



# Austin Health

## Quality of Care Report 2006

**Distribution:**

170,000 local households  
December 2006

**Annual publication of the**

Austin Hospital  
Heidelberg Repatriation Hospital  
Royal Talbot Rehabilitation Centre  
www.austin.org.au

# Austin judged Melbourne's best health service



Austin Health staff celebrate winning the best health service award

Austin Health has won the 'top prize' at the 2006 Victorian Public Healthcare Awards for best public hospital in Melbourne.

The prestigious Premier's Award for the Most Outstanding Metropolitan Health Service of the Year confirms Austin Health's position as a world-class health service.

The award recognises the significant inroads made into reducing the time elective surgery patients wait for their operations and reductions in the time patients wait in the Emergency Department, in

both the waiting room and on trolleys. These improvements were achieved at a time of unprecedented growth in demand for services and within the health service's allocated budget.

Victorian Premier Steve Bracks said Austin Health had made a remarkable contribution to metropolitan health care, and that its outstanding performance, innovative business practices and excellent patient care programs had secured the award.

Judges said that Austin Health's performance was outstanding in all parameters.

Austin Health's Chief Executive Officer, Dr Brendan Murphy, attributes

the overall success to the hard work of 6,500 "incredible staff."

"This award is a true reflection of the quality and dedication of our staff. Since May 2005, when we opened our new facilities, we have been busy beyond our expectations. But our people have managed the extra demands, and at the same time reduced the number of people waiting for lengthy periods on trolleys, performed a lot more elective surgery, substantially reducing the elective surgery waiting list. Despite this, we ended the financial year with balanced books."

Dr Murphy said new, more pleasant facilities might have 'spurred staff on' but those in the older Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre also went the extra mile. "The success of our health service is that all areas are working together.

**In 2005-06, Austin Health:**

- treated 82,153 inpatients, up 6 per cent on last year
- treated 48,485 emergency patients, up 16 per cent on last year
- reduced the number of patients waiting for elective surgery by 600, or 24 per cent on last year
- balanced the budget

A patient's smooth journey through the health service requires doctors, nurses, radiologists, pathologists, physiotherapists, social workers, pharmacists, and many others to work together to create and deliver timely and effective services in a seamless manner. The pursuit of this co-operative state is what occupies a great deal of our energy and time".

Dr Murphy said future challenges would include continuing to cope with increasing emergency demand, workforce shortages and delivering services to people in their homes and in the community.

Five specific Austin Health programs and individuals were also recognised in the awards, either winning or being highly commended in their categories. A diabetes management program, conducted in partnership with GP Divisions and local community health centres, was one such winner and is featured on page 5 of this report. Another winner was the Respecting Patient Choices program, featured on page 8. A program commended for its work in improving safety in the operating suite is also featured in this report on page 11.

**More award winners:****• Excellence in Continuity of Care Award**

The 'Improving Diabetes Care' HARP program. Austin Health in partnership with the Northern and North East Valley Divisions of General Practice and Banyule, Darebin and Nillumbik Community Health Centres.

**• Excellence in Consumer and Carer Participation Award**

The Respecting Patient Choices Program for its work in residential aged care.

**Highly Commended:****• Excellence in Safety of Care Award**  
'Safety in the Operating Suite.'**• Minister's Award for Outstanding Team Achievement**

The Clinical Governance team.

**• Minister's Award for Outstanding Individual Achievement**

Professor Sam Berkovic for his groundbreaking work in the genetics of epilepsy.

English	Quality of Care Report
Arabic	تقرير جودة الرعاية
Chinese	照料品質報告
Turkish	Bakım Kalite Raporu
Macedonian	Извештај за квалитетот на негата
Greek	Αναφορά για την Ποιότητα Φροντίδας
Italian	Relazione sulla qualità delle cure
Vietnamese	Phúc trình về Chất lượng của việc Chăm sóc

# Message from the CEO



The quality of the patient experience is also about time people spend waiting for their elective surgery procedure and the time spent waiting in the Emergency Department for a bed in the hospital. The graphs below demonstrate the significant inroads we made this year into reducing the wait for elective patients to its lowest level in seven years, and reducing the number of patients waiting in Emergency to be admitted to a ward, dropping 94% compared to last year.

The relationship with our new neighbour and partner, Mercy Hospital for Women, has blossomed this year with many joint services working well together. Austin Health is providing a number of clinical and non-clinical supports to the Mercy, including medical specialist services, pathology, meals and security services.

It is perhaps self evident that our 6,500 staff are our most prized asset. I continually meet staff across the health service and have

repeatedly been amazed at the loyalty and commitment shown in all areas and across all occupations. At some stage either you, or a member of your family may become a patient of Austin Health, and you should be assured that you are in the best possible hands.

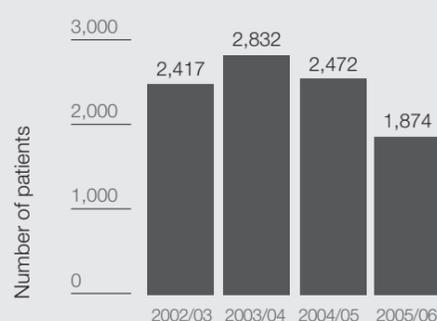
Austin Health has a 120-year history with the local community and the support we receive from our neighbours is incredibly important to us. We appreciate any feedback you have to share with us, so I encourage you to take the time to fill in the feedback form on the back of this report. It's your hospital, so it is important for you to have you say in order for us to remain Melbourne's best health service.

**Dr Brendan Murphy**  
Chief Executive Officer

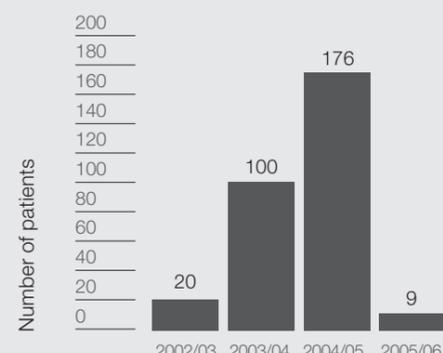
2006 has been another busy year for Austin Health. Since we moved to the new hospital tower in May 2005 the people of Melbourne's north-east have come to the hospital in record numbers. This increasing demand has challenged us but I am pleased to report that we have risen to this challenge and delivered world-class health care with care and compassion. It was this commitment to quality that secured us the Premier's Award for the Most Outstanding Metropolitan Health Service of the Year.

