AlfredHealth

Improving lives

Quality Account 2015-16

theAlfred Caulfield HOSPITAL Sandringham HOSPITAL MSHC MELBOURNE SEXUAL HEALTH CENTRE

Contents

1 **Welcome to Alfred Health**
3 **Our quality and safety scorecard**
5 **Consumer, carer and community involvement**
5 Patients Come First
6 Partnering with consumers
6 Statewide plans – our progress
7 Aboriginal health
8 Disability responsiveness
9 Supporting our LGBTIQ community
10 Family violence
11 Doing it with us strategy
11 Cultural diversity
12 Patient experience scores
13 **Quality and safety**
13 Quality indicators
20 Surgery
20 Mental health
22 Feedback
23 Occupational violence
24 Accreditation
24 Improving systems for adverse events
25 A positive culture
26 **Continuity of Care**
26 New services and initiatives
28 Leaving hospital
29 Advance care planning
31 End-of-life care

About this report

This report provides easily accessible information about the quality of care we delivered at Alfred Health from July 2015 to June 2016.

New to the report this year is a series of case studies, which provide clear examples of challenges and actions taken to improve our care, as well as patient stories and data on important quality and safety indicators.

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' can sometimes refer to a volunteer who shares their recent experiences of the health setting to help us improve services.

English

Alfred Health's Quality Account is written for patients and community members to inform them about how quality and safety is monitored and improved throughout the health service.

If you don't speak or read English and you would like to find out about the information in this report, please email communityparticipation@alfred.org.au

Greek

Ο Λογαριασμός Ποιότητας της Alfred Health γράφεται για τους ασθενείς και τα μέλη της κοινότητας για να τους ενημερώσει σχετικά με το πώς παρακολουθείται και βελτιώνεται η ποιότητα και η ασφάλεια σε όλη την υπηρεσία υγείας.

Εάν δε μιλάτε ή δε διαβάζετε αγγλικά και θα θέλατε να μάθετε για τις πληροφορίες σε αυτήν την έκθεση, παρακαλούμε στείλτε email στο communityparticipation@alfred.org.au

Italian

Il resoconto sulla qualità di Alfred Health è scritto per i pazienti e i membri della comunità per informarli del modo in cui vengono monitorate e migliorate la qualità e la sicurezza attraverso il servizio sanitario.

Se non capisci l'inglese, né parlato né scritto, e vorresti avere maggiori informazioni relativi a questo resoconto, invia una email a communityparticipation@alfred.org.au

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 вы не говорите и не читаете на английском языке и хотели бы ознакомиться с содержанием данного отчета, просим написать на электронный адрес: communityparticipation@alfred.org.au

Simplified Chinese

Alfred Health为病人和社区成员提供质量报告，向他们解释如何监控质量和安全以及在健康服务过程中如何改善质量和安全。

假如您不懂英语，但希望了解报告中的信息，请发电子邮件至：communityparticipation@alfred.org.au

Turkish

Alfred Health's Quality Account, hastalar ve toplum üyelerini, kalite ve güvenliğin sağlık hizmetlerinde nasıl izlendiği ve geliştirildiği konusunda bilgilendirmek amacıyla yazılmıştır.

İngilizce konuşamıyor veya okuyamıyor, ve bu raporun kapsadıkları konusunda bilgi almak istiyorsanız, lütfen communityparticipation@alfred.org.au elektronik posta adresine yazın.

Traditional Chinese

Alfred Health爲病患和社區成員提供質量報告，向他們解釋如何監控質量和安全以及在健康服務過程中如何改善質量和安全。

假如您不懂英語，但希望瞭解報告中的資訊，請發電子郵件至：communityparticipation@alfred.org.au

Front cover L-R: As part of an interdisciplinary Risk Round, Consultant Haematologist Dr Anna Kalff, Physiotherapist Claire Anderson and Social Worker Joanne Matchado meet with patient Judy Hooper.

Welcome to Alfred Health

We are a leading major metropolitan health service, caring for our local community in southern and Bayside Melbourne as well as for the broader Victorian community through our many statewide services.

Our focus is on improving the lives of our patients through excellent healthcare whether in hospital, through rehabilitation, at home or in the community. We work with our patients to improve their independence and wellbeing at all stages of life.

Our role is to discover and deliver the next generation of healthcare through:

1. **Research –** translating medical research into clinical practice. This way we can offer our patients the very best and latest care to achieve the greatest possible health outcomes.
2. **Education –** we continue to develop and foster our staff as a teaching hospital committed to excellence. Patients are placed at the centre of all that we do to give them the best possible healthcare experience.
3. **Replication –** by striving for new and improved practices, Alfred Health remains at the forefront of healthcare developments and medical research. Other hospitals in Australia and overseas have followed our lead and adopted our innovative approach.

theAlfred Caulfield HOSPITAL Sandringham HOSPITAL

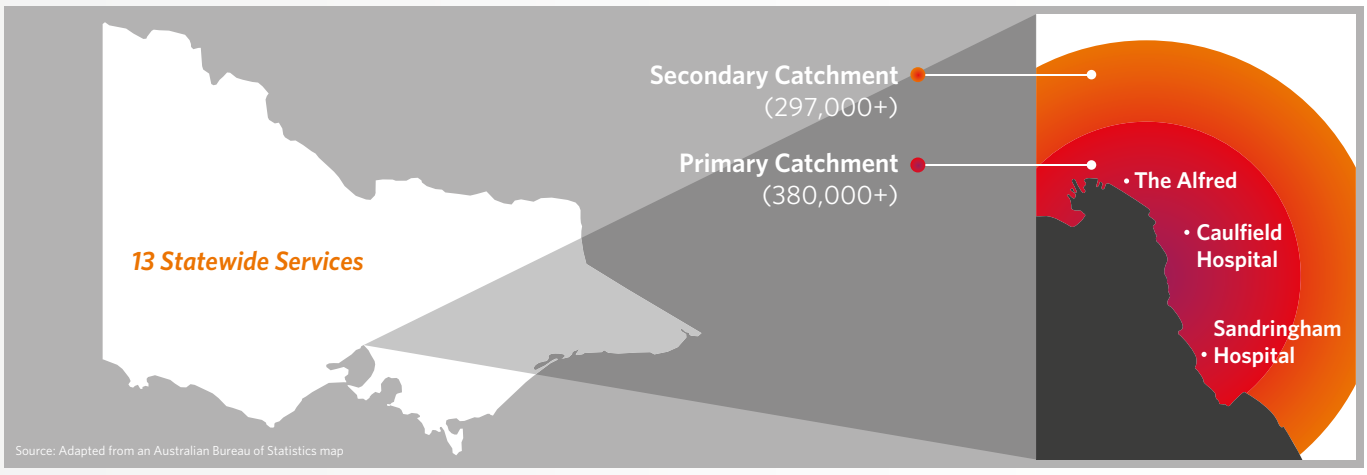
Three hospital campuses:

The Alfred, a major tertiary referral hospital, is best known as one of Australia's busiest emergency and trauma centres and is home to many statewide services. These include the Victorian Adult Burns Service, Victorian Melanoma Service and the heart and lung transplant service.

Caulfield Hospital specialises in community services, rehabilitation, aged care and aged mental health. The hospital delivers many services through outpatient and community-based programs and plays a statewide role in providing rehabilitation services, one of which is the Acquired Brain Injury Rehabilitation Centre.

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

Alfred Health's Primary and Secondary catchments



About Alfred Health

2015–16 highlights

108,520
episodes of inpatient care

94,983
Emergency Department presentations (admitted and non-admitted)

11,351
elective surgeries performed

8,570
employees

98%
of elective waitlist patients treated within clinically recommended times

510
volunteers

94 + 31
lung — heart transplants gave many patients a second chance of life

Community services and clinics

Melbourne Sexual Health Centre has dedicated clinics for men and women, onsite testing for sexually transmitted infections and provides counselling, advice and health information.

MSHC
MELBOURNE SEXUAL HEALTH CENTRE

Community clinics: In line with the expectations of our patients for treatment in their communities or at home, we have developed clinics to deliver this care, including new service GEM (Geriatric Evaluation and Management) at Home, Hospital in The Home, community rehabilitation programs and psychiatric help for all ages.

Radiation oncology Nurse Manager Gael Wilder with patient Shirley Whinray, who is undergoing radiotherapy and chemotherapy treatment for oesophageal cancer. Shirley was an inpatient at The Alfred for seven weeks and described the care as "superb".

Our quality and safety scorecard

It is my pleasure to present the 2015–16 Quality Account, previously known as the Quality of Care Report.

Professor Andrew Way, Chief Executive

This report is designed to give you an insight into our quality and safety performance measures across the health service. It is our 'scorecard' – showing you exactly how we have performed in key quality measures and against patients' expectations.

In May we again achieved full compliance following the Australian Council for Healthcare Standards' organisational survey. This survey assessed the 10 National Safety and Quality Health Service standards and the National Standards for Mental Health Services. We received 51 'Met with Merits', which is the highest recognition, in nine of the 10 standards assessed.

An example of our commitment to providing the safest care possible is the introduction of our 'Harm Free' rounds. This integrated approach involves the whole healthcare team in preventing the related risks of falls, pressure ulcers, malnutrition and delirium.

