



Austin Health

Quality of Care Report 2007

Distribution:

170,000 local households
December 2007

Annual publication of the

Austin Hospital
Heidelberg Repatriation Hospital
Royal Talbot Rehabilitation Centre

www.austin.org.au

NEW CENTRE STREAMLINES SURGERY FOR 20,000

A new centre is streamlining day surgery and endoscopy for up to 20,000 patients a year, and freeing up hospital beds elsewhere.

Patients at Austin Health's Surgery and Endoscopy Centre can stay in the centre overnight instead of being transferred to other wards.

The state-of-the-art complex, which opened in June this year, consolidates four areas from across the health service. It merged an operating suite and day care unit from the Heidelberg Repatriation Hospital with an endoscopy suite and day surgery unit from the Austin Hospital.

Clinical services unit director of anaesthesia, perioperative and intensive care, Denis O'Leary, said it had boosted staff morale due to consolidation of staff and facilities, larger operating areas and better staff amenities including a light-filled tea room.

"It's consolidated staff resources into one location which has helped enormously," he said. "All endoscopies are



Patient Heather Carrick on her way to theatre in the new Surgery and Endoscopy Centre.

provided in the one area, instead of three."

The centre has two large operating theatres, two endoscopy rooms, two procedure rooms, an isolation suite and 22-bay recovery area. It features 37 patient bays including twelve 23-hour beds.

"People who have day surgery or a radiology procedure can stay overnight post-surgery in the 23-hour beds," Mr O'Leary said. "They are also used for patients from the emergency department who are waiting for emergency surgery."

Mr O'Leary said the

centre had enabled Austin Health to better cope with increased demand. "We've conducted extensive research locally and internationally to find design ideas that optimise workflow, enhance quality of care and ensure patient safety," Mr O'Leary said.

"There has been a significant increase in the total number of patients waiting for surgery this year due to the volume of emergency work we've had to undertake but we have strategies in place and know we can reduce this number next year."

Purpose of this report

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

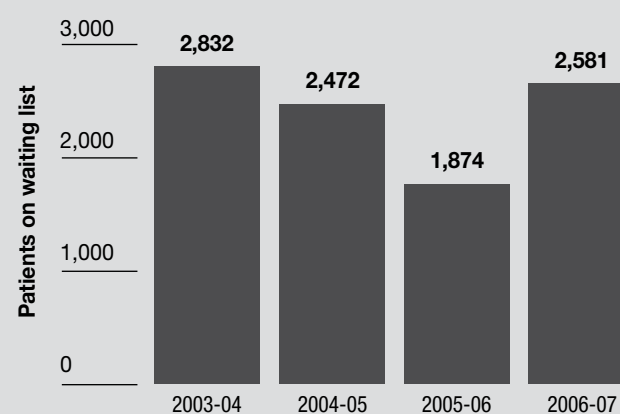
It's intended to inform the general public about the state of our hospitals – the improvements that have been made to the quality of health care we provide and the problems we encounter along the way.

This report describes some of the issues identified during 2006-07 that we considered needed improvement: The extent of problems; the strategies we used to respond to them; and in some cases, the outcomes of those interventions.

The report also provides data that indicates the relative effectiveness of our health service. It is noteworthy that, contrary to recent news reports, Austin Health was a top performer in financial terms, returning a small surplus at the end of 2006-07. In the context of the increasing numbers of people presenting to our emergency department for treatment, this result is viewed by the government as extremely impressive.

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

Elective surgery patients on waiting list as at 30 June



CEO's welcome

It's not easy being a patient.

NAVIGATING your way through a busy metropolitan teaching hospital is a challenge for anyone, and particularly those who only see the inside of hospitals now and then.

Often the most stressful part of the visit isn't about receiving treatment. Finding your way, being on time, waiting – it's easy to underestimate the anxiety that some patients experience just coming into our hospitals.

That's why this year's *Quality of Care Report* takes a broader view of the patient experience, to include articles on car parking, way-finding, our building program and waiting times in outpatients. Our Community Advisory Committee has told us that we need to include these issues to improve patients' quality of care.

Thank you for taking the time to read this report. I hope it stimulates discussion and shines a light, however briefly, on the challenges we face, in delivering quality



care to you, our community. We believe that to deliver a truly world-class health service, we must always be striving to do better.

Dr Brendan Murphy
Chief Executive Officer

Who we are & what we do

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

With a staff of 6,500, it is also the north east's largest employer.

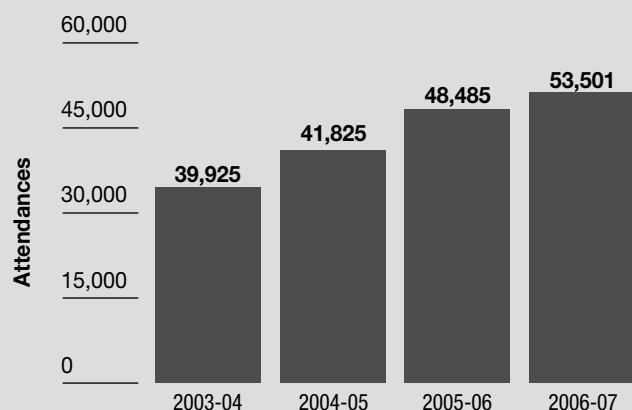
Austin Health staff treated a record 84,356 inpatients and nearly 150,000 outpatients in 2006-07.

Austin Health consists of three facilities: Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre. Affiliated with eight universities and training more than 1000 clinical students every year, Austin Health is an internationally recognised leader in clinical teaching and training.

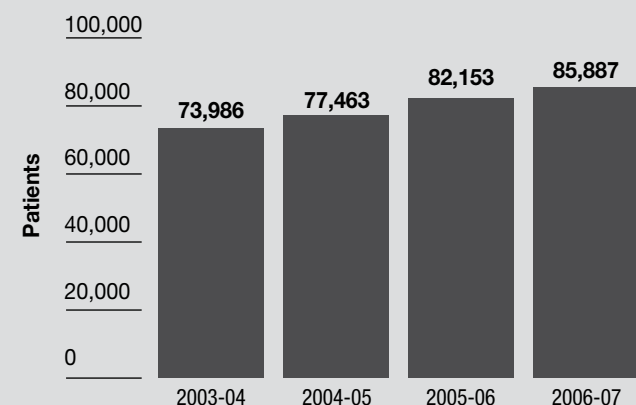


The new Austin Hospital Tower opened May 2005.

Emergency department attendances



Hospital inpatients treated



Committee represents community

Austin Health's Community Advisory Committee works hard to identify problems, campaigns for change and ensures the views of the public remain heard by Austin Health staff, management and board members.

A SUB-COMMITTEE of the board of management, its role is to advise the Austin Health board and staff on issues that are important to the community.

Other roles include overseeing the community participation plan, which explains how Austin Health is engaged with consumers, carers and the community, and overseeing and developing priority areas for improvement.

This year, the committee has successfully lobbied for a pedestrian crossing between

the Heidelberg railway station and the Studley Road Austin Hospital entrance. It has also made representations regarding the cost of food at shops in the Austin Hospital's retail precinct.

The committee also prepared reports on the emergency and outpatients departments, which were reviewed by the board of management and the respective department heads.

The reports detail some of the issues confronting consumers when attending these departments and

suggest reforms to improve efficiency, quality of care and comfort for consumers.

Since the reports were published, improvements have been made to patient comfort by giving the Austin Hospital's Outpatients Department a new coat of paint, televisions, coffee tables and reading material.

The department has also enhanced infection prevention procedures by ensuring 'DeBug' hand hygiene solution signs and dispensers are located in each consulting room and multiple locations

around waiting rooms. All staff undertake a two-yearly hand hygiene learning package.

The posture and pressure clinic at the Royal Talbot Rehabilitation Centre, which was applauded by the committee as a useful resource for outpatients with spinal cord injury, is now also offered at the Austin Hospital.

The Emergency Department has also applied a number of improvements to its waiting area and triage process, paying particular attention to patient information and child comfort.

