

care+

2012 Austin Health
Quality of Care Report



Message from Olivia

The Olivia Newton-John Cancer & Wellness Centre opens

Transplant record

for renal team

Testing times

for mentally ill patients

Smoking ceremonies

assist Aboriginal patient's
return to country





“The Austin would have to have the best staff from top to bottom, they all care.”

Austin Health patient

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Cover page: Olivia Newton-John with Teena Amore, Nik Lukic, Brett Campbell and Helen Hellsten at the opening of the Olivia Newton-John Cancer & Wellness Centre at the Austin Hospital. Photo courtesy of Newspix/Alex Coppel

Austin Health Chief Executive Officer Dr Brendan Murphy

Welcome to Austin Health's 2012 Quality of Care Report

I am pleased to introduce Austin Health's 2012 Quality of Care Report. The report demonstrates our commitment to the delivery of safe, high-quality healthcare and outlines our ongoing quality improvement program.

It includes descriptions of key quality improvement projects and stories from patients and staff, to highlight just some of our quality improvement efforts.

It has been a busy and successful year for Austin Health. We have continued to lead the way with new and innovative approaches to healthcare.

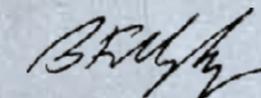
The opening of the Olivia Newton-John Cancer & Wellness Centre was particularly significant this year. Patients will benefit from world-class clinical care and the results of research and scientific discovery.

Additionally, the Centre incorporates a new model of care where patients will have access to evidence-based complementary therapies and programs to help ease the stress, anxiety and side effects associated with cancer treatment.

In June, Austin Health became one of the first health services in Australia to implement electronic medication management. The system was introduced into four wards at the Heidelberg Repatriation Hospital and will be extended to all Austin Health wards by the end of 2012. The system has been shown to reduce medication errors by replacing traditional paper medication and drug charts with an electronic process. We are very proud of this ambitious achievement, which is transforming the way we deliver healthcare.

This year, Austin Health was named a Hand Hygiene Centre for Excellence by the World Health Organisation. The award saw Austin Health and Hand Hygiene Australia (based at Austin Health) become one of only four groups worldwide to be honoured in such a manner. The award recognises Austin Health's leadership and considerable ground-breaking work in hand hygiene and the prevention of hospital-acquired infections.

I hope you enjoy reading our 2012 Quality of Care Report. I would like to thank everyone who have shared their stories and helped prepare this year's report.



Dr Brendan Murphy
Chief Executive Officer



The Olivia Newton-John Cancer & Wellness Centre opens

The nine year journey to create the Olivia Newton-John Cancer & Wellness Centre is almost complete with the first stage officially opened in June, 2012.

The Centre is delivering on its promise to provide patients with world-class cancer clinical care, access to leading health professionals and researchers in the field, the latest technology and a specialist Wellness Centre where a suite of wellness programs are provided.

Consumer, Carer and Community Participation

The Olivia Newton-John
Cancer & Wellness Centre with
patron Olivia Newton-John

The Olivia Newton-John Cancer & Wellness Centre opens continued...

The \$189 million Centre was made possible not only by the support of patron Olivia Newton-John and philanthropic and government funding, but by 15,000 members of the public who contributed \$17 million to the project.

Before the creation of the Centre, Austin Health's cancer patients needed to negotiate services delivered in 11 buildings across two campuses. The new Centre will bring those services together, on one site.

With the completion of the first stage, patients can access Radiation Oncology, Day Oncology, Apheresis, Specialist Clinics, the Wellness Centre, the Info Lounge and one floor of research facilities. The remaining services will move into the Centre by

late 2013, when the building works will be complete. These include the acute cancer inpatient wards, the Palliative Care Unit, Cancer Services administration, Clinical Trials Centre and the remaining research facilities; making it the base for Austin Health's Medical Oncology Unit, which is run jointly with leading international cancer research organisation the Ludwig Institute for Cancer Research. This will allow patients to benefit quickly from the latest scientific discoveries.

Current and former cancer patients, including Olivia Newton-John, were heavily involved in the creation of the Centre, from the look of the building to the redesign of the gowns provided to patients during treatment. At every major step of the development, the Project

You can help

Funds are still needed to support the Centre's wellness therapies, which rely on community support. To find out how you can help, call the Fundraising department on 9496 5116.

Team hosted Community Consultation Forums to seek input from patients, carers and stakeholders, including specific cancer support groups.

The input provided has also helped inform the development of wellness programs for the Wellness Centre.

Consumer input continues to be invaluable. There are several ways past and present patients and carers can contribute, including via the Wellness and Supportive Care Team's Steering Committee, Austin Health's Consumer Register or Austin Health's Community Advisory Committee. If you are interested in being involved, call Austin Health's Consumer Participation Support Officer on 9496 5186.

Olivia sees her dream come true

I am absolutely thrilled to see our vision of a Centre for wellness, inspiration and complete cancer care become a reality. It is fantastic to see how far we've come over the past years and I am so grateful for your wonderful support.

It is humbling to know that so many of you have cared so much and shared my vision, a vision that began 20 years ago with my own journey through cancer.

It has been an enormous project to undertake and I am truly grateful to you, our supporters and to all the staff who have worked tirelessly to bring the Centre to life.

This really is just the beginning.

With natural light, open space and a comfortable welcoming

atmosphere, together we have created a really special space and, while the bricks and mortar may be complete, we need your continued support to bring this entire facility to life.

As we step into the next phase of development, it's the expansion of wellness programs that will make this Centre a world-class facility but, we can't do this alone. All this will be made possible because of the wonderful support we receive from you, our supporters.

Your continued support will make our Centre a thriving service for people with cancer and I look forward to sharing this incredible journey with you!

Love and light,



Olivia Newton-John
Cancer & Wellness Centre



Centre eases rollercoaster ride for cancer patients

Teena Amore, 49, says it feels like she's been on a rollercoaster ride since being diagnosed with breast cancer in January. She has had a breast removed, six bouts of chemotherapy and is preparing for her first radiotherapy treatment in August.

Ms Amore began her treatment at the Austin Hospital but is now being treated in the new Cancer Centre. She met fellow breast cancer survivor Olivia Newton-John at the official opening.

'I said to her, "If you are going to be hit with a hard blow in your life, this is where you want to be."

Austin Hospital is nice but it's a hospital - the Olivia Newton-John Cancer & Wellness Centre; it's like I don't have to go to the hospital, it's welcoming, even the walls are very earthy with warm colours.'

At her first appointment at the new Centre, Ms Amore was able to check in and have a coffee and relax on a couch while she waited, 'being pampered by the women in the Wellness Centre.'

'Walking into the place it's a breath of fresh air. I have endured some really hard things and it really does make a difference,' Ms Amore says.

'If you are going to be hit with a hard blow in your life, this is where you want to be.'

Patients embrace wellness hub

Patients and carers have embraced the Wellness Centre as a place to relax and regroup, and as the hub for the suite of Wellness Programs that are provided throughout the new Centre.

Manager of Wellness and Supportive Care, Christine Scott says the Wellness Centre encourages patients and carers to 'drop-in'.

'It's a warm and supportive place where people can come when they are waiting for their appointment or between treatments. They can make themselves a cup of tea and a light lunch and have quiet time or speak to staff or volunteers if they have an issue they need help with,' Ms Scott says.

The new Info Lounge has become the central point for all information on cancer and related issues. 'We see the Info Lounge and Wellness Centre as providing supportive care to patients and families. The focus is on increasing overall wellbeing for patients,' Ms Scott says.

The Wellness Centre offers individual and group wellness programs for patients and their carers with current offerings including massage, with a specialist oncology massage therapist, and music and art therapy. Carers' Forums are held regularly to help carers with information, resources and strategies to support them in their role. The Living Well with Prostate Cancer

forum is one of a number of group programs that give patients and family members the opportunity to ask staff specialists about their concerns.

The Look Good, Feel Better program assists patients who have undergone physical changes as a result of their cancer or treatment to maintain their self-esteem and self-image. Specialist support groups are also run for patients with brain tumours and young people. Future plans include group relaxation and meditation sessions.

For details on any of the programs, contact the Wellness Centre on 9496 3799.

New chemo coordinator

supports patients on care journey

The creation of a new chemotherapy nurse coordinator position is helping improve the care journey for patients at the Olivia Newton-John Cancer & Wellness Centre.

The chemotherapy nurse coordinator Tina Griffiths says the complexity of the care pathway is a problem faced by cancer patients worldwide. 'It involves many different modes of treatment and lots of different specialists across different areas and it can be confusing and distressing for patients.'

Ms Griffiths says her position, which was created at the start of the year, fits with the Centre's philosophy of making the patient journey seamless. 'We want patients to feel well supported and that all their needs are met, because we are looking after the whole person.'