This report details a number of initiatives we have undertaken in an effort to deliver the best possible care to our patients. Patient safety remains the priority for staff across the health service, and by working together, we have improved our performance in such issues as pressure ulcers and falls prevention.

**Elective surgery patients waiting at 30 June 2006**



**Emergency department patients with length of stay greater than 24 hours**



## Keeping it relevant for the community

Austin Health's Community Advisory Committee works to ensure the three hospitals and our various services stay in touch with the views of the community we serve.

"They see matters with different eyes from health professionals and in a fresh way," said Consumer Participation Support Officer Ms Jenny Ashby. Ms Ashby is employed by the health service in a part-time role to support the committee.

The committee has 17 members - the largest of any public hospital Community Advisory Committee in the state - including 12 members of the public and two hospital board members. The Executive Director of

Nursing and Ambulatory Care attends all meetings to provide regular updates.

The committee's key role is to advise the Board of Directors of Austin Health on priority areas and issues important to

the community. The committee makes sure that consumers, carers and the community can have opportunities to effectively participate in planning and service delivery. One way is through the committee overseeing the development and actions of the Community Participation Plan, which informs people how Austin Health works with consumers, carers and the community.

This involves identifying priority areas for improvement. For example, communication and information was one area identified and as a result patient information brochures have been updated in plain English. Others were addressing the cost of car parking for long-term patients and improving signs in and around the hospitals.

Another important role for the committee is to speak on behalf of the community to make sure that the needs of disadvantaged and

marginalised people are heard and responded to by the Board.

"The Board acknowledges that things happen because the Community Advisory Committee continually reminds them and keeps them focused on particular issues of community concern," Ms Ashby said. Issues being campaigned for now include a pedestrian crossing between the railway station and new hospital entrance, and the cost of food for patients' families and visitors at hospital cafes.

Another way the Community Advisory Committee members get involved at Austin Health is by taking part in staff workshops to increase awareness about community participation.

"The committee wants to make 'thinking of the community' an everyday thing throughout Austin Health," Ms Ashby said. In addition to the committee, there are currently

30 other ways consumer and community participation happens at Austin Health.

The committee is a great resource for the health service as members have a range of interests and views but all share an interest in health and bring community views to the table. Some members have links to organisations, such as a migrant resource centre, Paraquod, rural & remote health consumers or the Vietnam Veterans Association.

Committee members are unpaid members of the public who volunteer their time, expertise and enthusiasm and are generally recruited from advertisements in local newspapers. Austin Health supports participation by covering the members' travel costs in attending meetings.

If you are interested in being on the Community Advisory Committee at Austin Health, look for advertisements in local newspapers in 2007.



Community Advisory Committee members.

**Seated:** Chris Chaplin, Beverley Cook, Howard Ainsworth, Blair Sanderson

**Standing:** Joe Manton, Barbara Hingston (Chair), Carlos Manabat, Elise Crowe

**Absent:** Cleo Dimer, Bob Elworthy, Janice Florence, Julie Peers, Helen Reid, Trephanny Walton

# Big jump in emergency patients



Dale Clayton (pictured) is one of the 145 patients treated by staff of the Austin Emergency Department each day

Austin Health has experienced continuing growth in the number of emergency patients treated this year.

Access and Demand Manager, Cameron Goodyear, said the hospital treated 48,485 emergency patients in 2005-06, up 6,660 from 41,825 in 2004-05. He said that an average of 18 extra emergency patients were seen each day. About 145 patients attended Austin Hospital's Emergency Department each day in September 2006 compared with 127 each day in September 2005.

"Since the new building opened in May 2005, we've had a 16 per cent increase in emergency attendances," he said. "We initially thought it was 'shiny new hospital

syndrome' but it has continued to grow and we are now expecting a further increase of 10 per cent in 2006-07. That means we will have experienced a 26 per cent jump in emergency attendances over two years."

Ambulance by-pass episodes have dropped significantly. This stemmed partly from a reduction in patients' length of stay in hospital and the development of care options that enable some aspects of hospital care to be provided outside the hospital, such as Hospital in the Home and the Medi-Hotel.

"This care is provided without reducing quality of care by following best practice guidelines," Mr Goodyear said.

Ambulance by-pass has been finely tuned to ensure the health system manages its peaks as efficiently as possible. Emergency departments now call one hour

by-passes, rather than the previous two hour periods. "The nature of all emergency departments is the unpredictability of presentations from one hour to the next" said Mr Goodyear. "So things can heat up and cool down quickly".

Time spent waiting on trolleys also fell, with the number of emergency patients admitted to wards within eight hours jumping to 71 per cent.

New initiatives and processes freed beds to keep patients 'flowing' through the hospital.

Some of these successful initiatives included 'multi-disciplinary triage' and 'fast-track' cubicles in the Emergency Department staffed by a nurse practitioner and doctor. These allow rapid treatment for less serious medical problems and have increased the proportion of emergency patients not requiring admission to a ward bed who are treated and home within four hours to 72 per cent.

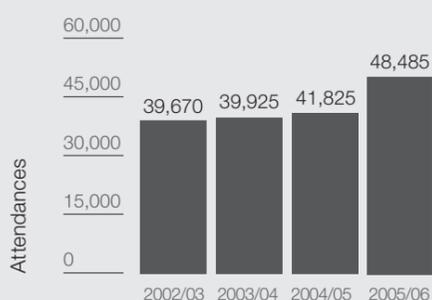
One of the biggest improvements was a dramatic fall in patients waiting in the emergency department for more than 24 hours for a ward bed. This dropped 94 percent from 179 people in 2004-05 to just 10 in 2005-06.

Extra state government funding and better co-ordination helped drop the elective surgery waiting list from 2,441 in July 2005 to 1,876 in June 2006. The number of times patients had their surgery postponed also fell from 18 per cent to 12 per cent.

Another initiative challenged all wards to identify one patient for discharge before 10am each day. Not every ward manages this every day, but staff have risen to the challenge, which has led to more beds freed earlier in the morning for admissions.

