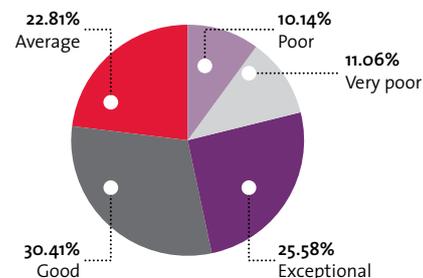
The Alfred



Caulfield Hospital



Sandringham Hospital



From kitchen to plate

More than one million plated patient meals are provided each year across Alfred Health’s three hospitals.

Not everyone has the same meal. Some patients are on restricted diets, requiring pureed foods; others receive meals with no salt or dairy products to ensure their recovery stays on track. And we are committed to serving healthy foods – hot chips, for example, are never served.

This year, surveys (from 1 July 2014 to 16 June 2015) found patients had mixed views on the food served.

In June 2015, the Consumer Advisory Committee met with Alfred Health Chief Executive

Andrew Way and staff from Food Services and Nutrition to taste patient meals and review patient feedback about food.

Topics discussed included the dietary restrictions of some patients, which meant little or restricted salt for those with diabetes, and pureed meals for those not able to swallow textured foods. Feedback on the dinners was positive.

The committee recommended looking at options to improve meal quality and choice, to provide access to ready-made meals in vending machines, and to offer small meals and snacks.

Nutrition and wellness



Good nutrition is essential for wellness and recovery. The Alfred encourages family and friends of patients to visit at meal times so they can provide assistance and support.

Some patients’ comments relating to food:

“Love the food – better than home.”

“Food is fine, but prefer more variety on the menu.”

“Food needs to be served hot. Patient does not eat the hospital food if it is presented cold.”

“I don’t always get what I ordered.”

Focusing on nutrition

When John Hawker signed up as an Alfred volunteer in June 2014, he may not have envisaged just how involved he would become with the organisation.

As part of the Nutrition Working Group, John is involved in coming up with ways to encourage older people to eat, to support better recovery while they are in hospital.

“We’ve really trying to understand if there are any issues with food. Sometimes it can be as simple as patients needing help cutting it up,” he said.

As well as volunteering as a concierge who directs patients to every corner of the hospital each Friday morning, he helps patients fill in the Patient Experience Surveys,

encouraging feedback on their care. He’s also a member of the Community Advisory Committee.

“After 32 years in the corporate field, I wanted to do something in the community,” John said.

“After taking feedback from 700 patients in 18 months, I can tell the amount of respect for this service is high, whether you talk to patients at Caulfield, Sandy or The Alfred. I have never experienced such affection for a brand in all my years in corporate life.”



Volunteer and consumer representative John Hawker.

Too noisy

Hospitals can be noisy places at all times of the day.

Our patients have told us that getting a good-quality sleep in hospital can be hard. This was reinforced by Caulfield Hospital’s inpatients in a series of focus groups held in 2014.

AC1 Nurse Manager Joe Chu said:

“Our patients told us loud, intermittent noises woke them up, so we looked at how to make the ward quieter.”

A patient said:

“It’s noisy at night. Hard to sleep.”

Caulfield Hospital, in particular Aged Care’s AC1 ward, set about trying to measure and reduce noise at night, once they had found out the causes of the loudest noises.

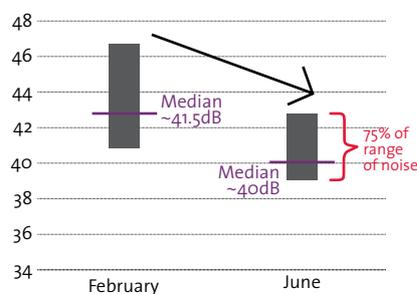
Methods to reduce noise included:

- automating quieter call bell alarms overnight
- redirecting visitors and staff to use doors away from patient rooms
- implementing an ‘oil and repair’ system for noisy trolleys, doors and other equipment
- increasing staff awareness of volume and location of conversations
- asking clinical teams to reassess the need for overnight medical procedures or interventions.

Successful result

Following implementation, noise levels dropped, equivalent to noise in an average library.

Less loud noises, lower level hum



The noise-reduction program is being adopted by all inpatient wards at Caulfield Hospital, with further patient focus groups planned to look at further ways to minimise noise.

Redesigning care for better outcomes

Responding well to a high level of demand is largely due to our ongoing and innovative program of service redesign. Commonly referred to as 'TQC' – Timely Quality Care – our approach places patients front and centre.

Initiatives to improve patient and staff experiences this year included:

- holistic risk rounds, looking at tailored interventions for individual patients relating to falls, pressure and nutrition
- orientation and welcome programs for new patients
- patient experts involved in staff study days
- improved orientation programs for new staff
- family/patient lounges.

Hospital at night

At night, hospitals are traditionally run with fewer staff. To ensure our patients at The Alfred continually progress towards recovery, an innovative

approach was implemented to ensure high-quality care of patients and staff overnight.

The idea was to identify areas of need and prioritise nursing team activities. With an After Hours Clinical Operations Manager in the lead, team members:

- are allocated to wards requiring assistance with patient admissions in busy areas
- undertake procedural escorts and continuous observation
- coach staff in procedures
- support staff relief.

Results of the new system have been extraordinary, including:

- improved patient outcomes
- enhanced workflow processes
- better management after hours
- fewer preventable incidents at night for patients – fewer falls, fewer Medical Emergency Team calls and fewer heart attacks.

