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I am delighted to present Austin Health’s Quality Account for 2017.

Austin Health remains firmly committed to delivering exceptional care to all patients and their families. This report outlines key initiatives carried out in 2016-17 to ensure that we continue to improve the safety and quality of the care that we provide.

Our dedication to safety and quality is reflected in the outstanding accreditation results that Austin Health achieved in 2016. The survey team from the Australian Council of Healthcare Standards made particular note of the priority put on great patient experience right across the organisation. We received a ‘met with merit’ rating - the best available – for 21 per cent of criteria – a result which ranks us among Australia’s top health services for accreditation outcomes. I applaud all staff on this fantastic outcome.

We are proud to have launched two Australian-first software initiatives this year which will foster improvements in treatment and care at Austin Health and beyond, both now and into the future. Our research data warehouse significantly bolsters both the immediacy and amount of information available to clinicians for research, by bringing together large amounts of data from different internal databases into one portal. We also became Australia’s first health service to launch an oncology information system in adult cancer care. This system improves coordination of patient care and drug prescription and administration. It also enables the collection of valuable data to advance cancer research and treatments.

We continued to improve elective surgery waiting times for our patients in 2016-17. We treated the highest number of elective surgery patients within clinically recommended times and conducted a record 28,070 elective surgery operations. We are also pleased to report that our non-elective emergency surgery increased by 16 per cent. I thank all staff for their contributions to these great results.

At Austin Health we also care deeply about the health and safety of our staff. We are keenly aware that health care can be a stressful environment to work in and this year we introduced a Workforce Mental Health Strategy which focuses on improving psychological wellbeing of our staff through a range of initiatives. These include the implementation of peer support and cultural change programs for our medical workforce, the introduction of an onsite counselling service for all staff and training programs for managers on mental illness, depression and anxiety.

Our achievements would not be possible without the support our community members provide in many different ways. In particular, I would like to thank you for the ongoing feedback which plays a vital role in helping us to improve our services, facilities and delivery of care.

I hope you find our 2017 Quality Account interesting and I look forward to another successful and exciting year at Austin Health.

Sue Shilbury
Chief Executive Officer
Consumer, Carer and Community participation

BUILDING THE CAPACITY OF CONSUMERS AND COMMUNITY MEMBERS TO PARTICIPATE

Capacity building
At Austin Health we have developed a supportive program for consumer participants including a comprehensive orientation and mentoring program, which is delivered by staff, volunteers and experienced consumer participants. We make sure that we provide other opportunities for their continuing professional development through bi-annual networking forums, hospital tours and information sessions. We keep our consumer participants and volunteers up to date with organisation wide developments through the distribution of a bi-annual consumer participant and volunteer newsletter and email updates, through involvement on committees and project teams, and consumer participant networking forums.

Actions from feedback
A new menu was introduced at Austin Health this year in response to consumer feedback. The new menu is designed to better reflect the cultural groups that live in our catchment and also provides greater variety and fresher, healthier options.

Patient Experience

Figure 1: Adult Inpatient Patient Experience Scores (VHES)

Interpreter services
A total of 21,196 face-to-face interpreter services were provided to patients and their families in 72 languages – a 7 per cent increase from the previous year. We met 88 per cent of all requests for face-to-face interpreters and where we could not do this, we endeavored to offer telephone interpreting instead.

We have introduced speaker phones to most consultation areas to improve clinician access when face-to-face services are not available. This has resulted in a 26 per cent increase in telephone interpreter assisted consultations – from 1513 in 2015-16 to 1915 this year.

Eleven languages make up 90 per cent of all language requests. Our in-house and casual interpreters speak one or more of these top 11 languages.
We continue to monitor languages spoken by Austin Health patients to ensure appropriately qualified and experienced interpreters are readily available to assist in facilitating communication.

In late 2016 a Victorian Government’s Language Services Department revealed more than 90 per cent of Austin Health patients were satisfied with the quality of the interpreting services they received.

**Disability Responsiveness**

The Austin Health Disability Action Plan 2015-20 was developed with consumers and staff. The plan recognises the complex and variable needs of people with disabilities and commits our organisation to continue to identify and address the barriers that impact on the ability of our patients, carers and staff to be fully included and participate in their community.

