AlfredHealth

Caring for our community

Quality of Care Report 2013–14

English:

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 Έκθεση της Ποιότητας Φροντίδας της Alfred Health είναι γραμμένη για τους ασθενείς και τα μέλη της κοινότητας να τους πληροφορήσει για το πως η ποιότητα και η ασφάλεια παρακολουθείται και βελτιώνεται σε όλη την υπηρεσία υγείας. Αν η Αγγλική δεν είναι η πρώτη σας γλώσσα και θέλετε να μάθετε για τις πληροφορίες σε αυτή την έκθεση, σας παρακαλούμε επικοινωνήστε με την Πολυπολιτισμική Υπηρεσία Διερμηνείας στο 9076 2000 και ζητήστε τον εσωτερικό αριθμό 44026.

Italian:

Il resoconto sulla qualità dell'assistenza di Alfred Health è redatto per pazienti e membri della comunità al fine di far loro sapere in che modo la qualità e la sicurezza vengono monitorate e migliorate attraverso il servizio sanitario. Se la vostra prima lingua non è l'inglese e vorreste conoscere le informazioni contenute in questo resoconto, potete chiamare il Servizio Multiculturale e di Interpretariato al numero 9076 2000 e chiedere di essere messi in contatto con l'estensione 44026.

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 английский язык не является вашим родным языком и вы хотели бы ознакомиться с отчетом, просим вас позвонить в нашу Переводческую и мультикультурную службу по номеру 9076 2000 и попросить, чтобы вас соединили по добавочному номеру 44026.

Simplified Chinese:

《Alfred Health 照顾质量报告》为患者和社区成员编写，向他们告知质量和安全是如何在整个卫生服务中得到监控和改进的。如果英语不是你的母语，而且你希望了解本报告中的信息，请联系我们的口译和多元文化服务处，电话：9076 2000，转分机 44026。

Turkish:

Alfred Health Bakım Kalitesi Raporu hastalar ve toplum üyeleri için, tüm sağlık servisinde kalitenin ve güvenliği nasıl gözlendiği hakkında onlara bilgi vermek üzere yazılmıştır. İngilizce anadiliniz değilse ve bu rapordaki bilgileri öğrenmek istiyorsanız, lütfen 9706 2000 numaralı telefonu arayıp 44026 numaralı hattan Tercümanlık ve Çokkültürlülük Servisimizi isteyin.

Traditional Chinese:

Alfred Health 的醫療品質報告是為病者和社區成員提供關於醫療服務質素和安全的監控及改善程序方面的資訊。如果英語不是你講的第一語言，而你想了解這份報告的內容，請聯絡我們的傳譯及多元文化服務，撥打電話 9076 2000，然後要求接駁內線 44026。

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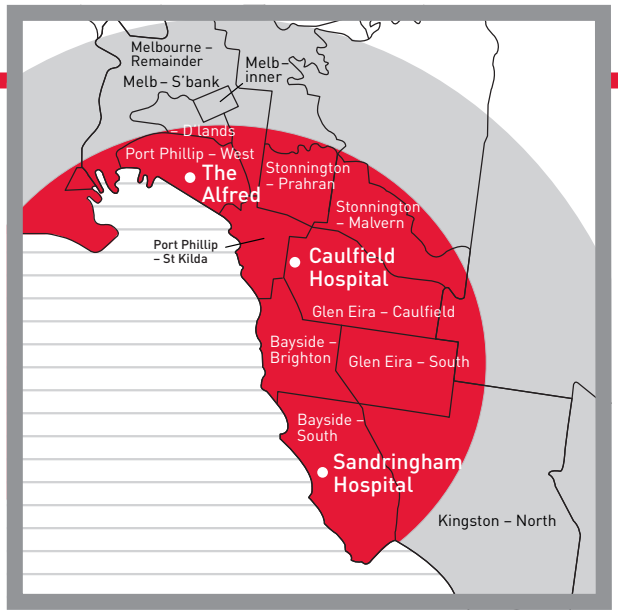
FRONT COVER:
Grainne Lowe, one of Alfred Health's nurse practitioners, further advancing care for our patients. See inside for more about the 10th anniversary of our nurse practitioner program on page 23.

About this report



At Alfred Health we value accountability and strive for transparency across our organisation, particularly with the people who matter most – our patients.

This *Quality of Care Report* explains our safety and quality performance for 2013–14. It also describes the systems and processes in place to ensure not only the very best of clinical outcomes but that you have the opportunity to be involved in your own care.

This report is for our patients, their families and carers as well as the broader Alfred Health community. To best provide context to the statistics, charts and results in this report, we have included the views and perspectives of patients and staff.

Some definitions

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

All of these people contribute to our achievement of excellence in care, and we seek feedback on our services and the way we engage with our patient community.

This report was developed with the assistance and insight of the Quality of Care Report Advisory Group. Feedback from last year's report has also been incorporated.

Further information

We aim for an informative and reader-friendly report. Your feedback on how we can further improve is welcome:

Email us: publicaffairs@alfred.org.au
Write to us:
Public Affairs
Alfred Health
PO Box 315
Prahran 3181

The *Quality of Care Report* is available at our main hospital reception desks and online at http://www.alfredhealth.org.au/publications

Message from the Chief Executive

On behalf of Alfred Health, I am delighted to present the *Quality of Care Report* for 2013–14.

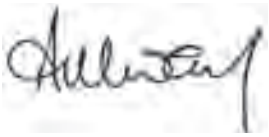
Continually striving to increase the quality and safety of care we give our patients is one of the most important things we can do as a health service.

We are particularly fortunate to have the assistance of our Community Advisory Committee, members of our consumer register and volunteers who advise us on how we can further improve our care, from the patient perspective. I'd like to formally thank these hard working supporters for their insightful suggestions and ongoing involvement in Alfred Health.

By partnering with consumers, and having a clear picture of our achievement in areas such as medication safety, falls prevention, hand hygiene and others, our patients can continue to have confidence in their care.

In addition to these measures, we also seek advancement through innovation. This year, we proudly launched a new internal hotline that patients or family members can call if they sense a change in medical condition; a program that gives patients their discharge instructions on video; and a ward round that welcomes family attendance as further opportunity to understand a loved one's progress.

This year's report highlights many of these achievements, and it is a document on which we welcome your feedback as we continue to work together to give patients access to the quality of care they both expect and deserve.



Andrew Way
Chief Executive, Alfred Health

Key indicators 2013–14

Innovation and new clinical practices drove improved patient outcomes during the year.

13.4%

PRESSURE ULCERS

Pressure ulcers – pressure injury prevalence has decreased across Alfred Health and was 13.4% in 2014. This is a big decrease from 30.7% in 2003.

80.4%

HAND HYGIENE COMPLIANCE

Government set compliance target was 70%. Our achievement was 80.4%. This is a substantial increase from 43% in 2008.

↓8.0%

FALLS WITH SERIOUS OUTCOMES

Falls with serious outcomes continued to decrease, with a 25% reduction in 2012–13 and a further 8% reduction in 2013–14.

About Alfred Health

Alfred Health is a leading major metropolitan health service, serving more than 680,000 people living in Melbourne's bayside and inner southeast areas.

We have three hospital campuses – The Alfred, Caulfield Hospital and Sandringham Hospital – as well as clinics and a range of community-based services. We provide the most comprehensive range of specialist medical and surgical services in Victoria. This includes 12 statewide services and one national service (paediatric lung transplantation).

We strive to provide the best possible health outcomes for all our patients and communities by integrating clinical practice with research and education. Often we collaborate with other national and international leaders.

The community we serve is diverse; geographically, ethnically and socially.

Our three hospital campuses

The Alfred, a major tertiary referral hospital, is best known as one of Australia's busiest emergency and trauma centres and is home to the largest and most advanced intensive care unit in the region.

Caulfield Hospital specialises in community services, rehabilitation, aged care, residential care and aged mental health. A statewide provider of specialist rehabilitation services, many of its services are also delivered through outpatient and community-based programs.

Sandringham Hospital is community focused, working closely with local healthcare providers to meet needs for the local area through emergency, special care nursery, paediatrics, general medicine and outpatient services.

AlfredHealth
Statewide services

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

National service

- Paediatric Lung Transplant Service

"A big thank you to the emergency team. They handled the situation beautifully and provided my daughter with useful information that she'll be able to carry with her throughout her life. The night was very stressful for me as a parent and they were able to negate the situation through their professionalism and kind-heartedness."

Key facts and figures 2013–14

680,000
PEOPLE IN CATCHMENT AREA

94,535
EMERGENCY PRESENTATIONS

11,756
ELECTIVE SURGERIES PERFORMED

6,986
TRAUMA PATIENTS TREATED

98,262
EPISODES OF INPATIENT CARE

7,989
ALFRED HEALTH EMPLOYEES

498
ALFRED HEALTH VOLUNTEERS

Our vision

Trusted to deliver outstanding care.

Our mission

Highest-quality clinical practice:

> Delivered in partnership with patients, carers, the community and other healthcare providers.

> Enabled through innovation, research and education.

Our values

Integrity

We engage others in a respectful, fair and ethical manner, fulfilling our commitments as professionals and employees. We ensure the highest degree of dignity, equity, honesty and trust.

Accountability

We show pride, enthusiasm and dedication in everything that we do. We ensure quality patient care and use resources appropriately. We accept professional responsibility for all our decisions and actions.

Collaboration

We consult and collaborate with others and respect the diverse knowledge and skills of our partners; working as a team, we ensure the best inter-professional patient care.

Knowledge

We create opportunities for education and are committed to continuous development. We enable everyone to make knowledge-based decisions.

Quality and safety

Clinical governance driving our actions

Alfred Health's integrated governance system provides the foundation for delivering safe and quality care. This section explains how this governance system works and testifies to our relentless focus on ensuring high-quality standards for our patients.

Quality and safety

Accreditation update

Alfred Health started the year as the first major metropolitan health service in Victoria to achieve accreditation under the new National Safety and Quality Health Service (NSQHS) Standards. Accreditation is the regular and ongoing review of our performance against these standards to ensure that our service meets and exceeds the expectations of our community.

