

# Quality of Care Report 2009



New **technology** improves detection of lung cancer  
Fighting the **superbugs**: When hospitals smelt like bleach  
Dealing with **swine** flu: paving the way for the world

# Chief Executive's message



This year's Quality of Care Report gives me the opportunity to share our commitment to safe, high quality health care and accountability for the services we provide.

Health care is complex and demanding. We work with limited resources to achieve the best outcomes for our patients and their families. In this busy environment, we sometimes make mistakes. Nevertheless, we are keen to improve and to ensure that when things do go wrong, we learn and move forward to provide a better service in future. Many of the stories in this report illustrate how we are responding to our patients' needs, adopting new technology to advance patient outcomes and working to improve the safety of our services.

Part of providing better services is having modern facilities that meet changing community needs. Following the redevelopment of our inpatient facilities in the Austin Tower, we are in the planning or building stages on a number of other projects.

Many of you will be aware of our plans for the Olivia Newton-John Cancer and Wellness Centre. Over coming months we will see the demolition of Heidelberg House to make way for this development.



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

When fully funded, the centre will provide increased capacity to care for people with cancer and facilitate the research which is progressively improving the treatments available.

The past few months have seen the demolition of the 3KZ building in Burgundy Street and the start of building works for

the Florey Neurosciences Institutes, bringing together the National Stroke Research Institute, Brain Research Institute, Epilepsy Research Institute and The University of Melbourne. This demonstrates Austin Health's strong commitment to research and partnerships which improve patient care.

Building has also started on the Centre for Trauma-Related Mental Health at the Heidelberg Repatriation Hospital. This centre will provide new facilities to house these important services – some of which are featured on page 6 for their work during the aftermath of the Black Saturday bushfires.

I hope you find our Quality of Care Report both interesting and informative. It highlights only a small proportion of the work that is going on every day to provide better care in partnership with our community, all Victorians, other health providers and our committed staff.

Brendan Murphy  
Chief Executive Officer

## Accreditation

Austin Health is accredited with the Australian Council on Healthcare Standards.

All public health services are regularly assessed by external accreditation agencies to ensure standards of care are satisfactory and that the organisation is working to improve.

Last year, the Australian Council of Healthcare Standards awarded Austin Health the maximum four-year accreditation. The surveyors from the team that visited our service made a number of recommendations aimed at helping to further enhance the way we deliver healthcare. This year Austin Health also completed a self-assessment of progress on those recommendations as well as other improvement projects already underway.

## Welcome to our Quality of Care Report

This is Austin Health's Annual Quality of Care Report 2008-9. This publication is designed to inform the community of our initiatives to improve care standards and quality service across all the services we provide to our community.

### Mandarin

2008至2009年奥斯汀医院周年护理素质报告书

本刊印制目的为通知社群，本院提高全院医疗护理标准，和优质服务的新订措施，服务社群。

### Macedonian

Ова е Годишниот извештај на Austin Health за квалитетот на грижата во 2008-9 година. Цел на оваа публикација е информирање на заедницата за нашите иницијативи за подобрување на стандардите на грижа и квалитетот на услугите кои ги даваме на нашата заедница преку сите наши служби.

### Greek

Αυτή είναι η Ετήσια Ποιοτική Έκθεση Φροντίδας 2008-9 του Austin Health. Αυτή η έκδοση είναι σχεδιασμένη να πληροφορήσει την κοινότητα για τις πρωτοβουλίες μας να βελτιώσουμε τα πρότυπα και την ποιοτική υπηρεσία σε όλες τις υπηρεσίες που παρέχουμε στην κοινότητά μας.

### Turkish

Bu Senelik Rapor, Austin Health' in 2008-9 Kaliteli Bakim hakkındadır. Bu yayım toplumuza, kalite standartlarını arttırmak için girişimlerimizi ve sağladığımız bütün kaliteli servisleri bildirmek için hazırlanmıştır.

### Italian

Questa è la relazione annuale dell'ospedale Austin Health sulla qualità dell'assistenza medica per l'anno 2008-9 (Annual Quality of Care Report 2008-9). Questa pubblicazione ha lo scopo di informare la comunità sulle nostre iniziative per fornire migliori livelli di assistenza e migliorare le prestazioni di tutti i servizi che offriamo alla nostra comunità.

### Arabic

هذا هو تقرير عن نوعية العناية في مستشفى أوستن لسنة 2008-2009. هذه النشرة تهدف لإعلام المجتمع عن جهودنا لتحسين مستوى العناية والخدمة التي نقدمها.

### Croatian

Ovo je godišnji izvešće Austin Health-a o kvaliteti njege u 2008-9 godini. Namjena ove publikacije je informiranje zajednice o našim inicijativama za poboljšanje standarda njege i kvalitete usluga koje pružamo našoj zajednici preko svih naših službi.

### Bosnian

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### Serbian

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# Austin Health – *your partner* in health

We are renowned for excellence and outstanding leadership in healthcare, research and education. Austin Health is the major provider of tertiary health services and health professional education and research in the northeast of Melbourne.

We work with:

**All Victorians** 4-11

Many people come to Austin Health from across Victoria for specialised and expert care. This includes our renowned Victorian Spinal Cord Service, veterans' health services, cancer services, the Liver Transplant Unit, and specialist mental health services. We are improving the future of healthcare for all Victorians through working with world-class research programs that enhance clinical practice and promote innovative services.

**Other health providers** 12-17

Many consumers with chronic or complex health conditions require the simultaneous services of multiple agencies. These services need to work in partnership to ensure the best outcome for the patient.

**Our community** 18-23

Austin Health has been part of the community of the north-east since the hospital opened in Heidelberg in 1882. The health service has grown in size and the range of services it provides to meet the changing needs of the community.

**Our team** 24-32

Effective health care is delivered through partnerships with our clinical and support staff and consumers. We pride ourselves on the positive 'can do' culture that supports effective working relationships at all levels of the organisation.

## This year's report

Austin Health adopted a new approach for this year's Annual Quality of Care Report. We want all stakeholders to feel part of the organisation and to understand what we provide to the community.

This publication is a fresh style for Austin Health. We have responded to community feedback and included shorter news items and feature articles as well as important data and statistics.

We established a working party to oversee the report's content and style. The group was chaired by the Executive Director of Strategy Quality and Service Redesign and included two consumer representatives, the Communications Director and key quality personnel from across the organisation.

The working party identified and sourced articles for the report in line with the

Department of Health's Annual Quality of Care Reporting guidelines as well as working with the writer and designer to determine the content, style and layout.

Early drafts of the report were circulated to the working party and other members of the Community Advisory Committee for feedback and comment. The members on the working party also liaised with the committee for feedback on issues such as the design, proposed themes and distribution strategies.

The Quality of Care Report will be delivered to homes in Austin Health's primary catchment area. It will also be given to our key partners in health service delivery, such as local GP clinics and will be available in waiting rooms, patient lounges and cafés and kiosks across Austin Health's facilities.

# New technology improves detection of lung cancer



*Austin Health now offers more accurate examination of lung cancer, thanks to state-of-the-art technology.*



**T**he endobronchial ultrasound (EBUS) is considered the most exciting development in lung cancer treatment in the past five years. It allows diagnosis and ‘staging’ – showing how far cancer has spread – in a same-day procedure.

Austin Health is the only public hospital in Victoria to offer EBUS to its patients.

The introduction of EBUS could mean improved lung cancer survival rates as a result of more accurate patient diagnosis. In the short term, patients benefit from a less invasive procedure and less time in hospital. Patients with cancer that has not been picked up by other imaging methods are avoiding the trauma and pain of unnecessary invasive surgery.

Thoracic surgeon Mr Simon Knight said in the past it has frequently been necessary to check the progression of lung cancer through an open operation to the neck to biopsy glands deep in the chest adjacent to the windpipe.

In contrast, the EBUS device is inserted down the patient’s airway and a small needle on the end takes samples of lymph node glands.

“We need to know at what stage a cancer is before deciding on the best treatment,” Mr Knight said. “The choice of surgery, chemotherapy or radiation treatment depends on a clear diagnosis of the disease and its progression.”

“This is an advance that allows us to investigate and diagnose lung cancer patients in a far less invasive and intrusive way.”

The EBUS is designed specifically for lung cancer patients. It can reach parts of the lung that were previously unable to be reached for biopsies. Essentially an ultrasound probe on the end of



Left page and above: Thoracic Surgeon Mr Simon Knight demonstrates the new EBUS technology.

a bronchoscope, the EBUS allows the operator to ‘see’ through the wall of the windpipe and biopsy these structures.

The ability to perform an EBUS procedure saves time and money as well, meaning there is greater capacity to treat more people.

Lung cancer is the leading cause of cancer-related deaths in Australia. Austin Health’s Thoracic Surgery Unit treats about 125 lung cancer patients each year – and about half need a procedure to ‘stage’ their cancer.

With funding from the Department of Health, and key staff undertaking training overseas, the unit became the first in Victoria to offer public patients the EBUS technique in January 2008. The team has since performed 85 procedures.

Only 30 per cent of patients undergoing the procedure have needed to stay in hospital overnight – previously they all would have.

The Department of Health is monitoring the success of the EBUS device to determine if EBUS equipment will be rolled out to other public hospitals.

# Black Saturday: *Coping with the aftermath*

*The Black Saturday bushfires caused 173 deaths  
and left thousands homeless and desperate.*

*The emergency response of an Austin Health team has established  
a blueprint for a first response mental health team service.*



Green shoots – Austin Health’s Tony McHugh (left) and Mitchell Community Health Service’s Chris McDonnell, whose teams assisted the communities of Arthur’s Creek, St Andrews and Flowerdale.