In 2016-17 we prepared for the roll out of the National Disability Insurance Scheme (NDIS). The NDIS effects patients with a disability who access health services. It is also a key aspect of discharge planning for those patients who have a new disability and are undergoing rehabilitation. As part of this work, staff and consumer groups have created an NDIS readiness guide that includes multiple resources. These resources include information regarding what the NDIS is, who is eligible for it, what services are available to consumers and other frequently asked questions. This will provide enough information for staff to assist patients to advocate for their care needs. Austin Health has become a NDIS provider for a limited number of services, providing Behaviour Consultancy Service, and a Orthotics and Prosthetics services for the NDIS.

**Figure 2: Language Services Activity 2014-15 to 2016-17**

![Language Services Activity 2014-15 to 2016-17](attachment://figure2.png)

**Figure 3: Occasions of Service by Language Demand 2016-17 YTD**

![Occasions of Service by Language Demand 2016-17 YTD](attachment://figure3.png)
An innovative program at Austin Health brings the therapeutic power of pooches from the home to the hospital and it’s having a phenomenal impact.

“The whole mood of a ward can change when the dog arrives. The staff relax. The patients and families are often distracted from the reason they are in hospital. People have a bit of fun,” Austin Health Volunteer Services Manager Tracey O’Neill enthuses.

In 2016-17 more than 500 patients, families and staff in the ONJ Centre, Paediatrics Ward and Acute Psychiatric Unit have received visits from furry friends thanks to a partnership between Lort Smith and Austin Health.

Volunteer Marilynn Ross says her dog Lulu has a great impact on the cancer patients she visits.

“Just last week one of the patients said I’ve been trying to manage my pain and Lulu has just got me through it,” Marilynn says.

A visit from their dog spurs people to open up and discuss everything from cherished memories, to fears about death and dying.

“Often patients will want to have those conversations with volunteers that they wouldn’t feel comfortable having with their families,” Tracey says.

All volunteers undertake training, which includes education about grief, loss and dying and what it’s like to have those conversations, for those who visit Palliative Care.

Plans are underway to extend the program across additional areas of Austin Health in 2018.
IMPROVING CARE OF ABORIGINAL PATIENTS

Austin Health is committed to closing the health gap between Aboriginal* people and the non-Indigenous population. We follow a continuous quality improvement framework which is reported annually to the Department of Health and Human Services (DHHS) and ensures we remain accountable and relevant to community needs.

Systems of Care
The Ngarra Jarra Aboriginal Health Program works in conjunction with our care team to deliver culturally appropriate patient centred care. In 2016-17 there were:

- 1029 Aboriginal inpatient admissions
- 1032 Aboriginal Emergency Department (ED) presentations
- 1550 Aboriginal Specialist Clinic attendances.

Organisational Development
In February 2017, Austin Health launched an Aboriginal Cultural Awareness e-learning package for staff. The purpose of the package is to raise awareness of the culture, history and challenges currently being faced by Aboriginal people. It also aims to increase the understanding of the commitment that Austin Health has to improving health and employment outcomes for the Aboriginal community, including the Ngarra Jarra Health Program and the Aboriginal Employment Program.

* the term Aboriginal refers to both Aboriginal and Torres Strait Islander people
Feedback
At Austin Health, feedback is collected from consumers in a number of ways:

- formal complaints – written or verbal
- written feedback on a ‘My Say’ form
- consumer walkarounds – ward based quality reviews led by consumers
- feedback in electronic surveys called ‘Survey Angel’ collected by consumer representatives using iPads
- Victorian Healthcare Experience Survey run by the DHHS
- local area surveys
- online suggestion box
- consumer members on committees
- Facebook and Twitter.

Complaints management
A key focus in 2016-17 was improving our processes to deal with mental health services complaints. Priorities included ensuring the appropriate staff member/s respond to consumers in a timely manner and identification of gaps in our care and service provision.

