

AlfredHealth

Quality Account 2018—19



theAlfred



Caulfield
HOSPITAL



Sandringham
HOSPITAL



MSHC
MELBOURNE SEXUAL HEALTH CENTRE

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 2018–19 year unless otherwise specified.

Some definitions

At Alfred Health, we use the words ‘consumer’ and ‘patient’ interchangeably. Sometimes we refer to patients as ‘clients’.

The term ‘consumer’ can sometimes refer to a volunteer who shares their recent experiences of the health setting to help us improve services.

Front cover photo:

A complex surgery to remove chronic blood clots from arteries in her lungs has given Jessica Zohs a second chance at life.

When Jessica became breathless walking down the street, she never anticipated she would need life-saving surgery known as pulmonary thromboendarterectomy, or PTE.

Thanks to specialists at The Alfred, Jessica is back to her independent self, with a scar down her chest that she wears as a badge of honour. “It reminds me to be grateful every day.”

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

Turkish

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

İngilizce konuşmıyor veya okuyamıyor, ve bu raporun kapsamı hakkında bilgi almak istiyorsanız, lütfen communityparticipation@alfred.org.au elektronik posta adresine yazın.

Traditional Chinese

Alfred Health為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

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：
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Theatre nurses Sam and Kristen are part of the dedicated team at Sandringham Hospital. They have also expanded their wings by volunteering their skills overseas, providing life-changing medical aid to those who don't have access to healthcare.

Welcome to 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.

Our three hospital campuses – The Alfred, Caulfield Hospital and Sandringham Hospital – as well as our numerous community-based services, provide lifesaving treatments, specialist and rehabilitation services as well as accessible local healthcare. We care for a wide range of people, from children to the elderly.

Doctor Tim Bayles and nurse Maria Harinos understand the importance of involving patients such as David Wightley in their care.



Our hospitals



The Alfred, a major tertiary and quaternary referral hospital, 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. This site is also home to the Alfred Research Alliance (A+).



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, general surgery, orthopaedics and outpatient services. The hospital works closely with the Royal Women's Hospital and local community healthcare providers.

Community services and clinics



Melbourne Sexual Health 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.

Alfred Health national service

- Paediatric Lung Transplant Service

14 Alfred Health 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 Service
- 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



Message from our Chief Executive



Welcome to our 2018-19 Quality Account, a report specifically designed for our patient community where we outline the quality of care we provided to the people of Victoria.

It is important you have confidence and trust in the safety and quality of care you receive from our staff across Alfred Health. As you can see from our quality scorecard and our patient stories, we have performed well this year, meeting the expectations and the needs of our patients.

This was confirmed recently in October, when the health service was accredited without qualification by assessors from the Australian Commission on Safety and Quality in Healthcare.

This year there was a significant change in the way we provide care. We introduced a new electronic medical record (EMR), which means our clinical staff have safe and secure access to your medical information anywhere at any time.

While we continue to embed this new way of working into our day-to-day operations, already we can see its benefits, especially around medication administration. It is a vital step, as we build a digital hospital that meets your healthcare needs.

Of course, we know we can always do better. Listening to our patients allows us to learn from your experiences, which we do in a variety of ways. I believe this year we learnt how to better ask and listen to 'what matters most to you'.

We also focused on how to better include patients – particularly those who are vulnerable whether it is through disabilities seen or unseen, mental health conditions, or a lack of support or advocacy in their lives.

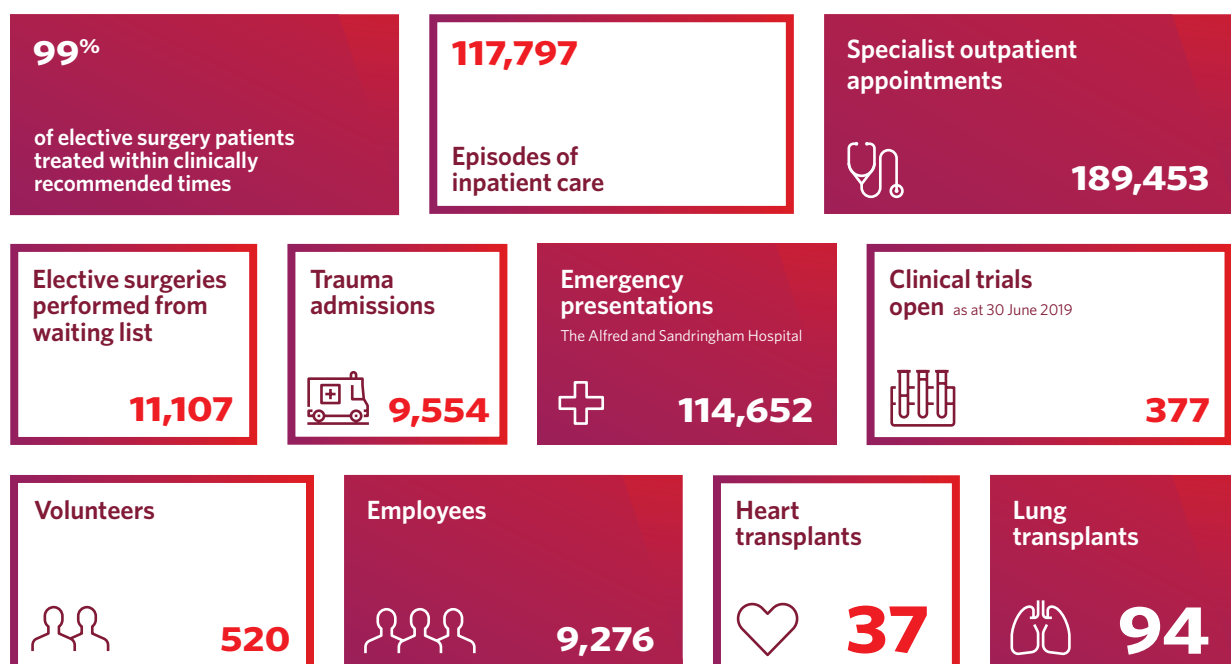
Providing easy and safe access to quality care is central to our purpose of improving people's lives.


I hope you enjoy this report.

Prof Andrew Way AM
Chief Executive, Alfred Health

4 December 2019

Highlights 2018-19





Tracey Ray believes mental health peer support workers can be beneficial to both consumers and staff.

Tracey's special connection

My journey of recovery from mental health challenges was a difficult and lonely path, often resulting in personal isolation and pessimism about my future.

As part of my recovery, I wanted to connect with people who had similar experiences. I also wanted to provide hope and support to others so they could live happier lives.

Being a mental health peer support worker at Alfred Health has provided me with such an opportunity.

It has allowed me to connect with many consumers in the mental health inpatient unit, as well as in their own environment and communities.

Sharing my personal experiences allows the consumer an opportunity to not feel so alone. I have listened to consumers who have said, "you really understand what I am going through".