A revolving sign outlines current waiting times, while other signs outline the emergency department process in a number of languages to ensure first-time and non-English speaking attendees are not confused. Information is also available on a range of common health problems for patients to read and take home if they wish.

The department provides a separate paediatric waiting room, which contains distractions for distressed children such as a television, DVD player and toys.

Distraction therapies, such as a toy-filled 'distraction box', are offered to children receiving treatment in the emergency department to help them feel more at ease.

Consisting of volunteers who give their time and enthusiasm, the committee is a great resource for the health service. Its members represent a range of interests and views and they bring diverse experiences and interests that help to ensure that relevant and appropriate health services are delivered to the community.

Time saved is brain saved

An Austin Health initiative is reducing the risk of permanent brain damage in stroke patients, by implementing a rapid response regime.

ARRIVING at hospital within three hours of a stroke makes patients eligible for a clot-busting infusion which reduces their risk of further brain injury and death.

Unfortunately, less than half of those eligible for the treatment arrive at hospital within the recommended time.

Head of Austin Health's inpatient stroke services, neurologist Associate Professor Helen Dewey said intravenous alteplase thrombolysis reduced death and disability if given within three hours of ischaemic stroke onset, although best results were achieved if given within 90 minutes. Ischaemic stroke accounts for 80 per cent of strokes and is due to a clot in the neck or brain.

"People do better on this treatment. It prevents further brain damage and can quickly restore blood supply to the brain," Associate Professor Dewey said. "There's still a lack of understanding about the urgency of getting to hospital. Maybe people's ability to call for help is affected because many are elderly, live alone and symptoms can affect the ability to think, speak and understand."



The multi-disciplinary nature of the Acute Stroke Team means stroke patients receive excellent care fast, to ensure the best chance at recovery.

A new stroke team has been established, which has elevated awareness and over three years, more than tripled the number of eligible patients receiving the treatment.

The initiative was highly commended in the excellence in care and service delivery category at this year's Victorian Public Healthcare Awards.

Austin neurologists and stroke nurses worked with other departments and the Metropolitan Ambulance Service to develop the rapid response team and stroke training for ambulance and hospital staff.

Established in 2005, it is available 24/7 to speed diagnosis and treatment. With a motto 'time saved is brain saved', it aims to reduce

permanent brain damage.

Patients are now assessed more quickly, time taken for a CT scan to confirm diagnosis has reduced, more eligible patients are receiving the therapy, they are accessing it faster and their hospital stay has reduced.

The infusion was received by 11 patients in 2004, 27 in 2005, 34 in 2006 and at least 37 in 2007. The team

has achieved the global benchmark of starting therapy within an hour of arrival many times.

"It's been a team effort and has boosted confidence," Associate Professor Dewey said. "We have a good relationship with the ambulance service who notify us when a patient is on the way so emergency and imaging is ready."

Ambulance and hospital staff involved in the quickest times receive medals at a ceremony and a global database shows Austin outcomes and safety for the treatment are comparable to international standards.

Patients who have haemorrhagic strokes and those who arrive after three hours also benefit from the improved stroke emphasis.

\$90 million in new facilities still to come

THE AUSTIN and Heidelberg Repatriation hospitals are a hive of building activity as they undergo further redevelopment.

Executive director of infrastructure and commercial services, Mr John Breguet, said that more than \$90 million is to be spent at Heidelberg Repatriation Hospital and Austin Hospital over the next few years, "reinvigorating the Heidelberg Repatriation Hospital site and upgrading research facilities at the Austin Hospital."

BUILDING WORKS INCLUDE:

\$58 MILLION FOR RESEARCH

- The Austin Hospital's 3KZ building will be demolished to make way for the \$40 million Howard Florey/Neurosciences Research Centre. The new complex will house the National Stroke Institute, the Epilepsy Research Institute and the Brain Research Institute, and Melbourne University researchers. Construction is due to start in the second half of 2008.

- Works are underway on the \$11.2 million Bio Resources Centre, which replaces existing facilities across multiple sites with work due to finish by the end of next year.

- Work has started on the replacement of the cyclotron. The new cyclotron is a \$5.5 million investment in technology, which produces radioactive isotopes used in diagnostics.

- A \$1.5 million upgrade of the Ludwig Institute for Cancer Research laboratories has begun, to create more space. Work is due to finish early in 2008.

"These developments represent a major investment in the ongoing research activities of Austin Health and its partners," Mr Breguet said.

\$29 MILLION FOR WORKS AT HEIDELBERG REPATRIATION HOSPITAL

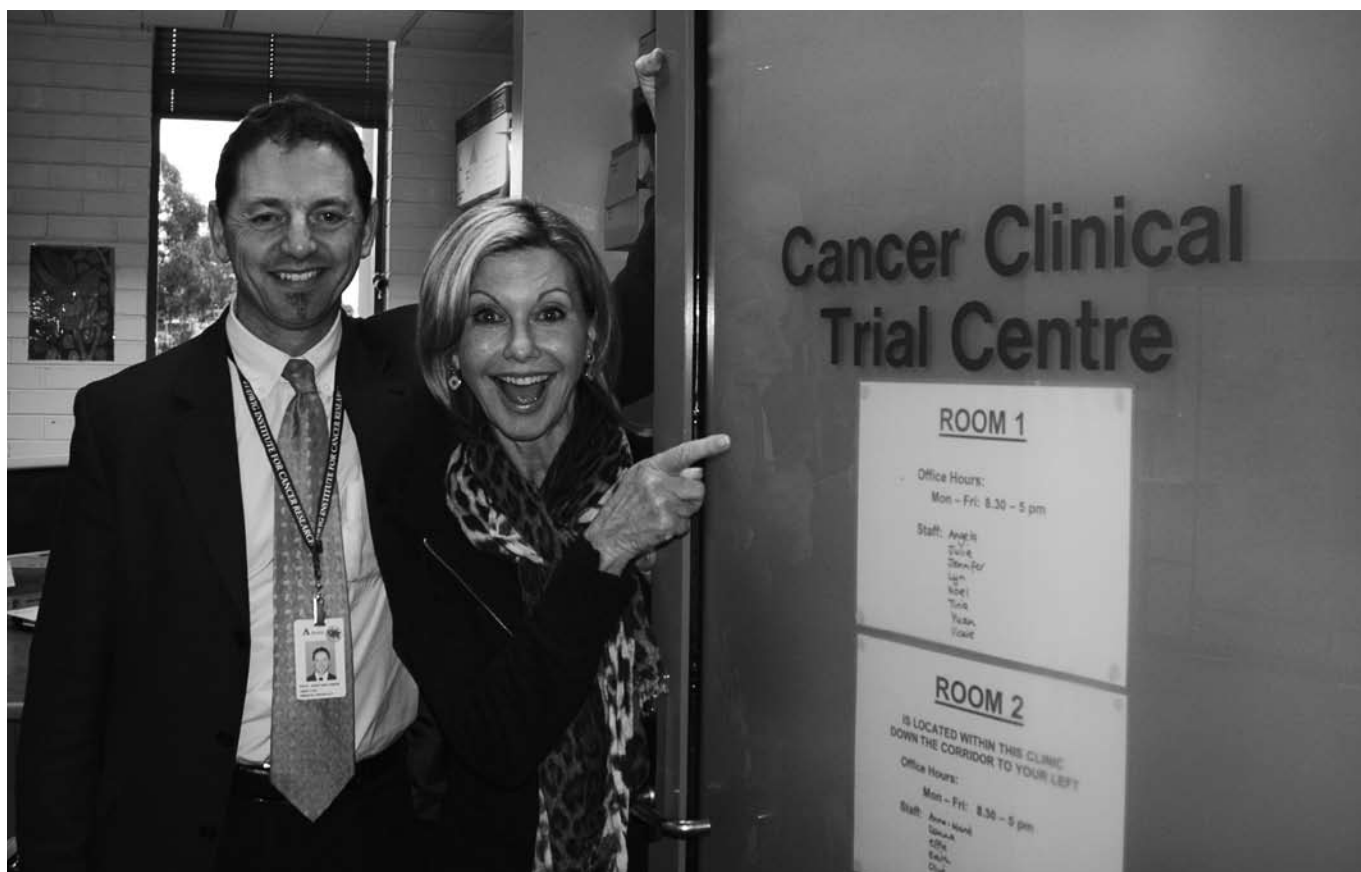
- Construction will start soon on a \$10 million rehabilitation centre, including a gym and hydrotherapy pool for rehabilitation patients.