How complaints are handled
Complaints can be lodged in person by visiting the Centre for Patient Experience, located in the foyer of the Austin Hospital, via telephone, email or the Austin Health website. Our internal processes mean that complaints are managed by the most appropriate person, in a timely manner.
Members of the Austin Health community are encouraged to become actively engaged in our organisation by becoming a consumer representative. Throughout our hospital, posters explain ways in which people can help us to provide the best patient care. Some of the ways consumer representatives help us to provide great care include:

- committee membership
- working on projects
- giving us feedback on patient information
- collecting feedback from other consumers
- teaching staff.

**Actions taken to respond to consumer feedback**

We report back our actions from feedback on our “You said, We did” boards that are located around Austin Health. Some examples are:

<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
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<tr>
<td>Family members from Ward 2 and Ward 12 wanted comfortable beds to sleep in overnight so they could stay with their sick children and translate for family members where necessary.</td>
<td>Ward 2 and Ward 12 purchased seat beds. They are heavy duty, can be used in a patient room and can be cleaned easily between use.</td>
</tr>
<tr>
<td>The ED did not have the right information about my cancer treatment.</td>
<td>All cancer patients are given a Medical Alert Card. The card lists problems that should be treated as an emergency by ED staff.</td>
</tr>
<tr>
<td>The waiting area at the Royal Talbot Rehabilitation Centre was quiet and a little boring.</td>
<td>Informative Posters on rehabilitation and a new TV have been installed.</td>
</tr>
<tr>
<td>There are no clocks in the ICU waiting area and it is difficult to entertain children during long waiting times.</td>
<td>Clocks have been installed in the ICU visitor waiting area. Children are provided with “Visiting the Intensive Care Unit” colouring-in booklet which was introduced to combat boredom.</td>
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People Matter Survey Score

The People Matter Survey is a public sector employee survey. It is designed to give employees the opportunity to express their views on values and employment principles, and also measures the level of staff engagement and job satisfaction, perceptions about patient safety, workplace behaviours and wellbeing.

This year over 2381 Austin Health staff completed the survey.

A set of eight questions regarding the staff perceptions of patient safety were included as part of the survey. These included questions about safety training, management of errors, safety culture and leadership. A combined score of 79 per cent was achieved with a target of 80 per cent set by the DHHS.

As a result of our People Matters Survey we have implemented a workforce Mental Health Strategy to support and promote the psychological wellbeing of our staff. The strategy includes the Victorian Doctor Health program which provides help for doctors and medical students to deal with stress or other health problems.
Positive workplace culture and prevention of bullying and harassment.

Workplace health and safety

In 2016-17 Austin Health became the first Victorian public health service to achieve industry standard accreditation for Occupational Health and Safety when we underwent the AS4801 certification audit. The auditor described Austin Health’s positive culture as exemplar and said we are doing an excellent job instilling our leadership staff with the confidence and capability to drive safety.

We underwent the annual check of the AS4801 system in June 2017. This audit is designed to assess our safety management systems and the results indicated that Austin Health continues to be a leader in safety management systems.

Improving medical workforce culture

Austin Health undertook an internal assessment of our junior workforce in response to a broad public discussion about a culture of gender-based bullying and harassment within the medical workforce across Australia.

An action plan with 23 initiatives has been implemented as a result of the assessment. The initiatives include:

- establishment of a Medical Peer Support Program where senior doctors act as mentors for junior medical staff. Over 50 medical peer supports and coaches have been trained in psychological first aid, creating a safer workplace in this high-stress environment
- greater transparency and information available to doctors to reinforce the support paths available in cases of inappropriate and unprofessional behaviour
- improving the gender balance of recruitment panels for senior medical staff
- focusing on developing the leadership skills and capability of Registrars as future leaders
- strengthening our relationship with the Royal Australian College Surgeons (RACS) regarding bullying and harassment and workplace culture.

Australian-first safety initiative

Austin Health is taking part in an Australian-first body clock rostering system trial which aims to improve doctors’ performance and wellbeing and enhance patient safety.

Extensive research has shown sleepiness at work can lead to poor concentration, absenteeism, accidents, errors and even fatalities. It involves modifying doctors’ rosters in ways that are designed to maximise alertness.