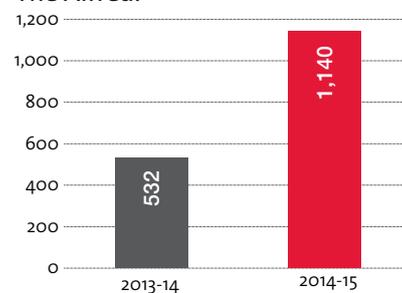
Also, nurses reported feeling significantly more supported, with an increase from 28 to 60 per cent work satisfaction rating.

Improved patient transfers

Some patients transfer from acute care at The Alfred to rehabilitation or aged care at a sub-acute facility like Caulfield Hospital. This could include patients who suffered serious injuries following a car accident and need rehabilitation to learn to walk again.

A new Alfred Health direct transfer process is improving this progression. Medical clinical handover now occurs prior to bed allocation, resulting in 100 per cent of patients transferred with a medical discharge summary and no significant increase in clinical incidents and reducing repeating assessments.

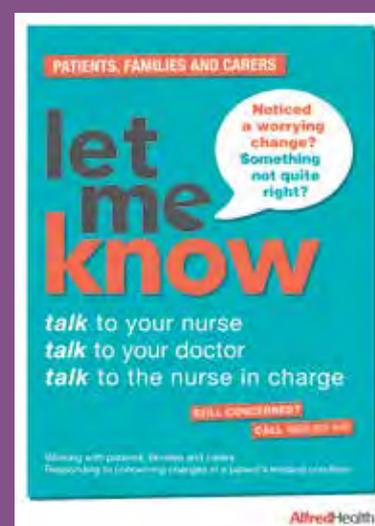
Direct patient transfers to Caulfield's sub-acute care increased by 114%, meaning patients continue their hospital journey seamlessly from The Alfred.



Let me know

In 2014-15 the *Let me know* program was implemented across Alfred Health. This program encourages patients and their families to raise concerns directly with nurses and doctors, as well as through a dedicated *Let me know* hotline, if they notice concerning changes in a patient's condition. There have been 23 calls since program inception – which matches international benchmarks. This indicates that our escalation systems around medical care work well.

We plan to do more work on raising awareness of this program with patients and their families.



Renowned artist's final drawings a tribute

Thanks to the dedicated care of nurses, the last days of esteemed artist Andrew Sibley were both calm and creative.

Internationally celebrated, Mr Sibley, 81, had a fall in January 2015 and was cared for in The Alfred's ICU and then Caulfield Hospital's Aged Care General (ACG) ward. In the first part of his stay, a loss of memory and state of confusion led to great agitation and restlessness.

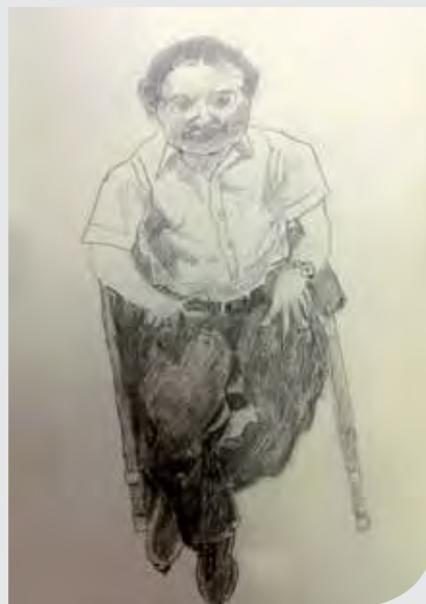
Son Ben Sibley, who supplied art materials, explained the family's desire for Mr Sibley to start drawing again.

Felix Mendonca, who provides one-on-one nursing care, built up a strong rapport with his patient.

"When Ben told me Mr Sibley used to be an artist, I asked him to do some drawing. He wouldn't, so I started drawing him and that's when he said: 'this is how you do it'.

"Once he started drawing, he didn't stop and drew several members of his medical team. He would spend hours with his pencil and eraser, concentrating on nothing else. He became much calmer and his confusion became minimal."

This last body of work – referred to as 'Last Drawings' – was created in April–August, before Mr Sibley passed away in September.



Peter Tregaskis (left) is Australia's first Nurse Practitioner to be endorsed in renal medicine.

Living for today

Alfred Health's Director of Palliative Care, Dr Michelle Gold, uses words like 'privileged', 'amazing' and 'positive' to describe her work of the last 15 years.

"I am privileged to work with people in situations that can be the most difficult, challenging and sad times of their lives. There is often a lot of grief," Dr Gold said.

"But not all of our work is about dying. Palliative care is for those who have a life-limiting illness.

"Our job is to ensure patients have the best possible quality of life, and that can be several years in some cases," Dr Gold explained.

"We encourage patients to make the most of the time they have. We try to make symptoms less exhausting, help them be where they want to be – which is often at home – work out ways the family can be together and link them into community supports.

"Our focus is not on death, but living for now."

Improving care around end of life

A new program, supported by the Victorian Government, is the Care of the Dying Patient (CDP) Plan. It has involved Alfred Health Palliative Care staff visiting most of the wards and units across the health service.

Palliative Care Director, Dr Michelle Gold, says the documents are a guide for providing excellent care in the last hours of life.

"Some of our staff, particularly in areas like oncology, deal with death on a regular basis, but other staff are not familiar with specific issues around dying people and can struggle with it," Dr Gold explained.



Providing care and comfort: Dr Michelle Gold, Director of Palliative Care.