During the year, we worked to further embed these standards into clinical practice. Activities included staff education and training, awareness raising and a communication program that reviewed a standard every month; newsletters, promotions and competitions as well as executive briefings.

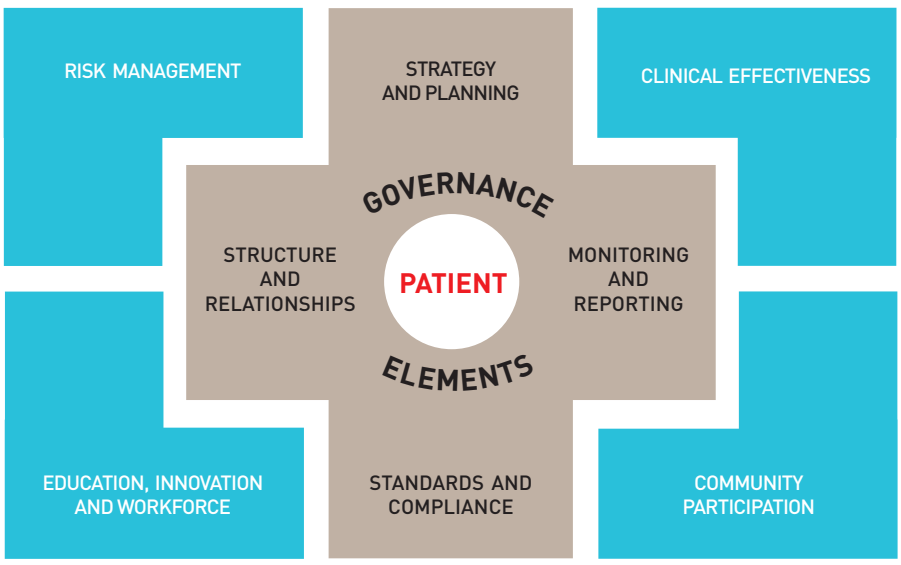
The National Safety and Quality Health Service Standards

1. Governance for safety and quality in health service organisations
2. Partnering with consumers
3. Preventing and controlling healthcare-associated infections
4. Medication safety
5. Patient identification and procedure matching
6. Clinical handover
7. Blood and blood products
8. Preventing and managing pressure injuries
9. Recognising and responding to clinical deterioration in acute healthcare
10. Preventing falls and harm from falls

During the year, our performance was separately assessed across a range of programs, including:

- Alfred Psychiatry
- Caulfield Community Health Service
- Anatomical Pathology
- Department of Anaesthesia and Perioperative Medicine
- Alfred Emergency ultrasounds and
- Echocardiography.

Diagram 1: The four elements of clinical governance



Quality and safety

Victorian Healthcare Experience Survey:

Survey methods changed from January 2014, as the health system moved from the Victorian Patient Satisfaction Monitor (VPSM) to the new Victorian Healthcare Experience Survey. Consequently, results data is not available for that period. The new survey focuses on individual patient experience rather than on measuring satisfaction, resulting in richer and more actionable data.

Victorian Patient Satisfaction Monitor results:

From July to December 2013, Alfred Health met its major targets regarding patient satisfaction – except for the 'Patient experience admitted overnight', which measured 74 per cent. This indicator related to patients' experience of the restfulness of the hospital and privacy of rooms at Caulfield Hospital and reflected the impact of ageing facilities and mixed wards. Early in 2014, a Patient Experience Working Group was established at Caulfield Hospital to focus on improvements and to better understand complaints data.

Quality and Safety Scorecard 2013–14	Target	2013–14 actuals
Health service accreditation	Full Compliance	Full Compliance
Residential aged care accreditation	Full Compliance	Full Compliance
Cleaning standards (Overall)	Full Compliance	Full Compliance
Cleaning standards (AQL-A)*	90	96.20%
Cleaning standards (AQL-B)	85	97.20%
Cleaning standards (AQL-C)	85	97.20%
Healthcare worker immunisation – influenza (1 March 2013–31 July 2013)	60%	56%
Healthcare worker immunisation – influenza (1 March 2014–30 June 2014)	75%	80.3%
Hospital acquired infection surveillance	No outliers	No outliers
Hand hygiene (rate of compliance)	70	80.40%
Staphylococcus aureus bacteraemia (SAB) rate per 10,000 occupied bed days	‹ 2/10,000	0.85/10,000
Victorian Patient Satisfaction Monitor: (OCI) (July–December 2013)	73	Not achieved
Consumer Participation Indicator (July–December 2013)	75	Not achieved
Victorian Hospital Experience Measurement Instrument (January–June 2014)	Full Compliance	Achieved

Mental Health Scorecard 2013–14	Target	2013–14 actuals
28-day readmission rate (%)	14%	13.40%
Post-discharge follow-up rate (%)	75%	79.30%
Seclusion rate per occupied bed days	‹ 15/1,000	16.4/1000

*AQL refers to risk categories – AQL-A is very high risk for operating theatres and ICU; AQL-B is high risk for emergency department, general wards etc.; and AQL-C is moderate risk for public areas etc. Categories reflect the level of cleaning intensity and frequency needed.

Infection prevention

Our role is to care for people who are at their most vulnerable, many of whom are more susceptible to infection. This is particularly true for patients in intensive care or with blood-related conditions (haematology) or cancer (oncology) who have low levels of resistance to infection. Reducing risk of hospital-acquired infections requires constant vigilance. This year, we focused on:

- entrenching good hand hygiene practices organisation-wide
- increasing staff influenza vaccination rates
- improving auditing of cleaning (above Department of Health requirements) and improving cleaning practices
- implementing the outcomes of new research into infection prevention and control.

Cleaning audits

Every year we measure the cleanliness of our facilities through internal and external audits.

In 2013, we undertook more than 22,000 individual room audits, which included monthly internal audits and three independent external cleaning audits. Results show that Alfred Health continued to exceed the standards for cleanliness set by the Victorian Department of Health.

Results

Hospital	Average overall internal audit results (2013)	Average overall external audit results (2013)	Minimum standard set by Department of Health
Alfred	94.6	92.8	85
Caulfield	94.1	95.5	85
Sandringham	95.5	95.9	85

"Many changes are not easily captured in simple statistics. There has been a marked cultural change over the past few years to a collaborative model, where clinical services are engaged in preventing infections to patients."

Associate Professor Allen Cheng, Director, Infection Prevention and Healthcare Epidemiology, Alfred Health

Quality and safety

'Improving the way we clean' project

Cross-transmission of infection can occur directly on the hands on healthcare workers or indirectly through contact with a contaminated environment. For some organisms such as Vancomycin-resistant enterococci and *Clostridium difficile*, environmental contamination can be substantial.

By thorough and frequent cleaning and disinfection, the environmental burden is reduced and the opportunity for transmission from the environment to the patient or from healthcare worker to the patient is minimised.

Cleaning standards have historically been audited on visible cleanliness, but contamination by micro-organisms may be invisible to the naked eye. As the purpose of isolation cleaning is to clean and disinfect, reducing the number of pathogens in the environment auditing standards should reflect a higher quality of cleanliness.

Alfred Health's cleaning project has identified 12 high-frequency touch points that are now the focus of the new cleaning requirements, fundamentally changing the daily cleaning requirements for staff.

A fluorescent marking system is used to invisibly mark the high-touch surfaces that should be cleaned. This marker is a surrogate for environmental culturing. Successful cleaning erases the fluorescent marker which is visible under UV light.

During the year, an extensive staff education program on standardising isolation cleaning methods was introduced and included the role of effective cleaning and disinfection in reducing hospital associated infections.

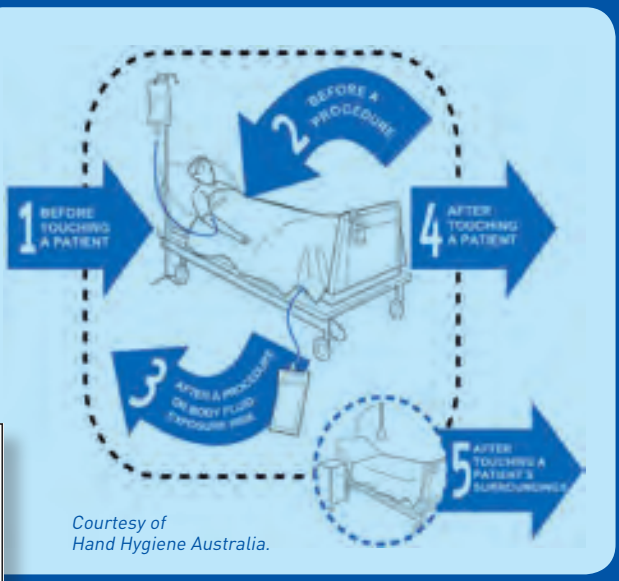
Results:

Assessing and standardising Alfred Health isolation room cleaning methods has improved compliance with existing auditing standards and importantly assessed our cleaning compliance against a higher internal auditing standard.

Percentage high-frequency touch objects cleaned – daily isolation room clean

High touch object	Baseline Pre-intervention	Q2 2013 Post-education intervention
Bathroom handrail by toilet	67 %	96 %
Bathroom inner door knob	75 %	96 %
Bathroom light switch	71 %	67 %
Bathroom nurse call button	71 %	70 %
Bathroom taps/sink	79 %	100 %
Bed controls	68 %	89 %
Nurse call control	81 %	89 %
Room inner door knobs	69 %	78 %
Room light switch	69 %	59 %
Toilet flush handle/button	88 %	96 %
Toilet seat	79 %	100 %
Tray/over bed table	88 %	100 %
Total patient bathroom	76 %	89 %
Total patient room	80 %	88 %
Grand total	78 %	88 %
n = (# of objects evaluated)	**416**	**454**

Key for traffic light codes	100–80 %	79–70 %	‹ 70 %



Courtesy of Hand Hygiene Australia.

Hand hygiene

Hand hygiene is an important factor in preventing the spread of infection.

The term refers to staff washing or rubbing their hands with an alcohol-based gel. As an adjunct to our usual education, Hand Hygiene Australia has conducted several study days across the organisation to educate staff on the 'five moments' of hand hygiene, resulting in an increased awareness and capacity to audit at ward level.