- Most day procedures and lower complexity surgery will be performed at the Heidelberg Repatriation Hospital from late 2008, following the establishment of an \$8 million State Government-funded elective surgery centre.

- Victoria's Department of Human Services is conducting a feasibility study on the construction of a 120 bed secure mental health rehabilitation facility. The proposal is to deliver secure extended care and 'step down' (from high to medium care) community beds.

- State Government has pledged \$10 million to redevelop the veterans' psychiatric unit. Work is due to start in 2008-09.

Olivia's cancer centre progressing well



Olivia looks very pleased to be shown around by the director of Ludwig Institute's Oncology Unit, Prof Jonathan Cebon.

The Olivia Newton-John Cancer Centre is on its way with nearly \$45 million raised so far, and construction due to start within 18 months.

SO FAR the State Government has pledged \$25 million, the Federal Government \$10 million and fundraising has raised \$10 million. But a further \$30 million is required before the centre can be built at the Austin Hospital site by 2011.

Fundraising director Peter Dalton said it would provide a leading example of cancer care. "It will build on the 125 years of cancer care at the Austin, treating all types of cancer, and provide the best in patient care with a wellness centre, clinical research and specialist training," he said.

"Olivia's generous support, dedication and passion have helped the

appeal enormously towards raising awareness and funds for this much-needed centre," Mr Dalton said.

The new centre will feature clinical research laboratories with facilities for highly specialised new cancer therapies and research programs. Already a world leader in cancer treatment and research, through its partnership with the Ludwig Institute for Cancer Research, Austin Health can offer its patients access to cancer therapies not available elsewhere in Australia.

To help, please visit www.oliviaappeal.com or contact the fundraising department on 9496 5753.

Thumbs up for new mental health facilities

New mental health facilities at the Austin Hospital have made an enormous difference to patients and staff.

THE \$17 MILLION facility opened in December 2006 and features light filled spacious rooms. The improved facilities have led to fewer aggressive incidents and greater satisfaction levels among patients, staff and carers.

The unit houses 55 people, who each enjoy single rooms with ensuite. This improved physical environment featuring an abundance of natural light, space and improved outdoor areas, has led to a better therapeutic environment, enabling more privacy and dignity.

Austin Health director of mental health Les Potter, said the new facilities were terrific.

"There is a feeling of openness and normalcy – it has a more residential feel,"

he said. "Our post occupancy research study found the new environment reduced episodes of seclusion, aggression against other patients and staff, and staff sick leave. Previously, lack of space and privacy in four-bed rooms increased the chance of aggressive incidents.

Record levels of patient satisfaction have been recorded, with 85 per cent in the acute unit saying they were satisfied with care in the new facilities.

Staff care for the most severely mentally ill patients with illnesses such as schizophrenia or those having acute psychotic episodes. The unit also has mood disorder, eating disorder beds and one-third of Victoria's post-natal depression beds for parents and infants.



Therapeutic environment: Austin Hospital's new mental health facilities report higher patient satisfaction levels and less aggressive incidents.



Former Health Minister, Brownwyn Pike unveils a plaque at the December 2006 opening of the mental health precinct, accompanied by mental health community visitor and Community Advisory Committee member, Helen Reid.

Community visitor 'delighted'

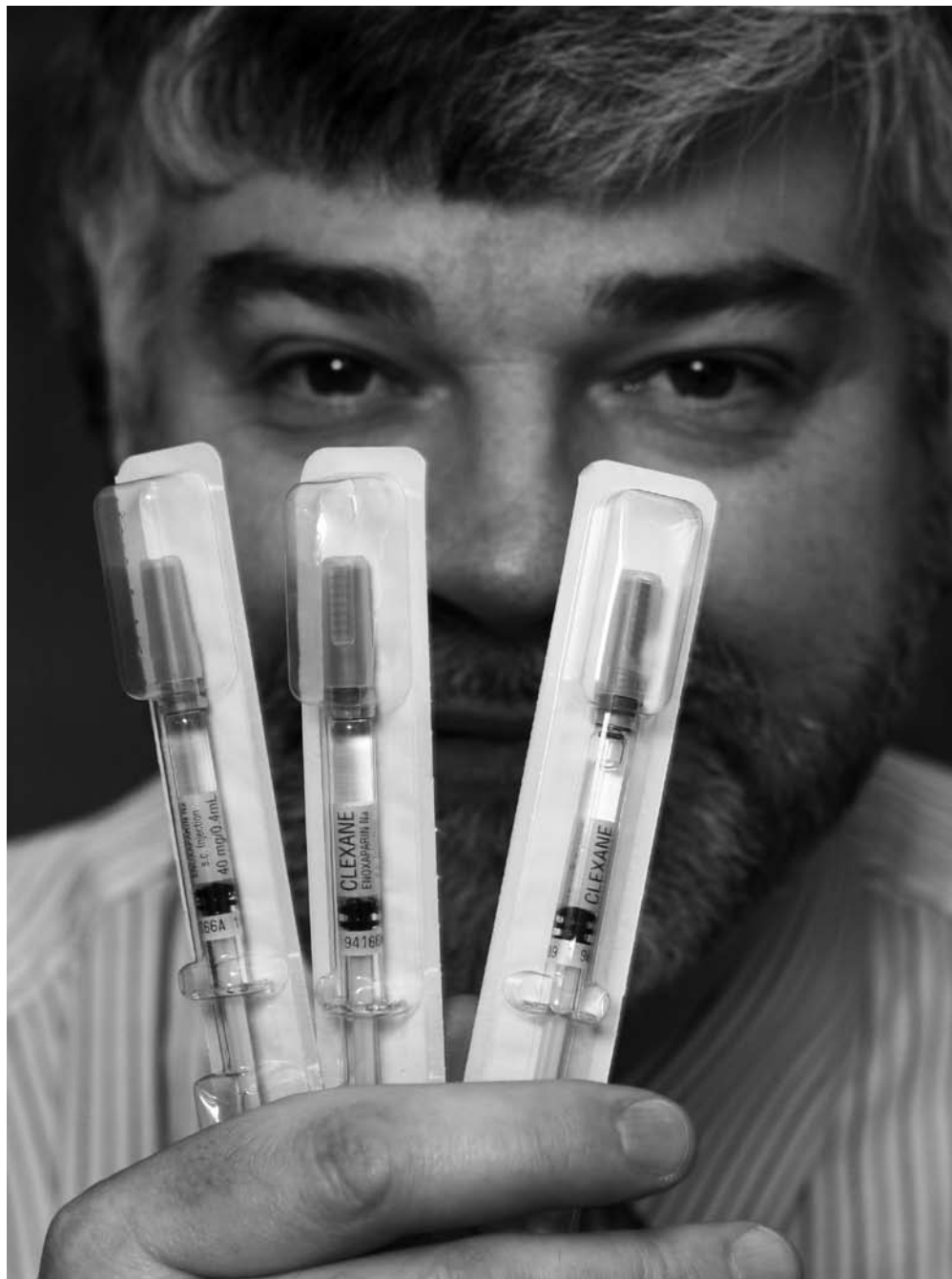
THE OFFICE of the Public Advocate's community visitors are trained volunteers who visit mental health services to identify, monitor and resolve issues. Community visitors report on whether the service they visit meets community expectations and agreed standards.

Community visitor, Helen Reid was instrumental in helping secure Austin Health's new mental health facilities and spent years lobbying for the funding.

