CARING FOR ALL VICTORIANS
YOUR QUALITY ACCOUNT
About this report

This report provides easily accessible information about the quality of care we deliver at Alfred Health. Using case studies, we provide clear examples of challenges and actions taken to improve our care and include data on important quality and safety indicators. All figures relate to the 2017-18 year unless otherwise specified.

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 ενημερώνει σχετικά με το πώς παρακολουθείται και βελτίωνεται η ποιότητα και η ασφάλεια σε όλη την υπηρεσία υγείας.

Если вы не говорите и не читаете на английском языке и хотите узнать о здравоохранении, связанном с вашим здоровьем, вы можете обратиться по электронному адресу communityparticipation@alfred.org.au

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

Se non capisci l’inglese, né parliato 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 знакомства 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, пожалуйста напишите на электронный адрес: communityparticipation@alfred.org.au

Traditional Chinese
阿尔弗雷德健康的质量报告，旨在向患者和社区成员介绍如何监控和改善质量和安全。

如果不懂英文，但希望了解报告中的资讯，请发送电子邮件至：communityparticipation@alfred.org.au

Simplified Chinese
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Front cover:
Patient Jade Omer has been in and out of hospital since May 2018. She is being treated for blood cancer and taking part in a clinical trial. But she tells Catherine, a leukemia nurse practitioner candidate, that she’s “doing OK.”

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Alfred Health

Quality Account 2017-18

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About Alfred Health

Alfred Health is one of Australia’s leading healthcare services. We have a dual role: caring for more than 700,000 locals who live in inner-southern Melbourne and providing health services for Victorians experiencing the most acute and complex conditions through our 14 statewide services.

Three hospital campuses

The Alfred, a major hospital providing specialised care, is best known as one of Australia’s busiest emergency and trauma centres and is home to many statewide services including the Heart and Lung Transplant Service, Victorian Melanoma Service and Major Trauma Service.

Caulfield Hospital specialises in community services, rehabilitation, geriatric medicine and aged mental health. The hospital delivers many services through outpatient and community-based programs and plays a statewide role in providing rehabilitation services, which includes 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 the Royal Women’s Hospital and local community healthcare providers.

Caring for all Victorians

14 statewide services

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

Alfred Health national service

Paediatric Lung Transplant Service

2017–18 highlights

110,188 emergency presentations (Alfred and Sandringham Hospitals)
115,759 episodes of inpatient care
11,238 elective surgeries performed from waiting list
98% of elective surgery patients treated within clinically recommended times
1,527 major trauma patients
383 clinical trials open
159,678 specialist outpatients appointments
108 lung transplants
25 heart transplants

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.

Community clinics meet the growing expectations of our patients for treatment in their communities or at home. We continue to develop new services to meet changing community needs, such as HOPE (a psychiatric program aiming to reduce suicide rates).

9,283 employees
542 volunteers
However, we always strive for improvement and this report outlines some of the challenges faced as well as new initiatives implemented during the year.

We continue to implement the 2016–20 Patients Come First strategy. One of its main initiatives is about caring for vulnerable patients. While all patients are ‘vulnerable’ to an extent, we use this term to indicate people who may be susceptible to being marginalised or experiencing barriers when receiving healthcare.

Training is at the centre of this initiative so staff are skilled at identifying and supporting ‘vulnerable’ people who may be experiencing domestic violence or elder abuse or have difficulty in communicating effectively.

It is equally important that our clinical teams act on family feedback. Experience tells us family members know patients best and can tell when something ‘is not quite right’. We encourage families to raise these issues directly with frontline teams and to use our ‘Let Me Know’ program for support.

Patients and their families have the right to feel safe and heard in their health service: this is fundamental to the trust and respect that makes for successful clinical relationships.

My sincere thanks go to our Community Advisory Committee and all our dedicated volunteer consumers who give of their time to help us better hear our patients and improve the way we deliver care.

And as always I remain appreciative of our hardworking staff who work tirelessly on behalf of our patient community.

Prof. Andrew Way
Chief Executive, Alfred Health

Case Study: Personalised home-based care

In 2015, our increasing number of ageing patients were telling us they preferred to spend less time in hospital and more at home.

We needed new, more efficient choices for our patients. And so began GEM (Geriatric Evaluation Management) at Home: a personalised home-based model of ‘inpatient’ care for older patients, designed to avoid or shorten the need for hospital admission and lower the odds of developing delirium.