Preliminary results are expected in 2018.

Other health and safety highlights

Additional health and safety highlights for 2016-17 included:

- we provided 58 aggression prevention and management training sessions to 894 staff who directly engage with patients and their families
- thanks to the DHHS Health Service Violence Prevention Fund we have improved the workplace design in our mental health facilities and emergency department to improve safety for staff and patients. The funding also enabled us to install new CCTV cameras and provide duress alarm points across all campuses, allowing staff and patients to call for help quickly
- we conducted 122 manual handling training sessions that reached 1469 staff – a 12 per cent increase from the previous year. Reported incidents of manual handling injuries have reduced slightly over 2016-17 thanks to improved processes.
All health services in Australia are surveyed under the National Standards for Quality and Safety in Healthcare which includes acute care, sub-acute care and mental health services. The ten standards are largely clinical standards that measure the quality of care in key safety areas for patients such as falls, pressure injuries, blood products, infection control and handover. In 2016 the trauma recovery program was also assessed for the first time. Health services are surveyed every three years and Austin Health achieved excellent results in 2016.

The experienced survey team accessed our performance as “met with merit” for 54 out of the 256 assessment criteria. This result ranks Austin Health amongst the top health services for outcomes. It was evident to the survey team that Austin Health prioritises the patient experience and that staff take great pride in their work. The results are testament to the quality of clinical and operational leadership across the organisation. Congratulations to all staff who contributed to this outstanding outcome.

The clinical incident reporting system is one of the key ways in which the organisation can know and understand the potential clinical risk in providing healthcare.

In 2016 there was a total of 101 Incident Severity Rating 1 and 2 incidents reported, all having the appropriate level of review. Reviews of these incidents have led to recommendations for improvement, including making guidelines clearer, updating of care planning and review of documentation.

The most serious errors or adverse events are called sentinel events. These require a more in-depth review and external mandatory reporting to the DHHS. In 2016-17, there were three sentinel events. Robust reviews were carried out for all three events and ongoing recommendations were made for actions which were put in place. These recommendations have been monitored through a number of processes including regular reporting to the Executive and the Board.
Case Study

Taking a holistic approach to improve dementia care

When a trip to hospital triggers overwhelmed carers to admit that their loved one needs to move into residential care, it can be traumatic for families. It’s also the time they are likely to encounter Genevieve Jepsen and the nursing team from Ward 9.

This ward houses the eight-bed Cognitive Assessment and Management (or CAM) Unit, which specialises in assessing and caring for patients whose dementia is causing challenging behaviours, such as agitation, and wandering. “We’re about making people feel comfortable until we can find them new residential care,” says Mrs Jepsen, Ward 9 Nurse Unit Manager.

Until recently, however, staff kept the CAM Unit locked, concerned about the harm that might come from patients wandering.

“This closed unit created increased agitation due to the locked door and wasn’t visually stimulating,” Mrs Jepsen says.

Patients were often agitated, and the unit had high rates of aggressive incidents, antipsychotic medication use, and falls.

“We started by unlocking the door between the eight beds and the ward. We put pictures up, turned on music and added a lounge suite, so that it felt more like home. We put books with lots of photographs on the coffee tables so that people could flick through them, even though they had lost the ability to read,” Mrs Jepsen says.

“We provided a lot of mentoring and training to staff, about how to approach and talk to our patients with a friendly expression, to put people at ease.” she says.

Before staff can give agitated patients medications to calm them down, they now have to justify the use of drugs. They also have to show that they have tried non-drug strategies first.

Between June 2016 and July 2017, use of the medications plummeted by more than half. Without the additional drugs, patients function better and are less likely to fall. Staff are also better at identifying and addressing some of the causes of increased agitation, such as constipation, urinary tract infections and pain.