Continued education on hand hygiene has improved compliance through the patient-inclusive campaign promoting the message, **'It's OK to ask me to clean my hands'**.

Results:

Hand hygiene compliance results continued to improve, with staff compliance at 80.4 per cent in audit period 2 (March–June 2014), a substantial increase from 43 per cent in 2008. The health hygiene compliance target set by the Department of Health will increase incrementally to a new statewide target of 80 per cent by mid-2015.

80.4%

STAFF COMPLIANCE IN HAND HYGIENE RESULTS IN AUDIT PERIOD 2 (MAR–JUN 2014)

Quality and safety

Minimising infections in hospital

A project aimed at improving practice with insertion and ongoing management of peripheral IV cannula (an intravenous drip) started in March 2013. The aim was to reduce *Staphylococcus aureus* bacteraemia (SAB) related to peripheral cannulation. The project includes updating our education package with a locally produced DVD to enhance learning.

Other key interventions include:

- **changes to documentation**
- **stickers that flag if devices have been inserted prior to arriving at Alfred Health or in sub-optimal/emergent conditions.**

We are also standardising practice, with new dedicated trolleys for blood collection and cannula insertion being rolled out across the organisation.

Results:

We maintained rates below the benchmark of two per 10,000 occupied bed days, and the rate of Alfred Health-associated SAB over time has reduced.

Research and practical infection prevention

VRE: In 2013, we changed the way we managed patients with regard to vancomycin-resistant enterococci (VRE), an organism resistant to many antibiotics. VRE is a particularly common 'superbug' that healthy people can carry with no ill effects, signs or symptoms. This is called 'colonisation', and people who are colonised do not need treatment.

In hospitals, VRE can cause infection in a small minority of patients whose ability to fight infections has been lowered. When this occurs, it is more difficult to treat these patients, although there are still several antibiotics to which VRE is susceptible. VRE is mainly spread by direct contact either with a colonised person or from unwashed hands or contaminated surfaces.[1]

In 2012, the infection prevention team conducted a study into long-term VRE colonisation. The results suggested that in many circumstances, patients with a history of colonisation of more than four years no longer require contact isolation when admitted to hospital. As a result, Alfred Health has changed its guidance on VRE isolation and now selectively isolates in high-risk areas only. Consequently, fewer patients need to be placed in isolation, leading to increased patient satisfaction and improved access to tests performed outside ward areas. These changes were supported by a broad staff engagement and education program.

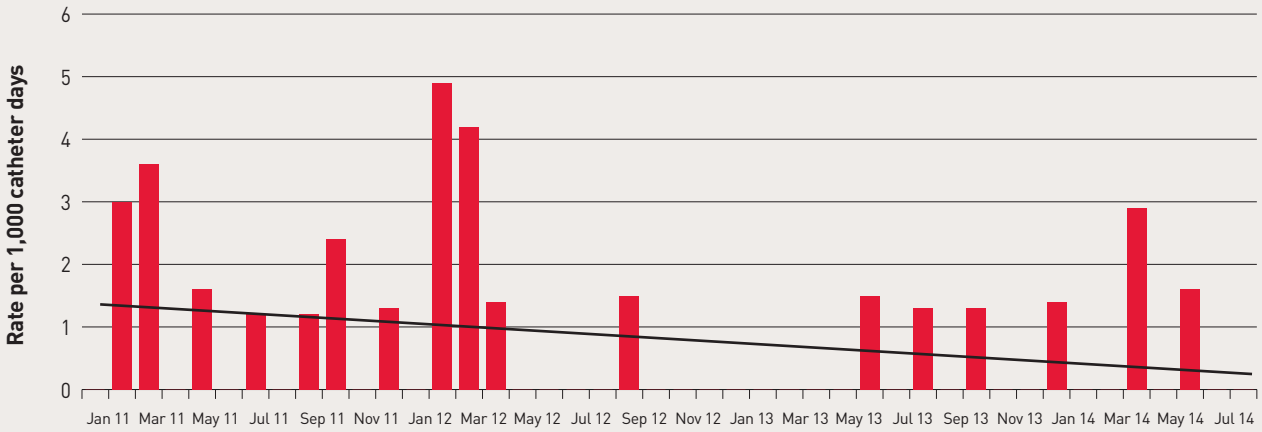
1 http://www.health.nt.gov.au/vancomycin_resistant_enterococcus_vre/index.aspx.

Target zero – central line associated blood stream infections project

Rates of Central Line Associated Blood Stream Infections (CLABSI) have been closely monitored across the organisation. The graph below shows rates of CLABSI in ICU per 1,000 catheter days. Improved procedures continue to decrease rates in ICU.

ICU and infection prevention teams work together to raise awareness and promote best practice across the unit.

Alfred Hospital central line associated bloodstream infection ICU



Be InFLUential

Promoting influenza vaccination among staff remains a key aspect of our quality and safety program. In 2013–14, the *Be InFLUential* awareness campaign encouraged staff to be vaccinated against the influenza virus.

Studies show that healthcare workers have a higher risk of influenza than other working adults[1] and that vaccination each year provides 50–70 per cent protection against the virus.[2]

Staff vaccination rates improved from 56 per cent in June 2013 to more than 80 per cent in June 2014.

The campaign was extended to visitors, encouraging them to visit hospital only when well.

1 Kuster *PLoS ONE* 2011. 2 Tricco *et al. BMC Medicine* 2013.

"I've been confused, sedated, difficult and they've known how to handle the situation very well."[1]

Medication safety

The Alfred Health medication-safety program aims to ensure that competent doctors, nurses and pharmacists safely prescribe, dispense and administer appropriate medicines to informed patients and carers.

A team of medication-safety pharmacists coordinate a range of initiatives to improve safety where medications are used. Projects to improve medication safety, including actions to decrease medication-related incidents, are discussed at Medication Safety Committees on each campus of Alfred Health. In addition, the Adverse Drug Reaction Review Committee reviews reported reactions. Patients are then sent written information documenting the drug reaction, with recommendations to avoid reactions in the future.

A number of new initiatives to improve medication safety were implemented.

1 Executive Committee paper – Feb 2014,
Patient Experience Survey Report Sep–Dec 2014, S Corcoran p. 24.

Outpatient medication service

Every month, around 4,500 to 5,000 items are dispensed by pharmacy staff for outpatients. The waiting area, opposite the busy food court, was identified as inadequate, due to lack of a private and confidential space for patient counselling.

Renovations in 2013 created a quiet dispensary, no longer open to the public corridor, with confidential counselling spaces for patients. The new dispensary has an improved workflow, which helps reduce risks for dispensing errors associated with interruptions and minimises noise and distractions. There is now space to provide specialist services for patients with complex medication regimens and to accommodate patients with mobility devices. The new dispensary also improves patient confidentiality when discussing medications and medical issues.

Avoiding harmful drug interactions

Rifampicin is an antibiotic frequently prescribed and dispensed in hospitals to treat tuberculosis and certain resistant infections. It interacts with many medications – 250 interactions are listed in its official product information. Similarly, the blood-thinning medication warfarin is a medication known to interact with over 300 medications. Clinicians know to adjust patients' warfarin dose when starting rifampicin. However, doses are not always re-checked once the rifampicin course is finished.

Hospitalisation of an elderly patient resulting from a rifampicin-warfarin interaction prompted an in-depth review. We identified inadequate communication between multiple healthcare providers, which resulted in lack of review of the patient's warfarin dosage once the rifampicin course was finished.

Education about reviewing medications to detect drug interactions was progressed through intern orientation, The Alfred Grand Rounds, *Prescribing Matters* newsletter and publication of the case in a major medical journal.[1]

Patients are now provided an alert card each time rifampicin is dispensed at Alfred Health pharmacies, to ensure that patients are both informed about the interaction and a part of the communication process. The alert card prompts clinicians to review medications when rifampicin therapy is both started and stopped.

Pharmacist-led opioid de-escalation

Opioid pain-relieving medication (like morphine and oxycodone) are commonly used after operations. Using the medications inappropriately can put patients at risk of having too high a dose or forming a dependence on the medication. After studying how to reduce these risks, a program of 'de-escalating' (reducing) opioid use was developed by a team of clinicians from Pharmacy, the Orthopaedic Unit and Acute Pain Service.

Results:

The average opioid dose decreased after the 'de-escalation' was introduced, with no increase in patients' pain scores. This pharmacist-led service is now part of the medication review for post-operative patients, as we continue significantly to reduce opioid requirements for orthopaedic patients with equally effective alternative pain relief.

Improving medication safety at Caulfield

A review of all medication procedures and processes at our Caulfield campus was conducted by senior clinical pharmacists and nurse unit managers. One area identified for review was the current medication management practice using medication trolleys. Their limited capacity for medication storage and space to administer individual patents' medications was of ongoing concern.

Results:

A new procedure incorporating the introduction of lockable bedside drawers for medication storage was implemented in a trial ward. Initial observations and feedback from nursing staff indicated that the new drawers have reduced or removed delays in medication administration and has allowed more time for interaction with patients at the bedside.

Due to the success of this trial in ward Rehab A, a rollout across the entire Caulfield Hospital campus is planned by the end of 2014.

1 Tong EY, Kowalski M, Yip GS, Dooley MJ. Impact of drug interactions when medications are stopped: the often forgotten risks *MJA* 2014; 200: 345–46.

Quality and safety

Falls prevention

Falls-related injury is one of the leading causes of illness and death for older Australians. Falls, sometimes the result of a patient's reduced mobility after surgery, or of illness or frailty in hospital, can affect a person's recovery and lead to a reduction in function plus increased length of hospital stay.

Understanding the impact of falls on our patients and falls prevention is an Alfred Health priority.

Priorities during the year were to better understand how to communicate information about falls directly with our patients and their families and carers through holding focus groups.

We also worked with patients and carers to improve assessment tools so we can accurately assess the likelihood of a patient's experiencing a fall and put in place strategies/interventions to prevent this from happening.

