



Austin Health

Quality of Care Report 2008

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Annual publication of the

Austin Hospital
Heidelberg Repatriation Hospital
Royal Talbot Rehabilitation Centre

www.austin.org.au

'SUPERB' PERFORMANCE RATING FOR AUSTIN HEALTH

Healthcare standards at Austin Health received a 'superb' rating during the year.

The Australian Council on Healthcare Standards (ACHS) said Austin Health had "demonstrated a superb performance against the standards and was to be congratulated for its achievements."

Nine external interstate surveyors from the council spent five days at Austin Health's three sites studying everything from the care delivered to patients by doctors and nurses to food, staff and linen safety, occupational health and safety and complying with regulations.

Austin Health quality and planning manager Jane Evans said all public hospitals had to be accredited to receive Victorian Department of Human Services funding. Major accreditation surveys by the council were completed every four years and minor surveys every two. This year's was a major survey.

The focus of the accreditation program is on continuous improvement, rather than just 'ticking boxes' and remaining at the same level of service.

"The surveyors talk to staff individually and have pre-planned and unannounced meetings with them," she said. "We spend six months preparing and use

it as an opportunity to remind staff of what they should be doing at all times. Staff like it because they can show off what they've done."

Ms Evans said results were very positive. The service met all requirements of 45 criteria covering safety, cleanliness, infrastructure and risk management, gaining 22 four out of five scores, 21 three out of five and one two out of five.

Austin Health had addressed recommendations of previous surveys and received 16 more suggested improvements to work on.

"There was nothing found to compromise patient care or staff safety," Ms Evans said.

The accreditation stands for the next four years although it can be reviewed if periodic surveys fail ACHS standards.

"We observed a strong commitment to performance improvement. Benchmarking had been effectively used to identify opportunities for improvement and those opportunities had been addressed with vigour," surveyors said.

A position statement was published on the council's website, meeting a requirement to make results public.



Surveyors commented that "quality patient care is a clear focus of Austin Health".

CEO's welcome

DURING the last financial year Austin Health staff treated over 85,000 inpatients and 150,000 outpatients.

We know that navigating the hospital system can be daunting for every single one of these patients. That's why this year's *Quality of Care Report* focuses on trying to explain and simplify the work we do in a major teaching hospital. In this report you'll read about some of our key achievements for the last year but you'll also learn that there are still areas we've identified for improvement. It is important for us that you see the whole picture in an effort for you to understand the challenges our staff face daily in ensuring that you receive the world-class treatment that we are renowned for, in the quickest possible time.

We appreciate the feedback we've had on this report in the past from the community; many of the stories you'll see in this report are from areas you've asked us to tell you more about. Last year's community feedback was positive, with one reader noting, "Overall, I'd say it makes we locals proud of our local hospital". We can't ask for better feedback than that!



Pleasingly, regular community information meetings over the year attracted many residents to discuss proposed new capital works projects, particularly at the Heidelberg Repatriation Hospital site. In addition, the Community Advisory Committee worked to identify and introduce improvements for patients, their families and visitors.

I would like to thank the CAC, former patients, their families, carers and staff for sharing their thoughts and ideas for ways in which Austin Health can continue to provide its communities with a high standard of patient-centred care.

Dr Brendan Murphy
Chief Executive Officer

Austin's community participation applauded

Austin Health was congratulated for its culture of participation and community and consumer engagement over the last year.

A DEPARTMENT of Human Services led state-wide evaluation of community advisory committees reported that there was a "clearly identifiable culture of participation and community and consumer engagement across Austin Health."

Consumers are involved in several Austin Health committees and working groups across different areas of the health service. For example, consumer representatives sit on the Well Wisher Committee and help with the newsletter and publications for the Olivia Newton-John Cancer and Wellness Centre Appeal.

"Austin Health endeavours to embed genuine consumer and community participation in the delivery of its health care services," said Consumer Participation Support Officer Ms Kim Hider.

"It does this in order to respect consumer's rights to participate in decision-making processes, to improve the safety and quality of health services, improve health outcomes and provide equitable care and access to services that are responsive to the needs of its community."

Austin Health's Community Advisory Committee is a sub-committee of the Board of

Directors, and performs a vital role bringing the community voice into the operation of the health service.

There are currently seven members of the committee including several former patients and carers, but more are needed. Several have links with other community organisations or groups.

"The committee gives a consumer voice to the Austin Health Board of Directors and advises the Board of strategies to enhance community participation," Ms Hider said.

Recent improvements suggested by the Committee include better signage, new

painting of walls, re-covering of chairs, and localising patient calling systems in the Outpatients Department's public waiting areas.

The committee also developed discussion papers on the Outpatients and Emergency Departments, which raised consumer and carer recommendations for improvements.

Community members on the committee are Mr Chris Chaplin, Ms Elise Crowe, Ms Bridgid Keele, Mr Carlos Manabat, Ms Helen Reid, Mr Blair Sanderson and Ms Pauline Venn. Mr Reg Blow resigned in April.

Why produce a report to the community?

EVERY year, each of Victoria's public health services produces a *Quality of Care Report*. It is a requirement for funding, as set out in the funding agreement between the State Government and each health service.

It's intended to inform the general public about the state of our hospitals – the improvements that have been

made to the quality of health care we provide and the problems we encounter along the way.

This report describes some of the issues identified during 2007-08 that we considered needed improvement: The extent of problems; the strategies we used to respond to them; and in some cases, the outcomes of those interventions.

This report also takes into account the stories you've asked us to tell you about via your feedback. The articles are developed in conjunction with representatives from our Consumer Advisory Committee to ensure we are reporting the news our local community want to hear about.

The report also provides data that indicates the

relative effectiveness of our health service.

Finally, this report's relatively inexpensive newspaper format allows us to distribute it widely across our service area. For the past five years, 170,000 copies have been distributed to local letterboxes and we enjoy strong support for this approach.

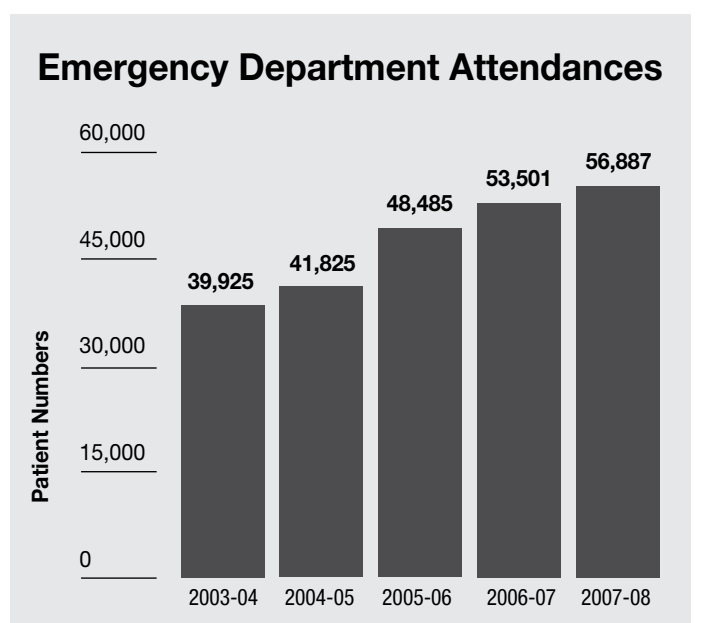
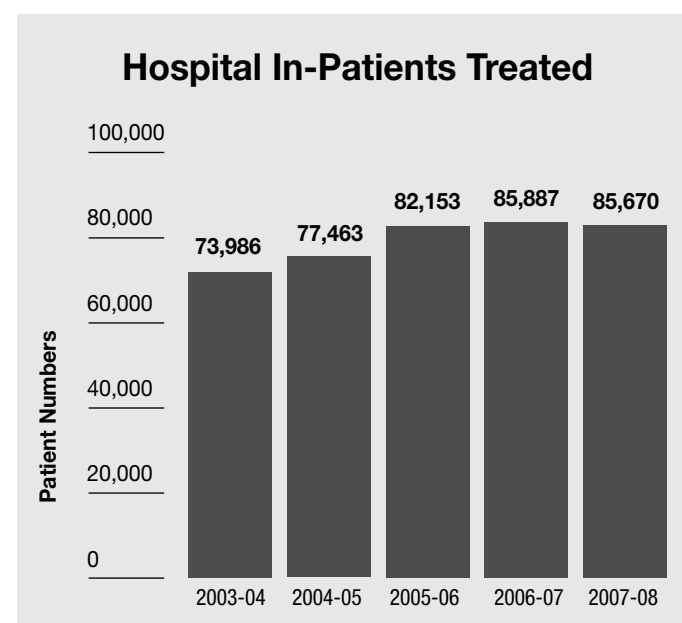
Who we are & what we do

