AlfredHealth

2017–18

CARING FOR ALL VICTORIANS

YOUR QUALITY ACCOUNT

theAlfred

Caulfield HOSPITAL

Sandringham HOSPITAL

MSHC MELBOURNE SEXUAL HEALTH CENTRE

About this report

This report provides easily accessible information about the quality of care we deliver at Alfred Health. Using case studies, we provide clear examples of challenges and actions taken to improve our care and include data on important quality and safety indicators.

All figures relate to the 2017-18 year unless otherwise specified.

Some definitions

At Alfred Health, we use the words 'consumer' and 'patient' interchangeably. Sometimes we refer to patients as 'clients'. The term 'consumer' can sometimes refer to a volunteer who shares their recent experiences of the health setting to help us improve services.

Front cover:

Patient Jale Omer has been in and out of hospital since May 2018. She is being treated for blood cancer and taking part in a clinical trial. But she tells Catherine, a leukemia nurse practitioner candidate, that she's "doing OK".

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

Greek

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

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

Italian

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

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

Russian

Отчет о качестве обслуживания Alfred Health предназначен для ознакомления пациентов и широкой общественности с мерами по контролю и повышению качества обслуживания и безопасности при предоставлении медицинских услуг.

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

Turkish

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

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

Traditional Chinese

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

假如您不懂英語，但希望瞭解報告中的資訊，請發電子郵件至：

communityparticipation@alfred.org.au

Simplified Chinese

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

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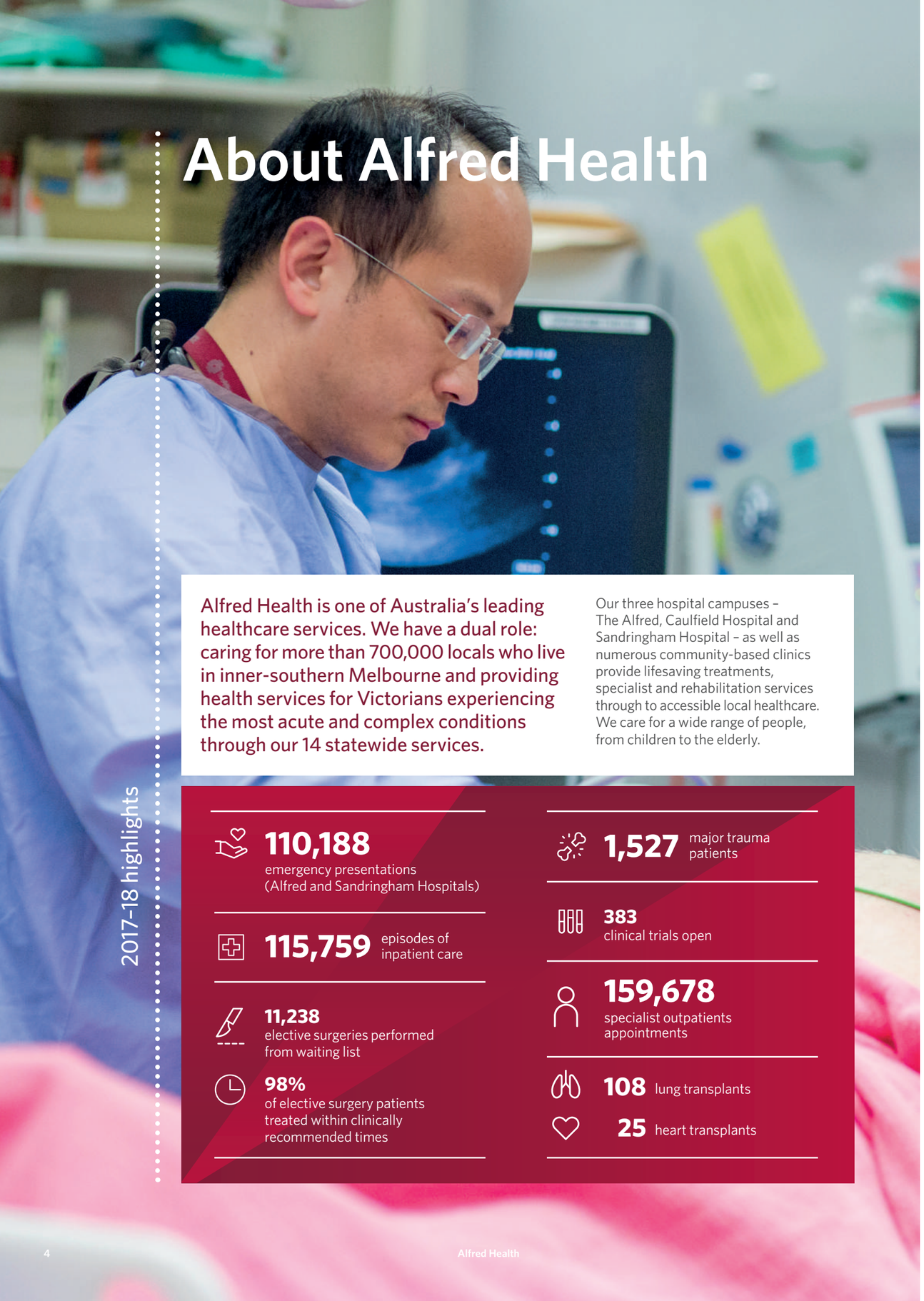