It means developing a special 'connection' where I can support them in making choices for a more positive future. Recovery is a lifelong process. Sometimes people trip over or go backwards. However, recovery is also about getting back up – every step counts.

The peer support worker is also valuable to those who work within the service. Work colleagues, students and the hospital benefit from having the opportunities of having a peer support workforce.

It enables everyone to be inclusive, to gain knowledge, and to see the perspective of our consumers. After all, it is about providing the best care possible.

Our patients

Alfred Health continues to reach out to its patients and their families to ensure we provide a quality healthcare experience.

We value the feedback of those who use our services and programs, with their perspective most important as we look to enhance our service planning and delivery.



There has been positive news for patients in the Bayside region, with Sandringham Hospital introducing echocardiograms. The test, which allow cardiologists to look at the heart via ultrasound, will mean patients have access to the service closer to home.

Patients Come First

In this third year of our *Patients Come First* 2016–20 strategy, we focused on access, respect, communication, compassion and leaving our care (discharge).

Patients Come First is our roadmap to supporting the best possible patient experience. It engages current and past patients, carers and family members (consumers) in health service planning, design and improvement. It is built on eight pillars that form the foundation of a good patient experience.

Experience pillars



1. Access



2. Respect



3. Team



4. Communication



5. Comfort & environment



6. Compassion



7. Family & friends



8. Leaving our care

Caring for our Victorian community

Our patients reflect the nature of our specialist and statewide services, and the catchment we care for locally.

Our primary catchment is growing, with an expected annual increase of 1.7 per cent, accounting for 44 per cent of our patients. The remaining 56 per cent of patients are from across Victoria and elsewhere.

Diversity and inclusion

Alfred Health has a range of programs to ensure patients of all backgrounds – including some of our most vulnerable – have access to quality and equitable healthcare.

Vulnerable patient initiative

Our vulnerable patient initiative highlights caring for patients 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.

This includes Culturally and Linguistically Diverse patients, our LGBTIQ community and Aboriginal and Torres Strait Islander patients.

Initiatives we have progressed include:

- a 'vulnerability risk screen' within our electronic medical record to support clinical decision making. This will be trialled on two wards during 2019–20.
- collaboration with consumers to capture their stories of vulnerability on video and identify opportunities for service improvement.

Healthcare in any language

No matter what your background, it is important you understand your care.

That's why if English is not your first language, Alfred Health offers qualified and accredited interpreters to assist patients and hospital staff with communication. We also offer support with regard to a patient's cultural care needs.

As a culturally responsive health service, responding to the needs of culturally and linguistically diverse background (CALD) patients is a key priority.

We encourage patients and their families to discuss with staff if an interpreter is required and if they have specific cultural care requirements.

Cultural diversity

Our patients come from

224

different countries and speak

110

different languages including AUSLAN (Australian Sign Language)



Our top five languages other than English are



**Greek, Russian,
Mandarin,
Arabic, Italian**

54%

of all patients in the year were born outside Australia, were born in non-English speaking (NES) countries



29%

of our patients identify as Christian which is our main religious group followed by Judaism (3 per cent), Islam (1 per cent), Buddhism (1 per cent) & Hinduism (0.5 per cent). Close to 65 per cent did not nominate their religion



A man wearing a grey hoodie with 'STATE' and '1991' on the sleeve, a grey fedora, and dark pants is playing a didgeridoo on a paved sidewalk. He is looking down at the instrument. In the background, there are bare trees and a modern building with large windows. A red diagonal graphic element is on the left side of the page.

Journey towards better Aboriginal healthcare

Providing better care for our Aboriginal patients means understanding their specific experiences and outcomes.

Alfred Health's Reconciliation Action Plan (RAP) acknowledges our journey towards greater understanding and acknowledgement of past truths about our shared history, respect for Aboriginal culture and knowing our local community.

During National Reconciliation Week in May, we launched our Reconciliation video, featuring local Boon Wurrung Elder N'arweet Carolyn Briggs AM and Aboriginal Hospital Liaison Officer Alicia Morris.

They discussed Reconciliation and the importance of asking the question "Are you an Aboriginal or Torres Strait Islander?" Our *Caring for our Aboriginal and Torres Strait Islander patients* intranet page was also launched.

We are also looking to provide better care for our Aboriginal community by offering a culturally diverse and inclusive workforce. Our Aboriginal Employment Strategy aims to increase employment opportunities for Aboriginal people, and provide support to Aboriginal staff including professional development opportunities. Growing our cultural understanding and sensitivity through Aboriginal cultural awareness training has also been a priority.

We are also looking to provide better care for our Aboriginal community by offering a culturally diverse and inclusive workforce.

Plan to provide access for all

Consulting people with a disability and their carers, staff, external stakeholders and service providers has been vital in the development of our Access and Inclusion (Disability) Plan 2019–2022.

Actions on the draft plan, which has been submitted to DHHS and the Office for Disability, fall within seven priority areas:

- Continuous policy and systems development
- Collaborative consumer consultation
- Accessible built environment
- Accessible communication
- Inclusive organisational culture
- Responsible feedback processes
- Supportive employment practices

Family violence project

Ensuring our staff can better identify family violence continues to be our priority.

Among the initiatives of our dedicated family violence project is the training of more than 1800 frontline staff to recognise the warning signs of family violence, and know how to respond sensitively and safely.



training of more than

1800

frontline staff to recognise the warning signs of family violence.



Proud to provide inclusive care

Engaging with the LGBTIQ community is high on the agenda for Alfred Health.

An example of this is the work being done by the Alfred Pride Network.

The Alfred Pride Network is open to all staff to support LGBTIQ employees of Alfred Health. More broadly, it aims to improve the experience of LGBTIQ patients, carers and visitors.

In February 2019, the Alfred Pride Network attended the Midsumma Festival. The event provided an opportunity for the Alfred Pride Network to ask attendees what a LGBTIQ friendly health service looks like and what initiatives can make our health service more inclusive.



Listening to our patients, learning from their experiences

Alfred Health greatly values the perspective of our patients. We regularly measure their views, using surveys, compliments, complaints and other feedback to track their experiences.

By listening to them about what we do well, and where we can improve, we can work towards a better health service.

Patient Tamsin Jones appreciates a welcoming face and helping hand when she is at Caulfield Hospital.

The Victorian Healthcare Experience Survey (VHES)

The VHES collects data from users of Victorian public health services. While results in the second half of 2018 reflected the rollout of the electronic medical record (electronic Total Quality Care) program and the relocation of wards at The Alfred, there were improvements in 2019.

Key results included:

Community Health at Caulfield
Community Health Service
(July–September 2018)



98%

of patients rated the care received as Very Good or Good

90%

of patients said they were Very Likely to recommend the service to a family or friend

Paediatric Emergency at Sandringham Hospital
(July–September 2018)



97%

of parents rated the care received as Very Good or Good, 11 per cent higher than the state average.