AUSTIN Health is the major provider of tertiary health services, health professional education and medical research in the north east region of metropolitan Melbourne.

With a staff of over 7,500 it also the north east's largest employer.

Austin Health staff treated a record 85,670 inpatients and 151,968 outpatients in 2007-08.

Austin Health consists of three facilities spread over individual sites: Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre. Affiliated with eight universities and training more than 100 clinical students every year, Austin Health is an internationally recognised leader in clinical teaching and training.



PROMISING MELANOMA TREATMENTS DEVELOPED

New melanoma treatments, including a vaccine, are being developed and tested at the Austin Hospital's branch of the international Ludwig Institute for Cancer Research.

THE THERAPIES are being trialled in patients with advanced malignant melanoma. The Austin Health-Ludwig Institute collaboration has been working on improving outcomes for these patients as existing treatments for this group are generally ineffective. Melanoma sufferers have an average survival time of only seven months.

"As melanoma is the fourth most common cancer in Victorian men and the third in Victorian women, there is clearly an unmet need to develop new treatments," said medical oncologist, Professor Jonathan Cebon.

Professor Cebon is director of the Austin Health / Ludwig Institute Oncology Unit and head of the Australasian arm of the Ludwig Institute's international Cancer Vaccine Program.

The work is a good example of research being translated into practice as Austin Health integrates research performed at the world renowned Ludwig Institute into patient treatments.

"Our ongoing clinical trials have seen improved outcomes such as prolonged survival for some melanoma patients," Professor Cebon said.

"We are trialling several new therapies aimed at boosting the immune system against melanoma. We are also working with drug companies to assess new drugs which have shown promise against melanoma."

The drugs act by stimulating the immune

system against melanoma, or by inhibiting chemical pathways inside the cancer which drive the cancer towards malignancy.

The clinical trial of the vaccine developed by the Austin-Ludwig unit involved 100 patients around Australia and the UK and is in its final stages.

While results of this trial are not due until later this year, earlier work showed "strong indications of clinical benefit," and current trials are designed to confirm these early impressions.

Professor Cebon said one measure of its success was that pharmaceutical company GlaxoSmithKline had licensed the technology for commercial development. This would hopefully help the development of the vaccine to a marketable stage.

The unit has also established a bank of melanoma tissue and blood samples and a database. The bank is regarded as one of the world's best and enables researchers to analyse tumours and examine interactions between tumours and the patient immune response. The database records patient outcomes.

"With the bank and database linked we get useful information about the biology of the cancer and can relate it to clinical outcomes," Professor Cebon said.

"Research undertaken on tumours in the bank also helps explain why a treatment was a success or failure," he said.

There are about 9,000 new cases of melanoma diagnosed every year in Australia and about 1,000 deaths.



Professor Jonathan Cebon, conducts groundbreaking research in melanoma immunotherapies.

CELEBRATING 20 YEARS OF LIFE-GIVING TRANSPLANTS

The Victorian Liver Transplant Unit at Austin Health is celebrating 20 years and almost 600 transplants.

THE UNIT averages 50 transplants a year, treating Victorians, Tasmanians and some patients from southern NSW. One in five transplants are paediatric (treating those patients under the age of 18) and these surgeries take place at the Royal Children's Hospital by the Austin transplant team. By September 2008, 584 transplants had been performed including 117 paediatric transplants.

The first liver transplant in Victoria was performed at the Austin Hospital in 1988. The unit was established by Professor Emeritus of Surgery Ken Hardy, and is still led by founding members, Director and transplant surgeon, Professor Bob Jones, and Medical Director and hepatologist, Professor Peter Angus.

Professor Angus said 600 patients, families, former and present staff attended a 20th anniversary ball at Telstra Dome earlier in the year to celebrate 20 years of the service.

"It was very rewarding to see so many of our patients looking well and enjoying life; it made you remember what a wonderful gift a liver transplant is," he said.

Professor Jones added: "It's a highlight seeing patients who would not have survived without transplantation leading a normal life, travelling and doing all the things they've dreamed of. Liver transplant



Transplant surgeons, Mr Michael Fink and Professor Bob Jones perform a twelve hour liver transplant.

requires an extraordinary multidisciplinary team which is responsible for the fantastic results we achieve."

Survival rates top 90 per cent at one year and 85 per cent at five years and are equivalent to the world's best.

However not all patients requiring a transplant will receive one due to a lack of donor organs with the average wait for a transplant being six months and sadly 10-15 per cent of patients will die while

waiting for a suitable donor organ to become available.

"Liver cancer and cirrhosis are becoming more common due to hepatitis B and C progression in people who contracted these infections decades ago," Professor Angus said. "We are also seeing cirrhosis related to obesity and diabetes so the waiting list is continuing to grow."

He said antiviral treatment for hepatitis B and C could

prevent progression to liver failure and liver cancer, and there was an urgent need to screen people at risk so they could be treated before developing life-threatening liver disease.

Milestones for the unit include providing transplants to children and babies, splitting livers between adult and child recipients and living-related transplants, where a living parent donates one-third of their liver to their

child. A shortage of organ donors has led to a growing number of split and living-related transplants.

The Liver Transplant Unit have been directly involved in a number of medical advances - including using antiviral therapies early in hepatitis B and C to prevent liver failure, and the discovery of how to prevent recurrence of hepatitis B after transplant, which has been adopted worldwide.

"The hepatitis B virus hides in the person's cells outside the liver and recurs after transplant, destroying the liver but we pioneered therapies using antivirals to prevent this from occurring," Professor Angus said.

To learn more about organ donation or to register to become an organ donor visit www.organdonor.com.au or phone 1800 777 203.

Mum gives son the gift of life

SURGEONS from the Austin Hospital performed Victoria's first living-related liver transplant this year after a young mother donated a segment of her liver to her year-old son.

While living-related liver transplant has been performed at hospitals around the globe for some 18 years, Victorian surgeons have resisted this form of transplant as it puts an otherwise healthy person through a complicated surgery that carries the risk of serious complications, even death.

