

Quality of Care Report 2010



Contents

Austin Health Quality of Care Report2	Staff credentials reviewed annually ... 10	Working together to improve mental health services 22	Continuity of care
Our community3	Austin by Design, a program for improvement 11	Volunteers at Austin Health 22	No place like home for Cath28-29
Our health service in 20103	What we are doing to control infections..... 12	Input from consumers and carers helps improve services..... 23	Community care packages..... 29
Our vision and values.....4	Making sure our hospitals are clean 12	What are your health care rights? 23	Reducing the risk of patients falling..... 30
Delivering high quality care4	A life saved twice, Zakayo's story..... 13	Friendly reminder calls increase attendance at clinics 24	Prevention better than cure: initiative tracks vulnerable fracture patients ... 31
24 hours at Austin Health4	Multidisciplinary teams improve cancer care 14-15	Hospital chefs eat on the job to improve food quality 24	Preventing pressure ulcers 32
Developments at Austin Health5		An improved approach to eating disorders 25	Team work and determination: David's story of recovery..... 33
Accreditation status renewed in 20105		The spirit of Anzac 26	Sustainability: a strategic priority 33
		Ngarra Jarra Program 26	Health Promotion - No ifs and no butts, 100% smoke-free 33
		A new look cultural diversity unit 27	Emergency attendances grow 34
			Quality of Care Report - developed with community feedback 34
			Quick action imperative for heart attack patients 35
			Feedback form 36
			Contact directory 36
			Interpreter services information..... 36
Quality and safety	Consumer participation		
Creating tomorrow's leaders6-7	Advance care plans improve outcomes..... 16		
Pharmacy tackles the overuse of antibiotics8	Respecting Patient Choices®, working with GPs and residential aged care facilities 17		
Discharge medication a priority.....8	The Dimensions of Quality in Healthcare 18-19		
Focus on safety a priority in 20109	Getting a consumer perspective 20		
Safety awareness on the agenda9	Consumer feedback 20		
Patients reap benefits from creation of assistant role 10	Community Participation Plan 21		

Austin Health Quality of Care Report

Each year, Austin Health produces a Quality of Care Report to inform the community about the measures we take to ensure the services we provide to our patients are of a high standard.

This report details how we have performed on a number of key performance indicators. It also outlines the safety and governance systems we have in place to ensure we continue to improve.

But data can only illustrate so much, so we have included stories of our patients and staff, whose commitment and compassion makes it all possible.

Producing an annual Quality of Care Report is a requirement of the Victorian Department of Health and Austin Health is committed to making it as valuable a reporting tool to the community as possible. We encourage you to take the time to fill in the feedback form on the back page to assist us to reach that goal.

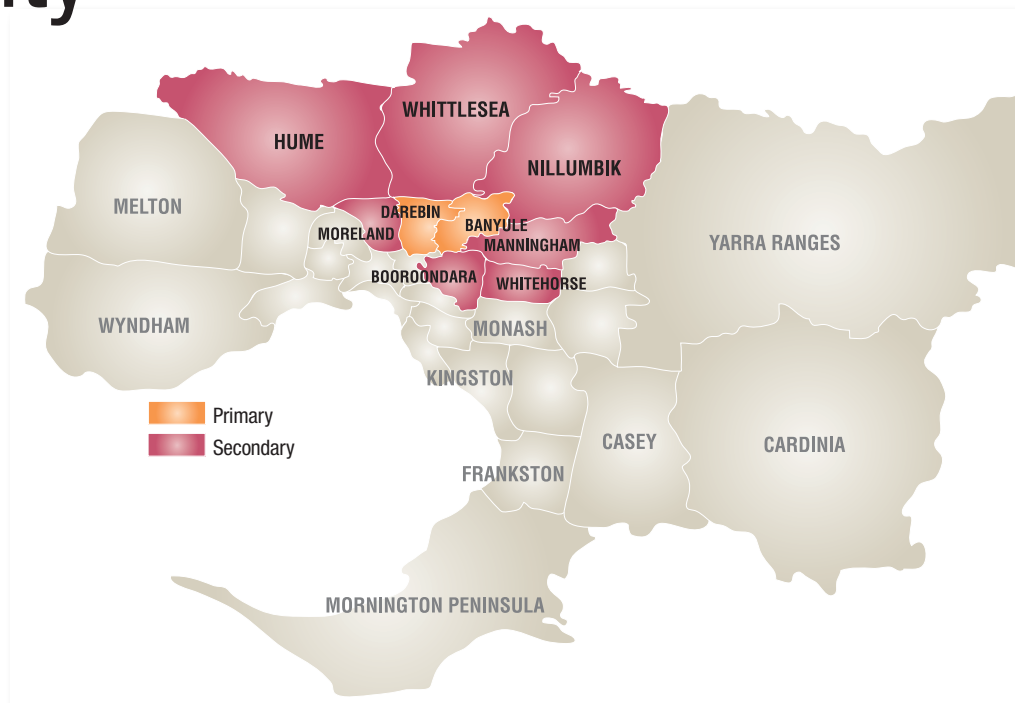


Our community

Austin Health's primary catchment takes in the municipalities of Banyule and Darebin and is characterised by:

- a population of more than 260,000 people
- a diverse cultural mix with more than a quarter of Darebin residents born in a non-English speaking country
- a significant Aboriginal community
- social disadvantage in parts of Heidelberg and Preston
- a population that is projected to grow by 2.1 percent from 248,359 in 2006 to 253,451 in 2016.

Our extended catchment is in excess of 1.2 million people and includes an additional seven local government areas in Melbourne's north and east.



The extended catchment is expected to grow in line with the increasing development of the urban fringe at Whittlesea and Hume. While these areas will continue to attract young families, the number of older people is also projected to increase significantly as the current population ages.

Austin Health participates with state and local service providers in a range of partnerships working towards improving service provision and coordination:

- Planning for a Healthier North alliance
- North Eastern Metropolitan Integrated Cancer Service (NEMICS) and Ballarat

Health in the provision of radiotherapy services in Ballarat

- North East Primary Care Partnership Chronic Disease Collaborative
- Banyule and Darebin Community Health Services' hospital admission risk prevention services.

OUR HEALTH SERVICE IN 2010

Austin Health is one of Victoria's largest health care providers, both physically and in terms of the number of patients it treats across its three sites at the Austin Hospital, Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

In 2009-10, the Austin:

- utilised 966 beds across its three sites
- admitted 95,665 inpatients
- treated more than 160,000 patients in the Outpatient Department (Specialist Clinics)
- employed 7,942 staff
- operated with an annual budget of \$634 million.

Austin Health provides its local community and Melbourne's northeast with the

benefits of a broad range of health services, professional education and research. We also have a number of designated statewide services, with some patients travelling from interstate to utilise our specialist knowledge and facilities. These specialities include the Victorian Spinal Cord Service, Victorian Liver Transplant Unit and Veteran's Mental Health Services.

We also offer mental health services and a range of subacute services such as aged care, rehabilitation and palliative care.

Austin Health is an internationally recognised leader in clinical teaching and training.

More than 800 of our researchers are involved in a multi-disciplinary alliance with eight internationally-renowned research institutes, through Austin LifeSciences. In addition, Austin Health is the largest Victorian provider of training for specialist physicians and surgeons.

Austin Health has a strong reputation as an innovative, progressive health service that pursues and achieves sustainable improvement in service access, quality and safety.

For more information on Austin Health, or to provide feedback, please visit our webpage at www.austin.org.au

OUR VISION AND VALUES

VISION

Austin Health will be renowned for excellence and outstanding leadership in healthcare, research and education.

VALUES

Integrity - we exercise honesty, candour and sincerity.

Accountability - we are transparent, responsible and answerable.

Respect - we treat others with dignity, consideration, equality and value.

Excellence - we continually strive for excellence.

DELIVERING HIGH QUALITY CARE

Austin Health is committed to providing safe and effective services to our community with the key patient safety principle of 'first do no harm'.

We operate under the Department of Health's clinical governance framework, which is designed to enhance clinical care and make health services accountable for the care they provide.

Our clinical governance system provides a framework for continuous improvement that includes clear lines of accountability for clinical care, an effective process for identifying and managing risk, monitoring clinical outcomes and addressing problems in performance. It is supported by a committee and reporting structure that encompasses all clinical units which reports to the Executive and the Board.

Our goal is to deliver high-quality care that is supported by sound evidence, appropriately qualified, caring and compassionate staff and in partnership with the patient and their carers.

24 hours at Austin Health

'On Wednesday the 30th of June 2010...'

We **treated 1,850** patients

634 attended **clinical** appointments in the Outpatients Department (Specialist Clinics)

102 attended for **dialysis**

51 occasions where a qualified **interpreter** was used

860 were treated as **inpatients** including...

>> **209** **admitted** on the day.

>> **50** patients admitted via the **Emergency** Department

'In the Emergency Department ...'

157 people **presented** for treatment, of these:

45 arrived in an **ambulances**

50 were **admitted** to a ward following assessment and treatment

'In the community...'

60 nursing visits were provided to **people** in their homes

52 people were case managed in the community to help **prevent** a trip to hospital

'Surgically speaking ...'

98 people were added to our **surgical** waiting list

83 operations were **performed**

'Infrastructure support ...'

5,900 people came to **work** at Austin Health

We served **2,190** inpatient **meals**

Security responded to **210** **enquiries** in the 8 hour day shift

We used **366kl** of **water**

'We produced ...'

600kg **recyclables**; **900kg** clinical **waste**

1,560 cars parked in the Austin Hospital Tower **car park**

Draft architectural concept of the Olivia Newton-John Cancer and Wellness Centre.



Developments at Austin Health

A number of exciting developments are underway at Austin Health.

Olivia Newton-John Cancer and Wellness Centre

Building work has begun on the Stages 1 and 2a of the centre with the Victorian Government committing to fund Stage 2a in the May 2010 budget. When complete, the purpose-built facility will bring together the best clinical care, research and a Wellness Centre under one roof, with a range of programs to help patients through their cancer journey.

The building is scheduled for completion in mid 2012.

Melbourne Brain Centre (previously known as Florey Neurosciences Institute)

The centre for world class scientific medical research into neurologic and psychiatric disorders will house the Florey Neurosciences Institute, The University of Melbourne and the Mental Health Research Institute.

The scheduled completion date is December 2010.

Health and Rehabilitation Centre

Located at Heidelberg Repatriation Hospital, the centre will provide a full range of ambulatory and outpatient facilities including a hydrotherapy pool and gymnasium services currently provided at the Kokoda gym.

The project is scheduled for completion in late 2010.

The Centre for Trauma-Related Mental Health

Patients with post-traumatic stress disorders will receive specialist treatment in the new facility, which will include 20 inpatient beds, ambulatory care services, clinical support and administration.

The building is due to be occupied in early 2011.

ACCREDITATION STATUS RENEWED IN 2010

Accreditation surveyors have awarded Austin Health four 'extensive achievement' ratings for continuous quality improvement; risk management; incidents; complaints and feedback; and our infection control systems.

The ratings were awarded during Periodic Review in May 2010, which is part of the Australian Council of Health Care Standards' (ACHS) accreditation process. Accreditation compares the performance of health services against nationally agreed standards, providing the Austin with an independent measure of its performance in providing safe, quality care.

A team of four ACHS surveyors with expertise in health conducted this year's review, visiting all three Austin Health sites. The surveyors looked at our policies and other records, our outcome measures, talked to staff and checked what we are doing to continuously improve our service.

In particular, the surveyors reviewed the 14 mandatory standards that cover safety and quality and the progress the Austin has made on recommendations from the previous survey.

ACHS awarded Austin Health full accreditation in 2008 for four years and the surveyors also made recommendations for improvements in some areas, which will be acted upon before the next full accreditation survey in 2012.