About Alfred Health

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

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

2017–18 highlights

110,188 emergency presentations (Alfred and Sandringham Hospitals)

115,759 episodes of inpatient care

11,238 elective surgeries performed from waiting list

98% of elective surgery patients treated within clinically recommended times

1,527 major trauma patients

383 clinical trials open

159,678 specialist outpatients appointments

108 lung transplants

25 heart transplants

Three hospital campuses

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

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

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

Community services and clinics

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

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

Caring for all Victorians

14 statewide services

Bariatric Service

Clinical Haematology and Haemophilia Services

Cystic Fibrosis Service

Heart and Lung Transplant Service

Hyperbaric Medicine Service

Major Trauma Service

Malignant Haematology and Stem Cell Transplantation Services

Psychiatric Intensive Care Service

Sexual Health Service

Specialist Rehabilitation Service

Victorian Adult Burns Service

Victorian HIV/AIDS Service

Victorian Melanoma Service

Victorian Neuropathology Laboratory Service

Alfred Health national service

Paediatric Lung Transplant Service

9,283 employees

542 volunteers

Many of our patients have preferred being treated within their own homes.

Case Study: Personalised home-based care

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

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

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

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

Our patients feedback:

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

"The team was very kind and compassionate. I much preferred being at home than in hospital."

Message from our Chief Executive

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

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

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

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

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

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

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

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

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

Professor Andrew Way
Chief Executive, Alfred Health

Our patients

Patients Come First

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

Our CAC

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

Who are our patients?

Our primary catchment of southern and bayside Melbourne is growing and is expected to grow by just under 2 per cent annually.

While our patients come from across Victoria for many specialised services, our primary catchment makes up 48 per cent of patient activity, with the rest coming from other areas across the state.

Diversity of staff

With such a large workforce, we have people from all different backgrounds working for Alfred Health. We are proud of this diversity and this year wanted to acknowledge, celebrate and support differences.

We welcome people from all walks of life within our health service – this extends to our patients and their supporters. Staff, with a range of different experiences and perspectives, help care for a diverse patient community.

We created a video featuring staff celebrating the many ways in which our staff are unique. Our staff are bilingual, migrants, gay, have disabilities, medical conditions and are culturally diverse. The tagline summed up our community: 'It's our differences that make us unique.

The video is accessible through Alfred Health TV on youtube.

Diversity and inclusion

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

- launching bilingual volunteer badges in 18 languages, so patients and visitors know which volunteers speak their language. Volunteers at The Alfred and Caulfield hospitals speak 43 different languages. These volunteers provide support to Culturally and Linguistically Diverse (CALD) patients and families who often have difficulty navigating our hospitals. There are plans to roll out this initiative with staff.
- an Alfred Health Pride Network was established to support our lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) employees and provide an opportunity for people passionate about equality to come together and improve the experience of employees, patients, carers and visitors.

Working together

We hosted an LGBTIQ-inclusive practice health sector forum in June to identify priorities for enhancing LGBTIQ-inclusive practice and patient experience in hospitals and health services.