Director of the Victorian Liver Transplant Unit at Austin Health, Professor Bob Jones said he and his team were reluctant to conduct living-related transplants and transplanting organs from deceased donors would remain the preferred option.

"Currently between ten to fifteen percent of patients waiting for a liver transplant die before a suitable organ is offered to them and it is for this reason that we have embarked on living-related transplants," Professor Jones said.

"In many respects we are behind the eight ball as many hospitals have been conducting this type of surgery for years but putting an otherwise healthy person through a dangerous operation is not a decision that any surgeon wants to make lightly," he said. "In Dylan's case he faced a long wait for a transplant and if we were going to go through with using his mother as a donor we had to do it sooner rather than later while he was still in relatively good condition and give him the best chance of survival."

At just eight weeks old, Dylan Nish was diagnosed with biliary atresia, a condition that prevents bile being drained from the liver, causing it to build up and result in cirrhosis.

Upon discovering that a successful liver transplant

was the only way for Dylan to survive, his parents Jennifer and Daryl investigated the option of living-related transplant knowing his chances of receiving a liver from a deceased donor were limited given Australia's current rate of organ donation.

"We jumped at the offer of living-related transplant due to the lack of available donors in Australia," Jennifer said.

The 18th of December 2007 is a day that the Nish family will remember for years to come and for Daryl, one that he will never forget after waiting for his wife to recover from an eight hour surgery at the Austin Hospital and his baby to come through a long 12 plus hour operation.

After donating the left lateral segment (about 25 per cent) of her liver to Dylan, Jennifer made a quick recovery and her liver will regenerate to its original size while her donated segment of liver will grow with Dylan in the years to come.

The experience has solidified the way the Nish family view organ donation and Daryl said that until directly affected, most Australians don't discuss or think about organ donation.

"Jenny and I have always been registered organ donors but through our experience we've found out first hand how bad the shortage of organs are, so low in fact that Australia has one of the lowest rates in the western world," Daryl said.

Professor Jones reiterated that the only way to avoid the need for living-related transplant would be for Australians to make a concerted effort to register as organ donors.

"If Australians want to remove the risk of them themselves having to be a living donor, we should all be signed up and enthusiastic organ donors," he said.



Jennifer Nish with her son Dylan following Victoria's first living related liver transplant.

Global appeal for Olivia Newton-John Cancer and Wellness Centre



Olivia does the hard yards on the Great Walk to Beijing.

Olivia Newton-John led a team of cancer survivors, Australian and international celebrities and Olympians on an epic fundraising trek along the Great Wall of China, in April, to raise money for Austin Health's Olivia Newton-John Cancer and Wellness Centre Appeal.

For 23 days, the walkers traversed China's vast and varied terrain, from spectacular, snow-covered, mountains to searing and expansive deserts.

Ms Newton-John said, "It was a real test of endurance, emotionally and physically and a great exercise of putting things in your life into perspective and to just be in the moment – coping with one day at a time at one step at a time – much like the cancer journey."

"We achieved a lot in terms of educating people about the centre and how it will conduct worldwide research, with a wellness centre and patient care all under one roof."

More than 7,000 new people joined the campaign to help raise money, adding

to the appeal's already existing supporter base of 20,000 people.

Austin Health CEO, Dr Brendan Murphy said, "This project has made our health service many new friends across the world, some of whom are already underway with their own spin-off campaigns."

The walk may be over but the journey continues with ongoing fundraising activities including an album of duets *A Celebration in Song* that Olivia recorded with famous friends to inspire and help those touched by cancer. Olivia co-wrote the album's lead track *Right Here With You* with Delta Goodrem as the theme song for the Great Walk to Beijing.

You can watch in depth interviews and get behind-the-scenes stories from many of the team walkers, including Olivia Newton-John, Sigrid Thornton, Sir Cliff Richard and local cancer survivors Rhonda Martinez and Gordon Chan and more.

Visit the web for more information, or to make a donation: www.greatwalktobeijing.com

Olivia's cancer centre on track

Construction is due to start on the Olivia Newton-John Cancer and Wellness Centre in 2009-10.

PROJECT director Ms Megan Gray said a team including project managers, architects and consulting engineers had been appointed and was currently working on the building's design.

A range of hospital users and community advisory group representatives have been involved in planning the facility, providing feedback through workshops and user group forums.

Ms Gray said the total project was expected to cost about \$140 million. A feasibility review currently underway will focus on delivering a stage one scope of \$75 million to reflect current funding, which include \$25 million from the State Government and \$25 million in Federal Government commitments. Austin Health is committed to sourcing \$25 million

through the Olivia Newton-John Fundraising Appeal.

The centre will be situated on the current Heidelberg House site. Planning is underway for relocation of services currently occupying Heidelberg House, including two acute oncology/haematology wards and the Day Oncology Unit. Refurbishment of areas to accommodate these services start this year.

Cancer services are currently housed in many buildings and facilities across two sites.

"Consolidating cancer services in one purpose-built facility will improve access and build closer ties between clinical care, psychosocial support and research," Ms Gray said.

"The facility will include radiation oncology, ambulatory oncology,

multidisciplinary clinics, two acute wards, a palliative care ward, research facilities and a strong wellness focus throughout supported by a range of programs."

The project will increase capacity, with additional acute and palliative beds, to meet the growing demand for cancer services in the north-east of Melbourne well into the future.

Continuity vital in cancer care

THE CANCER journey is frequently long and complicated but the local North Eastern Metropolitan Integrated Cancer Service (NEMICS) has excellent programs to improve continuity of care, from screening and diagnosis to treatment and rehabilitation.

NEMICS is a partnership of Austin Health, Eastern Health, Northern Health and Mercy Hospital for Women, forming a network to improve cancer care across the region.

The service has formed 'tumour groups' – of clinicians and consumers – to identify areas for improvement in the care of the 10 most common cancer types, including breast, colorectal, gynaecological, haematological, genitourinary, skin, head and neck, upper gastro-intestinal and central nervous system.

The lung tumour group is mapping the patient journey around diagnosis and treatment to identify where improvements can be made.

NEMICS researchers studied 100 lung cancer patients who had treatment with surgery, chemotherapy or radiotherapy. Manager of Quality and Projects for NEMICS at Austin Health, Mrs Katherine Simons, said they found that although the average time from initial appointment to treatment was one month, some experienced long delays with assessment before treatment.

"Two initiatives to reduce unnecessary delays include a specialised new ultrasound technique designed for lung cancer patients which has just started at Austin Hospital," she said. "It can access parts of the lung previously unable to be reached, and will improve the assessment phase. The second is ensuring all lung cancer patients are managed in a consistent multidisciplinary team-based approach."

The multidisciplinary team meeting is at the core of this approach and ensures timely referral, diagnosis and treatment. It brings together all health professionals involved in care of the patient to determine the best possible treatment and follow-up plan for each individual.

Video-conferencing technology enables meetings between the Austin and other hospitals. It allows patients to receive treatment in smaller centres and regional hospitals yet still benefit from the expertise of larger centres such as Austin Health.

