

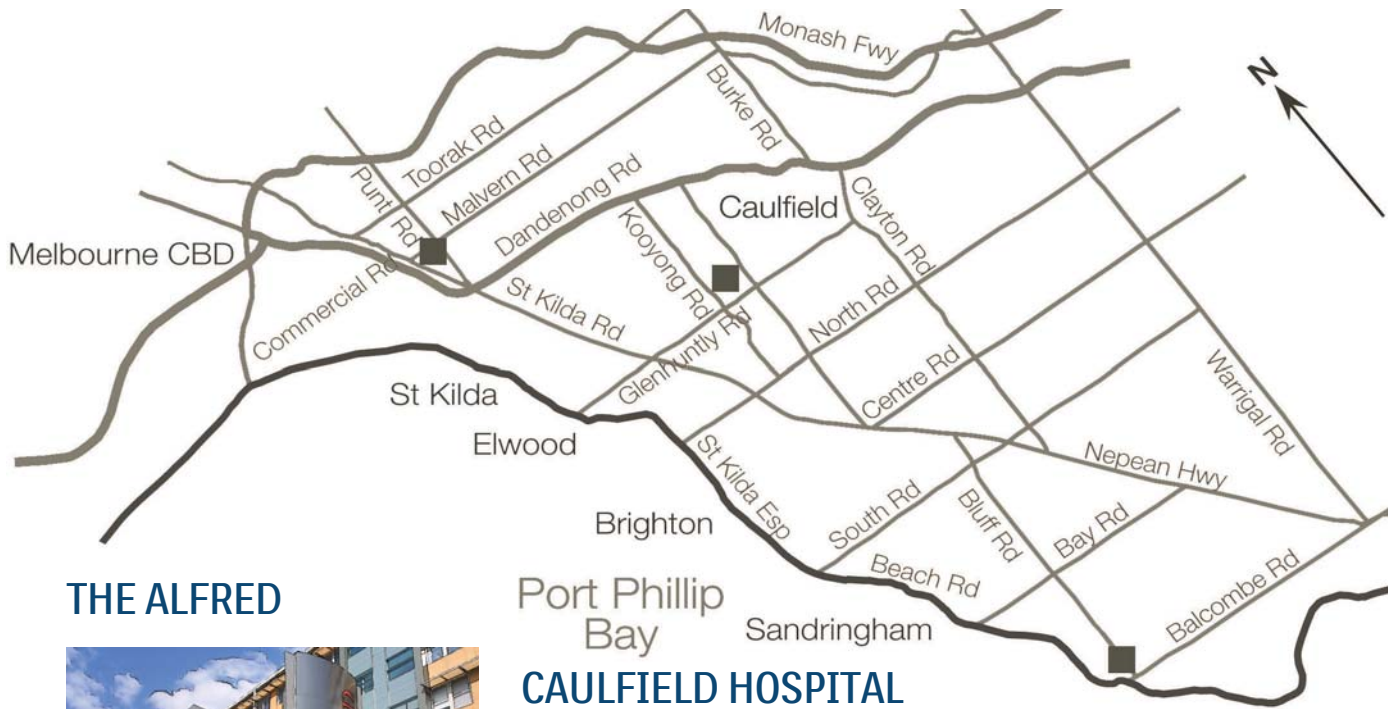


CARING FOR OUR COMMUNITY

QUALITY OF CARE REPORT

2012

HOSPITAL INTRODUCTIONS



THE ALFRED



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

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



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

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.

SANDRINGHAM HOSPITAL



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

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, colorectal, breast, gynaecological, orthopaedic, ear nose and throat and urology surgery.

It also provides general medicine, dialysis, emergency, women's and children's health and maternity services.

MESSAGE FROM THE CHIEF EXECUTIVE

On behalf of Alfred Health, I am delighted to present the 2012 Quality of Care Report: Caring for our Community.

This year's report is a showcase of Alfred Health's commitment to do more for its patients. In a year of unprecedented activity, this report highlights where improvements have been made in the quality of our services and, in turn, illustrates where we have delivered even greater levels of care to our patients.

It is because of this ongoing effort to do more that Alfred Health was named the Metropolitan Health Service of the Year by the Victorian Premier at the 2011 Victorian Public Healthcare Awards. This honour is bestowed annually and is recognition of our commitment to quality improvement.

In 2013, Alfred Health will become one of the first Victorian hospitals to undergo accreditation under the new National Safety and Quality Health Service Standards. The standards set a new benchmark for hospital and healthcare performance. We are already working hard to review every element of our practice to ensure we meet these standards.

Many of the stories in this report illustrate how Alfred Health is responding to patient needs, creating new



initiatives to advance outcomes and working hard to improve services in partnership with patients, consumers and our community, such as through our new Patients Come First Strategy.

Clinical innovation and medical research are also key motivators that drive our commitment to improving the wellbeing of our patients and we are fortunate to have some of Australia's brightest minds working in these areas at Alfred Health.

I hope you find this year's report enjoyable and informative. It provides a snapshot of the extraordinary work that is going on every day across the health service to provide better care. We welcome your feedback not only to improve this report but our services as well.

Andrew Way
Chief Executive, Alfred Health

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Integrity



Accountability



Collaboration



Knowledge



**QUALITY &
SAFETY**

CLINICAL GOVERNANCE

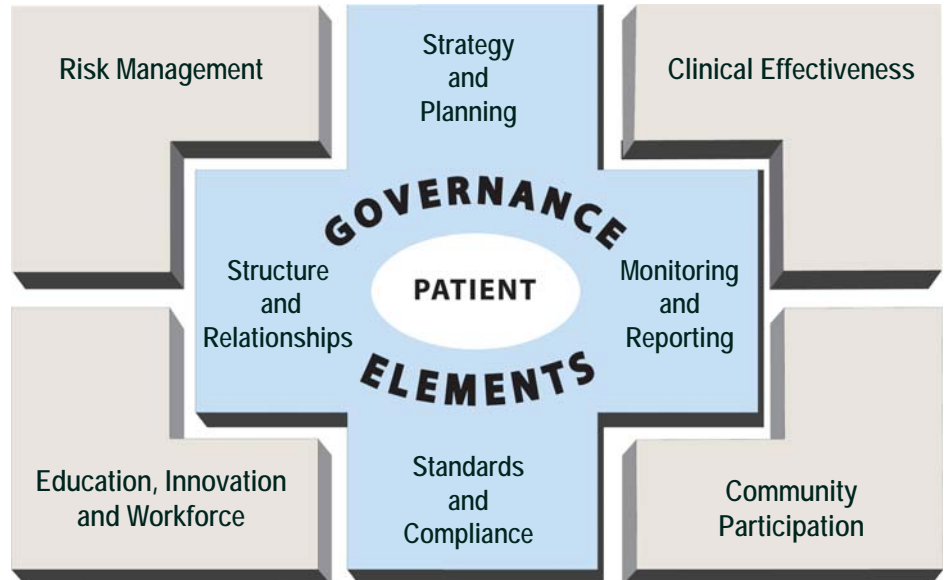
Clinical Governance is the system used to ensure hospitals are accountable for providing good, safe care by managing risks and continuously improving practice. Our Clinical Governance Unit works with all areas of the health service to achieve this.

CLINICAL GOVERNANCE FRAMEWORK

Clinical Governance at Alfred Health is carried out through a framework based on four areas of action:

- community participation
- clinical effectiveness
- effective workforce
- risk management

This framework was informed by the Victorian Clinical Governance Policy and we review it regularly to make sure that quality and safety are the highest priorities for all staff at every level in the organisation.



The framework is underpinned by the four governance elements shown in the diagram, with the patient at the centre.

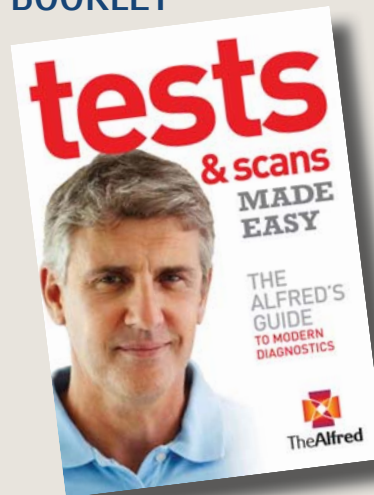
PATIENT AND STAFF SAFETY EXPO



The Patient and Staff Safety Expo has become an annual event at Alfred Health. The expo in October 2011 showcased new equipment and ideas on patient safety and quality improvement, giving patients and staff an opportunity to learn about a range of initiatives to ensure the safe delivery of quality care, including:

- Pressure injury prevention and awareness
- Falls prevention, assessment and management
- Medication safety
- Blood and blood product safety
- Infection prevention.

TESTS & SCANS MADE EASY BOOKLET



Alfred Health experts in cardiology, pathology, neurology and gastroenterology have produced a booklet providing patients with a simple guide to diagnostic tests.

Tests & scans made easy: The Alfred's guide to modern diagnostics has been produced as part of The Alfred's Fathers Day Appeal, which is raising funds for a new Magnetic Resonance Imaging (MRI) machine and explains the most common tests, how they work, what to expect and how to prepare if you are referred for a test or scan.

The free booklet can be accessed at www.fathersdayappeal.org.au



Nurses Orlaith Duffy and Nicola McGuinn using the web based incident reporting system RiskMan

STRIVING TO REDUCE RISK

Risk management and incident reporting

Alfred Health is committed to delivering care to our patients in the safest possible way. By identifying and managing incidents and adverse events (problems that cause harm to patients) we can measure and monitor our standard of care to ensure it is appropriate and effective. Risk management strategies reduce the chance of things going wrong as well as making sure we provide the right treatment and care to our patients with as few problems as possible.

We use a web based incident reporting system, RiskMan, to record and track all incidents, as illustrated in the picture above. All staff are encouraged to report incidents and near misses through RiskMan, no matter how big or small. The incidents are analysed and rated for severity, classification and the type of review that may be required.

Any incident that resulted in patient harm or increased the level of care required is discussed at a monthly meeting of the Clinical Outcome Review Committee, whose members include senior medical, nursing and allied health staff. The committee makes recommendations on ways to reduce the chance of incidents happening again and to improve safety.

EDUCATION, INNOVATION AND WORKFORCE

Electronic safe prescribing education module for junior medical staff

Safe prescribing is critical to safe and effective use of medicines. From their first day at work, new doctors not only need knowledge of medications but need to know how to prescribe safely.

To assist new doctors, the senior medication safety pharmacist and clinical pharmacist, together with postgraduate education staff, developed an electronic prescribing education package for junior doctors to complement a face to face session at orientation.

The package consisted of 20 multiple choice questions plus an education module, which was completed online. The average score of the 55 new doctors who completed the training increased from 84% to 91% after reading the education module. A score of 100% had to be achieved before being allowed to prescribe. 70% of junior doctors rated the module as very good to excellent and 30% as good. The package is now mandatory for all new medical staff as an introduction to safe prescribing at Alfred Health.

LATCHING ON TO MEMORY TRAINING



Latching on to memory training - Cognition, Dementia and Memory Service Manager, Elizabeth Rand and neuropsychologist Liz Mullaly

Alzheimer's Australia Victoria (AAV) has taken on a memory strategy program for people with mild cognitive impairment that was developed by Caulfield Hospital's Cognition Dementia and Memory Service, often referred to as CDAMS, together with La Trobe University.

LaTCH Australia Memory Management Program (LaTCH stands for La Trobe University, Caulfield Hospital) started as a small project through a Caulfield Hospital research grant. La Trobe

University's Professor Glynda Kinsella and Kerry Pike, CDAMS Manager Elizabeth Rand and neuropsychologist Liz Mullaly are part of a team that won an Alzheimer's Australia grant to develop the program.

Alzheimer's Australia educators are being trained to run the program for people throughout Victoria needing help with managing symptoms such as memory loss.

ABORIGINAL CULTURAL COMPETENCE AWARENESS TRAINING

Staff from across Alfred Health took part in THE STORYTELLER Aboriginal cultural knowledge program in March and May this year.

THE STORY TELLER is an education program using a board game to increase knowledge and understanding of Aboriginal people, society and culture.