The electronic falls prevention assessment and plan, which is in use at Caulfield Hospital, was rolled out across Alfred Health. In addition, falls prevention equipment was reviewed to ensure that adequate resources were available.

Results:

Falls with serious outcomes reduced by 25 per cent from 2012 to 2013 and then again by 8 per cent from 2013 to 2014.

Future:

Our focus is on developing a more innovative practice in preventing falls. This includes further engaging patients and consumers to find out more about their opinions on clinical risk areas, such as falls, pressure ulcers, poor nutrition and communication.

We are also looking at how to provide information that conveys safety messages at the right time, using the media that patients prefer – such as digital communication options, including phone apps. We will also revise an environmental audit tool and pilot program to minimise hazards in the hospital environment.

Falls comparison rates

Year	Jan–Aug 2012	Jan–Aug 2013	Jan–Aug 2014
Falls per 1,000 occupied bed days	4.62	4.74	4.77
Total number of falls with serious outcome	32	24	22

Pressure injury prevention

Pressure injury prevention and management is a major priority. Pressure injuries are defined as trauma caused by unrelieved pressure that damages underlying tissue. In many cases, these injuries are preventable.

Pressure injuries are on Alfred Health's high-risk register, and Alfred Health has developed an interdisciplinary pressure prevention strategy that is overseen by the Pressure Injury Prevention Committee.

Over the year, we have focused on:

> **A risk assessment tool** – developed to assess a patient's skin and implement a pressure injury plan for every patient.

> **Patient information brochure on pressure injuries** – now available in five different languages to reinforce pressure injury prevention and the importance of maintaining healthy skin.

> **The Annual Pressure Ulcer Point Prevalence Survey** – a one-day patient survey that assesses the effectiveness of pressure prevention strategies by measuring the number of patients at Alfred Health on a particular day with a pressure injury. The results inform development of prevention strategies.

> **Equipment and devices** – having the right equipment or device is an important strategy for pressure prevention. Key work has been done to look at areas on the body at risk and strategies developed to help prevent injury.

> **Preventative skin care strategies** – a new foam product was introduced to help prevent incontinence associated dermatitis (IAD). Currently, a working group is investigating a wide range of effective creams and moisturisers.

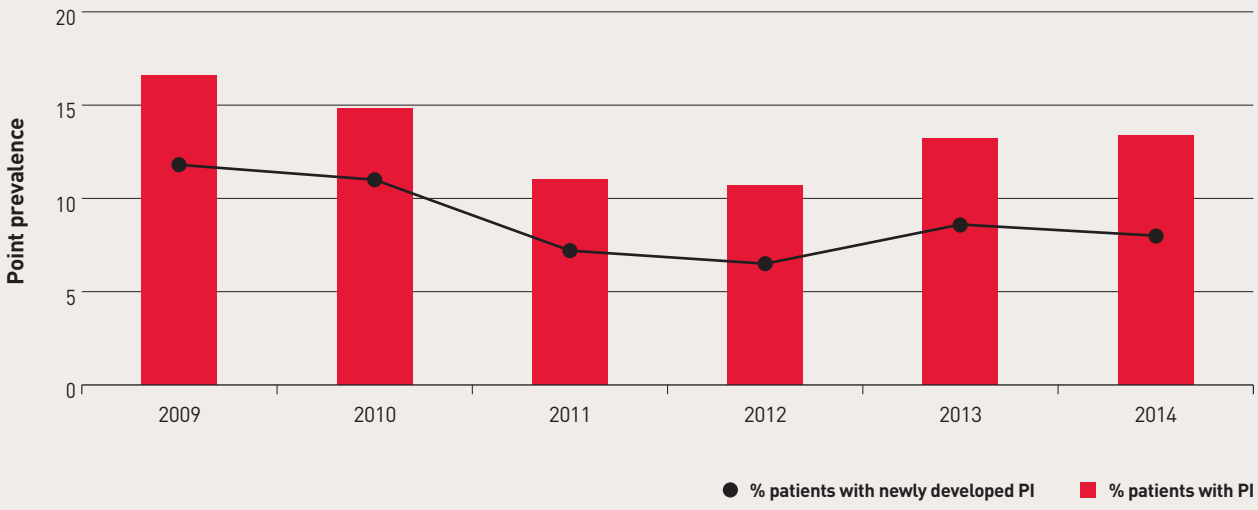
> **Pressure injury prevention month** – we raised the profile of pressure injury prevention creatively, using the theme song 'I like to Move it, Move it', from the animated movie *Madagascar*.

> **Staff-education and e-learning packages** – a computerised staff training package is available online to support staff education. All new Alfred Health staff are required to complete this on commencement.

Results:

Pressure injury prevalence has decreased across Alfred Health from 30.7 per cent in 2003 to 13.4 per cent in 2014, with 8 per cent of patients sustaining a newly acquired pressure injury.

Point prevalence 2009–14



Quality and safety

Safe use of blood and blood products

Australia has one of the safest blood supplies in the world. Transfusion of blood components such as plasma, red blood cells and platelets is often a necessary treatment for patients in hospital. Transfusion is used to treat many patients at Alfred Health and, despite the large volumes involved, typically there are only a small number of blood-related incidents.

The Alfred uses a large number and variety of blood components and products, keeping our own internal blood bank busy. We place great importance on using these products appropriately and safely. The Transfusion Committee along with transfusion nurses and safety officers work together with staff from all areas to improve transfusion practice.

Transfusion reactions

Reactions can occur at any time during a transfusion of blood or blood products and not all can be anticipated or prevented.

Each month an average of four to six transfusion reactions are reported by staff recognising that the patient for whom they are caring may be experiencing a reaction to transfused blood. A very small percentage of these actually turn out to be related to the blood transfusion. Most of the confirmed reactions are relatively minor, causing no harm to the patient in the long term.

In line with policy, all reactions are investigated by The Alfred Blood Bank and transfusion team, with findings reported back to the responsible medical team and the patient themselves when well enough.

Blood administration

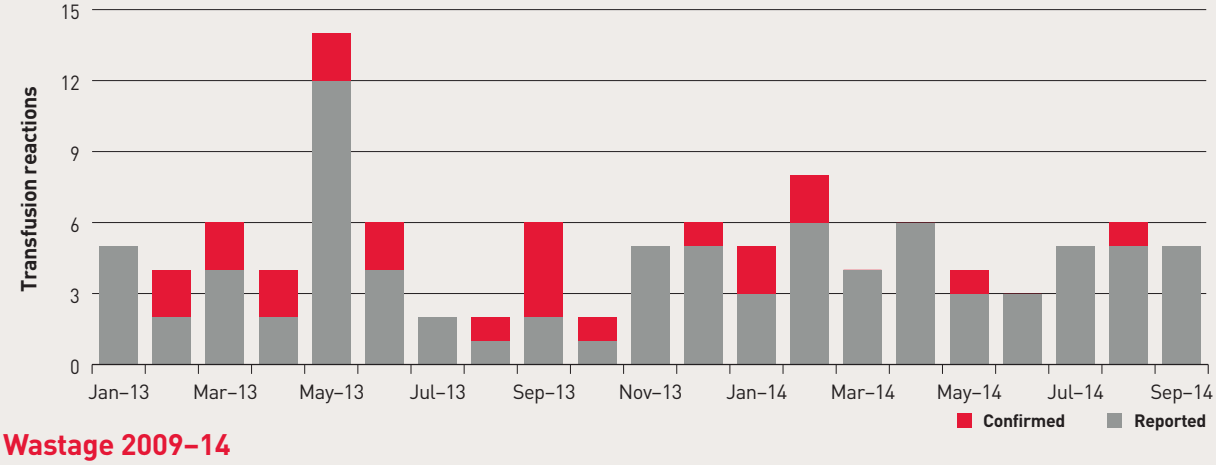
All nursing staff are required to complete an in-house electronic educational program relating to blood transfusion and safe blood product administration. Junior medical staff complete a blood safe e-learning program, which provides education on safety aspects of blood transfusion.

The transfusion service continues to explore ways in which 2D barcoding and patient safety software can reduce blood administration errors.

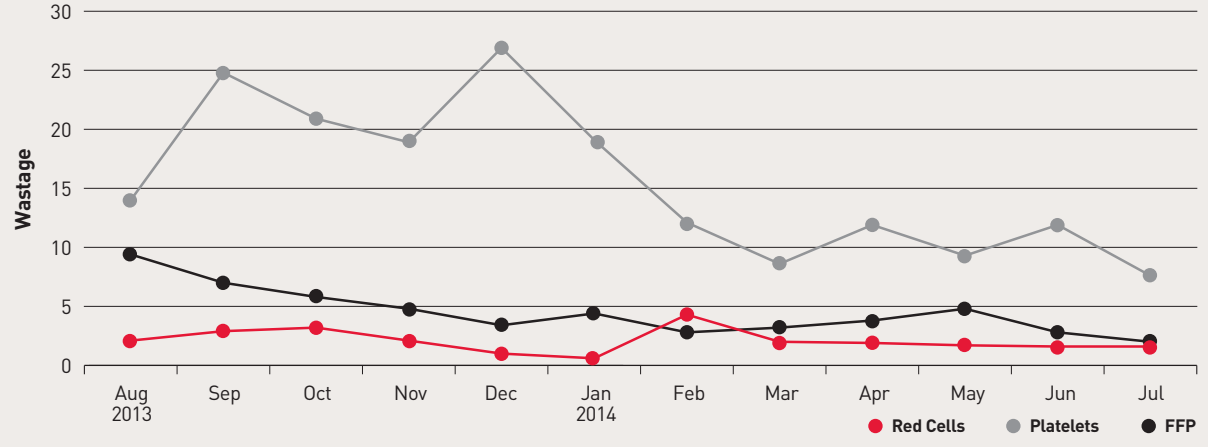
Wastage

As well as looking at the safety of use of blood components the Transfusion Committee also reviews any wastage of blood components. Blood is donated by volunteers and we respect the time and commitment they make in doing this. Therefore, we review all wastage to ensure that there is no unnecessary waste occurring. In the last 12 months, Alfred Health has averaged 2 per cent wastage for red blood cells, 4 per cent for plasma and 12.5 per cent for platelets. These results compare favourably with both Victorian and national data.