"The first floor accommodation at the old facility was not appropriate for long-stay patients because they couldn't easily access outdoor areas."

"The new facilities are larger, homely and the whole place is light, airy and spacious - it's easy for patients to enjoy some fresh air outside," Ms Reid said.

"In the first few months the longer term patients couldn't wait to show us their rooms. I'm just delighted with what we've achieved."



Pharmacy Director, Kent Garrett with the anti-clotting medication that could save lives.

STOP THE CLOT

Blood clots are one of the most common preventable causes of patient harm and death in hospital.

But a 'stop the clot' program aims to prevent clots and reduce harm from this silent killer.

The program involves Austin Health inpatients receiving an explanatory pamphlet and being assessed to determine whether their risk of developing clots is high, medium or low. Results are recorded on their medication chart and prophylactic (or preventative) medication and/or compression stockings may be prescribed for those at increased risk.

About 30,000 Australians a year are

treated in hospital for clots in the veins called venous thromboembolisms (VTEs), and about 2000 die. Clots include deep vein thrombosis, usually in the legs, and pulmonary embolisms, which develop in or travel to the lungs.

Nearly 450 VTEs were recorded at Austin Health in 2005-06 including 268 possibly formed during hospitalisation.

'Stop the clot' was developed by the National Institute of Clinical Studies and has been implemented in 45 hospitals.

Austin Health began implementing the program and guidelines in 2006. A member of the project

steering committee, program manager, clinical governance, Alicon Bennie said the project had increased awareness and integrated clot prevention into everyday practice.

"It has led to improved prophylaxis and more staff now understand the implications of not giving adequate prophylaxis," she said.

Director of pharmacy Kent Garrett said that previously 30-40 per cent of those at increased risk received prophylaxis but it had jumped to 70-80 per cent.

"It is definitely reducing clots and avoiding harm," he said.

Bid to reduce drug errors

Austin Health has implemented stringent and inventive safeguards to reduce the risk of drugs harming patients.

RECENT improvements include altering practices on how medications are given; selecting drugs with unambiguous packaging to lower the chance of giving the wrong drug; limiting access to high risk medications; and promoting staff awareness about safe prescription and administration.

Director of pharmacy Kent Garrett said pharmacists worked with doctors to review every prescription before dispensing to ensure correct drug, dose,

frequency, route and form.

"We try to build in layers of protection," he said.

Safeguards introduced include changes to administration of intravenous potassium, an essential salt that often requires replenishment in patients after surgery, vomiting etc. If given intravenously it must be slowly infused in dilute form. If given too quickly the drug can cause a potentially fatal cardiac rhythm.

Potassium ampoules looked similar to saline

or water and several cases occurred worldwide where staff mistakenly gave potassium rapidly instead of saline.

"We've had some close calls and because we used almost 50,000 of these every year, we removed potassium ampoules from wards and only have it in intensive care," Mr Garrett said. "We also replaced concentrated ampoules with pre-diluted bags of potassium."

To prevent insulin overdose, Austin Health

mandates doctors cannot use the abbreviation 'u' for unit, but must write the full word 'unit'. This is a common cause of error and a recent incident in another hospital where 16u was translated as 160 insulin units contributed to a patient death. A further safeguard is stocking 50-unit instead of 100-unit insulin syringes.

Austin Health guards against injecting the cancer drug vincristine into the brain instead of the blood stream, a mistake that has

occurred worldwide, resulting in paralysis or death. This happened because the two brain tumour treatments - vincristine into the blood stream and methotrexate into the brain - are given simultaneously.

"We haven't had this type of mix-up at the Austin as these drugs are prepared and labelled so vincristine cannot be injected into the brain and we only allow highly experienced staff to administer them," Mr Garrett said.

Traffic lights stop falls

A 'traffic light' system which categorises patients into 'high', 'medium', or 'low-risk', aims to reduce the number of falls and related injuries at Austin Health.

Coloured dots on wristbands or walking aids, and pictures above beds reveal risk.

"If a patient has a red dot on their wrist-band, staff know they need help to walk. An orange dot means they need supervision and green says they're ok by themselves," said nurse Kate Lamble. "The colour is also recorded on the medical chart over their bed."

"We've also introduced falls risk markers above beds. A picture of a man

fallen off a chair indicates the patient is at high risk of falling and if anyone sees the person trying to stand, they can offer or call for assistance."

Ms Lamble is the project manager for improving care for older people. She said falls were the most common adverse events in hospital and were responsible for increased lengths of stay. Nearly 120 such incidents were reported each month at the Austin Hospital and Royal Talbot Rehabilitation Centre in February and

March this year - more often when a patient was alone (166) than accompanied (47). Eight of these incidents resulted in fractures.

A falls prevention program was introduced at the Austin Hospital last year which includes education sessions on acute wards and a committee to review what happens in the event of a fall occurring. The program is being rolled across Royal Talbot Rehabilitation Centre and Heidelberg Repatriation Hospital.



Patient, Judith Nicholas, with the prominent red falls risk warning sign above her bed.

New mattresses reduce pressure

New initiatives, including special mattresses to more evenly disperse pressure, are helping reduce the incidence of painful pressure ulcers across Austin Health.

ON ADMISSION and throughout their stay, every patient's risk of developing a bedsore is assessed. The risk assessment tool has been used for several years and is continually audited.

"This tool allows staff to determine each patient's risk of getting a pressure ulcer and prompts them to initiate action to reduce risk," said deputy director of ambulatory and nursing services, Shane Crowe.

Those more likely to suffer a pressure ulcer include the elderly, spinal patients, malnourished or immobile patients and people with altered conscious states.

Mr Crowe said Department of Human Services funding had secured high-density foam mattresses for every bed.

"These mattresses disperse pressure more evenly, reducing the risk of pressure ulcers," Mr Crowe said.

Patients at very high risk can access designer air mattresses which cost \$11,000 that the hospitals hire. These are filled with air which continually alternates, preventing ulcers and speeding recovery of wounds. It is the equivalent of turning patients several times an hour.

Other strategies include an awareness week, visits to clinical areas to assess management, and provision

of specialty-specific advice. Staff education sessions, refresher courses and new on-line education modules improved basic bedsore knowledge and built awareness.

Surveys show the initiatives are leading to reductions in pressure ulcers and regular reporting of ulcers including on an electronic risk management system.

Project saves lives

A CAMPAIGN focusing on key interventions to improve patient care and prevent avoidable deaths saved an estimated 100,000 lives in American hospitals last year.

An Australian project, mirroring the US '100,000 Lives Campaign' called 'The Safer Systems - Saving Lives' project, was recently initiated by the Australian Council for Safety and Quality in Health Care.

Based on scientific evidence known to improve patient care and prevent deaths, hospitals nationwide implemented a number of interventions. They were:

- preventing adverse drug events
- preventing ventilator-associated complications
- preventing surgical site

and central venous catheter related infections

- improving care of acute heart attack, and
- implementing a rapid response system.

Austin Health's quality and planning manager Jane Evans said many improvements resulting from the US campaign had already occurred in programs across Austin Health but the project netted further gains.

These included improved intensive care documentation around patient assessment and clinical pathways, integration of cardiac surgery dressing protocols so all areas caring for cardiac patients follow the same protocol, and revising peripherally inserted central catheter line insertion equipment to improve practice and reduce infection.

Preventing the sp

Hospital acquired infections are the most common source of adverse outcomes for patients. Those most at risk include the very sick, the very old and the very young. "Not all hospital-acquired infections can be prevented but we can ensure

Top scores for cleanliness

AUSTIN HEALTH has performed well in recent cleanliness audits and patient surveys.

Hospitals are required to undertake regular cleaning audits and submit results to the Department of Human Services. The audit scoring system is based on a demerit system outlined in the Cleaning Standards for Victorian Public Hospitals. Each facility is allocated 100 points at the start of the audit and points are then deducted for poor performance. To pass, facilities must meet the state-wide acceptable level of cleaning quality, set at 85 per cent in 2006-07.