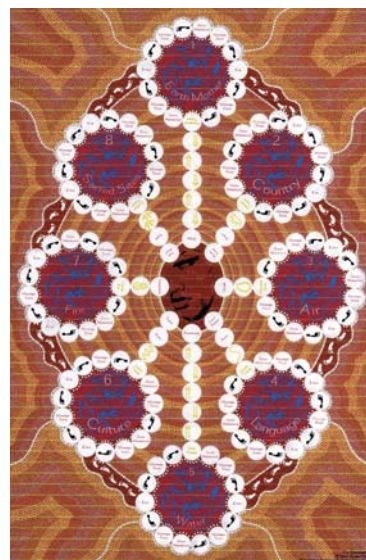
Two full day workshops were coordinated by the Aboriginal creator of THE STORYTELLER to help staff gain a deeper knowledge of Aboriginal culture

and provide more culturally responsive care to Aboriginal and Torres Strait Islander patients and their families.

Feedback was very positive, with many saying it was the best work-related education and training they had experienced.

We are currently considering how to work with THE STORYTELLER to provide training sessions for more staff.

THE STORYTELLER board game.
Picture courtesy of Glenn Shea.



NEONATAL RESUSCITATION SIMULATION TRAINING



Midwife Linda Yuan, Dr Elle Lee and Special Care Nursery Nurse Raelene Walsh participate in the neonatal resuscitation training at Sandringham Hospital

Staff at Sandringham Hospital have been attending monthly neonatal (new born) resuscitation simulation (life like) training for the past year.

The sessions focus on the specific resuscitation skills required to treat a new born baby as well as emphasising effective communication and teamwork. Working and training together has been a valuable experience for the staff involved who come from different clinical areas including the special care nursery, midwifery, the emergency department, paediatrics and anaesthetics.

The simulation sessions build effective teamwork and involve practical demonstrations of the specialised equipment in the special care nursery and birth suite. The staff work through a clinical scenario using a baby mannequin, pausing at significant moments to reflect on and improve their actions.

Staff have reported increased confidence and knowledge in managing neonatal resuscitation using the specialised equipment and improved working relationships between all departments involved in neonatal resuscitation.

LetThemKnow.com.au - TELLING PARTNERS ABOUT SEXUALLY TRANSMITTED INFECTIONS

LetThemKnow is a website that has been developed by Alfred Health's Melbourne Sexual Health Centre, to help people who have a sexually transmitted infection (STI) tell their partners they need to get tested. The website can be used to send a text message or anonymous email to help minimise embarrassment or fear about how the partner may react.

It is important that partners are informed because common STIs can cause harm, even though some may not have any symptoms. Another important reason for people to get tested is that they can accidentally pass STIs onto sexual partners if they do not know they have an infection.

Many people, especially those who are young, communicate very personal things using email, text messages and social networking through the internet. The Melbourne Sexual Health Centre hopes that by providing people with a variety of choices for telling partners of their infection, the number of people who get tested and treated will increase and help prevent the spread of STIs in the community.

The website has factsheets about common STIs and also provides copies of letters that can be taken to the patient's doctor or sexual health clinic to assist with care.

LetThemKnow.com.au was launched in 2010 and according to data we collected, 22% of visits to the website resulted in a text message and/or emails being sent. Over 80% were sent anonymously, while 16% of people who used the site identified themselves.

The success of the website has led to its use in other states, including NSW and QLD.

THE RIGHT CARE BY THE RIGHT PEOPLE

Improving collaboration, communication and patient safety

Structured interdisciplinary bedside rounds (SIBR)

Many people are part of each patient's primary health care team while in hospital, including doctors, nurses, pharmacists and the allied health team of dietitians, occupational therapists, physiotherapists, social workers and speech pathologists. Communication is the 'glue' that holds this team together and keeps each patient's treatment plan on track. Members of this team will see the patient at various times during the day, sometimes individually and sometimes together.

Patients are also an important part of the team and need to be actively involved in their care and treatment plans. To ensure that all members of the team are involved, The Alfred General Medical Unit introduced a Structured Interdisciplinary Bedside Round (SIBR- pronounced 'cyber'). This is a ward round that focuses on communication and in which the

patient's daily plan is reviewed and agreed between the health care team and the patient.

Each day at 11am the multidisciplinary team meets to begin the SIBR round. They allow a specific amount of time, follow a structured format including a safety checklist and the visit is completed only when the plan for the day is stated aloud and agreed upon by all members of the team, including the patient. Family members/ carers are informed and they are encouraged to take part.

SIBR is part of the 4th Floor General Medical Unit communication education program called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety). The aim of this program is to minimise risks and improve the safety and quality of care delivered to our patients by developing high performing clinical teams.



The 4th Floor multidisciplinary General Medical team undertake SIBR rounds daily

DEVELOPING AN EFFECTIVE WORKFORCE

Continuing education and training help health professionals to maintain, improve and broaden their knowledge and expertise and all health staff take part.

All nurses and allied health staff must be registered with the Australian Health Practitioners Regulation Agency (AHPA) and renew their registration each year and all our doctors undergo credentialing. This means their qualifications, registration, experience, ongoing education and work history are checked when they are first employed and again at regular intervals by a committee of senior doctors and executive staff. As a result, we are confident that we have the right medical staff doing the right work in the right place.

As well as achieving qualifications (a fellowship) from the relevant specialist college to practise in a particular field such as general surgery, a doctor with particular interests and expertise beyond this usual qualification level may be authorised by Alfred Health to practise additional techniques or procedures. This important safety and quality check is known as scope of practice.



ACCREDITATION

Our hospitals' health check



One of the ways in which Alfred Health can assure our community that we are doing our best to achieve excellent standards of safety and quality and continuously improve our services, is through our accreditation processes. Accreditation is the ongoing review of our performance against standards across a range of areas to make sure we are doing our best to keep patients safe and improve our services. Alfred Health is accredited by the Australian Council on Healthcare Standards (ACHS) and against other key standards as outlined in the table below.



| Accreditation Standards | Status |
|---|---------|
| Australian Council on Health Care Standards | ✓ |
| Commonwealth Aged Care Standards | ✓ |
| Community Care Standards | ✓ |
| National Association of Testing Authorities Standards | ✓ |
| National Mental Health Standards | ✓ |
| National Safety and Quality Health Service Standards | Pending |

Table 1: Summary of accreditation status



The Council of Australian Governments recently announced the new National Accreditation Scheme using 10 National Safety and Quality Health Service Standards. These standards were developed by the Australian Commission for Safety and Quality in Health Care and are:



1. Governance for Safety and Quality in Health Service Organisations
2. Partnering with Consumers
3. Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Prevention and Management of Pressure Injuries
9. Recognising and Responding to Clinical Deterioration
10. Preventing Falls and Harm from Falls.



The National Standards will become mandatory from 1 January 2013. In preparation for the external assessment of Alfred Health due early in 2013, we recently undertook an internal review of our performance against the national standards and established committees with a mix of clinicians, managers and community representatives to guide our preparations.



For more information please contact the Australian Commission for Safety and Quality in Health Care on (02) 9126 3600 or visit the Commission's website at www.safetyandquality.gov.au.

COMPLAINTS MANAGEMENT



Alfred Health continuously looks for opportunities for consumers, including patients, families and carers, to provide feedback that will help us improve service quality and safety. This includes complaints, compliments, comments and suggestions.

Patient Liaison Officers (L-R): Ann Howell, Penny Tallents and Libby Apps

We view all complaints as an opportunity to do things better, and encourage you to tell us if you think there is something we could have done differently so we can improve the way we provide care and services.

In 2011/12 we received 1,350 complaints, 164 more than in 2010/11. The following improvements are among many introduced in response to complaints:

- Installation of a new call bell system in the Aged Care and Rehabilitation wards at Caulfield Hospital to assist nurses respond to patient requests in a timely manner;
- Review of the information given to elective surgery patients who are breastfeeding to ensure they are provided with a clear explanation of how to manage when they are admitted for surgery;
- Revision of the Alfred Emergency and Trauma Centre discharge letter to highlight any investigations without results recorded for the GP to follow up.

Alfred Health encourages anyone with concerns to discuss them with the nurse or other staff member in charge in the first instance, as they can often be addressed immediately. For those who are uncomfortable talking to staff, or who are unhappy with how staff handled their complaint, a Patient Liaison Officer is available to provide help.

The Patient Liaison Officer provides an independent point of contact for those requiring assistance, and provides education for hospital staff and managers on complaints management.

If Alfred Health consumers remain dissatisfied with the outcome of their complaint, they are encouraged to contact the Health Services Commissioner on (03) 8601 5200.

Alfred Health also monitors compliments such as:

“The staff were all friendly, professional and responsive to questions and requests and seemed to enjoy their work. Everything that was said would happen did happen. I was breast feeding my baby and the staff were very helpful”

“The doctors’ excellent communication and comprehensive transfer summaries to our doctors and nurses has been first class and much appreciated in such a complex case”

“We found Caulfield Hospital to be excellent on all levels – you should be proud of your staff”

PREVENTING INFECTION

The Infection Prevention and Healthcare Epidemiology Unit continues to improve patient safety with new projects and activities that aim to prevent infection occurring for patients receiving care and services at Alfred Health.

Reducing infections related to urinary catheters

A patient safety improvement project has reduced infections related to urinary catheters, which are tubes placed into the bladder through the urethra to help patients pass urine. They are commonly used for hospitalised patients.

As illustrated to the right, posters and patient brochures, an information sheet and a computer education program used a light hearted approach to increase patient awareness and improve documentation of catheter management to minimise infection.

The results show improvement in the care of catheters after use of the new patient resources as outlined in the table below.

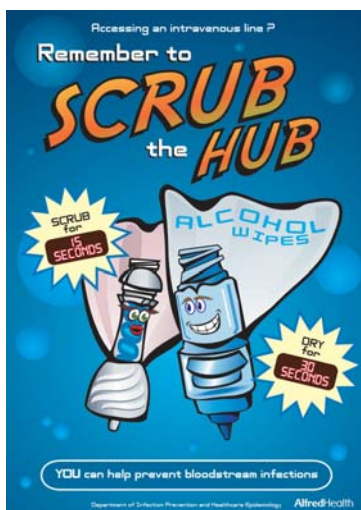


Urinary Catheter Resources – posters and information sheet

| Practice | Pre-intervention compliance (%) | Post-intervention compliance (%) |
|-------------------------------------|---------------------------------|----------------------------------|
| Catheter secured to the thigh | 56 | 78 |
| Catheter appears clean | 50 | 76 |
| Bag and tubing below bladder height | 67 | 83 |
| Urine draining freely | 60 | 80 |
| Drainage bag off the floor | 84 | 83 |

Table 2: Percentage of improvements before and after use of catheter care resources

Reducing blood infections related to central lines



Target Zero - Central Line Associated Blood Stream Infections (CLABSI) Project

A similar project has reduced blood infections related to central lines, which are tubes inserted into large veins so that fluids and drugs can be given. Doctors and nurses have been trained to improve the insertion and care of central lines, improving patient safety by reducing infections. These practice improvements meet international best practice standards.

To help improve the practice of nurses when using and caring for central lines an online program and posters have been developed. A new central line documentation tool also helps nurses achieve international best practice standards. Other key improvements focus on making sure that nurses have the right equipment and knowledge to use safe infection prevention practices to reduce infections.

The poster to the left is an example of the messages that encourage nurses to follow best practice standards.

New projects to help prevent and control infection

Reducing 'superbugs'

A 'superbug' is an infection that is resistant to most standard treatments, such as antibiotics. The most common of these are Methicillin-resistant Staphylococcus aureus (MRSA) and Vancomycin Resistant Enterococci (VRE).

Since 1997, 1,426 patients at Alfred Health have shown signs of contact with the 'superbug' VRE. This means they carry the 'superbug' in their body.

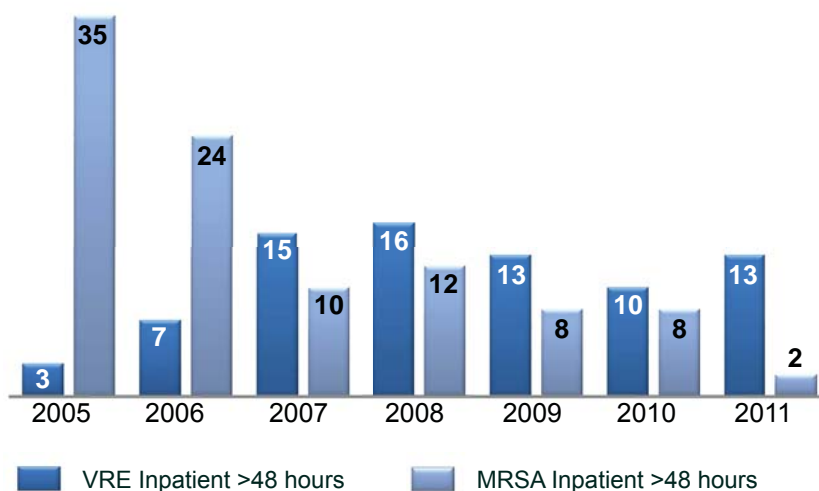
Only one in ten of these patients will show symptoms of a 'superbug' infection but occasionally patients become very unwell with a severe infection. At present there is no treatment which can reduce the 'carriage' of VRE.