Percentage of patients who rated their care as very good or good



Adult inpatient (Alfred, Caulfield, Sandringham)

90%

July to September 2018

89%

October to December 2018

94%

January to March 2019

Adult emergency (Alfred and Sandringham)

91%

July to September 2018

90%

October to December 2018

91%

January to March 2019

Positive patient experience responses



Q1 **90%**

Q2 **89%**

Q3 **94%**

Transition of care

Q1 **72%**

Q2 **75%**

Q3 **74%**

Patient Experience Survey (PES)

The Patient Experience Survey (PES) captures feedback from patients across the health service about their care and experience. Trained consumers with a lived experience of the health service collect the PES.

From July 2018 to June 2019 we surveyed 2,614 inpatients, with 94 per cent of Alfred Health patients rating their care as 'Very Good' or 'Good'.

Local PES reports help identify areas that are going well, opportunities for improvement, and to demonstrate to patients and consumers how wards have responded to their feedback.

Themes from local areas have included actions to improve the timeliness and communication of discharge information, involving patients in their care at handover and ward rounds, and actions to improve cleanliness and tidiness.

By hospital, campus results were:

94%
The Alfred

92%
Caulfield
Hospital

94%
Sandringham
Hospital

Outpatient PES

This year, we conducted a separate survey for outpatient and ambulatory services.

Across Alfred Health, it was found that 97.5 per cent of outpatients rated their overall care as Very Good or Good. Survey highlights included:

How do you feel about the length of time you were waiting before you could access the service you are currently using or needed?



87%

My appointment was as soon as I thought was necessary

8%

I should have been seen a bit sooner

5%

I should have been seen a lot sooner

Were you involved as much as you wanted to be in decisions about your care and treatment?



89%

Yes, definitely

9%

Yes, to some extent

2%

No

Cardiac Rehabilitation patient Didier is among the people who receives quality care at Caulfield Hospital.

Expanding our care

The Alfred has expanded its Intensive Care Unit (ICU), to help meet the growing demand for critical care services.

The Alfred's ICU, which is the largest in Victoria and the most complex in Australia, now has 50 beds, located across two levels of the hospital.

"We know that timely access to intensive care is vital for critically ill patients, and this expansion has significantly improved our ability to admit patients from the emergency department, operating theatres and the hospital wards, to the ICU," said Dr Steve McGloughlin, Director ICU.

More than 3,000 patients are admitted to The Alfred's ICU each year, including patients needing specialist care after heart transplants, lung transplants, burns injury, or major trauma.

This critical care expansion was made possible, in part, by the community via The Alfred Foundation.

Nurse Grace O'Brien and doctor Juan Carlos Mora from The Alfred's ICU team are delighted with the expansion of services.

Complaints and compliments

We welcome and encourage patients and their families to provide feedback about their experiences. Their opinions are important and help us know what we are doing well and where we need to improve.

In 2018–19, we:



received

1783

complaints, which is an increase of

153 ↑

(or 9.8 per cent) from the previous year;



received

1280

compliments, an increase of

56 ↑

compliments (or 4.6 per cent) from the previous year.



Wedding joy

Sin San Niang (known as Niangkok) found herself in The Alfred with severe burns just three days before her wedding reception. However, with the help of Niangkok's partner Asher Berold, and the dedicated team at The Alfred led by nurses in 6 West, the couple's special day still went ahead at the hospital's Spirituality Centre. Niangkok and Asher were thankful, saying the unique experience was one they will cherish forever.

Encouraging your feedback

You can provide feedback about your care:



- 1. in person** – by talking to staff directly
- 2. online** – using the feedback form on the website or our social media channels: visit alfredhealth.org.au/feedback
- 3. by phone** – contacting the patient liaison team: Call 13 14 50
- 4. using feedback forms found at our sites**
- 5. by completing the Patient Experience Survey** – talk to our trained volunteers or staff while you are in hospital. Alternatively, complete the survey online after you leave.
- 6. participating in a focus group** – talking about your experience at the many group meetings we hold throughout the year
- 7. in your own language** – contacting us using the Translating and Interpreting Service (TIS) or the National Relay Service.

Acting on your feedback: cleanliness



Among the areas the VHES reports on are patient perceptions on cleanliness.

While the age of building infrastructure is potentially among the factors which affect these perceptions, we have taken positive steps to improve cleaning outcomes and provide a better environment for our patients.

These include:

- implementation of cleaning signage and checklists;
- working with consumer representatives to understand what is important from a consumer/patient perspective; and
- collaboration with the Infection Prevention Unit, including the use of fluorescent marker auditing.

Improving the patient journey

Telehealth broadens healthcare wings

Telehealth is a flexible way for patients to receive care, regardless of location. We have continued to expand the number of clinics that offer consultations through video, as part of our goal to improve access to care for patients and their families.

In the past year, we have held 1,395 telehealth appointments across 50 clinical areas (compared to 564 telehealth appointments across 19 clinical areas the previous year).

Our work involved GPs, residential care, and Aboriginal Health services in some consultations, which allowed for additional support and improved coordination of ongoing local care.

We were most active in clinic consultations for epilepsy, cardiology, cystic fibrosis, and the infectious diseases regional service to Mildura.



In the past year,
we have held
1,395
telehealth
appointments



Physiotherapist Lauren Chapman
with patient Jasmine Young.

Innovation and comprehensive care at MSNI service

Putting patients first is a key priority for the Alfred Multiple Sclerosis Neuro Immunology (MSNI) Service.

Operating at The Alfred and Caulfield Hospitals, the MSNI service provides comprehensive care to people at risk of MS and other neuroimmunological conditions such as Neuromyelitis optica (NMO) spectrum disorders, and other rare disorders.


The MSNI service is the only truly multi-disciplinary service for people with MS and neuroimmunological disorders in Australia, where patients can see a neurologist, nurse consultant, physiotherapist, an occupational therapist and a clinical psychologist in the one clinic. Staff work in partnership with patients, treating them with respect, compassion and support.

An example of a recent innovation is its collaboration with the Alfred Community Rehabilitation Program who are piloting the 'MS get a head start'™ program.

The six-week outpatient exercise and education program aims to improve physical wellbeing and to provide patients with peer support, along with the skills and knowledge patients need to effectively self-manage their MS.

Details: www.ms-ghs.com

"Exercise is essential to health and wellbeing in MS, but unfortunately the vast majority of people living with MS are inactive and don't feel confident or able to exercise," physiotherapist Lauren Chapman said.



Staff, including clinical pharmacist Zohal Rashidzada, collaborate closely with each other to ensure patients and their families are kept informed about their care.

Countdown to discharge

Our Countdown to Discharge initiative aims to provide patients and their families with more certainty about their inpatient hospital stay.

Working closely with our patients and their families, we look to define an estimated discharge date within the first 24 hours of care.

In 2019, improving compliance and accuracy in Estimated Discharge Dates (EDDs) was a key focus, particularly with patient progression of care and communication with patients and families.

The right care at the right time

Improving access to services to meet increasing client demand is among the key priorities for the Caulfield Pain Management and Research Centre (CPMRC).