"Medicine is a big, complex and varied field. We have a lot of highly skilled people with enormous expertise in a narrow field; you can't be experts in all fields."

The CDP Plan has a checklist for staff to consult, which includes points like talking to the patient's GP, how to manage possible symptoms and aspects of physical care like keeping a patient's mouth moist, keeping them comfortable when they are turned and what to do after a patient death.

Advance care

Alfred Health promotes advance care planning. We encourage patients to have discussions with their families and document their wishes so that it is clear what is important to them.

A recent study has been undertaken at Caulfield Hospital to increase the number of dialysis patients who have engaged in advance care planning. Following the study, there was a 31 per cent increase in the uptake of patients completing advance care planning documents. An even greater improvement was demonstrated by the number of patients being provided with advance care planning information, with the opportunity offered by their renal physician to have further discussions. Following the study, the number of patients now receiving this information has increased to 63 per cent.

INPATIENT: RECOVERY

Diego's story



Diego arrived at Caulfield Hospital's newly opened Acquired Brain Injury Rehabilitation Centre on Christmas Eve, still very fragile, suffering significant delirium (a confused state) and post-traumatic amnesia. Due to his broken neck, he was also fitted with a halo brace around his head. He required a great deal of physical therapy just to walk again, along with speech therapy and occupational therapy.

Occupational therapist Danielle Sansonetti explained: *"Diego had a really active mind in a body that was not functioning at all. Added to his complex injuries, he couldn't walk due to poor balance from the brain injury. He needed intensive physiotherapy and a lot of support in those early days."*

► Continue Diego's story on page 31

While patients recover in hospital, we try to make their time both interesting and therapeutic. This extends from volunteers visiting the wards with a trolley of books through to art therapy to cuddles for tiny, premature babies.

An A-HAH moment

Patients on Caulfield Hospital's Aged Care 2 ward sometimes complained about being bored. So staff came up with the *Making every moment count* initiative. Their idea was to increase activities available for inpatients and developed the Achieving Health through Activity in Hospital program (A-HAH).

The aim is to make every moment of a patient's hospital experience therapeutic, such as tailored activity interventions, music therapy, visiting pets, communal dining and outdoor and indoor games. Staff already report physical and psychological benefits of the program.



Patient Liz Allison breaks up her hospital stay with a card game.



Patients Christina Miles and Ruth MacDonald take on a jigsaw puzzle, with help from occupational therapist student Victoria Bacolas.

Insight to the darkness – Catherine’s story

Upon her diagnosis, Catherine was placed in a high dependency psychiatric unit and the prognosis was poor.

“At that time I met all nine criteria for Borderline Personality Disorder (which included recurrent suicidal behaviour, inappropriate anger and stress-related paranoia). The prognosis was that I would not recover. So in 2004 my life was over – I thought I would live in a psych ward forever.”

Instead, she learned strategies including distress toleration, interpersonal skills and emotion regulation.

“It took me eight solid years of fighting for myself to reach clinical remission and then another two years of fighting for recovery, to find a life worth living, build healthy friendships and have a purpose in life. There is no instant fix. It takes time to recover.”

“No one chooses to have a mental illness,” says Catherine Bennett, who was diagnosed with Borderline Personality Disorder (BPD) in 2004 after her fourteenth suicide attempt and second admission to ICU.



On both sides of the fence

While staff at Alfred Psychiatry are experienced in treating a range of mental illnesses, one of the best ways for them to get a real insight into their patients is through those who have lived the experience.

Catherine Bennett is Alfred Psychiatry's consumer consultant. She provides advice to both staff and patients and represents the 'voice' of consumers with mental illness.

"Sometimes I'm looking at guidelines and policies and other times I'll be looking at plans to reduce restrictive interventions. I'm on both sides of the fence," Catherine said.

"I'm hoping I can help staff understand the internal world of mental illness, not just the terms and symptoms that come with it. I can give them an insight into the world of Borderline Personality Disorder, psychosis and depression."

Catherine works four days a week across The Alfred Inpatient Psychiatry wards, Waiora and St Kilda Rd clinics, advocating consumer-focused service delivery.

"I want people to benefit from the life I have survived," she said.

"In Psychiatry, people are not in custody, they're in care; they did nothing wrong and all are suffering. A lot are in fear – the mind turns against you and it's the



only thing you can trust. You can't just throw pills at someone's mind."

Catherine attends 'coffee on the couch' – a ward activity that gives patients a chance to talk about how the ward is operating and how patients can work together to make their stay more comfortable.

"In the psych ward, there is a real sense of community. It is not just a hospital."

Everyone has a say, we all work together.

"I tell patients about my experience with mental illness and living in a psychiatric ward."

"I know what it's like to be in seclusion; clinicians don't," Catherine said.

Seclusion of a person who is extremely upset in a quiet room, free of stimulation, may help reduce that

person's distress. It is always used in the best interest of the patient and only when other methods of helping a person to reduce their distress have not helped.

"When we're looking at reducing seclusion of patients, we've done really well. But we need to debrief staff as well, not just the patient. People with mental illness have no idea what other people think – so staff sharing how they felt helps show how human they are," Catherine added.

"That will help lessen the 'us and them' thinking.

"More work needs to be done, but it has started."