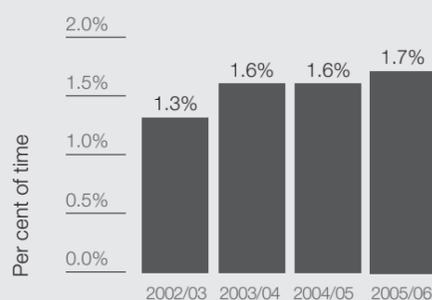
"There has been fantastic staff co-operation and real commitment to this," Mr Goodyear said. "This improved patient flow and delivering on performance targets helped Austin Health deliver the best care in town."

**Emergency Department attendances**



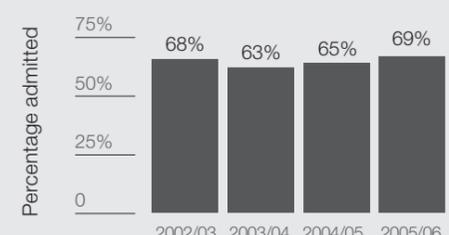
The Emergency Department in the new Austin Hospital Tower experienced an unprecedented 16 per cent increase in attendances to 48,485 in 2005-06, the equivalent of 133 attendances every day. Despite the increases, the admission rate to inpatient wards decreased.

**Percentage of time spent on hospital by-pass**



Despite record numbers of people attending the Emergency Department in 2006/06, ambulance access was virtually always available. This was achieved through a range of innovations in patient management and flow through the Emergency Department, in the wards, and in transfers to sub-acute and residential care in the community.

**Percentage of emergency patients admitted to a ward within eight hours**



Almost 70 per cent of patients requiring an inpatient bed were transferred to a ward within eight hours of arriving at the Emergency Department. This is a tribute to swift assessment in the Emergency Department, quick and efficient movement to wards, and systems and processes that maximise bed availability for new patients.

# Doctors do detective work to beat gastro



Patient Franco Lucchetti meets Professor Lindsay Grayson, Director of Infectious Diseases as wife Regina 'DeBugs' at his bedside

People often remain infectious for one and sometimes two weeks - longer than previously believed - after recovering from a common type of gastroenteritis, according to 'detective' work performed at the Austin Hospital this year.

The discovery was made after a community outbreak of severe gastroenteritis resulted in many people being admitted to the hospital and transmitting the illness to patients and about 50 staff.

Austin Health Director of Infectious Diseases and University of Melbourne Professor of Medicine, Professor Lindsay Grayson, said the two most common causes in the community, especially in young children and adults, were the Rotavirus and Norovirus.

"There has been a large outbreak of Norovirus this year affecting hundreds of people throughout Melbourne and right up the east coast of Australia," he said. Mid-year, people were being admitted to our hospitals because of it," he said. "On top of that, there was a big problem with transmission in hospital from and to patients and staff. The hospital was badly affected for several weeks and a lot of non-urgent elective surgery was postponed to prevent any further unnecessary spread.

"The key to controlling it was the availability of single rooms with ensuite bathrooms. Applying the rule 'one bum per toilet' was crucial. Isolating each infected patient in single rooms until they tested clear of the virus was important, as was an emphasis on good hand hygiene. DeBug (alcohol handwash) and hand-basins in and immediately outside each single room meant all staff and visitors could practice strict hand hygiene."

"Applying the rule 'one bum per toilet' was crucial. Isolating each infected patient in single rooms until they tested clear of the virus was important, as was an emphasis on good hand hygiene."

One-third of rooms in the new Austin Hospital Tower are single bedrooms. The gastro outbreak highlighted the importance of single rooms and ensuite bathrooms for quality of care and infection control purposes. Stopping the spread is the name of the game.

"Thorough detective work by the microbiology laboratory showed that patients were infectious for longer than existing health department guidelines predicted," Professor Grayson said. "Being infectious continued for several days after symptom onset. Health department guidelines state that usually within 48 hours of gastro symptoms stopping, the person is no longer infectious. We found the average length of time before a person was non-infectious was seven to 10 days."

Initial problems occurred because the hospital followed the 48-hour rule and assumed patients were no longer infectious. They were then returned to rooms with other patients who subsequently became infected.

After the microbiology discovery, more than \$30,000 was spent testing patients to ensure they were clear of the virus before putting them back into shared rooms. Had this precaution not been taken, the outbreak would have continued and infected more patients and staff.

"Microbiology testing was an important part of identifying the group of infected people and containing the problem," Professor Grayson said.

Victoria's health department is analysing the new information and reviewing guidelines on the virus to see if they need amending. These instructions are especially important for hospitals and community services such as child care centres and schools.

"It will likely lead to revision in the way we consider managing these viruses," Professor Grayson said. "For parents the important thing to remember is that children who have been sick with Norovirus are likely to remain infectious for several days after they get better. Vigilant cleaning of the toilet and bathroom with agents that kill Norovirus such as liquid bleach should continue for five to seven days after symptoms have disappeared."



Clinical Governance Director, Anna MacLeod and Director of Neurosurgery, Associate Professor Gavin Fabinyi discuss the importance of patient safety

## Philosophy of safety, quality

Every patient admitted to hospital wants to recover and get home as quickly as possible, but they also want safe, high quality care.

Clinical governance is the term used to describe the system of ensuring that the care provided to patients is as safe as possible. This is realised through a framework that ensures that in every patient encounter, safety is the highest priority. This, in turn, aids patients to recover and return home sooner.

Identifying problems and correcting them early is far more effective than blaming people when mistakes are made. This approach has led to the prevention of blood clots, heart attacks, reduced problems with tube-feeding, and a program to make hospital systems safer.

Director of the Clinical Governance Unit, Ms Anna MacLeod, said clinical governance was a framework which promoted practice improvement, safety and improved quality of services.

"It's not just a department but a philosophy throughout the health service. Around the hospitals, people committed to quality and safety tell us about pockets of things which could be improved in their area," Ms MacLeod said. "Clinical governance can assist with developing practice improvement projects.

"In recent years we've tried to improve people's reporting of problems and minimised the concept of blaming someone, instead focusing on changing the system which allows you to get things wrong."