Alfred Health has always adopted a 'once VRE, always VRE' policy as there is no expert agreement on how long people carry VRE once they show the signs of contact or the best approach to this problem. All VRE patients are placed in isolation in a single room to limit their movement around the ward and reduce the risk of the infection spreading to other patients.

By screening patients who have been identified as VRE carriers over the last ten years, we aim to find out how long people carry VRE so we can provide the most appropriate care.

The graph above illustrates the number of new patients with VRE and MRSA across Alfred Health per month. The number of patients with MRSA has declined substantially over the past six years, while VRE rates remain steady.

The number of patients who had bloodstream infection with MRSA or VRE where the infection occurred more than 48 hours after admission to the hospital



Graph 1: 2009 – 2012 VRE cases per month at Alfred Health



Nurse manager Josh Stuart stocks up on Spirigel

Infection Prevention is promoting a campaign stating "It's ok to ask" aimed at encouraging patients and visitors to ask if staff have cleaned their hands and we have included this information in the new patient information handbooks as a reminder for patients to ask the staff caring for them. Don't be shy – ask!

Simple ways of limiting the spread of infection

One of the ways we can limit the spread of potentially harmful germs between patients is through hand washing in between patients and cleaning and disinfection of ward areas and other parts of the hospital environment.

Infection can occur directly from the hands of hospital staff or indirectly by contact with potentially harmful germs in the environment.

For some germs, including VRE or other 'super bugs', higher levels of contamination are found in the environment and thorough cleaning and disinfection of the hospital environment reduces the spread of germs.

As part of a new project, cleaners will be given special training to ensure that the way they clean reduces the spread of these potentially harmful germs.

CLEANING AUDITS

Cleaning plays a very important role in hospitals. Having clean hospitals and achieving high cleaning standards is a key part of delivering quality patient care. Each year Alfred Health undertakes internal and independent external cleaning audits.

The audits check the cleanliness of areas including fixtures, floors, furnishings and even the ceiling.

In 2011 Alfred Health performed over 20,000 internal room audits and undertook three independent external cleaning audits.

The results in the table below indicate that Alfred Health has continued to exceed the required standards for cleanliness set by the Department of Health (DH).

Spotless staff member Ahmed helping to achieve high cleaning standards at The Alfred



| Hospital | Average Overall Internal Audit Results (2011) | Average Overall External Audit Results (2011) | Minimum standard set by DH |
|-------------|---|---|----------------------------|
| Alfred | 94.6 | 93.1 | 85 |
| Caulfield | 91.4 | 94 | 85 |
| Sandringham | 91.3 | 92.1 | 85 |

Table 3: 2011 cleaning audit results for Alfred Health

HAND HYGIENE COMPLIANCE

Compliance with hand hygiene means hospital staff wash their hands or apply a special alcohol-based solution before and after every contact with patients. Given the high frequency of contact staff must have with patients, this should be done many times per hour.

Hand hygiene compliance of hospital staff is still very much in focus at Alfred Health and compliance in clinical areas is formally assessed 3 times each year. The Victorian Department of Health has set a target of 70% compliance but our target at Alfred Health is 80% compliance.

| Time period | Victoria % | National % | Alfred Health % |
|---------------|------------|------------|-----------------|
| Period 2 2009 | 71 | 63.5 | 46.9 |
| Period 3 2009 | 70.9 | 61.8 | 52.7 |
| Period 1 2009 | 71.7 | 64 | 66 |
| Period 2 2010 | 71.6 | 67 | 72.2 |
| Period 3 2010 | 72.6 | 68.3 | 77.7 |
| Period 1 2011 | 72.7 | 68.7 | 72.6 |
| Period 2 2011 | 72.9 | 71.3 | 74.3 |
| Period 3 2011 | 73.5 | 72.6 | 77.6 |
| Period 1 2012 | 73.9 | 73.8 | 73.6 |

We are pleased that some of our wards have managed to consistently achieve 80% or close to 80%, with an overall compliance rate of 73.6%, exceeding the minimum standard for hand washing.

The table to the left illustrates our hand hygiene compliance per audit since 2009.

Table 4: 2009-2012 compliance with hand hygiene at Alfred Health

MEDICATION SAFETY

Medication related incidents are taken very seriously at Alfred Health. Medication related errors are monitored daily by the Medication Safety Pharmacist and overseen by the Executive Committee, Quality Committee and Board. Those that result in a serious event or cause patient harm are investigated. We have a low number of medication errors causing harm, due to the range of medicine safety strategies we have in place.

Reduction of broad spectrum antibiotic use

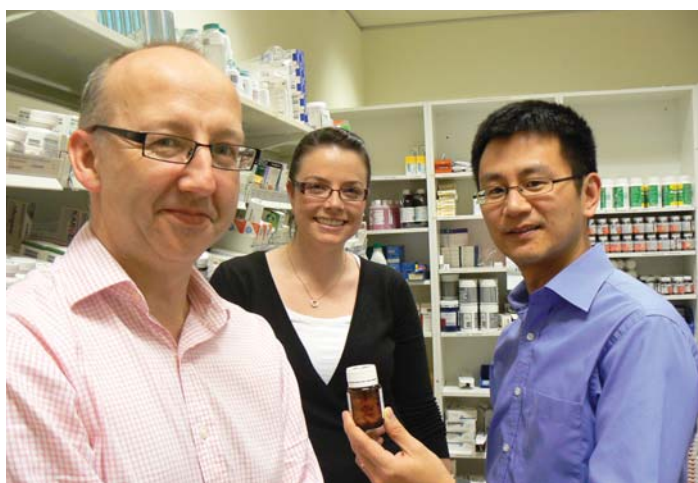
The inappropriate prescription of broad spectrum antibiotics has been associated with the development of resistant bacteria which are difficult to treat. These 'superbugs' are a major concern in all hospitals in Australia and worldwide.

Compared to most other hospitals in Australia, The Alfred is a larger user of broad spectrum antibiotics, partly due to the large number of specialty services offered.

The Pharmacy Department and the Infectious Diseases unit have implemented an antimicrobial stewardship program, including ward rounds to review the use of broad spectrum antibiotics across the hospital. Patients are reviewed by the stewardship team and recommendations may be made to improve antibiotic prescribing.

Following implementation of the program, changes to antibiotic therapy have been made with the treating team. As a result, a reduction in the use of some important groups of antibiotics has been observed. Junior doctors have reported improved knowledge about antibiotics and an increased awareness of the consequences of antibiotic overuse.

The program has been presented at several national and international conferences with much interest from other hospitals



Senior clinical pharmacist, Kelly Cairns (centre) with infectious diseases consultants Dr Adam Jenney and A/Prof Allen Cheng

'Smart Pumps' for safer intravenous infusions

Medications are frequently given to ill patients in hospital via intravenous infusion. In 2011 Alfred Health implemented 'smart pumps' as a way of identifying and preventing medication infusion errors before they reach the patient.

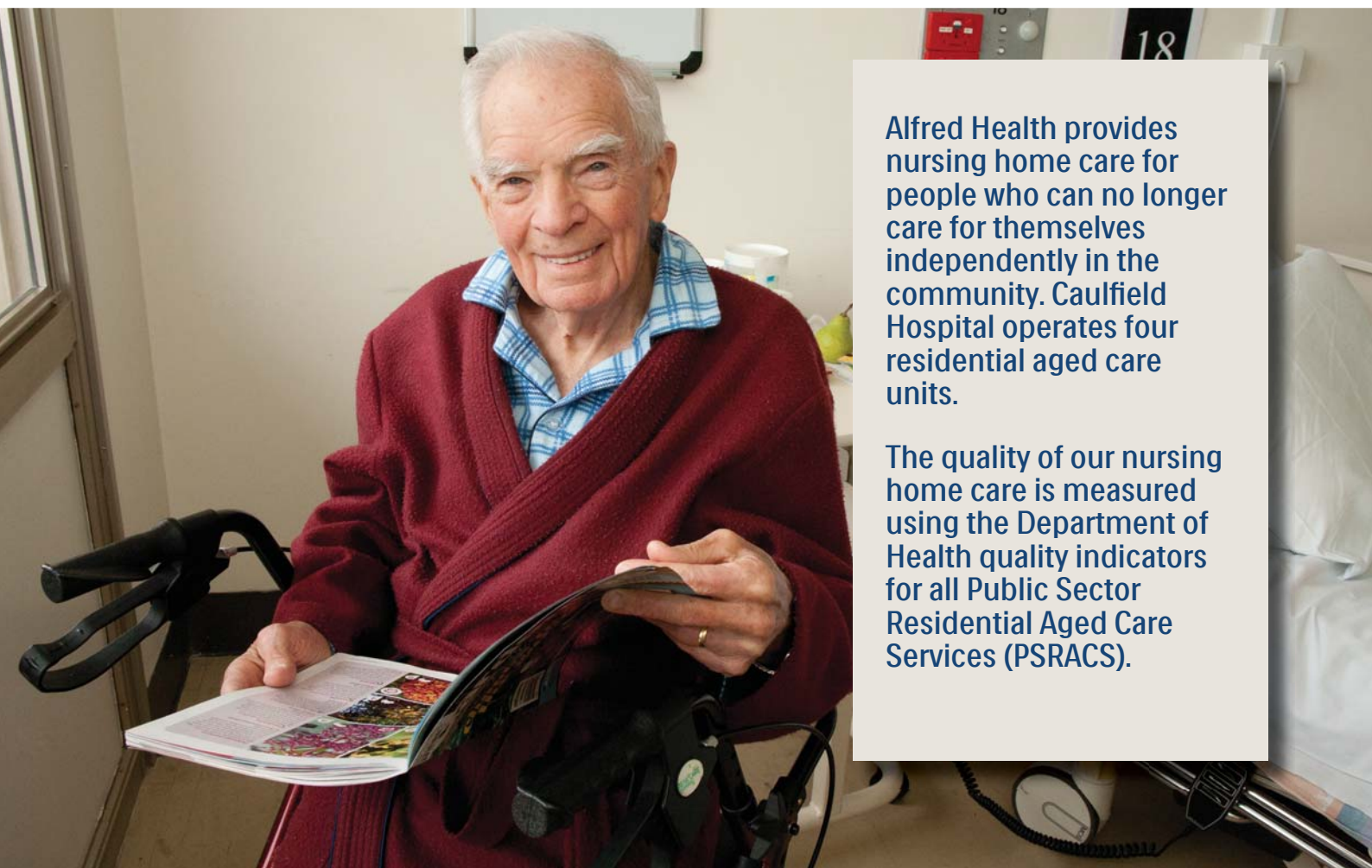
Smart pump technology assists in preventing administration errors by alerting the nurse if an infusion dose entered is too high or too low. The Alfred smart pump team developed a medication library specific to Alfred Health protocols, which determine safe limits for infusion dose, rate and concentration. Readings downloaded from the pumps are regularly reviewed, adjustments are made and the information is used to educate staff.

Medication Safety WalkRounds

Medication Safety WalkRounds were implemented in 2011 to monitor and ensure medication safety practices are carried out in all areas where medications are used. Each WalkRound team is coordinated by the medication safety pharmacist to include the relevant nurse manager, clinical pharmacist and a doctor, where possible, and uses a checklist to review medication safety practices. This checklist includes review of safe storage of medications, handling of patients' own medications during the hospital stay, alerts for high risk medications and medication prescribing.

To date, 20 WalkRounds have been completed in clinical areas across the organisation. Over 120 recommendations have been made with many improvements already completed. The WalkRounds have provided a regular, systematic process to identify and address potential medication safety issues to ensure safe delivery of medications to our patients.

RESIDENTIAL AGED CARE QUALITY AND SAFETY PERFORMANCE DATA



Alfred Health provides nursing home care for people who can no longer care for themselves independently in the community. Caulfield Hospital operates four residential aged care units.

The quality of our nursing home care is measured using the Department of Health quality indicators for all Public Sector Residential Aged Care Services (PSRACS).

Kevin McCormack is provided expert care for older people, helping to maintain his physical health whether in hospital or residential aged care

Our performance against the state wide indicators for 2011/2012 represents the performance of all four of our aged care facilities as an average. We generally meet the state wide target.