Mental health scorecard

Adult inpatients	Target	2014–15 actuals
28-day readmission rate	14%	13%
Seclusion rate per 1,000 bed days	15	12
Post-discharge follow-up in seven days	75%	86%

Aged Psychiatry inpatients	Target	2014–15 actuals
28-day readmission rate	14%	13%
Seclusion rate per 1,000 bed days	15	0.3
Post-discharge follow-up in seven days	75%	91%

Mental Health Act

The *Mental Health Act 2014* (Vic) (the Act) came into operation on 1 July 2014. The Act includes a number of major changes to the previous legislation, including a presumption of capacity and a strong focus on active consumer involvement in decisions about care and treatment. The changes also support decision making through the use of Advanced Statements and Nominated Persons, access to Mental Health Advocates, second opinions and an independent Mental Health Complaints Commission.

In Alfred Psychiatry’s inpatient unit, the Act’s implementation saw a 50 per cent increase in hearings at the Mental Health Tribunal, which provides oversight of clients admitted to hospital under the Act.

We are working constructively with these changes, which are designed to increase collaboration with clients and their families.

“Overall, the professionalism of the staff and the quality of care given have been really good.”

Very attentive and accommodating, and daughter given frequent updates. Needs well catered for.”

Cuddle crew to the rescue

Premature or unwell babies at Sandringham Hospital’s Special Care Nursery are being given a better start to life, thanks to the new ‘cuddler’ volunteer program.

Grandmothers and great-grandmothers have been carefully selected for the role to settle, comfort and cuddle babies whose parents aren’t always able to be there, often due to attending to their own health issues or other family commitments.

Special Care Nursery Unit Manager, Sam Jenkins, says cuddling provides social benefits in premature development and social milestones.

“Babies respond positively to being soothed. Cuddling to calm a baby also allows their energy to be used for growing,” Ms Jenkins said.

New parents in Sandringham Hospital’s Special Care Nursery are asked to opt ‘in’ or ‘out’ of the cuddler program.



Volunteer cuddlers Jenny Campbell and June Nilsson with twins Grace and Xavier.

INPATIENT: RECOVERY (CONT.)



Just some of our 100 specialised staff who run the ABI Unit.

ABI patients at a glance

- 49.8 days
average length of stay
- 228 days
longest stay
- 70%
of patients were male
- 25 to 54 years
the average range
of patients age
- 31%
Transport Accident
Commission (TAC)
patients
- 46%
public patients

Many patient successes for the ABI Unit

One year after Victoria's first purpose-built Acquired Brain Injury (ABI) Rehabilitation Centre opened, Caulfield Hospital staff are celebrating multiple successes.

Built from the ground up, more than 100 medical, nursing and allied health staff were recruited to care for a complex group of patients. The ABI Centre has progressively opened all its 42 beds to care for patients from around the state.

While road accidents have been the cause of some patients' injuries, others have suffered serious strokes or hypoxic brain injury from a variety of causes.

In 12 months, there have been 190 admissions and 155 discharges.

ABI nurse manager Katrina Neave says, amazingly, 65 per cent of patients have been discharged home, despite facing physical and psychological challenges.

"Patients set goals within 24 hours of admission (such as goals to walk independently) and the family is involved for the entire rehabilitation stay. Research shows the more family is involved, the greater likelihood of the patient getting home, with better long-term outcomes."

DISCHARGE: NEXT STAGES

When a patient is discharged from hospital, they may go home before returning for ongoing outpatient appointments or they may go to an assisted living facility or nursing home. Everyone's story is different. For many, the healthcare journey and rehabilitation will continue long after the hospital stay is over.

Discharge summaries

Alfred Health has simplified medical information by sending inpatient discharge summaries electronically, allowing GPs and community services to manage patients well after they leave our hospitals.

The aim is to:

- give GPs more time to treat patients, thereby lessening the time they spend chasing clinical information and investigations
- improve information sharing between Alfred Health and community services
- help patients, including those with complex chronic conditions, to better manage their health
- reduce the need for repeated tests
- improve patient safety and reduce medication errors by expanding the scope and improving the availability of information.



Busy work station at 2 West – The Alfred's Trauma Unit



Diego's story



Not all patients are discharged home. Diego was discharged from Caulfield's ABI Unit and became part of the ABI community team. However, he has been re-admitted to The Alfred for numerous operations to reconstruct his right arm by transferring muscles from his leg to his bicep and tricep. He spent several weeks as an inpatient each time.

Diego progressively became motivated to get better.

"I would ask the therapists for homework. I just wanted to get well and go home."

➤ Continue Diego's story on page 33

DISCHARGE: NEXT STAGES (CONT.)

From hospital to home

Continuing the care of patients after they leave hospital is an important component of their recovery. According to the Victorian Healthcare Experience Survey, Alfred Health inpatients were satisfied with the discharge process, but improvements could be made. Average scores showed:

- **84.5 per cent** rated the discharge process as 'very good' or 'good'
- **56 per cent** felt involved in decisions about their discharge from hospital
- **69 per cent** felt doctors and nurses gave them sufficient information about managing their health and care at home
- **72 per cent** felt hospital staff took family or home situations into account when planning discharge
- **69 per cent** felt when they were leaving hospital, adequate arrangements were made by the hospital for any services required, such as transport or mobility aids
- **86 per cent** felt they were given all the necessary information about the treatment or advice received in hospital to pass on to their GP.



Patient Steve Jacobs has his Care TV discharge information filmed, with pharmacist Caitlin Mulqueen, deputy director General Medicine Dr Harry Gibbs and intern Gali Kolt.

Novel initiative proves effective

With a wealth of information provided at discharge, patients often misunderstand or forget important information about self-care at home, leading to avoidable hospital readmissions.

