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CARING FOR OUR COMMUNITY



Quality of Care Report 2010

AlfredHealth

HOSPITAL INTRODUCTIONS

Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and incorporates The Alfred, Caulfield Hospital and Sandringham Hospital. It provides a wide range of health services across a range of settings including hospital, home and community based locations. It is also a major provider of specialist statewide services to the people of Victoria. Alfred Health strives to achieve the best possible health outcomes for patients and the community by integrating clinical practice with research and education.

The Alfred



The Alfred is a major tertiary-referral hospital providing a comprehensive range of specialist acute health and mental health services to the residents of its local community.

It is a designated statewide provider of heart and lung replacement and transplantation, cystic fibrosis, major trauma, burns, HIV/AIDS, haemophilia, sexual health, hyperbaric medicine, psychiatric intensive care and elective surgical services.

Caulfield Hospital



Caulfield Hospital is a major service provider of aged care, rehabilitation, aged psychiatry and residential care. It is a designated Centre Promoting Health Independence, established to provide an integrated range of specialist assessment and treatment options for people with complex needs.

Caulfield Hospital also has a statewide role in the provision of some specialist rehabilitation services to people throughout Victoria. Caulfield Community Health Service is located at the hospital and provides a range of primary care services for residents in the local area.

Sandringham Hospital



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

It also provides general medicine, dialysis, emergency, women's and children's health and maternity services including a level two nursery.

VISION

Trusted to deliver outstanding care

MISSION

- Highest quality clinical practice
- Delivered in partnership with patients, carers, the community and other healthcare providers
- Enabled through innovation, research and education

MESSAGE FROM THE CHIEF EXECUTIVE



Andrew Way
Alfred Health Chief Executive

On behalf of Alfred Health, I am delighted to present the 2010 *Quality of Care Report*.

This report is for you, our patients, residents and all your carers associated with the Alfred Health community.

It outlines improvements that Alfred Health has made and projects that we have undertaken to try and improve the quality of care we provide.

Quality means different things to different people. At Alfred Health we strive to be the best, to deliver the best service, provide the

safest care and have the fewest possible errors.

Service delivered with a positive attitude, good communication, treating patients with courtesy and providing pleasant surroundings all contribute to a positive patient experience.

Infection control, patient falls, staff injuries and communication between professionals and between healthcare professionals and you, are all aspects of safety on which we concentrate.

And as one of the leading healthcare providers to the people of Victoria and Australia, we pride ourselves on best practice.

These key themes are outlined in this report so we can let you know how we are embracing and living the values of integrity, accountability, collaboration and knowledge at Alfred Health.

I hope you find this report useful and informative and welcome your feedback (see page 30) so that we can continue to improve this report and our services to meet the community's needs.

Andrew Way
Alfred Health Chief Executive

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VALUES



Integrity



Accountability

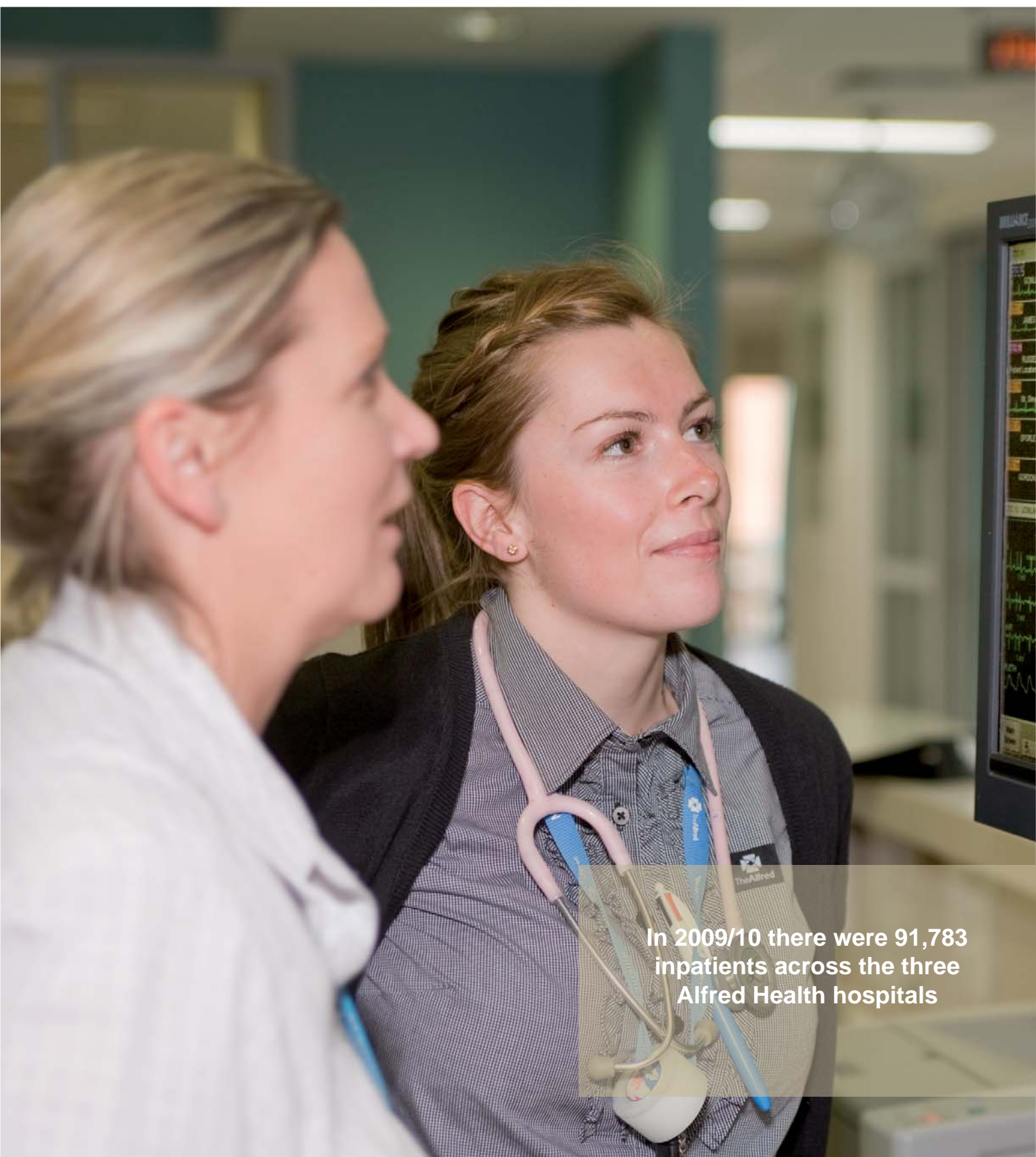


Collaboration



Knowledge



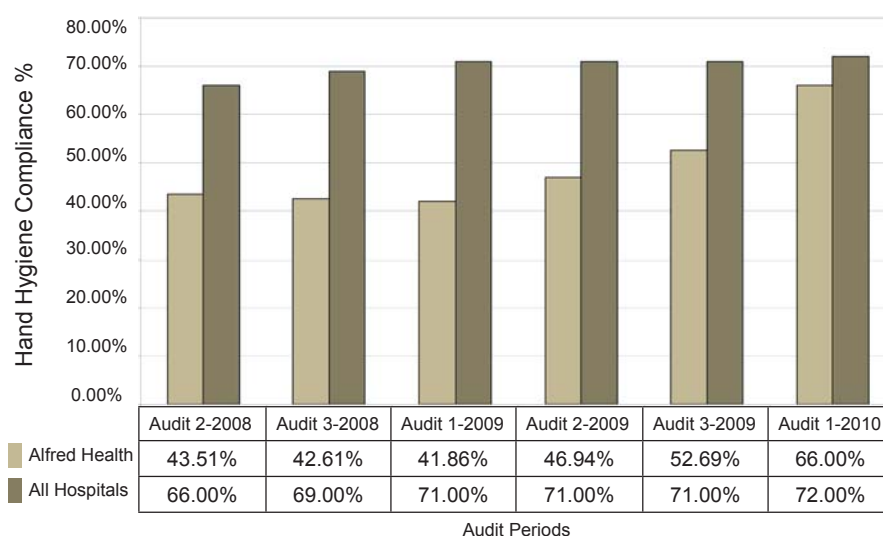


In 2009/10 there were 91,783 inpatients across the three Alfred Health hospitals

QUALITY AND SAFETY

IMPROVING PATIENT SAFETY THROUGH IMPROVEMENT IN HAND HYGIENE

Healthcare workers must either wash their hands or use an alcohol-based hand rub before and after every contact with patients. This may need to be done many times an hour. Alfred Health has been monitoring hand hygiene compliance since the beginning of 2008 to promote patient safety through raising awareness that "Clean Care is Safer Care". We have seen a growing improvement across all three hospitals and in April 2010, exceeded the Department of Health 60 per cent compliance target with a result of 66 per cent.



Graph 1: Hand Hygiene Compliance: Alfred Health vs All Victorian Public Hospitals

Ward 6 West at The Alfred had a compliance rate of 74 per cent, an excellent effort up from 55 per cent in the previous audit period. A massive education program across all departments saw staff being encouraged to think of innovative ideas to get the hand hygiene message to all staff, visitors and patients. Our ICU has led the way by developing computer screen savers which remind staff about the importance of hand hygiene.

Alfred Health was one of 248 health care facilities in Australia to participate in the World Health Organisation's global challenge for hand hygiene on 5 May 2010.