We also developed a new *Patients Come First* strategy for 2016–20. This will become our roadmap for involving our patient community in their own care. We know from experience and research that the safest care is where patients and families are involved in decision-making.

Patients often identify communication and information as an area where we can improve. This year we launched a new, patient-focused website, produced new practical patient information guides and helped improve health literacy.

The experiences of our staff are also measured each year and we're proud to say that 87 per cent of our staff would recommend a friend or a relative to be treated as a patient at Alfred Health.

Another focus this year was on tackling violence in the workplace, which has increased due to increased cases of delirium and patients affected by drugs and alcohol. An increase in family violence in our community has also led to renewed efforts to support patients who have been harmed in this way.

The voice and perspective of our consumers is invaluable. Our thanks go to our Community Advisory Committee, as well as to our many volunteer consumers, who give their time to help us improve care and services for our community.

Prof Andrew Way
Chief Executive, Alfred Health

Our Community Advisory Committee

Consumer Advisory Committee. L-R front row: Barry Westhorpe, Sara Duncan (Board member and CAC Chair), Mary Close, Kay Currie, John Hawker. Back row L-R: Chief Executive Andrew Way, Stuart Martin, Carol Gordon, Estie Teller, Manager of Patient Experience and Consumer Participation Program Suzanne Corcoran, Natalie Ross and David Mills. Absent: Executive Director Nursing Services Janet Weir-Phyland and Chris Karagiannis.

To our community:

Consumer-led care

All of us have a strong connection to Alfred Health's hospitals and services and are proud of the care provided to many. In our role as consumer advisers, we have focused on improving patient information and the *Patients Come First* strategy, which underpins all our work in improving services and access for all patients.

We strongly believe that this report needs to be easily understood by the public. Therefore, we have emphasised the need to use plain language, avoid jargon and to engage with readers, while still providing a range of information and data that is important to our patients and their families.

We hope you enjoy reading this publication.

Evaluation and resulting outcomes

Feedback from our consumers on the 2014–15 *Quality of Care* report was overwhelmingly positive. They wanted the report to be easy-to-read and interesting, letting patients tell the story of how healthcare works. On the back of these comments we have endeavoured to further simplify the language used and we have used infographics to demonstrate quality indicators, so it is easy for all to understand.

Community Advisory Committee
November 2016

Some comments on last year's report:

- Still too much use of jargon, although an effort has been made to limit its use.
- Excellent flow and imagery.
- Would like to see information on research.
- Enjoyed the patient story. How about following the day of a doctor or nurse?
- Easy to understand, though may be little too complex for those where English is a second language.
- More imagery and key phrases to summarise each section would be good.

Consumer, carer and community involvement

We work with patients and their families to achieve the best health outcomes.

Anthony Molina was one of our many trauma patients, after a car accident in December last year that left him with a broken sternum, ribs, back fracture and haematoma. He spent two weeks in our ICU. He was again admitted to The Alfred in October 2016 for pneumonia and chronic back and chest pain.

We encourage patients and their loved ones to take an active role in their own healthcare and to work with us to further improve services.

Patients Come First

The 2016–20 *Patients Come First* (PCF) plan has been developed by the Community Advisory Committee with diverse other consumer and community representatives, and key staff. It aligns with the new Alfred Health strategic plan and acts as our roadmap for supporting patient and family decision-making in care and treatment. It also ensures consumers are engaged to provide advice about their own experiences to help improve care.

The eight pillars outline the minimum expectation of a patient experience.

The respect pillar has a particular focus on respecting the individual needs and preferences of our patients, including diverse needs such as disability, culture and language, gender, sexual orientation and preference.

Eight pillars of our Patients Come First strategy

These pillars build on the original five priorities of the first PCF strategy.

They are: Charter of Healthcare Rights, patient information, patient feedback*, patient-centred education and consumer and community engagement.

Patients Come First Plan 2016-2020

1. **Access**
   Ensure a patient can access the services they need.
2. **Respect**
   Respect patients, family and friends at all times.
3. **Team**
   Ensure the team is working together with you, the consumer.
4. **Communicate**
   Communicate effectively.
5. **Comfort & environment**
   Provide an environment that is supportive and comfortable.
6. **Compassion**
   Provide compassionate care.
7. **Family & friends**
   Involve a patient's family and friends in their care.
8. **Leaving our care**
   Ensure a patient feels supported as they leave our care.

** Current at time of printing*

Consumer, carer and community involvement

Partnering with consumers

This year we have encouraged consumers to help measure and evaluate our performance. Improving the quality of our patient information has been a main emphasis and has included:

- a new website that focuses on information for patients
- development of short videos that answer key patient questions, accessible on patient TVs
- new, easy-to-read information guides for inpatients.

Statewide plans – our progress

Focus areas	Key actions	More information
Aboriginal health	• appointment of an Aboriginal Healthcare Pathways Worker • establishment of a Reconciliation Action Plan (RAP) Working Group • continued work on identification of Aboriginal patients	page 7
Aboriginal public sector employment	• received $10,000 Department of Health and Human Services grant to update our Aboriginal employment plan • plans to recruit a dedicated Aboriginal employment officer to focus on suitable employment opportunities for indigenous applicants	
Disability responsiveness	• pilot trialling wireless hearing loops at The Alfred's main reception and outpatients department to ensure people with this hearing device can hear messages from reception and TV messages more effectively • organisational revision of signage and wayfinding (information systems that guide people) • revision of patient maps to include disabled entrances, toilets and car parking • planned audit to highlight any physical or senosry difficulties for those with disabilities	page 8
Lesbian, gay, bisexual, transgender and intersex communities	• an audit of patient experiences using the Rainbow Tick LGBTIQ accreditation framework and list of recommendations • planned forum around care of LGBTIQ patients in the hospital system	page 9
Family violence	• developed an organisation-wide policy and guidelines • staff undertook professional development on family violence, assault, elder abuse and sexual assault issues • created a position for a coordinator to roll-out our family violence strategy	page 10

Aboriginal health

Our AHLOs provide face-to-face secondary consultations with patients, families and health professionals to improve access and care for Aboriginal patients. They identify opportunities for improving service delivery and work with our staff in providing a culturally safe environment for Aboriginal & Torres Strait Islander people, including staff training and support.

Initiatives during the year included:

- continued work on ensuring all Aboriginal patients accessing Alfred Health are accurately identified, which has resulted in an increase in identification rates and recognition of individual needs. During the year, 622 Aboriginal patients were admitted.
- appointment of an Aboriginal Healthcare Pathways Worker (12 months), who will develop individual care pathways for Aboriginal people who present to Emergency and require ongoing support with health and wellbeing issues. The position will increase the number of Aboriginal patients who have follow-up care following a hospital admission and will improve and track the care coordination for Aboriginal patients across the health service.
- external evaluations, as part of the Koolin Balit (Healthy People) Strategy, which looked at improving cultural responsiveness in hospitals and exploring the extent Aboriginal people's experiences in hospitals has changed.
- consumer satisfaction survey to gain a better understanding of what our Aboriginal consumers want and need from our service.

What is an AHLO?

An Aboriginal Hospital Liaison Officer, who works for Alfred Health, and provides support to our indigenous patients.

We also continued working on the Improving Care for Aboriginal Patients (ICAP) program, which includes:

- **Relationships with Aboriginal communities:** Regular collaboration with Aboriginal groups has strengthened our relationships with our local community. We met regularly with a local Aboriginal Elder and the Boon Wurrung Foundation, attend the Inner South Community Health Service monthly indigenous access and equity working group and Urban South Koolin Balit meetings. We also:
  - distributed health diaries to long-term Aboriginal patients to assist with coordination of care and appointments
  - held a highly successful carer respite camp for Aboriginal carers
  - saw 33 consumer surveys completed by Aboriginal patients, providing valuable ideas about service provision and areas for development.
- **Culturally aware staff:** A patient video, featuring an Aboriginal patient, was developed as a staff training tool. The patient talks about how indigenous people feel uneasy in hospital due to cultural and historical reasons.

We are also building understanding by:

  - raising awareness of the inequities in Aboriginal health through Alfred Health events for National Sorry Day, National Reconciliation Week and Naidoc Week.
  - undertaking cultural competency training for staff. Staff working in Carer Services and Caulfield Community Health Service have completed Cultural Awareness Training with an external facilitator.
  - providing in-house training with AHLOs for ICU new nursing staff, General Medicine nurses and acute service physiotherapists.
- **Discharge planning:** Patient transition from hospital to home has improved this year, with a new Aboriginal Healthcare Pathways worker assisting Aboriginal patients with timely follow-up appointments, connecting patients to community services and, where necessary, face-to-face support. We also received a small grant to assist Aboriginal patients with practical support, such as access to food vouchers, medication and accommodation assistance.
- **Primary care referrals:** Referrals to appropriate health services in the community or for outpatient services are given upon discharge to ensure continuity of care.

Consumer, carer and community involvement

Disability responsiveness

Awareness, funding and negotiating through old facilities are all factors when addressing problems for those with disabilities using our services.

Case study

Disability inclusion

Alfred social worker Alex Coombes.

Since an accident that saw him fall three storeys and sustain an incomplete spinal cord injury, Alfred social worker Alex Coombes has gained a personal understanding of the problems faced by his clients with disabilities.