Alfred Health's Care Transfer Video (*CareTV*) pilot project proved an effective way of improving communication of medical information at hospital discharge by providing patients with a video summarising their diagnosis, treatment and care plan. The target population – mostly elderly patients in the General Medical Unit (about 5,000 annually) – typically have multiple medications and several chronic conditions complicating their care.

As well as a formal written discharge, General Medicine patients are given a DVD or USB featuring the interdisciplinary team giving discharge information in an easy-to-understand format. They can view this again at home or show their GP to ensure medical information is understood and relayed correctly, ensuring full, ongoing recovery.

Patient feedback has been overwhelmingly positive. A feasibility

study showed that participating patients had good understanding of the video content and recall of their diagnosis, medication changes and post-discharge plans.

We hope to demonstrate in future that, as well as providing excellent communication with patients, *CareTV* also contributes to a reduction in medication errors and reduced hospital readmission rates, as well as enhanced adherence to follow-up plans in the community. An added bonus is further training for junior medical staff in providing succinct, easy-to-understand medical summaries to patients.



OUTPATIENT AND COMMUNITY CARE

With a range of specialty clinics and community services, Alfred Health looks after patients long after they have left our hospitals. We are focusing not only on patients' physical care, but also on ways to keep people healthy and out of hospital.

New garden promotes wellbeing

Cancer patients receiving treatment in the William Buckland Radiotherapy Centre (WBRC) at The Alfred now have access to a garden retreat, thanks to funds raised from 2014's Dry July campaign. Dry July challenged participants to go without alcohol for a month and raise funds while doing so.

Radiation Oncology Director, Associate Professor Jeremy Millar, said a once overgrown, unusable area has now been turned into a peaceful area that patients and their families can use to sit and reflect before and after treatment.

"The architecturally designed garden features a sculptural rock and a water feature. It was created to give a feeling of wellbeing with a bright airy space, softened by timber colour tones," A/Prof. Millar explained.

The Alfred participated in Dry July for the first time in 2014, and staff and supporters rose to the challenge by raising \$120,000 for the garden.



Enjoying the peace of the garden are patient Kate Bourke and her family. L-R: Kate's parents Paul O'Hare and Carol Rodgers, Kate and her partner David Anstee.



Diego's story



The injury to Diego's right arm – he is right handed – and the loss of his sense of smell have been particularly difficult for him. As an outpatient, he regularly returns to the ABI Unit to undertake ongoing physiotherapy, hand therapy and occupational therapy.

"I've had to learn to walk again and to learn how to write left handed. I started from zero. I went from being in a coma to a wheelchair, walking by myself and now I run every day," Diego said.

With his proud mum cheering him on at the finish line, Diego remarkably completed the 10km Run Melbourne event last July, with his injured arm strapped to his side.

"I have always been a very strong-minded person; I enjoy pushing myself to the limits."

➤ Continue Diego's story on page 35

Healthy living continues

Caulfield Hospital's Healthy Living Centre, which runs strength-training classes to keep people healthy and out of hospital, moved to a more modern location in 2015. The hospital's Ashley Ricketson Centre was specifically renovated for this purpose, bringing all the community programs together in one location, as well as providing easier access for clients arriving by road and public transport.

This move has enabled preparations to start on a new \$30 million residential aged care village that will be built by HammondCare in the location where the centre was previously situated.



Professor Susan Davis, Head of The Alfred's Women's Specialty Health Clinic.

Complications around women's health

Constant changes in hormone levels can make women's health quite complex. Add to that chronic, serious disease and physicians can have multiple medical issues to deal with.

Endocrinologist and head of The Alfred's Women's Speciality Health Clinic, Professor Susan Davis, says sometimes women's basic health needs can be missed when a major disease is being treated.

"We have a lot of patients with complicated diseases and sometimes the women's health side of things – like menstrual cycles, early menopause and incontinence issues – are not addressed," Professor Davis said.

The clinic was set up three years ago and is run by Professor Davis and fellow endocrinologist Dr Rosie Worsley. This year, the

clinic welcomed gynaecologist Dr Christine Thevathasan. The clinic sees 15–20 women, of all ages, each week. Some are one-off appointments, others are ongoing.

"Menstrual cycle problems and migraines are classic – sometimes we see exacerbation of disease like lupus in reaction to the pill or early menopause following bone marrow transplant or osteoporosis with menopause," Professor Davis explained.

"Some of our patients are immuno-suppressed, including those with cancer and following transplant, and have increased vulnerabilities to infections. In this case pap smears are essential, as there is an increased possibility of the Human papillomavirus (HPV) being activated.

"We need to crank up awareness of women's medical issues. We can't have women coming here for breast surgery and bowel surgery and then not ask them about their sexual health afterwards.

"Treating a specific health issue in isolation has been our focus in the past – we need to look more at quality of life, including general wellbeing, sexual function and impact of menopause. These things often slip through the net. We're only now at the tip of the iceberg, scratching the surface."

Community Rehabilitation redesign

The Alfred Health Community Rehabilitation Program underwent a significant redesign program during 2013–14, aimed at increasing services so that clients could receive more timely access to therapy.

Clients who use this service include those who have had a stroke or joint replacement (most commonly hip or knee), those who have had a number of falls and those who require reconditioning after recent surgery.

Twelve months on, benefits have been maintained, with clients continuing to wait no more than six days on average to access the service (down from an average of 21 days before redesign). Analysis in December 2014 showed that urgent clients were being seen by clinicians within four days and rehabilitation was being provided to 14 per cent more clients than prior to redesign.