The role has been initially focused on assisting patients who are undergoing combined chemotherapy and radiotherapy treatment. 'Patients can experience a lot of confusion with different treatments, two different types of cancer specialists and multiple allied health professionals,' Ms Griffiths says.

The role then expanded to also support patients taking oral chemotherapy medication. 'Unlike patients who have chemotherapy at the hospital with a drip, they miss out on regular interaction and support from other health professionals such as nurses. They are given a script

and go home; the responsibility for administering the cancer therapy is theirs. I'm now involved in their care and have set up a nurse-led clinic specifically for those on oral medication.'

'I do a one-on-one assessment and review of what they are taking. I also use a supportive care screening tool to talk to them about their home and work situations and any issues and supportive care needs they may have and I put in place any referrals for supportive care services and wellness programs, if necessary.'

'I follow up with phone calls at home to make sure they are taking their medicine properly, that they aren't experiencing side effects, and I bring them in to the hospital if they need to be. It's proactive rather than reactive. In the past some of those patients would present to the Emergency Department with severe side effects.'

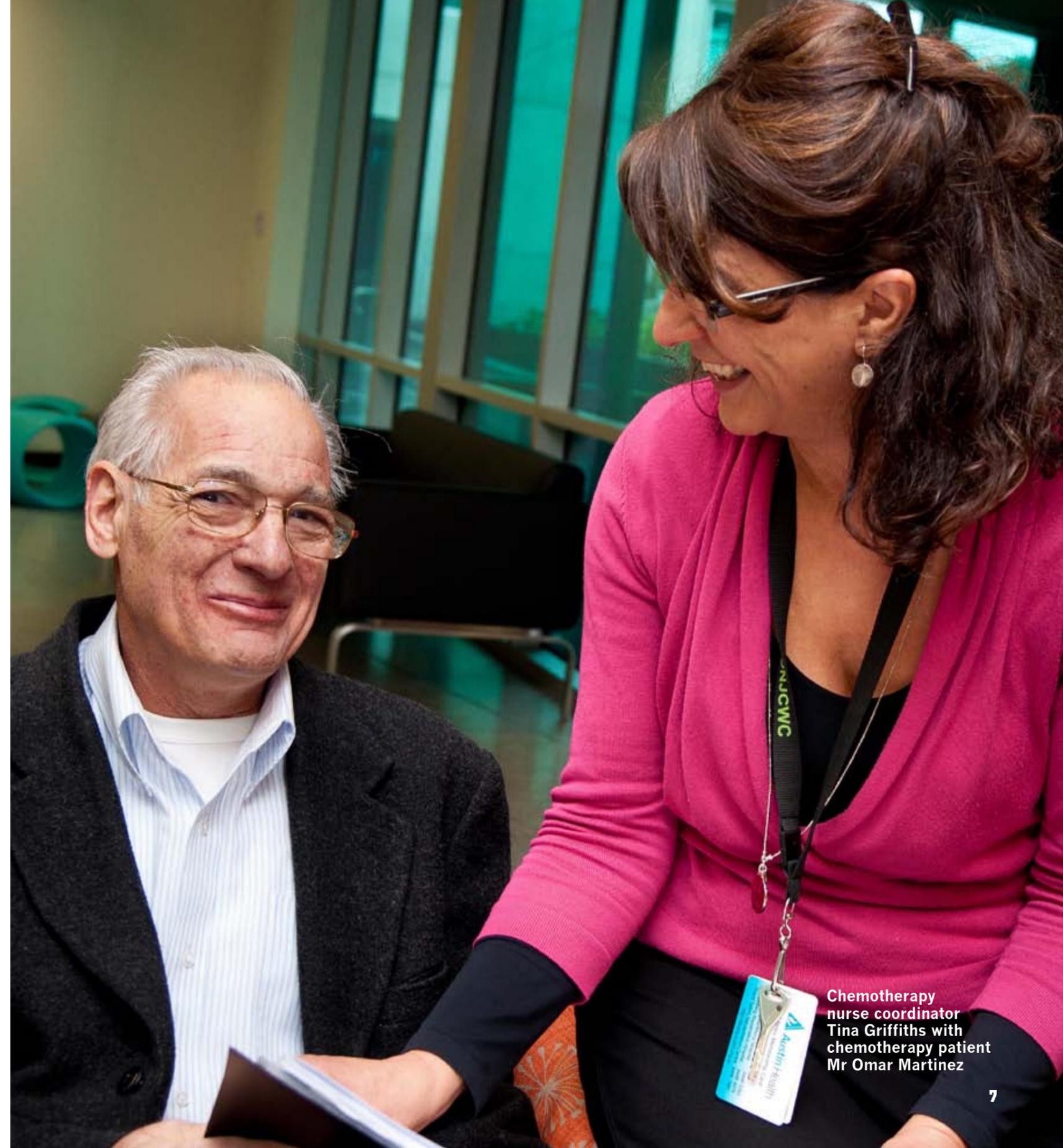
Success stories have included assisting a patient who was confused about her oral cancer medication. 'I was able to connect her with the right clinician and pharmacist to clarify the situation,' Ms Griffiths says.

'She said I saved her a great deal of angst. She felt so much more comforted and in control and that things had been sorted out quickly and easily.'

Ms Griffiths is also able to help patients and their families with education and information about cancer and its impact.

Typical patient pathway

- referred by GP or surgeon
- diagnostic workup begins – imaging (PET, CT Scan, or MRI), biopsy or surgery
- multidisciplinary team discussion of case
- referral to Cancer Services for treatment
- care plan discussed and created
- Specialist Clinic appointment
- pre chemotherapy/radiotherapy assessments and planning
- patient screened for supportive care needs and information provided
- referral to supportive care services and wellness programs
- treatment begins
- discharge and monitoring plan developed
- links created/developed to community services
- outpatient reviews



Chemotherapy nurse coordinator Tina Griffiths with chemotherapy patient Mr Omar Martinez



Veteran volunteers Jeff Freeman and Craig Coutts

Veterans volunteer for ongoing battle

It took Vietnam veteran Jeff Freeman 30 years to ‘hit the wall.’ In 2000, he was admitted to the veteran psychiatry unit, Ward 17, at the Heidelberg Repatriation Hospital, suffering Post Traumatic Stress Disorder (PTSD).

Twelve years later, Mr Freeman, still returns weekly to visit Ward 17 as a volunteer, offering support, advice and companionship to its patients.

‘With PTSD there is no cure for it, you just have to learn to live with it. You have your good days and your bad days. The Repat [Heidelberg Repatriation Hospital] is the only place where I walk through the gates and I feel safe.’

Fellow volunteer Craig Coutts, an Afghanistan veteran, says there are now younger veterans coming through the ward from conflicts including Timor, Iraq and the Solomon Islands and they appreciate seeing someone their age who has been through a similar experience. ‘It helps them out to know there’s life after PTSD and it gives

them some confidence there is a good chance of recovery.

‘Even just seeing a different face once a week – sometimes we just talk and have a laugh and try to boost their spirits. The veteran community is very close and I think it’s therapy for me too.’

Austin Health’s veteran liaison officer, Robert Winther, says 32 volunteers including veterans, a World War II widow, ex-staff and civilians assist him in his role and support the Heidelberg Repatriation Hospital Veterans Centre. Other veterans volunteer in different areas of Austin Health, such as in the Volunteer Driver’s Program or as concierges.

‘They love it. They enjoy helping fellow veterans, and we have fun and a lot of laughs.’

Mr Winther says the volunteers contribution is testament to the special place the Repat holds for veterans, staff and other patients.’

‘It’s more than a hospital,’ he says.

Smoking ceremonies assist Aboriginal patient's return to Country

Aboriginal patient Walter Smith of Wemba Wemba, Yorta Yorta descent was admitted to Austin Health after having a stroke that left him with very little chance of rehabilitation. The family was confused about his condition and outcomes. Suzanne Nelson, the Aboriginal hospital liaison officer (AHLO), organised a family meeting with the medical consultant – the family were then able to make informed choices about his care.

Walter was transferred to Darley House – a residential care facility based at the Heidelberg Repatriation Hospital. Sadly his condition deteriorated to a point

where his family needed to be consulted about end of life decisions.

Walter's family wanted him to die with dignity and in comfort. To ensure that they were respectful towards his cultural beliefs, Darley House staff sought advice from the AHLO. Towards the end, and at the request of the



family, he was taken outside with the Aboriginal flag placed over his bed. One of a number of smoking ceremonies was performed guiding his spirit to return to Country (birthplace).

The provision of a culturally appropriate service was of deep significance for Walter's family. As Walter's sister tells us in her own words: 'I found the care and attention of the AHLO and other Darley House staff both moving and most supportive throughout this most difficult time.'