"This means 85 per cent of surfaces on average meet the cleaning standard," Ms Evans said. "They look at very high risk areas such as operating theatres and intensive care units, high risk areas such as emergency and moderate risk areas such as outpatients and administration areas. If 85 per cent are deemed clean, the standard is achieved."

Austin Health exceeded the acceptable quality level for all its facilities in its most recent audit in November-December 2006. Austin Hospital scored an average 91.7, Heidelberg Repatriation Hospital 87, and Royal Talbot Rehabilitation Centre scored 89.2.

Austin Health also monitors cleanliness through the Victorian Patient Satisfaction Monitor. The

survey of 1500 patients from September 2006 to February 2007 revealed a mixed bag of results on cleaning across the health service. Pleasingly, 96 per cent of respondents were satisfied with cleanliness of rooms and toilets/showers at the Austin Hospital, easily exceeding the average score of other like hospitals.

At the Heidelberg Repatriation Hospital however, 94 per cent of respondents were happy with toilets/shower cleanliness, but only 90 per cent were satisfied with room cleanliness, which was below the 96 per cent average score.

At the Royal Talbot Rehabilitation Centre, 86 per cent were satisfied with toilets/shower cleanliness, and 84 per cent with room cleanliness, which was below the average score of other like hospitals at 89 per cent and 92 per cent respectively.

Ms Evans said older Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre buildings impact on people's perceptions of cleanliness. "We're reassured by the cleaning audit that we're on the right track with cleaning, but the survey suggests that the fabric of the facilities may be letting us down," she said. Cleaning and maintenance staff are reviewing the results with a view to improving wherever possible.

Hand hygiene slashes staph

AN INNOVATIVE hand hygiene program pioneered by Austin Health has reduced infection rates of MRSA or golden staph by 50 per cent, and was this year adopted by every public hospital in Victoria.

The alcohol hand hygiene project involves staff and visitors washing hands with an air-dry alcohol rub called 'DeBug' before and after every patient contact.

Austin Health's infection control co-ordinator, clinical nurse consultant Ms Rhea Martin, said 'Operation CleanStart' was developed after the Austin Health infectious diseases team learnt about a Swiss program that focused on hand hygiene through alcohol handrub.

Austin Health adopted the idea and trialled different formulations before commissioning an Australian company to produce 'DeBug'. It has the right combination of the alcohol isopropyl to kill bacteria and the chemical chlorhexidine to keep killing bugs for several hours afterwards plus emollient to prevent drying effects of alcohol on the skin.

In 2000-01 Austin Health established the program using Victorian Quality Council funding. It measured how often staff used DeBug in 10 wards and how many patients became infected with methicillin resistant staphylococcus aureus (MRSA) in their blood. MRSA is a bug which is resistant to many antibiotics and can cause



Hospital staff and visitors are encouraged to 'DeBug' at Patient Colin Mansfield's bedside.

serious illness or death.

"The program's had a remarkable result in reducing MRSA and has reduced infection rates in the blood by 50 per cent," Ms Martin said. "In the first three years it prevented 56 patients from contracting MRSA."

"It's led to a total change in how people practise hand hygiene. In health care people

get busy and basins often aren't close to beds. People now only wash their hands if they are soiled."

A pilot program at six other hospitals replicated Austin Health's results and in June this year, alcohol hand hygiene programs were implemented at all 86 Victorian public hospitals. 'DeBug' is everywhere

at Austin Health. Signs to use it before and after seeing patients are in outpatient clinics and at ward entrances.

"DeBug' hangs on everyone's bed so as you approach the bed you see it and use it," Ms Martin said. "It's now considered absolutely unacceptable to touch a patient without having clean hands."

Spread of infection

that systems are in place to minimise their occurrence,” said Austin Health’s manager of quality and planning, Jane Evans. Here we look at three main elements of infection control in hospitals – cleaning, hand hygiene and food safety.

Food safety our concern

A STRINGENT food safety program aims to minimise the risk of patients contracting food poisoning and gastroenteritis from hospital meals.

Food services manager Lisa Kan said 2500 patient meals are served daily at Austin Health and the Mercy Hospital for Women.

Legislative requirements dictating food handling and storage are in place to prevent sick and immune deficient clients from contracting further illness, she said.

“Our food safety program has procedures and plans in place to identify food safety hazards and control them,” Ms Kan said.

All staff have a Food Handlers’ Certificate and complete training updates every two years.

Documents submitted to Banyule Council must show compliance with the Food Safety Act 1984, and Food Standards of Australia and New Zealand, covering areas such as correct food handling procedures and recording of refrigeration temperatures.

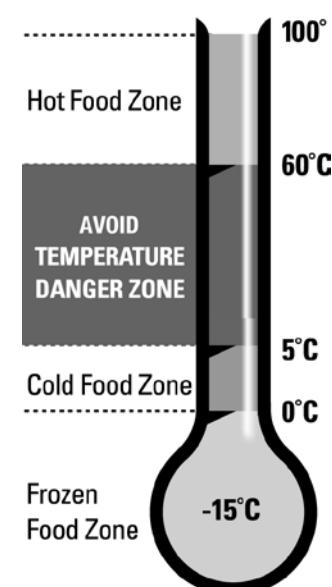
“Austin Health’s kitchens have always met compliance standards required by the Food Safety Act and any recommendations have been given a priority response,” Ms Kan said.

The act also stipulates an independent, annual audit of all facilities to ensure the

health service complies with hazard analysis, temperature control and hand hygiene processes. Previous audits have identified corrective action such as removing flaky paint from walls, which could contaminate food.

Other checks include regularly checking temperatures of the cool rooms and freezers. External microbiology testing on random food samples also occurs monthly to test for notifiable organisms, with any incidents notified to local councils. Food services also reports to the hospital’s quality committee several times a year.

The handy thermometer below can be used at home to keep your food safe.



Constant surveillance: Food Services staff Jim Kirac (foreground) and Carlo D'Alessandro monitor the temperature of desserts at the new processing kitchen at Heidelberg Repatriation Hospital.

NEW HOME WINS TOP AWARD

Creating a more homely atmosphere for ventilator-dependent patients has won Austin Health a 2007 Victorian Public Healthcare Award.

The collaboration between Yooralla and Austin Health's Ventilator Accommodation Support Service received first prize in the 'excellence in consumer and carer participation' category.

It involved relocating long-term ventilator dependant residents from the Austin Hospital's Bowen Centre to four purpose-built houses in Thornbury, where Yooralla provides respite and residential care.

The two houses opened in April, initially for 10 people with post-polio syndrome, muscular dystrophy and motor neurone disease. Many were victims of the polio

epidemics and need long-term breathing assistance through iron-lungs. Two more houses were due to open in October-November this year (2007).

Director of Austin Health's Victorian Respiratory Support Service, Dr Mark Howard, said the award recognised efforts of staff and residents in progressing a project which had been years in the pipeline.

"The Australian Ventilator Users Network has been lobbying for more than 10 years to have the facility built, so the award represents the realisation of much hard work," he said. "Some of these residents have been in a hospital setting for 10, 20, 30 years."

He said residents spoke highly of the expert care they had received at the Bowen Centre but were enjoying the freedom of living in a community setting.

The state service remains at the Austin Hospital and provides care for 600 adults who live at home and require long-term ventilation. This includes setting up 80-100 new people each year on ventilation, providing and servicing equipment and 24-hour back-up support.

"We still provide this for the people who have moved to the Thornbury facility but their day to day care is now provided by Yooralla," Dr Howard said.



Past Bowen Centre resident, June Middleton, settles into her new home with respite user, Vince Pirrottina.

Reducing the wait

Waiting times in emergency departments has been in the news this year, due to increased numbers of people presenting for treatment and a very busy winter 'flu' season.

AUSTIN Health has implemented programs to prevent extended waiting times, including a new model of care to admit patients within six hours and a 'fast-track' area to speed treatment of basic problems so people can go home more quickly.