In addition to this reduction in wait times, staff are spending less time in meetings and more time providing care, with the intensity of individual therapy programs now greater, and client satisfaction with the service at an all-time high of 96 per cent.

Driving care forward

The Sandringham driver program currently runs with eight volunteer drivers, with up to 10 patients driven to outpatient appointments or home each day. The service followed on the back of a successful Alfred program – which began in September 2003.

All volunteers undergo a driver assessment and are tested on their driving abilities.



Volunteer Guy Reeves (above) regularly drives outpatients to and from Sandringham Hospital as part of a new volunteer driver program. A number of patients living within half an hour of Sandringham Hospital have no way to travel to and from the hospital for their medical appointments. When a nurse manager highlighted the need, the hospital began investigating a volunteer driver program in March 2015. The invaluable program had its first driver start just five months later.



Diego's story



Next steps for Diego, as he gains back more independence and movement, are to find a new career that fits in with his limited arm movement. While still an outpatient, Diego will be linked by Alfred Health into other community agencies, as required.

Diego's journey continues. Further operations to his arm are planned – with the aim of restoring some function.

"I want to stay strong. I can't be a top chef anymore with my injuries so now I have to find something else rewarding to do."

Diego aims to run a half-marathon in 2016.

OUTPATIENT AND COMMUNITY CARE (CONT.)

A personal connection

Being able to share personal experiences has been a great support for those who have a relative or friend with a mental illness.

Alfred Psychiatry has a Carer Consultant – Violeta Peterson – who provides support, information and referrals to patients’ families and carers, many of whom struggle to know where to turn for help.

Families regularly talk to Violeta about the distress, difficulties and stigma that they experience, and she understands the toll that mental illness takes. As a young teenager, Violeta’s father was diagnosed with late onset schizophrenia.

“Most of the time my father would be up all night and would sleep all day. He had paranoia and delusions and thought he was being followed and watched. It was difficult to invite friends or relatives over to our house,” Violeta said.

“Everything was kept in secrecy – we didn’t tell extended family or friends, it was all behind closed doors. We felt isolated by the stigma of mental illness, which led us to experience shame, guilt and grief.”

In those days there were limited supports for families.

“This role has been a discovery for me. I’m using my experience to



Sharing and supporting: Carer Consultant Violeta Peterson.

help other families navigate the mental health service system.

“It’s important that families and carers also have their needs met. Focus is often placed on how we can support the patient, but carers also need support to build resilience and better coping skills.”

Based at The Alfred, Violeta works across the Psychiatry Inpatient ward, two community clinics (Waiora and St Kilda Rd) and three rehabilitation services (PARC – Prevention and Recovery Care Service; ARCC – Alma Rd Community Care; and Opening Doors). She also facilitates training and information sessions

for staff on how to involve and engage families and carers in treatment planning, decision making and service delivery.

“It’s about equipping families and carers with the right tools and guiding them to tap into the right resources. That can be the start of a more hopeful future,” Violeta said.

ABI community team

Alfred Health’s Acquired Brain Injury (ABI) Rehabilitation Centre has a unique service, extending to its community care. Patients discharged from the inpatient unit can receive ongoing specialised rehabilitation from the ABI community team, to enable a successful transition to community living.

When patients are discharged and referred to the ABI community team they could be seen by the same hospital staff, resulting in ongoing care not seen in Victoria before.

Patients can be seen in their homes, in the community or in the ABI unit.

The ABI community service also receives referrals from other health services and directly from the community. Staff work in close collaboration with existing disability and community support service providers, with local rehabilitation services, and with their patients and family/carers.

Our mental health services grew during the year. A headspace premises opened in Bentleigh, with Alfred Health as the lead agency. Headspace cares for 12–25-year-olds with mental health care, drug and alcohol services and vocational support.

We also established Early Psychoses Centres in Bentleigh, Frankston, Dandenong, Narre Warren and Elsternwick, which build on the headspace model – tackling issues before they become longer lasting.

It's important to involve people in their own care, across the health service. We work closely with consumers and groups of dedicated volunteers, who help improve services for patients on an ongoing basis by giving their time and sharing their experiences.

Community Advisory Committee

Alfred Health's Community Advisory Committee (CAC) advises Alfred Health's Board on consumer, carer and community participation and other issues affecting the patient experience.

The committee looks at priority areas requiring consumer and carer participation. This includes



Manager, Patient Experience and Consumer Participation Program, Suzanne Corcoran: "Priorities are equitable care without judgement, being sensitive to needs and clearing any barriers to information."

reviewing feedback from patients and families, looking at the findings of focus groups and discussing matters of interest and concern to all our patient groups.

This committee also works directly with Alfred Health staff to improve the patient experience through a range of safety and quality committees and working groups, such as the medication safety and infection prevention committees.

Community Advisory Committee members

- Mr Damien Kenny (Chair)
- Ms Sara Duncan
- Dr Chan Cheah
- Ms Natalie Ross
- Ms Melissa Lowrie
- Dr Lindsay McMillan
- Ms Estie Teller
- Mr Barry Westhorpe
- Ms Mary Close
- Mr John Hawker
- Mr Stuart Martin

Shaping the future: 2020 plan

Through the Alfred Health 2020 program, staff, patients, community and other stakeholders contributed to the development of our 2015–2020 Strategic Plan. Clear themes emerged:

- extend 'patient experiences' beyond the excellent clinical treatment provided by Alfred Health
- focus on health literacy and health promotion
- use digital technology to improve health outcomes
- deliver healthcare in new environments consistent with community expectations.