AHLO Suzanne Nelson, nurse unit manager Michelle Hooke and a member from Walters family

Respecting patient choices

Respecting Patient Choices has been funded by the Australian Government Department of Health and Ageing to develop a model for advance care planning for patients from Aboriginal and Torres Strait Islander (ATSI) communities and the provision of culturally-appropriate materials.

The first stage of this project is a literature search regarding advance care planning for other indigenous communities, followed by consultation with Aboriginal Controlled Health Organisation and the community. An Aboriginal education and project officer has recently been recruited to assist with this important project.

Ngarra Jarra Aboriginal health program highlights

2011-12 was a busy year for the Aboriginal Health Program. Our Aboriginal hospital liaison officer provided over 3,823 occasions of services to inpatients and outpatients.

Highlights included:

- continuing to work with the Royal District Nursing Service and care coordination teams on access for all Koories on smooth discharge processes for patients leaving hospital;
- regular meetings with the Emergency Department to address patients with frequent admissions;
- home visits to patients with low attendance records;
- developing a new Cultural Awareness training program for staff;
- holding a National Aborigines and Islanders Day Observance Committee (NAIDOC) celebration and flag-raising ceremony;
- piloting self-assessment tools for the Department of Health, which has led to Mental Health representatives joining our Aboriginal Health Advisory Committee and the commencement of a Workforce Strategy to employ more staff of ATSI background;
- completing a six-month project aiming to improve the identification of ATSI patients across Austin Health;
- attending community health programs.

Ward 9A staff have made sweeping changes to tackle high rates of malnutrition, a side effect common to its oncology and haematology patients.

Nurse unit manager Rosemary Armstrong says a team of nursing, allied health and food services staff conducted an observational study to see if patients needed protected meal times. The study of 20 patients over 32 lunch times showed there were several issues impacting on patients being able to eat their meal while it was still warm.

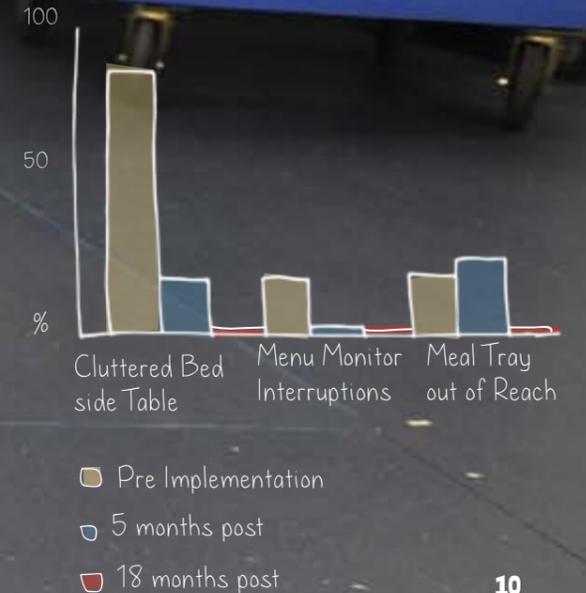
Problems included cluttered bedside tables and patients being taken for radiology or other procedures during lunch. 'Now we highlight to other staff that this is a mealtime and we don't let them take patients at that time,' Ms Armstrong says.

Haematology patient, Christine Cox commented: 'Staff seem to be much more aware of mealtimes. They make sure my bedside table is clear and that there are no interruptions. They just check that everything is okay. You're offered anti-nausea medication at least 30 minutes before meals arrive. You are offered hand wipes before you eat. I have noticed a vast improvement towards meals.'

Food services assistants Marie Paulette Whan Kan and Marijan Dordevic

Smorgasbord of changes ensure patients eat well

Ward 9A Meals Study Results





Kathy Oswin with patient Gordon Willis

Austin scores ward winning feedback

An innovative pilot program to seek patient feedback has found patients are overwhelmingly positive about the care they receive at Austin Health. The patients gave their feedback to a consumer representative during a 'Patient-Centred Walk Around' of different wards.

Comments from patients and families during the walk around included that the nursing and medical staff were 'fabulous and provide very good care'; patients were generally happy with the food, except for younger patients and those on gluten-free diets; and, there were some concerns about receiving mixed messages when being transferred to rehabilitation and some inconsistencies with day-to-day care.

The pilot program involved Kathy Oswin, who is a consumer representative on Austin Health's Board Clinical Safety and Quality Committee, approaching patients in wards to ask them about their experience of care at the hospital. Ms Oswin was accompanied by a local quality coordinator, who noted the patients' comments on an 'action form'.

Ms Oswin says she was pleased to be involved in the process. 'We all have our own experience as health consumers but how do we stay in touch with other consumers who are going through their experience?

'It filled the gap in consumer participation because some people respond to surveys, some people will

make a formal complaint and others won't say anything unless they are asked,' Ms Oswin says.

The walk around was held in May this year, with Ms Oswin involved in 19 patient interviews that ranged from five to 30 minutes, over six wards. The patients were asked questions about their experiences, including the reason for their stay in hospital, whether they knew who was looking after them, what's been good about their stay here and what Austin Health could do better to improve their stay.

'It was really conversational,' Ms Oswin says. 'Staff took the notes, which freed me up to interact informally rather than looking like another staff member with a clipboard.'

With the operation of Austin's Emergency Department (ED) in the news at the time, Ms Oswin says she was surprised that complaints about the ED were not raised, however hospital food was mentioned a couple of times in an 'interesting' way, she says.

'Some of the younger consumers pulled out their iPhones and said "Look at this"; they had posted critical restaurant-style reviews, complete with photographs on Facebook.' At the end of each interview, the anonymous feedback was given to the nurse in charge of the ward with the action sheet outlining what needed to be done, by whom, and by when.

'I think it's potentially a very valuable tool,' Ms Oswin says.

Austin Health's consumer engagement manager, Renee Chmielewski, says the walk around process was developed to help foster a culture of ongoing commitment to safety and quality, with a focus on consumers engaging with patients and their carers, in the clinical areas.

Ms Chmielewski says the response from staff and consumers about the process and its value has been overwhelmingly positive. Staff commented that it was a good way to receive feedback from both patients and families, and there was a strong commitment from nurse unit managers to try and resolve any issues raised.

The success of the pilot has led to plans for a rollout throughout the health service with wards able to nominate if they wish to participate. So far, about 15 wards have already asked to take part.

Ms Chmielewski says ongoing evaluation of the walk arounds is important, and will involve reporting back outcomes to the appropriate Safety, Quality and Risk Committees, including the Executive and Board Quality Committees, the Community Advisory Committee and Partnering with Consumers Committee. Some of the actions to be taken will also be incorporated into local area business plans.

Meeting patient's cultural needs is a priority for Austin Health

The Department of Health's Cultural Responsiveness Framework 2009 requires Austin Health to report its performance against the following standards.

1

A whole of organisation approach to cultural responsiveness is demonstrated

- We achieved key actions from our Cultural Responsiveness Plan 2010-2013;
- The Cultural Diversity Committee and issue-specific working groups continue to meet.

2

Leadership for cultural responsiveness is demonstrated

- We reviewed patient information material, recommending staff present information in plain English and translated patient information into the top five languages;
- Key staff gave several conference presentations on Austin Health's Ngarra Jarra Aboriginal Health Program.

3

Accredited interpreters are provided to patients who require one

- 11,629 interpreter requests were met in 2011-2012;
- interpreters were offered for 62 languages;
- 95 per cent of requests for interpreters were met;
- 89 per cent of requests were for the top 10 languages, with all but Vietnamese were covered by in-house interpreters.

4

Inclusive practice in care planning, including but not limited to dietary, spiritual, family, attitudinal and other cultural practices

- The Home and Community Care program developed its first Cultural Diversity Plan, adding to those by: the Northern Centre Against Sexual Assault; the Pastoral Care Unit; the Palliative Care Unit; Respecting Patient Choices; Nutrition and Dietetics; the Hospital Admission Risk Program; Royal District Nursing Service; and the Child and Adolescent Mental Health Service.

5

Culturally and Linguistically Diverse (CALD) consumers, carers and providers are involved in planning, improvement and review of programs and services on an ongoing basis

- CALD consumers and community health organisations are among the members of the Community Advisory Committee, Aboriginal Health Advisory Committee and the Partnering with Consumers Committee;
- A Cultural Diversity Unit is represented on the Austin Health's Partnering with Consumers Committee, its Quality Coordinators Network and the Victorian Hospital Diversity Network.

6

Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

- In 2011-2012 Austin Health trained approximately 250 staff with 12 sessions on cultural diversity or working with interpreters;
- The Ngarra Jarra Aboriginal Health Program trained over 100 staff in *What is my role?* and delivered Aboriginal cultural awareness training to 165 staff.