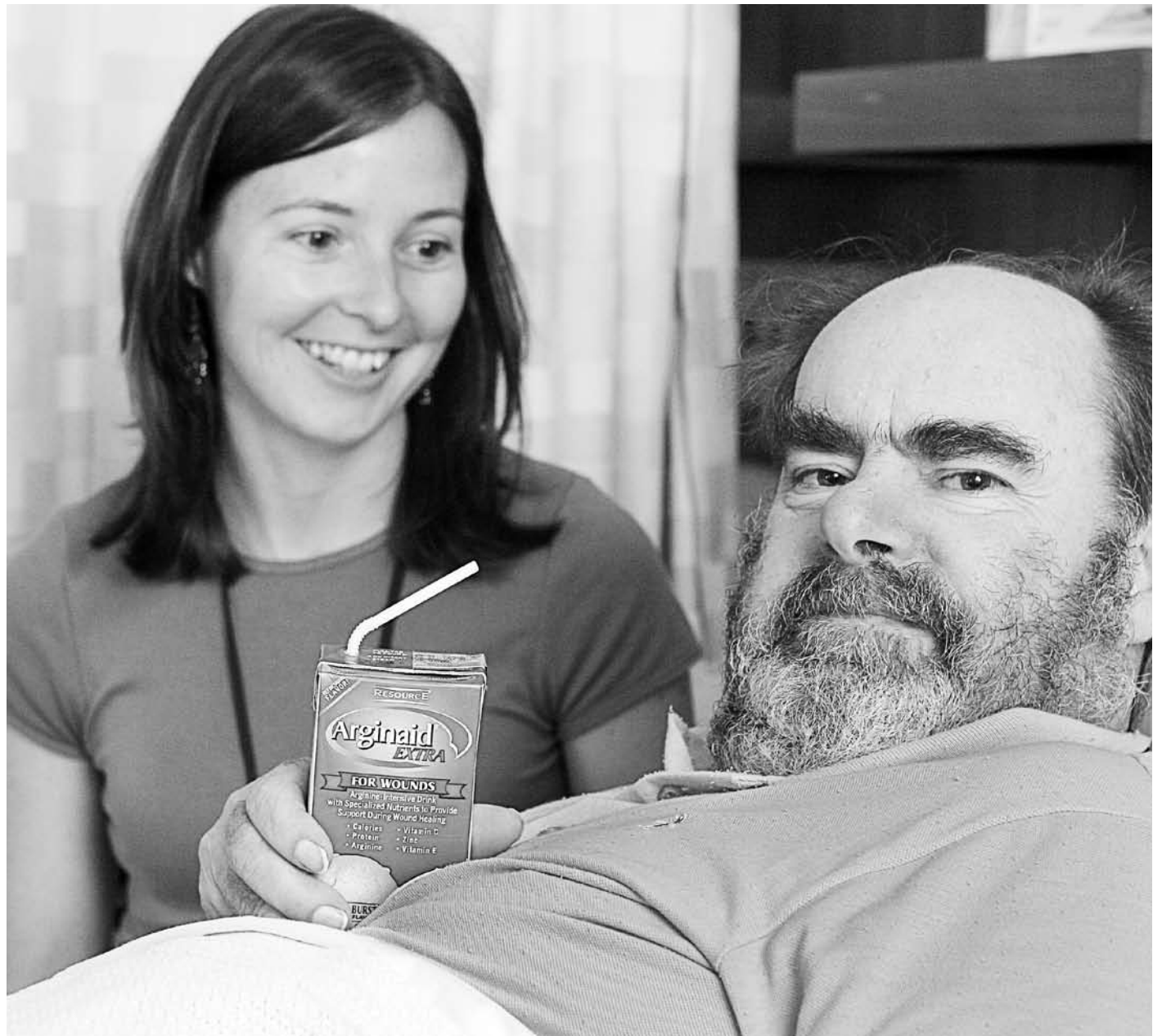
"Patients may have treatment at one hospital, for example the Northern which is a smaller centre for lung cancer, and doctors might seek advice on what's happening at Austin Health, which is a large treatment centre for lung cancer," Mrs Simons said.

"The next step is GP involvement - keeping them in the loop and involving them in multidisciplinary meetings. Our research found GPs were pivotal in whether patients were treated in public or private sectors and recommended supporting and enhancing GPs roles in multidisciplinary teams."

Improving communication between multidisciplinary meetings and GPs has been a priority for 2008.

A lymph node diagnostic clinic was also established in outpatients this year to improve early diagnosis and treatment for lymphoma. Guidelines to promote early referral to the clinic were made available to GPs.

A directory of supportive care services available in the community will be available soon to help people find local services to support them through their cancer journey.



Detician Brooke Chapman watches spinal patient, Neville Dickson drink a healing supplement.

DRINK HELPS HEAL PRESSURE ULCERS

PATIENTS with pressure ulcers are now receiving a nutritional supplement drink to speed healing of painful bedsores, following successful trials at Austin Health.

Patients with spinal injuries were the first to trial the wound-healing supplement with results indicating it generally halved the time taken for pressure ulcer healing.

"Because of good results in spinal patients, we've started rolling out the program across aged care and rehabilitation wards," Austin Health dietitian Mrs Kelly Mills said.

"We'll now look at slowly spreading it across all applicable programs at Austin Health," she said.

"Initial data collection has focussed on the spinal patients due to the high number of pressure ulcers in this group. It could also be used to help other patients although it's a bit early to say, as there are other factors which impact on wound healing including illness and poor diet."

Research in 34 patients with spinal injuries found that in 20 patients who finished the trial, the average time to complete healing was

eight weeks, compared with the standard 18-20 weeks. Those who stopped did not like the taste or could not tolerate it due to side-effects such as diarrhoea or raised blood sugars.

After the trial it became standard practice that all patients on the spinal ward with pressure ulcers were screened by a dietitian and offered a wound-healing supplement. Patients were given Arginaid Extra or Arginaid Powder for those needing calorie-restriction, and need to drink two serves of the supplement each day.

Austin Health dietitians are

now developing a guideline and flow chart to help with the nutritional management of patients with pressure ulcers.

The supplement contains the protein arginine – an amino acid essential for wound healing and has been shown to boost immune function.

The dietitians have presented their research findings at conferences and in journals, and other hospitals are looking at following their lead.

Mrs Mills said future trials might be completed in patients with wounds other than pressure ulcers.

Creative therap

Art, music and gardening are a regular and enjoyable part of the recovery process for patients at Royal Talbot Rehabilitation Centre, as well as some at the Austin Hospital.



Participants enjoy the freedom of diving in the pool at Royal Talbot Rehabilitation Centre.

In an Australian first, the Community Integration and Leisure Services department now offers scuba-diving and snorkelling for people with quadriplegia, paraplegia and other disabilities.

These diverse therapies enhance physical and mental recovery for many inpatients and outpatients, and our staff have also conducted research

that validates benefits.

“We’ve had fantastic feedback from participants who feel it’s aided their recovery,” said Manager of the services, Sal Dema.

“It’s unique because the suite of services means there is something for everyone,” he said.

Mr Dema oversaw the development of these services for people with

acquired brain injury or spinal cord injury, amputees, and those recovering from car accidents, orthopaedic surgery, neurological conditions or chronic illness.

A pilot program of art therapy commenced with the support of a private bequest. The introduction of music therapy followed in time. In addition, nurse Steven Wells was studying horticulture

and began volunteer work on his days off to create the therapeutic environment of a sensory garden. With the ongoing support of donations, bequests and funds from trusts the programs continue.

Mr Dema said: “These therapies help people achieve physical goals such as improving arm strength and hand function through

practical tasks, painting, playing an instrument or digging. They also address psychosocial issues helping people to express their feelings of loss and grief in nonverbal ways.