Our rate of stage 1 pressure injuries is less than the state average for most of this reporting period, as outlined on the opposite page. For stage 2, 3 and 4 pressure injuries, our rate either sits just above or at the state wide target.

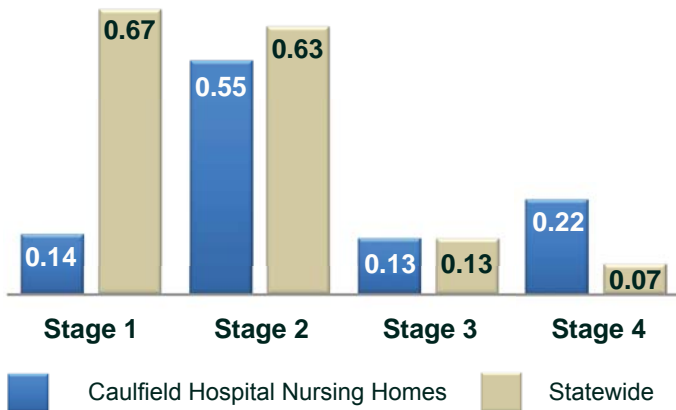
The number of falls and the number of broken bones sustained by residents related to these falls is generally less than the state wide target, but has continued to fluctuate over the reporting period, potentially because of the frail physical condition of some of our residents.

Restraint of residents is considered a last resort when caring for those at risk of self harm, with a variety of other nursing strategies always

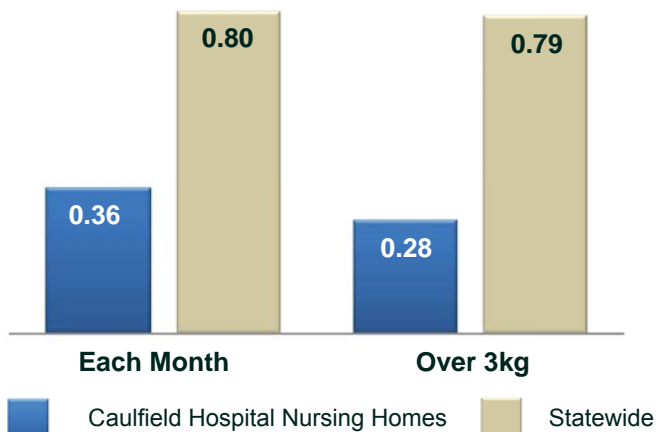
tried first. The success of this nursing care is supported by our rates of physically restraining residents, with the number lessening over the reporting period and below the Department of Health target.

The number of residents prescribed more than nine different medications per day has increased for this reporting period. Doctors and nurses continue to work toward the minimisation of multiple medications for residents but the increase of medications to support comfort and optimum health is sometimes required.

Our rates of unplanned monthly weight loss remains under target as outlined on the opposite page, at all our facilities with the exception of one, where there was an increase for part of the earlier reporting period but is now back under target. There were no occasions of weight loss over 3 kilograms for any of our residents during this reporting period.



Graph 2: Prevalence of Pressure Ulcers
July 2011 - June 2012



Graph 3: Unplanned Weight Loss Each Month
and Over 3kg
July 2011 - June 2012

REDUCING UNDER-NOURISHMENT FOR OLDER PEOPLE

A new Australian study will use the male hormone testosterone, along with a nutritional supplement to reduce the number of undernourished older people ending up in hospital. Ten to 15% of people over 65 are undernourished. This figure is higher in nursing homes.

The 3 year, \$1 million project will be undertaken by Caulfield Hospital, the University of Adelaide and University of Sydney. Caulfield Hospital hopes to recruit 60-70 people to participate in the study with about 200 participants overall.

Alfred Health's A/Prof Peter Hunter is the principal investigator and says the study will look at the effects on hospital admissions in undernourished people.

A nutritional drink high in sugars, fats and protein has been specially formulated for the research trial. Testosterone has been shown to improve muscle strength, memory and comprehension. It is hoped the combined therapy will lead to fewer days in hospital for those requiring admission, as well as a better quality of life and longer lifespan.



IMPROVING CARE for OLDER PEOPLE

Minimising Functional Decline

Alfred Health has been actively involved in improving care for older patients since 2006 with funding from the Council of Australian Governments Long Stay Older Patient Initiative.

The aim of the current phase of this initiative at Alfred Health has been to:

- Continue to improve and create a more comfortable physical environment that meets the care needs of older people by allowing them to be as independent as possible with mobility and activities of daily living, such as walking, toileting and showering.
- Minimise the risk of older patients experiencing functional decline (reduced ability to perform the activities of daily living) while in hospital.

Audits across Alfred Health have helped identify improvements that can be made to better meet the needs of older people within the physical hospital environment. Equipment has been purchased and we are planning to refurbish some wards.

Some of the new equipment includes:

- Specialised mats that alert staff when a patient who needs assistance to walk or move gets out of bed.
- Clocks to assist patients to be aware to the correct time.
- Improved toilet signs to help patients find bathrooms and toilets at night.
- Purpose designed chairs to make it easier for older people to get in and out of them.

Guidelines to help staff provide better care for older people have been developed with an education program for all clinical and non-clinical support staff.

PREVENTING FALLS AND HARM FROM FALLS

Falls are a national safety issue because of the potential for severe physical injuries which may keep patients in hospital longer than planned.

Alfred Health has a falls prevention strategy and reviews it every year to make sure it is based on current evidence and meets national guidelines.

Two clinical falls prevention consultants work closely with ward staff and the falls prevention committee to help implement and evaluate the strategy across Alfred Health.

The falls prevention strategy has many components including:

Risk Assessment and Individual Prevention Strategies

All inpatients must have a risk assessment on admission to each of our three hospitals and then have an individualised falls prevention plan developed.

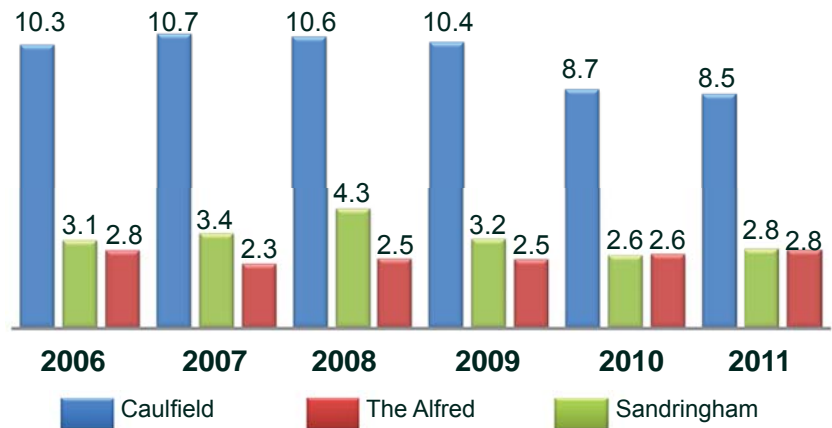
Involving Patients and Their Carers

Patients are involved in their own plan of care to help reduce the risk of falling while in hospital. A falls prevention brochure has been revised in consultation with patients and is now given to anyone at risk of falling. A weekly patients, carers and families' education session on some medical wards focuses on simple strategies such as safe footwear.

Monitoring

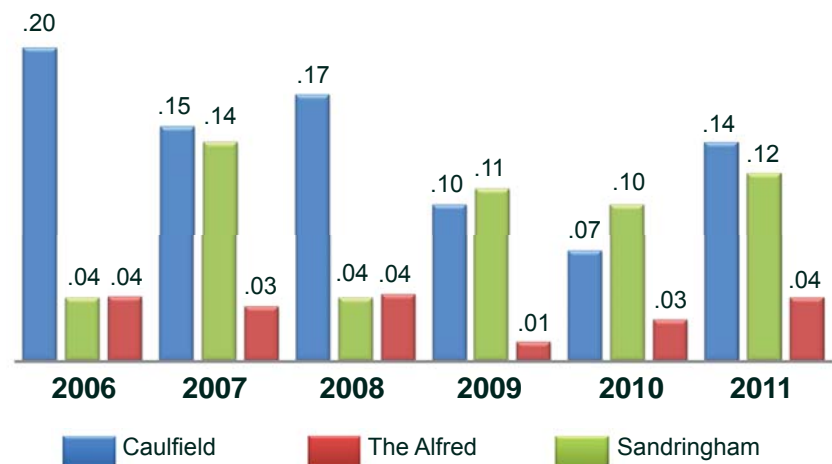
Review of our hospital through audits, in particular on the wards, helps us look for dangers in patient areas that might contribute to falls. We also review all patients' clinical records to make sure risk assessments and prevention strategies have been documented.

The graphs below show the total number of falls at Alfred Health has been decreasing or stabilised over the past 6 years



Graph 4: Total Falls per 1,000 Bed Days 2006-2011

Serious injuries related to falls have decreased at Caulfield but remain a work in progress at The Alfred and Sandringham



Graph 5: Falls with Serious Injuries per 1,000 Bed Days 2006-2011

Falls Prevention Rounds

Wards with high falls rates hold weekly interdisciplinary meetings with medical, nursing and allied health staff, such as a physiotherapist or occupational therapist, and the patient. Together the team makes suggestions for preventing falls.

Falls Prevention and Minimising Injury

New specialised equipment also helps reduce falls, such as beds that can be lowered to the floor to reduce falls and injury, and alarms which activate 'pagers' carried by the patient's nurse sending a warning that a patient is trying to get out of bed and might fall. Walking frames and other equipment are labelled with the patient's name so they always have their own equipment to ensure they can walk as safely as possible.



Nurse Anita Smith and physiotherapist Seamus Kelleher advise Dr Gerald Dalitz on falls safety

Staff Education

A variety of orientation and regular education sessions are provided to all our staff.

Communicating Falls Risk

'Alert' signs are used to warn staff that a patient is at a high risk of falling and a 'traffic light' alert system will soon be used above patients' beds to show staff how much help a patient needs with standing and walking.

Individualised Prevention Plans – Preventing Falls

One of our patients recently assessed as being at very high risk of falling benefited from an individualised approach to falls prevention.

The young woman was admitted for emergency surgery and became restless and agitated after the operation. Her confusion affected her ability to follow instructions and she made many attempts to get out of bed despite being asked to seek help.

The patient was placed in a bed lowered to the floor, and moved to a single and quiet room where her husband was able to bring their baby to visit. Because the room was not highly visible to staff, a 'roster' was arranged with the patient's husband so someone would be with her at all times.

The patient was able to watch television as she had requested and could leave the ward to go for a walk with her family. Despite her high risk of falling, the falls prevention plan ensured she did not fall.

Sandringham Falls Expo



The idea behind the Falls Expo was to encourage staff to use their experience from the Expo to design effective falls prevention strategies and plans for their patients, especially when preparing them to adjust to life outside hospital.

The physiotherapy team designed an obstacle course for staff simulating the experience or sensation of potentially falling. Staff wore glasses which gave them a cloudy cataract effect or tunnel vision. They also wore big, loose shoes to make them feel unsteady. Staff used patient equipment to help them get out of bed and walk up stairs as if they were a patient.

This first hand experience was an interesting way of teaching staff about the dangers of falls and ways to prevent them.

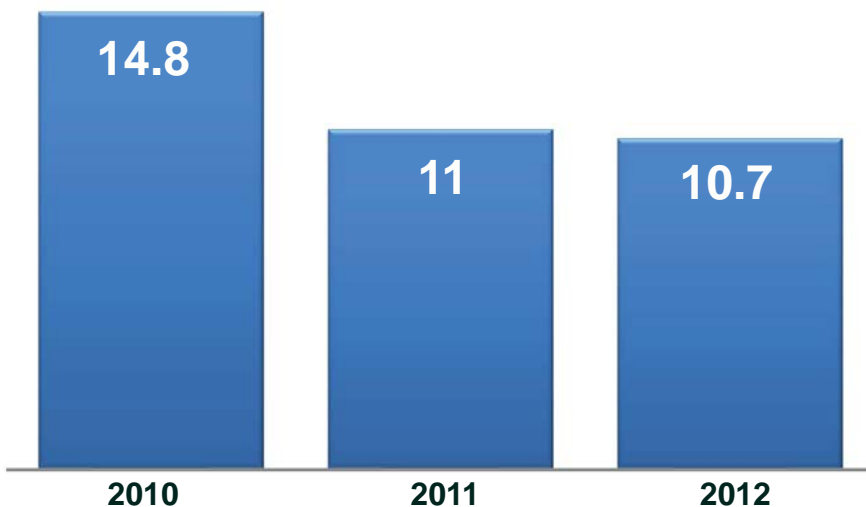
PREVENTING AND MANAGING PRESSURE INJURIES

A pressure injury or ulcer is an area of skin that becomes damaged by constant pressure, often from spending a long time in bed or a chair. Pressure injuries can be slow to heal and not only increase risk of infection but can keep patients in hospital longer because of pain and the need for complex wound dressings.