Consumers play vital role in improving care

Austin Health works with its consumers to create better, more responsive services using the Department of Health's Consumer Participation Standards.

1

Organisational commitment to consumer participation = MET

Austin Health implemented key actions set out in our Consumer and Community Participation Policy and Plan, Disability Action Plan, Cultural Responsiveness Plan and Improving Care for Aboriginal and Torres Strait Islander Patients program.

2

Consumer involvement in decision making about their care = MET

Austin Health scored 76.8 per cent in the latest Victorian Patient Satisfaction Monitor (VPSM).

3

Provision of information to support consumer decisions = MET

Responding to the VPSM, 87 per cent of patients rated the 'take home' information as 'good' to 'excellent'.

4

Consumers participating in the planning and evaluation of services = MET

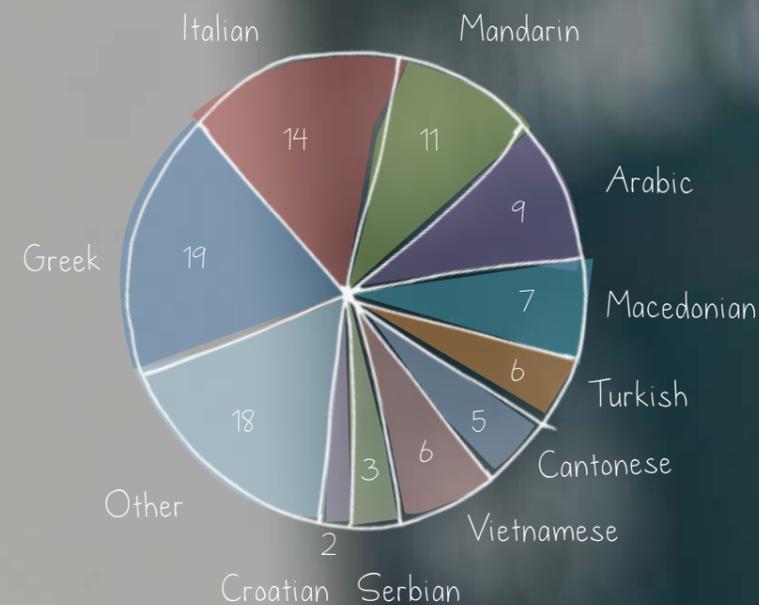
Consumers helped develop the Ambulatory and Continuing Care Services Plan, the Victorian Spinal Cord Services Plan and participated in a number of quality improvement activities, including the development of a patient self-registration process and a massage therapy program at the new Olivia Newton-John Cancer & Wellness Centre.

5

Building the capacity of consumers and community members to participate = MET

Our consumers are provided with support to assist them to participate, including a vigorous orientation and mentoring program, and opportunities to participate in and attend seminars, workshops and forums.

Diverse selection of language services provided (%)



Quality and Safety

Nurses go back to bed to provide safer care

A streamlined hand over process for nurses at the change of shifts has improved patient safety, increased staff satisfaction and led to greater compliance with patient care plans.

The new process of handing over responsibility for patients from one staff member to another at the patient's bedside has been successfully trialed in Ward 8 West, and is now being rolled out throughout the hospital.

Project team leader, Tiffany Whitelock, says there was widespread staff dissatisfaction with the old hand over process, which took 50 minutes and involved staff sitting in a room listening to details of all 32 patients on the ward, before finding out which four patients they would be caring for.

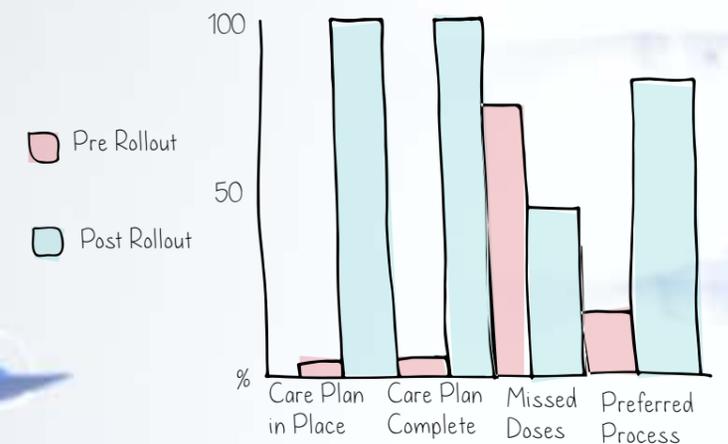
There was also a desire to improve the transfer of clinical information, safety and continuity of patient care, and to standardise the handover process to

ensure it met the Australian Commission on Safety and Quality in Health Care (ACSQHC) standards for clinical handover.

A project team undertook a gap analysis to discover how well the existing handover system was functioning and it found a number of issues including the lack of standardised process, which led to information being missed or not checked; that it took nurses away from the bedside; that there was no patient involvement; and, it took too long.

Ward 8 West Nurses Caroline Abbott and Sam McCall conducting handover at the bedside

8 West Handover Project



Nurses go back to bed to provide safer care continued...

The team worked to standardise the documentation and procedures of the handover dividing it into four separate parts, namely: a group handover by the nurse in charge (NIC); clinical nurse to clinical nurse handover at the bedside; NIC to NIC handover; and, clinical nurse to nurse in charge handover, again at the bedside.

'We developed what we wanted it to look like and did five or six quick trials of different ways of running a handover,' Ms Whitelock says.

Ms Whitelock says staff input was vital and encouraged over a seven-week feedback process. 'We did staff surveys, focus groups, we had notes under the door, emails, notes on the project board; we opened up every avenue of consultation possible. I really wanted to make sure everyone was able to have input into the change we were making.

'We were targeting things that were a major frustration and didn't stop until we had the majority of staff happy.

'The nurses come on, have a five minute group hand over, they get a handover sheet with written information on every patient on the ward, so they are aware of hot spots — if a patient has had a Medical Emergency Team call and staff may require help, if they are infectious

or on cytotoxic drugs — so they are still part of a team and know what's going on.'

'The clinical nurses go to the bedside and have a handover by the nurse caring for that patient using a standardised system. At the same time, the NIC to NIC handover is occurring because they do need to know about all 32 patients,' Ms Whitelock says. 'They talk about the bigger picture such as patient flow, staffing and other operational issues.'

At some point during the shift, the clinical nurse needs to handover to the nurse in charge and this is now also done at the bedside, which means the most senior person out onto the ward floor to physically sight patients.

Ms Whitelock says the new process has been a dramatic improvement. 'Handover used to take 50 minutes, which meant staff were missing out on education, tea breaks and the previous shift was either leaving late, or before the next shift could clarify any issues with their patient,' Ms Whitelock says.

Ward 8 West Nurse Unit Manager Greg Rumler says the change enables the NIC to show clinical leadership.

'It ensures they are familiar with all of their patients on the ward and it

provides an education role for younger staff with an informal environment where they feel free to ask questions.'

'It's increased quality and safety for patients and is an excellent education and teaching tool for more junior nurses,' Mr Rumler says.

The final version of the new handover process was implemented in Ward 8 West in December 2011. 'We have reduced medication errors, increased staff satisfaction, reduced falls and compliance with patient care plans has increased from six per cent to 100 per cent because it has been made an aspect of the handover,' Mr Rumler says.

'The patient knows right from the start of the shift who their nurse is and are involved in the handover, which provides them with an opportunity to clarify any aspect of their care.' Mr Rumler says.

The new process was rolled out to all wards across all three hospitals in August 2012.

Early warning ensures there will be blood

Austin Health has streamlined its response to patients who need a massive blood transfusion.

Transfusion clinical nurse consultant Slav Curcic says a new protocol was introduced to clinical areas at the start of the year that triggers a dedicated response when a patient has a severe haemorrhage.

The protocol, which has been recommended by the National Blood Authority, has improved communication between clinical areas and the hospital's laboratory. It includes appointing a liaison person for each event and the creation of a hotline to the Austin Blood Bank to enable clinical staff to give early warning of a potential, or actual, massive transfusion event.

Ms Curcic says the protocol enables the Austin Blood Bank to mobilise resources early to meet both the transfusion needs of the patient and ensure sufficient blood is available on site, as it can take up to two hours for the Austin Hospital to receive and prepare blood from the Australian Red Cross Blood Service.

Super clean hospital aims to wipe out superbugs

In an attempt to control 'superbugs', Austin Health has introduced a hospital wide bleach cleaning program.

Bleach-based cleaning products have been proven to eliminate resistant bacteria such as VRE (vancomycin resistant enterococci), which can lead to

some patients developing serious blood infections. Austin Health now cleans every area of the hospital with bleach. Areas at higher risk of VRE, such as transplant wards, are given an additional 'super clean' every quarter.

Infection Control practitioner, Rhea Martin says the results have been dramatic.