Alex, who has complete paralysis of body and legs, is part of the *Patients Come First* committee looking at how to improve our care for those with a range of physical, sensory and cognitive disabilities. He identified the problems and challenges for Alfred Health.

Challenges

- Need to improve access for those with physical disability to overcome heavy doors, steep gradients on some ramps and no automatic openings of toilet doors. Counter heights at cafes and some receptions are too high for those in wheelchairs.
- Few aids for those with visual impairment,
- Those with physical disabilities often do not voice complaints to us, so problems are not highlighted,
- Little funding available for building works.

Aim

To ensure the needs and preferences of people living with a range of disabilities are heard and actioned throughout Alfred Health facilities.

Action

Activities supporting the needs of patients with disabilities include:

- organisational revision of signage and wayfinding (information systems that guide people)
- revision of patient maps to include disabled entrances, toilets and car parking
- a pilot of wireless hearing loops has been trialled at The Alfred's main reception and outpatients department. (These will be installed at main reception points across the health service to ensure people with this feature on their hearing device can hear reception messages and digital communications, such as TVs and other screens, more effectively.)
- planned audit of every space across the health service for people with a range of disabilities, with consumers walking through to highlight difficulties
- revision of the PCF Committee representation to ensure disability issues are better included in the PCF strategy and inclusive of all needs.
- plans to give concierge staff a more visible uniform, as part of the organisational wayfinding strategy.

What does LGBTIQ refer to?

People who identify themselves as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning.

Supporting our LGBTIQ community

This year efforts to support our LGBTIQ community have centred on minimising stigma and increasing inclusivity and access for all. We aim to ensure all staff, consumers and volunteers acknowledge individual and diverse needs of our patients respectfully, and welcome all patients with courtesy.

An audit, using the Rainbow Tick LGBTIQ accreditation framework, highlighted a need for:

- professional development for staff in caring for LGBTIQ patients, following feedback that there were gaps in the way we manage these patients
- a suite of hard copy and digital displays that promote diverse gender identity, sexual orientation and same sex relationships
- private spaces for confidential clinical conversations and quiet meeting areas for patients, family and friends
- unisex toilets and toilet options for patients who don't identify as male or female
- a forum around care of patients from the LGBTIQ community in the hospital system. Alfred Health's LGBTIQ committee, which is made up of clinicians, academics, consumers and managers, is planning the forum for 2017. The forum will cover academic research, lived experiences of patients, successful initiatives in other health services that we can learn from and discussion to develop recommendations for the Department of Health and Human Services' LGBTIQ Taskforce.

Max's story: Respect and empowerment of patients

Max Niggl, a member of HIV Services Advisory Group (HSAG) and the Patients Come First Committee, says Alfred Health has made "significant strides" in the last two years in being more inclusive and having greater respect in understanding the meaning of diversity.

"Looking at gender identity and sexual diversity and embedding that in training for staff has resulted in better outcomes for patients' health and wellbeing," Max said.

"Alfred Health has really seen the importance of having consumer representatives and creating a more friendly and accessible space for people. There is a greater sense of patient empowerment now, which is a hallmark of the greater involvement of consumers in healthcare.

"We're also looking at improving the health literacy of patients. Many are not well informed about their health conditions and 'white coat syndrome' can bring an attitude of 'the specialist is always right'. It's important that clients are given the tools or ability to ask questions."

Consumer, carer and community involvement

Family violence

Alfred Health is one of 10 health networks to receive dedicated funding to implement the *Strengthening Hospitals Response to Family Violence* (*SHRFV*) framework. This framework has been piloted at Bendigo Health and The Royal Women's Hospital and involves whole-of-organisation training. It focuses on creating hospital leadership; laying foundations through policy and procedures; changing culture; building capacity and capability; establishing partnerships with community and external family violence specialist services.

Due to the growing incidence of reported family violence in our community, we developed an organisation-wide policy and guidelines and sought the views of consumers and staff.

Other actions included:

- professional development for our social workers on family violence, assault, elder abuse and sexual assault issues
- a staff forum with domestic violence campaigner, and 2015 Australian of the Year, Rosie Batty as keynote speaker
- creating a position for a Family Violence coordinator, responsible for leading the roll-out of the strategy across Alfred Health
- representation on the newly created Risk Assessment Management Panel (RAMP) for the southern region. RAMP is a statewide, whole-of-government initiative that will be implemented in 17 areas across Victoria, with groups meeting monthly to share information and to take action to keep women and children safe.

Case study

Supporting health literacy

Consumer volunteer Misa Wada and Project Officer – Patient Information, Tim Chestney believe brochures are just one part of communications that need to reinforce clinical messages given face-to-face.

Challenge

Consumers were finding our health information brochures difficult to understand, with medical jargon hard to grasp, especially among those with English as a second language. Only 30 per cent of our patient information had first been reviewed by consumers.

Aims

- Ensure our patients have access to, and understand, the basic health information they are given.
- Ensure all patient information is reviewed by consumers by mid-2017, ensuring information is welcoming and inclusive.
- Involve consumers in the development of health information and incorporate their feedback to ensure it is useful and meaningful to all our patients.

Actions

- We conducted an audit of patient information, identifying 880 pieces, including leaflets and brochures.
- Twenty volunteers from diverse backgrounds began reviewing our patient information.
- We developed a patient resource library to improve access to information. This is now accessible on our website, which is designed to meet current web accessibility standards, so anyone can find what they need, regardless of their device, browser or assistive technology.
- We produced a suite of patient information in different modes – a new website with a patient focus, videos for patient TVs and easy-to-read information guides for all three hospitals.

Doing it with us strategy

As a public health service, Alfred Health follows the *Doing it with us not for us* strategy, which is the Victorian Government's policy on consumer, carer and community participation in the healthcare system.

As part of this strategy, we:

- encourage consumers to participate in quality and governance committees
- work with community to further build our cultural responsiveness and disability action plans
- improve our health service, particularly by seeking feedback through patient surveys
- undertake patient surveys to evaluate their experience on the medical consent process. This information is used to make improvements to better meet the needs of patients undergoing high risk procedures.

We recognise the important role consumers play in ensuring we provide them with the right care. One approach is to provide patients at high risk of identification error with Alfred Health ID cards, which patients show alongside their Medicare card when presenting to our hospitals. This alerts staff and the consumer to take extra care to make sure their identification details are correct in our system.

Consultative groups

1. LGBTIQ working group
2. Disability working group
3. Aboriginal Reconciliation Action Plan (RAP) working group
4. Lived Experience Advisory Group (LEAG) – Mental Health
5. HIV Services Advisory Group (HSAG)

Cultural diversity

With our patients coming from a wide range of cultural and linguistic backgrounds, we work hard to ensure our services are responsive to those who speak a language other than English. We provide interpreters to patients using over 104 different languages across Alfred Health: 94 at The Alfred; 40 at Caulfield Hospital; and 51 at Sandringham Hospital.

Most common languages spoken by our patients are:

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

In 2015–16, we provided almost 22,500 occasions of interpreting for patients. Of these, 18,000 (63%) involved a face-to-face interpreter and a further 4,000 (14%) telephone interpreting.*

Better access to interpreters

The redesign of our Interpreter Services led to a new way of delivering the service, giving patients with the greatest need for a face-to-face interpreter access to one. Telephone interpreting is available for all other appointments at all hours of the day, seven days a week.

Inpatients, AUSLAN (Australian sign language) patients, patients with cognitive or hearing impairment or patients requiring psychiatry or neuropsychology assessments continue to receive a face-to-face language service.

New initiatives

- **Translations:** This project focused on increasing the amount of accessible healthcare information for our patients and resulted in the development of a translation request form to assist departments in preparing information for translation, thereby ensuring the timely processing of requests.
- **Service planning:** This ensures patients have access to the right interpreter at the right time. This included the recruitment of casual interpreters to allow for greater service planning while decreasing the use of external contractors and agency interpreters; reviewing work hours of internal interpreting staff to ensure they are aligned with current patterns of service demand; continued education of and discussions with departments, wards, and units on booking practices and telephone interpreting; and personalised secondary portfolios for internal interpreting staff to complement Language Services initiatives.
- **Video interpreting:** A trial is in development, with finalisation of the technology required to facilitate video interpreting. We have scheduled this initiative to begin next year.

**This figure differs slightly from that reported in the 2015–16 Annual Report due to some data being unavailable at time of publishing. Our system of capturing this data is currently under review to ensure accuracy.*

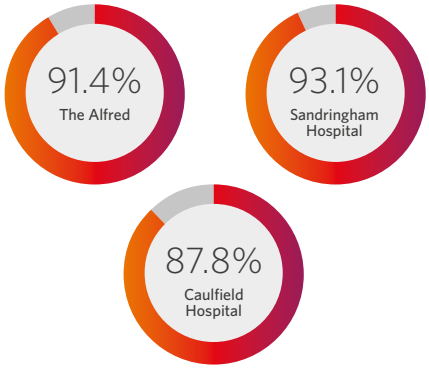
Consumer, carer and community involvement

Patient experience scores

The Victorian Healthcare Experience Survey (VHES) is a statewide survey which documents patients' views of their hospital experience. It is conducted by independent contractor The Ipsos Social Research Institute.