In addition to ACHS, other services within Austin Health are accredited by relevant specialist bodies. This year, the Austin Health production kitchen Medi-Chef received additional Hazard Analysis Critical Control Point (HACCP) certification for its control of food safety hazards. Austin Health is the only health service in Victoria to have been awarded this certification. We believe this demonstrates our continued commitment to food safety and the well-being of our patients.

CREATING TOMORROW'S LEADERS

Austin Health is training a new generation of medical leaders through its unique Elizabeth Austin Registrar position.



Elizabeth Austin Registrar,
Dr Brad Gardiner.

Named after the hospital's benefactor, philanthropist Elizabeth Austin, the senior medical registrar position enables an advanced physician trainee to take on a leadership and research role for a year, as well as coordinate the teaching of medical registrars and interns.

Dr Bradley Gardiner, the 2010 Elizabeth Austin Registrar, says the position has given him an invaluable opportunity to gain broad experience of not just the clinical aspects of general medicine, but the administrative side of the hospital before he launches into his chosen specialty of infectious diseases.

'It's given me some skills and shown me a side of the hospital I would not see any other way. All the behind-the-scenes running of the hospital is something that not a lot of doctors at my level are involved with. As registrars we quickly become experienced at looking after patients, but are often not involved in the management and administrative side of the hospital. This job is a great way to get some experience in this at an early stage in my career.'

In his senior role, Dr Gardiner is responsible for coordinating the five general medicine units at Austin Health and overseeing and mentoring the 10 registrars and 10 interns who rotate through every 10 weeks.

One of the most important aspects of the role is organizing the physicians' exam, which this year saw the Austin's candidates achieve an impressive 94 percent pass rate.

'It's a huge exercise to coordinate the six month preparation program,' Dr Gardiner says. 'We had more than 30 registrars doing the exams this year so I had to organise mock exams, specialty tutorials and practice cases, as well as the Austin's exam day itself where we get examiners and candidates flying in from interstate. It's one of the major events in the Austin's academic calendar so it has to run absolutely flawlessly.'

Dr Gardiner says the senior registrar role also has an emphasis on quality improvement activities, enabling him to



Elizabeth Austin Registrar, Dr Brad Gardiner, consults with junior medical officer Dr Sadie Callahan.

tackle projects such as reducing delays to discharge for patients with pneumonia; the development of a template to streamline clinical handovers to improve patient care and improve staff efficiency; and the introduction of a log book to improve the type of experience interns are exposed to as they rotate through their core medical term.

‘A lot of hospitals do have a senior registrar role, but what’s unique about the Austin’s is that the clinical work is taken on by other people which frees me up to devote more time to other activities.’

‘I have been looking out for a project to sink my teeth into and one that I’m looking into at the moment is strategies to reduce blood culture contamination,’ Dr Gardiner says.

Dr Gardiner says he has no doubt his experience as an Elizabeth Austin Registrar will make him a better doctor.

‘I think it’s a really good opportunity. Leadership in medicine is really important to produce quality consultants down the track and having this exposure now will help me develop those skills for the future.’



Infectious Diseases Pharmacist, Karen Urbancic.

Pharmacy tackles the overuse of antibiotics

Austin Health has renewed its efforts to reduce the use of broad spectrum antibiotics associated with superbugs by rolling out a computer-based prescription approvals system throughout the hospital.

Infectious Diseases Pharmacist Karen Urbancic says inappropriate use of antibiotics is a common problem in Australia and is associated with the rise in antibiotic-resistant bugs and growing health care costs.

Whilst the Austin pioneered a computer-based approvals system in 2004 that led to an initial decrease in the use of restricted antibiotics, Ms Urbancic says a lack of awareness of all staff about what is restricted and the difficulties accessing the system had reduced its effectiveness.

‘Because the Austin manages complicated patients who are at risk of harbouring superbugs, it is crucial to have the best possible antimicrobial control policy,’ Ms Urbancic says.

As a result, the launch of the *Good Antimicrobial Prescribing Policy* (GAPP)

this year has extended the requirement for clinicians to seek prescribing approval for restricted antibiotics to all areas of the hospital, including the Emergency Department and Intensive Care Unit, with a focus on staff education and training.

‘We have tightened the policy to engage nurses and pharmacists as well as clinicians,’ Ms Urbancic says.

The Infectious Diseases Electronic Antibiotic Advice and Approval System (IDEA³S), computer program has been updated and made available on the intranet, with an added feature being its ability to collect data on the prescription of antibiotics to detect problem areas within the health service.

Ms Urbancic says whilst clinicians can obtain 24-hour interim approval to start a patient on a restricted antibiotic, the Infectious Diseases Department will automatically follow up that prescription to check that it was the right drug at the right dosage for the right patient.

DISCHARGE MEDICATIONS A PRIORITY

Austin Health worked with Northern Health and key stakeholders to develop a new process that makes medication management safer when a patient is discharged to a residential aged care facility (RACF).

Almost one in 10 hospital inpatients aged 65 years and over are discharged to an aged care home. When a patient arrives at an aged care home, their local doctor is often called at short notice to write a medication administration chart. Without this chart, there may be a delay before the patient is able to receive their medications.

An initial audit showed that up to 60 percent of patients discharged to a RACF did not have an up to date medication chart when their first medication was due.

The new process includes an interim medication administration chart which is electronically generated by the hospital pharmacy and sent with the patient to the RACF. The chart can then be used for seven days, to provide time for the patient’s local doctor to attend. The chart also provides important information such as what time the medications were last given in hospital, and what changes were made to the patient’s medications in hospital.

Following implementation of the new process there was a marked improvement in the safety of medication management following discharge to a RACF. RACF staff and local doctors were happy with the process, with 98 percent of those surveyed reporting satisfaction.

	BEFORE	AFTER
Up to date medication chart available at the RACF when the first medication was due to be given	40%	96%
First medication dose missed or given incorrectly at the RACF	20%	2%

Based on the successful evaluation, the process is now well-established at Austin Health and being considered by a range of other hospitals across the country.

Focus on safety a priority in 2010

Austin Health staff rate the health service highly for patient safety and overwhelmingly believe their work areas display strong teamwork.



Nurse Kate Grieve uses a hoist to safely transfer a patient.

Those results are from a Patient Safety Culture Survey sent in January to all staff, including doctors, nurses, allied health clinicians, support staff and management.

The survey was undertaken following a commitment by Austin CEO, Dr Brendan Murphy to place an increased focus on patient and staff safety. More than 950 staff completed the survey with 81 percent identifying teamwork within units as a strength and 97 percent rating their work area as acceptable or higher for patient safety.

A total of 83 percent stated they would feel safe being treated as a patient at Austin Health. The survey also identified areas for improvement. The transition of patients from one area to another was the most frequently cited, with 74 percent of staff listing this as an area requiring increased focus.

This year Austin Health will promote safer care throughout the organisation and focus on areas highlighted by the survey. A range of innovative patient and staff safety activities are planned, including Top Tips for Safety and The Journey to Zero Program to focus on reducing preventable adverse events. These will be accompanied by a communication campaign across all three sites to raise awareness of safety.

SAFETY AWARENESS ON THE AGENDA

Monitoring incident trends is just one of the ways Austin Health strives to eliminate risks to the quality of our services and the safety of our patients, staff and visitors.

The electronic incident reporting system RiskMan is a key risk management tool used by staff to report clinical issues, safety risks and near misses. The RiskMan system automatically escalates serious incidents to ensure there is a rapid response and triggers an investigation, which can lead to practice change to prevent a recurrence.

The RiskMan system is used to monitor the number and type of incidents to identify where there are common incident trends in high risk areas, such as falls, medication error and aggression.

For example, to reduce the chance of a blood transfusion error Austin Health introduced a 'zero tolerance' stance towards labelling errors or omissions on blood samples prior to blood transfusion. This means any sample that is not labelled in accordance with the Australian and New Zealand Society of Blood Transfusion standards, with all relevant patient data recorded, is discarded.

An entry is then logged on the RiskMan incident system, the blood sample is re-taken and where possible the relevant clinical staff are contacted. The labelling standards are based on evidence which shows that inadequate specimen labelling increases the risk of an incorrect blood transfusion occurring.

As a result of the strategy, pre-transfusion specimen labelling has improved from 94 percent correct in 2005 to 98 percent in 2010.



Educator Julie Zagorski with Carolyn Pogue, Health Assistant (Nursing).

Patients reap benefits from creation of assistant role

Austin Health patients are receiving more personal attention with the introduction of the new role of Health Assistant (Nursing) (HAN).

The increasingly complex mix of patients being cared for on the wards can impact on the time nurses have to meet the more personal needs of their patients. The HAN role was developed to address this growing need.

Three acute Austin Health wards ran a successful pilot of the new role, with six HANs working under the supervision of registered nurses. Their duties included assisting patients with meal times, hygiene and other personal care tasks as well as making beds and one-to-one supervision of confused or 'at risk' patients.

As a result, registered nurses were able to focus on the more complex and technical needs of their patients.

Evaluation of the pilot showed a striking and consistent improvement in patients' experience with universally positive feedback from patients, nurses and HANs. Comments from patients and carers included, 'it has made a real difference to my mother's hospital stay', 'I needed to be moved many times to get the right position. It was a great help' and 'excellent'. There was a large drop in patient complaints about their nursing care at the same time.

The implementation of flexible work roles increases nursing capability and releases highly skilled staff from tasks that can be competently performed by others. This in turn contributes to more effective and efficient care for our patients.

STAFF CREDENTIALS REVIEWED ANNUALLY

Austin Health has a rigorous process to check the credentials of our health care staff, which involves ensuring they have the appropriate registration and training to work in an area.

Staff who require registration to practice, such as registered nurses, radiologists, psychologists and doctors, must provide proof of their ongoing registration on an annual basis and undertake a yearly performance review.

We have begun implementing the Department of Health's *Partnering for Performance* program, and medical staff are supported to continue their training and skill development during their careers to keep abreast of new developments and progress to senior roles.

We have implemented a process for formal recognition of new techniques at the level of the individual practitioner through 'extended scope of practice' assessments. This relates to procedures with a solid and positive evidence base that have not previously been undertaken at Austin Health. The process involves three steps;

1. The Practitioner undertaking specific training in a centre of excellence, often overseas.
2. The Practitioner formally applying for recognition to undertake this procedure at Austin Health.
3. An expert in the field attending the first few cases done at Austin Health in the role of Proctor.

An example of this has been the introduction of percutaneous aortic valve replacement (a minimally invasive approach to replacing this heart valve without the need for major surgery). To date, two doctors have been recognized for this procedure at Austin Health and thirteen procedures have been performed.

Austin by Design

A program for improvement

Fewer cardiac patients are having their surgery cancelled and they are able to go home earlier as a result of the Cardiac by Design project.

The improvements to cardiac surgery are just a sample of the benefits that have flowed to patients throughout the hospital as part of the Austin by Design program, which aims to improve our staff's ability to undertake redesign projects to increase the safety, quality and efficiency of patient care.

In 2008, the then Department of Human Services provided Austin Health with seed funding through its Redesigning Hospital Care Program: a four year initiative aimed at delivering public health system improvements through building redesign and improvement capability.