L-R Andrew Way at the Hand Hygiene Awards with Annie Bieniek and Allen Cheng



Top: L-R Andrew Way, Paula James, Robyn Reed, Annie Bieniek, Allen Cheng and Gillian Land

We ran a competition where staff wrote poetry or lyrics promoting hand hygiene and received many entries.

Hand hygiene is a global and local challenge and we are aiming

for 80 per cent compliance by 5 May 2011. We all need to be involved with improving and maintaining our performance: staff, volunteers, family and visitors - not forgetting the patients themselves.

CLEANING AUDITS

Cleaning plays a very important role in hospitals. The cleanliness of any hospital is important for infection control, public comfort and assisting hospitals to deliver quality patient care. The Department of Health recently reviewed and updated the cleaning standards for Victorian Hospitals and these came into effect in January 2010.

All Alfred Health sites have undergone an external audit in accordance with the updated standards, and results (see table

1) have shown that Alfred Health has continued to exceed the standards set by the Department of Health.

The cleaning audits look at the cleanliness of 15 individual elements in each

area that is assessed e.g. floors, ceilings desks etc. as well as assessing the general area itself. Different areas are given different weightings. For example, the Emergency Department has a higher weighting than an office area.

Hospital	Overall External Audit Result	Minimum Department of Health Standard
The Alfred	91.3%	85%
Sandringham	91.5%	85%
Caulfield	89.9%	85%

Table 1: Cleaning audit results from 2010

PERFORMANCE CROSSES HELP IMPROVE PATIENT SAFETY

The Alfred has started to assess patient and staff safety visually through the use of a monthly calendar of performance crosses displayed on a noticeboard in the wards. This provides timely and useful information to help staff continuously improve and better understand and benchmark a ward's performance.

This new system has been trialled on a number of wards at The Alfred by displaying performance crosses each month for falls, pressure ulcers and medication errors. Every day the Nurse Manager updates the performance crosses. A green cross is an incident free day, yellow is a near miss and red is an incident. The noticeboard also includes the number of days since the last incident. Falls performance crosses also indicate on a ward map where the fall(s) occurred in that month.

Each noticeboard also displays what the ward is doing to reduce falls, pressure ulcers and medication errors, with a list of what has occurred to date and what is new each month.



Nurses on 2 East at The Alfred



Medication Safety Pharmacist, Linda Gaudins, with William Stewart

ALFRED HEALTH PHARMACISTS LEAD THE WAY IN MEDICATION SAFETY INITIATIVES

For medications to have their intended effect, it is important to know what medications patients are using before coming to hospital. This ensures that there are no problems from medications that should not be taken together and so we can monitor changes during the hospital stay and ensure that patients, their GPs and pharmacists are aware of changes that need to be made to medications on discharge.

When a patient is admitted to hospital the pharmacist works with them and their GP or community pharmacy to get an accurate medication history. This is recorded in the notes and includes any reactions that the patient has had to medications. Any differences in the information or problems with medications are discussed with the medical team. This "reconciliation" of various sources of medication information, also carried out at discharge, ensures that medications are prescribed accurately and safely.

Ensuring medication accuracy has been recognised by the World Health Organisation's (WHO) High 5 project as one of five major solutions to ensure patient safety. Alfred Health is one of 28 Australian hospitals and health services participating in the world-wide project, which involves audits of medication documentation and resulting outcomes for patients over the next five years. As medication reconciliation has been a focus at Alfred Health since 2003, the Pharmacy Department has taken the lead in Australia by piloting the project, with senior pharmacists presenting their experience to other Australian hospitals.

The World Health Organisation project is an opportunity for Alfred Health to 'fine tune' the reconciliation process and spread the word about the importance of documenting and communicating medication changes, leading to further improvements in safe medication use for our patients.

BETTER PATIENT SAFETY THROUGH MORE PATIENT CONTACT

Alfred Health understands that it is important that we meet our patients' needs in a timely manner, and in order to achieve this, a new proactive nursing system called RAP (regular assessment of patients' needs) rounding was introduced at The Alfred in 2010.

The need for the RAP rounding system was highlighted by patient feedback such as nurses taking too long to answer call bells. Research showed that other hospitals that introduced rounding models saw a reduction in call bell use, a decrease in falls and improved patient and staff satisfaction.

The RAP rounding system involves nurses checking basic patient needs each hour: pain, toileting, mobility and environment. At the start of each shift, a nurse sits with the patient and finds out what each patient wants to achieve that day, and explains that a nurse will check on them hourly to make sure they are comfortable.

RAP rounding also takes into account the patient's need for rest and is modified to suit the patient's needs, particularly overnight. The rounding is also combined, where possible, with other regular nursing tasks. Although one of the aims is to decrease the use of call bells, patients are still encouraged by the nurses to use their call bell when necessary.

To date the RAP rounding system has produced positive results. For example, the system was introduced in January 2010 on Ward 4 GMU (General Medical Unit) at which time falls were around 8-10 per month and once the system began working, falls reduced to 1 per month in April and May.

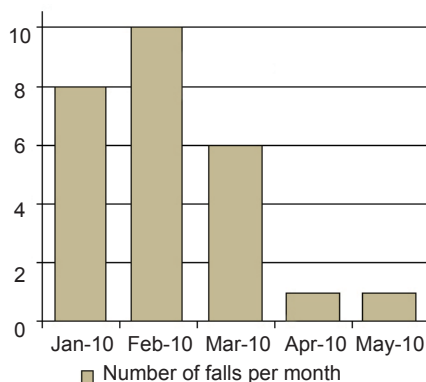
Many patients have responded positively to the RAP rounding system and one patient commented, "The rounding is fantastic – you don't feel isolated."



Staff involved in RAP rounding (L-R): Anne Kenneally, Lisa Storck and Julie Little

I had a recent hospital admission where no one communicated with me, it was scary and lonely. It isn't like that here, the nurses are very attentive and caring."

Penny Tallents, The Alfred's Patient Liaison Officer said, "Since the RAP rounding started the early signs have shown a decrease in complaints related to patient needs which is a great achievement." The project will continue to be evaluated but current data show similar achievements to those achieved in the UK and US.



Graph 2: Number of falls on Ward 4 GMU, The Alfred

SPOTLIGHT ON OCCUPATIONAL HEALTH

Alfred Health staff have long been held in high esteem for their leading clinical work but in order to provide these essential health services, we also need to take good care of the health of our staff.

Our biggest staff safety issue is musculoskeletal harm from manual handling such as heavy lifting. A plan has recently been developed to address manual handling risks across Alfred Health, with an objective to reduce staff injuries by 50 per cent. We look forward to letting you know the outcome of this over the next few years.

We have a Staff Clinic to assist our staff with workplace illness and injury management, worksite medical assessments, staff immunisations and health education and promotion.

PRESSURE INJURIES

Pressure injury prevention continues to be an important focus for Alfred Health. Each year we undertake a survey across our three hospitals to measure progress with reducing the number of pressure injuries.



Jamie Buteux is assessed by a multidisciplinary team

Pressure injury prevention continues to be an important focus for Alfred Health. Each year we undertake a survey to measure progress with reducing the number of pressure injuries. Doing this survey helps the organisation to focus on specific strategies needed for high risk areas. A high risk area may be a particular ward, or a specific type of pressure injury e.g. heel pressure injuries.

Conducted since 2003, the surveys have shown a steady decrease in pressure injuries. We also conduct regular audits throughout the year which help identify local education and equipment needs.

Information from the nutrition survey conducted at the same time as the annual pressure injury survey is being used to identify links between nutrition and the risk of developing pressure injuries. One of the aims of this survey is to increase the number

of at-risk patients, particularly those who are underweight, who are referred to dietitians during their hospital stay.

As part of increasing the focus on prevention, the trauma ward at The Alfred conducts a weekly pressure injury prevention round. During the rounds, nursing staff identify patients at high risk of developing pressure injuries. The staff then discuss what strategies could help the patient to prevent pressure injuries.

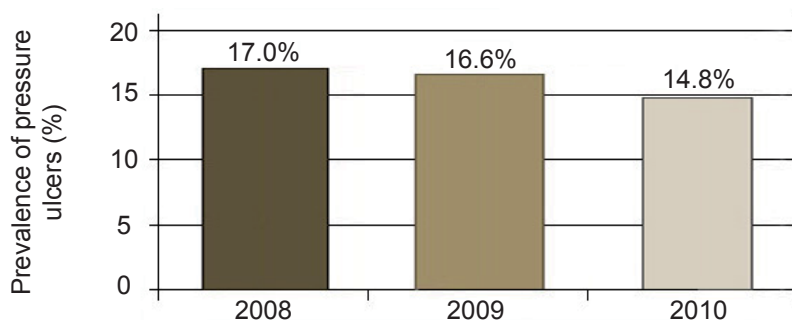
Involving a broad range of staff on these rounds e.g. nursing, podiatry, occupational therapy and nutrition, allows all aspects

of pressure injury prevention to be considered for each patient. Conducting these rounds has been associated with a reduction in pressure injuries on the trauma ward at The Alfred.

At Caulfield Hospital, a weekly wound / pressure injury round continues on the aged care wards and is similar to The Alfred round. The Caulfield round supports staff in managing patients with existing pressure injuries to ensure best practice wound management and pressure injury prevention.

Like the other sites, Sandringham Hospital focuses on pressure injury prevention, partly through its pressure prevention working group. The working group includes staff from different areas and members are actively involved in presenting learnings from case reviews, identifying education requirements and recommending both local and organisational pressure prevention strategies.