As the magnitude of the tragedy on Black Saturday became clear, Austin’s Centre for Trauma-Related Mental Health team quickly recognised the impact the fires would have on affected communities and emergency workers and the importance of a speedy response. A team was at areas including Arthurs Creek, St Andrews and Flowerdale within 72 hours of the fires sweeping through.

The team and the Goulburn Valley Mental Health Service (GVAMHS) were the only medical support in the first week after the fires at Flowerdale, where eight people died. Team members went from door to door, checking on survivors’ physical and mental states.

Once a working emergency hub was established, the team helped other service providers and emergency personnel to manage their own stress and advised them how to manage future mental health problems in the community.

The Austin Health team, with GVAMHS, realised that some residents were

refusing to leave the area to seek medical and pharmaceutical services in case they were not allowed to return. As a result, the team organised medical services to come to the town and for the delivery of pharmaceuticals.

The Austin team also helped the GVAMHS in supporting the communities of Marysville, Buxton, Narbethong and Kinglake in the weeks after the fires. The Child and Adolescent Mental Health Services (CAHMS) from both Austin Health and the Royal Children’s Hospital assisted.

Manager of the Centre for Trauma-Related Mental Health, Tony McHugh said the team provided psychological triage and first aid for residents, as well as assisted professionals helping the victims. “Early intervention is highly effective in reducing the symptoms and impact of trauma,” he said.

In the first four weeks, the Austin team devoted 570 hours on the ground, using a roster of 14 staff – on top of normal duties. Staff from Goulburn Valley and the



Chris McDonnell (left) and Tony McHugh looking toward the future for the residents of the fire affected communities. Inset: Staff from the Centre for Trauma-related Mental Health.



Austin and the Royal Children’s Hospital (RCH) CAMHS had contact with more than 30 children and their parents, setting up activity groups with the help of local teachers. Children enjoyed art and played in ways that helped them talk about and manage their responses to the bushfires.

“I was impressed by and extremely grateful for how willing staff were to make themselves available out of normal hours,” Mr McHugh said.

The team has extensive experience treating post-traumatic stress disorder in veterans, police and emergency service personnel, accident and crime victims. This was an entirely new situation – but essentially the same rules applied.

“By being on the ground and building relationships from the start with our partners, we hoped to reduce the risk of prolonged trauma related distress,” Mr McHugh said.

Months on, the team continues to provide services. It has continued to deliver trauma-specific training programs for

GPs, mental health workers and other health professionals on behalf of both the Commonwealth and State Governments. It also prepared for an influx of people in need of counselling and treatment of post-traumatic distress, with services provided at both Austin Health and at affected communities.

GVAMHS director Bill Brown said the Austin Health team’s response was crucial as research shows communities that experience such events can become insular and reject outside help.

The Austin Health team’s early presence means they are seen as part of the community. As a result, the service continues to receive referrals from residents who are concerned about how friends and colleagues are coping.

Mr Brown said his service did not have the expertise and resources to give its staff the required support – while the Austin Health team did.

The chief executive of Austin Health, Dr Brendan Murphy, said the team

deliberately put itself on the front line.

“They used expertise cultivated through more than 60 years of working with traumatised people, creating a service to provide immediate assistance. The team identified the multitude of community needs, such as local delivery of pharmaceuticals, and found ways to meet them,” he said.

And while it is difficult to find positives from such tragic events, Mr McHugh believes the experience of helping to build a truly collaborative partnership between rural and metropolitan services has been unique and extremely rewarding.

“That has extended to working closely with a number of local municipalities to help them identify and address the needs of their community as well as their own staff in managing their responses to the disaster,” he said.

# Vietnam Veterans' Day

*Vietnam Veterans' Day is commemorated every August at the Heidelberg Repatriation Hospital.*



Local children attending one of the commemorative ceremonies at Heidelberg Repatriation Hospital.

While the official day is August 18, the Austin Health service takes place the day before, so veterans and their families and friends can also attend the ceremony at Melbourne's Shrine of Remembrance.

Vietnam Veterans' Day was originally known as Long Tan Day, chosen to commemorate the men of D Company, 6RAR who fought in the battle of Long Tan in 1966.

Eighteen Australians lost their lives and 24 were wounded, the largest number of casualties in one operation since the Australian task force had arrived a few months earlier. The Vietnam

War claimed 521 Australian lives.

Austin Health's Heidelberg Repatriation Hospital has a long and proud history of caring for veterans and war widows. Built in 1941, the hospital became part of Austin Health in 1995. The hospital continues to treat veterans and war widows and also provides services to the wider community including day surgery, palliative care, mental health services, aged care, outpatient services, radiotherapy, nuclear medicine, radiation oncology and radiology.

Veteran Liaison Officer Rob Winther said that most Vietnam veterans are now in their sixties, while World War 2 veterans

are in their late eighties and older.

"We also see those who have seen service in more recent conflicts such as Timor, Afghanistan and Iraq," he said.

Many Vietnam veterans live in the suburbs close to the hospital and regularly visit to use the gym or for treatment. Mr Winther said that Vietnam Veterans' Day commemoration has become increasingly popular in recent years.

"We usually have children from local schools and the crèche attend and our most recent service included the veterans passing lapel badges to the children," he said. "It's a peaceful and moving ceremony."

## Butting out for good

In a change for the better, Austin Health became 100% smoke-free in July 2009.

Staff, patients and visitors have strongly supported the policy, which sends a clear message that we value a clean environment and healthy behaviour. It also reflects growing community support for smoke-free environments. Smoking on our sites contradicts our obligation to our community.

Our Smoking Cessation Unit offers specialist services for staff and patients. The unit has been running for more than

a year, providing education, counselling and nicotine replacement therapy.

The service is available at both an outpatient and staff clinic; nicotine replacement therapy is also available for inpatients. Austin Health is the only Victorian health service to offer such a comprehensive staff support program during the smoke-free implementation.

Call 9496 3579 for more information.





Cleaning supervisor, John Wren  
– a new approach to cleaning.

# Fighting the *superbugs*

*Remember when hospitals used to smell like bleach?*

**I**t's the case again with cleaners using bleach and detergent to rigorously scrub the clinical areas and foyer of the Austin Hospital every day.

The move away from using modern disinfectants earlier in 2009 came about after a significant increase in the number of patients infected with the 'superbug' VRE (Vancomycin-resistant Enterococci) infection over the past few years.

Director of Infectious Diseases Professor Lindsay Grayson said that 12 people contracted VRE blood-stream infections in 2008 and that 16 people had tested positive by August 2009. In an average year, the hospital would normally expect between two and six cases of the blood-borne VRE infection. Close monitoring of the infections revealed the need to act.

VRE is difficult to treat and can cause

dangerous infections in people with weak immune systems, such as transplant recipients or cancer patients.

"We'd been following all the guidelines but they weren't working as well anymore so we had to change the way we think about attacking the superbug," Prof Grayson said.

Bleach had previously only been used in wards for patients with known superbug infections; after patients with VRE were discharged, every part of their room was cleaned using high-strength bleach.

"So we asked ourselves, wouldn't it be better to treat the entire hospital as a VRE ward to really attack the superbugs?" Prof Grayson said.

Austin Health has now introduced four new cleaning supervisors to train cleaners in using new mixtures of bleach and detergent, which attack grime as well as the bacteria.

The new products are used daily to clean both the Austin Hospital's clinical areas and foyer.

"This is bringing back respect to the role of the cleaners and cleaning supervisors, which is gratifying as they are extremely important members of the hospital staff," Prof Grayson said.

He believes Austin Health is the first in Australia to introduce the rigorous cleaning system throughout the whole hospital and expects other hospitals to follow the lead.

"We believe this will work and will then look at expanding the new protocol to other sites," he said.

The new strategy also bans clinical staff wearing ties (unless tucked in or clipped), lanyards, sleeves below the elbows, rings or false nails, all of which can harbor bacteria.

*Austin Health's catchment area was close to the epicentre of Victoria's swine flu pandemic – and our experience has revolutionised the way the world is managing flu.*

# Dealing with swine flu

## Should you have a flu shot in 2010?

**Influenza strains can be severe for people with chronic medical conditions. About 2500 people die from seasonal flu in Australia every year.**

The seasonal flu vaccine does not provide protection against human swine flu, but is still recommended as protection against seasonal flu for people over 65 and those with chronic medical conditions.

You should check with your GP if you have any concerns.

### Flu tips

- Personal hygiene remains vital. We should all follow flu season hygiene procedures, such as regular hand washing, covering nose and mouth if sneezing and coughing, and staying at home if sick.
- Follow any instructions by health professionals on quarantining or limiting social contact.
- People who feel ill with influenza-like symptoms should see their GP for the best advice. Call ahead or alert clinic staff when you arrive.

Victorian health services started hearing horror stories about a new strain of influenza from Mexico, human swine flu (H1N1 Influenza) in early April 2009. Within a month, swine flu was spreading rapidly in North America. It was only a matter of time before it arrived here.

Austin Health began stockpiling supplies of anti flu drugs and ensuring there were adequate supplies of protective equipment for staff, such as masks, gloves and eye shields. New signs, protocols and procedures were developed to ensure potential cases of flu did not put staff at risk.

The first Victorian case of swine flu was diagnosed on Wednesday, 20 May. Over the following few weeks, a staggering 1701 people arrived at the doors of Austin Health and the Banyule Community Health Service, worried they had been exposed or already had swine flu. In just one day, 95 people presented to the emergency department.