Podiatrist Nalini Natesan and wound consultant nurse Michelle Tuck assess a patient for pressure injuries

This graph shows that the rate of pressure injuries has fallen over the past three years.



Graph 6: Percentage of pressure injuries (%) 2010 - 2012

With the right care most pressure injuries can be prevented.

Alfred Health has developed a pressure prevention strategy and reviews it every year to make sure it is based on current evidence and meets national guidelines.

The success of the Alfred Health strategy is assessed each year through the Pressure Ulcer Point Prevalence Survey (PUPPS) which counts the number of patients with a pressure injury at a particular point in time as illustrated in the graph to the left.

In fact there has been a steady decrease in pressure injuries from 30.7% in 2003 to 10.7% in 2012, highlighting the benefit of changes to clinical practice.

Some examples of key pressure prevention strategies used across Alfred Health include:

- All patients are assessed for their risk of developing a pressure injury and a management plan is developed.
- Key staff assess patients at high risk of developing pressure injuries and recommend strategies for patients in wards where the risk of pressure injuries is high.
- Each of our three hospitals has a Working Group focused on pressure injury prevention.
- Regular reports such as the PUPPS results are reviewed at the Pressure Injury Prevention Committee which helps direct further work to reduce the number of patients with pressure injuries.

IDENTIFYING RISK – PREVENTING PRESSURE INJURIES

A frail elderly man admitted to The Alfred from home after falling and tearing his skin was assessed as being at high risk of developing a pressure injury whilst in hospital. A pressure injury prevention plan was developed with him. The plan included regular skin and mobility assessments, help with showering, preventing friction from sheets and the use of pressure relieving equipment.

His care plan was reviewed regularly to ensure the right care was provided each day and he was discharged to Caulfield Hospital for slow rehabilitation ten days after admission, with no pressure injuries despite his high risk.

'TAKING THE PRESSURE DOWN' – REDUCING PRESSURE INJURIES

In early 2012, Ward 7 West reduced its pressure injury rate from 19% to 3.6% by increasing staff awareness through the 'taking the pressure down' project.

Posters were used to emphasise the need to use the correct equipment as well as routinely discussing pressure injury prevention for all patients as part of the ward 'safety round'.

IMPROVING PERFORMANCE

REDUCING WAITING LIST TIMES FOR OUTPATIENTS

The Physiotherapy department at The Alfred is helping to reduce Outpatient waiting times for Orthopaedics and Neurosurgery. In the past all patients referred to the Orthopaedic and Neurosurgery departments had to wait for an appointment to see a medical specialist and there were often long delays. Recently an experienced musculoskeletal physiotherapist was employed to help reduce this waiting time.

Patients who are suitable for the physiotherapy-led clinics are able to be seen, on average, within two months of referral to the hospital. Common conditions assessed in these clinics include shoulder, hip, knee and spinal complaints. Other physiotherapists work with the orthopaedic surgeons and neurosurgeons to develop a treatment plan for each patient which may include ordering further investigations or tests, referral to therapists in the community, or referral for a surgical opinion.

A satisfaction survey has shown that patients were very satisfied with the new service, with 100% indicating they felt their needs were met on the day. The Director of Orthopaedics, Miss Susan Liew, and Spinal Neurosurgeon, Mr Patrick Chan, and their departments have provided very positive feedback on this new service.

SAFE USE OF BLOOD AND BLOOD PRODUCTS



Australia has one of the safest blood supplies and safest blood transfusion rates in the world. A transfusion nurse, transfusion team and a scientist have been introduced at Alfred Health to further enhance the safety of patients having transfusions.

The transfusion team examines all collection errors for blood products (substances that can be taken from the blood of one person and used in the medical treatment of someone else, such as plasma, blood cells and platelets) and ensures staff follow the approved guidelines to administer blood products safely at all times. The team also investigates any reported reactions to infusions to ensure the patient is given the appropriate treatment and follow up care.

Online education for all nursing staff and an annual compulsory staff assessment are coordinated by the transfusion team, further supporting the administration of the right blood product to the right patient.

Electronic bedside checking devices are being trialled by nursing staff and blood products can now be ordered electronically in some clinical areas, ensuring clarification of orders between clinical staff and the blood bank, further maximising patient safety.

MOVING CLOSER TO A CURE FOR AIDS

Professor Sharon Lewin, Director, Infectious Diseases at The Alfred, and her team, have made a major discovery by identifying how Human Immunodeficiency Virus (HIV) withstands anti-HIV drug treatments. The virus almost goes to sleep and when a patient stops treatment, it reawakens.

Dr Paul Cameron, clinical immunologist and co-author of this published research said this discovery will allow new treatments to be developed.

The important research was recently published in the Proceedings of the National Academy of Science.

The Alfred will showcase its expertise in HIV research and treatment at the prestigious international AIDS Conference in Melbourne in 2014. Professor Lewin, will be the conference's local co-chair. It will provide an opportunity to showcase Australia's effort in the fight against the disease, particularly in the Asia Pacific region and Papua New Guinea.



Right: Renowned medical expert in HIV research, Professor Sharon Lewin, pictured with some of her team



COMMUNITY PARTICIPATION

THE ROLE OF THE COMMUNITY ADVISORY COMMITTEE



COMMUNITY AND CONSUMER REPRESENTATION ON COMMITTEES AND WORKING GROUPS AND OTHER ACTIVITIES

Several community and consumer representatives have been appointed to governance committees at Alfred Health, including the Aboriginal and Torres Strait Islander Health Advisory Group, Patient Information and Patient Feedback Reference Group, Clinical Management of Nicotine Dependency Working Group and many others. Generally they are members of the Community Advisory Committee (CAC), but an increasing number of participants in a range of activities are current or past patients and members of the revised consumer register.

(Clockwise from top left) Suzanne Corcoran, Community Participation Coordinator, with four members of the Community Advisory Committee; Sarah Gray, Brett Hayhoe, Lyn Stanton and Chair of the CAC, David Menadue

The Community Advisory Committee (CAC) is a Committee of the Alfred Health Board that meets at least six times a year with the aim of bringing the voices of the community and consumers into the decision-making processes of Alfred Health.

The Committee has up to 10 community members and two members of the Alfred Health Board.

The role of CAC members is to:

- Provide leadership and direction in relation to the integration of consumer views into all levels of the health service
- To advocate to the Board on behalf of the community, consumers and carers.

Several new members were appointed to the CAC last year, bringing with them a variety of life experience, professional and personal skills and expertise as well as different cultural perspectives regarding health care, providing an excellent basis for their role as community representatives at Alfred Health.

COMMUNITY PARTICIPATION

In February 2012, we developed a strategy promoting increased partnership with patients to help us improve the quality and safety of health care across Alfred Health, one of our strategic priorities.

This new strategy is called Patients Come First, and can be described as our 'road map' for increasing the way we include patients in planning, designing and evaluating individual care and treatment and in decision making. At Alfred Health we want to inform you and support you, your family or friend to share in decision making as a patient.

We also hope to improve the quality of our services as we continue to recruit patients to committees or working groups and other service improvement activities.

MEETING THE COMMUNITY PARTICIPATION STANDARDS

Some of the things we have been doing over the past year to improve the way we work with patients to achieve the five Department of Health (DH) community participation standards are outlined below.

1

THE ORGANISATION DEMONSTRATES A COMMITMENT TO CONSUMER, CARER AND COMMUNITY PARTICIPATION APPROPRIATE TO ITS DIVERSE COMMUNITIES

This standard has been achieved by:

- Development and approval of the Patients Come First strategy and revision of our community participation policy to reflect the strategy.
- Documentation of progress against the 2010 – 2013 Community Participation Plan and preparations for the development of a new Community Participation Plan in consultation with our community to reflect the Patients Come First strategy.
- Reporting participation through the Quality of Care Report, our Annual Report and other Alfred Health reports.

- Development of a new report identifying country of origin, language and interpreter requirements and other measures of diversity to help us manage the unmet needs of culturally diverse consumers.
- The delivery of Aboriginal cultural competence awareness training for key staff.
- Consumer feedback and some decision making through focus groups, working groups, patient satisfaction surveys and committees.
- Revision of the process for engaging and utilising consumers for specific activities within Alfred Health.

What is a consumer?

The Department of Health (DH) defines consumers as people who are current or potential users of health services.

Even though we call our strategy 'Patients Come First' the term consumer is often used when referring to patients. At Alfred Health we use the word consumer and patient interchangeably and may also refer to patients or consumers as a client, resident or carer.

2

CONSUMERS AND CARERS ARE INVOLVED IN INFORMED DECISION-MAKING ABOUT THEIR TREATMENT, CARE AND WELLBEING

The Victorian Patient Satisfaction Monitor (VPSM) is the survey used by DH to measure the satisfaction of patients who have been to hospital for acute care, rehabilitation and maternity services, as well as patients who have presented to the Emergency Department.

The opinions of these consumers as well as those consumers of community health, mental health and residential services are represented in the table over page. The indicators measure consumer satisfaction with involvement in decision making in care and treatment for July 2011 – June 2012. Alfred Health meets the target set by DH.

| Indicator | DH target | Alfred Health score |
|---|-----------|--|
| 1. Alfred Health demonstrates a commitment to participation to meet the needs of its diverse community | 75% | 100% |
| 2. Patients are included in their own care by being: <ul style="list-style-type: none"> encouraged to ask questions included in decision making listened to by staff | 75% | 77.68% The Alfred 81.64% Sandringham 81.44 Caulfield 71.65% |
| 3. The number of women who said they were given an active say in making decisions about what happened during labour | 90% | 92% Note: Maternity Services are only offered at Sandringham |
| 4. The percentage of consumers of community services satisfied with their involvement in decisions about their care and treatment | 90% | 100% |
| 5. The number of residents/families/carers satisfied with their involvement in decision making about their care and treatment | 75% | 80.65% |
| 6. The rate of respondents to consumer and carer surveys who rate information on how to manage their condition at home after a stay in hospital as 'good' to 'excellent' | 75% | 85% |

Table 5: Satisfaction with informed decision making in care and treatment against DH participation targets for 2011/2012

3

CONSUMERS AND CARERS ARE PROVIDED WITH EVIDENCE-BASED, ACCESSIBLE INFORMATION TO SUPPORT KEY DECISION-MAKING

In August 2011 a reference group was formed with the aim of improving the way we develop information for patients relating to different health conditions or illness. The other purpose of this group was to improve the way we use feedback from patients, such as complaints, compliments and satisfaction survey results, to improve services.

- Draft guidelines have been developed to help staff develop and review patient information in consultation with consumers and use patient feedback to improve services.
- The draft guidelines for staff include copies of approved pamphlets, booklets and other items which staff can adapt to ensure the information they give to patients is easy to read and understand. A checklist to further help staff include patients in the review and development of patient information is included in the guidelines.
- Two members of our Community Advisory Committee were members of the reference group and provided excellent advice in the development of our new patient information handbooks for each hospital. At their suggestion, an editor reviewed the handbooks to make sure they are easy to understand and interesting to read.
- The revised handbooks have a new A-Z section to help find information more easily as well as standard information relating to such things as parking and transport.
- For the first time the new handbooks have been laminated so they can be cleaned and stay in the bedside locker for the next patient to use.
- Copies of the handbooks can also be printed from our website at www.alfredhealth.org.au and are available in our top three non-English spoken languages - Greek, Russian and Italian.

4

CONSUMERS, CARERS AND COMMUNITY MEMBERS ARE ACTIVE PARTICIPANTS IN THE PLANNING, IMPROVEMENT AND EVALUATION OF SERVICES AND PROGRAMS

Consumers, carers and community members have participated in the following ways:

- Development of the new patient information handbooks for each hospital campus.
- Participation in the consultations over the changes to services at Sandringham Hospital, including the introduction of an Integrated Urgent Care Centre.
- Review and development of patient letters, survey tools and patient information.
- Involvement in the review and development of the Alfred Health response to the review of Health Services (Conciliation and Review) Act 1987 for submission to the Department of Health.
- Alfred Health exceeds the Department of Health target of 75% for the engagement of consumers, carers and community members in the following ways:
 - Strategic planning
 - Service program and community development
 - Quality improvement activities
 - Development and monitoring of feedback systems
 - Governance committees
 - Development of consumer information.