Austin Health monitors safety and quality systems through patient feedback and opinion. We participate in the state-wide Victorian Patient Satisfaction Monitor, run by the Department of Human Services. Through six-monthly reports that provide patient feedback on key safety and quality issues, Austin Health is able to monitor how patients perceive their care.

Index measure	Austin Health score	Average score of large metropolitan hospitals
Overall care	76	74
Access and admission	71	71
General patient information	82	79
Treatment and related information	77	75
Complaints management	79	78
Physical environment	71	68
Discharge and follow up	73	72

# 'HARPFelt' win for diabetes

Hundreds of people with diabetes in Melbourne's north-east are healthier and many have avoided hospital stays, thanks to an award-winning Austin Health program.

The Improving Diabetes Care Program aims to develop diabetes management plans for patients so they can learn more about their condition and be treated in the community. The program empowers patients to manage their diabetes and in doing so has lowered the risk of patients developing complications including heart attacks, strokes, kidney disease, amputations and blindness. The program is a collaboration between Austin Health, the Northern and North East Valley Divisions of General Practice and the Banyule, Darebin and Nillumbik Community Health Services.

The program was set up to manage people with chronic disease at home. Patients are taught what signs to look for and the correct course of action to take before they become acutely ill.

"The aim is to improve care for diabetes patients by boosting communication between GPs, hospitals and community health centres," said Austin Dietitian and Acting HARP Manager, Ms Erin McKenzie-McHarg.

"It's improved health, reduced complications and hospital trips and there's very high levels of patient satisfaction - over 95 per cent. Most referrals to the service now come from GPs in the area."

The general practitioner still performs the primary role but refers patients to the service for an annual complications screen including a check by a diabetes specialist.

This service encourages each patient to self-manage their diabetes and offers referral to other services. It is a 'one stop shop', which

assesses the state of the patient's diabetes and complications. It includes an annual screen of eyes, feet and kidneys and provides diabetes education, nutrition and podiatry services. Patients can be assessed at the Heidelberg Repatriation Hospital or Banyule, Darebin or Nillumbik community health centres.

Patients receive a diabetes health record to help them better self-manage, for example their blood sugar levels.

More patients are being referred every year. Nearly 1,000 people have become patients of the program including more than 400 in 2005-06.

From 2003 to 2006 the service has demonstrated:

- a 36 per cent reduction in hospital readmission and length of stay for diabetes patients including a 19 per cent drop in emergency presentations and a 17 per cent fall in unplanned admissions
- improved blood glucose management
- an average 4 per cent drop in blood pressure
- an 8 per cent drop in cholesterol levels.

Diabetes patients can ask their GP to refer them to the free bulk-billed service or they can call Ms McKenzie-McHarg on 9496 5234.



Podiatrist, Jane Tennant performs a regular diabetes foot screen while Diabetes Care Coordinator, Erin McKenzie-McHarg looks on

# Relieving the pres

## Improving our performance

Although often found in bed-ridden patients such as the very ill or those unable to move, painful pressure ulcers can develop in as little as two hours, and the most serious types can even kill.

They cause or contribute to nearly one death a day in Australia.

But innovative programs at Austin Health mean the number of inpatients with bedsores is continuing to decline.

The latest statewide Pressure Ulcer Point Prevalence (PUPPS) survey shows the Victorian average for 2005-06 is 17.6 per cent - or nearly one in five patients in Victorian hospitals have a pressure ulcer, although not all developed it in hospital.

Veronica Strachan, an Austin Health nurse and clinical governance project manager who collates the statewide data, said that while the Austin Health rate was 22.8 per cent, it was continuing to drop and had reduced dramatically from 34.1 per cent in 2003-04. Austin Health sites also had more spinal patients, and many elderly and rehabilitation patients, compared with other major Victorian hospitals, and patients with reduced mobility are at greater risk of developing pressure ulcers.

"The aim is to get the rate to under 10 per cent," she said. "In many places in the US and Europe it's 10-12 per cent."

Austin Health won a contract to train staff from all Victorian public hospitals in pressure ulcer reduction.

"We have trained more than 600 staff and run 18 education sessions, and since these programs began, pressure ulcers have reduced across Victoria by one-third over three years," Mrs Strachan said.

Pressure ulcers, also called decubitus ulcers, are defined as any lesion caused by unrelieved pressure, resulting in damage of skin and underlying tissue, and can affect anyone from newborns to the very elderly.

"Mild ulcers can appear as a reddened mark which doesn't blanch white when pressed to serious ones which damage through the skin to bone and muscle, causing craters," she said. "About half occur on the bottom and heels, with others in areas such as hips, ankles, elbows, toes, fingers, ears and nose."

Recent Australian Bureau of Statistics figures show pressure ulcers were the main cause, or a secondary contributor, to the death of 923 people nationwide over a three-year period.

Causes include pressure, friction or shearing such as sliding against sheets, and immobility is the biggest risk factor. The most susceptible are the very young, very old, very sick and those in care for extended periods. By the time people get to a hospital bed, they may have been immobile for lengthy periods at home, in an ambulance or emergency trolley, beginning the process.

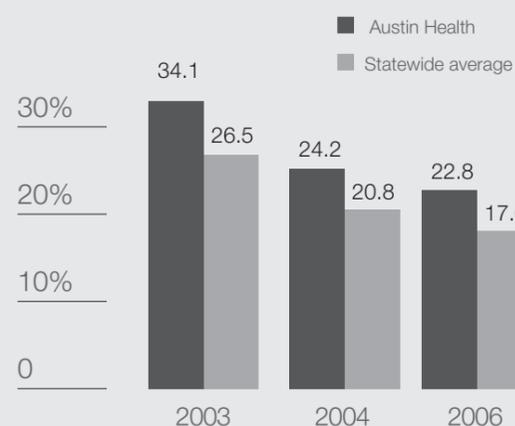
"In hospitals, staff are focused on saving lives so bedsores can take a back seat," Mrs Strachan said.

Interventions at Austin Health sites include clinical liaison nurses to bring pressure ulcer prevention and management to the fore, new pressure-reducing foam mattresses on beds and emergency

trolleys, a risk assessment checklist for all patients to develop individual prevention plans and a pressure ulcer steering group to plan and monitor prevention programs.