Associate Professor Paul Johnson, the deputy director of infectious diseases at Austin Health, said that while some people were simply worried, others definitely had flu-like symptoms and needed testing as soon as possible.

“People find infectious diseases such as flu frightening because they spread so rapidly and because there is a risk that an entire household will become ill, which makes it difficult for anybody to be the carer,” he said.

The pandemic hit Melbourne’s northern suburbs the hardest. Several schools including Mill Park Secondary College,

Thornbury High School, Clifton Hill Primary School, St John’s Catholic Primary School in Clifton Hill and St Monica’s in Epping were closed to halt the spread of the virus.

A/Prof Johnson said it was important to focus on patients at particular risk such as pregnant women and those with asthma, diabetes, airways diseases or leukemia. In a partnership between Austin and local health care services, people with mild to moderate symptoms were urged to attend Banyule Community Health Centre’s temporary flu clinic, set up to ease pressure on Austin Hospital’s emergency department.

Initially, Austin Health called everybody tested regardless of the result. “It was a frenetic couple of weeks – we were calling 30 or 40 people every day,” A/Prof Johnson said. “If it was a positive result, doctors, rather than administrative staff, contacted patients to explain more about the diagnosis.”

A/Prof Johnson said that although it was the first pandemic many staff had experienced, he was impressed by how well Austin Health handled the situation.

“The various departments worked together very well – emergency, infectious diseases, pathology, pharmacy and intensive care,” he said.

Due to strain on the central Victorian testing laboratories, Austin Health scientists introduced their own swine flu tests in early July.

“This was of great benefit and reduced test turnaround time from one to three days to just four hours,” A/Prof Johnson



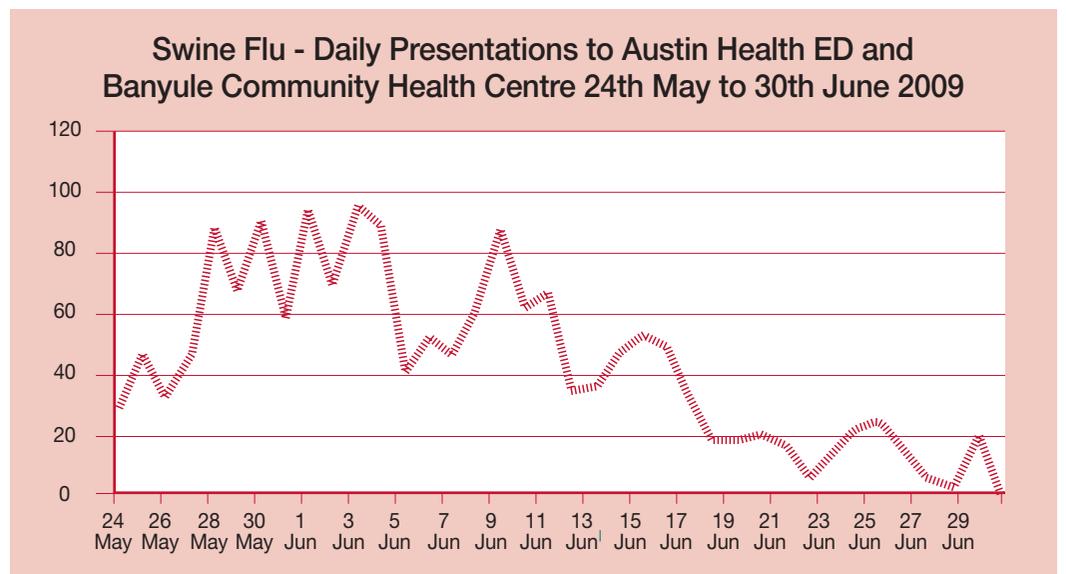
Patients waiting to be seen in the flu clinic at the Austin Hospital.

Picture courtesy of The Age.  
Photographer Jason South.

said. "Any positive tests are then double checked by the central laboratory."

"We have now revolutionised our ability to manage flu through the very early identification of those at particular risk. We'll be able to handle things even better in future winter epidemics using the experience and technical expertise obtained from swine flu."

Between May and August, Austin Health admitted 45 people to the wards with H1N1. Two patients died from significant underlying chronic conditions. There were two pregnant women with severe disease, both of whom required prolonged admission to intensive care. They both recovered well.



## One man's legacy supports those in need

Diagnosis of a brain tumour is frightening and challenging for both the patient suffering the condition and their families and friends.

The physical, cognitive, emotional and social consequences of having a brain tumour – and the associated poor prognosis – means patients and their carers are particularly vulnerable.

The median survival for patients with an aggressive brain tumour is 15 months. Patients and their carers need support through this distressing time.

About 400 Victorians are diagnosed with a malignant brain tumour every year.

Austin Health appointed what was believed to be Victoria's first brain tumour support officer in 2008, thanks to the support of the John Cummins Memorial Fund. Trade union activist John Cummins, 58, died of a brain tumour in 2006.

The support officer, Kathryn McKinley, said that group and individual support programs for people diagnosed with a brain tumour and their families are now firmly in place at Austin Health. The position is located within the wellness and supportive care area of cancer services.

"We support all newly diagnosed patients and regularly review their needs as well as run a monthly support group for patients and their families," Ms McKinley said. "So far, we've helped more than 40 families through counselling, providing information and education and linking people into appropriate services."

Referrals are made to services within and outside of Austin Health, including palliative care specialists, rehabilitation services, allied health and community health services.

Planning is also underway to ensure needs of patients with brain tumours and their families will be met at Austin Health's Olivia Newton-John Cancer and Wellness Centre.



*Successful rehabilitation empowers people to make their own decisions after an injury.*

# Getting back on track

Regaining his independence was Frank Kleinitz's top priority after a motorbike accident left him a paraplegic in 2008.

The 42-year-old telecommunications engineer returned to Melbourne after back surgery in Qatar in the Middle East. He spent several months at Austin Health's Royal Talbot Rehabilitation Centre learning to deal with his new situation.

"It's important to re-learn so many life skills to feel that you're in control of your own destiny – everything from getting into and out of bed to showering and toileting," Mr Kleinitz's said.

Now back working full-time, Frank also used his time at the Royal Talbot to develop skills in areas that would not have interested the adventure sportsman in the past.

"I now play wheelchair tennis and I've enjoyed art and woodwork at rehabilitation, but I'm also staying involved in the activities I've always enjoyed: motorbike

riding, scuba diving and I've tried seated snow skiing," he said.

"I've been very conscious of my mental health throughout this whole experience and the team of people at the Royal Talbot have been very supportive of that side of things.

"Rehabilitation is all about getting your independence, maintaining connections with what you used to do and discovering new things you can do. You really need to focus on the opportunities in front of you and not dwell on what you can't do anymore."

Frank is just one of the people helped by Austin Health each year. Between 80 and 100 Victorians sustain a traumatic spinal cord injury annually; most occur in people aged between 15 and 35, and most (85 per cent) are male.

Spinal cord injury is defined as damage to the spinal cord interrupting neurological pathways and resulting in an often-



Frank Kleinitz attributes staying active and positive to his return to work.

permanent loss of mobility and/or feeling.

Austin Health's Victorian Spinal Cord Service (VSCS) provides acute management and rehabilitation for people from Victoria, Tasmania and the NSW Riverina who sustain a spinal cord injury. The service is one of just six specialist services in Australia.

Rehabilitation can present additional challenges for people who live outside Melbourne, like Frank, who returned to rural Gippsland after leaving hospital. The scarcity of specialist services in many rural areas, along with the greater distance to reach services, can place an additional burden on a person's health, finances and the family.

The VSCS has developed a new community spinal nurse position to provide support across Victoria, Tasmania and the Riverina through phone and home visits. It links clients with local services and their communities for up to 12 months after

## Assistance for rural patients

The Victorian patient transport assistance scheme (VPTAS) subsidises travel and accommodation costs for rural Victorians who need to travel long distances for approved medical specialist services.

The service eases the financial burden of travelling from home for medical care and can also provide a subsidy for an approved escort.

**For more information on VPTAS speak to a nurse in outpatients or your GP.**

discharge. The VSCS also runs regional multidisciplinary outpatient clinics as part of the statewide service.

In developing the initiative, the spinal team consulted widely with people with a spinal cord injury as well as with

therapists and other providers. And, as Frank identified, empowerment was a key concept in effective rehabilitation: empowering people to regain control, choice and autonomy in making decisions after an injury.

The team also highlighted the importance of community participation, including the physical and psychological benefits of returning to work or meaningful life roles following a spinal cord injury.

A key project, the Community Integration Team, is being piloted at Austin Health from late 2009. The team will provide additional support, for up to a year, to assist people returning to the community after a spinal cord injury. The team will also help improve the skills and knowledge of existing community services.

Austin Health will continue to play a major role in implementing, overseeing and evaluating initiatives to ensure they achieve the desired outcomes.



Every minute counts. Cardiac catheterisation laboratory staff prepare a patient for a procedure.

# *Fast movers*

*Thanks to a partnership with Ambulance Victoria, heart attack patients now have a much better chance of survival.*

**Y**ou are short of breath with a crushing pain in your chest. The pain is radiating to your arm and jaw. You feel like you are going to die and, without prompt medical attention, you might. Every minute counts.

You are suffering a STEMI, a heart attack where the blood supply to the heart is blocked and unless the blockage is removed, the heart muscle will begin to die (STEMI stands for an ST segment elevation myocardial infarction).

Thanks to the teams at Austin Health and Ambulance Victoria, you are now likely to be treated faster than in the past – and research shows there are much better outcomes for those who are treated promptly from the time they arrive at hospital.