Quality of care

By campus, patients rated overall their care as 'very good' or good as:



In the period from March 2015–March 2016:

- 86.5 per cent of patients 'always' or 'sometimes' felt they were treated with respect and dignity while in hospital.
- 75 per cent felt they were listened to and understood by the people looking after them 'always' or 'sometimes'.

Action taken in response to feedback

We formed a service-wide working group to help address issues arising from our various forms of feedback, including complaints, the Patient Experience Survey and VHES. This group then reports to the *Patients Come First* committee.

Food improvement project

As a result of feedback through the VHES, one current focus is improving patients' experience of food in hospital.

The latest VHES results (April-June 2016) revealed poor ratings for food satisfaction. Those who rated the food as 'good' or 'very good':

- 40% at The Alfred
- 61% at Caulfield Hospital
- 73% at Sandringham Hospital.
- State average for same period – 65.3%

Results for The Alfred, which compiles results from 89 patients in that period, was the lowest over the past two years of surveying. The average rating for The Alfred's peer group of hospitals was 58.5 per cent. In response, the 2016–20 Strategic Plan includes improving patients' experience of meals under the goal of providing high-quality patient-centred care.

Added to this, our patient information focus groups helped identify food as one of the top information requirements. This is now reflected in the new patient welcome guides for each campus and on the revised website.

Dietetic students Maryam Bassirat and Hannah Ovens-Henig with Senior Dietitian Sarah Ryan, are seeking more feedback on inpatient food.

Inpatient food: a complex issue

Indi Swan, Executive Officer, Nutrition Strategy, is part of a small working group exploring the issues with patient meals.

"We see the data move anywhere from 40% to 60% of patient satisfaction, with minimal changes to the food. So we know the answer to the problem is complex; there are many different factors influencing food satisfaction. Part of it has to do with different patients being on different diets, so patients are not comparing the same meal," Indi explained.

Initial work is focusing on food provided at The Alfred. Five wards are being targeted for extra information. As part of our Patient Experience Survey, which is carried out by volunteers while patients are still in hospital, patients will be asked additional questions if they answer negatively when rating our food. This will allow the working group to narrow down the issue – whether it's presentation, food temperature, poor menu or limited choice, taste or other factors.

"Our dietetics students are helping gather data. Once we analyse the survey results, we will be able to plan some action to target the key areas, which may be different on each ward," Indi said.

New shape to puree

"One thing that is working well is the new food moulds we have introduced for pureed food. At The Alfred pureed food items are moulded to represent its usual shape – eg in the shape of meat or vegetables, which is a huge improvement in presentation," Indi said.

Quality and safety

A number of health and safety measures in public hospitals exist so everyone can track our performance and we can monitor key indicators to ensure we provide the best care and minimise risks.

An interdisciplinary Risk Round was introduced on 7East, as part of the Harm Free initiative: L-R: Nurse Ray Manawis, Consultant Haematologist Dr Anna Kalff, patient Judy Hooper, Physiotherapist Claire Anderson and Social Worker Joanne Matchado.

Quality indicators

As a public health service, there are key indicators that we monitor and report on. They are:

- healthcare-associated infections, specifically SAB rate and CLABSI
- medication safety
- falls and harm from falls
- pressure injuries
- safe use of blood and blood products
- hand hygiene compliance
- healthcare worker immunisation – influenza

Case study: Harm Free

Challenge

Incidents relating to inpatient falls and pressure injury prevention plateaued in 2014. Despite risk assessments and preventions being within an acceptable threshold, we identified that further improvements would only be realised by teams from different clinical areas working together.

Aims

To reduce harm to patients from falls, pressure and malnutrition risks by introducing an integrated prevention program called 'Harm Free'. The initiative, introduced in 13 Alfred Health inpatient wards, highlights that risks are all interrelated – e.g. poor nutrition can lead to bedsores and risk of increased falls. It encourages all members of the healthcare team to take responsibility for risk and ensures the patient is central to the assessment and development of individualised risk management plans.

Actions

- Increased interdisciplinary teamwork in weighing 'at risk' patients
- conducted documentation audits to improve documentation of risk assessment and care planning
- identified high risk patients during Journey Board discussions
- implemented inter-disciplinary combined risk rounds every week in some areas
- structured changes to nursing handover processes to include risks and prevention plans as well as promoting patient involvement
- included patient delirium as another key interrelated risk
- developed and implemented an integrated and streamlined risk assessment process by combining four risk assessments and the patient's care plan into one document to support the Harm Free approach.

Quality and safety

Preventing falls

Patient falls with serious injury decreased across Alfred Health by 30 per cent in the last year. This means that fewer patients had to stay in hospital longer due to injuries caused by a fall.

Improvement actions:

We have:

- increased the opportunities to involve patients and, where appropriate, their carers or family, in the patient's plan of care, including understanding their risk of falling and falls prevention strategies, such as during bedside handover
- developed a process to check, and, where appropriate, reduce or eliminate medications which are considered to be no longer required for that patient's ongoing treatment following discharge
- purchased more falls alarms and wherever possible, installed other types of falls alarms through the call bell system.

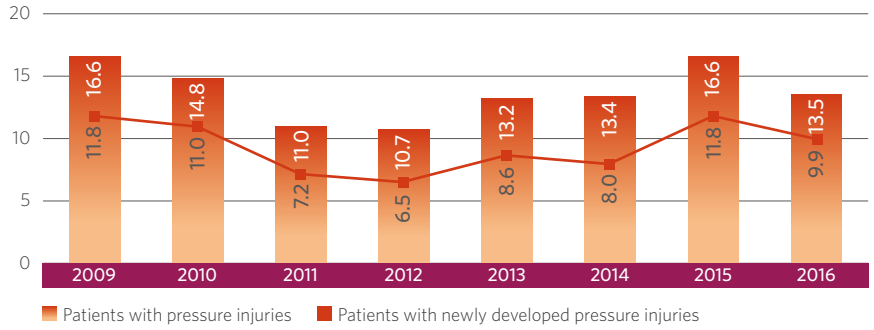
Pressure injuries

Preventing pressure injuries (also known as pressure ulcers or bedsores) remains a focus at Alfred Health.

During the year, our work has focused on:

- interdisciplinary work in ICU, including bi-weekly pressure prevention rounds
- development of a theatre pressure prevention action plan, including purchase of pressure prevention equipment, review and implementation of the skin integrity section of the peri-operative nursing care record

Pressure point prevalence (Alfred Health)



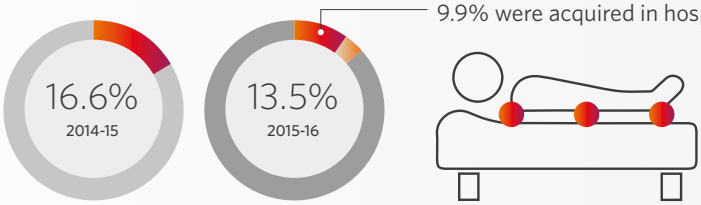
Falls

The number of falls with serious outcome decreased in 2015-16*:

27 2014-15 19 2015-16

Pressure ulcers

This year, the annual point prevalence results showed a **decrease** in pressure injuries:



** Last year's Quality of Care Report reported 29 falls for 2014-15. Subsequently, the incident severity rating was reviewed and changed on two cases, following further assessment several months later.*

Infection prevention

SAB rate

A number of sustainable hospital-wide programs have been implemented at Alfred Health to reduce SAB infections. This includes ensuring that the insertion and maintenance of peripheral and central venous catheters is performed according to best available evidence. As a result, result, there has been a significant fall in rates of SAB infections related to healthcare delivery, dropping from 1.2 to 0.78 within a year. These rates are consistently below the target for Victorian healthcare facilities; the benchmark being less than two per 10,000 occupied bed days.

What is a SAB?

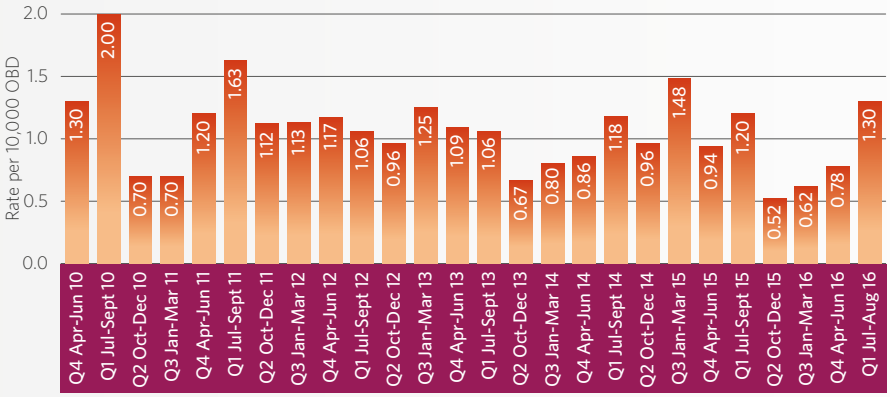
Staphylococcus Aureus bloodstream (SAB) infections are frequently associated with healthcare, often arising as a complication of surgery or minor medical procedures, leading to poor outcomes or death for patients.

SAB infections

These rates are consistently below the target for Victorian healthcare facilities; the benchmark being less than two per 10,000 bed days.