Another initiative has been the development of a more structured approach to information collected through the annual surveys, audits, referrals, incident reports, case reviews and documentation in the medical record to enable us to improve our pressure injury prevention and management strategies.



Graph 3 shows the number of pressure ulcers has decreased

COMMUNITY INSIGHT INTO ALFRED HEALTH COMMITTEES

Nigel Caswell is an active member of the local community who has been involved with a number of Alfred Health committees over the last five years and shares some of his insights below.

I first became involved with Alfred Health when I joined the Cultural Diversity Committee in 2005. In my working life I had helped develop relationships with the Aboriginal community, so was keen to be involved in this kind of work locally.

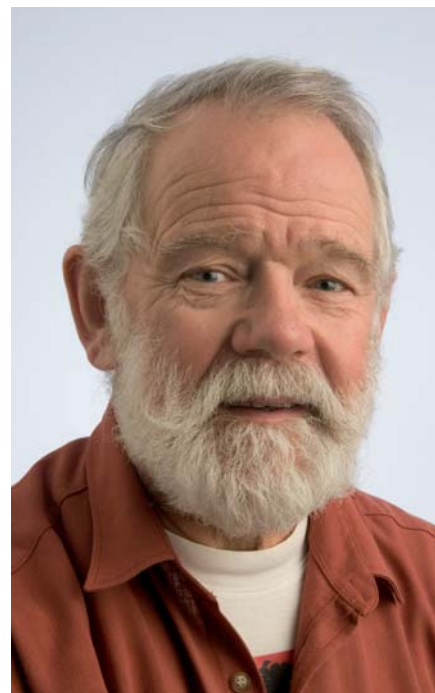
My objective in the Cultural Diversity Committee was always to ensure equity and quality of care for all. A highlight from this committee was seeing cultural, linguistic and religious diversity recognised in the Alfred Health strategic plan and annual report. I was also very impressed with the work done on improving the interpreter program which I believe is an innovative and first-class program (see page 18 for more information).

I joined the Clinical Governance Committee in 2006. I didn't come to the committee with a detailed medical knowledge but I have had

multiple sclerosis for more than 20 years, and have experience and an interest in ensuring that governance processes are in place and that they work. For example, if something goes wrong then it is investigated and changes are made.

I was the first non-staff member of the Clinical Governance Committee which was a challenge to both myself and the other committee members. In the early days it was hard coping with unfamiliar language. However, I never felt anyone looked down on me for my lack of knowledge of medical issues and my questions and suggestions were always treated seriously.

The Clinical Governance and Cultural Diversity Committees have been merged into other Alfred Health committees but I have continued my involvement and have recently become a



Nigel Caswell

member of the Community Advisory Committee.

I have enjoyed my involvement with Alfred Health and I applaud the CEO and the organisation for their acceptance and willingness as a group of professionals to involve someone from outside the organisation. I look forward to this continuing.

CLINICAL GOVERNANCE AT ALFRED HEALTH

Clinical governance is the system used to ensure organisations are accountable for providing good, safe care through the management of risks and continuous practice improvement.

In March 2009 the Victorian Department of Health launched the Clinical Governance Policy Framework which provides a guide for health services to ensure they have good clinical governance systems in place.

Alfred Health first implemented its clinical governance framework in 2007 and so we were in a good position to be able to share our experience and provide expert advice in assisting the Department of Health to develop the statewide Clinical Governance Policy Framework. Alfred Health actively participated in both the advisory group and stakeholder forums as well as at an implementation evaluation workshop held in early 2010.

Alfred Health's own clinical governance framework is very much in alignment with the statewide policy with many governance elements in common. Where differences have been found, work is underway to address these areas in the Alfred Health framework. For example, information about clinical governance is now included in the staff orientation sessions and in the *Quality of Care Report*.

CREDENTIALING AND SCOPE OF PRACTICE

“Credentialing” is the formal checking of qualifications, experience, professional standing and other relevant issues to form a view about a clinician’s competence and professional suitability to provide safe, high quality care for patients. A clinician’s “Scope of Practice” follows on from credentialing and involves outlining what clinical activities the individual clinician can undertake within a particular setting.

WHAT IT MEANS FOR ALFRED HEALTH DOCTORS

Alfred Health’s credentialing system ensures that the formal qualifications, training, experience and clinical competence of doctors providing health services are checked on commencement and reviewed at least every five years.

Each medical specialty at Alfred Health has developed a credentialing guideline that outlines the qualifications required for a core scope of practice in the specialty – this means what every suitably trained and experienced specialist in that area should be able to do.

There are also “special scope of practice” areas for each specialty, where doctors wishing to work in these sub-specialty areas require additional training and experience.



WHAT IT MEANS FOR ALFRED HEALTH NURSES

The skills and experience of Alfred Health nurses are strengthened by increasing their scope of practice. A recent example of this is a training strategy for Enrolled Nurses (ENs).

Currently around 12.2 per cent of the nursing workforce is Enrolled Nurses and increasing the scope of practice for these nurses helps them to gain increased knowledge and skills and will enable them to deliver holistic patient care. Increasing scope of practice also helps our patients by improving the timeliness and continuity of the care they receive.

From 2010, after completing an approved program ENs can assess, administer and monitor intravenous medications and Alfred Health has been assisting staff to get the appropriate training that ENs need to do this. An approved unit of training at Diploma level has been specifically developed for Alfred Health staff with a partner agency. The course is a mixture of theory, clinical placement and assessments.



ACCREDITATION



Alfred Health received full accreditation by the Australian Council on Healthcare Standards (ACHS) in 2009 for the entire organisation. In 2010 a self assessment report was submitted to the ACHS to highlight the achievements made in the past 12 months. Overall, the report indicates that we are achieving many of the improvements we said we would make when we were accredited in 2009.

On top of ACHS accreditation, our Pathology and Radiology departments are also accredited by the National Association of Testing Authorities (NATA). This accreditation is based on our ability to meet certain standards including the qualifications, training and experience of staff, correct equipment that is properly maintained and quality assurance procedures. In 2010, for the first time, Radiation Oncology was also accredited by NATA.

Alfred Health residential care services are accredited by the Aged Care Standards and Accreditation Agency. The Agency assesses the performance of residential aged care homes against accreditation standards which include management systems, staffing and organisational development, health and personal care, resident

lifestyle and physical environment and safe systems.

Each of our three nursing homes takes part in a full accreditation review every three years and at least one unannounced support visit is conducted in each nursing home every year. The process is very thorough and has been able to show that we are continuously improving.

The most recent full accreditation took place at the Caulfield Hospital nursing home (Glen Eira and Glen Huntly) in September 2009. A glowing report was received from the accreditors who praised the staff for their knowledge of residents and their involvement in auditing activities. They also mentioned the highly positive feedback from discussions with families and residents regarding care.

STRIVING TO REDUCE RISK

Risk management is the process used to identify, reduce and control events which may impact on the organisation's ability to meet its goals and objectives. Alfred Health has a risk management framework in place that enables the Executive Committee and Board to monitor actions to reduce known organisational risks and to ensure that local managers are aware of the strategies that should be implemented to help reduce organisational risks.

A risk assessment tool for new services has been developed that enables potential risks to be identified before that service starts. For example, an assessment of The Alfred and Sandringham Hospital H1N1 emergency flu clinics was conducted before they were opened. This meant that all the systems and processes that needed to be in place when the clinics were opened were there and this avoided common teething problems e.g. disposal of infectious waste, protecting confidentiality and privacy and appropriate documentation.

Local areas have the opportunity to identify new risks and risk identification is one of the main components of the annual leadership conference. The organisation is always striving to reduce potential harm to patients, visitors and staff and over the last year has managed to decrease the impact of known potential risks and work is continuing in order to make further improvements.

RESPONDING TO CONSUMER FEEDBACK

Alfred Health is committed to putting consumers' views at the heart of what we do. One way we achieve this is through valuing and encouraging feedback from all our consumers – patients, their loved ones, carers and community members.

Consumer Participation Sub-Index (CPI) & General Patient Information Sub-Index (GPI)	Sep 08 - Feb 09	Jun 09 - Dec 09	Hospital category average score
The Alfred CPI	79.1 ☺	73.9 ☹	75.3
The Alfred GPI	78 ☹	80.2 ☺	78.1
Sandringham Hospital CPI	81 ☹	77.4 ☹	81.8
Sandringham Hospital GPI	77.6 ☹	77.1 ☹	78.8
Caulfield Hospital CPI	72.5 ☹	69.4 ☹	73.4
Caulfield Hospital GPI	71.1 ☹	72.4 ☹	76.2

Victorian Patient Satisfaction Monitor Results 2008 and 2009

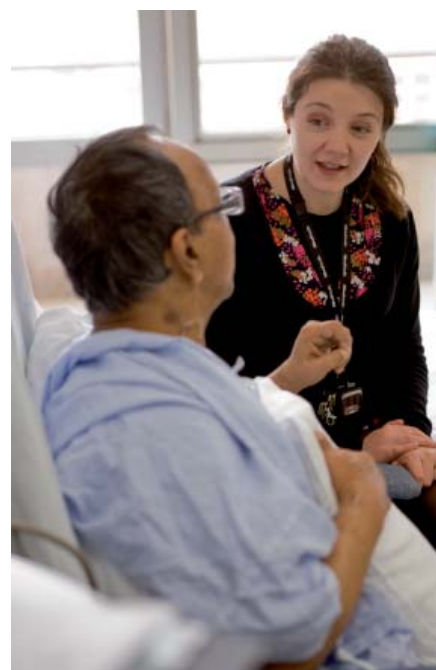
In 2009/10 the Patient Liaison Officers received 1,164 complaints. This was an increase from the previous year, when 913 complaints were received. These complaints are analysed and grouped in themes and improvement opportunities are identified. The table below shows a few examples of the changes that were made based on some complaints.