More than 180 participants from Victoria's health sector were involved in the LGBTIQ Inclusive Practice Forum. Key themes from the day, which was supported by the Department of Health and Human Services (DHHS), included respect, access and inclusion, and creating welcoming spaces for our diverse community.

The event included a panel session where we heard from six consumers on how we can ensure inclusive practice and cultural safety.

What does LGBTIQ refer to?

People who identify themselves as lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ)

Cultural diversity

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

The languages most commonly spoken by our patients are:

Greek

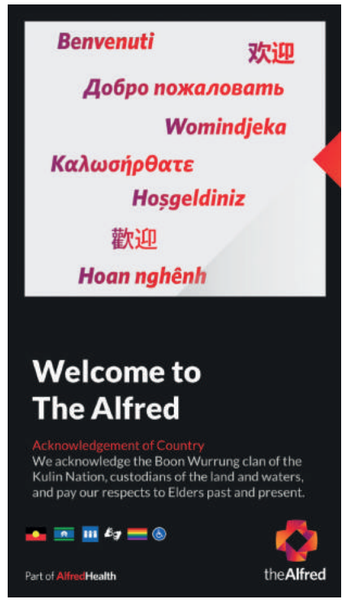
Russian

Italian

Mandarin

Cantonese

Turkish



Welcoming sign to our patients

Lifesaving care

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

The very fit 35-year-old, who was training for a triathlon, had a silent heart defect, which is usually only diagnosed at autopsy.

Intensivist Dr Li Tan was part of the team who met paramedics when Petra arrived in our Emergency and Trauma Centre in early May.

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

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

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

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

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

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

Prof David McGiffin, Head of Cardiothoracic Surgery at The Alfred, performed a unique and specialised procedure – he connected Petra's heart to a mechanical pump on the outside of her chest. Traditionally, the pump or LVAD (left ventricular assist device), is inserted into the patient's chest, while they wait for a heart transplant, but Petra was too unwell for the traditional LVAD.

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

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

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

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

A crucial need

The Alfred is an expert in ECMO, transferring patients in from hospitals around the country, including Queensland, Tasmania and Victoria.

We saw a record year for using this heart–lung bypass technique, with a 31 per cent increase, saving lives that would have been lost.

There was also a 20 per cent increase in the number of days patients received this treatment, indicating the high complexity of these very sick patients.

Petra, celebrating life with some of the team who saved her.

What is ECMO?

Extracorporeal membrane oxygenation - a heart-lung bypass machine.

"Even with the fear of all of this, she's happy, she's smiling, loves life and she will continue to do well. She is an extraordinary young woman."

Dr Peter Bergin

Vulnerable patient initiative

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

As part of our vulnerable patient strategy, we have:

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

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

Who is vulnerable?

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

Saabi's story

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

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

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

"When I walked into the ward and saw they had organised an old treatment room with a bed set up in there for me, I felt enormously relieved.

"And when we saw Professor O'Brien (Director, Neurology), he said: 'I don't want this diagnosis of epilepsy to change your life and it won't.' That was the most reassuring thing anyone had ever said to me in the medical setting."

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

Trained over 400 frontline staff

family violence

Launched Reconciliation Action Plan

Developing a new Disability Action Plan

Disability Action Plan

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

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

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

Family violence

The Family Violence project includes training and support of staff, updating guidelines and enhancing referral pathways for patients in need. The project expanded in 2017–18 to focus on training in The Alfred and Sandringham hospitals' Emergency Departments and Alfred Psychiatry. We are also engaging with LGBTIQ communities to ensure our approaches to family violence are inclusive.

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

Key achievements this year included:

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

Vulnerability risk screening questions

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

Aboriginal health

RAP launch

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

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

Access Health outreach

A new initiative – a health 'walk around' in St Kilda, delivered in partnership with Access Health, aims to work with local Indigenous Australians who don't engage with mainstream health services, such as the homeless or transient. The walk-around provides immediate non-acute medical attention, such as flu shots and dressings. Our Aboriginal Hospital Liaison Officer provides cultural support and a link to tertiary health services if required.