Quarter	Occupied bed days Alfred Health	No. SABs Alfred Health	Rate Alfred Health
Q1 Jul 15 – Sept 15	99,988	12	1.20
Q2 Oct 15 – Dec 15	96,813	5	0.52
Q3 Jan 16 – Mar 16	96,648	6	0.62
Q4 Apr 16 – Jun 16	102,997	8	0.78

Alfred Health Staphylococcus Aureus Bacteremia
VICNISS Definition 1 and 2 (Healthcare Associated) April 2010-August 2016



Quality and safety

CLABSI decline

We saw a sustained reduction in CLABSI in our Intensive Care Unit, thanks to improved processes for insertion and care of central venous catheters.

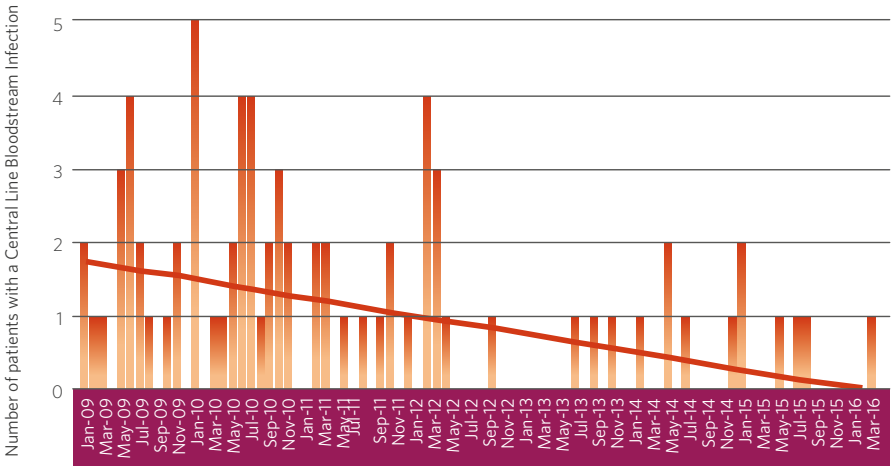
In the ICU, infection rates are continuously monitored against the statewide target of zero infections. We have sustained a decreased rate of CLABSI, with zero observed in 9 months of the previous 12-month period.

Ongoing measures to reduce risk include dedicated infection prevention nursing resources in the ICU, use of chlorhexidine body washes for patients, ongoing education and auditing on aseptic technique practices and timely feedback of events to clinical staff.

What is CLABSI?

Central line-associated bloodstream infections (CLABSIs) occur when bacteria enter the bloodstream as a result of insertion or care of a central line. A central line is a tube that is placed in a large vein to provide essential medical therapy (fluids, blood, or medications).

Alfred Hospital Central Line Associated Bloodstream Infections Ward ICU



Hand hygiene compliance

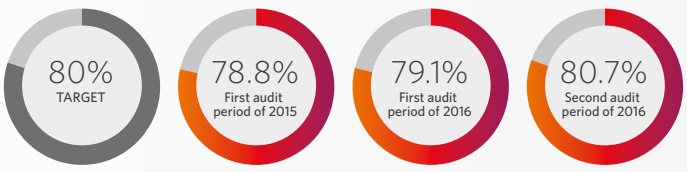
It is crucial for healthcare staff to disinfect their hands, to prevent transmission of infections and prevent transmission of bacteria.

This year's activities included:

- the development of an educational hand hygiene DVD
- increased number of auditors at ward level
- an innovative awareness campaign.

Hand hygiene compliance

We again improved hand hygiene compliance this year.



Influenza immunisation

As of 30 June, and part-way through the 2016 campaign, 82 per cent of staff were vaccinated against the flu. This year we also promoted vaccination for our high-risk patient population and longer-term patients who take day-leave from the hospital.

Medication safety

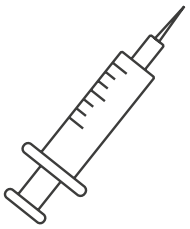
In Australia medicine misuse, underuse, overuse and adverse reactions result in an estimated two to three per cent of hospital admissions; most of these are preventable. We aim to help our patients get the best outcomes from their medicines. We use a medication management cycle (see right) to understand the complex processes involved in medication management and look at improving the use of medicines. The patient is always at the centre of our efforts.

Pharmacy and older patients

Research has shown that in Australia, 20–30 per cent of admissions in patients aged 65 years and over are medication related. This demonstrated that pharmacists are integral to addressing medication-related issues with patients and in ensuring medications are used correctly. Within two weeks of discharge, our General Medical Unit patients receive post-discharge follow-up in an ambulatory care clinic. Where medication follow-up is required (as determined by the pharmacist and medical team before discharge), the pharmacist can undertake the medication review with the patient in the clinic.

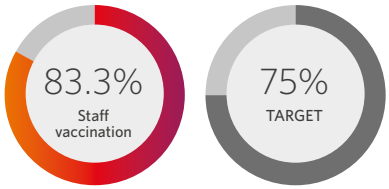
Why vaccinate against the flu?

Vaccination against influenza is an important way to protect both staff and patients from contracting this illness.

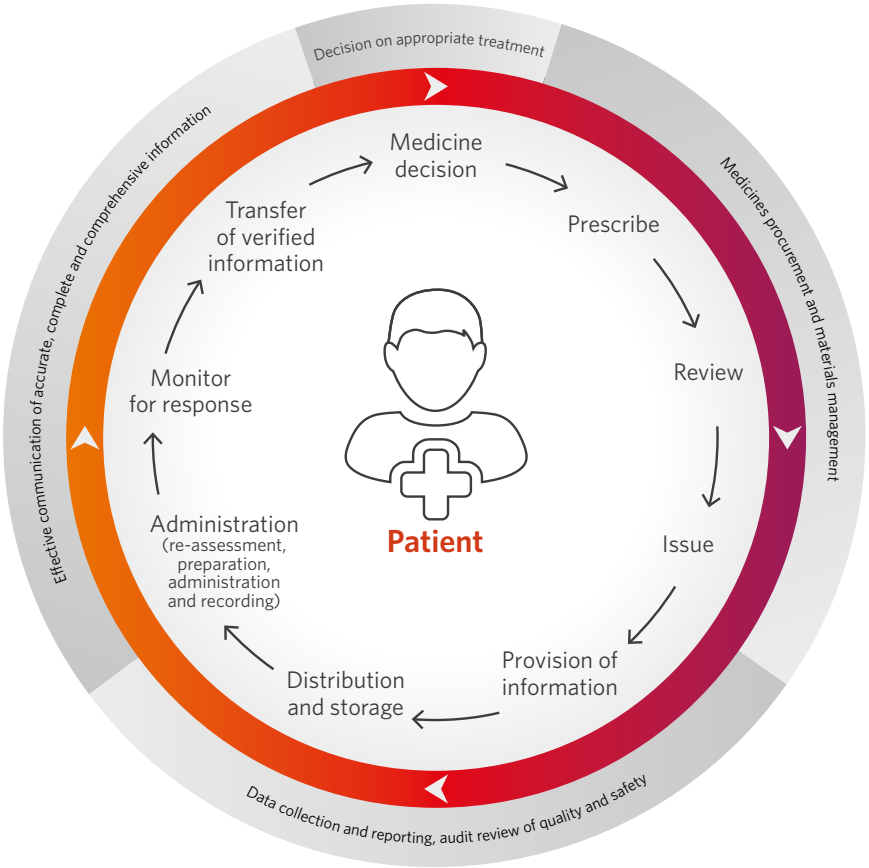


Influenza vaccination

The 2015-16 influenza campaign, which ended in August, saw 83.3 per cent of staff vaccinated, exceeding the Department of Health and Human Service's target of 75 per cent.



Overview of the medicines management pathway cycle



Quality and safety

Geriatric Evaluation and Management (GEM) program team

Our elderly patients discharged from Caulfield Hospital also receive a pharmacy service through GEM (Geriatric Evaluation and Management) at Home program. This service provides specialised assessments and support for patients in their own homes. Geriatric certified specialist pharmacists provide a medication review to every GEM patient, based on their individual needs, to avoid medication-related hospital admissions.

Medications and care for HIV positive patients

With the success of modern day antiretroviral medications, HIV positive people are now living with a chronic illness, rather than a terminal disease. As a result, this population is getting older, and experiencing age-related diseases and need for multiple medications. This leads to an increased risk of drug interactions and other medication-related problems. For many of our HIV patients, their care is managed by GP clinics, together with pharmacists at The Alfred or Melbourne Sexual Health Centre. A current study is assessing the impact of pharmacist medication review within GP HIV clinics. To date, 100 patients have participated in a consultation with the specialist HIV pharmacist. Outcomes are being evaluated, but early feedback has been positive.

Staff caring for patients in the ICU, including more than 90 lung transplant patients this year

Medications and lung transplants

During the year 94 lung transplants were undertaken at The Alfred, with over 400 patients attending lung transplant clinics. Patients undergoing lung transplants need to adhere to complex, lifelong medication regimens. Strict adherence to medication ensures the best outcomes after transplantation to avoid serious consequences, such as graft rejection, poor quality of life, increased healthcare costs and even death. The role of the pharmacist continues once a patient has been discharged from hospital, both for recently transplanted patients and for patients many years after transplantation.