In 2009, before the bleach cleaning program commenced, 20 patients had a VRE blood stream infection. With the new cleaning regime, bloodstream infections fell to seven in 2010, seven in 2011 and four so far this year.

Austin pioneers electronic medical records

Austin Health has led the way in introducing information technology to Victorian hospitals with its implementation of an electronic medical record.

The ROME-O Project (Results, Orders and Medications Online), the first stage of which went online in June 2011, was the largest and most complex change management project ever undertaken by Austin Health. It impacted on all 5,000 clinical staff and involved significant technical upgrades and the installation of mobile electronic care devices.

Change Manager Libby Owen-Jones says it was, 'almost the equivalent of the industrial revolution in manufacturing'.

'We're bringing health into the IT world of the 21st Century. Whereas banking

and other industries have done a lot of work on making all their solutions electronic, health is still very much a paper-based industry.'

Ms Owen-Jones says improved patient safety was a key driver for the project. 'For example, doctors can now see the progress of any radiology and pathology orders as they move through the system. In the past, one doctor may have written a pathology order and sent it off, the next doctor comes along and doesn't know that's been done and may have ordered it again, or may have spent a lot of time in chasing up if it

had been done and where the results were. So things might be done twice or things might be missed, because it was hard to see where pathology or radiology orders were up to.'

'With electronic medications, there are a lot of real improvements in patient safety because the medication orders are more legible and everyone can see on the system when the medications were given to the patients.'

Nurse unit manager Ward 11 Dee Greenwood correctly identifies Mr Floyd before giving him his medication

Promoting clinical excellence

Clinical staff can monitor the outcome of Medical Emergency Team (MET) call outs with the introduction of an information system that gives staff access to real time data on MET and other code responses.

Quality, Safety and Risk Management Director Filomena Ciavarella says the new system enables managers and senior clinicians to take immediate action to rectify any issues as they occur. Previously, the data was only available in hard copy, which made it difficult to identify and act on any trends.

One issue highlighted by the data has been a delay in the handover of patient resuscitation plans when patients are transferred from the Austin Hospital to the Heidelberg Repatriation Hospital. 'Now patients have a plan done before they are transferred across, so if there is a MET call the clinicians know what interventions are required and desired,' Ms Ciavarella says.

Other clinical governance improvements during the year have included the addition of two consumer representatives on the Board Clinical Safety and Quality Committee, to bring a consumer perspective to all discussions; and, the implementation of a quality management system called RiskManQ, which monitors the progress and outcomes of quality improvement activities across the organisation.

Austin Health's annual patient safety culture survey paralleled the results of the previous year with staff identifying issues with clinical handovers and multidisciplinary communication. 'As a result, we are working on these two areas and have already commenced many improvement initiatives,' Ms Ciavarella says.

Austin Health also auspiced a Board Quality Networking Forum with other Victorian public health services to facilitate networking and benchmarking. The forum meets quarterly, with the first meeting held in October 2011.

Emergency Department nurse Laura Lewis reviewing a patient's status before transfer

IV infections sent packing

Austin Health has created a comprehensive intravenous (IV) line pack, a new protocol on the length of time an IV can remain in place and additional staff training to combat concerns about a potential infection risk to patients.

Project Manager Antonette Altavilla says the health service identified infections at the insertion site of an IV line were the leading cause of *Staphylococcus aureus bacteraemia* infections, which can result in serious harm to patients.

'We undertook an audit that found staff were wasting a lot of time looking for the appropriate equipment as it wasn't at their fingertips, increasing the likelihood of compromising the sterility of the insertion site and using the incorrect equipment. IV lines were also being left in for too long,' Ms Altavilla says.

'So we created a physical pack that includes all the right equipment to insert

a line, and stickers that document the date and time it was inserted; one is put on the patient and another one on their medical record, which also includes when it needs to be removed.

'We have now implemented a clear protocol that after 72 hours all peripheral lines need to be removed and reinserted if necessary,' Ms Altavilla says.

The key to the success of this initiative has been the one-on-one training on the new protocol and IV pack, which has been provided for all 900 staff who are qualified to insert an IV line.

The new pack was rolled out across the Austin Hospital in June and to the Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre in July, with regular audits scheduled to ensure compliance.

'We expect to see a significant reduction in the infection rates,' Ms Altavilla says.

Team approach sees dramatic drop in patients' fall risk

The number of patient falls in a ward specialising in assisting those with cognitive and mobility problems has dropped by 15 per cent over a year, thanks to an innovative team approach to falls prevention.

Ward 6 East Nurse Unit Manager Karyn Owen says staff were concerned about the number and impact of patient falls. 'You really don't want to see a patient fall and potentially suffer a bleed in the brain or a broken hip. We want to prevent injuries to our patients at all costs.'

A multidisciplinary team identified a number of ideas to tackle the problem. Initiatives acted upon include the creation of a four-bed 'falls room', which is equipped with 'low low' beds and is close to the nurses' station.

'When a patient has been identified as being a falls risk, or has had a fall, we move them to the falls room,' Ms Owen says. 'We installed bed and chair alarms for at-risk patients, which alert staff when they are attempting to get up.'

Ward 6 East has doubled its number of Health Assistants to two, enabling one to be dedicated to the falls room and ensuring patients are monitored over the high risk periods of 7am, 1pm and 7pm. 'That's when patients need help with toileting, eating and tasks of daily living,' Ms Owens says.

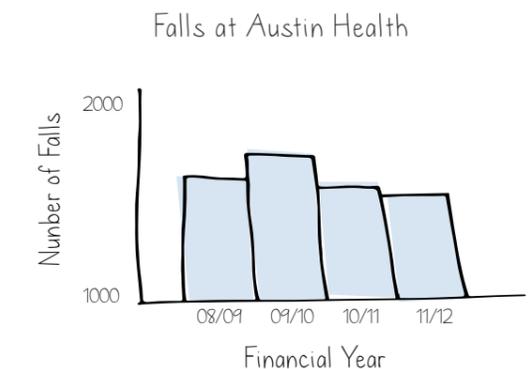
As nursing staff often complete paperwork at 1pm, the ward had a purpose-built desk installed at the front of the patients' room so they could fill out their paperwork while continuing to monitor their patients.

The checklist for identifying at-risk patients was simplified and tailored to the ward's patient mix and a yellow magnet is now placed on The Patients at a Glance Board, which has the details of all inpatients, to alert staff to those at risk of a fall.

Most of the initiatives were bedded down in October 2011, a month when 11 patient falls had been recorded. By June, 2012, falls had been reduced to four.

'To see it working is really powerful. Falls have significantly reduced and the awareness is really high now,' Ms Owen says.

The ward's efforts to reduce falls are continuing. To that end, Ms Owen is mapping where falls occur in the ward to identify trends and continue to trial new ways to reduce falls. The falls data is now a regular item on the monthly ward meeting with neurologists, registrars, consultants, allied health and nursing staff, adding to the heightened awareness by staff.





New ward improves patient flow and experience

Emergency patients are benefiting from a streamlined process that aims to move those with a general medical condition into a ward bed faster, through the creation of an eight bed Acute Assessment Unit (AAU).

Nurse unit manager Georgina Knuckey says the AAU was opened in February this year and, whilst it is too early to show up in the data, the expectation is that patients are benefiting from improved outcomes with a shorter

length of stay in the Emergency Department (ED) as a result of the faster transfer to a ward bed.

‘Patients who go to General Medicine are pretty fragile. They do better when they are treated by their admitting team as soon as possible,’ Ms Knuckey says. ‘With the AAU, they are seeing their treatment teams earlier and starting treatment quicker.’

Patients who arrive at the ED are still triaged and assessed by a senior doctor

who may order investigations including x-rays and blood tests, Ms Knuckey says. However, general medical patients who are in a stable condition are then streamlined into the AAU for ongoing management rather than waiting in ED for their results.

‘It has halved the time it takes for a patient to receive treatment,’ Ms Knuckey says. A patient survey has been uniformly positive with comments including, ‘First class attendance with everything’, and, ‘A lot quicker service in the AAU’.

The AAU beds are open from 7am to 9.30pm, Monday to Friday, with a designated medical registrar in the ward, which means patients can be seen by a senior doctor when they arrive, rather than waiting until the registrars have finished their ward rounds. Patients are cared for in the AAU before being transferred to other wards or discharged, with the AAU having some flexibility to keep beds open overnight, if needed.

Emergency director Dr Fergus Kerr says, ‘From an ED perspective it’s been a great

success because at 7am every morning we have beds immediately available for new medical patients and for those who have been admitted overnight, but delayed in ED.’

‘Now we can smooth the process for the patient...maintain a faster flow to the wards.’

‘The ED doctors and nurses value it greatly and it’s also improved communication and relations between ED and ward staff.’