For 40 years, the CPMRC has been providing specialist assessment and treatment for adults with chronic pain as well as for cancer survivors.

In recent times, the CPMRC have conducted a project which has placed further emphasis on better understanding the needs of patients, their pain experience and their expectations on how the service can support them.

Initiatives have centred on reducing waiting time from referral to first appointment, ensuring clients see the right person at the right time; and engaging patients at an earlier stage of their care.

These initiatives have proven to be a success, with the number of clients on the waiting list reducing from 200 before the project began in April 2019 to 10 as of July 2019 for those who require an individual appointment only. There are no waiting lists for those attending an initial service information and triage session.

ABI team puts focus on individual care

The passionate and experienced clinicians in Alfred Health's Acquired Brain Injury (ABI) Rehabilitation team are focused on improving the lives of individuals following a brain injury.

They utilise innovative problem solving and expertise, working closely with patients and their families to achieve their goals and ensure timely care.

Physiotherapist Suzanne Currie helps patients assess their ability to produce movement of their body following a brain injury.

"We have found that offering an early family meeting to support clear communication really assists patients and their families with their rehab journey and enables them to feel supported," Suzanne said.

The development of an outdoor mobility group has also been a positive, with a monthly 'therapy fun day' helping improve engagement and participation of patients.

"It's important to take time to listen and actively respond to concerns, questions or successes that patients may have. Patients are more motivated and engaged in an environment where they feel supported and listened to."

Navigating the NDIS while battling the unknown

A rare auto-immune disease unexpectedly plunged Emma O'Kelly into the long-term healthcare system, and needing to apply for the National Disability Insurance Scheme (NDIS).

Emma had no idea how long recovery would take, or if she would enjoy a full recovery.

At Alfred Health, we work with our patients to ensure they are provided with the best opportunity to receive the support they need under the NDIS – a Federal Government initiative designed to support people with permanent disabilities who need long-term support.

Our staff can guide patients to make sure they and their carers understand the eligibility assessment, planning processes, and ongoing care once they leave hospital.

"I found (the process) confusing to begin with but staff were great – they collected all the information and applied on my behalf. They had a booklet with all my info, including quotes and treatment requirements," Emma said.

Emma added that the honest communication from staff, along with hope that she would improve, meant she was comfortable with her assessment.

While she still requires NDIS-funded visits to an exercise physiologist and a physiotherapist, she is now walking again and making a strong recovery.



Emma O'Kelly received help on how to navigate the NDIS from the team at Caulfield Hospital.

In the patient's shoes

The consumer perspective

We continue to have strong engagement with consumers across the health service.

We currently have 82 registered Consumer Advisors who represent our diverse community.

34 Consumer Advisors are active participants on various committees, such as Board Quality, the Community Advisory Committee and Medication Safety.

In addition, Alfred Health has specialist advisory groups to inform service improvement for specific health conditions, with members primarily consisting of consumers with a lived experience. This year, in addition to the HIV Services Advisory Group and CF Advisory Group, the Acquired Brain Injury Advisory Group was established.

Case study - Designing 5 West

When 5 West at The Alfred was being redeveloped, consumer engagement was a priority. Consumer Advisors Terry and Irene joined clinicians and architects as part of the design user group for the new look inpatient ward, which is dedicated to the early recovery of trauma patients.

Drawing upon their experience as patients and carers, Terry and Irene's suggestions regarding carer facilities and the functionality of patient rooms were most valuable. Volunteers and Consumer Advisors also spoke to current trauma patients about the proposed design, and collected feedback to help inform the design process. The ward opened in October 2019.

Case study - Collaborative Pairs

The Collaborative Pairs program is bringing people such as Patient Safety Lead for Clinical Risk Sarah Hudson and Consumer Advisor Craig Harding (pictured below) together to ensure the consumer voice is heard.

Consumers and health care professionals are working together to build skills and influence the health care setting.

Patient Safety Lead for Clinical Risk Sarah Hudson and Consumer Advisor Craig Harding are participants in leadership training program Collaborative Pairs.

Their project will look to ensure Alfred Health has processes in place to ensure the consumer voice is suitably engaged, with consumers adding tangible value to projects on which they consult.



We currently have

82

registered Consumer
Advisors who represent
our diverse community.

Koula, children James, Renee and Sophia, and dog Ollie, are grateful for help they received from Alfred Health Carer Services



Caring for the carers

Alfred Health Carer Services help carers find a balance in their life to take care of their loved one, but also find time to care for themselves.

Among the people it has supported are carer Koula and her family.

Koula had high praise for Alfred Health Carer Services for the support they provided during her late husband's illness.

"They allowed us to spend quality time with George without having to worry about things that someone else could do for us. They offered a carer 12 hours a week for 4 weeks and honestly that was the greatest form of assistance anyone could have given us at the time."

Carer Services Manager Justin Pacey said caring can restrict the lives of individual carers and their families, with carers often putting the health and wellbeing of the person they care for ahead of their own.

"We assist carers to take a break from their caring role, provide support and connect with other carers in similar circumstances. We help carers engage with their community, focus on their own wellbeing and live a more fulfilling life."

Alfred Health Carer Services offers specialised support programs in aged and dementia; disability; mental health and young carers.

It supports carers in the Southern Metropolitan region offering counselling, peer support, emergency and short-term respite (in home and residential) as well as advocacy, referral and linkage to other services. They also host regular social events for carers and the person they care for.

Alfred Health greatly values the contribution of carers across the organisation. As part of our commitment to the *Carers Recognition Act 2012 (Vic)*, we ensure the needs of carers are recognised and responded to when the person for whom they care is admitted to Alfred Health; or when the carer is admitted to Alfred Health.



Volunteering brings warm rewards

For Peter Watson, volunteering at Caulfield Hospital's Hydrotherapy Centre is his way of giving back to a community he has been part of for 35 years.

Peter's role involves helping pool users to check-in for their sessions, assisting physiotherapists with pool classes and ensuring compliance with the pool's safety and hygiene protocols. He has acquired knowledge and skills which have benefitted his own day-to-day life and wellbeing.

"I was attracted to becoming a member of the hydrotherapy team as I had experienced first-hand just how beneficial hydrotherapy can be for people with muscular skeletal challenges and chronic pain," Peter said.

"I wanted to, in my own small way, assist others regain a productive and fulfilling life among their family and friends."

Peter said volunteering has allowed him to meet some truly inspirational people.

"Whenever I feel the going's getting tough, I pause and reflect about these incredible people who truly seize the day with a positive mindset."

The gift of volunteering

Alfred Health volunteers add to the quality of healthcare provided by supporting patients, their families, staff, visitors and the general hospital community.

The Alfred Health volunteer program offers a diverse range of opportunities including:

- tea and coffee trolley service to outpatients
- shop trolley service for inpatients
- social visiting and
- a concierge service supporting patients when accessing the hospital.