The pharmacist aims to improve medication adherence by providing support to patients until they can independently manage their own therapy. Understanding patient beliefs and knowledge about medications is important to improve patient compliance. During lung transplant clinics, pharmacists use interventions such as:

- education
- discussing why medications should be taken
- medication reminders
- reducing medication dose frequency
- changing medicine formulations
- reviewing timing of medications.

A pharmacist-led study is underway using drug levels as a measure of adherence to determine whether compliance with medication regimes can be improved to ensure better outcomes for our transplant patients.

Blood and blood products

Blood transfusion can play a vital role in a patient's treatment. The Australian blood supply is deemed one of the safest in the world in terms of the risk of transfusion transmissible disease, but risks associated with transfusion include allergic reactions, fluid overload, immunological complications and even incorrect transfusions.

Patient blood management is a focus of our transfusion service. This involves improving the patient's medical and surgical management in ways that boost and conserve the patient's own blood to avoid transfusion where possible.

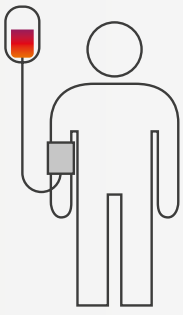
A national Patient Blood Management collaborative was established by the Australian Commission on Safety and Quality in Healthcare. Alfred Health was one of 12 health services chosen to participate in the collaboration. From 2015 until 2017, we are receiving support to develop and trial strategies to enhance patient blood management and reduce the risks associated with transfusion. An independent review showed that blood transfusion is associated with increased length of stay in hospital. The collaborative focuses on improving the management of pre-operative anaemia to reduce the amount of red cell transfusions during and after surgery to reduce exposure to blood products and length of stay in hospital.

During the year, several strategies were developed to reduce the transfusion rate for elective hip and knee replacements. The number of patients transfused in 2015–16 has halved, from 80 to 39.

An increase in single unit transfusions indicates that clinicians are moving from the practice of always transfusing two units to only giving one and then re-assessing the patient.

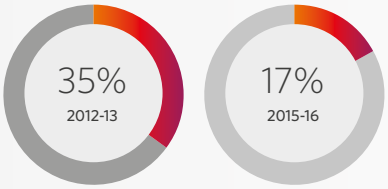
Positive results:

- The introduction of pre-admission anaemia management prior to surgery, reducing likelihood for transfusion during surgery
- Use of tranexamic acid (a drug to help prevent excessive blood loss) routinely in elective hip/ knee replacement surgeries
- General increased awareness of patient blood management philosophy by clinicians.



Blood management

The number of patients transfused in 2015-16 has halved (35% down to 17%) compared to 2012-13.



Transfusions	2012-13*	2015-16
Number of patients	231	234
Knee Replacements	120	105
Hip Replacements	98	129
Total transfused	80	39
Single unit transfusions	11 (14%)	9 (23%)

**One-off audits were taken to look at this particular area of transfusion, so annual data is not available.*

Quality and safety

Surgery

The Victorian Audit of Surgical Mortality (VASM) is an independent, external peer review audit of surgical mortality in Victoria. The VASM report adds to our internal processes for monitoring and reviewing outcomes of surgical care. It also helps us identify opportunities for targeting ongoing quality improvement work.

The latest report – which notes surgical deaths between 1 July 2009 and 30 June 2015 – compared Alfred Health audit data to similar hospitals using state and national data for a range of clinical indicators. Three areas of clinical priority were identified for all health services: 1. deep vein thrombosis (DVT) prophylaxis; 2. recognition of the deteriorating patient; and 3. fluid balance management. In response to audit data, we have identified DVT prophylaxis as an area for further review.

Mental health

Actions taken to reduce restrictive interventions include:

- ongoing implementation of the Safewards initiative across both wards, with a fortnightly multi-disciplinary committee (which has consumer and carer consultant representation) to oversee implementation. (Safewards is a new model of care designed to reduce conflict, restraint and seclusion in our acute adult mental health inpatient units.)
- introduction of a weekly Restrictive Intervention Panel to clinically review episodes of restrictive intervention
- focus and training on sensory modulation (to help self-organise) with supportive resources.

Mental healthcare quality improvements

The Alfred's Psychiatry Service, continually monitors processes and activities to improve people's experience of clinical mental healthcare and encourage consumer engagement in mental healthcare.

In 2015–16 we:

- implemented a Consumer Reference Group and Lived Experience Advisory Group
- held a co-designed and facilitated recovery forum in the community.

Consumer Reference Group (CRG)

This group, which meets monthly, is made up of current and recently discharged consumers who provide their personal experience of mental illness and service received to help with service improvement. Through discussions with CRG members and hearing their experiences, we have made a number of changes within the service, including the introduction of name badges for staff to help improve communication and co-operation between staff and consumers.

The Lived Experience Advisory Group (LEAG)

LEAG is made up of consumers, carers and staff who share their experiences and expertise for service design, development and improvement. This year, LEAG held their first Recovery Forum where 10 carers, 10 consumers and 10 staff members came together to discuss what recovery looks like for Alfred Psychiatry. They also considered how we currently support the identified 'Recovery Principles' and what gets in the way of supporting these principles.

Top priorities identified were:

- improve communication between all parties
- work collaboratively, listening and hearing consumers, carers and staff
- respect diversity, (including faith, spirituality, and belief systems).

LEAG is using this feedback to improve services, continue communication with service users and their families, and create further opportunities for consumers, carers and staff to work together.

Mental Health

Scorecard

Adult inpatients*	Target	2015-16 actuals
Seclusion rate	Less than 15	15
Physical restraints	No set target	3
Mechanical restraint	No set target	1.6

Aged Psychiatry inpatients*	Target	2015-16 actuals
Seclusion rate	Less than 15	2
Physical restraints	No set target	10
Mechanical restraint	No set target	0

** data is calculated as the average monthy rate per 1,000 bed days*

Louisa's story: bleeding on the inside

"I had some different diagnoses – schizophrenia and borderline personality disorder – which meant I got very distressed during the acute stages of my illness.

"The first time I turned up at Alfred Emergency, I remember not being able to speak. All I could do was write on a piece of paper: 'schizophrenia'. I remember being cared for quickly. I was shaking and very agitated and immediately taken into care.

"Four or five times I turned up to The Alfred in a similar state – some of those times I had self-harmed. I was so distressed at those moments that the memories are fuzzy. I felt like no one cared and it's just a real pleasure for me to say thank you to all those people who received me at those moments when I was shaking, unable to speak or had hurt myself and couldn't explain why. To be taken in and cared for and have that done with a lot of respect – I'm not sure what I would have done without that. I felt like I had nowhere else to go – what I wanted was not medication or even a bed, I just wanted a human being to care. I'm pleased to say that's what I was given.

"I don't know if it's the training here or intuition on the nurses' part but I never felt like I was too much of a handful or this was a pathetic problem, to just get over it or that I'm wasting precious services. This idea of bleeding on the inside – that is how it feels – and there seems to be an understanding of that here. Providing a safe haven or a safe place is such a huge gift, maybe even more valuable than the medication or the clinical skills and expertise."

Louisa is doing well and helping others through her advocacy work as a member of the Lived Experience Advisory Group.

Quality and safety

Feedback

There are several ways to understand our patients' experience – through complaints, compliments and regular surveys. Our results remained consistent, with the majority of our patients rating their experience highly.

Compliments and complaints

We are always seeking feedback from our patients. In the six months from January–June 2016 we:

- received 584 complaints, an increase from 559 complaints from July to December 2015 (the number of complaints per 1000 bed days remains the same)
- had a decrease in complaints for Sandringham and Caulfield Hospitals
- had 554 compliments, a decrease from 623 for the previous period.

We looked at opportunities for systemic improvements, which included:

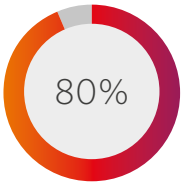
- revision of patient information brochures in radiology, physiotherapy and pathology, following complaints from patients unsure of requirements for procedures, clinic details and availability of services
- a patient discharge summary in the Emergency & Trauma Centre, confirming post-discharge instructions, so patients are aware of follow-up care and medications required
- an electronic outpatient check-in system in cardiology outpatients to minimise delays and to allow patients to monitor their progress in the queue on a visual display monitor
- an additional orthopaedic clinic at Sandringham
- patient communication rounds at Caulfield Hospital.

People Matter Survey

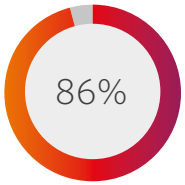
The People Matter Survey is an employee opinion survey run by the Victorian Public Sector Commission.

Engagement

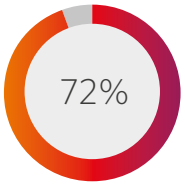
The 2016 People Matter Survey highlighted strong staff engagement at Alfred Health, with an overall engagement score of 73, compared to 71 in 2014. Of those who agreed or strongly agreed:



said Alfred Health was a good place to work



were proud to tell others they worked for the organisation



feel a strong personal attachment to the organisation

Alfred Health scored highly on the patient safety questions.