“I know we have been successful when I hear one of my staff say about a patient: ‘He was agitated overnight and roaming around, so we gave him Panadol, a cup of tea and he calmed down and slept’,” says Mrs Jepsen. “It seems simple really, but these things are very effective. Patients are calmer, and their families are happier too,” she says.
Preventing and controlling infections

When we have to insert a drip (intravenous) into veins or arteries, there is a risk of an infection getting into the blood. These infections can be caused by bacteria such as *Staphylococcus aureus*, and can cause patients to become very ill. Several years ago we introduced a project that helped to decrease the risk of infections through careful insertion techniques, and removal of the drip as early as possible.

**Figure 5: Peripheral line related AuSABs January 2012 - August 2017 Post Peripheral IV Project Rollout**

AuSAB = Austin associated *Staphylococcus aureus* Bacteraemia

Figure 5 shows the peripheral intravenous line (drip) associated AuSABs for the period of the roll out of the peripheral IV project and the subsequent years until June 2017. Our aim is zero infections.
Line infections in the Intensive Care Unit, known as Central Line Associated Blood Stream Infections (CLABSI) are monitored and reviewed by the Infection Control Department. The Austin Health Cumulative CLABSI rate remains slightly above the state average rate of 0.8 per 1000 device days as shown in Figure 6. We achieve zero CLABSI some months and our aim is to do this every month.

**Medication safety**

**Chemotherapy services**

Ensuring chemotherapy is prescribed, dispensed and administered safely, is paramount at Austin Health.

In 2016-17, Austin Health implemented Australia’s first large scale adult cancer information system. The system enables us to build standardised chemotherapy protocols, centralised electronic documentation of treatment plans and clinical notes. It also allows improved tracking of patients and collection of clinical information which will provide valuable longitudinal data to advance cancer research and treatments.

**Intravenous infusion pumps upgrade**

Austin Health upgraded its fleet of intravenous infusion pumps in 2017. Intravenous infusion pumps control the rate and amount of medicine and fluid that enter into a patient’s bloodstream. Our new pumps require staff to input details of the medicine they are infusing and alert staff when medicine is programmed to be administered outside of the recommended limits.

Chemotherapy medicine is also being administered using these new pumps. This provides an additional safety barrier to reduce the risk of the wrong amount of a medicine being given or a medicine being administered too quickly.
Preventing falls and harm from falls

We achieved a 12 per cent reduction in falls in 2016-17, compared to the previous year.

Initiatives to prevent falls and harm from falls that we introduced include:

- An electronic risk assessment tool which nursing staff complete for each new patient admitted. The tool identifies patients at risk of a fall or pressure injury early and prevention plans are put in place for at-risk patients.
- Appointment of a falls champion nurse on every ward. Their role is to provide education on falls prevention to staff and patients and review patient fall prevention plans.

Initiatives to reduce pressure injuries

We are delighted to report that we achieved a 27 per cent reduction in pressure injuries in 2016-17, from 502 to 393.

Initiatives to reduce pressure injuries include:

- Appointment of a wound clinical nurse consultant who provides education on: pressure injury prevention, assessment and management.
- Introduction of a pressure prevention project with our surgical wards. This includes creation of:
  - visual cues to identify all patients at risk, daily skin inspections
  - turning schedules
  - patient education sheets.
- Purchase of pressure cushions and high-density foam mattresses.
Improving safe and appropriate use of blood and blood products

In 2016-17 we continued our ongoing practice of closely monitoring the stock levels of our blood products to ensure that we have enough in reserve and rotating stock so that the shortest expiry products are used first. Our Pathology doctors are responsible for reviewing requests for blood products to make sure that they are required, and to offer specialist blood transfusion advice.

Our Blood Bank scientists also closely monitor special blood products such as platelets, which have a very short expiry time of only five days, to ensure that they are not wasted. As a result, Austin Health platelet wastage rates have continued to be well below the State and National levels. In 2016-17 our wastage rate was 1.94 per cent compared to the State average of 11.76 per cent and National average of 12.25 per cent. This was also a marked improvement from our 2015-16 rate of 5.88 per cent.