Case Study: Working with compassion

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

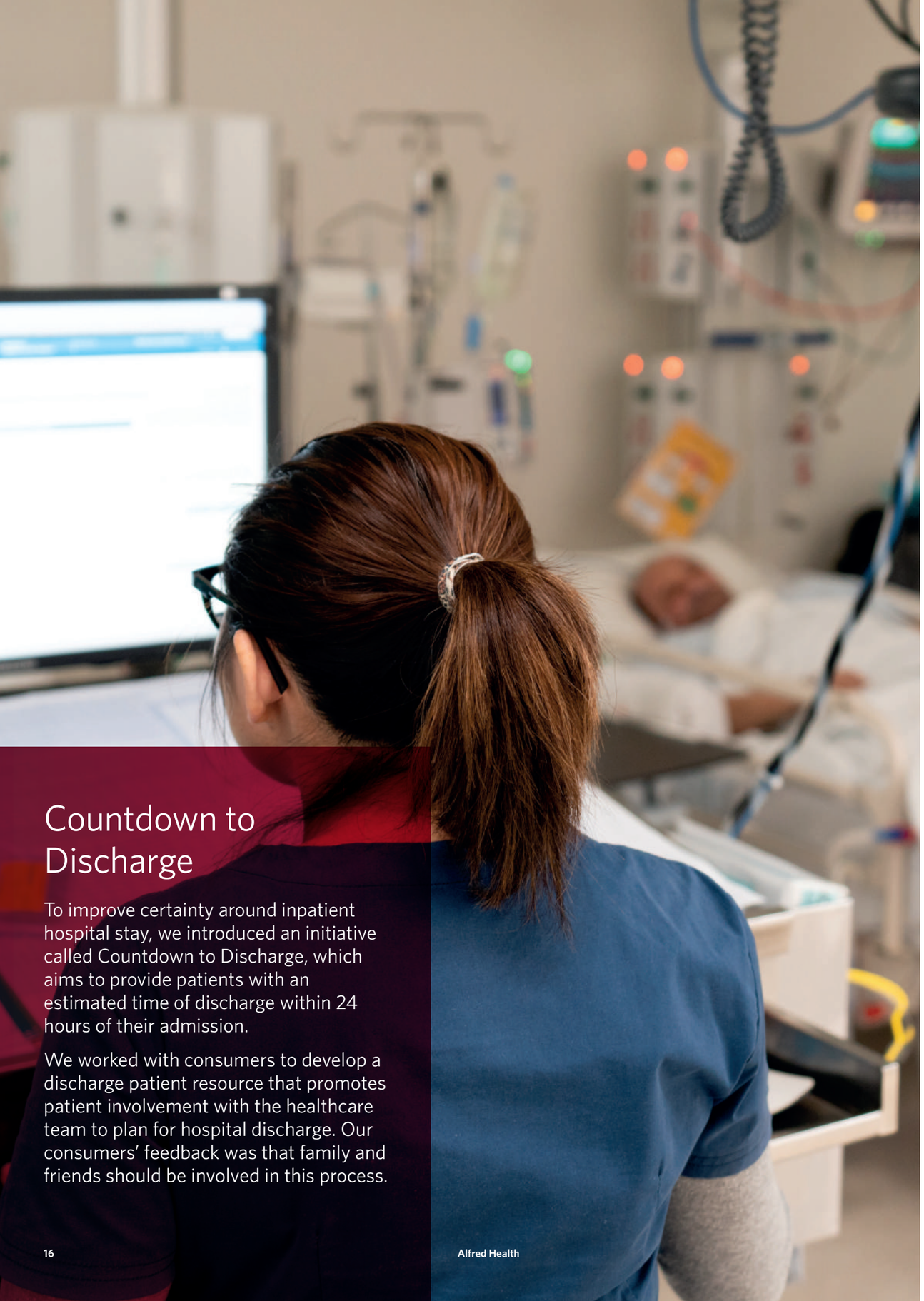
The rounds offer staff a regular time during their fast-paced work to share experiences, thoughts and feelings on topics drawn from actual cases. The focus is on telling the caregivers' stories and experiences, rather than problem solving.

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

Staff feedback included:

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

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



Countdown to Discharge

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

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

Our patients (cont.)

Patient feedback

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

Victorian Healthcare Experience Survey (VHES)

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

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

91.3% of inpatients rated it **very good** or **good**

91.9% of Emergency patients rated it **very good** or **good**.

Adult specialist clinics

Of those who attended a specialist clinic:

93.7% rated the care received as **very good** or **good**.