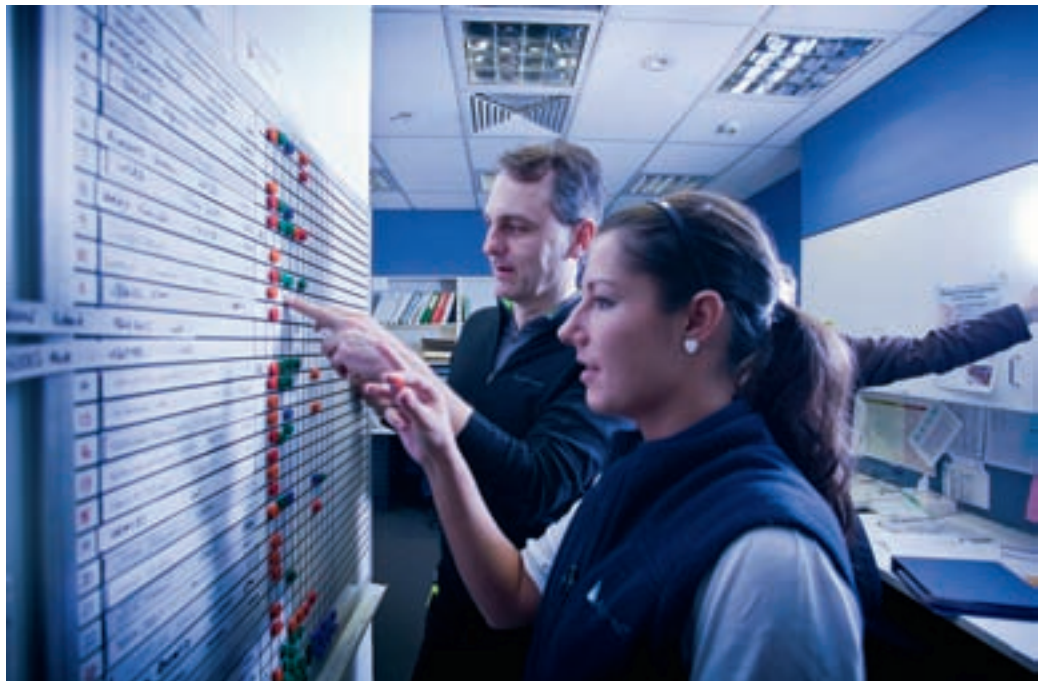
So far, more than 100 staff have been trained in service redesign through a nine week program that includes support to implement a local project, with 'learning by doing' being a key focus.

The Austin by Design team support and coach staff through their redesign journeys – ensuring it is the local staff who own, identify and examine problems and introduce and evaluate change strategies.

The Cardiac by Design project ran from July 2009 to April 2010, with a focus on improving scheduling, patient flow through the operating suite, inter-hospital transfers and flow through the Intensive Care Unit (ICU).

The project led to a 16 percent drop in surgery cancellations, a 19 percent increase in the use of the operating session to reach 94 percent utilisation, and a 30 percent reduction in the median length of stay for patients in ICU.

In a further project, four wards worked on eliminating time wasted on activities that took nursing staff away from direct patient care. The program helped ward staff evaluate the processes of care and consider what improvements were needed. As a result



Staff on 8 West consult the patient status at a glance board.

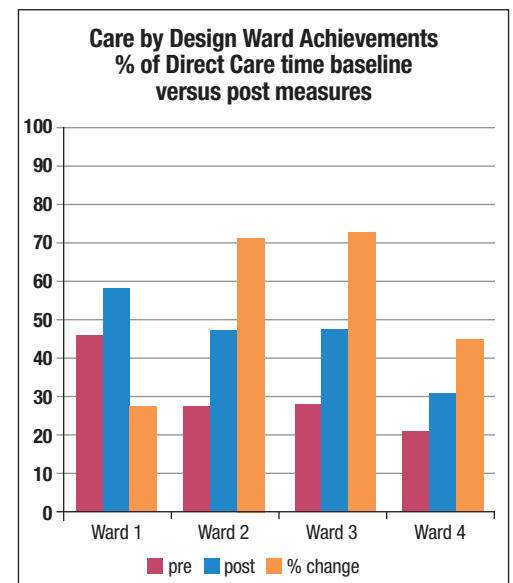
of the redesign, nursing staff on three pilot wards are now spending between 27 and 72 percent more time providing direct care to patients, which has led to much greater staff and patient satisfaction.

Whilst those results are impressive, they are just the start. With the skills learned through the training program, staff are now able to examine and respond to problems and introduce new ways of working to make patient care better and improve staff's work experience.

Another 80 staff will be trained in redesign strategies in 2010-11 and a system-wide project focusing on redesigning orthopaedic care has begun.

Staff and other health services are kept informed about the progress of the redesign projects through staff forums, newsletters and regular statewide forums.

Graph showing the increase in direct patient care time before and after Austin by Design projects.



What we are doing to control infections

Austin Health has introduced a bleach super cleaning program to eradicate dangerous bacteria that can lead to health complications in patients and increase their length of stay in hospital.

The bleach-based cleaning product has been designed to eliminate dangerous organisms such as VRE (vancomycin resistant enterococci), norovirus and *Clostridium difficile*.

Premixed 'Bleach Super Cleaner' is being decanted via an automatic dispensing system to ensure the correct concentration. The enhanced cleaning program was introduced across the Austin Hospital last year and is now being extended to Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre.

The bleach cleaning regime is one of the ways the Austin's Infection Control Team is working to reduce health care acquired infections. Audits have shown a reduction in the number of patients with newly recognised VRE colonisation and a reduction in serious infections due to VRE.

Another key factor in reducing the spread of infection between patients is hand hygiene, which is the practice of thoroughly cleaning hands before and after contact with every patient.

Austin Health participates in the Department of Health's hand hygiene audit program, which has a target compliance rate of 65 percent. In August 2010, Austin achieved an overall organisation hand hygiene compliance rate of 75 percent. This continues our steady improvement in hand hygiene rates over recent years.

To prevent the spread of infection to vulnerable patients by visitors, we are also encouraging everyone to use the

alcohol-based hand rub DeBug before and after visiting a patient. DeBug is available on wards and at the hand rub hub at the Austin hospital front foyer.

The hand rub hub has received positive feedback from both staff and visitors and we plan to install two new hubs: one at the level three entrance to the Outpatient Department (Specialist Clinics) and another in the foyer of the Emergency Department.



The hand hygiene hub at the main foyer of Austin Hospital.

MAKING SURE OUR HOSPITALS ARE CLEAN

Austin Health exceeded its performance targets for hospital cleanliness at its last audit in June this year.

Maintaining high levels of cleanliness is a vital part of infection control and is important to staff, patients and visitors. Austin Health participates in a program of external cleaning audits every quarter, with our performance measured against required cleaning standards. In the June audit we exceeded the 90 percent performance target in all areas.

Risk rating	Areas inspected	Austin Health score
Very high risk	Operating theatres Intensive Care Unit Central Sterilising Services Department	92.1%
High risk	Emergency Department Inpatient wards	92.0%
Moderate risk	Radiology Department Waiting areas	93.6%
Overall hospital score		92.2%

A life saved twice

Zakayo's story

Back home in Sudan, Zakayo Lubang knew his life was in danger with conflict that was pitting the north against the south of the country. What he did not realise was that he had contracted Hepatitis C, and the virus would undoubtedly have taken his life had he not arrived in Australia as a refugee, and received specialist intervention from the Austin Health liver transplant team.

It was during a routine health check for refugees that Mr Lubang discovered he had the virus. He was surprised by the diagnosis: 'I felt well,' he says. 'We were thinking maybe it will settle down.'

But his good health did not last.

'The sickness started in October last year and I was in and out of hospital at Dandenong.' His condition deteriorating, Mr Lubang was transferred to the Austin Hospital where he was assessed as requiring a liver transplant.

Austin Health is the centre for statewide liver transplant services for adults and children. Our team of highly skilled clinicians were able to provide the specialised care that Mr Lubang required.

Austin Health Liver Transplant Coordinator Julie Pavlovic says there is no doubt Mr Lubang would have died within the week if he had not received a transplant. In the ICU on life support, Mr Lubang was declared a category one patient, 'when a patient is critically ill and meets category one criteria, they are made a priority for available donor organs across Australia and New Zealand,' Ms Pavlovic says. His wife Rose Wani says she was convinced he was going to die. 'I was praying to God that everything would be OK.'

Mr Lubang says staff at the Austin were careful to make sure he and his wife understood what was happening. 'They told me so I could understand what a liver transplant was, what the risks were, it was all explained. They asked me if I couldn't understand they could call someone to translate.'

Fortunately, a donor liver became available in time and Mr Lubang received his life saving



liver transplant. He recovered well, and soon after the surgery, Mr Lubang was transferred to the Royal Talbot Rehabilitation Centre for rehabilitation to recover his muscle strength.

Mr Lubang says he feels well and happy and Mrs Wani says she has been pleased with the level of support she has received through the ordeal. 'It was a big problem for me because I came here all by myself, none of my relations were here,' she says.

'They were really helpful, especially the Liver Transplant Coordinator, doctors and chaplain. 'I'd just like to say thank you to the donor family and thank you to everyone for saving his life.'

Ms Pavlovic says that as well as providing medical care, the Liver Unit's brief includes supporting the patient and their family throughout the whole transplant episode.

As well as our medical and nursing team, we have a big support team of social workers, pastoral care, occupational therapists, dieticians and physiotherapists who help care for the liver transplant patients before, during and after their transplants'.

If you would like to be a donor it is important to discuss your decision with your family. For information go to www.donatelife.gov.au

MULTI-DISCIPLINARY TEAMS IMPROVE CANCER CARE

The delivery of cancer services at Austin Health has been restructured to focus on the patients' experience.



Professor Jonathan Cebon, Medical Director of Cancer, Spinal and Outpatients, speaking with a patient.

With a renewed emphasis on multidisciplinary care, Cancer Services is restructuring its clinics to allow patients to attend a single clinic for all their care needs. Cancer Services Quality and Project Coordinator Helen Longton says Austin Health is moving away from the system that saw patients travel to the hospital on different days for multiple appointments.

For instance a patient can attend a breast cancer-specific clinic staffed by a multidisciplinary team of clinicians rather than having separate appointments with doctors and allied health workers in different clinics.

The Austin has always been a leader in multidisciplinary care. The launch of the state government's *Cancer Action Plan* in 2008, combined with Austin's partnership with other health care providers in the region through the North Eastern Metropolitan Integrated Cancer Service (NEMICS), has allowed us to strengthen and build on this position.

Processes are now in place to meet the government's target of documenting multidisciplinary treatment plan meetings for 80 percent of newly-diagnosed patients by 2012. At present, the Austin holds such meetings for 40 percent of new patients, bringing together surgical, radiation oncology, pathology, medical oncology, nursing and allied health staff in the one room. 'Some teams include the patient in the discussion but in other cases the outcome of the meeting will be discussed with the patient later,' Ms Longton says.

Austin staff are also able to assist with multidisciplinary treatment planning for patients from its partners at the Mercy Hospital for Women, Eastern and Northern Health, as required, with NEMICS providing administrative and infrastructure support.

Ms Longton says the Olivia Newton-John Cancer and Wellness Centre (the Centre), due to open in 2012, will also assist with the multidisciplinary approach. 'The Centre is being purpose built with the outpatient component able to house multidisciplinary clinics and multidisciplinary meetings and have video conferencing facilities for both local and country health care facilities.'

Consumers have actively contributed to the development of the multidisciplinary care model and the design of the Centre. 'It's not just bricks and mortar it has been designed specifically to meet best practice cancer care standards around the world,' Ms Longton says. Austin Health is also building up its wellness and supportive programs including meeting patients' psychological, social, physical, information and spiritual needs, in preparation for the opening of the Centre.

'While we have had a well-established team and specialist cancer nurse staff to support our cancer patients during their treatment, we are building on those services to work towards each patient being screened for their supporting care needs with the Austin either attending to those needs or referring them to the relevant service. We are not just treating the cancer but treating the person,' Ms Longton says.