This feedback will be incorporated into our strategic goals and objectives.

During the year, CAC:

- explored different ways to present patient information in written, verbal, digital and audio-visual formats
- analysed complaints around food and made recommendations for improvements
- participated in consumer and community consultations regarding the new Alfred Health values and the 2015–2020 Strategic Plan.

Making patient information more accessible

Improving patient information is one of the five key priorities of our Patients Come First strategy.

When Alfred Health is setting its future direction for the service or developing patient information or public health campaigns, patients, staff and volunteer consumers are asked to review the materials before they are finalised to provide feedback and ensure use of plain language.

In 2014–15, nearly 100 people (patients and staff) took part in focus groups across Alfred Health to help develop future communication materials and methods.

Information priorities for patients were:

- knowing how to get to and from hospital and what to bring
- engaging in clear communication with their health team and understanding their care plan
- receiving clearly expressed plans for discharge and follow-up care.

A new Patient Information Project Officer and working group make sure that any written information developed with consumers is relevant and easily accessible.

Caulfield Patient Experience Committee

A new committee placed the issue of improving patient experience in the Rehabilitation, Aged and Community Care program at Caulfield Hospital at the top of its quality agenda for 2014–15.

Caulfield Hospital staff were determined to accelerate change to make tangible differences to patients. Inpatient focus groups (attended by over 70 inpatients) and staff focus groups (attended by more than 270 clinical and support services staff) were convened to address this priority issue. Potential improvements identified were:

Sarah Smyth, Manager, Business & Strategy Unit, said excellent progress has been made in most areas, particularly with regard to the new patient and family lounge areas, and the introduction of patient timetables in rehabilitation. Ms Smyth also noted that innovative activity programs were occurring on a number of wards, and that a renewed focus on welcoming and orientating patients to the ward had been adopted. These initiatives have clearly enhanced the quality of patient experience.

1) Environmental changes

- reduce noise at night in the wards
- improve the function and cleanliness of patient bathrooms
- create patient and family lounge areas
- improve the television and patient phone service.

2) Process changes

- introduce weekly patient personal timetables
- reduce the clinical busyness in the first 24 hours of admission
- improve options for activity outside traditional therapy appointments.

3) Staff communication and engagement

- sharpen customer service focus and use of appropriate language
- expand the use of patient stories to illustrate the need for change
- focus on the importance of personal introductions.

“The most important change is that all areas of the program are now seeking out and listening to the lived experience of our patients, not just waiting for the compliments and complaints,” Ms Smyth said.

Cultural diversity

Alfred Health has made numerous achievements in 2014–15 through the Cultural Responsiveness Plan, including:

- providing more than 23,000 face-to-face and 2,800 telephone interpreter services (a growth of 47 per cent since 2008–09)
- ensuring all interpreters employed or contracted to provide services at Alfred Health are fully accredited
- involving Culturally and Linguistically Diverse (CALD) consumer, carer and community members in a range of different focus groups and in meetings tasked with the revision of our values.
- directing the professional development of about 300 Alfred Health staff in culturally responsive patient-centred care, with an emphasis on delivering training on the use of telephone interpreting
- ensuring that almost 28 per cent of Alfred Health volunteers have a first language other than English – together they speak 40 different languages; the majority being European or Asian languages. These volunteers assist during Cultural Diversity Week and provide companionship and conversation to our CALD patients.

Volunteers connecting with patients

We have active and highly engaged volunteers who work as consumer representatives, 50 of those on our Consumer Register. They encourage quality and safety improvements through the surveying of patients to measure their experience of care. These volunteer consumers not only helped develop this survey but they continue to collect information from patients and help us identify where we are doing things well and where we can make improvements.

The survey is administered by 23 trained volunteer consumers across the three main hospital campuses. Nearly 3,000 surveys have been collected by our trained consumers this year.

“I feel that the patients open up to me more as a volunteer than they might to a member of staff. I also feel that I have more time to talk to them (on any subject) and I think there are benefits to both of us from this!” Bill Temple – volunteer and consumer

“Undertaking patient experience surveys at Alfred Health provides me with a genuine sense of being part of an integral link between those requiring health services, and those who provide the services. To me the survey work is of real consequence, and not merely window dressing.”

Peter Watson – volunteer and consumer



Caulfield Hospital volunteer Peter Watson accepts his Outstanding Adult Volunteer award from Premier Daniel Andrews at the Victorian Premier's Volunteer Champions Awards 2015.

People Matter

Every second year, Alfred Health takes part in the People Matter Survey, an employee opinion survey run by the Victorian Public Sector Commission to help identify an organisation's strengths and weaknesses, as well as employee satisfaction, commitment and wellbeing.

In 2014, 46 per cent of Alfred Health staff (3,421 people) completed the survey.

Patient safety

The majority of surveyed staff agreed that as an organisation, we make patient safety a priority:

- **95 per cent** believe patient errors were appropriately dealt with
- **91 per cent** agreed their patient safety suggestions would be acted on if they told a manager
- **95 per cent** would recommend that a friend or relative be treated at Alfred Health.