“People also get a greater sense of possibilities and are motivated because they’re doing something they enjoy and gain a sense of being productive.”

The scuba-diving/snorkelling program, launched this year, has given new-found freedom to 15 people with disabilities so far.

Mike Letch from the Disabled Divers’ Association approached Royal Talbot Rehabilitation Centre and offered to run sessions in its hydrotherapy pool. Participants will soon

ies help to heal



experience open water diving in Port Phillip Bay.

“It gives people with spinal injuries the confidence to try new things,” Mr Dema said.

“It’s an opportunity to show that life doesn’t have to be limited and opens their mind to other possibilities. Being in water is a liberating feeling.”

North Brighton Rotary Club fund the program and have funded special masks to enable submersion without risk even for those with swallowing or breathing difficulties, and limited or no movement. They also allow communication with the instructor.

Participant Selena Nightingale said that scuba diving makes her momentarily forget she is a paraplegic.

Ms Nightingale, 29, was injured in a motorcycle accident two years ago. She was excited and a bit scared before trying the water sessions.

“It was something a bit adventurous that I could do when most adventurous things weren’t possible any more,” she said.

“It’s a great feeling and you forget for a little bit that you’re paralysed. I can

swim around and move my arms and the feeling of weightlessness is like anyone else except my legs trail behind,” she said.

Ms Nightingale was fairly active before the accident and said scuba diving was one activity to help fill the gap.

Weekly pottery sessions have greatly helped stroke patient Yvonne Nguyen, 38. Ms Nguyen tried painting but prefers pottery even though she only has use of one hand.

“Painting was not my thing, but working with clay makes me really happy. It is therapy for my mind because I was stressed and not very happy, but I put everything out of my mind when I come here,” she said. “I feel so grateful, I just go along and enjoy myself and make lovely things.”

Horticultural therapy has proven a winner for stroke patient Mrs Suzanne Lanham, 57, who likes to potter around in the garden.

“It gets me away from everything and it’s nice in there – you don’t worry about anything. I enjoy planting bits and pieces and Steven is a lovely fellow,” she said.



Above: Horticulturist and acquired brain injury nurse, Steven Wells shares the garden with a patient. Top left: Music therapy provides creative benefits for patients.

THE SURGERY CENTRE A WINNER

A new initiative at Heidelberg Repatriation Hospital aims to prevent postponements for category two and three elective surgery patients.



The Surgery Centre specialises in surgery for category two and three elective patients.

The Surgery Centre, located at the Heidelberg Repatriation Hospital is unique because it is located away from the Austin Hospital where emergency surgery is performed and can result in postponement of elective procedures due to the emergency taking priority. This means elective patients requiring less complex elective surgery can have their operation when scheduled, instead of being cancelled if more urgent or emergency cases arrive.

It also takes pressure off waiting lists at the Austin Hospital, freeing up theatre times and beds for more emergency and complex cases.

The Surgery Centre opened in July following an \$8 million injection of funds from the State Government to refurbish an existing surgical area. It is expected that up to 6,000 patients can be treated at the new centre each year.

Austin Health clinical services unit director for anaesthesia, perioperative and intensive care, Mr Denis O'Leary, said about 80 per cent of its cases were day surgery.

"The aim of the centre is to undertake elective surgery on short day and short stay patients, mainly category two and three patients and people staying no longer than two nights," Mr O'Leary said. "It is significant because it allows people to be booked for a procedure and provides certainty that it will occur on that day."

The Heidelberg Repatriation Hospital does not have any intensive care facilities which mean no emergency or complex surgery will be transferred to the centre from the Austin Hospital further ensuring patients are not affected by demand for emergency surgery.

"But adequate safeguards are in place to ensure critically ill patients are transferred immediately to the Austin Hospital by ambulance," Mr O'Leary said.

Examples of procedures done at the centre include plastic surgery cases, laparoscopic procedures, gallbladder removal and endoscopic procedures.

"It's allowed us to do extra patients and reduce the time patients spend on the waiting list," Mr O'Leary said. "It

has also allowed the Austin Hospital to undertake more category one, or urgent surgery and freed up the theatres during the day to do more emergency surgery."

The centre opened in the former Heidelberg Repatriation Hospital theatres which housed four operating theatres and two endoscopy rooms. The theatres and endoscopy rooms were rebuilt and a ward refurbished. The ward has 12 overnight beds and 18 day surgery or trolley beds where patients recuperate until discharged later in the day. The main reception of the hospital was also refurbished.

About 80, mainly new, staff have been employed, and approximately 900 patients have been treated in its first two months.

Mr O'Leary and Clinical Services Unit Director of Surgery Bernadette McDonald were recipients of a Department of Human Services Travelling Fellowship which allowed them to travel overseas to study similar centres worldwide during the year. The Surgery Centre is based on these models but includes more patient privacy features.

Consumer input helpful



Feedback from consumers ensures that Surgery Centre staff tailor treatment to individual patients.

CONSUMER input is helping The Surgery Centre be patient friendly and live up to its claim as a benchmark facility.

Before the centre opened, past elective surgery patients were invited to tour the refurbished wards and share their experiences and suggestions.

A group of 11 people including former patients, their families and carers provided suggestions to Austin Health consumer participation support officer Ms Kim Hider and service improvement co-ordinator Ms Annette Coutts. They said the hospital was keen to incorporate community feedback into the centre's new service delivery model.

"Their suggestions included patients receiving different types of information to reduce their levels of stress before surgery, such as a pictorial pathway of what to expect from admission through to discharge," Ms Hider said. "Consumers were keen for service flexibility so it does not feel like they are in a production line."

Other suggestions included improved patient privacy, tailored care to individual need and adequate nurse ratios to ensure a high quality of care.

Findings from the consultation were reported to staff who are looking at the suggestions. Six consumers then registered their interest in other ongoing consumer participation at Austin Health.

Patients who receive treatment at the centre will also have opportunities to give their feedback on how the service performs regarding admission, treatment, discharge and patient education.

"Regular consumer feedback is vital to ensure the centre can constantly revise and improve its processes over its first year," Ms Hider said.

Clinical Services Unit director of anaesthesia, perioperative and intensive care, Denis O'Leary said the consumer group was very supportive of the new model of care and thrilled with the revamp.

'SIM MAN' improves patient safety

Austin Health's new Clinical Skills Centre uses simulated scenarios to help teach health professionals how to respond to medical emergencies that are as real as possible without an actual patient.

THE SHOWPIECE of the centre is Sim Man, an interactive mannequin that is anatomically correct and has vital signs that respond accurately and immediately to interventions such as the administration of drugs.

A nursing mannequin is also used for training in basic and advanced nursing skills such as measuring blood pressure and recognising normal and abnormal heart, lung and bowel sounds.

Director of medical education Dr Heather Grusauskas said simulation-based education meant a safer environment for patients.

"It will never replace direct patient training but it gives people a chance to practice procedures before working with patients, in a situation that is not time-critical and where they can ask questions," she said.

"For example, if you become an expert at suturing

on Sim Man, then in a real situation you can focus on interacting with the patient, instead of getting the suturing right," she said.

"Some of the training we offer includes basic and advanced life support, suturing, venipuncture, plastering, taking blood pressure and IV cannulation."

Sim Man's purchase was possible through a \$55,000 donation from the Collier Charitable Fund.