Professor Jonathan Cebon, Medical Director of Cancer, Spinal and Outpatients, consults with a patient, while members of the multidisciplinary team (from left) Helen Longton, Quality Coordinator Cancer Services, Tina Griffiths, Day Oncology Nurse Unit Manager and Jim Siderov, Senior Pharmacist Cancer Services, confer.

ADVANCE CARE PLANS IMPROVE OUTCOMES

Our researchers have found that coordinated advance care planning improves end-of-life care, increases satisfaction about the quality of care and reduces stress, anxiety and depression in relatives when a patient dies.



Patient Henrietta George.

Advance care planning involves an individual making their wishes for medical treatment clear should they become incapable of making decisions in the future. Advance care planning is supported at Austin Health by the Respecting Patient Choices® (RPC) Program.

In a six month study, which was published in the *British Medical Journal* earlier this year, trained RPC facilitators helped Austin Health patients and their families prepare advance care plans when they were admitted to the hospital.

Researcher Dr Karen Detering says the study found 92 percent of patients who underwent the planning process had their end-of-life wishes respected compared to 30 percent for the control group.

Patient and family satisfaction was much higher in the intervention group and levels of stress, anxiety and depression were lower for family members after the patient had died, compared to the control group.

Dr Detering says the study shows the importance of health care services implementing an advance care planning system 'to assist patients to reflect on their goals, values and beliefs, consider future medical treatment preferences, appoint a surrogate, and document their wishes'.

'Our findings dispel the common myth that patients are distressed by this discussion. Intervention patients were significantly more likely to be very satisfied with overall care in the hospital, information provided, being listened to and being involved in decision-making.'

What patients and families said

- Very caring staff, no-one has asked me before what I would want when I get really sick. It was really great. It made me feel relieved.
- They asked me what I wanted and I told them and they listened ... wow they really cared.
- He had a very peaceful death, just as it should have been and I would like to thank all staff for this.
- We felt really comfortable making decisions because we had discussed it with him.



RPC consultant Susan O'Callaghan speaks with patient Henrietta George about advance care planning.

Respecting Patient Choices®



Working with GPs and Residential Aged Care Facilities

Residential aged care residents and members of the community will have a greater opportunity to make their end-of-life wishes known as a result of a pilot program to make Respecting Patient Choices® (RPC) program more accessible.

Austin Health's RPC team is working closely with General Practitioners (GPs) and Residential Aged Care Facilities (RACFs) to ensure more members of the community have the opportunity to talk about and document their wishes for end-of-life care.

With GPs playing an essential and central care role both in residential aged care and in the community, the RPC team has been working closely with with Australian General Practice Network and local GP networks. Together they are working towards the development of systems and practices that would improve the provision of advance care plans to residents in RACFs.

GP networks have offered their support in the development of systems and practices that would make it practical and economical for GPs and their practice staff

to provide advance care planning services to patients, including those in RACFs.

Acting on National Health and Hospital Reform Commission's recommendations, RPC is also refining a model for the effective and efficient training of RACF staff to deliver advance care planning and end-of-life care to their residents.

Twelve RACFs in metropolitan Melbourne, and eight in regional Victoria, are participating in the project to make advance care planning routine by training staff in advance care planning and end-of-life care.

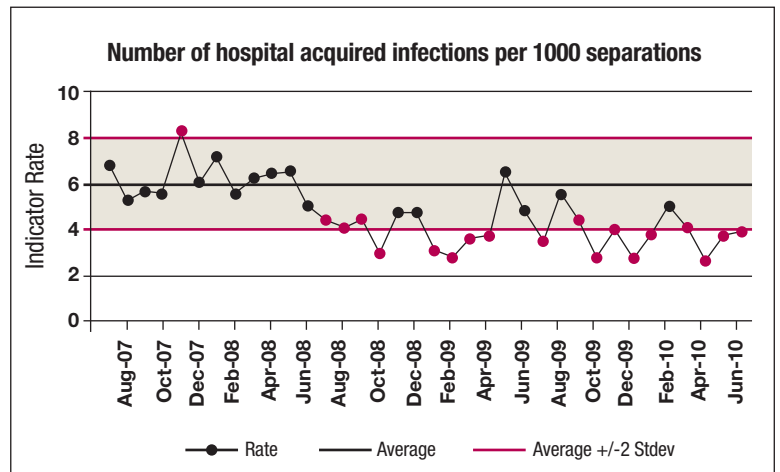
The Dimensions of Quality in Healthcare



Examples of some of the indicators that are measured and monitored at Austin Health are: safety, effectiveness, appropriateness, acceptability, access and efficiency.

Safety: A major objective of any health care system should be the safety of patients. Harm arising from care, must be avoided and risk minimised as far as possible with the principle 'first do no harm'.

- The number of hospital acquired infections per 1000 patients discharged shows a steady decline since 2007.



Austin Health CEO, Dr Brendan Murphy, says safety is the priority at Austin Health.

Patients deserve care and treatment that is safe and effective. Whilst we have designated 2010 'The year of safety at Austin Health', in reality, safety and quality are always our priority.

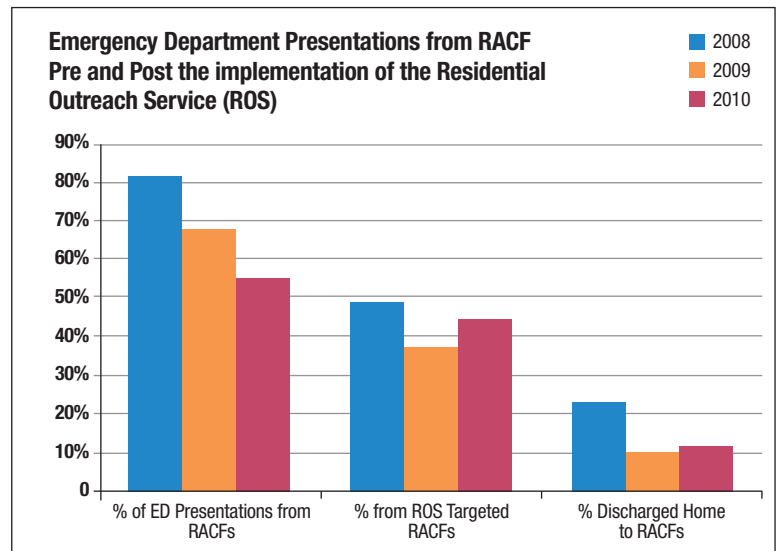
Austin Health benefits greatly from its role as an academic medical centre with extensive research programs. There is a strong relationship between the strength of medical research in hospitals and the quality of patient care provided. A research culture is a questioning culture, always striving to challenge the underlying hypotheses and use the latest evidence.

Some of the best clinicians are attracted to, and retained by, the public health system because it offers them the opportunity to be actively involved in research that balances and complements their clinical interests. Victoria has the strongest medical research in Australia and the best performing public health system. This is not, in my view, a coincidence.

However, it is not enough to believe that we are a centre of excellence, we continually monitor and measure key indicators across several dimensions of quality as identified by the Victorian Quality Council. These tell us how well we are achieving our goals and what, and how, we need to improve.

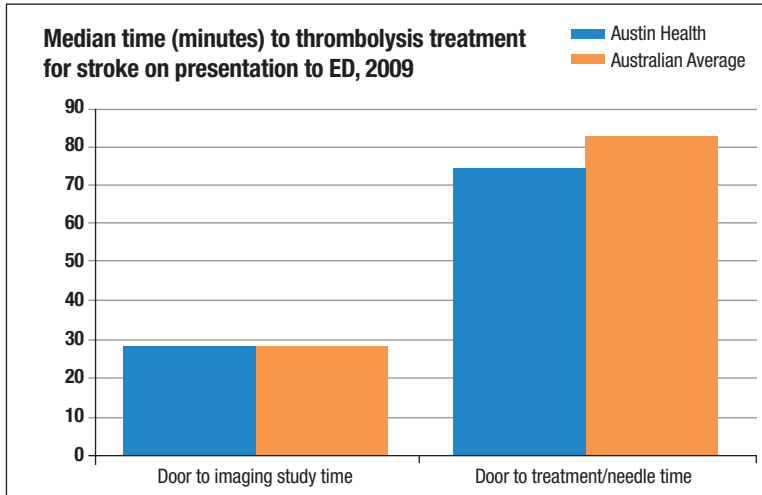
Effectiveness: Treatment provided should be effective in that it benefits patients. This can be measured by comparing our outcomes with other health services or standards, including:

- The reduction in the number of people in Residential Aged Care Facilities (RACF) presenting to the Emergency Department shows the effectiveness of the outreach intervention in providing treatment to people in their RACF.



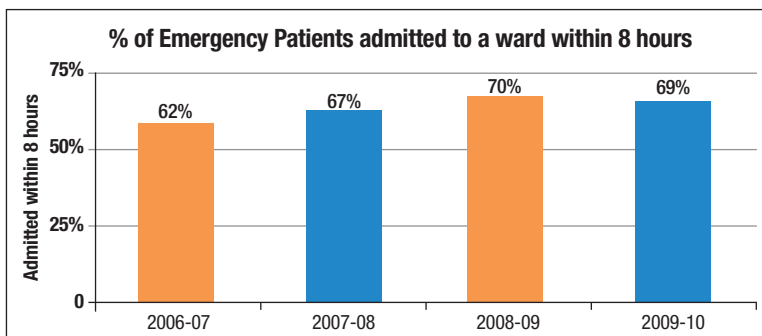
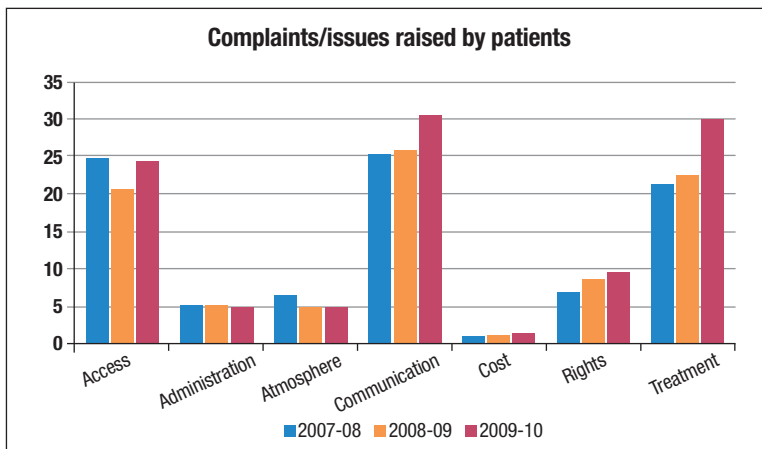
Appropriateness: Doing the right thing to the right patient, at the right time and avoiding over and underutilisation of resources.

- Median time to thrombolysis treatment for patients with stroke compared to Australia wide average demonstrates Austin's performance in the provision of this time critical treatment.