The program operates as a ‘virtual ward’ within Caulfield Hospital’s Aged Care Service. It increases choice and access to care for older Victorians and provides therapy and care in the patient’s own home environment, tailored to individual needs. All disciplines provide home-based services, geriatrician and pharmacist included. Patients are visited by a member of the treating team eight times each week.

The initiative has been successful, with 650 admissions over two years. The length of stay has reduced by 24 per cent and clinical incidents are almost 80 per cent lower than in GEM hospital wards.

Our patients feedback:

“The care I received helped me recover in the comfort of my home, surrounded by my family.”

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Message from our Chief Executive

This report is for our patients, their carers and families and inside is our ‘scorecard’, which details the care we provide against important quality measures.

As you can see, Alfred Health performed well against these indicators, delivering excellent care to our patients and community.

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Diversity of staff
With such a large workforce, we have people from all different backgrounds working for Alfred Health. We are proud of this diversity and this year wanted to acknowledge, celebrate and support differences. We welcome people from all walks of life within our health service – this extends to our patients and their supporters. Staff, with a range of different experiences and perspectives, help care for a diverse patient community.

We created a video featuring staff celebrating the many ways in which our staff are unique. Our staff are bilingual, migrants, gay, have disabilities, medical conditions and are culturally diverse. The tagline summed up our community: ‘It’s our differences that make us unique. The video is accessible through Alfred Health TV on youtube.

Diversity and inclusion
We undertook a number of initiatives to strengthen inclusion, including:

• launching bilingual volunteer badges in 18 languages, so patients and visitors know which volunteers speak their language. Volunteers at The Alfred and Caulfield hospitals speak 43 different languages. These volunteers provide support to Culturally and Linguistically Diverse (CALD) patients and families who often have difficulty navigating our hospitals. There are plans to roll out this initiative with staff.

• an Alfred Health Pride Network was established to support our lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) employees and provide an opportunity for people passionate about equality to come together and improve the experience of employees, patients, carers and visitors.

Patients Come First
The 2016-20 Patients Come First (PCF) strategy is our roadmap for supporting patient and family decision making in care and treatment. It also ensures patients can guide and direct their own care.

Our CAC
The Community Advisory Committee (CAC) developed the PCF strategy and offers advice to the Alfred Health Board on where we need to improve care and services from a consumer and community perspective. The CAC monitors key projects outlined in the strategy through an annual work plan and gives high-level advice to help finalise and embed key initiatives.

Who are our patients?
Our primary catchment of southern and bayside Melbourne is growing and is expected to grow by just under 2 per cent annually. While our patients come from across Victoria for many specialised services, our primary catchment makes up 48 per cent of patient activity, with the rest coming from other areas across the state.

Cultural diversity
Our patients are diverse, from 212 different countries, speaking 117 different languages, including AUSLAN. Of our patients born outside of Australia, 65.5 per cent were born in non-English speaking countries. Our patients’ main religious group is Christian (25 per cent), followed by Judaism, Islam, Buddhism and Hinduism.

The languages most commonly spoken by our patients are:
- Greek
- Russian
- Italian
- Mandarin
- Cantonese
- Turkish

What does LGBTIQ refer to?
People who identify themselves as lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ)
Lifesaving care

When Petra Brosch’s heart stopped beating during a routine run on Elwood beach, it was the beginning of a journey that would see The Alfred’s specialists drawing on the latest in cutting-edge medicine to save her life.

The very fit 35-year-old, who was training for a triathlon, had a silent heart defect, which is usually only diagnosed at autopsy. Intensivist Dr Li Tan was part of the team who met paramedics when Petra arrived in our Emergency and Trauma Centre in early May.

“She did not have a pulse or blood pressure and she was unconscious – she was in cardiac arrest,” Dr Tan said.

“We knew to give her the best chance of survival we would need to put her on ECMO (extracorporeal membrane oxygenation).”

ECMO – a heart–lung bypass machine – is reserved for the most critically ill.

Petra spent the next 12 hours under the care of the Intensive Care Unit (ICU) and heart specialists, who performed numerous medical interventions to help her live through the night.

Dr Peter Bergin, Medical Director of the Heart Failure and Transplant Service at The Alfred, said this case was one of the most remarkable his team has seen.

There were no warning signs that Petra was born with an unusual heart. One of her arteries was positioned incorrectly, which eventually blocked the flow of blood and triggered a heart attack.

Petra was lucky enough to receive a heart transplant. She spent 68 days in ICU and managed to pull through.

“It’s fair to say that because of our heritage of handling very sick patients, mechanical heart support and transplant, we are prepared to go in for the long haul for all of our patients,” Dr Bergin said.