An Austin Health team devised a streamlined admissions process called the Cath Lab Code to reduce the time between heart attack patients presenting at the hospital and being treated.

# Giving young doctors *a new experience*

*Understanding the role of general practitioners improves the quality of care young doctors provide to our patients.*



Supervisor, Dr Janelle Francis watches while junior doctor Candie Chong checks patient Cheryl Peatling at the West Heidelberg Medical Centre.

Austin Health performs about 150 STEMI cardiac interventions each year. The best treatment involves using a catheter to deploy a balloon to unblock the artery. A 'stent' is then inserted to keep the vessel open and restore the blood flow. The procedure is carried out in one of the hospital's two cardiac catheterisation laboratories or 'cath labs'.

The time taken between the patient arriving at the hospital and being treated in the cath lab is known as the 'door to balloon time'. Austin Health's cath lab code team formed after research emphasised the importance to patient outcomes of reducing door to balloon time.

Austin Health's median door to balloon time from November 2006 to April 2008 was 116 minutes – above the recommended guidelines. The team recognised that improvement was needed.

It has worked: The fastest time in July 2009 was just 26 minutes.

Cath lab nurse unit manager Carolyn Naismith said processes were redesigned to overcome the stumbling blocks to rapid treatment.

The new system responds to those who arrive at the emergency department. The code, introduced in April 2008, triggers an emergency response in the form of a paging tree, which alerts the cardiology registrar to attend and assess the patient. It also alerts cath lab and cardiothoracic ward nurses, cardiac technicians and the hospital bed manager.

Out of hours, the code sends an SMS to the on-call cardiology registrar and faxes the ECG to their home if necessary. The registrar then calls ED and determines whether to activate the cath lab.

"The new system has streamlined the time to treatment for a particularly vulnerable patient group," Ms Naismith said. "Staff have fully adopted and embraced the system and its efficiency is continually monitored."

Austin Health and Ambulance Victoria have also just introduced direct admission to the cath lab by ambulance officers.

"Ambulance officers can then bring the patient straight to the cath lab, bypassing emergency which should reduce door to balloon times even more," Ms Naismith said.

A new program that gives junior doctors the chance to experience the world of general practice as part of their training will improve outcomes for patients according to Austin Health's GP Liaison Officer Dr Wendy Fisher.

The newly funded Commonwealth Pre-Vocational General Practice Placement Program is a partnership between Austin Health and the North East Valley Division of General Practice.

The program aims to build junior doctors' confidence, exposure and interest in general practice. On rotation, the doctor undertakes patient consultations under the supervision of the GP.

"The program provides junior doctors with a greater understanding of the sharing of patient care between the hospital and general practice," Dr Fisher said. "Feedback from participants has been overwhelmingly positive. Some have said they just didn't realise how important a GP was to a patient before undertaking this program."

Eight doctors rotate to metropolitan practices and two to the Northern Territory each year. The Austin Medical Education Unit developed a six-month rotation program to the Northern Territory in 2006 to provide the junior doctors with a different and challenging experience within a supportive program.

*Austin Health is helping residents from aged care homes get X-rayed quickly – and helping others avoid trips to hospital.*

# Helping a *vulnerable* group

**W**aiting for X-rays in a busy emergency department is the last thing that elderly, frail or confused patients with mobility problems need.

But that prospect was on the cards when the only local private mobile radiology service announced it was closing in 2007.

“It meant that the Austin Hospital’s emergency department would be the only place general practitioners would be able to send residents from local nursing homes who weren’t critically unwell, but needed ambulance transport and X-ray services,” said Emergency Medicine Deputy Director, Dr Simon Judkins.

“We were concerned about the impact of this on patients from aged care facilities. And of course, emergency can be very busy and at times they might have to wait some time for non-urgent X-rays.”

The new Fast Track Radiology Service means that non-urgent ambulances take patients straight to emergency radiology, where an emergency consultant looks at their X-rays. The same ambulance waits, then returns the patient to the aged care home into the care of their general practitioner (unless admission is required). Between July 2008 and June 2009, 351 patients used the service.

“If the patient needs to be admitted, they will benefit from a much earlier diagnosis,” Dr Judkins said. “Of those who return to their aged care home, most spend less than

an hour in emergency. This is a much less disruptive and distressing experience.”

Feedback from GPs and aged care homes has been positive. “It reduces the dislocation and stress on their patients and simplifies the process of organising X-rays,” Dr Judkins said. “There have been no issues of misdiagnosis or any patients who have had to return to emergency as a result of an oversight due to the introduction of the service.”

The service is now embedded in the culture of the Austin Health, Ambulance Victoria, local GPs and aged care homes as the best method of ensuring residential care patients receive fast and accurate X-ray and diagnosis – and avoid unnecessary waits in emergency.

A new outreach program is also helping elderly people in residential care homes avoid the stress of being taken by ambulance to hospital.

Austin Health developed the program after an audit showed that more than half of the aged care facility residents who came to emergency did not need to be admitted to the wards.

There were 916 presentations from local residential care facilities in 2006-2007. The patients had common conditions that, in many cases, could have been treated by Hospital in the Home staff, such as urinary tract infections, wounds and feeding tube complications.

In the new program, an outreach nurse provides advice and triages calls about specific patients with the help of an emergency consultant who attends and treats the patient.

The nurse follows up the next day either with, or without, the consultant and checks on patients who return to emergency in less than 28 days. She also advises facility staff in areas such as feeding tube maintenance and catheter care.

Between July 2008 and June 2009, the program has helped 188 patients – 90 per cent of whom avoided a visit to emergency.

The outreach services are only done with the knowledge and consent of the patient or their next-of-kin, and the patient’s GP. The patient can request a transfer to hospital if they would prefer.

The program improves health outcomes by avoiding the unnecessary stress of attending emergency. It also helps Austin Health ensure emergency and ward resources are used more effectively.

The residential care facilities involved are happy with the program and would like to see it extended from five days a week to seven. GPs also support the program.

If a patient does require a hospital admission, the team can help them to bypass emergency to be assessed in the ambulatory care centre, a day procedural and assessment area. The program also utilises the fast track X-ray service.



Keeping their spirits up. Patient, Mr Robert McDougall with his wife, Jean and patient Mrs Tonia Jagiello (left) in Ward 10 at Heidelberg Repatriation Hospital.

# Our priceless



Volunteer Loretta Leung supports patients and their families beyond just palliative care. Here she stops off in one of the wards for a chat with Mr Shau Yee and his wife Alice.

*Austin Health's volunteers unselfishly give their time to play an important role in the organisation.*

**A**cross Austin Health, more than 600 volunteers do everything from driving people to appointments to simply sitting and listening to patients and their families.

Volunteers range from teenagers to a 92-year-old woman and are from backgrounds including Italian, Arabic, Chinese, Indian, Spanish and Polish.

Volunteer services manager Leonie Mutimer said that people help Austin Health for many reasons.

"They may be looking for experience,

companionship or just to give back to the community," she said.

Tasks vary according to where the volunteer is placed. Some assist the lifestyle coordinator at the nursing home, others drive residents to outings or simply provide a reassuring presence.

"Other volunteers take people to outpatients appointments, wait and return them home safely," Ms Mutimer said. "They also help with tasks such as filing, photocopying, mail-outs and in our libraries."

# volunteers



Many volunteers raise funds in the Friends of Austin Health Gift Shop and through the auxiliaries that run local opportunity shops.

Volunteers nurture gardens at the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre, and a new volunteering partnership has just started with the Corps of Commissionaires, employing ex-service people. The concierge volunteers are at the main entrance of the Austin Hospital during the week. The service complements the enquiries desk.

“We look for volunteers who are reliable, caring, kind, compassionate and have a sense of humor,” Ms Mutimer said. “They’re supervised at all times and they are well supported by staff.”

Austin Health recognises volunteers through years of service awards, certificates and a Christmas lunch.

“This is our way of thanking the volunteers and letting them know just how much they are appreciated,” Ms Mutimer said. “When I count my blessings I count each and everyone of our volunteers twice!”



## Easing the pain

Five years ago, a neighbour who could not speak English asked Loretta Leung to accompany her to an outpatients appointment at Austin Health.

“I didn’t know the lady very well, but she needed somebody to sit with her for support,” Loretta says. “I was happy to help and it made her more comfortable.”

The experience piqued an interest in volunteering at the organisation. Today, Loretta, who worked as a biochemist while living in Hong Kong, is a valued member of Austin Health’s important palliative care volunteer program.

Loretta, who speaks both Cantonese and Mandarin, often works with elderly and Chinese patients and families. (Austin Health encourages non-English speaking patients and families to ask for help from an interpreter.)

“Patients and their families often feel anxious and scared and they are facing a difficult time,” she says. “Many of these people become friends – I meet them again as patients are admitted and discharged and then admitted again.”

Loretta says she gains as much from volunteering as the patients and families.

“I’m very happy to offer some help to these people,” she says. “It’s very satisfying.”

Palliative care volunteer manager Jen Christiansen said the core of the volunteers’ work is to help the ill person to cope and to live fully until they die.

“We complement the clinical services,” Jen says. “The volunteer brings the outside world to the bedside – they normalise the hospital experience. The palliative care volunteers provide companionship for patients and support their families.”

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**For more information about joining the volunteer program, call 9496 2337. For information on the palliative care volunteer program, call 9496 2370.**

# How do we deliver quality health care?

*Austin Health is committed to providing our community with the highest quality health service.*

We use the term ‘clinical governance’ to describe the systematic approach to maintaining and improving the quality of patient care within a health service. There are three key attributes to clinical governance: recognisably high standards of care; transparent responsibility and accountability for those standards; and continuous improvement.