Community health

At Caulfield Hospital's Caulfield Community Health Service:

100% of patients rated the care received as **very good** or **good**

97.7% felt that health workers were always compassionate, compared to the statewide average of **85.9 per cent.**

Improving transition to home

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

Happy with information and planning around discharge from hospital:

72% July – September 2017

75% October – December 2017

79% January – March 2018

71% April – June 2018

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

—

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

—

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

—

"All staff members were pleasant, caring, considerate, informative and welcoming. One felt, you were a member of a large family."

—

Our patients (cont.)

Patient Experience Survey

The Patient Experience Survey (PES) captures feedback from patients across the organisation about their perceptions of care and overall experience. The PES is collected by trained consumers who use their lived experience of the health service to connect with survey participants.

We surveyed 2,147 patients from July 2017 to June 2018 and found:

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

By hospital campus results were:

95.9% theAlfred

95% Caulfield HOSPITAL

97.8% Sandringham HOSPITAL

In May 2018 we redeveloped the survey to provide more targeted, detailed information. We worked with consumers and staff to:

- redevelop the format and questions
- add additional questions every quarter (areas of focus)
- update our collection methods
- improve the reporting of results to maximise engagement.

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

What we have done with your feedback

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

Initiatives to date include:

- consumers conducting cleaning walk-arounds
- trialling 'last cleaned' sign-off sheets for our bathrooms
- posters encouraging patients to alert staff to unclean areas.

Encouraging feedback

You can provide feedback about your care:

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

Eight pillars of Patients Come First strategy 2016–2020

1. Access
2. Respect
3. Team
4. Communicate
5. Comfort and environment
6. Compassion
7. Family and friends
8. Leaving our care

Case Study: When something is not quite right

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

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

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

2015–16	2016–17	2017–18
32 calls	65 calls	45 calls

Navigating a new system after devastating disease

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

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

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

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

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

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

NDIS Transitional Project Lead Dina Watterson agrees: "With John, it's all about looking at what is achievable and giving him realistic goals to aim for, which matches well with the NDIS charter. As always, Caulfield is all about returning people, independent and integrated, into the community."

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

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

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

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

National Disability Insurance Scheme

In response to the nationwide rollout of the National Disability Insurance Scheme (NDIS), we have developed an NDIS transition strategy. This has involved staff education and training to understand the scheme, and how Alfred Health can support our community to understand and access the scheme, if eligible.

We are registered NDIS service providers in some of our well-established services, including prosthetics, community Acquired Brain Injury Service and the Occupational Therapy Driving Service.

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

Patient John Davey in the Amputee Unit's gym, along with Allied Health assistants Johnny and Tanya.

HeLP reaches 1,000

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

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

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

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

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

Social worker Ellen Ford and lawyer Katie Murphy help patient Rajini Nigli with a superannuation claim

HeLP has now assisted 1,000 patients

Case Study: Working in partnership

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

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

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

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

Our volunteers

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

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

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

Our volunteers with the new biligual badges

542
volunteers in total

265
volunteers at The Alfred

147
volunteers at Caufield

130
volunteers at Sandringham

Delivering quality care

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

Working with Safer Care Victoria

In January, serious concerns about the care of a patient at Caulfield Hospital were raised by the patient's family. Alfred Health management took immediate action, which included notifying Victoria Police and the Australian Health Practitioner Regulation Agency (AHPRA) and starting an internal investigation. The staff member involved was stood down and no longer works for Alfred Health.

Also, we welcomed the independent review by Safer Care Victoria which acknowledged many positive examples of care, as well as identifying areas for improvement. We have accepted all the recommendations and are working with local staff to ensure their implementation by December 2018.

"Our doctors, nurses and allied health specialists provide a high-level of specialised care, often in challenging situations," Alfred Health Chief Executive, Professor Andrew Way said.

"It is essential that all our patients feel safe and heard, and we are changing the way our clinical team escalates and acts on family feedback effectively."

What is a SAB?