The Centre is located in the heart of the Austin Hospital in a re-designed ward area. Based on best practice elements from similar centres overseas and around Australia, the centre is used for training staff from Austin Health, and La Trobe and Melbourne universities. Future plans include extending training to external groups including GPs, and open days for the public.



Medical students refine their skills using Sim Man.

Bloodstream infections continue to decrease

A NEW program at Austin Health has dramatically cut the number of bloodstream infections patients contract while in hospital.

During the program, infection control nurses reviewed patients found to have *Staphylococcus aureus* in their blood to determine whether their infection was acquired in hospital and what may have caused it. Importantly, the nurses shared what they learned with the healthcare workers involved in their patients' care.

"We wanted to find if there was anything that could be done differently to prevent future cases and lead to improved patient safety," Infection Control Team Co-ordinator Ms Rhea Martin said.

"We discovered many patients with *Staphylococcus aureus* in their blood had intravenous lines, which had contributed to their infection. The staff who insert lines were assessed and, where necessary, provided with education to reinforce the importance of strict sterile technique. Our aim is zero line-related infections," she said.

Patients with *Staphylococcus aureus* in their blood can become quite ill and often require additional antibiotics to kill these germs.

"*Staphylococcus aureus* is a common skin bug responsible for many hospital infections," Ms Martin said.

"It can be sensitive to

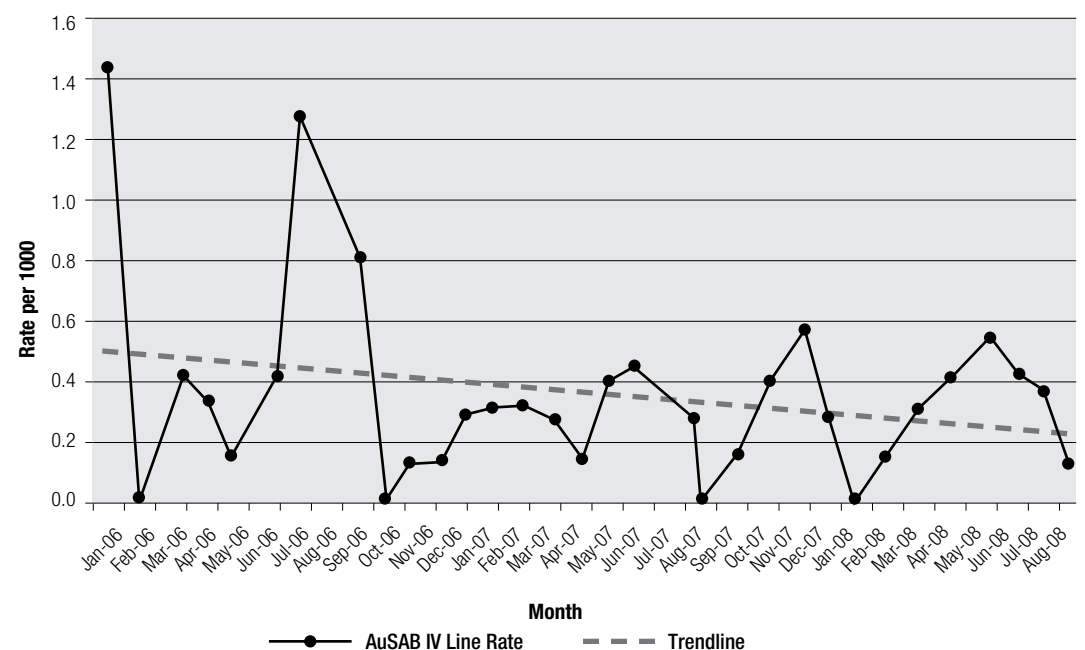
common antibiotics, or in some cases, resistant to these antibiotics," she said.

The rate of bloodstream infections from hospital-acquired *Staphylococcus aureus* dropped 43 per cent between 2006 and 2008. Austin Health's infection rate of one per 1000 patients had been higher than the national average, but is now lower at 0.57 per 1000.

"The program stopped 64 patients getting these infections in 27 months, potentially saving \$1.2 million and 20 lives," Ms Martin said.

Reviewing all cases is now routine as it improves patient safety and is cost-effective, requiring two to four hours a week but with no extra staff or funding.

Staphylococcus aureus blood stream infection rate (Intravenous Line Related) January 2006 to August 2008



Professional healthcare at home

Every day, Austin Health treats almost 70 patients in the comfort and privacy of their own homes – the equivalent of two full hospital wards.



Hospital in the Home nurses hit the road to aid patients at home.

The Hospital in the Home (or HITH) program started in 1994-95 and continues to expand.

The program allows the hospital to treat more acute patients in the hospital setting, while enabling suitable patients to receive quality medical care in the comfort of their own home.

The program has proven popular, growing by 20 per cent since 2004-05. In 2007-08 HITH saved 21,000 days in hospital and required 16,500 nursing and allied health visits.

Manager of Home and Ambulatory Services Mrs Helen Fithall said patients treated at home include those who need complex wound

management, intravenous antibiotics and chemotherapy.

“The trend over the past few years is that people nursed at home have far more complex needs,” Mrs Fithall said.

“There’s been an increase in the amount of people who need intravenous antibiotics at home for different infections and illnesses,

including cancer patients having chemotherapy. Deep vein thrombosis patients are generally seen in the Emergency Department now and sent home with continuing care by HITH,” she said.

Patients have 24-hour access to on-call nurses who visit daily and organise meals and home supports

if required. Nurses report results to a hospital call centre and treating doctors, and work closely with emergency and infectious diseases staff.

The program has strict acceptance criteria based on medical and social needs. Less than two per cent of HITH patients return for unplanned

in-hospital treatment.

The program continually reviews its practices and outcomes. A 2005 survey of 287 patients found 97 per cent were happy to be treated at home, 96 per cent felt care met or exceeded expectations, 95 per cent would recommend it to others and 91 per cent said they received clear information.

GPs score Austin Health 8 out of 10

MOST local GPs who refer patients to Austin Health rate its overall performance an eight out of 10, a survey shows.

And most are satisfied with their patients’ experiences in Emergency and Outpatients.

Austin Health’s Primary Care Liaison Unit this year

surveyed 118 GPs from Northern and North East Valley Divisions of General Practice.

The unit’s GP liaison officer, Dr Wendy Fisher, said nearly 80 per cent were satisfied with the quality of clinical services, access and communication in Emergency but one in five

was unhappy with emergency access and communication.

While 95 per cent of GPs were satisfied with the quality of clinical services in outpatients, 69 per cent were dissatisfied with waiting times for outpatient appointments and 39 per cent were unsatisfied with access for urgent appointments.

Most GPs had no experience with the hospital’s internet GP resources which help navigate the system and give guidelines for managing conditions, but those who had were happy. This highlighted the need to further promote this resource to this group.

Dr Fisher said Austin

Health sought feedback from GPs who have regular contact with health service. Over half of all respondents said that relationships between the hospital and GPs had improved in the past year.

“It was reassuring that they were generally happy with Emergency and

Outpatient Departments. However, the survey identified areas, such as outpatient waits and access, that need further work,” she said. “We’re also looking at an appropriate encryption system to encourage more GPs to embrace email communication with the hospital.”



Alison Smith presents CEO Dr Brendan Murphy with a cycle computer during the Healthy Options cycling challenge.

FUN AND HEALTHY OPTIONS FOR STAFF

Staff health and wellbeing is vital in creating a happy, healthy environment for patients.