Mrs Strachan said taking pressure off the area and getting the patient mobile as soon as possible were the most important steps. Recovery was also aided by keeping skin well moisturised, without rubbing in moisturiser, and being well nourished. Pressure ulcers did not heal well if a patient was malnourished and had dry skin, she said.

**Percentage of inpatients with pressure ulcers during the Pressure Ulcer Point Prevalence Survey.**



## Drinking to faster recovery

A nutritional drink supplement appears to speed up the healing process for some pressure ulcers, halving the time it takes to heal, according to studies in Austin Health patients.

Austin Health dietitian Mrs Kate Desneves said Arginaid Extra contained a special protein called arginine, vitamin C and zinc, and was available in some hospitals where it was used for wound healing.

Her initial research allocated 16 inpatients with more severe pressure ulcers to three different treatment groups. All received standard hospital food but some also had two Tetra packs a day of Arginaid Extra while others had a protein drink and the third group received no supplement.

Over three weeks, pressure ulcer size reduced by two-thirds in those who drank Arginaid Extra compared with no reduction in size for the other two groups.

The research was published in the journal, *Clinical Nutrition*, and received a positive response when presented at several nutrition conferences.

The next trial in 19 Austin patients with spinal injuries found pressure ulcers completely healed in 63 per cent of those who had the drink, and average time to heal

was eight weeks. This was half the normal healing time of 16 weeks for these more severe ulcers, Mrs Desneves said.

"It's been really positive. We're incorporating this information into clinical practice and it has improved the quality of some patients' lives. Many other hospitals have taken on board our research and started to use it in patients," she said.

But testing in 10 elderly patients in the aged care wards at the Heidelberg Repatriation Hospital has not been so positive, and



Dietician, Brooke Chapman delivers spinal patient, Neville Dickson his daily dose of Arginaid

was stopped because while two patients having the drink experienced complete healing within two to three months, eight more stopped it due to taste problems, deteriorating health or stomach upsets.

"The elderly did not seem to tolerate it as well as younger patients. It's too early to say if it was just this group or whether it could be useful for older people," Mrs Desneves said.

A new and cheaper powdered version of the drink called Arginaid, which is available from some pharmacies, might have wider application and be useful for people in the community with pressure ulcers, she said.

# Pressure of ulcers

## ‘Heeling’ pressure ulcers

Special heel protectors designed by an Austin footcare specialist are one measure being trialled to reduce pressure ulcer pain and development on the heels of predisposed patients.

Bottoms and feet are the two main areas affected by the painful sores. Spinal injury patients, those bedridden for lengthy periods and people with diabetes or vascular disease are particularly at risk.

Austin Health orthotist Bryan Yeates developed the Bryan Yeates Heel Protectors after discussions with nurses indicated that existing devices, including some which were rigid and restricting movement, were not always helpful.

He researched current designs and materials and came up with a new design made of polyethylene foam, a very soft, lightweight, cushion-type foam often used in padding.

“He tried them on a few patients and got great feedback. Patients said they were comfortable and a good fit,” said senior orthotist Mrs Erin Wallace, a member of the Royal Talbot’s orthotic team.

The team is currently working on the clinical development and trialling of the device.

The hospital’s orthotic and prosthetic department hand-makes the heel protectors, which are customised to fit each patient. Velcro attachments and an orthotist to fit each pair ensure a good fit for the heel protectors, which are provided free to inpatients.

About 40 inpatients have now been fitted with the heel protectors and anecdotal feedback is very positive, with patients being compliant and saying they are comfortable, and nurses also giving great feedback.

“It’s too early to say if it will be a universal aid but they’re another tool which helps in this problem,” Mrs Wallace said.

The orthotic team is conducting a clinical trial which will determine the extent of the heel protectors actually preventing ulcers developing, and reducing pain and progression of existing ulcers. Some participants will wear the protectors while others will wear currently used devices. Until this trial provides further answers, the heel protectors will not be used on patients whose heel ulcers have broken.



Senior Orthotist, Erin Wallace, fits a heel protector to patient Ruth Hatty

## Bringing ulcer expertise to the bedside

Every ward at Austin Health has a nurse whose role includes raising the profile of pressure ulcers

One pressure ulcer liaison nurse, Mrs Stella Meeson, said the nurses encouraged staff to look for bedsores or identify those at risk when admitted. Once identified, these nurses then implement strategies to prevent and treat the ulcers.

“Staff are taught to grade them from one – a reddened area, which might require cushions or other pressure-relieving devices – to four –

which is deep to the bone,” said Mrs Meeson, a clinical nurse specialist in aged care and continence at the Heidelberg Repatriation Hospital. “Since the program began, there’s been a change of attitude and staff are thinking and acting more about pressure ulcers.”

Austin Health has implemented a number of other pressure ulcer prevention initiatives, including a mattress replacement program. With funding from the Department of Human Services, Austin Health has

completed a program to replace most mattresses on beds and trolleys. In 2005 Austin Health spent over \$126,000 on 385 Static Pressure Reduction Foam Mattresses to replace all non-foam, or single layer foam mattresses across the three facilities.

This program, along with the other prevention initiatives assisted Austin Health to continue to reduce the prevalence of pressure ulcers from 24.2 per cent in 2004 to 22.8 per cent in 2006.

## Initiatives to prevent pressure ulcers

- identify those most at risk
- develop individual prevention plans
- risk assessment checklists
- mattress replacement program
- staff education and awareness raising
- undertake research. eg. Arginaid and orthotics

# How healthy is Austin Health?

Austin Health does a great job at looking after patients, but how about its own health?

The three sites are in top shape according to report cards issued by external inspectors called surveyors who check all hospitals against a range of standards examining clinical care as well as things like fire safety, waste management and compliance with legislation.

These surveyors work for the national body which awards accreditation to hospitals, the Australian Council on Healthcare Standards. Austin Health has always been awarded the maximum accreditation period, with the last major accreditation in 2004 lasting until 2008.

Health services must be accredited by this council to receive funding from the Victorian Department of Human Services.