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

Infection prevention

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

SAB rate

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

CLABSI decline

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

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

Multiple interventions implemented in the ICU include:

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

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

Hand hygiene

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

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

This year's activities included:

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

Immunisations

Influenza vaccination:

The 2017 influenza campaign, which ended in August 2017, saw 81 per cent of staff vaccinated, exceeding the DHHS target of 75 per cent. As of 30 June, and part way through the 2018 campaign, 85 per cent of staff had been vaccinated. The target vaccination rate was raised to 80 per cent. We have exceeded this new target since 2013. Due to a vaccine shortage in late May, we restricted supplies of the vaccine to staff working in high-risk areas from that date.

Surgical site infection:

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

We also monitor infections in cardiothoracic surgery. Traditionally, The Alfred has performed well in coronary artery bypass graft surgery, especially considering the complexity of the cases treated. However, following an increased rate of surgical site infections after coronary artery bypass graft surgery this year, we:

- reviewed hand hygiene and antimicrobial prophylaxis
- undertook additional auditing to examine the theatre environment, cleaning, and operating room processes and practices
- commissioned an external review
- implemented additional education and 'decolonisation' treatment (antiseptic body wash and nasal ointment) for patients.

Infection rates have declined to baseline levels and efforts to reduce this further are continuing.

Antimicrobial stewardship (AMS)

Sepsis has been the focus of this program for the last 18 months, with the aim of optimising antimicrobial prescribing to ensure patients get the right antibiotic at the right dose and for the right amount of time. This gives patients with infections the best chance to improve and reduces the risks of antibiotic resistance.
A collaborative campaign involved key stakeholders including intensive care, emergency, general medicine and nursing. This has resulted in a sustained improvement in the timeliness of antibiotics and reduction in ICU admission and mortality from sepsis.

Blood management

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

To address any wastage, we:

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

Long-term patient Sarah Hawthorn returned to The Alfred in April, with baby Axel, to thank the many staff who cared for her.

Case Study: Flu response

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

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

Sarah is just one of the patients we treated during the influenza season of 2017. More people were admitted to our ICU with pneumonia or sepsis during the flu peak in September than previously on record. Emergency departments at The Alfred and Sandringham hospitals saw a huge jump in presentations.

- The Alfred received 526 patients with influenza, a 68 per cent increase from 2016.
- Sandringham Hospital received 151 flu patients, a 125 per cent increase on the previous year.
- Twenty-five per cent of The Alfred's ICU beds were occupied by influenza patients and heart–lung bypass cases grew by 17 per cent during this period.

Our work around managing winter demand helped us treat this large influx of very sick patients, while maintaining timely care.

Delivering quality care (cont.)

Medication safety

Analgesic stewardship

Our Analgesic Stewardship Committee has led efforts to reduce the use of opiate analgesia by engaging with health professionals and patients. Our experts appeared at the Law Reform, Road and Community Safety Committee's public hearing in June 2017, as part of its inquiry into drug law reform. The committee's pharmacist was invited to present on our stewardship model, which aims to reduce inappropriate prescription and misuse.

The Victorian Government is now developing a sector-wide stewardship trial program for the medical profession (hospitals, specialist services and GPs) based on Alfred Health's model. It will promote best practice in the prescribing and use of medications with potential for misuse (such as analgesics and benzodiazepines).

Harm minimisation

Our Harm Minimisation Committee oversees the risk management of falls, delirium, malnutrition and pressure injury prevention. This integrated approach allows us to better understand patient risks. This year we have focused on:

- team-based risk rounds that involve patients and their families/carers to ensure a thorough and comprehensive risk management plan for patients
- exploring our patients' understanding of their risks. We are conducting a Patient Safety Consumer Focus Group to understand how best to deliver key safety messages to patients to further minimise risk.

Falls and delirium

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

This year, while the total number of falls increased by 7 per cent, falls with serious injury decreased by 34 per cent.

To further decrease falls, initiatives included:

- a data review by Caulfield Hospital, after a strong performance in reducing inpatient falls that resulted in serious injury in both rehabilitation and GEM (Geriatric Evaluation and Management) patients. We plan to investigate opportunities for acute hospital benchmarking in the coming year
- development of a safer footwear patient education package to highlight the importance of patient safety when walking.

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

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Actual falls

2016–17	2017 – 18
1,968	2,119

Actual serious injury (ISR 1 & 2)

2016–17	2017 – 18
32	21

Delivering quality care (cont.)