“Because of our expertise and experience we are positioned and prepared to perform certain procedures that perhaps others wouldn’t. I don’t believe she would’ve survived if she hadn’t been brought to The Alfred.

“Her job now is to get strong, and we will help her,” he added.

What is ECMO?
Extracorporeal membrane oxygenation - a heart-lung bypass machine.

“Even with the fear of all of this, she’s happy, she’s smiling, loves life and she will continue to do well. She is an extraordinary young woman.”
Dr Peter Bergin
Vulnerable patient initiative

We are continuing to build on our initiative to support vulnerable patients.

As part of our vulnerable patient strategy, we have:
- established a steering committee and held three workshops with community partners to set future directions
- developed a ‘vulnerability risk screen’ of four questions to support clinical decision making in practice. These will be trialled as part of the electronic medical record
- developed training and awareness materials for staff
- explored research partnerships to increase knowledge about patient vulnerability, to inform future health service planning and delivery
- enhanced identification of patients’ disability-related needs within their electronic medical record and explored workforce capability to support people with disabilities while using our services.

Work also continued on projects to support other specific vulnerable populations, including those who are culturally and linguistically diverse, LGBTIQ and Aboriginal and Torres Strait Islander peoples.

Who is vulnerable?
Those who may be susceptible to experiencing marginalisation or barriers when receiving their healthcare, due to multiple or complex needs and/or someone who is lacking advocacy.

Our patients (cont.)

Saabi’s story

Saabi Forrester, a full-time carer for her profoundly disabled 20-year-old daughter Hannah, highlights the level of support required for families and patients transitioning from a children’s to adult hospital.

“IT was quite intimidating coming to The Alfred, but all the staff we encountered were unfailingly supportive and very respectful,” Saabi said.

“My concern was whether I would be able to stay overnight with Hannah – I felt really anxious about that. The nurse said: ‘I can see it’s really important for Hannah that you’re with her and I’ll see what I can do.’

“When I walked into the ward and saw they had organised an old treatment room with a bed set up in there for me, I felt enormously relieved. And when we saw Professor O’Brien (Director, Neurology), he said: ‘I don’t want this diagnosis of epilepsy to change your life and it won’t.’ That was the most reassuring thing anyone had ever said to me in the medical setting.”

One carer’s story has been made into a video to educate staff and inform our Disability Action Plan.
Disability Action Plan

Our patients (cont.)

We have begun work to better support our patients with disabilities. To date, work has included:

- an Interdisciplinary Plan of Care in our electronic medical record
- revising questions our nursing staff ask patients on admission in relation to disability. This then identifies any issues that might impact their care and guides our management plan to support that patient.

A new Disability Action Plan will be completed by mid-2019, with a two-year implementation plan.

Family violence

The Family Violence project includes training and support of staff, updating guidelines and enhancing referral pathways for patients in need.

The project expanded in 2017-18 to focus on training in The Alfred and Sandringham hospitals’ Emergency Departments and Alfred Psychiatry. We are also engaging with LGBTIQ communities to ensure our approaches to family violence are inclusive.

In planning for our electronic medical record rollout, we have developed tools to respond and enhance safety for survivors, including a Family Violence Interdisciplinary Care Plan and a patient alert for extreme clinical risk of family violence.

Key achievements this year included:

- training over 400 frontline staff, which has given them the ability to recognise clinical risk indicators for family violence, understand risk factors and know how to respond sensitively and safely
- establishing comprehensive pathways for staff to support patients experiencing family violence
- continued consultation with family violence survivor advocates.

Aboriginal health

RAP launch

We launched our Reconciliation Action Plan (RAP) in August 2017. The RAP aligns with the Alfred Health 2016-20 Strategic Plan. The RAP is about our journey towards greater understanding and acknowledgement of past truths about our shared history, respect for Aboriginal culture and knowing our local community.

Through this plan, we are building local relationships, supporting staff with education and cultural awareness training, employment and education planning.

Access Health outreach

A new initiative – a health ‘walk around’ in St Kilda, delivered in partnership with Access Health, aims to work with local Indigenous Australians who don’t engage with mainstream health services, such as the homeless or transient. The walk-around provides immediate non-acute medical attention, such as flu shots and dressings.

Our Aboriginal Hospital Liaison Officer provides cultural support and a link to tertiary health services if required.

Case Study: Working with compassion

We introduced Schwartz Rounds in early 2018 – this is a forum where clinical and non-clinical staff come together regularly to discuss the emotional and social aspects of working in healthcare. This initiative was developed to address how experiences with patients and their families shape staff’s emotional responses, impact their wellbeing and influence the care they provide.