Reported transfusion reactions 2013–14



Wastage 2009–14



Residential aged care

At Alfred Health we provide high-quality residential aged care at our Caulfield Hospital site for around 120 residents, many of whom have complex care needs. Our residents live in three nursing homes:

- **Caulfield Hospital Nursing Home**
- **Namarra (psychogeriatric care)**
- **Montgomery (dementia care).**

They are supported by around 150 staff as well as through the Mobile Assessment and Treatment Service (MATS) and Mobile Assessment Psychiatry Service (MAPS) that Alfred Health provides for Melbourne's southeast region.

As many residents are older they are often physically frail, with multiple illnesses putting them at greater risk of falls, developing pressure ulcers or losing weight. We monitor our performance against these indicators closely in the nursing homes and on average meet the statewide targets.

Use of physical restraint

Restraint of residents is considered a last resort when caring for those at risk of harming themselves or others. At Alfred Health, we recognise the safety benefits of avoiding restraint, where possible, and we always resort to alternative nursing strategies in preference to restraint. The new Act outlines the need to reduce or wherever possible eliminate restrictive interventions.

Changes to the *Mental Health Act 2014* (Vic)

Alfred Health provides psychiatric intensive care on a statewide level; our service offering includes a psychiatry unit and community-based programs. To prepare for the changes to Victoria's *Mental Health Act 2014*, we worked with the Department of Health to educate staff about how the new Act would affect their practice and our patients.

The key changes relate to procedures for initiating compulsory assessment and compulsory mental health treatment. If a person appears to have mental illness and requires compulsory mental health treatment, the Act empowers registered medical practitioners, and mental health practitioners, to make an assessment order enabling an authorised psychiatrist to examine the person.

Results:

During the year, the 28-day readmission rate fell below the state target of 14 per cent to 13.4 per cent. The post-discharge follow-up rate of patients increased to over 79 per cent ahead of the 75 per cent target rate.

Future:

We will continue to focus on implementing the best ways to improve the seclusion rate (per occupied bed days) of our patients with mental health conditions.

Improving mental health intervention: PACER

Optimising assessment and care for people who may be experiencing a mental health issue in the community is the focus of a collaborative project between The Alfred, Victoria Police and Bayside Medical Local.

Police, Ambulance and Clinical Emergency Response (PACER) is a 'ride-along' model consisting of a senior Crisis Assessment and Treatment Team (CATT) clinician and a police officer. Together, they offer specialist response to incidents in the community in which a mental health issue is a suspected factor. PACER enables a rapid assessment on location without the need to transport an individual to the emergency department if there is a more appropriate intervention available.

Data collected from May to November 2013 highlighted that 40 per cent of PACER attendances required no further intervention, while referral to relevant support services – other than hospital – occurred in 26 per cent of the callouts.

Importantly, only 2 per cent of the people were charged, indicating the benefit of implementing a mental health-based approach rather than criminalising behaviours associated with mental health crises.

Residential and aged care quality and safety performance 2013–14

	Pressure ulcers	Falls	Falls fractures	Physical restraint	Nine or more medications	Losing weight monthly	Losing weight over 3 months
Caulfield Hospital Nursing Home	Slightly above target in some Quarters (2,3,4)	Below target	1 (for Year)	1 (Well managed)	Below Target	Below Target	Below Target
Namarra Nursing Home	Stage 2 above target (2 Quarters)	Below target	3 (for Year)	Nil	Below Target	Below Target	Below Target
Montgomery Nursing Home	Below target	Over target in 1 Quarter	3 (for Year)	Nil	Below Target	Slightly over Target (1 Quarter)	Over Target (1 Quarter)

Quality and safety

Developing our workforce

Staff education is vital to continued clinical excellence. In 2013–14, specialist training units provided essential core and mandatory clinical programs, while a substantial leadership and capacity-building program continued across Alfred Health.

We appreciate that a great deal of the training and education effort occurs not simply in our formal programs, but also outside the formal spaces, in the labs, corridors, on ward rounds, in the open plan offices and at the bedside.

We also provide education to our volunteers, consumers and community representatives who work closely with us to improve services. In this way, we help them understand their role and gain deper insight into the organisation.

Education program 2013–14

Program and attendees by number

2,762
NURSING EDUCATION

1,963
PSYCHIATRY

919
STAFF ORIENTATION

540
ALLIED HEALTH

200
PHARMACY

>330
LANGUAGE SERVICE EDUCATION

1,119
MEDICAL

50
VOLUNTEERS TRAINED AND WORKING AS CONSUMERS

Nurse practitioners have advanced nursing knowledge and skills. Their practice extends to areas that were previously the domain of doctors, such as prescribing, diagnostic and laboratory testing and formal referral to specialists.

In 2006, we became the first Victorian health service to support an endorsed emergency nurse practitioner. Today, more than 20 Alfred Health nurses have completed the advanced nursing education program. Some are among the first in Australia to be fully endorsed in aged care, sexual health, psychiatry, pain management and renal dialysis.

Lisa Dennis, an Emergency and Trauma Centre nurse practitioner at The Alfred, finds her work rewarding and challenging.

"I enjoy making clinical decisions and take pride in being accountable to my patients. Part of my reason for moving from regional Victoria to The Alfred was its strong support of the nurse practitioner program," Lisa said.

Alfred Health Executive Director – Nursing, Janet Weir-Phyland, hailed the nurse practitioner program a success, saying it continues to provide an avenue for those keen on pursuing a clinical nursing career.

"The program has gone from strength to strength, expanding into key clinical areas and with nurse practitioners collaborating across different disciplines," Ms Weir-Phyland said.

"The nurse is performing some clinical tasks that would have traditionally been in the medical domain, but the role retains a nursing perspective."

To learn more, visit
www.health.vic.gov.au/nursing/furthering/practitioner

PICTURE OPPOSITE: Nurse practitioner Lisa Dennis, who works in The Alfred Emergency and Trauma Centre.

This year marks the 10th anniversary of Alfred Health's nurse practitioner program.

Patient-centred care

The Picker Principles of Patient-Centred Care

1. Respect for patients' values, preferences and expressed needs
2. Coordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Transition and continuity
8. Access to care.

The emphasis on the patient experience or journey is about being forward thinking as a healthcare service.

At Alfred Health, the patient experience is increasingly central to our thinking and decision making about how best to deliver care.

Our understanding of patient-centred care is influenced by the Picker Priniciples (see box opposite), the result of widespread engagement with patient communities and clinicians and an extensive literature review.

The cornerstone of this experience is the partnership between clinicians, patients, their families and carers.

This section describes Alfred Health's growing focus on patient-centred care, and the programs and initiatives put in place during the year. It also presents some stories from patients, carers and staff.

"We are from the country ... and have been coming to Melbourne for over a month. Alfred staff have taken away our stress. The social worker and everyone involved in the treatment have made it stress free." [1]

FEBRUARY 2014

1 Executive Committee paper – Feb 2014, Patient Experience Survey Report Sep–Dec 2014, S Corcoran p. 33.

Patient-centred care

Redesigning care that works around patients

Our Timely Quality Care approach puts patients front and centre of how we deliver care at Alfred Health.

Known internally as TQC – this approach places senior decision makers at the front of service delivery. This means that treatment starts when patients arrive so the hospital stay is only as long as is clinically required. So patients who present at our emergency departments are seen quickly by a doctor and nursing team, instead of sitting in a waiting room.

This approach has required a 'whole of hospital response'. The initial focus started within The Alfred's Emergency Department more than two years ago. During 2013–14, TQC was extended to Caulfield Hospital's sub-acute services.

Results:

During the year, TQC was instrumental in:

- **achieving and exceeding government Emergency Access Targets at The Alfred**
- **reducing patient length of stay in sub-acute care at Caulfield Hospital by 16 per cent in less than a year**
- **introducing a new way of progressing care 'after hours' through a Specialist Hospital at Night Support Team.**

Future:

TQC is being extended to Sandringham Hospital in 2014–15.

RIGHT: Technology is playing a large role in medical care, with a new desktop and mobile phone application that allows medical staff and nurses to log requests during the day that are then actioned by the Hospital at Night Support Team.

Hospital at Night Support Team

During the year, Alfred Health continued to develop its model of care at night using Timely Quality Care (TQC) principles, focusing on progressing patient care no matter what time of the day.

Feedback from medical and nursing staff led to the establishment of a new specialist team, the Hospital at Night Support Team (HANST).

This team works closely with the medical team to help with patient admissions, provide expert coaching during procedures and offer staff relief during the night. This means medical and nursing staff have onsite clinical leadership, providing high-level decision making, support and mentorship necessary for patient care to continue.

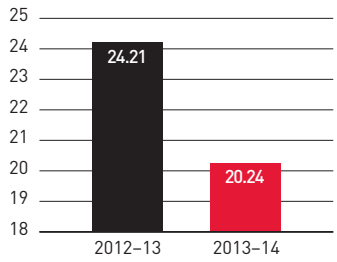
With these working arrangements in place, nursing staff satisfaction increased 34 per cent during a six-month period, while night-time staff reported a 71 per cent improvement with regard to clinical supervision.

71%

NIGHT-TIME STAFF REPORTED A 71% IMPROVEMENT WITH REGARD TO CLINICAL SUPERVISION

"The Emergency Department was moderately busy that night, but right from the front desk I was pleasantly surprised at the friendly caring service. I was in obvious discomfort and was seen with minimal wait, and from then on, the entire staff were outstanding." [1]

Avg LOS – Rehab

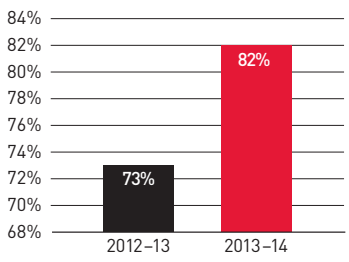


↓16%

AVG. LENGTH OF STAY (REHABILITATION)

Improvement through simplified processes, better workforce allocation and teamwork centred around patients.