Every six months Alfred Health receives results from a survey called the Victorian Patient Satisfaction Monitor (VPSM) which is conducted by the Department of Health. This includes the results of a

Consumer Participation Sub-Index (CPI) and a General Patient Information Sub-Index (GPI) which are calculated from the results of a number of specific questions relating to these areas.

The above table reflects recent CPI and GPI results. Each Alfred Health hospital is in a different category and results are benchmarked against similar hospitals within this category.

Although the VPSM results show that Alfred Health is very close to the average score in most instances, we want to do better and there are a number of actions underway that should help us to



The Alfred's Patient Liaison Officer Penny Tallents speaks with Charles Gonsalvez

improve performance regarding consumer participation and patient information.

On top of looking at the consumer participation and patient information results we also look at key themes in the VPSM results and use these to inform improvements throughout the health service.

What patients said...	What we did...
Can you make it easier for me to see a dietitian at Sandringham Hospital?	The service has been reviewed and the hours have been increased to a Monday to Friday service.
The corridors are very long, I get tired and stressed.	A bench has been provided and wheelchair assistance can be requested at reception desks.
We would like more support to participate in our culture's 'days of significance' in the nursing home.	As part of the Life Style program, we now provide and publicise a timetable of events.
The meals could be better quality, it's important for my recovery.	A Nutrition Improvement program has been introduced, with regular review of feedback and meal tasting.
The cordless phone system doesn't get good reception in the nursing home and I can't speak to my loved ones.	New phones have been purchased and the reception is now better.
I can't access the phone in the nursing home because it is out of reach.	The phone has been moved and can now be accessed more easily by the residents.

A CHANGE IS COMING

Alfred Health has implemented a new post-operative orders form across the organisation. The form documents a patient's surgical care from the start and covers the critical first 24 hours when patients need to be carefully monitored.

It incorporates the pre-surgical checklist, the post-operative orders and the operation report all in one document. It will enable staff to easily identify patient care instructions and sets out clear steps to quickly recognise and respond to complications after surgery.

Nurses say they are now able to spend more time at the bedside and less time chasing up information on the phone or on the computer.

Clinical Governance Director, Margaret Way, said that by identifying and acting quickly on any issues after surgery, complications can be quickly identified and treated, which can save lives.

"And this means a better experience for our patients, with quick recovery and return to their homes and families," Margaret said.



HALO STUDY TO REDUCE PIN COMPLICATIONS



Stephen Kennedy has a review of his Halo Thoracic Brace by Orthotist Tim Burke

An Alfred study has helped to reduce painful problems that patients often have with Halo Thoracic Braces (halos), which are used to immobilise unstable spinal fractures.

The halo grips the patient's head via four pins inserted through the skin onto the skull. These pins often become loose which results in the loss of grip on the skull, putting the spine and spinal cord at risk of further injury. Loose pins are very painful and require immediate replacement.

The study looked at whether or not tightening the pins each fortnight would help reduce the number of times pins become loose, painful and require replacement. There were two patient groups in the study - one where no regular re-tightening of pins occurred (the control group) and one where pins were tightened each fortnight

(the treatment group). Rates of problems and pain were compared between the groups.

It was found that 29 per cent of the treatment group had a loose pin compared with 72 per cent of the control group and there was less discomfort with the re-tightening process than with replacing a loose pin.

Treatment protocols have now been altered. As a result of this study all halo patients now receive fortnightly re-tightening.

Four months after the protocol change the number of painful loose pins reduced by 66 per cent.



In our most recent accreditation survey, community participation was awarded an Excellent Achievement by the Australian Council on Healthcare Standards

COMMUNITY PARTICIPATION

INSIGHTS FROM ELAINE SAUNDERS, CHAIR OF THE COMMUNITY ADVISORY COMMITTEE

I have been the Chair of the Alfred Health Community Advisory Committee (CAC) since September 2009. At this time I was new to the Committee, as were many of its members – there were new community members as well as a new CEO, Executive Sponsor and Executive Officer. So it has been a time of change but we are doing our best to provide advice and feedback and are well-supported by the organisation to do this.

CAC members come from diverse backgrounds and with a cross-section of interests. We all have different areas of focus but are working together in partnership with Alfred Health to continuously improve the model of community participation, and are doing our best to satisfy needs in a challenging financial and political environment.

The CAC meets every two months and at each meeting we hear from Program and Service Directors about how elements of community participation and cultural diversity are incorporated into their work. We have heard that programs are ensuring that their written information is understandable to patients with different needs, we have learnt about improvement initiatives that enable patient-centred care and about some of Alfred Health's key community partners.

CAC members have also been involved in other consultations alongside Alfred Health staff and other consumers, carers and community members. These include a Disability Workshop and focus groups about Patient Information Handbooks and the *Quality of Care Report*. In 2010 three CAC members worked with staff to provide advice about the *Quality of Care Report*.



Dr Elaine Saunders

In November 2009 a Community Participation workshop was held which was an excellent opportunity for consumers, carers, community members and Alfred Health staff to identify areas that are important to health service users. The workshop saw seven key themes identified which will be addressed over time via the Community Participation Plan. The CAC helped develop the 2010 Community Participation Plan and our half-yearly report in June 2010 showed that we are making excellent progress. Looking at 2009/10, the CAC has also been involved in strategic planning and the development of patient information and patient surveys. CAC members also participate in Victoria-wide consultations and attend a variety of workshops, forums and conferences that broaden their understanding of the health system and community participation.

Alfred Health works in partnership with a broad range of people and I would encourage community members to be proactively involved. To learn more about this contact the Community Participation Coordinator on (03) 9076 2409.

ICU NURSE MANAGER IS 'DOING IT WITH US, NOT FOR US'

The Alfred's Intensive Care Unit (ICU) Nurse Manager, Nicole Lukauskas, is truly living the principle of 'Doing it with us not for us' by her patient and family-centred approach.

Nicole is in constant communication with ICU patients and their families whether it is through informal, bedside chats or via survey feedback follow-up, and she encourages all staff to adopt a patient and family-centred approach to the care they provide.

Nicole has developed a family needs survey that asks questions about a variety of topics and that helps improve the quality of services provided to ICU patients and their families. "The surveys are usually completed by family members and occasionally patients. The survey offers another way to get both positive and constructive feedback. Action is taken on constructive feedback and on complaints in a more timely way than through the formal complaints process and this allows our patients and families to have a voice," said Nicole.



Above: ICU Nurse Manager Nicole Lukauskas (right) with nurse Carolynne Sady.

BACK ON THE BIKE

While the majority of deaths and injuries from the Black Saturday bushfires occurred at the height of the disaster, the danger was still very real in the days following the tragedy.

Peter Anderson, 56, from Maribyrnong was helping his brother clean up his fire ravaged Kinglake West property the week following the fires.

"My brother and I headed to the back of the property to check out a couple of logs still burning. It looked like stable ground, but I fell into a hole still burning, about waist deep," Peter said. "As I was trying to get myself out I burnt my legs and hands. My brother helped me out, and one of my gumboots filled with ash, contributing to the already bad burns on my leg."

A triage centre was set up down the road from Peter's brother's house and from there he was driven to Whittlesea and airlifted to The Alfred. Peter had skin grafts on his left leg and synthetic grafts on his fingers, spending two weeks in The Alfred's Burns Unit.

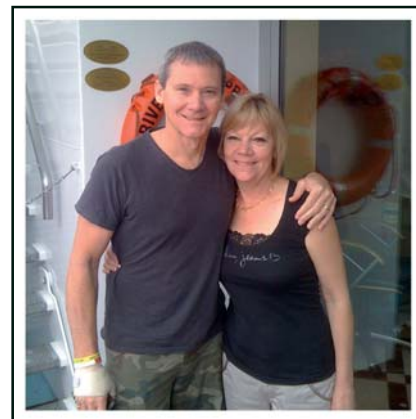
"The team at the Alfred Burns Unit were fantastic. This was a major factor in the recovery process; without them I would not be doing what I am doing today," Peter said.

"I recovered in hospital quite quickly and was discharged and received Hospital in the Home. That consisted of a nurse visiting to change dressings but also teaching my wife Michelle how to do it."

"Hospital in the Home was a big factor in getting me back to normality after the accident because you're in familiar surroundings."

Peter also got back to work at their training and development company just six months after the accident.

Married for 35 years, father of three and grandfather of two, Peter said the biggest reason



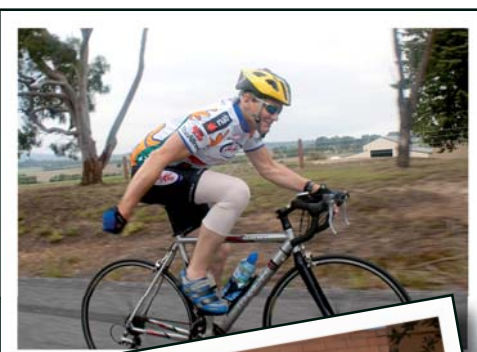
Peter and Michelle Anderson.

for his recovery was his wife Michelle. "She looked after me, took over the business and kept everything together for herself, and I was just amazed, to be honest."