The rounds offer staff a regular time during their fast-paced work to share experiences, thoughts and feelings on topics drawn from actual cases. The focus is on telling the caregivers’ stories and experiences, rather than problem solving.

Compelling subjects such as the Patient I Will Never Forget and How to Maintain Empathy for the Challenging Patient attracted hundreds of staff. Over 90 per cent of participants believed the forums offered new insights and a fresh approach to discussing difficult subjects.

Staff feedback included:

“For the first time, I feel that I have had permission to publicly address and process the emotional responses to the difficult situations we face in a work forum. It allows us to move from a ‘get on with it approach’ and gives a voice to personal impacts of delivering care.”

“Great initiative to improve focus on compassion which can filter to positive changes to how we support each other and patients/family in our local work areas.”

Vulnerability risk screening questions

1. Do you live alone?
2. Do you care for someone else?
3. Who supports you?
4. What worries you about leaving hospital?
Countdown to Discharge

To improve certainty around inpatient hospital stay, we introduced an initiative called Countdown to Discharge, which aims to provide patients with an estimated time of discharge within 24 hours of their admission.

We worked with consumers to develop a discharge patient resource that promotes patient involvement with the healthcare team to plan for hospital discharge. Our consumers’ feedback was that family and friends should be involved in this process.

Patient feedback

We regularly collect and measure our patients’ views about their experiences.

Victorian Healthcare Experience Survey (VHES)
The VHES collects data from a range of healthcare users of Victorian public health services. The survey is conducted on behalf of DHHS by Ipsos, an independent contractor.

Adult patients surveyed from July 2017 to June 2018 about overall care at Alfred Health:

- Of inpatients rated it very good or good: 91.3%
- Of Emergency patients rated it very good or good: 91.9%

Adult specialist clinics

Of those who attended a specialist clinic:

- Rated the care received as very good or good: 93.7%

Community health

At Caulfield Hospital’s Caulfield Community Health Service:

- Of patients rated the care received as very good or good: 100%
- Felt that health workers were always compassionate, compared to the statewide average of 85.9 per cent: 97.7%

Improving transition to home

Our patients have been telling us that the experience of being discharged from hospital could be improved. After introducing initiatives like Waiting is Waste and Countdown to Discharge, which aim to improve timeliness of care and transitions from hospital to home, our transition results have been:

- Happy with information and planning around discharge from hospital: 72% (July - September 2017)
- 75% (October - December 2017)
- 77% (January - March 2018)
- 71% (April - June 2018)

“From a medical side, I felt I was in the best hands possible. From an emotional side, I was cared for so compassionately and warmly it made the entire ordeal so much easier to deal with.”

“This hospital is absolute gold... Victoria is truly blessed, with the specialist care that is given.”

“Ward facilities are in desperate need of an upgrade at Caulfield Hospital. I was dismayed when transferred to Caulfield, I couldn’t get out of there fast enough.”

“All staff members were pleasant, caring, considerate, informative and welcoming. One felt, you were a member of a large family.”
Patient Experience Survey
The Patient Experience Survey (PES) captures feedback from patients across the organisation about their perceptions of care and overall experience. The PES is collected by trained consumers who use their lived experience of the health service to connect with survey participants. We surveyed 2,147 patients from July 2017 to June 2018 and found:

- 95.8% of Alfred Health patients rated their overall care as very good or good.

By hospital campus results were:
- 95.9% The Alfred
- 95% Caulfield
- 97.8% Sandringham

In May 2018 we redeveloped the survey to provide more targeted, detailed information. We worked with consumers and staff to:
- redevelop the format and questions
- add additional questions every quarter (areas of focus)
- update our collection methods
- improve the reporting of results to maximise engagement.

The survey now provides us with a score for each PCF pillar and gives the organisation a measure of these important aspects of the patient experience. We will be focusing on ‘comfort and environment’, which received a rating of 55 per cent, reflecting our hospitals’ old infrastructures.

What we have done with your feedback
Cleaning has been raised by many patients surveyed. A working group was established to review patient experience data related to cleanliness and develop actions to address areas where we needed to improve. We created focus questions that provided us with more meaningful data on the environment, including whether old buildings or untidiness contributed to perceptions of cleanliness.

Initiatives to date include:
- consumers conducting cleaning walk-arounds
- trialling ‘last cleaned’ sign-off sheets for our bathrooms
- posters encouraging patients to alert staff to unclean areas.