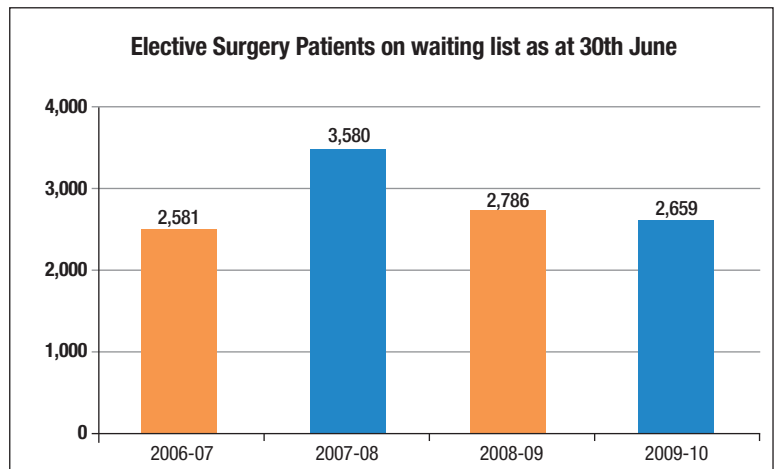
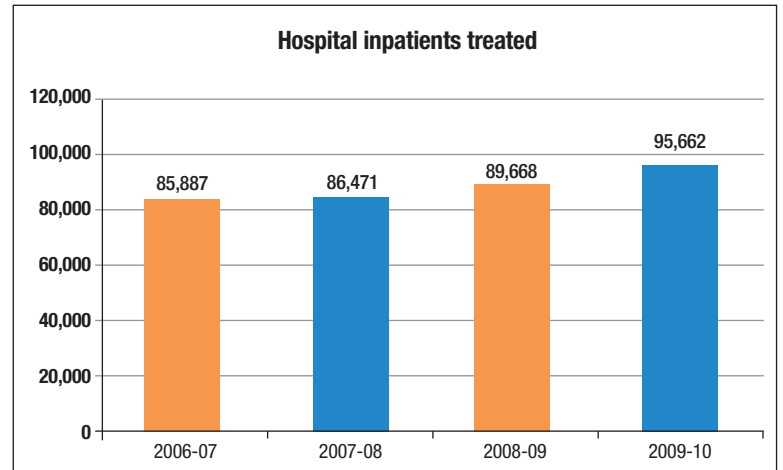
Acceptability: Consumers must have the opportunity to participate collaboratively with health professionals to ensure that the service meets, or exceeds, patients' expectations.

- Consumer complaints have risen in line with the increase in patient numbers. This chart also indicates that Austin Health has been successful in creating a positive and open culture that ensures consumers feel comfortable to raise their concerns
- The number of patients admitted to a ward within eight hours has increased from 62 percent in 2006-07 to 69 percent in 2009-10.



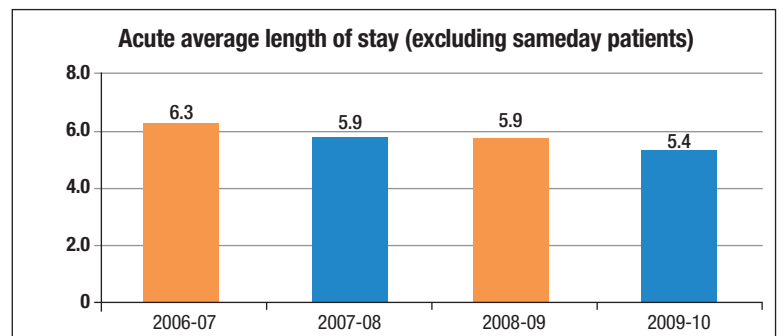
Access: Health services should offer equitable access to the population they serve on the basis of need, irrespective of geography, socio-economic group, ethnicity, age or sex.

- The number of patients being admitted and treated at Austin Health has grown by almost 10,000 a year since 2006-07
- The elective surgery waiting list has dropped to 2,659 patients from a high of 3,580 in 2007-08.



Efficiency: Health services must ensure that resources are utilised to achieve value for money.

- Austin Health patients can return home almost a day sooner on average in 2009-10 than in 2006-07 due to a range of service improvements.



Getting a consumer perspective

The Austin Health Community Advisory Committee

Volunteer and Consumer Advisory Committee member Helen Robertson is proud of the contribution her committee has made to improvements to the running of Austin Health's Outpatient Department (Specialist Clinics).

Ms Robertson is one of 12 members of the community who sit on the Austin's Consumer Advisory Committee, along with two members of the Austin Board, to provide the health service with a consumer perspective.

That perspective contributed to a series of changes to the way the Outpatient Department (Specialist Clinics) operated, including the reminder phone calls and text messages, which have led to a decrease in the number of missed appointments and an increase in the number of people giving sufficient notice for a cancellation to allow another patient to benefit.

Ms Robertson's involvement with the Austin began four years ago when, moved by the loss of her husband to leukaemia, she decided to become a palliative care volunteer, spending time each week talking and providing companionship to patients with cancer.

'I wanted to do something in the community and as I was getting closer to retirement at that time it was like a bridging thing. I wanted to get myself into something that I felt was really worthwhile.'

Volunteer Helen Robertson provides a hand massage to a patient.



'It's an amazing thing to journey with someone to the end and for them to allow you in their journey. I think that's a really mind-boggling thing to experience and very humbling.'

In 2008, Ms Robertson took up a staff member's suggestion that she apply to join Austin Health's Community Advisory Committee. It took some time for her to find her feet but it is an experience she has found very rewarding.

Ms Robertson says her fellow committee members bring different experiences to the table to give the hospital a different consumer perspective and she is confident that their input is valued.

'The Board members are very good at listening and giving people time, even if not everyone agrees. So I feel that the people really do have a say in the hospital and are involved. You may not get all of the things you want but you are there to have a say.'

Ms Robertson says being on the Consumer Advisory Committee is an experience she would definitely recommend to other people who share a commitment to health issues and are interested in assisting the Austin.

'I think it is a great hospital. Sure we all get complaints from time to time but I think that it's a good service and it gives you a good feeling to be able to be part of it. From patients you nearly always hear how good the staff are.'

Consumer feedback

– what you think of us is important

All feedback, both positive and negative, is taken very seriously. Complaints are fully investigated and a response is provided to the consumer who raised the concern.

We encourage consumers to raise their concerns directly with staff as a first step, but if they find this difficult, the staff at the Patient Representative Office can help and may coordinate a meeting to discuss and clarify any issues with the clinicians, the patient and their family. There are a number of ways for consumers to provide feedback, including speaking directly to staff, via local feedback surveys such as *My Say*, the Austin Health internet or by contacting the Patient Representative Office on 9496 3566.

Community Participation Plan encourages involvement

The Department of Human Services' policy *Doing it with us not for us* (2006) outlines the strategic directions for consumer, carer and community participation for health services. The table below illustrates participation activity across Austin Health.

	STANDARD	INDICATOR	EXAMPLES OF PROGRESS
GOVERNANCE	The governing body is committed to consumer, carer and community participation.	The health service meets the relevant Australian Council on Healthcare Standard (ACHS) EQiP standard.	ACHS awarded Austin Health full four year accreditation in 2008, compliance with the standard for consumer participation was demonstrated.
	There is participation in higher level decision making.	Consumers, carers and community members are involved on key health service committees.	Consumers are represented on key health service committees across Austin Health, including Cancer Services, the Mental Health Clinical Services Unit and Veteran Services. At the strategic level, Austin Health's Community Advisory Committee advises the Board and advocates on matters of consumer participation. Consumers involvement has been invaluable in the development of a service model for the Olivia Newton-John Cancer and Wellness Centre.
ACCOUNTABILITY	The service reports openly to its communities on quality and safety and consumer participation in its processes.	The health service actively monitors and evaluates participation.	Austin Health reports on quality and safety issues and consumer participation through the annual Quality of Care Report.
		The health service develops and reports on a Community Participation Plan.	Austin Health Community Participation Plan 2010 – 12 outlines participation activities across the three areas of capacity building, consumer participation and community involvement. The plan aligns with the strategic direction of the hospital and can be accessed at www.austin.org.au
		The health service is committed to improving services for the hard to reach communities.	A new cultural diversity website supports staff by providing information about interpreter services, cultural awareness and training. An Aboriginal Health Advisory Committee has been established in 2010.
		There is participation in the development of consumer health information.	Health information is developed with input from consumers. The Stroke Team brochure was developed as a result of a consumer's request for information concerning staff roles within the Stroke Team.
		There is participation in quality improvement and an ongoing program of evaluation.	The Austin Health Consumer Register enables consumers and community members to participate in quality improvement and evaluation.
HEALTHCARE & TREATMENT	There is consumer and, where appropriate, carer participation in clinical care.	There is consumer participation in decision making about care and treatment.	The procedure for consent for surgery has been reviewed and improved in 2010. The change ensures patients are fully informed about their surgery and have the opportunity to ask questions and sign informed consent, well in advance of the surgery date.

If you are interested in participating at Austin Health, please contact the Consumer Participation Support Officer on 9496 5186.

WORKING TOGETHER TO IMPROVE MENTAL HEALTH SERVICES

Learning from the experience of our patients

Providing inpatients with Foxtel and revamping the orientation process to the ward are just some of the practical suggestions from consumers that the Austin Mental Health Service have acted upon.

The service actively encourages feedback from both consumers and carers as part of its philosophy that feedback on their 'lived' experience is needed to ensure optimal, effective and high-quality care.

The service provides a comprehensive range of child, adolescent and adult psychiatry services for consumers in Melbourne's north eastern suburbs, both in the community and with 135 inpatient beds. It also provides a number of regional and statewide specialist services such as the Psychological Trauma Recovery Service, Brain Disorders Program and Child Inpatient Unit.

Making consumer feedback a priority, the service employs a Consumer Consultant and a Family/Carer Consultant to bring both the consumer and carer perspective to all aspects of service development, delivery and evaluation.

Having experienced the service themselves, the consultants are in a unique position to be able to liaise with other consumers and carers and bring a highly valued perspective to decision-making processes at the most senior levels.

Consumer and Carer Advisory Groups have been established for both the child and adolescent, and the adult services to provide feedback and advice. This includes a new youth advisory group called Super Hornets comprising young mental health consumers who have had previous treatment with the service. Part of their role involves running a session in

the Adolescent Inpatient Unit to encourage feedback from patients, which can then be used to improve the service offered.

Consumer satisfaction surveys given to patients at the point of discharge are another way the service seeks feedback. The surveys often provide practical service improvement ideas, such as buying DVDs and making snacks available at night. Staff and senior management receive monthly reports on the survey results, providing them with firsthand accounts of consumers' experiences of the service and improvement suggestions.

Feedback can make a real difference to the way the service runs. A carer who had been frustrated about inadequate communication about her son's treatment was concerned at the difficulty she experienced in receiving information when he was discharged from the inpatient unit. The family's case manager worked with the Carer Consultant to address the carer's issues, which resulted in a change of practice across the entire Child and Adolescent Mental Health Service (CAMHS).

A standard carer's discharge report template was developed and forwarded to the Consumer and Carer Advisory Group for comment. Changes recommended by the group were incorporated and it is now a service expectation that each carer must be provided with a clear report at the time of discharge.

The same carer has recently written a letter of gratitude stating she now feels she 'can openly provide feedback about the service and my experiences as a carer... It is an indication of the changing culture at CAMHS. This cultural shift from 'us' and 'them' to one of partnership is a wonderful thing to a carer'.

A volunteer guide.



Volunteers at Austin Health

More than 750 volunteers enhance the experience of Austin Health's patients and visitors by providing practical and emotional support.

Volunteers assist in a variety of ways, including transporting patients to their appointments, sharing their woodworking or craft skills, health promotion, visiting veterans, delivering newspapers or simply providing a reassuring presence.

People who take part in the volunteer program report an immense sense of satisfaction from helping and caring for others with the huge range of roles catering to a variety of skills, interests and availability.

Call Volunteer Services on 9496 2337 or email volunteers@austin.org.au for details on how you can help.

Input from consumers and carers helps improve services

Austin Health Mental Health Service Plan 2010-20

Consumers and carers input has guided a 'radical' change to the way services will be structured and delivered to mental health patients at Austin Health.

Austin Health's Mental Health Service Medical Director, Associate Professor Richard Newton, says carers and consumers were consulted over a period of months to inform the development of the Austin's *Mental Health Service Plan 2010 - 2020*. Focus groups and workshops were followed by a further opportunity to comment on the draft plan.