Austin Health's Manager of Quality and Planning, Ms Jane Evans, is responsible for over-seeing accreditation. She said hospitals must fulfill strict requirements to receive accreditation and comply with annual requirements to maintain ongoing accreditation. Every four

years there is a major visit by eight surveyors who range from doctors to nurses and health administrators. They spend a week on site checking things and questioning staff.

They check everything from clinical care including care and discharge plans to the information patients receive and how patient assessments are performed. Staff must prove how they know the processes work.

"We have to comply with 43 standards and show what we do, how we do it, how we evaluate it and that we are continually making improvements," Ms Evans said. "At least 80 per cent of staff must have annual fire safety training. Other things checked include staff credentials, how we know they're registered and competent, how we deal with hazardous materials, spills and incidents, test electrical equipment and radiation safety."

Ms Evans said quality was not a department, but everyone's job, and it was



CEO, Dr Brendan Murphy and Quality and Planning Manager, Jane Evans proudly display the certificate of accreditation

everyone's responsibility to maintain a safe environment.

"Accreditation ensures a continuing focus on quality and a safe environment for patients and staff," she said. "We're continually revising what we do and how we do it so everything is as safe as possible."

The latest minor inspection was in May 2006. Four surveyors attended over three days, were "impressed with the standards of care and services" and recommended continued accreditation.

Austin's Mental Health Service also had its major four year review this year.

Surveyors were "impressed with the quality of mental health services" and commended the overall service.

Twelve other accreditations are required from different agencies to ensure various services and departments receive funding and can

continue to operate. For example, pathology accreditation is required to receive Medicare funding and bulk-bill patients, food services accreditation to provide food to patients and medical college accreditation to train doctors.

## Everyone wants respect

At life's end, everyone wants 'a good death', with pain and fear minimised, and loved ones nearby.

But people often don't discuss end-of-life decisions about health care and where they would prefer to die. However, making their wishes known can help reduce individual and family trauma at a very difficult time.

In an emergency, life-sustaining measures might be started, including invasive medical procedures which may be inappropriate, especially if staff and family do not know the person's wishes.

Austin Health this year won a major award for helping seniors have a say about their future medical treatment, which is called advance care planning. Its innovative program, Respecting Patient Choices in Residential Aged Care was joint winner of the Victorian Public Healthcare Excellence in Consumer and Carer Participation award.

"If we know your choices for future health care, we are able to respect them," said program director and Austin intensive care specialist, Dr Bill Silvester. "Advance care plans enable you to clarify your values and choices, and give your family and medical staff the opportunity to respect them."

A recent 'Respecting Patient Choices' trial helped develop plans for 565 people among 1,108 in residential care facilities such as nursing homes and hostels in suburbs near the Austin Hospital.

During the trial 180 people died. About half had been told about the plans and most of these people adopted them. But in the group not told about plans, just 42 per cent documented future medical wishes.

Nearly all with plans died in their residential care facility, as they wanted, and all with a plan had their medical wishes fulfilled at the end of life. But two-thirds of those not told of and without plans died in hospital.

"Having a plan significantly reduced the number of residents coming to hospital to die," Dr Silvester said.

The program is being rolled out to nursing homes nationwide. Austin Health also helps its patients implement plans if appropriate and other hospitals are adopting the program.

[www.respectingpatientchoices.org.au](http://www.respectingpatientchoices.org.au)

# Service helps carers

A service, which helps mentally ill people in the community, has been given the thumbs-up by their carers.

Overall 81 per cent of carers who took part in a survey this year said the service had been helpful.

The North East Area Mental Health Service provides general adult psychiatric services including community-based and inpatient components across Austin Health sites. The survey asked about carers' experiences of the community component.

This includes a crisis assessment and treatment service, continuing care service plus a mobile support and treatment service.

Survey author and Austin Health Carer Consultant in Mental Health, Lisa Lane, said initial analysis indicated carers were highly satisfied with their involvement in treatment and plans.

While 60 per cent said the mental health profession involved them as much as they wanted, 74 per cent had been involved in discussions about what to do in an emergency or crisis and 71 per cent said the service had helped with their carer role.

Ms Lane said one area, which could be improved, was that despite 68 per cent of patients living with carers, 63 per cent of carers had not seen a copy of the individual service plan for their relative. This is an action plan for the patient's recovery written by the patient, case manager and, with the patient's permission, the carer or family.

"This is something we can have clinicians revisit. Instead of professionals just mentioning it once and having the patient say "no" to the carer or family being involved, we can explain to patients how it might be useful for parents to be involved in the plan. Families usually have a view on where the patient is at and can suggest possible goals for recovery in areas such as housing, work, friendships and social relationships," she said.

Department of Human Services guidelines say mental health services should respect and support families and carers of people with mental illness.



Lisa Lane (right) helps to ease the strain on carers

Austin Health recognises the enormous physical and emotional strain on those who care for ill relatives and the importance of not just treating patients but also caring for carers. For this reason it employed a carer consultant to help carers cope and look after their health, proving the quality of care they provide.

Ms Lane has empathy with carers through personal experience as she is the primary carer of a family member who suffers with a mental illness.

"You feel you've lived it," she said, of her job. "It can bring up a lot of things."

She set up a carer support group which includes guest speakers, and a production of a newsletter.

"Education sessions have included workshops on carers caring for themselves and a pampering night because taking time out is usually neglected as they're too worried. Other topics have

included grief and loss because while it's not a death, aspirations and expectations are lost or dramatically changed.

We've had a psychiatric registrar talking about illicit drug use and substance abuse as a contributing factor to mental illness," she said.

# More organ donors needed

A rise in the number of Australians needing kidney transplants has been predicted due to more people developing diabetes.

At the same time, organ donation rates in Victoria and Australia remain among the lowest in the world. These trends are creating a challenge of how to increase the donor rate to cope with existing unmet demand and the expected increase in demand into the future.

On the frontline is Austin Health intensive care specialist and Medical Director of the Victorian and Tasmanian organ donation service LIFEGift, Dr Bill Silvester, who heads several organisations which are striving to boost organ donation.

His clinical work has intimately involved him in both sides - he has seen patients die needlessly while waiting for an organ and has witnessed families selflessly donate the organs of a loved one at a time of overwhelming grief. It is this close-up involvement that spurs his passion for improving the donor rate.