Figure 9: Adult Platelet Units Received and Platelet Wastage Rate

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SAFETY (CONTINUED)

Improving hand hygiene compliance

Hand Hygiene is audited at Austin Health as part of the National Hand Hygiene Initiative. Austin Health consistently achieves compliance above the Victorian and national targets of 80 per cent; as illustrated in the graph above.
Influenza immunisation

Free influenza immunisation is offered to staff annually to protect patients and staff against the flu. DHHS has set a target of 75 per cent of staff to receive influenza immunisation. In 2016-17 we surpassed this with a 76 per cent uptake, as shown in Figure 11.

SAFE AND APPROPRIATE SURGERY

Austin Health is committed to ensuring the highest standard of safe surgical care. All surgery carries some risk. It is an unfortunate reality that sometimes people do not survive surgery, or die after having a surgical procedure. It is especially important that the issues surrounding a death that is unexpected are reviewed to prevent similar problems happening again.

Austin Health participates in the Victorian Audit of Surgical Mortality (VASM) – a process of reviewing surgical deaths. A group of surgeons from outside Austin Health review all deaths of surgical patients in Australia. In 2016-17 there were no areas of performance that required action. Monitoring Austin Health’s performance via the VASM report is a way to actively manage and improve patient safety.

The report is sent to all Austin Health surgeons and our Head of Surgery presents the report findings to surgical Heads of Unit and all relevant committees. The report is also available for all staff to view on the intranet.
SAFE AND APPROPRIATE SURGERY (CONTINUED)

The VASM report considers three important areas of clinical priority:

**DVT prophylaxis (prevention of clots in the leg)**

Developing a blood clot in your leg is one of the risks of any surgery. The 2016-17 VASM report revealed that Austin Health appropriately manages patients at a rate that is comparable to other like hospitals.

**Use of critical care facilities**

The 2016-17 VASM report showed that Intensive Care and High Dependency Care areas at Austin Health were used in less cases than other similar Victorian and national hospitals in 2016-17. The report stated that the use of higher-care facilities may have been beneficial in a small group of these cases. Our Surgical Audit and Review Committee continue to review each case at the monthly meeting to see where we can improve.

**Fluid balance**

The 2016-17 VASM report revealed that Austin health’s performance related to the management of fluid balance was better than both the state and national averages. The graph to the right shows that in 2016-17 we had 4 per cent of audited deaths who experienced fluid management issues compared with the 7 per cent average of like Victorian hospitals and like national hospitals.
ESCALATION OF CARE

PACE or a Patient and Care Escalation is a phone call that any patient or carer can make to request a medical review for a patient whose condition they are concerned requires urgent medical assistance.

Posters outlining how to lodge a PACE call are located behind all patient beds.

If a PACE call is made, a dedicated response person will review the patient within 30 minutes.

A total of 16 PACE calls were made in 2016-17 which helped to identify three cases of patient deterioration that required immediate clinical attention.

On one occasion a PACE call was made by a family member of a patient as they were concerned about the patient’s ongoing headache and vomiting on the expected day of discharge. Medical review had occurred earlier in the day but the family member was still concerned. A member of our response team attended promptly, assessed the patient and spoke with the treating medical team and the patient had further scans later that day. The patient’s family was included in the discussion about the revised treatment plan which they appreciated. The patient was able to go home the following day with support.
Sometimes when people are experiencing distressing mental illness symptoms they can become agitated which can create safety concerns for patients and staff. As a last resort, restrictive practices such as seclusion or restraint are sometimes required. These practices are used as little as possible and are monitored carefully. Austin Health’s rates of seclusion and restraint remain below the recommended maximum targets set by DHHS.

To avoid restrictive practices, we offer other interventions earlier such as: further medication, use of calming sensory rooms and increased individual time with nursing staff. A dedicated nurse educator is available on each ward to ensure staff are highly skilled in dealing with these difficult situations.

We successfully transferred all residents of the Darley House aged care facility to new accommodation following the closure of the facility in November 2016.

The facility was closed because it no longer met the contemporary community expectations of the standards of living and facility amenity for residential aged care.

All residents and their families were supported to find suitable new accommodation. Staff were also supported through the process with re-education and training programs offered for all.