Encouraging feedback
You can provide feedback about your care:
- in person – by talking to staff directly
- online – using the feedback form on the website or our social media channels
- by phone – contacting the patient liaison team
- using feedback forms found at the hospitals
- by completing the Patient Experience Survey
- participating in a focus group – talking about your experience at the many groups we hold throughout the year
- in your own language – contacting us using the Translating and Interpreting Service (TIS) or the National Relay Service.

Case Study: When something is not quite right

The Let Me Know Program, which was implemented in 2014, encourages patients and their families to raise concerns directly with nurses and doctors if they are worried that something is ‘not quite right’ with their loved one. If the family feel they are not being heard or are still concerned about the patient’s condition, they can ring a dedicated hotline and speak with a senior nurse who will attend to the patient within 15 minutes.

Case 1:
A relative of a severely autistic patient rang Let Me Know concerned that care of their relative was potentially not being prioritised, due to the patient’s communication problems. The Let Me Know responder (an ICU liaison nurse) followed up with the ward’s nurse manager, who was unaware of the family’s concerns. Ongoing meetings were organised, with medical and nursing staff and all the family were involved in ongoing care, including the discharge plan.

Case 2:
Patient rang unhappy with his pain relief. His neurologist had suggested pain control medication be increased; however, no order was written, despite follow-up by nursing staff. The Let Me Know responder reviewed the patient and escalated the situation to the nurse manager, who organised for the consultant to document the order. Pain control infusion was then increased, easing discomfort.
Navigating a new system after devastating disease

When 55-year-old John Davey became ill in April, within two days he moved from bouts of vomiting and sleeping in the spare room to being placed in an induced coma where antibiotics managed to kill the still unidentified meningococcal strain that was in the process of destroying his body.

Five weeks later, with his hands and feet dying and his kidneys no longer working, John came to The Alfred for dialysis and hyperbaric treatment, in the hope of saving his extremities. But unfortunately, that was not the case. John is now in rehabilitation at Caulfield Hospital, learning to live as a member of the ‘Quad Squad’, the term people who have had both feet and hands removed like to call themselves.

Despite an amazing spirit, John has a long road ahead. Caulfield’s Prosthetics Service Manager Jim Lavranos says John should benefit from the NDIS more than almost any other patient in our system.

“This is actually what the NDIS was set up for, a case like John’s, on a long-term basis. It’s not just the physical prostheses; he needs occupational therapy, physiotherapy, psychology services, and social workers to guide him and his family towards support services for the emotions and struggles to come. He will need access not just to prosthetics management but to cleaners and carers.”

While Jim believes Caulfield Hospital’s Prosthetics service has a competitive edge, with all of the needed services able to be sourced under the one roof, he feels that John’s case will be a significant learning experience for the hospital.

“We have dealt with patients like John before but on an ad hoc basis. Under the NDIS, we are likely to treat more patients like this and so we are going to have a better understanding and pre-planned pathway to combining our services.”

NDIS Transitional Project Lead Dina Watterson agrees: “With John, it’s all about looking at what is achievable and giving him realistic goals to aim for, which matches well with the NDIS charter.

As always, Caulfield is all about returning people, independent and integrated, into the community.”

John has had just months to process how his life has changed.

“Occasionally I think about why did this have to happen to me, but there’s nobody to blame,” he said.

“The fact is this is my new reality and I have to find a way to do all the things my wife and I were planning before it happened.”

Top of the list, as he begins the long road through physiotherapy to training prostheses and eventually robotic limbs, are touring Europe and being able to cut an onion, so he can return to his love of cooking.

“With John, it’s all about looking at what is achievable and giving him realistic goals to aim for, which matches well with the NDIS charter.”

Our patients (cont.)
HeLP reaches 1,000

HeLP provides free legal advice and referrals for those with health-related legal problems like end-of-life planning, housing and property, criminal charges, family law, family violence and immigration problems.

HeLP – Health Legal Partnership – a patient legal clinic run in partnership with Maurice Blackburn Lawyers, Justice Connect and the Michael Kirby Centre helped its 1,000th patient this year. HeLP provides free legal advice and referrals for those with health-related legal problems like end-of-life planning, housing and property, criminal charges, family law, family violence and immigration problems. A team of five lawyers attend The Alfred twice weekly. Cases have included:

Family law: An ICU patient, in a critical condition, was involved in a custody dispute with an ex-partner in relation to their two young children. While an inpatient, the ex-partner would not allow the children to visit and made arrangements to move with the children overseas. HeLP arranged for family lawyers who obtained Family Court orders to prevent the move and allow for clear visiting and custody arrangements into the future. The children were able to see their parent in hospital.