Austin Health recognises this through its Healthy Options program, which leads the way in offering activities and options that can help staff improve their fitness, lose weight, quit smoking, manage stress and fight illness.

Creative ideas, incentives, prizes and discounts encourage participation and staff can see what's offered by logging on to the intranet web page.

Healthy Options Project Officer, Ms Alison Smith is a physiotherapist, yoga instructor and is experienced in occupational health and rehabilitation.

"In health it's difficult to recruit and retain staff but if you can support them to be fit and healthy, staff can give better patient care and will

hopefully want to stay with us," she said.

"We're probably a fair way ahead of some other hospitals and have had many enquiries from other agencies about our programs," she said.

Feedback has been positive, with programs to improve fitness and wellbeing among the most popular.

Weight Watchers At Work is also a long-standing favourite with meetings at the three different sites each week.

"Combined, staff have lost more than four tonnes of weight," Mrs Smith said.

Exercise options include discounted memberships at local gyms and Heidelberg Repatriation Hospital gym, which is undergoing redevelopment.

The Austin-Mercy Bicycle Users Group encourages 'ride to work' days and there is a planned cycling challenge covering cycling to work and after hours.

About 1,100 staff took part in a walking challenge in April, forming teams and receiving free pedometers to count steps and prizes.

"Some staff started using the stairs more during the challenge," Mrs Smith said. "Many reported losing weight and improving fitness."

Pilates, 'get fit for skiing' physiotherapy sessions and a holistic wellbeing program which includes meditation, yoga, stress management, diet and exercise are also offered.

Wellbeing program food choices have been established in onsite cafes to provide a healthier range of low fat, low sugar foods. Staff loyalty cards are stamped when buying a wellbeing meal and every 10th meal is free. Healthy recipes and body mass index tables also feature on the intranet.

A free counselling and support service is offered

for personal or work related issues such as stress, and meditation classes are popular at all campuses.

Free counselling and subsidised nicotine replacement therapy encourages smoking cessation, and coincides with all of the sites of Austin Health progressively going "smoke free" in all of their outdoor areas.

Other initiatives include occupational health and safety programs to encourage safe lifting and handling and correct computer workstation set-up; access to on-site pharmacy; discounted private health insurance; annual flu vaccinations and an onsite staff GP clinic which enables staff to see a doctor in working hours. There is also a staff childcare centre at Austin Hospital and a local vacation care program available to care for kids during school holidays.

All faiths welcome

Spiritual guidance can be especially helpful for patients and families during times of illness and when facing death.



Alison Whitby, Director of Pastoral Care and Education, leads a service in the Anzac Memorial Chapel.

AUSTIN Health provides a wealth of spiritual care by on-call ministers and can arrange visits by clergy and authorised representatives from all faiths.

Regular staff include director of pastoral care and education for the past 16 years, Interchurch Chaplain Mrs Allison Whitby, Catholic Chaplain Father Mark West and Anglican Chaplain, Reverend Deirdre Ragless.

There is also a new team of six to 18 interns every three to six months who are rostered on 24-hour call to attend patients. Mrs Whitby trains the interns who are studying to be ministers in different faiths.

"I train and supervise them going into the wards. Many provide regular pastoral care to patients and families in one or two wards," she said.

"Staff often call us when people are dying or are feeling lonely, distressed or angry. We accompany family members to a viewing to support them pastorally in their time of grief.

"At other times we may help a patient celebrate a birthday, explore issues or

concerns or support family and friends.

"We are multi-faith and respond to and know different faiths but increasingly we are seeing more people who don't claim any faith or denomination."

People often visit the chapels at all three hospital sites for quiet reflection. The Austin's multi-faith chapel has books of all major faiths and includes a Muslim wash-room and prayer room.

"Our work is often challenging but extremely rewarding. People tell us their sacred stories and open up to us in ways they may not to other people at a time when they are very vulnerable as they face serious health issues," Mrs Whitby said. "It's a privilege to be part of a very intimate, sacred part of their life."

The local community is welcome to ecumenical services at the Austin-Mercy Multifaith Chapel at 9.30am and the Anzac Memorial Chapel (Heidelberg Repatriation Hospital) at 11am Sundays. Patients are assisted to attend by volunteers from local faith communities.

Austin Health's busy Emergency Department sees an average 165 people a day and has experienced 40 per cent growth in the last three years. Despite this escalation in cases, creative initiatives are helping reduce waiting times. They include: a streamlined model of care which aims to decide within three hours of presenting whether to admit or discharge a patient; a GP clinic near emergency which sees 'GP-type' cases; and a web-based emergency surgery booking system.

IMPROVED ACCESS IN 3-2-1

A new model of care introduced in the last year has seen marked improvement in the number of patients being transferred from the Emergency Department to a ward in benchmark times.

IN 2007-08, 68 PER CENT of patients who came to the Emergency Department and needed to be admitted were transferred to a bed in an inpatient ward within eight hours.

This is an improvement from 62 per cent a year, before the new model of care was implemented.

Access and Demand Manager Cameron Goodyear said Austin Health was the first hospital in Victoria to implement the 3-2-1 model which had improved patient flow from the Emergency Department.

"Within three hours a patient must be assessed and a decision made to admit or discharge, within the next two hours an inpatient unit must agree to admit them from emergency, and in the next hour they must be in a bed," he said.

"This aims for six hours to admission which most importantly is beneficial for the patient and also assists us in meeting the Department of Human Services (DHS) admission target of eight



Emergency Department physicians aim to assess patients within three hours of their arrival.

hours with some flexibility," he said.

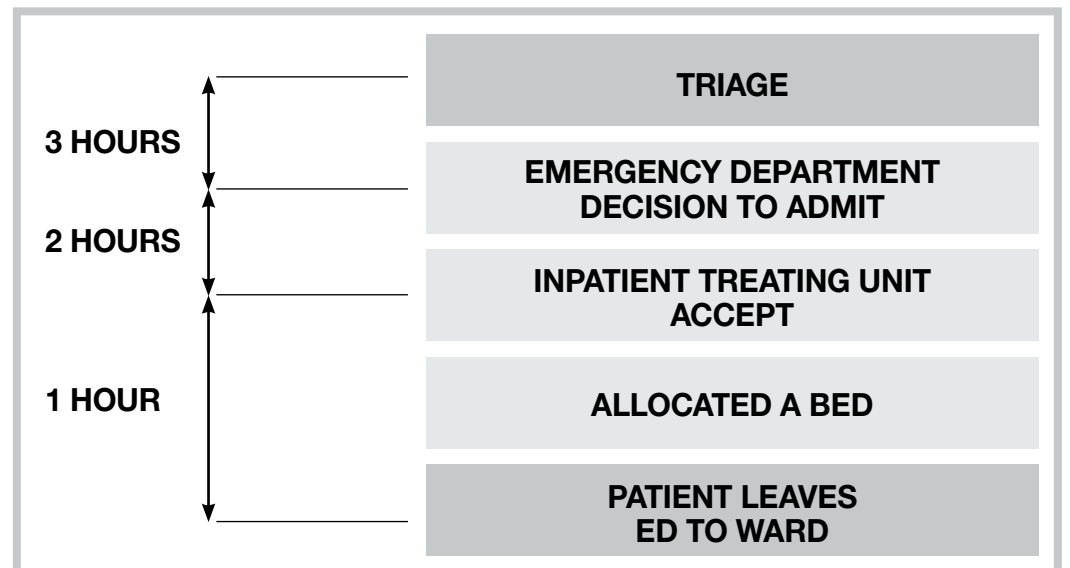
The model has standardised admission and discharge processes which had previously been subject to significant variation.