The facility maintained full accreditation until its closure.
Continuity of care

Austin Health met the transition of care index target of 75 per cent in quarter 1 in 2016-17 with an index of 77 per cent but fell just below the target in quarters 2 and 3 with indices of 74 per cent in both quarters. Transitions of care measure four questions about how we help patients at discharge from hospital. In recent years we have carried out extensive work to ensure timely discharge summaries are provided to GPs. In the 2016-17 year we formed a Patient Experience Working Group which will focus on improving areas that are low scoring.
In 2016-17 the Commission for Safety and Quality in Healthcare released national guidelines for health care services to help provide the best care for people at the end of life. These guidelines include completion of a Goals of Care form, which helps patients and doctors have a clear plan for important medical decisions for patients at the end of life. In 2016-17 we tested the form in a number of areas and we are currently preparing to start using this form in our continuing care service, which focuses on the elderly patients and those needing rehabilitation care.

ADVANCE CARE PLANNING

In 2016-17 we introduced the following initiatives to improve Advance Care Planning (ACP) at Austin Health:

- Care Planning introduced ACP ‘Champions’ across units to build capacity in others.
- Implemented monthly ACP education and launched a new series of e-learning modules.
- Piloted an ACP mentoring program with 18 Austin Health staff taking up the opportunity to receive mentoring.
- Implemented a model of care review to increase ACP across the organisation.
- Community ACP volunteers provided education sessions across the catchment area with 45 sessions conducted.
- Documented case studies to be used as a resource for health professionals and consumers.

END OF LIFE CARE

Figure 16: Percentage of Admissions for Patients over 75 years old with an ACP and/or Substitute Decision Maker alert

In 2016-17 the Commission for Safety and Quality in Healthcare released national guidelines for health care services to help provide the best care for people at the end of life. These guidelines include completion of a Goals of Care form, which helps patients and doctors have a clear plan for important medical decisions for patients at the end of life. In 2016-17 we tested the form in a number of areas and we are currently preparing to start using this form in our continuing care service, which focuses on the elderly patients and those needing rehabilitation care.
Case Study

Advance Care Planning

Alina was in her 50s and had successfully dealt with a serious and chronic illness for a long time. Unfortunately in 2017 she reached a stage where her doctors could offer no further active management of her disease. Consequently, a meeting was arranged with Advance Care Planning (ACP) clinician Kathryn Whiteside so Alina could have a discussion about ACP. In the initial meeting Kathryn explained to Alina that ACP provided the opportunity for someone else to make medical decisions if she was no longer able to make them, and what instructions and guidelines she might want to give that person. Alina was upset and dubious during the initial discussion so Kathryn offered to return the next day.

“Her husband, Keith, was with her when I returned the next morning. She started out by saying to me, ‘I never realised how unwell I was.’” Kathryn says.

Alina had been told by her doctors that they wouldn’t use intubation or ventilation if her condition worsened. “She was quite angry, but then she started to recognise that the doctors had been trying to tell her how ill she was.” Kathryn recalls.

“She thought she was receiving the best treatment possible and doing very well. But she hadn’t really understood what they meant. No one had actually said, ‘We are unable to cure your disease’ and Alina hadn’t realised that she had been on maximum treatment, and now the focus must change to looking after her symptoms, such as pain and shortness of breath.” For Alina, realising the actual situation was a relief in many ways.

The subsequent ACP discussion helped to clarify Alina’s situation, and Alina told Kathryn she was very grateful for the opportunity.

“Alina was really wonderful. She had been in control of her condition for a long time. She had lived with her condition rather than fight it. She made some significant decisions about not wanting further active management, but realised she could still have control in managing her symptoms of pain, fatigue and reducing mobility.”