Criminal law: A serious family violence incident saw a patient brought to the hospital under police custody. The patient’s partner was also brought to the hospital in a critical condition. HeLP arranged for a criminal lawyer to attend the hospital on the same day to provide immediate advice to the patient prior to police charges being laid.

Health insurance: A young international student was admitted following a brain injury. The patient’s compulsory private health insurance paid for acute care at The Alfred, but refused a claim for rehabilitation, meaning the patient could not be transferred to Caulfield Hospital. HeLP linked the patient’s family with the health insurance ombudsman, which led to the insurer reversing its decision and providing funding for rehabilitation.

Our patients (cont.)

Social worker Ellen Ford and lawyer Katie Murphy help patient Rajini Nigil with a superannuation claim.
Our patients (cont)

Respiratory Medicine

Case Study: Working in partnership

Plans to relocate our Respiratory Medicine outpatient clinics from Level 5 to Level 2 at The Alfred involved more than architects, builders and staff. Patients who rely on our respiratory services were at the centre of the planning process.

There were two reasons for the relocation: the need for a new ward on Level 5 to treat trauma inpatients and the opportunity to improve facilities for respiratory care.

Through a patient reference group established for the project, patients with cystic fibrosis, lung transplants and other respiratory conditions provided detailed feedback on the draft designs of the new clinical areas as well as the model of care. The Cystic Fibrosis Advisory Group provided suggestions and oversight.

Patient priorities were waiting areas, timely care, comfort and accessibility, infection prevention and patient flow through clinic appointments. Design of the new clinics, which are due to open by early 2019, has factored in these priorities along with greater capacity to treat a growing number of patients. There will be six isolation clinic rooms for the most vulnerable patients and multiple waiting areas for our patients.

Our volunteers

Our volunteers have been praised for making a real difference this year - from a family grateful to a volunteer who gave their husband/father a hand and foot massage the day before he died, to a volunteer who helped a toddler get through the pain of a broken arm by distracting and comforting him.

Plus, we had more than 250 people registering their interest to volunteer this year.

Our volunteers work in a variety of positions, including patient support, administration, support services (such as driving a patient home or showing them around the hospital) as well as running kiosks and compiling feedback.

542 volunteers in total

265 volunteers at The Alfred

147 volunteers at Caufield

130 volunteers at Sandringham

Our volunteers with the new bilingual badges

Our patients
Delivering quality care

As well as monitoring our performance against benchmarks, we are continually working on ways to improve. For example, our harm minimisation strategy recognises that patients with delirium have an increased risk of falling and we know that encouraging good infection prevention strategies with staff protects patients.

Infection prevention

Infection control and prevention measures are adopted across the organisation to minimise the risks of hospital-acquired infection and improve patient safety and care.

SAB rate

Staphylococcus aureus bloodstream (SAB) infections are serious infections with significant associated morbidity and mortality. Our initiatives to reduce these infections have resulted in an overall SAB infection rate to peripheral cannulae since July 2017. Our benchmark rate has decreased from 2/10,000 occupied bed days (OBDs) to 1/10,000 OBDs.

CLABSI decline

A central venous catheter, also known as a central line, is a tube that is placed in a large vein in the neck, chest, groin, or arm to give fluids, blood or medications, or to do medical tests quickly.

We continue to see a sustained reduction in central line-associated bloodstream infections (CLABSIs) in our ICU, monitored against the statewide target of zero.

Multiple interventions implemented in the ICU include:

• investment in an infection prevention clinical support nurse
• a dedicated nursing resource to insert central lines
• sustained improvement with hand hygiene compliance
• compliance assessments for aseptic technique.

Despite an increasingly complex patient group, we have sustained a decreased rate of CLABSIs, with zero infections observed in seven of the previous 10 months, with a consecutive rate of zero from January-June 2018.

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.

Hand hygiene

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

With a government target set at 80 per cent, we achieved an average of 82.3 per cent compliance across the year, with:

- June – October 2017: 81.2%
- November 2017 – March 2018: 82.6%
- April – June 2018: 84.2%

This year’s activities included:

• developing a new hand hygiene campaign, with incentives for staff
• a new online education package for non-clinical support workers.

Immunisations

Influenza vaccination:

The 2017 influenza campaign, which ended in August 2017, saw 87 per cent of staff vaccinated, exceeding the DHHS target of 75 per cent. As of 30 June, and part way through the 2018 campaign, 85 per cent of staff had been vaccinated. The target vaccination rate was raised to 80 per cent. We have exceeded this new target since 2013. Due to a vaccine shortage in late May, we restricted supplies of the vaccine to staff working in high-risk areas from that date.