A/Prof Newton says the result is 'quite a radical change to the way we are working', with a plan to end the system that saw young people with a mental illness automatically transferred to adult services or discharged from public mental health services when they turned 18.

'Eighteen is a time of great transition for any young person, when they are often moving from high school to tertiary studies or work,' A/Prof Newton says.



Mental Health Services precinct at Austin Health.

'We are shifting away from using a formal age group for patients and moving to placing young people in a service based on their developmental stage.'

Another issue tackled by the plan as the result of consultation with clients and carers is that there will be a single point of access for mental health services – making it much easier for people to find help. Consumers and carers will be provided with assistance navigating the service sector and there

will be a stronger focus on working with General Practitioners (GPs), other health workers, schools and other groups to help people get the right care earlier.

A/Prof Newton says feedback from consumers and carers on the consultation process for the plan was positive, with comments including: 'I feel quite proud to play some small part in what is obviously a huge commitment to change,' and 'The summary of the future services model seems absolutely fantastic to me as a carer of a kid at the Child and Adolescent Mental Health Services (CAMHS).'

Key internal and external stakeholder groups were also consulted to identify opportunities for improvement including: staff from mental health and related services such as the Emergency Department, the Primary Care Partnerships in the north east metropolitan area, GPs, community health centres, local councils, and the Department of Health.

WHAT ARE YOUR HEALTH CARE RIGHTS?

Austin Health has updated its Charter of Health Care Rights and Responsibilities to nurture a culture that supports vulnerable patients and promotes respect for its staff.

The Austin decided to review its long-standing charter after the state and federal government health ministers endorsed the *Australian Charter of Healthcare Rights*, in 2008. The national charter aimed to encourage patients and carers to actively participate in their own care and in the development of the healthcare system by setting out their rights to:

- timely access to appropriate health care
- be kept safe from harm while in hospital
- communication that is understandable to lay people

- participate in decision-making about their care
- respect for their individual dignity
- personal privacy and confidentiality
- make comments on the care they receive.

With the assistance of two consumer representatives, Austin Health updated the charter to ensure it was consistent with the national version, and included patient's responsibilities such as:

- being open about their health history
- advising of any religious or cultural requirements

- giving the hospital notice if they can't make an appointment
- treating everyone at Austin Health with care and respect.

The Austin is committed to ensuring hospital staff are familiar with the charter and promote a culture that protects the rights of patients, particularly those who are most vulnerable due to disability, age, and cultural differences or language difficulties.

Copies of the charter are available to patients on admission and on the Austin Health webpage.



The mural in the Outpatient Department.

Friendly reminder calls increase attendance at clinics

The introduction of a new SMS reminder service for the Outpatient Department (Specialist Clinics), has led to 546 fewer patients failing to attend their outpatient appointment than the month prior to its launch. The department is in the process of being renamed Specialist Clinics, in line with terminology used by the Department of Health.

The SMS reminders are just one of the improvements that have been incorporated by the Outpatient Department in response to feedback from consumers, input from the Consumer Advisory Committee and the commitment of Austin Health staff to enhance and streamline services for patients and clinicians.

In June this year, staff began contacting patients via SMS or landline 24 hours before their clinic appointment to remind them and give them enough notice to cancel if they no longer required the appointment.

A nurse-led procedure clinic began in February for patients who have non-complex medical needs, freeing

up resources for patients who require more complex care and treatment. Almost 400 patients have been seen by the nurse-led clinic up to August this year in the specialities of gastroenterology, general surgery, plastics and orthopaedics.

Other improvements include a review of the appointment structure to reduce waiting times; a queue management strategy; and, announcements to patients in the waiting area to inform them of current waiting times and advise them of any unforeseen delays.

Referral guidelines are also being used in some specialties to ensure that patients have had any necessary tests and diagnostics before their appointment so the doctors have all the information they need.

In a bid to further improve the patient experience at the Outpatient Department, a Volunteer Ambassador Program is planned, with volunteers to greet patients on arrival to help them feel more comfortable and informed. Recruitment of ambassadors will begin by the end of the year.

HOSPITAL CHEFS EAT ON THE JOB TO IMPROVE FOOD QUALITY

Austin Hospital has performed well on the latest Victorian Patient Satisfaction Monitor (VPSM), which is an independent survey of people who have used public hospital services.

The monitor provides six monthly reports comparing satisfaction levels between similar hospitals by using surveys from a random sample of patients.

Senior Austin staff and the Board review each VPSM report and feedback the results to staff. Areas identified as needing improvement are investigated and, where necessary, action plans are developed to address service issues.

Whilst the majority of patients at all three Austin Health sites at the time of the last VPSM survey were satisfied with their care, the Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre performed slightly below average for their hospital category. A working party has been established to investigate and respond to concerns.

Food quality was also highlighted as an issue by the latest VPSM, however in the latest Metropolitan Patient Meal Service Questionnaire, patients gave Austin food a satisfaction rating in excess of the 85 percent target.

With the aim of improving the quality of the food, for two days per week over a three month period, the Medi-Chef cooks dined on hospital meals, just as the patients receive them.

The cooks evaluated each of the meals and were pleased overall with the flavour, quality, appearance and texture of most items.

Some opportunities for improvement were identified and changes were made, for example to vegetable cuts to improve soup texture and to processing of one of the hot sauces. This proved to be a very valuable exercise that will be repeated.

An improved approach to eating disorders



Associate Professor Richard Newton, Medical Director of Mental Health Services with members of the eating disorders team.

The number of patients with eating disorders needing to be readmitted to hospital has dropped and their average weight gain has increased as a result of changes to the way patients are assessed and treated.

Anorexia nervosa is a severe and devastating mental illness that affects between one and five percent of young women and their families. It has a mortality rate of between 15 and 20 percent.

The Austin's Eating Disorders Unit has been working with anorexia patients for more than 20 years, with most referred directly from their GP. In 2009, in keeping with evidence-based practice, the unit changed its processes to manage patients in the community unless their weight was sufficiently low to warrant a hospital admission.

A new pre-admission assessment was introduced that included the development of clearly identified goals and motivational interviewing. A relatively new technique, it increases a patient's desire to change

anorexia-related thoughts and behaviours. Cognitive behaviour therapy and mindfulness techniques assist the patient's tolerance to distress. Daily joint goal setting, reviews, more formal family work and clear discharge planning, form a virtual team in the community with the Austin's Mental Health Service and public and private specialist eating disorder services.

Within the unit, a specified women's room has been redeveloped to provide a warm, safe and therapeutic environment, away from the rest of the acute unit. It is decorated with the patients' work, including coping cards. Families now can attend meals with their family member on the ward and participate in the meal support. This allows the family to learn new approaches to the often stressful period of meals.

Patients are no longer moved to the acute medical ward if they are continuing to lose weight, and require naso-gastric feeding, but can stay within the Eating Disorders Unit.

The results of the changes have been dramatic, with the inpatient program now seeing sicker patients who have a lower Body Mass Index (BMI) on admission and require a longer stay but who gain an additional 3.4kg on average.

Staff, patients and their families have all embraced the new model, with comments including from a 19-year-old former inpatient: 'I would like to take the opportunity to thank you and the rest of the staff of the eating disorders team for your help and support. I know that without you I would not be where I am today, and in fact I might not be here at all.'

The unit has established monthly forums and on-going training in best practice for staff, including input from recovered patients. It has also assisted in establishing a research group with St Vincent's Mental Health Services and the University of Melbourne with the aim of adding to the currently limited body of research on anorexia.

Year	Patients admitted	Admission BMI	Discharge BMI	BMI change	Mean weight gain	Average length of stay
2008 (prior to changes)	29	17.65	17.8	0.15	0.4kg	19.5 days
2009 (after changes)	32	15.7	17.1	1.35	3.7kg	33 days



Clerical staff from wards 6 East and West receive the Spirit of Anzac Award from board member Stephen Kerr and Mike O'Meara from the Department of Veteran Affairs.

THE SPIRIT OF ANZAC

Clerical staff have been awarded the health service's annual Spirit of Anzac Award in recognition of their efforts in improving communication, teamwork and camaraderie on wards 6 East and 6 West, by introducing an initiative of close co-operation and sharing of resources.

Veteran Liaison Officer Robert Winther says it is an honor for the staff to be presented with the award, which 'recognises staff who work as a team in challenging circumstances, in the spirit of the Anzacs and Simpson and his donkey'.

The clerical staff were nominated for showing 'exceptional teamwork' and enthusiasm, which has increased their efficiency and created a more professional and pleasant public image of Austin Health.

'This change in culture has been so significant that it is now impacting on nursing and allied health teams, resulting in improved communication, teamwork and camaraderie between 6 East and 6 West,' their nomination stated.

The ward clerks were presented with the award at the traditional Anzac Day ceremony held at the Heidelberg Repatriation Hospital on Friday, April 23. More than 600 people attended the ceremony, including school and creche children and visitors from Papua New Guinea.

Ngarra Jarra Program providing support for Aboriginal and Torres Strait Islander people

Austin Health's Ngarra Jarra program offers assistance or support to every patient who identifies as Aboriginal, with a total of 487 inpatients and 455 outpatients contacted in the six months to June this year.

Aboriginal people suffer higher rates of chronic conditions than the general population and are highly represented as Austin patients with renal, cardio-vascular, respiratory and diabetic conditions. Austin Health employs an Aboriginal Hospital Liaison Officer, Suzanne Nelson to support and assist patients and their families and ensure they are linked into culturally-appropriate services on discharge.

Ms Nelson confirms every outpatient appointment with Aboriginal patients in a program that has reduced rates of 'failed to attend' in the last six months by five per cent, down to 25 per cent. Ms Nelson also visits most inpatients across the three Austin Health sites.

Support is provided not just for the patient but for visiting family members, and care is taken to ensure referrals and discharge planning are appropriate for each particular patient through networks with community organisations. All staff have access to informal briefings or more formal education and training on the cultural needs of their Aboriginal patients through the Ngarra Jarra program.

Former Austin Health patient Elder Uncle Kevin Coombs was one of the distinguished guest speakers during a NAIDOC week event cohosted by Mercy Hospital for Women. Uncle Kevin recalled his misadventures as a 12-year-old that led to his admission to the Austin with spinal injuries. He would later become director of the Aboriginal Health Unit where he was responsible for establishing Aboriginal Liaison Officer positions, now a feature in more than 30 Australian hospitals.

Austin Health CEO, Dr Brendan Murphy, acknowledged the traditional owners of the land on which the hospital is built, and welcomed Aboriginal Elders and more than 100 staff and community members to the NAIDOC celebration.



Aboriginal Hospital Liaison Officer, Suzanne Nelson with Uncle Kevin Coombs, local Jagajaga MP Jenny Macklin, Minister for Families, Housing, Community Services and Indigenous Affairs and Auntie Georgina Lovett during NAIDOC week.

A new look Cultural Diversity Unit to meet the needs of a diverse community



Cultural Diversity Unit team from left: Katerina Stefanov, Alev Tanyer, Zeina Beirouty, Suzanne Nelson, Kerry Wise, Stavroula Antonopoulos, Zlatko Blajer, Constance Chik, Helen Kyriacou and Thea Longhi (absent Partrizia Burley, Chris Leong).

Austin Health has restructured the interpreter and trans-cultural services, which saw more than 14,000 patients request interpreter services last year, into the Cultural Diversity Unit to better meet the needs of our broad patient demographic.

The new unit, which includes in-house and casual interpreters and Aboriginal Hospital Liaison Officers (AHLOs), was restructured in response to the Department of Health’s launch of a new *Cultural Responsiveness Framework* for all health organisations in Victoria.

In keeping with the framework’s focus on a whole-of-organisation approach, the unit reports to two committees, both with memberships including the Austin Health Executive and staff as well as consumer and external stakeholder representatives.