Kathryn describes ACP as sometimes being a way of reframing hope. “Initially a person with a serious illness is hoping for cure. Then, if cure is not a possibility, they hope for containment of the illness. If that doesn’t happen, they hope for the best symptom management they can get. And then eventually a person may be hoping for a peaceful death. Therefore, it is not about taking away hope, it’s about changing the face of hope so that they can cope with that.” Kathryn says Advance Care Plans can assist people to express their hopes for different stages in their illness, and make these preferences clear to the person they nominate to be their substitute decision-maker to ensure that their preferences are met.
Statewide plans and statutory requirements

ABORIGINAL PUBLIC SECTOR EMPLOYMENT

Workforce Development

Our second Aboriginal* Employment Plan (AEP) provides a wide variety of employment opportunities to Aboriginal and Torres Strait Islander (ATSI) people as we continue to strive toward our target of 1 per cent (80 people) of ATSI staff. The six focus areas of the plan are: profile and leadership, recruitment, retention, inclusive workplaces, induction and development. We currently have 26 staff who identify as being of Aboriginal descent.

Engagement and Partnerships

Austin Health has built relationships with schools, universities and employment and training services to promote our service as an employer of choice for Aboriginal people.

In July 2017 Austin Health delivered its second Careers in Health work placement week for Aboriginal secondary school students. “It was an amazing experience” and “thank you so much for accepting me throughout the week” were just some of the positive comments received from the students who are now interested in pursuing a career in health care.

* the term Aboriginal refers to both Aboriginal and Torres Strait Islander people
FAMILY VIOLENCE

Austin Health received funding to implement a whole-of-organisation service model as part of the State Government’s Strengthening hospital responses to family violence initiative. As part of this model, Austin Health is providing clinicians with training to improve their ability to identify patients impacted by family violence and to provide them with the right support. In addition, work is being undertaken to improve support services for Austin Health staff who may be experiencing family violence.

Child Safety

Austin Health is working to ensure it has the best procedures in place to recruit appropriately skilled staff and volunteers to work with children. This is being achieved by refining our advertising and recruitment processes and improving the training staff and volunteers receive.

CANCER – RESPONSE TO THE VICTORIAN CANCER PLAN (2016-2020)

The ONJ Centre is a partnership between Austin Health and the Olivia Newton-John Cancer Research Institute. Our response to the Victorian Cancer Plan is focused on five action areas: primary prevention, screening and early detection, treatment, wellbeing and support, and research. Highlights of the work we have been doing in these areas in 2016-17 include:

Primary Prevention

Our targeted smoking cessation program provides education and resources to provide clinical staff with the necessary skills to support people to quit smoking.
## Screening and Early Detection

We are a registered Bowel Cancer Screening Centre and provide specialist assessments for people at risk of bowel cancer. Austin Health screened 323 patients in 2016-17, 95 per cent of these patients were seen within the target time frame of 30 days.

## Familial Cancer Screening

Individuals with a personal or family history of cancer may be more prone to cancer. The clinical genetics team help people make informed decisions about their health and wellbeing through genetic diagnosis, counselling and support. Austin Health received 1117 referrals for hereditary cancer assessment in 2016-17.

## Treatment

### Bone Marrow Transplant Service

We have expanded our Bone Marrow Transplant service to provide transplants using patient’s own bone marrow (autograph) or a donor’s bone marrow (allograph). This means more patients are able to receive treatment for blood cancers.

## Collaborative Care

Our Palliative Care team has changed the way it develops and records plans for patients. Now every patient has a plan established within 24 hours of their admission and everyone in the team (including the patient and their family) knows what the plan is.

## Research

More than 270 cancer clinical research studies are underway at Austin Health.

Our discoveries and clinical trials contribute to the development of new and breakthrough cancer treatments and the unique relationships between researchers and clinicians in the ONJ Centre means we can translate our findings into clinical care with ease.

In 2016-17 we strengthened our relationship with La Trobe University with the co-appointment of a Chair of Psycho-Oncology. This position will enable us to explore new research opportunities and to measure the impact of our Wellness and Supportive Care programs.

## Wellbeing and Support

In 2016-17 we:

- delivered 53 wellness programs, 21 information sessions and 283 group programs to patients and families
- implemented a pet therapy program and a meditation for men program
- took wellness initiatives to the wards – now patients can participate in art, pet, horticultural, music and massage therapy programs without leaving their ward.
CONTACT US

We rely on feedback to ensure the Quality Account is engaging and relevant for our readers. Email feedback@austin.org.au or contact the Centre for Patient Experience 03 9496 3566.

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