Something that also contributed to Peter's speedy recovery was his fitness. Before his injuries, Peter rode his bike three times a week, was a regular swimmer and went to the gym.

He got back on the bike in July 2009. He has suffered minor setbacks in the past few months but says it is all part of the recovery process.

"I'm still here, still walking around, and that's as good as it gets."



Clockwise: Peter with grandson Tyler; Peter participating in the Rotary Club of Moonee Valley annual cycling fundraiser in March 2010; the cycling fundraiser participants; Andrew Way congratulates Peter



REDEVELOPMENT OF THE BURNS UNIT

A multi-million dollar redevelopment of the Victorian Adult Burns Service at The Alfred will provide pleasant surroundings as well as enhance patient care.

The redevelopment, which will involve a re-design of the current physical space on level six of the Main Ward Block, will incorporate more single rooms with en-suites to assist with infection control, a dedicated gymnasium to encourage burns patients to start their rehabilitation sooner and ergonomic equipment to assist with patient repositioning.

Some of the patients' rooms will also feature individual temperature controls, which are very important for procedures like wound dressings which generally need to be carried out at temperatures above 32 degrees.



An artist's impression of the entrance to the new Burns Unit

Victorian Adult Burns Service Nurse Manager, Lisa Storck, said there would also be substantial use of glass throughout the new facility, which would assist with staff observation and ensure patients could see the staff – reducing the feeling of isolation.

She said the new facility would be light and open, with the new plans incorporating input from burns patients as well as the nursing and medical staff from Ward 6 West.

With the addition of more single rooms, Lisa said the new unit would be even better equipped to handle mass burn casualties – such as those received following the Black Saturday disaster.

Work on the new-look facility is expected to be finished in December 2010.

GOING THE DISTANCE

The Rotary Club of Moonee Valley proudly supported The Alfred Burns Unit with their annual cycling fundraiser in March 2010.

Covering more than 900 kilometres in seven days, cyclists rode through last year's bushfire areas and finished at The Alfred.

"The Alfred treated some of the most seriously burned survivors in the aftermath of Black Saturday," said Phil Loader, President of the Rotary Club of Moonee Valley.

"Given we were cycling through the areas that were devastated by the bushfires, it was only fitting that we fundraise for the hospital

and help them continue to save lives by supporting the Burns Unit."

More than 25 riders completed the tour with former burns patient Peter Anderson joining the group for the final leg.

Participants of the Rotary Club of Moonee Valley's annual fundraising bike ride



THE RIGHT INTERPRETER FOR THE RIGHT PATIENT AT THE RIGHT TIME

In response to an increasing demand for interpreters, the interpreter service at Alfred Health has been redesigned. Some of the challenges addressed included: some staff having limited understanding of when to use an interpreter; a lack of understanding of how to book an interpreter; and problems with booking and prioritising procedures, resulting in delays for patients.

The project's initial focus was to improve the system of internal and external interpreter services to the Specialist Consulting Clinics at The Alfred. Staff and consumers were involved and improvements to the scheduling system were made to manage bookings better. A prioritisation tool was developed so that patients requiring an interpreter were seen on time, allowing the interpreter to move to their next appointment. This tool was also used to ensure management were aware of any problems.

New guidelines were developed regarding the use of interpreters and staff education was provided to ensure adequate knowledge and understanding of when and how to use an interpreter.

The project was able to demonstrate a decrease in unbooked appointments and better use of interpreters. There has been an improved patient experience in the Specialist Consulting Clinics as patients no longer have long waiting times for their appointment. Opportunities for further service and system improvements have now been identified and the project continues to be carried out across Alfred Health.

RECOGNISING DIVERSITY AT ALFRED HEALTH

Alfred Health is always striving to meet the diverse needs of our culturally and linguistically diverse (CALD) community.

In 2009/10 we continued to gather data about patients' country of birth, language spoken other than English and religion and this information is used to ensure that Alfred Health services meet the needs of its users.

The CALD profile is available to staff on the Cultural Diversity page on our intranet site. We also recently added a Cultural Dictionary and Cue Cards developed by Eastern Health to the intranet site and have promoted this resource page to staff.

The Alfred Health complaints and incident management systems were recently updated in order to identify complaints and incidents related to cultural or linguistic factors.

Alfred Health is establishing an Employee Diversity Committee in 2010 to help meet the needs of our diverse workforce.

The annual celebration of Cultural Diversity Week was held in March 2010. Ribbons and promotional

material were available at all hospitals and a lecture on intercultural communication in healthcare was presented at The Alfred by Dr Marissa Cordella from Monash University. This was followed by a lunch featuring food from a number of different countries.

The past year has also seen a focus on the provision of meals to meet religious dietary requirements for which an Alfred Health guideline is being developed. In addition to offering a Kosher menu across Alfred Health, a Halal menu was introduced at The Alfred in August 2010. These menu changes will be included in staff multicultural training to help raise awareness. The Nutrition Department and Food Services at The Alfred and Caulfield Hospital have continued their food theme days to incorporate cultural and religious days of significance. Patient Service Attendants at Caulfield Hospital received training regarding appropriate food for Jewish Passover.



Donna Closky, Food Service Coordinator, discusses changes to the menu with Head Chef, Kevin Barfe, and Clinical Operations Leader - Nutrition, Rachel Stoney

INSIGHTS FROM UNCLE GRAHAM



“Despite what life has to offer you try and always maintain your dignity and self-respect because as ‘free spirits’ that is all we bring into this beautiful world and that is all we got when we leave.”

Graham “Bunja” Geebung, 2009

Uncle Graham Geebung is a local indigenous elder whose first contact with Alfred Health was through Caulfield Hospital’s amputee unit seven years ago. He has since been involved with Alfred Health in numerous ways.

Uncle Graham was involved in the patient stories projects at both Caulfield Community Health Service and Caulfield Hospital (see page 26). He was a member of the Caulfield Consumer and Carer Reference Group and was part of the Indigenous Review.

Uncle Graham said, “The Indigenous Review was about recognising that indigenous people have different cultural needs. For example, we take things quite literally and personally – if the sign on the ward says discharge is at 10am then we expect to be leaving the hospital then.”

Uncle Graham has been responsible for conducting a Welcome to Country and Acknowledgements of Country. A Welcome to Country is a formal

welcome onto Aboriginal Land given by an elder or person of that land. An Acknowledgement of Country is a statement of recognition of the traditional custodians and guardians and can be given by any person.

Because Uncle Graham is not traditionally from the local area he received permission to conduct the Welcome to Country at Caulfield Hospital’s ANZAC Memorial in 2010. He said, “These acknowledgements mean a lot because it shows respect and allows others to use the land of the traditional custodians and guardians.”

Uncle Graham has also been involved in many other local and state committees. When asked what he hopes to achieve by being involved with Alfred Health, he said, “One thing I would like to see is the recognition that Aboriginal and Torres Strait Islanders have their own culture and to try and understand that and to reach a memorandum of understanding with the health service.”

BUILDING RELATIONSHIPS WITH OUR INDIGENOUS COMMUNITY

In 2009/10, Alfred Health has continued to build relationships with Aboriginal and Torres Strait Islander (ATSI) communities in our catchment area and with other key community service agencies.

The Alfred participated in a review of local Aboriginal health services with Inner South Community Health Service and Caulfield Community Health Service. During this review we built on important working relationships with our indigenous elders who were on the Review’s Steering Group.

The review made a number of key recommendations that Alfred Health is now taking forward through the re-establishment of the ATSI Health Advisory Committee.

Alfred Health has worked hard to improve our physical symbols of welcome for the ATSI community. A large mural in the main passageway of The Alfred has been well received and Alfred Health continues to fly the Aboriginal Flag during Reconciliation and NAIDOC Weeks.

In 2010 we celebrated NAIDOC week with three Aboriginal artists from Arnhem Land painting in the foyer at The Alfred.

The role of the Aboriginal Health Officer is instrumental in building cultural awareness and provides assistance to patients and their families, as well as providing informal education to staff.

In 2010 new Aboriginal Health Liaison Officers will work across the three hospitals to build greater cultural awareness for all Alfred Health staff.

HEALTHY AGEING FORUMS

As people become older a number of significant changes can occur in their lives including retirement, becoming a carer for a partner, changed financial circumstances and changes in health, fitness and mobility. These changes can have an impact on a person's lifestyle as well as their mental health and wellbeing.

To help support and inform older adults and their families, Caulfield Community Health Service (CCHS) runs four information sessions a year on various topics that are either current issues or are chosen by surveying forum attendees. Previous topics include memory, depression, heatwave, foot care and seniors' rights. Depending on the topic, the speakers are either CCHS staff or people from relevant external organisations and agencies.

The Healthy Ageing program has been running since 2008, all sessions have been attended by up to 100 people and the feedback received has been overwhelmingly positive. The forums are advertised via a mail out to past attendees and through hospital and local community publications.

Recent data show that a high percentage of the local population aged 65 or over are living alone and a recent CCHS survey showed that 54.5 per cent of respondents believe that social isolation is a major health issue in the community. The Healthy Ageing Program helps meet the needs of those in the community who are older and socially isolated by providing an opportunity for them to meet other community members.

STORYTELLING HELPS STAFF SEE THROUGH A PATIENT'S EYES

Stories from our consumers and carers are an excellent way for staff to see things from a patient's perspective as well as having positive outcomes for patients, as highlighted by three Alfred Health patient stories projects.