Emergency staff are continuing to tune the process and striving for the DHS goal of 80 per cent reaching admission within eight hours.

"It relies on beds upstairs so if no beds are available, it doesn't work as intended, hence we have been unable to achieve the target," Mr Goodyear said.

"It is harder to achieve during winter with the additional influx of flu patients. The model puts some pressure on upstairs for patient turnover but they can use initiatives such as the patient transit lounge, which frees beds earlier by allowing patients to wait there until discharged," he said.

Ward staff can access the emergency department information through patient tracking software to see who is waiting for beds, which also helps them plan for new patients.





The residential care in-reach program provides professional health care to patients in nursing homes.

Clinicians 'reach out' to help patients outside hospital

A trial program to prevent unnecessary trips to hospital for nursing home and hostel residents has proved a success.

THE RESIDENTIAL care in-reach program sends Austin Health doctors and nurses to assess residents in their nursing home or hostel. If appropriate, the patients are treated in their home, preventing ambulance trips, Emergency Department waits and hospital admission.

Under the new program, patients receive the same treatment faster without having to leave the home.

Austin Health Access and Demand Manager, Mr Cameron Goodyear said Victoria's Department of Human Services funded a pilot strategy during the year to help with increased

demand on the emergency department from hostels and nursing homes during winter. Funding for the trial will continue over the next three winter periods.

"The aim is to limit inappropriate transfers and admissions from residential care facilities, and save frail patients waiting in Emergency for treatment," he said. "It provides acute assessment and ongoing management of the resident, if required, in their care facility."

The program is run by the Hospital In The Home (HITH) team and Emergency Department doctors who roster a doctor specifically for

the program. The care facility calls when it has an unwell patient and a GP referral. The response team, including a doctor and emergency or HITH nurses, attend and assess the patient.

The team may treat the patient in their home or admit them to HITH for ongoing treatment such as intravenous antibiotics. If required the patient is sent to the Emergency Department for further treatment or tests. The Community Link team from Austin Health also assists with any aged care needs where required.

Working with the Northern and North East

Valley Divisions of General Practice, the program targeted the 20 residential care facilities that refer most often to Austin Health. By the end of August, about 40 patients were treated, or one to two a day, potentially saving more than 60 bed days per week.

Manager of Home and Ambulatory Services Mrs Helen Fithall said: "It's been a positive experience for both staff and aged care residents. It has facilitated speedy assessment, care coordination and a sharing of information that allowed consenting residents to remain in their home."

Emergency surgery theatre booking system

A WEB-BASED emergency surgery booking system was launched in December 2007 to enable staff to track patients waiting for surgery. It is a service-wide tool that is helping some patients reduce theatre waits and length of stay.

"Before the web-based system we used a paper-based system and there was no central way to monitor inpatients waiting for emergency surgery – it was managed on a departmental basis," Mr Goodyear said.

"The new system improves transparency

with valuable information such as the number of patients waiting, the type of procedures they're waiting for and how long they have been waiting," he said.

Mr Goodyear said the new system had assisted in making some improvements in length of stay in some specialties and improved theatre access.

"If patients are getting to theatre more quickly, length of stay reduces and patient outcomes are better" he said. "The next step is to review waiting times in some specialties such as reducing waiting times for orthopaedic emergencies to reach theatre."

GP Clinic opens next to Emergency

A NEW GP clinic, which aims to treat non-urgent patients, opened next to the Austin Hospital Emergency Department (ED) this year in a bid to reduce demand and waiting times in the ED.

"The clinic is designed for the more basic GP-type cases such as flu-like symptoms or minor medical problems," Access and Demand Manager Mr Cameron Goodyear said.

"With a reduction in bulk-billing and after-hours GP services in the community, that work is coming to the Emergency Department which has experienced an increase in demand of 6.3 per cent over last year. The clinic treats non-emergency patients so that emergency

physicians and nurses can see more urgent cases in Emergency quickly."

The bulk-billed clinic, run by GPs with help from Austin Health nurses, opens weekday evenings and on the weekend. It sees 10-12 patients daily, and attendance is growing.

"Our model of care is not to become our patients' primary GP clinic. We aim to provide a consultation then refer patients back to their primary GP," Mr Goodyear said. "It is making a difference."

The clinic, which is funded by federal and state governments, is the second clinic in the region co-located with a hospital Emergency Department as part of a Commonwealth pilot scheme.

Feedback

Hitting 170,000 households

The *Quality of Care Report* you are reading is delivered to 170,000 letterboxes in local areas served by Austin Health.

REPORTS are distributed to the 20 most common suburbs given by Austin Health patients as their home address. These include Bulleen, Montmorency, Preston, Ivanhoe and Heidelberg.

“We deliver the report widely because we feel it is important to provide our community with information about their hospitals and the services provided”, acting corporate communications manager, Lara McKay said.



“It is produced for about 17 cents per copy so it can be distributed to as many people as possible”.

We usually receive about 100 feedback forms a year from the reports.

For information about Austin Health services, go to www.austin.org.au

Consumer register open for business

A CONSUMER register has been established so members of the public can offer feedback and suggestions to Austin Health about how it can improve its services to the community.

People can register their interest in participating through the Austin website (www.austin.org.au/consumerregister).

The register was developed by Austin Health Consumer Participation Support Officer, Ms Kim Hider who wants to take consumer participation ‘beyond the satisfaction survey.’

Ms Hider joined Austin Health last December after spending more than 20 years in the health sector, starting as a nurse and midwife and moving to health evaluation before becoming a community consultant.



Consumer Participation Support Officer, Kim Hider, checks for new registrations.

“Through the register, past or present patients, carers or families can share opinions, ideas and their health care experiences with management and staff, to improve what we do and how we do it,” she said.

She hopes the register will improve the way the

hospital listens and learns from the community.

Consumers are currently able to join advisory groups and hospital committees, participate in community forums and give feedback on patient information and other materials.



Writer

Helen Carter

Design

The Big Grin Design
03 9898 7117
www.thebiggrin.com.au

Photography

Janine Eastgate

Contact Directory

Austin Hospital
145 Studley Rd
PO Box 5555
Heidelberg Victoria 3084
Ph 03 9496 5000

Heidelberg Repatriation Hospital
300 Waterdale Road
PO Box 5444
Heidelberg West
Victoria 3081
Ph 03 9496 5000

Royal Talbot Rehabilitation Centre
1 Yarra Boulevard
Kew Victoria 3101
Ph 03 9490 7500

Quality

Anna MacLeod
Ph 9496 3353
anna.macleod@austin.org.au

Fundraising

Sharon Hillman
Ph 9496 5116
sharon.hillman@austin.org.au

Corporate Communications

Lara McKay
Ph 9496 5222
lara.mckay@austin.org.au

Patient Representative

Lyn Roberton
Ph 9496 3565
lyn.roberton@austin.org.au

www.austin.org.au

Your opinion is important to us

Please tell us what you liked about this report and how we can improve next year's.

Please send your completed questionnaire to the reply paid address below.

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How would you rate the report overall? (please circle)

Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**

What did you like best about this report? Please comment.

What did you like least about this report? Please comment.

What other information would you like included in the future?