Patient safety	% agreement +
I would recommend a friend or relative to be treated as a patient here	87
Patient care errors are handled appropriately in my work area	76
This health service does a good job of training new and existing staff	69
I am encouraged by my colleagues to report any patient safety concerns I may have	81
The culture in my work area makes it easy to learn from the errors of others	69
Trainees in my discipline are adequately supervised	69
My suggestions about patient safety would be acted upon if I expressed them to my manager	73
Management is driving us to be a safety-centred organisation	76

**due to a change in the scoring mechanism changed from the 2014 survey, no comparisons are available on previous reports.*

+ Agree or strongly agree

Lisa Munro, Occupational Therapist and Jim Snipe, Staff Trainer, rehearse scenarios in our new AWARE course which teaches de-escalation techniques.

Case study

Patient safety and workplace culture

Challenge

Staff are experiencing an increase in violence at work, mainly from patients suffering delirium or those affected by drugs and alcohol.

Aim

Keep staff safe at work by strengthening our management of clinical aggression and rolling out staff education and training programs supported by stronger internal policies.

Actions

During the year, we:

- employed a Management of Clinical Aggression trainer – a newly created position – in January 2016.
- trialled and created the AWARE dynamic risk assessment model and training. To date, 80 staff have attended the specifically designed one-day course on managing occupational violence. They are given skills to identify and manage violence and aggression. This program will continue next year, with a further 50 courses planned. Staff report feeling more confident in using verbal and physical skills to ensure positive outcomes for themselves and patients.
- engaged an Occupational Health and Safety (OH&S) consultant to support the development of an occupational violence strategy. The results of this project have been used to develop our OH&S and wellbeing framework.

What is occupational violence?

This refers to any incident where our healthcare workers are abused, threatened or assaulted at work.

Occupational violence survey

Information from our survey on staff experiences of occupational violence helped us develop the AWARE training model.

Staff survey results:

- 66 per cent of participants had experienced occupational violence and aggression in their current role
- the skills most needed were de-escalation, break-away techniques and risk assessment
- staff wanted clarification around what constitutes acceptable behaviour from patients.

Based on these results we will:

- provide more and varied training and debriefing experiences
- design active, face-to-face training for ward or aggression management teams
- provide regular feedback on how incidents are followed up
- design processes to make staff safer in community, outreach and home settings.

Quality and safety

Accreditation

National accreditation is a significant measure for hospital performance, with day-to-day healthcare assessed alongside 10 exacting standards. Alfred Health received accreditation, with full compliance achieved, after the Australian Council for Healthcare Standards organisational survey in May 2016 for the 10 National Safety and Quality Health Service (NSQHS) standards and the National Standards for Mental Health Services (NSMHS). The organisation received 51 'Met with Merits' from the independent surveyors.

This positive result gives us the confidence and reassurance to know we are consistently providing our community with quality care.

Our ongoing commitment in providing clear patient information was well recognised by surveyors, including:

- a new website that focuses on patient information
- development of short videos that answer key patient questions, accessible on patient TVs
- new, easy-to-read information guides for inpatients.

Our work in Standard 2 (Partnering with Consumers) demonstrated a high level of performance. Since the last survey, consumer participation has markedly increased throughout Alfred Health clinical programs. We achieved nine 'Met with Merits' for this standard. Consumers also participated in the survey process.

Met with Merits

Through the national accreditation survey we received 51 'Met with Merits' overall, achieving this high recognition in nine of the 11 standards. Of these, most significantly were:

- 18 in Standard 4 (Medication Safety)
- 9 in Standard 2 (Partnering with Consumers)
- 8 in Standard 1 (Governance for safety and quality), and
- 6 in Standard 3 (Infection Prevention).

The survey team noted we:

- demonstrated leadership by participating in a number of state and national initiatives, including pilot programs aimed at improving patient care
- strive to provide high quality care and services to patients, carers and families
- provided opportunities for staff learning, development and research. (The clinical governance structure, is operational at ward/unit level, helps to strengthen staff awareness of safe, quality patient care.)
- demonstrated clear purpose, story, beliefs and goals with the Alfred Health Strategic Plan 2016–20, which involved broad stakeholder, community and staff consultation
- support medication management with a well-designed and resourced Pharmacy service.

Improving systems in response to adverse events

Alfred Health has a robust clinical governance framework that includes systematic, critical analysis and peer review of the quality of clinical care and outcomes of adverse events. These reviews are held at monthly meetings of the Clinical Outcomes Review Committees for The Alfred and Sandringham Hospital, and at the Clinical Governance and Critical Review Committee meeting at Caulfield Hospital. Membership at these committees includes executives and senior clinicians.

Action has been taken to reduce safety risks in areas such as:

- insertion of fine bore nasogastric tubes
- identifying and responding to unexpected abnormal results.

Outcomes and recommendations from root cause analysis (RCAs) investigations and case reviews are disseminated to clinical staff though Grand Round presentations, clinical governance committees and clinical alert newsletters.

During 2015, we undertook an evaluation of case review and RCA recommendations over the previous eight years to assess both the pattern of risk and the effectiveness of actions in reducing these risks using a hierarchy of effectiveness. A total of 546 recommendations arising from 175 cases were rated. A key finding from this review was the tendency to fall back on personal action, guidelines and education (401/546 recommendations) to reduce risk. This hierarchy is now routinely used in case review presentations to assess the recommendations generated.

A positive culture

We made significant advances in developing a positive and supportive workplace. During the year:

- 92 per cent of staff completed online training on *Our Responsibilities* (which focused on educating about bullying and harassment), and
- 90 per cent of staff completed online training in Managing Unprofessional Behaviour.

Other significant initiatives and improvements included:

- launching a Respect and Quality Improvement project that will reinforce respect, safety and innovation as cornerstones of our workplace
- expanding our Code of Conduct to highlight our beliefs and behaviours and ensure a constructive workplace
- drawing up new policies and guidelines on unacceptable behaviour in the workplace, which reinforce expectations on employee behaviour and outline reporting mechanisms, investigation processes and potential repercussions of bullying
- providing mandatory training around responsibilities and appropriate behaviour
- giving clear information to all new employees during staff orientation on our expectations around expected behaviour.

We also contributed to the Royal Australian College of Surgeons Report on bullying issues within the surgical profession. We held forums on these issues through our Grand Round, nursing and clinical staff forums. Also, we conducted extensive training with Human Resources and Employee Relations staff around reporting, investigations of bullying and counselling processes.

Case study

Malnutrition under the spotlight

Challenge

One in four patients at Alfred Health is at risk of malnutrition. The reasons for malnutrition include acute illness, poor appetite and periods of fasting prior to multiple theatre admissions.

Aim

Prevent malnutrition in our hospitals.

Actions

- Implemented Standard 11 for Nutrition (in addition to the 10 official standards for healthcare) along with other 'harm free' risk areas. This standard will be included in the next accreditation survey.
- Implemented strategies to prevent malnutrition, such as improved malnutrition screening, with a new risk assessment tool introduced at The Alfred and Sandringham this year. (Caulfield Hospital uses a different malnutrition-screening tool that is more appropriate for the elderly.)

Continuity of care

Many of our paediatric patients at Sandringham Hospital are cared for in our outpatient clinics, following discharge.

New services and initiatives

A number of initiatives highlight our work to improve the patient experience this year:

- **HeLP Clinic:** The Alfred's Health Legal Partnership Clinic (HeLP) assisted almost 600 patients with health-related legal issues in the last year, 33 per cent of whom had multiple legal issues. The aim of the clinic – an alliance between law firm Maurice Blackburn and the Michael Kirby Centre for Public Health and Human Rights at Monash University, Justice Connect and Alfred Health – is to detect legal problems early and help achieve better health outcomes. Patients received help in various areas of law, including medical and legal power of attorney, superannuation, wills, family law, traumatic injury and housing.
- **New Admissions and Perioperative Unit:** Opening this new Alfred unit in January has led to increased surgical efficiency, improvement in the number of cases starting on time and fewer patient delays due to administration processes. The unit features spacious, private consultation areas, separate areas for pre and post-operative patients, a flexible 'just-in-time' scheduling system, and an electronic patient tracking tool. We have had positive feedback from patients and families.
- **GEM at Home:** This new program, enabling elderly people (often with cognitive impairment) to receive their medical, nursing, Allied Health and pharmacy treatment in their own home, started in September. The program offers an additional treatment option for elderly people who would otherwise need to be inpatients. We have also developed a Victorian GEM at Home benchmarking working group.
- **Rehabilitation Patient and Family Hub:** The Hub, which includes kitchen and lounge facilities, was created following patient feedback. It provides Caulfield Hospital rehabilitation inpatients and their families with additional space for socialising, relaxing and indoor leisure activities. The Hub's development was undertaken in close consultation with past and present inpatients, their family members and interdisciplinary rehabilitation staff.
- **Making Every Moment Count:** We continued to ensure that patients are actively engaged and participate in therapy during their stay at Caulfield Hospital. Initiatives include a high intensity functional exercise group for aged care inpatients and benefit patients by increasing their strength, confidence and independence. Feedback from our patients has been positive, with outcomes of increased socialisation with peers and motivation to participate in physiotherapy.

Bert Pynappels on his last visit to The Alfred, after 14 months of care.

Bert's story: from emergency to outpatients

An enjoyable hobby led to more than a year in treatment for country resident Bert Pynappels. While pulling apart an old car at his property in Stawell in March 2015, a gas torch Bert was using got too close to the petrol tank and blew up.

"All I knew is that there was a big boom," Bert said.