Patient arrivals at Austin Health’s ED have increased from about 66,000 in 2009-10 to more than 68,000 in 2010-11. One of the aims of the AAU model was to improve the percentage of ED patients admitted to a bed within four hours, as that percentage had dropped from 54 per cent in 2009-10 to 50 per cent in 2010-11.

The impact of the AAU on the four-hour KPI and other key performance indicators will be evaluated at the end of its 12 month trial in February 2013.

Patients benefit

as emergency streamlines care to improve access

Patients attending Austin Health's Emergency Department (ED) are benefiting from innovations that are enabling them to receive specialist care more rapidly.

Medical and Emergency Services, Director Cameron Goodyear says the hospital has introduced several major changes in response to the Department of Health's new performance measure of having 70 per cent of patients admitted or sent home within four hours of attending the ED, as of January 2012. That percentage is to rise to 90 per cent by 2015.

Previously, the requirement had been for 80 per cent of patients to be admitted within eight hours, with Austin Hospital historically tracking at an average of 63 per cent during 2010-11. However, major improvements in bed access, mainly due to system and process redesign, have enabled Austin Health to comply with the 80 per cent target during three months of the last year, with an average of 72 per cent for the full financial year.

Whilst Austin Hospital is at 50 per cent of ED patients being admitted or sent home within four hours, Mr Goodyear says the new target is challenging and is fostering innovations to the health service's model of care.

Those innovations include the Fast Track Stroke protocol, which sees stroke patients rapidly identified and taken to a specialist ward for expert care; the Acute Assessment Unit, which proactively takes general medical patients from ED (see separate story on page 34); and the Cardiac Cath Lab, which aims to bypass ED to take patients having a heart attack directly from the ambulance trolley to the Cath Lab for treatment.

'It's a cultural shift in that you don't need to be fully worked up in the ED. If requiring admission to hospital you will be assessed and have initial tests ordered in the ED but we aim to get you to a ward for specialist treatment as quickly as possible,' Mr Goodyear says.

So whilst there will always be 'peaks and troughs' in hourly emergency demand, the ED's performance has improved

overall during the year, with easier access to beds leading to enhanced quality of care for patients.

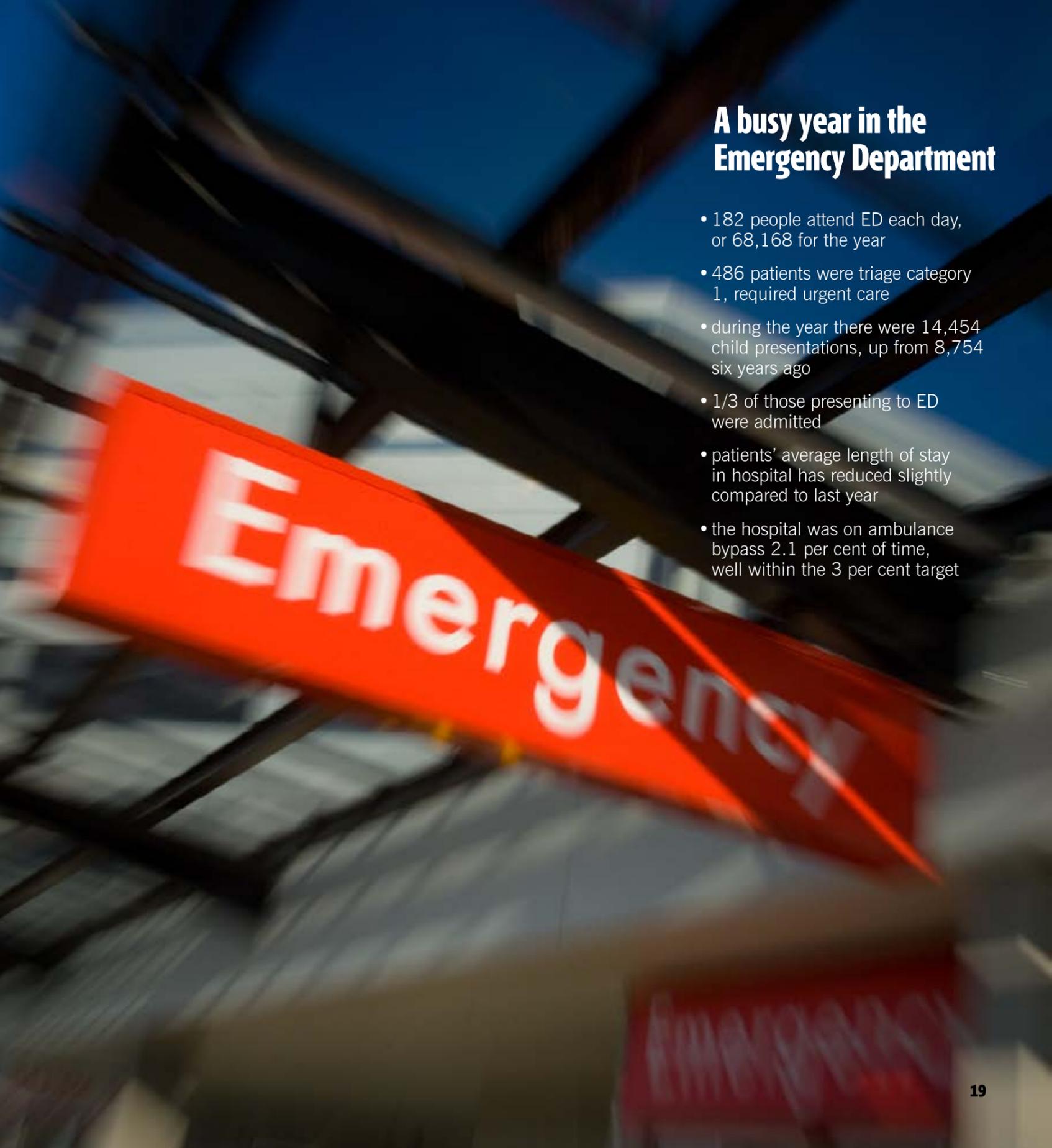
For people presenting to ED who do not need to be admitted, their ability to be treated more quickly has been enhanced by the Afterhours clinic, which is co-located with the ED; the Fast Track area that streamlines their care; and a primary care physiotherapy service, 'so a patient who has sprained an ankle playing footy on the weekend can come and see a physio rather than wait to see a doctor.'

Part of the challenge is to be smarter in the way the health service utilises its workforce, Mr Goodyear says, with greater use of nurse practitioners for procedures such as suturing and assisting with management of fractured limbs.

Despite the daily challenges in ED, staff have a positive outlook and always seek opportunities to improve, he says. 'Clinicians always want to see their patients move more efficiently through the system to receive the care they need.'

A busy year in the Emergency Department

- 182 people attend ED each day, or 68,168 for the year
- 486 patients were triage category 1, required urgent care
- during the year there were 14,454 child presentations, up from 8,754 six years ago
- 1/3 of those presenting to ED were admitted
- patients' average length of stay in hospital has reduced slightly compared to last year
- the hospital was on ambulance bypass 2.1 per cent of time, well within the 3 per cent target



Emergency



Darley House resident Mrs Joan Waugh and staff with the Spirit of ANZAC award

ANZAC spirit shows in Darley's delivery of exceptional care

In what has been a huge year for Darley House, the aged care facility has bettered the state average for a range of key performance figures, undergone a major restructure and taken out the Spirit of ANZAC Award for teamwork.

Nurse unit manager Genevieve Jepsen says Darley House's results have been its most improved for four years, exceeding its performance targets on every measure, including its rate of pressure ulcers, falls, resident restraints, weight loss and polypharmacy.

Darley House has averaged only six falls a month over the financial year, down from 18 in 2008. 'Overall falls have been trending down for five years, we had another reduction again when nurse rounding began at the end of 2010; it's a credit to all staff,' Ms Jepsen says.

'The falls rate is everyone's responsibility and staff accept this as their responsibility to instigate preventative actions as soon as someone comes in.'

The rate of pressure injuries continues to track below the state average. 'We worked very hard on educating staff on wound management and prevention strategies and the care of wounds. We don't have one champion, we have lots of people,' Ms Jepsen says.

'With restraints, we just don't do it,' Ms Jepsen says. With staff instead opting for falls minimisation strategies, such as low low beds.

'We try to reduce the number of medications a resident is on. If they are on more than five medications a day it is called polypharmacy and it affects

residents, increasing their likelihood of falls and delirium.'

Ms Jepsen says the Darley House's Division 1 nurses regularly talk to GPs about reviewing and reducing patients' medications, and a hospital pharmacist regularly visits the home to provide a written report on medications that the nurse can use to inform that discussion.