Surgical site infection:

We monitor infections related to key surgeries. In 2017-18 surveillance was undertaken on orthopaedic surgery, hip and knee replacements and colorectal surgery. Both areas fell below benchmark rates of infection.

We also monitor infections in cardiothoracic surgery. Traditionally, the Alfred has performed well in coronary artery bypass graft surgery, especially coronary artery bypass graft surgery. Both areas fell below benchmark rates of infection.

To address any wastage, we:

• provide wards of high wastage with monthly reports for investigation and follow-up
• continue to educate staff about the need to return blood products within 30 minutes if it is not going to be used and to have patients ready for blood transfusions as soon as the blood arrives on the ward
• have added time stamps to units dispensed to ICU through the chute system
• are participating in a prospective audit involving the Blood Service and Ambulance Victoria regarding wastage of units that occur due to patient transfer from other hospital sites.

Antimicrobial stewardship (AMS)

Sepsis has been the focus of this program for the last 18 months, with the aim of optimising antimicrobial prescribing to ensure patients get the right antibiotic at the right dose and for the right amount of time. This gives patients with infections the best chance to improve and reduces the risks of antibiotic resistance.

A collaborative campaign involved key stakeholders including intensive care, emergency, general medicine and nursing. This has resulted in a sustained improvement in the timeliness of antibiotics and reduction in ICU admission and mortality from sepsis.

Blood management

We used over 25,500 fresh blood products in 2017-18, with wastage rates kept as low as possible and below target.

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Sarah Hawthorn was critically ill when she was airlifted to The Alfred in September 2017. She had contracted the flu late in pregnancy and had delivered a baby boy four weeks early while unconscious.

Complications of pneumonia and other serious conditions saw Sarah go into respiratory failure. Our ICU team worked around the clock to keep Sarah alive. She was put on ECMO – a life support machine that functions for the heart and lungs, oxygenating blood and removing carbon dioxide. After three months in a coma, she woke up and spent time on our respiratory ward before being transferred to Caulfield Hospital for rehabilitation.

Our harm minimisation strategy recognises that patients with delirium have an increased risk of having a fall, and therefore they are monitored carefully.

Case Study: Flu response

Sarah Hawthorn was critically ill when she was airlifted to The Alfred in September 2017. She had contracted the flu late in pregnancy and had delivered a baby boy four weeks early while unconscious. Complications of pneumonia and other serious conditions saw Sarah go into respiratory failure. Our ICU team worked around the clock to keep Sarah alive. She was put on ECMO – a life support machine that functions for the heart and lungs, oxygenating blood and removing carbon dioxide. After three months in a coma, she woke up and spent time on our respiratory ward before being transferred to Caulfield Hospital for rehabilitation.

Our harm minimisation strategy recognises that patients with delirium have an increased risk of having a fall, and therefore they are monitored carefully.
Delivering quality care (cont.)

Pressure injury prevention

The number of serious full thickness pressure injuries that were acquired or worsened in care was 23 per cent less this year.

Our work on high risk pressure injuries is based around education, skin assessment, equipment, consumer education and risk assessments.

Other initiatives include:

- A Wound Matters flyer to improve staff education on pressure injury prevention and wound management
- Review of the indications for use of pressure relieving mattresses for the high-risk patient population
- Review of the literature, education and audit process of incontinence-associated dermatitis, which can be linked to pressure injury risk.

Malnutrition

Our harm minimisation strategy recognises that patients with malnutrition experience poorer wound healing and longer hospital admissions.

Inpatients have their weight monitored weekly. An unplanned weight loss of more than 5 per cent attributed to suboptimal nutrition is recognised as an indicator of malnutrition. This indicator is relatively new and numbers have increased as awareness of reporting improves.

Our initiatives to prevent and treat malnutrition included:

- Standardisation of the risk assessment tool used across our three hospitals for screening of malnutrition
- Improving intake of oral nutrition supplements, which allows dietitians to chart 60ml doses of a high-energy high protein oral nutrition supplement on the medication chart. Nursing staff dispense the small dose of oral nutrition supplement as they would a medication. This has been introduced at Caulfield and Sandringham hospitals
- Improving the patient food experience at The Alfred by running pilots focusing on customer service, tray presentation and temperature of meals. We are also trialling snack boxes and ‘meals on demand’ for patients with cystic fibrosis and have developed a quick reference sheet for troubleshooting Food Service issues that is being rolled out to all wards.