Pressure injury prevention

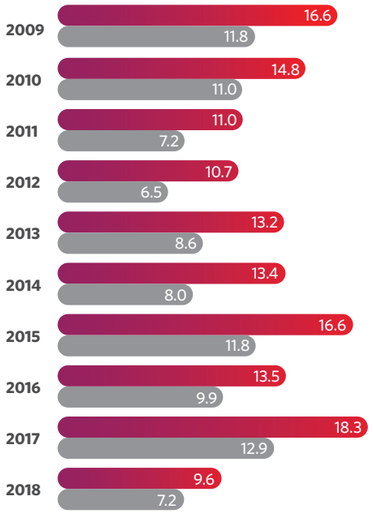
The number of serious full thickness pressure injuries that were acquired or worsened in care was 23 per cent less this year.

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

Other initiatives include:

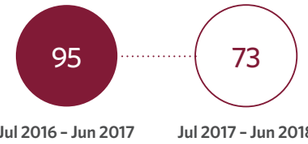
- a *Wound Matters* flyer to improve staff education on pressure injury prevention and wound management
- review of the indications for use of pressure relieving mattresses for the high-risk patient population
- review of the literature, education and audit process of incontinence-associated dermatitis,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

Pressure Ulcer Point Prevalence Survey (PUPPS) results



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

Full thickness pressure injuries



Malnutrition

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

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

Our initiatives to prevent and treat malnutrition included:

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

>5% unplanned weight loss
Incident numbers

Intensive rehabilitation helps get our patients back on their feet and resuming daily activities.

Daniel Rylatt, Team Leader HOPE and Madeleine Sullivan, HOPE psych-social support worker let a patient know about supports available.

Case Study: HOPE – making a difference

Alarming numbers of people present to The Alfred's ED after a suicide attempt. In 2015, this number reached 40 patients each month. Within 12 months, 38 per cent of these patients returned to hospital, having attempted suicide or self-harm again.

There was a need for more support in the community and a need to strengthen pathways from hospital to community care to lessen risk of recurrent suicide attempts. The Victorian Government provided funding over four years, as part of its Suicide Prevention Framework.

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

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

"People don't realise how important it is to have someone come and visit, to spend time with you."

–Former patient

Delivering quality care (cont.)

Advance care planning

The new Medical Treatment Planning and Decisions Act, implemented in March this year, has required significant work to train staff and to update documentation, policies and guidelines. We also introduced new documentation incorporating 'Goals of Care', which specifically asks patients about advance care plans. A new system has been created in the Electronic Medical Record to alert staff when a patient has an advance care directive or a medical treatment decision maker.

The number of referrals to our advance care service is similar to the previous year; however, only 6 per cent of patients over the age of 75 have an advance care directive in place. Our approach is two-fold: raising awareness in patients and families and educating staff about asking patients about what is important to them.

Successful psychiatry initiatives

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

The initiative has seen clinicians responding to patient deterioration sooner. Our evaluation shows:

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

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

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

Mental health scoreboard

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

Adult inpatients	**Target**	**2017–18 vactuals**
Seclusions*	Less than 15	5.8
Physical restraints	No set target	2
Mechanical restraint	No set target	0.4

Aged psychiatry inpatients	**Target**	**2017–18 actuals**
Seclusions*	Less than 15	0.2
Physical restraints	No set target	7.7
Mechanical restraint	No set target	0

Data is calculated on the average monthly rate per 1,000 bed days

*Seclusion – sole confinement of a person to a room or other enclosed space, used as a safety intervention when patient is at imminent risk to self or others.

We have been successful in reducing aggression and seclusion rates.

–

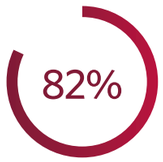
Delivering quality care (cont.)

Staff experience – patient safety

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

agreed that patient care errors are handled appropriately

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



felt encouraged by colleagues to report any patient safety concerns they may have

agreed the culture in their work area makes it easy to learn from the errors or others

Risk management

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

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

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

Further information

You can provide feedback about this report on:

Email us:

patient.info@alfred.org.au

Write to us:

Public Affairs
Alfred Health
PO Box 315
Prahran 3181

This report is available in hard copy at our main hospital reception desks and online at

alfredhealth.org.au/about/corporate-publications

Glossary

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

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