"Rates vary from nine to 11 donors per million people," Dr Silvester said. "It was higher in earlier years but has recently dropped. This may partly be due to fewer road accidents and

road trauma and fewer gunshot deaths in Australia compared to other countries. System issues also put us behind the eight-ball such as fewer intensive care beds in some states (donors come from a ventilator in intensive care)."

While there is no greater gift than the gift of life and the public is very supportive of organ donation, about 1,716 people nationwide are currently waiting for organs and every year about 100 die waiting, according to Australians Donate, the peak national body for organ and tissue donation.

Dr Silvester said more people were developing kidney failure due to the increase in diabetes and obesity. Being overweight increases the chance of developing diabetes, and renal failure is a potential complication of diabetes.

"The number of people needing dialysis and kidney transplants is only going to increase," he said.

Dr Silvester is also involved in the National Organ Donation Collaborative, an initiative by Australians Donate, comprising 20 tertiary and regional hospitals nationwide, including Austin Health, who are striving to increase donor rates.

The collaborative tries to build systems into hospitals to avoid potential donors slipping through the net. Dr Silvester's recent audit of deaths in 12 Victorian hospitals found about 20 potential donors a year were being missed, and the rate could be nearly doubled from nine to 17 donors per million by increasing identification of potential donors and rates of consent.

Dr Silvester also chairs Medical Adapt - Australian Donor Awareness Program and Training which trains intensive care, and possibly soon emergency department staff, to speak with families about donation as proper training improves the donor rate.

The National Organ Donation Collaborative is also attempting to improve corneal donation. Stories such as a grandparent able to see their grandchildren for the first time and a teenager able to sit their VCE, thanks to vision-giving corneal transplants, make his job worthwhile.

\*To register as an organ donor call the Australian Organ Donor Register 1800 777 203 or collect forms from Medicare offices.

# Preventing falls for older patients

Heidelberg Repatriation Hospital's Manager of Physiotherapy, Dr Cathy Said, PhD is Chair of the Austin Health falls working party, which aims to ensure everything possible is done to prevent falls in patients at the Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre

"Two to seven falls occur per 1000 bed days in Australian hospitals and our figures are about the same," she says.

But since beginning its innovative aged care falls reduction program in 2001, Austin Health has reduced the number of falls by inpatients, and is continuing to expand and improve programs.

"Different groups have higher fall rates such as neurological patients who have had strokes or Parkinson's Disease or those with cognitive problems or dementia," Dr Said says. "Older people are at high risk and when unwell and in hospital this further increases risk as do medication changes and environment changes, especially if cognition is impaired."

Projects initiated at the Heidelberg Repatriation Hospital include risk assessments for all patients admitted to aged care wards.

"The checklist is reviewed regularly during their stay and if they fall," Dr Said says. "From the assessment, individual strategies are developed to reduce falls risk."

"The message is it's not one single thing but a combination such as co-morbidities which put people at risk, so we need more than one thing to prevent falls."

Other strategies include in-hospital patient education about falls risks, physiotherapy to strengthen muscles, improve walking and balance, and on discharge, home visits to eliminate household risks.

Services include a veterans falls and balance service, and a new subacute community service where GPs can refer people who fall in the community for assessment. Future programs include falls reduction in acute wards.

## Aged care wards checklist to reduce falls risk includes:

1. Review medication.
2. Ensure the patient has correct walking aids.
3. Ensure the patient is wearing good, well-fitting shoes – NOT slippers.
4. Use hip protectors to reduce risk of breaking hips in high-risk patients.
5. Ensure that patients with cognitive impairment have bed alarms to alert staff if leaving bed.
6. Position patients in view of nursing staff.

## Give slippers the boot

Slippers are the bane of Dr Said's life.

"Ill-fitting footwear can contribute to falls especially if there are balance problems," she says. "Shoes should be well-fitting and have some closure such as laces or velcro so they fit and can tighten and fasten over the foot, not slippers. I tell patients if they can slip them on, they can slip off. High heels are a no-no and moccasins a disaster."



Balancing act: Physiotherapist Karina Creed conducts a falls risk assessment with Isabel Langmaid



Exercise Physiologist, Wayne Dite works with happy outpatient Harry Hartanoff

## Tests reduce falls in amputees

The inability to step rapidly in different directions and to safely turn while walking places a person at high risk of falls, according to research.

Wayne Dite, Exercise Physiologist at the Royal Talbot Rehabilitation Centre's Physiotherapy Department, performed the studies.

"Most falls occur when people trip or slip and cannot step fast enough to regain their balance, and research shows that older people fall more if unstable when turning," Mr Dite said.

Tests found that those over age 65 fell more often if they performed poorly at two tasks - stepping quickly in different directions and safely turning.

Mr Dite said these problems were exaggerated in amputees who had trouble stepping and turning because their prosthesis meant they did not have the same amount of control. Up to half of amputees in the community fall.

To see if the tests also applied to amputees he tested 40 people with below knee amputations discharged from the Royal Talbot Rehabilitation Centre and Caulfield General Medical Centre and followed them for six months.

He found the tests helped predict which amputees were

more at risk of falling, as those who performed poorly at step, turn and 'up and go' tasks had more falls than those who did not.

The tests now enable higher risk amputees to have more prevention exercises to increase strength, balance, mobility, walking and stepping speed, turning and walking over different surfaces and obstacles.

There was evidence these exercises reduced falls risk in older people, stroke and other neurological patients and appeared to reduce

falls risk in amputees, Mr Dite said. But it increased risk for dementia patients.

Most patients in the study had amputations due to diabetes or vascular disease and he said the increasing incidence of obesity and diabetes meant more younger people were having amputations.

Results will be published in the journal Archives of Physical Medicine and Rehabilitation.



Crossing the border: A patient passport ensures safe transition through theatre

## Passport to good health

No one can legally enter or leave Australia without a passport, and at Austin Health no elective surgery patient passes into the operating theatre without their 'patient passport.'

The operating suite passport is a comprehensive checklist, which must be completed and signed before a patient can 'cross the border' into theatre. This process, together with another innovative concept called 'Time-out', ensures safety, quality and reduces the risk of errors. The Time-out motto of 'right patient, right surgery, right side' guards against the wrong patient or wrong area being operated on and the wrong procedure being performed.