Access and Demand manager, Cameron Goodyear said a 10 per cent jump in emergency patients in 2006-07 boosted emergency department attendances to more than 53,000 or 150 a day. This was an extra 14 patients daily compared with 2005-06, and led to 10 per cent

more emergency surgery.

But Austin Health still managed to meet its elective surgery waiting list target of less than 2,600 at June 2007.

Despite a 12 per cent growth in the number of ambulances coming to the Austin Hospital, hospital bypass was better than target, averaging two per cent of the total operating hours each month.

The number of people waiting over 24 hours in the emergency department dropped 97 per cent in the past two years from 176 in 2004-05, or one every two days, down to a total of five people in 2006-07.

"We allocated two safety-net beds in medical and surgery settings so patients who are still waiting for a bed after 8 hours in the emergency department can be admitted," Mr Goodyear said. "This simple solution has made a huge impact on the entire organisation."

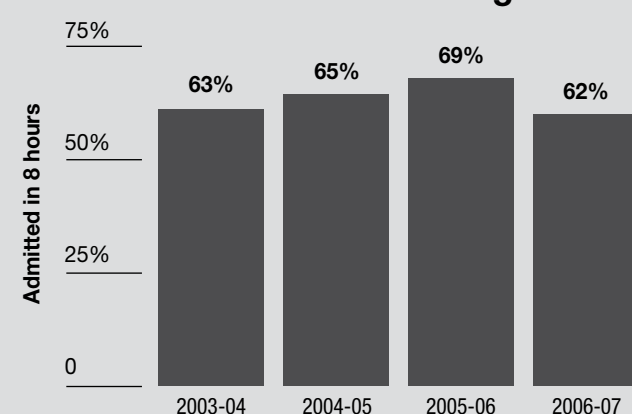
In the 'fast-track' area, patients with basic medical problems are seen faster, thanks to new initiatives of a doctor in triage, working with a nurse practitioner and physiotherapist who can treat patients with soft tissue injuries more quickly.

The 3-2-1 model of care requires that within three

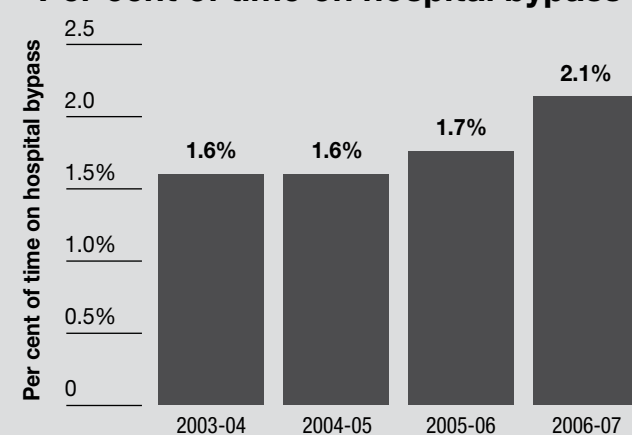
hours of arriving, a decision should be made about whether a patient is to be admitted or discharged. This requires all tests to be completed, reported on and the case reviewed. In a busy metropolitan emergency department, achieving this every time is a considerable achievement. If the patient is to be admitted, staff have two hours to find a bed and once available, an hour to get the patient there.

"At present, we achieve this about 50 per cent of the time. But we're aiming for 80-90 per cent," Mr Goodyear said.

Percentage of emergency patients admitted to a ward within eight hours



Per cent of time on hospital bypass



Teamwork improves care for cancer patients

Team management is the new gold standard for patients with cancer as it enables the best care, according to medical evidence.

Your local cancer service, a member of the North Eastern Metropolitan Integrated Cancer Service or NEMICS, provides this model through multidisciplinary teams at the Austin and Heidelberg Repatriation hospitals.

“There’s evidence emerging in the medical literature that if a cancer patient is managed by specialists working as part of a team, the patient is more likely to receive care that reflects the evidence-base,” said NEMICS manager Ms Christine Scott.

NEMICS involves Austin Health, Eastern Health (including Box Hill Hospital), Northern Health (The Northern Hospital) and Mercy Hospital for Women.

It is one of eight integrated cancer services established around Victoria to implement the State Government’s cancer services framework. The framework focuses on organising services to deliver the right treatment and support to patients as early as possible in their cancer journey, ensuring access and quality of care no matter where they live. Patient management frameworks developed by Victoria’s Department of Human Services also describe key components of best cancer



NEMICS is one of three integrated cancer services providing patients with the complete range of cancer services in their local area.

care for each cancer type. (www.health.vic.gov.au/cancer)

NEMICS has formed local tumour groups so health professionals and consumers can identify areas for improvement in care of the 10 most common cancer types, plus reduce unwanted practice variations.

Current projects being

undertaken within NEMICS include:

- A directory of supportive care services in Melbourne’s north-east including community services, counselling, financial help, support groups and relaxation therapies.

- A treatment summary booklet for patients with

brain tumour, recording diagnosis, treatment and medication, which is carried by the patient from one service to the next to improve communication between doctors.

- Video conferencing facilities enabling teams of specialists to link with clinicians at other hospitals

to view images (such as X-rays) and offer second opinions about cases.

- Reviewing the information given to patients diagnosed with colorectal cancer.

For more information visit www.nemics.org.au

More skills for nurses

EXTRA skills for division two nurses aim to improve patient care and minimise the impact of future nurse shortages.

Deputy director of ambulatory and nursing services Shane Crowe said despite good staff retention, a nursing shortfall especially amongst division one nurses, was predicted.

About 85 per cent of Austin Health nurses are division one or registered nurses. The rest are division two or state enrolled nurses.

Division two nurses are being up-skilled to perform more duties, under supervision of level one nurses, including administering medication and injections, taking blood, tube feeding and catheter management.

Division two nurses in training throughout Victoria are learning these techniques, but about half of Austin Health’s division two nurses have already completed the course and can now administer medication.

“They were being under-utilised. It’s improving continuity of care for patients and increasing timeliness of medication administration,” Mr Crowe said.

The health service has also introduced nurse practitioners and plans more. With a Masters qualification in nursing and pharmacology education, they can prescribe certain drugs, order some tests and help with diagnosis. In the emergency department for example they can manage less complex lacerations, fractures and order X-rays.

“This is particularly important at a time when staff shortages are prevalent,” Mr Crowe said.

Follow the blue path

IT’S not following the yellow-brick road but following the blue vinyl path which will help prevent you from getting lost at the Austin Hospital.

THE NEW pathway improves public way-finding by providing a clear pedestrian link through the hospital’s three main clinical buildings – Lance Townsend, Harold Stokes, and the Austin Hospital Tower.

Austin Health’s capital works project manager, Megan Gray, said it had strengthened cross-building migration on level three where the public transit from one building to another.

“The main pedestrian pathway on level three is now a blue pathway so people can follow the blue line,” she said.

From Burgundy Street it goes through the Harold Stokes building past pharmacy and clinical pathology, into the Lance Townsend building, past outpatients, and through into the Austin Hospital Tower.

Bold colors and large signs clearly indicate when the path changes from



Wayfinding has been improved to help visitors find their way. Corporate communications manager, John Heselev assists visitor John Gilbert at the Austin Hospital.

one building to the next, improving public awareness of when they enter their required building. The path turns green when entering allied health and the Mercy Hospital.

Ms Gray said the tower had presented challenges to way-finding including separate arrival points to the hospital, building design

and differentiating between Austin and Mercy hospitals. Signage was found to be inadequate when the tower opened.

“Many members of the public were getting lost throughout the hospital including within the tower,” Ms Gray said. “Signage had not resolved the challenges around entering the complex

site and moving from one building to another.”

Patient representative Lyn Robertson had reported several cases of people becoming distressed at being lost and arriving late for appointments or in an upset state.

Extra lifts for staff and carpark lifts also confused people.

Major Projects Victoria provided funding to evaluate how the facility was operating and challenges in way-finding.

Other improvements resulting from its review included improved signage in the carpark and lifts, and painting service lifts with distinctive yellow and black signage indicating staff only.