Caulfield Community Health Service undertook a storytelling project as a health promotion strategy to unite patients and help them cope with their illnesses. Nine participants told their stories through paint, poetry, photographs and text. Using various art forms to produce a story provided participants with a sense of achievement and was a great opportunity for them to share their experiences with each other and with staff.

Consumers and carers of Caulfield Hospital services have also shared their stories of illness and recovery through large posters. Six patients and one carer were interviewed about their hospital experience,

their recovery and their current lives and a summary of this was presented on a poster. The aim of the posters is to support and inspire other patients and carers and for staff to see through the patient's eyes. The posters were launched during Caulfield Week 2010 and are on public display in the hospital.

The Alfred is currently piloting a project on an inpatient ward by interviewing patients to understand and learn about their experiences. We hope that the patient stories program will be conducted across all Alfred inpatient wards and look forward to providing you with more information about this in future reports.



The Caulfield Hospital Patient Stories Posters

VOLUNTEERS - A VITAL PART OF ALFRED HEALTH'S COMMUNITY

Volunteers are an important part of the Alfred Health community, working in partnership with staff across the entire health service. As in many other health services, volunteers at Alfred Health undertake crucial unpaid roles in specific volunteer positions.

Caulfield Hospital currently has a group of 160 VIP (Volunteering in Partnership) Volunteers as well as fundraising, kiosk and cardiac support group volunteers. VIP Volunteers are involved in a range of programs including friendly visiting, hydrotherapy assistance and the concierge program.

Jeanette Olszanski, Manager of Volunteers at Caulfield Hospital, said, "One of the more unusual volunteer services involves Lachlan, the west highland terrier, visiting the nursing home residents. Then there's Jack Barnes, the 2009 Glen Eira Citizen of the Year, who with wife Eunice share their smiles, caring and warmth with nursing home residents every Friday."

Sandringham Hospital has over 100 volunteers, some whom have been volunteering at the hospital for 50 years! There are three main groups: the kiosk volunteers, the Pink Ladies who tend to patients' flowers and the Couriers who help with administrative and other jobs. Cathy Howard manages the volunteers and said, "The hospital's volunteers are highly



Volunteer at The Alfred, Marjorie Marris

valued. They do a lot of work behind the scenes that people don't see but we really appreciate everything they do."

At The Alfred there are currently 170 volunteers supporting over 40 departments. Some of the volunteer roles include working in the Emergency Department, being a concierge and taking library and tea trolleys to the wards. Hand and foot massage

volunteers provide a special treat for patients as well as providing them with some social interaction.

Alfred volunteers range in age from 16 to 90 years old. Marjorie has recently turned 90 and has been volunteering in the Diabetes Education Unit for nine years. Gillian Wilson, Volunteer Manager at The Alfred, said, "Marjorie is evidence of the saying, 'Volunteering keeps you young'."



From left: Some of Sandringham Hospital's Pink Ladies, Caulfield Hospital volunteers Eunice and Jack Barnes, volunteer Dawn Odgers in the Sandringham Hospital kiosk



Specific units at The Alfred are now using electronically-generated discharge summaries, which are easier for GPs to read. The number of electronic discharge summaries increased from 22.7 per cent in February 2009 to 42.8 per cent in Sept-Oct 2009



CONTINUITY OF CARE

NEW MODEL OF CARE FOR ALFRED PATIENTS



Nurse Managers Andrew Hoiles and Bec Atkins with Jean Voigt

The Alfred has developed a new model of care for patients who are frequent users of the hospital and well known to the medical units. When these patients come to the Emergency Department (ED) they can now be assessed by a care team who can put them in contact with their regular doctors straightaway to enable clear care planning.

The new model of care not only assists patients from the ED, it facilitates close links with outpatient clinics and other care providers such as the Mobile Assessment and Treatment Service, the Disease Management Unit and Hospital in the Home to provide an alternative solution and help the patient to avoid going to the ED.

The new model of care involves an eight-bed Acute Assessment Unit and a new 20-bed Acute Medical Unit (AMU) on the fourth

floor of The Alfred next to the General Medical Unit (GMU). The AMU model of care is based on a stay of 48 hours or less. The GMU model of care provides ongoing care for patients with more complex needs.

Keith Brown is one patient who has experienced this new model of care. When his medical problems become too hard to manage at home, Mr Brown needs to go to the ED at The Alfred. It is now possible for Mr Brown, after discussion with the care team and the ED, to come straight to the fourth floor and begin his care. He is able to see his doctors straightaway and have the new issue addressed. Mr Brown said, "The staff are absolutely great and the knowledge of my condition is thorough. It's good to come back here and know that myself and others will be cared for."

IMPROVEMENTS CONTINUE IN SPECIALIST CONSULTING CLINICS

In 2009/10, The Alfred continued to build on the improvements made in the Specialist Consulting Clinics through the 'Redesigning Care Program,' with the aim of improving the patient's experience and improving communication with GPs.

One improvement has been to scan and store all referrals electronically, which enables the details of the patient and referring doctor to be confirmed when the referral is received. This means that a letter can quickly be sent to both the patient and referring doctor.

Referral guidelines are available on the Alfred Health website, providing GPs with the approximate waiting times for clinic appointments. Clinic lists are also available so that GPs can assess if the clinic times are suitable for the patient, or in the case of Medicare bulk-billed clinics, can refer the patient to a specific doctor as required.

Specialist Consulting Clinics now have an electronic system that allows clinicians to request a timeframe for the next patient appointment. The Department Manager receives a weekly report to ensure that patient appointments occur in the requested timeframe, particularly for high-risk patients.

The electronic system also reduces waiting times by making it easier to plan appointments so that any X-rays or other tests are done before the next appointment at the clinic.

QUALITY IMPROVEMENTS IN DIABETES CARE AT THE ALFRED

Diabetes complications are the highest Ambulatory care sensitive condition (ACSC) in Alfred Health's local catchment area. An ACSC is a condition for which hospital admission is thought to be avoidable if preventive care and early disease management are applied. The articles below highlight some of the ways that Alfred Health is tackling the issue of diabetes.

YOUNG ADULT DIABETES SERVICE



Marc Andrighetto with Diabetes Clinical Nurse Consultant, Sue Wyatt

In Australia there are around 40,000 people under the age of 30 who have Type 1 diabetes and about 1,000 children in Australia develop diabetes each year.

A national forum in 2006 found that careful management is needed to be sure their care continues without interruption when these children grow up and move to adult diabetes services. It was also suggested that attendance rates among young people with diabetes are best in an after hours clinic especially for young people.

In February 2010, The Alfred joined other Victorian healthcare providers in providing a Young

Adult Diabetes Service (YADS) for young people with Type 1 diabetes.

The YADS clinic runs once a month and has a team consisting of a diabetes specialist, registrar, diabetes educator, dietitian, podiatrist and a psychologist who are in attendance at every clinic. Without this type of care young people would be more likely to need to come to emergency departments with long and short term complications from diabetes.

ASSESSING AND EDUCATING PATIENTS UNDERGOING CARDIAC SURGERY

Coronary heart disease is a common condition in those with Type 2 diabetes and many require heart surgery. People with diabetes often have a greater risk of infection after their operation, and often have a longer hospital stay.

A research study was undertaken by the Department of Endocrinology & Diabetes, Diabetes Education and Dietetics to assess whether something could be done for cardiac patients before their surgery to improve their overall health along the way. Diabetes questionnaires were completed and patients were assessed by an endocrinologist. Education about improvements in diabetes care was given along with dietary assessment and advice, with several patients starting insulin before their operation. This study demonstrated the benefits of improving diabetes treatment before elective heart surgery and this service will continue to be provided.

IDENTIFICATION OF STEROID INDUCED DIABETES

The Department of Endocrinology and Diabetes, Diabetes Education and the Pharmacy Department worked together to assess the use of steroids in particular patients after it was noted that there was an increase of steroid induced diabetes at The Alfred. Steroids are prescribed for cancer patients as part of their treatment and for transplant patients who must take this medication to avoid rejection of the transplant.

A staff guideline was developed on how to identify and manage steroid induced diabetes. Education and support is also provided by the diabetes educators and doctors caring for the patient. Over 10 months there have been 57 new cases diagnosed which means there is better detection and management of this issue.

CHILDREN AND FAMILY SERVICES

Commencing school is an important time for children and their parents. New uniforms, lunchboxes, routines and friends are all exciting but may contribute to what can be a very stressful time for some.

The Child Youth and Family Team is a dedicated group of paediatric health professionals at Caulfield Community Health Service (CCHS). The team aims to make the transition to school and school life as stress free and smooth as possible for children, parents and school staff.

The School Transition Group aims to prepare children for the daily routines of school, with a focus on each child's individual needs. Led by a speech pathologist and occupational therapist, the children learn the rules of following instructions, speaking in turn, teamwork, pencil skills and independence.

CCHS also provides a Social Skills group. Through play and team activities, our paediatric

psychologist and speech pathologist focus on such skills as listening to others and making and keeping friends, as well as assertive communication.

While the children are having fun, parents are invited to weekly sessions where topics such as choosing school shoes, making friends or healthy lunchboxes are discussed.

Our care for our young clients continues well into the school years. CCHS works with local primary schools through the Walk on Wednesday program which encourages students to walk rather than be driven to school. Walking gives children the opportunity to engage in regular physical activity and means that there will be fewer cars and more



people on the streets, making for a friendlier, healthier walking environment for the whole community.

The Child, Youth and Family Team enable CCHS to provide high quality services for clients across the lifespan.