Effective systems direct and control activities at Austin Health to ensure that the organisation’s vision, purpose and strategic goals are achieved in an open, accountable and appropriate manner.

Our clinical governance framework is based on four areas that enhance the delivery of clinical care.

Consumer participation is important to Austin Health. At an individual level this means shared decision making about care and ensuring patients and consumers give informed consent to treatment and care. We consult consumers on planning and policy development, quality and risk management, research and training. We also welcome consumer feedback through a robust complaints and compliments system, surveys and clear and respectful communication.

We are proud of our clinical effectiveness. Our highly qualified clinical staff of doctors, nurses and allied health professionals are committed to achieving the best outcomes for their patients. Austin Health promotes excellence, improvement and innovation and ensures that clinical care is evidence-based. Monitoring, reviewing and improving performance occurs constantly and is integral to providing high quality and safe services.

Our effective workforce is the result of our commitment to supporting and developing our staff. We ensure that our staff have the appropriate skills and knowledge to perform their required tasks. We provide them with clear expectations and information on required standards. Education and credentialing programs, support, further training and development.

We systematically approach clinical risk management through minimising clinical risk and improving patient safety and the quality of clinical care. This includes reporting and investigating clinical incidents and risks and implementing strategies to reduce adverse events.

Austin Health’s vision directs the functions and activities of the organisation and creates an environment of openness, trust and challenge.

Clear leadership and reporting frameworks maintains governance. The reporting line of clinical committees is through the Board Clinical Safety and Quality Committee to the Board. This supports decision making and ensures that the strategic and operational functions of clinical governance are regularly reviewed,

discussed and that the Board is assured that systems are governed effectively.

Good clinical governance is essential to the effective operation of Austin Health and the achievement of our vision. Therefore we have a clear framework to assist all stakeholders from the Board of Directors, executive, senior leadership, staff and consumers to understand the responsibilities, accountabilities and processes that underpin strong and effective clinical governance.

While we are proud of the strength of clinical governance and quality of care at Austin Health, ongoing development and improvement is the key to effective clinical governance. The Department of Health has identified that health services need to expand the role of consumer/ community participation in the planning and evaluation of services and this will be a key goal for Austin Health in the future.

The Australian Council on Healthcare Standards describes clinical governance as “The system by which the Board, management, clinical and front line staff share responsibility and are held accountable for patient care, minimising risk to consumers and continuously monitoring and improving the quality of care”.

*The director of cardiac surgery is excited about the future at Austin Health, which offers an extensive range of cardiac surgery procedures.*



Mr Philip Hayward and Associate Professor George Matalanis, perform an Australian first form of aortic replacement surgery at Austin Hospital.

# Mending broken hearts

Associate Professor George Matalanis had a clear vision when he took over as Director of Cardiac Surgery in 2007: he wanted to place Austin Health on the world map for clinical care, research and teaching.

The cardiothoracic surgeon is well on the way to achieving that goal. Already, Austin Health is receiving referrals of complex cases from hospitals throughout Australia and overseas and is a leader in innovative new techniques.

The busy cardiothoracic unit performed 452 operations in 2008-09. As well as coronary artery bypass surgery, the department is expert in thoracic aortic reconstructive surgery and endovascular stent grafting, minimal access surgery and complex aortic and mitral valve repairs. The department also provides a cardiac Hospital in the Home program.

One of the most exciting new surgical

techniques now performed by Mr Matalanis and his team is percutaneous aortic valve replacement. The Australian-first surgery enables the aortic valve, the main heart valve, to be replaced via a small incision made in the groin or upper chest. It turns what was major surgery into a relatively low-risk procedure.

"We generally do it on patients who wouldn't be able to cope with lengthy surgery, such as the elderly or those with kidney or lung disease," Mr Matalanis said.

The unit performed the first two operations at Austin Hospital under the supervision of Canadian surgeons.

The unit is also leading the world in a new technique for aortic arch replacement surgery that allows constant blood circulation to the brain. The procedure uses a three-branched synthetic graft to re-route the three arteries of the aorta destined to supply the brain, with

only one artery disconnected at a time.

"This replaces the traditional method of cooling the patient to about 15 degrees to allow the surgery to take place while the heart is disconnected and blood is not pumped around the brain," Mr Matalanis said. "It's very important because it reduces the possibility of brain damage from a lack of blood flow to the brain. We now know that stopping blood flow to the brain for even 20 minutes can impact on fine motor skills and cognitive function."

Having now done 32 such procedures, Mr Matalanis is keen to establish a specialised aortic unit at Austin Health, making it a centre of excellence for the procedure.

"Having a dedicated unit to treat time-critical patients as well as those patients referred with chronic aortic conditions ultimately is in the best interests of patients," he said.

*Austin Health's dedicated staff and management want our patients, community and partners to be satisfied with our services.*

# What do you think of us?

There are various ways people can contribute to key decisions and let us know what we are doing well and what needs improving. This helps us ensure our services and programs meet the needs of our changing community.

One way to have your say is through patient representatives Lyn Robertson and Noelene Stevens, who work from an office in the Austin Tower foyer. People can raise issues, make complaints or give compliments in person or by telephone, letter and email. The prime responsibility of the patient representative is to investigate and resolve patients' concerns or complaints. "We identify system problems and recommend changes, which will hopefully prevent a recurrence," Ms Robertson said. "Most people who make a complaint just want to be sure that others will not have the same experience. People can feel vulnerable and anxious when they

need to be in hospital, so we also act as patient advocates and provide support and assistance."

This can include attending family meetings where difficult decisions need to be discussed, communicating with staff in various parts of the organisation or accompanying patients to outpatient clinics. It may also involve making arrangements for people with disabilities or specific needs.

Ms Robertson said most complaints relate to communication, treatment and access. Many positive changes result from complaints. Some recent examples are:

- a redesigned aged care clinic appointment letter which clearly explains time, place and purpose of visit;
- database alerts on patients with a disability to ensure awareness of specific requirements;
- more flexibility in visiting hours for oncology and haematology inpatient units.

Another way we find out what patients, relatives and carers think about our services

is through the 'My Say' feedback. The forms have been available on some aged care wards since 2006 and are now also at the Royal Talbot Rehabilitation Centre.

Concerns or compliments are followed up within 48 hours. About 20 per cent of 'My Say' comments over the past three years were compliments; the rest raised concerns that were dealt with locally and promptly.

The quality coordinator of aged care services, Louise Thorn, said that managers advise staff of comments and concerns. Notices are placed on boards to advise patients and visitors of improvements made as a result of feedback. The 'My Say' program helps to address everyday issues that otherwise may have gone unnoticed.

One patient, for example, mentioned difficulties trying to shower while holding the showerhead. The nurse unit manager sourced a different system and hoses. Now patients can use a hands-free or hand-held shower.

Another patient's feedback led to the ordering of ward phones with larger buttons, which are particularly helpful for older people with poor vision. Staff react quickly if a pattern starts to emerge. When several patients said that food packaging was tricky to open, for instance, staff encouraged volunteers to help older patients at meal times.

"We value feedback from patients and their relatives and carers and have started running discussion groups on the wards," Ms Thorn said. "It helps us to plan and steer improvements for overall patient care."

Austin Health also involves consumers through committees and working groups. There are currently more than 40 consumer participation activities across different clinical service units.

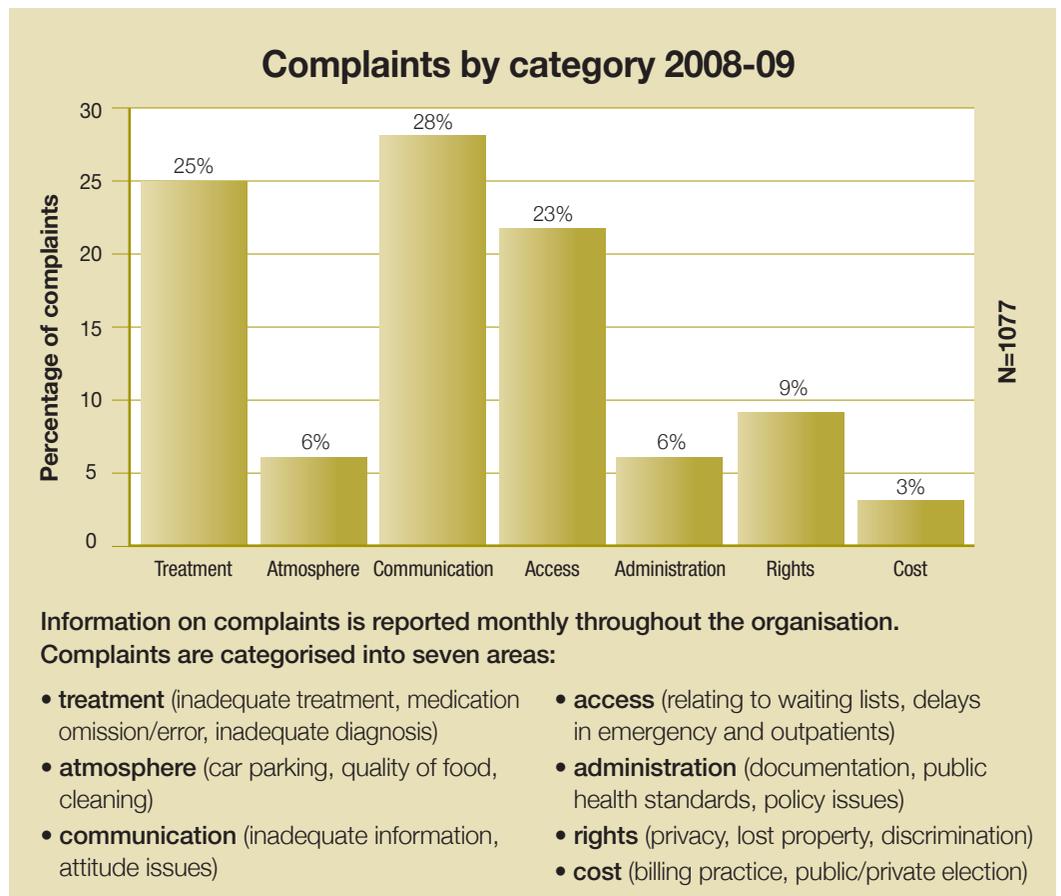


Caring hands – Patient Representative, Lyn Roberton with patient Mrs Ellen Bartlett.