"I ran to the neighbours to get help. I didn't feel too bad at the start, but knew I was in trouble."

Bert suffered serious flash burns to his hands, forearms, chest and head. He was taken to the local hospital and from there airlifted to The Alfred. He spent three days in the Intensive Care Unit (ICU) and then became an inpatient of the Burns Unit (6 West).

"At first I couldn't do anything with my hands and worked with the occupational therapists (OTs) to get my fingers moving again. I was told I was a good patient, but my favourite nurse told me not to be so stoic – to take the pain relief, not to wait until it got really bad."

After a month, Bert was transferred to Caulfield Hospital, where he underwent intensive rehabilitation.

"It was an easy transition going from Alfred to Caulfield. I could feed and wash myself by that stage. After a lot of work squeezing stress balls and lots of hand massage at Caulfield, I was able to make a fist by the time I left."

Discharged home in June 2016, Bert spent six months doing physiotherapy at his local centre and visited The Alfred as an outpatient every four months.

"The accident has been a big bump in the road. But it's made me appreciate life a bit more and seriously think about being an organ donor when I die."

Bert has also been involved as a consumer in the development of our burns admission/discharge patient information.

Continuity of care

Leaving hospital

The Victorian Healthcare Experience Survey (VHES) gauges our patients' responses on the care they received just prior to leaving hospital. We are focusing on some small gaps in communication.

Before you left hospital, did the doctors and nurses give you sufficient information about managing your health and care at home?	Caulfield Hospital	Sandringham Hospital	The Alfred
Yes, completely	67.7%	71.9%	66.6%
Yes, somewhat	20.9%	18%	20.4%
I received information but it was insufficient	5.1%	3.4%	4.5%
I did not receive any information	6.3%	6.7 %	8.5%
Sample	302	387	358

Did hospital staff take your family or home situation into account when planning your discharge?	Caulfield Hospital	Sandringham Hospital	The Alfred
Yes, completely	68.2%	52.7%	50%
Yes, to some extent	22%	12.9%	15.6%
No, staff did not take my family and home situation into account	4.7%	3.4%	8.2%
It was not necessary	5.1%	31%	26.2%
Sample	303	386	362

Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids)	Caulfield Hospital	Sandringham Hospital	The Alfred
Yes, completely	59.9%	29.4%	33.4%
Yes, to some extent	15.8%	6.5%	10.9%
No	7.7%	4.3%	8.3%
I did not need any services	16.6%	59.8%	47.4%
Sample	304	391	361

Improving transfers of care

Alongside the continued work on improving communication with GPs following discharge, we have focused on improving the information we provide to the patient and family.

Previous paper versions and multiple electronic templates of discharge summaries have been replaced with one electronic version for all our patients. This provides a more consistent approach to how information is communicated with patients and their families/carers.

Consumer input was sought on the formatting and content of the forms. While the template is standardised, there is also room to individualise information based on the needs and preferences of the patients.

Social worker Devereaux De Silva and Nurse Manager Belinda Noel discuss advance care planning for their General Medical patients.

Advance care planning

ACP is a process that ensures a person's family and treating healthcare team understand what is important to them and how they would like to be treated if they become unable to make decisions or communicate their wishes.

A new online patient administration system was implemented in July 2016. As a result, in 2016-17, we will be able to collect data on the number of admitted patients who have an advance care planning alert and/or a substitute decision-maker.

Work is ongoing to ensure that patients and community members are aware of advance care planning and given the opportunity to participate. Activities have included:

- developing a new brochure, which encourages everyone to do advance care planning. We obtained consumer input to ensure the brochure was readable and informative.

The brochure has also been translated into the two most common languages spoken by our non-English speaking patients – Greek and Russian.

- raising awareness around ACP and the services offered through Alfred Health to local GPs and practice nurses
- offering workshops and in-house training across all clinical areas (medical, nursing and allied health) to ensure staff are discussing ACP with their patients and using ACP documents
- running well-attended community information sessions at Caulfield Hospital. We also met requests from other community groups to provide ACP information.

Specific units have been a focus in the last 12 months:

- HARP (Hospital Admission Risk Program) staff have been involved in specific advanced workshops to help them complete ACP with their clients (who typically have chronic disease, aged or complex needs and are at risk of frequent hospitalisation).
- The dialysis units at Caulfield and Sandringham Hospitals have seen an increase in patients who have been given information about ACP and who have gone on to have further conversations about advance care planning as well as complete ACP documents.
- The heart failure and heart transplant teams have incorporated ACP into their processes, which has resulted in an increase in their patients being supported to complete ACP.

What is ACP?

Advance care planning (ACP) involves making a plan for future health and personal care in case you lose your decision-making capacity.

Continuity of care

Case study

Advance care plan in action

Challenge

Many very ill patients have not written down their medical wishes. This leaves their families and hospital staff with no guide to follow when this person becomes unable to make their own medical decisions.

Aim

Ensure our patients' wishes are respected and followed, allowing them to live their final days as they had wished.

Action

- work to develop a Care of the Dying Patient Guideline to support clinical staff in caring for the dying patient
- updating of our Palliative Care patient brochure, incorporating feedback from consumers
- significant increase in staffing for Palliative Care, with the introduction of a nurse manager and additional medical consultant. We anticipate welcoming an advanced trainee in Palliative Medicine to the team in 2017.

Work is ongoing to encourage others, particularly the chronically unwell and elderly, to have an advance care plan in place.

Ralph is a Delta therapy dog, who regularly visits oncology patients at The Alfred. Along with his owner Julie Broderick, Ralph spends time with patients, providing the benefits of pet therapy.

A 60-year-old man who had completed an ACP some years earlier had outlined no invasive treatments and named his wife as his substitute decision-maker. Admitted to The Alfred with some pain, he was diagnosed with advanced cancer, immediately bedridden and given a prognosis of one week of life. With the patient lapsing in and out of consciousness, his wife made all the clinical decisions, which centred around palliative management. She was very clear on what her husband would have wanted. Staff guided the family and provided clinical and emotional support.

End-of-life care

Work has continued to ensure we provide safe, high-quality end-of-life care.

The *Care of the Dying Patient Plan* has been revised to give medical staff a section to complete, while nurses complete the Symptom Observation Chart at the bedside.

Other activities have included:

- developing priority areas for enhancing end-of-life care, in response to *Essential Elements for Safe and High Quality End of Life Care**. This was done with input from consumers and will form the basis of a work plan for the coming years.

Providing quality care to our patients right through to end of life is a focus.

New observation chart

At Alfred Health, when a patient is dying imminently, the regular vital signs monitoring ceases and the goals of care change from curative and life sustaining to one of supportive management. Physical symptoms and emotional, social, cultural and spiritual needs become paramount.

The Improving End of Life Care Committee identified a need for improved symptom management for those patients nearing the end of life. An Alfred Heath Symptom Observation Chart (SOC) was developed, based on work conducted by a Queensland hospital. A consumer focus group helped provide input into the chart.

A successful pilot was conducted across four wards at The Alfred and Caulfield Hospital. The SOC was designed to improve the management of a patient's symptoms in their last days and was implemented alongside the already existing *Care of the Dying Patient Plan*. Nursing and medical staff were positive in their feedback and felt that the SOC contributed to improving care at the end of life.

Some minor changes have been incorporated following feedback from users and the revised version will be rolled out for use throughout Alfred Heath later in 2016.

Some staff comments:

"This observation chart provides a simple, effective and dignified way of assessing and evaluating a person's end-of-life care and easily directs management.

"It is very easy to assess this patient and give appropriate care on time."

** The Australian Commission on Safety and Quality in Health Care's National Consensus Statement.*

Continuity of care

Case study

Alternative pathways to care

Infectious Diseases physician Dr Joseph Doyle and a colleague working in the field to eliminate hepatitis C.

Challenge

Many people living with the hepatitis C virus (HCV) have limited engagement with conventional health services. Often, they are highly marginalised, and lack access to highly effective treatment. HCV infection affects more than 60,000 Victorians and is acquired primarily through injecting drug use. The Victorian Government and World Health Organisation have set targets of 80 per cent reduction in new HCV cases and 65 per cent reduction in deaths within one decade.

Aim

Increase the number of people assessed and treated for chronic HCV, with the aim of eliminating HCV transmission in Victoria.

Action

- A randomised trial of community-based versus hospital-based HCV treatment
- Collaboration with four community health centres in Collingwood, St Kilda, Frankston and Moorabbin to establish mobile, community-based care at three drug and alcohol clinics, one mental health service, and three high HIV case-load general practices. The service offers pre-treatment assessment (including mobile liver scanning) and treatment, allowing care to be delivered to approximately 800 people outside hospital settings.

"The Alfred's approach to viral hepatitis services, research and innovation is world leading. Our innovative program has demonstrated the feasibility of treating otherwise hard to engage individuals."

Dr Joseph Doyle

Further information

Your feedback is always 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/about/about-alfred-health/alfred-health-publications

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

Melbourne Sexual Health Centre

580 Swanston Street, Carlton VIC 3053

Telephone: (03) 9341 6200
Facsimile: (03) 9341 6279

www.alfredhealth.org.au

ABN 27 318 956 319

theAlfred Caulfield HOSPITAL Sandringham HOSPITAL MSHC MELBOURNE SEXUAL HEALTH CENTRE