EXTENDED AGED CARE AT HOME



EACH Package recipient Mary Soans with daughter Catherine and Dipika Bagga

In January 2010, Caulfield Community Health Service (CCHS) commenced the provision of Extended Aged Care at Home (EACH) packages. EACH packages are provided in the client's home and are individually designed to meet the needs of older frail adults who would normally require residential care.

CCHS is providing EACH clients with a variety of services including personal care (shower and dressing), assistance to access the community with a carer, in-home respite, case management, allied health services and the provision of assistive equipment. To ensure the client's medical needs are being met, CCHS has a dedicated Community Health Nurse on staff who provides a tailored nursing health plan and direct hands on care to every

EACH client.

Mary Soans is one of ten care recipients who receive an EACH package. Mary's daughter Catherine said the care package has resulted in her life being turned around. "Her positive approach to life, in fact her whole wellbeing is due to the excellent care that she receives," Catherine said.

The EACH package has also had positive benefits for Catherine who said, "As the primary carer I have a lot of freedom now. I am able to focus on other things and therefore feel more refreshed and capable when caring for my mother."

Due to the demand and success of the EACH packages further opportunities to increase the service are being investigated.

IMPROVING CARE FOR OLDER PATIENTS AT SANDRINGHAM HOSPITAL

In last year's *Quality of Care Report* we wrote about Caulfield Hospital's project to provide improved care for older people. Sandringham Hospital has now also received funding from the Department of Health to be a part of the Council of Australian Governments Long Stay Older Patients Initiative.

Ward F2 at Sandringham Hospital has commenced a Functional Conditioning Program to improve care for older patients in hospital and minimise their risk of functional decline, which is the reduced ability to perform activities of daily living. Studies have shown that functional decline can occur as early as day two in hospital and between 34 – 50 per cent of older patients are affected.

Functional decline can also lead to longer stays in hospital, greater demand for rehabilitation beds, an increased likelihood of discharge to residential care and a general increased demand on family,



Allied Health assistants lead the Super Seniors Exercise Class

carer and community resources. Some of the program's achievements include encouraging patients to wear clothing instead of pyjamas, assisting patients to be independent with showering and personal care and education about the safe use of medications.

Some items purchased by the program include pressure relieving cushions, clocks and calendars to assist with

orientation, games and exercise equipment, radios and devices for the hearing impaired and bed and floor mat alarms to assist with falls prevention.

The Functional Conditioning Program has become a regular part of the care offered in F2, and staff have found that patients have been helped a lot. The response from participants has also been positive, and it is hoped that the program will be expanded to other areas in the future.

NEW WEBSITE HELPS PATIENTS' HEALTH AND WELLBEING

Patients with Chronic Obstructive Pulmonary Disease (COPD) have a greater potential for problems with swallowing, voice, oral health and nutrition. Research in this area has demonstrated a need for improved understanding of how this disease can affect a patient's overall health and wellbeing.

In response to this, La Trobe University students, in partnership with Speech Pathology from Alfred Health and Bentleigh Bayside Community Health have developed an educational, web-based resource for speech pathologists and GPs.

The website aims to promote awareness and improve management of patients with swallowing and communication related problems associated with COPD.

The website provides resources, including patient brochures, presentation slides and links to other resources. It also contains personal experiences from people living with COPD with comments such as:

"I came back a few years ago and had trouble with swallowing and they could never really work out

what it was. I'd never heard of a speech pathologist before I got to the hospital."

"My mouth is always sore and dry, it's very uncomfortable."

The website will be advertised in the Monash and Bayside Division of General Practitioners E-News and will be distributed to speech pathologists around Australia. The Australian Lung Foundation has also agreed to include a link to 'COPD and Speech Pathology' on their website.



For more information, please visit the website at: <http://www.latrobe.edu.au/hcs/resources/copdsp>

THE BENEFITS OF COMMUNITY REHABILITATION

Port Phillip Community Rehabilitation Centre (PPCRC) is an Alfred Health service that is located at and co-managed by Inner South Community Health Centre. PPCRC provides clients with intensive, goal directed rehabilitation for approximately 6-8 weeks. Clients are referred from local hospitals for support after they are discharged or from GPs, other health workers and sometimes from family or self-referrals to help prevent hospital admission.

"(Rehabilitation) made me more independent and more confident in myself. I can focus better in everything, cooking and talking to people."

Because the hospital system and community health work in partnership to manage PPCRC, clients are well supported to return to their usual selves.



Client feedback from a telephone survey indicated that as well as physical changes there were many other benefits to attending rehabilitation including increased confidence, changes in health behaviours, improved overall

motivation and increased feelings of independence.

"I'm more confident in general, it gave me more confidence in doing things.... (I am) much more safe and confident about myself."

THE ACQUIRED BRAIN INJURY PEER MENTORING PROGRAM

PPCRC has implemented a pilot program aiming to enhance client care using the mentoring skills of individuals who had experienced acquired brain injury and been through rehabilitation. Below, Dee Webb, one of the peer mentors, shares her story of her involvement with PPCRC. "I first

came into contact with PPCRC following a hospital stay of about eight weeks. This was totally out of the blue and I was in shock when I first came to the centre to see the physiotherapist.

Before my illness I was working full time and after rehabilitation I wanted to return to doing some work. At first, I met the speech pathologist for my own recovery and after my therapy she suggested that I try peer mentoring. I hadn't done any volunteer work before, but I thought that since I wasn't doing any paid work it would help me learn another way of being involved.

As a peer mentor I would meet once a week with another lady who had also had a brain injury. We would meet at a coffee shop

or at the market. We talked about everyday things. It was companionable and I could understand the problems she talked about.

I think peer mentoring helps others as it is beneficial for people to be able to talk about their problems with someone who understands them. Sometimes it might be difficult to discuss these things with family and friends as they may react differently. It was more than a friendship; we could laugh together when maybe someone who hadn't been there couldn't always laugh as freely.

I have also benefited as a peer mentor. I like the responsibility and the feeling of helping another person and part of the volunteering is feeling a connection with others."



Speech Pathologist Nina George with Peer Mentor Dee Webb

IMPROVING LINKAGES FOR HOMELESS PEOPLE LIVING WITH A MENTAL ILLNESS



Maxwell Ramsdale outside Sacred Heart Mission

A recent study revealed that in Melbourne, 30 per cent of the homeless experience a mental illness. In 2006, the Victorian government funded Alfred Health to establish a homeless mental health initiative in Melbourne's inner south in partnership with

Sacred Heart Mission and Hanover Welfare Services.

The primary aim of the initiative was to improve the access of people who are homeless, or at risk of being homeless, to mental health support that meets their needs. Sacred Heart Mission and Hanover Welfare Services provide accommodation, drop-in, health and other welfare support to people living homeless. The Homeless Outreach Psychiatry Service of The Alfred, a mental health team that specialises in supporting people with complex needs, was involved to provide direct and indirect support to clients and staff of both services.

Joint assessments supported by a formal partnership between

Alfred Psychiatry and social welfare agencies were key to the project's success. Mental Health clinicians operated at locations such as soup kitchens and crisis accommodation where they identified and encouraged people with a mental illness to "have a chat". Slowly this enabled the development of people's trust.

Evaluation of this initiative shows that there has been improved identification, engagement and crisis prevention for homeless people with mental illness, improved housing stability for people in case management and that consumers have been given greater choice over how to access and engage in mental health care.

LEAN THINKING IN ALFRED PSYCHIATRY

In 2010 Alfred Psychiatry started a Lean Thinking project to improve patients' experience of our inpatient units. Lean Thinking is a concept that comes from the car manufacturing industry and is about improving processes. For our project this meant that we looked at the experience of care from a patient's perspective and reviewed our systems and processes to try and make them meet the needs of our patients. This included reducing waiting times and reducing unnecessary steps to make sure that our patients had the best possible experience of our service.

The project involved making changes within the inpatient unit as well as looking at the referral process from the inpatient unit to our community mental health teams. Information was gathered through staff workshops, forums and staff and consumer satisfaction surveys. Based on what we learned we have



Alfred Psychiatry Nurse Manager, Chris Schaffer (centre) with staff working on the Lean Thinking project

improved the way we plan for each patient's discharge from hospital, the way staff communicate and the way the ward, offices and medication room are set up. We are also taking steps to reduce the number of falls and medication errors and improve how we document things.

Consumer feedback has been an integral part of this process and

has led to changes in the cleaning schedule on the wards and changes to snacks provided in the evening. Comments about staff availability have led to a study to further understand what takes nurses' time away from direct care with patients and to identify opportunities for improvement. This is exciting work that will inform our plans over the next 12 months - watch this space!

ALFRED IN MASTERCLASS OF ITS OWN



Professor Russell Gruen

There has been a lot of media focus on stabbing injuries recently and The Alfred's Trauma Registry shows the number of people who come to The Alfred with stab wounds has increased 60 per cent in the past 10 years.

National Trauma Research Institute (NTRI) Director, Professor Russell Gruen, said while there are other injuries more common than stabbings in our emergency department, knife injuries are distressing and can be difficult to treat.

"Penetrating injuries may require rapid intervention for the control of bleeding from major vessels or the heart, or for damage to other organs such as the lungs or bowel," Professor Gruen said.

Always striving to provide the best patient care, the NTRI and The Alfred Trauma Service held a seminar or "masterclass" on Penetrating Trauma for clinicians and junior doctors in June 2010, supported by the Department of Health.