5

THE ORGANISATION ACTIVELY CONTRIBUTES TO BUILDING THE CAPACITY OF CONSUMERS, CARERS AND COMMUNITY MEMBERS TO PARTICIPATE FULLY AND EFFECTIVELY

Examples of strategies used to build the capacity of consumers, carers and community members include:

- The development of consumer role statements to create different levels of participation in departmental and organisational decision making.
- A campaign was run in local newspapers and on the Alfred Health website to recruit new consumers to a smaller but more supported consumer register in June this year.
- New consumers now take part in a formal orientation program with volunteers at Alfred Health, giving them an understanding of basic guidelines relating to personal safety, confidentiality, cultural diversity and other key information.
- All 1,620 new staff across Alfred Health in 2011/2012 were provided with information relating to community participation at Alfred Health at the formal orientation programs provided at each of our three hospitals.
- Further confirming Alfred Health's commitment to consumer participation, it has been included as a key item in the revised staff orientation program and the new online staff induction program.
- Most staff education and orientation for mental health services staff includes the Consumer and Carer Consultants, either as presenters and facilitators or participants in the development of educational resources.

THANKING OUR CONSUMER CONSULTANT AT ALFRED PSYCHIATRY - JON KROSCHER



Jon Kroschel has been a consumer consultant at Alfred Psychiatry since March 1997 and he is leaving Alfred Health this year.

Jon was for many of us the first contact we had with an articulate and passionate consumer consultant. He knew bad practice when he saw it and could talk about it in a way that we instantly recognized and felt unsettled about. Taking us out of our comfort zone and challenging us to do better was very much what Jon excelled at during his time at The Alfred. Jon involved and trained up to 100 consumers to work on a variety of projects. He played a pivotal role in the introduction of Consumer Outcome Measures, the development of a feedback process for inpatients, and the implementation of peer-led recovery programs in the community. He was also a significant contributor to the education and training of countless staff over more than a decade.

Associate Professor Simon Stafrace
Director Alfred Psychiatry

My role has been to build opportunities for people who access the service to work collaboratively with staff to improve the service. Unlike other parts of the health sector, mental health stands alone as the only one where the consumer can have treatment imposed on them against their wishes; this particular aspect is just one of the many ways where consumers can add enormous value to the system, and more importantly improve quality of care.

Jon Kroschel
Consumer consultant

You have guided us into the future to ensure we are “up skilling” and consumer participation is responsive and accountable. I have had the privilege to back fill for you while on long service leave. It was here I learnt much about your role and rapport with consumers across Alfred Adult Psychiatry. It is a testament to your commitment and tenacity.

Anna Thomas
Consumer work team member Alfred
Psychiatry

DISABILITY ACTION PLAN

- Disability Week was celebrated at all three hospital campuses with a display of our Disability Action Plan and progress with some of our key objectives as well as other promotional materials relating to the proposed National Disability Insurance Scheme.
- As part of our preparations for the development of our new Disability Action Plan for launch in 2013, we have already begun to think about a more consultative approach to the way we develop this plan. Key staff, members of our Community Advisory Committee and Consumer Register and patients, consumers and local services will be asked to take part in a formal workshop to help develop our new plan. The new plan will include realistic and practical ways to reduce barriers to our health services for patients and to the workplace for staff with a disability.

CONSUMER FEEDBACK SUPPORTS A WOMEN-ONLY WARD FOR MENTAL HEALTH SERVICES



The Alfred is the first public hospital to have an established psychiatry ward refurbished as a women-only area. A lack of privacy in mixed gender wards has previously led to a highly charged atmosphere between patients, sometimes leading to assaults. Women have frequently spoken of feeling unsafe in psychiatric hospitals.

A committee, which included consumers, carers and staff, helped inform the building design and the way care is delivered to best meet patient needs, highlighting the impact feedback from patients has on improving services.

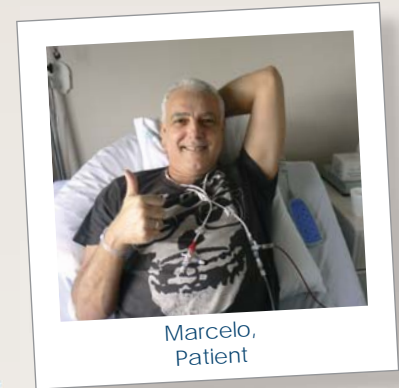
COMMUNITY CONSULTATION FOR THE PROPOSED CHANGES AT SANDRINGHAM HOSPITAL

In March 2012 Alfred Health ran a staff and community consultation to obtain feedback from the community on proposed changes to services at Sandringham Hospital. The proposed improvements were detailed in a discussion paper and fact sheets on emergency care, surgical services, services for children and obstetric and maternity services.

The documents outlined the demand on these departments and the proposed changes to meet future community need. The consultation was promoted in the local newspapers, throughout Alfred Health, at the Bayside Council Offices, at Westfield Southland shopping centre, and at a large community event.

Overall, feedback supported the planned changes to these services.

WHAT DOES 'PATIENTS COME FIRST' MEAN TO ME?



Marcelo,
Patient

Everybody calls me by my first name and treats me how I want to be treated. All decisions are consultative and made with my consent.



Eleanor Edwards,
Nurse

The person you care for has to be the centre of everything you do. It's about treating them more as a person not a "disease"



Sanford "Sandy" Ono,
Volunteer

As a volunteer, I am here to assist patients to make their visit at The Alfred less traumatic and if possible to make it a happy experience.



CULTURAL RESPONSIVENESS

Alfred Health has a strong commitment to meeting the needs of all consumers, including diverse cultural, linguistic and religious needs. We have shown this commitment through our Cultural Responsiveness Plan which is based on six standards set by the Department of Health. Our achievements against these six standards are outlined below.

1

A WHOLE-OF-ORGANISATION APPROACH TO CULTURAL RESPONSIVENESS

- All 1,620 new staff across Alfred Health 2011/2012 were provided with information relating to cultural diversity and access to interpreters at the formal orientation programs provided at each of our three hospital campuses.
- A new annual Cultural and Linguistic Diversity (CALD) report is being developed to help us monitor where our patients come from, their religion and preferred language, and their need for access to interpreters. This will help us plan for and provide services that make sure cultural difference is not a barrier to safe, quality care.

2

LEADERSHIP FOR CULTURAL RESPONSIVENESS IS DEMONSTRATED

- The Alfred Health Executive Director of Nursing/Chief Nursing Officer has responsibility for a team of staff who make sure the Cultural Responsiveness Plan is implemented and monitored.
- In recognition of the importance of the role of the Multicultural Coordinator at Alfred Health, the position has been increased to a full time position this year.

3

ACCREDITED INTERPRETERS ARE PROVIDED TO PATIENTS

- We employ only nationally accredited interpreters.
- We provided interpreters on more than 18,179 occasions in 2011/2012. (Please note this is not inclusive of all Sandringham Hospital data and therefore the total number of interpreter services provided is under represented.)
- Interpreters are offered to CALD patients when they make complaints, and all feedback is monitored to help us understand and overcome issues faced by CALD consumers.
- A new project is currently trialling the use of telephone and video interpreting in particular clinics to address increasing demand and ensure service quality. The aim is to free up our own interpreters for higher priority and more complex work but at the same time make sure everyone who needs an interpreter can be provided with one.

4

INCLUSIVE PRACTICE IN CARE PLANNING IS DEMONSTRATED

- Culturally appropriate meals are offered to patients, including Halal, Kosher and vegetarian options.
- Information on the availability of Pastoral Care services and Spirituality Centres at The Alfred and Caulfield Hospital has been updated in the new patient information handbooks.
- Inclusion of cultural diversity and interpreter services in the new Alfred Health staff orientation and online induction program for all staff.
- The Multicultural Issues at Time of Death guideline assists staff to respond appropriately to the needs of patients and their families at this stressful time.

CULTURAL DIVERSITY WEEK 2012

Festivities for Cultural Diversity Week this year began with a fair trade market with musicians in The Alfred courtyard.

The official Alfred Health launch took place at Caulfield Hospital. Guest speakers included a dietitian, a member of our Community Advisory Committee and a representative from the Centre for Cultural Diversity in Ageing.

Bollywood dance classes were one of the new activities used to raise staff awareness about working with patients from culturally diverse backgrounds as well as celebrating the cultural diversity of our staff.



Entertainment duo "Bohemian Nights" (Ernie Gruner and Phil Carroll) play Klezmer music during Cultural Diversity Week

5

CALD CONSUMER, CARER AND COMMUNITY MEMBERS ARE INVOLVED IN STAFF PLANNING, IMPROVEMENT AND REVIEW OF PROGRAMS AND SERVICES

- A fact sheet is available on the intranet to encourage staff to involve CALD consumers in the planning, improvement and review of programs and services.
- The Community Advisory Committee makes sure that the needs of CALD consumers are considered. The membership of this committee reflects diverse views.

6

STAFF ARE PROVIDED WITH PROFESSIONAL DEVELOPMENT OPPORTUNITIES

- Cultural Diversity and accessing interpreter training and ward and department in-service education are provided by the Multicultural Coordinator, with ongoing review based on evaluations.
- Staff are encouraged to access external professional development and are kept informed about opportunities.



IMPROVING ACCESS TO AUSLAN INTERPRETERS

Alfred Health provided Australian Sign Language (AUSLAN) interpreting services on 121 requests in 2011/2012, compared to 152 in 2010/2011. Signs in the Emergency Department (ED) help people who are Deaf or have a hearing impairment to indicate that they need an AUSLAN interpreter. A guideline for ED staff shows how to access an AUSLAN interpreter after-hours, and staff can access AUSLAN interpreters 24 hours a day through an after-hours service. The Multicultural Coordinator provides staff training on AUSLAN interpreter services.

PAYING OUR RESPECTS TO AN ABORIGINAL ELDER - UNCLE GRAHAM



One Aboriginal Elder who did so much work to improve the care we provide to all Aboriginal patients at Alfred Health, Uncle Graham, died earlier this year. It was a privilege for so many of our staff to work alongside Uncle Graham.

Uncle Graham first came into contact with Alfred Health as a client of the Amputee unit at Caulfield Hospital, and this led to his involvement in many initiatives over the years to improve services and increase Alfred Health's responsiveness and access for the Aboriginal community.

In more recent years no recruitment to Aboriginal liaison positions across Alfred Health was complete without Uncle Graham's input. His wonderful way of yarning with each of the applicants at the beginning of each interview was inspiring.

His impact on how we work with the Aboriginal community and our improved service delivery will be his lasting legacy at Alfred Health.

Staff at Alfred Health acknowledge and pay our respects to Uncle Graham Geebung.

Photo of Uncle Graham printed with permission from family

HELPING TO CLOSE THE GAP

Improving sexual health for Aboriginal and Torres Strait Islander communities in Victoria

Aboriginal and Torres Strait Islander people living in Victoria now have improved access to sexual health services with a new Young People's Sexual and Reproductive Health program created at the Melbourne Sexual Health Centre (MSHC).

The aim of the project is to raise young people's awareness about reproductive health.

The program has been called 'Wulumperi' a Woi-wurrung word which translates to 'good health'. MSHC thanks the Wurundjeri Tribe Land and Compensation Cultural Heritage Council Incorporated for its permission to use Woi-wurrung language to name the unit.



The program is funded by the Federal Government's 'Close the Gap' initiative which aims to improve the health of Aboriginal and Torres Strait Islander people. The MSHC Wulumperi Unit works closely with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

Wulumperi staff, including Aboriginal Community Development Workers, are available to assist and support Aboriginal and non Aboriginal Health Services across Victoria to deliver appropriate and innovative sexual and reproductive health services for young people within their Communities.

Some activities within the program that are currently being delivered are:

- Creating art and using storytelling to teach young women about their fertility cycles, risk of sexually transmitted infections and relationships.
- Education about reproductive health and sexually transmitted infections is being delivered to Aboriginal Workers working with young people in the health and education system.
- Education and support for health professionals across Victoria to improve sexually transmitted infection testing services specific to the needs of young people who access Aboriginal and non Aboriginal health services.

For more information visit www.mshc.org.au/indigenous

HOW WE ARE MEETING THE STANDARDS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

Every year Alfred Health reports against the four key result areas of the Improving Care for Aboriginal and Torres Strait Islander Patients program. Our Aboriginal and Torres Strait Islander Health Action Plan helps guide our progress against all four standards. Information about what we did in 2011/12 against each of the four standards is set out below.