“We’ve had very positive feedback and there’s been a substantial improvement in understanding of how the lifts are best used,” said Ms Gray.

Signage would also continue to improve at the Heidelberg Repatriation Hospital as the redevelopment of the site proceeded,” she said.

Car parking improving

THE AUSTIN Hospital has been working hard to fix problems with car parking, including freeing-up more spaces and planning improved signage.

Executive director of human resources Mr John Richardson said the hospital is responding to concerns by patients and visitors about a

lack of spaces and signage, especially in the 1248 space Austin Hospital Tower underground car park.

All new staff appointed in 2007 have been relocated to spaces in the Martin Street car park, off Burgundy St. This has freed up spaces in the Austin Hospital Tower for visitors and patients.

The hospital also

commissioned Banyule City Council to issue parking infringement notices for vehicles illegally parked in the Austin Hospital precinct, often on the forecourt.

“This has created a safer and more orderly environment at the new main entrance and has improved traffic flow

and management,” Mr Richardson said.

He said some improvements had occurred around marking of spaces and a signage review would be complete by the year’s end.

“I can guarantee there will be new signage and way-finding in the car-park and lifts,” he said.



Outpatient waits drop

Waiting times for outpatient appointments have reduced by a month on average, due to Austin Health improvements.

WHILE people can wait one day to one year, depending on urgency, the average wait from referral to appointment has dropped from 20 to 16 weeks.

Outpatient improvement lead, Belinda Rickard,

said nearly 150,000 people were treated annually at the 270 outpatient clinics and demand was continually growing.

Over two years, a 30 per cent jump in emergency demand had led to a seven

per cent increase in the number of outpatients.

"We are seeing more people but we acknowledge waiting times are still unacceptable and would like to at least halve them," Ms Rickard said.

Ms Rickard said that two years ago the outpatient improvement project began to enhance patients' experiences and boost staff morale and satisfaction by making both physical and systematic improvements. It included painting, better lighting, improving children's play areas and installing flat-screen TVs in waiting areas.

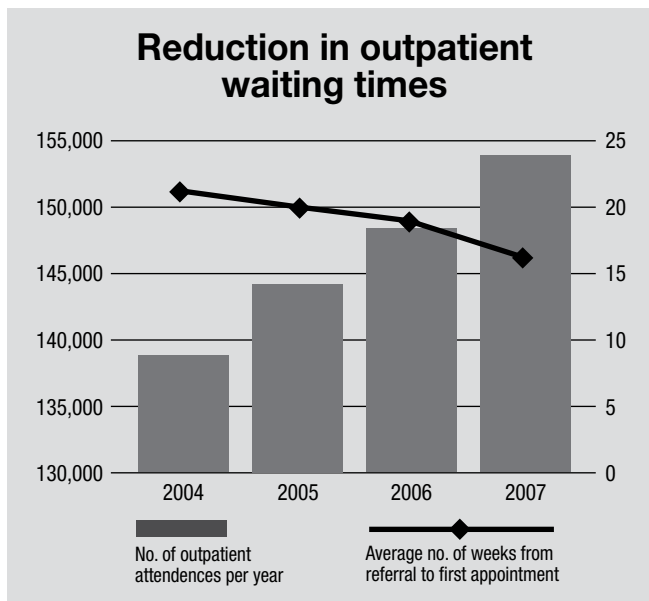
Access had improved due to system improvements, such as standardising paperwork, better communicating referral guidelines for GPs and employing a nurse to liaise with GPs. GPs now

receive a list of tests that can be done before patients' appointments that reduce the need for multiple visits.

"Partnerships and communication have improved with the primary sector – GPs, divisions of general practice and community health centres," Ms Rickard said.

"Someone might see a specialist for their opinion about management and treatment then go back to their GP for the treatment plan and management. Or the GP might do shared care for chronic disease management such as diabetes, heart failure or chronic obstructive pulmonary disease."

More nurse education has improved patient care and specialist nurses now provide a package of care including education about medication.



Outpatients waiting times – an ongoing quality improvement project.

Electronic referral links to community

People being referred from community services to hospitals and vice versa might not realise it, but the internet age is smoothing the referral process, making it immediate, efficient and more co-ordinated.

ELECTRONIC referral – or e-referral as it's referred to – means that instead of mailing or faxing a referral or request, information is transmitted electronically via computer.

Director of Austin Health's Primary Care Liaison Unit, Taya Schevchenko said that several years ago Victoria's Department of Human Services had put together

a standard referral form.

"We've now put that form on the electronic system enabling electronic referral, and it's contributing to their medical history by building a history of patient contacts," Ms Schevchenko said.

"It's immediate and means more efficient exchange of information, and we can also attach X-rays or diagrams. Feedback indicates it

has improved things."

Examples might include the Austin Health's occupational therapy department referring a patient to a community service requesting safety rails in their house. Other examples might be arranging meals on wheels or home help.

"Once recorded it stays in the system and is updated, so people don't have to

repeatedly answer the same questions," Ms Schevchenko said.

Patients are required to give consent for its use, but the system is secure with access only for those from approved hospital and community services. Twenty-six Austin Health departments or programs are currently using e-referral in-house and with community service providers.

The GP connection

KEEPING your GP informed if you've been in hospital is important for many reasons, including their role in your on-going care.

GP liaison officer with Austin Health's Primary Care Liaison Unit, general practitioner Dr Wendy Fisher, aims to facilitate and improve communication, co-ordination and care between GPs and the health service.

She said that within 24 hours of being admitted or discharged, the hospital will notify your GP by fax or email, providing your name and a summary of your treatment.

"At the moment, 80 per cent of our GPs receive discharge summaries via fax, 11 per cent via post and 9 per cent via email," she said.

Dr Fisher said more email summaries would be sent if they were encrypted

but there were concerns that knowingly receiving unencrypted emails could breach federal government funding agreements, due to privacy issues.

Dr Fisher also receives and follows up concerns from GPs about patient care, by contacting departments to see what went wrong and working to prevent it happening again.

Other roles include advising about the after hours GP clinic being developed at Austin Hospital to relieve emergency department pressure, and advising GPs about hospital, after hours and emergency access, who to contact for admissions and specialists contacts.

She also supervises GP training including education sessions on shared care and community management of medical problems.

Community attends free aged care forums

Community forums organised by Austin Health's aged care services on topics of interest to senior citizens have been a big hit this year.



Program participants (L-R) Mary Grant, Toni Clifton and May Stait are dressed up to the nines as they enjoy Melbourne Cup festivities at the Heidelberg Repatriation Hospital's Community Rehabilitation Centre. Mary, Toni and May belong to a larger group who regularly meet for social activities at the centre, designed to keep them active and socially engaged.

Aged care services volunteer co-ordinator Geoff Baker said the community forums featured expert speakers, displays and demonstrations.

Topics covered have included continence, carers and dementia. A home safety session included safe medication use and exercises, aids and equipment to reduce falls risk.

"They've been successful and of interest," he said.

"Our consumers are getting to know our staff and how we work as an aged care service and now they're more at home if they have to use the service."

Forums, which are open to members of the public and hospital clients, are usually at the Heidelberg Repatriation Hospital but next year might include community venues such as RSL clubs.

Topics for next year are yet to be finalised but are expected to include diabetes.

For details call Geoff Baker on 9496 2152.

VOLUNTEERS NEEDED

Can you spare some time to help improve the quality of life for patients in aged care wards and the nursing home?

Mr Baker said aged care services has 75 volunteers who help with activities in wards, but many more helpers were needed.

Patients also respond well to 30 canine helpers from Lort Smith Animal Hospital involved in a 'pets as pals' program.

If you can spare a few hours please call Geoff on 9496 2152.

Ngarra Jarra healing

NGARRA JARRA is an Aboriginal word for healing. It is also the name of an Austin Health Aboriginal and Torres Strait Islander program.

Aboriginal patient support officer Shirley Firebrace said the program had established a circle of Aboriginal and Torres Strait Islander (ATSI) patients, families and friends who attend health education, prevention, nutrition and physiotherapy sessions plus social activities.