The number of serious full thickness pressure injuries that were acquired or worsened in care was 23 per cent less this year.
Alarming numbers of people present to The Alfred’s ED after a suicide attempt. In 2015, this number reached 40 patients each month. Within 12 months, 38 per cent of these patients returned to hospital, having attempted suicide or self-harm again.

Successful psychiatry initiatives

A marked increase in patient aggression in 2016 saw our Psychiatric Behaviour of Concern (Psy-BOC) call introduced in February 2017. It continues to be effective in reducing aggression and seclusion rates. Psy-BOC is the equivalent of a MET (Medical Emergency Team) call for physical health deterioration and is aimed at preventing behavioural health deterioration and improving responses to individual need.

The initiative has seen clinicians responding to patient deterioration sooner. Our evaluation shows:
- 92 Psy-BOC calls made within first six months, mostly for aggression, early warning signs or non-adherence to treatment
- most common interventions to distract and comfort were pharmacological and verbal de-escalation, with sensory-based interventions used in 40 per cent of cases
- a significant reduction across the four measured behaviours of concern
- post-intervention, seclusion episodes reduced by 65 per cent, seclusion hours by 72 per cent and security standby episodes reduced by 20 per cent.

Significant refurbishment work is underway in both inpatient units, including a sensory room to offer soothing and quiet spaces, with specialist resources for patients to access.

Group programs informed by patient choice and feedback through Coffee on the Couch sessions have led to expansion of music and art therapy groups over the weekend and a nurse-led Sunday breakfast club.

Mental health scoreboard

Our proactive approach in calming patients early, rather than waiting for an incident to escalate has resulted in improved rates of restraint and seclusion, which are only used as a final measure.

Case Study: HOPE - making a difference

In June 2017, The Alfred’s Hospital Outreach Post-suicidal Engagement (HOPE) team was established to care for these vulnerable patients. HOPE, made up of psychiatry, clinical psychology, family therapy and psycho-social workers, saw 94 people in the first 10 months of operation. They provided clinical review, treatment (one to three sessions) and psychosocial support for up to three months to help with stress self-management and to establish engagement with health, social and addiction services.

Early results showed participants experienced improvements in hope and coping confidence and less distress. We believe the program is filling a real gap in care and strengthening our community ties.

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- Former patient

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Delivering quality care (cont.)

Staff experience – patient safety
The 2018 People Matter Survey, which canvases the views and experiences of staff, was completed in late May 2018 by 46 per cent of the workforce. The survey asks staff about patient safety and results were:

- 76% agreed that patient care errors are handled appropriately
- 84% would recommend a friend or relative to be treated as a patient here
- 82% felt encouraged by colleagues to report any patient safety concerns they may have
- 72% agreed the culture in their work area makes it easy to learn from the errors or others

Further information
You can provide feedback about this report on:

Email us: patient.info@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 alfredhealth.org.au/about/corporate-publications

Risk management
Alfred Health has an integrated clinical and enterprise risk register, which consisted of 33 open risks at 30 June 2018. High and extreme risks are addressed by specific committees including falls prevention, pressure injuries, medication safety and behaviours of concern. This ensures focus and coordination of effort on the important issues for Alfred Health and our patients. The data is used to support improvement in safety.

The incident reporting system, using the data set of the Victorian Health Incident Management System, is an integral component of our risk management framework. Regular training and information and support is provided for staff on the use of the incident reporting database throughout the year and all staff are encouraged to report adverse events within a culture of ‘no blame’.

The incident data is routinely analysed for trends and reported to the various committees and groups responsible. In the event of a serious adverse event, staff undertake formal reviews to identify contributing factors and opportunities for improvement for the systems of care.

Staff experience – patient safety

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Consumer</td>
<td>someone who uses or has used our healthcare services</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>eTQC</td>
<td>electronic Timely Quality Care (our new integrated electronic medical information system)</td>
</tr>
<tr>
<td>ECMO</td>
<td>extracorporeal membrane oxygenation (a heart-lung bypass technique)</td>
</tr>
<tr>
<td>GEM</td>
<td>Geriatric Evaluation Management</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<tr>
<td>PCF</td>
<td>Patients Come First</td>
</tr>
<tr>
<td>RAP</td>
<td>Reconciliation Action Plan</td>
</tr>
<tr>
<td>Seclusion</td>
<td>sole confinement of a person to a room or other enclosed space, used as a safety intervention when patient is at imminent risk to self or others.</td>
</tr>
<tr>
<td>Vulnerable patient</td>
<td>someone who may be susceptible to experiencing marginalisation or barriers when receiving their healthcare, due to multiple or complex needs and/or someone who is lacking advocacy.</td>
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