1

ESTABLISH AND MAINTAIN RELATIONSHIPS WITH ABORIGINAL COMMUNITIES AND SERVICES

- The Alfred Health Aboriginal and Torres Strait Islander Health Advisory Committee meets every two months and makes recommendations regarding opportunities to improve the delivery of healthcare, relationships with the community, the cultural awareness of staff and the cultural sensitivity of the physical environment. Two Indigenous Elders and other adult members of the Indigenous community are included in the membership.
- Key cultural events are acknowledged at Alfred Health including Sorry Day, Reconciliation Week and NAIDOC Week.
- Alfred Health has active representation on the Department of Health's Closing the Gap Steering Committee and Reference Group.

2

PROVIDE CROSS-CULTURAL TRAINING FOR HOSPITAL STAFF

- Aboriginal Hospital Liaison Officers (AHLOs) help run training sessions for staff.
- Orientation sessions are held for all new Caulfield Community Health Service (CCHS) staff.
- Key staff from across Alfred Health took part in THE STORYTELLER Aboriginal cultural knowledge program in March and May this year.

3

SET UP AND MAINTAIN SERVICE PLANNING AND EVALUATION PROCESSES THAT ENSURE THE CULTURAL NEEDS OF ABORIGINAL PEOPLE ARE ADDRESSED WHEN REFERRALS AND SERVICE NEEDS ARE BEING CONSIDERED, PARTICULARLY IN REGARD TO DISCHARGE PLANNING

- The AHLOs regularly review admission data. The AHLOs also update any incorrect patient information discovered as a result of their contact with patients.
- A new approach to the development of an annual Cultural, Religious and Linguistic Diversity Report is being developed to help us identify minority groups with unmet needs in relation to language and culture, inclusive of Aboriginal and Torres Strait Islander people.

4

ESTABLISH REFERRAL ARRANGEMENTS TO SUPPORT ALL HOSPITAL STAFF TO MAKE EFFECTIVE PRIMARY CARE REFERRALS AND SEEK THE INVOLVEMENT OF ABORIGINAL WORKERS AND AGENCIES

- The AHLOs visit wards and attend some nursing handovers to introduce themselves and hand out their contact details.
- Aboriginal Access and Liaison staff attend Indigenous community events and meetings including the Local Indigenous Network.

HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

Alfred Health is proud to be a member of the World Health Organisation’s International Network of Health Promoting Hospitals and Health Services. This recognises our strong achievements in health promotion as well as the commitment we have made to future health promotion efforts. There have been several excellent examples of health promotion initiatives over the past twelve months across Alfred Health. One of the most exciting of these is our healthy food choices categories.

BETTER FOOD - GREEN LIGHT FOR HEALTHY CHOICES

Alfred Health has introduced the Victorian Government’s Healthy Choices: Food and Drink Guidelines for Victorian Public Hospitals in the cafes and vending machines on each site and for all catering at meetings and events.

Using the Healthy Choices system, all the food and drinks for sale are colour coded according to their nutritional value: green for food and drinks that are good for you and should be eaten most often, like fresh salads and wholegrain bread, amber for food and drinks that are not as nutritious and should be chosen carefully, such as lasagne and fruit juice, and red for food and drinks that are unhealthy choices and should only be eaten very occasionally, such as hot chips and soft drinks.

Our target is for green items to make up 50% of the food and drink available, and for no more



Jamie Smith, Head Chef of Alf’s Cafe and Sarah Porteous, Dietitian, are promoting healthy choices

than 20% of the food and drink to be unhealthy red items. By April 2012, 43% of the items available from the cafes were rated green and 27% were rated red. This is an improvement over the results in 2010 when the results were 30% green and 42% red and we will continue to work towards our targets.

Even our vending machines now provide a range of healthier snacks and drinks, with more low fat and fruit based items and fewer lollies and soft drinks. At least 50% of the items stocked are ‘green’ and no more than 20% are rated red.

When catering is provided for meetings and events, Alfred Health only orders green or amber rated food and drinks with no red rated items allowed. Alfred Health is particularly proud of its new relationship with Mission Caters, a catering service operated by Prahran Mission which provides very high quality food that meets the Alfred Health Healthy Choices requirements and supports those in need.

| HEALTHY CHOICES PERFORMANCE | | | | |
|--|-------------|-------------|-------------|-----------------|
| Retail outlets onsite at Alfred Health | | | | |
| Benchmark (Goal) | 2010 Result | 2012 Result | 2010 v 2012 | To achieve goal |
| Green > 50% | 30% | 43% | ↑ 13% | ↑ 7% |
| Amber < 30% | 28% | 30% | ↑ 2% | Achieved |
| Red < 20% | 42% | 27% | ↓ 15% | ↓ 7% |

Table 6: Colour coding for healthy choices at Alfred Health



**CONTINUITY OF
CARE**

CARING FOR WOMEN, BABIES AND CHILDREN IN ALL SORTS OF WAYS AT SANDRINGHAM HOSPITAL

SOUNDS OF NEW LIFE

Each year over 1,200 babies are born at Sandringham Hospital. To celebrate, Sandringham has put an interesting twist on baby arrivals for 2012. A competition held at the end of 2011 encouraged staff to submit songs they thought would be fitting to play over the hospital public announcement system (PA). They would then be played each time a baby was born.

“The competition was a positive event which brought staff together, with some very interesting suggestions from all areas of the hospital. The tunes will play after each baby is born so whoever is in the hospital can celebrate new life coming into our community”. Kay Kurth, Maternity Manager.

The winning songs were announced at the 2011 Christmas lunch last year and include:

For boys - Beautiful Boy by John Lennon

For girls - Isn't she lovely by Stevie Wonder

WOMEN'S MENTAL HEALTH CLINIC OPENS

Sandringham Hospital recently opened its first Women's Mental Health Clinic. The women's service focuses on issues before the baby is born, including depression and stress.

The Maternity Manager at Sandringham Hospital, Kay Kurth, and Director of the Monash Alfred Psychiatry Research Centre at The Alfred, Professor Jayashri Kulkarni, set up the new clinic which was launched in February 2012 and is a sister clinic to The Alfred's Women's Mental Health Clinic.

It will allow a number of women wanting to have their baby at Sandringham to have all care and treatment at their local hospital, including mental health. This new service will initially run monthly on Thursday mornings, but may increase to every three weeks if there is a strong demand.



Baby Luke born on 10 January with proud parents Clair and Christopher Wilson

INFORMATION WHEN YOU NEED IT – MATERNITY SERVICES WEBSITE

According to some patient feedback, information on the maternity website for women who were considering having their baby at Sandringham Hospital was difficult to find. Local GPs also told maternity services staff they needed more information about the services.

In response to this feedback the maternity website was reviewed and updated.

The key improvements for patients included:

- Provision of more extensive information for parents on pregnancy, breastfeeding and caring for newborns, as well as the maternity services provided.
- Inclusion of more than fifty links to useful external websites.
- Establishment of an interactive booking section which has resulted in over 80% of maternity bookings being completed online.
- Inclusion of handouts that are given to expectant mothers during their appointments.
- Updating the 'For GPs' section to provide GPs with the information they need when discussing maternity services with their patients. This section includes criteria for becoming a Shared Care Doctor, inclusion/exclusion criteria for bookings and obstetric guidelines. These improvements assist GPs to better identify women who can use the maternity services provided at Sandringham Hospital.

WORKING TO KEEP EXPECTANT MOTHERS HEALTHY

A two year study providing nutritional support for obese pregnant women aims to reduce complications for the mother and baby before and after birth at Sandringham Hospital.

The risks for obese pregnant women include miscarriage, high blood pressure and gestational diabetes which can lead to having larger babies and an increased risk of needing a caesarean.

We are looking at improving the quality of the mother's diet rather than having them lose weight.

We are conducting this study to see if early intervention to improve the mother's diet can reduce some of these risks and provide a safer and better outcome for the mother and child.

KINDERGARTEN VISITING PROGRAM



The new paediatric radiology room at Sandringham Hospital

Approximately 25 children under 12 attend Sandringham Hospital each day needing an X-ray for suspected fractures. These injuries are usually sustained at school or in sporting activities. This growing number has prompted the need for a child friendly Radiology room.

The Sandringham branch of the Bendigo Bank helped fund decoration of the existing X-Ray room. It now has a jungle theme and to ensure it sounds 'child friendly' was renamed 'The Community Bank Jungle Room'. Using this new resource, Sandringham Hospital has launched a new kindergarten education program to promote safe play and put children at ease with the hospital.

A series of visits with children from local kindergartens is being arranged. This will include a show and tell and role play. As the child's most likely first visit to hospital is through the Emergency Department and X-Ray Unit, children will be taken on a tour of these services as part of the experience.

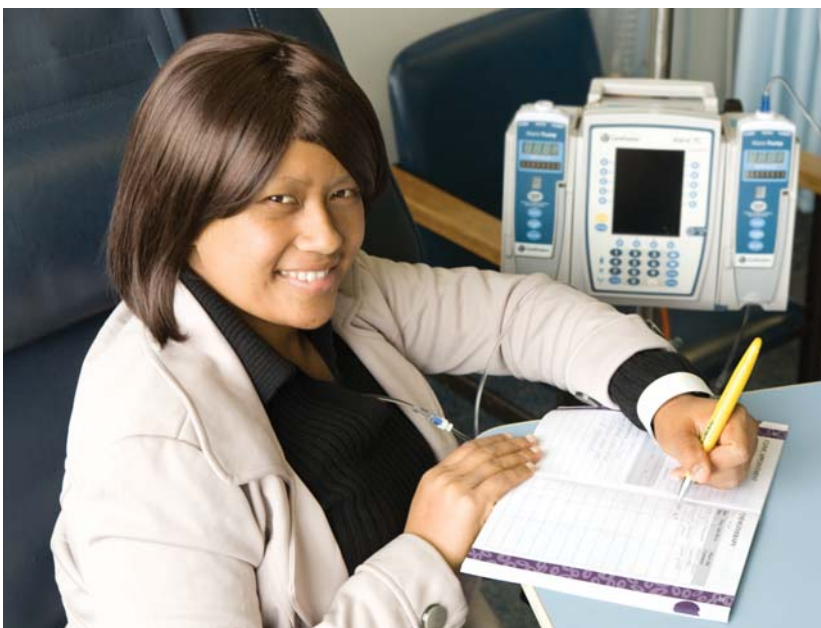
"The idea is to familiarise them with the hospital in a non-threatening way. The kinder tours have already had an overwhelmingly positive response," said Beverley Pearce, Sandringham Hospital's Deputy Chief Radiographer and coordinator of the kinder visits.

CANCER CARE

SUPPORTING PATIENTS WITH BLOOD CANCER AND THEIR FAMILIES

Treatment for blood cancers and related blood disorders is life-changing and may last for many years. Patients and their families need to have a good understanding of their illness and treatments. We have developed two new initiatives to help patients and their families cope with blood cancer.

- A Haematology Patient Diary – the diary is for patients to record their progress and note any changes during and after their treatment. The diary contains many charts for patients to write down important aspects of their care. It also contains resources for further information, hoping to make the patient experience a little easier. To ensure this diary meets the needs of patients and carers, it was reviewed by the Southern Melbourne Integrated Cancer Services (SMICS) Consumer Advisory Committee. The Leukemia Foundation has provided support to produce the diary and it is accessible on their national website.
- Living with Cancer Education Program (LWCEP) – The LWCEP is a free support and education program offered through the Cancer Council and covers all cancers. Facilitators from health sites are trained at the Cancer Council to run programs on site and guest speakers support most of the sessions. Patients highlighted the need for education programs that specifically focused on living with blood cancers. The first modified program for people living with blood cancers was trialled at Alfred Health and has been positively received by patients and carers.



Patient, Tekea Paretoa, fills in a Haematology Patient Diary

SURVIVING BLOOD CANCER

The Alfred's Late Effects Clinic is a dedicated long term follow up clinic for survivors of stem cell transplantation. Through this clinic a need for transplant survivors to improve their lifestyle has been identified with many clinic attendees being overweight or having high blood pressure, diabetes or cholesterol concerns that put them at risk of future health problems. Overall, regular physical activity, good nutrition and maintaining a healthy weight are thought to have beneficial or protective effects for many of these health issues with other potential benefits relating to bone health, anxiety and depression, fatigue and quality of life. Extensive research has shown that physical activity in cancer survivors is both safe and effective.