Members are exposed to and encouraged to use Austin Health services.

"Sometimes Aboriginal people can have great fears about coming to hospital. The history was generally one of problems including segregation. We are trying to tackle those fears and build relationships so if they come they won't be so worried," she said.

When admitted, all patients are asked if they are of ATSI origin so Austin Health's Aboriginal health service can improve their care and help to reduce cultural barriers. The service also tries to improve communication with the primary sector.

IMPROVING KOORI CARE

The Department of Human Services ICAP program stands for Improving Care for Aboriginal and Torres Strait Islander patients.

Austin Health co-director of social work Maryanne Egan said it involved developing and maintaining relationships with relevant Aboriginal organisations and communities.

"It also ensures all staff are aware of cultural sensitivities, and develops specific referral and discharge plans for Aboriginal people," she said.

She praised former employee Daryl Naylor who did a lot of cultural awareness training for staff, and established links with mainstream organisations.

He also helped develop consortium partners, some of whom contribute financially. These include the Royal District Nursing Service, Whitehorse Division of General Practice, Wesley Mission Australia, Carerlinks North (Moreland Community Health), Banyule Community Health and Darebin Community Health.

Vital service helps understanding

ABOUT 11,000 patients a year use the Austin Health interpreter service.

Manager Mrs Bettina Lijovic said six years ago interpreters were mostly from agencies but 10 in-house staff who speak 80 languages were now employed.

They provide face-to-face information for patients and translate written documents and medical records.

"Sometimes relatives want to interpret but we prefer to do it because we are well versed in the medical terminology and you have to be spot on when it comes

to consenting to surgery or translating medical documents," Mrs Lijovic said. "It removes the barrier of language as a problem."

Italian, Greek, Chinese, Macedonian, Croatian, Serbian and Arabic are the main languages spoken by patients requiring help but increasingly interpreters are needed for African and Asian languages or dialects. Agency interpreters are called for rarer languages.

When patients are first admitted, staff record on forms if they need assistance and the service is notified.

Safer use of Warfarin

New guidelines implemented across Austin Health this year are helping reduce the risk of warfarin medication harming patients.

MANY elderly patients take warfarin, which thins the blood and helps prevent clots. It is widely used but is a high risk medication and therapy is complex. If a patient has taken too much warfarin and the blood thinned too much, it increases the risk of potentially fatal bleeding such as an haemorrhagic stroke. But not enough warfarin increases clot risk. For this reason regular blood tests must determine the exact dose, and more frequent

tests may be needed after hospitalisation.

Following an adverse event involving warfarin in a patient discharged from Austin Health, new procedures were introduced to prevent similar events.

They included an awareness program for staff and development of a warfarin discharge plan that improves arrangements and communication when patients are discharged from hospital.

Austin Health's pharmacy

department dispenses an average of three warfarin scripts a day or about 1200 a year. The drug is often prescribed and given by junior staff and patients need to be frequently monitored to ensure their blood levels retain a therapeutic dose. For this reason there is a need for increased monitoring requirements after hospital discharge.

Warfarin in the community is managed by various services, including GPs and

pathology services.

Director of clinical governance Anna MacLeod said that formal communication systems between the hospital and the patient's warfarin dosing service have now been improved.

The new plan enables formal communication between hospital and dosing service by recording the service coordinator, telling them of the admission and sending a letter on discharge.

Information advised in the letter includes the next test date, target range and relevant new clinical information such as warfarin dose changes that occurred in hospital.

"We trialled it in a number of wards and found it successful so it's been rolled out to all inpatients who use our warfarin dosing service," Ms MacLeod said. "Next year discharge plans and letters will be arranged for patients using external dosing services."

Checks and balances

A NEW policy on checking the credentials of all health professionals has further tightened Austin Health's robust system of checking qualifications.

Quality and safety manager Jane Evans said checks, including qualifications, experience, registration, membership of professional bodies and professional standing, were made on appointment and every five years thereafter.

"Austin Health has a very detailed and robust process in place to ensure we only employ health professionals who are appropriately qualified and have the relevant experience," she said. "It's an important part of our safety standards."

The new policy applies to all health professionals with a responsibility for patient care. They include doctors, nurses, physiotherapists, speech pathologists, radiologists, radiographers, optometrists, psychologists, pharmacists, podiatrists and other allied health practitioners.

Victoria's Department of Human Services has recently mandated public hospitals adopt the new policy for all medical staff. It is based on the Australian Council of Safety and Quality in Healthcare's national standards for credentialing.

"We are working to ensure we meet all state and national policies for doctors first, then all other health professionals," Ms Evans said.

A new human resources database is being piloted and is due for implementation in the second half of 2008. It is expected that this will make for more efficient and accurate updating of staff credentials and qualifications.

Improved system to investigate clinical incidents

A new system to record incidents at Austin Health is streamlining the process for investigating and implementing action plans to reduce recurrence

WHILE the vast majority of incidents don't result in damage or harm, a small percentage can lead to unnecessary harm to a person. This is referred to as a serious incident.

In the event of a serious incident, an experienced team, headed by clinical governance staff, investigates to determine the cause and to establish whether it was preventable. If required, solutions can be developed and changes implemented aimed to prevent the event reoccurring.

A new electronic database or risk management system,



Clinical governance director, Anna McLeod and nurse unit manager, Bernadette Vandenberg using the database to check incident reports in "real time".

called RiskMan, was implemented this year.

It enables nurse unit managers and senior staff to quickly assess the types of incidents occurring and any emerging trends.

Austin Health, Risk Manager, Ms Leanne Toby said the new system has

many advantages.

"The system operates in real time which means that the more quickly you can identify problems and trends, the quicker you can respond to them," Ms Toby said.

Clinical Governance Director, Ms Anna MacLeod said the most commonly

reported incidents at Austin Health include falls, medication errors, pressure ulcers, aggressive incidents against staff or patients, and infections, including hospital acquired infections.

"Pressure ulcer, medication safety, falls and infection control committees

meet monthly to report on these issues," Ms MacLeod said. "Surgical audit and medical audit groups report to a clinical outcome review committee, where doctors discuss cases where something has gone wrong, audit performances and discuss improvements."

Feedback

Hitting 170,000 households

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



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

“We deliver the report widely because we feel it is important to provide our community with information about their hospitals and the services

provided”, corporate communications manager, John Heselev said. “It is produced for about 17 cents per copy so it can be distributed to as many people as possible”.

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

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

Lyn is here to help

PATIENT representative Lyn Roberton is there to help patients, whether it be providing a computer enlargement of a photo for a dying patient, or investigating a complaint.

She investigates complaints and recommends whether any action is needed to prevent recurrence.

An equally important role is providing help and support as requested by patients or their relatives. In 2006-07, Lyn provided 682 of these ‘liaison interventions.’ They include assisting families going through a crisis and attending family meetings with the medical team.

She also investigated 1015 complaints - 287 about communication, 253 regarding treatment and 236 about access (waiting lists, outpatients, emergency delays). Others included administration/documentation (57), atmosphere such as food,



Patient Representative, Lyn Roberton, is a sounding board for patients’ concerns.

car parking, (70), patients’ rights (89), cost (20) and amenities (2).

“We encourage people to let us know when they have a concern because we would rather know about it, deal with it, resolve it and improve the system,” she said. “Every complaint is an opportunity to review our practice and improve if we identify there’s a problem. When things go wrong, families often just want an assurance that we have learnt from

the mistake so it doesn’t happen to someone else.”

Complaints are reported monthly to hospital executives and the Board, and complaints and outcomes reported to relevant ward heads.

A recent improvement after a complaint was extra staff education about alternative buzzers when a disabled patient was unable to use a standard buzzer to call nurses.

Lyn can be contacted on: 9496 3565.

Your opinion is important to us

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

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

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

Or email your response to:
feedbackquality@austin.org.au

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

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

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

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

What other information would you like included in the future?



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