It is important that consumer representatives feel engaged, well supported and valued. We plan to develop an orientation process for consumer representatives, introduce consistent remuneration (such as sitting fees and expense reimbursements) and include consumer representatives in a reward and recognition program. We also plan to provide networking opportunities, offer better support and training to further develop participation skills and involve consumers in monitoring the effectiveness of participation strategies.

Committees with consumer/community representation include the Community Advisory Committee, Community Consultative Committee, the Mental Health Consumer and Carer Advisory Group and the Cultural Diversity Committee.

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**Call patient representatives Lyn and Noelene for information and assistance on any aspect of care provided by Austin Health on 9496 3566 or email [lyn.roberton@austin.org.au](mailto:lyn.roberton@austin.org.au)**





Food Services staff member, Lijana Sucevic, proudly displays an individually prepared meal fresh from the kitchen.

# Meal ordering goes online

*Austin Health's Food Services department serves over 2,500 meals every day – and most are individually prepared.*

**F**ood Services provides plated breakfasts, lunches and dinners as well as lunchbox meals for some outpatients. The department has 120 full-time equivalent staff.

Patients choose their meals with the help of specialised staff known as menu monitors. Austin Health has six menu monitors who visit every patient and take their meal orders at the bedside using a web tablet (a computer about the size of a mobile phone) that displays the daily selection.

Patient food is sourced primarily from Medichief, Austin Health's main production kitchen located at the Heidelberg

Repatriation Hospital. Food is plated cold before being heated and delivered.

Dedicated cooks produce fresh supplementary meals for long-term patients and those with special dietary needs such as swallowing problems, allergies or specific cultural requirements.

Food Services introduced an electronic meal ordering system, Chef Max, to improve the quality of the service in June 2009. Chef Max is linked to the patient information system to keep track of bed movements, admissions, discharges and changes in patient dietary situation.

Project and compliance officer Amy Oliver said the new system eliminates



Looks great! Fresh salads ready to go.

many manual processes associated with the menu monitor role.

“Menu monitors now spend most of their shift on the wards providing a personal service to the patient, rather than in the office performing administrative duties,” she said.

The web tablets used by the menu monitors hold recipes for all meal items listed. Based on the patient’s medical condition and dietary requirements, the system can display customised meal options.

“The menu monitors promote healthy choices or offer choices that are best suited to a patient’s dietary situation,” Ms Oliver said. “And the increased time spent on the ward means that menu monitors can see more patients – and can return to patients who may have been away from the ward, with a doctor or asleep on the monitor’s first visit. This means fewer ‘default’ meals are served.”

Chef Max collates meal orders and automatically generates summary lists for food preparation. The system tracks patient movement, which automatically manages patient meal orders against patient transfer and discharge, resolving the problem of over-ordering.

“This significantly improves inventory control and management, reduces food wastage and increases cost-savings for Austin Health,” Ms Oliver said.

Chef Max also plays a key role in providing food for the Royal Women’s Hospital. Staff at that hospital use Chef Max to take the patient meal order, which they send electronically to Austin Health. Our menu monitors then print the orders as tray labels for plating and delivery to the Parkville site.

*New nurse practitioner role improves support available for people experiencing severe emotional distress.*

# Breaking new ground in mental health

Nick Gaynor has seen extraordinary changes in the care of mental health patients since he began training in psychiatric nursing in 1975. “The government and the community dealt with mental health issues in a very different way back then,” he said. “In the past 30 years, we’ve seen the important move from institutionalisation to caring for people in their own environments and community.”

Nick said that Victoria’s model of care for mental illness is now one of the best in the world.

“We regularly have international visitors who are very impressed by our model of service delivery and consumer involvement,” he said.

The Nursing Board of Victoria this year endorsed Nick, along with colleague Neville Baker, as the state’s second and third mental health nurse practitioners.

A nurse practitioner is a registered nurse educated and authorised to work autonomously and collaboratively in an advanced and extended clinical role.

Nick initially completed training in the late 1970s with a certificate of nursing. He later completed a Postgraduate Diploma and Bachelor of Nursing and now also holds a Masters of Nursing. Austin Health has supported his nurse practitioner education.

Nick has a special affection for the Austin. His great-grandmother was a midwife in the Heidelberg area and his grandparents met and fell in love at the Heidelberg Repatriation Hospital when his grandmother nursed his grandfather on his



Nick Gaynor’s family have been caring in Heidelberg for almost 100 years.

return from the Somme in the Great War.

In his new role as a mental health nursing practitioner based in the emergency department, Nick has the authority to admit and discharge patients, issue sickness certificates, order diagnostic tests and prescribe some medications.

“It means we can help people quickly and link them with appropriate services,” he said. “It might be anything from attempted suicides to those who need psychological or relationship counselling.”

Nick said most people he sees do not have an existing mental illness.

“Rather, we see those who are responding to loss or a sudden change in their lives whether it’s through the death of somebody or through the loss of a relationship,” he said. “Many are acutely intoxicated with impaired impulse control and risk-taking behaviour. And then, finally, there are those who are experiencing the emergence or relapse of a mental illness.”

# Building community links

## Aboriginal and Torres Strait Islander patients and their families have two new dedicated liaison officers at Austin Health.

The role of Aboriginal Hospital Liaison Officers Robin Munro and Suzanne Nelson is to provide support and assistance to help people feel comfortable and safe during their treatment.

They also ensure that discharge planning leads to appropriate care in the community and work to build Aboriginal people's trust in the public health system.

The manager of Austin Health's cultural diversity program, Pauline Wright, said much of the past year had been spent reviewing the ATSI program, identifying what skills the new officers would need and liaising with community health services and GPs.

This year's employment of the officers is a significant step towards building better relationships with the local Aboriginal community, she said.

The officers now regularly meet their peers from other health services. Pauline has initiated meetings for managers in the northern region, including those from Mercy Health, Northern Health and community health services.

Pauline and the officers are also helping Austin Health staff understand culturally sensitive issues.

"It's important to understand Aboriginal people's spiritual and cultural beliefs," Ms Wright said. "For example, Aboriginal people's concept of family is often broader, and their beliefs about death and dying also differ. Many Aboriginal people also have a lack of trust of government institutions so it's important they can turn to somebody they trust to represent their interests."

**Call the Aboriginal Hospital Liaison Officers on 9496 5638 or 9496 5834.**



# Breaking down the language barrier

*It's stressful enough having to go to hospital – imagine if you couldn't understand what people were saying.*

Austin Health's interpreters are busy people. Each year, there are more than 13,000 occasions of interpreter services, reflecting the diverse community we serve.

It is just one part of our cultural diversity program, which aims to ensure that we respond appropriately to the needs of our culturally and linguistically diverse community.

Along with interpreting, translating written material and promoting cultural awareness are the other key focus areas of the program. All aspects of the program combine to help staff provide care and services that are appropriate, respectful and welcoming to patients.

Cultural awareness training helps staff understand sensitivities of patients who come from varying cultural backgrounds.

Clear communication in any clinical relationship is vital. Inadequate communication between clinician and client can mean an increased risk of diagnostic or treatment error – which can lead to poor patient outcomes.

Inadequate communication can also lead patients to develop a mistaken

understanding of their illness and the role of health care workers.

Austin employs nine in-house interpreters in Arabic, Greek, Italian, Serbian, Mandarin/Cantonese, Macedonian and Turkish. We also cater for up to 80 other languages by using outside services. In recent years, an increasing number of people from Vietnamese and African backgrounds have accessed Austin Health.

The organisation does not support using family or untrained staff as interpreters.

The Ngarra Jarra Aboriginal health program is located within the overall cultural diversity program to respond to the needs of Indigenous patients from the large local Aboriginal and Torres Strait Islander community.

Austin Health's Cultural Diversity plan sets out the organisation's goals to improve our responsiveness to the various cultural backgrounds of our patients in the future.

Our Cultural Diversity plan is under review to ensure we meet the Department of Health's requirements of ensuring that our health service informs, and is accountable to, consumers, carers and community members.

# Ensuring our doctors *have the right skills*

*You wouldn't want inexperienced electricians wiring your house or unqualified pilots flying planes. Likewise, it's vital that our doctors are properly qualified.*

Over the past few years, there has been a greater focus on improving the processes surrounding the engagement and monitoring of doctors and their clinical work. This has followed a number of incidents of poor patient outcomes attributed to doctors undertaking procedures for which they were not appropriately skilled.

A Queensland Public Hospitals Commission inquiry linked deficiencies in the recruitment and credentialing of senior medical staff across a number of large Queensland hospitals to adverse patient outcomes.

Austin Health is committed to ensuring that our doctors have the right qualifications, skills and experience to treat our patients.

More than 750 doctors, including more than 40 international graduates, are employed at four basic levels:

- pre-vocational training (interns and house medical officers);
- vocational trainees (registrars training in a specialty);
- fellows (often senior registrars or junior specialists undertaking advanced training and research);
- specialists (visiting and full-time consultants).