Number of volunteers at Alfred Health

The Alfred

255

Caulfield

145

Sandringham

120

Total

520

Towards a greener health service

Alfred Health aims to engage, educate and empower staff to create an environmentally sustainable workplace.

Our *Environmental Sustainability Strategy 2017-21* supports resource prioritisation and management decisions that will minimise environmental impacts and deliver balanced economic, social and environmental benefits to our community.

Our initiatives are making a practical difference – from delivering significant energy savings by upgrading infrastructure associated with the hydrotherapy pool at Caulfield Hospital; installing jet air hand dryers to improve energy efficiency and reduce paper towel use; and recycling stainless steel single use instruments.

A Tree Planting Day at Sandringham Hospital (pictured right) was among the green friendly activities Alfred Health participated in this year.



Safer care, better care

As we work towards better patient outcomes, Alfred Health understands the importance of developing a positive and safe workplace for our staff. We understand the importance of providing an environment which is physically and psychologically safe, to ensure our staff are healthy and supported.



Dr Mithu Palit shares a chat with patient Peter Dixon at Caulfield Hospital.

Listening to the people who care for you

The People Matter Survey is an important tool to canvass the views of staff. In 2019, it was completed by 27 per cent of our staff. Positives reported from the survey include:



High levels of employee engagement

71 %



High levels of advocacy with

81 %

of our staff saying they would recommend someone they care for to be treated at Alfred Health.



71 %

of our staff, would recommend us as a good place to work.



80 %

of our staff believe we provide a safe work environment. We also saw an encouraging reduction in stress levels experienced by our staff, the first reduction in four years.

In addition, we have improved how we manage, communicate and implement change. Overall, our staff saw Alfred Health as scoring well in areas such as Responsiveness, Collaboration, Impartiality, Innovation and Accountability.

The survey also reinforced to Alfred Health leadership the importance of patient safety; the ongoing need to continually work to eradicate bullying, harassment, occupational violence and discrimination in our workplace, and that staff want to feel as though their grievances and issues are heard.

We are working hard to address issues raised by our employees. As part of our commitment to ongoing improvement, we are reviewing our education, orientation and development programs, to ensure a safer and better workplace experience for our staff.

People Matter Survey 2018-19

Organisational culture

Percentage of staff (i.e. People Matter Survey respondents) with an overall positive response to safety and culture questions:

72%

Percentage of staff with a positive response to the following questions:

"I am encouraged by my colleagues to report any patient safety concerns I may have."

81%

"Patient care errors are handled appropriately in my work area."

75%

"My suggestions about patient safety would be acted upon if I expressed them to my manager."

72%

"The culture in my work area makes it easy to learn from the errors of others."

70%

"Management is driving us to be a safety-centred organisation."

69%

"This health service does a good job of training new and existing staff."

65%

"Trainees in my discipline are adequately supervised."

66%

"I would recommend a friend or relative to be treated as a patient here."

81%

Survey target:

80%, based on 2018-19 Statement of Priorities.



The Schwartz Rounds provide an opportunity for staff to discuss their experiences.

Making safety a priority: Schwartz Rounds

Keeping our staff healthy and supported requires environments that are physically and psychologically safe. By doing so, we are also playing an important role in providing a safer environment for our patients.

Following a successful introduction in 2018, the Schwartz Rounds continued to provide a forum for clinical and non-clinical staff to discuss the emotional and social aspects of working in healthcare.

The initiative addresses how experiences with patients and their families shape staff's emotional responses, impacting their wellbeing and influencing the care they provide. Key topics included 'Learning together' and 'In giving I received - the stories that keep me going'.

The sessions have generated very positive feedback, including:

83 %

of staff report feeling more open to expressing their thoughts and feelings about patient care and

96 %

of staff report having new insights into the perspectives and experiences of their co-workers.

Other key initiatives which are helping address physical and psychological safety for staff include the development of an online version of our Occupational Violence training course; a focus on manual handling and improving return to work rate for injured employees, and embedding the Early Intervention Program, so staff can seek access to medical treatment as soon as possible after a workplace injury.

Adverse events

Alfred Health had 81 Incident Severity Rating (ISR) 1 and 2 events in the 2018-19, including of one sentinel event.

A sentinel event is defined by Safer Care Victoria as a “wholly preventable adverse patient safety event that results in serious harm or death to an individual”.

A range of recommendations, learnings and improvements have been implemented as a result of these serious, adverse events.

These include:

- Extension of existing and proven safety strategies, including the stroke callout process to all parts of the hospital
- Use of safety warnings and awareness raising campaigns for staff and patients. This has included focused clinical alert newsletters and campaigns such as the Safe Feet and Footwear Campaign used as one of the strategies to reduce patient falls
- Improvement of existing guidelines, processes and models of care to ensure that they are up to date and best practice, so staff are supported to provide the best standard of care
- Improvement of communication with patients and families through strategies such as training for staff to have crucial conversations
- Strategies to support better team functioning, including structured ward rounds and safety huddles
- Ensuring that staff are provided with the safest and best equipment for the procedure involved in patient care and treatment
- Ensuring that best practice and safety features are built into the Electronic Medical Record to ensure clear ordering, planning and documentation of care and treatment
- Ensuring that the findings of reviews and the recommendations for improvement are fed back to staff and patients each time.

Working with Safer Care Victoria

Following a Safety System Review, we have successfully implemented all 26 recommendations from Safer Care Victoria.

The review was prompted when concerns were raised in January 2018 about the care of a Caulfield Hospital patient in our Acquired Brain Injury Unit.

The improvements were presented to Safer Care Victoria in April 2019. Insights gained throughout the process will be shared with other healthcare providers.

Tick of approval for Alfred Health



Alfred Health is accredited against the National Safety and Quality Health Service Standards.

In October 2019, assessors from the Australian Commission for Safety and Quality in Healthcare confirmed that Alfred Health met all standards and actions, with no recommendations – meaning Alfred Health passed accreditation.

The assessors commented on the openness and transparency of staff, as well as their willingness to discuss patient care and work continuously to improve outcomes.

Chief Executive Prof Andrew Way congratulated staff on the role they play in ensuring patients receive high-quality and safe care every day.

Infection prevention

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

Alfred Health uses a range of indicators and standards to monitor and gauge the quality of care we provide to our community. We benchmark our performance nationally and internationally, and strive to ensure everyday care for every patient meets the National Safety and Quality Health Service (NSQHS) Standards. In October 2019, Alfred Health was accredited against the second edition of these standards, released in January 2019.

The introduction of our integrated electronic medical record in October 2018 was a significant development in monitoring the quality of care provided across our health service.

SAB rate

Staphylococcus aureus bloodstream (SAB) infections are serious with significant associated morbidity and mortality. The target benchmark for SAB was reduced from 2/10000 OBDs to 1/10000 OBDs for Victorian hospitals in July 2017. Subsequently, Australian Institute of Health and Welfare (AIHW) major hospitals, which are of comparable size to Alfred Health, have reported rates between 0.4 and 1.49. In 2018-19, Alfred Health reported an annual rate of 1.26.