Participants are asked to enrol in a one year program to receive professional dietary advice, undertake individual physical activities and join a group exercise program with other transplant survivors with ongoing support, education and motivation provided by the Late Effects team. The program suits people of all fitness levels and abilities as activities will be carefully tailored to individual needs and goals. Monthly newsletters help keep participants on track and shared care with general practitioners will guide, encourage and monitor progress on a regular basis.

Eligible participants include blood cancer survivors aged eighteen years or over who are at least two years post stem cell transplantation and in ongoing complete remission.

MEETING PATIENTS' CLINICAL CARE NEEDS BY DOING THINGS DIFFERENTLY

SAFER PATIENT CARE PROJECT



Alfred Health staff using the graphical observation chart and escalation process to improve care

Patients in hospital typically have observations (sometimes called 'obs') taken at least three times a day, and more often if there are concerns or if the patient is particularly unwell. These 'obs' include blood pressure, heart rate and breathing (respiratory) rate and are monitored because any changes can indicate that a patient's condition is worsening.

In line with work being done around Australia and internationally, Alfred Health has worked to improve the way we recognise and respond to abnormalities in patients' observations. This work focuses on:

- ensuring we recognise when a patient has abnormal 'obs' or other indicators of clinical deterioration; and
- ensuring that once recognised, any concerns are communicated quickly and clearly to a senior member of the clinical team to ensure these concerns are acted upon.

One of the key pieces of work is the introduction of a new chart for recording a patient's 'obs'. On this new patient chart the 'obs' are documented as part of a colour coded graph.

If any of a patient's 'obs' move into the yellow region on the chart, the nurse looking after the patient will ensure a senior member of the nursing team reviews the patient and takes action. If the patient does not improve, the senior nurse contacts the medical team, further enhancing our ability to respond quickly and effectively when patients show signs of clinical deterioration, keeping them safer.

DIRECT REFERRAL PATHWAY – REDUCING ADMISSIONS TO THE EMERGENCY DEPARTMENT

Traditionally patients in the community experiencing symptoms such as heart pain or injuries relating to falls would go to the Emergency Department. GPs and other community health staff can now refer these patients directly to the General Medical Consultant on our Acute Assessment Unit via phone.

The Acute Assessment Unit provides a multi-disciplinary team assessment, including medical, nursing and allied health staff, for all patients requiring medical admission who would otherwise need to go to the Emergency Department.

The service commenced on 14 June 2011 and by July 2012 the referral line had already taken over 320 calls resulting in 250 admissions directly to the Acute Assessment Unit on the same or next day, avoiding the need for the patient to go to the Emergency Department.

Direct admission to the ward ensures the most appropriate care is provided by senior medical staff for patients living with conditions such as airways disease, heart failure, infections or recent falls requiring investigation in a more comfortable and safer environment.

PATIENT STORIES OF CARE



The day after their transplants - Jackie and Ben Cryan, with renal transplant coordinator Christine Ellis

BEN BEATS THE ODDS

If Ben Cryan had fallen off his surfboard a different way, things could have been a lot different for the 34 year old.

In January 2011, the Port Melbourne civil engineer was surfing three and a half metre waves at Micronesian surfing hotspot Pohnpei when he fell, sustaining cuts to his body after hitting a coral reef.

The deep cuts led to more than just stitches. Ben contracted necrotising fasciitis - a rare and life threatening condition, commonly known as the flesh-eating disease - from the coral. It proceeded to poison his entire body.

As a result, Ben has since endured 31 operations, three full blood transfusions, two strokes, kidney failure, vision loss and more recently a kidney transplant.

Ben's doctor, The Alfred's deputy director of renal

medicine, Dr Solomon Menaham, said Ben is extremely lucky to have survived his original infection.

"His excellent health prior to his injury helped him survive, as did the entire team involved in his care."

Ben has received care from multiple departments at The Alfred. He was operated on to remove diseased tissue, was treated in the intensive care unit for seizures and a severe stroke and had dialysis three times a week.

Finally, after months on dialysis, Ben received a kidney transplant in April, thanks to a live organ donation from his mum Jackie. The pair are doing well and Ben is now able to return to his normal routine. Without a kidney from his mum, Ben would have been on the donor waiting list.

"The waiting time is on average

four to five years and during that time Ben would have been attending dialysis three times per week for five hour sessions, which makes a full return to life and work very difficult. Ben was lucky - he has a supportive family, a good attitude to life, good general health and he was able to work towards small goals. These things all helped him to overcome the infection," Solomon added.



FROM AMPUTEE TO IRON MAN

On 3 July, 2010, triathlete Ross Mason was in the wrong place at the wrong time. He was cycling to work when he was hit by a car travelling at 80 kilometres per hour.

Four months after the accident doctors had to amputate Ross's severely injured leg. Ross would typically have undergone an above knee amputation due to the severity of the injury, which would have left him unable to compete in his regular sporting events. However, Alfred plastic surgeon Frank Bruscino-Raiola knew how important it was for Ross to regain full mobility. With his foot and lower leg relatively undamaged, there was some hope. Together with orthopaedic staff, Frank was able to use tissue, skin and bone from Ross's foot and lower leg, which would normally have been discarded, to rebuild his knee.

"Reconstructing his knee was unique in terms of the significant amount of 'spare part' tissue that was used and because the nerve to the foot was kept intact. As a result, Ross still has sensation in his knee and we were able to do a below knee amputation," Frank explained. "Without this, Ross's mobility would have been severely impaired."

Ross has had a unique experience following the operation. "When I feel like I am wiggling my toes, you can actually see the skin on my knee moving. Having the nerve from my foot in my knee also eliminates phantom pain. If I feel like my foot is itchy, I can scratch my knee and get the same sensation," Ross said.



Ross Mason. Picture courtesy of Peter Marshall Photography

Since he was fitted with a prosthetic leg in November, Ross has been running again and has already competed in two open water swims. His goal is to do a half iron man marathon. "I had done the half iron man event before my accident," Ross said. "If I can do it again, it would mean I have got back to where I was before the accident."

ROWING FOR HEALTH, NOT GLORY

At 81 years of age Brian Dawes tried a rowing machine for the first time as part of his cardiac rehabilitation program at Caulfield Hospital. He didn't need any guidance on how to row, however, as Brian represented Australia in rowing in the 1956 Olympics. While he was a reserve for the Olympic eights team and didn't get to compete, he also represented Victoria in the prestigious Kings Cup from 1955-1957 and won the cup with his team in 1957.

Brian, who had chronic heart failure which required his pacemaker to be modified and an internal defibrillator inserted, has been

undertaking Caulfield's cardiac rehabilitation program since the beginning of the year. "I had been getting out of breath, my heart was not working properly", Brian explained.

Back in his rowing days, the teams trained only on the water. "There was no such thing as a rowing machine back then," said Brian. Cardiac rehabilitation senior physiotherapist, Jennifer Patrick, added, "Needless to say, Brian took to the rowing machine like a duck to water but it will take a bit of practice to build up to his old Kings Cup days when the course was three miles long."

IMPROVING OUR PERFORMANCE

Alfred Health continues to set the benchmark within Victoria and Australia in providing timely high quality care. Gone are the days where we cancel more than a third of our elective surgery patients or leave people waiting in the emergency department for more than a day.

Elective surgery patients are treated in accordance with their surgeons' time lines, we cancel very few patients for reasons other than to treat emergencies, no one waits in our emergency departments for more than 24 hours and emergency treatment times are well within best clinical practice benchmarks.

Despite being very proud of our results we recognise the need to have an eye on the future. In January 2012 new national access performance targets were introduced for elective surgery and emergency departments.

These are challenging targets designed to stimulate service reform and we are already looking at a clinical redesign project to transform our model of emergency care for late 2012.

| Alfred Health Elective Surgery Performance | Actual | Target | Result |
|--|--------|--------|--------|
| Elective surgery waiting list | 2,206 | 3,100 | ✓ |
| Elective surgery admissions | 11,552 | 10,000 | ✓ |
| Category 1 admitted in less than 30 days | 100% | 100% | ✓ |
| Category 2 admitted in less than 90 days | 80% | 80% | ✓ |
| Category 3 admitted in less than 365 days | 98% | 90% | ✓ |
| Hospital initiated postponements | 6% | 8% | ✓ |

| Emergency Access Performance - The Alfred | Actual | Target | Result |
|---|--------|--------|--------|
| Transferred in less than 8 hours | 80% | 80% | ✓ |
| Non admitted patients waiting less than 4 hours | 84% | 80% | ✓ |
| ED Patients with length of stay less than 4 hours | 68% | 70% | X |
| Length of stay greater than 24 hours | 0 | 0 | ✓ |
| Triage 1 seen immediately | 100% | 100% | ✓ |
| Triage 2 seen in less than 10 minutes | 87% | 80% | ✓ |
| Triage 3 seen in less than 30 minutes | 80% | 75% | ✓ |
| Hospital bypass | 1.2% | 3% | ✓ |

| Emergency Access Performance - Sandringham Hospital | Actual | Target | Result |
|---|--------|--------|--------|
| Transferred in less than 8 hours | 85% | 80% | ✓ |
| Non admitted patients waiting less than 4 hours | 83% | 80% | ✓ |
| ED Patients with length of stay less than 4 hours | 74% | 70% | ✓ |
| Length of stay greater than 24 hours | 0 | 0 | ✓ |
| Triage 1 seen immediately | 100% | 100% | ✓ |
| Triage 2 seen in less than 10 minutes | 84% | 80% | ✓ |
| Triage 3 seen in less than 30 minutes | 79% | 75% | ✓ |

Table 7: Performance Access Data for Alfred Health against DH targets

This table shows our 2011/12 performance against the Department of Health targets. To understand some of the data here are some definitions:

Triage 1 - 3 means the category of the most urgent patients in the Emergency Department (ED) with triage 1 being the most urgent.

Category 1 to 3 relates to elective surgery patients and the number of days in which patients need to be admitted to hospital.

Hospital initiated postponements means when a patient's planned elective surgery needs to be postponed by us.

Hospital bypass is when the hospital requests that ambulances bypass it, usually because ED is full and cannot safely treat more patients. However, when a hospital is on bypass, urgent patients will still be accepted.

FEEDBACK ABOUT THE REPORT

This is Alfred Health's eleventh Quality of Care Report, and every year we request feedback from our community so we can keep producing a report that is interesting and easy to read.

As always, we worked closely with our Community Advisory Committee (CAC) to produce this report. Two CAC members worked with staff to develop the content and provided feedback about the design, distribution and evaluation methods. All CAC members had an opportunity to review draft versions of this report.

By receiving feedback on the report each year we believe we are able to make it even more engaging the following year. The report should describe our performance around safety and quality, how we work in partnership with our patients and other consumers and how we try to provide seamless care from admission to discharge. We are interested in whether you think the report does this in a way that is informative and user friendly.

We are using the same feedback methods for this year's report as we did for the 2011 report, offering you the opportunity to submit your feedback by filling out the enclosed form and returning it to the Community Participation Coordinator Alfred Health by post or email.

We also plan to use community forums or meetings with consumers throughout late 2012 and early 2013 to hear what you think about this year's report and what we can do to make it even more informative next year.

We welcome your feedback which you can submit by filling out the enclosed form, and posting it to the Community Participation Coordinator Alfred Health, 55 Commercial Road Melbourne Victoria 3004 or by emailing the Community Participation Coordinator at Communityparticipation@alfred.org.au

ACKNOWLEDGEMENTS

This report was compiled by the Quality of Care Report Advisory Group:

- Suzanne Corcoran, Community Participation Coordinator
- Sarah Gray, Community Advisory Committee member
- Anne Kenneally, Nursing Projects
- David Menadue, Community Advisory Committee Chair and Board member
- Corey Nassau, Manager Public Affairs
- Sacha Roufail, Clinical Governance
- Margaret Way, Director of Clinical Governance

The Advisory Group would particularly like to thank Alison Duncan-Marr, Manager Corporate Governance for editorial input, Caroline Hedt, from Visual Communications for photography, Brendan Carroll, Hannah Chipp and Heather Thomas from Public Affairs and Janet Weir-Phyland, Executive Director of Nursing/ Chief Nursing Officer for Executive sponsorship and guidance.

A wide variety of staff and consumers contributed to the report and we appreciate their work. We would also like to thank and acknowledge members of the Community Advisory Committee for their feedback.



DISTRIBUTION OF THE REPORT

This report will be distributed in patient areas across our three hospitals and will be sent to local community and health organisations such as GPs, Maternal and Child Health centres and nursing homes. We will also send copies to local councils and politicians and the media. The report will be published on the Alfred Health website.

Please visit our website at 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 ознакомиться 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。