Chief Medical Officer John Ferguson said that Austin Health aims to progressively enhance the transparency and objectivity of clinical services, ensuring maximum patient safety and the highest standard of care for all services.

"We regularly review internal processes to make sure we are vigilant and learn from errors to minimise any chance of a recurrence," he said.

"Credentialing and 'defining the scope of clinical practice' have much broader connotations than may at first be recognised. They ultimately represent a core component of our governance framework



Chief Medical Officer, Dr John Ferguson with Professor of Surgery, Chris Christophi.

that helps define medical practice at our hospital."

Austin Health recognises that our doctors have diverse educational and professional backgrounds.

"We have developed several policies governing the credentialing and defining the scope of clinical practice for medical staff," Dr Ferguson said "We focus mainly on specialists as these are the doctors who undertake independent clinical practice and provide the supervision for the doctors in training."

Doctors who want to work at Austin Health must complete detailed and comprehensive applications. Clinical, academic and hospital representatives then interview them formally and check references. The interview panel makes the recommendation to employ and the proposed scope of clinical practice. It is then reviewed at the relevant discipline level and ultimately at the Medical Advisory Committee.

Senior doctors undergo a re-appointment process at least every five years.

Confirmation of ongoing registration with the Medical Practitioners Board is required and confirmed for every doctor every year. Annual reviews are also undertaken with the appropriate clinical unit head to allow any issues or concerns to be raised and addressed.

Doctors take part in grand rounds, seminars and training as well as conferences and sabbatical leave to further develop their knowledge and skills.

Each doctor is part of a clinical unit that undertakes clinical audits and review, augmented by an organisational program of clinical governance and risk management.

This provides a comprehensive framework to monitor clinical care and outcomes. The framework includes adverse event reporting, coronial newsletters and recommendations and external assessments and accreditation.

Each time a new technology or procedure is assessed for introduction at Austin Health, the New Technology and Clinical Practice Committee reviews a formal and detailed application from the clinical staff proposing the introduction. If approved the committees ensures there is a framework for the safe introduction and ongoing evaluation in place.

This links directly with the Department of Health's program for New Technology, with the department often providing initial funding to allow for new services to be developed.

Recent examples include:

- using ultrasound through a bronchoscope to assess lung cancers;
- diaphragmatic pacing for patients with long-term ventilation needs;
- percutaneous (through a catheter rather than open heart surgery) insertion of artificial aortic valves for severe heart valve disease.

# Managing risky business in hospitals

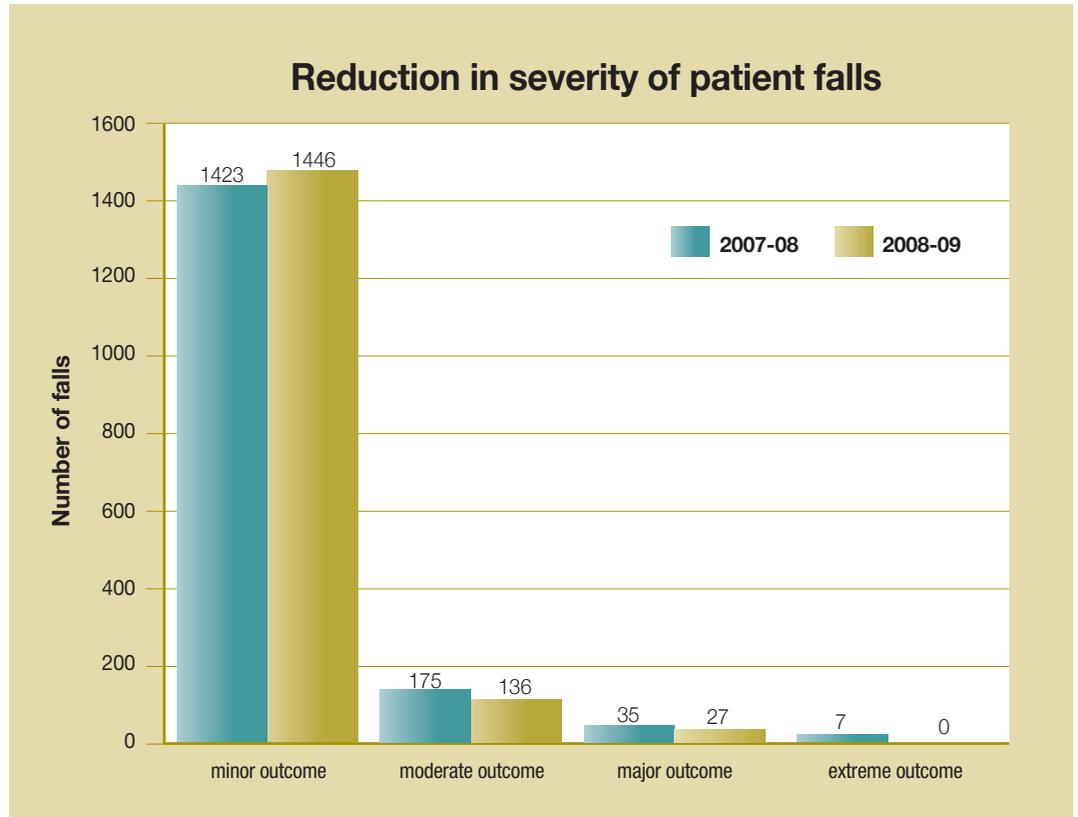
Austin Health has an electronic incident reporting system known as Riskman, that can automatically alert and escalate incidents, allowing a rapid response to serious incidents such as equipment failure or medication error.

Austin Health also has clinical indicators that are presented to senior staff, executives and Board members every month. Clinical indicators are measures of performance over time. Some of Austin Health's clinical indicators include infection rates, returns to theatre, blood clots (DVT) and falls.

We investigate if a clinical indicator falls outside our target range.

We know that falls, medication errors and aggressive behaviour incidents are three of our most frequent incidents. Trends and solutions are reported at all levels of the organisation to try to make the hospitals safer.

Austin Health continues to make practice improvements at local and organisational levels to ensure more people are safer, more of the time.



## Reducing the risk of falls

Managing the risk of patient falls is a major challenge in hospitals. The risk of falling is higher when patients, particularly those over 65, are unwell, are frail and in an unfamiliar environment.

It is estimated that falls make up about one-third of all adverse events in hospitals. This can have a serious impact on the health and wellbeing of the patient.

Our robust falls minimisation program raises awareness of falls and prevention for staff, patients and families.

Patients are assessed for their risk of falls as part of their clinical assessment on admission.

An action plan is developed to reduce the risk if the patient has a high risk of falling. The plan is tailored to individual patient needs, with strategies such as regular checks, nursing escort to the bathroom,

lowering of beds and chairs, medication reviews and referrals to physiotherapy for an exercise program.

In the event that a patient does fall, a doctor completes an assessment and the care plan and falls minimisation strategies are reviewed. Should a patient fall, a detailed incident report is completed.

The Austin Hospital's falls program has recently expanded with the introduction of a new strategy that focuses on patients who fall more than once. A member of the falls team visits the patient and reviews the care plan with nurses to ensure that best practice care is in place.

## Falls tips

Falls can happen at home as well. These tips can help reduce the chance of falling:

- Take medications as prescribed and discuss any concerns about your medications with your doctor.
- Wear comfortable, firm-fitting, flat shoes with a low broad heel and soles that grip.
- If you have a walking aid, always use as directed and keep it well maintained, especially brakes and rubber stoppers.
- Remove clutter and ensure there are no slippery surfaces on the floor.
- Ensure furniture is suitable – for example, that the bed is at the right height and that chairs are stable and firm.
- See your doctor or physiotherapist for advice on exercise and maintaining good health.

Source: National Ageing Research Institute

*Identifying and responding to risks and incidents are key ways Austin Health improves safety for patients, visitors and staff.*

# Syringe safety

*The introduction of new safety devices is expected to reduce needlestick and splash injuries to Austin Health staff.*



Infection control nurse, Deidre Edmonds demonstrates the new safety needle. Inset: a plastic sheath drops down after use, making it safer to handle.

Infection control clinical nurse consultant Deidre Edmonds said the initiatives to reduce injury include a new safety needle with a sheath that clicks down to cover the sharp point after use.

Healthcare workers, particularly those involved in clinical practice, are at an increased risk of needlestick and splash injuries. Receiving a needlestick injury can be very stressful for staff, who worry about the possibility of being infected with a virus such as Hepatitis B, Hepatitis C or HIV.

The Austin Health Infection Control team collects occupational exposure data for internal and statewide benchmarking. Along with 16 other health care services, Austin Health contributes data to the Victorian Blood Exposure Surveillance group.

A review of data last year showed that injuries were increasing.

“We identified the departments where occupational exposures occurred most frequently,” Ms Edmonds said. “This included identifying the various health care worker groups and, most importantly, the devices causing most of the injuries.”

“We also looked at the type of exposures that posed the highest risk of blood-borne virus transmission such as injuries caused by large hollow bore needles that have been in a vein or artery.”

Research shows that education alone does not prevent injuries.