Multiple initiatives are ongoing to reduce SAB rates, including

- an in-depth case review of every SAB event in tandem with clinical staff providing care, to identify any potentially modifiable practices
- ensuring insertion and maintenance of peripheral venous catheters is performed according to best practice
- ensuring staff are competency-assessed in aseptic technique
- sustained improvements in hand hygiene practices
- promotion of "scrub the hub" to clean IV access ports prior to injection, to reduce infection risk.

CLABSI decline

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


Multiple interventions include:

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

Despite an increasingly complex patient group, we sustained a decreased rate of CLABSIs, with zero infections observed in 6 of the previous 11 months from July 2018-May 2019.



We benchmark our performance nationally and internationally, and strive to ensure care meets **NSQHS** Standards.



The introduction of the electronic medical record touched every part of the health service.

New technology brings better healthcare

Alfred Health's largest-ever investment in technology is allowing a patient's treating team to have easy access to up-to-date clinical information – all stored safely in the one place.

Unveiled in October 2018, the integrated electronic medical record (EMR) supports clinical decision making, reduces clinical variation, increases visibility of patient risk factors and reduces duplication of administration and data.

We are already seeing benefits, particularly in terms of managing medications that are now prescribed, administered and documented in the EMR. This brings greater transparency and reduces medication safety risk, with dosage and allergy alerts.

Alfred Health's EMR implementation was recognised at the Australian Healthcare Week Awards, where we were awarded the Digital Transformation Award.

The integrated EMR is part of Alfred Health's strategic vision of a digital health service, and was implemented across The Alfred, Sandringham Hospital and Caulfield Hospital over five weeks.

In 2019-20, we will further streamline the EMR, introducing new functionality including a patient portal that gives patients access to their own records.



Hand hygiene

With a Victorian State Government target of 80 per cent for hand hygiene, we achieved an average of 83.7 per cent compliance, over the year with:

82.9 %

compliance in the first audit period
(June–October 2018)

84.2 %

for period two
(November 2018–March 2019)

84.2 %

for period three
(April–June 2019).

Key activities included intensive awareness of hand hygiene requirements following the introduction of new electronic mobile devices and ongoing auditor training.



Nurse Rose Pham is among the dedicated Alfred Health staff who understands the importance of making hand hygiene a priority.



Surgical site infection

We monitor infections related to key surgeries, as per requirements. In 2018–19, monitoring orthopaedic surgery, including hip and knee replacements, demonstrated infection rates below benchmark levels. We also monitor infections in cardiothoracic surgery. Last year we implemented intensive initiatives to decrease our rate of infection following coronary artery bypass graft surgery including:

- reviewing hand hygiene and antimicrobial prophylaxis
- additional auditing to examine the theatre environment, cleaning, and operating room processes and practices
- commissioning an external review
- implementation of additional education and a patient decolonisation program.

As a result, decreased infection rates have been sustained and efforts to reduce this further are continuing.



88%

of staff vaccinated,
exceeding the DHHS
target of 80 per cent.



Immunisations

The 2018 influenza campaign, which ended in August 2018, saw 88 per cent of staff vaccinated, exceeding the DHHS target of 80 per cent. As of 30 June, and part way through the 2019 campaign, 87 per cent of staff had been vaccinated. We have exceeded the DHHS target since 2013. Influenza vaccination continues to be strongly encouraged for all healthcare workers across the organisation as well as our high-risk patients.



Antimicrobial stewardship (AMS)

The EMR implementation enhanced the AMS Program, providing a clear view of all antimicrobials used across the health service. This facilitates targeted review of all patients on selection broad spectrum antibiotics to ensure appropriate use.

A focus on sepsis also continued. Alfred Health participated in a scaling collaboration sponsored by Better Care Victoria, which allowed the adaptation of a standardised sepsis pathway into the electronic medical record. A clinical trial examined the utility of reviewing patients following episodes of sepsis and found an improvement in timely appropriate antibiotic treatments.



Multi-resistant organisms

Like many Australian hospitals, our health service has been challenged by cases of multi-resistant bacteria, including multiple cases of Carbapenemase-producing Enterobacteriaceae (CPE). We have worked closely with the DHHS and followed statewide CPE management guidelines to initiate control measures across our high-risk wards.

Measures that have been implemented are:

- active screening for patients at higher risk of CPE colonisation
- contact tracing and screening for potential inpatient and discharged contacts
- increased cleaning initiatives in ward areas, promotion of hand hygiene and cleaning of shared patient equipment.

Education and auditing of clinical practices also continue across the health service. Recent work internationally has focused on the potential for contaminated sinks to act as reservoirs for multi-resistant organisms; we have successfully implemented a decontamination routine in our intensive care unit to reduce the potential for transmission.

Collaboration the key for stewardship programs

Alfred Health's stewardship programs ensure the best possible use of medications across the health service and into the community by monitoring their use, coordinating interventions and working with patients and practitioners.



Pictured (from left) are Anticoagulation Stewardship Pharmacist Hadley Bortz, patient Alfred Katz, Analgesic Stewardship Pharmacist Thuy Bui and Lead Antimicrobial Stewardship Pharmacist Kelly Cairns.

Escalation of care processes



Blood management

Alfred Health transfused close to 25,000 fresh blood products in 2018-19.

Wastage of fresh products remain largely below the 2 per cent target for red blood cells. When above target, there are follow-up investigations, if appropriate.

A *Patient Blood Management Guideline* (Preoperative Management of Anaemia for Major Elective Surgery) was developed and rolled out to major elective surgical services. This guideline focuses on optimising patient haemoglobin prior to surgery as part of its aim to prevent red cell transfusion intra- and post-operation.

All interns completed BloodSafe eLearning and 77 per cent of all nursing staff completed mandatory training in the year.

A prospective audit looking at wastage due to incorrect storage of units transferred with patients from other health services was performed.



Transfused close to

25,000

fresh blood products
in 2018-19.



Medication safety

The Alfred Health Medication Safety Committee (MSC) reviews processes and practices to ensure medication-related activities are as safe as possible.

To ensure the safety of more than 500,000 medication doses administered in Alfred Health every month, medical, nursing, pharmacy clinicians and risk management staff along with our consumer representative meet monthly ensuring safe systems are in place. Their role includes reviewing medication safety standards, staff education in medication safety, and reported medication incidents.

The major change for Alfred Health in 2018 was the introduction of the electronic medication record, which impacted all areas of medication management.

Highlights included:

- increased uptake of 'smart pump' technology in the haematology /oncology unit
- a decrease in medication-related incidents with harm, improved allergy documentation in the eMR
- the introduction of a suite of educational materials for the eMR and
- refining of prescriber electronic decision support.



More than

500,000

medication doses
administered in Alfred
Health every month.



Patient Stephen was delighted with the outstanding support he received from the Podiatry team at The Alfred.