Hospitals nationwide have contacted Austin Health to enquire about replicating these innovations, developed by Austin Health theatre staff in 2003. These theatre procedures were also highly commended at the 2006 Victorian Public Healthcare Awards in October for improving safety in the operating suite.

'Passport' and 'Time-out' have had an impressive

impact, according to Director of the Anaesthesia, Peri-operative and Intensive Care Clinical Services Unit, Mr Denis O'Leary.

"Issues relating to consent - consent forms not being done or inadequately filled out - have reduced by 90 per cent. In June 2003 there were 90 consent form problems compared with 10 in June 2006. And inadequate patient preparation such as not having X-rays or tests has reduced by about 50 per cent," he said.

Mr O'Leary said Austin Health's operating room incident group had suggested the passport scheme. While theatre incidents mainly included consent or pre-admission forms not being completed before surgery, sometimes patients were coming to theatre without all tests completed such as a full blood examination.

"Incidents do happen within the operating suite, with the most important lesson learnt being the need to improve the checking procedure," Mr O'Leary said.

Nurse Unit Manager, Anaesthesia at Austin and Heidelberg Repatriation hospitals, Ms Deborah Brown added: "Chasing blood tests or tests such as X-rays or ECGs which had not been done caused delay to the commencement of surgery. Now, if tests are not completed, we find out when patients arrive at hospital instead of when they arrive in theatre. Preliminary checks result in tests being completed earlier."

Nurse Unit Manager, Day Surgery at the Austin Hospital, Mrs Evelyn Han said: "Passport has made things more efficient because it improves service and standards and reduces the chances of errors. It is checked and checked again

- during nursing admission, when ready for theatre, by anaesthetic and theatre staff."

'Time out' is the final check where the surgical team stops just before operating to check 'right patient, right surgery, right side,' Ms Brown said. Staff tick a checklist to ensure the site is marked and identification and allergy bands, implants, X-rays and the patient health questionnaire are all present. Fasting status, antibiotics or anti-clotting medication are also checked during Timeout.

'Passport' must also be filled in before returning to the ward to ensure patients fulfill theatre/post anaesthetic care discharge criteria and have drug orders. It also ensures that their glasses, hearing aids, dentures, valuables and luggage return to the ward with them.

## Patient representative here to help

During her 11 years as Austin Health's patient representative, Lyn Robertson has helped many people as she deals with patient complaints and acts as a patient advocate.

"My role is to act as the primary liaison person between the hospital, patient, family and staff," she said. "I'm responsible for resolving problems and complaints in a way that respects the rights and interests of patients, and that satisfies all concerned. In my role as patient advocate, I provide assistance for families and patients in difficult clinical situations, providing support when they are trying to make complex decisions."

Mrs Robertson recommends that, if concerned about treatment or any other aspects of their hospital experience, patients should tell a staff member on the ward in the first instance. If the problem cannot be resolved simply, they should then contact her.

"We care about people and we're here to help. We encourage people to come and talk about issues of concern and we will provide assistance," she said.

"The hospital has a comprehensive code of ethics which upholds the integrity, rights and interests of patients - values that management and staff accept," she said, "and we all work together to achieve the best outcome."

Communication, treatment and access are the most frequent complaints received.

"Analysis of complaints shows inadequate communication is often an important factor, including misunderstanding, misinterpretation or lack of information," Mrs Robertson said.

Austin Health regards the complaints process as an important avenue to improve systems and services, as identification of problems enables recommendations for change. Numerous improvements have been initiated as a result of complaints, such as improved access for disabled visitors, improved provision of patient information before and after surgery, and better recognition of religious and cultural requirements.

Mrs Robertson is featured in promotional materials throughout the health service encouraging patients and their carers to notify any concerns early.

Contact the patient representative on 9496 3566.



Patient Representative, Lyn Robertson, lends an ear

# Feedback

## Hitting 170,000 households

The quality of care report you are reading is delivered to 170,000 letterboxes in local areas served by the hospital.

Hospital staff analyse the top 20 postcodes where patients come from to determine which areas receive copies. They include Northcote, Preston, Eltham, Thornbury, Heidelberg, Bulleen and Montmorency.

"We deliver the report to so many households because we feel it is important to provide our community with information about the hospitals and the services we provide," Austin Health Corporate Communications Manager, Mr John Heselev said. "We produce it for about 15 cents a copy so it can be distributed to as many people as possible."

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

For information about Austin Health services, go to [www.austin.org.au](http://www.austin.org.au)



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## Listening to our community

Feedback from the community is important to us. We listen to what you say and if possible make changes to improve things. But if you don't tell us, we might not know a problem exists.

Austin Health has many ways of gaining public feedback. These range from consumer representatives serving on or advising committees and services such as cancer services, to employing a patient representative, a suggestion box in the mental health area, and 'My Say' forms in aged care wards.

Staff reporting of incidents has also increased because

people are aware that if they report it, we can do something about it.

How do we know we're doing a good job? Apart from receiving many compliments, every month the Victorian Department of Human Services selects a random sample of patients from all hospitals and sends them the Victorian Patient Satisfaction Survey.

"Results show we compare very well overall against our peers," said Quality and Planning Manager, Ms Jane Evans. "One example is most patients surveyed - 96 per cent - were satisfied with their pain relief."

One area identified for improvement was food temperature. Patients complained of food being cold by the time they received

it. In response Austin Health brought new trolleys which heat or cool meals until delivered.

"Response has been fantastic with about 90 per cent of patients now happy with the temperature of their meals, up from 65 per cent," Ms Evans said.

"It's good to hear complaints and ideas about what we can

do better. They're all valid and valuable. Feedback can be useful and bring about change sometimes but other times it's not so easy," Ms Evans said. "Most patients are satisfied with the care they receive at our hospitals but we are always keen to hear about the things we could do better."

## Your opinion is important to us

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

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

**Austin Health**  
Quality Of Care Feedback  
C/O Quality Manager  
Austin Health  
Reply Paid 5555  
HEIDELBERG VIC 3084

Or email your response to:  
[feedbackquality@austin.org.au](mailto:feedbackquality@austin.org.au)

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

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

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

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

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**What other information would you like included in the future?**

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