ED Treated in Time – The Alfred

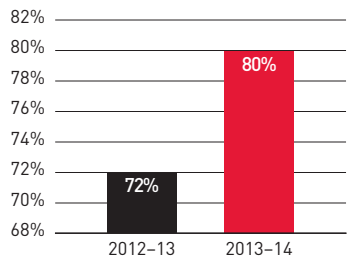


↑9.0%

ED TREATED TIME IN THE ALFRED

Placing senior clinicians at the front of service delivery has improved patient experience.

ED 4 hour – The Alfred



↑8.0%

ED TREATED WITHIN 4 HOURS (ALFRED)

Improvement driven by new emergency patient pathways.

1 Executive Committee paper – July 2014, Complaints and Feedback Report Jan–Jun 2014, Dr Lee Hamley.

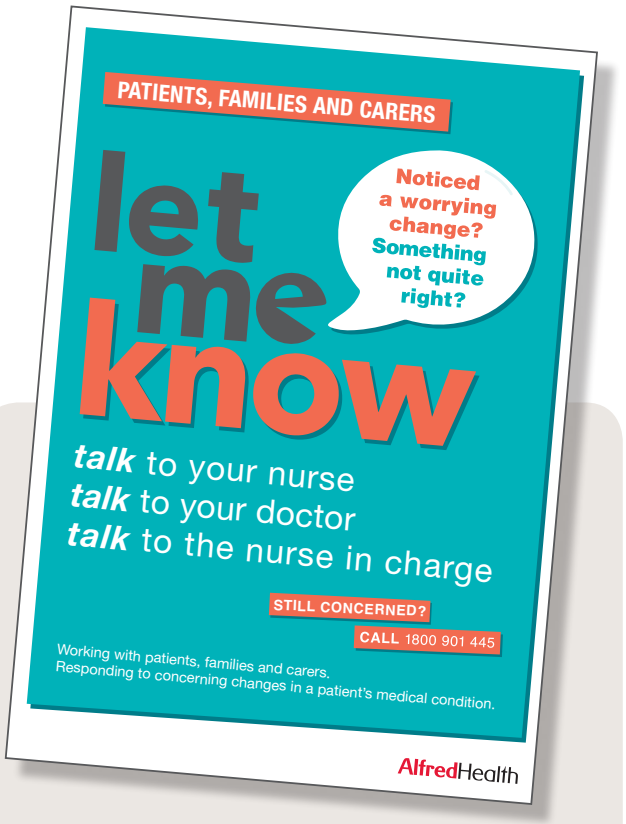
Patient-centred care

Let me know if something isn't quite right

The innovative *let me know* program was developed during the year to support patients and their family escalate care if they feel 'something is not right'.

Recognising the integral role played by families and carers in supporting patients, we developed the *let me know* program to encourage patients and their families to raise their concerns about their own or their family member's health condition directly with nurses, doctors and through a dedicated phone hotline if they observe concerning changes in a patient's condition.

Experience in Australia and overseas demonstrates that patients and their families can often detect subtle changes in the patient's medical condition, often before they are clinically evident.



How the hotline works

The hotline – 1800 901 445 – is staffed around the clock by the *let me know* team.

If a patient or their family member calls the hotline, the *let me know* nurse will make contact with the patient within 15 minutes, speak with the patient and/or their carer over the phone, visit the patient to assess their concerns, and engage with the patient's nursing and medical team. A senior member of staff will meet with the patient or family member to ensure that concerns have been addressed.

The *let me know* pilot ran at The Alfred from July to September 2014, with the aim of implementing it across Alfred Health's service.

Importance of family

After her husband James had experienced a sudden, life-threatening cardiac arrest, Fran knew that something still wasn't right while he was recovering in The Alfred.

An Alfred staff member, Fran had read about the new *let me know* program and took her concerns directly to the ward's nurse manager.

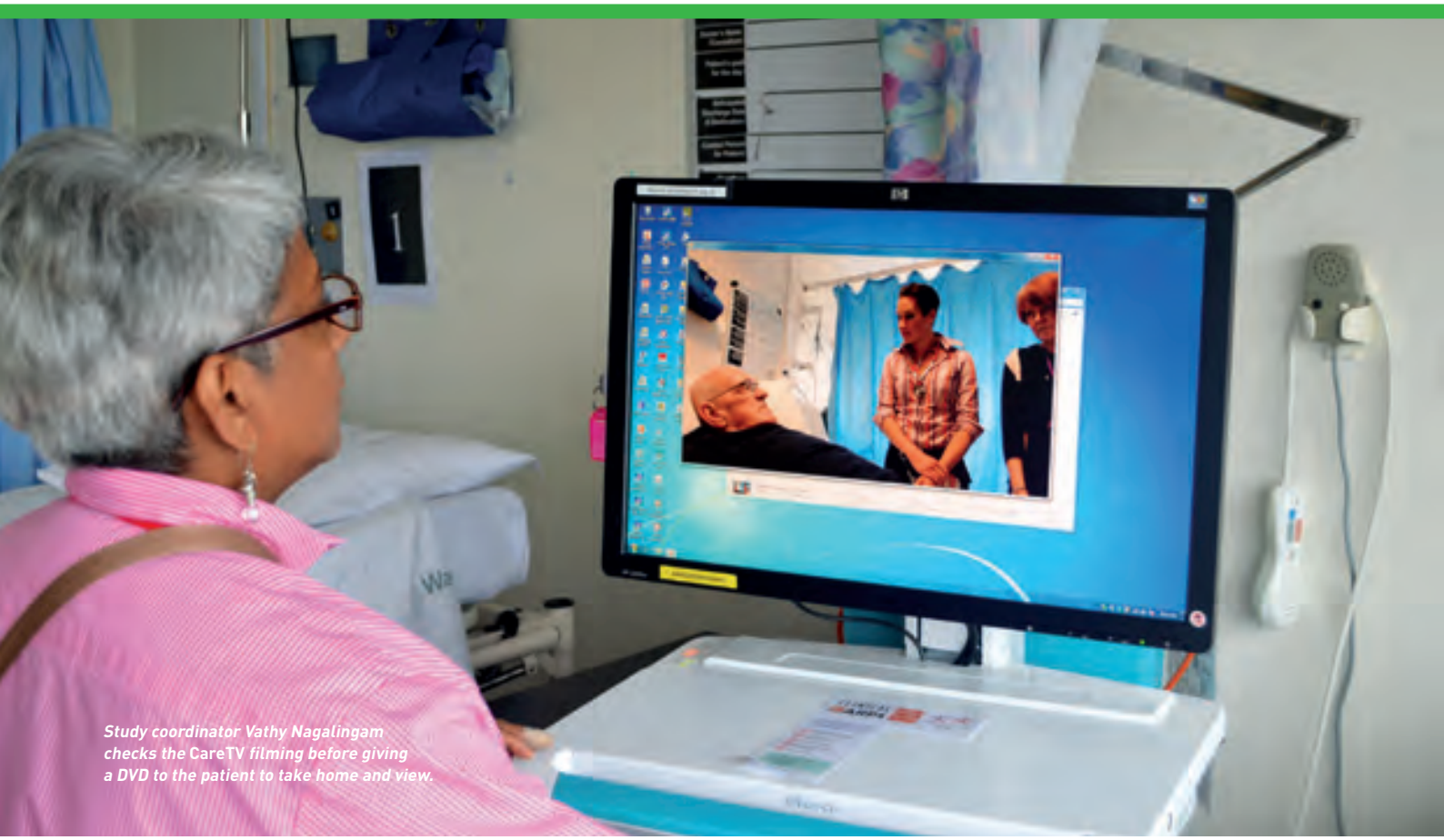
"Although James' heart had been fixed by the cardiology team, he was suffering from post-traumatic amnesia, which may not have been apparent to the nursing and medical staff. He seemed fine when they asked him a few questions and left but for us, his family who stayed with him, we noticed he forgot things easily and kept asking the same questions."

Working with the nursing and medical teams together has helped James progress in his recovery and return home, where he has begun rehabilitation.

Clinical Service Director – Cardiorespiratory and Intensive Care, Mandy Sanford, is happy with patient and staff response to the new program. "*Let me know* provides another way for this information to be brought to our attention and allows us to take action to prevent adverse outcomes. It casts our safety net even further."

MAIN PICTURE: Fran and James Fisher: appreciating the new let me know *program.*

Patient-centred care



Study coordinator Vathy Nagalingam checks the CareTV filming before giving a DVD to the patient to take home and view.

Involving patients in their own care

A quiet revolution in bedside rounds is underway in our General Medicine wards. During the year, the rounds expanded to include patient and relatives, as well as the full multidisciplinary team. This new approach ensures that consistent information is shared.

The Structured Interdisciplinary Bedside Rounds (SIBR) now involve a scheduled checklist, with standardised documentation. With families invited to attend the formalised session, SIBR has proved highly effective with the whole care team.

"Doctors are professional but not enough information was passed on to my mother."[1]

The importance of clear information at discharge

Discharge from hospital typically involves a lot of information, often a combination of a long and technical conversation followed up with hardcopy paperwork. Many patients, particularly those who are older and who may have language difficulties, struggle to digest and remember post-hospital treatment details.

Tackling the breadth and complexity of information provided to patients at discharge was the focus of a world-first initiative at The Alfred – called *CareTV*.

To simplify discharge, without reducing the quality of information provided to patients, we launched *CareTV*. This involves the filming of a three-minute video at the patient's bedside with the interdisciplinary team present.

Just prior to discharge, the patient receives a DVD or USB with details including the diagnosis summary, response to treatment, follow-up plan and contact details for the medical team. This can be shown to the GP, family members and carers so that everyone understands the post-hospital treatment plan.

1 Executive Committee paper – Feb 2014, Patient Experience Survey Report Sep–Dec 2014, S Corcoran p. 23.

One of the first Victorian nurses endorsed as a nurse practitioner in pain management: Dana Boyd.

Quality local care

Through an innovative partnership between the Royal Women's Hospital (The Women's) and Alfred Health's Sandringham Hospital, women in bayside Melbourne now have access to high-quality maternity and gynaecological care locally, supported by a tertiary specialised maternity service.