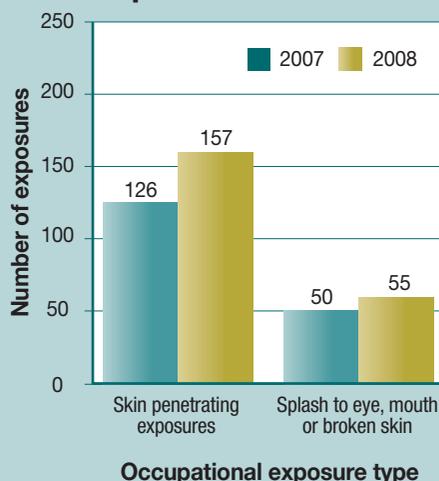
“The best way to reduce needlestick injuries is to remove all sharp devices from health care delivery,” Ms Edmonds said. “This is not yet entirely possible, but we can introduce safer devices. We found the best safety engineered devices on the market that are easy to use, well accepted by staff and require minimal change in practice.”

She said the organisation reviewed available products and ran an extensive trial, asking staff to evaluate the items, before choosing the best safety devices.

The rollout of the approved safety items should be complete by the end of 2009.



**Needlestick and splash blood exposures 2007-08**



Managing risky business in hospitals

# Managing medication safely

*Managing medication in hospitals is an important and complex task. We take any errors with medication very seriously.*

Medication safety pharmacist Anne McGrath said that medication errors are reported using the Riskman electronic reporting system. These are investigated by the local area manager and reviewed by the Director of Pharmacy and the Risk Management team.

“Sharing this information and learning from it can reduce the risk of errors happening in the future,” Ms McGrath said. “We can work to improve medication storage, prevent interruptions to staff, improve information available at the time of administration and ensure that the prescriptions or orders are clear and unambiguous.”

Austin Health also adopts best practice principles from state and federal safety authorities.

While all staff focus on patient safety, the Medication Safety Committee is

a dedicated team of doctors, nurses, pharmacists and quality experts who try to reduce the potential for medication errors.

This year the committee completed a project to make the administration of insulin, a medication used to treat diabetes, safer. Insulin dosage needs to be calculated for each patient; there is no such thing as a ‘standard dose’.

“It requires close monitoring and is made even more complicated by the many different types of insulin available,” Ms McGrath said.

To administer insulin to patients, a special syringe with a needle is used to draw up the required dose. Two sizes of insulin syringes – 50-unit and 100-unit – have always been kept on wards.

“We’ve now removed the 100-unit insulin syringes from all wards and

departments and are promoting the use of insulin syringes to be used only for insulin administration,” Ms McGrath said. “This reduces the chance of giving a large dose of insulin by mistake, which would be an extremely rare event but if it did happen, the consequences could be serious.”

The 100-unit syringes are now stored away from patient care areas, although staff can access them if necessary. The change has been implemented across Austin Health.

“We went to all wards and patient care areas, explaining to staff in person, removing the 100-unit syringes and distributing information,” McGrath said. “Staff recognise this is an important safety initiative. We had great support from the diabetes educators, the Austin Central Sterilising Services Department and ward nurses and the project ran very smoothly.”

## Better than average is not good enough - preventing pressure ulcers

Pressure ulcers are an internationally identified safety problem and are often considered a clinical indicator of the quality of care provided by a health service.

In October 2008, Austin Health completed its fourth audit of pressure ulcer prevalence. It showed a consistent improvement and a rate under the reported Victorian average. The next audit is scheduled for late 2009.

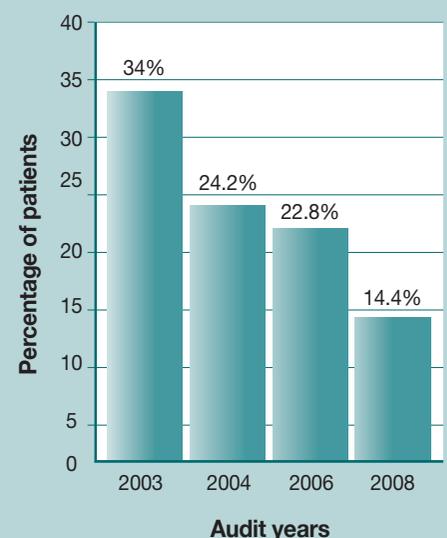
Ensuring patients use pressure-relieving mattresses and cushions; regularly change position; and have adequate nutrition can prevent pressure ulcers. But if ulcers do develop, they can slow a patient’s recovery, resulting in a longer stay in hospital and a greater risk of further complications such as infection.

We help staff assess and care for patients and ensure appropriate equipment is available.

Patients who are immobile or in a care facility are also at risk of developing pressure ulcers in their homes. About half of the pressure ulcers found at Austin Health developed before the patient was admitted to hospital. The pressure ulcer program then aims to heal the ulcer and educate patient and carers about further prevention.

The incidence of pressure ulcers across Austin Health, including the mildest forms, where the skin has not broken, has been reduced from 34 per cent in 2003 to 14.4 per cent in 2008. The latest reported statewide average is a rate of 17.6 per cent.

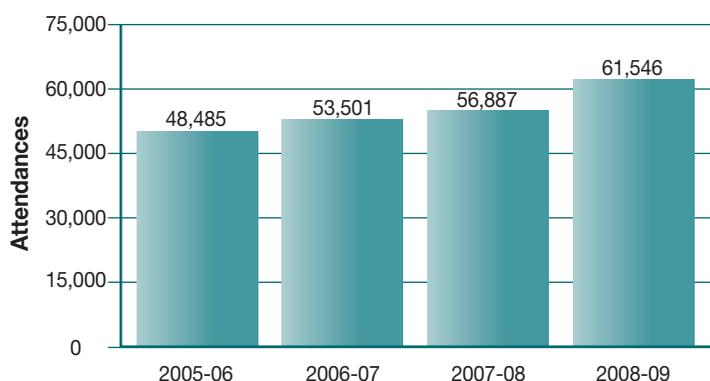
Inpatient Pressure Ulcers



# Delivering our services in *a timely manner*

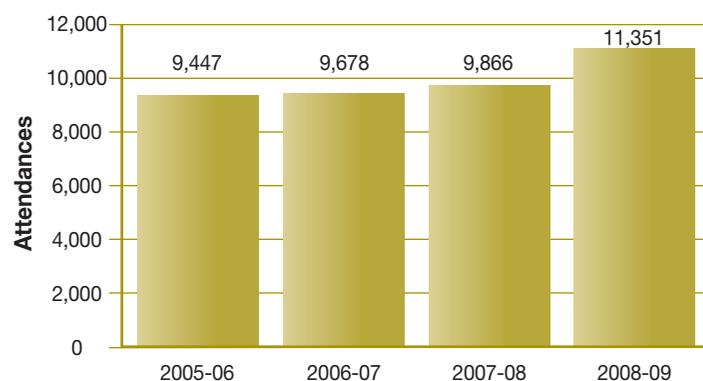
*Being able to access health services when you need them is an important measure of quality of care. Over the past four years demand for hospital services has increased significantly. Against this growing demand we have been able to maintain and in some cases improve the timeliness of the care we are able to offer.*

## Emergency Department attendances



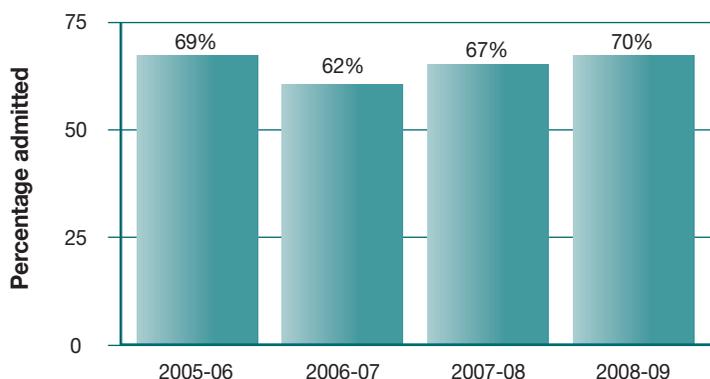
Emergency Department attendances continued to increase sharply this year, with 8.2 per cent or 4,659 more attendances than the previous year. This constitutes a 47 per cent increase in activity since the new hospital opened in 2005. This increase was partly driven by heat-related presentations in summer and the swine flu pandemic during May and June.

## Elective surgery - additions to waiting list



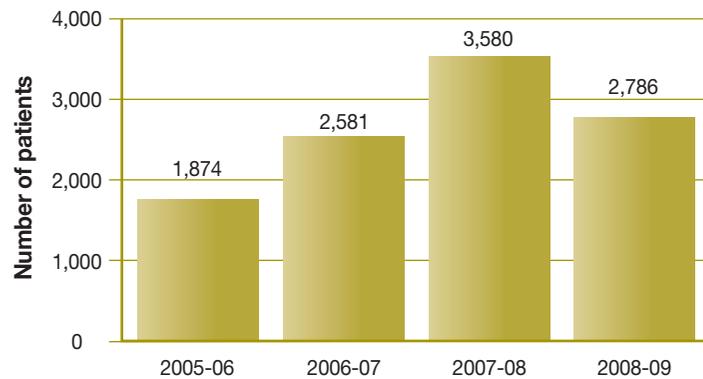
Demand for elective surgery continues to grow with 20 per cent more people added to the waiting list last year than in 2005-06. Austin Health has met some of this demand through the opening of The Surgery Centre at the Heidelberg Repatriation Hospital last year.

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



Emergency Department patients admitted to an inpatient ward bed within eight hours increased slightly compared to the previous year, despite increased numbers of patient presentations. This result was due to improved patient flow systems within the Emergency Department.

## Elective surgery patients on waiting list as at 30 June



The total waiting list for elective surgery decreased by 22 per cent due to the performance of over 5000 procedures at The Surgery Centre. This was achieved despite a 15 per cent increase in numbers of patients added to the waiting list.



# 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.

### Austin Health

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

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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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Royal Talbot Rehabilitation Centre

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