Overall results showed:

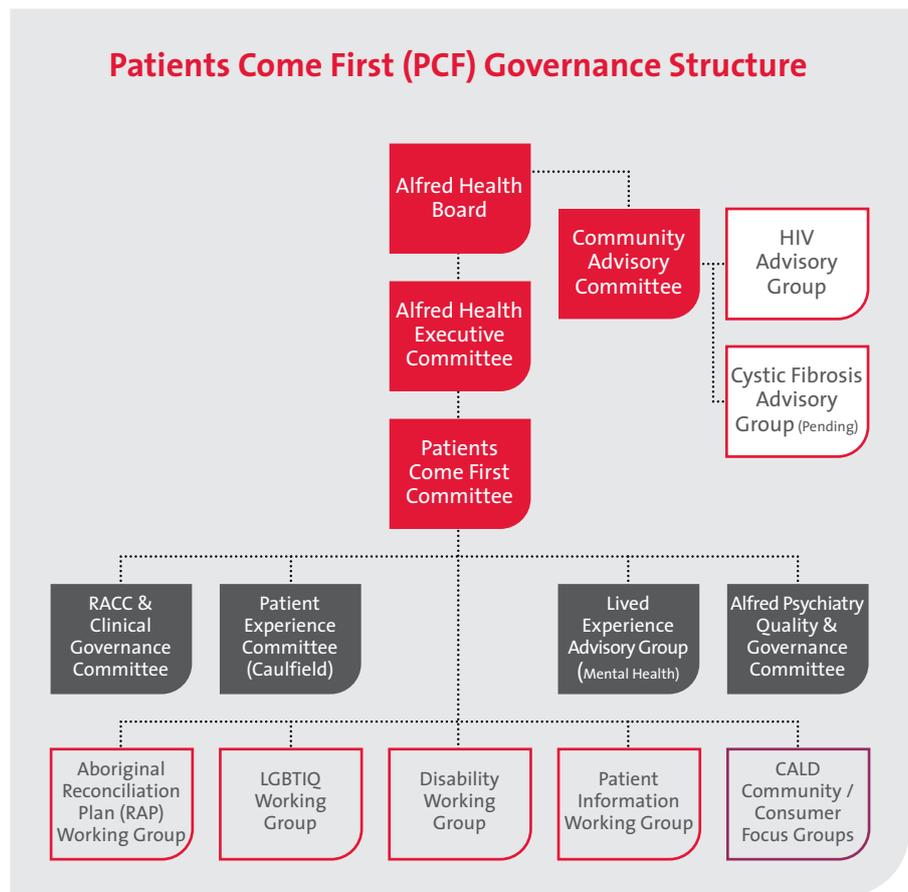
- we are a strong team focused on safety and quality patient outcomes with shared values and a belief in what we do.

We learnt we:

- all need feedback on how we are performing
- want to be more involved in implementing change and influencing decisions.

Quality systems

Alfred Health focuses on delivering the highest-quality care, which requires strong safety and quality systems. The overriding aim is to provide total care with zero harm to patients or staff. Key is identifying and monitoring risks and implementing improvement initiatives.



Sustaining national standards

Alfred Health is fully accredited by the Australian Council of Health Care Standards (ACHS) for three years, with the next onsite survey due in May 2016. Work has been underway since the last survey in June 2013 to sustain and embed the National Safety and Quality Health Service (NSQHS) Standards.

The NSQHS program of activities for 2014–15 involved ensuring high-level governance over safety and quality, including:

- undertaking a gap analysis against all standards to ensure sustainability and to identify areas for improvement
- regular audits of safety and quality systems, as well as delivery at the ‘point of care’
- staff education and training that focuses on a ‘standard a month’ through newsletters, promotions, displays and executive briefings
- detailed scorecards for programs and wards, encouraging local clinical areas to review their data and audit results, then take corrective action where necessary.

The next official accreditation is scheduled for early May 2016.

Benchmarking

In 2014–15, Alfred Health participated in four different benchmarking systems to further clinical diagnosis and improvement initiatives. These were:

1. Health Roundtable (benchmarking with Australian health services)
2. Healthcare Evaluation Data (Health Roundtable benchmarking with Australian and UK Hospitals)
3. Dr Foster Quality Investigator (14 Victorian hospitals)
4. Dr Foster Global Comparators (collaboration with 41 health organisations from nine countries).

The focus for the year was on understanding readmissions, and looking at frequently presenting patient groups, in particular patients with chronic heart failure and Chronic Obstructive Airway Disease.

Risk management

The incident reporting system, RiskMan, is an integral component of Alfred Health’s risk management system. Regular training and information for staff on the use of RiskMan were provided during the year. Incidents are routinely analysed and trends are reported to the Executive Committee, the Quality Committee and the Audit Committee. Serious incidents are subject to a formal review.

There are several high and extreme risk issues that are addressed by specific committees, including falls prevention, pressure injuries, medication safety and behaviours of concern. This committee work ensures focus and coordination of effort on the important issues for Alfred Health.

Further information

Your feedback on how we can further improve is welcome:

Email us: publicaffairs@alfred.org.au

Write to us:

Public Affairs
Alfred Health
PO Box 315
Prahran 3181

This report is available in hard copy at our main hospital reception desks and online at www.alfredhealth.org.au/publications and www.alfredhealth.org.au/patients_visitors/

AlfredHealth

The Alfred

55 Commercial Road, Melbourne VIC 3004

Telephone: (03) 9076 2000

Facsimile: (03) 9076 2222

Caulfield Hospital

260 Kooyong Road, Caulfield VIC 3162

Telephone: (03) 9076 6000

Facsimile: (03) 9076 6434

Sandringham Hospital

193 Bluff Road, Sandringham VIC 3191

Telephone: (03) 9076 1000

Facsimile: (03) 9598 1539

www.alfredhealth.org.au

ABN 27 318 956 319