In October 2013, we transferred maternity and gynaecology services at Sandringham Hospital to the Women's, while keeping the services located at Sandringham. Working effectively as a 'hospital within a hospital', this initiative responded to the community's clear preference for growth in local maternity services.

In addition, Sandringham Hospital's Emergency Department underwent a major refurbishment. The department now features new waiting areas, reception, six new short-stay beds and an improved entry.

In response to the growing number of people requiring non-hospital and non-emergency care, a new Urgent Care Centre in Sandringham opened in May 2014. The centre's GP focus ensures that patients are seen by the most relevant staff, with correct care and treatment provided as quickly as possible, eliminating long waiting periods.

ABOVE: First-born at the Women's at Sandringham: baby Eliya with her parents Guy Becker and Maya Lerman.

Redeveloping residential aged care to deliver access in the future

Long-term planning at Caulfield Hospital identified that residential care facilities were ageing and soon would no longer be fit for the purpose of supporting high-quality care. In December, we announced a project to modernise and develop the service through working with a specialist residential care provider.

The aim of this project was to ensure that current and future residents could continue to access residential care at Caulfield Hospital's site.

Staff and the resident community were involved throughout the 10-month process.

In October, we announced a landmark agreement with HammondCare, a specialist in residential and dementia care, which will provide day-to-day services. Based in New South Wales, HammondCare will also build a new $30 million residential aged care village at Caulfield Hospital.

This agreement secures the future of residential aged care services at Caulfield for the next three to four decades.

The Alfred's Haemophilia Centre

- Statewide centre for adult haemophilia care and rare blood disorders
- Supports around 1,000 patients through ongoing care
- Largest centre in the southern hemisphere.

A regular patient over the years: Katherine Nalder in the Haemophilia Centre.

Familiar face at Alfred is one in a million

Katherine Nalder is not your average 26 year old. She has the rare blood disorder Factor V deficiency, which makes her life markedly different from those of her peers.

"It means my blood doesn't clot like everyone else's. My level of Factor V is less than 1 per cent of normal," Katherine explained. "I can be sitting and out of nowhere just start bleeding."

Diagnosed at six days old, Katherine began bleeding when her mother changed her nappy and could not stop the blood flow.

Over the years, Katherine has become a familiar face to many Alfred staff. Among her medical emergencies, Katherine lists the major ones as several bleeds to the brain, at least five admissions to ICU (two in the last year alone), two or three surgeries to stop life-threatening bleeding, a liver bleed, joint and muscle bleeds.

Each week, Katherine visits The Alfred's Haemophilia Centre to receive life-saving medication, spending more than two hours on a drip each time.

And while the doctors at the centre are the ones who 'call the shots', the other departments involved in Katherine's care over the years include neurology, neurosurgery, the pain management team, rheumatology (for arthritis caused by the bleeds), psychiatry, ICU and the Emergency and Trauma Centre.

Katherine also relies on the continued generosity of blood donors.

Patient-centred care

Under the care of many

Father of two, 57-year-old Ken Merrett knows all too well the importance of continuous care after a devastating accident.

At a waterskiing event in Adelaide, his boat malfunctioned, crashed and caught fire. Ken was critically injured, suffering burns to more than 30 per cent of his body, as well as a smashed elbow and a fractured shoulder.

A series of medical personnel were involved in Ken's care, from the accident scene to the Royal Adelaide Hospital and then finally at home in Melbourne, where he spent weeks in The Alfred's Burns Unit.

Once medically stable, Ken started three months of rehabilitation at Caulfield Hospital.

Rehabilitation physician Dr Fran Wise says Ken has endured a long road to recovery with the support of staff and family. "With a serious burns injury like his, plus the nerve damage, he'll require daily, intensive therapy. It's not easy to have to learn simple tasks again."

The toughest adjustment for Ken has been the loss of ability in his hands.

"The message doesn't get through to my hands to move when I want them to," Ken explained. "I have had trouble doing everyday things, such as trying to write, putting on my socks, picking something up or opening doors."

Ken will continue his therapy as an outpatient.

ABOVE: Alfred burns nurses are often required to provide lengthy, ongoing care.

HeLP supports the 'whole' patient

In May, Alfred Health initiated an Australian first, providing the first free legal clinic in a public hospital for patients and their families.

Named HeLP (Health Legal Partnership, this was an alliance between Maurice Blackburn Lawyers (who provide legal advice pro bono); the Michael Kirby Centre for Public Health and Human Rights at Monash University; and Alfred Health.

Maruice Blackburn lawyer Emily Hart is based in the clinic two days a week.

"It's the first of its kind, available to any hospital patient (and their families) with a health-related legal problem. And there was strong demand for the service from the very beginning," Emily said.

"Some cases have been simple, such as helping patients prepare a power of attorney or plan for end of life issues; others have included giving advice on immigration, tax, domestic violence, asbestos exposure and family law."

Bridget Wall, Manager, Social Work Service, says the experience of our counterparts in the US tells us that patient health improves when their associated legal problems are addressed.

"We know that problems, such as domestic violence, gambling, immigration issues can lie at the centre of a person's health condition. We're hoping this initiative will work as well in Australia as it does overseas and make a real difference in health."

Given the success of the six-month trial, the clinic has been extended as an ongoing service for Alfred patients.

ABOVE: Former Justice of the High Court of Australia and well-known human rights champion, the Hon. Michael Kirby AC, launches the HeLP clinic.

Consumer, carer and community participation

Alfred Health believes that through working collaboratively with patients, carers and consumers we can improve the safety and quality of care. This section describes the strategies and processes that are in place to encourage engagement and participation. It also outlines our approach to supporting both the diverse community within our catchment and the broader Victorian community.

Patients Come First strategy

Last year, we put in place our Patients Come First strategy: our 'road map' for participation and partnership with our patient community.

Its five main **priorities** are:

1. **The patient charter of healthcare rights and responsibilities**
2. **Patient information**
3. **Patient-centred care**
4. **Patient feedback**
5. **Consumer and carer engagement.**

Consumer, carer and community participation

New team

This year, the strategy moved forward with the establishment of a new team to support and coordinate the implementation of the Patient Experience and Consumer Participation Program.

The main program areas include:

> Aboriginal health

> community participation

> cultural diversity

> volunteer services.

Volunteers and community participation

At Alfred Health, we actively promote the role of consumers in service delivery and improvements, and have four different levels of consumers who play different roles within our health service.

Level	Description
Level 1 Consumer (community representative)	Consumers engage in a more strategic or organisation-wide activity. **Example:** > A member of the Community Advisory Committee (CAC) (also considered a community representative) > A member of an organisation-wide safety and quality committee
Level 2 Consumer (consumer register)	A member of the consumer register (considered a type of volunteer) **Example:** > A member of the selection panel for the graduate nurses award
Level 3 Consumer (patient/carer consumer)	Current or past patients/carers participation in short-term or one-off activities **Example:** > Review of a specific program with the purpose of providing a patient perspective on care provided
Level 4 Consumer (mental health consumer)	Consumer or carer consultant/peer worker specific to mental health services **Example:** > Participation in mental health service governance committees to enable consumer/carer perspectives to be included in service planning, improvement and evaluation activities

Feedback from the consumers who attended the training included:

"Alfred Health is tracking well ahead of other hospitals in the consumer and community space when compared with other organisations, as identified through discussion with staff from other health services."

Melissa Lowrie *(member of the Community Advisory Committee)*

"All attending felt very proud of Alfred Health. The PCF strategy has shown great commitment to consumer participation. Alfred Health is well advanced in consumer participation. Things are firmly in place, including a clear strategic role for consumers and a respectful approach with a lot of attention to detail. The challenge is now to apply the learning.

Mary Close *(volunteer consumer)*

Understanding the consumer role

During the year, several of our consumers took part in an external consumer leadership course to build on their understanding of their role as a consumer in a large health service like Alfred Health. The course focused on how they could best use their own experiences of health as a patient, carer, family member or friend, to help us look at different ways of designing, planning and providing services that improve the patient experience.

Recognising and supporting diversity

People living in Alfred Health's catchment areas and accessing our services cover a broad socio-economic and cultural spectrum.

Many of our community live in supported residential services, community housing and rooming houses, and we have a growing population of people aged over 50. Others are more affluent.

Within the inner southeast, there are also many culturally and linguistically diverse (CALD) communities, with people coming from different nationalities (including the largest community of Holocaust survivors outside Israel). These diverse communities hold different religious and spiritual beliefs.

As a provider of 12 statewide services, many of our patients and families come from across Victoria and parts of southeastern Australia.

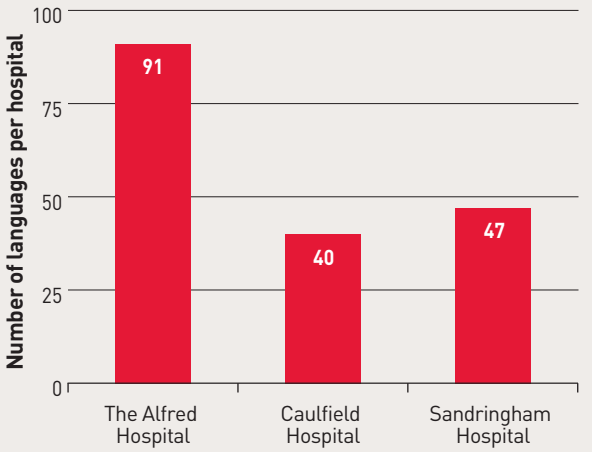
Diversity can mean that patients and their families require different care, treatment and support. To best understand what our different communities need, we held a series of focus groups in October 2013.

The insight and understanding gained from these groups formed the basis of Alfred Health's Cultural Responsiveness Plan and Disability Action Plan. Ongoing engagement with our different communities is scheduled in late 2014 to assess progress against our plans and create their next stages.

Interpreter services

To support patients from diverse cultural and language backgrounds, Alfred Health provides interpreters to patients using over 98 different languages across our hospital locations.