Let me know

Alfred Health's *Let Me Know* program plays an important role in ensuring patients are involved in their care, as well as their families.

The program is part of our patient escalation of care processes. It acts as a safety net for patients, families and carers who notice concerning changes in a patient's medical condition.

We encourage patients to tell our staff when something is 'not quite right'. For patients, this might be a change in how they feel, look or behave. For family members or carers, it might be a change they notice in the patient before it is obvious to medical and nursing staff.

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.

Details: 1800 901 445

Case 1

A patient's daughter rang the Let Me Know line concerned about a delay with inserting a chest drain tube into her father. The Let Me Know responder contacted the Registrar and he was in ICU putting a drain into another patient. He said that he was going to review this patient next. In order to expedite the procedure the Let Me Know responder gathered the equipment he needed and took it up to the ward, and assisted the Registrar with the procedure.

Case 2

A patient called the Let Me Know line following a number of episodes of bleeding. He felt that the staff "weren't taking him seriously". The Let Me Know responder reviewed the patient and escalated the situation to the nurse manager (NUM). The Let Me Know responder and the NUM of the ward met with the patient and discussed his concerns. The unit was called and the patient reviewed by the Hospital Medical Officer (HMO) immediately and again later that night by the registrar. His issue was resolved and he was discharged home two days later. The patient stated to the NUM that he was "feeling much better".



65 calls
2016-17

45 calls
2017-18

41 calls
2018-19



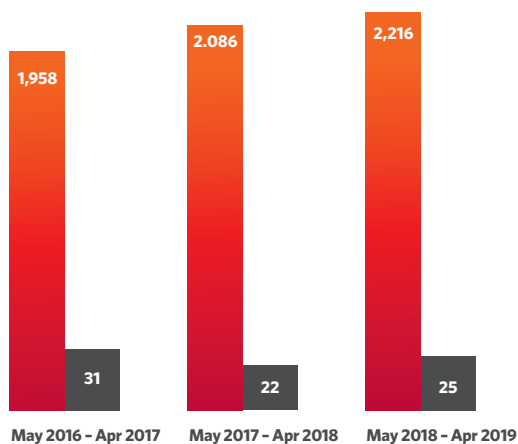
Falls and delirium

Over the last two years, the total number of falls has increased. In part, this relates to the growing complexity of our patients. However, it is also the result of a stronger reporting culture, which includes reporting of 'near miss' falls that improves patient safety through better preventative care planning.

In line with an integrated approach to risk, all falls with serious injury are investigated to understand if the patient was also experiencing an active delirium. We know patients in a delirium are at a significant risk of falling and we need to ensure support is provided for this vulnerable group.

Other initiatives included:

- participation in the Safer Care Victoria Delirium Point Prevalence Survey to improve our understanding of the proportion of our patients at risk of delirium and the subsequent Safer Care Victoria Delirium Collaborative
- launch of a staff education package on delirium identification, prevention and management.



■ Actual Falls
■ Actual Serious Injury (ISR1 and 2)

Delirium is a medical condition where people experience sudden changes in their thinking, attention and memory; leading to confusion, agitation or drowsiness.



Harm minimisation

Alfred Health takes a coordinated approach to harm minimisation, with all patients screened for their individual risk of harm from falls, delirium, pressure injuries and malnutrition.

To facilitate patient, family and carer engagement we introduced a range of resources over the past year:

- an integrated patient information brochure called *Get Involved in Getting Better*, which provides patients with strategies to help them stay safe, get better and go home sooner
- the new electronic medical record, which provides a Harm-free Plan of Care, a documentation tool used to develop an individualised, interdisciplinary care plan
- team-based risk rounds, to support and monitor harm minimisation care plans.

Getting active for better outcomes

In collaboration with Safer Care Victoria, we are participating in the End PJ Paralysis Project, which aims to reduce functional decline while in hospital.

Running at a ward at Caulfield Hospital, it has been renamed *Get Dressed, Get Moving, Get Better* to more clearly promote the goals of the project to staff, patients, families and carers.



Staff and volunteers, such as Thelma (left) and Lisa (right) have worked together to deliver the program.



Pressure injury prevention

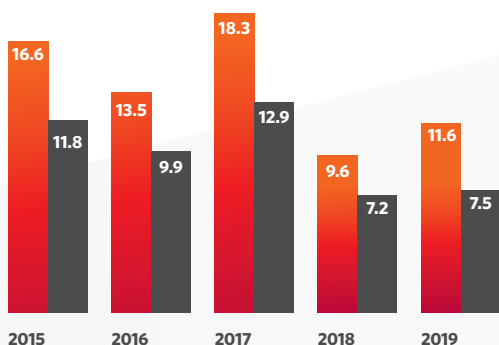
All full-thickness pressure injuries that are acquired or worsened in care are reviewed by the Wound Clinical Nurse Consultants to assist assessment and understanding about where further education and support is required. The Wound Clinical Nurse Consultants work with local wards and provide education on skin assessment, and pressure prevention strategies including pressure-relieving equipment.

The positive relationship shared by the Wound Clinical Nurse Consultants work and local wards is reflected in our Pressure Ulcer Point Prevalence Survey (PUPPS), with patients at high risk better identified. The annual PUPPS results are used to provide direction for improvement each year.

Significant initiatives include:

- reviewing equipment requirements and availability including pressure relieving mattresses in ICU and pressure-relieving seating/cushions
- introducing a new Incontinence Associated Dermatitis Poster to help staff identify this skin damage including prevention and management strategies.

Pressure Ulcer Point Prevalence Survey results:



■ Prevalence of patients with pressure injuries
■ Prevalence of patients with newly developed pressure injuries

Pressure injuries (also known as bed sores) are areas of damage to skin and underlying tissue. The skin over bony areas such as heels, elbows, back of the head and tailbone is most at risk.



Nutrition

An annual body mass index (BMI) audit of patients is conducted in conjunction with the annual Pressure Ulcer Point Prevalence Survey. Data is collected on malnutrition risk and each patient is assessed against the criteria for malnutrition diagnosis. Patients can be admitted with malnutrition or become malnourished as part of their illness. Alfred Health's process is for all inpatients to be screened for malnutrition, weighed on admission and then weighed weekly.

During the year, 27 per cent of inpatients were found to be malnourished and on some wards more than 40 per cent are malnourished.

The reasons for a patient being malnourished varies: a consequence of long-term illness; side effects of illness or treatment such as a poor appetite; and reduced oral intake among our elderly population. Wards with lower rates of malnutrition typically have younger patients with healthy weights prior to their injury or admission.

Over the past 18 months, we have implemented the MedPass Program, which allows dietitians to prescribe at-risk patients high-energy, high-protein oral nutrition supplement. Evaluation of this program is now underway.

Serving up healthier meals for better patient care

Alfred Health provides healthy and nourishing meals from a number of diverse cuisines. Meals are carefully chosen to ensure quality of the highest standard and to ensure that they meet therapeutic and religious dietary requirements.