"The NTRI and Alfred Trauma Centre work closely together, and with the masterclass we were able to bring together a broad range of clinicians, managers

and policy-makers, with an experienced panel of presenters," Professor Gruen said.

Professor Eric Talens, Chief of Trauma Surgery at the Philippine General Hospital in Manila was the key-note speaker at the seminar.

About eight in 10 major trauma operations at Philippine General Hospital are for penetrating wounds, making up about 800 major procedures a year for stab-related injuries.

"It's great we're able to share ideas with people who see these types of injuries everyday of the week," Professor Gruen said.

"Our relationship with the Philippine General Hospital is an exciting development that complements relationships with other countries in the region that The Alfred Trauma Service has developed in recent years."

MEDICAL RECORDS ONLINE

In 2010 Alfred Health started to scan medical records meaning that for the first time all clinicians across the health service involved in a patient's treatment can access the information at the same time online rather than having to share a single paper record.

This online system supplements the paper record that is created during a patient's attendance or admission. Once a patient's attendance or admission is complete and they are discharged from hospital their record is then scanned within 36 hours of receipt in the scanning office. This represents a significant improvement on the previous arrangements where the single paper record was not always available, and then only to one clinician at a time irrespective of the number involved in an individual patient's care.

Allied Health staff in The Alfred Specialist Consulting Clinics have reported that having immediate access to the medical record has improved continuity of patient care and has prevented the need to make handover notes. Staff across the three hospitals also noticed that there was a reduced need for handover notes and reported that delays had been reduced.

To facilitate access to the scanned medical record, new computers have been installed in clinical areas, and training sessions were available throughout the year for all staff who produce or need access to patient information.

FEEDBACK ABOUT THE REPORT



Members of the Quality of Care Report Advisory Group

It is important that we receive feedback about the Quality of Care Report from our readers. Over the years we have tried a number of feedback methods and in 2009 we decided not to have a tear-out feedback form and instead we gave a feedback form to some of our new Alfred volunteers and published the feedback form on the internet.

We had a low response to these forms so we also ran a focus group with consumers, carers and community members. Many of the key suggestions from the focus group were used to help develop this year's report, such as including an article about volunteers, including the vision, mission and values, using the same consumer feedback table

as last year and using a double-page spread with a follow-up from the Black Saturday focus in 2009.

This year three Community Advisory Committee members were on the Quality of Care Report Advisory Group, and all Committee members were asked for feedback on draft versions of this report.

By using the feedback received we believe that this report is truly consumer-centred and in a format that is interesting and easy to understand. However, we want to continue to improve so if you have any feedback about this report please contact Tanya Hendry, Community Participation Coordinator, on (03) 9076 2409 or by email at t.hendry@alfred.org.au

To encourage more feedback, this year we have included a feedback form in the reports distributed across our three hospitals and we also have a feedback form available on our website.

DISTRIBUTION OF THE REPORT

This report will be distributed across our three hospitals in key locations that are accessed by our consumers, carers and community members. It will also be mailed to stakeholders on our community contacts database and multiple copies will be sent to local GPs, maternal and child health centres, community health centres and nursing homes. The report is available on our website and this year we will also make sure more copies go out with our volunteer newspaper trolley.

If you would like extra copies of this report please contact the Clinical Governance Unit at The Alfred on (03) 9076 2804 or visit our website at www.alfredhealth.org.au

ACKNOWLEDGEMENTS

This report was primarily compiled, edited and designed by the Quality of Care Report Advisory Group:

- Sarah Gray, Community Advisory Committee member
- Brett Hayhoe, Community Advisory Committee member
- Tanya Hendry, Community Participation Coordinator
- David Menadue, Community Advisory Committee & Board member
- Sacha Roufail, Executive Assistant, Clinical Governance Unit
- Catherine Somerville, Public Affairs Officer

We would like to specifically acknowledge Lesley Delcourt and Caroline Hedt as the photographers for this report, as well as Alison Duncan-Marr, Manager Corporate Governance and Margaret Way, Director Clinical Governance Unit.

A number of staff were involved in writing and editing articles for this report and we would like to thank them for their hard work. Sincere thanks go to the consumers, carers and community members who agreed to have their stories published in the report and those who provided feedback to us. We would also like to acknowledge and thank the members of the Community Advisory Committee for reviewing drafts of this report and providing their feedback.

HOW TO FIND US



THE ALFRED

Commercial Road
Melbourne VIC 3004
Phone: (03) 9076 2000
Fax: (03) 9076 2222
Website: www.alfred.org.au
Melway reference: 58 B5

Car parking:

The Alfred has a visitors' car park near the corner of Punt and Commercial Roads (entry from Commercial Road). An hourly rate applies. Metered parking at the front of The Alfred in Commercial Road is also available for up to two hours.

Public transport:

Trams - 3, 5, 6, 16, 64 and 67 travel along St Kilda Road. Alight at the corner of St Kilda and Commercial Roads. Tram 72 travels along Commercial Road and there is a tram stop at the main entrance of The Alfred.

Bus - Routes 216, 219 and 220 stop outside The Alfred.

Train - The Sandringham line stops at Prahran train station, a 5–10 minute walk from The Alfred.

Taxis - A taxi rank is located at the front of The Alfred on Commercial Road. A taxi phone is available inside the front door near Main Reception.

CAULFIELD HOSPITAL

260 Kooyong Road
Caulfield VIC 3162
Phone: (03) 9076 6000
Fax: (03) 9076 6434
Website: www.caulfieldhospital.org.au
Melway reference: 67 K3

Car parking:

Parking is available to visitors in the hospital grounds for a \$5 fee.

Public transport:

Tram - Route 67 runs from Swanston Street, Melbourne, to the corner of Glenhuntly and Kooyong Roads, a short distance from Caulfield Hospital.

Bus - Route 605 runs from Flinders Street and stops in Kooyong Road at Gates 1, 2 and 3.

Train - The Sandringham line stops at Elsternwick station. You can then catch a tram up Glenhuntly Road to Kooyong Road.

Taxis - A taxi phone is available opposite Main Reception.

SANDRINGHAM HOSPITAL

193 Bluff Road
Sandringham VIC 3191
Phone: (03) 9076 1000
Fax: (03) 9598 1539
Website: www.sandringhamhospital.org.au
Melway reference: 76 K12

Car parking:

Parking is available to visitors in the hospital grounds for a \$5 fee. Parking is also available in the adjacent streets, however, restrictions apply.

Public transport:

Train - The Sandringham line stops at Sandringham train station.

Bus - Route 600 runs between the train station and the hospital. Alternatively, visitors can catch a Frankston line train to Moorabbin station and Bus Route 825 runs between Moorabbin station and the hospital.

Taxis - A taxi phone is located inside Main Reception.

www.alfredhealth.org.au

The Alfred Health Quality of Care Report is written for patients and community members to inform them about how quality and safety is monitored and improved throughout the health service. If English is not your first language and you would like to find out about the information in this report please contact our Interpreting and Multicultural Service on 9076 2000 and ask for extension 44026.

Greek

Η Αναφορά Ποιότητας Φροντίδας του Δικτύου Υγείας The Alfred γράφτηκε για ασθενείς και μέλη της κοινότητας για να τους ενημερώσει πώς ελέγχεται και βελτιώνεται η ποιότητα και ασφάλεια σε ολόκληρη την υπηρεσία υγείας. Αν τα αγγλικά δεν είναι η μητρική σας γλώσσα και θέλετε να ενημερωθείτε για τις πληροφορίες που υπάρχουν στην αναφορά αυτή, μπορείτε να επικοινωνήσετε με την Υπηρεσία μας Διερμηνέων και Πολυπολιτισμού στο 9076 2000 και ζητήστε να σας συνδέσουν με την εσωτερική γραμμή 44026.

Italian

Il Rapporto sulla qualità dell'assistenza di Alfred Health è stato scritto per i pazienti e i membri della comunità per informarli su come la qualità e la sicurezza vengono monitorate e migliorate in tutto il servizio sanitario. Se l'inglese non è la tua prima lingua e desideri saperne di più sulle informazioni contenute in questo rapporto puoi contattare il nostro Servizio Interpreti e Multiculturale al numero 9076 2000 e chiedere dell'interno 44026.

Polish

Raport Alfred Health zatytułowany "Jakość Opieki" został napisany z myślą o pacjentach i członkach społeczności w celu poinformowania ich na temat tego, jak monitorowane i udoskonalane są jakość i bezpieczeństwo w usługach zdrowotnych. Jeżeli angielski nie jest Twoim pierwszym językiem, a chciałbyś dowiedzieć się, jakie informacje zawarte są w tym raporcie, prosimy zadzwonić do naszej Wielokulturowej Służby Tłumaczy pod numer 9076 2000 i poprosić o połączenie z numerem wewnętrznym 44026.

Russian

Отчет по качеству ухода за больными, подготовленный службой здоровья Альфред, написан для пациентов и членов общественности для информирования их о том, как происходит контроль и улучшение качества и безопасности службы здравоохранения. Если английский не является Вашим родным языком, а Вы хотели бы познакомиться с информацией из этого отчета, пожалуйста, свяжитесь с нашей международной службой переводчиков по телефону 9076 2000 и попросите соединить Вас по номеру 44026.

Chinese

Alfred 健康的护理质量报告是为病人和社区成员书写，向他们通报有关健康服务工作的质量和安全如何得到监控和提高的信息。如果英语不是您的第一语言，而您想了解报告的内容，请联系我们的翻译和多元文化服务处，电话是 9076 2000，转分机 44026。