Darley House also underwent a major restructure during the year, to provide one overarching manager for its two units, instead of separate nurse unit managers, in a move that will improve continuity of care and provide a greater resident focus, Ms Jepsen says.

Previously, staff working across both units had to change the way they went about their work, depending on which area they were in, with differences including the documentation required.

'It was like you were working for two different facilities. This will benefit everyone from residents to staff.'

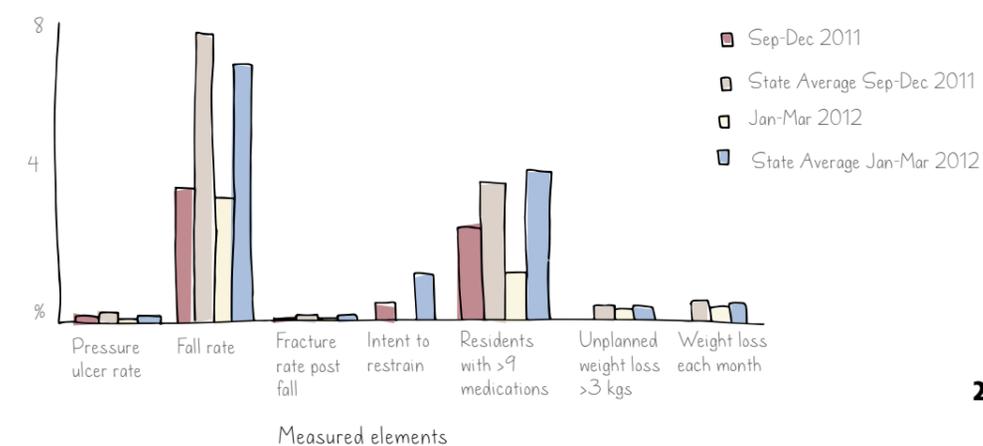
Darley House's team of 75 nurses, administration, housekeeping and lifestyle staff also took out the health service's 2012 Spirit of Anzac Award, after being nominated by the family of a resident who passed away during the year.

The award, which recognises a group of staff at Austin Health who have worked together to achieve a successful result, is not only recognition of the team's work but also a symbolic link to the veteran residents they have cared for.

Ms Jepsen says the team was honoured by the award. 'It is fabulous for us to be acknowledged for working well as a team and to know we are respected and that the families and hospital see what we are achieving.'

'Working in aged care is not easy but our team members are driven by the belief that it is a privilege to care for older aged people. All our staff have this ethos - and it shows.'

Darley House shows higher quality of living compared to state averages





Transplant record for renal team

A record number of renal transplants in one year at Austin Health has enabled 47 people to enjoy a better quality of life.

Continuity
of Care

Some of Austin Health's renal transplant team



Debbie Gregory - Renal and islet cell recipient transplant coordinator

Transplant Record for Renal Team continued...

Renal and islet cell recipient transplant coordinator Debbie Gregory says for many years the Austin averaged 20 to 25 kidney transplants annually. That number has been rising due to a number of factors, such as the increasing donor rates since the establishment of the National Transplant Authority, the education program implemented by Donate Life and the establishment of the Victorian Kidney Transplant Collaborative between St Vincent's Health, Barwon Health (Geelong Hospital), Eastern Health, Bendigo Health and Austin Health.

Under the collaborative, Austin Health performs living donor transplants for renal patients who have been prepared for surgery by their parent hospital. After the surgery, the patients are returned to their hospital for long-term care. All deceased donor transplants from the collaborative, except for St Vincent's and Geelong Hospital, are performed at Austin Health.

Ms Gregory says in addition to the collaboration, the rise in transplants has been aided by an increased willingness by people to donate their organs. Live kidney donation remains an important

opportunity for patients to be electively transplanted and the Austin Hospital now undertakes transplants from live donors who are blood group in-compatible and is also involved in the National Paired Kidney exchange program.

Most patients who need a renal transplant have had their kidneys irreparably damaged as a complication of diabetes. All patients who receive a transplant from a deceased donor will have needed dialysis at least three times a week prior to receiving their new kidney but if a live donor is available, the hospital tries to perform the transplant before the patient needs dialysis.

Ms Gregory says not every renal patient is medically suitable for a transplant and it is not the 'magic fix' some people think. 'You do have to take tablets all the time, make sure you maintain your general health, and whilst patients are educated that there are significant benefits to transplantation, there are also unavoidable risks.'

However, usually the improvement in a patient's quality of life is great, she says. They have more energy, are less restricted by what they eat and drink,

their sex life and fertility is better and, because they don't need to have dialysis several times a week, they can travel.

'One patient, who recently received a kidney from a friend, had been adapting his life around his illness. He said he didn't know how sick he was until after he had his kidney transplant, he then realised that he no longer needed an afternoon nap and his work decisions were more clear and concise,' Ms Gregory says.

Additionally, there are other benefits for patients. 'There are people who have never travelled overseas before who have been able to travel, others that have gone back into working full time or gone to uni; one mum was able to be there for her daughter when she was starting school.'

Another patient was able to enjoy his old hobby of fishing. After his transplant he was able to go on a fishing trip with his mates, enjoying his first 'boys weekend away' in years.

Ms Gregory urges people to discuss their organ donation wishes with their family and to register at www.donatelife.gov.au



Continuing Care helps people to stay at home safely

Health Independence Program (HIP) staff have been working on an initiative over the past 18 months to improve continuity of care so that patients won't notice when they are transferred between care programs and referrers will find it easier to navigate the network of community services.

Austin Health has 17 programs that come under the HIP umbrella that specialise in areas including rehabilitation services, specialist clinics and chronic disease management, but all share the philosophy of aiming to provide services that enable patients to be discharged home, or remain at home safely.

Jenny Palmer, coordinator of the Continuing Care Service, says in the past, patients were referred to a specific service, such as Post Acute Care, and could then have been 'discharged' from that service and 'admitted' to another multiple times, potentially causing the patient disruption due to another assessment and a change of therapists.

Now, HIP coordinators are able to triage referrals to 11 of the 17 programs, and

transfer patients seamlessly between them, with the aim of eventually being able to include all 17. From March to June 2012, Continuing Care averaged 348 referrals or enquiries with the numbers growing as awareness of the service grows and as it includes more HIP services.

'The patient doesn't need to know about all the paperwork being done behind the scenes,' Ms Palmer says. 'All they want to know is that their physiotherapist showed up, not what program is funding them.'

Patient Inge Schuette, 79, has been one of the beneficiaries of the new system. Ms Schuette was an inpatient at the Austin Hospital for 10 days after breaking a hip and was assessed on the ward as needing post acute care when she was discharged home.

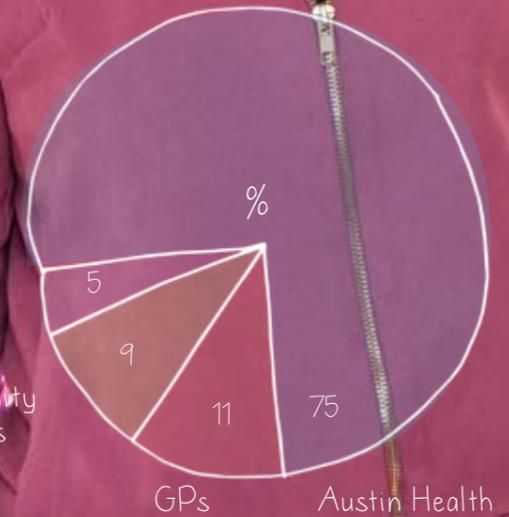
Mrs Schuette says she was keen to go home. 'I lost a lot of weight in hospital, I couldn't eat and I thought when I get home I can eat what I want, when I want.'

However, for the first couple of weeks she was too weak to cook and she was reliant on the home care and personal

care services provided by HIP. 'They are very good. I wouldn't have coped and I couldn't have stayed home. I was home for two days and my husband took ill and he was in hospital so I was by myself.'

Six weeks on, Mrs Schuette has been transferred from the post acute service to another HIP service as her needs changed, but says she was unaware of this; a home visit from a care coordinator took place to assess her increased needs and her physiotherapist and home care arrangements remained unchanged. 'I have no complaints, they were very good.'

As a frequent referrer of patients to HIP services, senior Austin Health physiotherapist Paul Smith is also a fan of the new system, which he says is efficient and results in better outcomes for patients with a more holistic approach to their needs. 'When our staff ring to make a referral to a HIP program they are able to deliver the care and perhaps suggest modifications or improvements to the discharge plan. They are really responsive... we consider them to be an extended part of our ward team.'



Referrals for Health Independence Program Services (2011-2012)

Julie O'Connor care coordinator, is greeted by a client who has been referred to Continuing Care

People with an acquired brain injury (ABI) often face angry rejection from those around them when they act awkwardly or impulsively as a result of their injury, but an innovative program at Austin Health is helping clients to understand their behaviour and regain control of their lives.