Languages spoken



Most common languages:
Greek, Russian, Italian, Mandarin, Turkish and Cantonese

Our interpreter services includes a booking clerk, booking coordinator and a cultural diversity coordinator, as well as four Russian interpreters, three Greek interpreters and one Mandarin/Cantonese interpreter.

For other languages, including sign language AUSLAN, we use external providers. For patients and families who identify a preferred language other than English (LOTE), our services are coordinated by our interpreter and language services manager. This role was created in November 2014 to address rising demand and to implement quality and service improvements.

These system improvements include:

- **an upgraded booking system with earlier notification of cancellations**
- **improved internal communication and follow-up through recording of specific interpreters to each appointment, which forms a daily resource allocation list**
- **an updated guide to booking interpreters for staff.**

Consumer, carer and community participation

Aboriginal health

The number of people from Aboriginal and Torres Strait Islander origin within Alfred Health's catchment area is comparable to the state average (0.1% and 0.05%, respectively). However, this group is more significant in our patient community due to their poorer health outcomes compared to non-Aboriginal Victorians.

To support Aboriginal patients, families, community members and staff, Alfred Health employs Aboriginal Hospital Liaison Officers. Through strong relationships with our local Aboriginal community, we can provide the most appropriate and highest-quality care to our Aboriginal patients.

To build a strong relationship, Alfred Health is developing an Aboriginal Reconciliation Action Plan (RAP), working with a local Aboriginal Elder and traditional owner of the land, our Aboriginal Hospital Liaison Officers and key staff.

Our commitment to closing the gap between the health and well-being of Aboriginal and non-Indigenous patients is also demonstrated through Alfred Health's National Reconciliation Week and Sorry Day celebrations.

National Reconciliation Week is celebrated each year between 27 May and 3 June. The dates commemorate two significant milestones in the reconciliation journey – the anniversaries of the successful 1967 referendum and the High Court Mabo decision.

Traditional Elder Carolyn Briggs visited Alfred Health on Sorry Day to share her inspirational stories of reconciliation in Australia with staff, volunteers and consumers.

Statement of Intent

This year, Alfred Health signed its Statement of Intent. This statement is an agreement between the Victorian Minister for Health and Aboriginal and Torres Strait Islander Peoples of Victoria, supported by non-Indigenous health organisations, including Alfred Health.

The statement articulates an intention to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians by the year 2030.

"Aboriginal community and home lives are more complex than those of non-Indigenous people. The way you've been raised and how you perceive hospitals ... a lot of kids and babies were taken away from their parents. There was a lot of mistreatment and you can sometimes grow up with that mistrust. Having Aboriginal liaison is like having a member of your family come in; they automatically know how things have been for you your whole life. Even though the Aboriginal Liaison Officer doesn't know you personally, they get it."

Jay Hamman

ABOVE: Chief Executive Andrew Way with Elder Carolyn Briggs.

Sorry Day and Reconciliation Week at Alfred Health

"Sorry Day and Reconciliation Week mean a lot to me. They remind me of my good mate Uncle Graham Geebung and all that he taught me about the culture of his people. We need to acknowledge our past, appreciate the respect, trust and opportunities that exist today and never stop working towards an even better tomorrow."

Kirstan Corben
Lead for Population Health and Health Promotion, Alfred Health

"It is important to acknowledge that an apology will help to heal their scars, but will never heal their pain and hurt. Sometimes the word apology just isn't enough. Actions speak louder than words. Fellow Indigenous Australians do not allow the pain of loss in the past to stop the process of your living in the now. Instead, celebrate what you have and continue to enrich what the true meaning of what it is to be an Australian."

Catherine Walker
Associate Nurse Unit Manager, Emergency and Trauma Centre, The Alfred

Consumer, carer and community participation

Listening and responding to the need for HIV Services

People with HIV are living longer due to advances in medication and treatment, presenting new healthcare challenges. In October 2013, when Alfred Health outlined a plan to develop services, the HIV community requested broader consultation on the proposed changes.

After a community consultation process, Alfred Health responded by setting up a new HIV Service Advisory Group (HSAG) to help plan for future services, as well as identify community needs and future trends in care.

HSAG reports to Alfred Health's Board and its membership includes service users, community representatives and HIV specialists.

Patient feedback

Patient surveys are a key source of information about how well we meet the expectations of patients, carers and family. In early 2014, the Department of Health (DH) moved from measuring patient satisfaction to patient experience. This approach will provide richer and more actionable data, and better aligns with how patients' experience is measured locally.

Improvements were made to Alfred Health's patient experience survey earlier this year, adding additional questions about satisfaction with students, access to smart phones and the internet, and hospital food.

We also moved from a paper survey to a survey electronically administered by trained volunteers and consumers. The next stage is to make reports available to all ward and department managers so that they can monitor performance from month to month and identify areas for improvement.

Feedback summary

Indicator	Target	Score
Percentage of patients who rate very good to excellent on Patient Experience Survey (September–December 2013)	75%	84%
Consumer involvement in decision making and care (VPSM Consumer Participation Indicator score) (July–December 2013)	75%	76.5%
Measurement of patient experience admitted overnight (VPSM overall care index) (July–December 2013)	75%	74%
Number of consumers formally recruited to consumer register (July 2013–June 2014)	30	50
Number of orientated/trained consumer representatives (July 2013–June 2014)	30	50

"More privacy needed. Curtains are not sufficient when confidential discussion occurs." [1]

1 Executive Committee paper – Feb 2014, Patient Experience Survey Report Sep–Dec 2014, S Corcoran p. 24.

Patient complaints

Alfred Health encourages patients to provide feedback on their experiences, especially if it was negative.

Complaints can be verbal or written. When someone makes an informal complaint, the staff member receiving the complaint is encouraged to respond by reviewing the issues of concern and working out how to address these concerns to the complainant's satisfaction.

Complaints require a structured response to ensure that the person making the complaint is validated and that the concern is addressed constructively.

The complaints process aims to:

- respect the dignity of patients
- improve service delivery
- reflect a patient-centred approach to all activities
- reflect the value of personal contact between patients and Alfred Health staff
- provide appropriate support to staff to uphold the rights of staff in the complaints process.

An issue can be escalated to the manager/department head if it can't be resolved. At this point if the issue is still not resolved, the complaint becomes a formal one and is referred to the patient liaison officer. The process then becomes an investigation, which ensures that appropriate feedback is offered to the person making the complaint.

We aim to acknowledge all complaints within one working day, and to investigate and resolve them within 30 calendar days at the most. This is reported as a key performance indicator in the monthly clinical governance report. Our organisational target is to resolve 95 per cent of formal complaints within 30 calendar days.

Alfred Health's complaints management system contributes to the strategies used by the health service to ensure quality and to manage risk. Complaints provide an opportunity to identify whether improvements to services and processes can be made.

The majority of complaints received are about communication, treatment and access, although Caulfield Hospital continues to receive complaints about accommodation issues such as catering and carparking costs.

Improvements from complaints

During the year, we made numerous system improvements following complaints from patients.

- Patient feedback regarding a failure to provide a follow-up appointment after attendance at the Emergency and Trauma Centre (E&TC) highlighted that some staff were unfamiliar with the process for re-ordering outpatient appointments. This information is now included in the orientation pack for all E&TC staff.
- A review was conducted following complaints about hot water availability in the showers at Sandringham Hospital. Renovations of the maternity ward resolved the issue.
- A complaint about a paediatric patient waiting a long time for emergency surgery at Sandringham led to a review of the weekend process. Paediatric patients are now allocated first on the list.
- A continued trend of complaints at Caulfield Hospital regarding issues of poor communication resulted in sessions held on the wards around 'patient-centred communication'. The education program focused on principles of effective communication as well as the needs of patients and families.
- The footpath outside The Alfred's main entrance was resurfaced after a patient fell.
- Improved messages about Alfred Health's smoking policy are provided to patients on admission and around our campuses following patient feedback.

Consumer, carer and community participation

Community Advisory Committee

Alfred Health's Community Advisory Committee (CAC) advises Alfred Health's Board on consumer, carer and community participation and other community initiatives.

The committee looks at priority areas requiring consumer and carer participation, including the analysis of feedback such as complaints and surveys and matters of community interest and concern to our diverse communities, including culturally, religiously and linguistically diverse communities, people with disabilities and our Aboriginal community.

Essentially a partnership, members of this committee often work directly with Alfred Health to improve patient experiences.

Community Advisory Committee 2013–14

Mr Damien Kenny (Chair and Board representative)

Mr David Menadue (Board representative)

Community representatives

Dr Caroline Spencer

Ms Val Johnstone

Ms Sarah Gray

Mr Steve Barrand

Dr Chan Cheah

Ms Natalie Ross

Mrs Lynn Stanton

Ms Melissa Lowrie

Dr Lindsay McMillan

Ms Estie Teller

During the year, CAC assisted with:

- **developing and monitoring the new PCF plan (formally referred to as the Community Participation Plan)**
- **formulating the new Cultural Responsiveness Plan and Disability Action Plan.**

It reviewed many quality and safety reports, including the six-monthly patient feedback report, annual interpreter report, annual cultural and linguistic diversity (CALD) profile, annual PCF progress report, annual Aboriginal health progress report, annual *Quality of Care Report* and several others.

This year, members of the CAC are taking on a facilitation role at the formal meetings for specific topics from the PCF plan. These include diversity, working with key stakeholders, patient-centred care and health literacy.

Supporting the patient experience with our volunteers

Thelma Treller joined The Alfred volunteer program in January 2010 after having been a patient on a couple of occasions.

"I received so much wonderful care from the doctors and nurses and still receive wonderful care and support today. I then decided that volunteering would be my way to say thank you to the hospital.

"I have a few roles within the hospital: I volunteer one day a fortnight in the volunteer shop, support with various administration tasks, such as data entry, and help with the donated clothing. Occasionally I will give a helping hand with special events such as the Transplant Games.

"As a volunteer I feel that I am helping others, being able to give something back. You receive so much when you have been here as a patient. Meeting other volunteers and staff and forming some really lovely friendships is quite special, as is learning new skills.

"It's great being part of a big team, and ultimately our aim is towards making a difference for the patients."

Giving back: one of our many volunteers, Thelma Treller.

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