If you have any special dietary requirements, please advise nursing staff on your admission. Dietitians are available for consultation and advice.



Patient Dot Graham is supported by her daughter Sascha during a mealtime at The Alfred.

Voluntary assisted dying

The *Voluntary Assisted Dying Act*, which came into effect on 19 June 2019, is a significant change to end-of-life care. The Act will affect a small number of Victorians who are at the end of their lives, who are suffering and who meet the strict eligibility criteria for access to voluntary assisted dying.

Alfred Health's response voluntary assisted dying is to partner with GPs, who, in the main, will coordinate care for patients who are found eligible.

Where appropriate, we will provide specialist opinion.

Statewide pharmacy service

Following a request from the Victorian State Government, Alfred Health took on the role of the Statewide Pharmacy Service to support the implementation of the Voluntary Assisted Dying legislation and add further safeguards for the scheme.

The service is responsible for importing, storing, preparing and dispensing medications for Victorians who make the decision to access Voluntary Assisted Dying. This role includes:

- Developing patient and healthcare provider information
- Educating medical practitioners regarding prescribing and administration of medications
- Reviewing prescribed medications
- Dispensing voluntary assisted dying medications and other supportive medications
- Going to patients (wherever they are in Victoria) to provide face-to-face information regarding medications and their administration
- Supporting medical practitioners, patients, families and carers throughout the process.

Alfred Health's response to Voluntary Assisted Dying is to partner with GPs, who, in the main, will coordinate care for patients who are found eligible.

Planning for the future by putting patients first

Advance Care Planning (ACP) promotes care that is consistent with a person's goals, values, beliefs and preferences.

ACP allows people to plan for a time when they may be too unwell to make or communicate their decisions about medical treatment and end-of-life care.

The ACP team continues to support Alfred Health patients complete an Advance Care Directive and appoint a Medical Treatment Decision Maker. ACP clinicians meet patients at their bedside, in the outpatient clinic at Caulfield Hospital, or for those who are too unwell to travel, in their own home.

This year, our ACP service focused on patients with a chronic illness. The team continued to build relationships across the organisation, including with renal services and the Hospital Admission Risk Program (HARP), to enhance education and support for staff and improve engagement with patients.

There has been an increasing demand for ACP services both within Alfred Health and the wider community. Highlights this year include presenting at the Victorian Seniors Festival, and partnering with a local general practice to upskill staff and improve their ACP referral processes.



Sharon Billings is part of the Advance Care Planning Team that works with patients to ensure their preferences regarding medical treatment and end of life care are met.

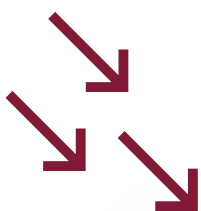
A positive approach to mental health care

We continue to take a proactive approach in providing supportive mental health care for our community.

This includes calming distressed or agitated patients early in their care to prevent escalating behaviours. Doing so has allowed us to manage rates of restraint and seclusion, which are only used as a final measure.

Key initiatives reflecting this approach include the introduction of a low stimulation pod in The Alfred's Emergency and Trauma Centre; which was purpose-built for the assessment and management of mental health and addiction patients including Brief Intervention Short Stay Unit (BISSU) admissions. Code Grey Standbys (aggressive behaviours) have reduced from 422 episodes since its opening in May 2018, to a low of 215 episodes in April 2019.

Meanwhile, our Adult Community Mental Health Program has developed a Navigations Team that focuses on helping clients and families access the appropriate mental health service. We have also introduced a Transitions Team, which assists in linking patients back to their GP or private provider as part of their discharge planning.



Code Grey Standbys
(aggressive behaviours)
have reduced from

422

episodes since its opening
in May 2018, to a low of

215

episodes in April 2019.

Adult Psychiatry inpatients 2018-19

Seclusion rate (Target Less than 15)

4.6

Physical restraints (No set target)

3.6

Mechanical restraint (No set target)

0.76

Aged Psychiatry inpatients 2018-19

Seclusion rate (Target Less than 15)

0.2

Physical restraints (No set target)

5.9

Mechanical restraint (No set target)

0



Melbourne Sexual Health Centre

It has been a busy year at Melbourne Sexual Health Centre, with 56,892 consultations in 2018-19, an 8 per cent increase on the previous year.

We diagnosed a record of 3,540 cases of chlamydia (a 7 per cent increase) and 2,339 cases of gonorrhoea (a 7 per cent increase).

Our research focus has been on exploring interventions for STI control that don't rely solely on condoms. Analysis found the throat was an important site from a transmission perspective. This led to testing mouthwash for gonorrhea prevention; with research led by Dr Eric Chow due at the end of 2019. We are also exploring ways to detect syphilis earlier and dramatically shorten duration of undiagnosed infections, with work led by Dr Catriona Bradshaw.

Risk management

Alfred Health has an integrated clinical and enterprise risk register that consisted of 33 open risks at 30 June, 2019.

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 and uses the data to support improvement in safety. The incident reporting system, using the dataset of the Victorian Health Incident Management System, is an integral component of our risk management framework. Regular training and information and support are provided for staff on the use of the incident reporting data base 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, including to the Executive Committee, the Quality Committee and the Audit Committee. 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. Grand Rounds, newsletters and clinical alerts are used to provide feedback to staff on the outcomes of reviews and any related system changes for implementation. The Operations Comprehensive Care Committee provides oversight of follow-up and completion of the recommended actions and improvements from these formal reviews.

Safe Patient Care Act 2015

In accordance with our obligations under section 40 of the *Safe Patient Care Act 2015* (Vic), we report that Alfred Health was not subject to any adverse findings, injunctions, penalties, or directions.



The incident reporting system, using the dataset of the Victorian Health Incident Management System, is an integral component of our risk management framework.



Further Information

You can provide further 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

Glossary

ACP	Advance Care Planning
Consumer	Someone who uses or has used our healthcare services
DHHS	Department of Health and Human Services
ED	Emergency Department
eTQC	Electronic Timely Quality Care – our new integrated electronic medical information system
ECMO	Extracorporeal membrane oxygenation (a heart-lung bypass technique)
EMR	Electronic Medical record
GEM	Geriatric Evaluation Management
ICU	Intensive Care Unit
PCF	Patients Come First
RAP	Reconciliation Action Plan
Seclusion	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.
Sentinel event	A wholly preventable adverse patient safety event that results in serious harm or death to an individual.
Vulnerable patient	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.



The Alfred

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Facsimile: (03) 9598 1539

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ABN 27 318 956 319

Caulfield Hospital

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Telephone: (03) 9076 6000

Facsimile: (03) 9076 6434

Melbourne Sexual Health Centre

580 Swanston Street, Carlton VIC 3053

Telephone: (03) 9341 6200

Facsimile: (03) 9341 6279



Physiotherapist Liesl Chuah is part of the passionate Caulfield Hospital Cardiac Rehabilitation team.