Mental Health clinical director Mal Hopwood says the ABI Behaviour Consultancy program brings together disability and mental health services to assist clients who have experienced a brain injury such as stroke or trauma, who are not eligible for compensation through schemes like WorkCover or the TAC.

Associate Professor Hopwood says clients with an ABI are extremely disadvantaged. 'There are about 60,000 of them in Victoria on any given day who require significant support. They commonly also have mental health problems like depression, psychosis, or behavioural problems like physical assault, sexual inappropriateness and poor financial judgement.'

The state-wide service provides direct behaviour intervention, advice and support to community services and education for the client and those around them. Its results are impressive, with the frequency of a range of behaviours including aggression, impulsiveness and

lack of motivation dropping by between nine and 19 per cent. Importantly carer distress levels have also improved by between 14 and 40 per cent, with the ABI team involving the client's support people in their assessment and education program.

'It might mean you're still living in a group home but you can actually enjoy your life and interact with the other people who are in it. Or it might mean you can go back to live with mum and dad. For some, your relationship might survive. It could even be getting a job,' Professor Hopwood says.



**Brain injury clients
regain control of their lives**

Acquired Brain Injury program staff members

Nurse's familiar face reduces patients' anxiety

Austin Health has created Victoria's first nurse practitioner (NP) in neurosurgery role to tackle increasing demand from patients, with its Neurosurgery Department treating more than 700 inpatients a year and the outpatients clinic having more than 2,900 appointments.

Dr Andrew Scanlon, who has a Masters and a Doctorate in Nursing Practice, as well as 16 years' experience within the area of neuroscience, was appointed to the new role in December 2011.

'Given trends of increased acuity and activity, waiting lists have grown over

the years and there has been a need to expedite outpatient review and inpatient discharge. The NP role is a new and innovative way to address these challenges using an advanced practice nursing model,' Dr Scanlon says.

As part of his role, Dr Scanlon can perform advanced physical assessments, order and interpret diagnostic tests, initiate referrals to other healthcare providers and prescribe medications and other therapies. 'As an NP, I work as a key member of the healthcare team and collaborate and support all members of the extended team to achieve optimal patient outcomes,' he says.

Dr Scanlon is often the first person neurosurgery patients see when they attend the Austin Hospital. He treats patients suffering from a range of neurological problems, from peripheral nerve entrapment to conditions as complex as Central Nervous System tumours. However, it is the consistency of his care that patients value the most.

'Our residents (junior doctors) rotate every eight to 10 weeks, and our registrars are often in theatre, so it's good for the patients to see a familiar face. It can help them get over any anxiety they may feel about surgery.'

Research by award-winning investigator could save lives

Research by a young Austin Health doctor has developed a way to identify patients at high risk of death due to heart disease, potentially enabling them to have preventative surgery.

Austin Hospital cardiologist and research fellow Dr Leighton Kearney won the 2012 International Young Investigator Award from the Asia Pacific Society of Cardiology for his work in identifying a new risk marker for 'aortic stenosis', or narrowing of the aortic valve in the heart.

Aortic stenosis affects up to 10 per cent of patients over 75 years of age but by the time it has advanced enough for people to experience symptoms such as chest pain, fainting or shortness of breath, the mortality rate is 25 per cent per year.

Dr Kearney's research could potentially lead to changes in the current practice of only considering a valve replacement operation for patients who have developed symptoms. 'My work has looked at a new marker that helps detect abnormal heart muscle function before

the symptoms occur so you can operate before someone has a potentially life threatening event,' he says.

'The average mortality for aortic valve replacement in Victorian public hospitals is now only 1.5 per cent, so we need to change our threshold for who might benefit from the operation.'

Dr Kearney says he is excited to win the Young Investigator Award for his work. 'This research has the potential to improve patient management so it is quite rewarding to get the recognition and also the publications arising from it.'



Testing times for mentally ill patients

People with a mental illness are five times more likely to have diabetes as the rest of the community, which makes Austin Health's partnership between mental health and diabetes services both innovative and vital.

Clinical nurse consultant Elizabeth Cornish says there are many reasons behind the increased prevalence of diabetes in patients with a serious mental illness.

'In addition to the symptoms of mental illness, the medications often cause significant weight gain, tiredness and reduce motivation, which make it difficult for people to get good amounts of exercise and eat well. These things all contribute to insulin resistance and rising blood sugar levels,' Ms Cornish says.

People with a serious mental illness are often too unwell to make treatment and management of their diabetes a priority and some do not have a GP. 'They have two chronic diseases – diabetes and a serious mental illness, so it's a client group who can easily fall through gaps.'

To prevent that happening, Ms Cornish acts as a bridge for clients between the North East Area Mental Health Service (NEAMHS) and the Diabetes Consultation and Assessment Service (DCAS). Working out of the mental health outpatient clinic, Ms Cornish screens clients for their diabetes

status, and offers them education and support, often liaising directly with their psychiatrist and case worker.

Over the past 12 months, all 267 clients of NEAMHS Continuing Care Service (CCS) have been referred for metabolic screening with Case Managers following up clients to ensure they fast for the test and that it is done. The prevalence of diabetes in Australia is nearly five per cent, but eight per cent of CCS clients have type 2 diabetes; sixteen per cent have pre-diabetes or require further blood testing to confirm diabetes; and nine per cent have normal blood sugar but elevated cholesterol, which is a cardiovascular risk factor requiring attention.

'Diabetes is considered to be a progressive disease because blood sugar levels will gradually rise but we aim to keep it well controlled by implementing lifestyle changes such as exercise, better diet and weight loss,' Ms Cornish says. 'If that's not enough, we can initiate a range of medications.'

The goal is to encourage the client to go to DCAS for a comprehensive assessment and ongoing care management with an endocrinologist, podiatrist and dietician.

Ms Cornish says another key function of her role is to increase awareness of the issue of diabetes amongst mental health staff, so they put more focus on assisting their clients to reach and maintain their optimum physical, as well as mental health.

Reducing your risk

Poorly managed diabetes can lead to serious complications including heart disease, blindness, erectile dysfunction, kidney disease and amputation. This means maintaining a healthy lifestyle is vital for people with diabetes, or at risk of developing it.

To reduce your risk of developing diabetes or complications:

- maintain a healthy weight
- exercise regularly
- eat a healthy diet
- manage your blood pressure
- manage your cholesterol levels
- do not smoke

Clinical nurse consultant Elizabeth Cornish exercising in the gym



New car park to ease congestion

Patients and visitors will find locating a car park much easier when a \$16.5 million redevelopment of the existing staff car park in Martin Street is completed next year, creating an additional 750 spaces.

Larissa Freeman, Austin Health support services manager says the four-level Austin Tower car park is often full. 'Unfortunately this can lead to patients

being late for their appointments because they have been unable to find a park at the hospital or surrounds.

Additionally, we predict there will be an increase in demand for car spaces from the opening of the Olivia Newton-John Cancer & Wellness Centre. Although it is a staged opening, there will definitely be more outpatients and visitors to the site.'

'Currently the Martin Street car park has 525 spaces and we are adding another

750 by putting another five levels on top. The Austin Tower car park will then be freed up to improve access for our patients and visitors. It should make a significant difference.'

The cost of parking at the Austin Tower will be unaffected by the increased capacity. 'The car parking fees are reviewed each year and increase in line with the Consumer Price Index.'

Distribution

Austin Health distributed more than 5000 copies of the 2011 Quality of Care Report to patients, staff, key stakeholders and community members. This year the report will be made available in waiting areas and staff tea-rooms across the three Austin Health sites and will be delivered to all wards, clinics, satellite services and cafeterias in the hospital. Copies will also be mailed to our community partners, including GP practices, community health centres, local governments, libraries, aged care facilities and state and federal members of parliament.

You can get a copy of the report by:

- accessing the Austin Health website at www.austin.org.au
- accessing the Austin hub intranet (for Austin Health staff)
- calling the Quality, Safety and Risk Management Unit on 9496 5821.

What do you think?

We rely on feedback from our readers to ensure the Quality of Care Report is engaging and relevant to their needs.

We encourage you to provide your comments on the report by one of the following ways:

- leave a message on the feedback phone line by calling **9496 3136**;
- contact the consumer participation support officer on **9496 5186**;
- email feedback@austin.org.au;

We received feedback on last year's report via the internet and through the consumer representatives on Austin Health's Community Advisory Committee. Most comments were positive; people liked that it was easy to read and divided into logical sections with good use of colour. Some feedback suggested that the report could be strengthened by incorporating more patient stories and using less graphs.

This feedback, combined with comments from staff, the Department of Health and the consumer representatives on the working party, has shaped this year's Quality of Care Report.

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