The Cultural Diversity Unit provides in-house interpreting to all three hospital sites, with offices located at both Austin Hospital and the Heidelberg Repatriation Hospital.

The Cultural Diversity Unit offers cultural responsiveness and working with interpreters training sessions. In June the unit held a cultural diversity seminar for allied health and nursing professionals to raise awareness of issues in working with patients from diverse backgrounds.

Interpreter Services July 2009 - June 2010

Services provided	11,066
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Ten most frequently provided languages

Language	Services provided	% of total services
Greek	2,408	19.3%
Italian	2,005	16.1%
Arabic	1,070	8.6%
Mandarin	1,051	8.4%
Macedonian	935	7.5%
Turkish	833	6.7%
Vietnamese	794	6.4%
Cantonese	715	5.7%
Serbian	504	4.0%
Croatian	269	2.2%

NO PLACE LIKE HOME FOR CATH

A range of aged care community programs assist elderly people to maintain their independence in the community, with packages including support for their carers.



Helen Fithall, Manager of Ambulatory and Continuing Care, with members of the Residential Outreach Service, Deb Brown and Kath Bowler.

Enjoying a cup of tea on the deck of her family home is a simple pleasure that Cath Hogan does not take for granted. After suffering a stroke in 2002, Mrs Hogan spent four years in a nursing home before her son, Bernie, decided to care for her at home.

‘It wasn’t a good environment for mum, she was often sick, she was in a four bedroom ward and she just watched as the others passed away,’ Mr Hogan says.

Convinced that his mum would be better off at home, Mr Hogan sold his business of 15 years and moved back to care for her in the house his parents bought when they first married in 1949. Mr Hogan has been supported in successfully caring for his mother at home by a range of services from Austin Health.

‘She was always a good mum and it was time for me to help her out. I know mum would drop everything to care for me if she could.’ But whilst Mr Hogan had the desire to care for his mum, he was ‘bewildered’ about how to go about it, until he discovered the assistance that was available to him through Austin Health. After an initial phone call to the Austin Health Aged Care ACCESS and Information Service, they were seen by the ACAS (Aged Care Assessment Team) who linked them in to short term case management services until a long term program was available.

With the assistance of their Austin Health case manager, the Hogans were able to develop a care plan with goals for Mrs Hogan’s rehabilitation, organise home visits by doctors and allied health workers and set her up with aids that have made her more comfortable.

The results have been amazing. ‘It’s the best thing ever. She’s improved 100 percent since she’s been home,’ Mr Hogan says. ‘When she was in the nursing home she had 12 different prescribed medications a day, mum is now down to two prescribed medications a day and one of those is aspirin’. While Mrs Hogan is still paralysed down her left side, her speech has improved significantly with regular visits



Cath Hogan and her son Bernie at home.

COMMUNITY CARE PACKAGES

Austin Health offers a range of packages to support people in the community with their health and care needs so they can maintain their independence. Aged Care Community Programs offer:

- Community Aged Care Packages (CACP), supporting people with low level care needs
- Extended Aged Care at Home (EACH), assisting people who would otherwise need to be placed in a residential aged care facility
- Extended Aged Care at Home Dementia Packages (EACHD)
- Transition Care Packages, assisting people moving from hospital to home or residential care
- Community Link Rapid Response Service (CLink), a short-term program to support people who are at risk of admission to hospital.

Enquiries about assessment or support packages can be made via the Aged Care ACCESS and Information Service on 9496 2489.

from a speech therapist and she is able to walk to the lounge room during her weekly physiotherapy session.

A carer also comes five days a week to assist Mrs Hogan get ready for the day. The service has also provided an emergency buzzer that Mrs Hogan wears around her neck to call for help if Mr Hogan is not there.

These services are part of the program of continuing care that Austin Health can provide to patients in their own home.

Austin Health case manager Leigh McLean says the Extended Aged Care at Home (EACH) program aims to support not only the patient, but the carer, providing much needed support and respite accommodation when Mr Hogan requires a break. Mr Hogan

says he is pleased and relieved with the support he receives. 'No matter how strong I believe I am, I don't think I would have been able to do it without the support of the EACH package.'

'It's given her an extension of life. I think she's going to outlive me at this rate,' Mr Hogan says. 'She's aged yet she's improved – it's a miracle.' Mrs Hogan says she is pleased to be able to return to her Macleod house. 'It's made all the difference in the world, coming home - all my neighbours and friends were here. I like it here and have all the comforts I need,' Mrs Hogan says. 'When it's fine I sit out on the deck.'

When friends visit, they often stay for hours, enjoying the relaxed atmosphere of her house, rather than a nursing home.

Reducing the risk of patients falling



Nurse Diana Hansen adjusts a specialised low bed which provides a safer environment for patients at risk of falling.

Austin Health has a proactive program that identifies those most at risk and works to reduce their likelihood of having a fall.

Elderly people have an increased risk of a fall. Victorian Government data indicates one third of people over the age of 65 have one or more falls a year. Fall-related injuries can include skin abrasions, joint dislocation, bone fractures and head injuries and may result in admission to hospital or an increased length of stay.

Whilst in hospital the risk of falling can increase due to a range of factors that include the unfamiliar environment, being unwell and unsteady, adjusting to new medications and walking in unsafe footwear such as slippers.

Austin Health's falls minimisation strategy includes a risk assessment of all patients on admission and the development of an individual falls management program for those thought to be at risk. This can include reviewing and adjusting their medication, assessing walking aids such as frames and sticks, ensuring that the nurse call button and personal items are within easy reach, providing regular nurse-escorted toilet breaks and using protective padding on the hips.

Prevention better than cure

Initiative tracks vulnerable fracture patients

An Austin Health initiative has dramatically improved the treatment rates for low trauma or fragility fractures, which is likely to extend older patients' independence and quality of life.

Osteoporosis is a major public health issue in Australia with one in two women and one in three men over 60 suffering a fragility fracture. The majority of fragility fractures occur as a result of a fall and the consequences can be severe, including death or nursing home admission.

Even a fall from standing height can lead to broken bones for people with osteoporosis, which is referred to as a 'silent disease' as it is often diagnosed after a fragility fracture occurs. It is estimated that Australia's health care costs relating to osteoporosis total \$1.9 billion annually.

Concern that patients presenting with hip fractures were not receiving medical therapy for osteoporosis or appropriate follow-up after discharge led Austin Health to develop its Fracture Capture program. The initiative identifies patients with low trauma fractures and ensures they receive proper investigations, therapeutic interventions and follow-up to prevent further fractures.

Between June 2009 and May 2010, the program identified more than 1200 patients with fractures, 620 of whom are followed up in the Fracture Capture program and are considered to be at high risk of sustaining another fragility fracture.

The patients are encouraged to be involved in managing their own health with information packs, pathology and bone density referral forms and follow-up letters to attend the Bone or Men's Health Clinics.



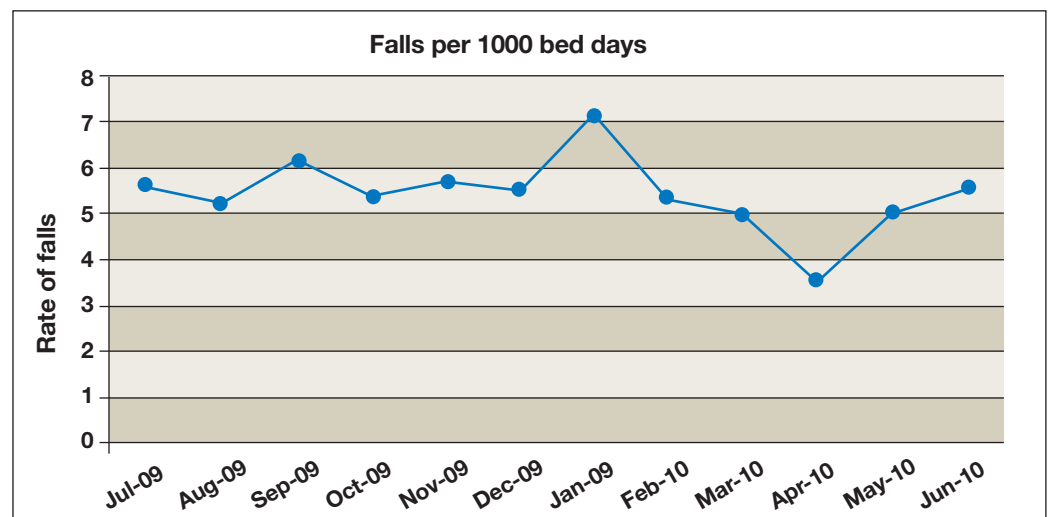
A patient speaks with interpreter Helen Kyriacou and nurse Michele Young.

The program has resulted in the following improvements from 2001-02 figures to 2009-10:

- a substantial increase in osteoporosis clinic bookings
- rate of osteoporosis treatment started in hospital up from 0.8 percent to 52 percent

- increase in vitamin D prescription from 12 percent to 65 percent.

The benefits of the program are likely to become evident over the next few years with a possible reduction in further fractures for patients, giving them a better chance of remaining independent and leading active lives.



Graph tracking the number of falls per 1000 bed days across Austin Health.

Preventing pressure ulcers

A systematic approach to prevention and management of pressure ulcers, a painful condition often referred to as bedsores, has seen its incidence at Austin Health drop by 19.6 percent since 2003.



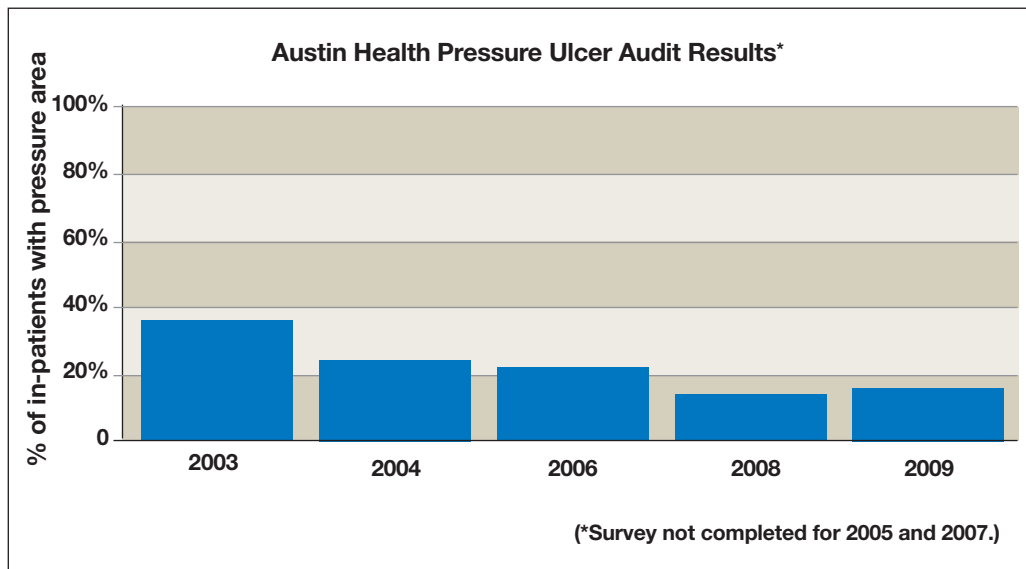
A pressure ulcer is caused by unrelieved compression or friction on the skin. Although pressure ulcers are largely preventable, they are a common problem in patients who spend extended periods in bed, particularly if they are elderly and have fragile skin tissue.

Pressure ulcers can cause great pain and can affect a patient's recovery, causing a longer hospital stay and a greater risk of other complications such as infection.

A statewide focus on the prevention and management of pressure ulcers began in 2003, when the Victorian Quality Council carried out the first Pressure Ulcer Point Prevalence Survey (PUPPS). The survey found Victoria's incidence rate of 26.5 percent was considerably higher than that experienced overseas and two thirds of all cases were acquired in hospital.

Since then, Austin Health has instituted a proactive approach to pressure ulcer prevention and management, which includes the best practice use of a Risk

Assessment Tool (RAT) upon admission, to identify patients at risk of developing pressure ulcers. The risk assessment enables management strategies to be put



in place including the use of devices such as special mattresses to relieve pressure and provide support, foam wedges to elevate vulnerable areas such as heels and calves and frames that lift blankets above the skin.

Austin Health has a specialist committee of nursing clinicians that reviews the occurrence of pressure ulcers across the health service, provides leadership on treatment and prevention and supports staff on the wards by providing education and

up-to-date information on pressure ulcer management.

Taking a proactive approach to pressure ulcer prevention and management has seen a steady decrease in the incidence of pressure ulcers at Austin Health in recent years, although there was a slight increase in the prevalence of pressure ulcers of 0.9 percent between 2008-09. However, during the same period, the use of the RAT rose from 42 to 70 percent.

Team work and determination: David's story of recovery

Band manager David Powell was the fittest he'd been in a long time when he was struck down with a mystery virus mid last year. After intervention from the healthcare team at Austin Health, he is now well down the road to recovery.

Initially, David put his high temperature and night sweats down to a flu. But with the symptoms worsening, Mr Powell collapsed on his way to a swine flu clinic and was rushed to the Austin Hospital.

It is there his memory begins to fail him, he remembers being in the Emergency Department and then a ward and then waking up in the ICU where he was told he had 'multiple organ failure'. A virus had attacked his heart and he was put into an induced coma. 'They thought I only had a 10 to 15 percent chance but thankfully the head surgeon went in.'

'I started getting better so they started losing all the machines and it seemed I was making a really good comeback,' Mr Powell says, but he then suffered a stroke and was rushed back to theatre to have part of his skull removed to relieve pressure on his brain. That surgery appeared to be a success, however his recovery and initial transfer to Royal Talbot Rehabilitation Centre was interrupted by a second stroke.

Again, he recovered enough to return to the Royal Talbot Rehabilitation Centre but then had to have another trip back to theatre for further heart surgery. 'The surgeon told me "I can't lie to you, this is going to be the hardest surgery I have ever done, but I have got the best A-team",' Mr Powell says.

'It was pretty emotional, my wife made the calls and a lot of friends and family came to say goodbye.'

Remarkably, Mr Powell survived. Whilst he will be on antibiotics for the rest of his life, he believes the worst is over.

'They said being so fit probably saved my life.'

Staff across different units and sites at Austin Health worked together to provide treatment for David's complex conditions



David Powell and Leah Cooper on their wedding day at Royal Talbot Rehabilitation Centre.

which crossed the boundaries of medical specialities. In David's case, Infectious Diseases, Cardiac, Thoracic and Vascular Surgery, Neurosurgery, Intensive Care and Rehabilitation specialties teams have collaborated to treat him through his illness and recovery.

A patch of joy during the drama of the past year was marrying his long-time partner, and mother of his two young children, at a ceremony in the grounds of the Royal Talbot Rehabilitation Centre. 'I had proposed the year before and she thought she didn't want to lose me without marrying me,' Mr Powell says. About 50 family members, friends and hospital staff attended the ceremony with Jet, the rock band that Mr Powell used to manage, performing.

'It was lovely, it was one of my favourite days,' Mr Powell says.

'I have to say I am really, really thankful for the quality of the surgeons and the nurses who put up with me,' Mr Powell says, 'But it was my kids and the love I have for my now wife that made me live.'

SUSTAINABILITY: NOW A STRATEGIC PRIORITY

Austin Health has environmental sustainability as a key objective in our strategic plan. Staff input into the strategic plan led to the environment becoming a priority, and the creation of a new Environment Committee.

The committee will assist the Environmental Sustainability Coordinator, who was appointed in 2008 to identify and manage improvements in resource consumption, recycling and waste generation.

To date a number of departments have undertaken successful strategies to reduce waste, for example, the Food Services Department has reduced organic waste going to landfill by 45 tonnes per annum and recyclable materials from patient trays has reduced annual landfill by a further 47 tonnes.

Austin Health's sustainability report is available at www.austin.org.au

HEALTH PROMOTION NO IF AND NO BUTTS 100% SMOKE-FREE

Austin Health celebrated its first anniversary of being 100% smoke-free in July.

The health service is committed to helping staff, patients and visitors in their efforts to quit smoking, which is the single most preventable cause of death and disability, according the World Health Organisation.

Inpatient smokers receive highly specialist services during their stay in hospital with education, counselling and Nicotine Replacement Therapy. We also provide staff with online education to help them support nicotine-dependent patients during their inpatient stay.

Patients in need of further support, after they have been discharged with one week's supply of Nicotine Replacement Therapy, are referred to community smoking cessation units or Quit Victoria.

Emergency attendances grow

Coping with a massive increase in patient numbers, Austin Health's Emergency Department has created a quality unit to improve the efficiency, effectiveness and quality of care.

The Austin's Director of Emergency Medicine, Dr Fergus Kerr, says the Austin's Emergency Department (ED) saw 67,000 patients last year, up 67.5 percent on its 2005 figure of 40,000. Against that backdrop, Dr Kerr says the decision was made to ensure its service was world's best practice with the creation of a quality unit.

Dr Michael Yeoh heads the quality unit that includes a multidisciplinary team of doctors, nurses, allied health and clerical staff who take a systematic approach to targeting areas for improvement.

Dr Yeoh says staff have been very welcoming of the unit's research and recommendations. 'It's very evidence based and doctors and nurses are very driven by that.'

As a result of the team's work, a change has been made to the practice of managing patients with painful hip fractures, to ensure they are given pain relief more promptly.



Austin Health Emergency Department.

The team launched an education campaign for staff after a 2007 audit showed only one percent of patients received a nerve block to help with pain and had a median waiting time for pain relief of 228 minutes. The campaign led to a fall in the median wait time for pain relief to 90 minutes and a huge jump in the use of nerve blocks, with 36 percent of hip fracture patients now receiving one.

Other work by the unit has confirmed that the Austin is performing well against international benchmarks, including the fact no patients discharged from ED after suffering angina require a cardiology admission within the month, which is an excellent result.

The Austin sees 1300 people a year who have pneumonia and require blood tests, a chest x-ray and antibiotics. A 2010 audit by the quality unit found pneumonia patients are treated within the world's best practice time of three hours.

QUALITY OF CARE REPORT – DEVELOPED WITH COMMUNITY FEEDBACK AND INPUT

Community feedback on Austin Health's 2009 Quality of Care Report has helped shape the format and distribution of this year's report.

A working party with staff, Community Advisory Committee representatives and the Quality, Safety and Risk Unit considered all the feedback received from the 2008-09 report. As a result of comments we have added a more formal contents list and background information on Austin Health. We have also moved to a hardier cover to give the report a longer shelf life.

Of the feedback received, 75 percent was positive with most readers stating they enjoyed learning about Austin Health initiatives and day-to-day activities. The new magazine-style format was also popular.

This year, the working party has also revised the report's distribution strategy to focus on members of the community who utilise our services.

In 2009, the report was distributed to 100,000 local households and was made more readily available throughout the

health service with copies at the inquiries desk and in patient waiting areas.

This year the working party has decided to focus on circulation of the Quality of Care Report to patients, staff and key community stakeholders in preference to the general letterbox drop.

We have also identified locations where the report will be made available for the entire year, such as patient waiting rooms and local community centres.

Quick action imperative for heart attack patients

When Douglas MacKrill headed to the bathroom early one Friday morning, he had no idea he was about to benefit from an Austin Health initiative to streamline treatment for people suffering a suspected heart attack.

As the retired plumber grabbed a towel, pain shot down his arms, across his chest and jaw. Mr MacKrill had no doubt what was happening: 'I came out of the bathroom and said to my wife 'you'd better ring the ambulance, I'm having a heart attack'.

Within minutes, Mr MacKrill was in an ambulance and on his way to the Austin Hospital. 'On the way they faxed through the result of the ECG and I heard a voice over the radio saying "yes your patient is having a heart attack, we'll be ready".'

With a heart attack, every minute counts. The pain is an indicator of the damage that is being caused to the heart muscle by a blockage to the blood supply. The best treatment involves using a catheter to deploy a balloon to unblock the artery. A metal 'stent' is then inserted to keep the vessel open and restore the blood flow.

This procedure is carried out in the hospital's Cardiac Catheterisation Laboratory (Cath Lab) and research has shown that if a patient is treated within 90 minutes of arriving at hospital, known as their 'door to balloon time', their chance of survival is greater. For every 15 minute delay beyond that time frame, mortality increases by seven percent.

In 2008, the Austin achieved great success in reducing its median door to balloon times to 79 minutes with a new process called the 'Cath Lab Code', which was



Austin Health
Emergency Department.

11 minutes better than the accepted national and international 90 minute guideline. The process was designed especially for heart attack patients who presented to the Emergency Department (ED), allowing swift assessment and treatment.

But the multidisciplinary team of consultants, registrars and nurses from the Austin's ED, Cardiology department, Cardiothoracic Unit and Cath Lab were determined to improve further.

In June 2009, the team launched an initiative developed by Ambulance Victoria to enable ambulance officers to fax through an ECG to Austin staff who could confirm the diagnosis en route to the hospital and provide direct admission to the Cath Lab. This additional process reduced the overall door to balloon time further to only 75 minutes. In Mr MacKrill's case, the new process enabled his 'door to balloon' time to be a mere 32 minutes.

Mr MacKrill says when the ambulance arrived at the hospital, the doors of the hospital swung open, someone in a white jacket grabbed his trolley and he was

wheeled straight into the Cath Lab to have a stent placed in his blocked artery.

'I was very surprised at how fast it was,' Mr MacKrill says.

Back home five days later, Mr MacKrill says he feels no ill effects from the procedure and makes sure he keeps up his rehabilitation at home by using an exercise bike in his back shed.

'I can get on that pushbike for 10 minutes and I don't even get out of breath. I feel very fortunate.'

If you experience the following symptoms, which may indicate heart attack, call an ambulance immediately:

- **Pain, pressure, heaviness or tightness in:** chest, shoulders, neck, arms, jaw, back.

You may also experience:

- dizziness
- nauseousness
- shortness of breath
- cold sweat

Your opinion is important to us

Please tell us what you like about this report and how we can improve next year's. Please send your completed questionnaire to the reply paid address below or place in any feedback or "My Say" box at Austin Health.

Austin Health

Quality of Care Report
C/O Quality Manager
Austin Health
Reply Paid 5555
Heidelberg Vic 3084

Or email your feedback to:

feedback@austin.org.au

You can also submit your feedback on line at:

www.austin.org.au/publications

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

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

What did you think about the report? Please comment.

How could we improve the Quality of Care Report next year?

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We provide interpreters as part of our care and respect for patients.

GREEK Ελληνικά Μιλάμε τη γλώσσα σας



Helen Kyriacou



Stavroula Antonopoulos

ITALIAN Italiano Parliamo la tua lingua



Thea Longhi



Patrizia Burley



Constance Chik

MADARIN 普通话
CANTONESE 广东话
我说你的语言



Zeina Beirouty

ARABIC العربية
وأنا أتكلم لغتك



Alev Tanyer

TURKISH Türkçe
Senin dilinden
Sizin dilinizi konuşuyorum



Zlatko Blajer

MACEDONIAN Македонски
SERBIAN Српски
Јас го зборувам
вашиот јазик
Ја говорим ваш
језик